

# Indigenous skills, engagement and employment Program (ISEP) - Discussion Paper

Queensland Aboriginal and Islander Health Council submission to the National Indigenous Australians Agency (NIAA)



#### © Queensland Aboriginal and Islander Health Council 2021

You may cite, distribute and build upon this work. However, you must attribute QAIHC as the copyright holder of the work. All enquiries regarding this document, including copyright, should be directed to:

Chief Executive Officer Queensland Aboriginal and Islander Health Council PO Box 3205 South Brisbane, Qld 4101 P: (07) 3328 8500

QAIHC receives funding support from the Australian and Queensland Governments





### QAIHC SUBMISSION TO THE NATIONAL INDIGENOUS AUSTRALIANS AGENCY (NIAA)

# About the Queensland Aboriginal and Islander Health Council (QAIHC)

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community controlled health organisation sector.

Originally established as QAIHF (Queensland Aboriginal and Islander Health Forum), the organisation provided a voice for the Aboriginal and Torres Strait Islander Community Controlled Health Organisations Sector (the Sector) in Queensland. This organisation was self-funded until 1996, when the Commonwealth Department of Health commenced funding support. QAIHC has experienced considerable growth in membership and the scope of services provided to those members since its establishment.

In 2004, the organisation was reconstituted under the Australian Investment and Securities Commission (ASIC) and assumed its current form as QAIHC.

Today, QAIHC represents 29 Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) and 12 associate members who share a passion and commitment to addressing the unique health care needs of their communities through specialised, comprehensive and culturally-appropriate primary health care services.

QAIHC is the peak body representing the ATSICCHO Sector (the Sector) in Queensland at both a state and national level. Its membership comprises of ATSICCHOs located throughout Queensland. Nationally, QAIHC represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

QAIHC as the peak of ATSICCHOs of Queensland, wish to express the collective views on behalf of our state-wide members on the proposed new Indigenous Skills, Engagement and Employment Program (ISEP).

The purpose of this submission paper is to ensure the new ISEP is designed to address current and future workforce needs of the ATSICCHO Sector that is essential to improve the delivery of primary health care services that meets the cultural and health and wellbeing needs of Aboriginal and Torres Strait Islander peoples.

QAIHC would like to thank the NIAA for the opportunity to comment on the ISEP discussion paper.

 QAIHC CONTACT REGARDING THIS SUBMISSION:

 General Manager - Policy and Research

 Email:
 Phone: 07 3328 8505

### 1. Opening statement

QAIHC is committed to support Queensland ATSICCHO Sector to build a skilled Aboriginal and Torres Strait Islander workforce that enables Member Services to lead the delivery of culturally appropriate comprehensive primary health care services for Aboriginal and Torres Strait Islander peoples.

In 2018-19 the underemployment rate for Aboriginal and Torres Strait Islander Australians was 3.8 times the rate for non-Indigenous Australians (19% compared with 5%, respectively).<sup>1</sup> Also, it is well reported that Aboriginal and Torres Strait Islander people are under-represented in the health workforce. The overall size of this workforce remains low, retention is poor and workforce growth in some areas is not proportionate with the size of the Aboriginal and Torres Strait Islander peoples often have complex and multi-faceted barriers to employment.<sup>4</sup> QAIHC's experience is that to improve Aboriginal and Torres Strait Islander employment across the sector we should focus on addressing structural, systemic, organisational and personal barriers.

QAIHC acknowledges the NIAA effort of designing a new ISEP model which is intended to provide a tailored, locally informed investment to better suit local labour markets and respond swiftly to emerging skills acquisition and employment opportunities.

Workforce remains a key challenge for the QAIHC and its Members and significantly impacting Members ability of delivering a quality primary health care services that meets the needs of the community. We consistently advocate with Australian Governments and the stakeholders to work collaboratively with ATSICCHO Sector in addressing current and future workforce issues. Based on the experience of the QAIHC and its Member Services, there are four areas which we recommend should be considered exclusively while designing new ISEP;

- Structural and funding reforms
- Cultural safety
- Career pathways
- Policy and program alignments

In this brief submission, QAIHC and the ATSICCHO Sector in Queensland has proposed some possible solutions that are based on our experience. Incorporation of these solutions will ensure that the new ISEP is designed to advance Aboriginal and Torres Strait Islander employment which is central to support the local workforce needs of the Aboriginal and Torres Strait Islander communities. Being one of the largest employers of Aboriginal and Torres Strait Islander peoples across Australia, the ATSICCHO Sector encourage the NIAA to review our recommendations and incorporate our views/ideas into the new ISEP design. We welcome opportunity to provide further input if needed.

<sup>&</sup>lt;sup>1</sup> Australian Institute of Health and Welfare (AIHW) <u>https://www.indigenoushpf.gov.au/measures/2-07-employment#keyfacts</u>

<sup>&</sup>lt;sup>2</sup> Lai, GC Taylor, E Haigh, MM Thompson, S 2018, 'Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review', International Journal of Environmental Research and Public Health, vol. 15, no. 5, p. 914.

 <sup>&</sup>lt;sup>3</sup> Taylor, VE Lalovic, A Thompson, S. 2019 'Beyond enrolments: a systematic review exploring the factors affecting the retention of Aboriginal and Torres Strait Islander health students in the tertiary education system', International Journal for Equity in Health, vol. 18, no. 1, p. 136.
 <sup>4</sup> OECD (2019), Indigenous Employment and Skills Strategies in Australia, OECD Reviews on Local Job Creation, OECD Publishing, Paris, https://doi.org/10.1787/dd1029ea-en



### 2. Recommendations

### **Recommendation 1:**

• Ensure the design and delivery of the ISEP upholds the key priority reform principles agreed under the new National Agreement on Closing the Gap.

#### **Recommendation 2:**

• Ensure funding is flexible and outcome based. Outcomes are measured based on the established local (place-specific) employment targets.

#### **Recommendation 3:**

 Ensure the 'ISEP Regional Governing Mechanism' is established and the ATSICCHO Sector be a part of the mechanism

#### **Recommendation 4:**

 Ensure Aboriginal and Torres Strait Islander Community Controlled RTOs are the preferred provider for ISEP participants.

### **Recommendation 5:**

 Resource ATSICCHO Sector to develop and foster formal partnership with local RTOs including mainstream RTOs; and provide culturally appropriate mentorship support for ISEP participants.

#### **Recommendation 6:**

 Ensure ISEP participants are supported to participate into a community-led literacy and numeracy initiatives that enables participants to undertake further career development opportunities.

#### **Recommendation 7:**

• Ensure the design and delivery of the ISEP exclusively consider the key National and State policy/plan and legislative frameworks.

### 3. Key issues and barriers

Aboriginal and Torres Strait Islander peoples experience a number of barriers to gain skills and employment that is essential to improve overall life outcomes. Key issues and barriers include:

### 3.1. Institutional racism

Institutional racism is evident in the Australian system and has a profound impact on improving skills and employment outcomes of the Aboriginal and Torres Strait Islander peoples. Institutional racism is distinctive and separate to personal racism where racist features are directly or indirectly linked with the policies, program, structures, attitudes, hierarchies, practices and perspectives of the organisation. Also, institutional racism may appear in different forms within the system. It is characterised as the absence or insufficiencies of appropriate considerations intentionally or unintentionally which leads to racial disadvantages<sup>5,6</sup>. Systemic racism greatly influences Aboriginal and Torres Strait Islander peoples' access to range of social services as well as limits individuals from receiving the same quality of services available for non-Indigenous Australians. Consequence unremitting gap in health and socioeconomic outcomes such as poor educational and health outcomes, low employment rates, poverty, poor housing and high rate of incarceration.

Aboriginal and Torres Strait Islander people represent an increasing proportion of the overall *jobactive* caseload, due to non-Indigenous job seekers leaving the caseload quicker. In 2015, Aboriginal and Torres Strait Islander Australians represented 9.5% of the overall caseload whereas in the first quarter of 2019, this has increased two percentage points to 11.5%.<sup>7</sup> This clearly demonstrates that *jobactive* providers are not achieving parity in employment outcomes for Aboriginal and Torres Strait Islander peoples.

Discussions about how institutionalised racism may be present within Australian Government skills and employment service policies and practices are essential to addressing employment disparities between Aboriginal and Torres Strait Islander peoples and other Australians. Such conversations must be de-stigmatised in order to objectively understand how inequalities may be unconsciously perpetuated by institutions intended to support minority groups.

### 3.2. Lack of focus on 'self-determination'

For Aboriginal and Torres Strait Islander peoples in Australia, the right to self-determination has been of fundamental importance in improving socio-economic outcomes<sup>8</sup>. Self-determination is a principle preserved in international law. According to law, all peoples have the right of self-determination and *"by virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development"*<sup>9</sup>. Similarly, according to the United Nations Declaration on the Rights of Indigenous Peoples "Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in *developing and determining health, housing and other economic and* 

<sup>&</sup>lt;sup>5</sup> Australian Indigenous Doctors' Association (AIDA). Policy <u>Statement https://www.aida.org.au/wp-content/uploads/2017/08/Racism-in-</u> <u>Australias-health-system-AIDA-policy-statement\_v1.pdf</u>

<sup>&</sup>lt;sup>6</sup> Institutional racism in Australian healthcare: a plea for decency. Barbara R Henry, Shane Houston and Gavin H Mooney. MJA Vol 180 17 May 2004

<sup>&</sup>lt;sup>7</sup> OEĆD (2019), Indigenous Employment and Skills Strategies in Australia, OECD Reviews on Local Job Creation, OECD Publishing, Paris, https://doi.org/10.1787/dd1029ea-en

<sup>&</sup>lt;sup>8</sup> Odette Mazel, Self-Determination and the Right to Health: Australian Aboriginal Community Controlled Health Services, Human Rights Law Review, Volume 16, Issue 2, June 2016, Pages 323–355, <u>https://doi.org/10.1093/hrlr/ngw010</u>

<sup>&</sup>lt;sup>e</sup> Article 1 International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights

Queensland Aboriginal and Islander Health Council

social programmes affecting them and, as far as possible, to administer such programmes through their own institutions"<sup>10</sup>.

It is often apparent in Australian Government system that the policy and programs that are targeted for Aboriginal and Torres Strait Islander peoples are not always fully acknowledging and upholding peoples' right to self-determination. More needs to be done to recognise the distinct cultures and forms of social organisations, governance and decision-making practice of Aboriginal and Torres Strait Islander peoples in the design of the ISEP. Currently, there lacks appropriate actions and process for transferring responsibility and decision-making power to Aboriginal and Torres Strait Islander communities, so that they can make decisions on matters that affect them.

### 3.3. Lack of focus on 'cultural safety'

Aboriginal and Torres Strait Islander peoples experience a disproportionate burden of social disadvantage when compared with non-Indigenous Australians. Also, Aboriginal and Torres Strait Islander peoples experience much higher levels of racism and discrimination.

To overcome these issues, cultural safety must be embraced at all levels of planning and delivery (programs, services, policies and strategies) in order to provide the best possible outcomes for Aboriginal and Torres Strait Islander peoples.

Cultural safety is about respecting the cultural rights, values, beliefs and expectations of Aboriginal and Torres Strait Islander peoples while providing services that meet their need<sup>11</sup>. Cultural safety is distinguished from cultural 'awareness' as it relates to embedding culturally sound practices into all elements of delivery, rather than merely recognising that cultural differences exist.

QAIHC's experience is that a range of cultural beliefs and practices including time commitments associated with maintaining family relationships and cultural obligations that are central to Aboriginal and Torres Strait Islander peoples life are not considered appropriately and adequately while providing skills and employment development opportunities. This is limiting people's desire and ability to undertake and continue skills and employment opportunities, particularly for Aboriginal and Torres Strait Islander peoples living in rural and remote communities. Cultural safety remains a major issue when a mainstream service provider, who do not have a robust cultural policies and procedures; deliver a skills and employment development training for Aboriginal and Torres Strait Islander peoples.

### 4. Solutions and recommendations

In response to the issues and barriers highlighted in previous section, QAIHC suggests improvements that are aimed on achieving strategic structural reforms which the NIAA could deliver to fundamentally improve system level structures; and the practical improvements that needs to be embedded into the design and delivery of the ISEP. Key solutions and recommendations include:

<sup>&</sup>lt;sup>10</sup> Article 23; United Nations Declaration on the Rights of Indigenous Peoples (Resolution adopted by the General Assembly on 13 September 2007) https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP\_E\_web.pdf

<sup>&</sup>lt;sup>11</sup> Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice



### 4.1. Structural and funding reforms

QAIHC believes that to improve skills and employment outcomes for the Aboriginal and Torres Strait Islander peoples there is a need for system level reforms. This can be achieved through creating opportunities of a real and active involvement of Aboriginal and Torres Strait Islander peoples and their organisations in every level of decision-making structures (shared-decision making), including in the design and delivery of skills and employment programs. Evidence suggests that when Aboriginal and Torres Strait Islander peoples take charge of developing their own solutions, they better reflect their interests, values, vision and concerns, increasing ownership and accountability<sup>12</sup>.

QAIHC notes and supports the principle of shared-decision making for the design and delivery of the ISEP, proposed by the NIAA. However, it is critically important that ISEP transfer decision-making and accountability towards the regions and communities for the design and deliver of ISEP model that meets the local workforce needs. Also, changes are required with the mechanism communities are funded and resourced to develop local workforce; by shifting current long-term block funding of mainstream services through negotiated agreements to deliver programs targeted to Aboriginal and Torres Strait Islander peoples. The ISEP funding should be flexible and outcome based.

Furthermore, ATSICCHOs are the embodiment of self-determination as community engagement mechanisms are inherently built into community-controlled structures; there must be a collaborative working relationship between ISEP providers and the ATSICCHO Sector. To ensure place-based solutions are developed based on shared decision making, QAIHC's recommendation is that a regional governing mechanism of the ISEP be established to address emerging needs of the local community. Being one of the largest employers of the Aboriginal and Torres Strait Islander peoples in Australia, ATSICCHOs should be the part of the governing mechanism.

Recommendation 1: Ensure the design and delivery of the ISEP upholds the key priority reform principles agreed under the new National Agreement on Closing the Gap.
 Recommendation 2: Ensure funding is flexible and outcome based. Outcomes are measured based on the established local (place-specific) employment targets.
 Recommendation 3: Ensure the 'ISEP Regional Governing Mechanism' is established and the ATSICCHO Sector be a part of the mechanism.

### 4.2. Cultural safety

QAIHC recognises Aboriginal and Torres Strait Islander culture as a source of strength, resilience, happiness, identity and confidence, which has a lasting impact on the life of Aboriginal and Torres Strait Islander peoples. QAIHC believe that to improve employment outcomes for Aboriginal and Torres Strait Islander jobseekers and boost workforce through the new ISEP the providers needs to be responsive to unique cultural needs of the Aboriginal and Torres Strait Islander peoples. It is clearly understood that Aboriginal and Torres Strait Islander peoples are more likely to access programs, and adhere program requirements if the provision of program are respectful and provide culturally safe environment.

<sup>&</sup>lt;sup>12</sup> Jumbunna Indigenous House of Learning, University of Technology Sydney. Self-Determination: Background Concepts. <u>Scoping</u> <u>paper 1 prepared for the Victorian Department of Health and Human Services.</u>

QAIHC believes that Aboriginal and Torres Strait Islander leadership at all levels of decision making is critically important to build trust between Registered Training Organisations (RTOs) as a service provider and the Aboriginal and Torres Strait Islander job seekers in order to define career aspiration and determine culturally appropriate employment development action plans. Aboriginal and Torres Strait Islander Community Controlled model of Registered Training Organisation (RTO) has demonstrated success on developing and delivering culturally appropriate skills and employment training programs, with learning resources that are contextualized using local Aboriginal community and service examples and scenarios. For this reason, priority should be given to the Aboriginal and Torres Aboriginal and Torres Strait Islander Community Controlled RTOs to train ISEP participants in order to improve Aboriginal and Torres Strait Islander workforce outcomes.

ATSICCHO Sector has a broader experience and deep understanding of what works best to address local needs of the Aboriginal and Torres Strait Islander peoples, based on the mutually trusted working relationship. Considering this fact QAIHC's recommendation is that to foster cultural safety and develop relevant workforce ATSICCHOs should be resourced to develop a relationship and establish a formal partnership with local Registered Training Organisations (RTOs). This will support to appropriately identify local workforce needs and develop location specific skills and employment programs.

Also, QAIHC's experience is that culturally appropriate mentoring programs are critically important to attract, train and retain Aboriginal and Torres Strait Islander peoples into the workforce. ATSICCHOs are governed by an Aboriginal and Torres Strait Islander board that is elected by members of the local community; and has a proven history of delivering culturally appropriate primary health care as a core business in a culturally safe environment. Within ATSICCHOs there are leaders who have ability to champion education and training opportunities. This sets ATSICCHO Sector in a unique position and enables to work with the ISEP, local RTOs and the community to provide culturally appropriate mentorship programs in the community.

 Recommendation 4:
 Ensure Aboriginal and Torres Strait Islander Community Controlled RTOs are the preferred provider for ISEP participants.

 Recommendation 5:
 Resource ATSICCHO Sector to develop and foster formal partnership with local RTOs including mainstream RTOs; and provide culturally appropriate mentorship support

### 4.3. Career pathways

QAIHC believes that creating a sustainable career pathway for Aboriginal and Torres Strait Islander workers across the sector requires more than the provision of opportunities for skill development and employment. Aboriginal and Torres Strait Islander peoples across Australia are still experiencing higher level of educational disadvantages. The gap in educational outcomes between Aboriginal and Torres Strait Islander peoples and other Australians in remote and very remote areas remains significantly wider compared to the major cities. The 2020 Closing the Gap report makes it clear that the gap remains significant and persistent in relation to certain issues, especially literacy and numeracy skills and school attendance.<sup>13</sup>

for ISEP participants.

<sup>&</sup>lt;sup>13</sup> Lowitja Institute, Close the Gap report, 2020 <u>https://www.lowitja.org.au/page/services/resources/Cultural-and-social-determinants/culture-for-health-and-wellbeing/close-the-gap-report-2021</u>



Individual literacy and numeracy skills are considered as a core part of the development of other forms of human capital, including knowledge, other skills and developments. Improved adult literacy and numeracy skills has been shown significant uptake with the skills and employment opportunities and higher wages.<sup>14</sup> Research shows that low levels of literacy and numeracy skills have a negative impact on an individual's social and economic future. Conversely, adults with high proficiencies in literacy and numeracy are much more likely to report good health, to be employed, to have higher earnings, and to have positive social dispositions and take part more actively in community life.<sup>15</sup>

Community-focused literacy and numeracy programs has demonstrated encouraging outcomes improving literacy and numeracy levels of the Aboriginal and Torres Strait Islander peoples.<sup>16</sup> With this in mind QAIHC's recommendation is that ISEP participants should be supported to access local community-based literacy and numeracy programs that provide participants an opportunity to progress further career development.

Recommendation 6: Ensure ISEP participants are supported to participate into a community-led literacy and numeracy initiatives that enables participants to undertake further career development opportunities.

### 4.4. Policy and program alignments

QAIHC notes that there are number of strategies and initiatives (at National and State level) that were fundamentally developed and/or underdevelopment with the aim of improving Aboriginal and Torres Strait Islander workforce across Australia. The key strategic documents include the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031, the NDIS Workforce Plan, the Aged Care Workforce Strategy, the National Mental Health Workforce Strategy, the Early Years Workforce Strategy, National Aboriginal and Torres Strait Islander Health Care Plan.

In addition, Queensland Health in partnership with QAIHC are leading a path of addressing institutional racism through the Health Legislation Amendment Act 2020 that was passed by the Queensland Parliament. This Act is key in driving a health equity reform agenda. It will achieve this by embedding a commitment to Aboriginal and Torres Strait Islander health equity within the Hospital and Health Boards Act 2011. The legislation requires each Hospital Health Service or HHS develop a strategy to achieve health equity with Aboriginal and Torres Strait Islander people; and each HHS is required to have one or more Aboriginal and/or Torres Strait Islander people as Board members. For the first time in a legal framework, the Hospital and Health (Health Equity Strategies) Regulation 2021 has embedded a commitment to the elimination of institutional racism as a foundational element towards the achievement of Aboriginal and Torres Strait Islander people's health equity in the Queensland public health system.

QAIHC recognises that all the above-mentioned key policy and legislative frameworks will offer a range of opportunities for Aboriginal and Torres Strait Islander peoples to improve overall

<sup>&</sup>lt;sup>14</sup> Shomos, A. and Forbes, M. 2014 Literacy and Numeracy Skills and Labour Market Outcomes in Australia, Productivity Commission Staff Working Paper, Canberra.

<sup>&</sup>lt;sup>15</sup> OECD (2017), Building Skills for All in Australia: Policy Insights from the Survey of Adult Skills, OECD Skills Studies, OECD Publishing, Paris, <u>https://doi.org/10.1787/9789264281110-en</u>.

<sup>&</sup>lt;sup>16</sup> Adult Learning Australia (2021). Submission to the House Standing Committee on Employment, Education and Training inquiry into adult literacy, numeracy and problem-solving skills in Australia.



employment outcomes. Our recommendation is that the design of the ISEP should exclusively consider these key policy/plan and legislative frameworks.

**Recommendation 7:** 

Ensure the design and delivery of the ISEP exclusively consider the key National and State policy/plan and legislative frameworks.

### 6. Conclusion

Aboriginal and Torres Strait Islander people have much lower employment rates than other Australians due to factors including education, training and skill levels, poorer health, limited market opportunities, discrimination, and lower levels of job retention.

The proven approaches for improving the overall socio-economic outcome of the Aboriginal and Torres Strait Islander people is empowering them to take control over their life outcomes through strong focus on people and their needs, aspirations, and capabilities; and enriching their autonomy and resilience.

Designing and delivering ISEP and other skills and employment program ensuring Aboriginal and Torres Strait Islander peoples' leadership at each level of decision making and service delivery to ultimately improve employment outcomes of Aboriginal and Torres Strait Islander peoples. A system level reform is needed to address issues and barriers.

Workforce is an active concern for QAIHC and our Members. Restructure of an effective and culturally safe ISEP will support Aboriginal and Torres Strait Islander communities to close existing employment gaps. QAIHC is strongly committed to and interested in being part of the solution to design an efficient ISP and other employment programs that meets the needs of Aboriginal and Torres Strait Islander peoples.



Queensland Aboriginal and Islander Health Council ABN 97 111 116 762

BRISBANE 36 Russell Stree PO Box 3205, Sc T 07 3328 8500 36 Russell Street, South Brisbane Q 4101 PO Box 3205, South Brisbane Q 4101

**CAIRNS** 6/516–518 Mulgr PO Box 12039, V T 07 4033 0570 6/516–518 Mulgrave Road, Earlville Q 4870 PO Box 12039, Westcourt Q 4870

