



# Future foundation skills delivery in remote Australia

Submission to the
Department of
Employment and
Workplace Relations

March 2023

### **ABOUT NACCHO**

NACCHO is the national peak body representing 145 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 145 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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### Introduction

NACCHO is pleased to provide feedback on the discussion paper for the Delivery of Foundation Skills training in remote Australia. These comments are in addition to those we provided at the recent Foundation Skills Advisory Group workshop.

Foundation skills, and in particular literacy, are critical a person's ability to participate effectively in their community. Low literacy makes it difficult for a person to find and access education, training and employment opportunities. It makes it harder to navigate the health system to understand what your medication is for or how much to take, to ask questions of your doctors, to provide informed consent if you need an operation. To access and navigate support services like Centrelink, NDIS or aged care. It increases the risk of substance abuse. And all of this has profound impacts on the mental health and the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. Low English literacy entrenches cycles of poverty and disadvantage.

# National Agreement on Closing the Gap

In July 2020, the Australian Government, all state and territory governments, the Australian Local Government Association, and the Coalition of Peaks signed the *National Agreement on Closing the Gap* (National Agreement). The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.

In February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement. The Government's second Implementation Plan also commits to achieving the Targets through implementation of the National Agreement's four Priority Reforms. These seek to bring about structural change to affect ways in which governments work with Aboriginal and Torres Strait Islander organisations, communities and individuals:

# Priority Reform 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

### Priority Reform 2 - Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

## Priority Reform 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

# Changes to delivery of foundation skills

Broadly, NACCHO is encouraged to note the Department's commitment to making significant changes to the way literacy supports are made accessible and delivered to Aboriginal and Torres Strait Islander people. We make the following observations:

- English literacy and numeracy are critical life skills, and are implicated in many of the areas
  of relative disadvantage.<sup>1</sup> Improving literacy and numeracy is critical to arresting cycles of
  poverty and disadvantage and to improving health outcomes for Aboriginal and Torres Strait
  Islander people.
- Low English literacy and numeracy are intergenerational issues for many Aboriginal and Torres Strait Islander communities. Government must be prepared to invest both the money and time required to deliver community-wide outcomes.
- LLND learning must be approached as an educational opportunity focused on life outcomes, not a training exercise focused on employment outcomes.
- Current eligibility requirements and registration processes significantly limit access for Aboriginal and Torres Strait Islander people who may be unwilling (for a range of reasons) to engage with Government services. NACCHO recommends access be open to anyone who self-identifies that they need/would like support to improve their LLND skills.
- Offering LLND supports primarily through accredited training further limits access for people
  with low literacy who may not have the level of literacy necessary to undertake accredited
  training. NACCHO recommends the expansion of the program to include informal and
  community centred learning. Learners should be able to take advantage of LLND supports as
  needed the program should support repeat engagement so participants can improve their
  literacy/numeracy over time.
- Pages 8 and 9 of the discussion paper outline a range of factors for success these should form the basis for any new model. The model must also align with the Priority Reforms of the National Agreement, that is: support Aboriginal community-led decision making, improve the capacity and capability of the community-controlled sector to deliver LLND education, and improve access to data (in line with principles of Aboriginal and Torres Strait Islander data sovereignty).
- Community-led programs, such as that delivered by the Literacy for Life Foundation, deliver demonstrably better outcomes than government-led options. Funding should support the development and delivery of community-led programs. Funding must make provision for organisational capacity building, and be delivered on medium to long term contracts.
- Funded programs should be monitored and evaluated on the outcomes they deliver. KPIs should be co-designed, not pre-determined by the Department.

<sup>&</sup>lt;sup>1</sup> A statistical overview: Aboriginal adult LLN in the Northern Territory, Shalley F. and Stewart A., Whole of Community Engagement Initiative Office of the PVC of Indigenous Leadership, Charles Darwin University 2017. https://www.cdu.edu.au/files/2019-09/WCE%20statistical%20report.pdf