

# Submission

to

Senate Employment, Workplace Relations and Education  
References Committee

## **Inquiry into indigenous training and employment outcomes**

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Chair

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Working Group

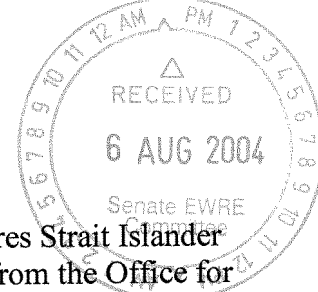
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## Executive Summary

This submission has been developed under the auspice of the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG), and with secretariat support from the Office for Aboriginal and Torres Strait Islander Health (OATSIH) within the Australian Government Department of Health and Ageing. OATSIH provides the ATSIHWWG Secretariat and manages a range of health programs for Aboriginal and Torres Strait Islander people, including activities to improve the capacity of the Indigenous health workforce and to ensure that the general health workforce is responsive to the needs of Aboriginal and Torres Strait Islander people.

The key points made under each of the terms of reference in the submission are summarised below.

- (a) A number of Aboriginal and Torres Strait Islander Health Workers are employed through the CDEP scheme. These programs have an important role to play in linking Indigenous people to local initiatives. However, there a number of potential problems for Aboriginal and Torres Strait Islander Health Workers employed through CDEP that require attention. These include:
- a lack of recognition of skill levels;
  - inadequate remuneration;
  - lack of cover for professional indemnity; and
  - limited access to up-skilling and professional development.
- (b) The majority of the training for Aboriginal and Torres Strait Islander Health Workers is provided by small community based Registered Training Organisations (RTOs) that are closely associated with Indigenous primary health care services. These community based RTOs provide a supportive and culturally appropriate environment for Indigenous students. Their close links with health services enable them to produce graduates with the skills the industry requires. However, within the competitive VET sector funding framework that favours larger training organisations, it is difficult for smaller providers to compete for funds.

Because the larger providers (eg TAFEs) have not demonstrated the capacity to produce graduates suitable for Indigenous primary health care sector, the Australian Government Department of Health and Ageing funds more than \$1.5 million in Aboriginal and Torres Strait Islander Health Worker training. VET sector funds for Aboriginal and Torres Strait Islander Health Worker training need to be directed towards community based RTOs to ensure that future training outcomes meet the needs of primary health care services.

The VET in Schools program provides a good avenue for skills development for young Aboriginal and Torres Strait Islander people, particularly in rural and remote locations. The program has also proven to be effective in improving the retention of Indigenous students in high school. Options should be explored to expand the VET in Schools program in the health sector and to introduce the program earlier in high school.

Aboriginal and Torres Strait Islander students, in particular those from rural and remote areas require access to face-to-face training and appropriate support mechanisms. Funding needs to be directed towards innovative education service delivery models that take into account the specific needs of Indigenous students.

New Apprenticeship programs for Aboriginal and Torres Strait Islander people need to be linked to sustainable employment opportunities and be sufficiently comprehensive to provide trainees with adequate skill levels for employment. Further work is required to identify and address the policy and funding framework related barriers to the implementation of New Apprenticeships.

- (c) A National Aboriginal and Torres Strait Islander Health Worker Competencies and Qualifications Project is being conducted by Community Services Health Industry Skills Council with funding from the Australian National Training Authority and the OATSIH. Through the development of national standards and qualifications the project will provide “portability” and “safety to practice” for Aboriginal and Torres Strait Islander Health Workers working in primary health care settings. It will also ensure that all those currently encompassed by the term ‘Aboriginal Health Worker’ or ‘Torres Strait Islander Health Worker’ will be able to identify with an appropriate qualification.

The Indigenous health sector has generally accepted and utilised the competency based training framework developed within the Australian Quality Training Framework. However, a number of shortfalls need to be addressed if the system is to achieve improved outcomes including:

- a recognition of the role and uniqueness of small community based registered training organisations;
- the high cost of training Aboriginal and Torres Strait Islander people;
- the literacy and numeracy needs of Aboriginal and Torres Strait Islander people undertaking training, particularly in rural and remote areas; and
- the ownership and utilisation of cultural competence.

- (d) The Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (WSF) was endorsed by the Australian Health Ministers’ Advisory Council (AHMAC) in May 2002. It is a major reform agenda to transform and consolidate the workforce in Aboriginal and Torres Strait Islander health. It aims to achieve a competent health workforce with appropriate clinical, management, community development and cultural skills to address the health needs of Aboriginal and Torres Strait Islander peoples, supported by appropriate training, supply, recruitment and retention strategies. Upon endorsement, AHMAC established the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) to oversee work on the strategies intended for national level or nationally consistent implementation. The ATSIHWWG includes representation from all States and Territories and is chaired by an AHMAC member.

The WSF identifies three areas that require particular attention to bring about increases in Indigenous employment in the health sector: Aboriginal and Torres Strait Islander Health Workers, governance and management, and professional support and development. A number of successful initiatives have been implemented to date under the auspices of the ATSIHWWG.

- (e) In some jurisdictions, such as the Northern Territory and Queensland, successful partnerships exist between the community controlled and State and Territory health sectors for the training and regulation of Aboriginal and Torres Strait Islander Health Workers. Further partnerships between these sectors could better utilise existing infrastructure and assist in improving training outcomes for Aboriginal and Torres Strait Islander Health Workers.

## **Introduction**

This submission has been developed under the auspice of the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG), and with secretariat support from the Office for Aboriginal and Torres Strait Islander Health (OATSIH) within the Australian Government Department of Health and Ageing. OATSIH provides the ATSIHWWG Secretariat and manages a range of health programs for Aboriginal and Torres Strait Islander people, including activities to improve the capacity of the Indigenous health workforce and to ensure that the general health workforce is responsive to the needs of Aboriginal and Torres Strait Islander people.

### **(a) the effect of the Community Development Employment Projects (CDEP) scheme on the education and long-term employment outcomes of Indigenous people in rural, remote and urban areas;**

Aboriginal and Torres Strait Islander people are employed through the CDEP scheme in a range of positions in the health sector such as administrative support officers, wardsmen and women, transport officers, Environmental Health Workers and Aboriginal and Torres Strait Islander Health Workers. This section of the submission will focus on the Aboriginal and Torres Strait Islander Health Worker role, however, it is important to recognise that the issues raised may also be relevant to other CDEP positions in the health sector, in particular Environmental Health Workers.

A small number of people are employed as Aboriginal and Torres Strait Islander Health Workers through the CDEP scheme in a range of health settings including Australian Government funded Indigenous primary health care services and substance misuse services, and State and Territory government funded public hospitals and health services.

According to 2001 Census data:

- 143 Aboriginal and Torres Strait Health Workers are employed through CDEP;
- 0.7% of all CDEP participants are Aboriginal and Torres Strait Islander Health Workers; and
- most Aboriginal and Torres Strait Islander Health Workers employed through CDEP have no post-school qualification (78.2%). Approximately 12.9% have completed Vocational Education and Training sector certificate level qualifications, and 8.9% have a Diploma or higher level of qualification.

Information provided by the Aboriginal and Torres Strait Islander Commission states that:

- CDEP employment is for two days per week; therefore, there are no full-time positions; and
- CDEP participants are entitled to superannuation and pro rata Long Service Leave Entitlements under the *Superannuation Guarantee Act 1992*.

The 2001-02 Service Activity Report (SAR) collected by the Australian Government Department of Health and Ageing, in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO), indicates there were 682 full time equivalent (FTE) Aboriginal and Torres Strait Islander Health Workers employed in 128 Australian Government funded Indigenous primary health care services. Of these, 647 positions were paid by services and 18 FTE positions were funded through CDEP (18 FTE CDEP positions equates to approximately 45 Aboriginal and Torres Strait Islander Health Workers employed two days per week). The remaining 7 FTE positions were either voluntary or funded through other sources.

The SAR only reports on Australian Government funded Indigenous primary health care services and does not include Aboriginal and Torres Strait Islander Health Workers employed in State and Territory government health services. The figures suggest that more than two-thirds of the Aboriginal and Torres Strait Islander Health Workers employed through the CDEP scheme work outside the Indigenous primary health care services network.

CDEP programs have an important role to play in linking Indigenous people with local initiatives. However, there are a number of potential problems for Aboriginal and Torres Strait Islander Health Workers employed under CDEP. These include:

- a lack of recognition of skill levels;
- inadequate remuneration;
- lack of cover for professional indemnity; and
- limited access to up-skilling and professional development.

### **Recommendation**

**That strategies be developed to address the issues outlined above, in particular to ensure there are adequate training and career development opportunities for Aboriginal and Torres Strait Islander Health Workers employed through the CDEP scheme.**

### **(b) the appropriateness of the current framework for the funding and delivery of vocational education and training to meet the requirements of Indigenous communities and to prepare Indigenous people for employment, especially in rural and remote settings;**

The Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (WSF) places substantial emphasis on the vocational education and training (VET) system to meet some of the key training needs for the Aboriginal and Torres Strait Islander health workforce, in both Indigenous primary health care services and mainstream services (SCATSIH 2001).

This section of the submission will explore issues relating to the current framework for the funding and delivery of VET sector training for Aboriginal and Torres Strait Islander Health Workers. It will also examine issues around VET in schools programs and New Apprenticeships (traineeships) for Aboriginal and Torres Strait Islander people.

### **Training for Aboriginal and Torres Strait Islander Health Workers**

There are more than 150 Indigenous primary health care services across Australia funded by the Australian Government Department of Health and Ageing to deliver primary health care services to Aboriginal and Torres Strait Islander communities. A critical element in the success of these primary health care services is the role of the Aboriginal and Torres Strait Islander Health Worker, particularly in rural and remote Australia. Aboriginal and Torres Strait Islander Health Workers are also employed in a wide variety of roles in State and Territory funded health services.

The majority of the training provided for Aboriginal and Torres Strait Islander Health Workers is conducted by small Aboriginal community based Registered Training Organisations (RTOs) that are attached or closely associated with Indigenous primary health care services. This close relationship enables employers to ensure that training courses are responsive to changing industry needs.

Consequently, graduates are readily employable as they have the skills to meet health service requirements. These small training organisations were established because mainstream educational institutions (eg TAFEs) were not providing the ACCH sector with the skilled workforce it required. An advantage of the community based RTOs is that most of the trainers are Aboriginal and Torres Strait Islander people who understand the nuances of culturally specific training as well as the vocational needs of the sector.

These community based RTOs are a part of the recently established Aboriginal and Torres Strait Islander Health Registered Training Organisations Network and are supported by NACCHO who is the peak industry body for Aboriginal community controlled health services. Whilst this network of training organisations has the capacity to meet the training needs of the primary health care sector, it cannot afford to deliver training based on the Average Student Hourly (ASH) rate provided through State/Territory Training Authorities. This issue will be explored further in section c) of the submission.

Objective 2 of the WSF recognises the need to increase the level of VET sector funding for Aboriginal and Torres Strait Islander Health Worker training. However, this has not been forthcoming. This is largely due to the inability of small community based RTOs to attract VET funding. Within a competitive funding framework that favours larger training organisations, it is difficult for smaller providers to compete for funds and influence State training priorities. Because the large providers have not demonstrated the capacity to produce graduates suitable for the ACCH sector, the Australian Government Department of Health and Ageing funds more than \$1.5 million in Aboriginal and Torres Strait Islander Health Worker training.

*Shaping Our Future* (the National VET Strategy) and *Partners in a Learning Culture* (the Aboriginal and Torres Strait Islander VET Strategy) both identify the need for increased training opportunities and outcomes for Indigenous people. However, the importance placed on Indigenous training issues at the national policy level has had limited impact on the flow of funds to the health sector. Only a handful of community based providers receive funding from the VET system for Aboriginal and Torres Strait Islander Health Worker training.

## **Recommendations**

**That the following steps be taken to ensure that future training outcomes in the VET sector meet the needs of primary health care services:**

- **Ensure that VET sector funds for Aboriginal and Torres Strait Islander Health Worker training are directed towards community based providers working in partnership with Indigenous primary health care services.**
- **Ensure that consideration is given to the Aboriginal and Torres Strait Islander Health Worker training needs of State and Territory government and non-government health services.**
- **Explore the development of clear guidelines to assist RTOs applying for funding for Aboriginal and Torres Strait Islander Health Worker Training.**
- **Recognise the real cost of training Aboriginal and Torres Strait Islander people in rural and remote locations.**
- **Acknowledge that community based providers governed by Aboriginal and Torres Strait Islander Boards are best placed to respond to the training needs of the primary health care services.**
- **Increase NACCHO involvement in VET sector decision making at the local, State and Commonwealth level through the development of working relationships with organisations such as State and Territory training authorities, the Aboriginal and Islander Training Advisory Council and the Australian National Training Authority.**

## **VET in Schools Program**

The VET in Schools program provides options for skills development in the school environment for young Aboriginal and Torres Strait Islander people, particularly in rural and remote locations. These programs also present valuable opportunities to build pathways through to higher education and employment in the health sector. There are instances of young Indigenous people establishing relationships with local health services through their participation in VET in Schools projects, and later being employed in ongoing positions. The VET in Schools program has also proven to be effective in improving the retention of Indigenous students in high schools. Given this contribution to retention, it is worth exploring whether there would be value in introducing the programs earlier in high schools.

### **Recommendations**

- **That the feasibility and appropriateness of the VET in Schools programs being introduced earlier in high school be examined.**
- **That options be explored to expand the VET in Schools program in the health sector.**

## **VET Delivery Methods and Student Support**

The high cost of training for Aboriginal and Torres Strait Islander Health Workers in areas of 'thin markets' and where students are widely dispersed remains a major challenge. These challenges can lead to the use of flexible delivery modes that may not be appropriate for some students, especially those with literacy and numeracy difficulties or who lack confidence. Examples of inappropriate modes include an over-reliance on independent study using workbooks or on-line delivery. It is important that opportunities are available to provide face-to-face training for students in rural and remote locations, such as the 'block training' offered for nursing degrees.

The need for appropriate support mechanisms and delivery models for Indigenous students in the VET system has been well established. Students may require assistance such as literacy support, information technology support, cultural support, and support for work placements and transitions to employment.

The Australian National Training Authority (ANTA) funded Pika Wiya Learning Centre in South Australia is an example of a successful learning model for Indigenous students. Situated at the Pika Wiya Aboriginal Health Service at Port Augusta, the Centre aims to provide a culturally appropriate learning facility for Aboriginal people training as Registered Nurses, Enrolled Nurses, Aboriginal Health Workers and Allied Health professionals. The Centre emphasises culturally appropriate academic, personal, peer, social and administrative support to enhance the outcomes of students studying at universities or TAFEs. Despite its success, this model has not been widely replicated. This highlights the need for sustainable, ongoing funding for the innovative delivery of education services.

### **Recommendations**

- **Ensure that opportunities are available for students in rural and remote areas to access face-to-face training.**
- **Ensure that students undertaking VET Sector training have access to appropriate support mechanisms.**
- **Ensure that ongoing funding is available for innovative education service delivery models that take into account the specific needs of Indigenous students.**

### **New Apprenticeships in Aboriginal and Torres Strait Islander Health**

There is considerable value in New Apprenticeships (traineeships) for Aboriginal and Torres Strait Islander people, particularly when they lead to ongoing employment. While there are some examples of successful New Apprenticeship programs in the Aboriginal and Torres Strait Islander health sector, there is room for growth in this area. It is important that New Apprenticeships lead to sustainable employment opportunities, particularly in rural and remote areas. Programs must provide the trainee with sufficient instruction and time to develop their skills to employable levels.

Regulations governing New Apprenticeships are complex; involving labour market policy, training policy, State and Territory and Australian Government policy frameworks and funding arrangements. The diversity of policy frameworks and lack of flexibility within different jurisdictions and sectors have created some barriers to the implementation of New Apprenticeships.

### **Recommendations**

- **Ensure that New Apprenticeship programs for Aboriginal and Torres Strait Islander people are linked to sustainable employment opportunities and are comprehensive enough to provide trainees with adequate skills for employment.**
- **Undertake further work to identify and address barriers to the implementation and take up of New Apprenticeships.**



**(c) the effectiveness of competency-based training models to deliver an appropriate level or mix of skills necessary for employment of Indigenous people, including the achievement of the necessary standards of literacy and numeracy;**

### **National Aboriginal and Torres Strait Islander Health Worker Competencies and Qualifications Project**

This project is being conducted by Community Services Health Industry Skills Council (CSHISC) with funding from the ANTA and the OATSIH. It will provide “portability” and “safety to practice” for Aboriginal and Torres Strait Islander Health Workers working in primary health care settings. The primary objective of the project is to develop standards and qualifications that clearly describe the primary health care practice roles for Aboriginal Health Workers or Torres Strait Islander Health Workers. The secondary objective of the project is to develop the qualification framework for the other Aboriginal health vocational streams to ensure that all those who are currently encompassed by the term ‘Aboriginal Health Worker’ or ‘Torres Strait Islander Health Worker’ are able to identify with an appropriate qualification.

The primary health care role in the Aboriginal and Torres Strait Islander Health Workers’ role must be addressed. A broad-based qualification cannot address all the needs of the health industry. The trend in competency based training is towards fewer qualifications and greater flexibility within packages, the Aboriginal and Torres Strait Islander health sector needs to have a range of qualifications with a specific focus to address the industry workforce needs.

The current competency development project recognises that Aboriginal and Torres Strait Islander Health Workers are employed across a wide range of roles and settings in different areas of Australia. However, the primary health care practice role is in particular need of clarification since it is under immediate medico-legal, professional and regulatory scrutiny.

This reflects health industry-wide trends for employers to manage quality and safety of services by more explicitly linking qualifications, registration and credentialing of their employees to the work they are allowed to undertake. While this is most obvious in relation to activities such as administration or supply of medicines, immunisation, collection of pathology specimens and so on, it also covers basic functions such as front-line clinical assessment and triage. The primary focus of this project is to address the need for clear standards in training outcomes that would assure employers and regulators of the ‘safety-to-practice’ of Aboriginal and Torres Strait Islander Health Workers in primary health care practice. These elements must be enforced in a competency based training system that includes a very clear qualification framework.

#### **Recommendation**

**That recognition be given to the importance of developing clearly defined, specific competencies and qualifications for Aboriginal and Torres Strait Islander Health Workers.**

## Australian Quality Training Framework

The Indigenous health sector has generally accepted and utilised the competency based training framework developed within the Australian Quality Training Framework. However, a number of shortfalls need to be addressed if the system is to achieve improved outcomes including:

- i. a recognition of the role and uniqueness of small community based registered training organisations;
- ii. the high cost of training;
- iii. the literacy and numeracy needs of Aboriginal and Torres Strait Islander people undertaking training, particularly in the rural and remote areas; and
- iv. the ownership, recognition and utilisation of cultural competence.

### *i. Small Community Based Registered Training Organisations*

As outlined in section (b), the role and customised approach of the community based RTOs is critical to the success of Aboriginal and Torres Strait Islander Health Worker training funded by the Department of Health and Ageing. The community based training providers funded by the Department are Registered Training Organisations and are members of the Aboriginal and Torres Strait Islander Health Registered Training Organisation Network. This means that the quality of training is assured and recognised across the country.

With industry links and a strong cultural base the small community based RTOs are well positioned to meet future training needs and take advantage of the competency-based system of training. The advantages of these providers are their relevance to health services, their flexibility and their availability in rural and remote areas. A competency-based system can traverse language barriers and enable people from remote areas with English as a second language to demonstrate their ability through the practical application of their skills.

### **Recommendation**

**That VET Sector funding decisions take into account the characteristics of small community based RTOs that enable them to deliver training tailored to meet the needs of Aboriginal and Torres Strait Islander students and the primary health care sector.**

### *ii. High Cost of Training*

The high cost of training Aboriginal and Torres Strait Islander people needs to be recognised by the VET system. Community based providers are able to nurture students and provide the necessary extra-curricular support to sustain them when they are away from home. It is important to understand that even when RTOs are located in rural and remote areas many students still need to travel and be away from home to undertake training. Most community based providers place less emphasis on the need to complete courses within strict timeframes, focusing more on flexible delivery methods to meet the needs of each student. This is of particular importance in rural and remote locations where family, community and work obligations can impact on students' ability to complete courses within the specified timeframes. Many of these community based RTOs keep students in training well beyond the funding allocation, thus, the funding provided by State Training Authorities does not reflect the true cost of training in rural and remote areas or for Aboriginal and Torres Strait Islander people. Nor does it adequately account for the high cost of training students from rural and remote

locations via the urban community based RTOs. However, the competency model will allow training to be delivered using methods that increase students' chances of success.

### **Recommendation**

**That the VET system recognises the additional costs associated with training Aboriginal and Torres Strait Islander people, particularly those living in or from rural and remote areas.**

#### *iii. Literacy and Numeracy Needs*

Strategy 15 of the WSF acknowledges the need for a range of literacy and numeracy strategies for Aboriginal and Torres Strait Islander people training in the health sector. Literacy and numeracy support is critical for people undertaking Aboriginal and Torres Strait Islander Health Worker training, particularly those from rural and remote areas who have not had access to adequate schooling and for whom English is a second language. For example, in regions such as Central Australia adult literacy levels are generally poor compared to national standards and there are limited opportunities for adult literacy training. The Departments of Education, Science and Training, and Health and Ageing, acknowledge the need for program coordination on literacy and numeracy in Aboriginal and Torres Strait Islander Health Worker training programs and are currently in negotiations around this issue.

As highlighted in the *Independent Review of Indigenous Education the Northern Territory* (Collins 1999) there is need for inter-governmental coordination and increased investment in adult and child literacy as a high priority. This is important not only in the context of Aboriginal and Torres Strait Islander Health Worker training but also for improving Indigenous health outcomes more broadly. The relationship between education and health is widely recognised, in particular, the link between maternal literacy levels and health outcomes.

The *National Report to Parliament on Indigenous Education and Training* (2001) demonstrates there is still a sizeable gap between Indigenous and non-Indigenous schooling levels which places many Aboriginal and Torres Strait Islander people at increased risk of unemployment. The Indigenous primary health care sector is a successful employment channel for Aboriginal and Torres Strait Islander people, especially in rural and remote locations; and therefore, it is important that the existing coordination between the Department of Education, Science and Training and OATSIH is maintained. Other areas of the health sector, such as State and Territory government services and non-government services, also provide important employment opportunities for Aboriginal and Torres Strait Islander people. Increased funding to enable an expansion of literacy and numeracy programs in the health sector would further improve access and employment opportunities.

### **Recommendations**

- **That increased funding be directed towards literacy and numeracy programs for Aboriginal and Torres Strait Islander people undertaking training in the health sector.**
- **That recognition be given to the importance of literacy and numeracy training as a strategy to improve Indigenous health outcomes.**

*iv. Ownership and Utilisation of Cultural Competence*

There is a need to recognise the ownership of cultural competencies where the Aboriginal and Torres Strait Islander community is contributing valuable information about how best to work in Indigenous health. If the community do not feel they have some control and ownership of those parts of competency based training systems that are uniquely Indigenous then they will not actively participate. Any future developments like the new Aboriginal and Torres Strait Islander Health Worker Competencies and Qualifications should have cultural competencies that are part of specific qualifications, and these contributions should be acknowledged within the relevant training package. The level of participation by Aboriginal and Torres Strait Islander communities will increase if their contribution is recognised and valued.

**Recommendation**

**Ensure that Aboriginal and Torres Strait Islander cultural contributions to competency development are recognised and valued.**

**(d) the effectiveness of Commonwealth, state and territory-based initiatives to engage more Indigenous people in training and to encourage higher level skill acquisition in skilled trades and professions, including health and teaching;**

**The Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (WSF)**

The Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (WSF) (**Attachment A**) was endorsed by the Australian Health Ministers' Advisory Council (AHMAC) in May 2002 after a consultation process that included community based stakeholders and State, Territory and Australian Government representatives. It is a major reform agenda with five objectives and 42 action oriented strategies to transform and consolidate the workforce in Aboriginal and Torres Strait Islander health. It aims to achieve a competent health workforce with appropriate clinical, management, community development and cultural skills to address the health needs of Aboriginal and Torres Strait Islander peoples, supported by appropriate training, supply, recruitment and retention strategies.

This is a substantial step forward in workforce development with all jurisdictions and the community sector broadly agreeing on a blue print to guide workforce activity in Indigenous health over the next ten years. It is the first time all parties have agreed on workforce reforms and the bar has been set high in terms of meeting and achieving the WSF objectives. The implementation of the WSF is occurring through two distinct processes, these are:

- The Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) that has responsibility to oversee work on the strategies intended for national level or nationally consistent implementation; and
- State and Territory Aboriginal Health Forums that are developing Implementation Plans to guide work on other strategies in WSF (to date NSW, WA and the NT have completed plans, VIC and SA have developed drafts and others are well underway).

## **The Aboriginal and Torres Strait Health Workforce Working Group (ATSIHWWG)**

The ATSIHWWG includes representation from all States and Territories and is chaired by an AHMAC member (see **Attachment B** for full membership list). The WSF Action Plan (**Attachment C**), endorsed by ATSIHWWG in September 2003, assists with coordination, monitoring and reporting of activities against each strategy and doubles as a reporting mechanism through which AHMAC, the Standing Committee on Aboriginal and Torres Strait Islander Health and the National Aboriginal and Torres Strait Islander Health Council are kept informed of progress. ATSIHWWG has recently completed its first annual report which documents the achievements in workforce development since May 2002 and outlines many of the challenges facing the Indigenous health sector (**Attachment D**).

ATSIHWWG members play an important role in facilitating the flow of information from the local level to ATSIHWWG and vice versa to ensure that the implementation of the WSF is delivering outcomes at the national, state and local levels.

The ATSIHWWG has endorsed an evaluation plan for the WSF which will guide the collection of quantitative and qualitative data to measure achievements over the life of the strategy. It is expected that the evaluation will be completed before the end 2005.

### **WSF Implementation**

The leadership provided by ATSIHWWG has enabled key stakeholders to guide workforce development and oversee its progress. Major achievements that have occurred under the WSF and will contribute to increased Indigenous participation in the health sector include:

- the National Aboriginal and Torres Strait Islander Health Worker Competencies and Qualifications project which is developing up-to-date, functional competencies to underpin further work to train and support Aboriginal and Torres Strait Islander Health Workers;
- support for the Australian Indigenous Doctors' Association, the Congress of Aboriginal and Torres Strait Islander Nurses, and the Professional Health Worker Association SA that provide a range of recruitment, retention and support initiatives to Indigenous students and professionals;
- commissioning research into why Aboriginal and Torres Strait Islander people choose health careers;
- endorsement of guidelines developed by the Indigenous Nursing Education Working Group to assist flexible delivery of undergraduate nursing courses for Aboriginal and Torres Strait Islander students; and
- support for a very successful Interdisciplinary Indigenous Curricula Development Workshop in Melbourne in June 2004. The purpose of this workshop was to build on initiatives already underway in medicine, nursing and public health and to develop consensus on identified key elements of an undergraduate curriculum framework for Indigenous content in all health courses.

There are three areas that are particularly important to increasing Indigenous employment and consolidating Indigenous participation in the health sector, these are;

- Aboriginal and Torres Strait Islander Health Workers;
- governance and management; and
- professional support and development.

Addressing these issues will require ongoing support from a range of State/Territory and Australian government agencies that are not actively involved in the ATSIHWWG such as State and Territory

Training Authorities, ANTA, the Department of Family and Community Services and the Department of Immigration, Multicultural, and Indigenous Affairs.

Additionally, the innovative partnership around workforce development will only continue to work with the active support of all ATSIHWWG members. Two examples that emphasise this partnership work under the auspices of ATSIHWWG are:

- The Aboriginal and Torres Strait Islander Health Worker National Competencies and Qualifications Project; and
- Management Training Initiatives.

### **National Aboriginal and Torres Strait Islander Health Worker Competencies and Qualifications Project (WSF Strategy 12)**

This project is being conducted by Community Services Health Industry Skills Council (CSHISC) with funding from the Australian National Training Authority and the OATSIH. It will provide “portability” and “safety to practice” for Aboriginal and Torres Strait Islander Health Workers working in primary health care settings. The project has focussed on developing standards and qualifications to support Aboriginal primary health care practice roles at a number of levels, and to distinguish these from other vocational streams currently encompassed by the terms ‘Aboriginal Health Worker’ and ‘Torres Strait Islander Health Worker’.

It is expected that, when completed, the new competencies and qualifications will substantially increase demand for training and open up new employment opportunities. The new competency framework will enable employers to determine and communicate the type of skills they need in Aboriginal and Torres Strait Islander Health Workers. With a distinguishable vocational stream, employers in the community sector and the State and Territory health systems can increase the level of Aboriginal and Torres Strait Islander Health Worker participation in the delivery of primary health care services. However, each jurisdiction will need to explore options for a regulatory framework that will maintain a high skill level among Aboriginal and Torres Strait Islander Health Workers and provide protection for client groups (with the exception of the Northern Territory which already has a regulatory framework).

Increased demand for training will also have an impact on employment in the training sector, particularly in the community based Aboriginal and Torres Strait Islander Health Registered Training Organisation Network. Members of this network predominantly employ Aboriginal and Torres Strait Islander trainers, thereby increasing employment options for Indigenous people and ensuring that the delivery of training is culturally safe and appropriate.

### **Management Training Initiatives (Strategy 30)**

Objective 3 of the WSF identifies the need to support and strengthen a number of workforce groups contributing to Aboriginal and Torres Strait Islander health, including health service managers. This area of workforce development is in its infancy, but has considerable potential to increase employment opportunities and provide a career path for many Aboriginal and Torres Strait Islander people, particularly in rural and remote areas. As discussed in section c) of this submission, primary health care services (community controlled and State and Territory health services) are major employers in rural and remote areas and require sound management and administrative structures. The WSF will support high-level skill development and increased employment options through innovative training and development approaches for existing and future managers.

It is anticipated that the Aboriginal and Torres Strait Islander Health Registered Training Organisation Network will play a role in the delivery of future management training packages. This

is a new area opening up, and demand for training has the potential to grow rapidly. The VET sector has many advantages over the tertiary sector in this area as competency based training providers have clear standards and are more accessible for Aboriginal and Torres Strait Islander people with limited schooling who wish to enhance their skills. The VET sector also provides a good foundation, and facilitates pathways, for students wishing to undertake tertiary education. It is important that the VET sector and the State and Territory training authorities support the small community based providers in the provision of management training.

**(e) models for engaging industry and Indigenous communities in partnerships to develop long-term employment opportunities for Indigenous people—in infrastructure development through to the arts—and the limitations and opportunities these confer.”**

Objective 1 of the WSF recognises the need for a substantial increase in the number of Aboriginal and Torres Strait Islander people with professional qualifications across the health sector. The strategies under this objective seek to increase the participation of Aboriginal and Torres Strait Islander people in the medical, nursing and allied health courses through recruitment and retention initiatives. Also highlighted is the need for continued support for Indigenous health professional organisations and the need to better understand the issues that affect Aboriginal and Torres Strait Islander peoples decisions to enter the health sector.

Throughout Australia there is a very real shortage of doctors, nurses and allied health practitioners, particularly Indigenous health professionals. The OATSIH has funded initiatives to increase Aboriginal and Torres Strait Islander participation in health courses which will contribute to an increase in the number of Indigenous health professionals. However, other organisations, particularly universities, need to be encouraged to increase their efforts around recruitment and retention of Indigenous students in health courses. The evaluation of the WSF will draw out data on a range of participation figures that will help to quantify the current situation.

Recruitment is a critical issue in the health sector, and there are opportunities for partnerships between local health services and Indigenous communities to 'grow' local workforce, particularly as effective training pathways are developed. This is one of the aims of a variety of innovative models around Australia such as scholarship programs, VET in Schools programs, and the Pika Wiya Learning Centre in Port Augusta.

ATSIHWWG supports initiatives to encourage industry and community based partnerships, particularly where community controlled health services and State and Territory health services can work together and contribute to increased employment options. The Northern Territory Aboriginal Health Worker Registration Board and the Aboriginal and Torres Strait Islander Health Worker training arrangements in Queensland provide examples of positive partnerships between the community controlled and State/Territory health sector. Partnerships such as these are a good way of utilising the existing infrastructure of the health sector to achieve training outcomes. However, there needs to be sufficient support and recognition of the cost of training, education and employment in rural and remote areas. Health services cannot sustain the costs in isolation and need support from all level of government to increase employment.

**Recommendation**

**That partnerships be encouraged between the community controlled and State and Territory health sectors to achieve training outcomes.**

## References

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