

NSW Health

2008

ABORIGINAL HEALTH WORKFORCE
SURVEY

1

Background

1.1 Policy and Structures

The NSW Department of Health (NSW Health) is committed to meeting the State Government directive of 2% representation of Aboriginal and Torres Strait Islander people across the public sector. NSW Health implemented the *Aboriginal Employment Strategy For the Year 2000 and Beyond* to achieve this target through its four major policy Aims with a series of objectives associated with each Aim. The third Aim is to establish and maintain monitoring, evaluation and accountability processes at all levels. An associated objective is to hold valid, reliable and timely data for recruitment, training and career development. Appropriate performance indicators for all Area Health Services are incorporated within the Aboriginal Workforce Development Strategic Plan.

The Workforce Development & Leadership Branch of NSW Health has determined that this policy should be supported by conducting a survey of Aboriginal and Torres Strait Islander people working in the public health system. The survey output should enable more comprehensive and better targeted programs for the Aboriginal workforce to be developed. A committee was established to design an appropriate workforce survey and the final survey draft was approved in early 2008. The survey was conducted across all NSW Health including Area Health Services (AHS), NSW Ambulance Service, Justice Health, Children's Hospital and the Department of Health in March-April 2008.

Aboriginal employees of NSW Health may be usefully divided into two categories; those whose main function is to assist Aboriginal people in their contact with the health services and with public health initiatives; and those who are employed in providing health services to the entire community, both Aboriginal and non Aboriginal. Many (but not all) of the first group are termed Aboriginal Health Education Officers (AHEO) and employed under distinct AHEO awards.

Each AHS employs a Managers of Aboriginal Workforce Development (MAWD) who reports to the Director of Workforce Development in that Area. The MAWD endeavours to increase the number of Aboriginal people within the Area Health Service and generally assists Aboriginal staff within the workplace environment. While a complete and current list of Aboriginal employees is difficult to achieve, the MAWD can access contact details about many of the Aboriginal employees working in the Health system both in AHEO and in general positions.

1.2 Confidentiality and Potential Survey Bias

Responses to the survey were fully confidential. A list of Aboriginal staff was produced by each MAWD who then sent numbered encoded forms to the potential respondents together with a reply paid envelope. These envelopes were sent directly to NSW Health and bundled to be scanned and processed by a commercial company. The MAWD had no access to the forms and all other personnel involved in processing or analysis had no access to the confidential information held by the MAWD. There were 519 survey forms returned to NSW Health.

All surveys are subject to statistical error because the responses received from the sample may be different to those that would have been received if everyone had replied. If the sample is a true random sample of the population, the statistical error can be calculated from standard tables. However, in the case of this survey, there is also the more harmful problem of survey bias because people who chose to reply may not form a random group. For example, people who work in a dedicated Aboriginal Health team may be more likely to have responded than people who work in an environment where services are provided to the whole community.

Also the numbers reported in the Premiers Workforce Profile (PWP) are predictors of Aboriginal people located within the Area Health Services and not actual numbers. In some instances actual numbers of Aboriginal employees are lower than the predicted numbers. The Aboriginal Workforce Survey utilised predicted numbers of Aboriginal employees and this affected return rates.

1.3 Meaning of Aboriginality

The questionnaire used as the survey form is shown as Appendix 1. It included 25 questions, many of which were broken into parts making 68 fields in total. The general design did not require respondents to answer all parts of all questions. Most questions were closed (answers were a number or a selection from a range of choices) but some allowed for free text. These were grouped wherever possible but clearly some responses could not be combined into a group. Question 25 simply asked respondents for further comment (if desired) and this question has not been considered for this report.

For a respondent to fall within the guidelines of Aboriginality defined for the survey, they were required to satisfy at least one of the conditions set out in Questions 1, 2 and 3 of the questionnaire:

- Are you Aboriginal or Torres Strait Islander
- Have you identified as Aboriginal through your Area Health Services Human Resource Department
- Was Aboriginality a documented requirement or selection criteria, as authorised under Section 14(d) of the NSW Anti-Discrimination Act 1977, for the position you currently occupy

There were 39 responses from persons who did not fit into one of those categories and they do not form part of the data set. While many respondents did not answer every question, three people merely returned the blank questionnaire or answered so few questions that their data could not be used.

Consequently, this report is compiled for 477 valid returns to the survey.

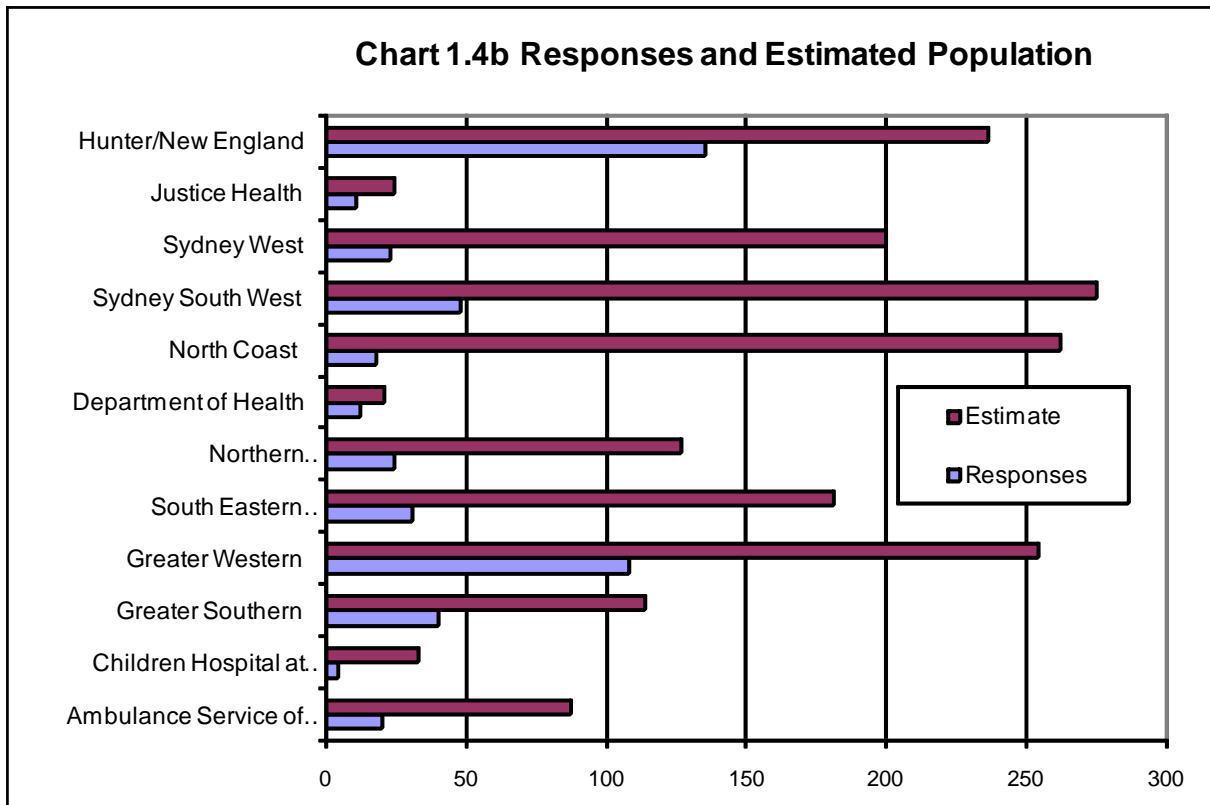
1.4 Response Rate

Table 1.4a indicates the original number of Aboriginal health staff originally identified, the number of surveys dispatched by the Areas, the number returned from those Areas and the number of valid responses received through the survey indicating the section of NSW Health in which they work.

Table 1.4a Selected Characteristics of Survey Respondents

Area	Listed	Dispatched	Returned	Valid Returns
Sydney South West	275	147	54	48
South Eastern Sydney/Illawarra	181	112	31	31
Sydney West	200	96	29	23
Northern Sydney Central Coast	127	117	25	24
Hunter New England	236	272	151	135
North Coast	262	86	18	18
Greater Southern	114	83	43	40
Greater Western	254	254	121	108
Children's Hospital	33	5	4	4
Justice Health	24	15	11	11
Ambulance	87	50	20	20
NSW Health Department	21	12	12	12
No response to Area				3
TOTAL	1814	1249	519	477

We have prepared two sets of response rates based on the number of returns compared to the list and the number of returns compared to the number dispatched.



It will be observed that the apparent response rate compared to the list varies from 8% in North Coast to 64% in Hunter New England. In general, the response rate was higher in the rural Areas with the notable exception of North Coast. In comparison with the number of forms dispatched, all Areas except Hunter New England shown an increased response rate, some by dramatic margins. The Children’s Hospital at Westmead disclosed an 80% response rate because 4 employees responded from the 5 forms sent out.

The total response rate is 29% compared to the list and 42% compared to dispatches. The great variation among AHS is a matter of concern. For example, the 18 respondents from North Coast AHS are concentrated in Lismore and are nearly all Aboriginal Health Education Officers. The larger Aboriginal population centre at Kempsey includes only one respondent while nurses and other clinical staff appear to be entirely absent.

1.5 Aboriginal Identification

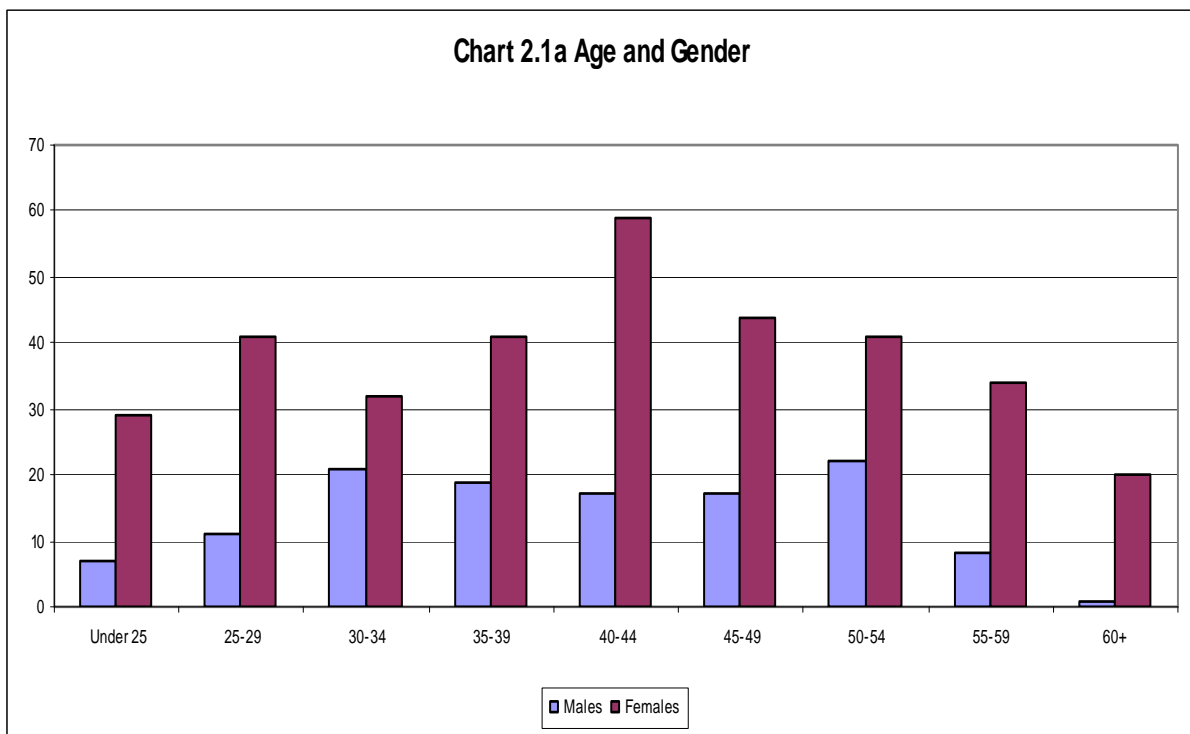
Of the three criteria denoting eligibility for completion of the survey, 463 respondents identified as Aboriginal, 5 as Torres Strait Islander and 6 as belonging to both groups. The remaining 3 respondents did not answer the Aboriginality question. Furthermore, 403 respondents (84%) had notified their Area Health Service of Aboriginal status. Aboriginality was a documented requirement or selection criteria for respondents in 221 positions (46% of all respondents). There were no respondents employed in a specified Aboriginal designated position who stated that they were not themselves Aboriginal.

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Demographic Characteristics

2.1 Age and Gender of Respondents

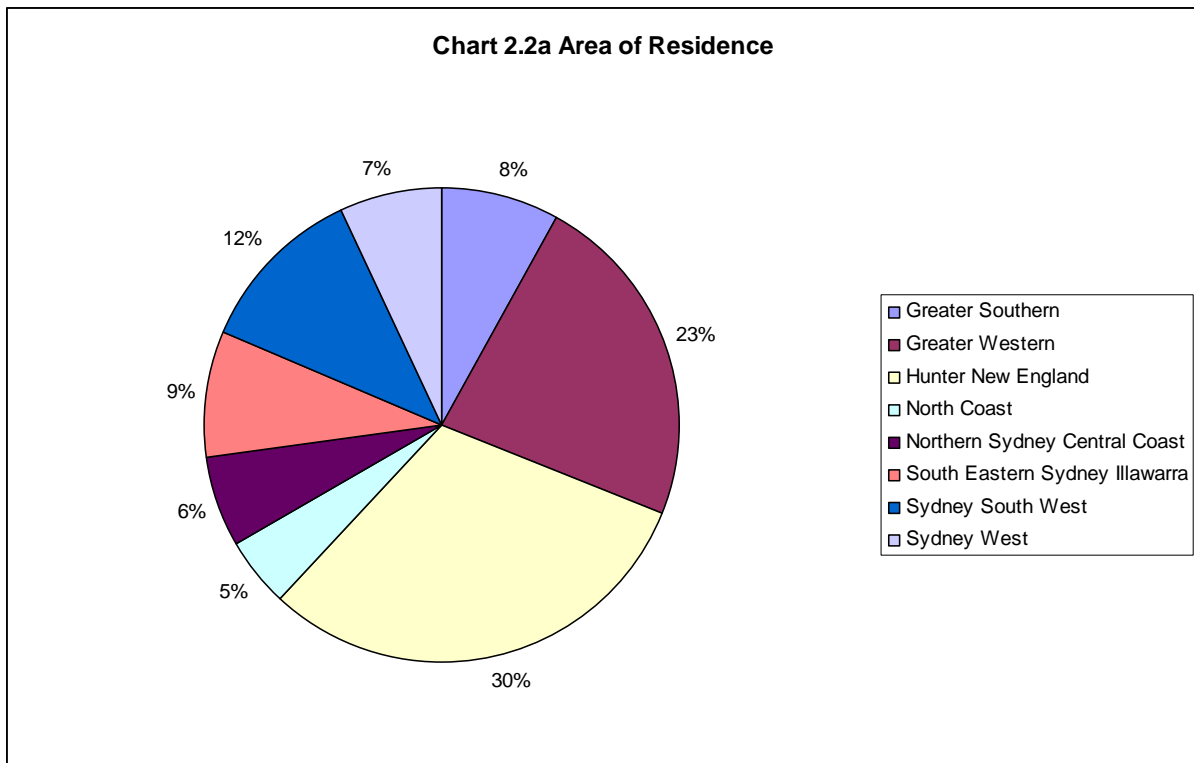
Chart 2.1a shows the age group and gender of respondents. Nine respondents did not disclose their age and four did not reply for gender. There were almost three times as many female respondents as male but relatively little difference in age distribution. The average age is 41 for males and 42 for females. The comparatively older age of workers given that overall Aboriginal people are younger than non-Aboriginal people and have a shorter life span indicates that there may be employment barriers in place.

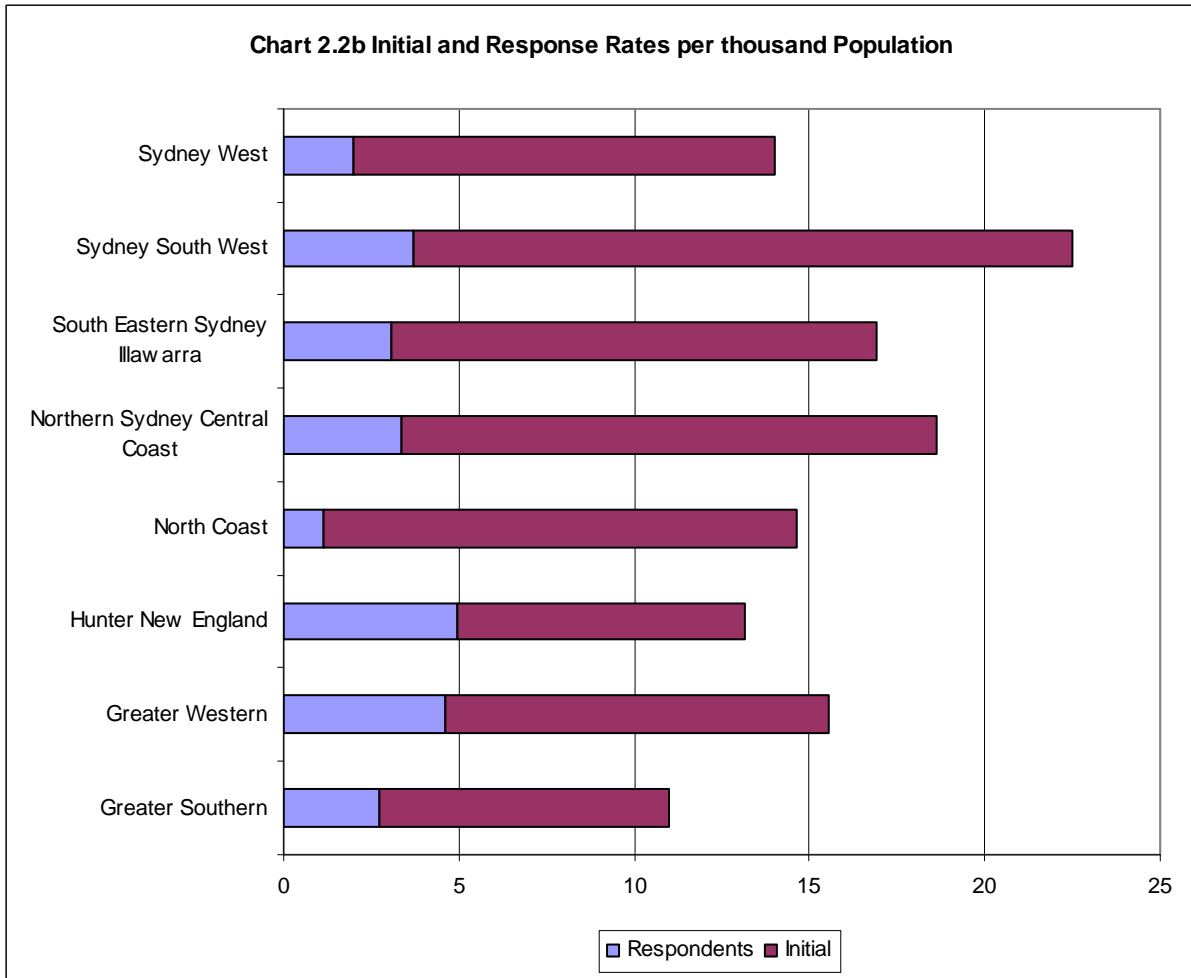


The 142 AHEO respondents and the 335 respondents in other positions were of similar age and gender distribution as the overall workforce. However, the average age of respondents by agency of employment varied from 36 for the Ambulance Service to 46 in Sydney West.

2.2 Area of Residence

The AHS of residence is shown in Chart 2.2a as a percentage of all respondents and the rate of health employment per thousand of the local Aboriginal population in Chart 2.2b. It will be seen that most respondents live in the Hunter New England and Greater Western Area Health Services. These AHS also have the highest employment rates. However, as these statistics may merely indicate better response rather than greater health employment, the rates of original estimates by the MAWD per thousand population are also shown in Chart 2.2b. It can now be seen that employment opportunities may be highest in Sydney South West and Northern Sydney Central Coast and this may be masked by low response rates.

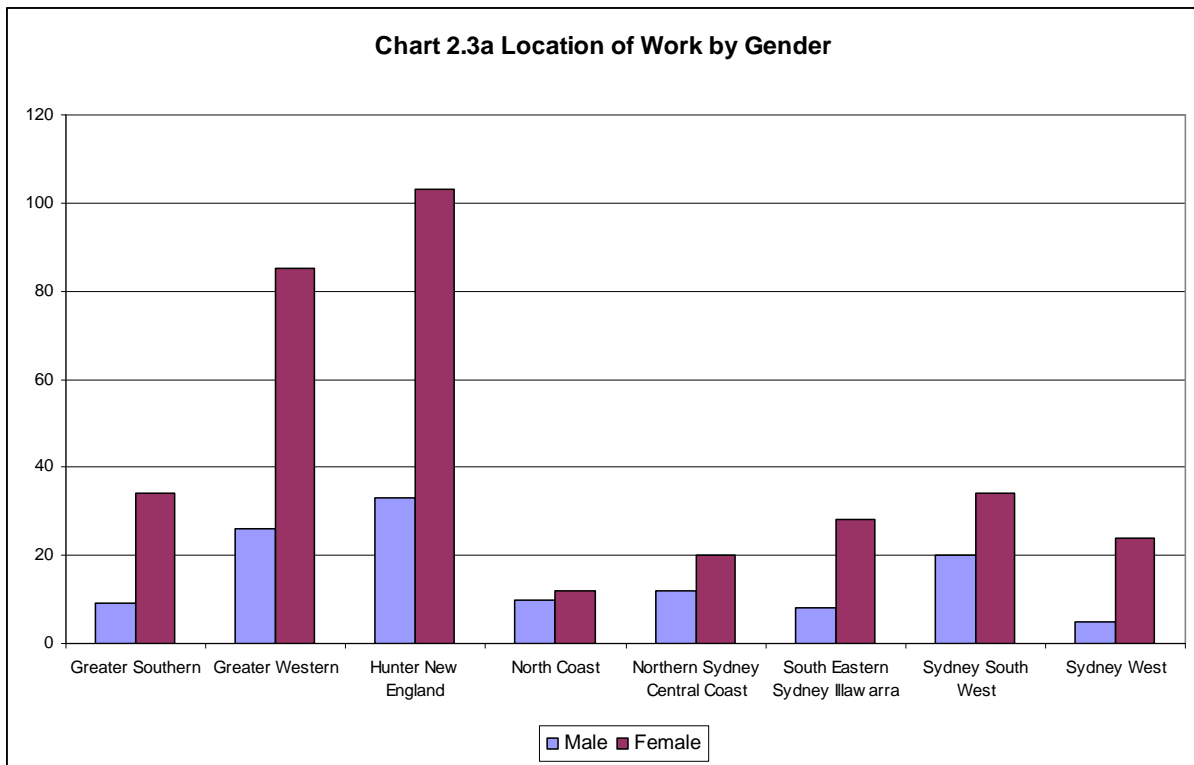




2.3 Location of Work

The location of work reported in this section refers to the geographic location of the workplace rather than the agency of employment which is shown in Table 1. Consequently, an ambulance officer working in Dubbo is shown here as working in the Greater Western Area whereas in other sections of the report, the officer would come under ambulance staffing.

A location of work was reported for 467 of the 477 valid responses. Most respondents work in their Area of residence but 33 work in an adjacent Area. The most common movement between place of residence and location of work is from South Eastern Sydney Illawarra to Sydney South West (10 respondents).



The ratio of female to male respondents was generally above 3:1. However in three AHS with very low response rates (North Coast, Sydney South West and Northern Sydney Central Coast), there was little difference between the number of male and female respondents. A possible explanation is that the female dominated nursing profession was under-represented or absent in these AHS.

2.4 Education and Qualifications

Most respondents had achieved at least the School Certificate (Year 10) with 60% continuing to the Higher School Certificate (Year 12). There were 40 respondents who had not proceeded past Year 8 and 54 who had left in Year 9. Ten respondents did not reply. Table 2.4 shows school education by gender.

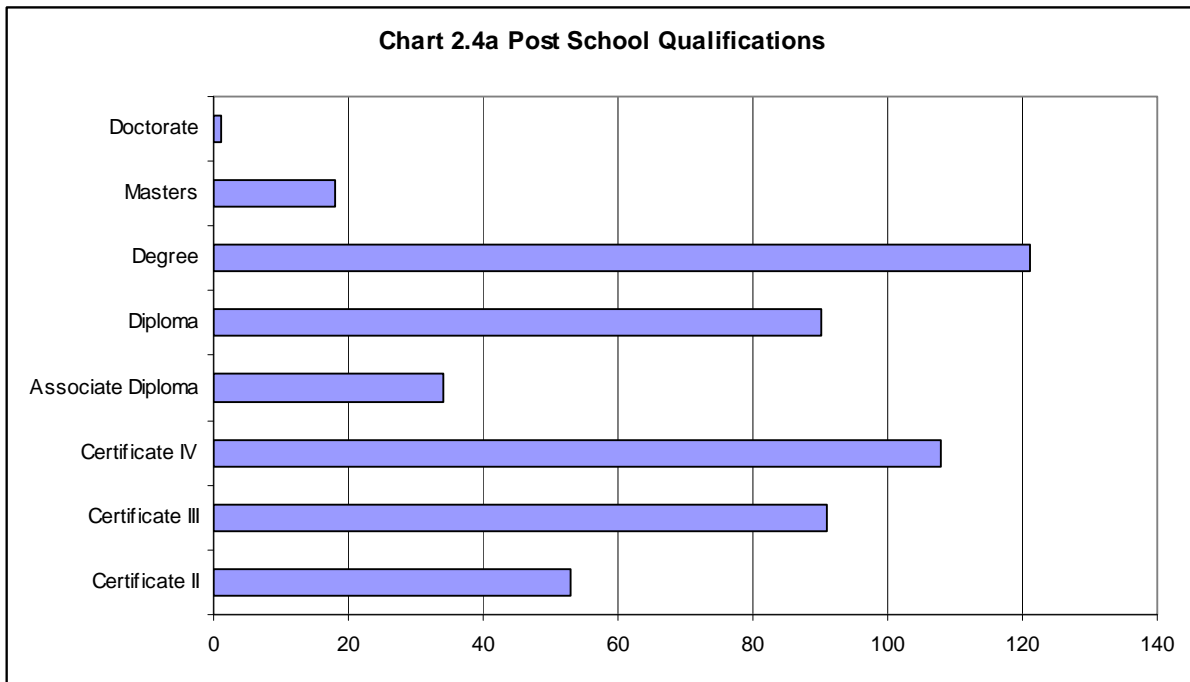
Table 2.4 School Education by Gender.

Final Year of Schooling	Male	Female
Year 8	7	33
Year 9	13	40
School Certificate (Year 10)	57	161
Higher School Certificate (Year 12)	46	106

The level of schooling is strongly correlated with age. While only 4% of respondents under the age of 35 had left school before the end of year 12, the equivalent percentage was 13% for those aged 35-44 and 38% for those aged 45 and over.

Post school education was at TAFE (Technical and Further Education) or University although some respondents had gained qualifications from both institutional types. There were 250 respondents (52%) with a TAFE qualification and 137 (29%) with a university degree. These numbers include 37 respondents with both TAFE and university qualifications. The remaining 127 respondents (27%) had no qualification or did not answer the question.

The level of qualifications obtained is shown in Chart 2.4a. Respondents with multiple qualifications are shown for each qualification.



The nature of the qualification could not always be assessed. For example, respondents who indicated a registered nursing qualification may hold either a university degree or a hospital based qualification.

The most common university degrees were held in nursing and in health sciences including health science (mental health). Certificate qualifications were most frequently noted for enrolled nursing, business administration and medical terminology. Aboriginal Health & Community Development and Indigenous Primary Health Care were the most common qualifications for specific Aboriginal Health Workers (AHW).

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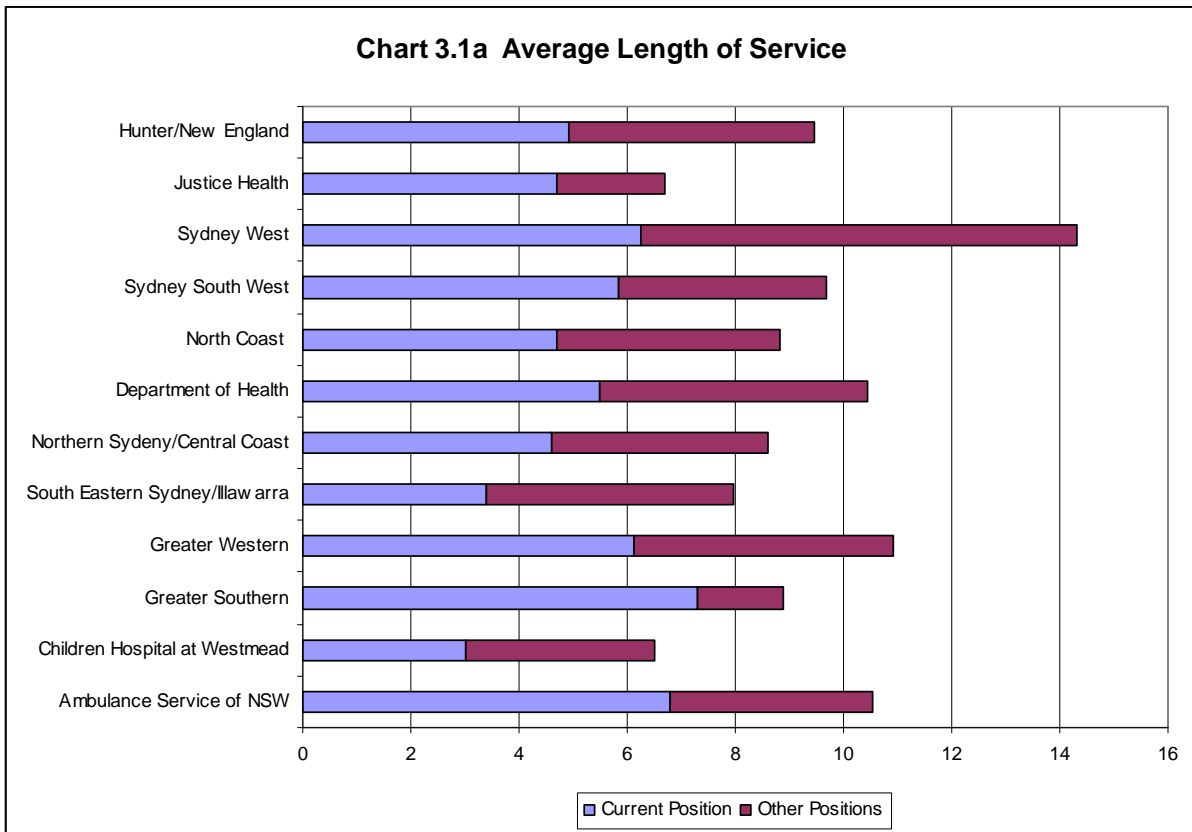
Workplace Characteristics

3.1 Length of Time in the Health Workforce

It was notable that many employees had worked in the NSW Health System for many years. Sixty percent of respondents had worked in health for more than 5 years while only 8% were in their first year of employment. The range was from the first month of employment to 46 years. This may signify that barriers to employment affect less experienced people wishing to find work in the health services.

Respondents were also asked about the length of time they had served in their present position. While the variation was not so great as in the length of time in the health system, 41% of respondents had worked in their current position for more than 5 years while 19% were in their first year of that job. A nurse indicated 38 years of employment in her present position.

Chart 3.1a shows average length of health employment and average years in their current position by agency of employment. Staff in the Sydney West AHS have the longest period of employment while the Greater Southern and the Ambulance Service have the longest average in current positions.



3.2 Status and Type of Position

Most staff worked in permanent positions, mostly full time (73%). There were 72 (15 %) respondents working part time. About 6% worked in casual positions who had not yet reached permanent status while another 6% were working under contracts.

The field of work is shown in Table 3.2a by gender. Where gender is not known, the total may be higher than the sum of males and females. It will be observed that most Aboriginal staff work in AHEO or nursing positions. Together, they account for more than 50% of the workforce. The next most common groups are hospital support staff, either working in general sectors of the hospital or in the hotel functions. There are more female than male respondents in all fields other than ambulance, maintenance and medicine.

Table 3.2a Field of Work by Gender

Field of Work	Males	Females	Total
AHEO	35	110	147
Nursing	17	83	100
Hospital Support	13	36	49
Hotel Services	13	34	47
Corporate Services	13	26	41
Ambulance Clinical	11	2	13
Allied Health	1	11	12
Other Professional	3	8	11
Maintenance	9	0	9
Oral Health	0	5	5
Medical	3	1	4
Scientific	1	2	3
All Other	8	27	35

3.3 Title and Award Category of Position

Similar positions are described in different ways so that some editing overlap is inevitable. Respondents who provided a grade as well as a title (e.g. Clerk Grade 5/6) are combined with the level shown under the award.

Aboriginal Health Education Officer without further description was the most common title reported by 43 respondents with a further 2 adding that they were trainees. After the simple description of AHEO, nursing titles followed with 37 enrolled nurses, 20 registered nurses and 4 nurses where it was unclear whether they were registered or enrolled. There were 5 Assistants in Nursing.

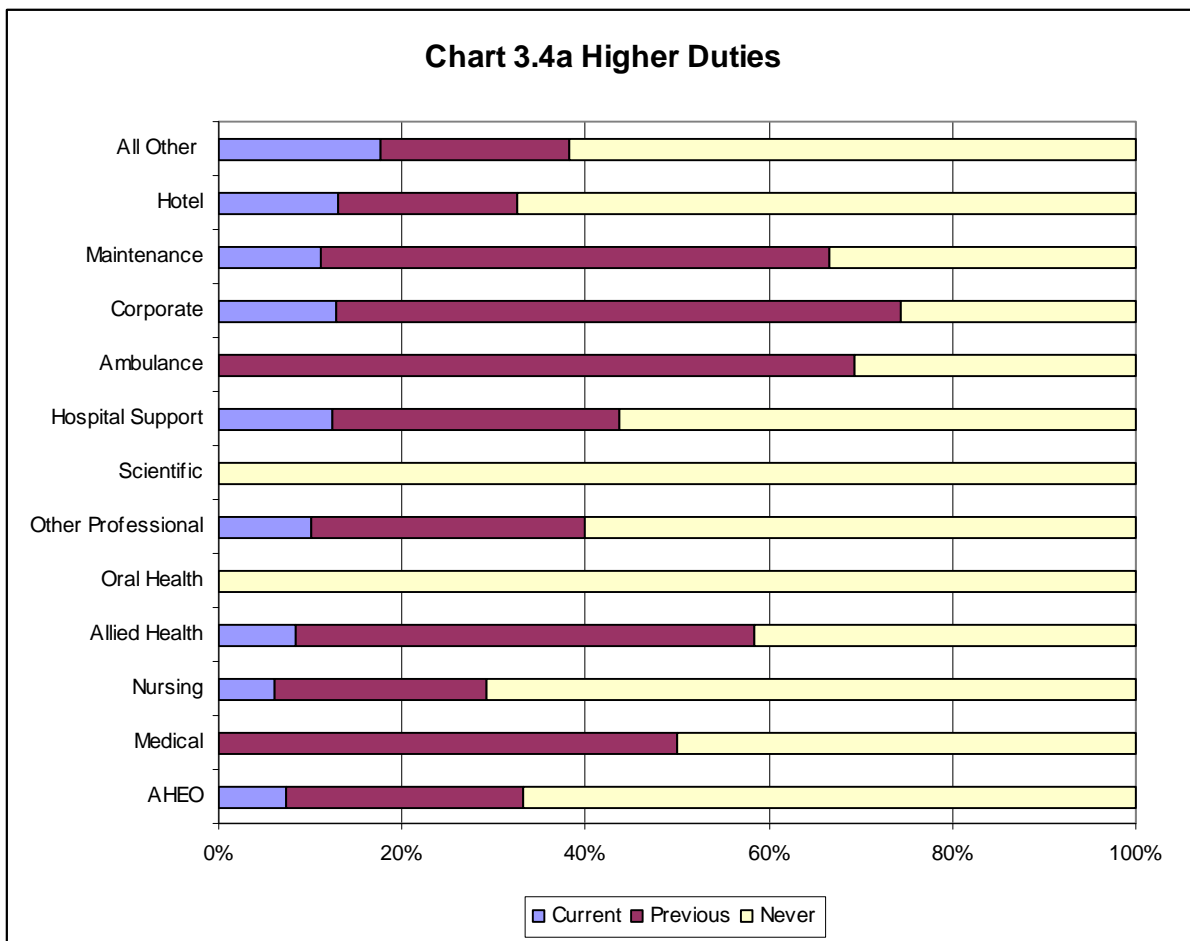
Other titles that appeared on 10 or more occasions included Aboriginal Hospital Liaison Officers (26), Administration Officers (23), Hospital Assistants (24) and Aboriginal Mental Health Workers (13 including 6 trainees).

More complex descriptions of working titles have been retained as reported but have not been subsumed into the categories listed above. For example, one respondent reported a title of 'Clinical Coordinator – Aboriginal Mental Health' and is listed separately to 'Aboriginal Mental Health Worker'.

Award categories were often not known and 25% of respondents left this question blank. In addition, many respondents reported an award category that does not exist or is clearly incorrect. Some respondents showed their level or year status under the award while others did not. The actual responses are shown in the detailed tables but inclusion as a discussion for this report was not considered to be of sufficient value.

3.4 Higher Duties

A little fewer than 40% of the respondents have had the opportunity of working in higher duties. However, this percentage varies with the field of work. In the corporate sector, 75% have worked in higher duties compared to 30% of nurses and 33% of AHEO staff. Currently, 42 respondents (9%) are acting in a higher position. Chart 3.4a shows current and previous higher duty opportunities by field of work.



3.5 Structural Issues

Respondents were asked several questions related to their position in the overall structure of the workplace.

A clear majority believed that they had reasonable input into the decision making process. A positive view was held by 76% of respondents while 17% were negatively disposed to the question. The remainder were unsure.

Numbers were more evenly divided on the issue of a formal workplace review. For 50% of respondents, a formal review process was in place while for 45%, there was no such review. The remainder were unsure. Hospital support staff were the least likely (41%) to report workplace review.

Annual review was by far the most common period reported. Over 70% of those whose work received periodic review were assessed on an annual basis. Nearly all respondents (95%) reported that their review was in line with their job description. A similar response was received as to whether skill development was identified in the performance review. Here 94% of respondents who did receive performance review indicated the inclusion of skill development. Whether performance review supported aspirations and goals was still accepted but by a somewhat lesser majority. Nevertheless, 86% of respondents did believe the performance review was of value.

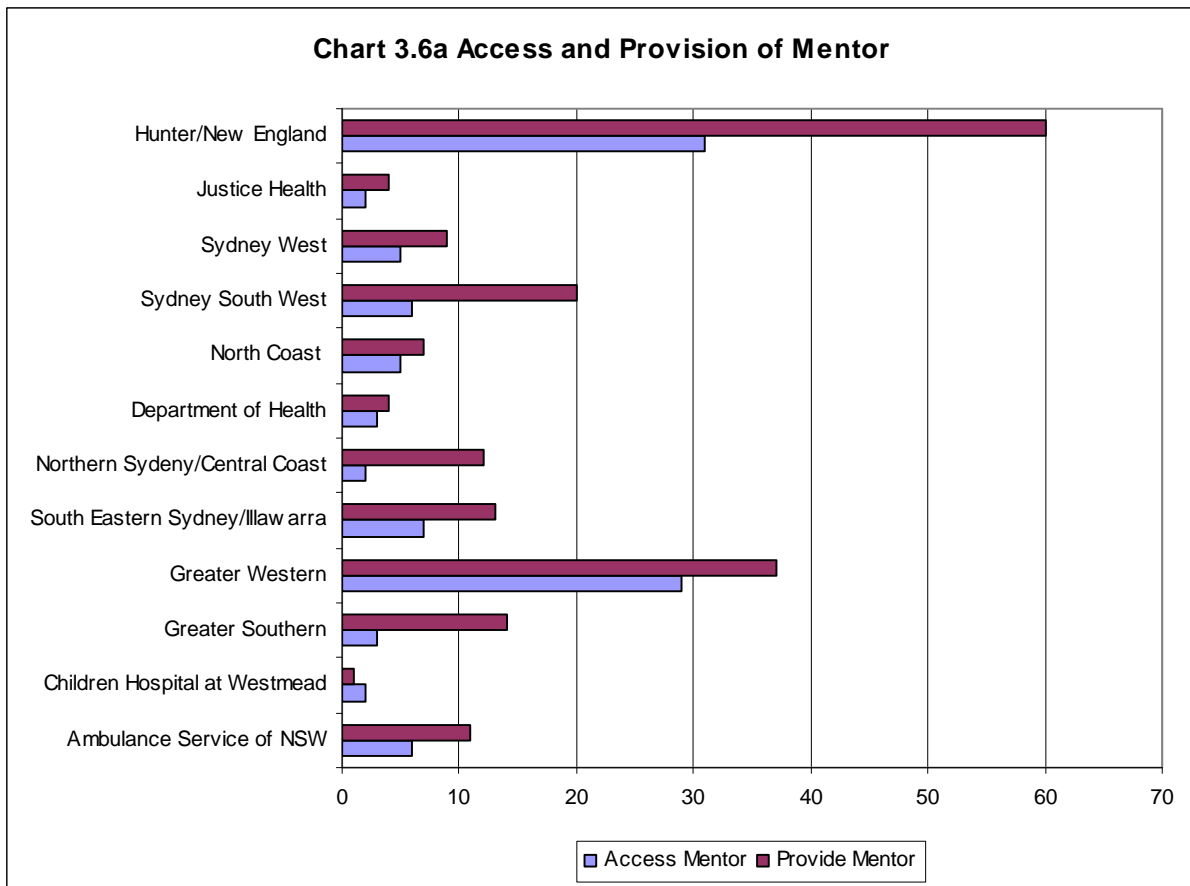
3.6 Mentorship

Mentorship in the workplace is now considered to be an important element in obtaining workplace satisfaction and respondents were asked both whether they received or provided mentorship.

It was found that only 20% of respondents accessed a mentor. There was little difference by field of work. Aboriginal health workers aged 25 and younger do receive a mentor more commonly than older workers (39% access a mentor) but mentorship is in a minority for all age groups. Of those who did not have access, 36% reported that they would have liked a mentor while 45% said they would not.

By contrast, 40% of respondents provided mentoring services to others. Most services were provided by persons aged 50 years and over but from the age of 35 upwards, mentoring to others is more common than receiving mentoring services personally. A majority provide mentoring in the fields of allied health, hospital support staff, ambulance clinicians and corporate services but not nurses or AHEOs.

Chart 3.6a shows the number of mentor recipients and mentor providers for each agency. The ratio of provision to access is highest in Sydney South West although Hunter New England is the dominant agency reporting mentor provision.



3.7 Aboriginal Support Networks

Meetings of Aboriginal support networks are convened by different positions in each Area and provide valuable opportunity to meet with other indigenous employees and for exchange of ideas and information.

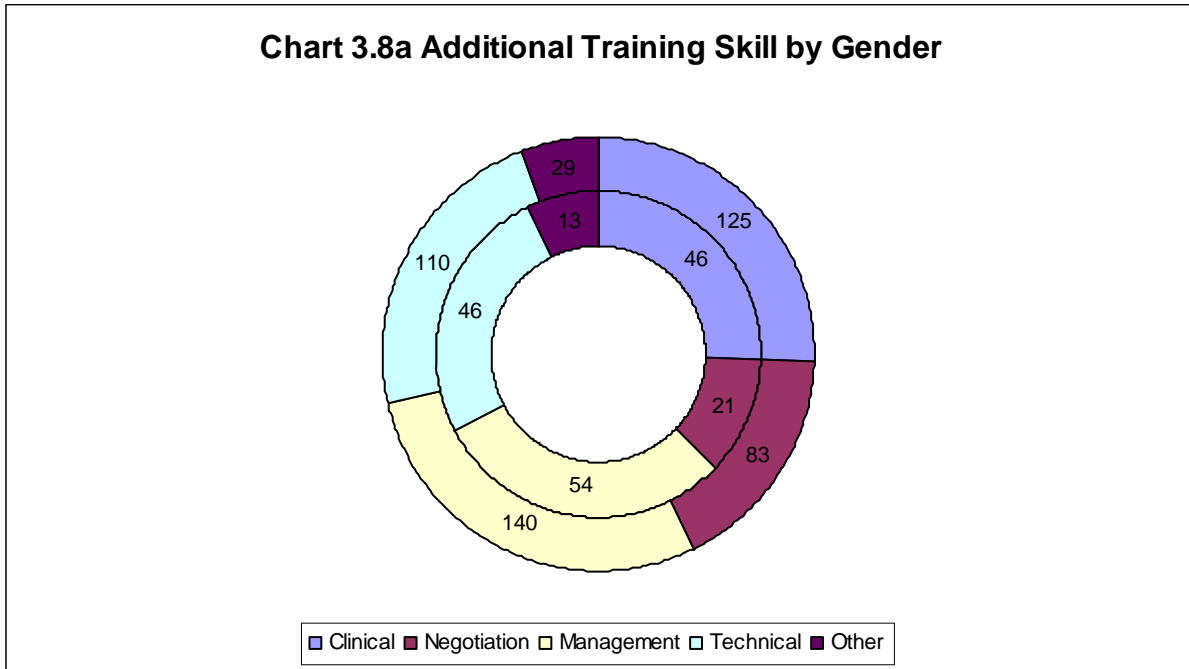
It was found that 29% of respondents attend support network meetings. However, if we exclude AHEO staff, the number drops to 13% while for AHEOs 65% attend the support networks. Most respondents who attend meetings indicated that they were held on a regular basis. Of those who do not attend support meetings, a clear majority (59%) stated that they would be interested in attending. It was not clear whether the lack of attendance was caused by pressure of other commitments or lack of information that they were being held.

3.8 Additional Training and Resources

Respondents were asked if they believed they would benefit from additional training to enhance skills in a number of areas. Multiple responses were accepted. There were 393 persons (82%) who believed a benefit would be obtained in one or more skill areas compared to 84 who believed existing skills were sufficient.

There was little difference between the four types of skill listed. Management was the most highly regarded followed very closely by clinical and technical knowledge. Negotiation was the least stressed and relatively few respondents nominated another skill.

Chart 3.8a shows the number of males and females nominating the various skills. The females are the outer circle. It will be observed that negotiation skills are relatively more important to the female respondents whereas technical skills were regarded more highly by the males.

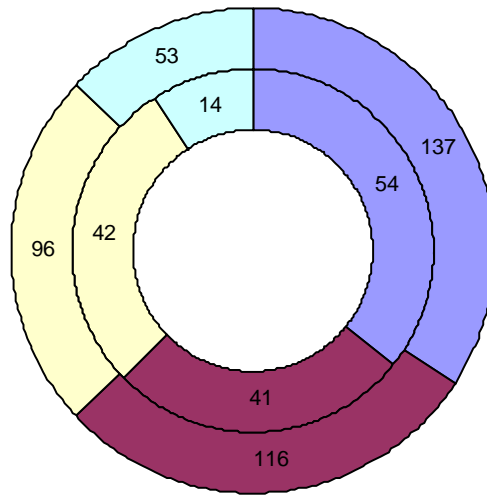


Respondents were also asked about additional resources that may be of benefit to their work. Again a multiple response was allowed. A fewer number of respondents (336 compared to 393) but still a majority believed additional resources would improve workplace performance as compared with additional training.

Technical resources were the leading additional type of resource for both men and women followed by educational and supporting tools.

Chart 3.9a shows the responses in the same format as Chart 3.8a above.

Chart 3.9a Additional Resource Needs by Gender



■ Technical ■ Educational □ Supporting □ Other

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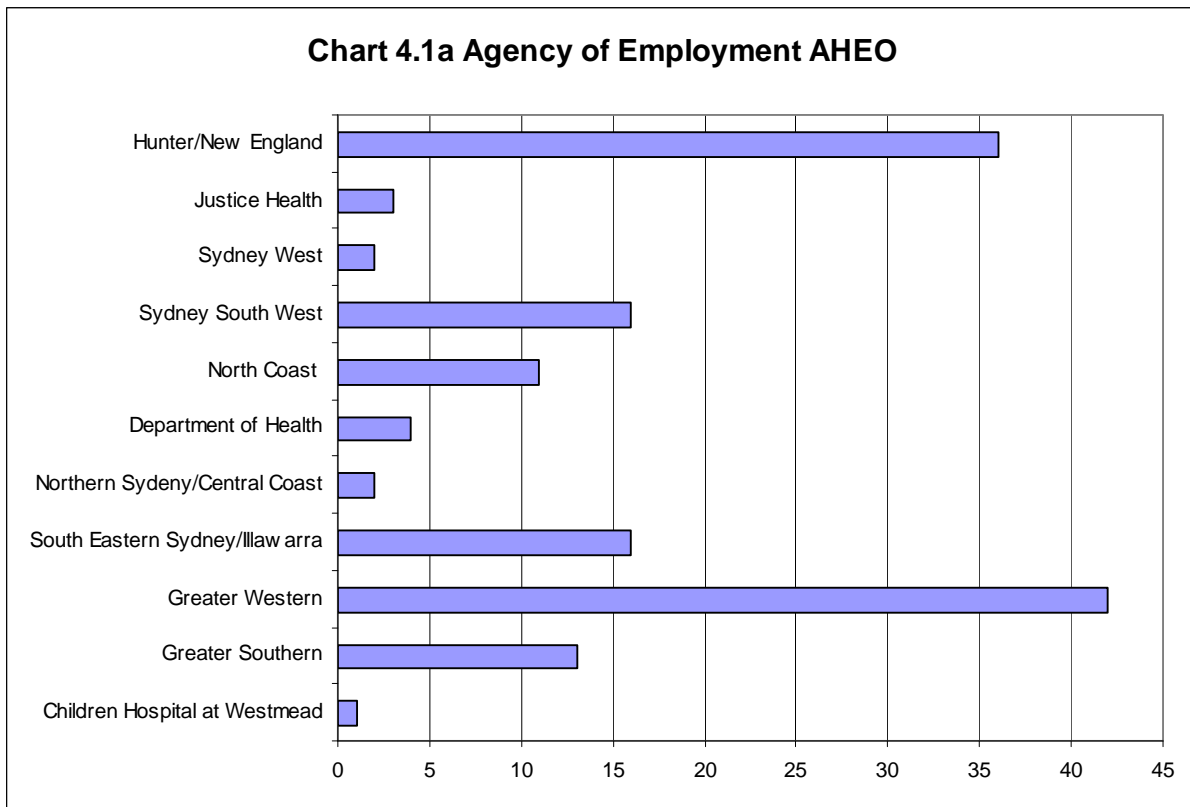
Characteristics of the Aboriginal Health Education Officers

The AHEO form a cohesive group of Aboriginal workers since their primary focus is to provide or facilitate health services to the Aboriginal population. There were 146 AHEO respondents comprising just over 30% of all replies received although they form a much lower percentage of the total Aboriginal health workforce. This number differs from 142 AHEO respondents listed earlier because the total includes three nurses and one social worker who appear to work under AHEO award conditions.

4.1 Demographic Characteristics

The subset consists of 34 males, 110 females and two where the gender of the respondent was not provided. The average age of the males was 39 and the females 42. Four AHEO respondents did not provide their age.

Chart 4.1a indicates the agency of employment for AHEOs. Most respondents work for the Greater Western or Hunter New England AHS. In the metropolitan Areas, there were about 15 AHEO respondents in South Eastern Sydney Illawarra and Sydney South West but very few in Sydney West or Northern Sydney Central Coast.



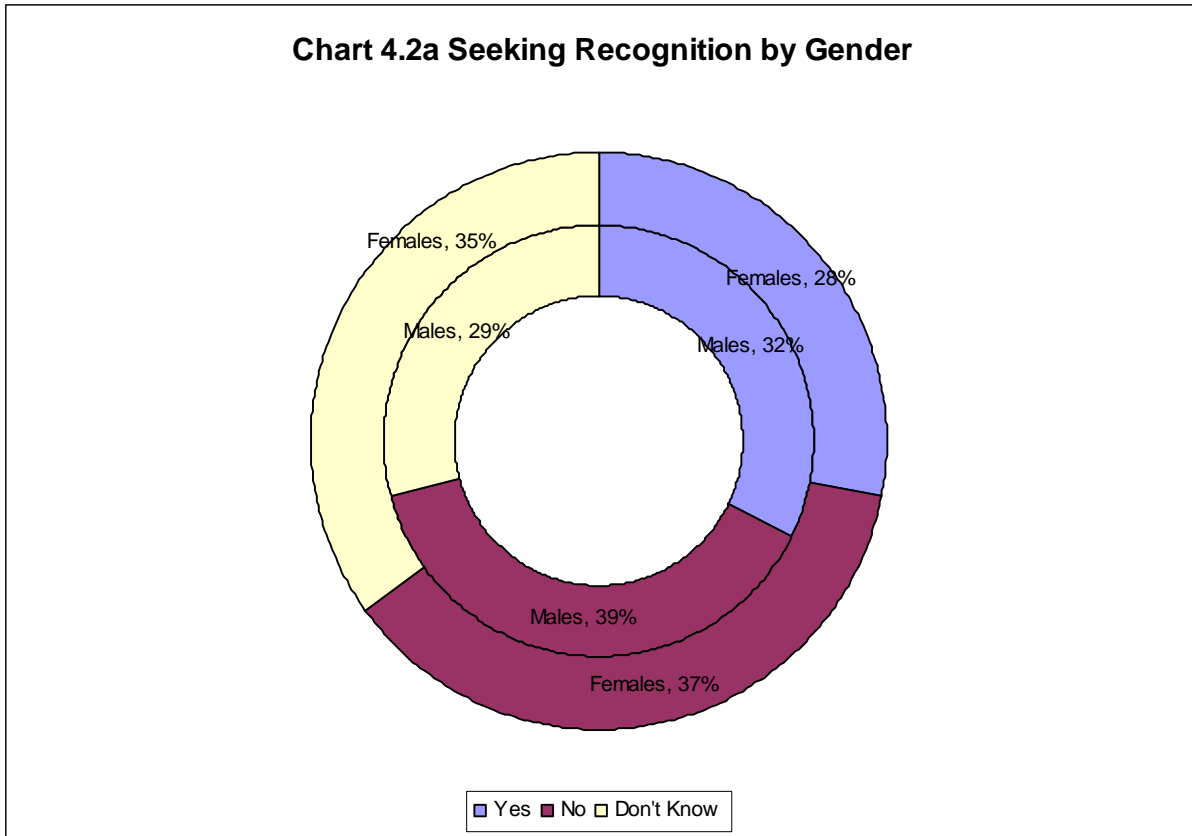
About 27% of AHEO respondents completed 12 years of school compared to 34% of other respondents. TAFE was more common than university for post school education with 62 respondents reporting a TAFE qualification, 36 a university degree and 20 respondents with both. There were 28 AHEO with no further educational qualification.

The most common university qualification was a Bachelor of Health Science (20) of which 5 were in the specialised field of Mental Health. TAFE qualifications were more varied but Indigenous Primary Health Care and Community Health & Development were the most frequently quoted. Eight AHEO held nursing qualifications. There were 7 respondents holding higher degrees of whom 4 specified a Masters Degree in Indigenous Health Studies.

4.2 AHEO Standards and Recognition

Guidelines for Aboriginal Health Education Officers are set out in standards disseminated by NSW Health. Two thirds of the respondents were aware of these standards but the remaining 49 AHEO were either unaware or did not answer.

Respondents were also asked if they were seeking to obtain recognition of prior learning (RPL) in Certificate IV Primary Health Work. Chart 4.2a indicates that positive, negative and equivocal responses were received in approximately equal number from both men and women.



The respondents who were seeking recognition indicated a strong preference (80%) for community care rather than practice although many respondents did not know.

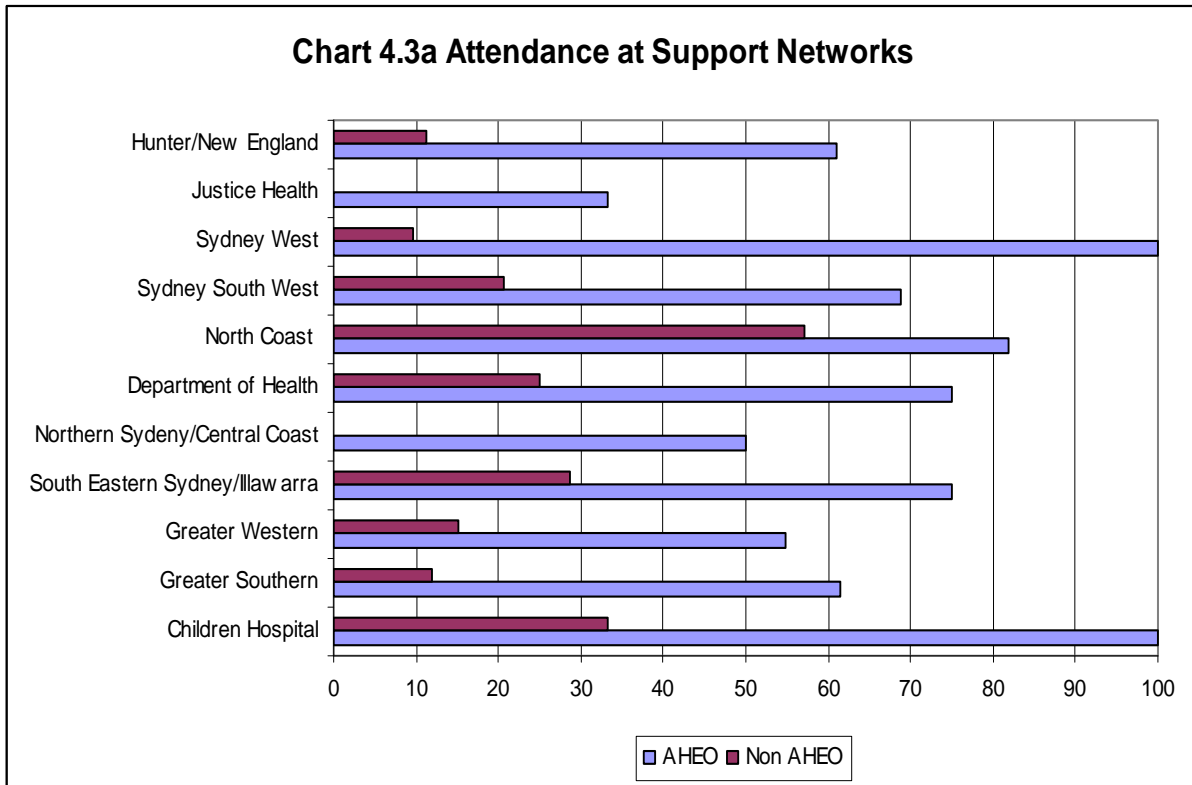
4.3 Workplace Characteristics

A substantial majority (65%) of AHEO have worked in the health system for 5 years or more. Almost 50% of the respondents have worked in their current position for 5 years or more. These responses indicate very little mobility in the workforce and contrast quite strongly with non Aboriginal staff who tend to move employment with greater frequency.

AHEO positions are 85% permanent and full time. There was no report of casual employment although 8 AHEO reported that they worked under contract. A majority of respondents had never acted in higher duties with only 8% currently acting up and 24% having had a previous opportunity.

There were reasonable levels of satisfaction with the structure of the workplace. Almost 80% of AHEO believe they have input into the decision making process while 88% of respondents have an appropriate job description. Formal review processes are more common for AHEO compared to the general workforce. Almost 60% of respondents receive formal review compared to 55% for non AHEO staff. Reviews were nearly always conducted annually. Mentorship is similar to other Aboriginal employees. About 25% of AHEO access a mentor while 41% provide mentorship to other staff.

The characteristic with the largest difference between AHEO and other Aboriginal health workers relates to the Aboriginal Support Networks. Chart 4.3a indicates the AHEO and non AHEO percentage attending support networks for each agency. Note that no ambulance officers reported attendance at a support network meeting. It will be seen that AHEO attendance exceeds non AHEO for every agency. The Children’s Hospital and Sydney West have 100% attendance for AHEO staff while Justice Health and Northern Sydney Central Coast reported zero attendance for the non AHEO employees. The two agencies with the largest number of returns (Greater Western and Hunter New England) reported five times as much attendance for their AHEO as for their non AHEO.



Additional training requirements are similar for the AHEO and non AHEO employees except AHEOs are less interested in technical skills. Training in clinical and management areas were nominated by more than 50% of AHEOs about double the number who required technical or negotiation knowledge.

A different pattern to non AHEO staff also emerged with resource requirements. Whereas technical requirements were the most important resource to non AHEO staff, the AHEOs held greater value on educational and supportive material.

5

Conclusion and Recommendations

The survey represents the first attempt to estimate the size and characteristics of the Aboriginal workforce. Despite the difficulties inherent in obtaining a representative sample of the population, certain clear indications are apparent from the data submitted.

The workforce is predominantly female and older than the workforce in general. Since the overall Aboriginal population is much younger than the non Aboriginal population, there may be barriers to entrance into the health workforce especially for educational officers and professional support. The geographic distribution of the workforce is likely to be influenced by the differential penetration of survey forms among the agencies taking part. Only the Greater Western and Hunter New England Areas appear to be truly representative.

Educational qualification is excellent among younger workers though older members of the workforce were more likely to be trained in the workplace rather than at an educational institution.

The Aboriginal workforce is characterised by high levels of stability. Many workers have remained in substantive positions for years and a majority have spent much of their working life in public health employment. While the most common response for position and duties related to Aboriginal Health Education, it is probable that these officers were more likely to respond and therefore would form a lower proportion of the Aboriginal workforce in general.

Questions on structural issues were generally positive and encouraging in terms of NSW Health policy. Most respondents have input into appropriate decision making and performance reviews were adequate although less common within certain professions. Mentorship is more usually provided than received although this may be reflective of the age and experience of workforce respondents. Support networks may not be reaching the entire workforce as most participants appear to be Health Education Officers. Additional support and resources were regarded as beneficial for most Aboriginal workers.

Clearly, this survey would have been improved with a larger and more representative response. A great deal of time and effort was put into the design and the survey instrument itself was a most useful tool for gauging numbers, characteristics and attitudes to work. It could be repeated with little change but success would depend upon its position among competing priorities. A survey of this nature requires sustained and enthusiastic communication between those officers charged with its administration and the potential respondents. We recommend that the survey be held again in 2010 or a later year but only if strong support can be found within all agencies involved. In practice, that level of support requires executive intervention raising priority above other activities during the period of the survey.

APPENDIX 1 The Aboriginal Workforce Survey

CONFIDENTIAL

2008 NSW HEALTH ABORIGINAL WORKFORCE SURVEY

The Aboriginal Workforce Survey (AWS) will be an important source of information to provide data on the status of Aboriginal employment in NSW Health. The results from the AWS will assist in the development of local and statewide approaches to Aboriginal workforce development.

The privacy of the information that you provide is important to us. The Department understands that the information you provide needs to remain confidential and is committed to ensure your responses do not personally identify you. We therefore commit to ensuring that the information we collect will be used only for the purpose of providing information on the status of Aboriginal employment in NSW Health, and used only in aggregate form. The information will be kept securely and confidentially for these purposes and will not be released unless otherwise required by law. NSW Health has a privacy management plan for these purposes. If you have queries or concerns, please contact your Area Health Service Director of Workforce Development. Your contribution to Aboriginal workforce development is greatly appreciated.

When completing this survey, please:

- Use black pen to assist scanning the document
- Answer questions with capital letters only and

Mark the box like this

Survey number: AW XXX XXX

SECTION A: DEMOGRAPHICS

1. Are you Aboriginal (to Australia) and/or Torres Strait Islander? *(Please mark one box only)*

- Yes, Aboriginal (to Australia)
 Yes, Torres Strait Islander
 Yes, Aboriginal (to Australia) and Torres Strait Islander
 No, Neither Aboriginal (to Australia) or Torres Strait Islander

Please Note:

For the purposes of this document, from this point forward the term "Aboriginal" will be used to refer to both Aboriginal and Torres Strait Islander peoples.

2. Have you identified as Aboriginal through your Area Health Service Human Resources Department?

- Yes No Don't know

3. Was Aboriginality a documented requirement or selection criteria, as authorised under Section 14(d) of the NSW Anti-Discrimination Act 1977, for the position you currently occupy? Yes No Don't know

If you answered "Yes" or "Don't know" to any of Questions 1,2 and/or 3, please ensure you continue to complete the form and return it in the reply paid envelope.

If you answered "No" to all of Questions 1,2 and 3, you do not need to complete this form any further. Please return form in the reply paid envelope

4. Gender: Male Female

8. A How many years have you worked in the public health system in total, including in your current position?
(include all full-time, part-time, and casual years worked)
 Number of years

8. B If under one year, how many months have you worked?
 Number of months

9. A How many years have you worked in your current job?
 Number of years

9. B If under one year, how many months have you worked?
 Number of months

10. Is your current job? (Please mark one box only)

Permanent Full Time

Permanent Part Time

Under 13 weeks or Casual

Contracted

11. A Which of the following best describes your current job category? (Please mark one box only)

Medical Nursing & Midwifery

Allied Health Corporate Services

Oral Health Maintenance & Trades

Ambulance Clinician Hotel Services

Scientific & Technical Support Staff e.g. *Technical Officer*

Other Professional & Para-Professional

Hospital Support staff (non-clinical) e.g. *Ward Clerk*

Other, Specify _____

11. B What is your current position title?

11. C What area do you work in? (e.g. Mental health, Midwifery, Policy, Catering, Human Resources, Childcare, Transport etc)

11.D What Award are you employed under?
(e.g. Aboriginal Health Education Officer – Non-Graduate – Year 8)

12. A Are you employed as an Aboriginal Health Education Officer (AHEO) or Aboriginal Hospital Liaison Officer (AHLO)?

Yes, please go to question 12B No, please go to question 13

12. B Are you aware of the national initiative to introduce competency standards and qualifications for people who work as an AHEO or AHLO?

Yes No

12. C Are you seeking to obtain Recognition of Prior Learning (RPL) in Certificate IV Aboriginal Primary Health Care?

Yes No Don't know

12. D If "Yes" to 12 C, in what area/stream?

Community Care Practice Don't know

SECTION B: WORKFORCE PERFORMANCE

13. Have you acted in higher duties?

Currently Previously Never

14. Do you have the opportunity to be included in decision-making processes that relate to your work?

Yes No Don't Know

15. Do you have a current job description?

Yes No Don't Know

16. A Have you received a formal review of your work performance by your manager or equivalent in the past 12 months?

Yes No, please go to question 17 Don't Know, please go to question 17

16. B If "Yes" to 16 A, How often do these occur?

(Please mark one box only)

Annually 3 monthly

6 monthly Other

16. C Is this performance review in line with your job description?

Yes No No job description

16. D Does this performance review identify areas for skills development?

Yes No Don't Know

16. E Does this performance review enable you to express your career goals?

Yes No Don't Know

For Question 17 "Mentor" is described as a deliberate professional relationship, where a more experienced or skilled person assists the career development or professional growth of a less experienced or skilled person.

17. A Are you currently accessing a mentor in your workplace?

- Yes No Don't Know

17. B If "No" to 17 A, Would you like to have a mentor?

- Yes No Don't Know

17. C Have you provided mentoring in workplace?

- Yes No Don't Know

17. D If "Yes" to 17 C, Have you had training to provide mentoring?

- Yes No Don't Know

18. A Do you attend an Aboriginal Support Network meeting (ASN) within your area?

- Yes No Don't Know

18. B If "Yes" to 18 A, Are these meetings on a regular basis?

- Yes No Don't Know

18. C If "No" to 18 A, Are you interested in attending an ASN within your area?

- Yes No Don't Know

SECTION C: EDUCATION & TRAINING

19. What is the highest level of schooling you completed?

- Year 8 or below School Certificate (Year 10)
 Year 9 or equivalent Higher School Certificate (Year 12)

20. A Have you completed post secondary qualifications?

- TAFE and / or other Registered Training Organisation (RTO)
 University None

20. B Please indicate all levels completed:

- Certificate II Diploma
- Certificate III Bachelors Degree
- Certificate IV Masters Degree
- Associate Diploma Doctorate

20. C Course name of highest qualification achieved:

20. D Year when most recent qualification achieved:

21. A Are you currently enrolled in any courses?

- Yes No

21. B If "Yes", what is the course name?

22. A If "Yes" to 21 A, Are you in receipt of a scholarship or funding relating to your studies?

- Yes No Don't Know

22. B If "No" to 22 A, Are you aware of scholarship programs and funding to assist with undertaking studies?

- Yes No

22. C If "Yes" to 22A, Name of scholarships or funding.

23. What additional training would you consider necessary to improve your job performance?

(If more than one, please indicate by marking boxes)

- Clinical skills Management/supervision skills
- Negotiation skills Technical skills (eg computer)
- Other, please specify

24. What additional resources would you consider necessary to improve job performance?

(If more than one, please indicate by marking boxes)

- Technical resources (eg computer)
- Educational resources (eg library)
- Supporting resources (eg vehicles)
- Other, please specify

25. If you have any further comments or suggestions, make brief comments here.

Thank you for taking the time to complete this survey. Please return your completed survey by **Friday 28th March 2008** in the reply paid envelope or send to:

Aboriginal Workforce Survey

Aboriginal Workforce Development Unit

Locked Mail Bag 961

NORTH SYDNEY NSW 2059

APPENDIX 2 Acronyms

AHEO	Aboriginal Health Education Officer
AHS	Area Health Service
AHW	Aboriginal Health Worker
MAWD	Manager of Aboriginal Workforce Development
PWP	Premiers Workforce Profile