

National AOD Workforce Development Strategy

Submission By: Indigenous Allied Health Australia

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Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy (2015-2018)

Indigenous Allied Health Australia Submission

Indigenous Allied Health Australia (IAHA) welcomes the opportunity to provide feedback on the Discussion Paper for the review and revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy 2015-2018.

IAHA is a national, community-controlled, not for profit, member-based Aboriginal and Torres Strait Islander allied health organisation. IAHA plays a significant role in supporting Aboriginal and Torres Strait Islander students, graduates, and the broader allied health workforce. IAHA assist in increasing the number of Aboriginal and Torres Strait Islander people working in allied health, across all roles and settings, contributing to a health system that is more holistic and culturally responsive to the needs of Aboriginal and Torres Strait Islander people, families, and communities.

Aboriginal and Torres Strait Islander allied health professionals are an important part of the health care system working across a range of different settings and sectors, including the AOD sector. IAHA is therefore supportive that *Aboriginal and Torres Strait Islander clients and workers remain high priority for WFD initiatives and resourcing*, as stated in the Discussion Paper, however, more can be done to support, grow and develop the Aboriginal and Torres Strait Islander AOD workforce.

The National Aboriginal and Torres Strait Islander Health Plan 2021-2031 prioritises the development of workplace environments that are culturally safe, responsive, and free of racism, assist in the recruitment and retention of Aboriginal and Torres Strait Islander people.¹

IAHA notes that the Discussion Paper identifies that improving cultural safety is a key consideration and to ensure this, and it is recommended that the AOD workforce is supported to undertake lifelong cultural safety learning, including dedicated training, to assist and support in the delivery of culturally safe AOD services. Cultural safety is central to Aboriginal and Torres Strait Islander people and their interactions with the health system, both as services users and essential members of the workforce, and should be the terminology reflected in the final strategy.

IAHA acknowledges that racism has been identified in the Discussion Paper, but notes that further commitment and action is required in eliminating racism within the AOD sector and more broadly the health care system. Racism has a substantial impact on the health and wellbeing of Aboriginal and Torres Strait Islander people.²

¹ <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031>

² <https://iaha.com.au/wp-content/uploads/2020/02/Racism-in-Health-Position-Statement.pdf>

It is recommended that specific initiatives and mechanisms are in place to recognise and respond to all forms of racism and its impacts, including systemic racism, in educational, training, and workplace environments.³ Increased capacity within the sector for understanding and responding effectively to trauma may also support efforts to address racism, while also improving the quality of care.

Further to supporting cultural safety and eliminating racism within the AOD sector, growing the Aboriginal and Torres Strait Islander workforce is key in improving outcomes for Aboriginal and Torres Strait Islander people.

IAHA notes that strengthening and streamlining culturally safe pathways can assist in the recruitment of Aboriginal and Torres Strait Islander people into the AOD sector.

As identified in the Discussion Paper, the AOD workforce, similarly to other workforces, are impacted with distribution issues particularly in rural, regional, and remote locations. IAHA suggests that ensuring that the AOD workforce can effectively deliver care in rural, regional, and remote locations, alternate and innovative models are required. As an example of an innovative approach to increasing the Aboriginal and Torres Strait Islander workforce is the IAHA National Aboriginal and Torres Strait Islander Health Academy program.

The IAHA National Academy is a model aimed at increasing Year 12 attainment and the opportunity to complete a Certificate III in Allied Health Assistance, whilst completing a school-based traineeship. It provides students with the exposure and experience in the health system, preparing them to enter the workforce, which can assist in increasing the AOD workforce.

Supportive traineeships, through which people are supported to obtain qualifications during their employment, is an approach which has demonstrated successes, and is a pathway which can overcome some of the challenges in accessing training, such as inequities in the social determinants of health, and family and other caring responsibilities.

Entering the workforce can be challenging for Aboriginal and Torres Strait Islander people, especially when additional barriers to employment exist. Human resources policies and procedures, such as requirements of police background checks may hinder someone in applying who may be suited for the role, particularly someone with lived experience.

Whilst recruitment is important, retention is key in contributing to a sustainable AOD workforce. Aboriginal and Torres Strait Islander AOD workers are often faced with heavy workloads, complex cases, chronic health conditions, staff shortages, lower wages, job instability and a range of other challenges.

It is also acknowledged in the Discussion Paper that the AOD workforce is aging, and that unless managed appropriately the introduction of mandatory minimum qualifications may result in increased or earlier loss of experienced workers, who may not have the capacity or desire to undertake formal qualifications, while also shrinking the pool of eligible people to enter the workforce.

³ <https://www.croakey.org/health-reform-building-a-collective-wish-list/>

It is important to recognise that Aboriginal and Torres Strait Islander people hold a wealth of cultural knowledge, skills, and experience, so identifying and addressing potential barriers to employment, and valuing these knowledges, can assist in developing a workforce which can respond to the holistic needs of communities. Likewise, empowering the existing workforce to bring their knowledges to their work, exercise appropriate autonomy, and to work in supportive, strengths-based, and culturally informed environments will support retention.

Models of care and ways of working which leverage the cultural knowledges of Aboriginal and Torres Strait Islander people, and which work with the cultural determinants of health to keep people well and strong, can provide better clinical outcomes and increase job satisfaction for the workforce. This might include greater uptake of approaches to healing, collaborating with individuals and their families, and on Country initiatives.

As stated in the discussion paper, "when working with Aboriginal and Torres Strait Islander peoples, TIC (trauma informed care) approaches should build on the strength of Indigenous families, communities, and knowledge, and encompass traditional concepts of social, emotional, cultural and spiritual wellbeing. Interventions should be holistic, community-led and culturally safe, and conducted with an understanding of intergenerational trauma."

Improving interdisciplinary education and awareness of AOD in the broader workforce can also support more holistic ways of working, overcoming some of the frustrations experienced by working 'in siloes' and different philosophies regarding AOD care (for example differences in health and justice contexts). While embedding AOD learning in curricula is beneficial, it needs to be culturally safe, as teaching practices and learning materials can contribute to increasing stigma, deficit narratives, and racism.

These relationships and knowledges can also place additional expectations or demands on the Aboriginal and Torres Strait Islander AOD workforce, which can compound issues experienced by the sector, including burnout and insufficient remuneration, and which need to be recognised and proactively addressed.

IAHA recommends initiatives that are targeting retention must be culturally responsive and empowering. Investment and resourcing of the AOD sector is required to tackle the challenges faced. Creating culturally safe formal and informal supports, cultural mentorship, and access to peer support, are all enablers in retaining the Aboriginal and Torres Strait Islander AOD workforce and need to be commonplace and widely accessible across the sector.

Further to this the Aboriginal and Torres Strait Islander AOD workforce must have access to culturally safe professional development, education, and training, including in areas such as self-care and trauma aware and healing informed care. Professional development must be flexible, to address the competing priorities of the workforce and community, with availability of back fill of positions to ensure continuity of AOD service delivery, and scholarships to alleviate the financial burden of professional development.

Supporting the existing Aboriginal and Torres Strait Islander AOD workforce in developing their knowledge and skills through culturally appropriate professional development can assist in career progression. Ultimately, building leadership within the workforce to lead the AOD sector into the future, and improving the outcomes of Aboriginal and Torres Strait Islander people. In future planning of the AOD workforce, IAHA strongly recommends that Aboriginal and Torres Strait Islander people are empowered to participate in meaningful planning, management, decision making and governance in the AOD sector at all levels, and to access formal leadership development opportunities in addition to informal or on-the-job learning.

IAHA welcome the review and revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy 2015-2018, and its possible contributions to strengthening the Aboriginal and Torres Strait Islander AOD workforce. IAHA would encourage the development process to include additional consultation with interested parties, including IAHA, to ensure the strategy is reflective of best practice in Aboriginal and Torres Strait Islander workforce development.

IAHA would be happy to be contacted with respect to any of the points identified in this submission, and can be contacted via Paul Gibson, Director of Policy and Research, on (02) 6285 1010.