

# KEY THINKERS FORUM

## Opinion Paper

### **Allied Health – pathways for success**

On 9 September 2019, the Poche Indigenous Health Network hosted its 12th Key Thinkers Forum, bringing together professionals, community members, academics, students and policy makers. This 'Poche Opinion' explores some of the key thematic issues raised during the forum.

Professor Tom Calma AO, Patron and Chair of the Poche Network, facilitated the forum, guiding the conversation between audience members and a panel of guest speakers.

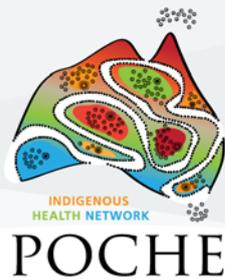
### **Panel members included:**

- Nicole Turner, Aboriginal Community Nutritionist & Chairperson of IAHA
- Folau (Paul) Talbot, Poche Centre for Indigenous Health Project Officer & Qualified Dental Technician
- Professor Pat Dudgeon, Professor & Poche Research Fellow at the School of Indigenous Studies at the University of Western Australia in Perth, WA
- Professor Michelle Lincoln, Executive Dean of the Faculty of Health, University of Canberra

In order to stimulate the discussion, a Briefing Paper was made available prior to the event, and the Forum was recorded. The video-recording is available on youtube:

- [Opening](#)
- [Nicole Turner](#)
- [Folau \(Paul\) Talbot](#)
- [Prof. Pat Dudgeon](#)
- [Prof. Michelle Lincoln](#)
- [Poche Opinion](#)

You can download a copy of the event program [here](#).



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### **Allied Health – pathways for success**

Allied health is a vital ingredient in both health and employment for Aboriginal and Torres Strait Islander peoples in Australia. It provides a holistic approach to assist in closing the gap. In order to make the difference that we know it can, there are a few improvements that need to take place and we need to tackle it from more than one direction. We need to build the population of Aboriginal and Torres Strait Islander peoples both within the workforce and accessing the services.

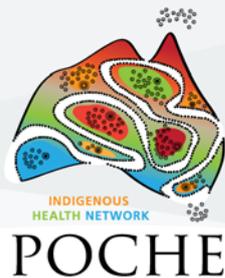
Indigenous Allied Health Australia (IAHA) is leading the way in how much a professional association can be a support and resource in the allied health space. It both allows networking and encourages mentoring in order to provide a safe and effective space that is an inspiration not only to youth but to the whole community. The IAHA strategy is based around four pillars: support, grow, transform, lead. These are the concepts that underpin its success and exemplify that our approach needs to be multi-faceted.

In many of the allied health professions, less than 1% of the workforce in Aboriginal or and Torres Strait Islander. And while IAHA and similar are aiming for at least parity, the whole of workforce needs to get involved to make the changes. More realistically, there needs to be more than 3%, with many proponents suggest 6%, representation for change to happen. This means more support, more people and more jobs across the allied health spectrum.

IAHA has various initiatives to try to effect change: workforce policy development, national advocacy, curricula development, health careers and pathways, education and training, cultural safety and responsiveness, professional development opportunities, mentoring, leadership development, workforce planning and national and international networking and collaboration. Amongst these it is recognised that mentoring has a large role to play in IAHA's success for both Aboriginal and Torres Strait Islander peoples as well as for non-Indigenous people working in this space.

IAHA's approach is underpinned by their theory of change (see Nicole Turner video @ 6m:49s).

To date, discussions of Aboriginal and Torres Strait Islander health have been deficit focused. What are the problems? How did they happen? Why did they happen? What are the statistics?



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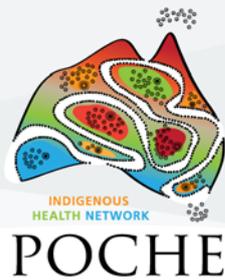
The shock that people experience when learning statistics does not last and it is important to remember that behind those statistics are people. We have to start talking of solutions. We know the issues and we need to start acting on that knowledge. Cultural safety is no longer enough, we now need cultural responsiveness. This changes it from a passive to an active discourse.

(see video Nicole Turner @ 7m:58s)

Aboriginal and Torres Strait Islander education and the workforce require wraparound supports to ensure the success of the students and workers. Leadership and self-awareness have been identified to assist the younger students and workforce to get ahead and to build confidence. One of the most effective ways to inspire this growth is through professional role-modelling and mentoring. Another is to ensure community support and to make sure health services are co-designed from the clinic floor to governance arrangements. Indigenous ways of being, doing and knowing (culture) have to be embedded in education from schooling to higher education.

While IAHA is currently focusing on school-age students (and maintaining an 88% retention rate for those young people moving on from school to tertiary/VET sector study), the Poche Centre for Indigenous Health at The University of Sydney has developed a very successful model of VET sector education for Aboriginal adults in NSW. The scholarship program relies on 7 key concepts for its success (currently at 96% completion rate):

1. Student motivation- documenting this concept on application and having it as reminder/evidence to support scholar throughout their journey
2. Teachers understanding and awareness- Aboriginal staff where possible and non-Aboriginal staff with cultural awareness and sensitivity
3. Relationships, connections and partnerships within the cohort- Aboriginal students only, scholars travel, cook and stay together during block release
4. Institutional structures, processes and systems- designed so students feel supported and valued by friendly application process- advertising via the Koori Mail, Aboriginal person(s) on panel, personal phone calls regarding success, clear points of contact throughout process
5. Family and community knowledge, awareness and understanding- designed in block mode, does not include weekends, financial support for *all* aspects of the course
6. Support of employer- allowing release of blocks whilst being paid and supporting work placement requirements
7. Ability to talk and change/adapt- happily receiving feedback and adjusting program to suit target audience or particular group



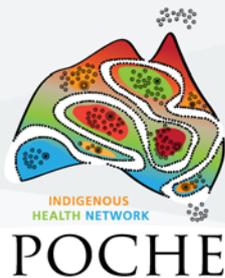
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Anecdotally it is the extra support offered as a part of this program that ensures success for those starting out. Past students encourage new students to 'sign up' because of the support and also go on to do more than one qualification due to their own success. Getting qualified allows Aboriginal and Torres Strait Islander people to be an inspiration to others in the community and if they are able to offer their own support in a mentoring capacity, this will provide even more encouragement. Family support along the journey is paramount to success. Being able to talk to other Aboriginal and Torres Strait Islander people about working in your own community or even working in other communities, and working with family and friends, is important and needs to be part of the dialogue.

By having this combination of factors, the proper scaffold is in place for scholars not only to join the program but to complete in the most successful way possible. It is this approach which can be applied to the educational journeys for all Aboriginal and Torres Strait Islander students in allied health to change the current statistics of Aboriginal and Torres Strait Islander student completion.

While this is working really well in the VET sector, the University sector can also apply the same factors to increase its levels of completion and success. Completion rates at University are still low and this tells us that something is not working. Universities are having to re-think their strategies on engagement and retention. Currently the University of Canberra looks at multiple ways of encouraging Aboriginal and Torres Strait Islander students including: outreach programs, campus experiences (familiarising students with campus), engagement with Elders and community (including an Elder in residence), family visits, application support, articulation arrangements (VET sector qualifications are taken in place of ATARs), pathways and enabling courses (such as Academic Writing). Again, a multi-faceted approach that works together to create a sense of belonging and finding a way into a system that has thus far felt foreign to Aboriginal and Torres Strait Islander people. Many universities are using Reconciliation Action Plans and making sure that staff are provided with cultural responsiveness training but these standards are not necessarily applied to the clinical placements that happen off campus. Role models are increasingly being included in recruitment and retention and extra assistance and support (usually from a dedicated unit) is provided to Aboriginal and Torres Strait Islander students. Targets also help: UWA has aspirational target of 10% Indigenous medical students (they are just over halfway there at this stage). These students are not required to sit the UMAT (the new GAMSAT). These are all working well but of course there is room for *more* ways for Aboriginal and Torres Strait Islander students to transfer from certificate or diploma level to University.



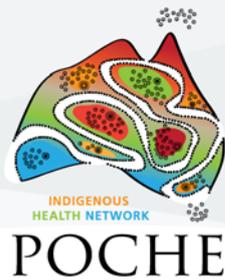
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We have learned a lot from previous years and experience about health service delivery. A revised approach has been to look at the needs of the particular areas being serviced. For example, the Poche Centre in Sydney has created and uses the first mobile denture clinic for Aboriginal communities around NSW, reducing the time for making and fitting of dentures from 6 months to 1 week; all within community. Making similar changes to the model of health service delivery and utilising health promotion alongside service delivery is a more suitable approach when it comes to rural and remote health. Giving agency to communities to facilitate their own empowerment encourages increased awareness and valuing of culture. This in turn results in confidence and employment. Self determination needs to happen at all levels and it remains important that promotion and dissemination of best practice takes place. This way community and academia can learn - the difference cannot be made in the classroom alone.

Beyond that, change needs to happen in the area of policy. Policy measures should be put in place to ensure and enhance self-determination. Initiatives like the cashless debit card should be in place only if the community opts for it. Newstart needs to be increased and draconian ways of dealing with debt need to be abolished. Currently the Sydney Poche Centre is working on a national approach to fluoride varnish application as it has long been limited to dental professionals to apply; an unworkable solution in towns that do not have the appropriate staff. The Poche Centre has worked around the limitations by gaining exemptions for Aboriginal Dental Assistants, thereby tapping into a local workforce to provide a culturally responsive approach. Such a shift in policy would not have been possible without the partnerships that are formed to push the change. It is not just about going out to deliver a service, it is about changing outcomes for Aboriginal and Torres Strait Islander people.

As with the University of Canberra's online Speech Pathology degree, flexible delivery will be the way forward for Aboriginal students in the area of Allied Health. Academics need to be aware of bridging courses and alternate pathways for Aboriginal and Torres Strait Islander students so they are properly equipped to support them. Curricula is continuing to change (though at varying rates in different locations) and needs to continue doing so. Professional associations also need to step up and create more opportunities for their members, following in the footsteps of IAHA. The recent formation of the Coalition of the Peaks is a good start to creating a collective voice for Aboriginal and Torres Strait Islander peak organisations, but this voice needs to be integrated into non-Aboriginal and Torres Strait Islander organisations.



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We have come a long way as 'reconciliation' and 'racism' have come into common parlance - dialogue and commitment to areas such as mental health and suicide prevention has really improved. We need to continue to build the network and train community. Associations then need to emphasise community. Universities need to change, not students, and the information on the achievements of Aboriginal and Torres Strait Islander students must keep flowing.

Acknowledgment of what Aboriginal and Torres Strait Islander people bring to the allied health professions around community knowledge and understanding cannot always be measured but it is vital for the success of services. South Australia is leading the way nationally in this space by having Ngangkari present in all hospitals across the state.

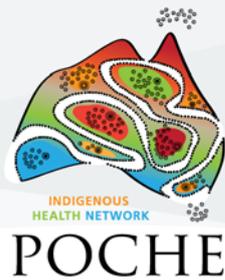
Educated does not need to mean foreign. If community is empowered to accept and respect education and academia, the educated members will no longer be rejected and made to feel 'other'. The onus lies with the older educated members of community to change things for educated youth. Time and trust will be big factors for healing community. The more time spent, the better people understand and the better the relationships. But obviously it does not begin and end with education. Meaningful employment and space in the workforce will continue to be areas of need beyond the education journey.

The narrative is overwhelmingly negative when it comes to the area of Aboriginal health and it will take systemic change to see a difference. The government pledged money in 2019 to both IAHA and to Indigenous mental health, (which is really encouraging) however we need the allied health professions and peak bodies themselves to shift and adapt as well.

Allied Health is critical in whole health journey. The large and important areas of aged care and disability have commissions at present which indicate not only their importance, but also that there are great issues within the systems.

On a brighter note, the Poche family wish to convey how overwhelmed they are by how much change **has** come about in the last eleven years since they funded their first Poche Centre. They are constantly inspired by those working for and affiliated with the Centres and the scholars in particular are a constant source of joy.

### Concluding reflections



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- Increase in Aboriginal and/or Torres Strait Islander Allied Health workforce is critical to the success of the industry and improvement of Aboriginal and/or Torres Strait Islander health
- We need to focus on solutions not problems
- Wraparound support and flexible learning environments are necessary for the success of Aboriginal and/or Torres Strait Islander student success
- Policy needs to change and ALL stakeholders need to come on the journey of change.