



**NACCHO**

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

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# **National AOD Workforce Development Strategy**

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**Submission to the  
Department of Health**

**March 2022**

## 1. 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.

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)

## Recommendations

The National Alcohol and Other Drugs Workforce Development Strategy (AOD WFD Strategy) needs to:

1. align with the four Priority Reform Areas of the *National Agreement on Closing the Gap* (National Agreement), namely:
  - Priority Reform Area 1 – formal partnerships and shared decision-making;
  - Priority Reform Area 2 – building the community-controlled sector;
  - Priority Reform Area 3 – transforming government organisations; and
  - Priority Reform Area 4 – shared access to location specific data and information at a regional level.
2. focus on building the ACCHO sector, including its capacity and capability to deliver AOD services;
3. support ACCHOs and ACCRTOs to work in partnership to develop a collective workforce-delivery program and supporting resources;
4. fully align with the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (Health Workforce Plan);
5. ensure all agencies delivering AOD services and programs are free from discriminatory practices and processes;
6. prioritize increased funding to AOD services provided by ACCHOs;
7. call for a revision of commissioning arrangements for AOD treatment services for Aboriginal and Torres Strait Islander people in line with Priority Reform 2 of the National Agreement;
8. comprehensively collect, and make publicly accessible, data on the Aboriginal and Torres Strait Islander AOD sector;
9. be written in partnership with Aboriginal and Torres Strait Islander organisations;
10. comprise a formal implementation plan that assigns responsibilities for actions to partners, and contains timeframes and KPIs;
11. include a rigorous monitoring and evaluation process;
12. span a ten-year period; and
13. be made available for public consultation, particularly to the AOD sector, in draft form before being finalised and released.

## 1. Introduction

NACCHO welcomes the opportunity to comment on the *Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy Discussion Paper* (Discussion Paper) authored by the National Research Centre for Training on Addiction (NCETA).

AOD use is a key social determinant of Aboriginal and Torres Strait Islander health. AOD use is a major risk factor that contributes to our people experiencing a burden of disease that is 2.3 times higher than that of other Australians.<sup>2</sup>

NACCHO supports the submission made to this consultation by the Aboriginal Health Council of South Australia (ACHSA) and has received guidance from the Aboriginal Health and Medical Research Council of NSW (AH&MRC) in drafting this submission.

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

- implementation of the four Priority Reforms outlined in the *National Agreement on Closing the Gap* (National Agreement);
- building the ACCHO AOD workforce;
- ensuring cultural safety; and
- the nature of the review of the 2015-18 AOD WFD Strategy.

## 2. Challenges

The development of the ACCHO workforce, as whole, is a key focus for NACCHO, and the AOD workforce is an important area within that workforce. AOD use is a key social determinant of Aboriginal and Torres Strait Islander health, with Aboriginal and Torres Strait Islander people 2.5 times more likely to smoke daily and 1.2 times as likely to drink at risky levels than other Australians.<sup>1</sup>

At the same time, the Aboriginal and Torres Strait Islander AOD workforce is significantly under-developed. Approximately 17% of AOD-treatment clients are Aboriginal and Torres Strait Islander people,<sup>3</sup> and yet only 6% of the AOD workforce are Aboriginal and Torres Strait Islander workers.<sup>4,5</sup>

By the same token, the Aboriginal and Torres Strait Islander AOD workforce is diverse, comprising alcohol and drug clinicians, but also a host of workers who provide AOD services as part of their broader responsibilities. These include Aboriginal and Torres Strait Islander health workers and health practitioners, mental health workers and liaison officers, as well as Aboriginal and Torres Strait Islander doctors, nurses, social workers, community health workers, and mobile patrol staff.<sup>6</sup>

Against a background of disadvantage and complex AOD use, Aboriginal and Torres Strait Islander AOD workers face unique stressors, including:

- heavy work demands and a lack of clearly defined roles and boundaries reflecting high community need and a shortfall of Aboriginal and Torres Strait Islander AOD Workers;
- dual forms of stigmatisation stemming from attitudes to AOD work and racism;
- difficulties translating mainstream work practices to meet the specific needs of Aboriginal and Torres Strait Islander clients;

- social isolation when working in mainstream organisations that don't have a clear understanding of the complexities of alcohol and drug use by Aboriginal and Torres Strait Islander people;
- challenges of isolation when working in remote areas;
- working with clients with complex comorbidities and health and social issues;
- working with higher rates of foetal alcohol syndrome disorders (FASD)<sup>7</sup>; and
- lack of cultural understanding and support from non-Indigenous colleagues and supervisors.<sup>8</sup>

Aboriginal and Torres Strait Islander people, however, are best equipped to be AOD workers in Aboriginal and Torres Strait Islander communities. They understand the complexity of harmful AOD use and the social determinants too often involved, including racism and discrimination, high rates of homelessness, poverty and unemployment, and childhood trauma. Aboriginal and Torres Strait Islander people have a greater appreciation of the importance of culturally safe service delivery and have expertise in providing it.

### 3. National Agreement

The National Agreement<sup>9</sup>, signed by Australian governments at all tiers, includes three targets pertinent to the development of the Aboriginal and Torres Strait Islander AOD workforce:

- *Target 1*: close the gap in life expectancy against indicators, including smoking and alcohol and drug use;
- *Target 2*: increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight, against indicators including the proportion of mothers who consume alcohol during pregnancy; and
- *Target 11*: reduce the rate of Aboriginal and Torres Strait Islander young people in detention, partly on the basis of improved data around the proportion of young people in detention who have received alcohol and other drug treatment services.

However, fulfilment of the National Agreement requires structural change, as outlined by its four Priority Reform Areas:

- Priority Reform Area 1 – Formal Partnerships and Shared Decision-Making;
- Priority Reform Area 2 – Building the Community-Controlled Sector;
- Priority Reform Area 3 – Transforming Government Organisations; and
- Priority Reform Area 4 – Shared Access to Location Specific Data and Information at a Regional Level.

**NACCHO recommends** the next version of the AOD WFD Strategy clearly address the implications of the four Priority Reform Areas for the AOD workforce. These include:

1. establishing partnerships and shared decision-making with Aboriginal and Torres Strait Islander people to develop the AOD WFD Strategy;
2. building capacity of the ACCHO sector and its AOD workforce;
3. providing culturally safe workplaces and cultural-safety training for the Aboriginal and Torres Strait Islander AOD workforce; and

4. introducing a national research program that identifies the current and future needs of the Aboriginal and Torres Strait Islander AOD workforce.

#### 4. Building the capacity of the ACCHO sector and its AOD workforce

Through the National Agreement, Australian Governments have committed to building capacity of the community-controlled health sector. This means funding ACCHOs directly to deliver services rather than through Public Health Networks, which in some circumstances have been found to favour mainstream providers over community-controlled services to deliver services to Aboriginal and Torres Strait Islander communities, or through other mainstream providers. This often results in poor quality of care or services that are not culturally safe for local Aboriginal and Torres Strait Islander communities. Research shows Aboriginal and Torres Strait Islander people prefer to use ACCHOs rather than mainstream medical services.

The the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* (Health Plan) commits to ensuring funding for service delivery to Aboriginal and Torres Strait Islander communities is prioritized through ACCHOs in the first instance. Over the last 50 years, ACCHOs have grown to become a key part of Australia's health system. They set the benchmark for the delivery of holistic, culturally safe and responsive primary healthcare services to Aboriginal and Torres Strait Islander people. ACCHOs deliver person-centred and community-centred comprehensive primary health care services and other human services, such as NDIS and aged care, integrated family and community services, and action on the social determinants of health, which include AOD.

This model of care goes beyond what mainstream primary care services typically deliver. It allows ACCHOs to provide a comprehensive range of health and social-and-emotional-wellbeing (SEWB) services that include substance, drug- and alcohol-use reduction programs, and support services for people dealing with alcohol and drug addiction.<sup>10</sup> In the last decade, the work of ACCHOs in this area has led to reductions in smoking and alcohol misuse.<sup>11</sup>

**NACCHO recommends** the next AOD WFD Strategy include clear actions to build the ACCHO sector's capacity to deliver AOD services. The AOD workforce is inadequately funded throughout the ACCHO sector, and many ACCHO member services have no funding for AOD services at all. As the Aboriginal and Torres Strait Islander population grows and its age-demographic profile alters, the need for Aboriginal and Torres Strait Islander AOD workers will increase along with the need for workers in other areas. A two-pronged approach is required over the coming years:

1. increase the number of *new workers*; and
2. diversify and build the skills of the *existing workers*.

##### *New workers*

The ACCHO network provides a critical and practical pathway into employment for many Aboriginal and Torres Strait Islander people. NACCHO is the third largest employer of Aboriginal and Torres Strait Islander people in Australia, with over 3,500 out of the 6,000 staff working in ACCHOs having either an Aboriginal or Torres Strait Islander background.

Strong education and training pathways are needed to bolster the Aboriginal and Torres Strait Islander workforce. 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.

Aboriginal and Torres Strait Islander Community Controlled Registered Training Organisations (ACCRTOs) facilitate strong and culturally safe pathways for Aboriginal and Torres Strait Islander students. ACCRTOs are the training arm of ACCHOs, and there are eleven nationally; their sole purpose is to build a skilled Aboriginal and Torres Strait Islander workforce to support their communities. ACCRTOs are essential to ensuring Aboriginal and Torres Strait Islander people have a culturally appropriate training option. They support both student and employer through the study journey from enrolment, work or clinical placement to graduation.

One option to create local opportunities for Aboriginal and Torres Strait Islander people to join the AOD workforce is to create a traineeship program for entry-level qualifications by funding ACCHOs and ACCRTOs to work in partnership to develop a national AOD program, inclusive of customised resources. This accredited training program could be used across the sector as more ACCRTOs and ACCHOs build their capacity to deliver the traineeship program. This will enable ACCHOs to recruit staff from their local area and be assured they are receiving culturally embedded training and work experience. The partnership, programs and resources will lay the groundwork for long-term careers in the health and care sector, including AOD roles.

**NACCHO recommends** the next AOD WFD Strategy support the growth of the ACCRTO sector and implement actions that increase its capacity to deliver a broad range of accredited qualifications and skill sets to Aboriginal and Torres Strait Islander students and workers, including AOD qualifications and skills. This will enhance the pathway model and idea of health-and-care work as a vocational choice from school and for those wishing to re-enter or enter the workforce as adults. The growth of the ACCRTO sector must include the following three elements:

1. embedding Certificate programs in community health in the traineeship program;
2. developing a traineeship framework and comprehensive onboarding resources to ensure ACCHOs can deliver programs in partnership with their ACCRTO; and
3. filling the funding gap to ensure ACCHOs do not incur additional costs.

A traineeship that embeds the accredited Certificate programs would allow for students to be employed in a local ACCHO and take advantage of the experience, support and mentoring available from existing staff whilst also gaining an accredited entry level qualification.

#### *Existing workers*

It is estimated there are around 30,000 care workers nationally without qualifications and locked out of future progression in the sector as a whole. A significant proportion cares for Aboriginal and Torres Strait Islander people, including providing AOD services. The existing ACCHO workforce needs upskilling with a mix of Recognition of Prior Learning (RPL), accredited and non-accredited training to support diversification of skills sets, and career pathway development.

**NACCHO recommends** a flexible approach that includes RPL and provides the opportunity to build on these skills with targeted, accredited-skill-set training in areas that include AOD services. This will help provide existing and new workforces with a unified system of transferrable skills that enables professional mobility across and upwards. The proposed approach has multiple benefits:

- providing clear training and career pathways for current workers to build skills and expertise across an integrated health and care model;
- providing a clear structured and consistent national traineeship program for use across the sector;

- mitigating many of the barriers currently experienced by students;
- strengthening the capacity of the ACCRTO sector to meet the integrated health workforce needs of ACCHOs;
- improving workforce retention for ACCHOs by building local workforce capacity; and
- ensuring flow-on benefits for local economies.

#### *Maintaining principles in the 2015-18 AOD WFD Strategy*

Notwithstanding the above comments, many of the principles outlined in the 2015-18 AOD WFD Strategy remain relevant and should be retained, including all the actions in *Outcome Area 7 – Increase the capacity of the workforce [...] among Aboriginal and Torres Strait Islander peoples*. Of particular importance are the actions:

- ensuring that there is Aboriginal and Torres Strait Islander participation in service planning (both professionals and consumers);
- implementing measures to promote AOD work as a career of choice for Aboriginal graduates of high school, vocational education and training and tertiary education;
- offering greater job security, career and development opportunities and financial incentives (including scholarships) for Aboriginal and Torres Strait Islander AOD workers to encourage them to increase their skill levels; and
- enhancing the number of Aboriginal and Torres Strait Islander individuals undergoing professional training as doctors, nurses, psychologists, social workers and addiction medicine doctors.

#### *Alignment with the Health Workforce Plan*

The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2021–2031* (Health Workforce Plan) guides all governments in addressing barriers to growing and retaining the Aboriginal and Torres Strait Islander health workforce. The broad guidance of the Health Workforce Plan is applicable to the Aboriginal and Torres Strait Islander AOD sector. Written in partnership with Aboriginal and Torres Strait Islander people, its six Strategic Directions aim to ensure that Aboriginal and Torres Strait Islander people:

- are represented and supported across all health disciplines, roles and functions;
- have the necessary skills, capacity and leadership across all health roles;
- are employed in culturally safe and responsive workplace environments that are free of racism;
- are studying and completing health qualifications to meet future health care needs; and
- have successful transitions into the workforce and access clear career pathway options.

The strategic approach of the Health Workforce Plan, unlike the 2015-18 AOD WFD Strategy, sets out a comprehensive workforce-development pathway that nominates the roles of partners (leads and supporters) in fulfilling complementary, defined responsibilities.

**NACCHO recommends** that the next AOD WFD Strategy be fully aligned with the Health Workforce Plan.



## 5. Culturally safe AOD services

Aligned with Priority Reform Three of the National Agreement, the Health Workforce Plan as well as the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* (Health Plan) commit to eliminating racism from mainstream health services and ensuring mainstream services, including AOD services, provide culturally competent care to local Aboriginal and Torres Strait Islander people.

The importance of culturally safe workplaces for Aboriginal and Torres Strait Islander health workers cannot be underestimated. The Australian Institute for Health and Welfare (AIHW) notes that consultations on the Health Workforce Plan found that a culturally safe health-and-education sector is essential to improving the recruitment and retention of Aboriginal and Torres Strait Islander workers.<sup>11</sup>

The Health Workforce Plan contains specific strategies to ensure education and training builds the cultural competence and cultural awareness of Australia's health-care workforce through undergraduate, postgraduate, vocational and continuing professional education.

### *Implementing cultural-safety principles in the 2015-18 AOD WFD Strategy*

Outcome 7 of the 2015-18 AOD WFD Strategy contains appropriate principles in this regard, including ensuring:

- new Aboriginal and Torres Strait Islander AOD workers participate in culturally appropriate orientation and induction programs; and
- access to culturally secure AOD training and working environments which recognise the importance of Aboriginal and Torres Strait Islander ways of working.

These actions, and their associated KPI, should be maintained. However, they should be strategically implemented by partners with defined roles, defined timeframes and adequate funding. They should also be extended by the adoption of *Strategy Direction Three* of the National Workforce Plan, which contains nine comprehensive actions aimed at ensuring cultural safety for Aboriginal and Torres Strait Islander health workers. Resourcing cultural-safety training for staff in mainstream services should be undertaken to ensure Aboriginal and Torres Strait Islander people can access culturally safe services wherever they are.

**NACCHO recommends** that in line with Priority Reform Area Three of the National Agreement, the next AOD WFD Strategy includes actions to ensure all agencies delivering AOD services and programs are free from discriminatory practices and processes, and are well-equipped to deliver culturally safe care for Aboriginal and Torres Strait Islander clients.

Ultimately, the ACCHO sector is best placed to deliver culturally safe trauma-informed services and training and should be prioritized to do so.

Some of NACCHO's member services have raised concerns that they are unable to receive funding through PHNs as the models of care required as a prerequisite to receive funding do not align with the person-centred, holistic model of care delivered by ACCHOs. This disadvantages Aboriginal and Torres Strait Islander communities.

**NACCHO recommends** the next AOD WFD Strategy call for a revision of commissioning arrangements for AOD treatment services for Aboriginal and Torres Strait Islander people in line with Priority Reform Two of the National Agreement (as is happening with mental-health services). This means funding ACCHOs directly to deliver AOD services, rather than via PHNs, which as noted above often leads to poor outcomes for Aboriginal and Torres Strait Islander communities.

## 6. Data

As the *Discussion Paper* notes, there is currently no comprehensive national AOD workforce data collection system that provides accurate and representative data on the Australian AOD workforce. The Health Workforce Plan similarly notes that meaningful and reliable data is needed to support the Aboriginal and Torres Strait Islander health workforce to grow and develop, including:

- workforce models and strategies based on community-identified needs and evidence-based best practice; and
- data that is clearly reported, strengths-based, and accessible publicly for transparency and accountability and to support Aboriginal and Torres Strait Islander decision making, locally and nationally.

Under the Health Workforce Plan, the Department of Health and the AIHW have agreed to an Aboriginal and Torres Strait Islander data-expansion strategy that extends the:

- National Health Workforce Dataset; and
- Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool.

The data-expansion strategy will, it is stated, *'identify priority gaps to address need and will be co-designed, agreed and implemented by all health sectors and other relevant agencies.'*

**NACCHO recommends** that as parties to the Health Workforce Plan and leads in the implementation of the data-expansion strategy (the Department of Health and the Australian Institute for Health and Wellbeing) ensure data on the Aboriginal and Torres Strait Islander AOD sector is identified as a priority gap and comprehensively collected and made publicly accessible by 2027.

## 7. Review process

NACCHO notes the *Discussion Paper's* comment that, *'a thorough review of the progress made in each of these areas [Outcome Areas of the 2015-18 AOD WFD Strategy] is beyond the scope of the current document'*. This is regrettable. Failing to adequately review the 2015-18 AOD WFD Strategy does not encourage confidence in the next iteration of the AOD WFD Strategy. Without information or data about the success (or otherwise) of the previous strategy, the ability of the *Discussion Paper* to contribute meaningfully to the next iteration is limited.

**NACCHO recommends** the next AOD WFD Strategy include a robust monitoring and evaluation framework to ensure the impact of proposed measures can be properly assessed. **NACCHO recommends** the next AOD WFD Strategy also include a formal implementation plan that assigns responsibilities for actions to partners, and contains timeframes and KPIs.

Furthermore, **NACCHO recommends** the next AOD WFD Strategy be authored in partnership with Aboriginal and Torres Strait Islander organisations. It would thereby be aligned with Priority Reform Area One of the National Agreement, agreed to by all Australian governments, and be rooted in shared decision making with Aboriginal and Torres Strait Islander people.

**NACCHO also recommends** the next AOD WFD Strategy span a significantly expanded time period, in the order of ten years, to align with the number of other plans and strategies currently in place, including the *National Medical Workforce Strategy 2021-2031* and the *Health Workforce Plan*. Workforce expansion and the development of strong pipelines are not short-term activities; they take time to implement and time for the benefits to manifest. Condensing this work into a single funding cycle will only diminish the likelihood of success.

Finally, **NACCHO strongly recommends** a draft of the next AOD WFD Strategy be made available for public consultation before being finalised and released. It is essential that AOD peak bodies, service providers and workers have the opportunity to provide feedback on a Strategy that will affect them. While it is tempting for governments to work to budget or election timelines, this must be avoided if we are to deliver a robust AOD WFD Strategy that adequately meets the needs of the sector.

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