

Australasian College for Emergency Medicine

Position Statement

Indigenous Health Liaison Workers and Language Interpreters in Australian Emergency Departments

ACEM is committed to equity for Aboriginal and Torres Strait Islander patients and staff in emergency departments (EDs). ACEM's Reconciliation Action Plan (RAP) has a range of initiatives to support and grow the Aboriginal and Torres Strait Islander emergency specialist workforce, support the delivery of culturally safe care, and engage and collaborate with communities and organisations to achieve reconciliation.

ACEM considers it vital that Aboriginal and Torres Strait Islander peoples are represented throughout the ED workforce, including management, medical, nursing, allied health and support staff. ACEM advocates for recruitment and retention policies that seek to increase the Aboriginal and Torres Strait Islander ED workforce. ACEM recognises and supports the work of the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA), the peak body for Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners in Australia.¹

A strong Aboriginal and Torres Strait Islander ED workforce is key to creating culturally safe emergency departments for patients and staff, and delivering health equity for Aboriginal and Torres Strait Islander peoples. ACEM is committed to the recruitment and retention of Aboriginal, Torres Strait Islander trainees and Fellows, and aspires to exceed population parity for Indigenous emergency physicians in the future.

Purpose

The purpose of this statement is to specifically advocate for the increased recruitment of Indigenous Health Liaison Officers/Aboriginal Liaison Officers (IHLOS/ALOS) and Australian Indigenous Language Interpreters to emergency departments in Australia.

ACEM recognises that these professions are not represented by a peak body. Data on the number of IHLOs/ALOs and Australian Indigenous Language Interpreters employed in emergency departments is lacking. Anecdotally, ACEM members report inconsistent employment to these roles.

Indigenous Health Liaison Workers/Aboriginal Liaison Officers

ACEM strongly advocates for increasing the number of IHLOs/ALOs in EDs across Australia. IHLOs/ALOs provide essential emotional, cultural, health literacy and advocacy support for Aboriginal and Torres Strait Islander patients and their families. They also play an important role in improving the cultural safety of healthcare workers.

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ACEM research has shown that Aboriginal and Torres Strait Islander patients have higher 'did not wait' and self-discharge rates compared to non-Aboriginal and Torres Strait Islander patients.² Research conducted in an Australian ED has shown that involving IHLOs/ALOs in patient care led to significantly lower self-discharge rates.³

Focus group research conducted by the Cultural and Indigenous Research Centre Australia (CIRCA) with Aboriginal and Torres Strait Islander peoples found that experiences of being treated poorly and not feeling culturally safe in hospitals was common, especially when there was no Aboriginal healthcare worker to provide support and alleviate their concerns.⁴

Key themes for focus group participants included:

- Feeling overwhelmed, confused and afraid when they visit the hospital.
- Feelings of 'shame' in not understanding healthcare information or asking questions of doctors. For patients from remote communities this is often exacerbated by being away from home, in unfamiliar surroundings, and experiencing language and literacy challenges.
- A call for more IHLOs/ALOs in hospitals to provide culturally sensitive in-person support and information face-to-face.

Australian Indigenous Language Interpreters

The National Safety and Quality Health Service (NSQHS) Standards require health services to provide consumers with appropriate information about their health care needs. The Australian Charter of Healthcare Rights states that all patients have the right to be given assistance, when they need it, to help them to understand and use health information.

ACEM advocates for increasing the number of Australian Indigenous Language Interpreters in hospitals, particularly in states, territories and local areas with a higher percentage of Aboriginal and Torres Strait Islander peoples for whom English is not a first language.

Related Documents

• ACEM Reconciliation Action Plan

Reference List

- Full membership of NATSIHWA requires qualification as an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner, with a minimum qualification of Certificate II in Aboriginal and Torres Strait Islander Primary Health Care
- Aboriginal and Torres Strait Islander and non-Indigenous presentations to Australian Emergency Departments. ACEM Report. May 2018
- Einsiedel LJ, et.al. Self-discharge by adult Aboriginal patients at Alice Springs Hospital, Central Australia: insights from a prospective cohort study. Aust Health Rev. 2013 May;37(2):239-45. doi: 10.1071/AH11087
- Cultural and Indigenous Research Centre Australia. Consumer health information needs and preferences: perspectives of culturally and linguistically diverse and Aboriginal and Torres Strait Islander people. Sydney: ACSQHC; 2017



Endnotes

- 1 Full membership of NATSIHWA requires qualification as an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner, with a minimum qualification of Certificate II in Aboriginal and Torres Strait Islander Primary Health Care
- 2 Aboriginal and Torres Strait Islander and non-Indigenous presentations to Australian Emergency Departments. ACEM Report. May 2018
- 3 Einsiedel LJ, et.al. Self-discharge by adult Aboriginal patients at Alice Springs Hospital, Central Australia: insights from a prospective cohort study. Aust Health Rev. 2013 May;37(2):239-45. doi: 10.1071/AH11087
- 4 Cultural and Indigenous Research Centre Australia. Consumer health information needs and preferences: perspectives of culturally and linguistically diverse and Aboriginal and Torres Strait Islander people. Sydney: ACSQHC; 2017

Document Review

Timeframe for review: Document authorisation: Document implementation: Document maintenance: every three (3) years, or earlier if required. Council of Advocacy, Practice and Partnerships Indigenous Health Committee/RAP Steering Group Department of Policy and Strategic Partnerships

Revision History

Version	Date	Pages revised / Brief Explanation of Revision
1	Sept 2020	Document created





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