ABORIGINAL AND TORRES STRAIT ISLANDER DISABILITY WORKFORCE

Aboriginal and Torres Strait Islander disability workforce

Indigenous Allied Health Australia (IAHA) is the national not for profit, member based and community-controlled Aboriginal and Torres Strait Islander allied health organisation. IAHA acknowledges and values the critical role of the Aboriginal and Torres Strait Islander allied health workforce, and the allied health workforce more broadly, in the efforts of contributing to improving health and wellbeing outcomes, including for the Aboriginal and Torres Strait Islander people living with disability.

A rights-based approach to disability

IAHA asserts that Aboriginal and Torres Strait Islander people, families and communities must have access to high-quality, affordable, culturally safe, and responsive disability services, including through the National Disability Insurance Scheme (NDIS). This is consistent with a rights-based approach to disability and commitments under the *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD)[i] and the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP).[ii] While IAHA acknowledges that disability requires a multi-sectoral response, which involves but it is not limited to health, the allied health workforce plays a key role in supporting people with disability across a range of settings.

Cultural safety, racism, and discrimination

The ongoing impacts of colonisation have disrupted Aboriginal and Torres Strait Islander cultures resulting in the ongoing inequities, racism, and discrimination experienced by Aboriginal and Torres Strait Islander people, as well as strongly influencing outcomes across the social and cultural determinants of health and wellbeing.[iii] Aboriginal and Torres Strait Islander people with disability are more likely to experience racism and discrimination, and other forms of intersectional disadvantage, and therefore may experience barriers to engagement with disability services and supports.[iv] This is in addition to existing barriers regarding the absence of cultural safety and responsiveness within the disability sector.

ABORIGINAL AND TORRES STRAIT ISLANDER DISABILITY WORKFORCE

For Aboriginal and Torres Strait Islander people, disability is a concept that does not readily translate into languages and cultures, and as a result understandings of disability may vary.[v] It is critical that Aboriginal and Torres Strait Islander cultural beliefs, knowledges and understanding of disability are embedded throughout all systems, including the health system, to ensure culturally safe, appropriate, and responsive disability supports and services align with their needs and aspirations. Culturally safe and responsive disability services can affirm cultural practices on inclusion, empowering people with disability to continue to engage with, participate in, and benefit from the cultural determinants of health, including connection to culture, language and country.

The need for disability services

In 2018, it was reported that 24 percent of Aboriginal and Torres Strait Islander people (139,700 people) living in private households had a disability, with 8.8 percent living with severe or profound disability requiring support in one or more of the three core activity areas of self-care, mobility and communication.[vi] Whilst the prevalence of disability is significantly higher for Aboriginal and Torres Strait Islander people, improvements to data are also required, particularly for identifying Aboriginal and Torres Strait Islander people with multiple disabilities, or Foetal Alcohol Spectrum Disorders (FASD), whereby no data exists or is available. [vii] A comprehensive dataset is required to assist in current and future workforce and system planning, which should be supported by efforts nationally to better understand the allied health workforce across Ahpra registered and self-regulated professions.

The disability sector is large and diverse, with multiple roles delivering services and supports through a range of settings. An important element of the sector is the allied health workforce who are highly skilled in providing essential rehabilitative, management, support, and assistance services that contribute to the quality of life, holistic health, and social and emotional wellbeing of people with disability. There is a high demand on the allied health sector, which is currently experiencing a shortage in allied health professionals, particularly within the NDIS, in rural and remote communities, and in areas termed "thin markets".

ABORIGINAL AND TORRES STRAIT ISLANDER DISABILITY WORKFORCE

The NDIS is a significant reform aimed at providing support to people with disability and delivering choice and control in services and supports. For participants of the NDIS, there is access to various supports including education and employment, social participation, independence, living arrangements and health and wellbeing, across the life course[viii]. Specific strategies to support people with disability to enter the NDIS workforce should be progressed as a priority. The NDIS has the potential to be effective and beneficial, but it is a complex support system with challenges and barriers, particularly for Aboriginal and Torres Strait Islander people with disability. The significant underspend in the NDIS, coupled with data about Aboriginal and Torres Strait Islander people's uptake of NDIS services and rates of disability, demonstrate a system which is failing to adequately achieve the policy intent, with access, a primary barrier.

Workforce and service models

Challenges accessing the NDIS include complexity in the NDIS application process, system navigation, and experiences of processes, such as needs assessments, which can be culturally unsafe for participants and their families. For Aboriginal and Torres Strait Islander people living in rural and remote areas challenges to service availability and choice can be compounded by issues such as workforce and service shortages, transport, and geographic barriers. Despite these challenges being recognised in the NDIS Rural and Remote Strategy, many of these barriers remain, with the issue of thin markets commonly referenced. The National Rural Health Commissioner Report on Improvement of access, quality, and distribution of allied health services in regional, rural and remote Australia recognised the challenge that funding has on workforce, stating:

"Funding models such as those for private health insurance, the Medicare Benefits Schedule (MBS), My Aged Care, and the National Disability Insurance Scheme (NDIS), are designed to be market-driven solutions. However, in smaller rural and remote towns prone to thin markets and market failure, these funding models are not effective and often exacerbate the ongoing challenges to attract, retain and support an allied health workforce."[ix]

ABORIGINAL AND TORRES STRAIT ISLANDER DISABILITY WORKFORCE

While IAHA agrees that funding models have a significant impact on workforce recruitment, retention and development, the issue of thin markets is more nuanced. There is significant unmet need for disability services – from multidisciplinary allied health teams – suggesting viable service models could be established in areas considered current market failures.

Leveraging unmet need, through innovative models which deliver allied health services in disability alongside other areas of need including primary care, aged care, tertiary care, and other sectors, may help address workforce challenges. Reform to enable and support the allied health workforce to operate across different sectors should be a priority, recognising that allied health services are important assets and business, which should be enabled and empowered through the removal of administrative and other barriers.

Previous work by IAHA in the Remote and Rural Indigenous Allied Health Workforce Development Project provided practical recommendations to support the development of an allied health workforce in rural and remote Australia.

Growing the Aboriginal and Torres Strait Islander disability workforce

With the growth and demand of disability, it has been estimated that the NDIS will need to attract 83,000 additional workers by 2024, particularly in allied health.[x] IAHA asserts that a strong and coordinated response is required to increase and support the Aboriginal and Torres Strait Islander allied health workforce and the allied health workforce more broadly in the delivery of disability services and supports. In achieving a sustainable allied health workforce, flexible and innovative solutions are required in education and workforce, commitment to strengthening the Aboriginal and Torres Strait Islander workforce locally is critical in achieving a long-term sustainable workforce.

This requires the availability of adequate and clear pathways and training in the allied health and disability sector, including dedicated strategies for increasing participation of Aboriginal and Torres Strait Islander people living with disability. The IAHA National and Torres Strait Islander Health Academy is an example of a successful program contributing to growth in the Aboriginal and Torres Strait Islander workforce across sectors, including

disability. The expansion of the model, and greater utilisation of the allied health assistant workforce in providing delegated disability care are key strategies.

The need for workforce development was recognised in the Joint Standing Committee on the National Disability Insurance Scheme Final Report on NDIS Workforce, which recommended that *the Australian Government, through co-design with Aboriginal and Torres Strait Islander peoples and organisations, develop and report on specific outcomes for initiatives in the NDIS National Workforce Plan 2021-2025 to support the growth and development of the Aboriginal and Torres Strait Islander NDIS workforce (Recommendation 3 5.63).[xi]*

It is imperative that Aboriginal and Torres Strait Islander people, families, and communities experience culturally safe and responsive disability care. To support the workforce to deliver culturally safe and responsive disability care, racism and discrimination must be addressed in all settings including the educational, training and the workplace. IAHA argues that an empowered and well supported Aboriginal and Torres Strait

Islander allied health workforce is critical in the delivery of culturally safe and responsive care to ensure that Aboriginal and Torres Strait Islander people with disability are thriving in their communities.

This approach is consistent with the leadership of the First Peoples Disability Network (FPDN), who identified ten priorities to address inequity in Aboriginal and Torres Strait Islander Communities for the National Disability Strategy and National Disability Insurance Scheme. FPDN proposed that the ten priorities be arranged around three pillars:

- Build the capacity of communities and individuals to understand their rights and entitlements
- Invest to create a First People's Community Controlled service sector
- Develop and support an Aboriginal and Torres Strait Islander workforce.

ABORIGINAL AND TORRES STRAIT ISLANDER DISABILITY WORKFORCE

The way forward

IAHA calls for increased investment from the sector, including through the Disability Sector Strengthening Plan being developed through the leadership of Aboriginal and Torres Strait Islander people, with a dedicated focus on workforce development. The full implementation of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 will be essential for increasing access to culturally safe and responsive disability services, including ensuring that Aboriginal and Torres Strait Islander people living with disability are able to access health care that is responsive to their needs

Nicole Turner, IAHA Chairperson

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References

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[ii] United Nations Declaration on the Rights of Indigenous Peoples | United Nations for Indigenous Peoples

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[vi] Disability support for Indigenous Australians - Australian Institute of Health and Welfare (aihw.gov.au)

[vii] First Nations people with disability (royalcommission.gov.au)

[viii] Reasonable and necessary supports | NDIS

[ix] https://www.health.gov.au/resources/publications/final-report-improvement-of-access-quality-and-distribution-of-allied-health-services-in-regional-rural-and-remote-australia

[x] ndis-national-workforce-plan-2021-2025.pdf (dss.gov.au)

[xi] https://parlinfo.aph.gov.au/parlInfo/download/committees/reportjnt/024621/toc_pdf/NDISWorkforceFinalReport.pdf;fileType=application%2Fpdf