



**NACCHO**

National Aboriginal Community  
Controlled Health Organisation  
*Aboriginal health in Aboriginal hands*

[www.naccho.org.au](http://www.naccho.org.au)

# SEE Program Stream 1 Market Preparation

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Submission to the  
Department of Employment  
and Workplace Relations

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](mailto:policy@naccho.org.au)

Website: [naccho.org.au](http://naccho.org.au)

## Introduction

NACCHO welcomes the opportunity to respond to the SEE Program Stream1 Market Preparation paper.

NACCHO supports the submission to this consultation by the Literacy for Life Foundation.

## 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 government institutions**

This Priority Reform commits to systemic and structural transformation of government funded 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 strongly recommends** Stream 1 explicitly align with the four Priority Reforms of the National Agreement on Closing the Gap.

## The importance of foundation skills

Evidence suggests that levels of English literacy among Aboriginal and Torres Strait Islander adults are exceptionally low. Research from the Literacy for Life Foundation (LFLF) estimates that between 40 and 65 per cent of Aboriginal adults are functionally illiterate in English<sup>1</sup>.

Foundation skills, and in particular literacy, are critical a person's ability to participate effectively in their community. Research shows that poor LLN and low education levels among Aboriginal and Torres Strait Islander people and communities are linked to increased risk of poor health, high mortality, and alcohol and substance abuse. Low English literacy is implicated in a wide range of areas of relative disadvantage, which on a practical level 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. All of which has profound impacts on the mental health and the social and emotional wellbeing of Aboriginal and Torres Strait Islander people.

Improving literacy and numeracy is therefore critical to arresting cycles of poverty and disadvantage and to improving health outcomes for our people.<sup>2</sup> It is vital that initiatives to improve adult-literacy data are developed in partnership and designed to be culturally safe, in line with the National Agreement on Closing the Gap.

[See Program Stream 1](#)

NACCHO understand that 2021-2022 data shows that around 36,000 people were referred to the SEE Program as having low LLN. Of these, just 1300 received assistance through the program. Of those participants, only 27 students completed the Program. Of the 1300 participants around 55% completed less than 50 hours, and 346 (26.6%) completed less than 100 hours.

Given the data above, NACCHO is encouraged to note significant changes to the SEE Program. In particular, a separate funding Stream for Aboriginal and Torres Strait Islander community organisations in line with Priority Reform 2 of the National Agreement. NACCHO will provide feedback on that consultation later in the year.

Despite the introduction of a funding stream for Aboriginal and Torres Strait Islander organisations, it is likely that many Aboriginal and Torres Strait Islander people will access the program through mainstream providers funded under Stream 1. The Preparation Paper notes that the program will deliver training to learners from a variety of backgrounds and who have multiple and complex learning needs (p16).

It is therefore essential that organisations funded under Stream 1 deliver culturally safe training and support to Aboriginal and Torres Strait Islander learners. Funded organisations must be held accountable for this under their service agreements.

In Contract Regions with significant Aboriginal and Torres Strait Islander populations, providers must be able to demonstrate a connection to the community. The introduction of accountability measures will be critical to require ongoing, sustainable and embedded engagement and co-design with the communities in Contract Regions.

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<sup>1</sup> <https://www.lflf.org.au/>

<sup>2</sup> NACCHO Submission, Submission 130, Inquiry into the nature and extent of poverty in Australia.  
<https://www.aph.gov.au/DocumentStore.ashx?id=9337d692-7989-41d1-bc68-69ca2088b75c&subId=735617>

It is NACCHO's experience that where mainstream organisations are funded to deliver services to communities with large Aboriginal and Torres Strait Islander populations, community controlled organisations are often asked to support engagement with community with little or no compensation for their time and expertise. This also applies to subcontracting arrangements, where community controlled providers may be subcontracted to deliver services at a reduced cost.

Organisations funded under Stream 1 must be required to demonstrate ongoing engagement with local communities, as well as co-design and develop services in partnership with Aboriginal and Torres Strait Islander communities. They must be held accountable for this under their funding agreements to ensure Aboriginal and Torres Strait Islander people are not disadvantaged or unable to access services due to a lack of cultural safety.

The requirement and accountability for culturally safe service delivery should extend to training staff, Case Managers and organisational approach.

### **Contract regions**

Learners should be able to access services in neighbouring contract regions – this would support accessibility, particularly for Aboriginal and Torres Strait Islander learners who may have concerns about the cultural safety of providers in their own contract region.

There should also be the flexibility for providers to share case managers across boundaries in areas where there are small enrolment numbers.

### **Learner access**

NACCHO supports the redesigned eligibility requirements but reiterates our previous recommendation that access be open to anyone who self-identifies that they need/would like support to improve their LLND skills.

Distance learning should not be offered to a single national provider.

### **Non-accredited training**

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 is encouraged to note the expansion of the program to include non-accredited 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.

NACCHO does not support limits on the amount of non-accredited training a person can undertake. Non-accredited training is a better option for some people, which supports LLND learning as an educational opportunity focused on life outcomes, rather than a training exercise focused on employment outcomes.

### **Complementary training and resource development**

The requirement for providers to publish training and assessment resources for use by the sector may hamper the viability of complementary training. It is unlikely that providers will be willing to share their training and assessment IP with competitors. It is not clear whether funding for resource development will include the same requirement.

### **Key Performance Indicators**

Ideally, there would be separate KPIs for learner outcomes and program aims. Meeting the aims of the funding program is quite different to meeting the needs of learners in terms of training delivery. These are currently intermingled.

KPI 2.2: Training is designed to support learner outcomes, not data collection. Administrative processes support data collection. This is where (and why) a separate KPI for program aims would be beneficial.

To put learner outcomes and program aims together, as has been done here, risks learner needs and outcomes being subjugated to program requirements. This is a known issue with current program design across government.

Finally, Stream 1 data collection principles must align with Priority Reform 4 of the National Agreement. There should be commentary and a principle included around data sharing with Aboriginal and Torres Strait Islander communities to support local decision-making.