



Pre-budget submission Indigenous Allied Health Australia

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 take a holistic, culturally informed, and supportive approach to the development of the Aboriginal and Torres Strait Islander health workforce. IAHA recognise the breadth of health, educational, and employment outcomes which can be achieved, in the short and long term, through targeted, co-ordinated, and cross-sectoral investment in workforce development.

Summary

IAHA strongly urges the Government to ensure the 2020-21 Budget directs existing and, where necessary, new investments to build the Aboriginal and Torres Strait Islander allied health and broader health workforce, recognising the multiple Government priorities this action will deliver against and the long-term benefits it will deliver to the Australian community. Broad investment in allied health should be inclusive of funding in support of Indigenous Allied Health Australia led initiatives, such as the expansion of the National Aboriginal and Torres Strait Islander Health Academy and the piloting of Allied Health Service Hubs as a community designed service solution.

IAHA recommend that the 2020-21 Budget:

- Resource the implementation of the new National Partnership Agreement on Closing the Gap;
- That development and funding decisions involve and, wherever possible, are directed to Aboriginal and Torres Strait Islander organisations;
- Commit to act on the Recommendations of the *Report on Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia*, including:
 - A minimum of \$5 million dollars over three years to fund the expansion of the IAHA Aboriginal and Torres Strait Islander Health Academy model; and
 - An additional allocation to IAHA of \$5 million dollars to co-invest in the development of an IAHA co-designed and community-led allied health service delivery hub(s);
- Ensure cross-portfolio responsibilities, implications and commitments are specifically identified in funding decisions; and
- Prioritise Aboriginal and Torres Strait Islander skills and employment growth as a theme.

Context: Health workforce development – meeting need, building community strength & capacity

The COVID-19 pandemic and control measures have had a significant, national impact including on individual and population health and wellbeing, health system planning, employment outcomes, ways

of working, and education and training delivery. The current and future health workforce are uniquely impacted by the intersection of these and other issues. Those impacts reinforce the need to build health workforce capacity, especially in areas of existing shortage and demand, and in doing so contribute to the capacity within communities and their economic recovery from COVID-19 and strengthening self-determination and future preparedness.

The economic impact of COVID-19 nationally presents its own challenges, and IAHA recognise that the 2020-21 Budget will reflect the cumulative impacts of COVID-19 and the pandemic response on the national economy. It is particularly important, in the financially austere environment post the pandemic response, that government investment targets areas with high and sustained return on investment, stimulate the economy and directly address underlying service and capacity issues caused or amplified by the pandemic and response. Investment in initiatives and through organisations such as IAHA, with a proven track record and established good governance, will be essential to achieving these policy intents.

Given projected growth in demand for allied health professions into the future, the significant need for a skilled and appropriately distributed allied health workforce, and the potential savings to the health care system and other costs as a result of preventative, mental health and rehabilitative services, increased investment in allied health should be included in the 2020-21 budget as recognition of its short and longer term role in supporting recovery. The psychology workforce, for example is anticipated to experience very strong growth nationally, with projections suggesting a more than 20 per cent increase in the workforce, accounting for an additional 5,800 jobs by 2024.

Importantly, it should be possible for much of the investment to be identified from within funds already announced by the Government, in areas such as COVID recovery, including funding to support skills and jobs growth (by targeting allied health assistant and other health VET training as part of the \$585.3 million Skills Package *Delivering Skills for Today and Tomorrow*).

Building this workforce aligns directly with identified Government priorities. The investment would also contribute directly to and complement other priorities, including delivering on Closing the Gap commitments and strengthening regions. Directing investment into building the Aboriginal and Torres Strait Islander health workforce – through Aboriginal and Torres Strait Islander organisations – progresses multiple priorities and lays the groundwork for sustained improvements in Aboriginal and Torres Strait Islander peoples' circumstances and wellbeing, as well as the nation more broadly:

- Increased employment and workforce capacity in sectors which are already facing severe regional shortages and with projected demand growth across many allied health and associated professions of between 15 and 40 per cent over the next 5 years;
- Improved health and wellbeing outcomes associated with education attainment and meaningful employment;
- Exhibiting downward pressure on expensive health and social service program expenditure inclusive of reducing and managing better managing chronic disease; preventing avoidable hospitalisations and amputations; reducing disability impacts and enhancing participation and earnings potential of people living with disability; reducing the need for expensive (and often ineffective) FIFO services and emergency retrievals; and others;
- Reduce welfare expenditure and increase revenue (income and other forms of taxation) – especially where jobs are filled by local Aboriginal and Torres Strait Islander staff, with flow on benefits to families and communities;

- Complementing economic and employment growth in primary, manufacturing, and other sectors – which rely on the presence of health and community services to provide basic services and as a factor in attracting workforce to industries.

This submission outlines essential areas of investment which require new or renewed focus, as well as mechanisms and approaches needed toward maximising the utility of investment and achieving the greatest impact.

Funding mechanisms for Aboriginal and Torres Strait Islander health workforce development

While this submission identifies examples and areas of much needed investment, it is important to reinforce how well utilised funding for Aboriginal and Torres Strait Islander health workforce development, through Aboriginal and Torres Strait Islander organisations such as IAHA, would contribute to achieving better outcomes in multiple areas.

Aboriginal and Torres Strait Islander health workforce development has implications and benefits well beyond the health portfolio. It provides core service capacity, employment, skills, and income into communities, flow-on economic effects and reduces costs otherwise incurred in other areas. Health is the single largest area of employment participation and growth: with conditions that enable major increases in the jobs and service coverage.

As such it should be a focus for coordinated investment by health, education, employment, and Aboriginal and Torres Strait Islander agencies at the local, state/territory and Commonwealth levels. At present, this broad applicability often results not in coordinated and cross-sectoral investment, but rather a lack of ownership and responsibility for, and commitment to, Aboriginal and Torres Strait Islander health workforce development that the peak organisations such as IAHA do to grow, support and lead the workforce. Too often the development of this workforce has been subject to fragmented (or disinterested) approaches, at the cost of impact and the downstream benefits to communities.

The benefits of workforce growth warrants both new investment and tapping into existing funding mechanisms, including initiatives recently announced by governments. The *Delivering Skills for Today and Tomorrow* Vocational Educational and Training package, for example, could be directed to fund the expansion of the IAHA National Aboriginal and Torres Strait Islander Health Academy (refer below). The IAHA National Aboriginal and Torres Strait Islander Health Academy supports Aboriginal and Torres Strait Islander young people to obtain an in-demand health qualification, allied health assistance, while acting as a viable pathway into other health careers.

The intergovernmental and cross-portfolio approaches taken by National Cabinet in dealing with the COVID-19 pandemic and by Governments working with the Coalition of Aboriginal and Torres Strait Islander Peaks in negotiating a new, coherent and collaborative approach to Closing the Gap demonstrating the need for and possibilities of coordinated, multi-factor approaches to priority issues. Investment in Aboriginal and Torres Strait Islander health education and training generates both short- and longer- term outcomes which contribute to a range of government commitments, particularly those under the new National Partnership Agreement on Closing the Gap. Investment through Aboriginal and Torres Strait Islander organisations fosters self-determination and enacts the principles underpinning the agreement.

Government must also recognise the lead times required to bring education and employment initiatives to fruition. Funding surety is essential to achieve buy-in from the range of stakeholders required to engage with initiatives. This is particularly true to establish the types of programs which will be successful and sustainable in Aboriginal and Torres Strait Islander communities such as the

IAHA National Aboriginal and Torres Strait Islander Health Academy and Allied Health Service Hubs outlined in this submission. Programs which support meaningful employment outcomes and/or pathways into further training and education, require strong relationships, local ownership, and direction and to reflect a long-term investment in communities achieving positive outcomes.

Investment in allied health – direct and flow on impacts

Health care and social assistance, the employment classification in which most allied health disciplines are counted, has shown sustained high levels of growth and is already one of the largest employment sectors in Australia. Medium term projections indicated continued growth of 250,000 additional jobs in the sector for the five years to 2024 – higher than in any other employment sector. This follows a similar demand and growth pattern for the past decade at least.

Allied health means jobs but must also be recognised as a significant sector for small business, like that of medical general practice.

Local workforce development, including education, training, and employment pathways, supports the development and retention of resources within a community in which they deliver services. This supports non-health opportunities in these communities, as resources circulate. This could be contrasted to fly-in, fly-out or drive-in, drive-out models of service delivery in which resources, capacity and funds are taken out of a community to a regional centre or city, and which has been demonstrated through the COVID-19 pandemic as being vulnerable to travel restrictions.

In addition to the COVID-19 workforce, allied health services play a vital role in the ongoing delivery of primary care and service delivery in sectors such as aged care, disability, early childhood, community health and social and emotional wellbeing. The presence of allied health services in communities also enables access to treatment and rehabilitation services that support workers to remain productive/ maintain workforce capacity. These roles are too often overlooked in policy and funding decisions. Promoting and supporting the ongoing role of this workforce is important to keep people well and reduce burdens elsewhere in the health system, for example general practice and acute settings, in which other risks may also present and the costs of care are increased.

As health system budgets are under increasing pressure, investment in the areas of the health system which are not only the most cost effective, but which generate true savings elsewhere, will be increasingly important¹. The COVID-19 pandemic, while posing serious challenges, has also presented opportunities for new ways of working and innovative solutions. Through the response we have seen, for example, the delivery of MBS funded allied health services via telehealth and education and training providers shifting to online education. Maintenance of these new ways of working can be an important adjunct to local service delivery and existing structures and should be enabled where they prove effective. Reforms to higher education could, for example, consider ways to effectively incentivise universities to deliver health qualifications in ways which meet the needs of domestic students, particularly in rural and remote Australia, such as greater uptake of online delivery supported by successful Aboriginal and Torres Strait Islander ways of delivery through block release.

¹ There is a wide body of evidence showing provision of allied health and other preventive and rehabilitative health care delivers major savings to health systems. However, despite the evidence support for allied health services and preventive health care do not appear to be a priority in Australian health funding decisions. See the following report as an example of the potential savings available through allied health interventions: <https://sarrah.org.au/publication/report-economic-impact-allied-health-interventions>

IAHA National Aboriginal and Torres Strait Islander Health Academy

One example which encapsulates the need for coordinated, cross sectoral investment in Aboriginal and Torres Strait Islander education and training, and the positive outcomes which can be achieved, is Indigenous Allied Health Australia's National Aboriginal and Torres Strait Islander Health Academy.

The National Aboriginal and Torres Strait Islander Health Academy is a community-led learning model focused on academic achievement and re-shaping the way training pathways are co-designed and delivered with Aboriginal and Torres Strait Islander high school students. Students undertake a School Based Traineeship in Certificate III in Allied Health Assistance alongside their year 11 and 12 qualifications. They also undertake a work placement in a health or related sector provider to gain on the job training and experience in their preferred career pathway.

The report from the office of the National Rural Health Commissioner on *Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia*, handed to the government in June of this year, recommends the further expansion of the National Aboriginal and Torres Strait Islander Health Academy model to all Australian jurisdictions.

IAHA and others are looking forward to the Government's response to the Report by the National Rural Health Commissioner and note that issues identified in the Report are systemic in nature and the importance of a substantial response to the Recommendations have only increased as Australia has sought to deal with COVID-19 and the fallout.

Allocation of \$5 million over the next three years would enable IAHA to work with partners to expand the Academy rollout into other communities and states and territories nationally, including an expansion into Victoria, a state which has been particularly impacted by COVID-19.

Investment in the expansion of the Academy, alongside models to expand existing service capacity (see below) such as the Service and Learning Consortia concept also outlined in the *Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia* report can develop sustainable, multidisciplinary service access, particularly in underserved locations.

IAHA Allied Health Service Hub

IAHA developed the IAHA Allied Health Service Hub model by working with rural and remote communities to better understand their service needs, and to design a service delivery structure which can viably operate to meet the needs of Aboriginal and Torres Strait Islander people and communities, including to support local training and development.

This concept has since been picked up as a recommendation in the *Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia* report, presented as the 'Service and Learning Consortia Program'.

The allocation of a minimum of \$5 million in Commonwealth funding to IAHA in the 2020-21 budget, as a co-investment in the rollout of service hubs, would enable IAHA to work immediately with existing relationships and stakeholders to establish an allied health service hub in a location or locations with existing community interest and buy-in from key stakeholders.

While the Service and Learning Consortia Program recommended by the National Rural Health Commissioner is designed to have applicability across rural and remote communities broadly, it is essential that dedicated funding is directed through IAHA and other Aboriginal and Torres Strait Islander organisations. Aboriginal and Torres Strait Islander organisations are better placed to co-

design a model which aligns with community aspirations and to generate an evidence base for the Aboriginal and Torres Strait Islander led implementation of the Service and Learning Consortia-type model.

As identified above, this dual-purpose investment in both workforce capacity and service delivery, can provide multifaceted returns, including economically by supporting local jobs and supporting the maintenance of good health and wellbeing. Alignment of the Service Delivery hub with the Aboriginal and Torres Strait Islander Health Academy, provides a sustainable mechanism to address the complementary actions of workforce development and service provision.

Investing in the determinants of health – shifting cost to capacity

IAHA would encourage government spending to be planned and evaluated against its contribution to enhancing the social and cultural determinants of health for Aboriginal and Torres Strait Islander peoples and affirming Indigenous rights. This includes dedicated investment in Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing, community infrastructure and housing, and digital inclusion.

Mental health and social and emotional wellbeing

Peak mental health bodies and researchers are alerting others of the short to long terms mental health impacts and the forecast of increased suicides resulting from the economic and social impacts linked directly to the COVID-19. As the Productivity Commission, Mental Health, Draft Report notes, mental ill health and suicide cost the economy (conservatively) in the order of \$43 to \$51 billion per year in addition to approximate \$130 billion cost associated with diminished health and reduced life expectancy for those living with mental ill-health.

Concerns include long periods of isolation, inability to attend funerals, community members being able to get to community and others not being able to reach community before the lockdowns and the continuing loss of loved ones to suicide; just to name a few. IAHA was one of several Aboriginal and Torres Strait Islander organisations and individuals who contributed to the *National COVID-19 Pandemic Issues Paper on Mental Health and Wellbeing For Aboriginal & Torres Strait Islander Peoples* published through the Poche Centre for Indigenous Health at the University of Western Australia. The issues paper calls for investment in the mental health and wellbeing of Aboriginal and Torres Strait Islander people in several ways, including the establishment of a dedicated helpline and development of a culturally safe mental health and social and emotional wellbeing workforce. Not only is this essential for the community at large, but to maintain the wellbeing of the Aboriginal and Torres Strait Islander health workforce to avoid burnout.

Community infrastructure and housing

The need is a demonstrated need for support to access appropriate, safe, and affordable housing, particularly in rural and remote Australia, and including for the health workforce living and training in these settings. This need is made clearer in situations such as COVID-19 in which social distancing highlights the ongoing need to address housing issues such as insecurity and overcrowding, on the back of a significant underinvestment in housing development and maintenance. Coordinated housing programs – which consider ongoing needs including maintenance and disability modifications and supports – can support shorter local economies and provide ongoing economic opportunities and enable the utilisation of up front and ongoing funding mechanisms (such as the NDIS) to achieve meaningful outcomes.

Likewise water security and access to potable water is an essential human right further and this need highlighted by the need for people, families and communities to be able to practice good hygiene and prevent transmission of conditions and illnesses such as coronavirus. . Shamefully, when it comes to the impact of hygiene, Australia remains the only country classed as ‘developed’ in which trachoma is endemic. Safeguarding the water supplies of communities is an essential investment in the social capital of communities.

Digital inclusion

Digital inclusion and investment in digital infrastructure, with high relevance to both rural and remote areas and urban contexts, has also been highlighted as an area of need in recent times. In addition, to its essential role in the delivery of telehealth services, good digital inclusion and infrastructure supports participation in the daily life of Australia, facilitates access to government services, and provides business opportunities. Conversely, the absence of access to digital technologies compounds existing inequities in the social determinants of health.

Conclusion and Recommendations

As stated up front, IAHA strongly urges the Government to ensure the 2020-21 Budget directs existing and, where necessary, new investments to build the Aboriginal and Torres Strait Islander allied health and broader workforce, recognising the multiple Government priorities this action will deliver against and the long-term benefits it will deliver to the Australian community.

Specifically, IAHA recommends the 2020-21 Budget:

- Include resources to advance the implementation of measures under the new National Partnership Agreement on Closing the Gap;
- That, consistent with the new National Partnership Agreement on Closing the Gap, development and funding decisions involve and, wherever possible, are directed to Aboriginal and Torres Strait Islander organisations to manage and deliver;
- Includes commitment to act on the Recommendations of the National Rural Health Commissioner’s Report on *Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia*, including:
 - a commitment of at least \$5 million over three years to support the further expansion of the IAHA Aboriginal and Torres Strait Islander Health Academy model nationally, including into Victoria;
 - an additional commitment to IAHA of \$5 million dollars over three years as a Commonwealth co-investment in the development of an IAHA designed and community-led allied health service delivery hub(s);
- Ensure cross-portfolio responsibilities, implications and commitments are specifically identified in funding decisions; and
- Prioritise Aboriginal and Torres Strait Islander skills and employment growth as a theme, supported by reliable funding commitments and targeting areas of known demand and existing capability, such as health and social assistance.