

Workforce issues in Aboriginal community-controlled health services

Dea Delaney-Thiele, National Aboriginal Community Controlled Health Organisation

FACILITATOR: Our first speaker is Dea Delaney-Thiele who is currently CEO of NACCHO. Dea has worked in Aboriginal Health for the past 15 years at local, state and national levels and Dea will be talking about workforce issues in Aboriginal community-controlled health services.

DEA DELANEY-THIELE: Thanks, Joseph. Good morning everybody. Everybody looks a bit sleepy out there. Anyway, I've only got 20 minutes. I do have a lot of information here to get through, but when Joseph gives the wrap-up, I'll move towards the end. So, first I would like to acknowledge the Arrernte peoples, the traditional owners of the land in which I speak today. I'd also like to thank the National Rural Health Alliance for inviting NACCHO to speak about workforce issues which is clearly a vital policy area for further development and expansion to improve the health status of Aboriginal people.

Today I'll provide you with an overview on some of the key elements in workforce development at the national level, which are currently under way and impact on our sector. First I would like to probably provide you with a snapshot of our sector, then I'll talk briefly about NACCHO workforce network, the Workforce Issues Policy Officers, which we refer to as "WIPOs", then the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework.

Then I'll spend some time talking about Aboriginal health workers, maybe the review of the Aboriginal health worker competencies and hopefully I'll get to the Aboriginal Registered Training Organisations and the regional centre networks who deliver training to Aboriginal health workers. Then I may not or may have time to talk to you about the GP network. If I don't, we do have a website and you can also send emails if you've got any questions it. And then finally a word on governance and management development support within our sector.

So, by way of introduction, NACCHO represents a sector that is the single largest non-government employer of Aboriginal and Torres Strait Islander peoples in Australia, indicating that we have a viable, sustainable and proven employment strategy for Aboriginal people, which is also a culturally safe environment. This slide provides an overview of the health staff employed in our services.

There are now currently 134 NACCHO member services; however, this graph is drawn from 2001 Service Activity Reporting Data. Our services in that period provided 1.4 million episodes of health care, of which 90 per cent of them were delivered to Aboriginal and Torres Strait Islander people, which are twice that, provided by general practice. That's based on Beech data as well.

In summary, green represents the amount of Aboriginal and Torres Strait Islander employees; orange represents the level of non-Aboriginal employees and what this slide doesn't show is that over 90 per cent of non-health staff working in our services is also Aboriginal. NACCHO's workforce priorities are about improving employment opportunities for Aboriginal people in our services, improving the quality of the Health workforce across the board to ensure culturally appropriate quality care and improved health outcomes for Aboriginal people.

Aboriginal health workers are the backbone of our sector. They are by far the largest workforce group in the Aboriginal community-controlled health sector. There are a diverse range of roles that Aboriginal health workers undertake. Currently, there are different training options and courses available for them across Australia and it can be difficult for employers to clearly determine the range of skills that a person may have if they are unaware of the particular course that the worker undertook.

Because of the need for more clarity regarding the role of the Aboriginal health worker, NACCHO has dedicated resources to the national review of the Aboriginal health worker competencies and has also provided support and assistance to the technical writing team who are working on the finer details of the competencies to make sure that they meet the needs of our sector.

NACCHO is hoping that this vital process – this process will help to define the Aboriginal health worker/practitioner role as well as clearly articulate the other vital roles that are undertaken by Aboriginal health workers such as social and emotional well-being workers, drug and alcohol workers, youth workers, cultural liaison officers, etcetera.

In 1996, when the Aboriginal Health Portfolio was transferred from ATSIC to the Commonwealth Department of Health, there was recognition of the need to increase the capacity of the sector to be proactive in the area of workforce development. To address the identified need, a national program was developed, consisting of a policy officer in each NACCHO State and Territory affiliate and originally with a funded national co-ordinator situated in the NACCHO Secretariat.

The network meets twice a year to address and progress common workforce issues and share information. At the national level, the Workforce Issues Policy Officers (WIPOs) Network is the only national network that we have in place. It's an overwhelming advantage for the policy officer at the national level to have such well developed links with our affiliates and through them, other key stakeholders. So although NACCHO no longer receives dedicated funding to co-ordinate the network at the national level, the NACCHO Board made a conscious decision to continue to fulfil that role because of the clear need for the national workforce focus and to maintain continuity and advocacy with other agencies.

The WIPOs are integral to the successful implementation of the workforce strategic framework, which we'll discuss a little bit later, and if governments were serious about building the capacity of our sector, they would establish similar networks for many other areas of health. We know that this model works, it provides support and infrastructure to allow the strategic linkages and partnerships with other organisations. It allows for strategic planning and is a sustainable – and is sustainable.

The WIPO's program was refocused in 2002 with the endorsement of the Aboriginal and Torres Strait Island Health Workforce National Strategic Framework, more commonly known as the Workforce Strategic Framework. It's a five to ten year reform agenda to build a more competent health workforce for our Aboriginal and Torres Strait Islander health workers and it was also endorsed by AHMAC, that's the Aboriginal Health Minister's Advisory Council, in May 2002.

So, just briefly, the aim of that strategic framework is to transform and consolidate workforce, develop clinical, management, community development and cultural skills and support workforce through appropriate training, supply, recruitment and retention strategies. The Aboriginal and Torres Strait Island Health Workforce Working Group, which we refer to as ATSIWG – all these acronyms, was established by AHMAC in 2002. NACCHO has membership on the working group. The group's role is to oversee the national level

implementation of the strategic framework and to ensure effective national level co-ordination of workforce policies and activities.

This recent – this report provides information on the implementation of the Workforce Strategic Framework. What this has meant for our sector is that we are integrally involved in the planning of workforce initiatives at all levels. NACCHO is able to influence policy directions at the national level base on the data and evidence provided by our State and Territory affiliates. Our affiliates are able to influence the policy directions in their own jurisdictions.

The strategies the working group are addressing are as follows: Recognition that the terms Aboriginal health worker and Torres Strait Islander health worker should be restricted to Aboriginal and Torres Strait Islander people holding industry recognised health worker qualifications. Training should be delivered in context with the Australian quality training framework and endorsement of Aboriginal health worker vocational system, development of competency based training framework.

Development of vet sector industry plans to recognise the importance of supporting existing effective training, Department of Health and Ageing to work with ANTA and I don't know what's going to happen with that now, but this is how it was then, and State training authorities and our sector to explore systems of accreditation of RTOs. And Community Services Health Training Australia, which is now CSHISC, yeah, that's a big long one, isn't it, that's basically the Community Services and Health Industries Skills Council, but I knew you already – all knew that. They're developing the National Competency Standards. Commonwealth and State Co-ordination of funding for Aboriginal health worker, training and support.

The WIPOs, which I mentioned previously, in every State and Territory, assisted in the establishment of State and Territory based working groups which drew together State and Commonwealth Government Departments, as well as relevant NGOs to develop an implementation plan for the framework. In most jurisdictions, this work was completed last year and each State and the Northern Territory have identified the priority areas for the Aboriginal Health workforce for their jurisdiction and detailed project plans are currently being developed, some are completed, to ensure that the priorities are met.

The purpose of this project is to develop new national qualifications for Aboriginal Health workers and Torres Strait Islander Health workers. The outcomes of the project are to be consistent with strategy 11 of the Health Workforce National Strategic Framework. We refer to it as the “yellow book”. In terms of an overview of project structures, various bodies, groups are in place to drive the project. There is an executive partnership between CSHISC, or OATSIH, which is the office of Aboriginal and Torres Strait Islander Health, NACCHO and the structure facilitates CSHISC, the National Industry Training Advisory Board, ITAB, to manage the project.

The project steering committee has representatives from all stakeholder groups across Australia, including OATSIH and NACCHO. It is required to have CSHISC on the development of the project plan and its milestones. The purpose of the review is to renew the competency standards, identify and address gaps with existing standards, meet gaps with new units, define the role of the Aboriginal health care worker, ensure flexibility to accommodate local needs, ensure health worker training is part of the VET system, access training dollars and articulation into other VET and tertiary sector qualifications.

This is how it actually sort of looks. It's pretty technical. This diagram depicts the qualification structure proposed to underpin the wide range of roles of Aboriginal and/or Torres Strait

Islander Health workers in providing primary health care services to Aboriginal and/or Torres Strait Islander clients and communities.

Certificates 2 and 3 in the primary health care practice proposed qualifications include a broad-base of knowledge and skills required for supervised work in the health industry, specifically with Aboriginal and/or Torres Strait Islander communities. These qualifications are seen as providing a solid foundation and common ground for the diverse range of Aboriginal and Torres Strait Islander Health worker roles.

A range of options are available at Cert 4 level. From Cert 4 level, the proposed qualification structure has two pathways. One pathway is for Aboriginal and/or Torres Strait Island Health Workers that requires competencies with a strong focus on clinical work on the left. This pathway has been structured to provide a solid foundation in primary health care with a strong clinical basis that will enable workers to function independently. A strong basis of core clinical competencies that will support the development of more advanced skills for roles in clinical care delivery, generalist and/or specialist, management and education. The other pathway supports work with a less clinical focus, that's on the right. This pathway is currently being further developed.

A part of the NACCHO approach to the long-term support and advancement of the professional role of Aboriginal Health workers is to provide support to our members who are currently registered training organisations, or Registered Training Organisations (RTOs) delivering training. All of the RTOs are delivering some level of Aboriginal Health worker training. There are RTOs in remote locations, eg, Nganampa Health Council and Ngaanyatjarra Health Service, in Central Australia, delivering training to community people so that they can receive the same level and quality of training as their counterparts in urban and rural locations, without having to leave their communities.

Interestingly, though, we have RTOs in every capital city in Australia except for WA where you have a large training centre situated in the Kimberley. I told you there's a lot of information here. The reason I mention this is because AMSs have set themselves up to be training providers because of the overwhelming need to provide culturally appropriate and relevant training to Aboriginal people who work within our sector.

What's happened in the past is that we employ graduates of VET sector courses delivered by mainstream that have not got all the many and varied skills required for working within our sector. Thus, additional resources have had to be developed to provide the additional support and training required to enable individuals to work competently and effectively within our services. In times when the Government is again talking of mainstreaming Aboriginal Services, we have had to develop not only our own courses, but in fact entire training units to meet Aboriginal people's needs.

Thus it is through our own training providers we can provide support and culturally appropriate and relevant education for our people. The retention and completion rate tells the story, yet as with so many Aboriginal community-controlled initiatives, they are struggling to receive adequate funding to provide quality education for our communities.

Because of the many structural barriers that these RTOs come up against, NACCHO has developed a structured support network for the RTOs to assist them in lobbying mainstream government departments for resources, as well as progressing national policy initiatives. The network, although in its infancy, has already assisted many of the RTOs with information sharing of resource materials and course curricula.

I am pleased to say that the Commonwealth Department of Health and Ageing, through OATSIH, has recently advised that they will support this network and we hope that the network will be formally commenced within the next two months. In addition to the RTOs that provide education and training to Aboriginal Health workers, there is also another network which focuses on the area of mental health and social, emotional and spiritual well-being, which are also known as Regional Centres (RC's)

The initial funding RC's was provided in 1997 as a result of recommendations in the 1995 "Ways forward" Report by Pat Swan and Beverley Raphael by the Commonwealth Department of Health. This network was expanded through further recommendations and funding from the 1997 "Bringing Them Home" Report. The primary goal of those regional centres is to develop capacity through the provision of training and professional support to Aboriginal people working in the mental health, emotional and social – spiritual well-being domain, with an emphasis on, but not limited to providing easier access to support and training for workers within our services.

Regional centre programs offer support and training to Aboriginal health workers and counsellors as well as programs to support community members in responding to community issues such as suicide, grief and loss and other mental health and social, emotional well-being issues. Four common objectives are development of information systems to clarify the level of emotional and social well-being need in the region to inform the operations of regional centres; provision of personal and professional support to the health worker in the areas of social, emotional well-being; development of courses and/or adoption of courses and/or delivery of training and/or purchasing or contracting training and/or supporting, influencing or advocating for other agencies to meet training needs. So they do a lot.

Also develop appropriate cross-sector linkages and inter-agency co-operation. Flexibility of this program enables the regional centres to develop and deliver programs that meet the needs of the region. It has meant that some regional centres have developed courses, such as Redfern AMS, VACCHO, that's our Victorian affiliate and Nunkuwarrin Yunti in Adelaide where others have focused on service delivery such as Danila Dilba and Congress here in the NT.

The GP network is another relatively new network which has been evolving over the past couple of years. Last year, NACCHO received a small grant from the Commonwealth Department of Health and Ageing through RACGP to develop the web based network predominantly, but not exclusively for GPs. In summary, the web based network enables information, interactions for GPs and GP registrars working in our services. It also provides a primary source of information for self-discovery of opportunities for interested GPs and GP registrars.

It also provides an outlet for the marketing and advantages and benefits of communities and their Aboriginal community-controlled health services. It also provides a source of directories to facilitate practical inter sectoral collaboration, dialogue and advice. It builds a cumulative asset of topics of interest and questions, discussions and answers, it facilitates options for professional development, facilitates professional networking, enhances communications between medical and health worker practitioners and distant specialists and allied health practitioners, potential recruitment and locum linkages.

Another area that we've been looking at is governance and management which is no doubt a key concern for all of us working in the area of health and well-being. I'm sure you'd agree that it is essential to ensuring all levels of service delivery operate effectively. It's an area which our sector has managed on a shoe string budget since the establishment of the sector in the 1970s. For those that are not aware, AMSs are governed by voluntary boards who are elected

members of the local Aboriginal community. These boards provide the direction for our organisations which is fed out through the structures at the local State and national level.

In summary, there are a range of workforce initiatives we are currently engaged in and many more we don't yet have the resource capacity to target. We know what's required, we understand the needs of our sector in order to improve the health of Aboriginal people. We also know that we can't make all the changes needed by ourselves and welcome the support of other organisations who understand our need to work in equal partnership, such as the National Rural Health Alliance, the Royal Australian College of General Practitioners, the AMA, ADGP, the RDAA and so many other non-government organisations which I don't have time to mention.

If you'd like further information, please don't hesitate to view the NACCHO website or ring our Canberra office and thank you for your time today.