



Social Assistance and Allied Health: Future Workforce Skills

Summary Report

17 November 2020

CommunitySkills WA
Facilitating a skilled workforce for WA

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Introduction

This report builds on the work commenced by the State Training Board in 2018 to position the Vocational Education and Training (VET) sector to respond to the State's growth in demand for skilled workers in the Social Assistance and Allied Health sectors. This second report has identified opportunities to better position the VET sector to respond to the workforce development needs of the Aboriginal Health and Wellbeing sector and the Mental Health, Alcohol and Other Drugs (AOD) sector. While the availability of lower course fees will play a part, further investment is required to attract people to Aboriginal health and well-being and mental health and alcohol and other drug job roles. Greater investment is also required to support the application of innovative approaches to workforce recruitment, training, career development and retention.

The Aboriginal Health and Wellbeing Workforce is experiencing growing demand for services in the face of the ongoing need to address significant disadvantage for the Aboriginal population. The commitment to bridge this gap requires increased workforce development, particularly in regional and remote Western Australia. Given the disproportionately high levels of need for support and services for Aboriginal families and communities, the development of the workforce offers the opportunity to increase economic participation, helping develop more sustainable and resilient local economies. This development, particularly in remote and regional areas, needs to occur in a coordinated way with government and non-government agencies, considering the inter-relationship of social and economic issues. This development also needs to occur in a collaborative way, particularly with the Aboriginal community-controlled health sector given their community reputation, trust and capacity to play a key workforce development role in providing local place-based services that are responsive to community needs and are culturally safe and secure.

While the project has identified efforts that are being made at both government and non-government levels to address Aboriginal health and wellbeing workforce issues, the current level of training and development is not sufficient to address the shortfall in the VET trained workforce. This includes Aboriginal Health Workers/Practitioners, Nurses, Midwives, Allied Health Workers and Environmental Health Workers, amongst others.

The demand for Mental Health and AOD services is growing dramatically. The Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2018 – 2025¹ identifies the requirement for a corresponding increase and development of a range of VET trained workers including Prevention Officers, Counsellors, Peer Workers, Aboriginal Health Practitioners, and Mental Health Nurses. The roll-out of the National Disability Insurance Scheme (NDIS) is also adding significantly to the demand for mental health workers, particularly in new roles such as Recovery Coaches and Care Coordinators and the COVID-19 crisis further adds to the demand for these mental health services. This level of growth is occurring in parallel with increased workforce requirements in associated sectors, including aged care, community services and health, resulting in heightened competition for workers with similar skills and experience. The VET sector, in partnership with the industry, has a major role to play in responding to this demand.

The VET sector can assist in developing the capability of the broader health and human service workforce (e.g. general health services, police, education, corrections, primary-care and emergency services) to respond to the growing presentation of clients with complex comorbidities and long term mental health and alcohol and other drug conditions. The VET sector can offer this cohort mental health and AOD skill

¹ <https://www.mhc.wa.gov.au/media/2447/workforce-strategy-draft-version-4-consultation-draft-10-07-18.pdf>

sets delivered through flexible, low cost delivery modes. Specialised skill sets can also be developed to equip the disability and aged care workforce with the knowledge required to manage clients with lifelong mental health challenges and/or alcohol and drug addiction.

Community Skills WA is confident the implementation of the recommendations presented in this report will result in lasting and sustainable change and support workforce development in the Aboriginal Health and Wellbeing Workforce, Mental Health and AOD sectors and attitudinal change to the value of VET. Whilst it is recognised the workforce opportunities in these sectors can contribute strongly to the State's efforts to address broader labour market challenges and the recovery from the COVID-19 crisis, more specifically these recommendations address the critical need to increase services in mental health and AOD and ensure access to culturally appropriate holistic care for the Aboriginal population in WA.

Terms of Reference

The Terms of Reference for this project are to identify and recommend strategies within Western Australia's VET Sector to develop, promote and support the Aboriginal and Torres Strait Islander* health and wellbeing workforce and mental health and alcohol and other drugs workforce. The project objectives are to:

1. Conduct an environmental scan to identify existing reports and projects which target workforce development at both a State and National level;
2. Identify barriers which inhibit workforce attraction and retention and the ability of the VET sector to support the development of the Aboriginal and Torres Strait Islander* health and wellbeing and mental health and alcohol and other drugs workforces;
3. Assess the role of VET in meeting future workforce development needs including appropriateness of skills and accessibility to pathways to employment and tertiary qualifications;
4. Provide recommendations which will enable the VET sector to support the development of the Aboriginal and Torres Strait Islander* health and wellbeing workforce;
5. Provide recommendations which will enable the VET sector to support the development of the mental health and alcohol and other drugs workforce; and
6. Provide recommendations which will enable the VET sector to develop the capability of the community services and health workforce to respond effectively and safely to clients presenting with mental health and alcohol and other drug conditions.

*Whilst the Terms of Reference refer to the Aboriginal and Torres Strait Islander (ATSI) workforce and reports referenced also refer to ATSI, consultations undertaken during this preparation of this report were undertaken with Aboriginal organisations therefore most references throughout the report are limited to the Aboriginal population.

Strategic Recommendations

Timeframe: Short = 6 months, Medium = 12 months, Long = 24 months.

1. Marketing and Promotion				
Recommendation	Action	Timeframe	Lead Agencies	Page No.
<p>1.1 Actively promote career and training pathways into roles in Aboriginal Health and Wellbeing to school students, parents and communities to raise awareness of opportunities and increase youth engagement and localised employment.</p>	<p>Develop career promotion material in both print and electronic form promoting Aboriginal Health and Wellbeing careers in Aboriginal Community Controlled Organisations, Government, and the Non-Government sector able to be used by schools and agencies targeting youth. These materials to include videos highlighting stories of success relatable to potential candidates.</p> <p>Develop partnerships and networks between key stakeholders, schools, foundations working with Aboriginal students, RTOs and Universities to achieve a dedicated focus on career development in health-wellbeing for Aboriginal students.</p> <p>Develop career promotion materials in most appropriate form for Community Development Program (CDP) providers to promote pathways and ensure access to training for jobseekers.</p> <p>CDP providers to incorporate training that supports work readiness and employability and foundation digital, numeracy and literacy skills and strategies to overcome barriers such as ID requirements.</p>	Long	DOH, WACHS, CSWA, DTWD	16
<p>1.2 Actively promote mental health and AOD roles and careers to change public perceptions of the sector and encourage job seekers to consider careers in the mental health and AOD sector.</p>	<p>Develop new career promotion materials which profile mental health and AOD roles and careers to potential new entrants. This process should capture previously developed resources such as those promotion mental health nursing.</p> <p>School taster program to include introduction to mental health and AOD opportunities where appropriate.</p>	Long	MHC, CSWA DTWD	18

<p>1.3 Actively promote upskilling opportunities and skill sets to develop and broaden the skills of the existing workforce to serve a wider range of community health and wellbeing needs.</p>	<p>Promote skill sets to employers, universities, and the workforce in relevant areas.</p> <p>Funding provided for professional development for the existing Aboriginal Health Practitioner workforce. Collaboration between RTOs and key stakeholders to ensure access to training at a local level.</p>	Medium	CSWA, DTWD	16
<p>1.4 Promote traineeships to employers, including developing and distributing an employer's guide which explains the benefits of traineeships and their integration into workplaces from an industry perspective encouraging their use as an employment pathway.</p>	<p>Develop materials in both print and digital form which include:</p> <ul style="list-style-type: none"> • summary of all available financial incentives and support available to organisation. • organisational responsibilities. • how traineeships can add value to organisations via case studies. <p>Develop case studies to demonstrate benefit of traineeships with real-life examples from both learner and employer perspective.</p>	Short	CSWA, DTWD	22
<p>2. Traineeships</p>				
<p>Recommendation</p>	<p>Action</p>	<p>Timeframe</p>	<p>Lead Agencies</p>	<p>Page No.</p>
<p>2.1 Establish and promote Class B Community Connector/Outreach worker qualifications at Certificate II and Certificate III level, including the necessary language and literacy support, to provide accessible entry training and pathways to roles which support community engagement.</p>	<p>Undertake consultations to ensure alignment with role requirements of the key stakeholders and community expectations when developing the qualifications.</p> <p>CSWA to undertake accreditation process through the Training Accreditation Council and EVAC process to support establishment of Certificate II and III Traineeships.</p>	Medium	DOC, CSWA, DTWD	14
<p>2.2 Establish a Class B Certificate III Mental Health to encourage flexible training pathways for entry level workers.</p>	<p>Develop an accredited Certificate III Mental Health qualification.</p> <p>CSWA to undertake accreditation process through the Training Accreditation Council and EVAC process to support establishment of Cert III Mental Health worker traineeship.</p>	Medium	MHC, CSWA, DTWD	17

<p>2.3 Establish a Certificate IV Alcohol and Other Drugs Traineeship within both NGO and Government Sector to provide more accessible entry pathways and support skill development at a local level.</p>	<p>Promote traineeship pathway and collaboration between Mental Health Commission, WANADA, RTOs and industry to ensure placement locations are available.</p> <p>CSWA to undertake EVAC process to support establishment of Certificate IV Alcohol and Other Drugs Traineeship.</p>	Medium	MHC, CSWA, DTWD	20
<p>2.4 Establish a Training and Assessment Traineeship to enable organisations to develop in-house trainers and assessors and support new and existing staff with upskilling opportunities.</p>	<p>CSWA to undertake EVAC process to support establishment of TAE Certificate IV Traineeship and TAE Skill Set.</p> <p>Promote TAE Traineeship and Skill set to Social Assistance and Allied Health sector.</p>	Short	CSWA, DTWD	23
<p>2.5 Actively promote the Certificate III and Certificate IV Aboriginal Health Worker Traineeships to increase understanding of the role and clinical capability of Aboriginal Health Workers, provide more accessible entry pathways and support skill development at a local level.</p>	<p>Promote the use of these qualifications and collaboration between Aboriginal RTOs and industry stakeholders to develop key partnerships.</p>	Medium	DOH, WACHS, DTWD, CSWA	14
<p>2.6 Create and promote Certificate II and III Indigenous Environmental Health Worker Traineeships within the NGO and Government Sectors to provide more accessible entry pathways for Aboriginal people and support skill development at a local level.</p>	<p>Promote these qualifications within schools and community.</p> <p>Support collaboration between Aboriginal RTOs and schools and industry to ensure placement locations are available.</p> <p>Provide funding support to enable Aboriginal RTOs to add Certificate II and Certificate III qualifications to scope.</p>	Short	DOH, WACHS, DTWD, CSWA	14

3. Skill sets				
Recommendation	Action	Timeframe	Lead Agencies	Page No.
3.1 Develop and promote a skill set to address the absence of AOD specific knowledge and capability in Tertiary trained students and provide upskilling opportunities for those entering the AOD sector.	<p>Develop an AOD skill set which could include but is not limited to the following:</p> <ul style="list-style-type: none"> • Trauma informed care • FDV • Counselling skills • Mental Health First Aid • Managing aggression and violence <p>Further consultation with the sector to determine the most appropriate units of competence.</p>	Short - Medium	MHC, CSWA, DTWD	21
3.2 Develop and promote skill sets to build the capability of the mental health and AOD peer workforce and provide entry level pathways.	<p>Develop skills sets for the following:</p> <ul style="list-style-type: none"> • Mental Health Peer Work • AOD Peer Work 	Short	MHC, CSWA, DTWD	18, 21
3.3 Develop and promote skill sets to build the capability of the broader health and human service workforce to respond appropriately to the growing presentation of clients with complex long-term mental health and alcohol and other drug conditions.	<p>Develop skills sets for the following:</p> <ul style="list-style-type: none"> • Mental Health • AOD • Homelessness • Home and Community Care 	Short	MHC, CSWA, DTWD	24
3.4 Develop and promote a skill set to build the capability of the community services and health workforces to provide culturally appropriate services. It is critical this skill set reflects the local cultural content.	<p>Develop skill set for the following:</p> <ul style="list-style-type: none"> • Promote Aboriginal and/or Torres Strait Islander cultural safety 	Short	CSWA, DTWD	24
3.5 Develop and promote a skill set to build the capability of the broader mental health and AOD workforces to support diversity in the provision of services.	<p>Develop skill set for the following:</p> <ul style="list-style-type: none"> • Working with diverse people 	Short	CSWA, DTWD	24

4. Pre-employment programs

Recommendation	Action	Timeframe	Lead Agencies	Page No.
<p>4.1 Establish a school-based Certificate II (Introduction to Community Health and Wellbeing) taster program to articulate to Certificate III qualifications in Health and Community Services.</p>	<p>Develop and accredit a Certificate II qualification that includes units such as infection control, recognising healthy body systems and others which articulate into Aboriginal health work (AHW), allied health, nursing, aged care, disability, mental health and AOD and environmental health.</p> <p>Program design would allow students to undertake one day training on the job, four days at school and adopt a place-based approach depending on local workforce requirements.</p> <p>Collaboration between local training providers, schools and industry to ensure delivery and alignment with local needs.</p>	Medium	CSWA, DTWD, DOE	16,18
<p>4.2 Actively promote Certificate III Allied Health Assistant VET for secondary school programs across the state to encourage young people to consider careers in allied health roles.</p>	<p>Develop promotional material for school students, VET coordinators and parents.</p> <p>Promote qualification within schools and support collaboration with industry, RTOs and schools to ensure placement locations are available.</p>	Medium	CSWA, DTWD, DOE	16,18
<p>4.3 Actively promote Certificate III Aboriginal Health Worker VET for secondary school programs across the state to encourage young Aboriginal people to consider careers in Aboriginal health.</p>	<p>Develop promotional materials for school students, VET coordinators and parents.</p> <p>Promote qualification and support collaboration with industry, health sector, Aboriginal registered training organisations and schools to ensure placement locations are available.</p>	Medium	AHCWA, CSWA, DTWD, DOE	16

5. Employer Incentives				
Recommendation	Action	Timeframe	Lead Agencies	Page No.
5.1 Remove barriers to traineeship participation by ensuring that both new entrant and existing worker traineeships are funded equitably.	Department of Training and Workforce Development to remove existing policy and funding arrangements for existing workers.	Short	DTWD	22
6. Training Provider Partnerships				
Recommendation	Action	Timeframe	Lead Agencies	Page No.
6.1 Develop Regional RTO/TAFE partnerships which support localised delivery in thin markets and the development of a local workforce.	Facilitate discussions between RTOs and TAFEs at a regional level which identify opportunities for collaboration.	Long	CSWA, DTWD	23
6.2 Develop Regional industry/RTO partnerships which build local capability and capture expertise of the local workforce.	Utilise the TAE Skill Set and Traineeship to develop capability of local industry to deliver and assess accredited training. RTOs look to increase utilization of casual lecturers and third-party arrangements.	Medium	CSWA, DTWD	23
6.3 Develop Regional VET/Higher Ed partnerships which support access to tertiary pathways regionally.	Facilitate discussions between RTOs and Tertiary sector at a regional level which identify opportunities for collaboration which support local career pathways.	Long	DTWD	23
7. Other recommendations				
Recommendation	Action	Timeframe	Lead Agencies	Page No.
7.1 Establish a workplace mentor pilot to assess the impact of supporting Aboriginal students on placement, undertaking traineeships, or recent graduates on completion and retention.	Utilise the Certificate III in Aboriginal and/or Torres Strait Islander Mentoring or new skill set to develop workplace mentors. Provide funding for of a pool of skilled Aboriginal mentors which is based on the nurse preceptor model.	Medium	DOH, WACHS, CSWA, DTWD	16
7.2 Review the Mental Health and AOD applicant screening process to ensure suitability for roles and that information	Review the screening process to identify risk factors, selection criteria and information to be provided to course applicants.	Medium	DTWD, MHC	19

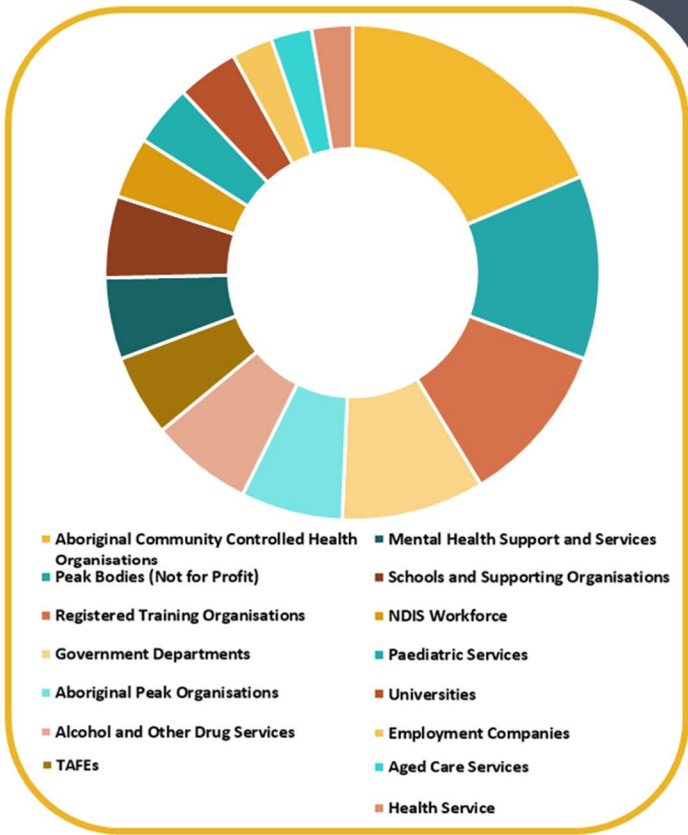
on the realities of working in the sector is provided prior to commencement.				
<p>7.3 Establish a funded work placement program pilot which enables organisations to develop their capability to support students on placement.</p>	<p>Provide funding to support work placements in the Aboriginal Health and Wellbeing sector and Mental Health and AOD sectors through funding of supervision requirements and training to improve understanding of VET system requirements.</p>	<p>Medium</p>	<p>DOH, WACHS, MHC, DTWD</p>	<p>23</p>

Stakeholder consultation



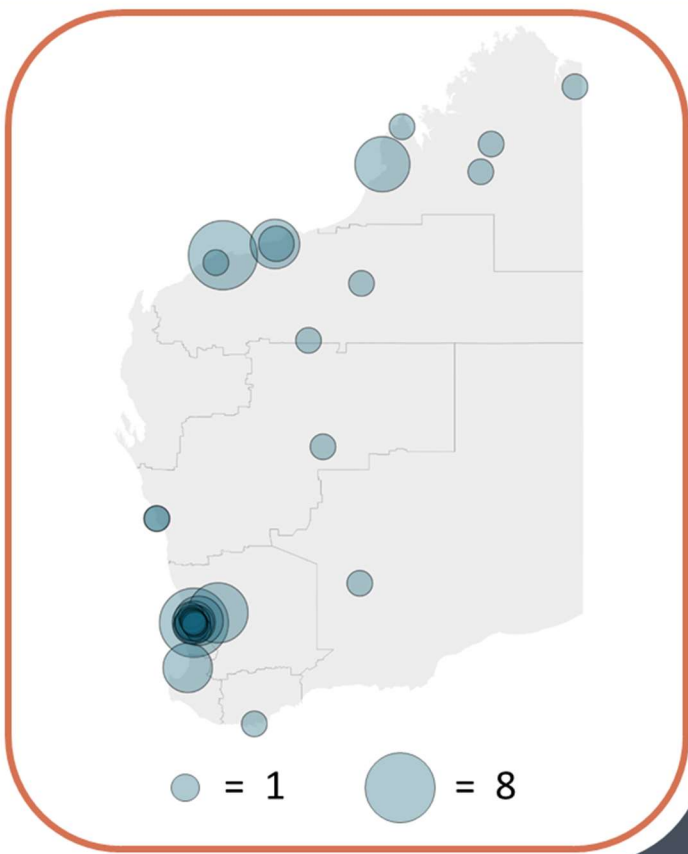
CommunitySkills WA
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75
Organisations
consulted



Across
10
regions

+2
interstate



Map data: PSMA Australia Limited
Interactive version available at
<https://datawrapper.dwcdn.net/99r9Q/>

Aboriginal Health and Wellbeing

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023² highlighted the need to improve recruitment and retention of Aboriginal and Torres Strait Islander (ATSI) health professionals in clinical and non-clinical roles, across all health disciplines, and increase the number of Aboriginal and Torres Strait Islander students studying for qualifications in health. This is confirmed during ongoing industry consultations undertaken by Community Skills WA and recognised by the Community Skills WA's Board as a priority. The development of the workforce is reliant on a number of factors including the attraction, retention and training of workers which this project aims to capture in its findings and provide strategies which identify the role VET can play in its development.

Key Finding – Promotion of Traineeships

The project has identified efforts that are being made at both government and non-government levels to address Aboriginal health and wellbeing workforce issues. While there are pockets of good practice and progress, the current approach to training and development is not producing the required workforce of Aboriginal Health Workers, Aboriginal Health Practitioners (AHPs), Nurses, Midwives, Allied Health Workers and Environmental Health Workers amongst others. It has been suggested a scaffolded approach to skills acquisition would encourage take up and improve completion rates.

Recent public health research including the Kimberley Environmental Attributable Fractions (KEAFS)³ has highlighted the critical role that environmental factors play in public health in Aboriginal communities. These findings reinforce the need to grow the environmental health capacity in remote communities. Discussions with the WA Department of Health (DoH) suggest likely demand for a Certificate II or III in Indigenous Environmental Health Worker Traineeship.

The DoH has introduced a number of initiatives to increase the Aboriginal Workforce. Since 2014 they have implemented mandatory performance indicators to increase the number of Aboriginal employees working in the public sector to 3.2% by 2026. Strategies implemented to support this includes employing university graduates as cadets and the utilization of Section 50D of the *Equal Opportunity Act 1984 (WA)* for a number of positions to ensure that only Aboriginal applicants can apply and be employed. Currently the number of Aboriginal nurses employed within WA is 0.7% in comparison with a national average of 1.3%. Engagement of Aboriginal people into the health and community industry at an earlier level through a traineeship allows a more conducive scaffolding approach to support and development into job roles and university qualifications if appropriate. Despite the absence of a defined scope of practice for Aboriginal Health Workers in Western Australia, their critical role in future models of care requires a targeted, culturally appropriate approach in line with the training package. This will grow the number of Aboriginal Health Workers and will raise awareness of their ability to improve health outcomes within the Aboriginal population.

Providing appropriate pathways into training and employment in this area will enable WA to grow its Aboriginal Health Workforce in line with national and WA public sector targets for Aboriginal employment and will ensure that Aboriginal stakeholders receive appropriate health services.

²<https://www1.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-natsihwsf>

³<https://static1.squarespace.com/static/5b5fbd5b9772ae6ed988525c/t/5cd0d3666e9a7f74f179c4e8/1557189485525/Increasing+R+eferrals+to+Environmental+Services+in+the+Kimberley+baseline+April+2017.pdf>

Recommendations

Actively promote the Certificate III and Certificate IV Aboriginal Health Worker Traineeships to increase understanding of the role and clinical capability of Aboriginal Health Workers, provide more accessible entry pathways and support skill development at a local level.

Create and promote Certificate II and III Indigenous Environmental Health Worker Traineeships within the NGO and Government Sectors to provide more accessible entry pathways for Aboriginal people and support skill development at a local level.

Key Finding – Community Connectors

The Community Connector role is increasingly being recognised for its ability to increase Aboriginal and/or Torres Strait Islander access to the NDIS and increase engagement with the health system.

This year's State Budget also includes \$6.8 million for the continuation of the Aboriginal Community Connectors Program (formerly known as the Aboriginal Community Patrols program) to further improve personal and community safety in those locations. The program connects vulnerable people with culturally responsive AOD crisis support, as well as local employment opportunities in metropolitan and regional areas across the State. Crucially, the program supports the development of Aboriginal Community Controlled Organisations across WA, helping to build their capability to deliver culturally appropriate services to Aboriginal people, families and communities.

Despite the importance of these roles no qualification exists which currently aligns with these roles and provides a pathway to employment. Appropriate qualifications need to be established to enable individuals to gain the skills necessary to take up these positions and to ensure the continued success of the Aboriginal Community Connectors Program. Barriers to be addressed through this process include confusion regarding the role of community connectors, which are used in varying ways across a range of sectors, and lack of community engagement in training due to language and literacy requirements. Further consultations will be required to determine the composition of potential qualifications to ensure they align with the job role. These consultations would also identify the most appropriate strategies to promote this training and the role of community connectors, along with the support required to enable commencement. This includes language and literacy support and identification requirements for enrolment given the role presents significant employment opportunities within communities.

Feedback from Aboriginal Community Controlled Health Services and other organisations employing Community Connectors suggests strong support for the development of an accredited qualification. This qualification should be developed in conjunction with representation from National Disability Services (NDS), organisations employing Community Connectors, Aboriginal RTOs and Community representatives to ensure that the relevant units and skills are targeted. Establishment of an accredited qualification will also lead to a unified scope of practice for the role, preventing confusion amongst clientele who move between services.

Recommendations

Establish and promote Class B Community Connector/Outreach worker qualifications at Certificate II and Certificate III level, including the necessary language and literacy support, to provide accessible entry training and pathways to roles which support community engagement.

Key Finding – Promotion of Careers

In 2014–15, 66% of Australian Government-funded Indigenous organisations reported the recruitment⁴, training and support of Aboriginal and Torres Strait Islander staff as one of the top five challenges in providing quality care to clients. The development of the workforce is dependent upon the availability and promotion of visible pathways to roles such as Aboriginal Health Workers, AHPs, Nurses, Midwives, Allied Health Workers and Youth Workers amongst others to school students.

Responses received from all stakeholders contacted have all voiced the ongoing recruitment and retention of Aboriginal employees in the Community health services as an ongoing issue. The “We are working for our people” report⁵ produced by Lowitja identified ‘significant shortfall in the Aboriginal and Torres Strait Islander health workforce’ with a recommendation of “Early career training and development infrastructure that offers preparatory skill-building for health staff, such as literacy and numeracy and VET delivered to secondary students, to enable health workforce participation and subsequent training and education.” Feedback from the Polly Farmer Foundation and several high schools also confirmed that a lot of Aboriginal students had a keen interest in health-related careers; but due to external factors were not able to complete traditional pathways into VET and university qualifications. Currently there are no health-related qualifications that give high school students the ability to experience a number of different health industries and provide a pathway into related higher-level qualifications. Developing these qualifications will raise awareness of health-related careers among Aboriginal students and enable them to ‘try out’ the sector. These qualifications should be provided on an equitable basis to all high school students across the state and a collaborative approach should be adopted in which industry works with RTOs and the schools to provide valid work placements at a local level.

Comments provided by the Polly Farmer Foundation confirm that Aboriginal high school students often were not aware of health careers besides the traditional roles of Nursing or in some cases Aboriginal Health Practitioner. Students who did pursue health-related roles generally did so due to other family members working in the sector with minimal promotion in the schools. This was particularly evident in jurisdictions such as the Pilbara and the Goldfields where mining companies were actively engaged with high school students during key periods, to improve their chances of recruiting them into the mining sector prior to leaving. A similar more proactive approach needs to be adopted with health-related roles to ensure the continual engagement and uptake of students into these career pathways. Edith Cowan University demonstrated this effectiveness in previous years when staff from their Paramedical Science Degree ran short practical sessions to high school students.

The project has highlighted the need for a systematic approach to the promotion of careers in health for Aboriginal students with limited understanding of opportunities available outside of nursing and Aboriginal health work. Whilst careers can be promoted, a lack of professional development opportunities and pathways into leadership roles remain as barriers to career progression and developing the capability of the sector to respond to the needs of the community, particularly in regional areas.

⁴ Australian Institute of Health and Welfare 2016. Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2014–15, Online Services Report, Cat. No. IHW 168, AIHW: Canberra.

⁵ https://www.lowitja.org.au/content/Image/Career_Pathways_Report_Working_for_Our_People_2020.pdf.

At present, time and cost are also key barriers to AHPs up-skilling including to the new qualification. In particular, the practicum components are considered overly demanding and expensive to undertake. Inconsistent approaches to the funding of AHP course practical hours continue to impact on student success. Many students are mature aged and have significant financial commitments and at times students are required to take their own annual leave whilst undertaking placements.

Recommendations

Actively promote career and training pathways into roles in Aboriginal Health and Wellbeing to school students, parents and communities to raise awareness of opportunities and increase youth engagement and localised employment.

Actively promote upskilling opportunities and skill sets to develop and broaden the skills of the existing workforce to serve a wider range of community health and wellbeing needs.

Establish a school-based Certificate II (Introduction to Community Health and Wellbeing) taster program to articulate to Certificate III qualifications in Health and Community Services.

Actively promote Certificate III Allied Health Assistant VET for secondary school programs across the state to encourage young people to consider careers in allied health roles.

Actively promote Certificate III Aboriginal Health Worker VET for secondary school programs across the state to encourage young Aboriginal people to consider careers in Aboriginal health.

Key Finding- Workplace Mentors

It has been suggested that Workplace Mentors could play a key role in supporting Aboriginal students undertaking traineeships, or new Aboriginal Health Workers/Practitioners who are not confident in their role. Incentives and training would need to be offered to undertake this role as experienced practitioners are often already under significant pressure supporting clients. Workplace Mentors could be supported by their employer to undertake the Certificate III in Mentoring Aboriginal and Torres Strait Islander people or a similar skill set to gain the skills required for this role. For smaller businesses, that don't have the capacity to fund this arrangement, a pool of mentors could be established to provide them with the opportunity to access this expertise, on a as needs basis.

The importance of mentors has been highlighted through discussion with peak Aboriginal organisations such as The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) and Indigenous Allied Health Australia (IAHA). These organisations have supported mentorship programs within organisations having identified that poor mentorship has led to a large proportion of newly employed Aboriginal staff leaving organisations. Aboriginal Community Controlled Health Services and the DoH have also mentioned the importance of mentorship within the workplace but have stated that the absence of funding makes it challenging to allocate this role to one specific person. Current staff members who have assumed the role of mentor have often identified that they feel burnt out due to the responsibilities of being a mentor combined with their existing job duties.

Recommendations

Establish a workplace mentor pilot to assess the impact of supporting Aboriginal students on placement, undertaking traineeships, or recent graduates on completion and retention.

Mental Health

The Mental Health, Alcohol and Other Drugs Workforce, Strategic Framework 2020-2025 (The Framework)⁶ forecasts the need for VET qualified workers in the mental health to grow dramatically. The Framework identifies “skill shortages in youth mental health staff; mental health specialists and sub specialists especially within regional and remote areas”.

Key Finding – Entry Pathways

The roll out of the NDIS is forecast to further add to the growth in demand for services from the mental health, and AOD workforce, particularly those competent in the delivery of community based, recovery-oriented services. COVID-19 is also adding to the demand for mental health and AOD workers.

Concurrently enrolments for Certificate IV Mental Health are increasing however the completion rates remain low. Industry feedback suggests that this can be attributed to the Australian Qualification Framework (AQF) level of four often being unachievable, learners frequently triggered by unit content and some meeting their learning needs prior to completion of the qualification.

The Mental Health Commission along with a range of key industry stakeholders support the creation of Certificate III in Mental Health to address current job roles and provide pathways to higher level qualifications. A Certificate III qualification would enable learners to acquire skills and knowledge suitable for current employment and provide a pathway for future learning. Undertaking training this way will also build confidence for the learner and of the training sector. There is currently a lack of entry level positions across the sector, particularly among government employers. The new level three qualification would need to be promoted to these employers as a pathway into further training and employment.

Recommendations

Establish a Class B Certificate III Mental Health to encourage flexible training pathways for entry level workers.

Key Finding – Training for Peer Workers

The Mental Health Sector does not require people to undertake specific training to work as peer workers reflecting the preference to employ people with lived experience of mental health challenges. This focus has created challenges for employers in assessing candidate's readiness for work in the sector. Industry awareness and acceptance of the value of peer workers is also an issue. Whilst lived experience is clearly desirable, a consistent approach to training would provide the sector with greater assurance as to the skills and value of the workforce and in particular recognition of professional boundaries and the importance of self-care.

The Mental Health, Alcohol and Other Drugs Workforce - Strategic Framework 2020-2025⁷, WA State Priorities: Mental Health and Alcohol and Other Drugs 2020-2024 and Sustainable Health Review⁸ all highlight the need to increase the supply of trained staff to fill peer worker roles and provide appropriate

⁶ <https://www.mhc.wa.gov.au/about-us/news-and-media/news-updates/wa-mental-health-alcohol-and-other-drug-workforce-strategic-framework-2020-2025-released/>

⁷ Ibid

⁸ <https://ww2.health.wa.gov.au/Improving-WA-Health/Sustainable-health-review/Final-report>

training and a consistent approach to support this growth. The development and promotion of targeted training would meet these needs.

Recommendations

Develop and promote skill sets to build the capability of the mental health and AOD peer workforce and provide entry level pathways.

Key Finding – Promotion of Pathways

On the 10th April 2019, the Sustainable Health Review⁹ Panel included in its recommendation the need to respond to the existence of an ageing workforce within the Mental Health and AOD Sectors. It was recognised that as staff retire this will result in the loss of highly skilled workers and a need to ensure there are sufficient numbers of competent workers entering the workforce.

Increased engagement of young people in the Mental Health Sector is key to meeting the increased demand for mental health services. Concurrently significant interest exists amongst students in exploring the opportunities the sector has to offer. However, at present no pathways are available which provide an introduction and build awareness around potential career pathways and there is limited availability of local work placements in some areas.

Developing an entry level qualification would raise awareness among young people of health-related careers in the Mental Health Sector and enable them to become familiar with the sector before articulating into Certificate III level qualifications. Once developed, it would be important that the qualification was made available to all high school students, particularly in regional WA.

Recommendations

Actively promote mental health and AOD roles and careers to change public perceptions of the sector and encourage job seekers to consider careers in the mental health and AOD sector.

Establish a school-based Certificate II (Introduction to Community Health and Wellbeing) taster program to articulate to Certificate III qualifications in Health and Community Services.

Actively promote Certificate III Allied Health Assistant VET for secondary school programs across the state to encourage young people to consider careers in allied health roles.

Key Finding – Right Fit Employees

Demand for mental health continues to increase Australia-wide. The COVID-19 crisis has further added to the challenge for people suffering from mental health conditions and drug addiction. Before the advent of the crisis, one in five Australians were affected by a mental health disorder. In 2018 10.6% of the Australian population received Medicare-subsidised mental health-specific services, an increase from 5.7% in 2008–09¹⁰. These increased opportunities will require significant workforce growth and therefore investment made into attract the 'right fit' workforce required.

The Sustainable Health Review Panel also included in its recommendations the need to respond to critical shortages in youth mental health, mental health specialists and sub specialists. Concurrently in the Mental

⁹ <https://ww2.health.wa.gov.au/Improving-WA-Health/Sustainable-health-review/Final-report>

¹⁰ <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/medicare-services>

Health, Alcohol and Other Drugs Workforce - Strategic Framework 2020-2025¹¹, mental health community support hours as at 2017 were only meeting 19% of optimal levels needed by the end of 2025.

Recommendations

Review the Mental Health and AOD applicant screening process to ensure suitability for roles and that information on the realities of working in the sector is provided prior to commencement.

¹¹<https://www.mhc.wa.gov.au/about-us/news-and-media/news-updates/wa-mental-health-alcohol-and-other-drug-workforce-strategic-framework-2020-2025-released/>

Alcohol and Other Drugs

The Mental Health, Alcohol and Other Drugs Workforce - Strategic Framework 2020-2025¹² highlights the AOD sector requires an increase in community-based services and substantial growth in all services across the service spectrum from prevention through to treatment. This will require a corresponding increase and development of a range of workers including (but not limited to): prevention officers, counsellors, social workers, peer workers, Aboriginal health practitioners, medical staff and nursing staff.

Key Finding – Traineeships to Engage Youth

Many health occupations have an ageing workforce, including the AOD workforce. As staff retire, this will result in the loss of highly skilled workers and services will increasingly compete with one another to attract and retain suitable staff. Additionally, this will require an increase in the availability of training and education to ensure that there are sufficient numbers of competent workers entering the workforce.

With a significantly ageing AOD workforce in metropolitan regions and challenges recruiting staff regionally it has been identified tailored programs be established to increase engagement of young people in the AOD sector via traineeships and emerging leaders in governance programs. It will be vital for the sector to commit to taking on trainees in entry-level positions.

According to the Mental Health, Alcohol and Other Drugs Workforce - Strategic Framework 2020-2025¹³ AOD community treatment as at 2017 was meeting 36% of optimal levels needed by the end of 2025 with community support hours at 15% of optimal. It is recognised that the current mental health and AOD sectors do not have the capacity to deliver on all of the services outlined in the plan.

Recommendations

Establish a Certificate IV Alcohol and Other Drugs Traineeship within the NGO and Government Sectors to provide more accessible entry pathways and support skill development at a local level.

Key Finding – Upskilling in AOD

Tertiary graduates entering the mental health and AOD workforce often require significant in-house training and mentoring in areas such as trauma informed care, culturally appropriate care, suicide prevention and family and domestic violence (FDV) care to be equipped to work in these roles. Whilst it is recognised graduates would be better prepared if this training was built into their primary degree, completion of a VET accredited skill set would also address this and provide upskilling opportunities.

The Mental Health, Alcohol and Other Drugs Workforce - Strategic Framework 2020-2025¹⁴ highlights the need to advocate for the inclusion of mental health and AOD competencies in relevant undergraduate, post graduate and vocational studies to build the capacity and readiness of the future workforce.

As the AOD sector looks to grow the peer workforce there is no present requirement to undertake specific training with the preference to employ people with lived experience of AOD. Whilst a Certificate IV in Peer Work exists to cater for the mental health peer workforce this qualification does not meet the requirements

¹² <https://www.mhc.wa.gov.au/about-us/news-and-media/news-updates/wa-mental-health-alcohol-and-other-drug-workforce-strategic-framework-2020-2025-released/>

¹³ Ibid

¹⁴ Ibid

of the AOD peer workforce. The establishment of a skill set would underpin a more comprehensive and consistent approach to training and build the capability of the AOD peer workforce. Any new skill set would need to be promoted broadly within the sector to inform employers of the value of upskilling their existing workforce in specific skill sets, including the value of VET for workers who are tertiary qualified.

Recommendations

Develop and promote a skill set to address the absence of AOD specific knowledge and capability in Tertiary trained students and provide upskilling opportunities for those entering the AOD sector.

Develop and promote skill sets to build the capability of the mental health and AOD peer workforce and provide entry level pathways.

Social Assistance and Allied Health – Sector Wide Recommendations

Key Finding – Increasing Uptake of Traineeships

Whilst industry consultations have clearly highlighted the important role traineeships can play in the development of the development of the Aboriginal Health and Wellbeing and Mental Health and AOD workforces they have also highlighted current barriers to utilisation of traineeships within these sectors. Significant confusion exists around the traineeship process and potential costs and incentives with all sectors seeking a customised guide which enables as feasibility assessment to be undertaken. Given the ability of traineeships to support on the job training significant interest exists in utilizing this model to training existing workers alongside new entrants.

Recommendations

Promote traineeships to employers, including developing and distributing an employer's guide which explains the benefits of traineeships and their integration into workplaces from an industry perspective encouraging their use as an employment pathway.

Remove barriers to traineeship participation by ensuring that both new entrant and existing worker traineeships are funded equitably.

Key Finding – Upskilling in Mental Health and AOD

The Mental Health, Alcohol and Other Drugs Workforce - Strategic Framework 2020-2025¹⁵ identified as a priority the need to support relevant health and human services agencies outside of the mental health and AOD specialist providers, and their staff, to deliver appropriate mental health and AOD services.

It has been proposed that a mental health and AOD skill set be developed and made available to staff operating across the health and human service sectors in brief interventions and referral roles. The skill set would look to address the current problem where many staff are not trained to deal with the growing presentation of mental health and AOD issues. The development of the skill set would need to be coupled with a strategy to ensure this training was affordable and readily available.

Recommendations

Develop and promote skill sets to build the capability of the broader health and human service workforce to respond appropriately to the growing presentation of clients with complex long-term mental health and alcohol and other drug conditions.

¹⁵ <https://www.mhc.wa.gov.au/about-us/news-and-media/news-updates/wa-mental-health-alcohol-and-other-drug-workforce-strategic-framework-2020-2025-released/>

Key Finding – Building Employment- Based Training Capability

Rural and remote communities face significant challenges for students to complete training due to requirement to leave community and family for significant periods of time to undertake the training, potential loss of income and community acceptance of the training. Undertaking a place-based approach that recognises and includes local cultural needs is critical to increasing engagement in the VET system.

Concurrently remote areas in Western Australia lack access to accredited training options in health and mental health offered by TAFE and private RTOs. There is a need to support and auspice local organisations to deliver accredited training. Organisations currently delivering in-house training could potentially offer accredited training to local communities, if supported by a TAFE, or private RTO. These opportunities are available at a time where it is reported regional TAFEs have courses on scope but are unable to deliver due to a lack of qualified trainers. Good practice partnership models could be developed to demonstrate the viability and benefits associated with this approach.

The regions provide examples where innovative, collaborative and flexible place-based approaches are being taken to support people to meet local health workforce needs. Regionally based RTOs such as Bega Garnbarringu, Wirraka Maya, Kimberley Aboriginal Medical Services and Aboriginal Health Council of WA are playing an important role in responding to access issues by delivering qualifications in health in place-based settings that recognise cultural needs.

A coordinated approach to the delivery of training and employment opportunities has proven to be effective under the West Pilbara Plan with the development of direct industry training and work pathways between TAFE and local employers (mining companies, local government and others to leverage opportunities through Local Projects and Local Jobs). This suggests a similar approach could be taken to develop education and employment opportunities in the health and mental sectors.

This project has highlighted the important role that partnerships and networks with schools, VET organisations and universities can play in achieving a dedicated focus on developing careers in health for Aboriginal students.

Recommendations

Establish a Training and Assessment Traineeship to enable organisations to develop in-house trainers and assessors and support new and existing staff with upskilling opportunities.

Establish a funded work placement program pilot which enables organisations to develop their capability to support students on placement.

Develop Regional RTO/TAFE partnerships which support localised delivery in thin markets and the development of a local workforce.

Develop Regional industry/RTO partnerships which build local capability and capture expertise of the local workforce.

Develop Regional VET/Higher Ed partnerships which support access to tertiary pathways regionally.

Key Finding – Upskilling for Cultural Understanding and Diversity

Studies consistently highlight the central role that cultural understanding plays in the delivery of health, mental health and AOD services for Aboriginal people. While cultural training programs are offered by organisations such as the Aboriginal Health Council of Western Australia and the Mental Health Commission, project consultations identified the need to provide both professionals and the broader health service workforce with ongoing cultural safety training. In view of this feedback, further consideration should be given to the VET sector playing a greater role in the development of greater cultural awareness of the health workforce through the delivery of relevant training. Discussions should be progressed with key stakeholder groups and organisations to assess this need and to develop an appropriate cultural awareness skill set.

Increasing the proportion of Aboriginal people who are employed, trained and supported in the workforce is required to meet this demand. A requirement also exists to ensure the non-Aboriginal workforce are culturally competent and have sufficient numbers of competent workers entering the workforce.

Consumers, families and carers accessing mental health and AOD services come from a range of diverse backgrounds. These include people from Culturally and Linguistically Diverse (CALD) backgrounds and the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI+) community who have higher rates of depression, attempted suicide and substance abuse. The mental health and AOD sectors must be able to accommodate Western Australia's diverse population and provide them with appropriate services and support. If workers are not skilled in the provision of services that support diversity and are culturally appropriate, vulnerable members of the community may not feel safe to access services or may not receive the full benefit of services. It is important that industry and training providers are consulted throughout the development and roll out of the skill set to ensure that this training is seen as a critical component of quality service provision.

Recommendations

Develop and promote a skill set to build the capability of the community services and health workforces to provide culturally appropriate service. It is critical this skill set reflects the local cultural content.

Develop and promote a skill set to build the capability of the broader mental health and AOD workforces to support diversity in the provision of services.

Implementation Stakeholders

The following stakeholders have been identified as being integral to the implementation of these recommendations. The list of key stakeholders includes but is not limited to;

Acronym	Name
ACCHOs	Aboriginal Community Controlled Health Organisations
ACCOs	Aboriginal Community Controlled Organisations
AHCWA	Aboriginal Health Council of Western Australia
AMs	Aboriginal Medical Services
COMWA	Consumers of Mental Health WA
CSWA	Community Skills WA
DOC	Department of Communities
DOE	Department of Education
DOH	Department of Health
DTWD	Department of Training and Workforce Development
MHC	Mental Health Commission
NDS	National Disability Services
NIAA	National Indigenous Australians Agency
PUC	Pilbara Universities Centre

Acronym	Name
	Private RTOs
Secondary – SCSA	School Curriculum and Standards Authority
STB	State Training Board
TAFE	Technical and Further Education
RHW	Rural Health West
	Universities
WAAMH	WA Association for Mental Health
WACHS	WA Country Health Service
WACOSS	WA Council of Social Services
WANADA	Western Australian Network of Alcohol and other Drug Agencies
WAPHA	WA Primary Health Alliance
YACWA	Youth Affairs Council of WA

Conclusion

This report has identified opportunities to better position the VET sector to respond to the workforce development needs of both the Aboriginal Health and Wellbeing sector and Mental Health, Alcohol and Other Drugs sector. In terms of meeting this demand, the COVID-19 crisis offers the opportunity to target people whose job has been impacted by related closures.

While the availability of lower course fees and rising unemployment will play a part, further investment is required to encourage people to train/retrain as Aboriginal health, mental health and AOD workers. Greater investment is required to support the application of creative approaches to workforce recruitment and training of young people and in the career development and retention of existing workers.

Many of the recommendations related to the development of the Aboriginal health and wellbeing workforce should be approached in collaboration with the Aboriginal community-controlled health sector considering their community reputation and trust, and the local governance structures and the capacity to play a key role in training and supporting an Aboriginal workforce. A critical aspect is their capacity to deliver place-based services that are responsive to local community needs; and are culturally safe and secure.

Equally in the mental health and AOD sector, recommendations have been made on the understanding that a collaborative approach is the best way to progress implementation, considering the pivotal role played by both government and non-government organisations and the range of recovery models.

The recommendations contained in this report provides strategies to support attraction recruitment and retention within the Aboriginal Health and Wellbeing sector and Mental Health, Alcohol and Other Drugs sectors to support workforce growth. In addition, the recommendations which support workforce capability will support long term sustainability of these recommendations and greater engagement with the VET sector.

Steering Committee Members

Chris Hall AM (Chair)	State Training Board
Stephanie Hiraishi (Executive officer)	Director, Office of the State Training Board
Caroline Thompson	Executive Director, Community Skills WA
Carolyn Smith	Secretary, United Voice
Christine Smart	Executive Director, Sector Engagement and Development Disability Services, Department of Communities
Professor Cobie Rudd	State Training Board
James Thomas	Executive Director, Health Programs, WA Country Health Service
Jayson Sandiford	Lead Regional Coordinator, Boosting the Local Care Workforce Program
Jennifer Campbell	Chief Allied Health Officer, Department of Health
John Bouffler	Executive Director, Community Employers WA
Professor Juli Coffin	State Training Board
Julia McIntyre	Aboriginal Health Council of WA
Julie Waylen	State Manager, National Disability Services WA
Kathy Hoare	Director, State Workforce Planning, Department of Training and Workforce Development (Interagency Working Group representative)
Louise Giolitto	Chief Executive Officer, WA Council of Social Service
Rachelle Tucker	Executive Officer, Australian Childcare Alliance WA
Renae Hodgson	Assistant Director, Planning Policy and Strategy, Mental Health Commission
Richard Barlow	Lead Organiser, Health Services Union of WA
Trevor Lovelle	Chief Executive Officer, Aged & Community Services Australia

Stakeholder consultation

- Aboriginal Health Council of Western Australia
- Aboriginal Medication Services Alliance Northern Territory (AMSANT)
- Amana Living Aged Care Services
- APM Communities
- Bega Garnbarringu Health Service
- Bloodwood Tree Association Inc.
- Boab Health
- Boosting the Local Care Workforce (BLCW)
- Broome Regional Aboriginal Medical Service
- Carers WA
- Centacare Employment and Training
- Central Regional TAFE
- Congress of Aboriginal and Torres Islander Nurses and Midwives (CATSINAM)
- Connect Paediatric Therapy Services
- Consumers of Mental Health WA (COMWA)
- Cyrenian House Alcohol and Other Drug Treatment Service
- Department of Communities
- Department of Health WA
- Directions Workforce Solutions
- Diabetes WA
- Djarindjin Aboriginal Corporation
- East Metropolitan Health Service
- Essential Personnel WA
- Geraldton Regional Aboriginal Medical Service
- Headspace
- Health Consumer Council
- Hedland Senior High School
- Holyoake Wheatbelt Community Alcohol and Drug Service
- Hope Community Services
- Indigenous Allied Health Australia
- Juniper Aged Care Services
- Karratha Central Healthcare
- Karratha Health Campus
- Karratha Senior High School
- Karratha TAFE
- Kimberley Aboriginal Medical Service
- Marr Mooditj Training
- Mawarnkarra Health Service Aboriginal Coproration
- Mental Health Commission
- Mental Illness Fellowship of WA inc (MIFWA)
- Moorditj Koort
- Muresk Institute
- Nindilingarri Cultural Health Service

- Ngangganawili Aboriginal Health Service
 - North Regional TAFE
 - Northam Senior High School
 - Ord Valley Aboriginal Health Service (OVAHS)
 - One Tree Community Services
 - Palmerston Association
 - PATCHES Pediatrics
 - Pelago Dental
 - Pilbara Development Commission
 - Pilbara University Centre
 - Polly Farmer Foundation
 - Pundulmurra TAFE
 - Puntukurnu Aboriginal Medical Service (PAMS)
 - Rise Education and Training
 - RUAH Community Services
 - Rural Health West
 - Senses Australia
 - South West Aboriginal Medical Service
 - Uniting Care West
 - WA Community Health Service
 - WA Country Health Service
 - Western Australian Network of Alcohol and Other Drug Agencies (WANADA)
 - WAAMH: Western Australian Association for Mental Health
 - We the people
 - Wirraka Maya Health Service Aboriginal Corporation
 - Yaandina Community Services
 - Youth Affairs Council of WA
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