



NATIONAL RURAL
HEALTH
ALLIANCE INC.

Position Paper

Aboriginal and Torres Strait Islander Health Workers

July 2006

This Position Paper represents the agreed views of the National Rural Health Alliance, but not necessarily the full or particular views of all of its Member Bodies.

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Aboriginal and Torres Strait Islander Health Workers

Executive summary

The report entitled *Health and Community Services Labour Force 2001* from the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS) notes that having health care provided by Indigenous people to Indigenous people is a valuable strategy to improve the health and life expectancy of Australia's Aboriginal and Torres Strait Islander peoples. This approach to culturally appropriate care is internationally recognised as the most effective and ethical means of providing health care to Indigenous communities.

However, the same report shows that, in Australia, few Indigenous people are in the health workforce. For example:

There were 3742 Indigenous people employed in health occupations in 2001, comprising 0.9% of health occupation workers. The occupation of Aboriginal and Torres Strait Islander health worker ... employed 853 Indigenous people, which comprised 22.8% of all Indigenous people working in health occupations and 93.2% of workers in this occupation. A total of 444 people reported a highest qualification in Indigenous health and, of those, 6.1% reported being unemployed and a further 24.3% as not in the labour force.

Excluding Indigenous health workers, 0.7% of health occupation workers in 2001 were Indigenous—well below the 2.4% Indigenous representation in the population.

There was a greater proportion of Indigenous workers in the community services occupations, with 6294 workers, comprising 2.7% of community services occupation workers. The occupations with higher Indigenous representation were refuge worker (21.9%), family support worker (16.5%), special education teacher... (16.2%), drug and alcohol counsellor (8.8%), welfare associate professional... (7.4%) and youth worker (7.1%). (AIHW/ABS 2003)

These figures highlight a number of important issues.

- The total number of Indigenous health professionals is inadequate to ensure that Indigenous people will have ready access to an Indigenous health professional.
- Aboriginal and Torres Strait Islander Health Workers make up a significant proportion of the overall Indigenous health professional workforce.

- The current diverse and complex roles of Aboriginal and Torres Strait Islander Health Workers have evolved into an amalgam of both health and community service functions and are not limited to clinical care.
- A significant number of qualified Indigenous health practitioners in all professions are either unemployed or are no longer employed in the sector—the percentage of Aboriginal and Torres Strait Islander Health Workers in this category is not identified but is believed to be sizeable.

The role of Aboriginal and Torres Strait Islander Health Workers has expanded to such an extent over the last 30 years that these workers can now be identified as a discrete health profession within the Australian health sector. The Aboriginal and Torres Strait Islander Health Worker profession is an integral part of health service delivery to Indigenous Australians and has had a marked impact on improving access to services.

The majority of Indigenous people are more comfortable seeing an Aboriginal and Torres Strait Islander Health Worker, or other Indigenous health professional, as their first contact point in primary health care settings rather than a non-Indigenous general practitioner, nurse or community pharmacist.

Aboriginal and Torres Strait Islander Health Workers are Indigenous men and women who work largely in the community-controlled primary health care sector, but who also have important roles in other primary health care settings such as in general practice or in state- and territory-funded health services, as well as in post-primary care settings, including the acute and aged care sector. Within the primary health care sector the role has been defined as:

Aboriginal and Torres Strait Islander Health Workers are Aboriginal and Torres Strait Islander people who work within a holistic primary health care framework as determined by the local Aboriginal or Torres Strait Islander community to achieve better health outcomes for Aboriginal and Torres Strait Islander individuals/families and their communities. The diversity of their roles will be reflected in industry-driven and recognised qualifications, which are appropriate to the jurisdictions in which they work. (NACCHO 2003)

The current lack of national consistency regarding the role, recognition and career structure of Aboriginal and Torres Strait Islander Health Workers has inhibited the development of nationally accepted professional standards of practice. However, evidence supports the premise that the role of an Aboriginal and Torres Strait Islander Health Worker requires very specialised knowledge—cultural and clinical—and that their functions be defined as those of a discrete health profession. It is a role central to the successful delivery of community-controlled and other primary health care services to Aboriginal and Torres Strait Islander Australians. It is of equal, and in some instances of greater, importance as the roles of other health professionals in providing health care to Indigenous Australians.

Aboriginal and Torres Strait Islander Health Workers are among the eligible allied health professions listed under the More Allied Health Services (MAHS) Program. This national program aims to improve the health of people living in rural areas

through allied health care, with linkages between allied health care and general practice.

This paper explores a range of issues impacting on Aboriginal and Torres Strait Islander Health Workers and states the National Rural Health Alliance's position regarding the professional status of Aboriginal and Torres Strait Islander Health Workers. Issues covered include:

- industry support for the role of Aboriginal and Torres Strait Islander Health Worker;
- the need for competency-based education and training for Aboriginal and Torres Strait Islander Health Workers;
- professional recognition of Aboriginal and Torres Strait Islander Health Workers;
- national registration of Aboriginal and Torres Strait Islander Health Workers;
- establishing a professional association for Aboriginal and Torres Strait Islander Health Workers;
- issues of recruitment and retention within the Aboriginal and Torres Strait Islander Health Worker workforce; and
- Aboriginal and Torres Strait Islander Health Workers' role in the primary health care team especially in rural, regional and remote areas.

The National Rural Health Alliance acknowledges the centrality of the role of Aboriginal and Torres Strait Islander Health Workers in improving health services to Indigenous Australians and presents a list of recommendations that aim to support and strengthen that role.

Finally, to facilitate needed changes, a list of priority actions is suggested which, if implemented, would result in widespread recognition of, and greater support for, the professional role and functions of Aboriginal and Torres Strait Islander Health Workers.

Recommendations

The National Rural Health Alliance acknowledges the centrality of the role of Aboriginal and Torres Strait Islander Health Workers in improving access to and safer utilisation of health services for Aboriginal and Torres Strait Islander peoples. The following recommendations are aimed at strengthening and supporting this role.

1. The Alliance recommends that Aboriginal and Torres Strait Islander Health Workers be recognised as a discrete health profession within the Australian health industry.

2. The Alliance supports the role of the National Aboriginal Community Controlled Health Organisation (NACCHO) as the peak national body representing the Aboriginal community-controlled health sector; accepts its definition of the role of Aboriginal Health Worker and Aboriginal and Torres Strait Islander Primary Health Care Practitioner; and recommends acceptance of these definitions throughout the broader health industry, until the establishment of a National Aboriginal and Torres Strait Islander Health Worker Professional Association, whereupon such definitions would be the responsibility of that Association.
3. The Alliance recommends that national, state and territory government funding be provided to facilitate and support national consistency in Aboriginal Health Worker career structures across and within the respective jurisdictions.
4. The Alliance recommends that national, state and territory governments provide increased and flexible funding to support and expedite the introduction of national qualifications and the agreed new competency standards (when finalised) into all courses for Aboriginal and Torres Strait Islander Health Workers by the vocational education and training (VET) sector, by registered training organisations and tertiary institutions and, where applicable, in workplace-based skills upgrading and professional development initiatives.
5. The Alliance recommends that the Aboriginal and Torres Strait Islander Health Worker Competencies and Qualifications Project ensures that base-level qualifications include competencies that will equip Aboriginal and Torres Strait Islander Health Workers in all states and territories for their role in S100 arrangements for medicine supply, in line with strategy 19 of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework.
6. The Alliance recommends that, if regulation of the Aboriginal and Torres Strait Islander Health Worker profession is agreed by key stakeholders, then national, state and territory governments provide necessary funding to implement national registration procedures for Aboriginal and Torres Strait Islander Health Workers. However, if national registration is not established but regulation is created at the state/territory level, the Alliance recommends that qualification requirements be made nationally consistent.
7. The Alliance supports the establishment of a national Aboriginal and Torres Strait Islander Health Worker association and the establishment of supporting state/territory associations over time. It recommends that national funding be provided to ensure speedy establishment of the national body in line with stakeholder recommendations.
8. The Alliance recommends that recruitment and retention incentives similar to those currently provided for other primary health care team members, such as doctors and nurses, be made available to Aboriginal and Torres Strait Islander Health Workers e.g. for housing, education and finance. These initiatives are required immediately to ensure that Aboriginal and Torres Strait Islander Health Workers are attracted to and retained within the profession.

9. The Alliance recommends that the wage structure of Aboriginal and Torres Strait Islander Health Workers reflect their role as key members of the multi-disciplinary team, and that it be commensurate with experience, skill level (both cultural and clinical) and education and training.
10. The Alliance recommends that all non-Indigenous health professionals be made aware, through undergraduate training and as a part of professional development activities, of the integral role of Aboriginal and Torres Strait Islander Health Workers in delivering culturally appropriate care. This includes an understanding of the levels of clinical competence acquired by Aboriginal and Torres Strait Islander Health Workers through competency-based education and training courses, and would aim to improve inter-disciplinary respect and understanding and mitigate against judgments about clinical competence being based on preconceptions or on racial or professional biases. The Alliance suggests the use of inter-professional training programs that include Aboriginal and Torres Strait Islander Health Workers as an effective and practical strategy to achieve this end.
11. The Alliance recommends that all non-Indigenous health professionals be made aware, through undergraduate programs, professional development activities, interprofessional training and/or postgraduate in-service training that, although Aboriginal and Torres Strait Islander Health Workers are cultural brokers, they are not experts in all things relating to being Indigenous. Such a claim could not be made especially for younger Aboriginal and Torres Strait Islander Health Workers who, although they may have attained higher education levels, are not necessarily the most appropriate people to teach Elders and particular family members within their communities. Imposition of such roles can lead to increased personal stress and may precipitate tension, staff turnover and/or mental health problems.
12. The Alliance recommends that the clinical roles and functions of Aboriginal and Torres Strait Islander Health Workers be more widely promoted throughout general practice, in line with their recognition as allied health professionals endorsed for practice incentive payments under Medicare—according to the roles and functions outlined by the Australian Government Health Insurance Commission under the Practice Incentives Program guidelines for employing an Aboriginal and Torres Strait Islander Health Worker (see Attachment A). The May 2006 additions to the Medicare Benefits Schedule (MBS) covering registered Aboriginal Health Workers in the Northern Territory (NT) further underpin this recommendation.
13. The Alliance recommends that current incentives, such as the Indigenous Tutorial Assistance Scheme, be expanded for Aboriginal and Torres Strait Islander Health Worker entry level training. The expanded incentives and funding support should be consistent with those available to other health professional students e.g. medical, allied health and nursing. The majority of Aboriginal and Torres Strait Islander Health Workers are employed in rural and remote areas and are required to travel away from home, often for extended periods, to access education and training. The expenses involved are a strong disincentive to take up such studies.

14. The Alliance recommends that state and territory area health services adopt Indigenous cultural safety as a key performance indicator to be measured through collection of data on access to Indigenous health professionals (inclusive) per Indigenous patient encounters, covering all sectors of the health industry.

Introduction

Access to an adequate and appropriate workforce is a major element in effective health service provision, and fundamental to improving health outcomes in rural and remote regions of Australia. Three key elements underpin an effective health workforce supply: planning, education/training and management.

Effective workforce planning should address numerical discrepancies that exist between current supply and projected future needs, as well as distributional imbalances, such as geographic, occupational, institutional and gender issues.

Well-planned workforce education and training is critical to deliver a professional, competent workforce. This planning should ensure sufficient numbers of adequately skilled health professionals to meet demand; a diverse student ethnicity mix; and relevant, evidence-based course content and appropriate clinical training components.¹

The purpose of this paper is to outline, within this overall context, the role, standing and availability of the Aboriginal and Torres Strait Islander Health Worker² workforce and related issues, in particular Aboriginal and Torres Strait Islander Health Worker:

- professional status
- educational and work-based training support
- recruitment and retention, and
- place in the primary health care team.

Aboriginal and Torres Strait Islander people in the health workforce as a whole

The report entitled *Health and Community Services Labour Force 2001* from the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS) notes that having health care provided by Indigenous³ people to Indigenous people is a valuable strategy to improve the health and life expectancy of Australia's Aboriginal and Torres Strait Islander peoples.⁴ This approach to culturally appropriate care is internationally recognised as the most effective and ethical means of providing health care to Indigenous communities.

In the 2001 census, 460 140 people identified as being of Aboriginal and Torres Strait Islander origin (2.4% of the total Australian population).⁵ The

states/territories with the highest Aboriginal and Torres Strait Islander populations were New South Wales—29% of the national total; Queensland—27%; Western Australia—14%; and the Northern Territory—13%, with more than one-in-four people in the Northern Territory (29% of the Territory population) estimated to be of Indigenous origin. In all other states and territories, Aboriginal and Torres Strait Islander people were estimated to comprise less than 4% of the state/territory population, with Victoria having the smallest Indigenous population at 0.6% of the total population of that state.⁶

Importantly, the census statistics show that Indigenous Australians are more likely than other Australians to live in non-metropolitan areas as defined: 54% compared to less than 20% of the total population. Nationally, Aboriginal and Torres Strait Islander peoples comprise almost 25% of the remote area (based on the Accessibility/Remoteness Index of Australia (ARIA) classification system) population.⁷ Also significant is the fact that a quarter of all Aboriginal and Torres Strait Islander peoples live in discrete Indigenous communities.^{8,9}

The AIHW/ABS report¹⁰ on the Indigenous health workforce, for the same year as the census (2001), shows alarmingly low numbers of Indigenous people in the health workforce.

There were 3742 Indigenous people employed in health occupations in 2001, comprising 0.9% of health occupation workers. The occupation of Aboriginal and Torres Strait Islander health worker ... employed 853 Indigenous people, which comprised 22.8% of all Indigenous people working in health occupations and 93.2% of workers in this occupation. A total of 444 people reported a highest qualification in Indigenous health and, of those, 6.1% reported being unemployed and a further 24.3% as not in the labour force.

Excluding Indigenous health workers, 0.7% of health occupation workers in 2001 were Indigenous—well below the 2.4% Indigenous representation in the population.

There was a greater proportion of Indigenous workers in the community services occupations, with 6294 workers, comprising 2.7% of community services occupation workers. The occupations with higher Indigenous representation were refuge worker (21.9%), family support worker (16.5%), special education teacher ... (16.2%), drug and alcohol counsellor (8.8%), welfare associate professional ... (7.4%) and youth worker (7.1%).²

With regard to the Aboriginal and Torres Strait Islander health workforce in training, the Community Services and Health Industry Skills Council (ISC)¹¹, quoting data from the AIHW (2004) on the number of Aboriginal and Torres Strait Islander students¹² enrolled and qualified for the 2001–02 calendar year, notes that:

- The majority (57%) of Aboriginal and Torres Strait Islander students who qualified as Aboriginal Health Workers in 2002 completed the Certificate II course.
- Of the professions presented, enrolments in Aboriginal health work attracted the highest numbers of Indigenous students in 2002 (1653). Allied health and university nursing studies also attracted larger numbers of students.

- The majority of Aboriginal and Torres Strait Islander people who held a health qualification (822) were Aboriginal and Torres Strait Islander Health Workers. This was also the case for the 1653 Aboriginal and Torres Strait Islander people in training.
- Queensland had the highest number of Aboriginal and Torres Strait Health Workers (468 qualified and 306 enrolled), followed by NSW (301 qualified and 330 enrolled).
- There were 96 Aboriginal and Torres Strait Islander people who qualified as nurses in 2002, including university and non-university trained, and a further 586 were in training.
- There were 6 Aboriginal and Torres Strait Islander people who qualified as doctors and 104 were in training.
- There were 40 Aboriginal and Torres Strait Islander people who qualified as allied health workers in 2002, and a further 394 were in training.
- No Aboriginal and Torres Strait Islander people were qualified in dental health, and only two were enrolled in training.
- One Aboriginal and Torres Strait Islander was qualified as a pharmacist, and 10 were enrolled in training.¹³

These data highlight a number of issues that are of particular significance when examining the role and professional status of Aboriginal and Torres Strait Islander Health Workers.

- The total number of Indigenous health professionals is inadequate to ensure that Indigenous people will have ready access to an Indigenous health professional.
- Aboriginal and Torres Strait Islander Health Workers make up the most significant proportion of the overall number of Indigenous people in the health professional workforce. Training courses for Aboriginal and Torres Strait Islander Health Workers also attract a higher number of Indigenous people than other health professional courses.
- The current diverse and complex roles of Aboriginal and Torres Strait Islander Health Workers have evolved into an amalgam of both health and community service functions and are not limited to clinical care.
- A significant number of qualified Indigenous health practitioners in all professions are either unemployed or are no longer employed in the sector—the percentage of Aboriginal and Torres Strait Islander Health Workers in this category is not identified but is believed to be sizeable.

Aboriginal and Torres Strait Islander Health Workers

Historical context

The statistics detailed above are indicative of the central role of Aboriginal and Torres Strait Islander Health Workers in providing health care to Indigenous Australians within contemporary primary health care settings, and especially in rural, regional and remote areas of Australia.

This role has expanded greatly—especially over the last thirty years—since its inception in the 1950s when Aboriginal Health Workers were originally employed as leprosarium workers, and later as medical assistants in the NT in the 1960s.¹⁴

Traditionally, Aboriginal and Torres Strait Islander Health Workers were selected from the local Aboriginal or Torres Strait Islander community, by a health practitioner and/or by community members, based on recognition of their relevant cultural brokerage skills and/or acceptance by the community. They were given on-the-job training in very basic clinical skills but were mostly used as cultural and language interpreters by Western health professionals.⁹ The Aboriginal and Torres Strait Islander Health Worker role was further developed and consolidated with the advent of Aboriginal community-controlled health services in the early 1970s, and through their employment in state/territory government funded health services.

It is well recognised that “first level contact with Aboriginal Health Workers gives Indigenous people some cultural safety and they usually feel more comfortable relating to another Indigenous person ... Cultural safety ... refers to an environment where clients, families and community members have health care choices and their values and attitudes are respected”.⁹

Over time, the role of Aboriginal and Torres Strait Islander Health Workers has continued to expand expediently due to the increasingly complex demands placed upon them:

Expectations of the Aboriginal Health Workers’ role have become increasingly multifunctional ... Despite this, the training Aboriginal Health Workers receive does not appear to match these role expectations ... While Aboriginal Health Workers are increasingly expected to deal with complex and difficult problems ... the rate at which they are acquiring professional skills as well as levels of remuneration do not appear to be keeping pace with the rising expectations. This places the Aboriginal Health Worker in a most awkward position: the least educated and most poorly paid of all health care workers are being asked to tackle what is, arguably, Australia’s most difficult health problems [sic]. (Tsey K 1996, quoted in Curtin Indigenous Research Centre et al. 2000)¹⁵

Paradoxically, recognition of Aboriginal and Torres Strait Islander Health Workers as essential members of the clinical health care team has not been commensurate with these increased levels of responsibility.

In 2000, the National Review of Aboriginal and Torres Strait Islander Health Worker Training⁹ noted that considerable disparity exists between what can be considered the ideal role of the Aboriginal Health Worker and the practical day-to-day reality of that role. The basic problem was identified as a lack of recognition of the importance of Aboriginal and Torres Strait Islander Health Workers in facilitating access to primary health care for Indigenous communities and individuals—a problem that has also been highlighted by other researchers:

Health Workers are not treated as the most important factor in the health service, and primary health care is not being effectively delivered to Aboriginal communities (Tregenza & Abbott, 1995, quoted in Curtin Indigenous Research Centre et al. 2000).¹⁶

In fact, the review found that Aboriginal and Torres Strait Islander Health Workers were under-utilised within the health care system and, although the primacy of the role as the first point of contact within Aboriginal health care delivery has been frequently identified in the literature, in many health care settings Aboriginal and Torres Strait Islander Health Workers were often denied the opportunity for professional autonomy and control within the multidisciplinary health care team setting.⁹

The review also noted that great variation existed in the qualification base of Aboriginal and Torres Strait Islander Health Workers. In some states/territories up to 60% of Aboriginal and Torres Strait Islander Health Workers did not have formal qualifications. The need for more (and more flexible) government funding of Aboriginal and Torres Strait Islander Health Worker courses, especially within the VET sector, was highlighted.

Within the primary health care setting, clinical role expansion for Aboriginal and Torres Strait Islander Health Workers inevitably led to expectations that they would also take on increased management, administration, community service, and education jobs and responsibilities.

The review outlined the difficulties facing Aboriginal and Torres Strait Islander Health Workers in terms of:

- the extent and diversity of expected roles
- lack of basic and/or ongoing training to support these expected roles
- inconsistency across training programs
- the need for nationally accredited competency-based programs
- no identifiable nationally consistent career structure
- lack of statutory registration of Aboriginal and Torres Strait Islander Health Workers
- lack of a professional voice
- lack of integration and acceptance as essential members of the primary health care team.

Definitions

In the context of this paper, the following definitions are used. They are formulated from relevant community and industry definitions, and they identify the principal cultural construct by which health is defined within Indigenous communities.

Aboriginal and Torres Strait Islander Health Workers

Aboriginal and Torres Strait Islander Health Workers are Indigenous men and women who work largely in the community-controlled primary health care sector, but also have important roles in other primary health care settings such as general practice¹⁷ and state- and territory-based health services, as well as in post-primary health care areas such as the acute and aged care sectors.

The various titles used for Aboriginal and Torres Strait Islander Health Workers are sometimes erroneously used in a generic sense when describing Aboriginal and Torres Strait Islander people who are members of other health professions. In the Australian context, the title Aboriginal and Torres Strait Islander Health Worker (and its variations) refers to a discrete health profession. It does not refer to Indigenous people who are doctors, nurses or other allied health professionals.

The terms, Aboriginal and Torres Strait Islander Health Worker and Aboriginal or Torres Strait Islander Primary Health Care Practitioner, were defined at the NACCHO-sponsored Forum on Health Worker Issues held in May 2003 in the following terms:

- Aboriginal and Torres Strait Islander Health Workers are Aboriginal and Torres Strait Islander people who work within a holistic primary health care framework as determined by the local Aboriginal or Torres Strait Islander community to achieve better health outcomes for Aboriginal and Torres Strait Islander individuals/families and their community. The diversity of their roles will be reflected in industry-driven and recognised qualifications, which are appropriate to the jurisdictions in which they work.
- An Aboriginal or Torres Strait Islander Primary Health Care Practitioner is an Aboriginal or Torres Strait Islander person who is competent to:
 - apply cultural and community insights to ensure culturally safe practice by self and others
 - safely manage presenting health problems in the Indigenous primary care and community setting, including comprehensive assessment, treatment, education and appropriate referral
 - undertake population health activities in the Indigenous primary care and community setting including screening, surveillance and health education
 - function as an advocate and broker of change in respect of broader social and environmental determinants of Indigenous health

- function as a vital member of an Indigenous primary health care team.

These definitions were subsequently endorsed by the NACCHO Board in May 2003.¹⁸

Aboriginal and Torres Strait Islander people's perception of health

In 1989, a ground-breaking document *The National Aboriginal Health Strategy* became central to the development of a systematic national approach to address the poor health of Aboriginal and Torres Strait Islander Australians. It definitively identified Aboriginal and Torres Strait Islander people's perception of health, which is one that differs markedly from the dominant Western medical view of health:

Aboriginal health is not just the physical wellbeing of an individual but is the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.¹⁹

An understanding of the last concept is of great cultural importance as it emphasises after-death care as an important element within a holistic perspective of health:

The life-death-life cycle that is central to Aboriginal and Torres Strait Islander people's cultural perspective requires the health system to pay special attention to its end-of-life practices. From a mental health perspective, what happens after death is as important as what happens before death for Aboriginal and Torres Strait Islander peoples.²⁰

The Aboriginal and Torres Strait Islander Health Worker profession

Although the current lack of national consistency regarding the role, recognition and career structure of Aboriginal and Torres Strait Islander Health Workers has inhibited the development of nationally accepted professional standards of practice, evidence supports the premise that the role of an Aboriginal and Torres Strait Islander Health Worker requires very specialised knowledge—cultural and clinical—and that their role is defined as that of a health professional. It is a role central to the successful delivery of community-controlled and other primary health care services to Aboriginal and Torres Strait Islander Australians. It is of equal, and in some instances of greater, importance as the roles of other health professionals in providing health care to Indigenous Australians:

Aboriginal Health Workers are fundamental to the operation of Aboriginal Community Controlled Health Services. Aboriginal Health Workers perform a range of health care functions in Indigenous health settings including traditional health, cultural brokerage, clinical care and western medicine, health education and promotion, environmental health, community care, administration, management and control, aged care. Their presence and work

is an integral and important component of effective health care delivery in Indigenous communities. They inform the work of other health professionals and act as interpreters between Western and Indigenous health and wellbeing concepts and treatment regimes.²¹

As evidence of their professional status in other primary health care settings, Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Mental Health Workers are among the eligible allied health professions listed under the More Allied Health Services (MAHS) Program. This national program aims to improve the health of people living in rural areas through allied health care, with linkages between allied health care and general practice (refer Attachment A).

Industry support for the role of Aboriginal and Torres Strait Islander Health Workers

Three seminal industry-based documents produced over the last three years, all endorsed by the Australian Health Ministers' Advisory Council (AHMAC), support the professional role of Aboriginal and Torres Strait Islander Health Workers as decisive in the delivery of effective primary health care services to Indigenous Australians.

- *The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2002)*: The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework²² sets out a 5–10 year reform agenda. Objective 2 of the framework targets Aboriginal and Torres Strait Islander Health Workers. It aims to:
 - Improve the clarity of roles, regulation and recognition of Aboriginal and Torres Strait Islander Health Workers as a key component of the health workforce, and improve vocational education and training sector support for training for Aboriginal and Torres Strait Islander Health Workers.
 - This objective ... recognises the link between the training of Aboriginal and Torres Strait Islander Health Workers and the clarity, regulation and recognition of their roles in the health workforce.
- *The National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003)*: The National Strategic Framework for Aboriginal and Torres Strait Islander Health is the current blueprint for improving Aboriginal and Torres Strait Islander health and is seen as complementary to the original 1989 Strategy. The overarching goal of the framework is to ensure that Indigenous Australians enjoy a healthy life—a goal intimately linked with adequate health service access through an acceptable professional health workforce. Development of the Aboriginal and Torres Strait Islander Health Worker professional workforce is an integral part of the overall strategic framework.
- *The Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004–2009 (2004)*: All Australian health services have a responsibility to provide effective and appropriate services to Aboriginal and Torres Strait

Islander peoples in all parts of Australia. The Aboriginal and Torres Strait Islander Cultural Respect Framework¹⁴ provides guiding principles for policy construction and service delivery to strengthen relationships between the total health care system and Aboriginal and Torres Strait Islander peoples. It is inextricably linked with the need for health professionals who are both culturally literate and acceptable to Aboriginal and Torres Strait Islander peoples—Aboriginal and Torres Strait Islander Health Workers are a major component of such a workforce.

Professional recognition

National qualifications and competency-based education and training

The publication and acceptance of these three documents has strengthened the view of Aboriginal and Torres Strait Islander Health Workers as a distinct health profession. This has been facilitated by a commitment to the development of national qualifications and competencies. The Aboriginal and Torres Strait Islander Health Worker Competencies and Qualifications Project is being carried out by the ISC under the auspices of a national steering committee. The project aims to develop standards and qualifications to support comprehensive Aboriginal and Torres Strait Islander Health Worker primary health care practice roles at a number of levels, and to distinguish these from other vocational streams currently encompassed by the term ‘Aboriginal Health Worker’ and ‘Torres Strait Islander Health Worker’.²³

Although Aboriginal and Torres Strait Islander Health Worker competencies have existed since 1996²⁴, they have been widely perceived as outdated and inadequate to provide for the increasing complexity of their role, and in urgent need of updating. The national qualifications and competencies project is expected to be completed in mid-2006, and competencies will then be submitted for endorsement.²⁵

The work being undertaken in Aboriginal and Torres Strait Islander Health Worker education and training recognises that learning systems must be suited to the training needs of both the health workers and their employers. It also recognises that training will need to be suited to persons who may have limited literacy and numeracy skills—thus it must support a staged approach to learning, supported by an ongoing professional development cycle.²⁶

Registered training organisations, the VET and the tertiary education sectors all have a critical role in preparing Aboriginal and Torres Strait Islander Health Workers to work within a professional career structure. Articulation through levels of the Aboriginal and Torres Strait Islander Health Worker career structure must allow for entry level through to advanced practitioner level. This will only occur if there are appropriate facilitating strategies in place, such as:

- consistency of level-specific Aboriginal and Torres Strait Islander Health Worker educational program content across and within state and territory jurisdictions, based on common national competency standards;

- recognition by educational bodies of prior learning and relevant work and life experience of Aboriginal and Torres Strait Islander Health Worker students;
- ease of access to student funding programs that are tailored to the needs of Indigenous people seeking entry level Aboriginal and Torres Strait Islander Health Worker qualifications through to advanced level practitioner qualifications; and
- universities and other training organisations ensuring that their programs are accessible (culturally and geographically) and that Aboriginal and Torres Strait Islander Health Workers are adequately supported, especially in rural and remote areas, to acquire any qualifications needed to advance within their career structure.

For example, the NT has established a well-defined clinical career path for Aboriginal and Torres Strait Islander Health Workers²⁷, based on Aboriginal and Torres Strait Islander Health Worker competencies, and underpinned by qualifications available from a variety of training organisations. These organisations provide the minimum level qualification (Certificate III) required for NT registration with access to further qualifications through Certificate IV, Diploma, Advanced Diploma and Degree level programs if desired.²⁸ Batchelor Institute of Indigenous Tertiary Education provides both VET and higher education courses, and has campuses, annexes and study centres in 44 locations throughout the NT and in the East Kimberley region of WA. The Institute recognises prior learning obtained through formal training, work-based experience and/or life experience, in addition to evidence of previous tertiary studies, in assessing whether persons are eligible for academic advanced standing in its courses.²⁹

As this example shows, the congruence of educational programs must extend from registered training organisation programs through VET sector programs to the higher education sector—this is important to also allow for transition to other health professional courses if desired, e.g. nursing or medicine, at an appropriate advanced standing.

To this end, and to avoid fragmentation of the workforce and the confusion caused by an array of misleading job titles, a base-level qualification for all Aboriginal and Torres Strait Islander Health Workers set at, for example, the VET Aboriginal and Torres Strait Islander Health Worker Certificate III or equivalent, would ensure a competency-based workforce with a useful general level of knowledge of physical, mental and social disorders.

In this context it is important to emphasise that, given the key role of Aboriginal and Torres Strait Islander Health Workers in S100 arrangements in rural and remote areas, base-level qualifications should include appropriate competencies related to pharmacy. The 2004 evaluation of the impact of S100 on Aboriginal and Torres Strait Islander Health Service staff showed that the impact was greatest on Aboriginal and Torres Strait Islander Health Workers, although the dispensing role of Aboriginal and Torres Strait Islander Health Workers was found to vary between states and territories depending on their laws and health service practices.

For example, in the NT, senior Aboriginal and Torres Strait Islander Health Workers can prescribe and supply using protocols and guidelines developed in the workplace—such as the CARPA Standard Treatment Manual. In NSW, Aboriginal and Torres Strait Islander Health Workers supply and provide health information to clients. In SA, Aboriginal and Torres Strait Islander Health Workers supply readily available medicine such as Panadol, undertake medical reviews and fill compartmentalised container type dose administration aids (CCs), e.g. dosett®.

The evaluation also found that the level of dispensary training Aboriginal and Torres Strait Islander Health Workers received also varied between states and territories. Aboriginal and Torres Strait Islander Health Worker training in NT, NSW, SA and WA had pharmacy components. However, the component was limited to one or two modules at more advanced levels of training. The evaluation recommended that modules in supplying medicine needed to be included in Aboriginal and Torres Strait Islander Health Worker training and that pharmacy should be established as a specialised area of Aboriginal and Torres Strait Islander Health Worker training nationally. In-service training in pharmacy was also seen as a priority need.³⁰

With regard to the development of appropriate pharmacy competencies for Aboriginal and Torres Strait Islander Health Workers, the ISC³¹ advises that: “... the base-level qualifications—considered to be Certificate II and III—reflect S100 arrangement job functions of Aboriginal Health Workers as these align with the Australian Qualification Framework (AQF) descriptors ...” The ISC notes that two competencies that are relevant to the S100 arrangement set of job functions and which have, in the course of the development process, been incorporated in the packaging rules of Certificate II and Certificate III qualifications respectively are Unit WRPDIS101A: Accept prescriptions for dispensing, and Unit WRPDIS202A: Delivery of medication.

However, Aboriginal and Torres Strait Islander Health Workers trained to this level of competence would not be expected to be highly competent in a range of skills usually related to areas such as nursing, social work or psychology. Specialist or advanced training within the Aboriginal and Torres Strait Islander Health Worker profession, requiring competencies beyond those covered by base-level qualifications or competencies in particular fields, need to be addressed through advanced certificate, specialised postgraduate and/or on-the-job training.

In addition, establishing clear career structures for discrete areas of specialist practice within the profession is important. The Aboriginal and Torres Strait Islander Mental Health Committee of the Royal Australian and New Zealand College of Psychiatrists notes the following with regard to Aboriginal and Torres Strait Islander Mental Health Workers.

There needs to be a more effective career structure developed for Aboriginal and Torres Strait Islander Mental Health Workers, and this is probably best achieved through a collaborative interaction between tertiary educational institutions, Aboriginal and Torres Strait Islander community controlled health organisations, state health departments, and Commonwealth and State health regulation organisations, in association with the evaluation of

Aboriginal and Torres Strait Islander Health Worker competencies through the VET sector.³²

However, general skills can be the most reliable, far reaching and effective, especially in rural and remote practice. They can also incorporate the competencies necessary for an integrated approach to service provision across the continuum of care, from acute to chronic care, and within a context of high levels of co-morbidity. The danger of increased emphasis on specialised skills acquisition, separated from generalist practice, is that practitioners with competency in only one specialised area, but no general skills, may be called upon to provide care in other clinical areas, especially in rural and remote practice.³³

In addition to formal national competency-based education and training, the skills development of Aboriginal and Torres Strait Islander Health Workers, as with all other health professionals, is ongoing. Development programs must be made available to Aboriginal and Torres Strait Islander Health Workers using a wide range of approaches, including opportunities for upgrading and updating clinical skills and technical expertise through on-the-job training, distance learning, seminars and workshops, and regularly scheduled sessions and/or correspondence modules of continuing health, environmental and community care education and other more innovative approaches. Investment in training and development is cost-effective and helps with retention of staff.¹

Living culture is never static and a unique part of the role of the Aboriginal and Torres Strait Islander Health Worker health profession is cultural competence; this too is an area where skills and understanding may need to be regularly reviewed and renewed as required by communities.

National registration

To ensure quality service provision and professional competence, Aboriginal and Torres Strait Islander Health Workers also require access to professional registration, preferably through the establishment of a National Aboriginal and Torres Strait Islander Health Worker Registration Board, in accord with the 2005 Productivity Commission report on the health workforce, which recommends that health professional registration be based on national standards.³⁴

National registration will ensure equal practice arrangements across jurisdictional borders, allow for portability of qualifications for workers, provide greater flexibility to this sector of the health workforce, and be responsive to registration needs where there are small workforce numbers in some states and territories. This may appear to conflict with the more traditional view of Aboriginal and Torres Strait Islander Health Workers as locally based but it would provide them with the same level of employment flexibility enjoyed by other health professionals.

Quality service frameworks require that Aboriginal and Torres Strait Islander Health Workers are assessed as fit and competent practitioners on the basis of sound competency-based education and training, and nationally consistent qualifications. Within the existing health workforce paradigm for other health professionals, this also requires mandatory statutory registration through the state/territory registration boards or professional associations.

Examining and reporting on the feasibility of professional registration is part of Objective 2 of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework. Strategy 19 of the framework states:

AHMAC agrees that those States and Territories that do not have registration procedures for Aboriginal Health Workers should consider and report to AHMAC on the feasibility of establishing such procedures. Registration should particularly aim to support standards in Aboriginal primary health care practice roles, including safe and appropriate use of medicines.¹⁶

However, although statutory registration remains under consideration by the Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH)³⁵, there has been little progress to date in establishing either national or state- and territory-based Aboriginal and Torres Strait Islander Health Worker registration.

The only exception is the NT where a territory-based Aboriginal and Torres Strait Islander Health Worker Registration Board is in existence and registration is a mandatory requirement for practising as an Aboriginal and Torres Strait Islander Health Worker. Registration in the NT currently pertains to clinical fields only, although expansion of registration to cover other aspects of their practice is considered desirable.

In the 2006–07 Federal Budget, the Australian government inferred the importance of mandatory Aboriginal and Torres Strait Islander Health Worker registration through the inclusion of new items to the MBS covering the delivery of immunisation and wound-management services (on behalf of a general practitioner), but restricting access to these items to registered Aboriginal Health Workers only.³⁶ The documentation states:

M5.3 A registered Aboriginal Health Worker means an Aboriginal Health Worker in the Northern Territory registered under the *Health Practitioners Act 2004 (NT)*, who is employed or retained by a general practice, or by a health service that has an exemption to claim Medicare benefits under subsection 19(2) of the *Health Insurance Act 1973*.²⁷

Mandatory registration of all Aboriginal and Torres Strait Islander Health Workers would ensure Aboriginal and Torres Strait Islander communities in rural and remote areas across the country had equal access to these MBS items within the agreed guidelines.

National association

The workforce strategic framework also identifies the need for a national professional body for Aboriginal and Torres Strait Islander Health Workers, supported by state/territory associations. Strategy 20 of the framework states:

AHMAC agrees that the Commonwealth, together with State and Territory Governments, should assess the feasibility of establishing independent Aboriginal Health Worker associations in each State and Territory and nationally. The Commonwealth will consider providing seed funding for up to two years for each State and Territory association and the Commonwealth will consider funding for a national association.¹⁶

The establishment of a national body that is independent of all other peak bodies should be a priority for Aboriginal and Torres Strait Islander Health Workers given the central importance of their role in health services to Indigenous Australians.

The national body, similar to other health professional organisations, could be involved in a range of significant initiatives, for example:

- providing leadership to the profession, and working with other key stakeholders toward national consistency of Aboriginal and Torres Strait Islander Health Worker career structures across all jurisdictions;
- providing a national voice in workforce planning and policy development by representing Aboriginal and Torres Strait Islander Health Workers;
- providing representation to registration, education, and other significant bodies to bring a unifying perspective to national career consistency;
- promoting improved educational opportunities and funding;
- promoting the unique role and contribution of Aboriginal and Torres Strait Islander Health Workers to the Australian health industry and enhancing the status of the profession;
- working with others towards improved recruitment and retention practices and incentives;
- defining Aboriginal and Torres Strait Islander Health Worker roles and scope of practice;
- updating the competency standards related to Aboriginal and Torres Strait Islander Health Worker training and qualifications.

The role of a national Aboriginal and Torres Strait Islander Health Worker association would be similar to that of other health professional bodies, and would warrant a degree of support commensurate with that provided to the Australian Indigenous Doctors' Association (AIDA) and the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN). The fact that the Aboriginal and Torres Strait Islander Health Worker profession is unique within the Australian health system increases the need for higher levels of professional support, and this need can be partly provided through its own national professional organisation.

The establishment of state and territory Aboriginal and Torres Strait Islander Health Worker associations remains under consideration by the Aboriginal and Torres Strait Islander Health Workforce Working Group of AHMAC. Although a feasibility study on establishing an association is reportedly under consideration by SCATSIH, no decision has yet been made. Obtaining agreement, at least on the establishment of a national body, needs to be expedited to assist Aboriginal and Torres Strait Islander Health Workers in their key role within Indigenous communities.

Recruitment and retention

As with other health professions, there are difficulties in recruiting and retaining people in the Aboriginal and Torres Strait Islander Health Worker workforce. This can be seen partly as a legacy of the difficulties that Aboriginal and Torres Strait Islander Health Workers have faced in establishing their position as health professionals within the primary health care team. It is also consistent with the levels of demand that they face on a day-to-day basis.

A great deal is asked of them [Aboriginal and Torres Strait Islander Health Workers]. Not only are they seen as the cross-cultural ‘broker’, but they are also expected to cope with internal politics, act as representatives on decision-making boards with State and Federal Governments, tackle industrial issues, ensure safety in the workplace while maintaining an open door policy for community members and responding to acute mental and physical health needs as well as establishing and monitoring community health issues.³⁷

Given these levels of complexity, lack of recruitment of students into Aboriginal and Torres Strait Islander Health Worker courses and into workplace positions is not surprising. Evidence of the low levels of Aboriginal and Torres Strait Islander Health Worker student intake is shown in the AIHW/ABS statistics outlined in the introduction and there is no evidence that these are improving markedly. In fact, in all areas of studies undertaken by Aboriginal and Torres Strait Islander students within the higher education sector, the health professions have lagged behind other areas.³⁸

Many issues have been identified that impact on the recruitment and retention of Aboriginal and Torres Strait Islander Health Workers:

Aboriginal Health Workers are the mainstay of health provision in many isolated communities but the stresses of working with their own families and relatives often forces them to leave the job. There is often dissatisfaction with their working conditions and the fact that the expectations of the non-Aboriginal people working along side them are different. Some people have questioned the adequacy of their training ... Another disparity is the difference of employment conditions where Remote Area Nurses (RANs) and General Practitioners (GPs) are well supported with houses and good conditions while the local Aboriginal Health Worker is not.

The non-Aboriginal health workers put much emphasis on the role of cultural brokerage while Aboriginal and Torres Strait Islander Health Workers themselves want a more clinical role. This was often not realised by the non-Aboriginal staff and leads to disillusionment, which often leads them not to work.²²

The need in these areas is great and requires greater resources and commitment on the part of governments—national, state and territory. There are a range of improvements that should be addressed immediately—so pressing is the need—to assist Aboriginal and Torres Strait Islander Health Workers to remain in the workforce. They include:

- adoption of uniform definitions of the role and scope of practice of Aboriginal and Torres Strait Islander Health Workers;
- improved employment conditions so that Aboriginal and Torres Strait Islander Health Workers are provided with incentives and opportunities that are equal to other health professionals, especially in rural and remote locations;
- improved access to ongoing training opportunities to assist retention;
- education of non-Indigenous staff to accept Aboriginal and Torres Strait Islander Health Workers as equal members of a multi-disciplinary primary health care team, which will require a shift from the prevailing hierarchical structures that often persist—despite the rhetoric to the contrary;
- improvements to service infrastructure, including health facilities and equipment to support successful recruitment and retention strategies; and
- education of health service managers on the cultural requirements that Aboriginal and Torres Strait Islander Health Workers, as community members, must observe.

The last point deserves some emphasis, as Anderson points out:

To imply that Aboriginal Health Workers fill the void between two cultures (both Western and Aboriginal or professional and non-professional) ignores the fact that Aboriginal Health Workers are an integral part of their own community and do not exist in some cultural or social middle ground. They differ from the rest of the community only in their health knowledge and skills.³⁹

Improved recruitment and retention of Aboriginal and Torres Strait Islander Health Workers could be supported by a range of strategies.

- Registered training organisations, the VET sector and universities should undertake recruitment programs in local high schools in areas where there are significant numbers of Indigenous students (as well as within local Indigenous communities) to encourage the uptake of an Aboriginal and Torres Strait Islander Health Worker career by secondary school students as well as mature-aged members of the community.
- Career promotion days could be held by universities and state/territory Education Departments as part of their overall Indigenous education strategies to promote the career of Aboriginal and Torres Strait Islander Health Worker, and to emphasise the importance of the role in delivering effective primary health care to Indigenous Australians.
- Registered training authorities, VET sector and higher education organisations could include specific strategies for recruiting and retaining Aboriginal and Torres Strait Islander Health Worker students in their overall Indigenous student recruitment and retention strategies.

- Registered training authorities, VET sector and higher education organisations should implement strategies to provide access to alternative study locations and study modes such as substitute tutors, in rural and remote areas, especially for Aboriginal and Torres Strait Islander Health Worker students on work-based experience placements.
- Registered training organisations, VET sector and higher education organisations should focus on Aboriginal and Torres Strait Islander Health Worker students as key health professionals, making their retention a priority; provide mentoring of all Aboriginal and Torres Strait Islander Health Worker students, and especially those with low literacy levels, to ensure that students feel supported and understand course requirements; and ensure that the courses offered are culturally appropriate.
- There should be adequate funding support, and appropriate advertising of it, for Aboriginal and Torres Strait Islander Health Worker students through various student allowances to ensure that they are able to meet the expenses involved in undertaking formal qualifications, especially when living away from home.
- National incentive payment programs for health professionals in rural and remote areas should be updated to include Aboriginal and Torres Strait Islander Health Workers as a health professional group eligible for similar entitlements as other health professionals.
- At the local level, employers need to ensure continuing development opportunities as well as career counselling for Aboriginal and Torres Strait Islander Health Workers as important facets in retention practices. Regulation of such professional development requirements and delivery of expected outcomes will be the responsibility of funding organisations where applicable.

Strategies such as these will ensure that recruitment and retention policies are in place at national, state/territory and local levels to attract and retain Aboriginal and Torres Strait Islander Health Workers, with the aim of bringing new students into the field, ensuring that graduates continue working within the industry, and encouraging experienced members of the profession back into the workforce.

Role in the primary health care team in rural and remote Australia

Aboriginal and Torres Strait Islander Health Workers have a central role in the multi-disciplinary primary health care team, especially in rural and remote areas, whether primary health care is delivered by an Aboriginal community-controlled health service, a general practice, a state health department, or by any other body. In 2001, Dr Arnold (Puggy) Hunter, speaking of the key role of the Aboriginal and Torres Strait Islander community-based health sector in providing the overall Australian health system with a true understanding of Indigenous health issues, pointed out:

It is time that direction in health was guided by a partnership infused with the voice of Aboriginal communities. It is time that partnerships in health gave that voice the credibility and importance it deserves.⁴⁰

Aboriginal and Torres Strait Islander Health Workers are an essential part of the Indigenous community's voice in health care, whether in the community-controlled or mainstream health systems. For their voice to be heard it must first be accepted as one of authority within the multi-disciplinary primary health care team. Equality in the multi-disciplinary health care team will result in equality of working conditions for all team members, including improved employment and educational opportunities.

The kinds of personal difficulties that face Aboriginal and Torres Strait Islander Health Workers when working in their home communities need to be acknowledged within the health care team, and strategies devised for better managing situations that cause personal stress to them. Increased attention to gender issues in the composition of multi-disciplinary health care teams will improve access to services for the community, as well as improve the working conditions of Aboriginal and Torres Strait Islander Health Workers.

Acceptance of the role of Aboriginal and Torres Strait Islander Health Workers as essential team members in a range of workforce contexts must become a reality. Empowering them will enable them to increase their influence and effect on improving the health outcomes of Aboriginal and Torres Strait Islander peoples.

Suggested priority actions

The recommendations in this paper identify a number of critical ways to advance and support the Aboriginal and Torres Strait Islander Health Worker profession. Change will occur as a result of specific responses to the proposals by key players in the health industry. The following are the priority actions that can be taken.

- The National Rural Health Alliance will actively support the unique role of Aboriginal and Torres Strait Islander Health Workers and promote recognition of their importance as key parts of the multi-disciplinary health team, especially in rural and remote areas.
- The National Rural Health Alliance and other peak bodies will lobby SCATSIH to monitor consistency in new and existing Aboriginal and Torres Strait Islander Health Worker career structures in the various states and territories, to ensure that mutual recognition requirements can be met across all jurisdictional borders.
- National, state and territory education and health authorities should commit to funding for the introduction of the new national competency standards to Aboriginal and Torres Strait Islander Health Worker courses as soon as the standards are completed.

- Funded health service organisations (whether national, state or territory funded) should be required, as part of the requisite performance measures negotiated under their funding arrangements, to provide specific professional development opportunities for Aboriginal and Torres Strait Islander Health Workers employed by their organisations.
- The National Rural Health Alliance and other peak bodies will lobby national, state and territory health authorities, through AHMAC, to provide national statutory registration for Aboriginal and Torres Strait Islander Health Workers. Failing that, if the regulation/registration of Aboriginal and Torres Strait Islander Health Workers is state- or territory-based rather than national, there must be uniform requirements for both general and specialist registration. In the event of state/territory registration boards being established, where the numbers of Aboriginal and Torres Strait Islander Health Workers are too small to justify a registration board in any particular state/territory, then health authorities from that state/territory should look at the feasibility of combining with a larger state/territory to arrange for registration of their graduate Aboriginal and Torres Strait Islander Health Workers, based on an agreed level of funding for this service in line with utilisation. This will ensure that no Aboriginal and Torres Strait Islander Health Workers are disadvantaged by small workforce numbers in any state or territory.
- The National Rural Health Alliance and other peak bodies will lobby SCATSIH to support the establishment of a national Aboriginal and Torres Strait Islander Health Worker organisation, which is independent of all other peak bodies, within 12 months.
- The National Rural Health Alliance will lobby the Australian government through AHMAC and the Office for Aboriginal and Torres Strait Islander Health (OATSIH), to provide funding within 12 months for the establishment and maintenance of the national Aboriginal and Torres Strait Islander Health Worker professional organisation, and for it to be in line with the support provided to the Indigenous doctors' and nurses' professional organisations, and in accord with the objectives of the national workforce framework.
- The National Rural Health Alliance and other peak bodies will lobby state and territory governments, through SCATSIH, to provide the industry with public accounts of the studies carried out on the feasibility of establishing state- and territory-based Aboriginal and Torres Strait Islander Health Worker professional organisations.
- National, state and territory government funders of primary health care services to Indigenous Australians will be asked to commit to wages and conditions for Aboriginal and Torres Strait Islander Health Workers that are in line with qualifications and experience; this should form part of the performance indicators of these health services, with public reporting on these issues.
- NACCHO should be supported to enable it to play a key role in monitoring and reporting on the wages and conditions of Aboriginal and Torres Strait

Islander Health Workers in community-controlled services, to ensure that they are commensurate with experience and skill level, and that incentives offered to other health professionals are available to Aboriginal and Torres Strait Islander Health Workers in these settings.

- The National Rural Health Alliance and other peak bodies will lobby VET sector organisations and universities to ensure that all health science students and health science academics are informed of the key role of Aboriginal and Torres Strait Islander Health Workers, especially within the multi-disciplinary health team context, in delivering services to Indigenous Australians. This could be included in cross-cultural awareness training on Indigenous issues and should be mandatory.
- Registered training organisations, VET sector organisations and universities should provide information to all health science students and health science academics on the community- and culture-based responsibilities of Aboriginal and Torres Strait Islander Health Workers as a part of cross-cultural awareness training on Indigenous issues.
- The peak medical and pharmacy bodies such as the Australian Medical Association, Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine, Rural Doctors Association and the Pharmaceutical Society of Australia should promote the key role of Aboriginal and Torres Strait Islander Health Workers in delivering services to Indigenous Australians to their members, especially those in rural and remote areas. This is a key priority given that many Indigenous people are reluctant to access general practitioner services and community pharmacies where there are no Indigenous health professionals, and many Indigenous people are more comfortable seeing an Aboriginal and Torres Strait Islander Health Worker as their first contact point in primary health care settings.
- The National Rural Health Alliance and NACCHO will lobby state and territory health departments to request that all Area Health Services adopt Indigenous cultural safety as a key performance indicator to be measured through, for example, collection of data on access to Indigenous health professionals (inclusive) per Indigenous patient encounters, covering all sectors of the health industry. This proposal is based on the evidence that Indigenous health professionals (inclusive) are under-represented in the health workforce and that Aboriginal and Torres Strait Islander peoples are over-represented in health service utilisation, especially hospital presentations.⁴¹

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Acronyms and abbreviations

ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Service
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AMSANT	Aboriginal Medical Services Alliance Northern Territory
AQF	Australian Qualification Framework
ARIA	Accessibility/Remoteness Index of Australia
CARPA	Central Australian Rural Practitioners Association
EPC	enhanced primary care
ISC	Community Services and Health Industry Skills Council
MAHS	More Allied Health Services Program
NACCHO	National Aboriginal Community Controlled Health Organisation
NSW	New South Wales
NT	Northern Territory
OATSIH	Office for Aboriginal and Torres Strait Islander Health
RANs	remote area nurses
SA	South Australia
SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health
VET	vocational education and training
VIC	Victoria
WA	Western Australia

Attachment A From the Health Insurance Commission: the roles and functions of an Aboriginal Health Worker

The functions to be undertaken include the following. To be eligible for incentive payments Aboriginal and Torres Strait Islander Health Workers must undertake functions from within this range during the minimum employment period.

1. Community capacity building—building the knowledge, skills and networks of individuals and communities to enable them to take better care of their own health:
 - network building
 - health promotion, information and education
 - specific programs
 - community development
 - self-care
 - promoting cultural awareness for allied health professionals
 - delivering counselling
 - responding to community emergencies
 - managing environmental health care.
2. Managing:
 - advocating for the rights and needs of individuals and families;
 - implementing disaster plans
 - managing projects
 - developing policy
 - demonstrating safe work practices
 - supervising teams
 - supervising individual worker
 - providing informal training.
3. Researching:
 - developing, evaluating, amending and maintaining the community health profile
 - using information collected on the community's health as the basis for further research and decision making regarding health care service delivery.

4. Sustaining the Aboriginal Health Service by contributing to better management of human and material resources:
 - on-the-job training of health personnel
 - optimising the use of professional resources
 - building the Aboriginal Community Controlled Health Services (ACCHS) capacity.
5. Managing a therapeutic environment—assisting ACCHS to meet relevant standards and legislative requirements within resource constraints through:
 - records management
 - occupational health and safety.
6. Co-ordinating services:
 - networking with other services
 - encouraging mainstream services to meet their obligations to Aboriginal clients and prospective clients
 - integrating service delivery
 - planning and management of care
 - providing information and feedback between the services, patients and ACCHS.
7. Improving population health outcomes by participating in:
 - screening
 - immunising
 - patient recall and education.

Source: *Practice Incentives Program, Practice Nurse Incentive, Incentive Guidelines for employing an Aboriginal health worker.*⁴² Australian Government Health Insurance Commission.

<www.hic.gov.au/providers/resources/incentives_allowances/pip/indigenous_guidelines.pdf>
last updated May 2004 (accessed 15 August 2005).

Notes

- 1 Filerman G (2000). *NIS/US Health Workforce Planning 2000*. American International Health Alliance Association of Academic Health Centers.
- 2 Within the context of this paper the title Aboriginal and Torres Strait Islander Health Worker covers Health Workers of Aboriginal, Torres Strait Islander, and combined Aboriginal and Torres Strait Islander background. The title Aboriginal and Torres Strait Islander Health Worker is used as it is inclusive of all Indigenous Australian persons employed within this workforce category, although a number of other titles are commonly used in the industry including: Aboriginal Health Worker, Torres Strait Islander Health Worker, Islander Health Worker, Health Worker, Indigenous Health Worker.
- 3 The term Indigenous when used in this document refers to the original inhabitants of Australia i.e. all first nation Aboriginal peoples (inclusive) and Torres Strait Islander people. The term acknowledges the diversity of the Aboriginal peoples of Australia in language, culture and place of origin; and that the term Aboriginal incorporates a range of region-specific identities e.g. Koori, Murri, Anangu. It is also acknowledges that Torres Strait Islander people too have more specific identities that relate to language and place. When referring to Australia's first peoples the adjective is always capitalised.
- 4 Australian Institute of Health and Welfare (AIHW) (2003). *Health and Community Services Labour Force 2001*, Canberra.
- 5 Australian Bureau of Statistics (ABS) (2002). *2001 Census: Further analysis of Aboriginal and Torres Strait Islander population distribution*. 4705.0. Canberra. <www.abs.gov.au/ausstats/ABS@nsf/e8ae5488b598839cca25682000131612/14e7a4a075d53a6cca2569450007e46c!OpenDocument> accessed 31 January 2006.
- 6 ABS (2003a). *Australian demographic statistics*. ABS Cat. No. 3101.0. Canberra.
- 7 ABS (2002). *2001 Census of population and housing*. Canberra.
- 8 Aboriginal and Torres Strait Islander Commission (2001). *Community, Housing and Infrastructure Needs Survey 2001*. Unpublished. Canberra.
- 9 The AIHW defines a discrete Indigenous community as a geographic location, bounded by physical or cadastral (legal) boundaries and inhabited or intended to be inhabited predominantly (i.e. greater than 50% of usual residents) by Aboriginal or Torres Strait Islander residents, with housing or infrastructure that is managed on a community basis.
- 10 The *Health and Community Services Labour Force 2001* report is the second in the National Health Labour Force Series No. 27. It was jointly published by the AIHW and the ABS in 2003. The series presents health and community services workforce data from the ABS Census of Population and Housing. The AIHW advises that the 2003 document provides the latest data available on the national health and community services workforce, the next publication in the series is due following the 2006 census.

- 11 Feedback from ISC on the public consultation draft of the position paper.
- 12 The AIHW cautions that this is likely to be an underestimation of Aboriginal and Torres Strait Islander people enrolled and qualified.
- 13 AIHW (2004). National Summary of the 2001 and 2002 Jurisdictional Reports Against the Aboriginal and Torres Strait Islander Health Performance Indicators. Cat. no. IHW 12 Canberra. Quoted in Determinants of Health Access to Services Indicator, Community Services and Health Industry Skills Report, May 2005, available from <www.cshisc.com.au>.
- 14 Curtin Indigenous Research Centre, Centre for Educational Research and Evaluation Consortium and Jojara & Associates (2000). *Training Re-Visions. A National Review of Aboriginal and Torres Strait Islander Health Worker Training*. A report to the Office of Aboriginal and Torres Strait Islander Health, Department of Health and Aged Care. Canberra.
- 15 Tsey K (1996). Aboriginal health workers: agents of change? (Editorial). *Australian and New Zealand Journal of Public Health*. 20 (3).
- 16 Tregenza J and Abbott K (1995). *Rhetoric and Reality. Perceptions of the Roles of Aboriginal Health Workers in Central Australia*. Central Australian Aboriginal Congress. Alice Springs.
- 17 With regard to the role of Aboriginal and Torres Strait Islander Health Workers in general practice, the Qld Division of General Practice Annual Report 2002–2003 notes that, although traditionally Aboriginal and Torres Strait Islander Health Workers have been found in community-controlled health centres, they have much to offer general practice. The report provides a case study of an Aboriginal and Torres Strait Islander Health Worker working in a Qld rural general practice.
- 18 Councillor H (2003). *Aboriginal Health Workers Making a Difference*. Keynote address: 4th National Aboriginal Health and Islander Health Worker Conference. Adelaide.
- 19 National Aboriginal Health Strategy Working Party (1989). *A National Aboriginal Health Strategy*. Commonwealth of Australia. Canberra.
- 20 Australian Health Ministers' Advisory Council's Standing Committee on Aboriginal and Torres Strait Islander Health Working Party (2004). *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health*. Department of Health. South Australia.
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<www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-mahs> accessed 23 August 2005.
- 22 Standing Committee on Aboriginal and Torres Strait Islander Health (2002). *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework*. Australian Health Ministers' Advisory Council. Canberra.
- 23 Collison N (2004).
<www.healthinonet.ecu.edu.au/html_bulletin/bull_44/current_topics/bulletin_ctopics_healthworkers.htm> accessed 8 August 2005.

- 24 Harrison N (2000). *Aboriginal Health Worker Training in the Northern Territory. Literature Review*. Office for Aboriginal and Torres Strait Islander Health, Darwin.
- 25 Community Services and Health Industry Skills Council (2006). *Aboriginal and Torres Strait Islander Health Worker National Competency Standards and Qualifications Project*. <www.cshisc.com.au> accessed 20 April 2006.
- 26 Aboriginal and Torres Strait Islander Health Workforce Working Group (2004). *ATSIHWWG Annual Report 2002–2003. A report on the implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework*. Australian Government Department of Health and Ageing. Canberra.
- 27 The NT has customised the existing competencies to ensure they reflect the high levels of clinical work undertaken by Aboriginal and Torres Strait Islander Health Workers in the NT. The customised competencies ensure that registration requirements are met. In order to receive a qualification, the NT requires completion of a higher number of competencies than is the case in other states (source: AMSANT March 2006).
- 28 NT Government (undated). <www.nt.gov.au/health/careers/factsheets/FactSheet_AbHealthWorker.pdf> accessed 18 September 2005.
- 29 Batchelor Institute of Indigenous Tertiary Education website: <www.batchelor.edu.au/index.html> accessed 17 September 2005.
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