



**VACCHO**

Victorian Aboriginal Community Controlled Health Organisation  
is the peak body for Aboriginal health in Victoria

# VACCHO Response to National Code of Conduct for health care workers

**April 2014**

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) was established in 1996. VACCHO is the peak Aboriginal health body representing Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria. The role of VACCHO is to build the capacity of these members and to advocate for issues on their behalf. Capacity is built amongst members through strengthening support networks, increasing workforce development opportunities and through leadership on particular health areas. Advocacy is carried out with a range of private, community and government agencies, at state and national levels, on all issues related to Aboriginal health.

Nationally, VACCHO represents the Community Controlled Health sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO). State and Federal Governments formally recognise VACCHO as the peak representative organisation on Aboriginal health in Victoria. VACCHO's vision is that Aboriginal people will have a high quality of health and wellbeing, enabling individuals and communities to reach their full potential in life. This will be achieved through the philosophy of community control.

VACCHO supports a variety of health care workers employed in the Aboriginal Community Controlled Health sector as well as in mainstream health services. Additional health care worker occupations that may be covered under the National Code of Conduct are:

- Aboriginal Health Workers
- Aboriginal Health Practitioners
- Aboriginal Hospital Liaison Officer
- Koori Mental Health Liaison Officer

- Social and Emotional Wellbeing workers including but not limited to Bringing them Home workers, Alcohol and other Drug workers, LinkUp workers (127.5 commonwealth funded positions in Victoria)
- Koori Maternity Service workers
- Palliative Care workers
- Indigenous Outreach Workers
- Dental health care workers such as dental assistants, dental nurses and dental therapists

This submission will respond to particular sections of the National Code as outlined below. The Draft *National Code of Conduct for health care workers* (National Code) is fair and reasonable; VACCHO endorses all current inclusions and wording in regard to minimum enforceable standards. However, guidelines on adherence to anti-discrimination legislation and an emphasis on cultural safety should also be included in the National Code.

In 2008, all sides of the Australian political spectrum committed to closing the gap in health outcomes between Indigenous and non-Indigenous Australians<sup>1</sup>. The National Indigenous Reform Agreement, signed at the Council of Australian Governments, reaffirms this commitment<sup>2</sup>

VACCHO believes that the National Code can greatly contribute to addressing discrimination against Aboriginal people and working towards closing the health gap. The health industry is the largest single employer of Aboriginal and Torres Strait Islander Australians<sup>3</sup>. Likewise, many non-Indigenous health professionals care for Aboriginal and Torres Strait Islander patients on a daily basis. The Code will govern personal interactions for thousands of health workers and therefore has a significant role to play in positively addressing discrimination and improving standards of cultural safety across Australia.

## 1. Health care workers to provide services in a safe and ethical manner

In subclause 2 there should be a statement that sees a health care worker not discriminating on any basis relating to the person's, origin, ethnicity, religion or colour.

The National Code needs to incorporate the principles of the *Racial Discrimination Act 1975* to protect the clients of health care workers. Health care workers covered under the National Code need to ensure that every client enjoys human rights and fundamental freedoms, regardless of race, colour, descent, national origin, ethnic origin or, in some cases, immigrant status.

Under the *Victorian Equal Opportunity Act 2010* it is against the law for providers of goods and services (this includes medical practices, hospitals and other health services) to treat, or propose to treat, someone unfavourably because of a personal characteristic protected by law.

## 3. Appropriate conduct in relation to treatment advice

The Aboriginal community controlled health sector has extensive knowledge and experience in service development and delivery. Developing organisational links with Aboriginal Community Controlled Health Services and understanding Aboriginal community organisations will help health workers to adhere to all subclauses (1, 2 & 3) and allow health workers to act in a culturally appropriate way when providing treatment advice to clients. By including a minimum enforceable standard here the health care workers will refer clients to a medical or otherwise specified practitioner when necessary, or encouraging clients to seek alternative treatment that is better suited to their physical, mental, social and/or cultural needs.

If health care workers develop and enhance partnerships and networks with colleagues and other health care workers and agencies it will improve the accessibility and quality of health services and programs for Aboriginal people, done so in the best interest of clients.

## 4. Health care workers to report concerns about treatment or care provided by other health care workers

VACCHO believes that the National Code should include as a minimum enforceable standard a mandatory reporting obligation for all health care workers to report other health care workers who in the course of providing treatment or care place clients at serious risk of harm. VACCHO strongly recommends that this stipulation include mandatory reporting if the care provided or lack of care provided is due to discrimination.

There are a number of mechanisms for complaints to be heard:

- The National Code should state that any complaints on discrimination to be directly reported to the Australian Human Rights Commission. Complaints should also be made to relevant jurisdictional commissioners; in Victoria specifically: Victorian Equal Opportunity and Human Rights Commission (VEOHRC) or the Victorian Office of the Health Services Commission

## Cultural safety

In a recent VicHealth study, a total of 755 Aboriginal Victorians were surveyed in two rural and two metropolitan areas of Victoria in which 97% of those surveyed had experienced racism in the previous 12 months. 29% of respondents to the survey had experienced racism in a health setting<sup>4</sup>. Racism also affects individuals' abilities and willingness to access a range of other services which impact on health and wellbeing, including housing and employment services.<sup>5,6</sup>

It is crucial to provide a culturally safe space for Aboriginal and Torres Strait Islander people's when accessing basic and complex health care. Cultural awareness and cultural safety training which is well designed and based on best practice, which addresses false beliefs and focuses on changing behaviours, has been shown to effectively reduce prejudice and false perceptions of Aboriginal and Torres Strait Islander peoples.<sup>7</sup> *The Review of Australian Government Health Workforce Programs* recommended that cultural education should be part of the ongoing training of all health practitioners in their formalised continuing professional development.<sup>8</sup>

A requirement that should be included within the National Code is that health care workers possess contemporary knowledge, skills and behaviours that contribute to delivering effective culturally appropriate behaviour. Individuals need to feel supported to work in cross cultural contexts and the National Code can support this by requiring all health care workers to have considerable cultural safety skills.

Racism generates systems and practices that contribute to persistent disparities in health outcomes.<sup>9</sup> The National Aboriginal Community Controlled Health Organisation (NACCHO) has defined cultural safety training standards for Aboriginal and Torres Strait Islander health<sup>10</sup>. When the training and standards are applied they contribute to better health service experiences and outcomes for Aboriginal and Torres Strait Islander people.

VACCHO recommends that AHMAC consider the *Aboriginal and Torres Strait Islander Health Practice Board of Australia Code of Conduct* for registered health practitioners' clause 3.7 on Culturally Safe and

sensitive practice. It includes having knowledge of, respect for and sensitivity towards the cultural needs and background of the community the practitioner is serving, acknowledging the social, economic, cultural, historic and behavioural factors influencing health, both at individual and population levels, understanding that a practitioner's own culture and beliefs influence their interactions with patients or clients, and adapting practice to improve engagement with patients or clients and healthcare outcomes<sup>11</sup>.

## International Law

(Australian Human Rights Commission, 2012)

There are a number of international human rights treaties ratified by Australia that need to be considered when developing a Code of Conduct with attached statutory powers. VACCHO recommends that AHMAC consider the following articles for inclusion, to support anti-discrimination legislation and cultural safety aspects within the National Code.

### Universal Declaration of Human Rights - Article 25

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, and housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

### International Covenant on Economic, Social and Cultural Rights - Article 12

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

### International Convention on the Elimination of all Forms of Racial Discrimination - Article 5

In compliance with the fundamental obligations laid down in article 2 of this Convention, States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights: ...

(iv) the right to public health, medical care, social security and social services

*The National Code of Conduct for Health Care Workers* provides a strong mechanism to ensure that racial discrimination against Aboriginal and Torres Strait Islander people is effectively addressed not only in Victoria, but nationwide. The intention of the Code is to set out the minimum practice and ethical standards with which unregistered health service providers are

required to comply. Therefore the National Code should dictate that health care workers provide safe practice in both clinical and cultural terms.

## Endnotes

1. Close the Gap: Indigenous Health Equality Summit – Statement of Intent. Signed March 20, 2008. URL: <https://www.humanrights.gov.au/publications/close-gap-indigenous-health-equality-summit-statement-intent>
2. COAG (2009, amended 2011) *National Indigenous Reform Agreement – Closing the Gap*. URL: [http://www.federalfinancialrelations.gov.au/content/npa/health\\_indigenous/indigenous-reform/national-agreement\\_sept\\_12.pdf](http://www.federalfinancialrelations.gov.au/content/npa/health_indigenous/indigenous-reform/national-agreement_sept_12.pdf)
3. See “Is the mining industry the largest Indigenous employer? Check the facts” URL: <http://www.factsfightback.org.au/is-the-mining-industry-the-largest-indigenous-employer-check-the-facts/>
4. VicHealth (2012) *Mental health impacts of racial discrimination in Victorian Aboriginal communities Experiences of Racism survey: a summary* URL: [http://www.vichealth.vic.gov.au/~/\\_/media/ResourceCentre/PublicationsandResources/Discrimination/Mental%20health%20impacts\\_racial%20discrim\\_Indigenous.ashx](http://www.vichealth.vic.gov.au/~/_/media/ResourceCentre/PublicationsandResources/Discrimination/Mental%20health%20impacts_racial%20discrim_Indigenous.ashx)
5. Priest, Naomi and Paradies, Yin (2010) *The Economic Costs of Racism in Australia: Scoping Project Report*. Social Justice Discussion Paper No.5 March 2010, The Social Justice Initiative, University of Melbourne.
6. Victorian Equal Opportunity and Human Rights Commission (2013) *Reporting Racism: What you say matters*.
7. Osborne et al, (2013) *What works? A review of actions addressing the social and economic determinants of Indigenous Health*, Issue Paper No. 8, AIHW Closing the Gap Clearing House, p. 47.
8. *Review of Australian Government Health Workforce Programs* (2013) p. 197
9. Paradies, Y (2006) A systematic review of empirical research on self-reported racism, *Discrimination and Adjustment The Australian Community Psychologist* Volume 23 No. 1 April 2011
10. NACCHO, Cultural Safety Training, <<http://www.naccho.org.au/promote-health/cultural-safety/>>
11. Aboriginal and Torres Strait Islander Health Practice Board of Australia, (2014) *For registered health practitioners Code of Conduct*