

Remote and Rural
Indigenous Allied Health

Community
Report



IAHA

Indigenous Allied
Health Australia

Acknowledgement

We pay our respects to the traditional custodians across the lands and waters in which we work, and acknowledge Elders past, present and future.

IAHA would like to acknowledge and thank the Warumungu, Bwgcolman and Manbarra peoples for their input, sharing of information, country and cultures. We would also like to thank the members of the RIAHP Steering Committee including IAHA partners and stakeholders for their support and contribution to this project.

Disclaimer: This report is for information purposes only. Whilst every effort has been made to ensure the information is accurate, IAHA will not accept liability for any loss or damage which may be incurred by any person acting on the information contained in the report.

Contents

Executive Summary	2
Indigenous Allied Health Australia	4
Culturally Safe and Responsive Workforce	8
Allied Health Careers and Pathways	10
Allied Health Workforce and Planning	11
Community Driven Solutions	12
Successes and Challenges	15
Summary	17

Executive Summary

The Remote and Rural Indigenous allied health workforce development project (RIAHP) was completed by Indigenous Allied Health Australia (IAHA) between 2017 and 2019. The Department of Social Services (DSS) NDIS Sector Development Fund funded this project. The *DSS Sector Development Fund* was established to assist individuals and organisations to transition to the new National Disability Insurance Scheme (NDIS) operational environment.

The overall purpose of the RIAHP was to advocate and build the evidence around the critical need for an Aboriginal and Torres Strait Islander allied health workforce in remote and rural communities.

The main aim of the RIAHP has been to identify need, build the workforce and increase access to culturally safe and responsive allied health services for NDIS eligible (and other) people living in rural and remote communities. The project was funded recognising the severe shortage of such services in remote and rural Aboriginal and Torres Strait Islander communities and the implications this has for the effective roll out of the NDIS and the potential benefit it aims to deliver. Importantly, the NDIS presents a once in a lifetime opportunity to enable the development of quality, cost-effective and accessible services for people at serious risk of being left further behind, and for whom existing service arrangements are by any reasonable comparison completely inadequate or even non-existent.

The RIAHP focused on what allied health, education, training and employment opportunities exist, or could possibly be developed to build the Aboriginal and Torres Strait Islander allied health workforce in communities. Palm Island, Queensland and Tennant Creek, Northern Territory were selected for this project as both communities are in remote locations, have a high population of Aboriginal and/or Torres Strait Islander peoples, were communities where the NDIS had been rolled out and agreed to work with IAHA.

This report proposes approaches for co-design in developing and delivering culturally safe and responsive workforce models and services that are informed by community members, carers, organisations and current service providers.

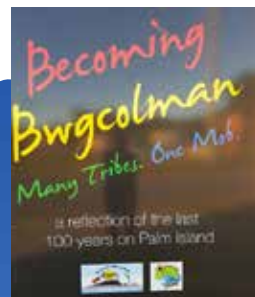
A Steering Committee with a Terms of Reference was established to ensure project milestones were being met; to gain and facilitate Steering Committee members' advice, input to and feedback on key project deliverables; to actively support the project objectives by engaging other key stakeholders as required; reviewing in detail draft documents supplied; and to uphold the principle that remote/rural Aboriginal and Torres Strait Islander communities are diverse and require place-based solutions led and developed in partnership with individual communities.

The Steering Committee comprised of:

- Donna Murray, Chief Executive Officer, Indigenous Allied Health Australia (IAHA)
- Allan Groth, Chief Operating Officer, Indigenous Allied Health Australia (IAHA)
- Donna-Maree Towney, Project Officer Indigenous Allied Health Australia (IAHA)
- Karl Briscoe, Chief Executive Officer, National Aboriginal Torres Strait Islander Health Worker Association (NATSIHWA)
- Rob Curry, President Services for Australian Rural and Remote Allied Health (SARRAH)
- Damian Griffis, Chief Executive Officer, First People's Disability Network (FPDN)
- Erin Lew Fatt, Programs Manager Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- Jillian Paul, National Manager, National Disability Insurance Agency (NDIA)

IAHA's approach was and is to ensure Aboriginal and Torres Strait Islander people's perspectives on what their community needs and how it can work for them remained the central focus and priority of this work. With considered engagement and respect for each community's ways of knowing, being and doing, the Tennant Creek and Palm Island communities shared valuable insight and knowledge with the project team.

Cultural Responsiveness Workshop, Tennant Creek



TENNANT CREEK

Indigenous Allied Health Australia

INTRODUCTION TO INDIGENOUS ALLIED HEALTH AUSTRALIA (IAHA)

Indigenous Allied Health Australia (IAHA) is a national not for profit, member based Aboriginal and Torres Strait Islander allied health organisation leading allied sector workforce development, support and policy.

IAHA's vision and purpose define the organisation and is best placed to work with Aboriginal and Torres Strait Islander people to deliver a holistic and inclusive workforce for Aboriginal and Torres Strait Islander peoples.

IAHA Vision and Purpose

Our Vision is that all Aboriginal and Torres Strait Islander people and future generations are healthy, strong, thriving and self-determined.

Our Purpose is that we will collectively transform the allied health sector, led by the Aboriginal and Torres Strait Islander workforce, to improve health and wellbeing outcomes.



Michale Chandler - Community Health Awareness Day, Palm Island, Qld



*Dyella Morgan and Nicole Baira
-PICC - Palm*

Who is IAHA and what does IAHA do?

IAHA states that in order to improve Indigenous health and wellbeing more Aboriginal and Torres Strait Islander people need to be encouraged to consider, pursue and succeed in allied health careers.

IAHA's core priorities include:

- Increasing the allied health workforce across the diverse disciplines;
- Supporting a strong and engaged Aboriginal and Torres Strait Islander allied health workforce across diverse sectors;
- providing national leadership, advocacy, expert advice, in allied health workforce and Indigenous health and wellbeing policy and strategies;
- working with Aboriginal and Torres Strait Islander communities through promoting allied health careers and facilitating pathways that support the professional, personal and cultural aspirations of individuals, families and communities; and
- transforming the health system influencing and driving change for culturally safe and responsive health care, that is recognised as being essential to optimising health and wellbeing while preventing ill health in our communities.

How Does IAHA Contribute to Improving Aboriginal and Torres Strait Islander Health and Wellbeing?

IAHA's Strategic Plan commits us to pursuing the policy, structural and cultural change needed to support and engage the Aboriginal and Torres Strait Islander health workforce and the communities they care for. It is well understood that education and employment opportunities lead to better health, therefore IAHA is focused on better education and employment outcomes - for IAHA members and Aboriginal and Torres Strait Islander people. This connection reflects Aboriginal and Torres Strait Islander peoples' understanding and knowledge that holistic approaches are critical to attain, maintain and improve health and wellbeing.

Brian Tennyson - Tennant Creek, NT



BACKGROUND OF THE PROJECT

The Remote and Rural Indigenous Allied Health Workforce Development Project (RIAHP) was born from ongoing dialogue regarding the gathering of evidence to support an allied health workforce in remote Australia. The proposal for the RIAHP was supported by funding from the Department of Social Services (DSS) and the project was carried during 2017 to 2019.

Palm Island and Tennant Creek were selected as key communities to work with IAHA on this project as they were trial sites under the National Disability Insurance Scheme (NDIS). The NDIS was implemented in July 2016 in these communities and both communities have a high population of Aboriginal and Torres Strait Islander people and a high prevalence of disability.

In 2017, work commenced in the communities of Tennant Creek, Northern Territory and Palm Island Queensland. Ongoing engagement during this time confirmed the importance of the development of an Aboriginal and Torres Strait Islander allied health workforce.

As a result of the funding for the project, IAHA, could accomplish its workforce development goals which include:

- improve the capacity and capability of the allied health sector in remote and rural Aboriginal and Torres Strait Islander communities;
- build an Aboriginal and Torres Strait Islander allied health workforce;
- build a culturally safe and responsive allied health workforce which includes, but is not limited to health providers and NDIS service providers; and
- improve access to holistic allied health services for Aboriginal and Torres Strait Islander people with disability.

“CHANGE CAN’T HAPPEN FOR OUR PEOPLE WITH DISABILITY WITHOUT RECOGNISING THE SYSTEMIC BARRIERS, SUCH AS POVERTY, FOR ABORIGINAL PEOPLE WITH DISABILITY”. FPDN CEO Damian Griffis

Optimal health and wellbeing for individuals, families and communities is central to living well. Holistic health and wellbeing in this context are incorporating social, emotional, cultural, physical and spiritual wellbeing.

The RIAHP primary objective was to motivate and build the Aboriginal and Torres Strait Islander allied health workforce in rural and remote communities, as summarised in the project outline below:

- The project will stimulate the development of an Aboriginal and Torres Strait Islander allied health workforce that can provide culturally safe and responsive and holistic allied health services to people with disability; and
- Will ensure that in regions where there is no Aboriginal and Torres Strait Islander allied health workforce, that the non-Indigenous workforce are equipped with the knowledge and support to be able to deliver culturally safe and responsive services to Aboriginal and Torres Strait Islander peoples.

An Aboriginal and Torres Strait Islander allied health workforce working in the communities in which they live helps to compliment the broader workforce, provide sustainable employment, provide a culturally safe and responsive environment to study, train, deliver and receive health care and meets the health and cultural needs of Aboriginal and Torres Strait Islander people.

Currently, the lack of available services in rural and remote regions and the higher percentage of Aboriginal and Torres Strait Islander peoples living in remote and rural regions means that Aboriginal and Torres Strait Islander people with disability are unable to exercise their entitlement of access to the NDIS and other disability services due to the scarcity of appropriate services in these areas and are often not identified as being eligible, meaning that many disability support services are being provided informally by community members.

The NDIS should provide the opportunity for people with disability living in remote and rural areas to receive a range of supports that they have never previously accessed, for many different reasons, including allied health services. Unfortunately, the scheme has underestimated the need and is unable to meet the demand or fulfil the workforce capacity to support the scheme, nor provide consistent care and support to Aboriginal and Torres Strait Islander people with disability in remote communities.

An impediment to effective NDIS engagement and implementation in Aboriginal and Torres Strait Islander communities is the lack of relationships and the culturally safe and responsive engagement activities required to enable relationships. This underpins the importance of engaging people with knowledge of the communities and local culture to ensure that people are working in culturally safe ways.

This work has importance particularly with:

- 45% Aboriginal and Torres Strait Islander people living with disability or a long-term health condition¹;
- 7.7% Aboriginal and Torres Strait Islander people living with a severe or profound disability;
- Aboriginal and Torres Strait Islander people are 2.1 times more likely to be living with disability than other Australians;
- 19% Aboriginal and Torres Strait Islander people with disability participate in the workforce; and
- 5 times more likely to experience mental illness than other Australians

Further, it is well documented that there are wide gaps in the early life opportunities and outcomes of Aboriginal and Torres Strait Islander and non-Indigenous populations.

• **“THAT HEALTH SERVICE DOESN’T LISTEN TO US WHEN WE
• TELL THEM THAT WE CAN’T GO IN THERE WITH THE MEN”**

These gaps are the result of and compounded by social, cultural, historical and economic determinants of health, which are often associated with inter-generational trauma and/or disadvantage. To overcome this situation, services must be culturally safe and responsive tailored to actual needs, sustainable and well-integrated.

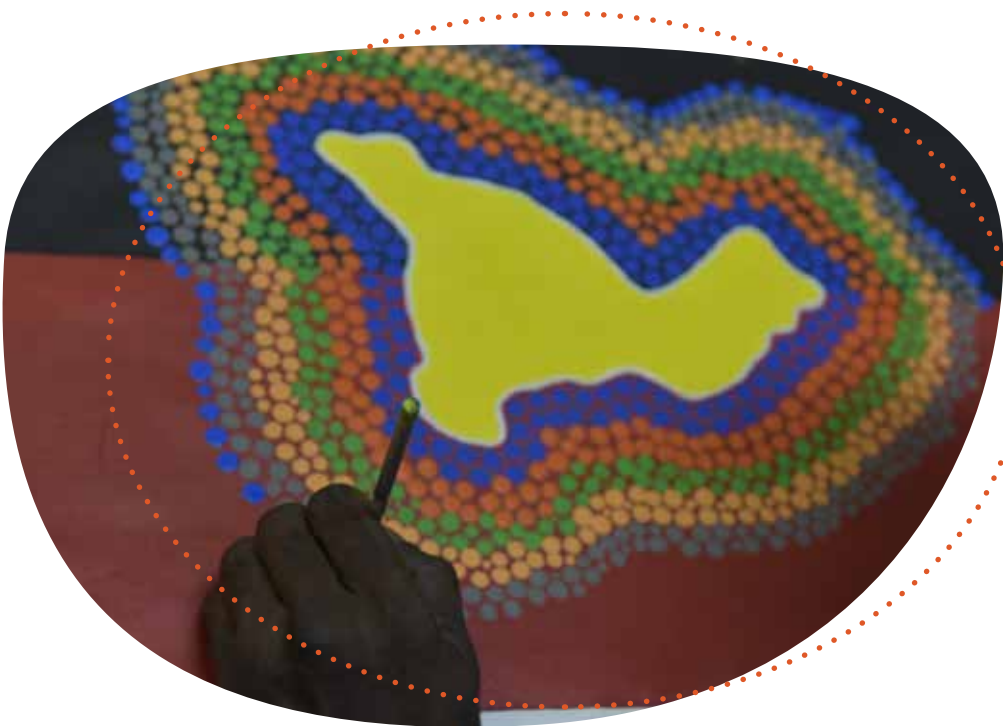
1 <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0>

Culturally safe and responsive workforce

IAHA's view is that services need to be designed, developed and led by community in partnership with key stakeholders to meet the needs of Aboriginal and Torres Strait Islander communities. The alternative is to persist with service approaches that do not deliver results, engage community adequately or build service capacity and transfer those skills on to communities.

Despite the introduction of the NDIS within Australia, particularly in remote locations, there is a substantial unmet demand for allied health services in remote and rural areas of Australia, the demand is evident, but the numbers of allied health professionals have not increased in remote areas. Existing service delivery, financing and workforce models have not facilitated adequate allied health service capacity in many communities, despite demand. This demand could be met, in part, by supporting communities to develop their own community-based workforce with Aboriginal and Torres Strait Islander people from community augmented by the current services and practices.

- “WE WANT PEOPLE TO LOOK AFTER US WHO UNDERSTAND AND RESPECT CULTURAL TRADITIONS AND OBLIGATIONS TO OUR FAMILY”



Arts and Culture Program - Tennant Creek, NT

An Aboriginal and Torres Strait Islander allied health workforce will ensure that allied health services are being delivered in a holistic, consistent, culturally safe and responsive manner. This way of working will improve health and wellbeing outcomes and provide Aboriginal and Torres Strait Islander people in remote and rural communities with economically viable and sustainable career pathways and employment opportunities across diverse sectors.

Access to mainstream services needs careful consideration as there are barriers to access that need to be addressed. Cultural differences are known to impact on the preparedness of Aboriginal and Torres Strait Islander people with disability (and their families) to request and access mainstream disability services:

- Language and cultural constructs differ greatly to mainstream Australia and this can lead to issues around communication, information sharing, building relationships and compliance;
- Aboriginal and Torres Strait Islander peoples see their wellbeing in a holistic way that includes cultural, spiritual, emotional, physical and mental; and
- Traditional cultural practices determine the interactions between men and women, and within kinship systems (SNAICC 2010). This means that interaction with people outside of their community / kinship system can impact on their needs if not truly respected and understood.

“PART OF WHAT I HAVE DRAWN FROM THE IAHA FRAMEWORK, IN PARTICULAR, IS THE FIRST CAPABILITY OF CENTRALITY OF CULTURE. IT’S BEEN USEFUL IN WORKING OUT SOME STRATEGIES AND CONTENTS THAT HEALTH PROFESSIONALS NEED TO BE MINDFUL OF WORKING IN COMMUNITY AND UNDERSTANDING THE DIFFERENT CULTURAL AND SOCIAL FACTORS.” Shaun Solomon: Mount Isa Centre for Rural and Remote Health



Allied Health Careers and Pathways

Allied health is an emerging industry sector and job opportunities are expanding and steadily increasing. This sector plays an essential role in Aboriginal and Torres Strait Islander health and wellbeing. The availability of Aboriginal and Torres Strait Islander allied health professionals and the assistant workforce is an important factor in whether Aboriginal and Torres Strait Islander people can effectively access appropriate services.

Working in allied health provides opportunities to work across diverse sectors, which include, but not limited to; health, mental health, disability, aged care, education, justice, community services, academia and policy. There are opportunities to learn, grow, achieve, collaborate, network and contribute to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples in remote communities.

There are multiple entry and exit points available for people to study and train in allied health from; career-based health literacy, school-based traineeships (Years 11 and 12), other traineeships, vocation education and training which provide a skilled qualification and/or job ready skills leading to tertiary education opportunities or direct entry to tertiary studies.²The Aboriginal and Torres Strait Islander health workforce remains under-represented accounting for approximately 1 per cent of the total health workforce and less than 0.5 per cent of the allied health registered professions workforce.

“THE MAN IN THE OFFICE DOESN'T COME TO MY HOUSE, I CAN'T GO THERE, I HAVE TO LOOK AFTER MY GRANDCHILDREN.”

To build the workforce, we need a long-term action-based strategy that informs people about what allied health professions are, the difference they can make, how to become one, what opportunities exist, how to get there, to graduate, grow, develop and sustain themselves and their practice.



² <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0-2014-15-Main%20Features-Labour%20force%20characteristics-6>

Allied Health Workforce and Planning

Education and employment lead to better health, IAHA is focused on better education and employment outcomes. It's important to reflect Aboriginal and Torres Strait Islander peoples' understanding and knowledge that holistic approaches are critical to attain, maintain and improve health and wellbeing. As an organisation, IAHA focuses on social and cultural determinants, and advocacy for coherent and integrated policy and programs rather than the dissection of people, families and communities that comes with siloed thinking and approaches.

The IAHA Workforce Development Strategy 2018-2020 was developed to address:

- challenges Aboriginal and Torres Strait Islander people face in achieving acceptable levels of health and wellbeing;
- challenges accessing allied health services to meet complex health and wellbeing needs;
- social, cultural, economic, technological and environmental factors; and
- the need for culturally safe and responsive health and education systems and services that support workforce leadership development required to transform Aboriginal and Torres Strait Islander peoples' lives.

As part of this strategy, IAHA states that *"Indigenous university graduates are as likely to be employed as non-Indigenous graduates and this carries through to better income, housing and health outcomes."* Therefore, IAHA is undertaking projects such as the RIAHP in remote communities, to engage with communities and co-design an allied health workforce that meets their needs and wants.

• "I HAVE TO GO TO ALICE SPRINGS FOR MY CHECK UP,
• LAST TIME I WAS GONE FOR A LONG TIME AND MY FAMILY
• DOESN'T HAVE MONEY TO VISIT ME, I WAS ALL ALONE"

Tennant Creek, NT



Community Driven Solutions

Palm Island and Tennant Creek have been instrumental and proactive in conversations regarding a co-designed allied health workforce. Both communities discussed the outcomes and opportunities that would arise from an Aboriginal and Torres Strait Islander allied health workforce. Both communities are impacted by remoteness, social determinants, poor housing, poor health outcomes and few opportunities to participate in a workforce, however there are community strengths to support and build on.

Desktop research indicates the different landscapes that each community sits;

Palm Island, Far North QLD is home to the Manbarra and Bwngcolman peoples, is approximately 65 kms off the coast of Townsville and has a population of approximately 2,000 people (though this varies depending on the time of year and can increase to a population of 3,000 people). According to 2016 ABS data, 96% of the population are Aboriginal and/or Torres Strait Islander.

Tennant Creek, Northern Territory is home to the Warumungu people, is approximately 509km from Alice Springs and has a population of approximately 2991 people. According to 2016 ABS data, over 51% of the population are Aboriginal.

Despite these similarities, it is important to address the needs and wants of each community individually, observing and respecting cultural practices and obligations. Each community identified the need for a permanently based allied health workforce made up of people from their community.

“WE DON'T KNOW WHO THE SERVICES ARE AND HOW WE USE THEM”

When IAHA engaged with both communities, the approach was to work with, collaborate and respect the community's ways of knowing, being and doing. Both communities shared valuable insight into culture, way of life, and their hopes and aspirations for their children's futures. A common thread both communities put forward was improving health and wellbeing, employment opportunities and culturally safe and responsive services.

The challenges faced by both communities around access to health were similar:

- Culturally safe and responsive service delivery free from racism and discrimination;
- No relevant or culturally appropriate information provided to community about accessing services and support;
- Little to no investment toward infrastructure;
- Minimal Aboriginal and/ or Torres Strait Islander owned or managed service providers;
- Travel costs associated with transport from remote communities to a township or regional centre to access services on a regular basis is expensive;
- Irregular visits to remote communities by allied health professionals, with no permanent allied health assistants in communities to provide consistency of care;

- Doctors and locums who visit remote communities are often pressed for time and focus on localised issues (for e.g. ear, nose, throat) and may not be equipped to assess people with disability in relation to allied health needs;
- There are long waiting lists for initial consultations with allied health professionals due to the demand;
- Aboriginal and Torres Strait Islander people do not necessarily know what therapies are available or they are entitled to if it is not used in community often or if they have even accessed them previously; and
- Internet access is an issue for everyone in remote locations, this can impact on them if services use an electronic booking system or receive notifications about appointments electronically.

Both Palm Island and Tennant Creek sit under the Fly-In-Fly-Out (FIFO) service delivery model. It could be said that the FIFO service delivery model for Palm Island is excessive with up to 100 service providers flying in and out of the island daily. There are some services permanently on Palm, but these rely on the FIFOs to support their work.

Tennant Creek has a more permanent health service workforce, but these are in high demand and are under resourced, the FIFO delivery service is sporadic and inconsistent and often visits are several months from one to the next.

• “WE DON’T WANT THE FLY-IN-FLY-OUT SERVICES • COMING AND TAKING OUR JOBS”

To meet the health and wellbeing needs of individuals, families and communities, Aboriginal and Torres Strait Islander people have said they want to study, train and be employed within their own communities. They want to integrate traditional healing methods into contemporary models of health care, as this will also address culturally safe and responsive services.

Palm Island, Qld



Aboriginal and Torres Strait Islander people know and understand the complexities of their own cultures, integrating health care with this knowledge can only come from Aboriginal and Torres Strait Islander peoples.

A co-designed workforce will support this, working with education institutions to support and delivery more flexible training options with Aboriginal and Torres Strait Islander people and close collaboration with service providers to reinvest in the local community and employ locally trained people, rather than relying on an inconsistent and expensive FIFO service.

By building a local Aboriginal and Torres Strait Islander allied health workforce, the outcomes achieved will be:

- a more sustainable and productive workforce that is there regularly and is reliable;
- services that are embedded in community with strong relationships and connectedness to addressing the significant needs;
- increasing the local economy and improving economic disadvantage;
- delivery of culturally safe and responsible healthcare that is more holistic across sectors such as health, mental health, disability, aged care, education and community services as they all require an allied health trained workforce;
- build further economic development opportunities for community members (such as; transport, repairs and assistive technology) that will be needed to support a larger allied health workforce; and
- an increase in disability services provided and accessed by individuals and families.

Tennant Creek, NT



Successes and Challenges

Engagement with community is essential and this was a key factor to the project's success. As part of developing long-term relationships IAHA engaged with Aboriginal and Torres Strait Islander people within the two communities and included the main Aboriginal and Torres Strait Islander organisations and businesses within those communities.

“WE WANT THE SERVICES TO UNDERSTAND WHY WE NEED TO HAVE FAMILY WITH US”

Establishing an Aboriginal and Torres Strait Islander allied health workforce requires intensive engagement and negotiation with a variety of stakeholders, which includes; schools, training institutions, health services, universities, community groups, community organisations, families, government agencies and more.

Both communities identified they require a permanent allied health workforce within their community to meet their health and wellbeing needs not just physically, but holistically, which has been a key fundamental message.

As mentioned throughout this document, culturally safe and responsive services are critical and were identified by both communities as essential. However, the current challenge is the sporadic, unreliable and inconsistent delivery of health services in remote communities. Remoteness has a vast impact on any deliverables due to costs associated with travel and accommodation.

The Modified Monash Model (MMM) defines whether a location is a city, rural, remote or very remote. By understanding the MMM classifications, it is intended to assist with the distribution of the health workforce better in rural and remote areas. Remote is defined on the MMM scale as point 6 and point 7 is very remote. While most of the Australian landmass is classified as remote or very remote, only 2.5% of Australia's population lives in remote areas. Palm Island and Tennant Creek are listed as 6 and 7 on the MMM scale but have a very different local context and cannot be viewed from a standard approach model.

³In June 2016, there were approximately 745,000 Aboriginal and Torres Strait Islander peoples in Australia, accounting for 3% of the total population.¹ Using ABS population data from 2011 (see table 3.2 below, 'Outer Regional' is comparable to 'Rural') and assuming a similar distribution of population by remoteness category for 2016, this equates to approximately 322,000 Aboriginal or Torres Strait Islander people living in rural or remote areas.

Remoteness adds many challenges, particularly for people with disability. Accessibility is an issue that would take considerable investment including changing infrastructure, more appropriate service delivery models and the development of a workforce to maintain those changes. In IAHA's experience engaging in this project we identified that in Tennant Creek and Palm Island, there are very few if any public buildings, roads or

³ Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2015–16. Aboriginal and Torres Strait Islander health services report no. 8. Cat. no. AIHW 180. Canberra: AIHW. Page 1: citing ABS estimates

paths that are accessible to people with disability. The only public transport in Tennant Creek is a bus that has capacity to carry four wheelchairs, there is no accessible public or private transport on Palm Island. Current housing does not support people with disability in Tennant Creek. Community have been in long discussions with the Northern Territory Department of Housing requesting doors on existing houses be widened to fit wheelchairs and walkers through. The inconsistency of the messages is that is the responsibility of the NDIS, however, not all people with disability are NDIS participants. This demonstrates a lack of government support and coordination between the Northern Territory Government and Australian Government, who all work in silos or do not consider the cultural, social or environmental determinants of health that are critical to improved health and wellbeing outcomes.

New accessible homes are being built on Palm Island, but these are approximately over 6kms from shops, medical and other services, and with no accessible transport, this can further contribute to isolation and impact on a person's health.

Accessing training courses that lead to meaningful, long term employment is an issue. Training and education courses are not always readily available, those offered may not lead to a recognised qualification that leads to local employment opportunities or people need to travel long distances to receive additional training, even then there is no guarantee there is a job after successful completion. While considering the development of an allied health workforce, it was clear that allied health related courses and/or training was not available and with additional requirements such as clinical placements or work placement hours it can be difficult and problematic if there isn't a contractual requirement that FIFO service providers commit to providing clinical supervision for local assistant staff.

The flexible delivery of courses particularly at the tertiary level is a major issue identified as local community members will need to travel to larger regional centres or urban cities to undertake 3-5 years study, pending the profession qualifications. This project-initiated discussions with universities and other institutions to negotiate possible solutions and strategies to reduce the risk of leaving the community and/or the isolation of students from their families. Strategies for more flexible course delivery in community that is focused on the local workforce shortages and employment opportunities is key with culturally safe and responsive clinical and/or work supervision. Therefore, there is a real and essential need for the broader health and related workforce to undertake cultural safety training immediately. This will support the local Aboriginal and Torres Strait Islander workforce transition into the workforce and support their development in a respectful and reciprocal relationship that values their cultural and professional skills, experiences and knowledges.

Tennant Creek, NT



Summary

WHAT IS THE WAY FORWARD?

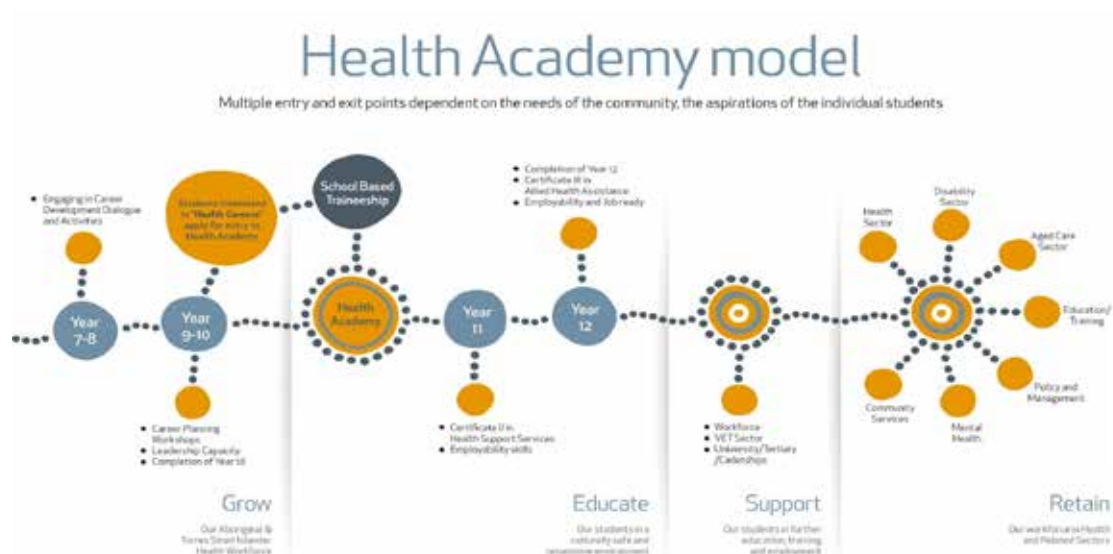
When developing an allied health workforce, especially in remote and rural communities, it is critical and more important to develop and build on the local community strengths and capacity, not just at a service specific level but with individuals, families and groups that need to access services. This is the most efficient, effective, sustainable and person-centred approach.

In 2018, IAHA launched the Northern Territory Aboriginal Health Academy (NTAHA), the first for IAHA. The NTAHA is a model designed to work across health disciplines and sectors, by providing a training pathway into a health career for Aboriginal and Torres Strait Islander high school students. The model facilitates engaging with students from year 7-12, with the health academy commencing in Year 11 and potentially from as early as Year 10, and provides:

- Opportunities for Aboriginal and Torres Strait Islander school students and their families to develop their understanding and knowledge of career opportunities across the health and other related sectors;
- Work readiness and employability skills and experience in nationally recognised qualification in Allied Health Assistance;
- Wrap around supports to students to increase Year 12 completions in the Northern Territory;
- A pathway for entry into the labour force and potential career progression from an Allied Health Assistant to a tertiary qualified practitioner; and
- Real employment outcomes as the sector continues to grow and develop across all health providers through engaging with and building relationships with employers and service providers.

The NTAHA has been designed to be flexible and transferrable to any other location and delivered to Aboriginal and Torres Strait Islander students across Australia in partnership with communities to ensure its delivery is a cultural match to their needs. IAHA works with Registered Training Organisation, employers, service providers, governments and schools to contribute to workforce planning, modelling and ensure that further opportunities are provided to students post their completion in the Academy. Cultural safety is a key priority and IAHA works with the students to make sure they have every opportunity to succeed and feel safe, respected and valued in doing so.





Investment in this space is required. TAFE and university courses are expensive and can be complex to navigate, by investing in Aboriginal and Torres Strait Islander people to undertake meaningful studies and training will support the community economically and will improve health outcomes. The investment needs to continue when Aboriginal and Torres Strait Islander people have successfully completed their courses, they are fully qualified so they can be employed to deliver health care within their community, are valued and are recognised as the experts in the delivery of health to Aboriginal and Torres Strait Islander people.

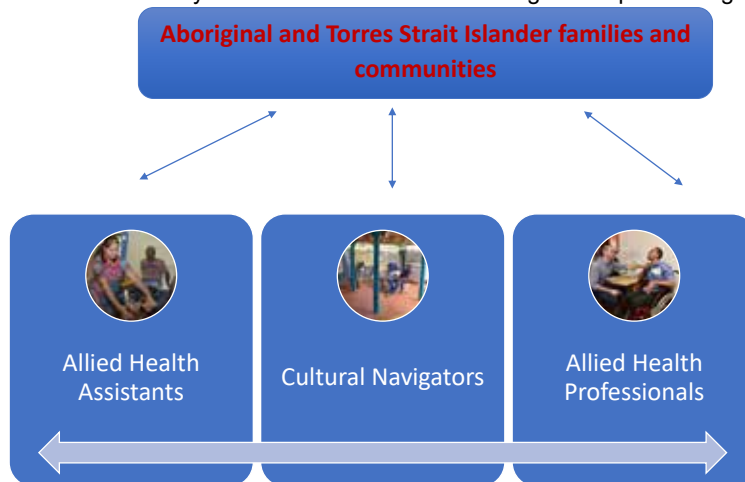
Aboriginal and Torres Strait Islander people with disability need to be supported by recognising and acknowledging them as valuable members of their community. Small changes can be made within a workplace to ensure they can actively engage in the workforce and/or visit. During this project, it was clear that people living with disability and/or their Carers are very interested in the entering or re-entering the workforce and how they can access training and employment opportunities. This identifies a potential workforce with lived experience and knowledge of community.

IAHA maintains that many of the barriers faced by people in remote communities could be addressed if a consistent, coordinated national approach is taken to ensuring culturally responsive communication and culturally safe service delivery, which will include:

- cultivating and developing a locally skilled Aboriginal and/or Torres Strait Islander workforce to deliver services;
- developing and supporting an Aboriginal and Torres Strait Islander community-controlled disability sector;
- developing and supporting an Aboriginal and Torres Strait Islander leadership model for cultural navigation of the NDIS and disability sector;
- train and transform behaviours of non-Indigenous health professionals, support workers and service providers to deliver culturally safe and responsive services; and
- where appropriate, support family members to provide funded services.

Building our Workforce

Community and stakeholders will be driving and implementing change



WHAT WILL IAHA DO NOW?

We believe there are four major requirements for systems change that require transformative action that will support the renewal of Aboriginal and Torres Strait Islander health and wellbeing:

Engagement: IAHA will continue to engage with Aboriginal and Torres Strait Islander peoples in Palm Island and Tennant Creek to continue the collaborative partnerships and work on implementing the strategies and solutions.

Excellence in training and education: IAHA will continue to work on embedding cultural safety and responsiveness across all training and education courses, where possible, and continue to work with education institutions in developing flexible and meaningful training options for Aboriginal and Torres Strait Islander peoples on Palm Island and in Tennant Creek.

Effective health care delivery: IAHA will continue to work with stakeholders and service providers across all sectors and governments including the NDIA to deliver culturally safe responsive care through access to IAHA culturally safety training and development opportunities. IAHA has commenced this training on Palm Island and in Tennant Creek as part of this project and will continue to seek support for further engagement. IAHA will also provide support to the local community through the promotion and delivery of relevant and appropriate allied health workforce posters and why to access allied health services.

Culturally safe and capable workforce: IAHA will continue to support a strong, resilient and culturally responsive workforce in continuing to advocate and influence change to national policy and programs such as the NDIS to better meet the needs of Aboriginal and Torres Strait Islander people in remote and rural communities such as reinvestment and/or appropriate investment now and into the future for the Aboriginal and Torres Strait Islander allied health workforce. IAHA will continue to provide cultural safety training with community to the health and disability workforce as a priority to build their cultural capabilities and understanding for transformation. IAHA will develop further strategies with community in career pathways such as the IAHA Aboriginal Health Academy.

In addition to the requirements for systems change, IAHA will continue to advocate to services to meet the needs for Aboriginal and Torres Strait Islander people with disability, particularly around cultural safety. By building the Aboriginal and Torres Strait Islander allied health workforce, people with disability will be supported, have consistent health care, employment opportunities and can continue to feel strong and involved in their community.

As a major strategy moving forward, IAHA are proposing to community, the development of an allied health service and training 'hub'. The 'hub' is named so community will have an opportunity to call it what they wish. The 'hub' can be a place where Aboriginal and Torres Strait Islander people can study, train and be employed as allied health professionals and assistants in delivering the services directly to the community, if they wish.

With community making the decisions, it's important to create a sustainable business model for Aboriginal and Torres Strait Islander community-based workers to be engaged in the delivery of allied health services in remote Australia. The model needs to be:

- Replicable so that resources can be used effectively within any community;
- Provides an attractive value proposition to consumers of services; and
- Provides a profit proposition that sustains the entity through delivering the services.
- Advantages for co-designing the business model with community are:
- Ownership - this enterprise will belong to community

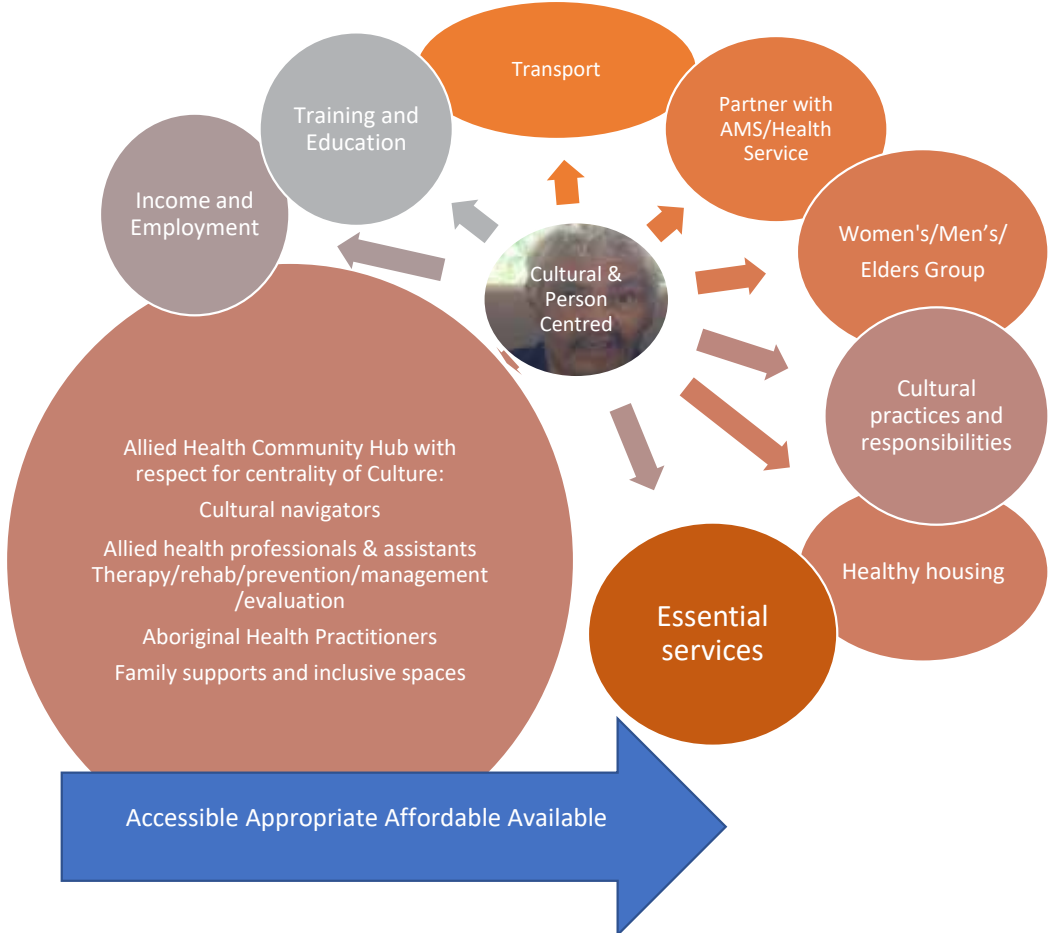
Economically sustainable - community will have jobs, not necessarily in the health sector, with the business model requiring (but not limited to) administration staff, bookkeepers, transport officers, community connectors (staff to support community with appointment times and provide information pertaining to specialist's availability). It would also provide opportunities for funding applications to develop in-house programs for community to support their needs.

IAHA will continue considered engagement with Tennant Creek and Palm Island communities to determine how best to co-design the hub.

To support IAHA's work going forward, Ninti One Ltd was engaged to undertake a Feasibility Study in Tennant Creek. The study provided evidence of workforce shortage and service provision gaps.

It is realistic that workforce development can take years to reach its full capacity, working with community to look at infrastructure to support the workforce as well as supporting and mentoring the up and coming allied health professionals and assistants, governance structures, supporting the non-Indigenous workforce to learn and grow with new health care models developed by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people is not an overnight occurrence. By being realistic and allowing time for communities to be considered in their own decisions is empowerment.

Culturally Safe and Responsive





MAKE A
DIFFERENCE...
BE AN
ALLIED HEALTH
PROFESSIONAL

Indigenous Allied Health Australia

PO Box 323, Deakin West ACT 2600

☎ (02) 6285 1010

☎ (02) 6260 5581

✉ admin@iaha.com.au

www.iaha.com.au

📘 /IndigenousAlliedHealthAustralia

🐦 /iaha_national

📷 /indigenousalliedhealthaustr

✉ Sign up to our e-newsletter