



**Aboriginal**  
**Health Council**  
of Western Australia

2024 - 2025

# State Pre-Budget Submission

State Government of Western Australia

December 2023





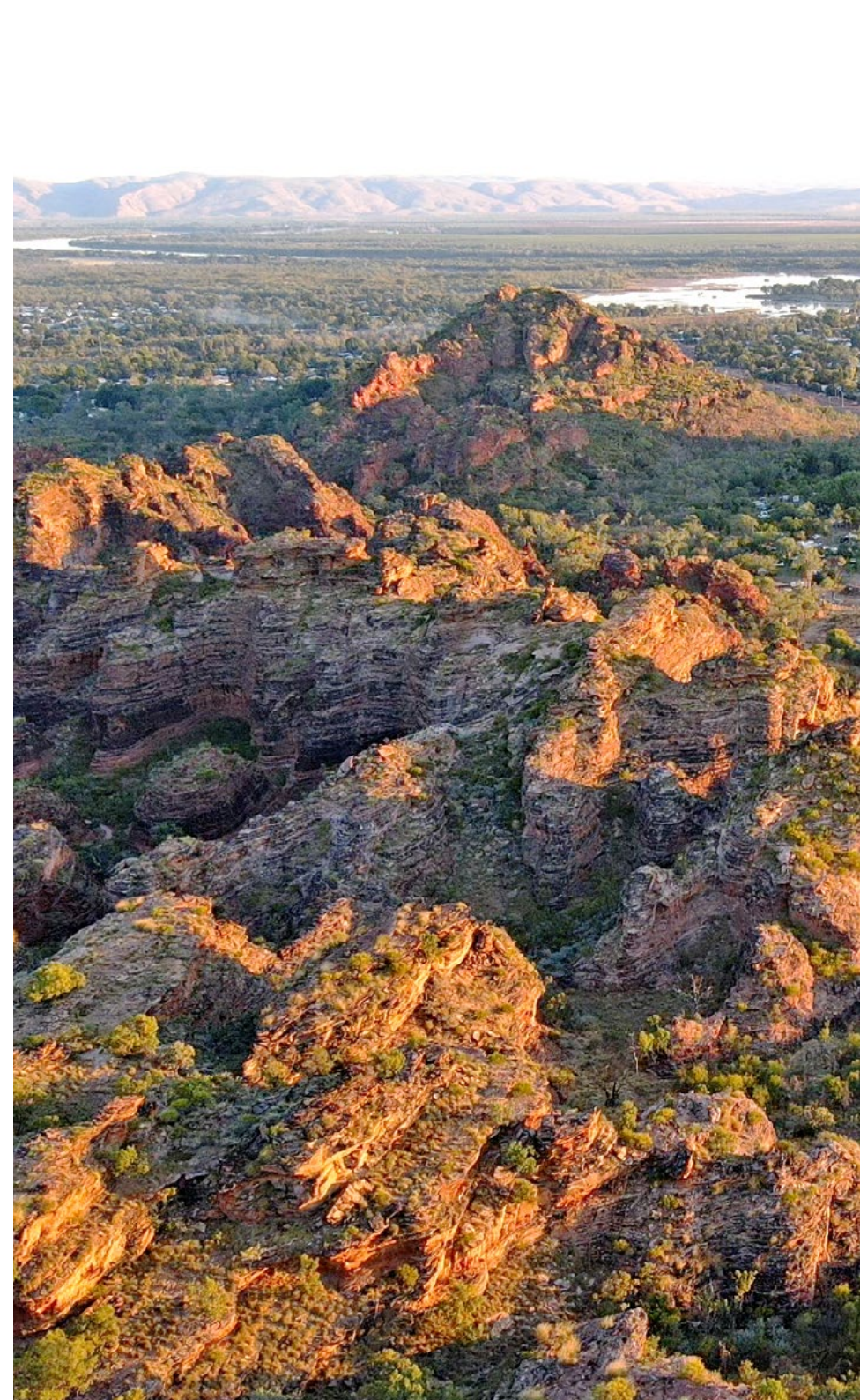
The Aboriginal Health Council of Western Australia (AHCWA) acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. AHCWA acknowledges the wisdom of Aboriginal Elders and leaders, both past and present, and pays respect to Aboriginal communities of today.



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## Chairperson's message

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**On behalf of my fellow Board of Directors, I am proud to present the Aboriginal Health Council Western Australia's (AHCWA) 2024-25 Pre-Budget Submission to the State Government.**

As the focus continues to shift away from the imminent threat of the COVID-19 pandemic, the Aboriginal Community Controlled Health Services (ACCHS) sector stands strongly in the resilience and self-determination that was demonstrated throughout the pandemic and continues to drive the sector to achieve health equity for our communities.

Through adaptability and innovation, ACCHS continue to deliver culturally safe, comprehensive healthcare encompassing physical, emotional, social and cultural wellbeing - in the face of workforce shortages, inflation and rising costs faced by households, communities and government. Despite these challenges, WA's soft landing from COVID-19 and robust fiscal position means the State should be well placed to navigate rising costs and to distribute expenditure fairly. This will require a disciplined approach and a focus on delivering programs that will provide the highest value, as well as genuine partnership, to achieve sustainable, long-term outcomes.

AHCWA is committed to working in genuine partnership with the State Government to realise and achieve the Four Priority Reforms of the National Agreement on Closing the Gap with shared decision-making, Aboriginal leadership and Government accountability as the foundation of collaboration. However, the Priority Reforms require a change to the way decisions are made and funding is allocated.

Realising Aboriginal knowledge, expertise and self-determination, and translating into well-resourced and equitable policy improvements, will achieve optimal outcomes and wellbeing for Aboriginal people and their communities across Western Australia.

The initiatives in AHCWA's Pre-Budget Submission ensure funding is well-targeted to deliver significant benefits to Aboriginal communities across the State through:

- Supporting current and future workforce and education challenges faced by ACCHS with support for Aboriginal Community Controlled Registered Training Organisations and clever recruitment options,
- Investment in knowing our clinical and capital infrastructure assets across the ACCHS sector, and
- Continued support for Social and Emotional Wellbeing programs and Family Domestic Violence programs that are culturally safe and locally delivered and designed in community.

It is not always possible to measure an exact economic impact of community interventions on the larger health budget. However, we know that investing in community health will not only take the pressure off acute services, but quality primary health care delivered closer to home means that more people will be able to access and engage in their health journey. These initiatives will have a significant impact on strengthening the Aboriginal workforce to deliver comprehensive, holistic healthcare while continuing to close the health gap experienced by Aboriginal people and their communities. Moreover, they align with many of the State Government's important priorities and policy objectives.

AHCWA welcomes the opportunity to work with the State Government to progress these initiatives.

**Vicki O'Donnell OAM**  
**Chairperson**



## Chief Executive Officer's message

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**As the Chief Executive Officer of the Aboriginal Health Council of WA (AHCWA), I am pleased to present this 2024-25 State Pre-Budget Submission as a culmination of our sector's diverse voices and stories.**

While the State continues to emerge from the pandemic, the Aboriginal Community Controlled Health Services (ACCHS) sector remains steadfast in providing quality wraparound healthcare to Aboriginal people and their communities. With culture at the heart of our Model of Care, we work to empower Aboriginal people to achieve health equality in their communities and ensure that Aboriginal people in Western Australia enjoy the same health and wellbeing as all Australians.

As demonstrated by the resilience and strength in protecting Aboriginal people from the COVID-19 virus, the ACCHS sector has shown that when shared decision-making and self-determination are at the core of delivering healthcare to Aboriginal people, positive outcomes are achieved. The self-determination of Aboriginal people in Western Australia is not only demonstrated by their culture of enduring strength and the dedication of healthcare professionals, it lies in the ACCHS sector's ability to adapt, thrive and innovate in the face of adversity.

However, the ACCHS sector continues to face persistent workforce challenges, now and as we are looking into the future. In preparing this Pre-Budget Submission, AHCWA engaged extensively with Member Services CEOs and Aboriginal Community Controlled Registered Training Organisations around ways to address issues of workforce shortages, support career pathways and provide culturally secure training to secure a strong ACCHS workforce now and into the future.

Our Pre-Budget Submission offers a series of three very reasonable budget requests to support the pillars of the ACCHS sector in doing the work they do every day: education, workforce recruitment and sustainability, and infrastructure. AHCWA believes this is achievable with the enduring support of the State Government, working in true partnership, to achieve the Four Priority Reforms of the National Agreement on Closing the Gap.

The way forward requires collaboration and new ways of working.

**Des Martin**  
**Chief Executive Officer**

# Introduction

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The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for Aboriginal Community Controlled Health Services (ACCHS) in Western Australia, with 23 Members across the State. AHCWA exists to support and act on behalf of its Member Services, actively representing and responding to their individual and collective needs.

Governed by an Aboriginal Board of Directors representing seven regions in Western Australia (WA), AHCWA aims to promote and strengthen the ACCHS Model of Care. This model delivers comprehensive, holistic and culturally secure primary health care services. AHCWA exists to empower and build the capacity of its Member Services, and Aboriginal communities, to design and deliver holistic and culturally appropriate health care; encourage partnerships with key health system enablers; advocate and provide a voice for the ACCHS sector for Aboriginal health; and provide leadership to enable community leaders to inspire their people and achieve collective goals.

Representing the interests and needs of our Member Services, AHCWA leads and influences the development of Aboriginal health policies at the national and state level. We advocate for the rights and entitlements of all Aboriginal people and their communities to optimal health and wellbeing. Incorporated under the Commonwealth Corporations Act in May 2005, AHCWA continues to evolve and build capacity as the leading authority for comprehensive Aboriginal primary health care in Western Australia.

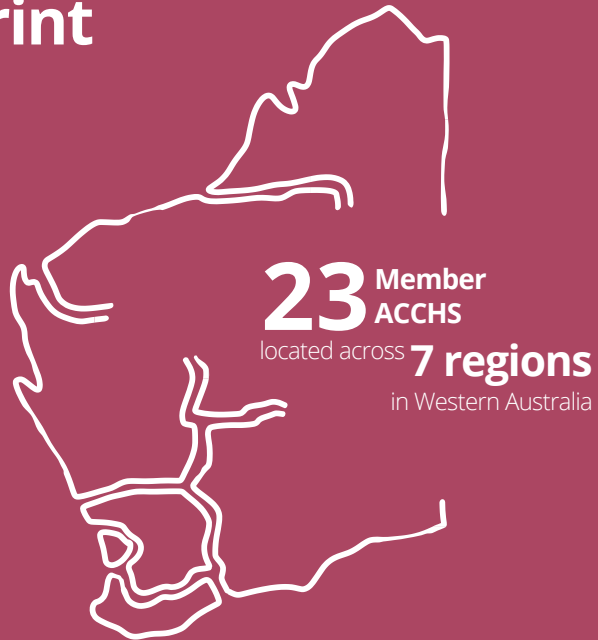
As the peak body for the 23 ACCHS across WA, AHCWA's advocacy is guided by our Member Services. Throughout 2022-23, AHCWA has been committed to achieving outcomes that strengthen and promote the ACCHS Model of Care and empower Aboriginal people to achieve health equality in their communities. This includes advocacy around child development services to increase access to paediatricians and allied health for Aboriginal children across WA and improved access to dental service provision across the State. Mapping and gapping maternal and child health also provided opportunities to advocate for better communication and collaboration across hospital services, discharge summaries, accommodations improvements, and Patient Assisted Travel Scheme (PATS) support.

Additionally, in 2023, AHCWA worked with Member Services, Aboriginal Community-Controlled Registered Training Organisations (ACCRTOs), and stakeholders to develop a sector-specific workforce strategy. The strategy identifies workforce-related challenges, future needs and required focus areas that will strengthen WA's ACCHS workforce over the next five years.

In developing this 2024-25 WA State Pre-Budget submission, AHCWA engaged with its Member Services Chief Executive Officers (CEOs) extensively, and through various forms, before drafting this document. AHCWA Member Services initially completed an online survey and spoke with members of the Policy team to clarify and expand on feedback and responses. Additional phone conversations took place to gain an understanding of key issues and budgetary needs, as well as emails and the sharing of documents and proposals. Additionally, AHCWA Member Services CEOs attended a half-day forum to reach a consensus on issues to be included in this submission. This feedback has informed the priorities of the WA ACCHS sector and determined the key elements of AHCWA's 2024-25 State Pre-Budget Submission.



## Snapshot into WA ACCHS Sector footprint



Delivering almost **500,000** episodes of care per annum

Operating **68 clinics**

throughout the State in metropolitan, regional and remote areas



Offering over

**24 different**



**types of health and wellbeing services**

specifically designed to meet the health needs of local Aboriginal people



Providing high quality, holistic and culturally safe care to

**over 50,000 Aboriginal**

**and 10,000 non-Aboriginal patients** around the State



Providing relevant and

**comprehensive training**

**for Aboriginal Health Workers / Practitioners,**

clinic experience for Nurses, and registrar training for General Practitioners



WA ACCHS are located across geographically diverse metropolitan, regional, remote and very remote locations. ACCHS deliver the most effective model of comprehensive primary health care for Aboriginal people and identify and respond to the local cultural and health needs of Aboriginal people and their communities. AHCWA and the ACCHS sector are committed to ensuring that Aboriginal people throughout WA enjoy the same level of health and wellbeing as all Western Australians.





As the Cook Government prepares its 2024-25 State Budget, it has the opportunity to strengthen future-focused health policies and programs, and to take further action to improve Aboriginal health and wellbeing. Specifically, the State Budget is an opportunity for the WA Government to act on commitments made under the National Agreement on Closing the Gap. This includes a focus on the structural changes required to achieve meaningful outcomes for Aboriginal and Torres Strait Islander people under the Four Priority Reforms:

### **Priority Reform One**

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 Two**

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 Three**

Transformation  
of mainstream  
institutions

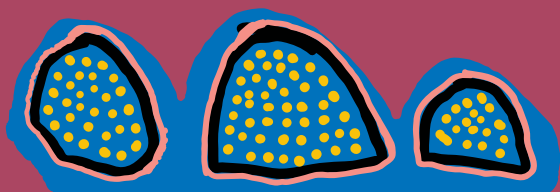
This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about 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 Four**



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.

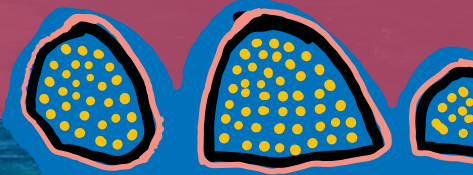
In its recent review of the National Agreement on Closing the Gap, the Productivity Commission described government progress in implementing the Agreement's Priority Reforms as mostly weak.<sup>1</sup> It found no evidence of systemic change and that Government policy did not reflect the value of the community-controlled sector, stating that 'Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution in partnership.'<sup>1</sup>







AHCWA has now finalised a co-design guide as a resource for partners in supporting authentic co-design of policies and actions in practice. Setting the stage for the expected principles and qualities that make co-design effective and respectful is the platform and basis for all positive outcomes.







Quality 1

## Two-way Understanding



Some key activities across Planning, Design, Implementation, and Execution:

- Participate in capacity building workshops for co-design skills and process for all parties
- Demystify complex mainstream and cultural governance systems through shared dialogue and mapping exercises
- Establish shared understanding about how traditional knowledge and practices can inform design building on community strengths
- Communicate progress transparently and plainly

Quality 2

## Authentic Relationships



- Conduct engagement and planning activities on-Country
- Listen to perspectives of service-users (e.g. Aboriginal people) as to their needs and aspirations
- Determine the who, what, where, when and how of the program
- Protect cultural knowledge and intellectual property
- Check in on levels of trust in the co-design partnerships

Quality 3

## Aboriginal-led



- Government parties learn important cultural protocols for engagement
- Identify appropriate facilitators to support co-design processes
- Fine-tune outcomes to be achieved during co-design process, ensuring Aboriginal priorities are privileged
- Empower ACCOs to be co-pilots to lead the way

Quality 4

## Equitable Resourcing



- Map existing partnerships, skills and resources
- Ensure long-term, bi-partisan, whole-of-government commitment
- Prepare a robust, scalable budget for specific co-design activities
- Establish process for iterating and reviewing use of resources
- Prepare service contracts and agreements
- Check in through governance models that contracts and resourcing align with values and goals
- Monitor expenditure

Quality 5

## Ongoing Evaluation



- Outline and draft short, medium, and long-term goals
- Establish systems for Measurement, Evaluation, and Learning for the process
- Identify lessons learnt from the process and design systems to capture this data
- Gather ongoing quantitative and qualitative data about processes and outcomes
- Integrate and communicate outcomes of process evaluations into implementation processes and to stakeholder groups

The landscape in which the National Agreement sits today fundamentally differs from that which existed when it was signed in 2020. The National Agreement is now one of several key commitments made by governments to improve the lives of Aboriginal and Torres Strait Islander people and numerous high-level policy and planning documents detail how commitments to the National Agreement will be met. However, strategies, plans and frameworks with unfunded actions are not sustainable and will fail to realise their stated goals. It is important that these plans and strategies are fully operationalised, which includes making the required investments; working in true and genuine partnership; and dissolving ineffective power structures.

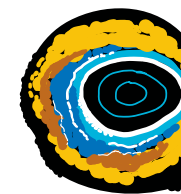
Given the WA Government's recent budget surpluses and projected surpluses in subsequent years, there is ample capacity to make strategic investments that deliver on existing policy commitments. AHCWA strongly advocates for renewed efforts aimed at implementing actions under the National Agreement and Closing the Gap Health Sector Strengthening Plan, as well as state-based strategies, including the Sustainable Health Review, the WA Aboriginal Empowerment Strategy, the State Commissioning Strategy for Community Services, the Delivering Community Services in Partnership Strategy and the next iteration of the WA Closing the Gap Implementation Plan.

According to Priority Reform Two of the National Agreement, all jurisdictions must 'increase the amount of government funding for Aboriginal and Torres Strait Islander programs and services going through Aboriginal and Torres Strait Islander Community Controlled Organisations'.<sup>1</sup> The State Commissioning Strategy for Community Services makes a similar commitment to 'invest in ACCOs and over time increase the proportion of services delivered by ACCOs'.<sup>2</sup> These commitments recognise that where Aboriginal people lead, design and deliver services and programs, improved health and wellbeing outcomes are experienced by the community.

The National Agreement also calls on governments to implement 'funding prioritisation policies across all Closing the Gap outcomes that require decisions about the provision of services to Aboriginal and Torres Strait Islander people and communities to preference Aboriginal and Torres Strait Islander community-controlled organisations and other Aboriginal and Torres Strait Islander organisations'.<sup>2</sup> As recognised in the Productivity Commission's review of the National Agreement, 'governments must recognise that ACCOs are critical partners in delivering government services tailored to the priorities of their communities', and a government approach to contracting must 'appreciate the knowledge that ACCOs bring to developing service models and solutions that are culturally safe and suited to communities'.<sup>1</sup> If fully implemented and used to inform relevant funding decisions, existing strategies and policy frameworks provide the State Government with several avenues to ensure its commissioning and funding practices support meaningful change and are consistent with the National Agreement.

The various plans and strategies mentioned above also commit the Government to transferring funding from mainstream services to Aboriginal community control, which includes transitioning government-run clinics and services to the ACCHS sector. For instance, the Closing the Gap Health Sector Strengthening Plan includes an action to 'transition government-managed primary health clinics in Queensland, Northern Territory and Western Australia to community-controlled comprehensive primary health care services and identify locations in all jurisdictions where new community-controlled primary health care services are required to meet the needs of Aboriginal and Torres Strait Islander people'.<sup>4</sup>

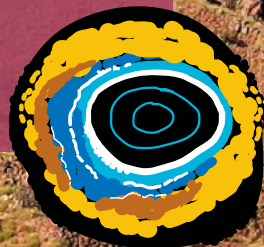
Work is currently underway to transition services to Aboriginal community control in some parts of WA, and there are opportunities to explore additional transitions in other locations. There is no dedicated commissioning pathway for the transition of clinics, where scenarios exist three-fold: transitioning a clinic to local community; transitioning Western Australian Country Health Service (WACHS) clinics to existing ACCHS; and establishing a new ACCHS. Although not a feature of AHCWA's Pre-Budget Submission, the State Budget provides an opportunity to properly fund these transitions and expand existing activities aimed at growing Aboriginal community-controlled sectors.







The State Budget is an opportunity for the Government to continue and execute its reconciliation efforts, to listen to our ideas and needs.



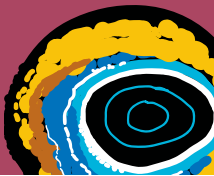


Other jurisdictions, such as Victoria, Queensland and the Northern Territory, have advanced their reconciliation processes through commitments to undergo treaty negotiations and/or the establishment of formal truth-telling institutions. For example, the Victorian Yoorrook Justice Commission was established to investigate the historical and ongoing injustices experienced by Victoria's First Peoples.<sup>5</sup> A formal truth-telling process is a pivotal step in WA's reconciliation journey.

AHCWA welcomes the WA Government's recent funding commitments across a range of areas related to Aboriginal health and wellbeing. This is a strong foundation for the additional investments that are required to realise the vision of the National Agreement in WA and solidify the growing partnership between Aboriginal community-controlled sectors and the State Government. This partnership was essential to the successful response to COVID-19 in WA, demonstrating the ACCHS sector's crucial role in keeping communities safe. In particular, AHCWA would like to thank the Hon Amber-Jade Sanderson MLA, Minister for Health and Mental Health, for her strong support for the ACCHS sector during the pandemic response. Strategic investments will help to deepen existing partnerships and build on our successes into the future.

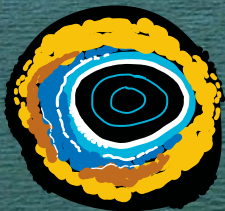


With these goals in mind, this submission includes a costed proposal and recommendations to build the capacity and capability of workforce and training of the WA ACCHS sector, focusing on increasing support for Aboriginal Community Controlled Registered Training Organisations (ACCRTOs). This submission also includes a rationale for long-term commitment and support from the State Government to improve clinical capital infrastructure support for the WA ACCHS sector.





For the sector, support for workforce training, education and development and clinical capital infrastructure are inextricably linked; both are necessary to enable the ACCHS to develop and address current and future workforce challenges and ensure there are adequate facilities to place them. Finally, in this submission, AHCWA acknowledges the WA State Government support for Social and Emotional Wellbeing (SEWB) and Family Domestic Violence (FDV) pilot programs and requests ongoing support and extensions to these programs to ensure they achieve the best outcomes, which are then embedded long-term and funded appropriately.









# Summary of AHCWA's Pre-Budget Submission






## Part 1 - Budget Proposals

### Workforce training and development

- Operational funding for Aboriginal Community Controlled Registered Training Organisations
- Recruitment strategy funding for AHCWA to support Aboriginal Community Controlled Registered Training Organisations

### Clinical and capital infrastructure

- AHCWA to support Member Service ACCHS to conduct a comprehensive analysis of capital works, clinical equipment and digital infrastructure needs in metropolitan, regional, remote and very remote WA communities



## Part 2 – Acknowledgement of investment to date and need for longer- term funding of key initiatives

### Social and Emotional Wellbeing (SEWB) Service Model

### Family, Domestic and Sexual Violence Support (FDSV) Pilot

### Aboriginal Environmental Health Model







# Part 1 – Budget Proposals





## Workforce Training and Development

Workforce skills and knowledge are key pillars to delivering culturally safe health care professional services to the over 89,000 Aboriginal and Torres Strait people in WA.<sup>9</sup> Aboriginal Community Controlled Registered Training Organisations (ACCRTOs) and Aboriginal Community Controlled Health Services (ACCHS) provide culturally-skilled holistic wrap-around services to their students and staff as the centrepiece of safe health care delivery. From the student experience to their employment, there is strong Aboriginal accountability and ownership over knowing the needs of communities and growing, defining, recruiting, training and mentoring staff to achieve the best outcomes for the community.



The 23 ACCHS across the state provide effective, culturally safe and secure health services to the more than 280 discrete Aboriginal communities across WA. An appropriately skilled and qualified health professional workforce is essential, and education and support is the foundation for the delivery of strong, culturally appropriate support. ACCRTOs play a crucial role in providing culturally appropriate training, addressing skill shortages, and aligning education with the needs of the local industry, while significantly contributing to the production of a skilled workforce.

Workforce and education go hand in hand, particularly in Aboriginal health. Aboriginal health and the ACCHS Model of Care is centred around building a capable and culturally safe workforce that actively promotes thriving individuals and communities. Emphasis is placed on the person, the physical, the spiritual, the family, the emotional, the community, the culture, the language, and the Country. There is great strength in providing effective education and training together with opportunities directly based on community requirements.

ACCRTOs and the ACCHS sector both offer ongoing wrap-around support for students/trainees and the workforce in working with and supporting Aboriginal communities. Strong interactions with each other support the progression of student training in providing work-ready outcomes to support entry into the workplace. A clear journey exists from training to workforce entry and beyond - into mentoring, professionalisation, skillset consolidation and expansion - all the while supported by the efforts of ACCRTOs and ACCHS.

The workforce skillsets required to support the optimisation of Aboriginal health and wellbeing are essential. The way in which ACCRTOs and the ACCHS collaborate on workforce needs across the spectrum of early skillset development through to professionalisation enables a model and environment where training and workforce operate synchronously to achieve the best outcomes for Aboriginal people.





In WA, there are five ACCRTOs, and in Australia there are currently eleven, where historically there were 33. Three of the ACCRTOs in WA are connected to ACCHS, offering strong working relationships and partnerships between training, practical experience and introduction to practical and on-the-job skills.

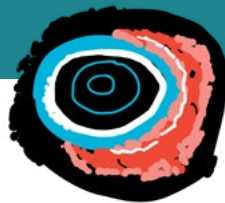




<b>AHCWA RTO</b> (known as the AHCWA Training and Development Centre (T&DC)) has been operating since 2008 and has been actively seeking to expand scope and student base.	Since 2019, the AHCWA T&DC has been looking to meet the growing workforce needs of the ACCHS sector while maintaining its financial viability. The T&DC currently delivers units of competency and some skills sets in: Mental Health; Eye health; Ear health; Units on information and support around cancer; Maternity support Services; Family violence /Family wellbeing; and Elders support (Aged Care). This education enhances the activities of the T&DC and promotes the ACCHS Model of Care as a best practice primary health care solution, while strengthening the capabilities of Member Services to achieve excellence in service delivery.
<b>Marr Mooditj Training Aboriginal Corporation</b> epitomises Aboriginal health in Aboriginal hands.	As leaders of excellence in the field, this ACCRTO possesses more than 34 years of experience in delivering high-quality training and assessment services that nurture the creativity and spirit of students and empower students to pursue career pathways in nursing, mental health, counselling and primary health care practice. Marr Moorditj has strong completion rates and the highest rates of post-training employment, attributed to the emphasis on students' clinical placement.
<b>Bega Garnbarringu in Kalgoorlie</b> understands the diversity of training needs for the Goldfields region and has been working tirelessly since 1998 to continue offering quality wrap-around packages to students seeking careers and those expanding their careers in making a difference in primary health care settings.	Their three training and development objectives include increasing the number of qualified Aboriginal health professionals; promoting and protecting the role of Aboriginal Health Workers (AHWs); and providing professional development opportunities to non-Aboriginal health professionals working in Aboriginal health.
<b>Kimberley Aboriginal Medical Service (KAMS) RTO</b> has been involved in training since 1983, when the first cohort of AHWs graduated from Broome.	The ACCRTO has consistently provided primary health care, primary health care practice and mental health Vocational Education and Training (VET) qualifications since 1986. KAMS ACCRTO in Broome was awarded the Small Training Provider of the Year in 2019, recognised for their excellence in building a home-grown and empowered Aboriginal health workforce.
<b>Wirraka Maya Health Service Aboriginal Corporation</b> is the first ACCRTO in the Pilbara region, providing primary health care practice training.	This ACCRTO actively improves employment opportunities through training in health and community services. Wirraka Maya is also part of the Pilbara Aboriginal Health Alliance (PAHA), which endeavours to create the structures and resources needed to tackle the diversity of health needs across the region.

Aboriginal communities - supported by different ACCHS, ACCRTOs and regional health planning structures - are well acquainted with their own health needs, as well as how to create and deliver practical training to support workforce development. This is Aboriginal self-determination and ownership that works. These structures very much exist, and have the capabilities to grow even more. ACCRTOs provide training in a culturally safe and positive environment where students are supported to flourish and learn directly applicable knowledge and skills, resulting in qualifications that facilitate the transition into working in Aboriginal health.

ACCRTOs have long been left out of key funding announcements and collaborative actions required to give ownership and stewardship to this sector. It is time to fully realise the benefit and value of these structures for Aboriginal students seeking to begin a career in community health.



For example, recently announced investments such as the further 22,200 fee-free TAFE and VET places will be made available for Western Australians under the Commonwealth and State joint partnership. This announcement omits mention of ACCRTOs and is also only available at the diploma level.

There has been longstanding advocacy to recognise ACCRTOs as essential services and not private providers, and there are many other improvements that can be made. ACCRTOs broker and provide additional curriculum in a comprehensible manner to Aboriginal students not receiving the support to participate fully in TAFE courses. In this way, ACCRTOs are often left unfunded when providing a student-centric model of wrap-around support to Aboriginal students.

Currently, the ACCRTO sector receives no baseline operational funding, and relies on the financing for training delivery per nominal hour. Exacerbating this issue is the lack of loading fees to recognise the rural and remote settings and the cost-of-living pressures that continue to pervade regional and rural WA and in particular our Aboriginal communities. At a minimum, WA ACCRTOs need to be funded for base operational aspects of their organisations to meet accreditation and renewal costs to continue supporting students as an immediate priority.

In the long run, ACCRTOs need to be funded to ensure their sustainability - to support and deliver training outcomes to the specialised Aboriginal workforce that contributes to Closing the Gap targets. Moreover, ACCRTO sustainability underpins the implementation of the 500 First Nations Health Worker Traineeship program, Minister Butler's October 2022 Budget Commitment. While small, the ACCRTO sector provides culturally embedded training and wrap around support for Aboriginal and Torres Strait Islander students, central to their 70 per cent completion rates compared to 30 per cent in the TAFE system.<sup>10</sup> One study demonstrated that a completion rate of 97 per cent was achieved by Aboriginal students when they were supported with various enablers and vocational education programs were customised to cultural, family and community context.<sup>6</sup>

AHCWA acknowledges that conversations and negotiations are underway on a National Skills Agreement (NSA) to support longer-term funding for ACCRTOs to ensure national consistency. This is crucial for the sector to remain effective and sustainable, and grow to meet the increasing workforce needs of ACCHS across the State. There are changes that must be implemented urgently to support the viability/sustainability of ACCRTOs in the interim, as the NSA will likely not commence until after 30 June 2025.

The National Aboriginal Community Controlled Health Organisation (NACCHO) is currently advocating to the Commonwealth for interim funding of over \$250,000 per annum per ACCRTO. The WA ACCHS sector would like to see a genuine display of support from the WA State Government based on a true costing of interim sustainability to also support and recognise the value of the ACCRTOs.

True partnership is defined by all Governments working together with Aboriginal people to achieve the best possible results for communities to achieve their education and occupation preferences.



To gain a better understanding of the needs of the sector, AHCWA has engaged an Aboriginal RTO specialist consultant to begin scoping and undertaking collaborative strategic planning with the ACCRTO sector and key bodies at the state and national level. This is in an effort to develop a long-term feasibility model for the ACCRTO sector to achieve the best outcomes for students and enliven the value of Aboriginal community controlled health. With the appropriate partners, AHCWA and ACCRTOs are working to establish an Aboriginal-determined and sustainable sector - despite restrictive policy parameters - to draw a larger body of Aboriginal students to the ACCRTOs with a focus on expanding the wrap around model within a student-centric framework.

We are seeking immediate initial seed funding as a commitment by the State in recognition of the critical nature of the educational work ACCRTOs provide in a culturally safe and holistic delivery of training services for Aboriginal students seeking a career.

Immeasurable strength in Aboriginal Health and stewardship are directly at play when a system fosters training courses based on direct community need, priorities by, and for, local people. AHCWA pays complete tribute and recognises the function and value of ACCRTOs in offering crucial foundational training opportunities, and wrap around support, for Aboriginal students to succeed and fully participate in community-oriented health.





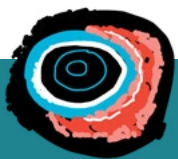
In addition to ACCRTOs, the Aboriginal Community Controlled workforce is the platform in which holistic and multidisciplinary healthcare operates. There are positive news stories and stories of extreme resilience, hardship and pride from AHCWA's Member Services. Workforce continues to be one of the sector's greatest challenges, due to competition with other sectors for attractive recruitment and retention packages, lack of available housing and cost of living pressures in many parts of WA. High staff turnover and reliance on visiting and locum health professionals, as well as the continuous challenge of advertising and recruiting the right people, are also burdensome and time-consuming for the sector.

AHCWA's WA Aboriginal Community Controlled Health Services Sector Workforce Strategy 2023-28 (the Strategy)<sup>7</sup> provides an evidence-based framework for capturing the growth of the ACCHS workforce, and the renewed efforts required to continue expansion towards Closing the Gap priorities.

The Strategy has been developed with input from AHCWA's Member Services, ACCRTOs, as well as stakeholders and partners across Australia, including NACCHO, Rural Health West (RHW), WACHS, WA Primary Health Alliance (WAPHA), WA Department of Health, and the Australian Government Department of Health.

The contributions of these diverse groups have helped to identify the key workforce-related challenges, future needs and required areas of focus to strengthen the WA ACCHS workforce over the next five years. Collaborative implementation planning will begin from November 2023 and will look to gather the full breadth of experience from the sector to move towards the next phase of workforce viability and sustainability. AHCWA's Strategy contributes to the strong evidence-base for the ACCHS workforce (National Aboriginal Workforce Strategy, SHR, Aboriginal Empowerment, Aboriginal Health and Wellbeing) and further demonstrates the need for practical funding and resourcing. These are required to begin thinking differently about initiatives based on the initial work up of key priorities and directions, and to improve the state of affairs for the ACCHS workforce for staff to feel supported, safe, and proud to support Aboriginal communities.

The success of the ACCHS primary health care services brings together multidisciplinary and shared care arrangements across varying priorities and activities.



Multidisciplinary and shared care means that a constellation of workers with complementary skills and roles unite together with equal power to provide care across the life course continuum for Aboriginal people and families.

Across many different governments, multiple and welcomed efforts and opportunities have been garnered in the form of clinical scholarships, tertiary partnerships, and registrar incentives, for example in the clinical and medical field. However, the piece missing here is that positive community health outcomes and experiences with the health system are often best provided by professions with different skillsets all coming together. The ACCHS model wholeheartedly recognises primary health care is best provided through a diversity of workforce who address the vast array of determinants and antecedents to being healthy. AHCWA, as the WA peak body for community-controlled health, is acutely aware of the different workforce needs of Member Services.

Member Services constantly reach out to AHCWA for support in recruitment and attraction, detailing the fragmented reality of the workforce pool and available contracts and the desired dedication to continue to deliver services consistently and to a high quality. AHCWA has the appropriate state-wide oversight to facilitate and coordinate recruitment and partnerships to obtain appropriate supported, trained, and provisioned staff to the ACCHS sector.





AHCWA knows the workforce diversity  
needed to provide the necessary care for  
Aboriginal people across the life course.





# Snapshot of ACCHS workforce and service delivery areas



## Services and Positions

### Services Delivered by ACCHS

- Accident and Emergency Services
- Environmental Health
- Immunisations
- Aged Care
- Health Assessments
- School Health
- Alcohol and Other Drugs
- Health Education and Promotion Programs
- Screening and Prevention
- Allied and Specialist Health Visits
- Medication Management and Dispensary
- Sexual Health
- Child and Maternal Health
- Men's Health
- Smoking Cessation
- Chronic Disease Management
- Patient Journey and Transport
- Social and Emotional Wellbeing
- Community Outreach and Re-integration
- Pharmacy
- Spiritual Wellbeing
- Dental
- Population Health Programs
- Transport Services
- Disability (Including NDIS)
- Primary Health
- Woman's Health

### Positions within the ACCHS Sector

- Aboriginal Health Workers/Practitioners
- Dental Support Workers
- Medication Management and Dispensary
- General Practitioners
- Sexual Health Workers
- Social and Emotional Wellbeing Staff and Counsellors
- Nurses and Midwives
- Outreach Workers
- Allied Health Professionals
- Substance Misuse and Drug and Alcohol Workers
- Traditional Healers
- Health Promotion or Prevention Workers
- Tobacco Workers and Coordinators
- Environmental Health Workers and Officers
- Training or trainee Health Positions Aged Care, Home Care and Disability Workers
- Medicare Officers
- Medical Specialists
- Aged Care, Home Care and Disability Workers
- Dentists or Dental Therapists
- Other Health Workers (not reported elsewhere)

Workforce development begins with training and education and is then supported by trusted and culturally safe recruitment mechanisms understanding the sector. The Strategy has provided the ingredients of activities that comprise a successful human resources approach to the WA ACCHS sector. Now, there is an opportunity to support the expansion of AHCWA's role in recruitment.

Workforce and training for the ACCHS sector is the cornerstone of success in improving health outcomes for Aboriginal people and their communities. AHCWA proposes the following budget submissions that recognise the leadership of ACCRTOs in training Aboriginal students to succeed in health-related careers and AHCWA's unique capacity as the WA peak body for Aboriginal community-controlled health to extend operations into workforce recruitment for its Member Services.



# Budget Proposal 1:


**Approximately \$2 million per annum for all five ACCRTO in WA**

What we will do:	Operations (Management, administration, corporate, and compliance) where compliance requirements are multi-fold and extensive for ACCRTOs
	Support the curriculum needs within the ACCRTOs to maintain a centralised approach with consistent levels of resources and their delivery. We have seen, in December 2022, the superseding of critical qualifications in Certificate III and IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, which has resulted in 34 units within these qualification requiring a full re-write
	Registration renewal and maintenance of current AHPRA membership compliance obligations and engagement
	Supporting stronger focus on wrap around supports and Aboriginal mentorship environments for students throughout their learning journey, job preparedness and career growth, and
	Extensive assessment by AHCWA with all WA ACCRTOs on allocation of funds to support sustainability and the student centric model of education.
Additional thinking:	Refresh the Needs Analysis information to expand qualifications, skillsets, and Units of Competency to be on scope and relevant to each region, such as environmental health and housing
	Defining bridging course requirements and potentially look at VET in schools as a add on solution, specifically in numeracy and literacy
	Consolidating strategies to find the appropriate health relevant trainers, or purchasing appropriate courses
	Student support, such as after-hours additional mentoring, social and emotional wellbeing support
	Incentives for trainers/educators travelling to non-metropolitan locations
	Consideration of scholarship opportunities for Aboriginal ACCRTO trainers/educators
	Establishing WA community of practices/consortiums
	Considering and planning the feasibility of models such as FIFO training courses for students in remote locations unable to access ACCRTO locations across WA easily, and
	Work with other VET training providers to increase supports and outcome-focussed activities for Aboriginal students.



## Budget Proposal 2:

**\$800,000 for AHCWA to build the capacity of AHCWA as a recruitment agency for Member Services, to advertise, coordinate, recruit, and support requirements of different workforce positions needed and vacant across the sector.**

<p>What we will do:</p> 	Create the structures in place to leverage workforce planning across the regions and proactively support the advertisement and recruitment of different workforce positions
	Provide support to applicants seeking to begin or continue their journey in Aboriginal health
	Consider structures that allow for mobility of workforce across ACCHS to enable diversity of opportunities and workplace environments
	Develop structures and processes to develop new job descriptions based on workforce needs assessments across the regions, as well as workforce planning toolkits and policies
	Create strategies that celebrate and raise awareness and attractiveness of the ACCHS sector as an employer of choice, e.g. testimonials, ambassador promotion material
	Identify and plan for entry-level positions and scope suite of job-ready activities
	Advertisement for trainers/educators at ACCRTOs
	Collaborate with other recruitment agencies to improve understanding of the ACCHS sector
	Develop a suite of Human Resource (HR) policies and procedures, culturally appropriate performance management framework, and job description templates and Key Performance Indicators in line with organisational strategies and cultural competency, and
	Put in place mental health first aid and literacy short courses and embed culturally appropriate mentorship, supervision and Employee Assistance Programs (EAP) services into all job roles.

*Note. Many of these actions align with the implementable steps of AHCWA's WA Aboriginal Community Controlled Health Services Sector Workforce Strategy 2023-28.*



## Capital and Clinical Infrastructure

Infrastructure is another key foundational pillar enabling ACCHS to provide quality, culturally safe and holistic care on Country and in the primary health care setting. Appropriate, updated infrastructure supports a growing workforce and fosters cohesion between ACCHS multidisciplinary teams. Infrastructure in the primary health care setting prioritises a space where health promotion, prevention and early intervention can occur. This results in cost-savings, culturally safe and secure services, improved outcomes and increased self-determination.



Over time, ACCHS have experienced significant growth in demand for their services and a considerable rise in client numbers. At the same time, ACCHS continue to expand service delivery and programs, finding themselves with insufficient space in ageing and no longer fit-for-purpose buildings. These challenges, coupled with growing Aboriginal populations across the State, place additional pressure on ACCHS as they strive to meet clients' needs in the community. For example, across WA, many of AHCWA's Member Services have teams disbursed across multiple locations and satellite facilities as they have outgrown already existing clinical spaces. Other Member Services have noted that they are shifting rooms and converting spaces within buildings to meet the needs of clinical, non-clinical and administrative staff, as well as patients and programs. These challenges were even more pronounced during the COVID-19 pandemic when ACCHS across the State erected tents and external structures to triage, treat, isolate and protect staff, clients and individuals.



There is a clear need for ongoing upgrades to clinical infrastructure in ACCHS, where infrastructure quality matches the quality of care that is delivered by Aboriginal health services every day.



The significant impact of capital infrastructure on the viability and sustainability of ACCHS has been recognised by Commonwealth and State Governments. The Health Sector Strengthening Plan (Health-SSP) recognises infrastructure as a key priority area for action under Priority Reform Two of the National Agreement on Closing the Gap, stating that 'Investment is required to address significant issues with seriously deteriorating or non-existent health infrastructure for many ACCHS through improved infrastructure.'<sup>4</sup> This encompasses new and renovated health clinics and associated housing for staff.

The ACCHS sector acknowledges and welcomes the WA State Government's commitment to initiatives that positively impact Aboriginal people, including WA's Aboriginal Empowerment Strategy and the WA Closing the Gap Implementation Plan. The sector values State investment in ACCHS clinical infrastructure for community-controlled services, including the 2023-24 investment of \$18.3 million in the South West Aboriginal Medical Service (SWAMS) Health Hub, which matched the Commonwealth Government allocation of \$18.3 million to support the construction of the facility. The WA State Government support for the hub enables the service to positively impact the health and wellbeing of Aboriginal people in WA's South West as they can now access high quality, holistic and accessible culturally appropriate care, services and programs on Country.

Infrastructure is more than brick and mortar, and clinical apparatus and equipment. The SWAMS Health Hub's emphasis on technology and research aims to record data on Aboriginal people across the country, and further develop medical knowledge that will benefit regional communities. As a result, pressure is expected to ease on existing mainstream medical services and emergency departments in the region as the SWAMS hub provides more targeted prevention, health promotion and disease management programs.



AHCWA realises that the WA Government shares responsibility for infrastructure with the Commonwealth, who in December 2022 allocated more than \$18 million to WA ACCHS for Indigenous health infrastructure in WA through the Joint Council on Closing the Gap. All Governments can agree on the benefit of easing demand on hospitals and minimising preventable hospitalisations and acute needs costs. The SHR notes that 51,000 (7 per cent) of the 707,000 hospitalisations in 2017–18, at a cost of \$368 million each year, could have been prevented if timely and appropriate health care and management had occurred in community settings.<sup>8</sup>

Commonwealth investment in ACCHS infrastructure is often grant-based, for example, through the Australian Department of Health and Ageing's Indigenous Australians' Health Programme (IAHP) – Closing the Gap – Major Capital Works Programs. This funding is welcome; however, it is short-term, unsustainable and creates some competition among ACCHS delivering primary health care. Moreover, completing grant applications is a time-consuming process, justifying what the IAHP recognises must be 'seriously deteriorating or non-existent health infrastructure' at a time when the ACCHS sector is already experiencing staffing, recruitment and retention stress and strain.

Additionally, while state-based grant programs through, for example, LotteryWest funding that supported clinical improvements at Yura Yungi Health Service are necessary and appreciated, ACCHS face similar challenges in terms of timing, competition and limited access to funding.



The constant challenges and pressures to access one-off funding injections to upkeep infrastructure or convert spaces urgently means that individual ACCHS do not have the resources and time to conduct a thorough infrastructure audit and stocktake of capital and clinical infrastructure needs. This is essential to identify infrastructure gaps, maintain a record of existing assets, document infrastructure evolution and compliance, and inform grant applications.



It also provides an opportunity to determine clinical need for equipment, digital technology and other clinical apparatus that would improve the delivery of culturally safe and appropriate care on Country, and better outcomes.

To work towards achieving Closing the Gap targets, it is crucial that healthcare models for Aboriginal people are rebalanced towards community-based services focused on prevention and early intervention. Healthcare models with these driving principles align with WA's Aboriginal Health and Wellbeing Framework 2015–2030 and the WA Aboriginal Empowerment Strategy. Moreover, the WA State Infrastructure Strategy Foundations for a Stronger Tomorrow seeks to align health infrastructure priorities with the Sustainable Health Review (SHR). These strategies, in tandem, depict that establishing health facilities tailored to Aboriginal needs is crucial.

According to a NACCHO members' survey conducted in 2019, some ACCHS across the country are over 50 years old. Based on that same survey, it is estimated that the ACCHS sector requires an investment of \$950 million to bring infrastructure up to modern standards. To understand the capital and clinical infrastructure needs, as well as digital connectivity, AHCWA recommends a comprehensive analysis of ACCHS clinical infrastructure. This will provide a picture of the current state of buildings, equipment and digital connectivity across WA ACCHS locations to determine the improvements needed to extend the life of existing assets and ensure they are safe and of high quality. By doing so, ACCHS can accelerate progress in health improvement at a population level. This supports the evidence that ACCHS deliver better outcomes for Aboriginal people. It also supports the WA State Government's commitments under Priority Reform Two of the National Agreement – building and strengthening the community-controlled sector and improving access for Aboriginal and Torres Strait Islander peoples to safe and effective essential primary health care services through the provision of culturally appropriate, fit for purpose health infrastructure across Australia.

At the same time, AHCWA and its Member Services acknowledge several uninhabited State-owned structures and facilities across WA, including clinical buildings, health facilities and vacant schools that are not being utilised. AHCWA sees an opportunity for better utilisation of existing infrastructure and other assets across the State, as well as proposing practical solutions to various infrastructure challenges. We ask that the WA Government conduct an audit of already existing vacant structures that could be transferred to the ACCHS sector and refurbished to meet the needs of community-controlled clinics. The WA Government could provide funding to support the transfer of buildings, refitting dilapidated buildings and repurposing infrastructure to meet the needs of comprehensive Aboriginal community-controlled primary health care. The WA Government could also provide the required investment to make existing infrastructure compatible with digital infrastructure and any required digital infrastructure upgrades.

The WA Government could assist this venture in prioritising Aboriginal people's and communities' ability to access holistic, culturally safe healthcare through ACCHS by allocating necessary and appropriate funding for a clinical infrastructure audit and stocktake, to complement existing and fluctuating capital works investments.





## Budget proposal 3

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**\$1.8 million for AHCWA to support ACCHS to conduct a comprehensive analysis of ACCHS capital and clinical infrastructure needs in metropolitan, regional, remote and very remote WA communities to determine the improvements needed to extend the life of existing assets and ensure they are safe and of high quality.**

### What we will do:

Engage a consultant to complete on the ground audit of all AHCWA Member Services' clinics (including remote and very remote outpost clinics) in areas of capital works, clinical equipment and digital infrastructure. This includes scheduling, coordinating and supervising all aspects of the stocktake

Capital works audit to include (but not limited to): structural checks of building integrity such as bricks, mortar, walls, flooring and wiring; doors and door furniture; driveways, fences and retaining walls; sinks, basins, baths and toilet bowls; air conditioning and heating units

Clinical equipment audit to include: review and stocktake of all equipment within the facility, including equipment that is ageing, deteriorating, needing upgrades or replaced, and


Digital infrastructure audit to include: a review and stocktake of digital equipment, including telephones, computers, and technological devices, and a review of internet connectivity, access and speed.











## Part 2 - Acknowledgement of investment to date and need for longer- term funding of key initiatives







AHCWA has a few key pilot programs and exciting projects underway. The lessons learnt from these pilot programs and projects are crucial to inform how to successfully embed these programs sustainably into ACCHS core business. AHCWA is excited to undertake dedicated work on a Model of Care for environmental health, leading to greater action towards improving health disparities for Aboriginal people.

## **Social and Emotional Wellbeing Service Model**

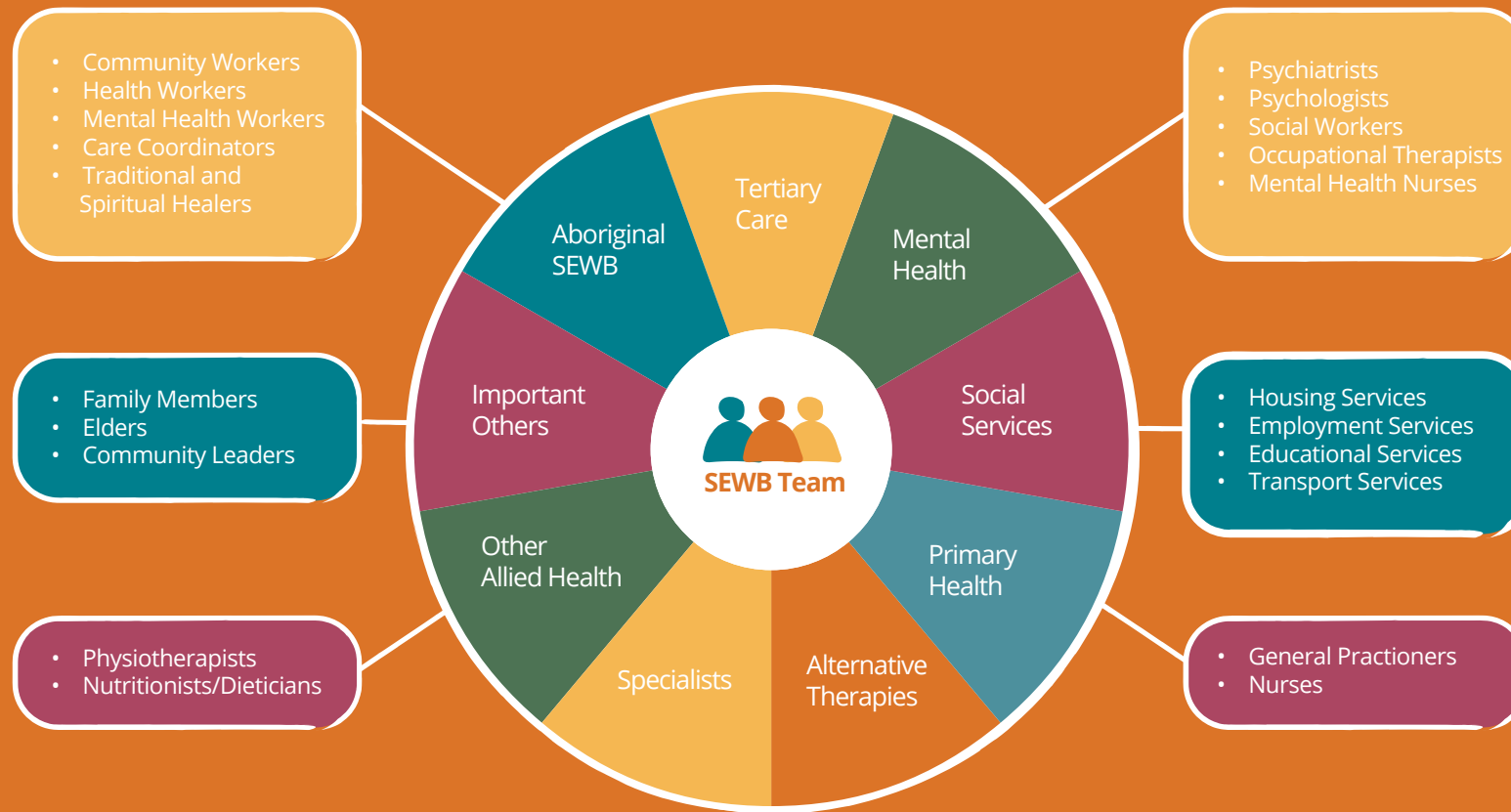
AHCWA was funded \$15.5 million over 2022-25 by the Mental Health Commission (the Commission) to pilot the ACCHS Social and Emotional Wellbeing (SEWB) Model (the Model) across locations in WA. The Model provides a framework to guide the development and provision of high quality, community-based SEWB services. There are currently five pilot sites across WA's Kimberley, Pilbara, Southwest, Murchinson/Gascoyne and Goldfields regions. The result of extensive collaborative efforts, the Model actualises the ACCHS Model of Care, which has been adopted in shaping policy and service delivery for Aboriginal people. ACCHS have been providing SEWB services and programs since establishing the vision and goals of the ACCHS sector, even if unfunded or uncategorised. The results of the evaluation show that the pilot programs, across locations, have experienced profound benefits and success. The Model brings together numerous community factors and determinants influencing SEWB, creating a model that merges mainstream and traditional approaches to mental health and wellbeing, promoting healing, autonomy, and resilience.

The pilot program evaluation has been published, outlining the essential methods and processes utilised to evaluate the pilot sites, such as client journey mapping, assessment tools, and cost-estimation templates.<sup>9</sup> The evaluation articulates the service examples and impacts across the four pillars of the SEWB Model and the path forward that paints the picture of collaborative evaluation and dissemination across all involved, to ensure success and the best possible outcomes. An ongoing commitment to Aboriginal leadership and governance will occur between the University of Western Australia team of Aboriginal and non-Aboriginal senior researchers and cultural consultants, leadership from pilot sites, AHCWA and the Commission.



AHCWA supports and represents 23 Member Services across WA, many identifying the desire to embed a SEWB workforce involving interdisciplinary teams with cultural and clinical expertise. Further, the Model articulates a seven-person team with equal power between clinical and non-clinical roles as imperative to conducting effective and proactive SEWB services.

Also, as only five Member Services have received funding to pilot the SEWB service model, increasing the number of ACCHS embedding SEWB services is crucial. Working with the Commission, AHCWA has provided costings to support the status quo of the existing sites, as well as the costings to increase the number of sites across the different regions. AHCWA supports, and urges, approval of the Commission's state budget proposal on this matter.



## Family, Domestic and Sexual Violence pilot program

AHCWA has been funded \$6.3 million from November 2022 to May 2024 by the Department of Communities (Communities) to provide comprehensive services to Aboriginal communities in Family, Domestic and Sexual Violence (FDSV). The aim of the FDSV pilot program (FDSV pilot) is to build the capacity of the ACCHS sector to respond to FDSV in the community, with the key objective to amplify the safety and wellbeing of Aboriginal families impacted by FDSV. ACCHS pilot sites were appointed in 2022 and include ACCHS in metropolitan Perth, the Kimberley, Pilbara, Goldfields, and Southwest regions of WA.

AHCWA has completed a snapshot of FDSV clients as of June 2023. Across the pilot sites, the FDSV pilot has been supporting 167 clients, 68 per cent being female and 32 per cent being other. 61 per cent of clients are between 19 and 39 years of age. Member Services utilised snapshot data to reflect on, and improve, the reach of the FDSV pilot.

This FDSV pilot has provided greater understanding of the enablers of FDSV in communities and a greater conceptualisation of Aboriginal culture and kinship systems needed to tailor local activities and interventions. Both the SEWB and FDSV programs support the diverse needs of Aboriginal people and families and align closely in mission and objective to build structures that emphasise promotion, education, prevention, referral, triage and therapeutic treatments for community. The FDSV teams across WA vary based on place-based needs, with positions such as culture care connectors, mental health teams, welfare teams, and counsellors partaking in outreach services, running community-based groups and healing camps. The FDSV pilot also puts into practice the unification of cultural, traditional and bush practices, as well as contemporary therapies to reduce heightened adrenal states. Key activities have been pioneered to support the complexity of safety needs, from brokerage of accommodation or transportation and deployment of evacuation packs, through to coordination of interventions, policies, procedures and partnerships. All of these have been crucial for ACCHS to lead and coordinate support to meet the needs of women, men, children, and families across WA.

As the FDSV pilot is a completely new service, AHCWA coordinates a Community of Practice with all pilot sites to share lessons learnt and to support each other as they progress through developing localised best practice FDSV service delivery.

The purpose of the FDSV pilot has been to engage in a genuine co-design process with on-the-ground ACCHS and communities in the different regions to develop a service model together. In order to continue to support the diverse family and community needs in this space and enhance success of the program, additional funding is required to extend the pilot program. AHCWA will work in partnership with Communities, to support the ongoing activities of the FDSV pilot and evaluation. The FDSV pilot has allowed the space, time, and resources to socialise the idea of FDSV-specific treatment and services, and identify the specialised training needed for the workforce to succeed, feel competent, and safe. To retreat from providing FDSV services from ACCHS as trusted community organisations might have devastating effects for all those involved in FDSV in community. There needs to be continuity of care for community to know that their local ACCHS is supporting and able to provide ongoing FDSV support proactively and in times of crisis.

Edith Cowan University/ Kurongkurl Katitjin has been contracted to evaluate the FDSV pilot, aiming to consolidate an understanding of the barriers and enablers to implementation, principles of responsiveness, community perceptions of participation in the program and staff knowledge with victims of FDSV. Extended support from the State Government would allow the evaluation to be longer-term, to advise on appropriate data monitoring measures and gather lessons learnt to continue to build a localised primary health care wrap-around FDSV support program. Moreover, the evaluation will provide recommendations to ensure ongoing quality improvement indicators and sustainability of the program.





## Aboriginal Environmental Health Model

AHCWA has been awarded a grant opportunity of \$369,963 to design an evidence- and needs-based Aboriginal Environmental Health (AEH) model. The AEH model prioritises prevention, community capacity building, and primary health care, as the model integrates multiple program jurisdictions.

The Review of the WA AEH program in 2022<sup>10</sup> revealed core principles and practical needs of a modernised AEH model, based on the feedback and extensive research conducted by the Aboriginal health sector. AHCWA held a second Member-driven AEH forum in October 2022 to propose and highlight environmental health as a key priority for the ACCHS sector and to collaborate and discuss the final report of the AEH program review to inform future directions. The sector identified the need to transition funding to the Aboriginal health sector where possible and practical, equitably expand the AEH program to all regions, revise data collection requirements, and embed the reformed and adaptive best practice AEH Model of Care into all environmental health programs.

AHCWA has established an Environmental Health Model of Care Sub-Committee to design and implement the AEH Model of Care. In addition, AHCWA has recruited an environmental health program coordinator and project officer to conduct secretariat support, coordinate mapping activities and support the translation of the expertise of the Sub-Committee into a well-informed outcomes-based Model of Care.

AHCWA anticipates the development of this refreshed AEH Model of Care will be utilised extensively across the sector as it will be developed, designed and endorsed by community leaders and environmental health experts. The project will also increase community skills and understanding of environmental health risks and risk reduction and develop co-designed adaptive and empowered strategies to coordinate all parties involved in identifying and responding to environmental health risks. AHCWA expects the benefits and process of co-design will result in an AEH model of care providing lasting benefits to community and address key priorities of the National Agreement on Closing the Gap, contributing to improved outcomes and a reduction in the ongoing environmental disparities experienced by Aboriginal people and communities.

AHCWA will continue to collaborate and work with the WA Government on the future direction of Aboriginal environmental health in WA as this project is undertaken.



## Indexation and Commissioning

This year the WA Government increased the Non-Government Human Services Sector (NGHSS) indexation rate to 4.51 per cent for 2023-24. In addition, AHCWA welcomes Premier Cook's commitment to consider amending the NGHSS Indexation Policy to adopt the sector's preferred indexation formula in the 2024/25 State Budget, as well as the recent superannuation guarantee increase through to 2025. Work is underway across the community services sector to develop a preferred indexation formula.

However, AHCWA still has concerns in regard to the NGHSS. WA indexation continues to be markedly below average across most other states and territories, where NSW, Queensland, ACT, Victoria, and South Australia sit on 5.75, 5.07, 5.25, 5.45, and 5.10 per cent, respectively.

There are rising operating costs across the ACCHS sector, such as equipment, fuel, diesel for power, and travel costs. Because of inflation, increased operating costs, and absorption of the deficit in State Government contracts, a significant gap has developed between funding indexation and the ACCHS sector's costs. Indexation also needs to remain contemporary and responsive to minimum wage, superannuation increases and weighted by geography. Historically we continue to be impacted, such as when the Equal Remuneration Order (ERO) was enacted in 2019-20 to approve supplementation in providing a 10 per cent uplift for current service agreements awarded prior to 1 July 2013, in which Health was not included in the awards.

The sector has had significant CPI and Wage increases in the last 12-24 months, and now are managing the added burden of the changes to Fixed-Term Contracts under the Secure Jobs, Better Pay Act 2022 (Cth) legislation from 6 December 2023, where employees need to comply with new provisions to avoid penalties.

The WA ACCHS sector also often relies on funding and appropriation from the Indigenous Australians Health Programme (IAHP) to ACCHS. AHCWA supports NACCHO's ongoing advocacy to increase indexation considering true operational costs and rising pressures nationally.

Failure to increase indexation impacts employment opportunities for Aboriginal people and increases the possibility of ACCHS having to reduce staffing hours, further contributing to a fickle workforce environment as detailed above.

Further, the State Commissioning Strategy for Community Services, released in August 2022 and administered by the Department of Finance, outlines how the WA Government will maximise opportunities for ACCOs to deliver services to Aboriginal people. As reiterated in the WA Closing the Gap Implementation Plan 2023-25, inclusive commissioning approaches can alter the trajectory of the targets outlined in the National Agreement on Closing the Gap by giving rightful economic opportunities to ACCOs into the future.

AHCWA urges the WA Government to amend the Indexation Policy for Non-Government Human Services to adopt the sector's preferred indexation formula and accepts that under-indexation has occurred in the past. In addition, AHCWA would like to see flexible approaches towards indexation, reflecting annual changes in inflation and wages.

AHCWA urges action on undertaking commissioning exercises with transparency, where WA Government departments prepare clear and articulate documentation regarding each commissioning exercise. We also see the benefit of each WA Government department and agency undergoing continuous improvement in upskilling commissioning and shared commissioning capabilities. AHCWA strongly recommends the involvement of AHCWA and the Council of Aboriginal Services WA (CASWA) to work towards greater opportunities for ACCHS and ACCOs to be fairly involved in Commissioning work.

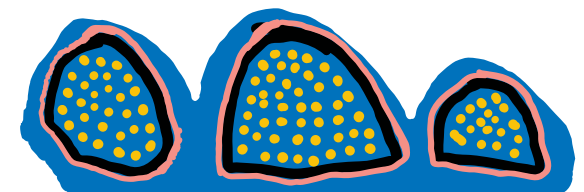




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