



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

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National Rural and Remote Nursing Generalist Framework

**Submission to the
Office of the National Rural
Health Commissioner**

March 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, 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 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:

1. the introduction to the *National Rural and Remote Nursing Generalist Framework* (Framework) summarise and explain the *National Agreement on Closing the Gap* (National Agreement) and its four Priority Reform Areas;
2. the body of the Framework cite the National Agreement alongside its reference to the *United Nations Declaration on the Rights of Indigenous Peoples*;
3. the Framework reference the following documents:
 - Dept Health (2021) *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*; and
 - Dept Health (2021) *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*;
4. the Framework explain the role and history of Aboriginal Community Controlled Health Organisations (ACCHOs), their significance and achievements;
5. the Framework clearly define the concept of culturally safe practice;
6. the Framework include an Aboriginal and Torres Strait Islander perspective on colonisation;
7. the Framework include a discussion of Aboriginal and Torres Strait Islander concepts of health, as reflected in the unique ACCHO model of care;
8. information is included on how the Framework will be implemented and its expected impact at both a systems and individual level; and
9. provision of accompanying resources and guidance materials that assist nurses, midwives and employers assess their capabilities against the Framework.

Introduction

NACCHO welcomes the opportunity to provide a submission to the National Rural and Remote Nursing Generalist Framework (the Framework) consultation. NACCHO would like to acknowledge the valuable input received from the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) in this submission, and supports the submission made by CATSINaM to the consultation.

NACCHO strongly supports the development of a tool and guide that describes the unique context of remote-area nursing and its core capabilities. NACCHO commends the Framework's aim to provide support in capability development for Registered Nurses, their employers, education providers and health administrators. NACCHO also welcomes the inclusion of *Domain 1 – Culturally Safe Practice*, recognising that its inclusion is a very positive step towards addressing the harmful health impacts of racism and colonisation, which are all too often experienced by Aboriginal and Torres Strait Islander people in rural and remote health settings.

National Agreement on Closing the Gap

In July 2020 the Australian Government, all state and territory governments, 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.

The significance of the National Agreement should not be underestimated. Governments have committed to implementing the National Agreement's four Priority Reform Areas. These seek to bring about structural change to affect ways in which governments work with Aboriginal and Torres Strait Islander organisations, communities and individuals. The four Priority Reforms are:

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 is pleased to note that throughout the Framework, concepts central to the National Agreement's four Priority Reform Areas are referenced. In this regard, the Framework's listed capabilities rightly reflect the vital role remote nurses play at the local level in *initiating and maintaining partnerships* with Aboriginal and Torres Strait Islander people (capability 3.2.5), in *utilising the philosophy of community control* (capability 1.1), in promoting *cultural safety* (capabilities 1.1 – 1.3) and in supporting *data sovereignty* (capability 2.2).

However, these are complex ideas that should be defined and discussed to ensure an understanding of their relevance and importance to remote practice.

NACCHO recommends the introduction to the Framework summarise and explain the National Agreement and its four Priority Reform Areas. The introduction should emphasise that the National Agreement's themes are key points of advocacy for Aboriginal and Torres Strait Islander people, communities and organisations (cf. Advocacy 1.3).

NACCHO recommends the body of the Framework also cite the National Agreement alongside its reference to the *United Nations Declaration on the Rights of Indigenous Peoples*.

Reflecting other national strategies

It is also important the Framework both position itself in relation to, and reflect the content of, other national strategies that seek to reform rural and remote health care in an Aboriginal and Torres Strait Islander context.

Critically, **NACCHO recommends** the Framework reference the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* and the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*.

Aboriginal and Torres Strait Islander community-controlled sector

NACCHO welcomes the Framework's recognition of the need to expand the community-controlled sector, and the importance of community control. In characterising the context of remote nursing practice, however, NACCHO would welcome more fulsome discussion of the Aboriginal and Torres Strait Islander community-controlled sector.

NACCHO recommends the Framework explain the role and history of Aboriginal Community Controlled Health Organisations (ACCHOs), their significance and achievements. This should highlight the unique, holistic model of care ACCHOs offer and its impact on health outcomes for Aboriginal and Torres Strait Islander communities. We refer you to page 2 of this submission for a brief overview.

Domain 1 – Culturally Safe Practice

NACCHO strongly supports the inclusion of *Domain 1 – Culturally Safe Practice*, and affirms that the Framework should promote the responsibility of nurses and midwives to respect cultural safety and uphold it as a fundamental capability for those working in remote areas and with Aboriginal and Torres Strait Islander communities. However, the Framework could better assist remote registered

nurses come to terms with the concept of culturally safe practice and how to apply it. It currently directs nurses to *'NMBA and other key guidance documents'*. However:

NACCHO recommends the Framework clearly define the concept of culturally safe practice and discuss *why* and *how* one should, *'actively support and respect an Aboriginal and Torres Strait Islander person's right to determine their own cultural safety'*. In addition, an explanation of culturally safe practice should discuss the importance of:

- privileging Aboriginal and Torres Strait Islander voices;
- acknowledging and valuing the unique realities of Aboriginal and Torres Strait Islander nurses and midwives in rural and remote communities;
- recognising differing views of health held by Aboriginal and Torres Strait Islander people;
- acknowledging that Aboriginal and Torres Strait Islander people often have a holistic view of health that isn't well supported in Western models of health and care delivery; and
- understanding the philosophy and value of strengths-based approaches to health.

The latter concepts should be reflected in additional capabilities.

Domain 2 – Critical Analysis

NACCHO commends the Framework's inclusion of *Domain 2 Capabilities*, including the capability 2.1 which *acknowledges the impact of colonisation and our political history on the social determinants of health*. However, this phrasing, *our history*, is ambiguous, and indeed problematic. It assumes that all Australians share a collective history, when in fact, the history of colonisation/invasion in this country is a highly contested space. If nurses are not actively provided with a history of colonisation from the perspective of Aboriginal and Torres Strait Islander people, there is no guarantee that they will come to it by their own accord.

NACCHO recommends the Framework include an Aboriginal and Torres Strait Islander perspective on colonisation (i.e., the perspective of the colonised). This should include an explanation of the continuing impacts of colonisation on Aboriginal and Torres Strait Islander communities, including ongoing experiences of dispossession and marginalisation, of systemic and interpersonal racism, and intergenerational trauma. Further it should draw out the impacts these experiences continue to have on health and well-being outcomes for our communities.

Domain 3 – Relationships, Partnerships and Collaboration

NACCHO commends the Framework's inclusion of *Domain 3 Relationships, Partnerships and Collaboration*. In particular, NACCHO supports capability 3.2 *'Collaborative Holistic Care'*. However, in the same way that ACCHOs should be discussed in relation to community control, given their unique holistic model of care they should also be discussed under this Domain.

NACCHO recommends the Framework include a discussion of Aboriginal and Torres Strait Islander concepts of health as reflected in the unique ACCHO model of care. This model of care acknowledges and engages with community structures, allows culture to guide service delivery strategies, enables innovative approaches to care, and views the participation of individuals, their families and broader communities in defining their health care needs as a collective rather than separate.

Guidance on practicing capabilities

NACCHO supports the view of CATSINaM that remote nurses should be provided with practical guidance on how to realise the Framework's capabilities in their daily work.

NACCHO recommends the Framework include information on how it should be implemented and the expected impact at both a systems level and the individual level.

NACCHO recommends provision of accompanying resources and guidance materials that assist nurses, midwives and employers assess their capabilities against the Framework. The *National Nursing and Midwifery Digital Health Capability Framework* gives examples of the kind of assessment resources that could be helpful in promoting and utilising the Framework.