



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

Workforce Development in Northern Australia

Submission to
Joint Select Committee on
Northern Australia

August 2023

ABOUT NACCHO

NACCHO is the national peak body representing 145 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 145 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

Enquiries about this submission should be directed to:

Recommendations

NACCHO recommends:

1. the Committee align its recommendations with the four Priority Reforms of the National Agreement on Closing the Gap.
2. Government fund full implementation of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*.
3. ensuring new policy proposals prioritise progress towards the Closing the Gap and do not have a detrimental impact on the workforce challenges of northern Australia.
4. Government work in partnership with communities to establish their workforce needs and priorities at the local level and support genuine training and employment outcomes for people.
5. employer subsidies for ACCHOs to support higher pay and conditions, to address salary disparities and attract and retain qualified staff.
6. funding for evidence-based, non-accredited community-led adult literacy campaigns for Aboriginal and Torres Strait Islander people.
7. ACCHRTOs are funded in the same way as TAFEs under the New Skills Agreement– including provision of operational funding and loadings for delivery to high needs students and remoteness.
8. increasing the funding for nominal hours under the Aboriginal and Torres Strait Islander Health Worker training package.
9. supporting ACCHRTOs to upskill more people in Training and Assessment to build a national pool of Aboriginal and Torres Strait Islander trainers and place-based assessors.
10. building the capacity of ACCHOs to support clinical placements for GPs, nurses and other professional staff in partnership with universities.
11. aligning State and Territory drugs and poisons legislations to enable Aboriginal Health Practitioners to practice to the full scope of their training.

Acknowledgements

NACCHO welcomes the opportunity to respond to the Joint Select Committee on Northern Australia's Inquiry into workforce development. NACCHO supports submissions to this consultation from our Affiliates and Member services, in particular, the Aboriginal Medical Services Alliance NT (AMSANT). NACCHO would also like to acknowledge responses from our Members and Affiliates who participated in the 2023 NACCHO Workforce Census. We acknowledge submissions by the Central Land Council, APO NT and the Northern Land Council.

NACCHO extend our gratitude to the Kimberley Aboriginal Medical Service and Apunipima Cape York Health Council for their expert advice in preparing this submission.

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

Given the large population of Aboriginal and Torres Strait Islander people in Northern Australia, it is critical the Committee's work aligns with, and actions, the priority reforms in the Government's first Closing the Gap Implementation Plan. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for Aboriginal and Torres Strait Islander people in the long term:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

NACCHO recommends the Committee align its recommendations with the four Priority Reforms of the National Agreement on Closing the Gap.¹

Introduction

The Aboriginal Community Controlled Health sector is facing a primary healthcare workforce crisis. Across Australia there is a critical shortage of doctors, nurses, Aboriginal Health Workers (AHWs) and Aboriginal Health Practitioners (AHPs). Workforce data reported to the AIHW shows a decrease of FTE clinical staff per 1,000 population of around 20-30 per cent in ACCHOs and a 50 per cent increase in the number of unfilled positions since the start of the COVID-19 pandemic in 2020.²

Shortages across all levels of the allied health workforce have become more critical as community-controlled health services expand into delivering NDIS, aged care, Social and Emotional Wellbeing (SEWB) and mental health services. These workforce challenges are impacting access to health and aged care, and risk unravelling the life expectancy gains the ACCHO sector has made for Aboriginal and Torres Strait Islander people over the past 50 years.

A high proportion of Aboriginal and Torres Strait Islander people continue to face systemic, intergenerational unemployment, poverty and poorer health and life outcomes. This is a direct consequence of colonisation and subsequent policies of dispossession, protectionism and assimilation.

In 2018-19, just 49 per cent of Aboriginal and Torres Strait Islander people of working age were employed compared to 76 per cent for other Australians.³ In remote and very remote areas, employment is significantly lower. In 2018–19, only 35 per cent of Aboriginal and Torres Strait Islander Australians in remote areas were employed, compared to 59 per cent in major cities. In addition, there are high levels of people classified as ‘Not in the labour force’ in remote Aboriginal communities. Estimates suggest some parts of the Northern Territory have a rate as high as 60 per cent amongst the 16-24 age group.⁴

Creating sustainable local pathways for Aboriginal and Torres Strait Islander workers in the health sector requires funding job creation, skill development, as well as transition and on-the-job support from committed staff. With greater government funding, there is scope for ACCHOs to employ more Aboriginal and Torres Strait Islander people and deliver increased services to their communities. This requires a coordinated effort on behalf of all governments. Due to the intergenerational nature of unemployment and high rates of disadvantage, an appreciation of the time and funding needed to nurture a pipeline of local, skilled people is essential.

¹ National Agreement on Closing the Gap 2020, <https://www.closingthegap.gov.au/priority-reforms>

² Australian Institute of Health and Welfare (2022) Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections viewed 16.11.2022 <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osrnkpi/contents/osr-introduction>

³ AIHW (2021) Employment and Unemployment

⁴ Havnen, O. 2012. Office of the Northern Territory Coordinator-General for Remote Services Report, June 2011-August 2012. Pp 175-177

These issues require a long-term commitment, collaboration and investment by governments at all levels in partnership with Aboriginal and Torres Strait Islander communities. NACCHO welcomes the Committee's insights that Aboriginal people represent a long-term, stable remote workforce compared with the non-Aboriginal population in Northern Australia.

Addressing the gap in Aboriginal and Torres Strait Islander employment rates requires a strategic approach based on equal partnerships between governments and Aboriginal and Torres Strait Islander people and community-controlled sector organisations.

Policy context

The need to increase the Aboriginal and Torres Strait Islander workforce is well established. Urgent action and practical solutions are required to increase the proportion of Aboriginal and Torres Strait Islander people in the health workforce.

It is well recognised that participation of Aboriginal and Torres Strait Islander peoples in the health workforce promotes culturally safe care and improves health outcomes for Aboriginal and Torres Strait Islander patients.⁵ It is established practice that ACCHOs and other Aboriginal Community Controlled Organisations (ACCOs) engage local community members as part of their workforce, and therefore are an effective and efficient investment to improve both community health and employment outcomes.

However, the Productivity Commission's *2023 Review of the National Agreement on Closing the Gap – draft report*, has made clear that the Priority Reforms outlined in the National Agreement on Closing the Gap have not been prioritised by Government. The commitment to shared decision making is rarely achieved, and Government policy does not currently reflect the value of the community-controlled sector nor enable it to thrive.⁶

The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31* was developed in partnership with peak Aboriginal and Torres Strait Islander workforce organisations and the Department of Health. It is strongly aligned to the National Agreement on Closing the Gap and contains a range of recommended initiatives and interventions that will support capacity and capability building across the Aboriginal and Torres Strait Islander workforce.

NACCHO recommends Government fund full implementation of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*.

Policy changes

At the Federal level, it is essential that new policy proposals are assessed for their impact on the Aboriginal and Torres Strait Islander people during the development stage. While an 'impact statement' may already be required, it is important that this doesn't become a 'tick the box' exercise, that results in undermining broader Government efforts to Close the Gap. For example, the 2022 change to migration rules for international GPs changed all GP catchments in MM2 areas and some MM1 areas to *distribution priority area (DPA)* status⁷. Practically, this has seen many GPs in regional and remote areas move back to cities and regional centres where they may have family or access to

⁵ [Cultural safety in health care for Indigenous Australians: monitoring framework, Monitoring framework - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/indigenous-australians/monitoring-framework)

⁶ [Draft report - Review of the National Agreement on Closing the Gap \(pc.gov.au\)](https://www.pc.gov.au/reports/indigenous-australians/monitoring-framework)

⁷ [RACGP - 'Doctors will move from remote areas': DPA change under fire](https://www.racgp.org.au/press-releases/2022/07/doctors-will-move-from-remote-areas-dpa-change-under-fire)

cultural networks. This has effectively channelled doctors away from areas where the GP shortage is most acute, which has only exacerbated workforce shortages in rural and remote healthcare.

Equally, the requirement for residential aged care facilities to have a registered nurse on site 24/7 has anecdotally resulted in many enrolled nurses no longer being able to gain employment in the aged care sector, where they are predominantly employed.

NACCHO recommends ensuring new policy proposals prioritise progress towards the Closing the Gap and do not have a detrimental impact on the workforce challenges of northern Australia.

The ACCHO model of health care

The need to address the social determinants of health in order to improve health outcomes for Aboriginal and Torres Strait Islander people is increasingly clear. Aboriginal and Torres Strait Islander people continue to experience worse outcomes than other Australians in health measures including morbidity, mortality, substance abuse, suicide, and mental distress.⁸ Additionally, the relative incidence of chronic disease is high, increasing demand for services that require long term relationships between health services and their clients and specific skills on the part of staff.

A critical supportive factor, and key cultural determinant of health, is the provision of health care by staff and services that know the lived reality of Aboriginal and Torres Strait Islander people. ACCHOs have provided culturally safe primary healthcare by and for Aboriginal people since the 1970s. ACCHOs have been innovators in the development of comprehensive primary health care in Australia. ACCHOs are highly visible in Aboriginal and Torres Strait Islander communities and are best placed to respond to local health needs as they position their model of care within a framework of family and cultural safety.

ACCHOs are more effective than other health services at improving Aboriginal and Torres Strait Islander Health⁹, and there is a clear desire among Aboriginal and Torres Strait Islander peoples to access community-controlled services. Aboriginal controlled health services are 23 per cent better at attracting and retaining Aboriginal clients than mainstream providers.¹⁰ Indeed, people will bypass mainstream services to access one where they are confident their cultural safety is guaranteed. Prevention, early intervention and chronic disease management are tailor made to each person with community-wide health promotion and knowledge sharing to support community empowerment. We know that up to fifty per cent more health gain or benefit can be achieved if health programs are delivered to Aboriginal and Torres Strait Islander communities via ACCHOs, compared to if the same programs are delivered via mainstream primary care services.¹¹

The Aboriginal and Torres Strait Islander population is also experiencing rapid growth, and with this, the demand for services provided by ACCHOs is growing, both in episodes of care and in scope. ACCHOs are expanding into new areas like cancer screening, rheumatic heart disease, renal, mental health, NDIS and aged care services. ACCHOs are critical to improving health outcomes for local

⁸ Indigenous Health Performance Framework, <https://www.indigenoushpf.gov.au/>

⁹ Campbell, M.A. et al. Contribution of the Aboriginal Community-Controlled Health Services to Improving Aboriginal Health: an Evidence Review, Australian Health Review (<http://www.publish.csiro.au/ahr> [6 March 2017])

¹⁰ Department of Health. Aboriginal and Torres Strait Islander Health Performance Framework. Canberra 2017: 172; Ong, K. S. et al. 'Differences in Primary Health Care Delivery to Australia's Indigenous Population: a Template for Use in Economic Evaluations', BMC Health Services Research. 2012: 30

¹¹ Vos T, Carter R, Barendregt J, Mihalopoulos C, Veerman JL, Magnus A, et al. Assessing Cost- Effectiveness in Prevention (ACE–Prevention): Final Report: University of Queensland, Brisbane and Deakin University, Melbourne 2010.

people, and ongoing efforts to grow and support the Aboriginal and Torres Strait Islander workforce in this sector will bring major employment and health benefits.

Key to the ACCHO model of care is the Aboriginal and Torres Strait Islander health workforce, who makes a vital contribution to health care in Australia in both specialised service delivery and in a wide range of mainstream health care roles.¹² Their roles may include enhancing the amount and quality of clinical services provided to Aboriginal and/or Torres Strait Islander clients, facilitating communication with Aboriginal and Torres Strait Islander people and communities, assisting communities to navigate complex systems such as the NDIA and My Aged Care, and practicing administration and management.¹³

Health workforce

We know that in the health sector, the identified lack of Aboriginal and Torres Strait Islander health and care workers contributes to reduced access to health and care services for Aboriginal and Torres Strait Islander people in ACCHOs, and in mainstream primary and allied health sectors more broadly.¹⁴

Currently, Aboriginal and Torres Strait Islander people are underrepresented in the healthcare workforce. In 2016, Aboriginal and Torres Strait Islander people just represented 1.8 per cent of the health workforce, despite being 3.3 per cent of the Australian population (3.1 per cent of the working age population).¹⁵ Currently, there are 670 registered Aboriginal and Torres Strait Islander Health Practitioners, 81 per cent of whom are employed in the Aboriginal health services.

However, this is an aging workforce with 1 in 5 aged 55 years and older. Aboriginal and Torres Strait Islander registered nurses constitute just 1.16 per cent of Registered Nurses. Just 84 Medical practitioners with a primary specialty of General Practitioner identify as Aboriginal and Torres Strait Islander. Whilst NACCHO welcomes the Federal Government's investment in the First Nations Traineeship Program, which will increase the AHW and AHP workforce by 25 per cent over the next four years, more needs to be done to holistically grow the ACCHO workforce.

While engaging non-Aboriginal and FIFO health and care workers is often necessary to fill critical skills shortages, this should not be relied on as a long-term strategy. The use of FIFO workers exacerbates housing shortages, limits continuity of care and cultural safety, and does little to empower communities or create local career opportunities.

Workforce shortages in the health sector, particularly in regions like northern Australia, where there is a proportionately higher Aboriginal and Torres Strait Islander population, provide a key opportunity for local employment. ACCHOs employ approximately 7,000 staff across Australia, 54 per cent of whom identify as Aboriginal and/or Torres Strait Islander. A greater investment in the Aboriginal and Torres Strait Islander health workforce is one of the best ways to grow economic participation, and subsequently achieve better health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. Although growth needs for the entire health care and social assistance workforce have been estimated to be in the order of 14.2 per cent in the five years to 2025, a requirement for around 249,500 more workers, in many parts of northern Australia, the focus has been on jobs in mining, tourism and hospitality.

¹² The Lowitja Institute (2014). *Shifting gears in career: identifying drivers of career development for Aboriginal and Torres Strait Islander workers in the health sector: Policy brief*. Melbourne: The Lowitja Institute.

¹³ Bird, M., Henderson, C. (2005). *Recognising and enhancing the role of Aboriginal and Torres Strait Islander health workers in general practice*. *Aboriginal and Islander Health Worker Journal*, 29(3), 32-34

¹⁴ AIHW Indigenous Health Performance Framework 3.22

¹⁵ Australian Government (2022) *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31*, Canberra.

The submission to this inquiry from the Central Land Council (CLC) notes that prioritised growth industries like tourism and mining have not created jobs in significant numbers for Aboriginal people, particularly in remote communities.¹⁶

Rather than Government designing 'economic development opportunities' that keep people stagnant in entry-level jobs, communities must be at the centre of decisions about what jobs are needed and of value to their community. This ensures workforce development addresses genuine community need and is embedded through structured workforce pathways.

This is echoed in the Productivity Commission's draft report on the Review of the National Agreement. Government decisions must reflect Aboriginal and Torres Strait Islander people's priorities and perspectives in order to remedy rather than exacerbate disadvantage and discrimination.¹⁷

Building local workforce capacity to fill skills shortages should be the priority to support the accessibility and cultural appropriateness of essential services, including:

Primary health care - to address the severe and urgent workforce challenges facing the ACCHO sector. This is inclusive of entry level pathways through to VET and Higher Education opportunities.

Disability – to address the limited availability of NDIS providers in remote and regional and remote communities, noting 7.2 per cent of National Disability Insurance Scheme (NDIS) participants with a plan identify as Aboriginal and Torres Strait Islander. Yet, the estimated number of Aboriginal or Torres Strait Islander people living with a disability is around 23.9 per cent. Moreover, there is a chronic underutilisation of plans due to thin markets and workforce shortages.

Aged Care –an additional 8,233 Aboriginal and Torres Strait Islander workers will be required in aged care by 2025 to ensure population parity, to meet the growth needs of the sector and action the recommendations of the Royal Commission into Aged Care Quality and Safety.

Environmental Health –Aboriginal and Torres Strait Islander people are more likely to experience environmental conditions in their home and surroundings. Poor quality housing and overcrowding directly contribute to poor health outcomes, including trachoma, otitis media, scabies, acute rheumatic fever and rheumatic heart disease. Action 4 of the 'Health Sector Strengthening Plan' endorsed by the Closing the Gap Joint Council in November 2021 identifies the need to invest in a permanent, highly skilled, and nationally credentialed Aboriginal and Torres Strait Islander Environmental Health workforce. There is also a clear need for localised housing maintenance workforce requiring trade skilled workers including as carpenters, plumbers and electricians.

It is worth noting that 16 per cent of the population in northern Australia are of Aboriginal or Torres Strait Islander descent, and these communities maintain rights or interests in around 78 per cent of

¹⁶ Submission #59 Central Land Council, Submission to the Joint Select Committee on Northern Australia, Inquiry into Workforce Development in Northern Australia, https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Northern_Australia/WorkforceDevelopment/Submissions

¹⁷ Review of the National Agreement on Closing the Gap – Draft Report, Productivity Commission, July 2023, [Draft report - Review of the National Agreement on Closing the Gap \(pc.gov.au\)](#), p.67

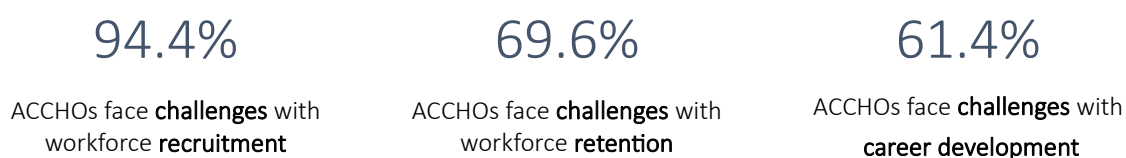
the land mass in northern Australia.¹⁸ There are significant opportunities for Aboriginal and Torres Strait Islander people to leverage this advantage in support of sustainable wealth creation for their communities.

A successful example of this is Centrefarm Aboriginal Horticulture – a company established to benefit Aboriginal landowners in the NT. The company helps identify at-scale commercially viable opportunities on Aboriginal land, and in collaboration with the Central and Northern Land Councils, develops them as the foundations for new regional economies. Prioritising sustainable, Aboriginal-led economic development projects not only generates jobs, but also contributes to the health and wellbeing of communities by establishing the foundations for strong, sustainable, equitable economic growth.

NACCHO recommends Government working in partnership with communities to establish their workforce needs and priorities at the local level and support genuine training and employment outcomes for people.

NACCHO National Workforce and Training Census

From March to July 2023, NACCHO co-designed and delivered a Workforce Census of our Members and Affiliates to identify workforce gaps and training needs across the sector. Preliminary results indicate:



The availability of qualified and local staff, as well as funding, are the most frequently reported recruitment challenges faced by ACCHOs. Throughout responses to the NACCHO Workforce Census, ACCHOs named General Practitioners, nurses, and Aboriginal and Torres Strait Islander Health Practitioners and Workers, followed by specialised health clinicians, as the most difficult roles to fill.

When our members were asked about the potential solutions to the recruitment challenges, key suggestions included increased funding and resources for ACCHOs, targeted training and education programs, and better workforce planning. ACCHOs consistently identified Mental Health, OHS (Occupational Health and Safety), and SEWB as priority areas for training across all jurisdictions and levels of remoteness. Upskilling and retraining to better utilise the existing workforce, and creating sustainable, local career pathways is key to building capacity.

ACCHOs also raised the difficulty they face in competing with government and private employers for staff who are already scarce. One ACCHO noted they often lose staff to the mining sector, particularly male AHPs who are desperately needed in the health sector to support improvements in men's health. ACCHOs are unable to match the much higher pay and conditions (including housing and transport) offered by companies and government health employers. This was listed as the most frequent retention challenge facing ACCHOs organisations, particularly in Western Australia and Far North Queensland.

NACCHO recommends employer subsidies for ACCHOs to support higher pay and conditions, to address salary disparities and attract and retain qualified staff.

¹⁸ Office of Northern Australia. (2021) Developing Northern Australia. Accessed on 29/07/2023. Retrieved from ona-developing-northern-australia-fact-sheet-final.pdf (infrastructure.gov.au) (p.1)

Employment, support and development of local residents has been effective in many ACCHOs, increasing the Aboriginal and Torres Strait Islander workforce, contributing positively to cultural safety for clients and colleagues and building community trust in the service.

A holistic view of the health and care workforce is necessary to identify and grow the pipeline of Aboriginal health and care workers, who form the backbone of our model of care. Family, volunteers, and front-line workers, such as transport and clerical staff, engage in meaningful daily interactions with patients and already hold their trust, so are a natural cohort of people who can be encouraged to upskill.

NACCHO supports a focus on creating careers, not just jobs in entry-level positions in order to promote workforce mobility and retention. The Northern Australia Indigenous Reference Group note that *“tailoring training and education to meet the needs of Indigenous people in Northern Australia requires clear participation pathways to meet people where they are at – geographically and in terms of skills and education”*.¹⁹

Foundation Skills

Levels of English literacy among Aboriginal and Torres Strait Islander adults are very low. Research from the Literacy for Life Foundation (LFLF) estimates that between 40 and 65 per cent of Aboriginal adults are functionally illiterate in English.²⁰

Low English literacy is implicated in a wide range of areas of relative disadvantage.²¹ This includes understanding health information and prescriptions and engaging in confident conversations with doctors and hospital staff. Low literacy also makes it difficult for a person to find and access education, training and employment opportunities, entrenching cycles of poverty and disadvantage.²² Boughton proposes that improving literacy is one of the most effective ways to improve health outcomes in Aboriginal and Torres Strait Islander communities.²³

Low English literacy also presents a practical impediment to grow the local workforce. However, non-accredited training, such as community-led language, literacy, numeracy and digital (LLND) training, is extremely valuable in improving people’s agency, participation and wellbeing and interconnects with social determinants of health to improve access to life opportunities. As an accessible entry-point, non-accredited training plays an important role in building people’s confidence and starting or resetting their relationship with training.

Moreover, a 2014 Productivity Commission report states that an increase in LLN by one skill level is associated with about a 10 per cent increase in wages for both men and women.²⁴

¹⁹ Submission #62, Northern Australia Indigenous Reference Group, Submission to the Joint Select Committee on Northern Australia, Inquiry into Workforce Development in Northern Australia, https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Northern_Australia/WorkforceDevelopment/Submissions

²⁰ <https://www.lflf.org.au/>

²¹ Shalley F, Stewart A. Aboriginal adult English language literacy and numeracy in the Northern Territory. Darwin: Charles Darwin University; 2017.

²² NACCHO Submission, Submission 130, Inquiry into the nature and extent of poverty in Australia. <https://www.aph.gov.au/DocumentStore.ashx?id=9337d692-7989-41d1-bc68-69ca2088b75c&subId=735617>

²³ Boughton, [The Australian Journal of Indigenous Education](https://doi.org/10.1375/S1326011100000648), Volume 38, Issue 1, January 2009, pp. 103–109. DOI: <https://doi.org/10.1375/S1326011100000648>

²⁴ Shomos A, Fobes M. Literacy and Numeracy Skills and Labour Market Outcomes in Australia. Canberra: Productivity Commission; 2014.

NACCHO welcomes the proposed changes to the Government's SEE program which will improve access to foundation skills training for Aboriginal and Torres Strait Islander people. We look forward to working with the Department of Employment and Workplace Relations to better align the program with Priority Reform 2 of the National Agreement.

NACCHO recommends funding for evidence-based, non-accredited community-led adult literacy campaigns for Aboriginal and Torres Strait Islander people.

Training and career pathways

NACCHO Census respondents named the lack of career progression and clear career pathways as major impediments to recruitment and retention.

Creating visible, accessible and supported local pathways for Aboriginal and Torres Strait Islander workers requires job creation, skill development, as well as transition and on-the-job support from committed staff.

For example, NACCHO's Elder Care Support program offers a pathway for staff to commence a career in aged care. The program starts with supported non-accredited training to build worker experience and confidence and includes opportunities for further VET study. KAMS' Solid Connections Program also creates pathways into both clinical and non-clinical roles for local people.

Culturally Safe Training Opportunities in Vocational Education and Training (VET)

VET is the sector of choice for post-school education for Aboriginal and Torres Strait Islander students. VET training provides important entry-level pathways and skill development for local people, and particularly in training AHWs and AWPAs who play an essential role in primary health care.

There are 11 Aboriginal Community Controlled Registered Training Organisations (ACCHRTOs) nationally, nine of which deliver the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner qualifications that support the workforce needs of the ACCHO sector and ensure the integrity of our model of care. They are represented in all Jurisdictions except for NT and QLD, with two being nationally accredited.

While small, the ACCHRTO sector provides culturally embedded training options for Aboriginal and Torres Strait Islander students, which is central to their strong completion rates which average 70 per cent across the sector, compared to less than 30 per cent in the TAFE sector. Fundamental to this is their model of delivery that encompasses high levels of wrap around supports, which include:

- continued meaningful mentoring;
- tutoring both on the job and as part of the training;
- project based assessments and block training that is locally contextualised;
- training on Country to help students stay close to family and community;
- wrap around services that consider everything from the students' lived experiences, home/personal situations, family commitments, LLN&D barriers, cultural needs such as Sorry Business and many more;
- childcare needs;
- LLND support; and
- travel and accommodation needs.

The need to offer additional support to students at key transition points is well-established. However, research by Gwynne et al shows strong evidence that the provision of these wrap-around supports throughout training, results in better completion rates for Aboriginal and Torres Strait Islander students in the VET context.²⁵

For those regions without ACCHRTOs, including Queensland and the Northern Territory, embedded workforce and training teams in ACCHOs can support local learners to complete their program of study and take advantage of new career and training options as they arise. Apunipima operate this model, utilising mainstream training organisations and TAFE Queensland to deliver training, while providing wrap-around support and additional learning for students on Country.

Trainers at Apunipima have noted that many students are not ‘work ready’ upon graduation from mainstream training organisations. For example, many do not know how to do a 715 health check, which is a key function of an AHP. Apunipima has created tailored resources that are delivered to new graduates joining the service to ensure they are work ready for ACCHOs. This additional training and support is unfunded.

The inclusion of workforce and training teams in ACCHOs can help build the capacity of the ACCHO and ACCHRTO sector to deliver skilled, work-ready graduates for the health workforce.

ACCHRTO resourcing

In an environment of increasing need for workforce and undersupply of services to Aboriginal and Torres Strait Islander communities, there is increasing demand for ACCHRTOs to deliver an expanded range of qualifications including SEWB, counselling and mental health training, alcohol and other drugs, disability and aged care, and other community services and health qualifications.

However, the capacity of our ACCHRTOs to continue to deliver their existing scope, invest to expand that scope, as well as ensure appropriate delivery design, including ‘wrap around’ supports which generate the outcomes and completion rates mentioned above, has been severely hindered by successive reductions in operational base funding. While some were defunded over 6 years ago, the last of this funding ended in 2022 under the Indigenous Advancement Strategy. This has seen the closure of several ACCHRTOs in the last decade, including in Queensland and the Northern Territory where there are currently no community-controlled RTOs. Without significant financial support, the sustainability of the ACCHTRO sector is in doubt.

Any further reduction in the number of ACCHRTOs will place delivery of the base qualification for AHPs in jeopardy. It would make the qualification less accessible for prospective Aboriginal and Torres Strait Islander students and would ultimately result in a decline in the number of AHPs. Such an outcome is in direct contrast to the Federal and State Governments’ commitment to grow and strengthen the Aboriginal and Torres Strait Islander health workforce as committed to in the *National Aboriginal and Torres Strait Islander Health Plan 2021 – 2031* and the *Health Workforce Plan*.

Despite excellent student outcomes and the increasing demand for their services, all eleven ACCHRTOs identified a lack of funding as a direct obstacle to increasing their training on offer in the NACCHO Workforce Census. This directly impedes their ability to support the 85 per cent of ACCHOs seeking to expand their delivery of community programs and activities. Currently, every ACCHRTO

²⁵ Gwynne et al, Customised approaches to vocational education can dramatically improve completion rates of Australian Aboriginal students, *Australian Health Review*, 2020, 44 , 7–14, <https://doi.org/10.1071/AH18 51>

runs at a loss, which is underwritten by Affiliates and ACCHOs who host the RTO. This is a direct cost to primary healthcare delivery.

Currently, TAFEs nationally receive operational funding to support staffing and overheads, to deliver services and facilities to community, and support higher needs students, including Aboriginal and Torres Strait Islander students. We know that while some TAFEs and private RTOs deliver these qualifications, they do not, as noted above, achieve the outcomes or deliver same the number of graduates as our ACCHRTOs.

The cost of training students also contributes to the sustainability concerns, particularly for those ACCHRTOs delivering to students in remote and very remote areas such as northern Australia. For ACCHRTOs like KAMS, the cost of delivering training for students in very remote areas (MM7) is significantly more expensive than for those in remote areas (MM6) due to the additional distance from base. 'Away from base' training funding, provided through NIAA, is the same for MM6 and MM7, although the cost differential is considerable. While the subsidy has been deemed appropriate, there has been no consultation with providers either to establish or confirm this, and no significant increase in the rate for some time.

Additionally, although ACCHRTOs are community controlled not-for-profit providers, they are classified as private providers by governments, and are therefore unable to access loading for delivering training to Aboriginal and Torres Strait Islander students, who comprise the majority of their cohort. This also contributes to the financial strain.

Despite the Government's commitment to delivering 500 Aboriginal and Torres Strait Islander Health Workers and Health Practitioners over the next five years, there has not been a corresponding acknowledgement of the importance of these roles under the current National Agreement on Skills and Workforce Development or during negotiations on the new National Skills Agreement. An increase in funding to ACCHRTOs must ensure the sustainability of the sector and equip ACCHRTOs to deliver an expanded range of qualifications to meet the growing needs of the ACCHO workforce. For example, at present, only one RTO is delivering a Certificate III in Indigenous Environmental Health in the whole of Australia, yet the need to grow this important workforce has been identified as part of the Health Sector Strengthening Plan.

NACCHO recommends ACCHRTOs are funded in the same way as TAFEs under the New Skills Agreement– including provision of operational funding and loadings for delivery to high needs students and remoteness.

The inability for ACCHRTOs to break even in the current environment is further compounded by low student numbers and insufficient funding for nominal student hours, making it impossible to significantly scale operations due to thin training markets. Some RTOs have not seen an increase in the funding for nominal hours under the Aboriginal and Torres Strait Islander Health Worker training package in the last decade.

NACCHO recommends increasing the funding for nominal hours under the Aboriginal and Torres Strait Islander Health Worker training package.

Critically, over time, the reduction in operational funding to ACCHRTOs has also resulted in severe shortages of Aboriginal and Torres Strait Islander VET qualified trainers nationally.

While NACCHO welcomes the Committee's recognition of the need to invest in Aboriginal and Torres Strait Islander curriculum and trainers to build cultural capabilities in the broader population, there is a far more pressing need to build the number of Aboriginal and Torres Strait Islander trainers and assessors to expand the capacity of ACCHRTOs.

Growing this workforce will enable ACCHRTOs to meet the growing demand for training from the sector (including the 500 Traineeships program), and to expand their scope of qualifications on offer. By upskilling current ACCHRTO staff, enabling AHWs and AHPs in ACCHOs to supervise, mentor and support student placements and building a national trainer community of practice, the sector can offer genuine work-ready training opportunities.

NACCHO recommends supporting ACCHRTOs to upskill more people in Training and Assessment to build a national pool of Aboriginal and Torres Strait Islander trainers and place-based assessors.

These recommendations provide a key opportunity for governments to meet their commitments under Priority Reform 2 of the National Agreement and should be a key consideration in the Department of Employment and Workplace Relations' negotiation with States and Territories on the new National Skills Agreement.

Pathways to higher education

Aboriginal and Torres Strait Islander people are 30 per cent less likely to have achieved a tertiary qualification than other Australians.²⁶

Health qualifications and careers span both the VET and higher education sectors and are therefore ideal for the creation of more integrated pathways. Stronger pathways from VET qualifications into higher education are required to increase the number of Aboriginal and Torres Strait Islander Registered Nurses, Nurse Practitioners, GPs and allied health staff across the ACCHO sector. Currently, just 1.6 per cent of registered nurses in Australia and 0.6 per cent of Medical Practitioners identify as Aboriginal or Torres Strait Islander.²⁷

Embedded workforce training teams like that at Apunipima are also able to support clinic staff who wish to undertake higher education degrees. Initiatives such as Sydney University's Graduate Diploma in Indigenous Health Promotion, aimed at AHPs, with flexible admission criteria²⁸ offer a good example of education pathways that can deliver such career opportunities for Aboriginal and Torres Strait Islander staff.

ACCHOs have a genuine interest in supporting senior AHW and AWP staff who wish to access higher education, to specialise or move into higher paid professional roles, including nursing and medicine, or expand into allied health, health promotion or management. NACCHO welcomes the recent announcement of demand driven funding in higher education for all Aboriginal and Torres Strait Islander students from 2024, which should further boost enrolments. However, the low number of successful completions reflects the fact the university system isn't working for Aboriginal and Torres Strait Islander people.

Currently, the pedagogical approaches used in universities favour non-Aboriginal people and may not be culturally safe. Effectively retaining students in higher education demands new ways of delivering course work that meets the learning styles and needs of Aboriginal and Torres Strait Islander students. This requires genuine and well-funded mentoring and tutoring programs, local delivery, valuing and

²⁶ Australian Institute of Health and Welfare. (2021). Indigenous education and skills. Accessed on 26/07/2023. Retrieved from <https://www.aihw.gov.au/reports/australias-welfare/indigenous-education-and-skills>

²⁷ Data provided to NACCHO from Australian Institute of Health and Welfare (AIHW), 2023.

²⁸ [Graduate Diploma in Indigenous Health Promotion - The University of Sydney](#)

embedding Indigenous teaching approaches (such as kinaesthetic learning styles²⁹) and implementing core adult learning principles.

Delivery of higher education programs in regional centres would also improve accessibility for Aboriginal and Torres Strait Islander students. The need to spend long periods away from family, community and Country can be a significant impediment to student willingness to enter degree programs. Mitigating this by facilitating shorter learning periods (block delivery), closer to home is likely to increase accessibility and improve retention and completion rates.

It is pivotal the university sector builds genuine partnerships with the ACCHRTO and ACCHO sector to ensure educational pathways are accessible, clearly articulated, and Aboriginal and Torres Strait Islander students are well supported, including through culturally safe clinical places. To ensure work ready graduates, teaching must encompass strong industry pathways and incorporate on the job supervision and training. A good example of this is the Flinders NT Medical program that coordinates placement opportunities and support for allied health students and has specific streams and quotas for Aboriginal and Torres Strait Islander students.

In an April 2023 letter to NACCHO, AMSANT reported a critical decrease in registrars in the Northern Territory from a peak of 61 in 2016 to less than 10 for 2023, the majority based in Darwin. NACCHO understand that the decline in the NT is reflected in national figures where there has been a much steeper decline in GP registrars commencing in remote and rural areas compared to regional and urban areas.

Aboriginal and Torres Strait Islander governance of the GP Registrar Salary Support and Strategic Funds has been proposed as one way to address this issue and this approach is supported by NACCHO. There has also been a call for nominees for a Ministerially appointment Aboriginal and Torres Strait Islander led committee to oversee GP registrar training. However, as yet, this has not been formed and is unlikely to be functioning before 2024 registrar placements have been decided, despite Terms of Reference for the group being agreed in 2022.

The Royal Australian College of General Practitioners (RACGP), in their submission to the Health Workforce Plan,³⁰ recommend providing supporting and capacity building for the ACCHO sector to provide more training opportunities across all health professions. This would not only develop remote models of support for GP training, but would also build the capability of the ACCHO sector and the Aboriginal and Torres Strait Islander workforce. For this to be viable, investment in the teaching and supervisory capacity of ACCHOs is critical.

NACCHO recommends building the capacity of ACCHOs to support clinical placements for GPs, nurses and other professional staff in partnership with universities.

Scope of practice

Aboriginal Health Workers (AHWs) and Aboriginal Health Practitioners (AHPs) are particularly important in the health sector. As noted in the issues paper, Aboriginal and Torres Strait Islander staff *represent a long-term, stable remote workforce*. In the ACCHO context, it is AHPs who are generally long-serving and who provide critical continuity of care for community. This is particularly important in more remote areas where turnover of non-Aboriginal staff is high, as is use of FIFO workers.

²⁹ [Learning Styles: Kinaesthetic Learner Characteristics - Engage Education | - Engage Education \(engage-education.com\)](#)

³⁰ [RACGP - National Aboriginal and Torres Strait Islander Health workforce strategic framework and implementation plan 2021-2031](#)

Aboriginal and Torres Strait Islander health workers often experience inflated role expectations that can contribute to unmanageable workloads and stress, and reduced job satisfaction.³¹ In addition to building supportive, culturally safe workplaces, clearly documenting and communicating roles, scope of practice and responsibilities, and ensuring that employees are appropriately supported and remunerated will contribute to staff retention.³² This has been effectively achieved at Apunipima Cape York Health Council, where posters were developed and displayed in the clinic, detailing the roles of AHWs, AHPs and nurses to assist in informing all staff and patients.

Enabling AHWs and AHPs to deliver services to the full scope of their training will further support workplace satisfaction and retention. AHPs are clinically trained and AHPRA registered, are limited in their ability to administer vaccines in every jurisdiction except for the Northern Territory.³³ This is determined by state and territory drugs and poisons legislation. Some restrictions were successfully relaxed in response to the COVID-19 pandemic, and these temporary changes have brought about welcome efforts to align poisons acts across the country. This will support workforce mobility, particularly in border areas.

NACCHO recommends aligning State and Territory drugs and poisons legislations to enable Aboriginal Health Practitioners to practice to the full scope of their training.

Conclusion

Up-skilling, re-training, utilising the existing workforce and creating strong VET and higher education pathways is key to build capacity.

NACCHO is pleased to work in partnership with Government to develop and implement solutions for workforce development in Northern Australia. Governments have an opportunity to increase support for ACCHOs and ACCHRTOs and to promote innovative and culturally safe training and career pathways. This is essential to building the skills of local people, increasing the capacity and capability of local organisations, maximising staff retention and improving employment and health outcomes for Aboriginal and Torres Strait Islander people.

³¹ Conte et al, <https://doi.org/10.1093/heapro/daz035>

³² Lai et al, <https://doi.org/10.3390/ijerph15050914>

³³ [NCIRS Administration of vaccines Scope of practice for healthcare professionals 23 Nov 2021 Final.pdf](#)