Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

Submission to inform the development of a National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan

February 2020

Summary

To address the social determinants affecting the growth of the Aboriginal and Torres Strait Islander health and medical workforce, the Plan should recommend:

A. Action to reduce poverty and inequality as a key way to improve educational outcomes for Aboriginal children. This should include an increase in the Newstart and similar citizenship entitlements by $75 per week for all participants, and an additional loading on such payments for those in remote or very remote areas to address significantly higher costs of healthy food in those places.

B. Long-term, ongoing investments in evidence-based, culturally secure, early childhood development programs for Aboriginal children, delivered through ACCHSs and integrated with family support services.

C. Education funding reform to ensure that government funding is distributed according to need, and in particular that public schools are adequately resourced to meet the needs of all students.

D. A commitment to evidence-based, appropriately resourced and designed education for all school students, including by ensuring that students that require them have individual learning plans that include access to family support and therapeutic services provided by Aboriginal community controlled health services

E. Support for mass adult literacy campaigns across Australia (such as the Literacy for Life campaign of Western NSW) to improve adult literacy, support literacy practices in families, and build a culture that values learning amongst adults and children.

F. Increased investment in culturally appropriate, well-maintained housing for both remote and urban areas to support early childhood development and school attendance.

As specific workforce measures to increase the Aboriginal and Torres Strait Islander health and medical workforce, the Plan should recommend:

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Aboriginal health in Aboriginal hands.

G. The recognition of Aboriginal community controlled health services as the demonstrated most effective service model for training and employing Aboriginal and Torres Strait Islander health professionals.

H. The establishment of a dedicated Australian Government funding program to direct Commonwealth Vocational Education and training funding to ACCHSs to support and expand their effective model of employing and training Aboriginal health professionals and releasing more health funds to provide services to the Aboriginal and Torres Strait Islander community.

I. That the dedicated Australian Government funding program should include: (1) expanded cadetship opportunities for the ACCHS sector, which include funding to cover the costs of on-the-job-training and support with studies and training; (2) a program of funded scholarships for ACCHSs to implement for any health or related discipline (est. $30K per year tax-exempt per student), with robust criteria for access; and (3) a system of funded traineeship packages for ACCHSs in a wide range of health-related disciplines, but in particular for Aboriginal and Torres Strait Islander Health Practitioners.

J. To increase both take up and completion of higher-education in health and related disciplines, and in recognition that many Aboriginal and Torres Strait Islander health professionals will continue to support family members during their working lives, Aboriginal and Torres Strait Islander students who complete their courses and graduate should have their HECS fees waived.

K. A dedicated national fund for health staff housing infrastructure in remote Australia, with targets for the allocation of a proportion of such housing to local Aboriginal health staff.

Background

1. Central Australian Aboriginal Congress (Congress) is the largest Aboriginal community-controlled health service (ACCHS) in the Northern Territory, providing a comprehensive, holistic and culturally-responsive primary health care service to more than 16,000 Aboriginal people[1] living in Alice Springs each year as well as the remote communities of Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg) and Wallace Rockhole, Utju (Areyonga), Mutitjulu and Amoonguna.

2. Since our establishment in the 1970s, we have developed a comprehensive model of primary health care that includes: multidisciplinary clinical care; health promotion and disease prevention programs; and action on the social, cultural, economic and political determinants of health and wellbeing. Alongside clinical treatment and prevention programs, we also provide services on issues such as alcohol, tobacco and other drugs; early childhood

development and family support; aged and disability; and mental health and social and emotional well-being.

Supporting the Aboriginal workforce at Congress

3. Over almost half-a-century Congress has successfully expanded from just a handful of staff to 428 employees at 30 June 2019, of whom 78 (or 42%) are Aboriginal. While we continue to focus on increasing the number and proportion of Aboriginal staff at all levels in the organisation, many of the 'upstream' issues discussed below, coupled with remoteness, the increasing complexity of our services, and the regulatory environment in which we work, affect our capacity to recruit Aboriginal staff.

4. We continue to work at overcoming these barriers including through :

   a. applying streamlined recruitment processes to encourage applications from Aboriginal people (during 2018-19, this resulted in an increase in the number of applications received from Aboriginal candidates from 19% at the beginning to 38% at the end of period);

   b. ensuring that Aboriginal people are on every selection panel;

   c. actively encouraging Aboriginal staff to apply for internal transfers and promotion opportunities;

   d. providing a dedicated Aboriginal Health Practitioner (AHP) training coordinator as a resource for AHP graduates / AHP trainees;

   e. partnering with our peak body, the Aboriginal Medical Services Alliance Northern Territory (AMSANT) to deliver leadership workshops aimed at current and aspiring Aboriginal managers and team leaders;

   f. a cadetship program offering full time undergraduate university students an opportunity to be paid a wage and textbook allowance while they study (four cadets in 2018 – 2019 in Nursing, Social Work, Business/Accounting and Rehabilitation/Physiotherapy);

   g. a traineeship program, with 15 Aboriginal people engaged in new and existing traineeship arrangements in careers including trainee Aboriginal Health Practitioners, dental assistants, early childhood education and care, health administration, education support and business administration; and

   h. study support to commence or continue formal studies that will lead to a qualification, offered to 40 Aboriginal staff in 2018-19.

5. Our submission draws on this experience of recruiting, training and supporting Aboriginal staff, in a funding and socio-economic environment that presents significant challenges.

6. Despite these challenges and despite the fact that as an organisation we continue to press to increase the proportion of our staff who are Aboriginal, we note that our rate of 42% Aboriginal staff is fifteen times the target proposed as the goal of the Workforce Plan to secure Aboriginal and Torres Street Islander representation in the health workforce at around 2.8%. This emphasizes the importance of investing in Aboriginal community controlled health services as a key strategy to increase the Aboriginal and Torres Strait Islander health workforce (see paragraphs 24 – 29 below).

Key suggestions for the Workforce Plan

A. Addressing the upstream factors affecting the Aboriginal workforce

7. There are many 'upstream' factors – social determinants – that affect the capacity of Aboriginal families to raise happy, healthy and well-educated children who will be ready to become part of the Aboriginal and Torres Strait Islander workforce as they grow up. Some of the more important are as follows.

Poverty and inequality

8. Poverty is strongly correlated with poorer educational outcomes and fundamentally undermines the capacity of Aboriginal families to nurture and educate their children.

9. Aboriginal people today continue to endure both poverty and inequality. Australia is a wealthy country with a Gross Domestic Product well above the OECD's average, but this wealth is not distributed evenly: on average, Aboriginal people receive a personal income that is only two-thirds that of the non-Indigenous population [1]. In remote areas across Australia both poverty and inequality are worsening for Aboriginal people, with Aboriginal incomes falling and the income gap to non-Indigenous people widening [2].

10. Aboriginal people use government income support such as the Newstart Allowance, the Parenting Payment and the Youth Allowance at disproportionally higher rates than non-Aboriginal people, and more so in remote communities [3]. These payments all fall below the poverty line [4] and are inadequate to meet the needs of families and their children, especially in remote areas where the cost of living is much higher, especially for healthy food [5].

The Workforce Plan should recommend: action to reduce poverty and inequality as a key way to improve educational outcomes for Aboriginal children. This should include an increase in the Newstart and similar citizenship entitlements by $75 per week for all participants, and an additional loading on such payments for those in remote or very remote areas to address significantly higher costs of healthy food in those places.

Early Childhood

11. Social and environmental influences in early childhood shape health and wellbeing outcomes across the life course and are strongly correlated with reduced educational outcomes [6]. In 2015 Aboriginal children were twice as likely as non-Aboriginal children to be developmentally vulnerable on one or more domains (42% compared to 21%) and two-and-a-half times as likely as non-Aboriginal children to be developmentally vulnerable on two or more domains two or more domains (26% compared to 10%) [7].

12. It is too late to wait until a child is ready for school at around age five to address vulnerabilities in development, as by this point many developmental gateways have been passed, and a child's developmental trajectory already set. After this point, interventions require increasing amounts of resources and produce diminishing returns as the child gets older [8].

13. However, well-designed, evidence-informed early childhood development programs can offset the effects of poor early childhood experience. There is very strong evidence that such programs can lower reduce the use of alcohol and other substances by young adults; increase school retention rates; and dramatically reduce youth incarceration rates. This evidence has been collated, developed and championed by the Nobel Laureate, Prof James Heckman (https://heckmanequation.org/).

14. Such early childhood development programs for Aboriginal children should be provided through ACCHSs wherever possible, as these organisations have established supportive relationships with mothers, families and children through the delivery of culturally-responsive antenatal and perinatal care, and can integrate these programs with other services they deliver [9].

15. Investments in early childhood development are also a corner-stone for economic development and productivity with the Organisation for Economic Co-operation and Development (OECD) has advised that investing in early childhood is the single most important thing Australia can do to grow its economy and be competitive in the future [10, 11]

The Workforce Plan should recommend: long-term, ongoing investments in evidence-based, culturally secure, early childhood development programs for Aboriginal children, delivered through ACCHSs and integrated with family support services.

School Education

16. Notwithstanding early childhood development (see above) and the importance of adult literacy to support children's engagement in school (see below), the education system has a responsibility to improve educational engagement and results in schools for Aboriginal children.

17. In the Northern Territory, the proportion of students at or above the national minimum standards for reading, writing, numeracy, spelling, and grammar / punctuation is significantly lower for Aboriginal than for non-Aboriginal students. School attendance rates are lower for Aboriginal children, widen as they age, and are significantly worse in remote and very remote areas [12].

18. Australia's public schools are the major provider of education for disadvantaged students (including Aboriginal students) but are significantly inadequately resourced compared with non-government schools which draw heavily upon public funding.

19. Properly resourced and adapted for the Aboriginal context, schools that have children on individual learning plans with appropriate support services are able to make a significant difference to learning outcomes even when children begin school developmentally vulnerable [13]

> *The Workforce Plan should recommend: Education funding reform to ensure that government funding is distributed according to need, and in particular that public schools are adequately resourced to meet the needs of all students.*
>
> *The Workforce Plan should recommend: A commitment to evidence-based, appropriately resourced and designed education for all school students, including by ensuring that students that require them have individual learning plans that include access to family support and therapeutic services provided by Aboriginal community controlled health services*

Adult literacy

20. Adult literacy is fundamental to developing 'literacy practices' (reading, writing, interpreting text) within families, which then support children to engage and perform well at school. The evidence suggests that at least 35% of the Aboriginal adult population have minimal English language literacy, with the figure rising much higher in rural and remote areas [14].

21. Adult literacy courses delivered through formal education providers are unable to reach a large enough number of people to have a population level effect on literacy. An alternative approach being implemented in Aboriginal communities of Western NSW by the Literacy for Life Foundation is the mass campaign model, which uses local leaders and literacy facilitators to help

adults in the community to achieve a basic level of English language literacy proficiency and build a culture of community literacy to support everyone, adults and children, to value learning [15].

> *The Workforce Plan should recommend: Support for mass adult literacy campaigns across Australia (such as the Literacy for Life campaign of Western NSW) to improve adult literacy, support literacy practices in families, and build a culture that values learning amongst adults and children.*

Housing

22. Overcrowding and poor living conditions contribute to poorer physical and socio-emotional outcomes for children as well as to the mental and physical health of parents and families. A recent study that looked at the association between housing and child development in Australia [16] found that *'Indigenous children live in starkly inferior housing circumstances [compared to] non-Indigenous children'* and that overcrowding and poor living conditions contribute to their poorer physical and socio-emotional outcomes, concluding that *'improvements in housing can be expected to translate into gains in child development outcomes for Indigenous children'*.

23. This is consistent with an association between lower housing standards and decreased school attendance observed in Northern Territory remote Aboriginal communities [17].

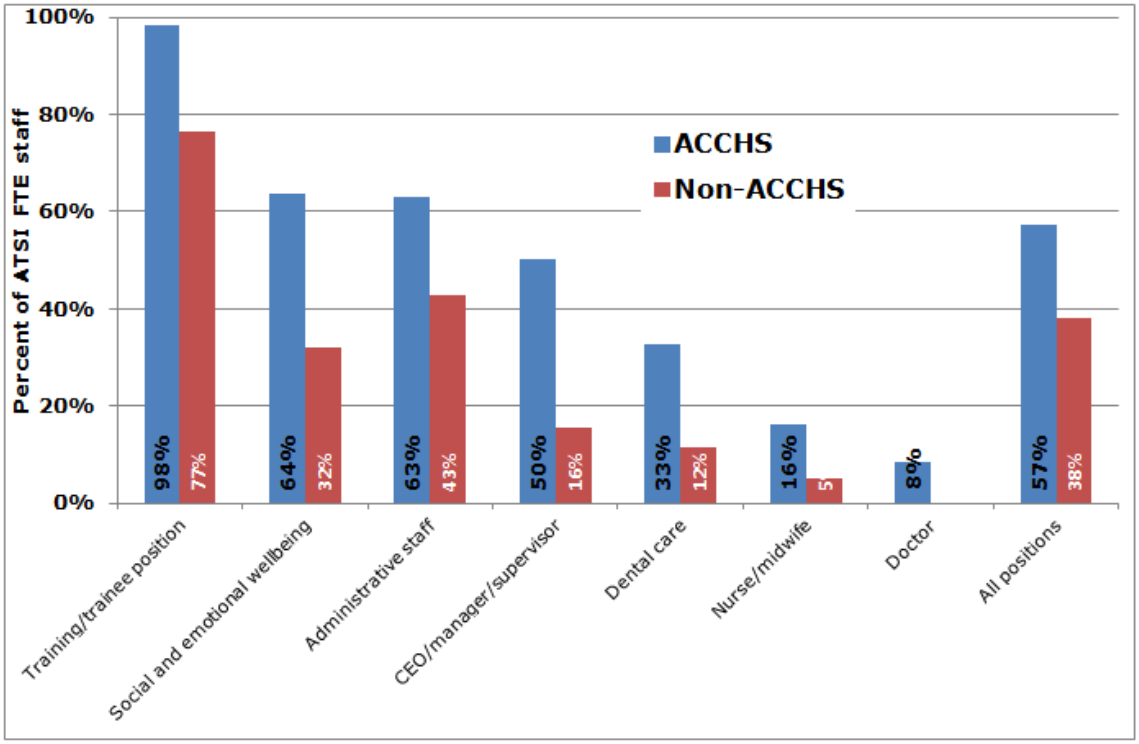
> *The Workforce Plan should recommend: Increased investment in culturally appropriate, well-maintained housing for both remote and urban areas to support early childhood development and school attendance*

B. Workforce measures

Supporting the success of ACCHSs

24. The Aboriginal community controlled health sector employs almost 3,800 Aboriginal and Torres Strait Islander people and is significantly more effective in employing Aboriginal and Torres Strait Islander people than government or NGOs – overall 57% of the Commonwealth-funded ACCHS PHC workforce is Indigenous, compared to only 38% in non-ACCHS primary health care organisations [18][2]. Particularly significant is the much greater success of ACCHSs in employing Aboriginal and Torres Strait Islander people in training positions, and in leadership roles such as CEOs, managers or supervisors.

Figure 1: Proportion of Aboriginal and Torres Strait Islander FTE staff, by selected position type and organisation type, 2015–16



25. However, as far as we aware from our own experience and that of other ACCHSs, overwhelmingly the cost of recruiting, mentoring, training and supporting Aboriginal health professionals is met by ACCHSs themselves using health service funding, and the sector has little access to mainstream VET funding and other resource streams.

26. Establishing a national Australian Government program to directly fund ACCHSs to provide a range of services to recruit, train and support Aboriginal staff would:

    a. provide a dedicated source of funding through which ACCHSs could expand their existing successful approaches to employing and training Aboriginal and Torres Strait Islander members of the health workforce; and

    b. release funding ACCHSs receive for health service delivery for its proper purpose, that is closing the gap in health and wellbeing between Aboriginal and non-Indigenous Australia.

    This funding could then be used to sustainably and appropriately resource some of the activities outlined below.

The Workforce Plan should recommend: the recognition of Aboriginal community controlled health services as the demonstrated most effective service model for training and employing Aboriginal and Torres Strait Islander health professionals

The Workforce Plan should recommend: the establishment of a dedicated Australian Government funding program to direct Commonwealth Vocational Education and training funding to ACCHSs to support and expand their effective model of employing and training Aboriginal health professionals and releasing more health funds to provide services to the Aboriginal and Torres Strait Islander community.

Cadetships, scholarships and traineeships

27. Cadetships, scholarships and traineeship packages should be provided through ACCHSs using dedicated VET funding (see above). These should cover the full costs of employing, training and support Aboriginal and Torres Strait Islander people, recognising that costs in remote areas will be significantly higher.

28. Support should be available for a wide range of health sciences, including both clinical and non-clinical roles (e.g. health administration, records management, CQI etc)

29. *Cadetships* should combine formal vocational training with practical work experience, with a guarantee of paid employment for the cadet. Cadetships are used successfully by many ACCHSs. However, they require a great deal of investment from ACCHSs in on-the-job support and support with studies and training – support that is currently largely drawn from health service delivery resources.

30. *Scholarships* should be available to provide monetary support for students while they are undertaking formal health studies. With strong local knowledge, ACCHSs are in a strong position to recruit potential Aboriginal health students and administer scholarships, which (recognising the poverty of many Aboriginal families) should be sufficient to cover all living costs for a student.

31. *Traineeships* for Certificate courses, including in particular Aboriginal and Torres Strait Islander Health Practitioners and other Aboriginal and Torres Strait Islander health and community Workers have been an important way in which ACCHSs have recruited and supported entry-level staff.

The Workforce Plan should recommend that the dedicated Australian Government funding program should include:

- *expanded cadetship opportunities for the ACCHS sector, which include funding to cover the costs of on-the-job-training and support with studies and training;*

- *a program of funded scholarships for ACCHSs to implement for any health or related discipline (est. $30K per year tax-exempt per student), with robust criteria for access; and*
- *a system of funded traineeship packages for ACCHSs in a wide range of health-related disciplines, but in particular for Aboriginal and Torres Strait Islander Health Practitioners.*

Encouraging completion of higher education for Aboriginal health students

32. Aboriginal students in higher education face additional challenges in both committing to and completing their studies. These can be financial (greater levels of poverty in the Aboriginal community means less family capacity to support students through their studies) and cultural (requiring travel and absence from family and Country). Once Aboriginal students graduate, many will need to contribute to the support of an extended family which may have its own financial challenges.

33. Addressing the financial barriers to enrolment and completion of higher education should be a priority.

The Workforce Plan should recommend: To increase both take up and completion of higher-education in health and related disciplines, and in recognition that many Aboriginal and Torres Strait Islander health professionals will continue to support family members during their working lives, Aboriginal and Torres Strait Islander students who complete their courses and graduate should have their HECS fees waived.

Health staff housing in remote areas

34. A key limiting factor for employment and recruitment of health staff especially in remote areas is the availability of health staff housing. It is very common that where such housing is available it is allocated to those health staff, usually non-Indigenous, who are recruited from outside that community. Local Aboriginal staff are therefore frequently expected to live in community housing which is often overcrowded and may be in poor repair.

35. Providing health staff housing for local Aboriginal staff in remote areas would be a powerful incentive for Aboriginal community members to undertake and complete training and gain employment with local health services.

The Workforce Plan should recommend: A dedicated national fund for health staff housing infrastructure in remote Australia, with targets for the allocation of a proportion of such housing to local Aboriginal health staff.

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Endnotes

[1] Congress uses the term 'Aboriginal' as the most appropriate term in the Central Australian context to refer to Australia's First Peoples.

[2] Note these are organisations specifically funded by the Australian Government to provide primary health services to Aboriginal and Torres Strait Islander people. The employment of Aboriginal and Torres Strait Islander people in mainstream government health services would be substantially lower.