



NAATSIHWP

National Association of Aboriginal and Torres
Strait Islander Health Workers and Practitioners

16 December 2022

To:

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Re: Aged Care Nursing and Allied Health Workforce

Dear Stephanie

Thank you for the opportunity of participating in the *'Building, Training and Supporting the Aged Care Workforce Roundtable'* held over the 5-6 December 2022.

As a follow up to our participation, and to reinforce the important contribution the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce could make in the delivery of aged care services we have prepared a written submission for consideration at **Attachment A**.

The submission identifies the workforce as critical to the delivery of Aged Care to Aboriginal and Torres Strait Islander peoples, and highlights how, more broadly, a focus on growing and embedding this workforce within Aged Care Services across Australia would help to secure the delivery of cultural safe and responsive aged care for Aboriginal and Torres Strait Islander peoples services.

If you have any questions or require clarification regarding our input, or on how we could help please don't hesitate to give me a call. We hope our comments are useful and I look forward to partnering and collaborating with you to progress this work further.

Yours sincerely

Mr Karl Briscoe
Chief Executive Officer
National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners



NAATSIHWP submission for building, training, and supporting the aged care workforce

16 December 2022

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1. About NAATSIHWP and the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce

- The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners or NAATSIHWP, is the peak workforce body with responsibility for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce.
- We carry the sole responsibility of supporting and advocating for the professional interests of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in all arenas. While Aboriginal and Torres Strait Islander doctors, nurses and allied health professionals are supported by mainstream organisations that manage elements such as national education, reform, scopes of practice and registration, Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners have no mainstream workforce equivalent. NAATSIHWP is the **only** organisation tasked with taking the professional needs and aspirations of the workforce forward. We undeniably have specialist expertise, a broad remit and play a critical and lead role in expanding, regulating, and developing the professions.
- We have spent years exploring how our workforce can be effectively embedded in a number of different health service delivery contexts and honestly believe our workforce have unique contributions to make to the aged care sector.
- Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are two distinct but related professions that together play a critical and unique role in Australia's health care system. In an incredible example of self-determination, our professions were established **by** Aboriginal and Torres Strait Islander people **for** Aboriginal and Torres Strait Islander people close to a century ago and today they are the world's only culturally based health professions underpinned by national training and registration.
- Their combination of clinical, cultural, social, and linguistic skills delivers an engagement capability and community reach that sets them apart from other health professionals.
- Our workforce receives primary health care training and is qualified via the completion of vocational training through the Aboriginal and/or Torres Strait Islander Primary Health Care training package. NAATSIHWP defines:
 - › an **Aboriginal and/or Torres Strait Islander Health Worker** as:
 - an Aboriginal and/or Torres Strait Islander person who has gained a Certificate II or higher qualification in Aboriginal and/or Torres Strait Islander Primary Health Care under the National Aboriginal and Torres Strait Islander Health Worker training package, **or**,
 - an Aboriginal and/or Torres Strait Islander person who currently are or have previously worked in an Aboriginal Health Worker role and are able to satisfy evidentiary requirements required by NAATSIHWP Board (noting these include a

payslip or letter from the employer, a position or role description and/or relevant industrial award and a statutory declaration from the member)

- › an **Aboriginal and/or Torres Strait Islander Health Practitioner** as:
 - an Aboriginal and/or Torres Strait Islander person who has gained a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice and, has successfully applied for and been registered with the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia through the Australian Health Practitioner Regulation Agency (AHPRA).
- Although clinically, dependent on work setting and level of qualification, the professions provide services that may include, but are not limited to:
 - › assessment and screening of physical health and social emotional wellbeing
 - › health promotion for risk factors such as tobacco, healthy eating
 - › providing health care in line with care plans and/or treatment protocols
 - › supporting clients in self-management, including the safe use of traditional and Western medications
 - › planning, delivering, and evaluating population health programs
 - › advocating for clients, including interpreting, and translating language and
 - › providing advice, support, and training on providing culturally safe health services to other health professionals, policy makers, researchers, and educators.
- In addition to the above, Aboriginal and Torres Strait Islander Health Practitioners are also trained to administer medications and NAATSIHWP is currently working towards harmonising State and Territory drugs and poisons policies to help this training translate into practice nationally.
- Further, our workforce provides a high standard of culturally responsive care and acts as cultural brokers and health system navigators. Evidence directly connects the roles of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to improved health outcomes across the life course.
- Currently our workforce operates successfully in community controlled, government and private practice. Our workers engage with Aboriginal and Torres Strait Islander clients to holistically improve health and wellbeing through culturally safe treatment plans and pathways, and particularly through health promotion, and preventative health measures.
- In community controlled and private practice our workforce is invaluable, not only because of the training undertaken and professional skills, but also because workers, through service provision, are eligible to claim MBS item numbers and therefore generate additional income for their practice and contribute to the financial sustainability of non-government health services into the future.

2. The case for better utilising our workforce within the context of aged care

- In the context of aged care, lived cultural experience and understanding is what, we believe, make our workforce uniquely placed to be effectively embedded into the Aged Care system to work in safe ways with Aboriginal and Torres Strait Islander Elders.
- Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are uniquely positioned to understand the deeply traumatic lives our older loved ones have lived, they're the generations that survived child removal, stolen wages, life before the 1967 referendum where they were not recognised as human, life before the Mabo decision where Aboriginal and Torres Strait Islander ownership of country was yet to be recognised. Some of them served in wars under the flag of this country, which did not recognise their service, dignity, or humanity as they returned home.
- In the face of truth telling, we are now learning increasingly about the complexities of the trauma that has been left by successive government policies and programs that have targeted the survival of our people.
- Knowing all of this, and within the context of the Royal Commission into Aged Care Quality and Safety, it is unfathomable to think that older Aboriginal and Torres Strait Islander peoples face the potential of further neglect, mistreatment, and degradation if and when they access care specific to ageing.
- We know that the Healing Foundation estimates that by next year, 2023, 17,150 members of Stolen Generations will be eligible for aged care support. It is clear now, more than ever, the need for a culturally responsive and trauma-informed personal care workforce.
- In the absence of the development of an entirely new training package for the personal care workforce, NAATSIHWP believes our workforce is the clear solution for investment and can contribute to the aged care sector on two levels.

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- *Firstly - NAATSIHWP believes that right now, **without any upskilling**, our workforce is more than capable and ready for embedding into Aged Care models of care. It is our view that any aged care service provider that cares for Aboriginal and Torres Strait Islander clients should engage Aboriginal and Torres Strait Islander Health Workers and Practitioners as the **first point of contact** for health service delivery.*
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- This is the type of care that our workforce already successfully provides to Elders who attend or their current workplaces or receive outreach services, specifically in the community-controlled health sector. Should the aged care sector expand its current scope of health service delivery to embed the roles of our workforce, particularly in residential aged care settings, we believe the quality and safety of health care received by our elders would be safeguarded.

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- *Secondly, we also believe that if provided the opportunity to upskill in a handful of aged care specific training modules, **our workforce has the potential to be leading members of the personal care workforce caring for Aboriginal and Torres Strait Islander Elders full time.***
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- Regardless of if we are speaking of at home or residential aged care settings, our workforce is best placed to integrate culture as central to service delivery for our Elders. Embedding country, kinship and language into personal care practice creates safe care experiences for Aboriginal and Torres Strait Islander clients.
- We believe that for our workforce, caring for our Elders is firstly about care for the individual, but secondly and more broadly, represents an opportunity to engage in the frontline preservation and protection of culture by including passing on of cultural knowledges into personal care plans. This preservation and protection of culture is a central cultural concern that emerges with ageing and facilitating solutions must be led by Aboriginal and Torres Strait Islander peoples.

3. Challenges on integrating the workforce

- The following outlines many of the challenges associated with integrating our workforce into aged care settings noting most of the issues are not solely related to aged care.
- All the challenges identified are earmarked for action with the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 launched in March 2022. Long-term whole of government commitment in terms of both effort and dollars is needed to implement the plan and to avoid duplication there needs to be recognition that the Implementation Strategies included in the plan apply across all health-related sectors and professions, including:
 - › aged care
 - › disability

- › mental health and social and emotional wellbeing services
- › environmental health
- › mainstream health services
- › allied health and
- › health research, data, and evaluation.

Limited understandings and restrictive models of care

- Mainstream health and aged care policy makers often do not understand the role of our workforce and commonly confuse our members for any Aboriginal and/or Torres Strait Islander Person working within those sectors through any professional capacity, therefore do not provide space for our workforce in health service delivery.
- NAATSIHWP has invested a significant amount of work to address this misunderstanding. While this has been overwhelmingly successful and seen the profile of our workforce garner high levels of recognition, a lot of the work to shift state and federal policy to reflect this is still underway or requires increased political will.
- The second is limited opportunities for flexible funding models and collaborative servicing – NAATSIHWP believes that collaborative servicing models are the way of the future in all sectors that service Aboriginal and Torres Strait Islander peoples.
- One of the most feasible ways of embedding our workforce into health service delivery within aged care is through robust partnerships between aged care providers and community-controlled health organisations.
- However, we know how difficult navigating sustainable service partnerships can be when it comes considering multiple funding streams that often include their own obligations and restrictions. We would encourage policy makers and health system administrators to investigate how flexible funding arrangements can make these partnerships more accessible to service providers.

The need for culturally safe environments

- If we agree that increasing the number of Aboriginal and Torres Strait Islander professionals working within the aged care sector is the key to improving the quality of care and life for Aboriginal and Torres Strait Islander Elders, then we must invest in making these environments safe and capable of retaining staff.
- The most critical change to accreditation of service delivery in all sectors, including aged care, is better legislating culturally safe environments. It is important to note that culturally safe and responsive services do not just protect the health and wellbeing of Aboriginal and Torres Strait Islander clients that access them, but also the critically important Aboriginal and Torres Strait Islander professionals that work within them.
- The recently released ‘Racism at Work’ report from Diversity Council Australia found that of 1547 survey participants, 93% agreed that organisations have a responsibility to act

against racism in Australian workplaces, however only 24% believe that their organisations are already doing so.

- We believe that addressing instances of racism is the bare minimum when it comes to establishing culturally safe environments, however, within the report a number of Aboriginal and Torres Strait Islander participants detailed unaddressed workplace racism that impacted the way they worked and, in some cases, drove them out of the workplace.
- One example specific to an aged care setting detailed the experience of an Aboriginal man who was taunted with racial slurs by colleagues to the point that his mental health was severely compromised, and he had to find somewhere private at work to cry.
- We cannot expect Aboriginal and Torres Strait Islander professionals to endure this level of aggression and further, cannot place the burden of cultural education on Aboriginal and Torres Strait Islander staff without appropriate remuneration, resourcing, and investment in protecting their health and wellbeing.
- Though provision of culturally safe services is already a requirement of the *Quality of Care Principles 2014* NAATSIHWP believe that, in consultation with Aboriginal and Torres Strait Islander Elders and aged care workforce, legislation must be expanded to include an **agreed definition** of cultural safety in the aged care sector.
- Further, we consider that the assessment of providers for provision of culturally safe care must be led by Aboriginal and Torres Strait Islander people. These are both mechanisms to enable consistency and accountability for cultural safety and empower both service providers and regulators to be clear of the expectations upon them to ensuring our people can experience their workplaces and their care, free of racism.
- Aged care providers should also be incentivised, through additional funding, to implement innovative models of care that increasingly include culture as standard practice through their services.
- Broader than Aboriginal and Torres Strait Islander clients, NAATSIHWP believes that all older people should be empowered to engage with traditional foods, medicine, and customs as a way of preserving their dignity and connection to their identity as they age.
- Though some of this again is mentioned in *Quality of Care Principles 2014* legislation, we believe it should be expanded to ensure that, for Aboriginal and Torres Strait Islander peoples, this is done in meaningful ways that centre self-determination and localised solutions.
- In designing culturally safe aged care services there is opportunity to draw on the work under way within the Australian Health Practitioner Regulation Agency (AHPRA). Through the development and implementation of the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025:
 - › a standard definition of cultural safety that applies to all registered Health Professionals has been introduced and

- › the National Law has been changed to include a new objective and guiding principle to enshrine cultural safety for Aboriginal and Torres Strait Islander Peoples ¹
- The new objective and guiding principle set a clear expectation for all National Scheme entities to foster cultural safety for Aboriginal and Torres Strait Islander Peoples accessing health services, and to consider how regulatory decisions may affect the health and wellbeing of Aboriginal and Torres Strait Islander Peoples and their confidence in the safety of health services.
- Its inclusion ensures that all parts of the National Scheme – practitioners, regulators, accreditation authorities, educators, and employers – are working within the same principle and toward the same objective.
- This change reinforces that Aboriginal and Torres Strait Islander health consumers can expect that healthcare provided by a registered health practitioner is culturally safe and free of racism. If the care received fails to meet this expectation, it is within their rights to make a notification. If the notification enters the tribunal or court system, cultural safety is required to be considered as defined in the National Law.

4. Inconsistency in practice and the need for a minimum scope of practice and harmonisation of medicines authorities

- Although the professions are underpinned by national training and registration their roles and what they can and cannot do (or scopes of practice) are regulated by States and Territories. The inconsistency of approach across jurisdictions limits the capacity and effectiveness of the workforce in some jurisdictions; creates barriers to mobility, can downplay the critical role the professions play in the delivery of culturally safe and responsive care; and has been an identified barrier to the growth and professional utilisation of the workforce for over a decade.
- To effectively utilise the professions as part of the aged care workforce minimum scopes of practice will be required and for Aboriginal and/or Torres Strait Islander Health Practitioners consistent approaches to drugs and poisons authorities should also be established.
- NAATSIHWP is currently seeking support to run a national consultation process to establish what standard scopes of practice and medicines authorities should look like.
- In August 2018, the COAG Health Council:

¹ This change inserts a new objective for the National Scheme *'to build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples'*, and inserts the following guiding principle, *'The scheme is to ensure the development of a culturally safe and respectful health workforce that is responsive to Aboriginal and Torres Strait Islander Peoples and their health; and contributes to the elimination of racism in the provision of health services'*.

- › recognised the importance of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce
 - › recognised that nationally consistent minimum scopes of practice underpinned by standardised medicines authorities would help to clarify and strengthen the role that this workforce plays within the health care system and
 - › supported action towards these objectives through the development of a National Workforce plan.
- Actions to achieve this were subsequently included in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 released on 7 March 2022. NAATSIHWP is recognised as a key lead and/or partner with responsibility for driving these reforms. The changes are earmarked for completion by 2026.
 - The importance of addressing the issue was raised further by industry stakeholders and NAATSIHWP during the Aboriginal and Torres Strait Islander Health Ministers’ Roundtable held in October 2023.

5. Data considerations

The need for aged care support

- The 2021 Australian Census of Population and Housing identified almost 110,000 Aboriginal and/or Torres Strait Islander people aged 55 and over. Of these 75,688 were aged 60 and over.
- The Australian Institute of Health and Welfare estimates 21.3% of Aboriginal and Torres Strait Islanders counted in the Census who were aged 55 years and over reported a core activity need for assistance.²

Employment of health workers and practitioners

AHPRA captures information about registered Health Practitioners only and does not provide coverage over the Workforce as a whole. Census data in contrast includes an Indigenous Health Worker field which captures and combines information on both professions, making additional data specifically relating to Health Practitioners or Health Workers difficult to source.

- An absence of ongoing studies or data collection about the role and impact of the Workforce hampers our ability to understand workforce trends and to undertake strategic workforce planning. This in turn makes it difficult to measure the Workforces impact and to harness support and investment from governing bodies.
- However, data sourced from the National Skills Commission employment projections and included in an Australian Industry Skills Committee Report³ in 2022, indicates the number

² [Aboriginal and Torres Strait Islander people using aged care - AIHW Gen \(gen-agedcaredata.gov.au\)](https://gen-agedcaredata.gov.au)

³ [Aboriginal and Torres Strait Islander Health Workers | National Industry Insights Report \(aisc.net.au\)](https://aisc.net.au)

of Aboriginal and Torres Strait Islander Health Workers (inclusive of Health Practitioners) in employment is volatile on a year-to-year basis.

- From a high point of around 3,200 health workers in 2002 the number trended downwards until 2014 (approx. 400). The number of health workers then trended up to reach around 1,800 in 2021 before dropping sharply to around 700 in 2022.
- It is not clear whether COVID contributed to a drop in the numbers of Health Workers in 2022, however, the report also notes the number of health workers is projected to increase to 2,400 by 2026.



⁴ Source included in footnote below

- Further research is needed to establish the reasons behind these annual workforce fluctuations. One contributing factor reported to NAATSIHWP is a reliance by health services on Indigenous specific funding before the services employ our workforce. Fluctuations may indicate job insecurity for health workers and practitioners which in turn may impact staff retention even when funding is available.

Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners within the care and support workforce

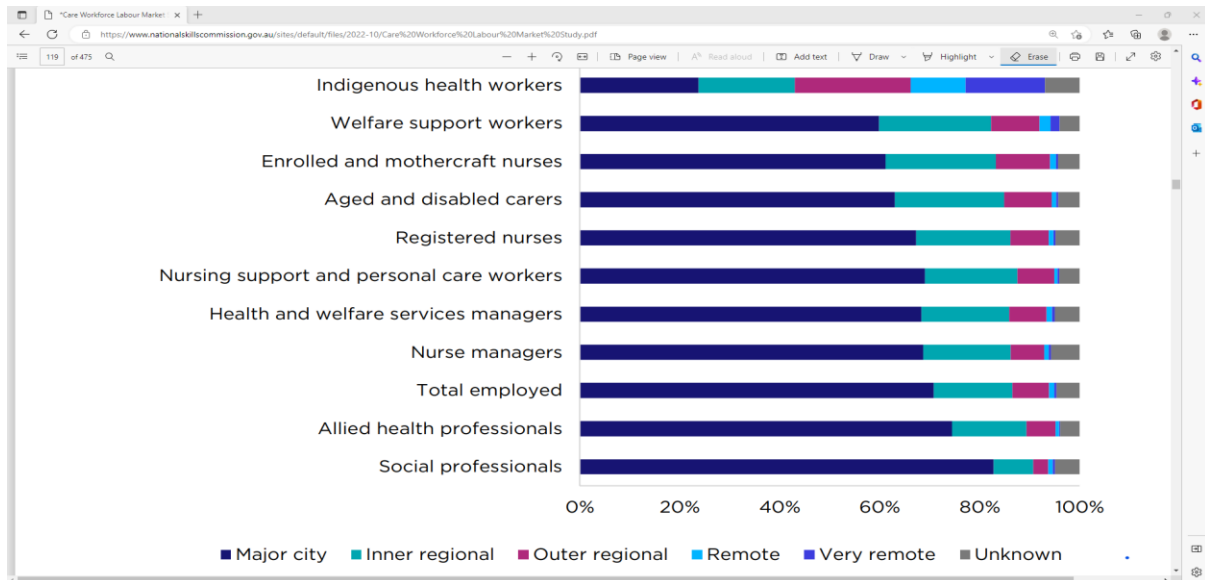
- The 2020 Aged Care Workforce Census Report⁵ identified there are currently few people employed as Aboriginal and/or Torres Strait Islander Health Workers or Health Practitioners within aged care:
 - › 150 of our workforce employed in Residential Aged Care (just 4 employed on a full time permanent basis)
 - › 15 of our workforce (0 permanent full time) employed in delivering Home Care Packages Program

⁴ [Aboriginal and Torres Strait Islander Health Workers | National Industry Insights Report \(aisc.net.au\)](https://www.aisc.net.au)

⁵ Australian Government Department of Health 2020 Aged Care Workforce Census Report.

- › 23 of our workforce (4 permanent full-time) employed delivering Commonwealth Home Support Program.

The following graphic also demonstrates that of all care and support occupations, Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are the most geographically dispersed with a strong presence in all geographic regions.⁶ This makes them well positioned to contribute to the delivery of aged care ‘on Country’ in regional and remote locations.



Skilling Aboriginal and Torres Strait Islander Australians

In 2021, almost 1,500 adults were studying an Aboriginal and Torres Strait Islander Primary Health Care qualification (72% at Cert IV or Diploma level and around 94% studying at Certificate III and above – a significant qualification milestone for positive job outcomes).

In 2021 around 1,365 school students were also enrolled in accredited Aboriginal and Torres Strait Islander Primary Health care courses with almost 70% of these at Certificate IV or Diploma level and around 93% of recorded enrolments at Certificate III or above.

- The number of people in related training represents a significant opportunity for potential health workers and practitioners to meet needs arising within the health and care systems.
- However, data from the National Centre for Vocational Education Research indicates that on average just 20% of enrolments result in course completions.

⁶ Source: NSC analysis of longitudinal linked tax data sourced via MADIP – National Skills Commission Care Workforce Market Study Final Report.

6. Using data to support Government actions to engage more health workers and practitioners within aged care

- Aboriginal and/or Torres Strait Islander peoples have the same right as all Australians, for safe, supportive, and culturally relevant aged care services.
- Let us use this opportunity move forward and utilise the research, frameworks, and strategies to fully embed our workforce into employment roles within this important and growing sector.
- At its core, supporting holistic care for elders through workforce means:
 - › embedding Aboriginal and Torres Strait Islander Health Workers and Health Practitioners as a workforce uniquely positioned to address the health and wellbeing needs of our Elders.
 - › appropriately remunerating all Aboriginal and Torres Strait Islander staff for their work, including the additional but often under recognised cultural mentoring and education expected of them.
 - › ensuring culturally safe working environments through legislation that is Aboriginal and Torres Strait Islander led and evaluated.
 - › designing and implementing innovative models of care that value and include culture as a central aspect of Elder wellbeing and therefore provide roles that fully utilise the skills of Aboriginal and Torres Strait Islander professionals
 - › improved data
 - › ensuring policies and regulations enable the effective utilisation of the workforce.
 - › establishing greater consistency in terms of scopes of practice and medicines authorities
 - › building stronger pathways into the health and care workforce, for secondary students and adults studying Aboriginal and Torres Strait Islander Primary Health care at Certificate III and above
 - › attracting into aged care, qualified health workers and practitioners who are no longer working in the sector.

Strengthen Pipelines and Pathways

- Aboriginal and Torres Strait Islander Students are currently moving through vocational education and training that is directly relevant to the health and aged care workforces.
- Australia’s Vocational Education and Training and higher education can be further utilised by our workforce to progress their qualifications, including articulation into nursing. However, a highly functional aged care system that values and supports its Aboriginal and Torres Strait Islanders health workers and health practitioners is a pre-requisite for articulation to higher qualification levels to work well for our workforce and their clientele.

- There is potential for Governments to collaborate with employers and industry groups to establish stronger pathways to work for these students and for better wrap around support to be provided to help them complete their qualifications.
- Action is required to improve the rate of completions for students undertaking Aboriginal and Torres Strait Islander Primary Health Care Certificates and Diplomas both within school settings and with adult Vocational Education and Training providers.
- Facilitating the take up of Aboriginal and or Torres Strait Islanders Health Workers and Health Practitioners as part of the aged care workforce will also require a focus on how to attract pipelines of new recruits and ensure pathways for professional development.
- Going forward, investment in supported Aboriginal and Torres Strait Islander led pathway programs that foster achievement from VET delivered to secondary students through to tertiary studies should also be considered.

Work with industry and the training sector to remove barriers and disincentives to training completion, entry level job attainment and job retention

- The care and support workforce has a number of labour market characteristics ⁷ that may act as barriers and disincentives for all workers, but in particular Aboriginal and/or Torres Strait Islander peoples who place a high value on building strong and ongoing relationships with those they care for including:
 - › a tendency to part-time and casual work within the industry
 - › low average hours
 - › varying incomes due to a number of occupations engaged in the care and support workforce
 - › low incomes, exacerbated by low hours
 - › skills not matching employer needs.
- Within this context there is scope for trial approaches that tap into pathways for students, but also engage with qualified health workers and practitioners who have become disengaged from the workforce and may require better working conditions, upskilling in aged care specific modules and wrap around support to move into aged care.

⁷ National Skills Commission – Care Workforce Labour Market Study, Final Report 30 September 2021