



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

Employment White Paper

Submission to the
Department of the Treasury

December 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.

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Recommendations

NACCHO recommends:

1. full implementation of the *National Agreement on closing the Gap* to address structural barriers to Aboriginal and Torres Strait Islander employment;
2. greater accountability of mainstream service providers to deliver culturally safe services to Aboriginal and Torres Strait Islander people and communities;
3. adequate funding for the full implementation of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31*;
4. integration of skills, engagement and employment programs for Aboriginal and Torres Strait Islander people with national workforce strategies and plans;
5. operational base funding be provided to support and grow the Aboriginal Community Controlled RTO (ACCRTO) sector;
6. sustained funding for a nation-wide, community controlled led adult-literacy program for Aboriginal and Torres Strait Islander communities, utilising the Literacy for Life Foundation's proven model;
7. reform of CDP through adoption of the APO NT proposed *Fair Work Strong Communities* scheme;
8. prioritisation and adequate funding of the Aboriginal Community Housing Provider (ACHP) sector;
9. prioritise engagement of remote-housing construction companies that train and employ designated quotas of local Aboriginal and Torres Strait Islander people, apprentices and workers; and
10. greater accountability on mainstream service providers to employ Aboriginal and Torres Strait Islander people.

Introduction

NACCHO welcomes the opportunity to provide a submission to the Employment White Paper.

NACCHO supports the submission made by the Aboriginal Peak Organisations Northern Territory (APO NT) to the consultation.

Employment lies at the heart of socioeconomic opportunity. It provides direct economic benefit to individuals and families, including financial security, increased social mobility and access to higher standards of living. Beyond this, it is well established that working is associated with benefits to physical and mental health, social inclusion and improved developmental outcomes for the children of employed persons.

National Agreement on Closing the Gap

Aboriginal and Torres Strait Islander people face structural barriers that reduce their capacity to gain employment, including poor outcomes for health, housing, education, and high rates of incarceration. These factors stem from the continuing impacts of colonisation, disempowerment and marginalisation of Aboriginal and Torres Strait Islander people.

Greater self-determination and community control is essential to address barriers to employment and simultaneously lessen the gap in a range of socio-economic outcomes for Aboriginal and Torres Strait Islander people.

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. All governments have committed to the implementation of the National Agreement's four Priority Reform Areas, which 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 recommends full implementation of the National Agreement to address structural barriers to Aboriginal and Torres Strait Islander employment.

Workforce observations

Aboriginal and Torres Strait Islander people experience high unemployment and under-employment levels nationally. In 2018-19, just 49% of Aboriginal and Torres Strait Islander people of working age were employed compared to 76% for other Australians.¹

In remote and very remote areas, employment is significantly lower. In 2018–19, only 35% of Indigenous Australians in remote areas were employed, compared to 59% in major cities. In addition, there are high levels of people classified as ‘Not in the labour force’ in remote Aboriginal communities. Estimates suggest some parts of the Northern Territory have a rate as high as 60% amongst the 16-24 age group.²

Addressing the gap in Aboriginal and Torres Strait Islander employment rates requires a strategic approach based on equal partnerships between governments and Aboriginal and Torres Strait Islander people, the community controlled sector and organisations.

We know that in the health sector, the identified lack of Aboriginal and Torres Strait Islander health and care workers across the sector (AIHW Indigenous HPF 3.12) 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.

The Aboriginal Community Controlled Health Organisation (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 after Coles and Woolworths. In addition to the locations in urban and regional areas our services are located in remote and very remote locations.

The ACCHO health workforce deliver holistic models of care as part of an integrated, multidisciplinary team, an approach which is widely accepted as delivering strong health outcomes for Aboriginal and Torres Strait Islander communities. 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.

The Government’s commitment to building a robust Aboriginal and Torres Strait Islander health and care workforce, reflected in Minister Butler’s budget commitment to the 500 Aboriginal Health Worker and Practitioner traineeships which NACCHO will lead over the next 5 years is a very important first step for the sustainability of our health services.

Cultural safety

Workforce attraction, retention and development

The AIHW have identified that the cultural safety of the workplace is critical to recruitment and retention of Aboriginal and Torres Strait Islander workers.³

Aboriginal and Torres Strait Islander people access health and care services at far lower rates than

¹ AIHW (2021) [Employment and Unemployment](#)

² Havnen, O. 2012. Office of the Northern Territory Coordinator-General for Remote Services Report, June 2011-August 2012. Pp 175-177

³ AIHW Indigenous Health Performance Framework 3.22

other Australians, due in large part to systemic barriers which include a lack of cultural safety. 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.⁴

A 2019 study recommended several strategies to improve retention in remote health settings, including prioritising remote and Aboriginal and Torres Strait Islander students; maximising training in remote areas; ensuring a good 'fit' between individual staff and the community (especially with regard to cultural skills); optimising co-ordination and management of services that empower staff and create positive practice environments; and prioritising community participation and employment of locals.⁵

Supervision of staff and trainees across all levels of education and training needs to be considered and funded to ensure it is embedded within the workplace, rather than seen as an additional role within an already stretched workforce.

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.⁶

Eliminating racism and ensuring culturally safe practice

In keeping with the National Agreement on Closing the Gap, priorities in the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 and the National Aboriginal and Torres Strait Islander Health Workforce Plan 2021-2031 commit to eliminating racism from mainstream health services and ensuring mainstream 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. AIHW note that consultations on the Health Workforce Plan found a culturally safe health and education sector is essential to improving the recruitment and retention of Aboriginal and Torres Strait Islander workers.⁷

⁴ Conte et al, <https://doi.org/10.1093/heapro/daz035>

⁵ Wakerman et al, <https://doi.org/10.1186/s12960-019-0432-y>

⁶ Lai et al, <https://doi.org/10.3390/ijerph15050914>

⁷ AIHW Indigenous HPF 3.22

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.

The co-design work taking place in Queensland for Health Equity provides an excellent example of structural initiatives to eliminate racism in the health system.

NACCHO recommends greater accountability of mainstream service providers to deliver culturally safe services to Aboriginal and Torres Strait Islander people and communities.

Health sector workforce

Current workforce shortages in the health sector, particularly in regions where there is a proportionately higher Aboriginal and Torres Strait Islander population, provide a major employment opportunity.

Growth needs for the entire Health Care and Social Assistance (HCSA) workforce are estimated to be in the order of 14.2% over the five years to 2025, a requirement for 249,500 workers. For Aboriginal and Torres Strait Islander workers to make up a modest proportionate component (say 3.3%) of the forecast increase, an additional 8,233 Aboriginal and Torres Strait Islander workers would be required by 2025. However, we know that Aboriginal and Torres Strait Islander people make up a far greater proportion of people who need care, so this number is likely an underestimate. In addition, our existing services are already experiencing severe shortages.

Currently, there are 670 registered Aboriginal and Torres Strait Islander Health Practitioners, 81% of whom are employed in the Aboriginal health services. However, this is an aging workforce with 1 in 5, 55 years and older. Aboriginal and Torres Strait Islander registered nurses only constitute 1.16% of the total amount of RNs and 84 Medical practitioners with a primary specialty of General Practitioner identify as Aboriginal and Torres Strait. Clearly, more needs to be done to grow this workforce.

Without an overall increase in the number of Aboriginal and Torres Strait Islander people participating in the human services sector employers and subsectors will be competing with each for a limited resource.

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).⁸

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.

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. ACCHOs employ approximately 6,000 staff across Australia, 56 per cent of whom identify as Aboriginal and/or Torres Strait Islander. However, with greater Australian Government funding, there is scope for ACCHOs to employ more Aboriginal and Torres Strait Islander people and deliver more services.

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

⁸ Australian Government (2022) *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31*, Canberra

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.

NACCHO recommends the Australian Government funds the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31*.

Other national workforce strategies

Other workforce strategies are currently in place nationally, including the *NDIS National Workforce Plan*, the *National Care and Support Workforce Strategy*, the *National Mental Health Workforce Strategy*, the *Aged Care Workforce Strategy* and the *National Children's Education and Care Workforce Strategy*.

There are strong local employment opportunities embedded within all these plans and strategies. The *Aged Care Workforce Strategy*, for example, states that a program to expand the recruitment of Aboriginal and Torres Strait Islander staff into the aged care workforce is 'vital to support Indigenous consumers who are seeking information to meet cultural safety'.⁹

While these strategies are largely designed to address concerns about workforce pipelines and shortfalls in areas of growing need, they have been developed without ongoing input from the Department of Education Skills and Employment, or the education sector more broadly. Without the expertise of the education and training sector to support the development of strong workforce training pathways, many of these strategies are likely to be unsuccessful.

NACCHO recommends skills, engagement and employment programs for Aboriginal and Torres Strait Islander people respond directly to national workforce strategies and plans.

Pathways

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.

Interest in health careers for example, 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 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.

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 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, and completing placement requirements 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-

⁹ Aged Care Workforce Taskforce (2018) [A matter of care - Australia's aged care workforce strategy](#)

controlled health sector also makes completion of placement requirements problematic – overburdening already stretched staff.

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.

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 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. Central to this is a model of delivery that encompasses high levels of wrap around 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.

ACCRTOs focus on the provision of culturally competent, holistic care, and accessibility for Aboriginal and Torres Strait Islander students. Unlike TAFEs and 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 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. However, IT infrastructure and connectivity issues continue to limit training opportunities, particularly in remote, rural and regional areas.

The prioritisation of additional funding for the ACCRTO sector to help build the Aboriginal and Torres Strait Islander health workforce would contribute to Priority Reform 2 of the National Agreement.

NACCHO recommends base funding be provided to support and grow the ACCRTO sector.

Language, Literacy, Numeracy and Digital skills

Research from the Literacy for Life Foundation (LFLF) estimates that between 40 and 65% of Aboriginal adults are functionally illiterate in English.¹⁰ Improving Language, Literacy and Numeracy (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.¹¹ Research also shows that poor LLN and low education levels among Aboriginal and Torres Strait Islander people and communities are linked to 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.¹²

Attempting to address low adult-literacy levels primarily through programs designed to enhance employment opportunities (Foundation Skills certificate programs), limits the capacity of those programs to achieve improved outcomes. It is also important to recognise that mainstream education systems have often excluded and been culturally unsafe for Aboriginal and Torres Strait Islander people. This is evident in completion and outcomes data.

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 initiatives to improve adult-literacy among our people are designed to be culturally safe, in line with the National Agreement.

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 improve English literacy in their own 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. This approach consistently results in high engagement and completion levels, and significant improvement in the functional literacy of participants, building confidence to undertake new activities.

¹⁰ Literacy for Life Foundation. (2022) *Literacy for Life*, Available from: <https://www.lflf.org.au/>

¹¹ Shomos A, Fobes M. (2014) *Literacy and Numeracy Skills and Labour Market Outcomes in Australia*. Canberra: Productivity Commission.

¹² Shalley F, Stewart A. (2017) *Aboriginal adult English language literacy and numeracy in the Northern Territory*. Darwin: Charles Darwin University.

In line with the recommendations of the *Don't take it as Read*¹³ report, **NACCHO recommends** sustained funding for a nation-wide, community-led adult-literacy program for Aboriginal and Torres Strait Islander communities, utilising the LFLF's proven model.

Reform of CDP

Fundamental to Aboriginal and Torres Strait Islander unemployment is a lack of jobs/market opportunities, particularly in remote areas where many Aboriginal and Torres Strait Islander people live. The Community Development and Employment Program (CDEP), and its replacement the Community Development Program (CDP) were intended to address these issues. Across Australia, more than 80% of CDP participants identify as Aboriginal or Torres Strait Islander. While CDP responds to lower job opportunities in regional and remote communities, it is discriminatory against Aboriginal and Torres Strait Islander participants.

Due to cultural and family obligations and barriers such as low English literacy, high rates of ill health and poor mental health, homelessness and disability, participants sometimes cannot avoid missing or being late for CDP activities. If they do so, they are fined, reducing already below-award payments. In 2018, communities with high numbers of Aboriginal and Torres Strait Islander participants were issued with the highest number of these fines. In one Aboriginal community, participants were fined an average of 15 times in one year.¹⁴

Further, despite being required to work more than 25 hours per week, CDP participants are not considered employees and are hence excluded from the protections of the Fair Work Act and occupational health and safety laws, and do not accrue any superannuation. Punitive approaches such as these, succeed only in further entrenching already endemic poverty, marginalisation and disengagement in Aboriginal and Torres Strait Islander communities.

An Aboriginal-led employment model would better ensure Aboriginal and Torres Strait Islander people are receiving an appropriate income, and that the unique social settings and limited labour markets within remote communities are addressed.

The APO NT has worked with a coalition of organisations, including CDP providers, NGOs and peak bodies, to develop a proposal that creates real job opportunities in remote communities - one based on dignity and local community control. Under the APO NT's *Fair Work Strong Communities* scheme,¹⁵ Government would fund 10,500 new part-time jobs on specified projects and services in local Aboriginal and Torres Strait Islander community-controlled organisations across CDP areas. Jobs would be paid at award wages with standard employment rights and conditions, including superannuation. A training account would be available to enable skills development, including workplace literacy and numeracy.

NACCHO recommends CDP be reformed through adoption of the APO NT proposed *Fair Work Strong Communities* scheme.

Housing sector employment and training

The housing sector offers additional opportunities for the creation of local training and jobs, particularly in remote communities.

¹³ Parliament of Australia, 2022, *Don't take it as read: Inquiry into adult literacy and its importance*, https://www.aph.gov.au/Parliamentary_Business/Committees/House/Employment_Education_and_Training/Adultliteracy/Report

¹⁴ ABC, 2018, Indigenous communities slapped with more fines, <https://www.abc.net.au/news/2018-10-04/cdp-community-development-program-region-penalties-map/10329118>

¹⁵ The full scheme can be accessed at https://docs.wixstatic.com/ugd/f2d5cf_0c505e9d8fe5437b874edd90f73e9c52.pdf

Safe and decent housing for Aboriginal and Torres Strait Islander people is urgently required. There is a critical need for appropriate housing which meets the cultural and climate needs of communities, and for the maintenance of that housing stock. There is an opportunity to train and employ local workers which would not only contribute to improved housing and health outcomes, but also provide further benefit to local economies.

NACCHO strongly advocates for a major investment in housing to improve health outcomes for Aboriginal and Torres Strait Islander people. There is comprehensive, evidence-based literature that demonstrates the powerful links between housing and outcomes for health.¹⁶

The community-controlled housing sector has an established track record in developing and managing affordable housing. Across Australia, there are approximately 330 Aboriginal Community Housing Providers (ACHPs), two-thirds of which receive government funding.¹⁴ These ensure management of rental housing can better provide for cultural needs, be culturally safe and free from racism. Increasing the availability of ACHP housing stock will lessen overcrowding, improve maintenance and allow for those reliant on the unaffordable private-rental market to bypass rental stress.

Expanding the ACHP sector can help ensure procurement of construction and maintenance that prioritises training and employment of Aboriginal and Torres Strait Islander workers. Building and maintenance work can provide meaningful and sustainable training and employment opportunities through apprenticeships for local Aboriginal and Torres Strait Islander people.

NACCHO recommends governments prioritise and adequately fund the Aboriginal Community Housing Provider (ACHP) sector.

NACCHO recommends governments prioritise engagement of remote-housing construction companies that train and employ designated quotas of local Aboriginal and Torres Strait Islander people apprentices and workers.

Mainstream and government employment

Organisations that are not Aboriginal community-controlled (i.e., 'mainstream' organisations) and also federal and state departments and local-government, have a crucial role in recruiting and up-skilling Aboriginal and Torres Strait Islander people. This is best done through the co-production of initiatives between different levels of government, ACCHOs, other Aboriginal and Torres Strait Islander community-controlled organisations and mainstream organisations.

There are often no pathways for advancement for Aboriginal and Torres Strait Islander people within mainstream and government organisations. Accordingly, it is imperative that Aboriginal and Torres Strait Islander people be upskilled to hold management positions to ensure they oversee the upskilling and career advancement opportunities of other Aboriginal and Torres Strait Islander staff.

NACCHO recommends greater accountability should be placed on mainstream service providers to employ Aboriginal and Torres Strait Islander people.

¹⁶ Baker E, Mason K, Bentley R. (2014) *Exploring the bi-directional relationship between health and housing in Australia*. Urban policy and research, 71–84; Noonan S. (2022) *What is acute rheumatic fever? Rheumatic Heart Disease Australia*. Available from: <https://www.rhdaustralia.org.au/what-acute-rheumatic-fever>