NACCHO
National Aboriginal Community
Controlled Health Organisation
*Aboriginal health in Aboriginal hands*
www.naccho.org.au

# Australian Universities Accord

Submission to the
Department of Education

April 2023

## ABOUT NACCHO

NACCHO is the national peak body representing 145 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 145 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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## Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Australian Universities Accord.

## National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, which are more likely to achieve meaningful outcomes for our people in the long term:

**Priority Reform Area 1 – Formal partnerships and shared decision-making**
This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

**Priority Reform Area 2 – Building the community-controlled sector**
This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

**Priority Reform Area 3 – Transformation of mainstream institutions**
This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

**Priority Reform 4 – Sharing data and information to support decision making**
This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

**NACCHO strongly recommends** that an Accord explicitly align with the four Priority Reforms of the National Agreement on Closing the Gap.

## Introduction

While university enrolment numbers grew significantly for Aboriginal and Torres Strait Islander students in the 10 years to 2019, enrolments are still well below population parity at just over 2 per cent. We also know that while enrolments have improved over this time, completion rates have not kept pace. The low number of successful completions for Aboriginal and Torres Strait Islander students reflects the fact the university system isn't working for our people.

**NACCHO supports** a parity goal for Aboriginal and Torres Strait Islander university enrolments.

**NACCHO supports** Target 6 of the National Agreement: By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-34 years who have completed a tertiary qualification (Certificate III and above) to 70 per cent.

## Tertiary education

### Governance

A key enabler for change must begin with a re-structure of the funding model that is currently utilised in the tertiary education sector. Moreover, a national framework is required and must be overseen by a governance structure that is reflective of the Australian population, specifically First Nations people. This framework must acknowledge and demonstrate through pedagogical approaches the cultural, spiritual and educational practices of First Nations people. The Framework must also enable place-based context to ensure the needs of local communities are met.

Current funding models create competition across the sector, resulting in inequitable distribution of funds. This makes it difficult for Aboriginal and Torres Strait Islander people living in rural and remote areas to access tertiary education. Online learning is not a viable alternative for already marginalised populations.

### Cultural safety

Cultural safety is critical for improving enrolments and completions for Aboriginal and Torres Strait Islander students. Structural change is required to deliver this. Systemic racism within the university sector must be addressed and training needs to be tailored and culturally safe.

We note the concern that it costs more to support Aboriginal and Torres Strait Islander students (and other under-represented groups, p26). This is certainly the case, and universities and VET providers are provided additional funding to support those students. Our concern is how that funding is allocated: infrastructure does not constitute structural change. That is, building a facility for Aboriginal and Torres Strait Islander students is a certainly a good news story for an institution, but will not deliver a culturally safe learning environment for Aboriginal and Torres Strait Islander students.

Cultural safety and student success is an organisation-wide responsibility[1]. It must be led from the top and have genuine oversight through national governance structures. Locally contextualised cultural safety training for *all* staff is critical: from the Vice Chancellor and Executive to academic and professional staff. Cultural safety must be embedded in organisational culture – this is critical to

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[1] First Nations students need culturally safe spaces at their universities, The Conversation, 4 February 2022, https://theconversation.com/first-nations-students-need-culturally-safe-spaces-at-their-universities-175521

developing and supporting culturally safe practice and environments. Without a supportive organisational leadership and culture, training for client-facing or senior staff alone is unlikely to deliver culturally safe learning environments. The University of Newcastle's Cultural Capability Framework 2020-2025[2] is an excellent example of how cultural safety training can be supported across the workforce.

We draw your attention to the definition of cultural safety as contained in the National Agreement:

> *Cultural safety is about overcoming the power imbalances of places, people and policies that occur between the majority non-Indigenous position and the minority Aboriginal and Torres Strait Islander person so that there is no assault, challenge or denial of the Aboriginal and Torres Strait Islander person's identity, of who they are and what they need. Cultural safety is met through actions from the majority position which recognise, respect, and nurture the unique cultural identity of Aboriginal and Torres Strait Islander people. Only the Aboriginal and Torres Strait Islander person who is recipient of a service or interaction can determine whether it is culturally safe.[3]*

Cultural competence for Aboriginal and Torres Strait Islander people looks different in different communities, but critical to the definition above is the understanding that *only the person who is recipient of a service or interaction can determine whether it is culturally safe*.[4]

This means, the list of activities or actions a university has undertaken to improve cultural safety does not determine whether cultural safety has been achieved for students and staff, neither does data on retention, attrition etc.[5] These data may provide supporting information, but only qualitative feedback from Aboriginal and Torres Strait Islander students and staff will demonstrate whether an institution is culturally safe. This requires universities to ask Aboriginal and Torres Strait Islander students and staff whether they feel culturally safe in their learning/work environment. This also needs to be extended to encompass industry engagement, specifically the Aboriginal and Torres Strait Community Controlled Health sector (ACCHOs) who are a pivotal element of the architecture of comprehensive primary health care nationally. How this is best done should be determined in partnership with the Aboriginal and Torres Strait Islander community the University is working with.

## Supportive learning environments

Cultural safety is key to creating supportive learning environments for Aboriginal and Torres Strait Islander students. The need to offer additional support to students at key transition points is well-established.

Research by Gwynne et al shows strong evidence that the provision of wrap-around supports result in better completion rates for Aboriginal and Torres Strait Islander students in the VET context.[6] This research sought to validate identified enablers from preregistration tertiary nursing students to the

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[2] University of Newcastle, https://www.newcastle.edu.au/our-uni/indigenous-collaboration/fostering-cultural-competency

[3] National Agreement on Closing the Gap, Definitions, https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/12-definitions

[4] Refer to the Aboriginal and Torres Strait Islander Health Performance Framework - summary report 2020. https://www.indigenoushpf.gov.au/

[5] Universities Australia, Indigenous Strategy annual report, May 2022 https://www.universitiesaustralia.edu.au/wp-content/uploads/2022/08/UA_Indigenous_Strategy_Annual_Report_May-2022.pdf

[6] Gwynne et al, Customised approaches to vocational education can dramatically improve completion rates of Australian Aboriginal students, Australian Health Review, 2020, 44 , 7–14, https://doi.org/10.1071/AH18 51

VET context. The research validated the five previously identified enablers, and identified a further two:

1. Student motivation to undertake and complete study
2. Teachers' understanding of Aboriginal cultures and their ability to translate this into their teaching methods
3. Students' sense of connection to other people, including students, support staff and teachers, and belonging to the training place
4. Strong commitment by the institution to encouraging Aboriginal students to enrol and complete their studies
5. Support of the family of the student undertaking study and the family seeking to understand the associated challenges
6. NEW - support of the student's employer to release them to undertake study
7. NEW – continuous improvement - listening to feedback and making improvements

Focussing on these enablers delivered a completion rate of 30 of 31 students (96.8%). Such approaches would be well considered in the higher education context. The Universities Australia Indigenous Strategy offers another excellent example - Macquarie University engage new Aboriginal and Torres Strait Islander students in a cultural camp to build a sense of community, offer cultural support and mentoring and practical workshops and support. The creation of a supportive learning environment, and support for new students at this key transition point has been shown to lead to better retention and outcomes.[7]

In order to adequately support Aboriginal and Torres Strait Islander students to be successful in higher education, incentives such as scholarships and access to culturally safe support services such as mentoring, and tutoring is required.

## Teaching practice

New ways of delivering course work must also be considered to meet the learning needs of Aboriginal and Torres Strait Islander students, including genuine and well-funded mentoring and tutoring programs. The examples outlined above amply demonstrate the value of such investment.

However, this also extends to genuine inclusion of pedagogical teaching approaches adopted in higher education and the implementation of core adult learning principles. The exclusion or devaluation of Indigenous pedagogies can create a barrier to academic success for Indigenous students, limit a genuine understanding of Indigenous culture and history for all students, and prevent people from learning how to exercise highly valuable and useful modes of thought which could potentially address many problems in contemporary society.[8]

Key limitations include the siloed and competitive nature of higher education and the funding models that have entrenched this; a lack of innovation and ability to flexibly adapt to the rapid changes currently occurring across society. It will be essential for the university sector to fundamentally shift traditional teaching practice and course structures. University lecturers and tutors should be trained in adult learning principles, facilitation and cultural safety. Similarly, academic staff who are supervising research students, should be appropriately skilled to do so.

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[7] Universities Australia, Indigenous Strategy annual report, May 2022 https://www.universitiesaustralia.edu.au/wp-content/uploads/2022/08/UA_Indigenous_Strategy_Annual_Report_May-2022.pdf
[8] https://opentextbc.ca/indigenizationcurriculumdevelopers/chapter/topic-indigenous-epistemologies-and-pedagogies/#:~:text=Indigenous%20pedagogies%20connect%20learning%20to,connection%20to%20the%20local%20place

Teaching, facilitation and supervision are specialised skills, and it can no longer be assumed that content expertise makes academic staff competent to teach. Further, there is a dearth of integrated training in Aboriginal and Torres Strait Islander cultures and a focus on ensuring lecturers have a strong understanding of Aboriginal and Torres Strait Islander peoples and their educational practices.

Funding for block training, and national communities of practice across health professions for Aboriginal and Torres Strait Islander people are essential and flexibility in delivery - both face to face and online - must become the norm.

To ensure work ready graduates, teaching must encompass strong industry pathways and incorporate on the job supervision and training. For example, upskilling in higher education health qualifications must be done in genuine partnership with the ACCHO sector. For example, in the health sector, there is a heavy focus on theory in professions such as nursing and allied health where practical skills are critical. Inadequate, unsupported and culturally unsafe placement structures do not help rectify this balance. For the ACCHO sector, this means a lack of suitably skilled, work ready graduates delivering primary health care across remote, regional and urban settings.

On-the-job training helps ensure students are job ready, however, supervised hospital placements for example, are rarely culturally safe for Aboriginal and Torres Strait Islander students – this needs to be rectified. The systemic racism within these structures must be addressed as many Aboriginal and Torres Strait Islander people feel culturally unsafe when undertaking placement arrangements and work-integrated learning. Supported placements in partnership with the ACCHO sector must be designed and developed to ensure culturally safe training options in primary health care for Aboriginal and Torres Strait Islander students.

For genuine partnerships to evolve, investment and training is required to ensure employers can adequately supervise students in the workplace. In order to incentivise employers to participate in placements, funding to backfill supervisory positions (to ensure service delivery is not compromised) is required as well as resources for employers that are tailored to meet their needs. Re-designing courses to deliver skill-set clusters that act as building blocks for the student and employer creates additional pathways for students and acknowledges for many, life commitments require them to work whilst studying. Using the principles and structures of the NACCHO VET traineeship/apprenticeship framework in the higher education sector should be considered for Aboriginal and Torres Strait Islander students within the health sector.

## VET/higher education pathways

VET is the sector of choice for post-school education for Aboriginal and Torres Strait Islander students. However, the sector also suffers poor retention and completion rates particularly in mainstream providers. Community controlled RTOs (ACCRTOs) deliver culturally contextualised training in a culturally safe environment. They also provide a range of social, cultural, educational and wellbeing supports to their students. They offer flexibility in delivery and assessment to support their students where they are, and help them to complete their program of study. All of this contributes to significantly better retention and completion rates when compared to TAFEs.

VET training provides important entry-level pathways and skill-set development for local people, particularly in Aboriginal and Torres Strait Islander communities, including Aboriginal Health Workers and Health Practitioners who play an important public health role. Moreover, VET qualifications offer excellent work ready pathways and provide opportunities to build multidisciplinary teams via upskilling.

However, VET is still considered the poor cousin to higher education (we note the acknowledgement of issues of 'esteem', p30), yet it offers valuable and rewarding pathways and career options, particularly in the health sector. Health qualifications and careers span both the VET and higher education sectors and are therefore ideal for the creation of more integrated pathways. Nationally consistent pathway articulation from VET into higher education starting at Cert IV level are needed. However, for this to be successful the higher education sector needs a stronger understanding of VET training packages and how to map units of competency and work experience for credit transfer at the university level. More streamlined Recognition of Prior Learning (RPL) processes are key to this.

A national system is required, which allows people to cross institutions easily and have consistency in RPL processes, particularly across the university sector. Genuine consideration needs to be given to strong RPL process as a way of assessing lived experience, work experience and other learning. This is currently not valued, making the current system unviable for those wishing to articulate – this is demonstrated though the very low use of RPL across both VET and higher education. It is also a significant barrier to entering the higher education sector for Aboriginal and Torres Strait Islander people.

Stronger pathways from VET qualifications into higher education are required if we are to increase the number of Aboriginal and Torres Strait Islander RANS, GPs and allied health staff across the ACCHO sector. Currently, just 1.6% of registered nurses in Australia identify as Aboriginal or Torres Strait Islander, and of more than 124,000 Medical Practitioners, only 797 are Indigenous – around 0.6%.[9]

Critically, building genuine partnerships with the ACCRTO sector is pivotal to ensure there are supportive and clearly articulated education pathways for Aboriginal and Torres Strait Islander students within a health context.

## Skills shortages

Across Australia there is a critical shortage of doctors, nurses, and Aboriginal Health Workers and Health Practitioners. Shortages across all levels of the allied health workforce have also become critical as community-controlled health services expand into NDIS, aged care, SEWB and mental health. As a sector, we are facing severe workforce challenges that are impacting access to health care, and which risk unravelling the hard-earned life expectancy gains the ACCHO sector has made for Aboriginal and Torres Strait Islander people.

In line with the recommendations of the *Aboriginal and Torres Strait Islander Health Plan 2021-2031* and the *National Aboriginal and Torres Strait Islander Health Workforce Framework and Implementation Plan 2021-2031*, the need to increase the proportion of Aboriginal and Torres Strait Islander people in the health workforce should be identified.

However, a key national challenge is the widening gap between government's ability to respond to rapidly evolving and changing issues facing Australia, this includes institutions from the VET and higher education sectors. This is reflected in employment requirements and the rapidly evolving skill sets needed to ensure graduates are work ready. Unfortunately, current graduates are not work

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[9] Data provided to NACCHO from Australian Institute of Health and Welfare (AIHW), 2023.

ready, requiring significant additional on-the-job training, which risks impacting service provision to vulnerable communities.

ACCHOs are the third largest employer of Aboriginal and Torres Strait Islander people in Australia. There is a need to leverage the current ACCHO workforce and draw from local communities to build a strong workforce that includes both cultural and clinical experts. Up-skilling, re-training, utilising the existing workforce and creating strong VET and higher education pathways to build capacity is key. Universities need to work closely with our sector to ensure there are genuine and supported pathways.

Anecdotal evidence suggests that many students entering the MBBS want to be GPs on completion of their training. Ensuring this happens requires long-term planning and partnership to ensure GP clinical and other primary health care providers, such as ACCHOs have the capacity to ensure local placement opportunities are available where GPs are required. This has the potential to increase training and supervisory capacity across the ACCHO sector to support clinical placements that can be prioritised for Aboriginal and Torres Strait Islander students.

In order to boost intern placements in primary health care across the ACCHO sector, capacity building is required to improve the teaching and supervisory capacity of ACCHOs for both VET and higher education qualifications. This is a long-term investment and collaborative effort is required.