NATIONAL REVIEW OF INDIGENOUS ENVIRONMENTAL HEALTH WORKERS

DISCUSSION PAPER

March 2004
Preface

This discussion paper has been prepared on behalf of the enHealth Council. In the process of undertaking a review of indigenous environmental health workers, the enHealth Steering Committee recommended that a workshop be convened with the National Indigenous Environmental Health Forum. This workshop was conducted Adelaide on Wednesday, 1 October 2003, and produced the ideas in this paper on which we would like your comment.

We welcome and invite comments on this discussion paper. Please provide comments by:

Wednesday, 30 June 2004 to:

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Please help us find practical solutions to the issues raised.

Please structure your comments in response to the proposed actions for each issue, although we would welcome any additional comments and suggestions.

In responding with your thoughts about the actions proposed, please also consider the following questions.

- What is the most urgent matter needing attention? Are there any issues that need to addressed first before any other actions can progress?
- What is the most amenable to improvement?
- What issues should be addressed together?
- What are the impediments to change?

The primary aim of this consultation is to develop an action plan for improving indigenous environmental health through a sustained role for indigenous environmental health workers in the management of indigenous environmental health issues.
NATIONAL REVIEW OF INDIGENOUS ENVIRONMENTAL HEALTH WORKERS

Introduction

Poor environmental health in many remote Indigenous communities is one of the main factors responsible for the poor public health outcomes frequently associated with these communities. Indigenous Environmental Health Workers (IEHW) are vital to improvements to environmental health in these communities. To sustain a healthy environment for Indigenous Australian communities there needs to be adequate support and development of the workforce that provides environmental health services and manages environmental health infrastructure.

The enHealth Council, in its responsibility to implement the National Environmental Health Strategy, and mindful of the need to improve environmental health servicing of Indigenous communities, is seeking to find ways to enhance the Indigenous environmental health worker arrangements, particularly in rural and remote areas.

Background

The Indigenous Environmental Health Workers Conferences in Cairns, Broome and Alice Springs in May 1998, May 1999 and November 2000, respectively, addressed the development needs of Indigenous Environmental Health Workers, the impediments to how they work and ways of moving forward. The key topics identified by the conference participants that required addressing are training, career path, support, representation, award wages linked to qualifications and working in partnerships.

The nature of community based environmental health work varies from community to community and across the various State and Territory jurisdictions. The nature and extent of support given by State/Territory Health Departments and local authorities also varies considerably between States.

The enHealth Council has highlighted the need for a consensus on national standards for education and training of Indigenous Environmental Health Workers in Indigenous communities to enhance their effectiveness and career opportunities.

The National Environmental Health Strategy 1999 (NEHS) identifies support for Indigenous environmental health as a priority issue. It recognises that Indigenous Environmental Health Workers play a central role in Indigenous communities and in the broader management of health. Therefore, there is a need for this workforce to be well trained, properly supported and given adequate recognition by their peers and community if they are to be fully effective. It is widely recognised that one of the major problems for Indigenous Environmental Health Workers is that there is a lack of positions and uncertainty of employment at the completion of their training.

The NEHS Implementation Plan highlights the need for a consensus on national standards for education and training of IEHW to enhance their effectiveness and career opportunities (enHealth Council, 2000). The plan calls for action to review the scope of work undertaken.

EnHealth discussion paper
Indigenous Environmental Health Worker Review
in Indigenous environmental health by IEHW and to scope the training and classification systems across jurisdictions.

The enHealth Council, which is responsible for implementing the National Environmental Health Strategy (NEHS), decided to undertake a national review of IEHWs to find out where, when and by whom changes should be made. In May 1999, enHealth Council established the National Indigenous Environmental Health Forum (NIEHF) comprising Indigenous environmental health practitioners from around Australia. The review is part of their workplan.

The enHealth Council also identified the need to determine and clarify the roles and responsibilities of the agencies with responsibility for the management and improvement of Indigenous Environmental Health and develop an agreed framework for action. The report *Accountability in Indigenous Environmental Health Services* (Map of Agencies, Roles and Responsibilities) Urbis Keys Young, was released in April 2002. This work has been extended with more detailed studies of selected communities in Western Australia and Queensland and reported in *Case studies in the Management of Indigenous Environmental Health Services* (February 2004).

Further information on the current arrangements for workers, areas for reform and the likely aspects amenable to change have been obtained from a study of Indigenous Environmental Health Workers by Human Services Training and Advisory Council Inc. (HSTAC) of NT. Their report focused specifically on the distribution of Indigenous Environmental Health Workers, Environmental Health Officers (EHO), employment conditions, and the training and classification systems across the different jurisdictions for IEHW, EHO and their counterparts.

The members of the enHealth Steering Committee for the review are:

Sophie Dwyer (chair) EnHealth Council (Qld)
Xavier Schobben EnHealth Council (NT)
Merle O’Donnell National Indigenous Environmental Health Forum (Qld)
Julie Driver National Indigenous Environmental Health Forum (SA)
Laura Smith Aboriginal and Torres Strait Islander Services (ATSIS)
Brendan Gibson Population Health Division, Workforce section (DoHA)
Aaron Briscoe Office for Aboriginal and Torres Strait Islander Health (DoHA)
Helen Cameron Population Health Division Environmental Health section(DoHA)
Summary of worker issues

Using reports from conferences and the HSTAC research, the Steering Committee identified a number of key issues:

1. Identity;
2. Funding of positions;
3. Education and training;
4. Employment and career path;
5. Award wages; and
6. Support from peers and supervisors.

States and Territories provide the main funding sources for the environmental health workforce. The work of IEHWs is also often associated with Indigenous housing initiatives.

There are inconsistent wages, conditions and support for IEHWs, and no industrial coverage through existing awards. Some jurisdictions have attempted to benchmark wages and conditions to similar occupations and skill sets. There is heavy reliance on the Community Development Employment Projects (CDEP) program with minimal top-up and little effort to match an award wage, and substantial use of CDEP to fund community-based service delivery.

Accredited vocational education and training for IEHWs is delivered in Western Australia, Queensland and the Northern Territory but there are inconsistencies. Other jurisdictions have on-the-job training. Perceptions of IEHW roles differ and they need more identity in communities.

IEHW must have access to appropriate and relevant training, along with suitable opportunities for career progression. There is current work on national competencies within the context of the national Population Health Qualifications Framework.

Some IEHWs receive inadequate support from Environmental Health Officers and other technical personnel. Inadequate support and resources at the local community level sometimes worsen this situation. Indigenous Environmental Health Workers require supportive work structures focussed on improving health infrastructure, housing and environmental conditions for Indigenous communities.

Health is Life – House of Representatives Report on Inquiry into Indigenous Health recognises the need for improved environmental health services for Indigenous Australians. The report recommends:

“Consistent with international experience, Australian governments must recognise the need to commit adequate resources, including to community controlled primary health care and environmental health services.”(2000)
Analysis of issues and recommended action

1. Identity

The employers of the Indigenous Environmental Health Workers and the recipients of their services are often confused about the workers’ role. The worker has been unable to have an identity and status in a community, necessary for them to adequately function. This lack of identity has made it difficult to attract better pay and develop relationships with other providers of environmental health services, such as essential services officers. The Indigenous Environmental Health Worker will better function when they can be more involved in community projects.

Each community in which an Indigenous Environmental Health Worker operates has a unique set of cultural values and traditions. Priorities and approaches to environmental health differ from community to community and therefore, in defining the role of the Indigenous Environmental Health Worker across Australia, we need to be flexible. One Indigenous Environmental Health Worker’s job may look very different from another’s, yet they are both principally concerned with minimising the risk of disease and building well-being in the community.

The role of an Indigenous Environmental Health Worker may include:

- evaluating and monitoring environmental health conditions and services in a community
- notifying relevant authorities of potential risks and urgent work required;
- undertaking general repairs and maintenance to health hardware, housing, water supply, sewerage and disposal systems;
- increasing community awareness, knowledge and commitment to dealing with environmental health issues;
- assisting council and community members to develop a community environmental health plan and conduct specific environmental health projects requested by the community;
- providing education to community members on personal, domestic and food hygiene and training of home occupiers to carry out minor repairs and maintenance to their home; and
- pest control.

The Indigenous Environmental Health Worker is one of several categories within the environmental health workforce involved in indigenous communities. As well as the workers, this workforce includes environmental health officers, researchers, urban planners, engineers, administrators, allied health professionals, essential services officers and others such as water and housing officers.

The role of Environmental Health Workers differs from Essential Service Officers (ESO). ESOs are responsible for monitoring and maintaining water quality and supply, electricity
supply, sewerage disposal systems and delivery of those services to control points, i.e. Water to taps, electricity to switches and power. Only the Essential Services Officer is involved in maintenance work relating to power supply. Environmental health is often confused with infrastructure issues, but it extends beyond this to include identification and analysis of potential risks in our environment that affect health, risk management, the delivery of services, maintenance and review, education and training. It is important to understand this distinction, as environmental health workers and officers take responsibility for the health basis for infrastructure improvement, complemented by those who may carry out the infrastructure work itself.

Urbis (2004) reported that in Western Australia “the EHW typically has responsibility for a range of practical tasks in the community, such as garbage collection and oversight of the tip, dealing with litter, control of dogs, pest control issues, hygiene standards at the community store, maintenance of the surrounds of the sewerage ponds, and attending to minor household repairs. In some cases the role may also include assistance in the maintenance of water supply and waste water systems.”

Of significance to the concept of identity Urbis (2004) also reported: “One observer commented that while the ideal is for the EHW to acts as a resource for the community, the reality is sometimes that he seems to serve more as a slave. Without a fair degree of knowledge and confidence, said one community nurse, there is a risk of the EHW job degenerating into ‘just picking up rubbish’.”

On the evidence of the Urbis study, the IEHW’s role in Western Australia has not to date tended to include a significant community education element.

Urbis (2004) compared WA and Queensland. Consistent with their diploma-level training, Queensland IEHWs do fewer hands-on tasks (such as fixing leaking taps or cisterns) than is typical of their Western Australian counterparts. They are expected to identify and advise on jobs that need to be done (eg by relevant CDEP crews), rather than doing every job themselves. Among other things this difference reflects the generally larger size of the Queensland communities.

HSTAC (2003) found that the work of IEHWs is often associated with Indigenous housing initiatives and that housing is a means to address many of the issues at the coal face for better environmental health outcomes. HSTAC concluded that integration of environmental health objectives and strategies with housing could be improved. With opportunities to link the role of the IEHW within the housing organisation infrastructure to specific end user interests with housing, their identity in the community might be improved.

A number of specific issues need to be addressed before IEHW can claim status within the Environmental Health workforce. The role of the IEHW within their workplace/community needs to be clarified. Employers need to specify the role and acknowledge the place of IEHW within their workforce. This might be achieved through a combination of a number of processes and actions, which are listed below.

EnHealth discussion paper
Indigenous Environmental Health Worker Review
Proposed Actions

• Clarification of the role of the IEHW

Bodies or organisations that employ Indigenous Environmental Health Workers (eg. local government) must articulate the worker’s role and responsibilities. This can build a foundation for understanding, acknowledging and valuing the work.

• Declared Vocation

The declaration of IEHW as a vocation will not only lead to formal recognition within the EH sector but will facilitate relevant training, education and industrial processes. This should be pursued through the relevant State/Territory authorities and through ATSIS, whose CDEP program is a major source of funding for the employment of IEHW.

• Funding

Temporary employment under CDEP can lead to feelings of lack of status. See below for proposal re more certainty that CDEP will offer security as an IEHW.

• Support and Resources

Employers and supervisors, such as Public Health Units and Environmental Health Officers, need to ensure that sufficient funding and resources are available to provide the IEHW with optimal working environment. This includes the provision of office and desk space, access to telephones and computers etc. and access to vehicles. Housing organisations could expand their links with IEHWs.

• Wages

The NIEHF identified a need for consistency with respect to wages and conditions between IEHW and other similar level jobs. In the absence of an industrial award or until such time as an award is determined, existing IEHW wages could be benchmarked against like occupations and skill sets as is the case in some jurisdictions. ATSIS and State/Territory Health Departments as major employers of IEHW should pursue this issue.

• Professional Recognition

IEHWs may choose to form an Association and seek to become affiliated with the Australian Institute of Environmental Health (AIEH). Alternatively, they may opt for individual membership of AIEH. Membership of or affiliation with AIEH serves to include IEHW and their work within the definition of environmental health as per AIEH. Subsidisation of fees should be considered as one option.
Notes
2. Funding of positions

Funds to employ Indigenous Environmental Health Workers (IEHW) initially flow from state and territory governments. The State or Territory government might have a service agreement with a Community Council for employment of IEHWs or positions might be funded directly. Australian Government funds come through the CDEP (Community Development Employment Projects) scheme, which is widely used.

Many IEHWs are employed through CDEP. The CDEP scheme is equivalent to the work for the dole scheme. It provides for Indigenous participants to receive a payment based on their entitlement to unemployment benefits as pay for work that they undertake for a CDEP project.

CDEP is a national program with funds distributed to Indigenous organisations by Aboriginal and Torres Strait Islander Services (ATSIS) but the end use of these funds can be spread over numerous areas. Much of the funding does contribute towards environmental health outcomes such as housing and waste management, but might not necessarily be used for IEHW work.

Supplementary funding assistance for employment of an IEHW in Indigenous communities may be considered under CHIP Municipal Services. The funding of IEHWs is at the discretion of individual Regional Councils who are required to:

- consult with relevant State agencies to develop minimum standard guidelines on IEHW roles and functions, salary, training requirements and the number IEHWs they are able to support;
- seek joint funding arrangements for employment and training of IEHWs with relevant State agencies; and
- consider other funding options such as CHIP funding as top up for a CDEP workers wage to a full time IEHW position.

IEHWs may be employed on CDEP with or without top up funding arrangements. Top up funding is usually provided by the employer to supplement CDEP wages. The number of IEHWs employed through CDEP in not known. A report from the Australian Audit Office on Municipal Services for Indigenous Communities states that of the CDEP resources, perhaps more than half, effectively provide local government services in many areas of Australia. This would include the provision of environmental health services and other essential services (2001). The work may involve jobs such as rubbish collection, cleaning and routine work on community, landscaping, environmental care, sewerage and drainage maintenance and dust control measures. The work may be done as an adjunct to a funded program for the delivery of environmental health services and other municipal services.

CDEP as a method of payment does not support the status of IEHWs or provide individuals with the motivation to undertake training. Given that most CDEP workers do not require a qualification to undertake their work, there is little incentive or perceived benefit to obtain a qualification.

New South Wales employs four Indigenous Healthy Housing Workers, not “IEHWs”, with numbers expected to rise to twelve. ATSIC and NSW Aboriginal Housing Office, Dept of
Aboriginal Affairs, Dept of Health and the Far West Area Health Service jointly fund the program. The Office of Aboriginal Health in Western Australia funds 30 IEHW positions.

In the Northern Territory, Indigenous Environmental Health Workers are employed on communities under Department of Health and Community Services service agreements to fund environmental health services provided by community government councils. In 2002, nine agreements were in place, with two new agreements planned.

The agreements are not tied to salaried Indigenous Environmental Health Worker positions. Rather, they provide funds equivalent to wages for 11 Indigenous Environmental Health Workers to implement environmental health programs managed by community councils. Councils have an option to employ full time, part time or casual Indigenous Environmental Health Workers, or to use departmental funds as CDEP top-up. Prior to 1998, most positions were full time or part time-shared. There is a definite trend towards the use of Northern Territory Government funds to top up CDEP (HSTAC 2003).

Community-based IEHWs represent one level of a three-tier system in Western Australia - the two other elements of the system being Indigenous-specialist EHOs who are generally based with Shire Councils, and FSOs who may be based in regional units of the WA Health Department, with Shires, or with Aboriginal medical services. For IEHWs, the usual situation is that the WA Health Department’s Office of Aboriginal Health (OAH) makes a grant to the employing community which covers or contributes towards the worker’s annual salary and operating costs (eg transport, accommodation, equipment and materials). The OAH currently funds approximately 35 full-time IEHW positions within communities across the State (Urbis 2004).

Most but not all Deed of Grant in Trust (DOGIT) communities in Queensland now have IEHWs – some employed fulltime but most on CDEP plus top up. One disincentive to taking on an IEHW has been the fact that since no external funding is available to subsidise IEHW wages; the full costs of employing an IEHW have to be found by the Community Council (Urbis 2004).

The Queensland Government has recently allocated funds, however, for a pilot program to increase the number of IEHWs in mainland communities in Far North Queensland. Meeting Challenges, Making Choices (April 2002) - which is the Queensland Government response to the Cape York Justice Study – includes the following statement:

*The State Government will also focus on environmental health issues such as water quality, waste disposal, dust, sewage treatment and roaming animals, all of which pose a health risk to communities. Additional funding of $500,000 will be used to pilot a new initiative based on the Aboriginal and Torres Strait Islander Environmental Health Strategy 2001-2006 developed by Queensland Health. Under the initiative, community councils will employ environmental health workers overseen by Queensland Health, to identify and manage environmental health needs, particularly those associated with housing, water quality, mosquitoes, refuse, food safety and sewage.*

Not only is there a need for increased funding nationally for Indigenous environmental health but funding must be specifically targeted at or designated for Indigenous Environmental Health Workers.

EnHealth discussion paper
Indigenous Environmental Health Worker Review
Proposed Actions

Better funding arrangements

- State and Territory governments and ATSIS are the major sources of funding for IEHW. They need to ensure that sufficient funding is available to meet Indigenous environmental health needs within their jurisdictions. However, all stakeholders should consider the funding requirements for providing an appropriate level of environmental health to Indigenous communities. Local government, community government councils and Aboriginal Medical Services also have a role to play in this area.

- ATSIS is one of the major funding bodies for Indigenous environmental health with their CDEP program being one the major employers of IEHW. Consideration should be given to designating specific IEHW positions within the CDEP allocation. Similarly, the ATSIS Community Housing and Infrastructure Program (CHIP) and National Aboriginal Health Strategy (NAHS) might also be specifically targeted for IEHW positions.

- Supplementary funding assistance for employing environmental health workers can be accessed under CHIP municipal services at the discretion of ATSIC Regional Councils. Regional Councils should be made fully aware of the significance of providing good environmental health services in their communities and of their options for targeting appropriate levels of funding accordingly.

- State and Territory Health Departments are another major source of funding for Indigenous environmental health. Where the State or Territory government directly funds IEHW positions and services, consideration should be given to either increasing the number of positions or increasing the funding available for provision of environmental health services. Where funding is provided to an organisation for the employment of IEHW, it should be subject to minimum standard guidelines on roles and functions, training requirements and wage level.

- Aboriginal Medical Services (AMS), particularly those in rural and remote areas, might consider options for employing IEHW, attracting funding for such positions from ATSIS or their relevant State/Territory Health Department or co-locating a Council employed IEHW on AMS premises to work collaboratively with Aboriginal Health Workers (AHW).

- The Office for Aboriginal and Torres Strait Islander Health (OATSIH) in the Australian Government’s Department of Health and Ageing funds AMS for the provision of primary health care services. However, environmental health hazards have the potential to contribute to the incidence of number of communicable, such as vector-borne, diseases, respiratory and cardiovascular diseases, physiological and neurological disorders and increased incidences of a range of cancers and thus undermining the many positive health outcomes achieved by the work of AMS. OATSIH should consider options for collaboration with other areas both within the Department of Health and Ageing, eg. Population Health Division, and outside, eg. ATSIS.
Notes
3. Education and training

The courses that are currently being delivered vary around Australia, resulting in very little portability of training for IEHWs. There is no consistent pattern in the content, nature and availability of training for IEHWs through Vocational Education and Training.

Between 1994 and 2001, the Northern Territory trained 152 Indigenous people to completion or partial completion for indigenous environmental health qualifications, with funding available for the equivalent of 11 positions. In Queensland there are 37 graduates of the Diploma and Advanced Diploma Course, but 28 of these have never been employed as IEHWs.

Coincident with this apparent over supply of trained personnel, employers have the perception that graduates do not always attain the necessary skills required to do the job effectively. It appears that the workplace is unable to harness the skills derived from current vocational training in this area.

Efforts towards developing a separate stream of national IEHW qualifications are currently in train, within the Population Health Project for development of nationally recognised qualifications and competencies as part of a Health Training Package (CSHTA). NIEHF members have been given the opportunity to comment on the proposed competencies.

One jurisdiction (NT) is offering IEHW apprenticeships, which possibly will overcome difficulties in matching training to job requirements and maintenance of integration in the community. HSTAC reported 15 Indigenous people employed in apprenticeships, with another five planned. The NT Dept of Health and Community Services jointly funds the positions with the Commonwealth Dept of Employment and Workplace Relations and ATSIC CDEP. Training for environmental health qualifications first became available in the Northern Territory in 1994. By 2001, 152 Indigenous people had either completed qualifications or were in training. Clearly, this total greatly exceeds the number of currently available positions (HSTAC 2003).

Of the 15 Indigenous environmental health apprentices currently employed, 14 are undertaking the Certificate II in Health (Environmental Health) and one is undertaking the Certificate III. The apprenticeship involves training both on and off the job, with off-the-job training delivered by the Batchelor Institute of Indigenous Tertiary Education and Centralian College.

Centralian College requires its staff to undertake cross-cultural training. The course has been developed to apply across all Northern Territory Government departments. Broadly based and experiential, it runs for approximately one day. Batchelor Institute includes cross-cultural training in its induction process for all new staff members. The content is aligned to the Institute's 'two way' learning philosophy.

The WA Health Department developed the syllabus for IEHW training in WA. At one time WA Health also funded the training, but this role has now passed to the WA Department of Training (WADOT) (Urbis 2004).
Some eight years ago WA Health developed a 3-level training program (Certificates 2, 3 and 4) for IEHWs, but only Certificate 2 and Certificate 3 courses have been conducted to date. These accredited courses are competency-based and are intended to provide a basic, practical training for people who may have had little formal education and for whom English may be a second or third language. WA Health expects the existing State training to be replaced in the near future by a uniform national competency-based program, which draws extensively on the WA curriculum.

There are no entry requirements for Certificate 2. The seven compulsory modules in the current Certificate 2 course are as follows:

Module 1: Introduction to Environmental Health (50 hours)
Module 2: Sewerage Systems (50 hours)
Module 3: Personal, Home and Dog Health (50 hours)
Module 4: Rubbish and Environmental Management (50 hours)
Module 5: Pest Control (60 hours)
Module 6: Water Supply (50 hours)
Module 7: Field Work (180 hours)

There are also optional modules in literacy and numeracy. A training manual, *Environmental Health for Aboriginal Communities*, was developed by WA Health in 1997.

Delivery of IEHW training is designed to be flexible, involving substantial on-the-job training within communities. Training is typically delivered, on a regional basis, by TAFE or by independent Registered Training Organisations.

Training contracts are let, each calendar year, on the basis of tenders submitted to WADOT. There is no guarantee that WADOT will fund IEHW training each year in each region, which obviously makes for some uncertainty about ongoing availability of training. WADOT notes, however, that if a course is not funded in the ordinary course of events, it remains possible for local TAFE colleges (each of which has an Aboriginal Education, Employment and Training Committee) to provide training courses which meet identified community needs.

One trainer interviewed by Urbis (2004) in Western Australia commented that the Department of Training normally requires 14 participants as a condition of funding an IEHW course and that in a given case it may be difficult to find 14 interested and suitable candidates.

The TAFE-based training for Queensland IEHWs involves an initial 6-months certificate course, followed by 18 months of further study leading to a Diploma of Aboriginal and Torres Strait Islander Primary Health Care (Environmental Health). Training is delivered in Cairns on a block release system. Students’ travel and accommodation expenses are met through AbStudy, while TAFE meets the costs of delivering the course (Urbis 2004).

Entry to the course has to date been at Certificate 4 level, though there has more recently been provision for people to enter at Certificate 3 or Certificate 2 level (which naturally means that the course will take longer to complete). There is also an option to undertake a further 12 months study leading to an Advanced Diploma. The Queensland IEHW training is nationally accredited, and is articulated to the University of Western Sydney. Approximately 40 people have graduated from the Queensland IEHW course to date.
Please respond to the following

**Education and training for increased capacity and mobility**

**Proposed Actions**

- Declaring IEHW as a vocation will facilitate an increase in the number of Registered Training Organisations (RTO) with the scope for Indigenous Environmental Health, making training and education for IEHW more accessible.

- An increase in the number of RTO will be dependent on increase funding from State and Territory governments.

- The IEHW qualification and competency-based training for IEHW need to be recognised by State and Territory Departments of Education and the Australian National Training Authority.

- Local government, State/Territory governments and the Australian Government can increase employment options for IEHW through the provision/funding of cadetships, apprenticeships, traineeships and scholarships.

**Notes**
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4. Employment and career path

Upon completion of training, IEHWs do not have a defined career path and in most cases there is very little opportunity for ongoing professional development. There is also an issue as to which organisation is the most appropriate to employ, supervise and support community based IEHWs. Currently local government, community councils, health boards and state health departments employ IEHWs.

IEHWs operate in a challenging arena, with sometimes conflicting expectations from the community and the service provider. They are the only players required to demonstrate cultural and technical competence in equal measures on a day-to-day basis, often in situations born out of conflict. They report themselves that they are working in challenging circumstances, between two different cultural structures (HSTAC 2003).

Responsibility for improvements currently rests with the individual worker. When things go wrong, blame lands at the feet of the IEHW, who has little redress except to restate that his or her role is not understood. This often has implications for the worker that extend beyond their occupational responsibilities, including an impact on their personal lives given that they are most often a member of the community in which they work. Commitment is required to remain in this chosen occupation.

The Health is Life report suggested that it may be more appropriate for AEHWs (Aboriginal Environmental Health Workers) to work within the health sector, rather than the for local governments, in order to improve the career structure of environmental health workers, as well as creating a more positive link in peoples’ minds between their work and health outcomes (H of R, Standing Committee 2000).

The Standing Committee on Estimates and Financial Operations, on the other hand, was of the view that the Health Department of Western Australia does not have the resources to effectively supervise the work of AEHWs on a regular basis in Aboriginal communities (report on Environmental Health in Aboriginal Communities in the Kimberley Region). Such supervision should be undertaken by the level of government which has the qualified environmental health staff on the ground and is closest to Aboriginal communities, that is, local governments (H of R, Standing Committee, 2000).

However, the appropriateness of each of these as employers will vary slightly in each jurisdiction, and within each community.

A senior WA Health representative described IEHW retention and stability in employment of IEHWs as key issues in environmental health management at community level. This raises a range of issues, from initial selection of a suitable person, through to employment conditions and pay and the level of personal and professional support available to the worker (Urbis 2004).

Cosmo Newberry and Lombadina (small and close-knit communities) are examples of communities in Western Australia that manage services and environmental health issues

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EnHealth discussion paper
Indigenous Environmental Health Worker Review
without an IEHW, preferring training of several people who can share responsibilities and who in turn pass on knowledge and skills (Urbis 2004). These communities do, however, have contacts with support officers such as Essential Services Officer and Remote Area Essential Services program (RAESP). They use CDEP for community services.

According to the Queensland Tropical Public Health Unit, recruitment of IEHW trainees has not been a problem in Queensland. However, there have been some difficulties with retention, in that a number of these well-trained personnel have received more attractive or better-paid offers from elsewhere. Some have also gone on to become Community Councillors or chairpersons. Inadequate salary arrangements for the level of qualifications attained are the significant factor in high turnover (Urbis 2004).

The proposed Population Health Qualifications Framework (August 2003) prepared by Human Capital Alliance for Community Services and Health Training Australia Ltd includes a separate stream for indigenous environmental health of Certificate II, III, IV and Diploma. This structure for training will assist in development of career path structures.

Education for the development of relevant generic skills will enable IEHWs to be mobile and have advancement potential. According to interview conducted by Urbis (2004), some of the qualities that community members and Community Councils value in their IEHWs include communication and negotiation skills, reliability, responsiveness, assertiveness and persistence.

IEHW in Queensland are expected to take on more administrative and management duties than other areas and are trained to a higher standard correspondingly. The expectations vary considerably across the country with IEHWs not even having access to a desk and telephone in some locations.

The career of IEHW in WA appears to be unattractive for women: all IEHWs currently working are male. There is a tendency to see tasks such as plumbing and garbage collection as male business (Urbis 2004).
Please respond to the following

Sustaining jobs and careers

Proposed Actions

• It should be incumbent on all employers to secure sustainable employment and to present a defined career path for IEHW. Funding providers might consider including these as a prerequisite for funding. The AIEH should be called upon to assist where possible in defining a suitable career path for IEHW.

• All employers should identify, ensure the provision of, and support workers in accessing professional development opportunities. The AIEH should consider how it could assist IEHW in identifying relevant professional development.

• Local government councils should consider employing IEHW, especially, but not only, in areas where there is a significant Aboriginal and/or Torres Strait Islander population thus creating employment opportunities for many trained and qualified but unemployed IEHW. The Australian Local Government Association (ALGA) might investigate options for this to happen.

• State and Territory Health Departments, local governments through ALGA and the Australian Government through ATSIS and DOHA need to build cooperative relationships and develop collaborative arrangements for addressing Indigenous environmental health needs.

• All employers, the AIEH and other key stakeholders need to work at raising awareness of and changing attitudes towards Indigenous environmental health.

• Employers and other stakeholders should identify potential candidates for scholarships in environmental health and ensure that these people are made aware of opportunities.

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5. Award wages linked to qualifications

In several jurisdictions the relevant public health legislation does not require local government to appoint an environmental health workforce. Further more, many Indigenous communities that are not constituted as a Council have no means of employing an IEHW. Aboriginal land is generally not rateable and other compensating funding to local government is not always sufficient to enable councils to carry out their role adequately. Confusion exists as to the application of public health laws in some states. Public health legislation in Western Australia, Queensland and the Northern Territory does not explicitly bind the Crown and the application of these laws to remote communities is therefore unclear. There is also a lack of awareness by the health administrators, local governments and remote communities of their responsibilities, powers and rights.

While there is a widely held view that industrial award coverage would guarantee better wages, working conditions and recognition for IEHWs, it is also possible that industrial awards would not necessarily decrease the use of CDEP. HSTAC (2003) thought that award coverage would most practically be achieved through variation to an existing award, not through creation of a new award. Current awards include the Remote Communities Local Government Award (R0070) and the Aboriginal Organisations Health and Related Services Award (A1185).

Another option could be Enterprise Bargaining Agreements, which involve negotiating between the employer, the union and the workers. Where these Agreements are already in place, a registration process allows the Agreement to be extended to provide for additional worker classifications, such as the IEHW.

The apprentices in the NT are employed under the National Training Wage Award 2000. Which is determined by the Municipal Officers Award (NT) 1999 and based on the level two classification. The Department of Employment and Workplace Relations carried out a benchmarking exercise against this Award.

Queensland has advocated an Award wage for IEHWs, but so far without success.
Please respond to the following

**Award to attract and keep good people**

**Proposed Actions**

- Jurisdictions should investigate the feasibility of, and identify options for, award arrangements for IEHWs.

- ATSIS and ATSIC Regional Councils should investigate policy and administrative arrangements to facilitate the employment of IEHW on a full-time basis. This would primarily involve the use of CHIP funding as a top-up for a CDEP worker’s wages but other arrangements might also apply.

- Workers could form a group willing to advocate for an award.

- The Australian Institute of Environmental Health to develop a model set of wages and conditions to guide jurisdictions, local government and other employers of IEHW.

**Notes**
6. **Support, working in partnerships: supportive environments, including relationships with Environmental Health Officers and others.**

To be fully effective IEHWs need to be well trained, adequately supported, have access to resources and information and be recognised by their peers and community. The role of the IEHW on a community needs to be supported with the provision of adequate resources. An IEHW on a community can do little to change health outcomes unless he/she is fully equipped.

The ongoing professional support from an EHO is critical to the success of an Indigenous environmental health worker program. As noted in the Public Health Law and Indigenous Health Project where councils employ an IEHW, and not an EHO, there is a lack of sustainability of environmental health initiatives, lack of readily available means to respond to emergent issues, delays in abating nuisances, and lack of regular environmental health audits or assessments with appropriate follow up (Scott and Blumel 2000). There are problems nonetheless in the arrangements to provide this support role.

The EHO needs specific training, often requiring cultural training. The nature of the support needs to be improved in terms of frequency and length of visits, cultural and gender appropriateness, coordination of work with other professionals and mentoring support.

As a part of their professional development, IEHWs require ongoing support from their peers. For example IEHWs in a particular region could meet regularly to discuss issues and problems in their own communities and collaboratively come up with solutions. IEHWs surveyed in the Northern Territory indicated a desire for professional exchange visits to other communities to see how things are done differently, to “learn more from the IEHW there” and “to lend a hand to new IEHWs” (Standen 1998, p111).

Where possible it would be advantageous to employ at least two or a team of IEHWs who could support one another. Employing a team of IEHWs could help overcome cultural issues such as avoidance relationships and gender issues.

Alternative support models are emerging, according to HSTAC. In Western Australia and Queensland, positions have been created at the interface of Indigenous environmental health work and the established role of Environmental Health Officer. These positions, designated for Indigenous employees, are those of Environmental Health Field Support Officers in Western Australia and, in Queensland, those of Zonal and District Indigenous Environmental Health Coordinators. The Northern Territory is proposing a substantial increase in the number of Environmental Health Officers whose role would include support to IEHWs.

As indicated by Urbis (2004), the IEHWs role is not necessarily an easy or congenial one. It may, for example, involve the worker in contentious local issues – such as disputes with other community members about the need to put down dogs, or about cleanliness or food-handling standards at the community store. Equally, situations may arise in which the IEHW is unsure what to do or what course of action to take. As well as community pressures or conflicts that may be experienced in the course of the IEHWs work, other factors affecting retention can include personal and family mobility, or drug and alcohol problems. For these various reasons it is very valuable for the IEHW to be able to consult or receive assistance.
Western Australia has a three tiered system for environmental health management in communities: EHO, Field Support Officers and the IEHWs. The EHOs, among other things, can exercise the public health powers of Shire Councils. This can help to promote community recognition of health issues that need to be addressed, and also assist a Community Council in obtaining outside recognition of the problem or funding to help deal with it. An EHO can exercise the Shire’s planning and building control powers, bringing closer scrutiny of the quality of infrastructure and housing work carried out within communities by contractors (Urbis 2004).

Depending on the location, Field Service Officers may work independently or in close collaboration with EHOs. In either case they provide some direct services and advice to communities, and also (along with the EHO if there is one available) provide an important source of professional and personal support to community-based IEHWs (Urbis 2004).

In the Northern Territory, support to Indigenous Environmental Health Workers is provided on a regional basis as follows:

- two Environmental Health Officers supporting Indigenous Environmental Health Worker positions in the Darwin Rural region, where two service agreements currently exist
- two Environmental Health Officers supporting Indigenous Environmental Health Worker positions in the East Arnhem region, where three service agreements currently exist
- two Environmental Health Officers supporting Indigenous Environmental Health Worker positions in the Katherine East region, where two service agreements currently exist
- one Environmental Health Officer-position vacant at the time of writing-supporting an Indigenous Environmental Health Worker position in the Barkly region.

In addition, a Katherine West Health Board Environmental Health Officer supports an Indigenous Environmental Health Worker in the Katherine West region, under a single service agreement.

The Northern Territory Department of Health and Community Services has attempted to extend Environmental Health Officer support services to environmental health workers employed using CDEP funds. While significant support can sometimes be provided in response to specific local circumstances, the department observes that, in general, the level of demand for support is difficult to meet from available resources.

The Tropical Public Health Unit of Queensland Health has been a keen supporter of developing a trained IEHW network. It promotes and supports IEHWs in various ways – for example by providing information to Community Councils by way of a Commonwealth-funded video that it has produced, by having TPHU Environmental Health Officers make visits to communities and their IEHWs, and by sponsoring training workshops (usually two a year) both on the mainland and in the Torres Strait. Queensland Health also employs several other people whose role is to support the community-based IEHW network. There is a Zonal Environmental Health Coordinator who plays a strategic planning role and serves as a key point of communication between IEHWs and the Department. There are also District Environmental Health Workers (including one on Thursday Island and one at Weipa on the...
mainland) who are in regular telephone contact with the IEHWs and who from time to time make visits to communities.
Please respond to the following

Overcoming professional and community isolation

Proposed Actions

- Jurisdictions/employers need to ensure that cultural training for EHO is available and accessible on a regular basis.

- Jurisdictions/employers need to ensure adequate funding is available to enable frequent visits by support staff (eg. EHO) to Aboriginal and Torres Strait Islander communities where IEHW are located.

- Public Health Units and Local Government should investigate the options for having a team of IEHW (ie. more than one) supporting each other in a community. Alternatively, a team of IEHWs might operate as a roving team visiting a number of communities on a rotational basis.

- Jurisdictions/employers need to support IEHW to attend National Indigenous Environmental Health Conferences.

- The AIEH needs to consider including Indigenous environmental health and culture in their accreditation guidelines document to encourage Universities that offer Environmental Health degrees to incorporate core units on these in their degree structure.

Notes
**Summing up**

Field staff are essential to promote and maintain improvements in environmental health in rural and remote communities. The IEHW is the most important person on the ground working at the heart of community issues.

HSTAC (2003) found that there is a strong need to define the role of Indigenous Environmental Health Worker in a way that acknowledges both the cultural and technical aspects of their work.

The following new definition of the worker's role is proposed:

*Using their cultural and technical knowledge and skills, Indigenous Environmental Health Workers collaborate with stakeholders to create and maintain environments conducive to positive health outcomes.*

Currently, state and territory environmental units have established structures to support the work of Indigenous Environmental Health Workers. These structures are based on the established profession of Environmental Health Officer, including state and regional variations of the role such as Field Service Officers in Western Australia and District and Zonal Indigenous Environmental Health Coordinators in Queensland. The further development of support structures for Indigenous Environmental Health Workers will enable them to be at the forefront of initiatives at the community level.

A key feature of the support role is its capacity to engage more strongly with employers of Indigenous Environmental Health Workers, as well as with the workers themselves, forming relationships in which the Environmental Health Officer has a significant role.

In developing a supportive environment to achieve Indigenous environmental health outcomes, responsibility and ownership should be shared at the state and territory as well as the local level.

Personnel working with Indigenous environmental health issues in state and territory environmental health units need to be more than technical advisers. They particularly need to be more engaged with employers of Indigenous Environmental Health Workers. This engagement will often be expressed through advocacy, brokerage, negotiation and facilitation processes that aim to develop practical working arrangements that clear the way for Indigenous Environmental Health Workers to use their cultural and technical skills to achieve outcomes, increasingly in recognised and established team settings with appropriate organisational infrastructure.

Personnel employed to work in collaborative engagements need to have the skills required. Performing advocacy, brokerage, negotiating and facilitative roles in intercultural settings requires an understanding of Indigenous cultural perspectives. This needs to become a prerequisite for personnel in these roles, and needs to become an accessible feature of their training.

There is a need for a national vocational education and training framework or nationally endorsed competency standards, either technical or cultural, which describe the work of Indigenous Environmental Health Workers and identify their skills and knowledge. Until this happens, the occupation will continue to be unacknowledged in career structures and industrial frameworks.
The development of nationally endorsed competency standards is very often the catalyst for this to occur. To assist this, managers of state and territory environmental health units should become more engaged in negotiating with industrial parties and employers to reach agreement in suitable wages and working conditions.

This process would be enhanced with managers of these units, employers and industrial parties benchmarking the skills sets of Indigenous Environmental Health Workers and determining proper wages and conditions commensurate with their skills and knowledge. Much of the misunderstanding and lack of support that Indigenous Environmental Health Workers consistently reported as a major impediment to their work and positive health outcomes, stem from a lack of involvement in the discussions and negotiations which inform this work.
Discussion Points

Do you agree or disagree and what is your reasoning?

Issues in developing a better arrangements for Indigenous Environmental Health Workers:

- The key issues involved in developing the Indigenous Environmental Health Workers are: Identity; Funding of Positions; Educations and Training; Employment and Career Path; Award Wages; and Support from Peers and Supervisors?

- The approach to developing an identity for Indigenous Environmental Health Workers is to:
  - clarify their role;
  - declare IEHW as a vocation;
  - set a wage structure attached to an industrial award;
  - increase funding and resources for IEHW; and
  - promote professional recognition for IEHW?

- Employers and funding providers should increase the level of funding allocated for employment of IEHW and that these funds should be designated specifically for this purpose?

- Education and training for IEHW should/can be improved through:
  - the declaration of IEHW as a vocation;
  - increased access to training through increasing the number of Registered Training Organisations;
  - recognising competency based training; and
  - increasing the number of apprenticeships, cadetships, traineeships and scholarships.

- The ways to improve the employment and career paths for IEHW include:
  - the provision of sustainable employment;
  - increased professional development;
  - employment opportunities through local government;
  - improving relations between local government and State/Territory Health Dept;
  - raising the level of awareness and changing attitudes towards Indigenous environmental health; and
  - encouraging and promoting potential candidates for environmental health scholarships?

- Jurisdictions should investigate the feasibility of and identify options for industrial award arrangements? Should ATSIS and ATSIC Regional Councils review their policy thinking with regard to employing IEHW through CDEP and CHIP projects.

- Do you agree with the proposals for increasing support for IEHW from peers and support staff?
In considering the discussion points, please also consider the following questions.

- What is the most urgent matter needing attention? Are there any issues that need to addressed first before any other actions can progress?
- What is the most amenable to improvement?
- What issues should be addressed together?
- What are the impediments to change?
Thank you, in anticipation of your responses to these ideas.