



4 May 2021

Emma Gleeson
Skills Engagement Executive
Skills IQ

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Dear Ms Gleeson

Subject: **Aboriginal and Torres Strait Islander Health Worker Draft 2 Public Consultation**

The Continenence Foundation of Australia welcomes the opportunity to provide feedback to the Skills IQ *Aboriginal and Torres Strait Islander Health Worker Draft 2 Public Consultation*. The Foundation considers incontinence in Aboriginal and Torres Strait Islander communities to be an under-researched, under-reported and under-served health condition despite being of high incidence and impact.

Studies have shown between 23 and 54% of Aboriginal and Torres Strait Islander people experience incontinence.ⁱ Incontinence within Indigenous communities is significantly associated with dementia, stroke, head injury, falls, depressive symptoms, epilepsy and poor mobility.ⁱⁱ Its impact is also clear. Forty percent of Indigenous Australians experiencing incontinence reported urinary incontinence at least daily, 32% reported soiled clothes or bed clothing and 20% indicated it impacted on their everyday activities at least some of the time.ⁱⁱⁱ

Culturally appropriate knowledge and practice that is cognisant of the incontinence needs of Aboriginal and Torres Strait Islander communities and individuals will greatly support improved quality of life while providing person-centred support and care.

It is paramount training and/or education provided to Aboriginal and Torres Strait Islander Health Workers incorporates the following:

- Safe, effective and culturally appropriate continence care and incontinence management.
- Face-to-face delivery as online learning has limited value due to concerns over cultural safety and having fewer options for supporting student learning including literacy and numeracy skill issues.
- Units which address kidney disease and other chronic diseases should include relevant continence knowledge evidence and performance criteria.
- Introduction of a unit of competency readily adapted from the Certificate II on Continenence Promotion and Care for Indigenous Health Workers (see below).

The Certificate IV and Diplomas being reviewed have a high number of units included and units should be merged where overlap/duplication occurs. For example, there are two medication units in the core modules of the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care.

The Foundation advocates for the following specific changes to be made within the qualifications:

- *HLTAAP001 Recognise healthy body systems*, which contains knowledge evidence of urinary, digestive and nervous systems, must be elevated to a core module from an elective.
- *HLTAHCS002 Assist with health assessments* should include continence issues under the basic health terminology in the knowledge evidence and include comorbidities such as incontinence where chronic conditions are included.
- *HLTAHCS012 Provide support to older clients* – Continence care should be included alongside changes in bladder and bowel function.
- *HLTAHCS004 Complete comprehensive physical health assessments* – Bladder and bowel health checks, including continence assessments, to be included in knowledge evidence.
- The *Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Management* should include continence care in knowledge evidence so primary health care programs can be robust in care provision, including in *HLTAHCS016 Develop primary health care programs* in the performance evidence of 2- Plan primary health care programs and 3 – Organise program implementation.

Additionally, the importance of addressing personal and cultural barriers to continence care must not be underestimated. Language, stigma and cultural practices have been shown to be barriers to appropriate acknowledgement and intervention addressing incontinence within Indigenous Australian communities.^{iv}

These barriers are not being addressed adequately. One study assessing the knowledge of 100 Indigenous health services found 22% believed there was no incontinence within their community while 52% did not provide continence services. Lack of awareness of supports and resources was also clear as 87% were not aware of state and federal funding schemes for incontinence products and 88% did not know of any Aboriginal and Torres Strait Islander continence resources and had not heard of the National Continence Helpline.^v

To address this, the Foundation facilitated the delivery of continence training by adapting the Certificate II on Continence Promotion and Care for Indigenous Health Workers (non-current). Having culturally appropriate, face-to-face training delivery utilising a multifaceted approach was found to have multiple benefits^{vi}:

- 93% had increased confidence talking to people about continence,
- 70% felt that they would use the information in the future,
- Many emphasised the training was excellent and demonstrated cultural awareness and sensitivity.

The Foundation is open to discussion with Skills IQ on how Aboriginal and Torres Strait Islander specific continence care and incontinence management can be incorporated into the qualifications and units of competency currently being reviewed. To further these conversations, feel free to contact me at r.cockerell@continence.org.au or alternatively liaise with our Education Manager, Bronwyn Robinson (b.robinson@continence.org.au).

We look forward to working together with you to address the needs of Aboriginal and Torres Strait Islander people who are affected by incontinence and ensuring that they receive equitable access to the health care they need.

Yours sincerely



Rowan Cockerell
Chief Executive Officer

ⁱ Benness C, and Manning J. Urinary incontinence in Australian Aboriginal women. In 8Th National Continence Foundation of Australia Conference. 1999; Sydney, NSW.

Smith K, Sutherland A, Hyde Z, Crawford R, Dwyer A, Malay R, Skeaf L, Flicker L, Atkinson D, LoGiudice D. Assessment, incidence and factors associated with urinary incontinence in older Aboriginal Australians. *Internal Medicine Journal*. 2018;49(9):1111-1118.

ⁱⁱ LoGiudice DC, Smith K, Atkinson D, Dwyer A, Lautenschlager N, Almeida OA, Flicker L. Preliminary evaluation of the prevalence of falls, pain and urinary incontinence in remote living Indigenous Australians over the age of 45 years. 2010;42(6):e102-e107.

Smith K, Flicker L, Dwyer A, Atkinson D, Almeida OP, Lautenschlager NT, LoGiudice D. Factors associated with dementia in Aboriginal Australians. 2010; 44(10)888-893.

Smith et al, 2018 (see reference i above)

ⁱⁱⁱ Smith et al, 2018 (see reference i above)

^{iv} Ibid

^v Sutherland A, Billimoria J. Aboriginal and Torres Strait Islander continence training in rural and remote Australia. 11th National Rural Health Conference. 2011 March 13-16. Perth, Australia.

^{vi} Ibid