NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

National Care & Support Economy Strategy

Submission to
Department of the
Prime Minister & Cabinet

July 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.

Enquiries about this submission should be directed to:

NACCHO
Level 5, 2 Constitution Avenue
Canberra City ACT 2601
Telephone: 02 6246 9300
Email: policy@naccho.org.au
Website: naccho.org.au

Recommendations

NACCHO recommends:

1. the Care and Support Economy Strategy explicitly align with the Priority Reforms of the National Agreement.
2. the inclusion of Aboriginal and Torres Strait Islander led service delivery models that build the organisational capacity and capability for ACCHOs and ACCOs currently delivering and/or wishing to deliver into the care and support sector.
3. Government commits to implementation of the Aboriginal and Torres Strait Islander Health Workforce Plan.
4. support for the ACCHRTO sector to build the Aboriginal and Torres Strait Islander workforce capability across the care and support sector
5. Government review the rate of the Carer Payment and Carer Allowance and the application process to improve access for Aboriginal and Torres Strait Islander people in particular. The review should also explore how to support carers that wish to undertake part-time work while caring.
6. Sustainable and ongoing grant funding contracts to ensure job security and retention for Aboriginal and Torres Strait Islander people.
7. The Aboriginal and Torres Strait Islander community-controlled sector is resourced to lead, co-design and deliver training to support upskilling of existing workforce to deliver care and support services.
8. The integration of NDIS, Aged Care and Primary Healthcare regulatory systems.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the consultation on a National Care and Support Economy Strategy.

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. 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.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term:

Priority Reform Area 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 Area 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 Area 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.

NACCHO recommends the Care and Support Economy Strategy explicitly align with the Priority Reforms of the National Agreement.

Introduction

The key issue with the consultation paper is the framing of care and support services through an economic lens. While the paper asserts that a person-centred approach is required, it is not discernible.

The central tenet of care and support is to improve health and wellbeing outcomes across the life course. Care and support is not an opportunity for economic gain and should not be viewed as a commodity.

A Community Colleges Australia opinion piece notes there is a growing literature demonstrating that marketisation of government services in Australia frequently produces poor outcomes, particularly for those from the most disadvantaged backgrounds. Marketisation encourages service providers that can achieve a high profit margin by reducing quality. Furthermore, it disadvantages public and not-for-profit service providers.[1]

While we acknowledge that the care and support sector delivers economic benefit, this is not the purpose of the sector or the services it delivers, which are intended to benefit the health and wellbeing of people and communities. People are neither 'consumers' nor 'infrastructure', the sector is not a 'market' or an 'economy'.

This profit-driven approach is the reason we have seen appalling standards of care and support services provided to people in the aged care sector and those living with disability, as amply documented by recent Royal Commissions.[2, 3] This has been further exacerbated for Aboriginal and Torres Strait Islander people and the community-controlled sector delivering these services, often in thin to no markets across remote and very remote Australia. Additionally, this is also felt in urban and regional settings where culturally thin markets exist. In economic terms, triple-bottom line approach to care and support is required. That is, there must be at least equal focus on social and environmental concerns as there is on profits.

Goal 1: Quality Care and Support

In order to achieve the policy goal of person-centred services, a person-centred lens and approach is required, not the economic lens provided in the consultation paper.

Access to services for all

The Market Capacity Framework at Figure 6 does not adequately reflect the reality of thin markets, particularly for Aboriginal and Torres Strait Islander people. In remote and very remote areas, there are frequently no providers. If there are mainstream providers, they often do not deliver culturally safe care, or are inaccessible due to distance or availability. The data on plan underutilisation by Aboriginal and Torres Strait Islander participants demonstrates that even though Aboriginal and Torres Strait Islander people are becoming NDIS participants, they can't access the services they need. This is the issue presented by culturally thin markets.

[1] Don Perlgut, Why Australia Needs to Stop Using the Term "VET Market", 3 July 2023, https://cca.edu.au/wp-content/uploads/2023/07/Why-Australia-Needs-to-Stop-Using-the-Term-VET-Market-Don-Perlgut-3July2023.pdf
[2] Royal Commission into Aged Care Quality and Safety, 2021, Final Report: Care, Dignity and Respect, https://agedcare.royalcommission.gov.au/publications/final-report
[3] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2020 Interim Report, https://disability.royalcommission.gov.au/publications/interim-report

For the ACCHOs currently delivering services in thin markets, the tyranny of distance and numbers of clients makes it economically unviable. However, despite this, our sector continues with service delivery at a loss.

In evidence provided to the Disability Royal Commission, the CEO of Broome Aboriginal Medical Service (BRAMS), stated that, *the NDIS will never be a money making program in the Kimberley because there is no market. We need to be funded to employ allied health staff otherwise it will fail. There is a 12-month waiting list for occupational therapists in the Kimberley so investment needs to be made in employing staff and covering their travel costs.*

ACCHOs in urban and regional locations also cite culturally thin markets: despite multiple providers offering differing approaches (diversified supply), there may be none that are accessible for an Aboriginal and Torres Strait Islander person.

ACCHOs are the preferred model for delivery of Aboriginal and Torres Strait Islander primary health care. Over 50% of Aboriginal and Torres Strait Islander people prefer to attend an ACCHO over a non-Indigenous practice and this number is growing. Indeed, many will bypass mainstream services to access one where they are confident their cultural safety is guaranteed. Rooted in self-determination, ACCHOs help overcome many of the barriers to access experienced by Aboriginal and Torres Strait Islander people.

NACCHO is therefore pleased to note the commitment to growing the capacity and capability of the Aboriginal and Torres Strait Islander community-controlled sector. This effort requires long-term national investment and a sector-wide focus to achieve sustainable outcomes. It also requires government to align its efforts.

In aged care for example, the Aged Care Royal Commission recommended Aboriginal community-controlled organisations be prioritised as providers of aged care services to Aboriginal and Torres Strait Islander communities[4]. However, while there is support available for *current* providers in the form of the Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel (SDAP), there is limited support for *new* community-controlled providers considering entering the sector. In addition, the introduction of provider application fees for our member services not located in remote/very remote settings does not include a fee-exemption for not-for-profit providers such as ACCHOs which cater for particularly vulnerable communities. Our ACCHOs are deeply committed to ensuring that elders in their community are well cared for, in culturally appropriate settings, and that they can stay on Country and close to family in their own communities. However, as not-for-profit organisations the fee structure will exclude many ACCHOs from delivering aged care and disability services.

Government has committed funding to support sector capability building in aged care, and a small funding pool was committed in the recent Federal budget for Aboriginal and Torres Strait Islander organisations. However, this has been targeted at a small number of services, rather than across the sector as a whole. It is unclear how these services were identified – it is clear this was not done in partnership with the sector as is required under Priority Reform 1 of the National Agreement.

The NDIS Ready program, delivered by NACCHO, supported capacity building of ACCHOs into NDIS provision. The program supported approximately 90% of NACCHO's members to scope what Aboriginal-led disability solutions look like within their communities. However, funding for the

[4] Aged Care Royal Commission, Recommendation 50

program ceased after just 18 months. There are currently no NDIS capacity-building activities for the sector.

ACCHOs are an excellent and longstanding example of 'integrated commissioning'. They deliver primary health care services to communities as well as preventive and population health activities, justice health initiatives, aged care and disability services, mental health, allied health, childcare and many other services.

NACCHO recommends organisational capacity and capability building activities for ACCHOs and ACCOs wishing to deliver into the care and support sector, including:

- whole of sector support
- ensuring service providers have the back-end capacity to comply with regulatory requirements, CQI, reporting etc.
- leadership capability activities

Growing the First Nations care and support workforce

The ACCHO workforce plays a central role in the provision of culturally safe, trauma-informed care primary health care for Aboriginal and Torres Strait Islander communities. Our sector is the third largest employer of Aboriginal and Torres Strait Islander people nationally.

The ACCHO health workforce deliver holistic models of care as part of an integrated, multidisciplinary team, an approach which has been demonstrated to deliver stronger health outcomes for Aboriginal and Torres Strait Islander communities than mainstream services. The Australian Institute of Health and Welfare (AIHW) note that Aboriginal and Torres Strait Islander health staff can help improve access to and interactions with the health system which can result in better care and improved health outcomes for Aboriginal and Torres Strait Islander clients.

Although Aboriginal and Torres Strait Islander people are employed in the health care and social assistance sector more than any other industry, they are still underrepresented. In 2016, Aboriginal and Torres Strait Islander people just represented 1.8% of the health workforce, despite being 3.3% of the Australian population (3.1% of the working age population).[5]

However, ACCHOs are currently facing critical workforce shortages, which are exacerbated in remote areas. Workforce data reported to the AIHW shows a decrease of FTE clinical staff per 1,000 population of around 20 – 30% in ACCHOs and a 50% increase in the number of unfilled positions since the start of the COVID-19 pandemic in 2020.

We know that in the health sector, the identified lack of Aboriginal and Torres Strait Islander health and care workers across the sector[6] contributes to reduced access to health and care services for Aboriginal and Torres Strait Islander people in ACCHOs, and in mainstream primary and allied health sectors more broadly.

Significant support and planning is required to ensure the care workforce can be grown and developed to meet the needs of the Aboriginal and Torres Strait Islander community. This requires investment in the development of Aboriginal and Torres Strait Islander led robust training and career pathways across the care and allied health sectors, support for providers to ensure workplaces are culturally safe for Aboriginal and Torres Strait Islander workers, support for current workers and the development of integrated models of care.

[5] Australian Government (2022) *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31,* Canberra

[6] AIHW Indigenous Health Performance Framework, 3.12

This is particularly salient for ACCHO providers where the integration of primary heath care provision and the delivery of care services will be critical. Without workforce development and capacity building, the ability of ACCHOs to expand into care service delivery will be limited. Critical to this will be the development of a multidisciplinary and integrated workforce.

The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31* (Health Workforce Plan) aims for Aboriginal and Torres Strait Islander people to represent 3.43% of the national health workforce by 2031. This target is based on the projected proportion of the Aboriginal and Torres Strait Islander working age population in 2031.

The *Health Workforce Plan* has six strategic directions aimed at increasing representation, workforce skills and capability, improving cultural safety, and creating training and career pathways, including supporting transition into the workplace. To date implementation of the Health Workforce Plan remains largely unfunded.

The development of the Health Workforce Plan, and its counterpart, the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*, was strongly aligned with the Priority Reforms of the National Agreement. While it may be unpalatable for Government to fund and implement strategies conceived by governments of a different stripe, it is a lost opportunity to implement initiatives that have been developed by Aboriginal and Torres Strait Islander organisations to meet the needs of our communities.

NACCHO recommends Government commit to implementation of the Health Workforce Plan.

There is an urgent need to increase the Aboriginal and Torres Strait Islander care workforce and improve the cultural safety and accessibility of mainstream education and workplace settings that offer secondary and tertiary care such as hospitals.

To enhance cultural safety for their clients, ACCHOs often engage local community members as part of their workforce. This workforce includes community and family support workers who often have no formal qualification, but are essential to help bridge the gap between health professionals and families. Some equity issues arise in these situations, particularly in terms of remuneration. These workers are often paid less than qualified workers, but can experience enormous emotional strain as they may work and live among their clients and are unofficially on call 24 hours a day. This also the case for other workers - Conte et al note that ATSIHWs for example often experience inflated role expectations that can contribute to unmanageable workloads and stress, reduced job satisfaction, and barriers to integration with other members of the health workforce.[7]

In addition to building supportive workplaces that embed cultural orientation and recognition of cultural practices, clearly documenting and communicating roles, scope of practice and responsibilities, and ensuring that employees are appropriately supported and remunerated will contribute to retention of staff.[8]

Creating sustainable local pathways for Aboriginal and Torres Strait Islander workers in the health sector requires job creation, skill development, as well as transition and on-the-job support from committed staff. ACCHOs are the most appropriate employers of Aboriginal and Torres Strait Islander people in the health sector. However, with greater funding, there is scope for ACCHOs to expand their service delivery across the care sector and employ more Aboriginal and Torres Strait Islander people to deliver these services.

[7] Conte et al, https://doi.org/10.1093/heapro/daz035

[8] Lai et al, https://doi.org/10.3390/ijerph15050914

Accordingly, a greater investment in the Aboriginal and Torres Strait Islander health workforce is one of the best ways for growing economic participation, and subsequently achieving better health and wellbeing outcomes for Aboriginal and Torres Strait Islander people.

Workforce training and development

There is a need to build a workforce of suitably skilled and job ready Aboriginal and Torres Strait Islander employees to help improve access to culturally safe, effective and efficient support and assistance.

VET is the sector of choice for post-school education for Aboriginal and Torres Strait Islander students. VET training provides important entry-level pathways and skill-set development for local people, particularly in Aboriginal and Torres Strait Islander communities, including Aboriginal Health Workers and Health Practitioners who play an important public health role. Interest in health careers is evident in Aboriginal and Torres Strait Islander student enrolment numbers, however, completion rates in both higher education and VET programs continue to lag behind that of other Australians.

The current lack of strong education and training pathways will make it difficult to meet the increasing demand for Aboriginal and Torres Strait Islander care workforce in coming years.

Employment, support and development of local residents has been an effective strategy in many NACCHO Member services, increasing the Aboriginal and Torres Strait Islander workforce, contributing positively to cultural safety for clients and colleagues, ensuring retention of workforce and building community trust in the service, as well as contributing positively to local economies.

However, access to accredited training is a barrier for expanding the care workforce. Completing placement requirements for example in residential facilities away from Country can be an additional barrier for Aboriginal and Torres Strait Islander students. A lack of funding for supervision in the community-controlled health sector also makes completion of placement requirements problematic – overburdening already stretched staff.

There is a need for strong pathways and additional support for Aboriginal and Torres Strait Islander students to help improve course completion rates and transition into the workforce. These have been identified as key strategies in the Health Workforce Plan.

Support for the Aboriginal community-controlled RTO sector

Aboriginal community-controlled registered training organisations (ACCRTOs) are central to skilled-workforce growth, providing a diversity of both accredited and non-accredited training to ACCHOs and their wider communities. All ACCRTOs aim to build a skilled Aboriginal and Torres Strait Islander workforce to support Aboriginal and Torres Strait Islander communities. While small, the ACCRTO sector provides culturally embedded training options for Aboriginal and Torres Strait Islander students, which is central to their strong completion rates when compared with TAFEs and other mainstream training providers. Central to this is a model of delivery that encompasses high levels of wrap about supports, which include:

- continued meaningful mentoring;
- tutoring both on the job and as part of the training;
- project based assessments and block training;
- wrap around services that consider everything from the students' lived experiences, home/personal situations, family commitments, LLN&D barriers, cultural needs such as Sorry Business and many more;
- childcare needs; and
- travel and accommodation needs.

It is for this reason that many Aboriginal and Torres Strait Islander students prefer to access training and professional development through an ACCRTO. They are essential to ensuring Aboriginal and Torres Strait Islander people have a culturally embedded training option to support both the student and the employer through the study journey, from enrolment and job placement to graduation.

Providing additional support to the ACCRTO sector to deliver flexible training and build the Aboriginal and Torres Strait Islander health workforce is essential. The need to train off Country and the lack of block training options offered by TAFEs and mainstream RTOs are significant barriers for Aboriginal and Torres Strait Islander students and workers. More flexible training options are essential to support students to stay close to family and community while they learn.

In an environment of increasing need for workforce and undersupply of services to Aboriginal and Torres Strait Islander communities, there is increasing demand for ACCRTOs to deliver an expanded range of qualifications including, social and emotional well-being (SEWB), counselling and mental health training, alcohol and other drugs, disability and aged care, and other community services and health qualifications.

However, the capacity of our ACCRTOs to continue to deliver their existing scope, invest to expand that scope, as well as ensure appropriate delivery design, including 'wrap around' supports which generate the outcomes and completion rates mentioned above, has been severely hindered by successive reductions in operational base funding. Critically, over time, this has resulted in severe shortages of Aboriginal and Torres Strait Islander VET qualified trainers nationally.

The ACCRTO sector is currently chronically underfunded compared to TAFE and for-profit training providers. The prioritisation of proportionate funding for the ACCRTO sector to help build the Aboriginal and Torres Strait Islander health and care workforce would contribute to Priority Reform 2 of the National Agreement.

NACCHO recommends support to build the Aboriginal and Torres Strait Islander training workforce to enable workforce training and development across the care and support sector

Navigating the care and support systems

The recent introduction of navigator roles such as Aboriginal Disability Liaison Officers (ADLOs), Remote Community Connectors (RCCs) and Elder Care Support workers is welcome. These roles help people negotiate complex systems and access the support they need. However, these roles do not mitigate the complexity of the care and support systems. The recently funded Elder Care Support program led by NACCHO identified in addition to navigation roles, the need for coordination roles that have a deep and technical understanding of the Aged Care system and ability to support the client throughout their aged care journey (inclusive of plan use).

Moreover, due to the non-alignment of the regulation between disability, aged care and primary healthcare ACCHOs are overburdened with meeting the regulatory requirements. This is a large barrier to ACCHOs delivering care services in addition to primary healthcare.

Government must start making it easier for people to gain access to and navigate the supports they need without having to understand government funding systems or processes to access and utilise their care plans. Greater coordination and sharing of data across Departments is critical, as is simplification and integration of front-end systems and processes. The regulatory system must be streamlined and integrated.

Carers

Aboriginal and Torres Strait Islander carers make a significant contribution to the care of Aboriginal and Torres Strait Islander elders and provide a wide range of unpaid care and support. Many Aboriginal and Torres Strait Islander people take on caring roles in the community and carers account for 12.4% of the Aboriginal and Torres Strait Islander population, compared to 10.5% of the non-Indigenous population[9]. The actual number of carers is likely to be higher as many Aboriginal and Torres Strait Islander people see caring as a natural part of their culture and may not identify formally as a carer. Aboriginal and Torres Strait Islander carers are also more likely to be caring for more than one person, spend more hours per week on caring, and experience financial stress[10].

The 2020 National Carers Survey found that carers are highly socially isolated with 70.3% of Aboriginal and Torres Strait Islander carers being either highly socially isolated or having only low levels of social support (compared with 55.8% of non-Indigenous carers)[11].

Aboriginal and Torres Strait Islander carers must be able to access culturally appropriate and trauma informed respite services in their own communities and with people that understand their needs. This is best achieved by funding Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal and Torres Strait Islander Health Organisations (ACCHOs)to deliver respite services, in line with Priority Reform Area 2 which commits to building the Aboriginal and Torres Strait Islander community-controlled sector. This particularly relevant for ACCHOs who currently deliver comprehensive primary health care and have capability to undertake this work both clinically and culturally.

NACCHO recommends Government review the rate of the Carer Payment and Carer Allowance and the application process to improve access for Aboriginal and Torres Strait Islander people in particular. The review should also explore how to support carers that wish to undertake part-time work while caring.

Goal 2: Decent jobs

Value of care and support work

The consultation paper notes that workers in this sector are low paid. Despite the recent increases for aged care workers, wages remain low. The ACCHO sector is unable to compete with the higher wages and benefits offered by government and private sector services. This means while ACCHOs invest significant time and effort in training and skilling staff, they are often lost to mainstream service providers who can offer more money. While welcome, initiatives from jurisdictional governments to include Aboriginal Health Workers and Practitioners in hospital staffing profiles, compound this issue. The loss of staff and vacancy rates since 2020 (cited above) means increased workload for remaining staff.

[9] Carers Australia (2022). *Aboriginal and Torres Strait Islander Carers*. Retrieved from: https://www.carersaustralia.com.au/about-carers/aboriginal-torres-strait-islander-carers/#:~:text=12.4%25%20of%20the%20Aboriginal%20and,language%20and%20cultural%20barriers

[10] Carers Australia NSW (2020). 202 *National Carer Survey: Aboriginal and Torres Strait Islander Carers*. Retrieved from: 2020 Carers Survey Aboriginal and Torres Strait Islander Carers

[11] Carers Australia NSW (2020). 202 *National Carer Survey: Aboriginal and Torres Strait Islander Carers*. Retrieved from: 2020 Carers Survey Aboriginal and Torres Strait Islander Carers

Improving worker recognition

NACCHO support the observation that care and support work is often treated as an expense rather than an investment and that the wellbeing of people can't be put down to a number in a government budget. It is therefore surprising that government continue to frame care and support through an economic lens. The name of this strategy demonstrates amply that government is not willing to change their market-driven approach, despite purporting to support a person-centred focus.

Safe and inclusive workplaces

A lack of cultural safety can result in Aboriginal and Torres Strait Islander people disengaging entirely from services and can mean the perpetuation of systemic or interpersonal racism. We know this impacts the mental health of Aboriginal and Torres Strait Islander people and contributes to poorer health outcomes. It also means that ACCHOs often step in the fill services gaps, without additional funding, which puts considerable strain on their capacity to deliver primary healthcare.
ACCHOs overcome many of the barriers for people accessing care by ensuring culturally safe service. This extends to the cultural safety of staff. Many ACCHOs provide support for non-Indigenous staff as they work with community. In the Kimberley local Aboriginal people work alongside allied health staff to broker relationships and partnerships between staff and the community. They ensure cultural safety for both community and staff. Aboriginal Health Workers and Health Practitioners do this work in clinical settings, bridging the language and cultural gap between doctors, nurses and community.

While Aboriginal and Torres Strait Islander people have a clear preference for using Aboriginal and Torres Strait Islander services, the reality is that the limited availability and access to ACCHO services will mean that many will need to access a mainstream service. We know that Aboriginal and Torres Strait Islander people experience racism and discrimination across the health system[12]. It is therefore essential that mainstream workforces be culturally competent to provide services to Aboriginal and Torres Strait Islander peoples, and to ensure their Aboriginal and Torres Strait Islander staff work in a culturally supportive environment. However, cultural competence has to come from the top down – the leadership of an organisation has to embrace this, to understand cultural intelligence and to have that inculcated across their workforce. Without a shift in organisational thinking and approach, no amount of staff training will deliver cultural safety for Aboriginal and Torres Strait Islander people.

Importance of secure work

Much of the workforce funding for ACCHOs is delivered via program or grant funding. This is often short term funding for pilots, or time limited projects. Jobs and careers are restricted by funding strategies that constrain the types of services and employment contracts that ACCHO services can offer, and they do not reflect local needs or collective decision-making processes.

NACCHO's experience is that Departmental contract extensions often happen at the last minute, resulting in the loss of valued program staff who have built strong relationships with community.

Recently, we have seen changes to this approach - Elder Care Support workers have been engaged on an ongoing basis, allowing longer term contract arrangements and ensuring job security for staff - but such initiatives are limited.

NACCHO recommends sustainable ongoing grant funding contracts to ensure job security and retention for Aboriginal and Torres Strait Islander people.

[12] C Kairuz et al (2021) 'Impact of racism and discrimination on physical and mental health among Aboriginal and Torres Strait islander peoples living in Australia: a systematic scoping review'

Challenges of customer-centred funding models

While NACCHO supports the establishment of small businesses, we have some concerns regarding the entry of individuals or sole traders into the care and support sector while a market-driven approach is in play. NACCHO's experience with the roll out of the NDIS, particularly in rural and remote areas, is that many Aboriginal and Torres Strait Islander people were encouraged to become NDIS sole traders. Many of these people had limited business experience and lived in areas where there were not enough clients. As a result many sole providers went bankrupt and had to close their businesses putting them under great financial strain. Government must approach this option with caution to ensure people are not coerced into becoming sole traders where this is not financially viable (thin markets), and that there is a rigorous registration process to ensure individuals have relevant business and industry experience.

Professionalisation and career pathways

VET qualifications offer excellent work ready pathways and provide opportunities to build multidisciplinary teams via upskilling. Appropriate non-accredited training is required to support effective delivery of care and support services, as well as strong pathways to accredited VET and tertiary training to support workforce development. Stronger pathways from VET qualifications into higher education are required if we are to increase the number of Aboriginal and Torres Strait Islander health professionals across the health and care sector.

The Royal Australian College of General Practitioners (RACGP), in their submission to the Health Workforce Plan, recommend providing supporting and capacity building for the ACCHO sector to provide more training opportunities across all health professions. This would not only build the capability of the ACCHO sector, but also of the Aboriginal and Torres Strait Islander and non-Aboriginal workforces.

The ability to access accredited, skills-based extension to support transferability and skills enhancement would further enhance workforce mobility and retention. Having to retrain or undergo an arduous process to gain recognition of prior learning is a barrier to mobility and career development for many Aboriginal and Torres Strait Islander workers in the health and care sector.

There is opportunity to expand the skills of current ACCHO workforce, to provide pathways into the sector for local communities in order to build a strong workforce that includes both cultural and clinical experts. Up-skilling, re-training, utilising the existing workforce and creating strong VET and higher education pathways to build capacity is key. Building genuine partnerships with the ACCRTO sector is pivotal to ensure there are culturally supportive and clearly articulated education pathways for Aboriginal and Torres Strait Islander students within a health and care context.

NACCHO recommends the Aboriginal and Torres Strait Islander community controlled sector is resourced to lead, co-design and deliver training to support upskilling of existing workforce to deliver care and support services.

Goal 3: Productive and sustainable

Well functioning markets

It is not clear which market interventions this paper is referencing here. A recent paper by the NDIA suggested that Government has taken a largely 'hands off' approach to market stewardship.[13] The report states,

> *The NDIA has been using a 'least interventionist approach' to achieve a better functioning and sustainable market, while recognising some thin markets may require several market interventions to be delivered iteratively over a long term. This approach, however, reflects a more rigid and time-limited application of a stewardship framework more suited to private sector markets.*
>
> It goes on, *Evidence from past and ongoing reviews and inquiries continues to show that the current market-based model with individualised funding arrangements persistently fail to meet the needs of both First Nations and remote communities.*

This is a failure of the insistence on an individualistic, market-led service delivery approach rather than one focussed on the health and wellbeing outcomes of participants. Yet, despite the recommendations of multiple reviews since 2017 (outlined in the above paper), there remains a reluctance to provide block funding for the delivery of care services. A mixed model approach would be more effective and sustainable for community controlled providers.

Regulatory duplication, burden and rigidity

Evidence provided to the DRC noted that all ACCHOs are funded by the Commonwealth government to provide primary healthcare and are already required to comply with a range of standards, including the National Health Standards, RACGP Standards and ISO standards. Yet, ACCHOs are unable to use their clinical governance frameworks in registering to deliver aged, disability or veterans' care. Duplication and lack of reference to prior registration in other care services has led to registration taking up to nine months in one instance and being very time and resource heavy.

The burden of reporting and compliance across multiple systems is significant and is generally not funded. Front end processes from entry to compliance must be simplified for providers and the data shared between Departments and agencies where necessary.

NACCHO recommends the integration of the NDIS, aged care and primary healthcare regulatory systems.

[13] Australian Government, NDIS Review, Alternative commissioning for remote and First Nations communities, May 2023