



NACCHO

National Aboriginal Community Controlled Health Organisation

Submission Response

Forrest Review, Creating Parity

September, 2014

Aboriginal health in Aboriginal hands | www.naccho.org.au

Stay connected, engaged and informed with NACCHO     www.naccho.org.au/connect



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

NACCHO Response - Forrest Review, Creating Parity

September, 20 2014

National Community Controlled Health Organisation, London Circuit, Canberra
P.O. Box 5120, Braddon, ACT 2612

Contact:

Ms Lisa Briggs – NACCHO Chief Executive Officer

Email: ceo@naccho.org.au

Ph: 02- 6246 9307

Introduction

- a) The National Aboriginal Community Controlled Health Organisation (NACCHO) welcomes the opportunity to provide a response to the *Forrest Review: Creating Parity* (the Review) and its high level focus on critical issues affecting Aboriginal communities today in health, education and employment.
- b) NACCHO is the national authority on Aboriginal Comprehensive Primary Health Care, representing over 150 Aboriginal Community Controlled Health Services across the country on Aboriginal health and wellbeing issues.
- c) The organisation promotes a holistic approach to understanding health, which is influenced by non-health variables, including social, cultural, educational and economic factors. NACCHO also recognises the significant role of other peak Indigenous and non-Indigenous health and human rights organisations with expertise on these issues.
- d) NACCHO is generally supportive of the focus of the Review's recommendations on the importance of investment in prenatal, early childhood and education and building employer demand (*Chapters 1 and 7*).¹
- e) However, NACCHO finds the Review lacking in key areas, and encourages the Government's subsequent response to demonstrate greater consideration of the following:
 - i) The systemic and infrastructural barriers to achieving good health and workforce participation, with reference to geographic differences;
 - ii) the fundamental role of the Aboriginal Community Controlled Health Services (ACCHS) sector in addressing the critical issues raised; and
 - iii) the lack of focus and ongoing funding on health preventative programs and initiatives, particularly those delivered through National Partnership Arrangements.

¹ Commonwealth of Australia. 2014. *The Forrest Review: Creating Parity*.

1. Barriers to Workforce Participation

The Review acknowledges that Aboriginal and Torres Strait Islander people generally have lower rates of employment than other Australians. This in turn contributes to a range of social and economic challenges which have resulted in significant inequalities. However it does not go far enough in acknowledging how a variety of factors influence employment participation rates and health indicators.

There is significant evidence to demonstrate that many Aboriginal and Torres Strait Islander people face contextual barriers to finding and sustaining employment, including: ill health and disability; lower levels of education attainment; location in areas with limited labour markets; impacts of incarceration; and racial discrimination. These factors must be considered when developing a practical response to issues of engagement with health, education and employment.²

Infrastructural and funding barriers that influence this current situation are relevant to the discussion. For example, the decision to discontinue funding for the *Indigenous Tutorial Assistance Scheme* at Flinders University, which supported successful educational progress and the considerable costs associated with education and training in the Aboriginal Health sector (up to \$50,000). Barriers such as this will continue to exist if these issues are not addressed.

On a practical level, ACCHS recognise these factors and play a central role in addressing religious, cultural, spiritual and social needs through the provision of culturally appropriate Comprehensive Primary Health Care that is specific to the complex health and wellbeing needs of their communities.

In addition, ACCHS are the main source of employment in many communities, particularly in remote and very remote communities, on traditional Country, employing an estimated 5829 workers, of which 55 per cent are of Aboriginal and Torres Strait Islander descent. Employment with ACCHS is longer-term comparative to employment in the resources and construction sector.

Employment with ACCHS boosts education levels with onsite training and genuine career paths in skilled occupations. ACCHS staff are relatively highly educated and skilled, many with several tertiary qualifications.

ACCHS have experienced a growth in demand for staff in the order of 6.3% annually for the last few years this is much greater than demand for staff by mainstream health services.³ However an ongoing uncertainty exists around the future of ACCHS is having a negative impact on the existing workforce and the ability to recruit and retain appropriate medical staff to organisations and guarantee the continuity of service provision to patients. This is also an issue that requires consideration to addressing workforce participation.

² AIHW. 2012. *Increasing Indigenous Employment Rates*, Issues paper no. 3.

³ NACCHO. 2014. *Investing in Aboriginal Community Controlled Health: Makes Economic Sense*.

2. Prenatal, Early Childhood and Education

NACCHO agrees with the position of the Review that the early years are critical to achieving better education outcomes and getting children into school. Child development is a determinant of health, wellbeing and learning skills and therefore critical for our nation's progress.⁴

However, achieving gains in this area is endangered through the uncertainty of funding associated with the National Partnership Agreement on Indigenous Early Childhood Development.

This will have significant impact for Aboriginal-specific programmes aimed at improving prenatal and maternal health, such as the *New Directions: Mothers and Babies Services* program. This program increases access to, and use of, child and maternal health services in antenatal care; provide a standard information about baby care; practical advice and assistance with breast-feeding, nutrition and parenting; monitoring of developmental milestones, immunisation status and infections; and health checks for children before starting school.

Ear health continues to be a public health issue in early childhood having a significant impact on educational outcomes. There is a need for ongoing funding for a systematic approach to early identification and management of ear disease in Aboriginal primary health care.

ACCHS provide valuable maternal health services and have the potential to contribute to effective child health care. The areas of greatest strength in maternal and child health service provision are in facilitating access and in health promotion. Even in areas with limited or no capacity, there is an emphasis on cultivating a learning culture, offering a high standard of child health care and integration and referral within and externally for maternal health.⁵

By way of an example, the community-controlled Townsville Aboriginal and Islander Health Service provides an integrated model of antenatal shared care through its Mums and Babies program. Research demonstrates that engagement with the shared antenatal care services provided increased access to antenatal care and was associated with fewer preterm births amongst Indigenous women in Townsville.⁶

Greater investment in the basic infrastructure necessary to deliver services, that is the space, funding and partnerships with other health services, is directly translated into improved quality of service provision.⁷

Strengthening the ACCHS workforce to effectively respond to mental health and social and emotional wellbeing issues is crucial to the success of initiatives to promote infant and child health, with subsequent benefits for school attendance and increased workforce participation.

⁴ AIHW. 2014. *Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia*. Issues paper no. 8.

⁵ Ibid.

⁶ K Paranelto et al. 2005. *Impact of a collaborative shared antenatal care program for urban Indigenous women: a perspective cohort study*. Medical Journal of Australia. 182:10.

⁷ A. Larsen et al. 2010. *Aboriginal Maternal and Child Project Strengths and Needs Analysis*. Combined Universities Centre for Rural Health and the Aboriginal Health Council of Western Australia.

3. Building Employer Demand

The Review found that existing employment services, labour market programs and vocational education providers are not meeting the needs of Aboriginal and Torres Strait Islander people, and that outcomes for disadvantaged job seekers are particularly poor.⁸ The Review also notes that to be effective, employment and vocational training services need to be more closely aligned to employer and industry demand.

Aboriginal and Torres Strait Islander people are under-represented in the health workforce, including professional positions such as nursing, medical practice, allied health professionals, dental, pharmacy and optical.⁹ Evidence also shows that increasing the Aboriginal health workforce is fundamental to closing the gap in Aboriginal and Torres Strait Islander life expectancy.¹⁰

ACCHS provide a solution to two critical issues highlighted in the Review:

- addressing health and life expectancy of Aboriginal and Torres Strait Islander people; and
- sustainable employment of Aboriginal and Torres Strait Islander people.

However, the 150 ACCHS across Australia routinely experience workforce shortages including prolonged vacancies, and an increasing demand for new staff. For example, the *Aboriginal and Torres Strait Islander Health Services Report* found that nearly two thirds of ACCHS reported having one or more staff vacancies at 30th June 2011.¹¹

NACCHO is developing a practical response to this failure in the market, which engages with the Government's stated objective to "boost Indigenous employment and support Indigenous Australians to get ahead"¹² and addresses many of the drivers for change highlighted in the Review.¹³

NACCHO, its Affiliates and 150 members are in a unique position to offer employment to Aboriginal and Torres Strait Islander job seekers by matching them to current vacancies and workforce gaps in ACCHS across Australia. Support would be sought from a relevant Job Service agency, Vocational Training and Employment Centre or training provider to match participants with opportunities.

Employment opportunities would be made available in health, administration, corporate services and other work areas; offered at a range of skill levels including: professional, para-professional, management, support, and front of house and located across Australia including in very remote, remote, outer regional, inner regional and major cities.

A model such as this builds an employer driven demand approach, an accessible system that is easy to navigate for both employers and job seekers, identifies and prepares job-seekers through relevant training activities and supports them into 'real' jobs at the end of their training or once they obtain a qualification.

⁸ Commonwealth of Australia. 2014. *The Forrest Review: Creating Parity*.

⁹ AIHW. 2014. *Aboriginal and Torres Strait Islander health Organisations Online Services Report: Key Results 2012/2013*.

¹⁰ Mason J. 2014. *Review of Australian Government Workforce Programs*.

¹¹ NACCHO. 2014. *Submission to the Indigenous Jobs and Training Review*.

¹² See <http://indigenousjobsandtrainingreview.dpmc.gov.au/about>

¹³ Commonwealth of Australia. 2014. *The Forrest Review: Creating Parity*.

4. Recommendations

- NACCHO advocates considering the recommendations of the report with a broader lens that acknowledges the interconnection between social, cultural, health, education and economic factors that influence health, education and workforce participation.
- NACCHO recommends investing further in ACCHS and recognising these organisations are a driver of productivity, the holistic approach to health and wellbeing delivers on improved social, cultural, health, education and economic outcomes in our Communities.
- As well as health and wellbeing, our initiatives support stronger families, improved school attendance, education and training pathways and community leadership.