

## 3.4 STRATEGIC DIRECTION 4: STRENGTHENING THE ABORIGINAL WORKFORCE

Increasing the number of Aboriginal people employed by NSW Health supports the economic and social wellbeing of Aboriginal people as well as the delivery of culturally safe healthcare. Strategic Direction 4 focuses on attracting, developing and retaining more Aboriginal people to work in health. Key actions are:

- implementing, monitoring and reporting on *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020*
- ensuring opportunities for Aboriginal people to work across NSW Health and local providers
- establishing mechanisms to support career pathways for Aboriginal people
- supporting development and mentoring of future leaders in Aboriginal health
- working with education organisations to create career pathways into the health sector for Aboriginal people
- strengthening Aboriginal Health Workers through the development and implementation of scopes of practice.

### 3.4.1 NSW HEALTH ACTIVITIES

#### *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020*

The NSW Health *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020* provides a system-wide strategy for strengthening the Aboriginal health workforce. The Framework is a resource to guide LHDs, SHNs and other NSW Health organisations to grow and develop their Aboriginal staff. It sets out the workforce development priorities and desired outcomes for NSW Health for the period 2016–2020 and the key actions that need to be taken to achieve these priorities and outcomes.

The Framework's priorities are to: lead and plan Aboriginal workforce development; build cultural understanding and respect; attract, recruit and retain Aboriginal staff; develop the capabilities of Aboriginal staff; work with others to achieve workforce priorities; and track our achievements and improve results.

Building on the previous Framework, *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2011–2015*, the current Framework supports NSW

#### KEY FINDINGS

- NSW Health has established a system-wide framework and the 'Stepping Up' website (and related activities) to strengthen its Aboriginal workforce, with performance data used to inform action at state and local levels.
- NSW Health organisations are implementing many (n=70) initiatives aiming to recruit, retain and develop Aboriginal staff, with many achieving good outcomes.
- Between 2011–12 and 2016–17, the proportion of NSW Health staff who identified as Aboriginal increased from 1.9% to 2.5%, which is approaching the NSW Health target of 2.6%.
- Aboriginal people are increasingly employed in higher paid roles, however, the NSW Health target of 1.8% of staff in all salary bands being Aboriginal is yet to be met.
- Although NSW Health is implementing initiatives designed to develop Aboriginal health leaders, the number and proportion of NSW Health executives who identify as Aboriginal is small.
- Aboriginal people fill a high proportion (13%) of paraprofessional and clinical support roles, compared to medical (0.7%), nursing (1.5%) and allied health (1%) roles.
- Some ACCHSs perceived a shortage of Aboriginal staff in local hospitals and some felt there was a need for better workforce support for the ACCHS sector.

Health organisations to improve the representation of Aboriginal people across all roles and at all levels, including management and executive levels.

#### Stepping Up

The '[Stepping Up](#)' website has been established to support the implementation of *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020* and the *NSW Aboriginal Health Plan 2013–2023*. 'Stepping Up' aims to boost the number of Aboriginal people working in health professions across NSW. The website provides resources and practical guidance to help Aboriginal people find jobs in NSW Health and to help managers recruit, support and retain Aboriginal



staff. 'Stepping Up' was launched in 2015 and receives an average of 1,200 visits per month.

In 2017, the NSW Ministry of Health hosted the NSW Health Good Health — Great Jobs 2017 Stepping Up Forum. It aimed to: showcase the variety of ways in which NSW Health is delivering culturally safe health services through engagement with its Aboriginal workforce; support the broad uptake of evidence-based models of recruitment, support and retention of Aboriginal staff; and highlight career opportunities and pathways for Aboriginal people in NSW Health. The Forum was attended by 288 Aboriginal and non-Aboriginal health managers and staff working across all roles including clinical, non-clinical and leadership roles. A follow-up Forum is planned for 2019.

### Monitoring performance and using data to support change

The implementation of the *Good Health — Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020* and Strategic Direction 4 of the *NSW Aboriginal Health Plan 2013–2023* is monitored in three ways.

First, the proportion of staff who identify as Aboriginal is a performance measure in Service Agreements between the MoH and LHDs/SHNs, with LHDs/SHNs set a target of at least 2.6% of their workforce comprising Aboriginal people. Data on this measure are provided to LHDs/SHNs on a 6-monthly basis. The performance of LHDs/SHNs against this measure is reviewed annually, with successes celebrated, effective models promulgated and poor performance remediated.

Second, NSW Health organisations report annually to the NSW Health Aboriginal Workforce Strategic Steering Committee, describing progress against six performance indicators:

1. Proportion of staff who identify as Aboriginal by gender, occupation group and salary level (target of 2.6% overall and 1.8% across all salary levels and occupation groups)
2. Aboriginal recruitment entries and exits to NSW Health
3. Numbers of Aboriginal health cadets and trainees
4. Aboriginal Workforce Strategy Implementation Plan established
5. Aboriginal Employment Coordinator appointed
6. Number of staff completing Respecting the Difference Aboriginal Cultural Training.

The NSW Health Aboriginal Workforce Strategic Steering Committee is made up of representatives of the MoH, LHDs, SHNs and other public health organisations. It

uses these annual reports to identify high- and under-performing NSW Health organisations, establish strategies to increase and strengthen the Aboriginal health workforce, and highlight areas requiring attention of the Secretary, NSW Health.

Third, the MoH has developed an Aboriginal health workforce dashboard, a data visualisation tool that supports tracking of progress against the six performance indicators described above. Dashboards are prepared for all NSW Health organisations on an annual basis and are used as a tool to manage performance and support evidence-informed action to strengthen the Aboriginal workforce.

### Summary of initiatives implemented across NSW Health

The survey of NSW Health organisations and document review identified a large number (n=70) of initiatives seeking to increase and strengthen the Aboriginal workforce in NSW Health (see the Appendix for a complete list of initiatives). Table 4 describes a selection of current or recent initiatives.

NSW Health offers a range of training programs, scholarships, and cadetships to support entry points, career pathways and career development for Aboriginal people. Programs are offered in a range of disciplines including: allied health, nursing and midwifery, oral health, mental health, environmental health and public health. Some of these initiatives are producing encouraging outcomes, such as the Aboriginal Environmental Health Officer Training Program, the Aboriginal Population Health Training Initiative, and the Aboriginal Oral Health Scholarships Program.

Programs and strategies are being implemented to actively pursue Aboriginal candidates for NSW Health roles and to support Aboriginal health staff, such as the Aboriginal Medical Workforce Recruitment Pathway, the Training and Support Unit for Aboriginal Mothers, Babies and Children, the Dalang Project, and the Aboriginal Health Worker Project.

Several programs are being implemented that aim to develop Aboriginal health leaders and establish clinical networks and professional forums, such as the Aboriginal Mental Health Clinical Leadership Program, the Aboriginal Trainee Doctors Forum, and the Managers of Aboriginal Workforce Development Network.

Finally, many NSW Health organisations, including LHDs and SHNs, have implemented local Aboriginal health workforce action plans and Aboriginal employment strategies, with some establishing Aboriginal workforce steering committees to guide implementation.



**TABLE 4. EXAMPLES OF KEY INITIATIVES ALIGNING WITH STRATEGIC DIRECTION 4: STRENGTHENING THE ABORIGINAL WORKFORCE\***

Program name		Program description	Lead agency(ies)	Scale and outcomes
<b>Traineeships</b>				
1	Aboriginal Environmental Health Officer (EHO) Training Program	Aims to develop an Aboriginal workforce with the leadership and technical skills to address environmental health problems in Aboriginal communities. Trainees undertake a fully subsidised six year Bachelor of Natural Science degree (Environmental Health) and a placement in a Public Health Unit or Local Government Council in NSW.	Health Protection NSW	State-wide implementation. Sixteen EHOs have graduated since 1997, increasing the proportion of NSW Health EHOs who identify as Aboriginal from 0% to 17% (9 out of 51).
2	Aboriginal Mental Health Worker Training Program	Aims to ensure the provision of accessible, culturally appropriate mental health services to Aboriginal people by training Aboriginal people to become mental health workers. Trainees are permanent, full-time employees of NSW Health who undergo supervised workplace training and clinical placements over three years, while concurrently completing a fully subsidised bachelor degree.	MoH	State-wide implementation. Eighty trainees have completed the program since 2007.
3	Aboriginal Population Health Training Initiative	Aims to strengthen the Aboriginal public health workforce in NSW, with the long-term goal of improving the health of Aboriginal people. Participants undertake three years of supervised work placements in population health and complete a fully subsidised Master of Public Health degree. Coordinated by the NSW Ministry of Health and LHDs/SHNs employ and host trainees.	MoH/LHDs and SHNs	Implemented in multiple LHDs/SHNs. Since 2011, 25 people have enrolled in the program and 10 people have graduated. 100% of graduates remain employed within NSW Health.
4	Aboriginal Mental Health Worker Grief and Loss Training Program	Aims to build the capability of the NSW Aboriginal mental health workforce to support Aboriginal communities in dealing with grief and loss. Provides culturally relevant training, resources and local support to Aboriginal mental health workers located in LHDs and ACCHSs. A train-the-trainer component promotes sustainable delivery of the program. Funded by the NSW Ministry of Health and delivered by the NSW Institute of Psychiatry.	MoH/NSW Institute of Psychiatry	Implemented in multiple LHDs. Training has been provided to 145 Aboriginal workers. Eight Aboriginal clinicians/clinical leaders were trained in train-the-trainer sessions in April 2017.
5	Aboriginal Policy Pathway Program	Aims to support the career pathway of Aboriginal people into the NSW Ministry of Health, in a policy analyst role. Participants are employed in a Ministry Branch for two years, complete a formal program of study (including the Public Sector Management Program), and are supported in their policy work through a combination of formal and informal mentoring.	MoH	State-wide implementation. To date, six Aboriginal people have completed or are still undertaking the Program. Graduates are employed in NSW Health and NSW Government roles.
<b>Cadetships and scholarships</b>				
6	Aboriginal Oral Health Scholarships Program	Provides training for Aboriginal people living in regional areas of NSW to become qualified dental assistants and provides a pathway into higher education such as oral health therapy. The program provides a high level of support to students including: course fees, internet access, one-on-one mentoring, and face-to-face and online learning. It is a partnership between the NSW Ministry of Health, the Poche Centre for Indigenous Health and Rotary.	MoH/Poche Centre for Indigenous Health	State-wide implementation. A total of 87 Aboriginal students have completed qualifications under this program so far with a further 28 currently enrolled. The total completion rate is 93%.
7	Aboriginal Nursing and Midwifery Strategy, Cadetship and Scholarships Program	Aims to improve Aboriginal health by providing opportunities for Aboriginal people to gain education and employment in the fields of nursing and midwifery. Provides financial assistance and support for Aboriginal people enrolled in either nursing or midwifery undergraduate and postgraduate studies. The cadetship provides a fortnightly study allowance, paid work placements and ongoing employment at the completion of studies.	MoH	State-wide implementation. In 2016/17, 70 Aboriginal nursing and midwifery students were supported with cadetships. Since the program began, 133 nurses and midwives have graduated.

\* In identifying activities for inclusion in this table, large-scale initiatives were prioritised over programs of smaller scale, as the former have greater potential to influence population health. A few small-scale innovations *with good potential for scaling up* are also included. Initiatives in this table are informed by evidence.



8	NSW Rural Resident Medical Officer Cadetship for Indigenous Medical Students	Designed to increase the number of Aboriginal doctors working in rural NSW communities. Provides financial assistance and other support to Aboriginal medical students who work as interns and residents in rural NSW hospitals after graduation. Cadetships are funded by the NSW Ministry of Health and are administered by the NSW Rural Doctors Network.	MoH/NSW Rural Doctors Network	State-wide implementation. Between 2011 and 2016, 11 cadets enrolled in the program.
9	Aboriginal Allied Health Cadetship Program	Aims to increase the number of Aboriginal people working in allied health professions across NSW Health and to develop career pathways for Aboriginal staff. Cadets undertake full-time study in an undergraduate allied health course while being provided with a study allowance, a paid work placement in a public health facility, and support and mentoring.	HETI	State-wide implementation. Since 2013, three cadets have completed their cadetship and were employed in NSW Health.
10	Tracks to Health Program	Objective is to offer self-assessment and subsequent support to Aboriginal people interested in studying for a career in health, including in the nursing, allied health and Aboriginal Health Worker disciplines. Support includes individual assistance to students offered by the local Aboriginal Education Unit at TAFE NSW.	MoH/TAFE NSW	State-wide implementation.
11	Collaborating with education organisations	Several LHDs are collaborating with schools and education organisations to create pathways into health careers for Aboriginal students. For example, Nepean Blue Mountains LHD has worked with local high schools and registered training organisations to establish a Certificate III in Acute Care as part of the Higher School Certificate curriculum.	Various LHDs	Implemented in multiple LHDs.
<b>Recruitment pathways</b>				
12	Aboriginal Medical Workforce Recruitment Pathway	Offers Aboriginal medical graduates a pathway from medical school to a prevocational trainee position (internship) in NSW Health. Aims to build the capability of Aboriginal doctors in NSW Health and improve cultural safety.	HETI	State-wide implementation. In 2016, 19 Aboriginal graduates were recruited to an intern position.
13	<i>Recruitment and Selection of Staff to the NSW Health Service (PD2017_040)</i>	Outlines the mandatory standards to be applied when recruiting and selecting staff for employment in the NSW Health Service, including additional requirements for recruiting Aboriginal people. Under the policy, selection committees must have an Aboriginal member during recruitment for targeted Aboriginal roles and panel members must have undertaken the Respecting the Difference Aboriginal Cultural Training Program.	MoH	State-wide implementation.
<b>Leadership and support networks</b>				
14	Aboriginal Mental Health Clinical Leadership	Establishes clinical leaders in Aboriginal mental health and is an essential part of the continuity and support of the NSW Aboriginal Mental Health Worker Training Program. Aboriginal mental health clinical leaders work across LHDs to provide vital support to the Aboriginal mental health workforce, including trainees, by providing training, supervision and coordination of clinical, professional and service development.	MoH	Implemented in multiple LHDs.
15	Aboriginal Trainee Doctors Forum	State-wide meeting that invites self-identified Aboriginal trainee doctors and final year medical students to come together twice a year for cultural and professional development. Purpose is to discuss and advise on ways to improve support systems and career opportunities for Aboriginal doctors. The Forum is a collaboration between HETI, the NSW Ministry of Health and the Australian Indigenous Doctor's Association.	HETI	State-wide meeting. Steady increase in attendance from four in 2015 to 22 in 2017.
16	Managers of Aboriginal Workforce Development Network	Comprised of managers of Aboriginal workforce and employment across LHDs and other NSW Health organisations. Meets on a quarterly basis to share information, ideas and initiatives to increase and support the Aboriginal health workforce (including recruitment, retention, education, training, support and other workforce issues). The NSW Ministry of Health provides secretariat support to the network.	MoH	State-wide implementation.



17	Aboriginal health staff networks	Many LHDs and other NSW Health organisations have established networks of Aboriginal staff. For example, South Western Sydney LHD has established an Aboriginal Health Network, which meets regularly and provides a culturally supportive environment for Aboriginal staff to network with Aboriginal peers and discuss ongoing education and training opportunities and career pathways.	Various NSW Health organisations	Implemented in multiple NSW Health organisations.
<b>Formal training</b>				
18	Education Centre Against Violence (ECAV) Aboriginal Qualifications Pathway	ECAV is a state-wide service providing workforce development and training programs in the areas of sexual assault, domestic and Aboriginal family violence and abuse and neglect of children. Its Aboriginal Qualifications Pathway equips Aboriginal health workers to provide counselling to perpetrators and victims of Aboriginal domestic and family violence through delivery of three counselling courses (Certificate IV, Advanced Diploma and Graduate Certificate).	ECAV	State-wide implementation. Completion rates are high for each qualification: Certificate IV 2000-2015: 196 completed (71%); Advanced Diploma 2011-2015: 40 completed (74%); Graduate Certificate 2013-2015: 17 completed (77%).
19	Training and Support Unit for Aboriginal Mothers, Babies and Children (TSU)	Aims to enhance Aboriginal maternal and child healthcare delivery in NSW by providing high quality education and support for Aboriginal and non-Aboriginal staff working in Aboriginal-specific maternity and early childhood health services in NSW. Delivers a professional development program, giving a culturally inclusive overview of Aboriginal maternal and child and family health matters.	HETI	State-wide implementation. TSU is targeting a diverse multidisciplinary workforce. Three Yarning Circles and four state-wide teleconferences were held between April and August 2016.
20	The Dalang Project	An oral health promotion and obesity prevention project which employs Aboriginal dental therapists in Aboriginal health services across NSW. Therapists provide 2.5 days per week each of dental care and oral health promotion, and participate in weekly professional development. A collaboration between Nepean Blue Mountains LHD, the NSW Ministry of Health, Poche Centre for Indigenous Health and Rotary.	NBMLHD/ MoH/ Poche Centre for Indigenous Health	State-wide implementation. Has provided graduate training for 19 oral health therapists since implementation in 2015/16. Delivered a total Dental Weighted Activity Units value of 1199.24 in 2016/17.
<b>Workforce plans and guidelines</b>				
21	<i>Health Professionals Workforce Plan 2012-2022</i>	Provides a three-part framework for stabilising, building and growing an effective healthcare workforce in NSW. Outlines strategies that support the growth of the Aboriginal workforce; these focus on developing staff at all stages of their career pathway, and include rural facilities and specialised services such as Aboriginal health.	MoH	State-wide implementation.
22	Aboriginal Health Worker Project	Aims to improve support of Aboriginal Health Workers in NSW Health by reviewing and refining current workforce and training pathways. Supportive resources have been established, including a <i>Decision Making Framework for Aboriginal Health Practitioners</i> and <i>Aboriginal Health Worker Guidelines for NSW Health</i> . To support adoption of the Guidelines, implementation workshops were delivered in 2016 and 2017 to all LHDs and SHNs in NSW.	MoH	State-wide implementation. MoH hosted 19 Aboriginal Health Worker Guidelines Workshops during 2016-17.
23	Aboriginal health workforce action plans	Many LHDs and other NSW Health organisations have implemented local Aboriginal health workforce action plans, with some establishing Aboriginal workforce steering committees to guide implementation.	Various NSW Health organisations	Implemented in multiple NSW Health organisations.
24	Aboriginal Employment Strategies	Many LHDs and other NSW Health organisations have established local Aboriginal Employment Strategies, which outline a specific set of actions seeking to recruit, retain and develop Aboriginal health staff in various roles, including senior management roles.	Various NSW Health organisations	Implemented in multiple NSW Health organisations.



## CASE STUDY

### ABORIGINAL ORAL HEALTH SCHOLARSHIPS PROGRAM

Rural and remote Aboriginal people suffer from higher rates of oral disease associated, in part, with limited access to dental and oral health practitioners. The Aboriginal Oral Health Scholarships Program was developed specifically for Aboriginal people in regional and remote areas of NSW. It aims to increase the number of Aboriginal people trained in oral healthcare with the overarching goal of improving dental health in Aboriginal communities.

The program offers financial assistance for Aboriginal people to study the Certificate III in Dental Assisting, the Certificate IV in Dental Assisting (Oral Health Promotion), and/or the Certificate IV in Dental Radiography. Training is provided in block mode to enable recipients to remain in their community and maintain employment and local activities. Each scholarship is valued at \$15,000 and provides over two years: one-to-one mentoring; course fees (covering online and face-to-face courses); a laptop computer and prepaid internet access; weekly telephone and/or video support; and career and education planning.

The program is a joint initiative of the MoH, the Poche Centre for Indigenous Health, and the Rotary Club of Sydney. The Poche Centre is responsible for the development, implementation and evaluation of the program.

A total of 87 Aboriginal students have completed qualifications under this program so far, with a course completion rate of 93%. In 2016/17, 34 Aboriginal students completed 44 TAFE qualifications in Dental Assisting, Oral Health Promotion and Radiography. Past students have gone on to complete additional qualifications such as a Diploma in Dental Technology and a Bachelor of Oral Health.

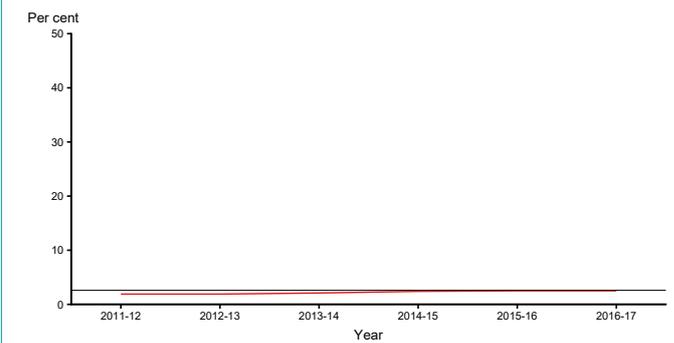
### 3.4.2 PROGRESS INDICATORS

#### Aboriginal workforce as a proportion of total workforce

Aboriginal workforce as a proportion of total workforce is an indicator of the effectiveness of efforts to increase the number, and retention, of Aboriginal health staff in NSW.

Between 2011-12 and 2016-17, the proportion of NSW Health staff who identified as Aboriginal increased from 1.9% to 2.5%, which is approaching the NSW Health target of 2.6% (Figure 15).

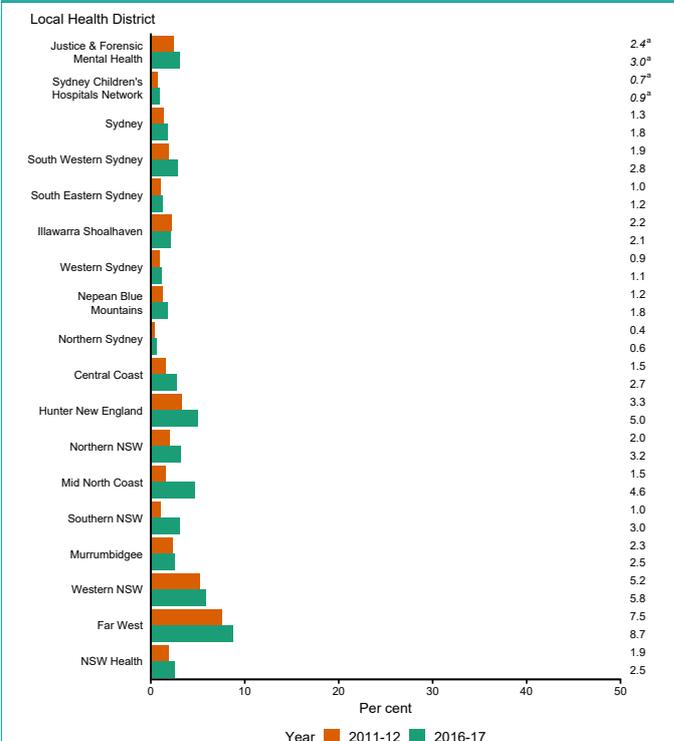
FIGURE 15. Proportion of NSW Health staff who identify as Aboriginal, 2011-12 to 2016-17



Source: Public Service Commission Workforce Profile via the State Management Reporting Service.  
Note: The black line represents the NSW Health target of 2.6% of all staff identifying as Aboriginal.

During the same period, the proportion of staff who identified as Aboriginal increased in 16 of 17 LHDs and SHNs (Figure 16), with Mid North Coast LHD achieving a 3.1% absolute increase (from 1.5% to 4.6%). Broadly, LHDs in which Aboriginal people make up a relatively high proportion of the population (such as Far West LHD) have achieved higher representation of Aboriginal people in their workforce than LHDs in which Aboriginal people make up a relatively low proportion of the population, such as Northern Sydney LHD (Figure 16).

FIGURE 16. Proportion of NSW Health staff who identify as Aboriginal by local health district/specialty health network, 2011-12 and 2016-17

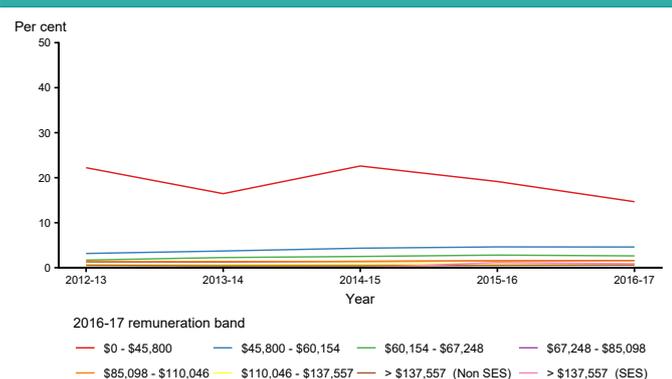


Source: Public Service Commission Workforce Profile via the State Management Reporting Service.  
<sup>a</sup> Indicates that number of staff who identified as Aboriginal in 2016-17 was less than 50 and the % displayed should therefore be interpreted with care.



Between 2012–13 and 2016–17, the proportion of NSW Health employees in the lowest remuneration band (up to \$45,799 per annum) who identified as Aboriginal decreased from 22.2% to 14.7%. Conversely, during the same period, the proportion of NSW Health staff in higher paying roles who identified as Aboriginal increased modestly, with the largest increase occurring in the second band (\$45,800–\$60,153 per annum) — an absolute increase of 1.4% (Figure 17).

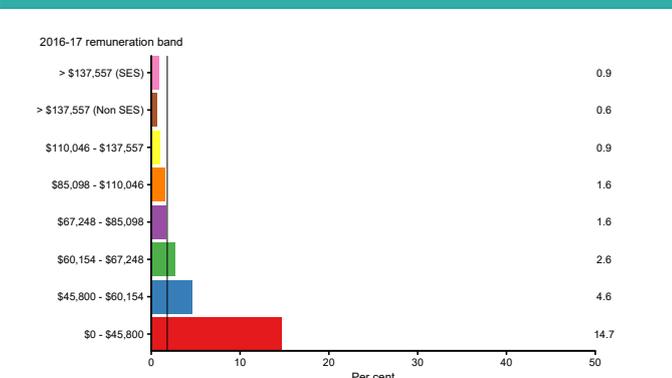
**FIGURE 17. Proportion of NSW Health staff who identify as Aboriginal by salary band, 2012–13 to 2016–17**



Source: Public Service Commission Workforce Profile via the State Management Reporting Service.  
Notes: Senior Executive Service (SES) bands have been excluded for all but the top SES band, as the total counts in these bands were low and only available for some years. The pay range attached to each band has changed marginally over time.

NSW Health has set a target of 1.8% of staff identifying as Aboriginal across all remuneration bands. In 2016–17, Aboriginal people accounted for 1.8% or more of NSW Health staff in three salary bands and 1.6% of staff in a further two salary bands. However, Aboriginal people were fewer in proportion in the two highest paid bands and senior executive roles (Figure 18).

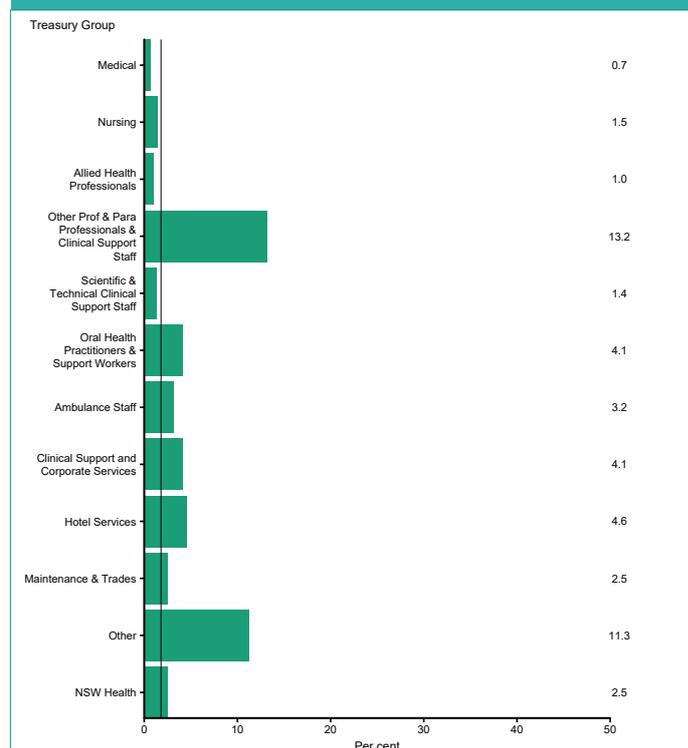
**FIGURE 18. Proportion of NSW Health staff who identify as Aboriginal by salary band, 2016–17**



Source: Public Service Commission Workforce Profile via the State Management Reporting Service.  
Notes: Senior Executive Service (SES) bands have been excluded for all but the top SES band, as the total counts in these bands were low. The black line represents the NSW Health target of 1.8% of staff identifying as Aboriginal across all remuneration bands.

NSW Health has set a target of 1.8% of staff identifying as Aboriginal across all occupation groups (Treasury Groups). In 2016–17, Aboriginal people accounted for 1.8% or more of NSW Health staff in seven of 11 occupation groups, with Aboriginal people making up a high proportion (13.2%) of staff working in the 'Other Professionals & Para Professionals & Clinical Support Staff' occupation group compared to other groups. In each of the 'Medical', 'Nursing' and 'Allied Health Professionals' groups, and 'Scientific & Technical Clinical Support Staff', less than 1.8% of staff identified as Aboriginal in 2016–17 (Figure 19).

**FIGURE 19. Proportion of NSW Health staff who identify as Aboriginal by Treasury Group, 2016–17**



Source: Public Service Commission Workforce Profile via the State Management Reporting Service.  
The black line represents the NSW Health target of 1.8% of staff identifying as Aboriginal across all occupation groups.

### 3.4.3 STAKEHOLDER FEEDBACK

#### Views of NSW Health staff

Many LHD and SHN staff reported a focus on implementing local Aboriginal health workforce action plans to achieve appropriate representation of Aboriginal staff. Examples of strategies incorporated into these action plans included: enhancing partnerships with education providers to develop and recruit Aboriginal students into health professions; promoting cadetships and scholarships; and creating new employment opportunities in the areas of allied health, patient safety and quality, and workforce diversity.



## CASE STUDY

### ABORIGINAL POPULATION HEALTH TRAINING INITIATIVE (APHTI)

The APHTI is a workplace-based public health training program for Aboriginal people. It aims to strengthen the Aboriginal population health workforce, with the long-term goal of improving the health of Aboriginal people in NSW.

Participants are employed for three years, during which time they undertake a series of work placements in population health and complete a Master of Public Health degree. Work placements provide trainees with practical experience in a range of different population health areas, including communicable diseases, health promotion, epidemiology, and environmental health.

The APHTI is delivered through partnerships between the MoH and LHDs/SHNs. The Ministry coordinates the program while LHDs/SHNs employ trainees and provide work placements and supervision.

A 2014 evaluation demonstrated that the program makes an important contribution to strengthening the NSW Aboriginal public health workforce. Trainees reported a high level of satisfaction with the quality of their work placements, with the flexibility of the program to support their work and study, and with efforts made to ensure the program's cultural safety. Some trainees found elements of the university coursework and workplace requirements challenging and required more support than anticipated. Nevertheless, the evaluation found a high trainee retention rate (17 of 18 trainees), and all graduates had successfully gained employment within NSW Health.

Three factors have been identified as key contributors to the success of the program: trainees are able to undertake their training within their communities; the structure promotes the direct application of learning through simultaneous work and study; and the program is well supported. The program continues to offer up to four new traineeships each year, with 25 trainees recruited since 2011. All 10 program graduates continue to be employed within NSW Health in public health-related roles.

Some LHD and SHN staff reported difficulties in recruiting Aboriginal people to Aboriginal-targeted and -identified positions, particularly senior positions. This problem was felt to be particularly acute in rural and remote areas.

#### Views of the Aboriginal community-controlled health sector

Some ACCHS interviewees felt there was a shortage of Aboriginal health staff employed by the local hospital, which they felt contributed to some Aboriginal people feeling culturally unsafe when using those services:

*“Cultural safety was better when there were Aboriginal nurses enrolled in courses at the hospital because Aboriginal people were visible and working further up the ladder rather than just in cleaning and admin roles, as is usually the case. However, the hospital doesn't do an intake for that program any more. There are hardly any Aboriginal staff employed at the hospital.”* (ACCHS 6)

Some interviewees felt that Aboriginal hospital liaison officers played an important role in supporting the cultural safety of Aboriginal patients but perceived a lack of these staff in local hospitals.

Interviewees highlighted a need for better workforce support for the ACCHS sector. Most reported a need for clinical training and clearer career pathways for their Aboriginal staff. In particular, ACCHSs discussed insufficient pathways for AHWs to progress to clinical roles:

*“There is a need for career development opportunities for our staff. I currently have four Aboriginal Health Worker trainees and am looking for opportunities to progress them to specialise in certain areas.”* (ACCHS 2)

Additionally, interviewees suggested that the role of AHWs be developed and supported in the following ways: providing additional incentives for ACCHSs to employ AHWs in regional and remote areas; reviewing what can be learnt from other jurisdictions in building AHW capacity; and supporting regional/state or national conferences of AHWs to connect and share experiences, resources and expertise.

Some interviewees in remote areas mentioned that they needed to fly staff in to provide certain services, which they felt was an unsustainable model. These respondents mentioned a need for improved and reliable access to qualified staff.

One interviewee perceived that pay rates for comparable roles differ between LHDs and ACCHSs, which they felt made it hard for some ACCHSs to retain their staff. This interviewee suggested that a review of ACCHS sector salaries was needed.

#### 3.4.4 SUMMARY AND IMPLICATIONS

NSW Health has established a system-wide framework and an online resource aiming to increase the number of, and build the capability of, Aboriginal people in the health workforce. The activities and achievements of NSW Health in implementing the framework are regularly monitored, with performance data used to inform action at state and local levels. Many NSW Health organisations have established tailored local responses to the framework.



## EDUCATION CENTRE AGAINST VIOLENCE ABORIGINAL QUALIFICATIONS PATHWAY

The NSW Education Centre Against Violence (ECAV) is a state-wide service that provides training programs for professionals to address the critical and often related issues of sexual assault, domestic and family violence and child abuse. ECAV is committed to developing a highly qualified and resilient Aboriginal workforce through a program of work focused on education, supervision and support, and career development. This is achieved by providing state-wide specialised training, consultancy, clinical supervision, policy advice and resource development for NSW Aboriginal Health Workers (AHWs), Aboriginal communities and non-Aboriginal frontline workers.

Under the Aboriginal Programs portfolio, 17 separate courses are offered which form a three-tiered Qualification Pathway Model for Aboriginal workers (particularly for Aboriginal Family Health Workers employed in NSW Health): Certificate IV in Aboriginal Family Wellbeing & Violence Prevention; Advanced Diploma in Aboriginal Specialist Trauma Counselling; and Graduate Certificate in Human & Community Services (Interpersonal Trauma) in partnership with the University of Sydney. The Pathway is trauma-informed and allows participants to learn and develop skills in a culturally safe space.

Supporting the ongoing development of the pathway is the Aboriginal Communities Matter Advisory Group. It provides advice and guidance to ECAV on clinical and educational programs, ensuring an Aboriginal voice is present in decisions about workforce development, training, resource development, service delivery and policy initiatives.

Formal recognition of ECAV's Aboriginal Qualification Pathway was granted by the MoH in July 2015, enabling graduate status under the Senior Health Education Officer Award. Further, in 2015 the Australian Counselling Association accredited the Advanced Diploma of Aboriginal Specialist Trauma Counselling. In 2017, the Pathway won the Education and Training Award in the Western Sydney LHD Quality Awards. It also won a Silver Award in the 2017 Australian Crime and Violence Prevention Awards.

The number of graduates for each qualification is as follows:

- Certificate IV in Aboriginal Family Wellbeing & Violence Prevention 2000–2015: 276 enrolled; 196 completed; 71% completion rate.
- Advanced Diploma in Aboriginal Specialist Trauma Counselling 2011–2015: 54 enrolled; 40 completed; 74% completion rate.
- Graduate Certificate in Human & Community Services (Interpersonal Trauma) 2013–2015 co-delivered with the University of Sydney and leading into the Masters of Social Work (Qualifier): 22 enrolled; 17 completed; 77% completion rate.

These completion rates compare favourably to those achieved by other providers. Some participants have indicated that the Pathway has had a transformational impact on their lives and the lives of their family members.

Across NSW Health, a large number of discrete initiatives have been implemented aiming to recruit, retain and develop Aboriginal staff in clinical, non-clinical and leadership roles, with many of these initiatives achieving good outcomes. Additionally, mechanisms are in place to support the diffusion of successful and innovative programs. Building on this success, there is a need to strengthen monitoring of discrete workforce initiatives to assess their impact.

Some NSW Health organisations are collaborating with education organisations to create career pathways for Aboriginal students into health jobs, however, overall there seems to be scope for more action in this area at the state level.

NSW Health is seeking to increase and build the expertise of AHWs through various initiatives, however, feedback from the ACCHS sector is that more work is needed to help AHWs transition to clinical roles and to

improve the capability and availability of staff working in ACCHSs more broadly.

Collectively, NSW Health's Aboriginal workforce activities have contributed to an increase in the proportion of NSW Health staff who identify as Aboriginal from 1.9% to 2.5% in the last five years, which is approaching the current NSW Health target of 2.6%. Many LHDs are aiming for Aboriginal employment levels commensurate with the representation of Aboriginal people in the populations they serve through local Aboriginal health workforce action plans. Aboriginal employment levels in NSW Health are at an all-time high, and NSW Health should continue to build on recent achievements at all levels: facility, LHD/SHN and state.

Aboriginal people are increasingly being employed in higher paid roles. Nevertheless, more work is needed to meet the NSW Health target of 1.8% of staff identifying as Aboriginal across all salary bands. Focused effort is

particularly needed in training, mentoring, recruiting and developing career pathways for Aboriginal people in the highest paid and executive roles. Indeed, NSW Health stakeholders identified recruitment to Aboriginal-targeted and -identified senior roles as an area requiring attention.

Aboriginal people are under-represented in medical, nursing and allied health roles, supporting the perception of some ACCHSs that there is a shortage of Aboriginal clinical staff in local hospitals. Further action is needed to recruit Aboriginal people to clinical roles, as this will support the creation of culturally safe workplaces and health services.

## ASSESSMENT OF PROGRESS AGAINST KEY ACTIONS<sup>†</sup>

Based on the data presented in this report, progress against the key actions of Strategic Direction 4 of the *NSW Aboriginal Health Plan 2013-2023* is moderate to good:

1. *Implement, monitor and report on Good Health – Great Jobs: Aboriginal Workforce Strategic Framework*: Good progress.
2. *Ensuring opportunities for Aboriginal people to work across NSW Health and local providers*: Good progress.
3. *Establishing mechanisms to support career pathways for Aboriginal people*: Moderate progress.
4. *Supporting development and mentoring of future leaders in Aboriginal health*: Moderate progress.
5. *Working with education organisations to create career pathways into the health sector for Aboriginal people*: Moderate progress.
6. *Strengthening Aboriginal Health Workers through the development and implementation of scopes of practice*: Good progress.

<sup>†</sup> Assessments are based on the investigators' appraisal of the evidence presented in this report with respect to the breadth and quality of relevant initiatives.

