


National AOD Workforce Development Strategy

**Submission By:
National Association of Aboriginal
and Torres Strait Islander Health
Workers and Practitioners
(NAATSIHWP)**

The views expressed in this submission are those of the individual/organisation who submitted it. Its publication does not imply any acceptance of, or agreement with, these views by NCETA or the Australian Government Department of Health.



This submission was prepared by the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP). In preparing this submission, NAATSIHWP acknowledges that while AOD practice does fall into the scope of some of our members, our ability to comment in depth on issues specific to the AOD sector is limited. We are reassured that this submission process is open to a broad range of stakeholders and encourage NCETA to further engage with subject matter experts on the areas that we believe fall out of our remit.

We welcome and thank NCETA for the opportunity to contribute to this process.

About NAATSIHWP

NAATSIHWP is a national peak workforce association committed to ensuring Australia's health care system meets the needs of Aboriginal and Torres Strait Islander people. We have been funded by the Australian Government since establishment in August 2009 to:

- › promote the prevention and control of disease and other health conditions in Aboriginal and Torres Strait Islander communities
- › improve the health outcomes of Aboriginal and Torres Strait Islander people
- › address the impacts of Aboriginal and Torres Strait Islander disadvantage and
- › address the under representation of Aboriginal and Torres Strait Islander people working within Australia's health care system.

We achieve this by:

- › delivering and collaborating on initiatives to ensure the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce is embedded as a vital, valued and professional component of Australia's health care system
- › recognising, addressing and promoting the social and cultural determinants of health
- › establishing and maintaining networks, partnerships and alliances with key government agencies, other Aboriginal and Torres Strait Islander organisations, researchers, academic institutions, and other national health bodies
- › participating in a range of key strategic initiatives to influence the design and delivery of policies, programs and services and
- › role modelling the benefits of community control, self-determination and implementing rights-based best practice principles and approaches.

A key part of our role involves directly supporting a growing national membership network of over 1100 Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. In this respect we:

- › support and promote policies to ensure the effective utilisation and professional integration of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce
- › provide support, training and resources to improve the prevention, diagnosis, treatment and management of disease and chronic health conditions
- › deliver professional development forums, conferences and symposiums
- › liaise with regulators, training authorities and employers to ensure the recruitment and retention of a skilled and competent workforce and
- › actively promote education and career pathways.

About Aboriginal and Torres Strait Islander Health Workers and Health Practitioners

Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are two distinct but related professions. Although definitions of the professions differ across the country NAATSIHWP defines:

- an ***Aboriginal and/or Torres Strait Islander Health Worker*** as:
 - › an Aboriginal and/or Torres Strait Islander person who has gained a Certificate II or higher qualification in Aboriginal and/or Torres Strait Islander Primary Health Care
- an ***Aboriginal and/or Torres Strait Islander Health Practitioner*** as:
 - › an Aboriginal and/or Torres Strait Islander person who has gained a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, and has successfully applied for and been registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia through the Australian Health Practitioner Regulation Agency (AHPRA). This is a protected title.

Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are the world's only culturally based health professions underpinned by national training and regulation. Together the professions play a critical and unique role in Australia's health care system. Their combination of clinical, cultural, social and linguistic skills delivers an engagement capability and community reach that sets them apart from other health professionals. They provide a high standard of culturally responsive care, and act as cultural brokers and health system navigators.

Evidence directly connects the roles of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to improved health outcomes across the life course. They have lived experience in and a deep understanding of the communities they serve. The success and innovation of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners is a demonstration of how effective and critical self-determination is in improving the health and wellbeing of Aboriginal and Torres Strait Islander communities.

Aboriginal & Torres Strait Islander Health Workers and Health Practitioners in an AOD context

There are two significant ways that these professions contribute to AOD service delivery.

Firstly, we would like to clarify that in terms of the discussion paper there are a proportion of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners that undertake additional training and specialise in AOD practice. NAATSIHWP believes that this section of the workforce would classify as Specialist AOD workers.

Secondly, the broader Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce who practice as generalists or specialise in other areas such as mental health etc. would, for the purpose of this strategy, fall into the category of Generalist Workers.

Discussion Questions

GENERAL WFD QUESTIONS

Discussion question 1: What are the priority WFD issues that have emerged since the first Strategy (2015-2018)?

Relevant to our workforce, NAATSIHWP believes some of the priority issues include:

- The need for greater capacity building to support the Aboriginal and Torres Strait Islander AOD workforce.
- Growth in digital and online service provision, especially in light of the COVID-19 pandemic.
- The need to address AOD workers' wellbeing, and strategies to address stress and burnout.

Importantly, NAATSIHWP also notes that there are a number of policy processes currently underway in relation to health workforce development and service delivery. Specifically, for our workforce, the National Partnership Agreement for Closing the Gap, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 currently under development and the National Aboriginal and Torres Strait Islander Health Plan 2021 – 2031 (NATSIHP) are all relevant. With a number of interrelated processes underway and in the interest of having a cohesive and effective Aboriginal and Torres Strait Islander Health workforce, NAATSIHWP would emphasise the need for consistency across all plans and frameworks. The need to address the under representation of Aboriginal and Torres Strait Islander people working in the health care system and specific issues directly relating to our workforce are also included within these plans.

Discussion question 3: Thinking about specialist AOD workers:

(a) What are the priority WFD issues for AOD specialist workers?

(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)

Programs to address wellbeing (e.g., burnout). In highly complex and sensitive health contexts such as AOD, burnout is a common risk. The revised strategy should consider ways in which regular health and wellbeing and self-care protocols can be embedded into the working schedules of Specialist AOD Workers as a means of risk mitigation. Additionally, robust health promotion campaigns through contemporary social media mediums about AOD issues could help alleviate the severity of cases that present for support. Encouraging clients to feel less shame and present in a prevention or early intervention stage of their journey would reduce the intensity of intervention Specialist AOD Workers need to undertake. Chipping away at stigma, may go a long way to reducing the risk of burnout.

Strategies to build and improve career development pathways. For our workforce, limited career development pathways sometimes leave our members in the position of needing to consider a new or adjusted career direction in lieu of the opportunity to progress within their roles. Additionally, clear pathways into AOD specialisation are not always available in the first instance. The strategy must consider ways to bolster and incentivise these career pathways in order to guarantee a sustainable AOD workforce into the future. This should include investigating a means of public promotion and additional training opportunities for those who may be interested.

Discussion question 4: Thinking about generalist workers:

(a) What are the priority WFD issues for generalist workers?

(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should we aiming for?)

Strategies, programs and support to facilitate integrated care that incorporates AOD professionals and organisations. Just within our workforce, NAATSIHWP members specialise in a broad range of service delivery. In addition to our members that are Specialist AOD Workers, we also see our workforce specialise in Family and Domestic Violence, Mental Health, Forensic Mental Health and many other disciplines that require the ability to address AOD issues. While this is a benefit to clients who are able to experience wrap around care from Aboriginal and Torres Strait Islander health professionals, it does place burden on the workforce themselves to navigate collaboration with other professionals and organisations, often without established processes for information and resource sharing. To remedy this, in line with data sharing concerns outlined in question 17 below, there needs to be investment in establishing secure and translatable information sharing and referral pathways between services, regardless of differences in software or systems.

Increased accessibility to AOD-related training and professional development for established workers. The CPD space for our workforce is often saturated with opportunities to upskill in common health conditions like diabetes or heart disease, but sometimes lacks opportunity for development in complex issues such as AOD or trauma aware, healing informed care. NAATSIHWP believes that CPD opportunities specific to these topics would assist the generalist health workforce more comprehensive knowledge and skills building their capability to holistically address AOD concerns with their clients.

PRIORITY GROUPS

Discussion question 5: Thinking about the workforce groups who identify as Aboriginal or Torres Strait Islander:

Importantly, in health service delivery contexts as complex as AOD, there is a significant cultural load upon the Aboriginal and Torres Strait Islander health workforce to not only perform well clinically, but to also ensure the cultural safety of their clients by carrying the cultural intellect in educating those who also practice in the AOD space.

For our workforce specifically, we know that as health professionals that are also community members, there is increased pressure to be readily available to colleagues who need further education regarding cultural protocol, practices and local community issues. There is also increased pressures and obligations to also be readily available to clients and their families outside of work hours.

NAATSIHWP believes that this pressure presents one of the most significant risks to creating and maintaining an effective and healthy Aboriginal and Torres Strait Islander health workforce and is an issue that needs to be prioritised across all health sectors.

Discussion question 7: What WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups who identify as Aboriginal and Torres Strait Islander? What are the immediate priorities for attention and action in this area?

NAATSIHWP believes that best practice health service delivery for Aboriginal and Torres Strait Islander clients focuses on holistic health care by implementing models of care that fully address the cultural and social determinants of health and embed the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce. Our workforce's unique and unmatched mix of clinical and cultural skills make them best place to walk alongside Aboriginal and Torres Strait Islander clients accessing support in the AOD sector.

Priorities to making this workforce more readily available to Aboriginal and Torres Strait Islander clients include:

- The further expansion of the workforce into mainstream and private health care settings (this includes within correctional institutions),
- The establishment of a nationally consistent minimum scope of practice,
- The harmonization of state-based drugs and poisons legislation,
- Broader recognition of the professions and their roles, and
- The implementation of models of care and jobs roles that do not underutilise the workforce.

NAATSIHWP also believes strongly in practices like client centred and trauma aware healing informed care, specifically in complex health service delivery contexts such as AOD. While these are core skills of our workforce through their training and lived experience, we feel the need to emphasise them as a critical asset to the broader

health workforce when engaging with Aboriginal and Torres Strait Islander clients. Wrap around support or integrated care to address causality with respect to the social determinants of health should also be considered.

INTEGRATED CARE

Discussion question 9: How can integrated care with other sectors (e.g., mental health) best be achieved in practice to support clients with multiple and complex needs? Are there Australian or international examples of best practice in this area that could be replicated?

Improved Referral Pathways to ensure that all clients have access to the individualised support they require regardless of socio-economic status or other limiting factors. This process may need to include evaluating whether or not current provisions under Medicare Benefits Schedule (MBS) are adequate for the scale, complexity and consistency of care required to appropriately treat substance abuse issues.

Cross-sectoral Support to address the issues. As an Aboriginal and Torres Strait Islander peak body, NAATSIHWP is acutely aware of the failures of health service delivery in other sectors such as justice (and we suspect immigration, though this issue lies outside our expertise). Due to the interconnectedness of substance abuse and incarceration rates, it is critical that correctional and other detention facilities embed trauma aware, healing informed and client centred care that has a robust referral pathway to appropriate professionals prior to clients being released to ensure continuity of care and support. Additionally, due to disproportionate incarceration rates of Aboriginal and Torres Strait Islander peoples, the embedding of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce within the justice system is critical to providing culturally safe and effective healthcare.

FUNDING MODELS RETENTION AND TRAINING

Discussion question 11: Considering recruitment and retention in the AOD sector: (a) What are the key issues and challenges? (b) What are the immediate priorities for attention and action? (c) What initiatives would best support effective recruitment and retention in the AOD sector?

There are a number of key challenges to the recruitment and retention of our workforce, including Specialist AOD Workers. They include (but are not limited to):

- The workforce being overworked within their role,
- The workforce then being overburdened with cultural loads and cultural safety responsibilities outside their job role,
- Inconsistent scopes of practice across jurisdictions, leading to inconsistent training and career structures and pathways,
- The continued lack of parity in remuneration and work conditions, and

- Burnout and the health and wellbeing of the workforce.

NAATSIHWP believes that immediate priorities in improving recruitment and retention include establishing a nationally consistent minimum scope of practice, harmonised drugs and poisons legislation, increased recognition and expansion of the workforce into mainstream and private sectors as described above in question 7.

Discussion question 13: Should minimum educational qualification standards for specialist AOD workers be implemented in all jurisdictions?

In terms of minimum education standards there is considerable opportunity to liaise with Registered Training Providers to create a discrete AOD specialisation for Aboriginal and Torres Strait Islander Health Workers and/or Health Practitioners at a minimum AQF 3 standard.

Under the current Aboriginal and Torres Strait Islander Health Worker Training Package for example:

- two electives specifically relating to AOD are offered to those undertaking the Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (Care); and
- six are offered under the Certificate IV and Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care (Care)

To support the development of a specific AOD workforce, Registered Training Organisations could be asked to deliver these specific elective units of study as part of an AOD specialization for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners or as a means of upskilling into the sector. More broadly the units could also be delivered as part of a standalone accredited subject.

Any measures to introduce minimum educational standards should also be accompanied by incentivised career pathways to encourage people to take up study and further their educations. In this respect payment of course, costs and study leave should both be considered.

Discussion question 14: How well is the current vocational education system meeting the needs of the AOD workforce and sector? What are the immediate priorities for action in this area?

Aboriginal and Torres Strait Islander Health Workers and Practitioners are a vocationally trained workforce and NAATSIHWP strongly believes in the capacity of the vocational education system to produce quality and capable health workforce, including Specialist AOD Workers. In addition to our workforce, in their own right, playing a critical role in effective and safe health service delivery to Aboriginal and Torres Strait Islander clients, the level of training they undertake in a vocational setting often lays the educational pathway to further study and career development in other health professions.

As with all educational pathways, there are issues of accessibility in the vocational education system. Making vocational training more accessible through scholarships, subsidised course fees and traineeships with feasible job opportunities upon completion are critical to ensuring the sustainability of our workforce, including those that are Specialist AOD Workers. This is especially important for students that are required to travel or leave their home towns to undertake residential study blocks or other competencies for their training. We also understand that the quality of training provided differs from provider to provider.

Further, specific to the qualifications of our workforce, there are concerns that the complexity of training is not recognised with accurate AQF ratings. While moves last year to upgrade one of the training packages (HLT40213) from a Cert IV in Practice to a Diploma in Practice were supported by NAATSIHWP, the Australian Industry and Skills Council found that there was a lack of broader industry support. This contributes to larger issues of underutilisation and lack of recognition of the value and roles of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners, including those that are Specialist AOD Workers.

Discussion question 15: What are the key issues and challenges for professional development (PD) in the AOD workforce? This may include issues related to accessibility, quality, modalities (e.g., supervision, training), content (e.g., priority KSAs) or other matters.

Specific to the Aboriginal and Torres Strait Islander Health Worker profession, the absence of a formal registration requirement means that continuing professional development (CPD) is not mandated. It is NAATSIHWP's experience that this already overburdened frontline profession can, despite their enthusiasm to engage, encounter a lack of workplace support to undertake further training or upskilling, this includes the proportion of this profession that would qualify as Specialist AOD Workers.

While the barrier of workplace support exists to a much lesser extent for the Aboriginal and Torres Strait Islander Health Practitioner profession due to CPD being mandated to maintain professional registration, there remain broader issues such as cultural safety. NAATSIHWP believes that CPD needs to incorporate Aboriginal and Torres Strait Islander perspectives, context and cultural considerations to be effective in upskilling health workforce to better address the health needs of Aboriginal and Torres Strait Islander peoples. Equally, creating culturally safe and responsive environments for Aboriginal and Torres Strait Islander health workforce to engage in learning and development is critical to the preservation of their own health and wellbeing.

Importantly, alcohol and other substance abuse is an issue that is heavily racialised when considered as a health need of Aboriginal and Torres Strait Islander peoples. Though the vast majority of CPD programs do not contain overtly racist content, it is

critical that all content be at minimum, thoroughly considered, or more appropriately, co-designed with Aboriginal and Torres Strait Islander health professionals to ensure the safety and quality of the content for all participants.

DIGITAL AND ONLINE PLATFORMS

Discussion question 16: What WFD strategies will best support AOD services, workers and clients to engage effectively with digital and online service provision? What are the immediate priorities for attention and action in this area?

Effective Communication and Trusting Relationships with Clients –

NAATSIHWP considers that, particularly for our workforce and more broadly for Aboriginal and Torres Strait Islander clients, establishing trusting and respectful relationships and communicating in ways that are effective in health education and respect cultural protocols are the most critical elements to successful engagement with digital and online service provision. Where possible, these relationships should be established face to face and then moved to an online platform if necessary.

Upskilling of Staff – while the use of technology in health service delivery is becoming more and more common, particularly due to the pandemic, online etiquette and use of software should remain priorities for the training of all health staff.

Power and Network accessibility – it is important to note that in many remote communities, the use of digital and online service provision is commonly limited by the lack of bandwidth. Alternatives need to be considered as a priority as the provision of health services on line becomes more common.

DATA SYSTEMS, MONITORING AND EVALUATION

Discussion question 17: To what extent is the development of a national AOD workforce data collection a priority (e.g., an AOD workforce census)? How could this data collection be integrated with, and leverage, existing jurisdictional AOD workforce data collections? What existing data collections could be used to monitor progress?

The current gaps in workforce data at a national and jurisdictional level specific to our workforce make it extremely difficult to understand how many Aboriginal and Torres Strait Islander Health Workers and Health Practitioners we have, what they specialise in, what sector they work in or how/where they were trained. This means, limited data exists as to the scale of the specialised AOD workforce who are qualified Aboriginal and Torres Strait Islander Health Workers or Health Practitioners making

it difficult to estimate the need for specific support or opportunities for specialist AOD workers.

These gaps in data are the result of inconsistent data collection across different jurisdictions and, in some cases, a lack of understanding of the role of our workforce even within state and territory health departments or other data collection agencies. While NAATSIHWP is taking steps to fill these gaps through our own research projects, we fully support broader health workforce data reform to enable more effective health service delivery and planning.

Discussion question 18: What are the priority actions for effective and timely monitoring and implementation of the revised Strategy?

Development on an Implementation plan that is able to be localised and purpose fit to individual community health needs. This includes having space for implementation in partnership and co-design with local Aboriginal and Torres Strait Islander Health Workforce.

Development of an Evaluation process that privileges the voices and experiences of clients accessing AOD support. This includes measuring their experiences of cultural safety while interaction with health services and professionals. Evaluation should be completed regularly and perhaps through an external body such as the productivity commission.

Additional Stakeholder Engagements throughout the implementation process to advise and feedback ways that the strategy can be embedded for specific demographic groups.