

Aboriginal Employment Strategy (The)

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Functional Sub group Personnel/Workforce - Recruitment and selection

Summary Provides the necessary leadership and direction as well as the infrastructure necessary to achieve the desired employment outcomes for Aboriginal and Torres Strait Islander people in NSW Health.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Divisions of General Practice, NSW Ambulance Service, NSW Dept of Health, Public Health Units, Public Hospitals

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THE ABORIGINAL EMPLOYMENT STRATEGY

The Aboriginal Employment Strategy is designed to provide a framework for NSW Health Services to meet the Government's policy of achieving a 2% representation of Aboriginal and Torres Strait Islander people across the public sector.

The Aboriginal Employment Strategy was developed by the Department following research and consultation with Aboriginal and non-Aboriginal staff, representatives and specialists from key agencies in the field of Aboriginal employment and the NSW Aboriginal community.

The strategy was subsequently endorsed by the Aboriginal Health Resource Cooperative within the spirit of the Partnership Agreement.

The strategy will provide the necessary leadership and direction as well as the infrastructure necessary to achieve the desired employment outcomes for Aboriginal and Torres Strait Islander people within NSW Health.

The Aboriginal Employment Development Working Party, chaired by the Department's Coordinator of Aboriginal Employment will provide a key support resource in respect to the implementation of the strategy.

The intended outcomes of the Aboriginal Employment Strategy will be monitored and evaluated through Chief Executive Officers' performance agreements in Area Health Services.

Michael Reid
Director General

Distributed in accordance with circular list(s):

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Aboriginal Employment Strategy

**For the Year 2000
& Beyond**

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Preface

NSW Health's Aboriginal Employment Strategy (AES) has been written following research and consultation with Aboriginal and non-Aboriginal staff, the NSW Aboriginal Community and other agencies.

The AES incorporates the aims of the NSW Aboriginal Family Health Strategy and the *Caring for Health*, the NSW Government's vision for Health.

The AES is a bench mark statement. NSW Health is the first Public Sector Employer to exclude from the minimum 2% representation of Aboriginal and Torres Strait Islander peoples identified positions and short term training programs which do not lead to full time permanent employment outcomes. This will result in Aboriginal and Torres Strait Islander peoples being employed across all levels and occupations throughout NSW Health.

Only with the support and commitment of management working in partnership with the Aboriginal community, the NSW Aboriginal Health Resources Co-operative and their representatives at a local level will this AES have a positive impact.

There are several effective initiatives that have been developed and applied in the Macquarie HS, New England HS, Illawarra AHS, Wentworth AHS and Ambulance Service of New South Wales, the majority of health services are struggling to achieve a 2% target. The reasons are complex and include many other factors which do not relate to employment and have a direct or indirect impact on services.

It is accepted that employment outcomes for Aboriginal and Torres Strait Islander peoples within the NSW Health workforce will not be achieved immediately.

There are many hurdles the health system faces to develop and effectively deliver Aboriginal employment initiatives. In the past, the health system has failed to provide leadership and clear direction for Aboriginal employment initiatives. The Review of the 1991 AES Report, indicated an inadequate infrastructure to ensure ongoing coordination for the development, implementation, monitoring and evaluation of Aboriginal and Torres Strait Islander recruitment, training and career development programs. This AES provides the necessary leadership and direction as well as the infrastructure necessary to achieve employment outcomes for Aboriginal and Torres Strait Islander peoples within NSW Health.

NSW Health working in partnership with the Aboriginal community can with this AES build a record of achievement in Aboriginal employment.

Glossary

Aim

An aim, in the context of this document, is the generic or broad overall framework of what is hoped to be achieved. Contained under each aim highlighted in this document are a number of objectives which works to assist in the achievement of each Aim.

Aboriginal Employment Strategy

Throughout the document the words Aboriginal Employment Strategy (AES) will be used on numerous occasions. When using AES this makes reference to NSW Health's Aboriginal and Torres Strait Islander Recruitment, Training and Career Development Implementation Strategy.

Aboriginal Person

An Aboriginal is a person who identifies as being of Aboriginal descent and is accepted as such by the Aboriginal community in which they live or have lived.

Government Policy

The NSW Government has a commitment to achieve a 2% target of Aboriginal and Torres Strait Islander people within the NSW Public Sector.

Guiding Principles

The guiding values and principles contained in this document are the underlying foundations required to support Aboriginal employment initiatives at every level. For example, leadership, commitment and support is required at all levels to ensure outcome based employment opportunities for Aboriginal and Torres Strait Islander people.

NSW Department of Health

Throughout this document the NSW Department of Health is used and refers to the Central Administration arm of the NSW Health system.

NSW Health

In this document, when referring to Health Services, this relates to the NSW Health system under the jurisdiction of the NSW Health Minister. It encapsulates all Area Health Services, Central Administration (including satellite centres), Rural Health Services, the New Childrens Hospital, Corrections Health Service, NSW Ambulance Service and Affiliated Boards.

Objective

In this document, an objective or a number of objectives are used to achieve the desired overall Aim. You will note that the objectives are outcome orientated. This provides a framework for the strategy's evaluation in years to come.

Peoples

Throughout the document the word peoples is used when referring to Aboriginal and Torres Strait Islander people.

Performance Indicators

An indicator in the context of this document are the milestones or measures which should be used to determine if the required objective is travelling in the right direction. It is a measure of progress towards a particular result but can be changed at any time particularly if there are changes in your organisation or the program. An indicator is something which is of a qualitative measure. That is, it does not use numbers to determine if we are travelling in the right direction but rather attempts to measure attitudes and perceptions.

Most people are reluctant to collect qualitative measures as they tend to require a lot more time and additional resources. Regardless of this issue, indicators are just as important as measures to be discussed below.

Performance Measures

A measure is also a milestone or measure which is used to determine whether we are travelling in the right direction in meeting the desired objective. They can be changed at any time. However, unlike an indicator, it uses quantitative data or numbers to measure the progress. It is vital that baseline data is available so as you can measure your progress.

Service Agreement

A service agreement is a contractual agreement between two partners which defines the funding and other arrangements which shall be provided in return for the provision of specific services within a stated timeframe.

Statement of Purpose

The Statement of Purpose in the context of this document is regarded as a generic statement which describes the purpose of this strategy and its reasons for existence.

In the case of this document the purpose is to ensure outcomes for the recruitment, training and career development of Aboriginal and Torres Strait Islander people. Its reason is to assist in the improvement of Aboriginal Health throughout NSW

Strategies

Strategies are those specific activities, tasks and actions which are required to reach the desired objective. They are quite broad but indicate who is responsible, when it should be done by and how much the activities will cost.

Strategy

A strategy is another name for a plan which is a tool used to help agencies handle the future. It simply decides in advance: What will be done? When will it be done? How will it be done? Who will do it? How are you going? The Strategy is used to show the way forward to implement the NSW Government's policy.

Targets

A target is the desired end result which hopes to be achieved and provides a goal to work towards our desired objective. Targets like measures and indicators, are not the be all or end all, it provides the opportunity for where we want to be when we reach our designation. To get a target you require baseline data, you meet the various milestones and finally reach our desired target.

Torres Strait Islander Person

A Torres Strait Islander person is a person who is a descendant of an indigenous inhabitant of the Torres Strait Islands.

Vision Statement

A vision statement within this document is defined as the broad statement of what the NSW Health Service is striving for over the coming years concerning the recruitment, training and career development of Aboriginal and Torres Strait Islander people employed within the system and Aboriginal Medical Services. It provides an aspiration towards a unified result in a visionary scene. This can be further expressed as *A... without a vision the people perish...@*. So too, without a clear statement of what the NSW Health system want to become then we will fail.

Abbreviations

AES	Aboriginal Employment Strategy
AHEO	Aboriginal Health Education Officer
AHLO	Aboriginal Hospital Liaison Officer
AHS	Area Health Service
AHW	Aboriginal Health Worker
AFHW	Aboriginal Family Health Worker
AMHW	Aboriginal Mental Health Worker
ASHW	Aboriginal Sexual Health Worker
AEDWP	Aboriginal Employment Development Working Party
DEETYA	Commonwealth Department of Education, Employment, Training and Youth Affairs
DTEC	Department of Training and Education Coordination
HS	Health Service
NGO	Non-Government Organisation
NSW AHRC	New South Wales Aboriginal Health Resources Cooperative
ODEOPE	Office of the Director of Equal Opportunity in Public Employment

Executive Summary

The Aboriginal and Torres Strait Islander Recruitment, Training and Career Development Implementation Strategy is designed to provide a framework to be used by Health Services in accomplishing the implementation of the Government's policy commitment of achieving a 2% target of Aboriginal and Torres Strait Islander representation across the public sector.

This strategy describes the direction NSW Health will proceed over the next five years and beyond in line with Government policy. These are:

- C through a consultative process, ensure that the NSW Department of Health provide guidance to Health Services in establishing local Aboriginal employment initiatives by setting the broad policy and strategic direction and allowing Health Services to undertake the operational aspect;
- C ensure all Health Services establish numerical targets across a range of mainstream levels and occupations within their workforce and that such targets will form the basis of performance agreements;
- C ensure each Health Service achieves a **minimum** 2% Aboriginal and Torres Strait Islander representation across their workforce and that such representation reflects the number of Aboriginal and Torres Strait Islander people within their boundaries. For example, if the total indigenous population in a given area is 6% then this should be reflected in the workforce. However, where there is less than 2% Aboriginal and Torres Strait Islander representation in a given populated area it will still be a requirement for Health Services to achieve a minimum 2% representation based on the principles of social justice and/or Aboriginal utilisation rates to specialist services;
- C exclude from the percentage (%) target the following circumstances:
 - C short term training and educational programs, which include, those initiatives for a period of 13 - 26 weeks and do not lead to full time permanent employment outcomes;
 - C other specific Commonwealth funded initiatives which do not lead to full time permanent employment at the completion of the funding period;

- C those positions funded under Program 2.2, Service Specifically for Aborigines, such as Aboriginal Health Education Officers, Aboriginal Health Coordinators and seeding grants for Aboriginal Hospital Liaison Officers.

- C resources required for implementation of Aboriginal employment strategies at all levels will be seen as integral with each Health Services= business operation for improving Aboriginal Health. However, additional funding may be sought from the Department of Education, Employment, Training and Youth Affairs and the Department of Training and Education Coordination;

- C priority given to the recruitment and training of Aboriginal and Torres Strait Islander people in middle and senior management positions; middle to high base grade levels of policy and program development; service delivery and health and non-health professional areas;

- C ensure a culture which cultivates Aboriginal and Torres Strait Islander recruitment, training and career development outcomes;

- C ensure Health Services adopt a Quality Improvement Framework in the development, implementation, monitoring and evaluation of Aboriginal employment initiatives;

- C ensure Health Services establish outcomes based training and career path initiatives for all Aboriginal and Torres Strait Islander people;

- C ensure all Health Services work within the Partnership Agreement with the NSW AHRC in the development of all Aboriginal employment initiatives at a state and local level;

- C establish and maintain workable accountability structures at a state and local level; and

- C ensure the undertaking of an independent review of the implementation of the Aboriginal and Torres Strait Islander Recruitment, Training and Career Development and Implementation Strategy.

An overview of **background** information is provided for readers to gain an appreciation of the broader picture of Aboriginal employment issues. These include Aboriginal Health and Employment Issues, other relevant Reports, Legislative and Policy Context. An additional section is included to categorise the issues confronting NSW Health in its ability to implement an outcomes orientated Aboriginal Employment Strategy. These issues are grouped into either

Structural, Information Dissemination and Educational Development with each impacting on indigenous and non indigenous people. Such a concept is represented as a triangle on page 21. The strategy's **vision statement** has been described as *A...The NSW Health Service will lead the development of best practice public sector Aboriginal employment initiatives that guarantee greater access to health sector employment, reflect the needs of Aboriginal and Torres Strait people and promotes the physical, social, emotional and cultural well being of the indigenous community...@*

The strategy's **purpose** is linked to NSW Health's mandate of improving Aboriginal Health in NSW. This has been articulated as *A...The NSW Health Service's Aboriginal Employment Strategy will assist in the improvement of Aboriginal Health by significantly increasing employment outcomes for Aboriginal and Torres Strait Islander people through the development of affirmative action strategies, focussing on recruitment, training and career development....@*

A number of **guiding principles** have been included to provide health services with a foundation on which indigenous employment initiatives can be built. These are described on page 16 and encapsulate the notions of social justice, reconciliation, self determination, participation, leadership, a holistic view of Aboriginal health and inter-sectoral collaboration.

The report contains 4 major **Aims**

- Aim 1** To increase the number of Aboriginal and Torres Strait Islander people employed across all levels and occupations throughout NSW Health Services.
- Aim 2** To ensure a highly skilled, trained and professionally developed health workforce with career development opportunities throughout the NSW Health Service and Aboriginal Community Controlled Health Organisations.
- Aim 3** To establish and maintain monitoring, evaluation and accountability mechanisms at both a state and local level.
- Aim 4** To market and promote the Aboriginal and Torres Strait Islander Recruitment, Training and Career Development Policy Statement and Implementation Strategy amongst Health Services, the Australian indigenous community and the broader NSW community.

Each Aim contains a number of **Objectives** which support the achievement of its outcomes.

The Objectives are written in such a way to demonstrate an outcome and specify who is responsible, what is to be done and in some cases, when it should be done by. There are a number of **strategies** outlined under each Objective and these relate to the suggested tasks involved to achieve the particular Objective. The strategies are also specific in determining who

should be responsible; for example, NSW Department of Health or Area or Rural Health Services. The cost of each objective is difficult to determine, so where feasible, a costing is provided. If Area or Rural Health Services are responsible for a particular objective or strategy, it will be up to those services to determine the costs according to available resources and needs. The tasks and costing associated with the NSW Department of Health, HR Policy and Strategy Unit, is summarised in a budget at the back of this document.

Following the **Implementation Strategy** is a section called **AA Framework for Monitoring Performance**. This section provides some suggestions concerning indicators and measures (quantitative and qualitative) which could be used to monitor performance. Included in this section are suggested indicators and measures which maybe used to determine the progress of the Strategy at a state level.

The document concludes with an **Action Plan** which summarises the section called **Implementation Strategy** up to the year 2000. This is in a table format to provide an overview of what is to be achieved over the target period.

Introduction

In 1995, the NSW Government's Vision for Health - Caring for Health document identified as a priority the improvement of Aboriginal health. This is being achieved within the parameters of the Partnership Agreement between the NSW Aboriginal Health Resources Cooperative (AHRC) and NSW Health system. Refer to appendix on the Role of the NSW AHRC. A number of initiatives will be addressed in accordance with the Partnership.

The Partnership will:

- < ***implement the Aboriginal Health Employment Strategy; and***
- < ***significantly increase the number of Aboriginal people employed in the health system.*** (page 8 - 9)

This will be further undertaken in the context of the Government's Social Justice Strategy.

The NSW Health's Aboriginal Employment Strategy (AES) is designed to provide a framework for the implementation of the Government's policy commitment in achieving a 2% target of indigenous Australians across the Public sector which is specific to NSW Health. It focuses specifically on recruitment, training and career development for Aboriginal and Torres Strait Islander people and provides guidance to Health Services to implement local employment initiatives. The strategy contains clear aims, objectives, strategies, a framework for monitoring performance, an action plan and a budget.

The AES cannot be separated from other Aboriginal Health initiatives but rather should be seen as one strategy to assist in the improvement of Aboriginal Health.

NSW Government Policy

The NSW Government has committed the public sector to achieving a 2% representation of Aboriginal people in employment across a wide range of occupations including mainstream employment fields.

All parts of NSW Health are responsible for implementing the NSW Government's policy on Aboriginal employment across the whole health system.

The NSW Health Aboriginal Employment Strategy is aligned with the Government's Aboriginal employment policy.

Guiding Principles

The implementation of this document is intended to further commit NSW Health in its responsibility to attain an overall goal of improving Aboriginal health in NSW. This will be undertaken by ensuring better health for Aboriginal and Torres Strait Islander people; enabling equity of access to comprehensive health services; and improving the quality of service delivery to the Aboriginal and Torres Strait Islander population. This can only be achieved through proactive strategies in recruiting, training and provision of career development outcomes for Aboriginal and Torres Strait Islander people and working in partnership with the NSW AHRC and their members at a local level. Refer to the appendix on the AHRC executive members and regions.

NSW Health acknowledges and fully understands the barriers confronting Aboriginal and Torres Strait Islander employees and the under-representation of Aboriginal and Torres Strait Islander people within the workforce particularly in decision making, policy and program development and in mainstream and professional areas.

NSW Health also recognises the many difficulties experienced by all services to recruit, train and ensure career development opportunities are available to Aboriginal and Torres Strait Islander people.

NSW Health will:

- C through a consultative process, ensure that the NSW Department of Health provide guidance to Health Services in establishing local Aboriginal employment initiatives by setting the broad procedure and strategic direction and allowing Health Services to undertake the operational aspect;
- C ensure all Health Services establish numerical targets across a range of mainstream levels and occupations within their workforce and that such targets will form the basis of performance agreements;
- C ensure each Health Service achieves a **minimum** of 2% Aboriginal and Torres Strait Islander representation across their workforce and that such representation reflects the number of Aboriginal and Torres Strait Islander people within their boundary. For example, if the total Aboriginal and Torres Strait Islander population in a given area is 6% then this should be reflected in the workforce. However, where there is less than 2% Aboriginal and Torres Strait Islander representation in a given populated area the Health Service will still be a requirement to achieve a minimum 2% representation based on the principles of social justice and/or Aboriginal utilisation rates to specialist services. To determine the population of Aboriginal and Torres Strait Islander peoples contact the Australian Bureau of Statistics. For the number

of Aboriginal and Torres Strait Islander peoples currently working in a Health Services refer to the Annual EEO Management Report;

- C exclude from the percentage (%) target the following circumstances:
 - C short term training and educational programs, such as those initiatives which are for a period of 13-26 weeks and do not lead to full time permanent employment outcomes;
 - C other specific Commonwealth funded initiatives which do not lead to full time permanent employment outcomes at the completion of the funding period;
 - C those positions funded under Program 2.6, Service Specifically for Aborigines, such as Aboriginal Health Education Officers, Aboriginal Health Coordinators and seeding grants for Aboriginal Hospital Liaison Officers.
- C resources required for implementation of Aboriginal employment strategies at all levels will be seen as integral with each Health Services= business operation for improving Aboriginal Health. However, additional funding may be sought from the Department of Education, Employment, Training and Youth Affairs and the Department of Training and Education Coordination;
- C priority given to the recruitment and training of Aboriginal and Torres Strait Islander people in middle and senior management positions; middle to high base grade levels of policy and program development; service delivery and health and non-health professional areas;
- C ensure a culture which cultivates Aboriginal and Torres Strait Islander recruitment, training and career development outcomes;
- C ensure Health Services adopt a Quality Improvement Framework in the development, implementation, monitoring and evaluation of Aboriginal employment initiatives;
- C ensure Health Services establish outcomes based training and career path initiatives for all Aboriginal and Torres Strait Islander people;
- C ensure all Health Services work within the Partnership Agreement with the NSW AHRC in the development of all Aboriginal employment initiatives at a state and local level;

- C establish and maintain workable accountability structures at a state and local level;
 and
- C ensure the undertaking of an independent review of the implementation of the
 Aboriginal and Torres Strait Islander Recruitment, Training and Career
 Development and Implementation Strategy.

Background

Overview of Aboriginal Health and Employment Issues

According to the 1996 Australian Bureau of Statistics, Aboriginal and Torres Strait Islander people occupy 2% of the total Australian population. 101,485 Aboriginal and Torres Strait Islander people live in NSW. This figure represents 28.5 % of the total Aboriginal and Torres Strait Islander population.

The Aboriginal population consists predominantly of younger persons with fewer older people and such findings reflect the high mortality and morbidity rates experienced by the Aboriginal community. Hospital utilisation rates by Aboriginal people are two to three times greater when compared with the non-indigenous community.

Evidence has indicated that Aboriginal people die some 20 years younger than their non-indigenous counterparts and that the gap between the health of non Aboriginal people and Aboriginal people is widening. Aboriginal Health status remains static whilst non-indigenous health has been improving progressively over the past decade. Aboriginal Health status has been described as being equivalent to that of third world standards and indeed as *'Australia's Greatest Shame'*.

Health is viewed as not just the physical well being of the individual but the social emotional and cultural well being of the whole community. This certainly has been the direction taken in recent times by the NSW Department of Health as outlined in the *Report of the NSW Task Force on Aboriginal Health 1990 - 'The Last Report'*.

Significant evidence has indicated that westernised approaches to health and service delivery are not appropriate to the Aboriginal and Torres Strait Islander community and therefore not acceptable. On the one hand, Aboriginal people, who have a historical ingrained mistrust towards Government institutions due to past programs and policies, are reluctant to access health services and on the other hand, health services are not clearly responsive to this issue or may be restricted in addressing these matters due to many reasons.

The links between the health and socio economic factors are widely accepted, with Aboriginal people having lower levels of education and employment attainment, as well as lower income compared with their non-Aboriginal counterparts. This obviously impacts and reflects on their overall health status.

Other Reports

Many reports have highlighted the disadvantage faced by Aboriginal people in many facets of life including gaining employment. Report after reports such as the Royal Commission Into Aboriginal Deaths in Custody, National Aboriginal Health Strategy and *Bringing them home*, the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families have made numerous recommendations to address this inequity. However, for many reasons, there would seem to be little improvement and this is reflected by Aboriginal and Torres Strait Islanders' health and social indicators. Refer to appendix of list of relevant reports for reference by Health Services.

Legislative Context

NSW Health is committed to the NSW Government's policy of Equity in Employment, fairness and principles of cultural diversity within the workplace for all its employees. It is one of the largest public sector employers who can not discriminate, either directly or indirectly, against people, or their relatives and associates, on the basis of sex, marital status, race, age, sexual preference or disability as outlined in the Anti-Discrimination Act 1977.

The Aboriginal Employment Strategy draws upon Part 2, Section 21, of the same Act, which provides for an exception to those special needs programs and activities which target special groups such as Aboriginal and Torres Strait Islander people. It states that *Nothing in this Part applies to or in respect of anything done in affording persons of a particular race access to facilities, services or opportunities to meet their special needs or to promote equal or improved access for them to facilities, services and opportunities*

Again an exception has also been provided under Part 3, Sex Discrimination, Division 2, Section 31(1) for genuine occupational qualifications. That is, *Nothing in this Division renders unlawful discrimination against a person on the ground of the person's sex where being a person of a particular sex is a genuine occupational qualification for the job*

Section 31 (2) goes on to clarify what is an acceptable requirement for a person of a particular sex. Sub-Section (h) states that *holder of the job provides persons of that sex with personal services relating to their welfare or education, or similar personal services, and they or a substantial number of them might reasonably object to its being carried out by a person of the opposite sex*. For example, sub section (h) could be applied to those positions which are of cultural significance such as Aboriginal Sexual Health Workers who are required to address sensitive issues relating to men's and women's Business issues.

Finally, Part 9a, confers the objectives of this section as being *to eliminate and ensure the absence of discrimination in employment on the grounds of race, sex, marital status and*

physical impairment; and, to promote Equal employment opportunity for women, members of racial minorities and physically handicapped persons@

Each Area and Rural Health Service, Hospital, Affiliated Board and Central Administration is covered under specific Acts and industrial instruments concerning employment and recruitment of persons to NSW Health. Given this each will be required to refer to these as is appropriate.

It is worth noting that the Public Sector Management (General) Regulation 1988 was repealed on 1 September 1996 and replaced by the Public Sector Management (General) Regulation 1996. A new clause 10 allows the Public Employment Office to prescribe conditions and procedures whereby designated groups of people (including Aboriginal and Torres Strait Islander people) who have suffered disadvantage in employment may be appointed as officers.

Clearly the legislative tool is in place to improve and therefore advance this Policy Statement and Implementation Strategy to achieve employment, training and career development outcomes for Aboriginal and Torres Strait Islander people.

Policy Context

Based on the Aboriginal Employment Development Policy (AEDP), in 1986 the Commonwealth Government negotiated with States and Territories and agreed to a target of 2% representation of Aboriginal and Torres Strait Islander people employed in the public sector.

Accordingly, the NSW Government adopted a policy of achieving 2% representation of Aboriginal and Torres Strait Islander people across all occupational levels within the NSW Public Sector.

The NSW Public Sector Aboriginal Employment Strategy aims *to achieve equity in employment and equitable access to services for Aboriginal and Torres Strait Islander people.*

The objectives are to:

- C *increase access by Aboriginal and Torres Strait Islander people to permanent employment across a range of occupations within NSW Public Sector Agencies;*
- C *provide agencies with staff who have an understanding of Aboriginal and Torres Strait Islander culture and service delivery needs to increase the quality of service to Aboriginal clients;*

C *increase vocational skills and career development outcomes for Aboriginal and Torres Strait Islander employees in the NSW Public Sector Agencies; and*

C *provide employment opportunities in areas where Aboriginal and Torres Strait Islander people live.*

NSW Health's AES is drawn from the NSW Public Sector Aboriginal Employment Strategy. Within this broad framework of the NSW Public Sector Aboriginal Employment Strategy, each employing Government authority determines as appropriate, patterns of Aboriginal employment based on its own goals, objectives and structures.

Barriers to Aboriginal Employment

There are many barriers which obstruct the effective development, implementation, monitoring and evaluation of any AES. This is evident at both a state and local level within NSW Health.

In order to conceptualise the many barriers having an impact on a workable and outcomes based strategy, there are three major groups in which such barriers can be categorised. These are:

1) Structural barriers and issues

Structural barriers can be defined as those structures which prevent the effective implementation of initiatives. They may be blatantly obvious but in most cases are more likely to be covert and could even be considered as being an indirect discriminatory structure outlined in the Anti-Discrimination Act (1977). However, once recognised such barriers could be addressed immediately. For example, at a state level the Strategy tries to redress the poor infrastructure currently in place for NSW Health's Aboriginal Employment Strategy. In comparison, at a local level, the way advertisements are distributed to Aboriginal and Torres Strait Islander communities requires some form of structural change such as a policy or procedure specifying as to how this should happen.

Some structural barriers can be addressed immediately while others may take some years. For example, the reapplication of the Aboriginal Health Workers and Torres Strait Islander Health Worker Competency Based Standards as outlined in Aim 2: Objective 4 may take 10 years due to significant structural changes required including industrial and training implications.

2) Information dissemination barriers and issues

Information dissemination can be described as those barriers which prevent effective distribution of information to all stakeholders including indigenous and non indigenous staff, the Aboriginal community and the broader community at large. This is vital when marketing and promoting an AES to a target group such as Aboriginal people or staff within an organisation at both a state and local level.

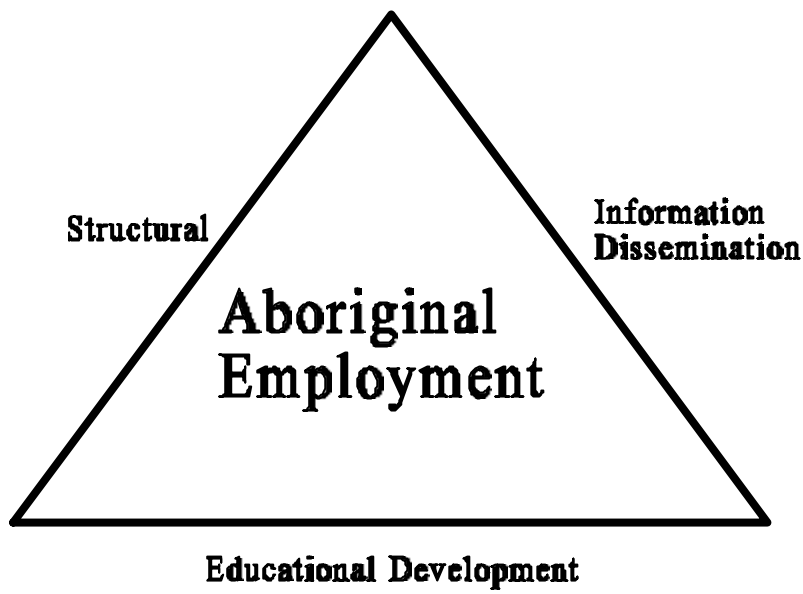
For example, the current practise of advertising jobs in major newspapers is considered by Aboriginal people as being an ineffective strategy if Health Services are trying to achieve employment outcomes for Aboriginal people. For a number of reasons Aboriginal people do not buy such papers and therefore Health Services will need to examine local ways of distributing job advertisements to the local Aboriginal community. Using your local Aboriginal Health committee's word of

mouth or liaising with the local Aboriginal person at the Public Employment Placement Enterprises (PEPEs) are effective ways of distributing information. In terms of policy decisions, the NSW Department of Health should ensure Health Services receive such decisions through the form of a circular or attendance at existing meetings such as Human Resource Managers Committee.

3) Educational Development barriers

Educational development relates to the training and skills required for non-indigenous and indigenous people to either deliver Aboriginal employment initiatives or perform their jobs effectively. For example, it is vital that HR personnel have the knowledge and skills to develop and secure employment outcomes for Aboriginal people within their workforce. It is also important that Aboriginal Health Workers have the appropriate professional skills and competencies to provide a high quality service to the local Aboriginal community. Failure to equip people with the appropriate skills and knowledge will undoubtedly have an impact on each organisations goals and objectives. It should be noted that skills are not simply confirmed to staff but also to Aboriginal people not employed by NSW Health who are actively involved in Aboriginal initiatives as a committee member or as a representative on a selection panel. Health Services should also consider the skills and expertise required for local Aboriginal people to assist them in being an effective committee or panel member.

In order to ensure a workable AES, it is vital that each service examines the three categories described above within their own workplace. The triangle on the next page elaborates this conceptual framework.



Barriers to effective Aboriginal Employment Strategies

Barriers to Effective Aboriginal Employment Strategies

Each side of the triangle is dependent on each other to maintain its shape. If one side is taken away then the triangle will collapse. This is so with the three categories described, each are dependent and integral to achieving the overall outcomes of this Strategy. If only one or two issues are addressed and the other is left to its own devices, the Atriangle® will collapse. All three categories need to be addressed simultaneously.

Implementation Strategy

The Implementation Strategy uses the terms outlined in the Glossary. It is vital that readers are clear about the terminology used to understand the framework that has been adopted.

This section will address the structural, information dissemination and educational issues. To reinforce the triangle concept, it is vital that the three issues are addressed simultaneously to ensure an effective workable strategy. Readers will note that following each objective and contained in brackets, the words structural, information dissemination or educational development will appear. This denotes what type of action is required to ensure the objectives workability.

Vision Statement

The NSW Health Service will lead the development of best practise public sector Aboriginal employment initiatives that guarantee greater access to health sector employment, that reflect the needs of Aboriginal and Torres Strait Islander people and promote their physical, social, emotional and cultural well being.

Statement of Purpose

The purpose of the NSW Health Service's Aboriginal Employment Strategy is to significantly increase employment outcomes for Aboriginal and Torres Strait Islander people through the development of affirmative action strategies; focussing on recruitment, training and career development, in order to assist in the improvement of Aboriginal Health.

Guiding Principles

These guiding principles which are not necessarily in order of merit should be applied to all Aboriginal employment initiatives.

- C Improving Aboriginal and Torres Strait Islander people's health and well being through strategies of social and economic equity must be accomplished with commonly shared values of justice, respect, tolerance and compassion.

- C Employment and health gains of Aboriginal and Torres Strait Islander people can best be built upon a belief in the unique talents and capacities of all human beings and an appreciation and respect for the heritage and culture of Aboriginal and Torres Strait Islander people.
- C Health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.@
- C Develop affirmative action strategies for the recruitment of Aboriginal and Torres Strait Islander people shall consider their Client Base and Health Needs.
- C Leadership, commitment and support is required at all levels within NSW Health to secure employment, training and career development outcomes for Aboriginal and Torres Strait Islander people.
- C Aboriginal and Torres Strait Islander people have a right to self determination and that being in control of their own destiny through their involvement in the decision making process of Aboriginal employment initiatives at all levels.
- C A partnership approach between Aboriginal and Torres Strait Islanders and the wider Australian community which is characterised by mutual respect, honesty, fairness, and a sense of humble service and sincere commitment towards improving the position of Aboriginal people and therefore the betterment of the entire community.
- C Inter-sectoral collaborative approach at all levels is a necessity for the successful delivery of Aboriginal employment initiatives.
- C The strategies contained in the Aboriginal Employment Strategy are to be articulated within all performance agreements with Area Health Service Chief Executive Officers.

Aim 1. To increase the number of Aboriginal & Torres Strait Islander people employed across all levels and occupations throughout NSW Health.

Objective 1. All Health Services annually demonstrate their commitment towards the recruitment, training and career development of Aboriginal and Torres Strait Islander people by October of each year.

(Structural)

Strategies

- 1) The NSW Minister for Health develop and release a **Statement of Commitment** every 3 years and initially by November 1997.
- 2) All Area Health Service Boards develop and release local **Statement of Commitments** which outline briefly each service's commitment over the next 12 months including proposed programs, strategies, targets, outcomes and deliver local Aboriginal Employment initiatives accordingly.
- 3) All **Statement of Commitments** to be disseminated and promoted amongst staff, Aboriginal and Torres Strait Islander community and the broader community.
- 4) All Area Health Service Boards ensure that an element of their Corporate (Business) Plan highlights their commitment.
- 5) All other relevant plans such as Operational, Divisional, Unit, EEO Management Plans or Aboriginal Health Plans reflect specific initiatives and in particular inter and intra sectoral strategies to increase the number of Aboriginal and Torres Strait Islander people in the workforce and provide training and career development opportunities.
- 6) All Health Services work in partnership with local Aboriginal Health Resources Cooperative Executive members to plan, implement and monitor initiatives.
- 7) All Health Services report on achievements in AHS's annual report concerning Aboriginal employment initiatives.
- 8) The above strategies may be included in performance agreements with AHS CEOs. At local level it is preferred their strategies shall be included in Service Agreements initially by October 1998 and October of each year thereafter.

Objective 2. All Health Services will annually establish employment and training targets for Aboriginal and Torres Strait Islander people across the range of levels and occupational classifications within their workforce initially by October 1998 and October of each year thereafter.

(Structural)

Strategies

- 1) In consultation with all stakeholders, Human Resource Policy and Strategy Unit, NSW Department of Health, develop an Aboriginal Employment Strategy framework document which outline requirements for the establishment of Aboriginal and Torres Strait Islander recruitment, training and career development targets.
- 2) NSW Department of Health issue a circular with AES framework document stating that this circular is to be read in conjunction with the AES and has been developed to assist Health Services in meeting the AES requirement to set numerical targets for Aboriginal and Torres Strait Islander recruitment, training and career development across all levels and occupations.
- 3) All Health Services identify local targets according to Departmental Guidelines.
- 4) Agreed targets are to be included in EEO Management Plans and performance agreements with AHS CEO-s.

Objective 3. All Health Services will annually demonstrate an increased number of employed Aboriginal and Torres Strait Islander people across the range of levels and occupational classifications within their workforce by October of each year.

(Structural)

Strategies

- 1) All Health Services determine current Aboriginal and Torres Strait Islander recruitment status.
- 2) Each Health Service to negotiate with AHS and State Aboriginal Health Partnership Forums to determine agreed increase in numbers of Aboriginal people across a range of mainstream occupations and levels.
- 3) All Health Services review all recruitment policies and procedures. The review should examine the following:

- C policy and/or procedure for the involvement of Aboriginal and Torres Strait Islander people assisting in the design and writing of job advertisements;
 - C policy and/or procedure regarding how job advertisements are distributed to the local Aboriginal and Torres Strait Islander community;
 - C policy and/or procedure for an Aboriginal and Torres Strait Islander representative on interview panels particularly where there is a high population of Aboriginal and Torres Strait Islander people or where there exists a high Aboriginal Health need;
 - C policy and/or procedure providing the opportunity for Aboriginal and Torres Strait Islander community representatives to undertake a selection technique training course before being a member of the interview panel.
- 4) HR Policy and Strategy Unit, NSW Health, investigate the options of either a policy or legislative change to the AHS or Hospital Acts, to reflect requirements outlined in Clause 10 of the Public Sector Management (General) Regulation 1996.
 - 5) Health Services identify recruitment opportunities across all levels and occupational classifications. For example, examine turn-over rates of positions.
 - 6) All Health Services develop recruitment strategies or programs according to local needs and within available resources. Such strategies should focus on mainstream health and non-health professions, middle to high base grade occupations and frontline and service delivery positions. For example;
 - C establish inter and intra sectoral mechanisms such as working in collaboration with other agencies including training providers, other state and commonwealth departments. Such programs should prepare potential Aboriginal and Torres Strait Islander applicants apply for jobs; perform in interviews; search for advertisements; write a CV; identify applicant=s weaknesses and strength eg. literacy skills, understanding their rights; and, description and process of recruitment. *The former North West Health Service (Tamworth) developed a 13 week Assistant Nurse program for Aboriginal people and on completion they were encouraged to apply for the Enrolled Nurse course resulting in two Aboriginal applicants being successful.*
 - C the Ambulance Service of NSW has developed a *Preparation for Employment Course* for Aboriginal people interested in a career in the

Service. The course provides Aboriginal people the necessary skills and knowledge to successfully apply to be a probationary ambulance officer. The course includes components which will assist Aboriginal people to progress through the required Ambulance training;

- C all Health Services develop and implement a policy to review any vacant positions to determine the viability of them becoming Aboriginal identified positions in line with the Anti-discrimination Board Guidelines;
- C NSW Health, Central Office, Managers draw on Clause 10, Public Sector Management (General) Regulation 1996;
- C all Health Services consider the establishment and maintenance of internal Aboriginal recruitment pools within the NSW Health system.

- 7) The above strategies all be included in performance agreements with AHS CEO=s. At local level such strategies should be included in Service Management Agreements initially by October 1998 and October of each year thereafter.

Objective 4. All Health Services to demonstrate a Workforce Plan for the employment of specialised identified Aboriginal Health Worker positions¹ by October of each year.

(Structural)

Strategies

- 1) All AHS=s to progressively increase the number of positions to reflect the health needs of the Aboriginal and Torres Strait Islander community.
- 2) NSW Department of Health will negotiate with Aboriginal communities to determine the future number, gender and skill mix of Aboriginal Health workers needed to impact on the health status of Aboriginal and Torres Strait Islander people by identifying the shortfall and develop an Aboriginal Health Workers Workforce plan. This should include an acceptable ratio (ie. the number of AHW=s to service the number of Aboriginal and Torres Strait Islander people in a defined area) and

¹ *Specialised Aboriginal Health positions, for example, refer to Aboriginal Health Education Officers, Aboriginal Hospital Liaison Officers, Aboriginal Mental Health Workers, Aboriginal Sexual Health Workers and Aboriginal Health Workers employed by Aboriginal Medical/Health Services.*

include Aboriginal Health Workers both in the Public Health system and Aboriginal Community Controlled Health Services.

- 3) Achievements to be reported in AHS Annual Reports.
- 4) The above strategies all be included in performance agreements with AHS CEOs. At local level such strategies should be included in Service Management Agreements initially by October 1998 and October of each year thereafter.

Objective 5. All Health Services demonstrate improved retention rates of Aboriginal and Torres Strait Islander staff by October of each year.

(Structural)

Strategies

- 1) All Health Services develop support strategies to enhance retention of Aboriginal and Torres Strait Islander staff. For example, staff support networks, inter-agencies and mentor programs.
- 2) All Health Services provide Aboriginal and Torres Strait Islander employees with induction programs. Such programs should include the general information provided to all new employees and including OHS and EEO policies, staff development and training, organisational structures, grievance procedures, dealing with harassment, salaries and payroll, library access and their rights as employees of the service.
- 3) All Health Services undertake exit interviews for all Aboriginal and Torres Strait Islander staff. Clear explanation should be given to Aboriginal and Torres Strait Islander staff and that it provides an opportunity to highlight workplace issues. Such issues should be collated and highlighted at Local Aboriginal Employment Strategy Steering Committees who should address workplace matters immediately.
- 4) All Health Services ensure annual staff performance appraisals for Aboriginal and Torres Strait Islander staff.
- 5) All Health Services develop relevant policy which specifies that as a minimum supervisors of Aboriginal and Torres Strait Islander staff undertake cultural awareness programs (refer to Aim 2: Objective 1).
- 6) All Health Services develop and implement appropriate strategies to ensure the workplace is culturally sensitive to Aboriginal and Torres Strait Islander culture and issues (refer to Aim 2: Objective 1, re. cultural awareness). In addition, displaying Aboriginal artefacts, paintings, conducting major events during NAIDOC week

such as Bush Tucker days and other relevant events over the year, is to be encouraged.

Aim 2. To ensure a highly skilled, trained and professionally developed workforce with career development opportunities throughout NSW Health and Aboriginal Community Controlled Health Organisations.

Objective 1. All Health Service staff demonstrate a commitment to Aboriginal and Torres Strait Islander culture and issues through the promoting and encouragement of staff participation in awareness and training of Aboriginal and Torres Strait Islander culture and issues which by October of each year.

(Structural then Educational Development)

Strategies

- 1) NSW Health, Aboriginal Health Branch, develop a statewide Policy Statement and Implementation Strategy for Aboriginal and Torres Strait Islander Cultural Awareness Programs by October 1998.
- 2) Training and Development Centres in collaboration with Aboriginal and Torres Strait Islander people and the AHRC develop, implement, monitor and evaluate an accredited train the trainer package and deliver to Aboriginal and Torres Strait Islander staff and Aboriginal and Torres Strait Islander community members by October 1998.
- 3) All Health Services ensure that Cultural Awareness Programs are complemented by **A**Culture and Diversity@ workshops. Consideration to be given to the development or review of policies concerning the attendance of staff at Culture and Diversity workshops.
- 4) All Health Services develop or review local policies concerning attendance of all staff including Executive and Board members at Aboriginal and Torres Strait Islander cultural awareness programs and **A**Culture and Diversity@ workshops by October 1998.
- 5) Appropriate service delivery areas are provided with information and knowledge concerning the notion of men and women **A**business@ in Aboriginal culture.
- 6) The above strategies shall be included in Performance Agreements with AHS CEOs. At local level such strategies should be included in Service Management Agreements initially by October 1998 and October of each year thereafter.

- Objective 2.** All managers including Human Resource Managers, EEO Coordinators and all relevant staff demonstrate sound knowledge and skills in the delivery of local Aboriginal Employment Strategies.
(Structural then Educational Development plus Information dissemination)

Strategies

- 1) NSW Department of Health develop and maintain self help training manual for use by all staff by June 1998.
- 2) All Health Services use training manual by October 1998.

- Objective 3** All Health Services demonstrate that Aboriginal Health Workers are provided with appropriate professional training opportunities to ensure they have the skills and competencies to perform their jobs effectively.
(Long-term structural change then Educational development plus information dissemination)

Strategies

- 1) In collaboration with Human Resource Personnel, Supervisors and Managers of Aboriginal Health Workers undertake a training and annual skill development audit of Aboriginal and Torres Strait Islander Health Workers, develop plan of action according to findings and implement program.
- 2) Supervisors and Managers ensure access to existing training courses relevant to the needs of Aboriginal and Torres Strait Islander staff².

- Objective 4** NSW Health demonstrate an improvement in the profile of Aboriginal Health Workers which is recognised accordingly.
(Long term structural change)

²

Focus Group sessions indicated the following areas: computer courses; local health referral services ie. availability; program development, management and evaluation; planning; public speaking; presentation skills; basis counselling skills; basic health terminology; concept of primary health care; community development; conflict resolution; problem solving; mentoring and network skills; and, policy development and review.

Strategies

- 1) NSW Department of Health will align the National Competency Based Standards for Aboriginal Health Workers and Torres Strait Islander Health Workers by 2003.
- 2) In collaboration with relevant unions, NSW Health negotiate, develop and implement an occupational classification relevant to state employed Aboriginal Health Workers by 2003.
- 3) NSW Department of Health clearly define the roles of Aboriginal Health Education Officers, Aboriginal Hospital Liaison Officers and other relevant specialised Aboriginal Health Workers.
- 4) NSW Department of Health review funding of NGO positions to determine their relevance to the Commonwealth Aboriginal Health Worker Award.

Objective 5. All Health Services annually demonstrate innovative and creative approaches to the development and delivery of traineeships, apprenticeships and acquisition of tertiary qualifications for Aboriginal and Torres Strait Islander people initially by October 1998 and October of each year thereafter.

(Structural)

Strategies

- 1) All Health Services consider the development of Training positions, to be developed in collaboration with DEETYA, training providers (eg. TAFE and University) or the NSW Health Industry Group Training Company, by identifying the major local Aboriginal Health and employment needs. Positions should have on the job training articulating to a certificate, a diploma and a degree. Priority should be given to Environmental Health Officers, Food Inspectors, Aboriginal Hospital Liaison Officers and Drug and Alcohol Workers.
- 2) All Health Services consider the modification and/or development of local induction programs to ensure that the roles and responsibilities of trainees and supervisors are clear and incorporate the following:
 - C clear direction as to the line of responsibility for trainees;
 - C individual responsibilities of supervisors, trainees and other staff;
 - C assist with professional support and appropriate mentor structure;

C attendance of non-indigenous supervisors and mentors at cultural awareness programs (preferably before or within three months of commencement of traineeship).

3) All Health Services consider the creation of scholarships³.

Case Study

The former New England Health Service (Armidale) recognised that the majority of the health workforce consisted of professionals with tertiary qualifications and in particular nurses as well as the difficulty of Aboriginal and Torres Strait Islander people attaining tertiary qualification. Subsequently, the service made available 2 scholarships specifically for Aboriginal and Torres Strait Islander people to undertake a Registered Nurse Course at New England University. Funds were secured from mainstream budget. After completion of the course the participants were offered two years of employment. The scholarship covered expenses such as HEC fee, uniforms and study material.

4) All Health Services develop culturally appropriate local marketing and promotional strategies for their AES targeting Aboriginal and Torres Strait Islander people.

Objective 6. All Health Services shall annually demonstrate an increase in access by Aboriginal and Torres Strait Islander people to existing training programs, across all levels and classifications, under the control of services, initially by October 1998 and October of each year thereafter.

(Structural)

Strategies

1) All Health Services identify existing training programs under their control, such as the Enrolled Nurse (EN) Course or Chair Side Dental Assistant Program, and develop strategies which ensures access to those programs by Aboriginal and Torres Strait Islander people. For example, some health services have designated two EN intakes per year for Aboriginal and Torres Strait Islander people.

³ Priority for scholarships be given to: Business Management, Economic, Commerce, Social Welfare, Registered Nurse, Dietitian/Nutritionist, Social Worker, psychologists, Physiotherapist, Dentistry, Occupational Therapist, Speech Pathologist, Radiologist and Pathologist.

- 2) All Health Services consider working in partnership with local Aboriginal Community Controlled Health Services in providing training for NGO employees. *Kempsey District Hospital was instrumental in providing an Aged Care and Assistant Nurse program for Aboriginal people employed by the local Aboriginal Nursing Home.*
- 3) All Health Services develop and implement culturally appropriate strategies which promotes and market their training initiatives amongst the Aboriginal and Torres Strait Islander community.

Objective 7. All Health Services annually demonstrate the delivery of career development opportunities for Aboriginal and Torres Strait Islander staff initially by October 1998 and October of each year thereafter.

(Structural)

Strategies

- 1) Develop local initiatives such as secondments, sabbaticals, mentoring, higher duties and temporary transfer opportunities between Central Administration, Area Health Services and other government departments.

Aim 3. To establish and maintain monitoring, evaluation and accountability processes at all levels.

Objective 1. NSW Department of Health demonstrate the effectiveness of a Statewide advisory, monitoring and promotional mechanism to ensure the implementation of the NSW Health's Aboriginal Employment Strategy initially by December 1997 and October of each year thereafter.

(Structural then Information dissemination)

Strategies

- 1) The State Aboriginal Health Partnership Forum will provide advice, monitor and promote the implementation of the Aboriginal Employment Strategy. In fulfilling its role the Forum shall consider the following:
 - C annually review the capabilities of the data collection systems for their validity, reliability and timeliness and provide advice accordingly;
 - C examine the quality of the data in reporting mechanisms, recommend new arrangements and support AHS's as required. Consideration shall be given to the following:
 - i) examine sixth monthly progress reports from all Health Services. The collation of such reports could be achieved through each AHS Aboriginal Health Partnership Forum;
 - ii) endorse the Aboriginal Employment Strategy annual report issued by the Aboriginal employment Development Working Party;
 - iii) expanding current reporting arrangements of EEO information contained in annual reports.
 - C delegates of Forum disseminate information to AHS Aboriginal Health Partnership Forums and AES Steering Committees relating to Aboriginal employment issues.
- 2) The AES Coordinator, NSW Department of Health, will inform the Partnership of the current progress concerning the AES when requested.
- 3) Health Services= AES Coordinators, will inform the Partnership of the current progress concerning the AES when requested.

- 4) The NSW Department of Health to develop a template for use by AHS=s in providing quarterly progress reports to the Forum.

Objective 2. All Health Services demonstrate the effective operation of local coordinating, monitoring and promotional mechanisms for the development and implementation of Aboriginal Employment initiatives initially by December 1997 and October of each year thereafter.

(Structural then Information dissemination)

Strategies

- 1) All Health Services establish Local Aboriginal Employment Strategy Steering Committees who will be responsible for monitoring the development, implementation and evaluation of Aboriginal Employment strategies. Such Committees to be convened by the CEO or a Senior delegate with representation from HR staff, Aboriginal Health Coordinators, AHRC, DEETYA local officers Finance personnel and other relevant stakeholders. Committees to maintain links with other AHS AES Steering Committees, AHS Aboriginal Health Partnership Forum and the State Aboriginal Health Partnership Forum.
- 2) Each Health Service to develop Terms of Reference for Steering Committees which will include periodic reporting to the AHS Board.

Objective 3. NSW Department of Health (Corporate Services Division) retain a statewide coordinating function by June 1997 and October of each year thereafter.

(Structural)

Strategies

- 1) NSW Department of Health retain the Aboriginal Employment Development Working Party consisting of representatives from ODEOPE (Health Service and Aboriginal Portfolio Managers), Performance Management Branch, HR Policy and Strategy Unit; Aboriginal Health Branch and an Area Health Service HR personnel. The Working Party shall steer NSW Health=s AES by providing support, advice and making recommendations to the General Manager, Corporate Service Division. The group will be particularly responsible for developing an AES annual report for endorsement by the State Aboriginal Health Partnership Forum; coordinate the collation of sixth monthly reports from AHS=s for assessment by the State Aboriginal Health Partnership Forum; and, develop a template for use by AHS=s in providing progress reports.

- 2) Undertake a job evaluation with a view to regrade the current AES Coordinator position by April 1997.
- 3) NSW Department of Health, Corporate Service Division, establish an additional position to be responsible for assisting in the implementation of the Policy Statement and Implementation Strategy.
- 4) NSW Department of Health will hold a statewide meeting once a year for Coordinators, Aboriginal Employment Strategy and Aboriginal Health Coordinators to ensure the continual development and implementation of the AES and to provide a forum of support and guidance. Initially by August 1998 and each year thereafter.

Objective 4. All Health Services ensure an Aboriginal identified position of Coordinator, Aboriginal Employment Strategy is established by December 1997.

(Structural)

Strategies

- 1) NSW Department of Health, develop guidelines for the criteria of the Coordinator AES position and inform AHSs of the availability of guidelines.
- 2) Identify funding either from DEETYA, DETEC, NSW Department of Health or AHS. *For example, Macquarie Health Service has successfully obtained seeding grant from DEETYA for a Coordinator position at which time the service will fund position from own budget. Wentworth AHS has employed a full time permanent AES Coordinator from own budget. The Ambulance Service of NSW has employed an Aboriginal Employment and Liaison Officer who is working a number of initiatives including a Preparation for Employment Course for Aboriginal People who are interested in a career in the Ambulance Service.*
- 3) The proposed position should be Aboriginal identified.

Objective 5. All Health Services demonstrate valid, reliable and timely data for the recruitment, training and career development of Aboriginal and Torres Strait Islander people initially by October 1998 and October of each year thereafter.

Strategies

- 1) NSW Department of Health undertake a longitudinal research project to identify the current status and allow future measurement of the changing nature of Aboriginal and Torres Strait Islanders recruitment, training and career development within NSW Health Services.
- 2) NSW Department of Health develop policy guidelines concerning the collection of data relating to the recruitment, training and career development of Aboriginal and Torres Strait Islander people. Such guidelines should: complement existing requirements under the EEO program; be incorporated into best practise model; and expand into the Workforce computer program (HRMIS project).
- 3) All Health Services to collect information based on Guidelines developed by the NSW Department of Health and to commence by October 1998.
- 4) All Health Services to develop and implement local strategies which improve response rates for EEO Surveys including an increase response from Aboriginal and Torres Strait Islander people.

Objective 6. All Health Services to demonstrate evidence of a Continuous Quality Improvement Framework in the development and implementation of Aboriginal Employment initiatives and strategies.

(Structural)

Strategies

- 1) The NSW Department of Health to develop a best practice model for the recruitment, training and career development of Aboriginal and Torres Strait Islander people by 2001.
- 2) The NSW Department of Health to develop and implement an audit tool/process (similar to the OHS audit tool) to measure achievements against best practice model by 2001.
- 3) All Health Services to utilise best practice model, audit tool and guidelines after year 2001.
- 4) NSW Department of Health review best practice model, audit tool and guidelines annually.

Aim 4. To market and promote the Aboriginal & Torres Strait Islander Recruitment, Training and Career Development Policy Statement & Implementation Strategy throughout NSW Health the Aboriginal & Torres Strait Islander community and the broader NSW Community.

Objective 1. The NSW Department of Health demonstrate effective statewide marketing and promotional strategies targeting Health Services, the Aboriginal and Torres Strait Islander community and the broader NSW community.

(Structural then Information dissemination)

Strategies

- 1) The NSW Health Minister launch the Aboriginal Employment Strategy and release the *Statement of Commitment*.
- 2) The NSW Department of Health (Corporate Services Division) issue a Departmental Circular outlining the Aboriginal Employment Strategy by October 1997.
- 3) The NSW Department of Health through internal and external media, appropriate forums and information sessions, promote the AES following the launch.
- 4) The NSW Department of Health develop appropriate promotional material to support the above strategies.

Objective 2 All Health Services demonstrate effective marketing and promotional strategies highlighting the employment opportunities available within their services for Aboriginal and Torres Strait Islander people.

(Structural then Information dissemination)

Strategies

- 1) The NSW Department of Health develop and widely distribute an Aboriginal specific kit including pamphlet, posters and videos which highlights the general employment opportunities and qualifications required to work in the Health industry. *For example, Aa Career in Health@ produced by the Aboriginal Health Division, South Australian Health Commission.*
- 2) Health Services develop local promotional and marketing strategies to distribute culturally appropriate promotional material which highlights employment opportunities under their Aboriginal employment strategy.

A Framework for Monitoring Performance

The performance indicators mentioned below relate specifically to this document and provide a **proposed framework** for the NSW Department of Health to monitor and evaluate the ongoing implementation of the Aboriginal and Torres Strait Islander Recruitment, Training and Career Development Policy Statement and Implementation Strategy at a State level.

The strategy acknowledges the difficulties associated with accurate information relating to Aboriginal and Torres Strait Islander recruitment, training and career development within NSW Health. Due to this the data collected over the last 12 months is considered inadequate and the indicators described below are reliant on such information. It is anticipated that such indicators and measures will be further consolidated following the Longitudinal Research Project outlined in Aim 2: Objective 5.

Each Health Service will need to consider their own indicators and measures (ie. qualifiable and quantifiable indicators) relevant to local needs and initiatives. It is envisaged that the impending best practise model will assist AHS-s to monitor their performance at a local level and provide guidance regarding the collection of performance information which will form the basis to reevaluated the strategies and assist in effective decision making. During the Focus Group Sessions a number of indicators, measures and targets were suggested by participants. Such information would be useful for AHS in developing their own monitoring systems.

Proposed Performance Measures (Quantitative)

- C Percentage of annual resources of mainstream monies allocated to Aboriginal employment initiatives by all Health Services.
- C An increase number of Aboriginal and Torres Strait Islander people employed in full time employment across mainstream and identified occupations and levels in all Health Services.
- C Increased utilisation rates to preventative health programs and services conducted by mainstream Health Services and specialised Aboriginal Health programs eg. Program 2.6.

- C Number of Aboriginal Health Workers participating in and completing professional development training programs.
- C Level of usage of skills and competencies obtained by Aboriginal Health Workers resulting from professional development training programs.
- C Improve access to and an increase number of Aboriginal and Torres Strait Islander people undertaking and completing apprenticeships, traineeships and tertiary qualifications.
- C Number of Aboriginal and Torres Strait Islander people attaining full time employment outcomes as a result of an apprenticeship, traineeships or tertiary qualifications within the organisation or another agency.
- C Increase number of Aboriginal and Torres Strait Islander people in the following areas:
 - C Health Professions eg. Registered Nurse;
 - C non Health Professions eg. Management or Accountant;
 - C middle to high base grade occupations;
 - C specific Aboriginal identified service delivery positions such as Aboriginal Health Workers; and
 - C other mainstream positions such as catering assistant.
- C Number of Aboriginal and Torres Strait Islander people undertaking and completing mainstream training programs such as Enrolled Nurse program or Chair Side Dental Assistant.
- C Level and number of Aboriginal and Torres Strait Islander staff with job mobility particularly to promotions.

Proposed Performance Indicators (Qualitative)

- C Level of knowledge and perception of local Aboriginal and Torres Strait Islander communities awareness and participation in Aboriginal employment initiatives;
- C Level of indigenous and non indigenous awareness and commitment to delivery of Aboriginal employment initiatives.

- C Level of planning and delivery process incorporating inter-sectoral collaborative strategies to achieve recruitment and training targets by Health Services.
- C Level of community acknowledgement, confidence and satisfaction in Health Service=s environment being Aboriginal friendly.
- C Level of Aboriginal staff satisfied with job and career path opportunities.
- C Level of satisfaction of Aboriginal users and service providers regarding the solutions to Aboriginal employment strategies.
- C Aboriginal community level of satisfaction with Health Service delivery.
- C Level of culturally aware Health Workforce.
- C Level of active and ongoing delivery of Aboriginal employment initiatives at state and local levels.
- C Level of awareness of Health Services knowledge concerning skills and competencies required for Aboriginal Health Workers.
- C Level of annual achievements of Aboriginal employment initiatives at local levels.
- C Level of performance information collected concerning Aboriginal employment initiatives.
- C Level of quality and accuracy of data collected for Aboriginal employment initiatives.
- C Level of effectiveness of local Aboriginal Employment Strategy Steering Committees.
- C Level of effectiveness of State Partnership Forum providing advice, monitoring and promoting Aboriginal employment initiatives.
- C Level of State Partnership Forum satisfaction concerning annual achievements of Aboriginal employment initiatives across the state and reporting arrangements.

While the above information provides a proposed framework, in two years time (year 2000) it is anticipated that the following indicators will be used to determine the level of progress across the state relating to the Policy and Implementation Strategy. Services should view the performance indicators as the basis for re-examining the strategies approach. Where necessary

introduce a more feasible and realistic approaches by using action research techniques. This is integral to the monitoring of the AES=s performance.

Performance Measures (Quantitative)

- C An increased number of Aboriginal and Torres Strait Islander people employed in full time employment across mainstream and identified occupations and levels in all Health Services.
- C Percentage of annual resources of mainstream monies allocated to Aboriginal employment initiatives by all Health Services.
- C Improved access to and an increase in the number of Aboriginal and Torres Strait Islander people undertaking and completing apprenticeships, traineeships and tertiary qualifications.
- C Number of Aboriginal and Torres Strait Islander people undertaking and completing mainstream training programs under the control of services such as Enrolled Nurse program or Chair Side Dental Assistant.
- C Number of Aboriginal Health Workers participating in and completing professional development training programs.

Performance Indicators (Qualitative)

- C Level of knowledge and perception of local Aboriginal and Torres Strait Islander communities awareness and participation in Aboriginal employment initiatives.
- C Level of indigenous and non indigenous awareness and commitment to delivery of Aboriginal employment initiatives.
- C Level of planning and delivery process incorporating inter-sectoral collaborative strategies to achieve recruitment and training targets by Health Services.
- C Level of community acknowledgement, confidence and satisfaction in Health Service=s environment being Aboriginal friendly.
- C Level of active and ongoing delivery of Aboriginal employment initiatives at state and local levels.
- C Level of annual achievements of Aboriginal employment initiatives at local levels.

- < **Level of State Partnership Forum satisfaction concerning annual achievements of Aboriginal employment initiatives across the state and reporting arrangements.**

Action Plan

ACTION PLAN TO THE YEAR 2000

What needs to be done?	Who should do it?	When should it be done by?	What
Reconvene AEDWP, review terms of reference and schedule meetings (Aim 3 - Obj. 3)	NSW Dept. of Health (DoH)	December 1997	Human for mtg. mtg. No dire
Evaluate and re-grade existing CA AES Coordinators position (Aim 3 - Obj. 3)	NSW DoH	April 1997 (Achieved)	Human submit Top-up
Minister launches AES and Statement of Commitment (Aim 4 - Obj. 1)	NSW DoH	November 1997	Human for laun Aborigi Launch
Distribute promotional material re. AES at launch (Aim 4 - Obj. 1)	NSW DoH	November 1997	Human Package 000
Departmental Circular re. AES (Aim 4 - obj. 1)	NSW DoH	November 1997	Human Printing 000

What needs to be done?	Who should do it?	When should it be done by?	What
Create a Clerk Grade 7/8 (Aim 3 - obj. 3)	NSW DoH	February 1997	Human wks to p package
Publicise AES through existing internal/external media, committees and forums (Aim 4 - obj. 1)	NSW DoH	start by July 97 and ongoing	Human Travel o \$5000
Template re. Skills required for AES SC (Aim 3 - obj. 2)	NSW DoH	December 1997	Human wks. Pr \$1500
Establishment of local AES Steering Committee (Aim 3 - obj. 2)	NSW DoH and AHSs	September 1997	Human establis member determi
Negotiation complete concerning the role of NSW Partnership Meeting re. Role as the State Advisory, monitoring and promotional structure as well as allowing the CA AES Coordinator on the Partnership meeting and Aboriginal Health Coordinators meeting (Aim 3 - obj. 1)	NSW DoH	December 1997	Human negotiat
Local Statement of Commitments (Aim 2 - obj. 1)	NSW DoH and AHSs	January 1998	Human weeks. = to be c

What needs to be done?	Who should do it?	When should it be done by?	What
Establishment of current status of ATSI employment, identify recruitment opportunities and develop strategies re campaign for EEO surveys (Aim 1 - obj. 3)	NSW DoH and AHSs	March 1998	Human wks
Self Help Training Manual for HR Personnel completed and distributed (Aim 2 - obj. 2)	NSW DoH	June 1998	Human wks Project
Review of recruitment policies and procedures completed	NSW DoH and AHSs	June 1998	Human wks
Corporate and other relevant plans reflect the recruitment, training and career development commitment of each agency highlighting.....@(Aim 1 - obj 1)	NSW DoH and AHSs	July 1998	Human wks
Policy Guidelines completed re articulation concerning AE targets (Aim 1 - obj. 2)	NSW DoH	July 1998	Human wks Printing 000

What needs to be done?	Who should do it?	When should it be done by?	What
<p>Local development and implementation of the following:</p> <ul style="list-style-type: none"> C recruitment (trainee aid programs, scholarships), career development, retention, and induction strategies/programs; C development of other relevant local policies in particular re attendance at cultural awareness programs as well as Culture and Diversity Workshops, trainee aides; C skill audits and plan developed and implemented for ATSI Health Workers; C implementation of entry/exit interviews and annual staff appraisals C development of strategies re making the environment koori friendly C strategies in place to ensure ATSI people assess to controlled mainstream positions; C develop and implement marketing and promotional strategies re every part of their AE strategies/programs 	<p>NSW DoH and AHSs</p>	<p>October 1998</p>	<p>Cost to service ; availabi of strate</p>

What needs to be done?	Who should do it?	When should it be done by?	What
All services establish targets and determine an agreed position re the number of ATSI people in workforce (Aim 1 - obj. 2 and 3)	NSW DoH and AHSs	October 1998	Human 20 week No dire
Policy Guidelines re Criteria for the establishment of AES Coordinator positions (Aim 3 - obj 4)	NSW DoH	October 1998	Human weeks
Policy Statement and Implementation strategy re ATSI cultural awareness (Aim 2 - obj 1)	NSW DoH	October 1998	Human 52 week
Longitudinal Research Project (Aim 3 - obj. 5)	NSW DoH	December 1998	Human 20 week Project
Policy or legislative change re Clause 10 of the PSM (General) Regulation 1996	NSW DoH	January 1999	Human weeks Distribu
Generic Statement of duties for AHS AES Coordinator positions (Aim 3 - obj 4)	NSW DoH	February 1999	Human weeks Printing \$1 000

What needs to be done?	Who should do it?	When should it be done by?	What
AA Career in Health Handbook (Aim 4 - obj. 2)	NSW DoH	March 1998	Human weeks Project
Train the Trainer Program for ATSI cultural awareness programs (Aim 2 - obj. 2)	NSW DoH and Training Centre	June 1999	Human weeks Project
Establishment of AES Coordinator role or positions in each AHS and NSW DoH	NSW DoH and AHSs	August 1999	Human weeks If applic - \$45 00
Policy Guidelines re collection of data and expand requirements into the workforce planning computer program (Aim 3 - obj. 6)	NSW DoH	October 1999	Human 52 week Project guidelin
Utilisation of Policy Guidelines re the collection of data concerning AES (Aim 3 - obj. 5)	NSW DoH and AHSs	December 1999	Human direct co guidelin

What needs to be done?	Who should do it?	When should it be done by?	What
Best Practice Model, audit tool and guidelines concerning the measuring of performance through qualitative and quantitative information completed for use by AHSs (Aim 3 - obj. 6)	NSW DoH	October 1999	Human Project
ATSI Health Worker Workforce Plan developed and complete (Aim 1 - obj. 4)	NSW DoH	January 2000	Human Project
Implementation Plan for Competency Based Standards completed (Aim 2 - obj. 4)	NSW DoH	June 2000	Human Project directo
Occupational alignment re ATSI Health Workers	NSW DoH	June 2003	Human Unable point
Independent Review	NSW DoH	October 2000	Human Project

Appendices

Reports

Over the past decade, the Commonwealth, State and Territory Governments commissioned the development of numerous reports and a brief summary of these are provided below:-

Miller Report (1985):

In 1984, the Commonwealth Government commissioned a review to examine all employment and training programs to determine whether they were still appropriate to the needs of Aboriginal people. The review also examine if a more effective labour market strategy could be established to improve Aboriginal employment. The resulting document, the Miller report of 1985, made a number of recommendations.

National Aboriginal Health Strategy - NAHS (1989):

The NAHS was developed following an agreement by Commonwealth, State and Territory Aboriginal Affairs and Health Ministers. The report provided a structure of funding arrangements between the various Governments, developed various strategies for the short and long term to improve Aboriginal Health, identified strategies to maximise involvement of Aboriginal people, and developed a mechanism to monitor progress towards targets.

Royal Commission Into Aboriginal Deaths In Custody (1991):

The Royal Commission into Aboriginal Deaths in Custody Report makes a number of broad ranging recommendations relating to all aspects of Aboriginal affairs. Specifically, the report makes several recommendations to increase economic opportunity for ATSI people. Such recommendations range from 300 to 320.

In summary, it covers issues relating to Commonwealth funded initiatives, policies and programs; the roles and responsibility of State and Territory Governments and private sector matters.

Review of Hospital Casualty Services in Aboriginal Health (1990):

This report was developed as a result of recommendations contained in the interim report from the Royal Commission into Aboriginal Deaths in Custody Report. The Minister for Health at the time requested that the NSW Department of Health review the hospital casualty services in communities with a significant number of Aboriginal people. Several issues were identified with forty four recommendations. A number of the recommendations relate to employment and training of Aboriginal people.

Report of the NSW Task Force on Aboriginal Health 1990 - *The Last Report*:

Since the commencement of the Aboriginal Health Program in the 1970's, a detailed and major reform package has never been undertaken to this extent. The Last Report offered such challenging changes and recommended major improvements within the Aboriginal Health Program and the Health portfolio.

The recommendations relating to functional and structural issues, were to equip the than Aboriginal Health Unit and more importantly the portfolio as a whole to implement the A New Direction policy.

The NSW Health Department's 1991 Aboriginal Employment Strategy:

In 1991, the NSW Department of Health commissioned the development of an Aboriginal Employment Strategy (AES) for its Central Administration. Whilst a number of strategies were proposed, one of the key elements of the 1991 AES was the employment of a Coordinator whose main function was to coordinate the implementation of the report and to work closely with other units to develop recruitment programs. The role of the Coordinator has been extended to the whole of the NSW Health system and not as outlined in the Department's 1991 AES. This certainly is the approach adopted in this statement and strategy.

Bringing them home, National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (1997):

The National Inquiry was established by the Federal Attorney General in 1995. The Inquiry concludes that between one in three and one in ten Indigenous children were forcibly removed from their families and communities between 1910 and 1970.

The present plight of many Aboriginal people in the area of health, employment, education, living conditions and self-esteem stems from what happen in the past. There are a number of recommendations from this inquiry which the NSW Department of Health are responsible for implementing. Some of the recommendations related to Aboriginal employment, training and Aboriginal cultural awareness training, there by linking the Inquiry to the Aboriginal employment.

The Inquiry's recommendations are directed to healing and reconciliation for the benefit of all Australians. Employment for Aboriginal and Torres Strait Islander peoples within the broad sphere is a key element towards good health and wellbeing. Employment within the NSW Health system is just as equally important as the improvement of Aboriginal and Torres Strait Islander peoples health throughout NSW.

