



Australia's National Institute for Aboriginal
and Torres Strait Islander Health Research

The Treasury Jobs and Skills Summit Submission

Submission to the Employment Taskforce, The Treasury

The Lowitja Institute, November 2022



The Treasury Jobs and Skills Summit Submission
Employment Taskforce, The Treasury

Dear Employment Taskforce,

Re: The Treasury Jobs and Skills Summit submission

The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research, named in honour of our Patron, Dr Lowitja O'Donoghue AC CBE DSG.

We welcome the opportunity to provide a submission to the Treasury's public consultation on the Jobs and Skills Summit Employment White Paper.

The Lowitja Institute has long advocated for national awareness and action on the social and cultural determinants of health and wellbeing. As acknowledged in the National Agreement on Closing the Gap 2021,¹ employment is fundamental to our peoples' health and wellbeing. A core part of the Institute's advocacy relates to increasing and supporting the Aboriginal and Torres Strait Islander health and health research workforce.

As a former nurse and recipient of a Doctorate of Nursing honoris causa by Edith Cowan University in January 2020, I have personally experienced some of the issues that we speak to in the below submission. Aboriginal and Torres Strait Islander health workforce development is an issue that is close to my heart.

With adequate investment and policy support, a strong Aboriginal and Torres Strait Islander health workforce would contribute to our peoples' financial empowerment and thereby individual and family health and wellbeing; it would boost cultural safety within the health system; and, contribute to wider community health and wellbeing.

The Issues Paper speaks to the care economy's increasing importance as a future growth sector. I could not agree more. I urge the Employment Taskforce to recognise the significant opportunity that investment in our health workforce presents for the above-mentioned reasons.

¹ Targets 7 and 8.

Please find our submission attached. We would welcome the opportunity to further discuss any of the issues contained therein.

Warm regards

A handwritten signature in black ink, appearing to be 'J. Mohamed', with a long horizontal flourish extending to the right.

Dr Janine Mohamed
CEO, Lowitja Institute

About the Lowitja Institute

The Lowitja Institute is a national Aboriginal and Torres Strait Islander Community Controlled Organisation working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers.

Established in January 2010, we operate on the key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing, and the need for the work to have a clear and positive impact.

The Lowitja Institute has a longstanding commitment to the National Agreement on Closing the Gap, as members of the Coalition of Peaks, National Health Leadership Forum and the Close the Gap Steering Committee, including authoring the Close the Gap Report over the past 4 years.

Based on this experience we offer the following general comments and responses to some of the questions put forward in the Issues Paper.

General preamble

As Aboriginal and Torres Strait Islander peoples, we have maintained sophisticated and diverse cultures and knowledge systems for millennia. We also established and adhered to sophisticated systems of law and lore, which maintained our nations and the health and wellbeing of our peoples. This included sophisticated economies, labor markets, production processes, and trade relationships in which our peoples had clearly understood roles that functioned for the benefit of the whole community.²

Over millennia we have cared for Country and for our communities in this place now called Australia. We have cultivated and adhered to our own economies and roles within our communities and societies. We have maintained our health and wellbeing with holistic approaches aimed simultaneously at community and individual health and wellbeing.

Despite the traumatic and ongoing consequences of colonisation and institutional racism, we continue to maintain and develop our cultures and knowledge systems,

² Leroy-Dyer, Sharlene, 2021. A Brief History of Aboriginal and Torres Strait Islander Involvement in the Australian Labour Market in *Journal of Australian Indigenous Issues*, Vol 24, No 1, p. 36 – 37.



strive towards improved health and wellbeing, and we continue to rebuild our nations.

From the early days of European settlement in Australia in 1788, racism against our peoples has taken many forms, including murder, exploitation and dispossession from our traditional lands and cultures. Our peoples were forced onto missions and reserves, breaking apart our communities and nations, and the systems that were in place to self-govern. We were unable to maintain our traditional roles and economies. Our means of food production were disrupted. We were largely prohibited from participating in the new dominant colonial economy, except in a way that exploited our labor.³

The policies and practices in place ensured that our inclusion in the economy was on colonialist terms. For example, truth-telling tells of how our peoples were put into missions to be trained for future 'employment' as domestic servants; our peoples were often unpaid or severely underpaid to the extent that employment conditions were "akin to slavery".⁴

Free choice of employment was never an option for Aboriginal and Torres Strait Islander peoples (Norris 1998), in fact, most continue to perform in low paid, low status work today, with high rates of unemployment and underemployment (Curthoys and Moore 1995).⁵

There is a shameful history of 'colonised labour' in this country, including trafficking, enslavement and 'child removal and child labor'.⁶ Its legacy still impacts our peoples today.⁷

³ Leroy-Dyer, Sharlene, 2021. A Brief History of Aboriginal and Torres Strait Islander Involvement in the Australian Labour Market in *Journal of Australian Indigenous Issues*, Vol 24, Nos 1, p. 37.

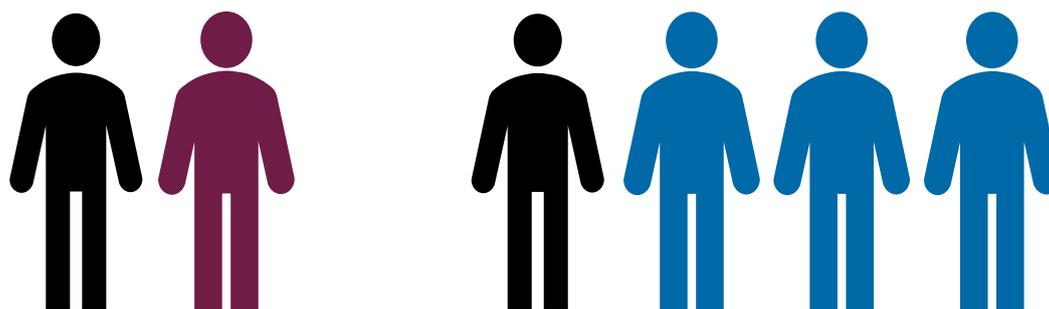
⁴ Leroy-Dyer, Sharlene, 2021. A Brief History of Aboriginal and Torres Strait Islander Involvement in the Australian Labour Market in *Journal of Australian Indigenous Issues*, Vol 24, Nos 1, p. 35.

⁵ Leroy-Dyer, Sharlene, 2021. A Brief History of Aboriginal and Torres Strait Islander Involvement in the Australian Labour Market in *Journal of Australian Indigenous Issues*, Vol 24, Nos 1, pp. 38-39.

⁶ Leroy-Dyer, Sharlene, 2021. A Brief History of Aboriginal and Torres Strait Islander Involvement in the Australian Labour Market in *Journal of Australian Indigenous Issues*, Vol 24, Nos 1, p. 37.

⁷ Leroy-Dyer, Sharlene, 2021. A Brief History of Aboriginal and Torres Strait Islander Involvement in the Australian Labour Market in *Journal of Australian Indigenous Issues*, Vol 24, Nos 1, p. 37.

We were and continue to be locked out of the modern economy due to several barriers built and maintained by ongoing colonization, which we expand on below. But as the story of our patron, Dr Lowitja O'Donoghue AC CBE DSG, shows our peoples dream of, and have the potential for so much more.



51% of Aboriginal and Torres Strait Islander people were employed in 2016 compared with 75.5% of non-Aboriginal and Torres Strait Islander people.

According to the most recent data available on the Productivity Commission Closing the Gap Dashboard, nationally in 2016, only **51.0 per cent of Aboriginal and Torres Strait Islander people** aged 25–64 years were employed. This is compared to **75.7 per cent of non-Indigenous peoples**.

Our peoples have much to offer. When we work in culturally safe workplaces that value our unique Indigenous worldviews and ways of doing, being and knowing, we thrive. When we lead the development of Aboriginal and Torres Strait Islander specific services and Aboriginal Community Controlled Health Services (ACCHS) and programs, we see outstanding results. The Indigenous Rangers Program is an example (outlined below).

Employment has much to offer beyond a paycheck and direct contribution to the Australian economy. We urge the Employment Taskforce to consider the links that employment and workforce development have to health and wellbeing. This submission will speak to our people's representation in the health and health research workforce; the lack of representation in those sectors that needs to be corrected; the barriers attributable to the lack of representation; cultural safety in the workplace; and the current opportunities presented by jobs beyond the health sector, specifically in climate.

Key policy commitments

The Australian Government has made a number of key national policy commitments to support and grow the Aboriginal and Torres Strait Islander health workforce. The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* (the National Workforce Plan) was co-designed in partnership with Aboriginal and Torres Strait Islander peoples and is the first national health workforce plan of its kind. It aims to increase Aboriginal and Torres Strait Islander representation in the national health workforce to 3.43% by 2031.

The National Workforce Plan is strongly aligned with other key policy documents, including the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* (the Health Plan), which guides policies and programmes designed to improve Aboriginal and Torres Strait Islander health. The Health Plan identified workforce as a key priority and recognises the need to support the growth of the Aboriginal and Torres Strait Islander health workforce across health, mental health, disability and aged care. Notably, the plan outlines the need to improve cultural safety in workplaces to support the recruitment and retention of Aboriginal and Torres Strait Islander staff. The Plan also commits to supporting the important role and leadership of Aboriginal Community Controlled Organisations⁸.

Implementation of both the National Workforce Plan and the Health Plan is closely linked to progress against the *National Agreement on Closing the Gap* (the National Agreement) Priority Reforms and socio-economic targets. Priority Reform 2 of the National Agreement commits the government to building the Community Controlled sector, through supporting sustained capacity building and investment, and a dedicated and identified Aboriginal and Torres Strait Islander workforce⁹. These commitments are complemented by Priority Reform 3: Transforming Government Organisations, which outlines the government's commitment to improving mainstream institutions by ensuring they are free from racism, have embedded and practice meaningful cultural safety, and are responsive to the needs of Aboriginal and Torres Strait Islander peoples¹⁰.

⁸ Australian Government, 2021, *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*

⁹ Australian Government, 2020, *National Agreement on Closing the Gap – Priority Reforms*, <https://www.closingthegap.gov.au/national-agreement/priority-reforms>

¹⁰ Australian Government, 2020, *National Agreement on Closing the Gap – Priority Reforms*, <https://www.closingthegap.gov.au/national-agreement/priority-reforms>

Specific terms of reference

Below we respond to a number of questions posed in the Employment Taskforce's Issues Paper.

Increasing the Aboriginal and Torres Strait Islander workforce

In this section we speak to the following questions from the Issues Paper:

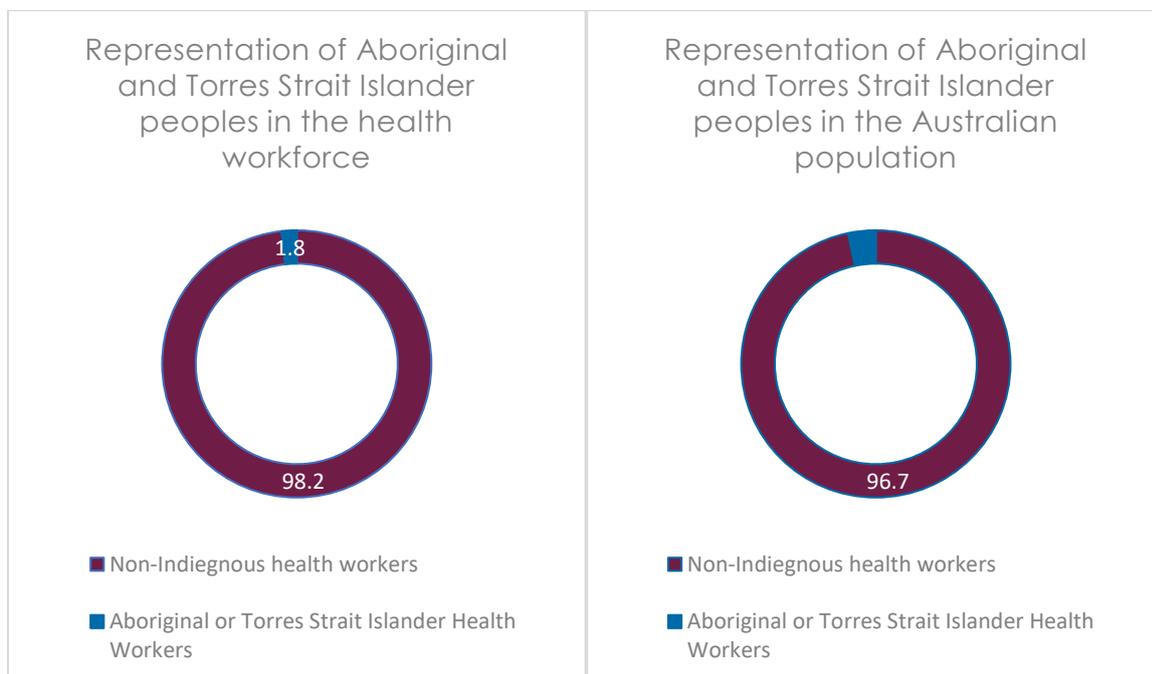
- *How can we ensure workplaces are safe and fair, particularly for those people at higher risk of harassment, discrimination and other breaches of workplace minimum standards?*
- *How can we reduce the barriers to employment for some Australians? How should governments, unions, business and the broader community best coordinate efforts to achieve this?*
- *What strategies can be used to reduce discrimination and increase awareness of the value that diversity can bring to businesses and the broader economy?*
- *How can government and industry expand the representation of women and other underrepresented Australians across the economy?*

In addition to being underrepresented across the broader Australian workforce, Aboriginal and Torres Strait Islander peoples are also under-represented in the health workforce (outlined below). Our peoples experience high levels of discrimination and racism at work as well as a lack of cultural safety. This operates as a significant barrier to employment and continued employment. A significant policy commitment to anti-racism and investment in cultural safety training is required to dismantle these barriers.

Workforce under-representation

According to the National Health Workforce Database, Aboriginal and Torres Strait Islander peoples remain under-represented in the health workforce at 1.8%.¹¹

¹¹ Department of Health, National Aboriginal and Torres Strait Islander Health Workforce and Implementation Plan 2021-2023, p. 6



In the recent *Career Pathways Project*, undertaken by The Lowitja Institute and the Aboriginal Medical Services Alliance Northern Territory (AMSANT), it was found that between 2000 and 2020, the Aboriginal and Torres Strait Islander health workforce increased in numbers.¹² However, this growth was in low status and low paying jobs with limited salary scale structures; we can see here the legacy of ‘colonial labour’ as outlined in the Explanatory Memorandum. There was poor articulation into other roles, including professional careers. There was an under-representation of Aboriginal and Torres Strait Islander health workers across all professions, who were three times less likely to possess a degree than the non-Indigenous health workforce.¹³

While there was an equal amount of growth in the non-Indigenous workforce, there was no improvement in the **proportion** of our peoples represented in the total health workforce. In short, little progress has been made in closing this gap in workforce representation relative to the Aboriginal and Torres Strait Islander population over

¹² J., Bailey, I., Blignault, C., Carriage, K., Demasi, T., Joseph, K., Kelleher, E., Lew Fatt, L., Meyer, P., Naden, S., Nathan, J., Newman, P., Renata, L., Ridoutt, D. Stanford, & M, Williams, ‘We are working for our people’: Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, *Career Pathways Project Report*, The Lowitja Institute, Melbourne, 2020, p. 6.

¹³ J., Bailey, I., Blignault, C., Carriage, K., Demasi, T., Joseph, K., Kelleher, E., Lew Fatt, L., Meyer, P., Naden, S., Nathan, J., Newman, P., Renata, L., Ridoutt, D. Stanford, & M, Williams, ‘We are working for our people’: Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, *Career Pathways Project Report*, The Lowitja Institute, Melbourne, 2020, p. 6.



twenty years.¹⁴ By 2031, our population is predicted to reach more than one million, at a growth rate of between 1.8% to 2.1% per year compared with 1.3% to 1.7% per year for the broader Australian population.¹⁵

The benefits of a strong Aboriginal and Torres Strait Islander health workforce

Aboriginal and Torres Strait Islander health workers have unique skill sets that come from lived cultural experiences and ways of being and doing. The following attributes are hugely beneficial to supporting Aboriginal and Torres Strait Islander health consumers:

- ⦿ Intuitive understanding of cultural safety and competence;
- ⦿ Ability to live in two worlds and to be a bridge between Western medical models and holistic Aboriginal and Torres Strait Islander health models;
- ⦿ Community connections; and,
- ⦿ Deep understanding of community knowledge and family and cultural values.

Our workers are individuals who are highly passionate and motivated to work for the improved health and wellbeing of their communities.¹⁶ They play critical roles in delivering health services to our peoples in a range of settings, including mainstream health systems, the Aboriginal Community Controlled Health sector, as well as delivering services and important health promotion in remote communities. For example, the ACCHS led responses during the COVID-19 pandemic, which included culturally safe and responsive health promotion activities, demonstrated that a well-resourced Aboriginal and Torres Strait Islander health workforce delivers better health outcomes for Aboriginal and Torres Strait Islander peoples.

In mainstream settings, Aboriginal and Torres Strait Islander health workers are willing to work in healthcare systems that are not always flexible, responsive to community needs, nor culturally safe. Armed with a deep understanding of our peoples' holistic model of health and wellbeing and a person-centred approach, our health workers can be powerful advocates and agents of change and deliver far better outcomes

¹⁴ J., Bailey, I., Blignault, C., Carriage, K., Demasi, T., Joseph, K., Kelleher, E., Lew Fatt, L., Meyer, P., Naden, S., Nathan, J., Newman, P., Renata, L., Ridoutt, D. Stanford, & M, Williams, 'We are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report, The Lowitja Institute, Melbourne, 2020, p. 9.

¹⁵ Australian Bureau of Statistics, Estimates and Projections, Aboriginal and Torres Strait Islander Australians. Accessed 23 November 2022 at [Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 - 2031 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/Estimates-and-Projections-Aboriginal-and-Torres-Strait-Islander-Australians-2006-2031)

¹⁶ Ibid, p. 4



for our peoples. In this way, a well-supported and developed Aboriginal and Torres Strait Islander health workforce contributes to the health and wellbeing of health consumers, families and communities.

Another example is the hugely successful Birthing In Our Community Program (BiOC), which is highlighted in the Lowitja Institute's 2022 Close the Gap Report.¹⁷ The BiOC Hub opened in the Aboriginal community in south Brisbane in 2016. The service welcomes women and families with open arms and operates under a family-centred practice framework where care is holistic.¹⁸ There is a dedicated midwife accessible to women from conception to six weeks and a dedicated family support worker who "walks with mums on a wellness journey until the baby is three years old."¹⁹ There is also access onsite for women and families to a social worker, psychologist, transport support, early learning programs, a child health nurse and allied health exercise groups.²⁰

BiOC has never had to promote its services, word of mouth has been sufficient to create huge demand. A five-year study of the program funded by the National Health and Medical Research Council found dramatic improvements, including:²¹

- ❖ Halving the national pre-term birth rate (six per cent compared to 14 per cent).
- ❖ Almost closing the gap altogether in comparison with non-Indigenous pre-term birth rates.
- ❖ Halving the national rates of low birth weights and admissions to neonatal units (six per cent compared to 11 per cent, and 10 per cent compared to 22 per cent, respectively).

Such programs not only benefit Aboriginal and Torres Strait Islander health consumers, they also provide job opportunities across multiple health roles that utilize our unique skills and knowledge. They provide policy opportunities to specifically target the employment gap through support and investment.

Other significant benefits and outcomes from growing and developing a strong and large Aboriginal and Torres Strait Islander workforce include:²²

¹⁷ Lowitja Institute 2022, *Transforming Power: Voices for Generational Change – Close the Gap Campaign Report 2022*, The Close the Gap Campaign Steering Committee for Indigenous Health Equity, pp. 28-29.

¹⁸ *Ibid*, p. 29.

¹⁹ *Ibid*, p. 29.

²⁰ *Ibid*, p. 29.

²¹ *Ibid*, p. 29.

²² J., Bailey, I., Blignault, C., Carriage, K., Demasi, T., Joseph, K., Kelleher, E., Lew Fatt, L.,

- ⦿ Increases Aboriginal and Torres Strait Islander people's economic participation, social participation, health literacy, health and wellbeing.
- ⦿ Results in greater use of services by Aboriginal and Torres Strait Islander peoples, who are more likely to use services where Aboriginal and Torres Strait Islander people work.
- ⦿ Increases Aboriginal and Torres Strait Islander people's experiences of culturally safe and respectful care.
- ⦿ Helps develop leaders and mentors to guide emerging generations who will enter the health workforce and health systems.

This is also an essential ingredient in closing the gap in health, education, social and economic outcomes, and achieving equity and justice. Further, a well-supported and culturally safe workplace is one that retains healthy and well staff; staff who are healthy and well remain in employment, thereby lessening the disruption caused by staff shortages or insecurity.

Understanding the barriers to workforce representation, including the role of cultural safety

To grow and develop our peoples' health workforce we need to understand and take action to remove the significant barriers to our workers' longevity within the workforce, especially in mainstream health systems.

These barriers include:²³

- ⦿ lack of cultural safety and cultural awareness amongst colleagues,
- ⦿ experiences of racism,
- ⦿ few Aboriginal and Torres Strait Islander colleagues and limited access to peer support,
- ⦿ lack of influence over management of services to Aboriginal and Torres Strait Islander consumers,
- ⦿ insufficient career development opportunities,
- ⦿ inflexible HR policies,
- ⦿ family and community demands,
- ⦿ lack of management support, and
- ⦿ limited career opportunities offered.

Meyer, P., Naden, S., Nathan, J., Newman, P., Renata, L., Ridoutt, D. Stanford, & M. Williams, 'We are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report, The Lowitja Institute, Melbourne, 2020.

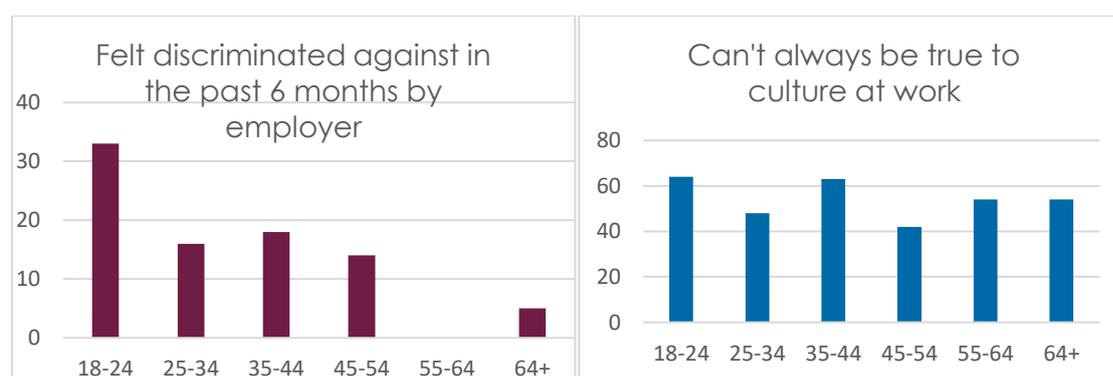
²³ Ibid.

1. EXPERIENCES OF DISCRIMINATION AND RACISM

The racism described by Aboriginal and Torres Strait Islander workers and managers in the Lowitja Institute's 'We Are working for our people': *Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report* (Bailey, J., et al 2020) ('Career Pathways report') was noted to be directed at Aboriginal and Torres Strait Islander health consumers and workers alike. It was found to manifest in numerous ways, including covert or unwitting discrimination and overt racism.

Unfortunately, there are many experiences of discrimination and racism in the workplace. In the Career Pathways report, Aboriginal and Torres Strait Islander workers described their struggles with racism in a range of contexts. This included colleagues questioning their qualifications or health experience or being challenged about perceived preferential treatment when undertaking training or further studies.

According to Reconciliation Australia's Barometer, experiences of our young people are mostly negative; they experienced more discrimination and racism by employers and felt less able to be true to their culture in the workplace than other age groups. Of those of our peoples across all age groups surveyed in 2020, 15% felt they could never be true to their culture at work and 38% felt they could only be true to their culture sometimes.²⁴ Fewer of our people in 2020 felt empowered culturally than in 2014.²⁵ This aligns with what has been reported in the health sector.



²⁴ Reconciliation Australia, 2020 Australian Reconciliation Barometer, viewed on 22 November 2022 at [Australian Reconciliation Barometer -2020 Summary-Report web.pdf](https://reconciliationnsw.org.au/reconciliationnsw.org.au) (reconciliationnsw.org.au) p. 118.

²⁵ Ibid, p. 120.



In the Career Pathways report, racism and opposition from colleagues was a barrier to career development for almost one in five people and was significantly more likely ($p = 0.018$) to be experienced by those who were employed in government (22%) compared to those employed in the community-controlled sector (7%).²⁶

Our health workers, especially in remote areas, have spoken about non-Indigenous health workers' limited understanding and disrespect for our protocols and peoples.²⁷ Non-Indigenous colleagues can show disregard for our leadership, practices, and the principles of community control that guide our Community Controlled health services.²⁸ This results in a lack of cultural safety and the devaluation of our workers' skills, knowledge and lived experiences.²⁹

"I've been that AHW [Aboriginal Health Worker] and AHP [Aboriginal Health Practitioner] where I have the skills and experience and I still get questioned. It becomes harassment and bullying when you're continually compared to mainstream. It's disheartening and you need support mechanisms around you. I know I have the skills and the ability; a vision and compassion for my people. When non-Aboriginal people are judging me, they don't fully understand that this is my livelihood. I keep doing it to help and give young people the opportunity." (Manager, government).³⁰

There are instances of non-Indigenous workers being employed in higher positions than Aboriginal counterparts with greater training.

"I've seen non-indigenous people come in and get positions higher than a well-trained Aboriginal person. That person's still sitting down here and then, another person that's not Australian or whatever – sorry, comes in and gets a higher position, you know? It's not giving us that chance." (Worker, ACCHO).³¹

²⁶ Bailey, J., Blignault, I., Carriage, C., Demasi, K., Joseph, T., Kelleher, K., Lew Fatt, E., Meyer, L., Naden, P., Nathan, S., Newman, J., Renata, P., Ridoutt, L., Stanford, D. & Williams, M, 2020. 'We Are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report, The Lowitja Institute, Melbourne, p. 25.

²⁷ Ibid, p. 26.

²⁸ Ibid.

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid.



These factors all take a toll on our health workers and limit progress towards increasing the proportion of our health workers in health systems. For example, Aboriginal and Torres Strait Islander managers in both community controlled and government health services find recruitment, support, development, and retention of a suitably skilled Aboriginal and Torres Strait Islander health workforce a key challenge.³²

An important step to addressing the issue of racism in the workplace is through truth telling and anti-racism approaches. As expressed in the Explanatory Memorandum above, we must contextualise this issue within this country's history of colonisation, which is ongoing and manifesting in workplace discrimination and racism.

2. CULTURAL SAFETY

It is widely acknowledged by Aboriginal and Torres Strait Islander experts and peak health organisations that there are several 'non-medical and behavioural influences on health'.³³ The constellation of these 'social and cultural determinants' impact significantly on the health and wellbeing of our peoples and communities.

Culture plays a significant protective role in our peoples' individual, and community lives. For us, culture is central to understanding the relationship between self and Country, kin, community and spirituality— all of which are key factors of health and wellbeing. Connection to culture strengthens our identity, community bonds and our communal and individual resilience in the face of ongoing racism and inequity. Throughout our culturally diverse nations, cultural practices kept us strong and healthy for millennia. For that reason, cultural safety in the workplace and within health services is vital for multiple reasons:

Aboriginal and Torres Strait Islander health workers contribute to a workplaces' cultural safety and to the delivery of culturally safe care across multiple health settings. Our health workers' increase cultural safety by helping the wider health sector to recognise and understand the importance of historical truth telling for our health and wellbeing.

Our people are more likely to use services where Aboriginal and Torres Strait Islander health professionals work. Therefore, growing and supporting the Aboriginal and Torres Strait Islander workforce is critical for achieving health justice for our people in alignment with commitments under the National Agreement.

³² Ibid.

³³ Anderson, I., Baum, F. & Bentley, M. (eds) 2004, *Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health*. Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004, Cooperative Research Centre for Aboriginal Health, Darwin, p. x-xi



Further, as noted above, cultural safety is important for the employment and retention of our peoples. Services that are committed to cultural safety and respect are those that are more likely to recruit and retain Aboriginal and Torres Strait Islander health professions.³⁴

The Career Pathways report proposed some solutions based on its findings, including a focus on culturally safe human resources management systems.³⁵ These should extend from recruitment and retention to professional development and leave entitlements. These are all core components of ensuring organisational culturally safety.

“By valuing members of the Aboriginal and Torres Strait Islander workforce, culturally appropriate selection and promotion procedures place value on their unique skills, knowledge and values, take into account social and economic disadvantage, and recognise potential.”³⁶

In light of the above, the Lowitja Institute recommends that the Employment Taskforce consider the opportunity presented by, and invest fully in, Priority Reforms 2 and 3 in the National Agreement.

3. SUPPORTING CAREER DEVELOPMENT

There are multiple barriers to Aboriginal and Torres Strait Islander health workers' ability to engage in training, further studies and career development, such as placements or internships. These include organisational constraints, personal financial limitations, community ties to a specific location, and lack of family support. It is also important to consider these barriers when considering workforce development.

The Career Pathways report identified some key enablers identified that can contribute to workforce development:

- ⊗ paid study leave,
- ⊗ regular career development planning and reviews,

³⁴ Bailey, J., Blignault, I., Carriage, C., Demasi, K., Joseph, T., Kelleher, K., Lew Fatt, E., Meyer, L., Naden, P., Nathan, S., Newman, J., Renata, P., Ridoutt, L., Stanford, D. & Williams, M, 2020. 'We Are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report, The Lowitja Institute, Melbourne, p. 34.

³⁵ Ibid.

³⁶ Ibid.

- ⌚ traineeships and education,
- ⌚ opportunities to trial new duties and new roles,
- ⌚ role models and mentors in community and in the workforce,

It was found that opportunities to enter the workforce at a junior or paid trainee level create an important foundation for career progression. Further, the skills and value that our health workers bring to the workforce are not reflected in some industrial awards, meaning that our health workers are limited to low-paid roles despite their experience, skills, and vocational or tertiary training.

Our research has identified five pillars of action for successful careers of Aboriginal and Torres Strait Islander health workers:

1. Leadership and self-determination
2. Cultural safety
3. Valuing cultural strengths
4. Investment in the workforce and workplace
5. Education and training

Effective action on these capacity-building pillars involves a multifaceted approach and engagement with workers, communities (families or health services), peak community and professional organisations, training and education providers, and health systems (including funding bodies). This work requires partnership between jurisdictions, sectors, professional groups and communities.

4. INVESTMENT AND DEVELOPMENT OF THE ABORIGINAL COMMUNITY CONTROLLED SECTOR, FUNDING AND GOVERNANCE

Another barrier identified in our research was that funding strategies limit the types of services and employment contracts available to our health workers. Funding arrangements are not made by collective decision-making processes and the types of roles that are funded are not reflective of local community needs.

The ACCHS sector plays a key role as an employer of our health workers and provide great examples of Indigenous-led service delivery. The National Aboriginal Community Controlled Health Organization (NACCHO) and its state and territory affiliates can be good entry points for early career Aboriginal and Torres Strait Islander health workers and provide career opportunities. ACCHS deliver more cost-effective, equitable, effective and culturally safe holistic and person-centred primary health care to our peoples.

However, the lack of adequate funding and resourcing constrains the contribution that ACCHS can make to workforce development. Typically, ACCHS receive outcomes-based funding for service delivery. This makes it for ACCHS to contribute



to workforce development in the way that they could with more appropriate funding.

For example, limited funding means that ACCHs struggle to provide wage parity to our health workers; it is especially challenging to employ Aboriginal and Torres Strait Islander nurses and midwives. Such funding limitations mean that ACCHS must employ experienced, often non-Indigenous nurses because they are unable to invest in developing newly graduated Aboriginal nurses and midwives.³⁷

For this reason, a key role that governments can play in increasing workforce development and cultural safety in health systems is to increase investment in our ACCHS. In particular, the Employment Taskforce could consider:

- ⓐ Supporting the Aboriginal Community Controlled sector in line with the principle of self-determination, in particular the ACCHO sector which is a large employer of Aboriginal and Torres Strait Islander peoples. This includes increased funding.
- ⓐ Supporting projects and initiatives that enable Aboriginal and Torres Strait Islander communities to build capacity and workforce development in ways that align with their goals.
- ⓐ Increasing accountability regarding government funding decisions to ACCOs, ACCHOs, and Aboriginal and Torres Strait Islander agencies and communities.
- ⓐ Reviewing the above to consider how Aboriginal and Torres Strait Islander decision making can be embedded in the development of funding strategies for recruitment and retention, as well as specific arrangements and employment contracts, to support more inclusive and equitable outcome.

5. THE ROLE OF HEALTH RESEARCH IN WORKFORCE DEVELOPMENT AND REPRESENTATION

Aboriginal and Torres Strait Islander peoples have been subjected to huge amounts of research since 1788. Research was used as a tool of colonial violence and data was been weaponised against our peoples. We were locked out of the research process and othered by it. Historical truth-telling reminds us that medical experimentation and many other harms were carried out on our peoples in the name of “research”. This has caused much suspicion among our communities of research and researchers. Despite this, we have a growing number of Aboriginal

³⁷ National Health Leadership Forum 2020. Submission: House of Representatives Standing Committee on Indigenous Affairs - Pathways and Participation Opportunities for Indigenous Australians in Employment and Business, Viewed on 22 November 2022 at [NHLF Submission House-of-Representatives Pathways-to-Employment-February-2020.pdf](#), p. 7.



and Torres Strait Islander researchers who are aiming to conduct research in a way that aligns with our communities' priorities, our health and wellbeing concerns, and our research practices and ethics.

In recent decades, funding arrangements and grants processes for research have meant that our health researchers receive inequitable funding and opportunities, which limits career development. In the Lowitja Institute's example, when we were a Collaborative Research Institute up until 2020, our funding arrangements required us to partner with mainstream universities and non-Indigenous researchers. As an Aboriginal and Torres Strait Islander research Institute as of 2020, 100% of our grants are awarded to Aboriginal and Torres Strait Islander researchers.

However, our grants account for a fraction of available research funding in this country. There is a troubling lack of transparency around research funding and how much of it goes to Aboriginal and Torres Strait Islander researchers and research projects. It is our understanding that Aboriginal and Torres Strait Islander researchers receive significantly less of the available research funding. This means that Aboriginal and Torres Strait Islander researchers, especially early and mid-career have missed out on, and still miss out on opportunities for career development.

Aboriginal and Torres Strait Islander health is a growing sector, and there is much need for research that is led by our researchers. We recommend that the Employment Taskforce considers how to develop and grow the Aboriginal and Torres Strait Islander health research workforce in partnership with Aboriginal and Torres Strait Islander communities.

Harnessing the opportunities of Aboriginal and Torres Strait Islander led climate solutions

In this section we respond to the following questions outlined in the Issues Paper:

- How can we best take advantage of structural changes like digitalisation, climate change, the shift to renewable energy, the ageing population, and growth in the services sector and care economy to boost productivity and sustain full employment?
- How can government and businesses maximise the opportunities presented by the structural trends impacting the economy, including the climate and energy transition, while ensuring the benefits are shared fairly?
- How can we ensure economies of the future are inclusive, so that all Australians are able to access and benefit from these opportunities? What investments in education and skills are needed now to take advantage of these opportunities?



Prior to colonisation our peoples adapted to climate and environmental changes and participated in mitigation and adaptation. Caring for Country is intimately connected with our peoples' individual and community wellbeing. Today, Indigenous peoples globally, including our peoples, are at the front line of the climate crisis. We are experiencing some of the harshest impacts of climate change, which include health impacts.

Inequitable power structures, systemic racism and lack of cultural safety have been significant barriers that undermine our communities' ability to build adaptive capacity to respond to climate change. We have been excluded from leadership roles in this space.³⁸ However, our experts and communities are uniquely placed to lead effective climate responses. This is because we have an intimate knowledge of our lands and a wealth of cultural knowledge based on millennia of caring for Country that we can imbed within national and local responses.³⁹

Best practice policy responses to the climate crisis consider the cultural, social and environmental determinants of health.⁴⁰ Incorporating these factors into workforce development would strengthen and sustain the Aboriginal and Torres Strait Islander health workforce.⁴¹ Programs that maintain or build connection to Country, and establish communities of practice to address the impacts of climate change have multiple benefits for our peoples: they improve health and wellbeing outcomes, and they have equally positive employment, economic and environmental outcomes.⁴²

Some examples of climate change initiatives that could provide employment opportunities for our peoples include adaptation planning, land and sea management programs, ranger programs and carbon farming.⁴³ For example, the Indigenous Land and Sea Management (ILSMPs) and Ranger programs provide

³⁸ Mohamed, J; Anderson, S; Matthews, V; 2022, 'Indigenous peoples across the globe are uniquely equipped to deal with the climate crisis - so why are we being left out of these conversations?', *The Conversation*, March 29 <https://theconversation.com/indigenous-peoples-across-the-globe-are-uniquely-equipped-to-deal-with-the-climate-crisis-so-why-are-we-being-left-out-of-these-conversations-171724>

³⁹ HEAL Network & CRE-STRIDE 2021, *Climate Change and Aboriginal and Torres Strait Islander Health*, Discussion Paper, Lowitja Institute, Melbourne, DOI: 10.48455/bthg-aj15

⁴⁰ Australian Government, 2021, *National Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan 2021-2031*

⁴¹ Australian Government, 2021, *National Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan 2021-2031*

⁴² Lowitja Institute 2020, *Culture is Key: Towards cultural determinants-driven health policy – Final Report*, Lowitja Institute, Melbourne [Lowitja CultDetReport_210421_D14_WEB.pdf](#)

⁴³ National Health Leadership Forum (NHLF), n/d, *Position Paper; Climate Emergency and Health*

important employment and economic opportunities⁴⁴ that enable the Aboriginal and Torres Strait Islander workforce to work on Country.⁴⁵

Ranger programs strengthen cultural practices, encourage spending time on Country and the speaking of Aboriginal languages. Evidence shows that these programs lead to significant improvements in workforce wellbeing because of the inclusion of cultural practices.⁴⁶ These directly influence the cultural determinants of health. The Mayi Kuwayu Study demonstrated that Ranger participation was significantly associated with very high life satisfaction and family wellbeing across two geographical locations: Central Australia (high life satisfaction PR 1.31, 95% CI 1.09–1.57, and family wellbeing (PR 1.17, 95% CI 1.01–1.36) and non-Central Australia (high life satisfaction PR 1.29, 95% CI 1.06–1.57 and family wellbeing PR 1.37, 95% CI 1.14–1.65).⁴⁷ These results only add to the growing body of evidence of the relationship between culture and wellbeing.

Further, such programs are economically successful. An analysis of Aboriginal and Torres Strait Islander business data showed that 65% of ILSMPs create commercial revenue and jobs that can trigger self-sustaining growth and stimulate demands for goods that Aboriginal and Torres Strait Islander communities generate.⁴⁸

The *Aboriginal and Torres Strait Islander Health Plan 2021-2031* specifies several priorities for Aboriginal and Torres Strait Islander health and wellbeing, including workforce, healthy environments, sustainability and preparedness. The plan notes that it is essential that our communities are prepared with the necessary infrastructure, resources, skills and capabilities, to respond to natural and other disasters⁴⁹. There is an opportunity here to strengthen and grow the Aboriginal and Torres Strait Islander workforce, and to support education and training, capacity

⁴⁴ Pert, P. L., Hill, R., Robinson, C. J., Jarvis, D. & Davies, J. 2020, 'Is Investment in Indigenous Land and Sea Management Going to the Right Places to Provide Multiple Co-Benefits?', *Australasian Journal of Environmental Management*, vol. 27(3), pp. 249–74

⁴⁵ HEAL Network & CRE-STRIDE 2021, *Climate Change and Aboriginal and Torres Strait Islander Health*, Discussion Paper, Lowitja Institute, Melbourne, DOI: 10.48455/bthg-qj15

⁴⁶ Wright, A; Yap, M; Jones, R; Richardson, A; Davis, V; Lovett, R; 2021, 'Examining the Associations between Indigenous Rangers, Culture and Wellbeing in Australia, 2018-2020', *Environmental Research and Public Health*, vol.18, pp.1-20

⁴⁷ Wright, A; Yap, M; Jones, R; Richardson, A; Davis, V; Lovett, R; 2021, 'Examining the Associations between Indigenous Rangers, Culture and Wellbeing in Australia, 2018-2020', *Environmental Research and Public Health*, vol.18, pp.1-20

⁴⁸ Jarvis, D., Stoeckl, N., Addison, J., Larson, S., Hill, R., Pert, P. & Lui, F. W. 2018, 'Are Indigenous Land and Sea Management Programs a Pathway to Indigenous Economic Independence?', *The Rangeland Journal*, vol. 40(4), pp. 415–29. DOI: <https://doi.org/10.1071/RJ18051>

⁴⁹ Australian Government, 2021, *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*



building, and career pathway options.⁵⁰ Further, as climate change intensifies and the frequency of extreme weather events increases, there will be increasing demand for this workforce.⁵¹

We urge the Employment Taskforce to optimise the significant opportunities in this sector for growing and developing the Aboriginal and Torres Strait Islander workforce well into the future.⁵² Doing so would go towards increasing our workforce representation, establishing and growing an urgently needed sector that is vital for this nation's future, and it would also ensure that climate strategies and responses are inclusive and accessible to Aboriginal and Torres Strait Islander communities. We would also see additional benefit to our peoples' health and wellbeing, which would contribute to our shared commitments under the National Agreement.

⁵⁰ See the the six strategic directions outlined in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031

⁵¹ HEAL Network & CRE-STRIDE 2021, *Climate Change and Aboriginal and Torres Strait Islander Health*, Discussion Paper, Lowitja Institute, Melbourne, DOI: 10.48455/bthg-cj15

⁵² National Health Leadership Forum (NHLF), n/d, *Position Paper; Climate Emergency and Health*