



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

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Delivery of the Skills for Education and Employment (SEE) Program 2023

Submission to the
Dept Education, Skills and
Employment

February 2022

ABOUT NACCHO

NACCHO is the national peak body representing 144 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, its 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 144 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 cost-effective. In 2016, a cost-benefit analysis of the services provided by Danila Dilba to Aboriginal and Torres Strait Islander people in the Greater Darwin region was undertaken by Deloitte Access Economics. The findings demonstrated that each dollar invested in the health service provides \$4.18 of benefits to society. 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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Recommendations

NACCHO recommends that the Dept of Education, Skills and Employment's (DESE) program Skills for Education and Employment (SEE Program):

1. align with the 4 Priority Reform Areas of the *National Agreement on Closing the Gap* (National Agreement), namely:
 - a. Priority Reform Area 1 – Formal Partnerships and Shared Decision-Making
 - b. Priority Reform Area 2 – Building the Community-Controlled Sector
 - c. Priority Reform Area 3 – Transforming Government Organisations
 - d. Priority Reform Area 4 – Shared Access to Location Specific Data and Information at a Regional Level;
2. foster community partnerships that provide Aboriginal and Torres Strait Islander clients with language, literacy and numeracy (LLN) programs that are codesigned and therefore directly tailored to a full range of needs and life experiences of Aboriginal and Torres Strait Islander people;
3. regard adult-literacy and numeracy support for Aboriginal and Torres Strait Islander people as a broad and vital *educational* project, rather than one exclusively aimed at delivering skills for employment;
4. use accreditation standards to embed culturally safe adult-literacy education; increase the number of staff who have undertaken cultural capability and anti-racism training; and adopt validation tools, led by Aboriginal and Torres Strait Islander people, which regularly assess organisational and workforce cultural capability as part of broader institutional racism assessments;
5. provide sustained funding for a national, community-led adult-literacy program for Aboriginal and Torres Strait Islander people and communities that is delivered via proven models, such as the program delivered by the Literacy for Life Foundation (LFLF); and
6. resource the Australian Bureau of Statistics to establish a data collection standard to determine adult-literacy levels in both Aboriginal and Torres Strait Islander communities and the wider Australian community.

Introduction

NACCHO welcomes the opportunity to provide a submission on possible changes to the SEE Program.

NACCHO supports the submission made to this consultation by LFLF.

NACCHO also refers the Department to the important submissions made by the Lowitja Institute, Tharawal Aboriginal Corporation, Djalkiri Foundation and LFLF to the 2021 Inquiry into Adult Literacy, which was conducted by the House of Representatives Standing Committee on Employment, Education and Training.¹

In responding to the questions posed by the Discussion Paper, we focus on the following areas:

- strong, community partnerships and shared decision-making in the provision of LLN programs;
- cultural safety in the provision of adult LLN education;
- the provision of LLN support as a community-wide *educational* project, rather than one narrowly aimed at improving individuals' skills in securing employment opportunities;
- the national deployment of a specialised LLN program for Aboriginal and Torres Strait Islander people; and
- the lack of quality, LLN data for Aboriginal and Torres Strait Islander people.

National Agreement

In July 2020 the Australian Government, all state and territory governments, and the Coalition of Aboriginal and Torres Strait Islander Peaks signed the historically significant National Agreement.² The 4 Priority Reform Areas of the National Agreement are:

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

The Parties commit 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 One seeks to apply the principles in the historic and unprecedented Partnership Agreement to more partnership arrangements between Aboriginal and Torres Strait Islander people and governments at all levels.

Priority Reform Area 2 – Building the community-controlled sector

The Parties commit to building formal Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. The Parties acknowledge 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

The Parties commit to systemic and structural transformation of mainstream government organisations to improve accountability and respond to the needs of Aboriginal and Torres Strait Islander people. The Parties commit 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

Shared access to location-specific data and information (data sovereignty) will support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

It is incumbent on the Department to deliver on the commitments made by Australian Governments under the National Agreement on Closing the Gap to ensure educational programs such as SEE are accessible for Aboriginal and Torres Strait Islander clients. That is, that such programs are codesigned, culturally safe and directly tailored to the needs and experiences of Aboriginal and Torres Strait Islander clients.

NACCHO is disappointed to note that the SEE Program Discussion Paper makes no mention of partnerships or shared decision making around LLN programs with Aboriginal and Torres Strait Islander people, communities or organisations.

NACCHO further believes the Discussion Paper is overly focussed on amending provider processes, such as reporting and payment methods, rather than focussing on tangible, real-life outcomes for participants - that is, outcomes beyond assessment models. NACCHO recommends DESE's provision of LLN support to Aboriginal and Torres Strait Islander people be seen as a broad, community-wide *educational* project that interconnects with social determinants of health outcomes, rather than one narrowly aimed at improving individuals' skills for securing employment opportunities.

Self-determination

Germane to the National Agreement is acceptance of the proposition that Aboriginal and Torres Strait Islander people have self-determination through policies and programs that affect their lives and are empowered to design these through equal partnerships. The Discussion Paper notes that almost 20% of job seekers leave the SEE program within 50 days, *'despite [its] assessment process'*. DESE should consider the possibility that the imposition of a paternalistic assessment process that assumes clients have no personal agency (self-determination) over their own lives might itself be a barrier to participation. NACCHO is encouraged to note some job-seekers may be able to self-refer into the SEE program, but recommends this be extended to all participants.

Barriers to entry

Improving LLN skills has been shown to have a positive effect on employment and health outcomes. A 2014 Productivity Commission report states that an increase in LLN by one skill level is associated with about a 10 per cent increase in wages for both men and women.³ Research also 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, including:

- interactions with government and community services;
- interactions with the Australian justice system;
- understanding of health information, prescriptions and engaging in confident conversations with doctors and hospital staff;
- interactions with the private- and social-housing sectors and the understanding of contracts, such as rental agreements;
- understanding and managing personal finances; and
- navigating and using online information.⁴

Attempting to address low adult-literacy levels primarily through programs designed to enhance employment opportunities, limits the capacity of those programs to achieve improved outcomes.

It is important to recognise that mainstream education systems have often excluded and been culturally unsafe for Aboriginal and Torres Strait Islander people. Lower levels of adult-literacy among Aboriginal and Torres Strait Islander people are part of the legacy of colonisation, exclusion and systemic racism experienced by Aboriginal and Torres Strait Islander people. It is therefore vital that recommendations and initiatives to improve adult-literacy among our people are designed to be culturally safe, in line with the National Agreement.

The SEE Program should leverage provider accreditation standards to ensure mainstream organisations embed culturally safe, adult-LLN education; increase the number of staff who undertake cultural capability and anti-racism training; and adopt validation tools, led by Aboriginal and Torres Strait Islander people, which regularly assess workforce cultural capability as part of broader institutional racism assessments. This would support alignment of the program with Priority Reform 3 of the National Agreement.

Multi-provider model

NACCHO strongly supports an expansion of the current, limited provider model.

An approach able to engage a large pool of learners through a range of motivational factors, including non-accredited, community controlled, or community led programs, has been shown to achieve better student-retention levels and positive outcomes. Successful LLN programs will improve outcomes for Aboriginal and Torres Strait Islander people's employment outcomes but also outcomes in a multitude of other areas vital to the health and wellbeing of Aboriginal and Torres Strait Islander people.

A model for community-controlled Aboriginal and Torres Strait Islander LLN programs has been trialled and successfully implemented in a number of Aboriginal and Torres Strait Islander settings by the Literacy for Life Foundation (LFLF). The LFLF is an Aboriginal-run non-government organisation that trains Aboriginal people to bring literacy to their communities, using a flexible, evidence-based, model that has produced significant LLN outcomes around the world. LFLF partners with local Aboriginal owned and controlled organisations, government agencies, councils, church groups and community Elders. Local community members are trained as program coordinators and facilitators and supported by professional adult educators. From the outset, the onus is on the community to take ownership and delivery of the program, focusing on long-term social change. The LFLF model underwent a 3-year pilot stage, which was funded by the Australian and NSW governments, managed by the University of New England, and undertaken in partnership with the International Professional License Accreditation Council and the Lowitja Foundation.

Evidence demonstrates that LFLF programs can provide the confidence and skills needed for Aboriginal and Torres Strait Islander people with low LLN to consider VET pathways, and for these to then be viable options. A range of Aboriginal and Torres Strait Islander organisations⁵ have detailed the significant and sometimes profound impact that improved LLN has, not only on the self-confidence of participants, but also on their ability to manage their finances, apply for work or participate more fully in community activities.⁶ The LFLF model has well-documented outcomes for individuals and communities, including a 64% completion rate.

NACCHO recommends DESE commit sustained funding for a nation-wide, community-led adult-literacy program for Aboriginal and Torres Strait Islander communities, utilising the LFLF's proven model.

In addition, expanding the provider model to specifically enable Aboriginal community-controlled RTOs (ACCRTOs) to become providers would significantly improve culturally safe, localised LLN education options for many Aboriginal and Torres Strait Islander people. This would support alignment of the program with Priority Reform 2 of the National Agreement.

Our ACCRTOs focus on the provision of culturally competent, holistic care, and accessibility for Aboriginal and Torres Strait Islander students. Unlike mainstream RTOs, key to ACCRTOs is the coordinator role - someone to support students throughout their journey. It is for this reason that many Aboriginal and Torres Strait Islander health workers prefer to get their education through an ACCRTO. These are usually small non-profit organisations with limited resources - some of our ACCRTOs have as few as two staff. Many are the training arm of an Aboriginal community-controlled Health Organisation (ACCHO) - their sole purpose is to build a skilled Aboriginal and Torres Strait Islander workforce to support their communities.

Additional funding to the ACCRTO sector would be required to facilitate their participation in delivering the SEE program. It would also require significant consultation and co-design (Priority Reform 1) between the sector and DESE to ensure the program meets the needs of Aboriginal and Torres Strait Islander participants.

Lack of data

Emerging evidence suggests that levels of LLN among Aboriginal and Torres Strait Islander adults is exceptionally low. Research from LFLF *estimates* that between 40 and 65 per cent of Aboriginal adults are functionally illiterate in English.⁷ LFLF found that in eight Aboriginal communities across New South Wales, 51 per cent of people who had completed Year 10 or higher had low or very low English literacy. The researchers noted that, '[t]his casts serious doubt on the value of school completion data, which is used, for example, in Close the Gap reporting, as an accurate predictor of adult-literacy rates'.⁸

Establishing an accurate indication of the level of LLN among Aboriginal and Torres Strait Islander people is difficult without reliable or consistent data sources. One of the primary data sources for Australian adult-literacy, the OECD's Programme for the International Assessment of Adult Competencies (PIAAC) survey does not differentiate data by Aboriginality.⁹

The Australian Bureau of Statistics should be resourced to establish an ongoing data collection standard to determine LLN levels in Aboriginal and Torres Strait Islander communities and the wider Australian community. This should be developed in partnership with Aboriginal and Torres Strait Islander communities and in keeping with the National Agreement's Priority Reform Area 4, Indigenous data sovereignty.

References

1. House of Representatives Standing Committee on Employment E and TI. Inquiry into Adult Literacy and its Importance [Internet]. 2022 [cited 2022 Feb 11]. Available from: https://www.aph.gov.au/Parliamentary_Business/Committees/House/Employment_Education_and_Training/Adultliteracy

2. Coalition of Peaks, Australian governments. National Agreement on Closing the Gap [Internet]. Canberra: Coalition of Peaks; 2020 [cited 2021 Dec 1]. Available from: <https://www.closingthegap.gov.au/national-agreement>
3. Shomos A, Fobes M. Literacy and Numeracy Skills and Labour Market Outcomes in Australia. Canberra: Productivity Commission; 2014.
4. Shalley F, Stewart A. Aboriginal adult English language literacy and numeracy in the Northern Territory. Darwin: Charles Darwin University; 2017.
5. Lowitja Institute. Submission to the House of Representatives Standing Committee on Employment, Education and Training inquiry into adult literacy and its importance. 2021.
6. Ratcliffe R, Boughton B. The Relationship Between Low Adult-literacy Levels and Aboriginal Family and Community Engagement in Educational Decision Making. *Australian and International Journal of Rural Education*. 2019;29:1–16.
7. Literacy for Life Foundation. Literacy for Life [Internet]. 2022 [cited 2022 Feb 10]. Available from: <https://www.lflf.org.au/>
8. Lin S, Williamson F, Beetson J, Bartlett B, Boughton B, Taylor R. Quantifying low English literacy in Australian Aboriginal communities: a correlational study. *The Australian Educational Researcher*. 2020;48:267–80.
9. ABS. Programme for the International Assessment of Adult Competencies, Australia methodology. Canberra: Australian Bureau of Statistics; 2013.