



Job-ready Graduates Package

Draft legislation consultation

Indigenous Allied Health Australia Submission

Introduction

Indigenous Allied Health Australia (IAHA) is a national, Aboriginal and Torres Strait Islander health workforce peak organisation, representing the Aboriginal and Torres Strait Islander allied health workforce. IAHA represents a diverse membership of allied health professions, understanding health and wellbeing as a holistic concept and the importance of multidisciplinary teams and services to the health and wellbeing of Aboriginal and Torres Strait Islander people.

IAHA welcome the opportunity to make a submission to the Job-ready Graduates Package draft legislation consultation, and support several of the intended outcomes of the proposed legislation. Reductions in student course fees for (most) allied health disciplines are particularly welcome and are a timely recognition of both the high current and projected demand for the allied health workforce and strong employment outcomes in allied health.

In addition, the guarantee of a Commonwealth Supported Place (CSP) for Aboriginal and Torres Strait Islander university students, and funding to support access to higher education for Aboriginal and Torres Strait Islander, rural and remote and low SES background students is encouraging. It will be important, however, that the latter is directed to culturally informed supports for Aboriginal and Torres Strait Islander students.

Targeting of entry places must be accompanied by strategies that ensure high retention and graduation rates. This has been recognised by universities and is among the commitments they have identified in the Universities Australia Indigenous Strategy 2017-20. High retention and graduate rates must be seen as the required return on investment of CSP and associated funding. IAHA welcomes the opportunity to work with stakeholders on practical ways of increasing graduation rates, in line with high rates of success IAHA has been able to achieve with our student member cohort.

However, IAHA do have significant concerns about some of the proposed changes, and suggest the following warrants consideration to ensure that the changes do not act in opposition to the interest of governments, particularly in achieving better health and wellbeing, education and employment outcomes for Aboriginal and Torres Strait Islander people, and in the context of the New National Partnership Agreement on Closing the Gap.

Impact on social work and other humanities qualifications

IAHA recognise that the intent of the proposed reforms is to encourage individuals to pursue qualifications linked with strong employment outcomes. Health care and social assistance, the employment classification in which most allied health disciplines are counted, has shown significant growth and is already one of the largest employment sectors in Australia. Medium term projections have also indicated a growth of 250,000 additional jobs in the sector for the five years to 2024. This follows a similar demand and growth pattern for the past decade at least.

Recent events such as the COVID-19 pandemic and several Royal Commissions have highlighted the need for a strong, well distributed health workforce inclusive of social workers. Social workers play an essential role in helping Aboriginal and Torres Strait Islander people access and navigate what is, often, a culturally unsafe health system. They play a central role helping people in need to deal with complex systems when they and their families are at their most vulnerable. Social workers provide essential care and expertise in mental health, which is an identified need in Aboriginal and Torres Strait Islander communities both now and into the future.

It is essential that Aboriginal and Torres Strait Islander people are encouraged and supported to pursue careers in social work, that this workforce continues to grow, and that individuals are not disincentivised or disadvantaged through university fee structures. IAHA are concerned about the possible inclusion of social work within the field of humanities and any subsequent increases in the student contribution for social work units and qualifications and the impact this may have on enrolments.

Previous debates on university reform have included discussions on increases in student costs for qualifications in which graduates are likely to obtain higher incomes post-graduation. While the merits of this are debateable, particularly at the individual level, it is worth acknowledging the counter argument that social workers contribute significant public good while working in sectors and roles that are often not highly paid. Incurring higher debt liability for completing these qualifications would result in a longer repayment period, incurring more interest and lengthening their time in the workforce on a more highly taxed salary.

It is important to note that Aboriginal and Torres Strait Islander people are proportionately more likely to undertake study and to work as social workers than any other allied health profession. We also know that acute social work shortages continue to exist in many disadvantaged communities. Indeed, social workers also tend to work across service sectors which are crucial to addressing Australian governments' Closing the Gap commitments, including health, employment, education, justice, child and family protection, housing, and others.

IAHA note the proposed amendment to section 33-35 of the *Higher Education Support Act 2003* reads:

33-35 Funding clusters, or parts of funding clusters, in which units are included

The Commonwealth Grant Scheme Guidelines may specify:

*(a) how to determine, for the purposes of this Act or the * funding reform Schedule, the * funding cluster, or the part of a funding 20 cluster, in which units of study are included; or*

(b) the particular funding cluster, or the particular part of a particular funding cluster, in which a particular unit is included for the purposes of this Act or the funding reform Schedule.

IAHA call on the Government to make a public commitment to ensure that the guidelines enable social work to be recognised as allied health for the purposes of funding under the reforms. It is essential that any increases to qualifications does not capture social work, an essential profession with strong need and employment prospects. Education providers must be able to offer social work courses (noting the public good benefit outlined), without being penalised for doing so.

IAHA are also concerned about the impact of the proposed changes on other areas of study which are traditionally categorised with the humanities. Culture and cultural studies, for example, are disciplines in which Aboriginal and Torres Strait Islanders are most likely to enrol, followed by health. The proposed changes are, therefore, likely to have a disproportionate impact on prospective Aboriginal and Torres Strait Islander students, the pathways they would choose to pursue, and the contributions graduates of these disciplines make. For instance, university enrolments data for 2018 by *Broad Field of Education* show that Aboriginal and Torres Strait Islander students were more likely to be enrolled in Society and Culture or Health; 33 per cent and 21 per cent of all students respectively.

Further, national health policy is increasingly understanding the need for social and cultural determinants approach to Aboriginal and Torres Strait Islander health and social and emotional wellbeing. The cultural determinants of health, the connections to the protective effects of culture for Aboriginal and Torres Strait Islander people, is essential. Having Aboriginal and Torres Strait Islander people, and Indigenous-led teaching, curricula content and qualifications in the humanities space supports Aboriginal and Torres Strait Islander nation building, social, cultural, and economic development and the relationship between culture and health. These proposed changes have the potential to undermine some of the progress in this area, by affecting the viability of these qualifications.

Page 15 of the consultation legislation, a section which lists the government contribution amounts, specifies a higher payment amount under society and culture degrees for *"the Social Studies or Behavioural Science subpart of this affected funding cluster part"*. Consideration should be given to how Aboriginal and Torres Strait Islander humanities and social sciences could be managed within such a funding structure, again so as not to disincentivise participation by Aboriginal and Torres Strait Islander people in these essential qualifications. Similarly, as has been highlighted throughout the Closing the Gap agenda, increasing understanding of Aboriginal and Torres Strait Islander cultures and experiences among the broader population plays an important role in addressing this policy imperative. The legislation could, for example, specify a distinction in the government and student contribution amounts for these units and qualifications.

HECS HELP eligibility

The legislation also proposes to remove eligibility to access HECS HELP for students who fail more than half of their first 8 units, a move which has been stated as aiming to protect the student and broader constituency from large debts being incurred without an educational outcome (i.e. obtainment of a qualification).

A major concern for IAHA is the potential impacts of this decision on students who experience difficulties in transitioning into a tertiary education setting, and the potentially disproportionate impact on Aboriginal and Torres Strait Islander students for a variety of reasons. IAHA members often face additional challenges in transitioning to higher education, including experiences of racism and navigating education delivery and curricula which does not reflect Aboriginal and Torres Strait Islander worldviews or take account of other responsibilities they may be juggling (such as caring roles). This is additional to more general issues such as relocation for study, financial stressors and adjusting to a tertiary education setting.

Quite often these challenges are encountered by people who are first in family to study higher education. While organisations such as IAHA exist to support our members, we know that transition periods are higher risk, and Aboriginal and Torres Strait Islander students commencing studies are less likely to be aware of and linked in with the support structures that do exist. IAHA are concerned that initial results could place a significant burden and stress on students, who would no longer have access to the means to continue their education should they be deemed ineligible to receive HECS HELP.

It is important that universities are given both strong guidance as to the considerations as well as sufficient discretion in its application. For example, the legislation directs universities to *"disregard any units not completed by the students"* which mitigates the risks associated with changes after the census date, at which time financial and academic liability is incurred. However, universities should be given appropriate and broad discretion based on their understanding of the student and their unique circumstances, including issues such as being first in family to navigate a tertiary education setting.

IAHA also call for a commitment from universities, including through mechanisms such as the Australian Council of Deans of Health Sciences, for the establishment of guiding principles to support the application of this change for Aboriginal and Torres Strait Islander people.

Commonwealth Supported Places

The proposed amendments also include greater flexibility in how universities allocate supported places between undergraduate and postgraduate studies. Once again, the implementation of this change generates some concerns regarding the potential impacts on Aboriginal and Torres Strait Islander students, if this were to result in a decrease of viable undergraduate pathways to formally recognised qualifications and particularly in professions such as health. While Aboriginal and Torres Strait Islander students' access to a CSP is safeguarded, through a guarantee in the reform, market incentives and other factors could disincentivise universities from offering undergraduate qualifications, particularly as CSP at the postgraduate level can be offered more freely.

Available data tells us that more than 90 per cent of commencing Aboriginal and Torres Strait Islander university students in 2018 were enrolling in a qualification at the undergraduate degree level or below. Increasing reliance on postgraduate delivery could act as a significant barrier to higher education for Aboriginal and Torres Strait Islander people interested in health. This is particularly true for students who enter university environments as mature aged or relocating students, and who have to manage work, financial and familial responsibilities alongside their studies. The additional duration

and expense associated with postgraduate studies can serve as a barrier for this cohort. IAHA recommend that a minimum number of undergraduate funded CSP be established to support retention of undergraduate qualifications.

Conclusion

Indigenous Allied Health Australia are broadly supportive of the proposed legislation, noting the important caveats and concerns raised above. IAHA strongly encourage governments and universities to work closely with Aboriginal and Torres Strait Islander people, communities and organisations, including IAHA, in the implementation of these reforms to ensure that they are supportive of improved educational and employment outcomes for Aboriginal and Torres Strait Islander peoples. The guidelines which accompany this reform will be essential in ensuring that these reforms not only support improvements, but do not actively cause harm.