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**Australian Government**  
**Department of Health and Ageing**

Ms Joanne Towner  
Secretary  
Standing Committee on Aboriginal and Torres Strait Islander Affairs  
House of Representatives  
Parliament House  
CANBERRA ACT 2600

RECEIVED  
03 MAY 2005  
BY: ATSLA

Dear Ms Towner

**House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs Inquiry into Indigenous Employment**

Please find attached the Department of Health and Ageing's submission to the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs inquiry into Indigenous employment.

The Department of Health and Ageing funds a number of programs where Indigenous employment is an important factor. The Department has been working actively to increase the level of employment and participation across a range of areas as part of these programs.

Should you wish to discuss the submission, please contact Alan Thorpe on (02) 6289 1415.

Yours sincerely

A handwritten signature in cursive script that reads 'Yael Cass'.

Yael Cass  
Assistant Secretary  
Workforce, Information and Policy Branch  
Office for Aboriginal and Torres Strait Islander Health

3 May 2005



**Australian Government**  
**Department of Health and Ageing**

**House of Representatives Standing Committee on Aboriginal and Torres Strait Islander  
Affairs – Indigenous Employment**

**Increasing Indigenous participation in employment**

At the 2001 Census, 42% of Indigenous Australians aged 15 years and over were in employment (employment to population ratio), compared with a non-Indigenous employment rate of 58%. This equates to approximately 106,800 Indigenous Australians who were employed. About one in six Indigenous persons classified as employed was participating in Community Development Employment Project (CDEP)<sup>1</sup>.

The health and community services sector is a significant employer (comprising both government and non-government organisation employers) of Aboriginal and Torres Strait Islander people. In the 2001 Census, 3,787 Indigenous Australian adults were employed in health-related occupations, and 6,592 Indigenous Australian adults were employed in welfare and community service-related occupations. The total employed health and community service workforce comprises almost 10% of the Indigenous Australians in employment.

The main health-related occupations with employed Indigenous professions were: nursing professions and enrolled nurses (1,114 people), personal care attendants and nursing assistants (800 people) and Aboriginal and Torres Strait Islander Health Workers (853 people). Aboriginal and Torres Strait Islander Health Workers may be employed as generalist members of primary care teams, as hospital liaison officers, or may be employed as specialists in such areas as substance use, mental health, or sexual health<sup>2</sup>.

A significant proportion of Indigenous Australians working in health-related occupations are employed in Australian Government funded primary health care services. In 2000-2001, 67% (or 1,500 Indigenous Australians) of the 2,300 full time equivalent health service funded positions in Aboriginal and Torres Strait Islander primary health care services were held by Aboriginal and Torres Strait Islander people. The majority of these Indigenous Australians were employed as Aboriginal and Torres Strait Islander Health Workers (605 people), drivers and field officers (103 people), and substance use workers (66 people). In addition, a significant proportion of the Chief Executive Officers, administrators, secretaries and support staff employed in these primary health care services are Indigenous Australians<sup>3</sup>.

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<sup>1</sup> Australian Bureau of Statistics, Australian Institute of Health and Welfare "The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples" 2003, p24.

<sup>2</sup> ABS, AIHW Op cit, p63.

<sup>3</sup> Department of Health and Ageing "Service Activity Reporting 2000-2001 Key Results", 2003.

## Government Agenda

Given the fairly significant role of the health sector in providing an employment base for Indigenous Australians, the Australian Government has made a strong commitment to building Indigenous participation in health professions.

Objective 1 of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (ATSIHWNSF) states: ***Increase the number of Aboriginal and Torres Strait Islander people working across all the health professions.*** The Australian Government through the Department of Health and Ageing currently funds a number of initiatives aimed at improving the access to further education by Aboriginal and Torres Strait Islander people. It is highly likely that improving access to further education and supporting students through their studies will lead to better employment outcomes.

A Consortium led by Ms Gail Garvey et al (2004) from the Faculty of Health, Indigenous Health and Education Unit, University of Newcastle produced a report for the Department of Health and Ageing titled "Reasons why Aboriginal and Torres Strait Islander Students enter the Health Workforce".

- Garvey cites literature that identifies the *disruption resulting from poverty* as one of a number of social determinants that impact on the educational attainment of Aboriginal and Torres Strait Islander students.
- 'Financial difficulties' are cited as one of the barriers to Aboriginal and Torres Strait Islander students *undertaking* VET and higher education programs.
- Garvey notes that many Aboriginal and Torres Strait Islander students have limited financial resources and need more intensive support in this area. Financial support is identified as one of the main *enablers* to successful completion of VET and higher education programs.

There are significant financial barriers to Aboriginal and Torres Strait Islander people entering health studies due to a range of factors including: the older age profile of students and the need to provide financial support to dependent children and extended families. There are also significant travel and relocation costs associated with undergraduate study due to the lack of access for Aboriginal and Torres Strait Islander people to universities in their local area.

Research indicates that there a number of compelling reasons why increasing the number of Aboriginal and Torres Strait Islander graduates in all of the university level health qualifications will improve Indigenous health. These are:

- build capacity within the Aboriginal and Torres Strait Islander health sector;
- the delivery of health services by Aboriginal and Torres Strait Islander health professionals is a significant factor in improving access to health services by Indigenous peoples<sup>4</sup>;
- health is a major sector of the local economy in many Aboriginal and Torres Strait Islander communities and provides valuable employment opportunities that can assist with role modelling; and

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<sup>4</sup> Ivers, R., Palmer, A., Jan, S., and Mooney, G., 1997, "Issues Relating to Access to Health Services by Aboriginal and Torres Strait Islander People, Discussion Paper 1/97", Department of Public Health and Community Medicine, University of Sydney.

- Aboriginal and Torres Strait Islander graduates are more likely to return to serve their communities.

Initiatives aimed at building the Aboriginal and Torres Strait Islander health workforce are listed below.

## **1. THE PUGGY HUNTER MEMORIAL SCHOLARSHIP SCHEME**

The Australian Government established the Puggy Hunter Memorial Scholarship Scheme (PHMSS) in 2001, as a tribute to the late Dr Arnold (Puggy) Hunter's contribution to Aboriginal and Torres Strait Islander health and his previous role as Chair of the National Aboriginal Community Controlled Health Organisation. The Scheme exists as a scholarship fund to address the under-representation of Aboriginal and Torres Strait Islander people in health professions and assist in increasing the number of Aboriginal and Torres Strait Islander Health Workers with health qualifications.

Funding of \$2.07 million over five academic years (2002 – 2006) was approved by the then Minister for Health and Aged Care, Dr Michael Wooldridge, to fund undergraduate scholarships for Aboriginal and Torres Strait Islander students in medicine, nursing and Aboriginal and Torres Strait Health Worker courses.

Scholarships under this Scheme were first awarded in the 2002 academic year for full time nursing and medicine undergraduate students. From 2003 the Scheme was expanded to include undergraduate allied health (excluding pharmacy), and Aboriginal and Torres Strait Islander Health Worker Certificate Level III and IV and for diploma and advanced diploma studies.

Applicants for PHMSS scholarships have to meet selection criteria and they include:

- Be able to provide proof of Aboriginal and Torres Strait Islander descent
- Be studying or approved to study medicine, nursing, allied health, health management or an Aboriginal or Torres Strait Islander Health Worker qualification
- Have financial need
- Have demonstrated leadership in their community

So far 79 scholarships have been awarded under this Scheme. Twenty three scholarship recipients have graduated i.e. 5 medicine, 4 nursing, 2 allied health and 12 Aboriginal Health Workers. Twenty three students are continuing with their studies in the 2005 academic year and 30 new scholarships were awarded in the 2005 academic year. Therefore there are currently 53 students under the Scheme in the 2005 academic year. Students receive an allowance of \$15,000 per annum during their time of study.

The Australian Government has invested over \$1.5 million in the first three years of the scheme (2002-2004). \$1,090,100 has been allocated to the Scheme in 2005.

## **2. THE AUSTRALIAN ROTARY HEALTH RESEARCH FUND (ARHRF) – INDIGENOUS HEALTH SCHOLARSHIP PROGRAM**

The ARHRF Indigenous Health Scholarship program is a co-operative between the Australian Rotary Health Research Fund, Rotary clubs, corporate sponsorship, some State or

Territory Governments and the Commonwealth Government. The objective of this program is to provide a scholarship, which can be used to assist Indigenous students with their day-to-day expenses while they undertake a course in a wide range of health related professions. The scholarship allowance of \$5,000 per year is paid in addition to the Government Abstudy allowance.

The purpose of the program is to assist students to gain an education which will in turn enable them to use this education for the benefit of other Indigenous people - hopefully, but not necessarily, in some rural and remote areas.

The selection criteria that apply for the ARHRF Indigenous Health Scholarship is:

- the student must have completed at least 2 years of a current medical course or at least 1 year in another health related course;
- the student is able to supply all documentation pertaining to application;
- supporting documentation – proof of enrolments and results;
- essay “How will you contribute to improving Indigenous Health as a qualified medical practitioner or health worker?”; and
- two references.

The program is diverse in the courses that are offered, including medicine and surgery, midwifery, psychology, social worker, nursing, dental prosthetics, biomedical science, physiotherapy, pharmacy, speech pathology, bio medical engineering and occupational therapy.

Currently in 2005 there are 56 students sponsored under the ARHRF Indigenous Health Scholarship Program - NSW (16 students), VIC (12 students), QLD (7 students), WA (4 students), NT (1 student), and SA (16 students). In 2004, fifty students were sponsored under the ARHRF Indigenous Health Scholarship and 11 students graduated (5 students in NSW, 3 students SA, 2 students in Qld and 1 student in WA). Two students have withdrawn from their courses and 2 have deferred due to family issues. Fifty scholarships in total were granted in 2004 and 25 of these were sponsored by Australian Government through the Department of Health and Ageing through a grant of \$140,000.00 (GST inclusive) covering the period 1 January 2004 to 31 December 2005.

While this scheme does deal with scholarships, it is dissimilar to the Puggy Hunter Memorial Scholarships Scheme in that the Rotary Program is only for day-to-day living expenses. The scholarship scheme enables a large number of Indigenous students to access some scholarship assistance. The Rotary Program derives its funding from local Rotary groups who raise funds, which are then matched by respective State/Territory Governments and the Australian Government.

### **3. DEAKIN UNIVERSITY COMMUNITY BASED BACHELOR OF NURSING (PRE-REGISTRATION)**

From 1 January 2003 to 30 June 2005, the Commonwealth is funding a three and half years community based Bachelor of Nursing (Pre-registration) for Indigenous students at Deakin University. Total funding for this project is \$769,450 (GST inclusive). The Project is the only Indigenous focused Problem Based Learning (PBL) program in nursing education in Australia. It offers one model for Indigenous focused Problem Based Learning in nursing education.

The Project is a community-based Bachelor of Nursing (Pre-Registration) degree through the Institute of Koorie Education and the School of Nursing at Deakin University. The program targets Victorian Indigenous communities with a view to increasing Indigenous recruitment and retention in the nursing profession and boosting the numbers of Indigenous registered nurses and employed nurse graduates.

The objectives of the Koorie Bachelor of Nursing (Pre-Registration) Project are to:

- Provide Indigenous Australian Nursing Education with the aim of increasing the number of Indigenous Australian registered nurses; developing a pedagogical model for cross-cultural nurse education; provide access and participation of Indigenous Australians to nursing education; and develop a nursing curriculum development for non Indigenous Australian students.
- Increased employment outcomes for Indigenous Australian nurses:
  - (i) by facilitating and promoting the implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework strategies through the development of a successful Indigenous Australian nursing education program; and
  - (ii) develop professional and culturally appropriate mentoring strategies to support students in their transition from student to graduate nurse.
- Improve Indigenous health service delivery by ensuring capacity building that sustains workforce growth and allows Indigenous health professionals opportunities to remain within the community controlled health sector on an equitable professional and industrial level with those working in mainstream.
- Provide Indigenous students with a career path in nursing and to build a self-sustainable program by 2005.
- Maintain focus on the importance of Indigenous health across Victoria to improve health service delivery and health status of Indigenous people.

#### **4. BACHELOR OF NURSING (INDIGENOUS AUSTRALIAN HEALTH)**

The Commonwealth is providing support funding of \$509,834 (GST inclusive) over three academic years (2003 to 2005) to the University of Sydney to conduct a Bachelor of Nursing (Indigenous Australian Health). This funding is for the "incubation period" during which the degree becomes established in the academic years 2003 to 2005.

This is a four-year course as compared to a normal three-year nursing course. It puts more emphasis on Indigenous health, community development, Indigenous nursing and protocols. The course also addresses Strategy 3 of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework with emphasis on producing a workforce that addresses Indigenous Australian's needs through appropriate training, supply, recruitment and retention strategies.

This course offers student support as part of a mainstream course as recommended in recent nursing reviews and reports. Although the University of Sydney has promoted this course in Indigenous communities in order to attract more Indigenous students, the course is not a separate training initiative for Indigenous nurses, it is open to all students interested in Indigenous health. It meets all the standards of other nursing courses in Australia. The University of Sydney is a leading institution in incorporating Indigenous health in core

nursing curricula. This initiative falls within the strategies developed by the Indigenous Nursing Education (INE) Working Group.

There is a need to continue supporting initiatives that will ultimately lead to developing a qualified and skilled Indigenous health workforce. This initiative is aimed at support measures rather than directly at education and training

## **5. JAMES COOK UNIVERSITY – BAMAGA NURSING PROJECT**

The School of Nursing Sciences at James Cook University (JCU) is a multi-site School that delivers undergraduate and postgraduate nursing programs primarily to people in northern Australia. The School also offers an external distance program in nursing.

In 2004 the School received a request to offer a program in the Bamaga area (including offshore Islands). The School put forward a submission for funding to the Australian Government through the Department of Health and Ageing to assist in the establishment of student support services in Bamaga. The Department allocated \$249,091 for this project from 1 January 2004 to 31 December 2007.

The objectives of this support service in Bamaga are to:

- increase the access for potential Indigenous nursing students in the Bamaga region to locally employed and situated academic and administration personnel;
- facilitate culturally appropriate teaching and learning processes to support Indigenous students within the external Bachelor of Nursing Sciences course;
- provide local infrastructure support to assist potential Indigenous nursing students in the Bamaga region to complete the Bachelor of Nursing Sciences course; and
- complement and extend the existing Indigenous student support services offered by JCU within the Bamaga region.

A key goal of the School is to increase the number of Indigenous nurse graduates, recognising the importance of having Indigenous health professionals and providing health care to Indigenous peoples.

James Cook University currently has 14 students enrolled at the Thursday Island satellite campus, most of whom are Torres Strait Islanders. A more localised education access program appears to be a successful strategy to encourage local Indigenous students to enrol in the nursing program.

The students require significant academic and culturally appropriate support to maximise their opportunities for success. Recent research (Usher et al. 2003) has demonstrated the need for local, intensive support if Indigenous students are to have any chance of success in professional health care programs.

The JCU Bamaga nursing project is supportive of Strategies 5 and 25 of the Aboriginal and Torres Strait Islander Health Workforce Nation Strategic Framework, published by the Australian Health Ministers' Advisory Council (May 2002). JCU is aware that some Indigenous students do not do well in the external courses without support. The JCU Bachelor of Nursing Sciences is accredited and the course content is the same as that provided to external students.

## **6. THE AUSTRALIAN NATIONAL UNIVERSITY (ANU) MASTER IN APPLIED EPIDEMIOLOGY**

The Australian Government recognises the need for expert epidemiological services to support communicable diseases control, Indigenous health and environmental health activities at the national level. There is a recognised need for trained epidemiologists in the public health workforce and the Australian Government supports the specialist training in applied epidemiology to address the national shortage.

The Australian Government has provided support to the ANU, through the National Centre for Epidemiology and Population Health (NCEPH), to develop and offer a two-year Master of Applied Epidemiology degree course since 1990.

By supporting this program, the Australian Government is contributing to meeting a recognised workforce need. The Australian Government is contributing \$2,593,528 for the period 1 July 2003 to 31 December 2005 (2 cohorts). The ANU is required to select a minimum of 18 scholarship recipients over the two cohorts, with at least two per cohort being Aboriginal or Torres Strait Islander. Students are provided with an allowance of \$34,000 per year (tax free).

Students are required to do field placements, therefore organisations where students are placed also have particular interests in this program. Such organisations where students have been placed in the past include State/Territory health departments and the Australian Government Department of Health and Ageing. Current students and graduates have also worked with the World Health Organisation, the Communicable Diseases Network Australia and the Public Health Laboratory Network, most recently in response to SARS

The Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework aims to:

- increase the number of Aboriginal and Torres Strait Islander people working across all the health profession;
- address the role and development needs of other health professions contributing to Aboriginal and Torres Strait Islander health; and
- improve effectiveness of training, recruitment and retention of non-Indigenous and Indigenous health staff working in Aboriginal and Torres Strait Islander health

This funding support to ANU aligns with the Strategic Framework and aims to improve training for epidemiologists working in Aboriginal health and increase representation of Aboriginal and Torres Strait Islander people in the national health environment.

### **The Aboriginal & Torres Strait Islander Health Worker Reform Agenda**

Since the release of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (the Framework) in May 2002 the Office for Aboriginal & Torres Strait Islander Health (OATSIH) has identified three priorities that contribute to meeting the requirements of Objective 2 in the Framework. Our aim is to have a positive impact on the employment of Aboriginal and Torres Strait Islander Health Workers. These priorities are:

- The clarification of the role of Aboriginal and Torres Strait Islander Health Workers;
- Funding for the training of Health Workers; and
- Professional Support for Health Workers.



## **Background**

Objective 2 of the Framework recognises the importance of Aboriginal and Torres Strait Islander Health Workers as a key component of the workforce and seeks to improve the clarity of the roles, regulation and recognition of these workers. This objective seeks to improve vocational education and training sector support for training Aboriginal and Torres Strait Islander Health Workers. This objective also recognises the link between the training of Aboriginal and Torres Strait Islander Health Workers and the clarity, regulation and recognition of their roles in the health workforce.

## **Role clarification**

Strategy 12 of the Framework details the development of new competency standards for Aboriginal and Torres Strait Islander Health Workers. Community Services and Health Industry Skills Council (CSHISC) Training Australia has been contracted by Australian National Training Authority (ANTA) to facilitate the development of these new competency standards with total funding of \$678,016.96 (GST inclusive) from 2002-2005. OATSIH contracts ANTA to manage the overall project.

The new competencies will introduce a national standard of Aboriginal and Torres Strait Islander Health Worker qualifications. They aim to clarify the role of Aboriginal and Torres Strait Islander Health Workers. Under the new qualifications Health Workers will have skills that are recognised across each state/territory, allowing for potentially better flexibility within the health workforce. There will also be greater consistency and recognition of these qualifications nationally.

## **Funding for training**

Strategy 15 of the Framework articulates the Commonwealth's responsibility to work with the Department of Education Science & Training (DEST) to develop a coordinated strategy with State and Territory training authorities to ensure funding availability for Aboriginal and Torres Strait Islander Health Worker Training and other support for trainees and existing Aboriginal Health Workers. The OATSIH is working with DEST, ANTA and State and Territory training authorities to encourage ongoing funding and support for Aboriginal and Torres Strait Islander Health Worker training.

OATSIH is providing approximately \$90,000 over the 2004/05 financial year for the Aboriginal & Torres Strait Islander Health Registered Training Organisation (ATSIHRTON). The role of the Network is:

- to focus on collective advocacy for Aboriginal Community Controlled RTO's; and
- sharing resources, information and strategies in overcoming barriers