



Aboriginal Health Workforce Survey 2012

Report for NSW Ministry of Health

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October 2012



Quality
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CONTENTS

EXECUTIVE SUMMARY	1
INTRODUCTION	1
Background.....	1
Aim	1
Structure	1
Return Rate.....	2
Limitations	2
Confidentiality.....	2
Survey Design	2
Meaning of Aboriginality.....	2
THE RESULTS OF THE ABORIGINAL HEALTH WORKFORCE SURVEY 2012	3
Results on a Page	3
Aboriginal Identification	4
Demographic Characteristics.....	5
Current Employment	8
Aboriginal Health Workers.....	11
Supervision and Support.....	16
Education Attainment.....	25
Respecting the Difference	30
List of Recommendations.....	33
CONCLUSION.....	34
ANNEXES	
Annex A – Survey Methodology and Improvements	A1
Annex B – Aboriginal Health Worker Survey 2012.....	B1

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EXECUTIVE SUMMARY

The NSW Ministry of Health (NSW Health) recently implemented *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2011-2015* (the Framework) to **increase the representation** of Aboriginal people across all health professions and **build a culturally competent workforce for NSW**. Increasing Aboriginal employment opportunities in the health sector will be an important tool in addressing the well known gaps between both health and employment outcomes for Aboriginal people compared to non-Aboriginal people. This can be achieved by **increasing Aboriginal economic participation** and providing the community with employees able to provide **culturally safe and appropriate care for Aboriginal people**.

The Aboriginal Health Workforce Survey 2012 (the Survey) will assist NSW Health to map its progress against the goals of the Framework, particularly the second, third and fifth key outcomes. These are:

- + Employ and retain Aboriginal health workforce employees through the implementation of specifically designed Aboriginal identified and/or targeted recruitment and retention processes.
- + Ensure the Aboriginal workforce has access to ongoing professional development, education and training opportunities, and clear career pathways.
- + Map the NSW Health Aboriginal workforce by occupation, salary level, location and classification to ensure workforce distribution matches community needs.

Noetic Solutions Pty Limited (Noetic) was engaged by NSW Health to develop and distribute the Survey, and conduct a detailed analysis of the results. The Survey was distributed via mail out of hard copies and made available online on the NSW Health Intranet. Of the approximate **1,900 NSW Health employees who identify as being of Australian Aboriginal descent, 471 surveys were completed**. Of that number, 66 people identified as non-Aboriginal and were removed from the analysis. The total number of surveys suitable for analysis at the close of the survey period was therefore 405, approximately 86% of the total respondents. **This is largely consistent with the number of respondents in the 2008 Survey** (477 valid returns). The response rate of 22% at a confidence interval of 4.29% (less than 5%) means the survey data can be viewed as a representative sample of the NSW Health Aboriginal staff population.

This report presents Noetic's findings and makes a number of recommendations to improve Aboriginal workforce planning and career development. The findings are limited by factors such as the return rate and small sample size compared to the total population, the number of questions answered by respondents (most questions were not mandatory), and in some cases, the quality of information participants provided. The report also makes a number of comparisons against key documents such as *Good Health – Great Jobs: NSW Health Aboriginal Workforce Strategic Framework 2011-2015*, *Making It Our Business: The NSW Aboriginal Employment Action Plan 2009 – 2012* and the 2008 NSW Health Aboriginal Health Workforce Survey.

The survey data indicates respondents' salaries are consistent with non-Aboriginal employees. This is supported by the NSW Health salary distribution index of 100% which indicates that Aboriginal staff salaries are commensurate with other NSW Health employees. The Survey revealed that **the mean salary of respondents was \$53,625 and the median was \$55,000**. This finding will contribute to Key Priority 4 of the Framework which outlines the need to map the NSW Health Aboriginal workforce by salary. Noetic also cross-referenced the education data with salary and observed **those who completed post-secondary qualifications earn \$12,244**

more on average per year. Similarly, the average and maximum salaries of respondents increases as their level of education increases.

The Aboriginal workforce continues to be **characterised by high levels of stability**. Nearly 60% of Survey respondents have been employed by NSW Health for five years or more and 37% have held their current position for at least five years. There has also been **a 9.6% increase in identified or targeted positions since 2008**.

NSW Health is committed to providing Aboriginal employees with opportunities for continued professional development through further training and education. The **majority of respondents have undertaken post-secondary education** and many employees hold multiple post-secondary qualifications. Interestingly, while many employees aged 50 or more reported low secondary education levels, this has not been a barrier to obtaining post-secondary qualifications. This means that while the 50+ cohort may have faced difficulty completing their secondary education early in life, they have taken advantage of further educational opportunities. Some of these opportunities were made available by NSW Health, for example, 17.5% of employees who received support in completing tertiary education received study leave. Additionally, **51% of respondents stated that they and their managers had identified areas for further skills development**. The most common area identified for development was management skills. This indicates that a significant number of Aboriginal employees are interested in transitioning to higher duties.

The Survey revealed a high proportion of long-term employees in higher age brackets. The most common recorded age was 50-54 (17%) followed by 45-49 (16%) and 40-44 (14%). This means that NSW Health will observe a **significant number of its long-term Aboriginal employees leaving over the next ten years**. Further compounding this issue, the under 25 year old cohort is the second smallest group represented in the Survey. NSW Health will therefore need to **attract young Aboriginal people into the NSW public health system, retain older employees and implement succession plans** for those who are planning to retire.

Demographic Survey data also revealed that **over 75% of respondents were female**. This gender imbalance has implications for further workforce planning. NSW Health will need to **actively recruit Aboriginal male employees to ensure that Aboriginal male clients/patients receive appropriate care**. The survey also revealed a greater number of respondents working in the eight Metropolitan Local Health Districts (LHD) than the seven Regional and Rural LHDs.

The Survey also highlighted an important finding for ensuring staff are supported in undertaking further training and education. While the majority of staff either have post-secondary qualifications, or are currently completing post-secondary qualifications, **45% of respondents who did not receive financial support indicated this was the case due to a lack of awareness of funding opportunities**. Additionally, only 53% of respondents had undergone a performance review in the past year.

The Survey provides NSW Health with a snapshot of its Aboriginal workforce which will position it to continue to develop practical workforce planning and career development strategies. The report will allow NSW Health to identify strategies for further support, training and education, and career development. It also provides insight into how NSW Health has progressed since the last survey in 2008, and benchmarks the organisation against some of the key strategies contained within the Framework.

INTRODUCTION

Background

In 2008 the Commonwealth of Australia and state and territory governments signed the *National Partnership Agreement on Indigenous Economic Participation* (NPA-IEP). The NPA-IEP is a key mechanism for achieving the goals outlined in the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* (Closing the Gap). The NPA-IEP states that the Council of Australian Governments (COAG) has set a national target of at least 2.6% of public sector employment in States and Territories, for Aboriginal employment across all classifications by 2015.

In 2009 the NSW Department of Premier and Cabinet released *Making It Our Business: The NSW Aboriginal Employment Action Plan 2009 – 2012* (the Action Plan). The Action Plan outlines key strategies and timeframes required to develop employment opportunities for Aboriginal people within the NSW public sector. The NSW Ministry of Health's (NSW Health) commitment to achieving this goal is outlined in the *Good Health – Great Jobs NSW Health Aboriginal Workforce Strategic Framework 2011-2015* (the Framework). NSW Health identified a need to gather data about its current Aboriginal workforce in order to effectively implement and build upon the strategies outlined in the Framework.

The Aboriginal Health Workforce Survey 2012 (the Survey) was developed and administered to gather information against the Framework. The Survey was also designed to build on the Aboriginal Health Workforce Survey 2008 (the 2008 Survey) by focusing on:

- + gathering high quality statistical data to enable more accurate analysis
- + determining education levels, skills and job responsibilities of current Aboriginal employees
- + developing career potential, expectations and pathways.

Noetic Solutions Pty Ltd (Noetic) was engaged by NSW Health to develop, distribute and analyse the Survey. Survey participants were provided with the option to complete the survey online or via hard-copy.

Aim

The aim of this report is to summarise and analyse the information and data collected through the Survey which contributes to Aboriginal workforce planning and career development, and make recommendations for NSW Health to achieve the objectives of the Framework.

Structure

The report is divided into thematic areas in line with the questions contained in the Survey. Each section summarises and analyses the results of the Survey and provides practical and achievable recommendations for NSW Health. Annex A provides an overview of the survey methodology and identifies a number of improvements for future Aboriginal workforce surveys. Annex B contains the hard-copy survey provided to survey participants.

Return Rate

The Survey was made available online at the SurveyMonkey website, as a printable PDF on the NSW Health intranet and in hard-copy through a mailing of surveys. All surveys returned to Noetic in hardcopy were transcribed to the SurveyMonkey account. A total of 471 surveys were completed. Of that number, 66 people identified as non-Aboriginal and were removed from the analysis of the results. **The total number of surveys suitable for analysis at the close of the survey period was 405**, which represents approximately 86% of the total respondents.

Given the survey findings are based on a sample size of 405 responses from total population of 1,812 Aboriginal staff, the response rate was approximately 22% of all Aboriginal staff at a confidence interval of 4.29% and confidence level of 95% (i.e. within a 5% margin of error). Given the confidence interval is less than 5%, the **survey responses can be viewed as a representative sample of the NSW Health Aboriginal staff population.**

Limitations

The report's recommendations are based solely on the relatively small sample size (405 responses) compared to the total number of Aboriginal staff (1,812) and a limited desktop review (e.g. comparative analysis against the 2008 Survey and key government documents).

Confidentiality

Responses to the Survey were completely confidential and no names were requested from any survey respondents. Hard-copy surveys returned to NSW Health were forwarded in their unopened envelopes directly to Noetic for analysis. The SurveyMonkey version of the survey had no facility to reveal the identity of the survey respondent.

Survey Design

Noetic developed the Survey from an initial draft provided by NSW Health. This draft was used in a workshop setting to refine the existing question set, ensuring that all questions provided data that contributed to the stated goals of the Survey. Noetic then produced a final draft of the Survey which was endorsed by NSW Health.

The Survey included a total of 88 questions. Two questions were compulsory - the declaration at the opening of the survey declaring that respondents had not returned more than one survey, and a question relating to the respondents' status as an Aboriginal Health Workers (AHW). Not all questions were available to all respondents as a skip logic process directed respondents to specific questions based on previous answers.

Meaning of Aboriginality

For the purposes of the Survey and this report, the term 'Aboriginal' will be used to refer to both 'Australian Aboriginal and Torres Strait Islander' peoples in recognition that Aboriginal people were the first inhabitants of NSW.

THE RESULTS OF THE ABORIGINAL HEALTH WORKFORCE SURVEY 2012

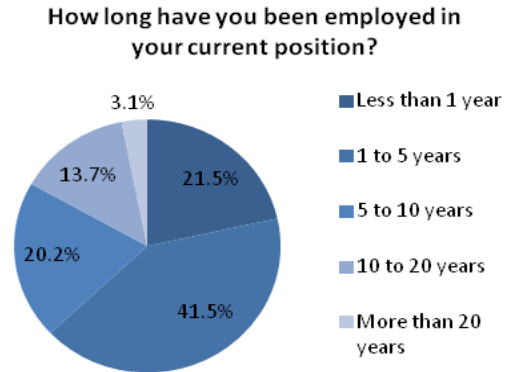
Results on a Page

405 valid survey returns
(4.29% confidence interval)

Only **53%** of respondents have undergone a performance review in the past 12 months

75% of respondents were female

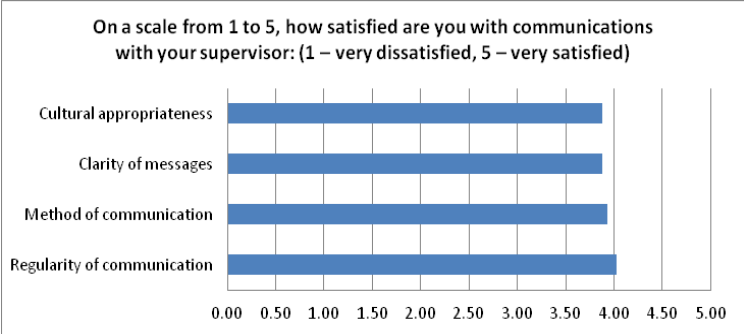
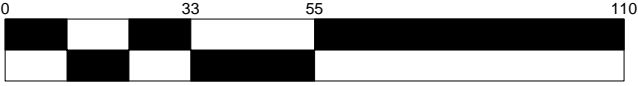
51% of respondents would like a mentor



While **72%** of Aboriginal Health Workers think there should be a minimum qualification in Primary Health Care, only **23.7%** have completed a Certificate IV in Aboriginal Primary Health Care

55.6% of respondents are in targeted or identified Aboriginal positions, a **9.6%** increase since 2008

46% of respondents travel between 20 and 40km each way to and from work, 22% travel between 40 and 60km, and 20% travel between 15 and 20km



Those who completed post-secondary qualifications earn **\$12,244** more on average per year

Aboriginal Identification

Aboriginal Identification

Participants were asked three questions relating to their Aboriginal identification. The data collected from these answers shows that of the 405 respondents, 387 identified as 'Aboriginal' (95%), 7 as 'Torres Strait Islander' (3%) and 11 as 'Aboriginal and Torres Strait Islander' (11%). This is illustrated in Figure 1.1. The 2008 Survey recorded 97.6% of respondents identifying as Aboriginal, 2.6% higher than the current figure.

Figure 1.1 – Aboriginal Identification

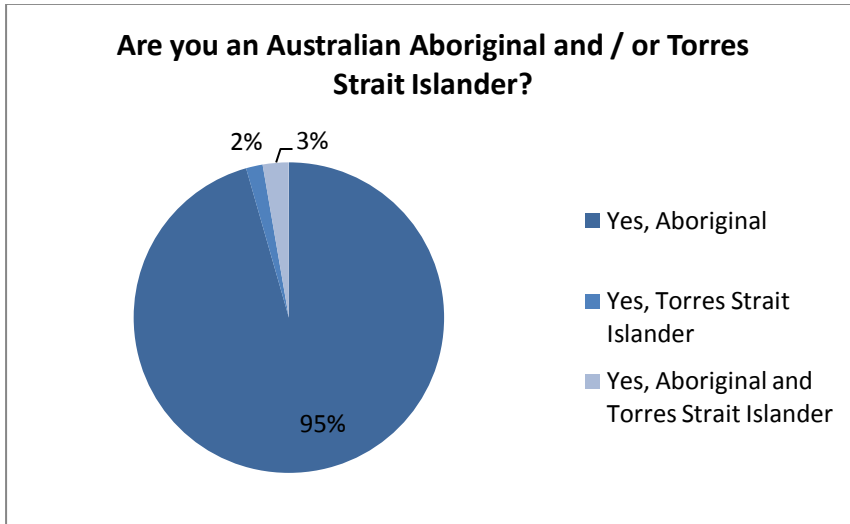
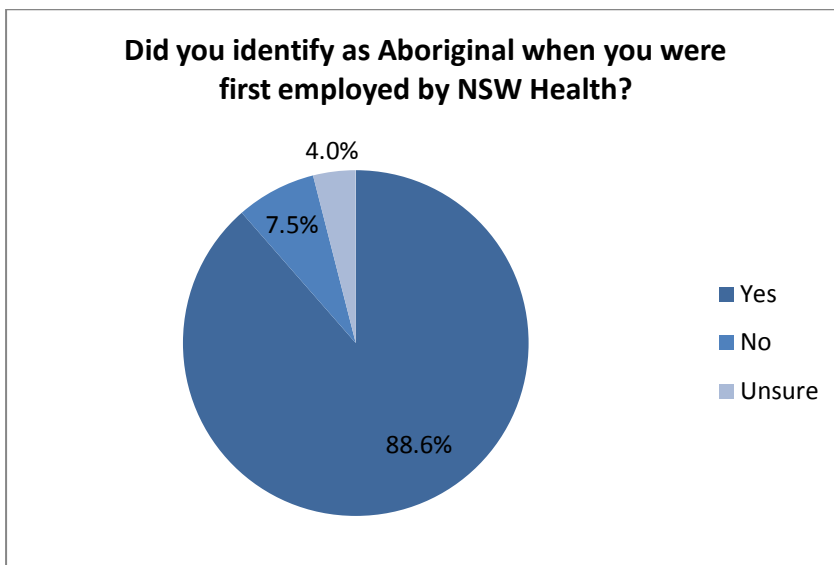


Figure 1.2 illustrates that 356 of the respondents (88.6%) identified as Aboriginal when first employed by NSW Health, 30 did not (7.5%), 16 are unsure (4%) and 3 declined to answer. The results from 2008 show that 84% of staff had notified their Area Health Service of Aboriginal status when first employed, indicating an increase of 4.6% over the preceding four years.

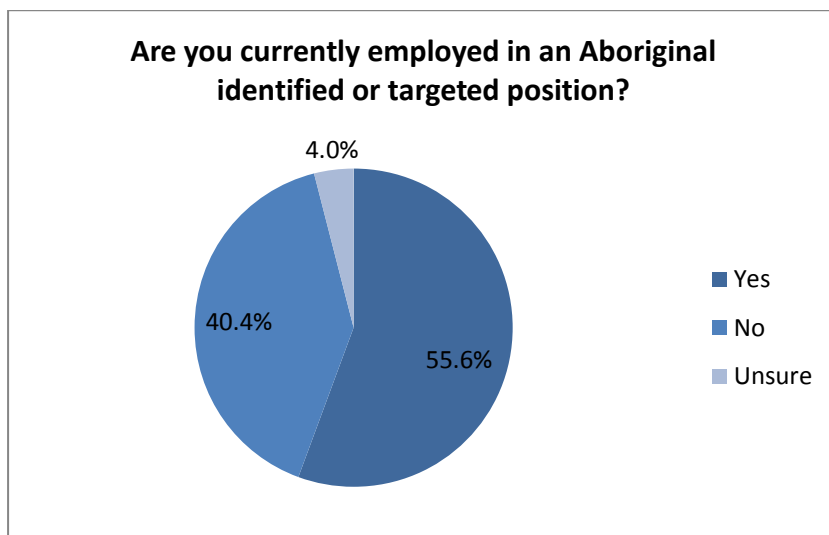
Figure 1.2 – Aboriginal Identification When First Employed



Identified or Targeted Positions

NSW Health has a number of targeted or identified positions which are only open to those staff who identify as Aboriginal. Of the 405 respondents, 222 (55.6%) are currently employed in Aboriginal identified or targeted positions, 161 are not (40.1%). The remaining respondents were either unsure or declined to answer. This is illustrated in Figure 1.3.

Figure 1.3 – Aboriginal Identified / Targeted Positions



As part of the Framework's priority to increase the overall representation of Aboriginal people within NSW Health, there is a strategy to employ and retain Aboriginal employees through the use of targeted or identified positions. Part of the strategy associated with that key priority is the action to support Aboriginal employees in targeted or identified positions to pursue career development in non-identified positions.ⁱ The survey revealed that there has been a 9.6% increase, from 46% in 2008 to 55.6% in 2012, in the number of NSW Health staff working in targeted or identified positions.

Of the 222 respondents in identified or targeted positions, 86 indicated that they are seeking promotion in the short term and 128 indicated a desire for promotion in the long term.

Demographic Characteristics

Gender

The Survey revealed that approximately 75% of respondents were female. This is consistent with the 2008 Survey. Sixty-four per cent of all NSW Health employees (i.e. Aboriginal and non-Aboriginal) are female. The underrepresentation of males may impact the delivery of culturally appropriate health services.

Age

The most commonly reported age from survey respondents was 50-54 (65) followed by 45-49 (59) and 40-44 (54). This is illustrated in Figure 2.1.

Figure 2.1 – Age

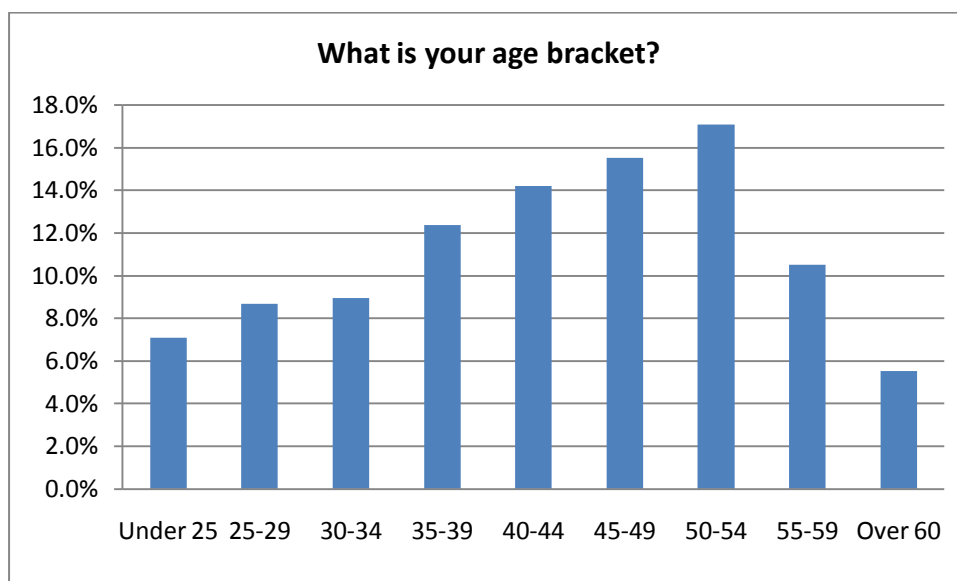
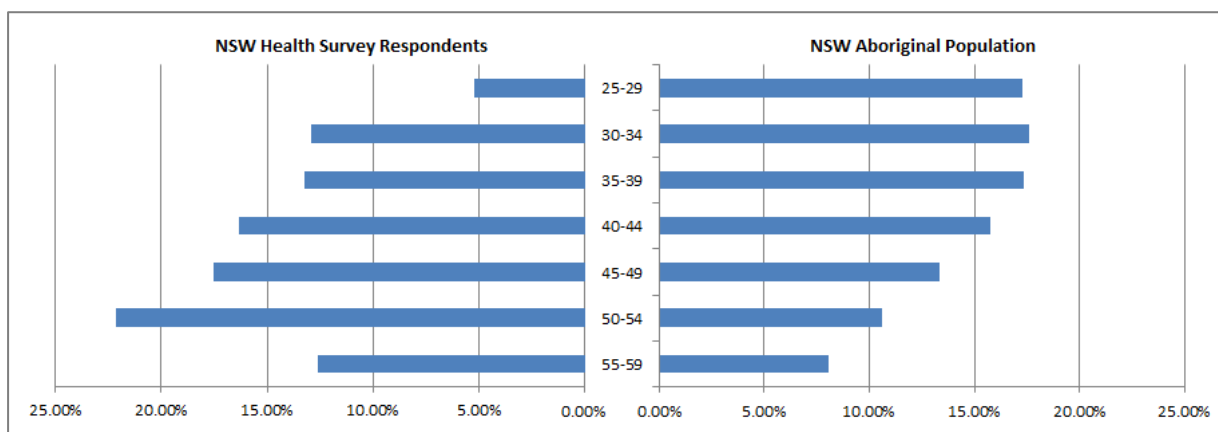


Figure 2.2 below compares the age of survey respondents with the NSW Aboriginal populationⁱⁱ. The ‘Under 25’ and ‘Over 60’ age brackets have not been included in the comparison given the NSW Aboriginal Population data includes those who are outside of the standard employment age and will therefore skew the data. Most notably, it appears from the data that NSW Health is significantly under-represented in the 25-29 age bracket and over-represented in employees aged 45 and over when compared to the NSW Aboriginal population.

Figure 2.2 – Comparison of the Age of NSW Health Employees and the NSW Aboriginal Population



Length of Employment

Figure 2.3 below illustrates the length of employment for respondents. In 2008, 60% of respondents identified as having worked for NSW Health for more than five years, and 8% identified as being in their first year of employment. These results closely match the results of the Survey, with 59.6% identifying as having worked for more than five years and an increase to 11% of staff in their first year.

Figure 2.3 – Length of Employment with NSW Health

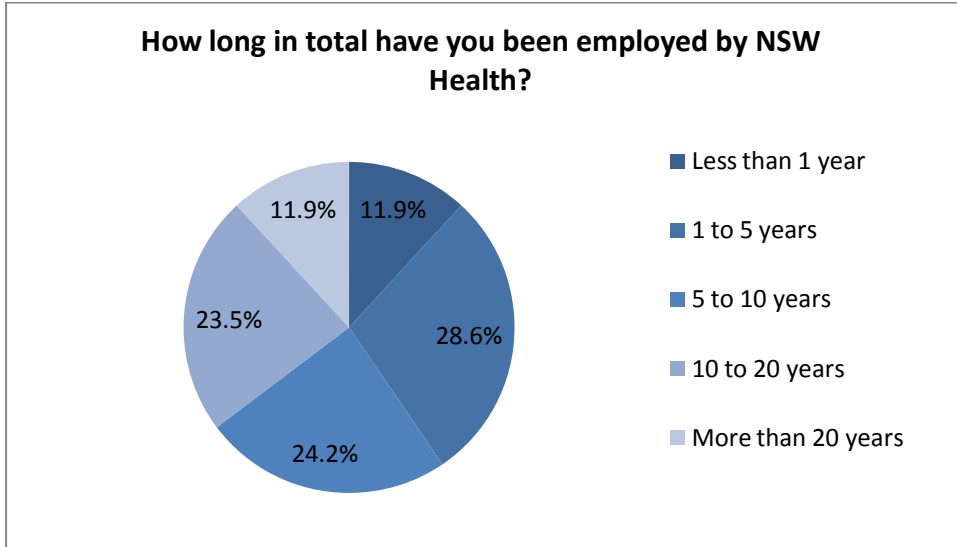


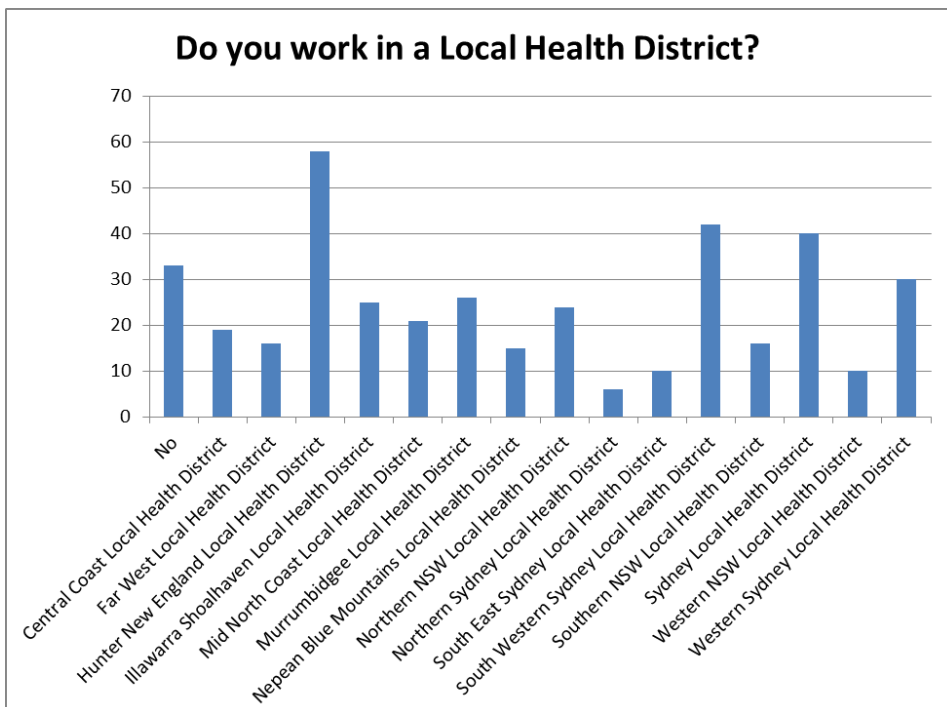
Figure 2.3 illustrates that a significant population of the survey respondents are engaged in long term employment with NSW Health.

Area of Work

The Survey indicated that 369 respondents (91.1%) indicated that they work for an Local Health Districts (LHDs), while 13 (3.2%) indicated they work for one of the NSW Health Networks, 1 respondent (0.2%) works for a NSW Health Pillar and 22 (5.4%) indicated they work in other areas of NSW Health.

Of the 15 LHDs in NSW, 14 received 10 or more survey responses. The highest number of responses (58) came from Hunter New England LHD and the fewest (6) from Northern Sydney LHD. The breakdown of LHD employment is illustrated in Figure 2.4.

Figure 2.4 – Local Health District Employment



Of those respondents who do not work for an LHD, 13 indicated that they are employed in NSW Health Networks. Eight work for Justice Health and Forensic Mental Health Network, 2 for St Vincent’s Specialty Network and 3 for Sydney Children’s Hospitals Network. Twenty-two respondents said they work in other areas of NSW Health. Ten are employed in Health Support Services, 9 in the Ministry of Health, 2 in Ambulance Service of NSW and 1 in NSW Health Pathology.

Figure 2.5 – Metropolitan LHD

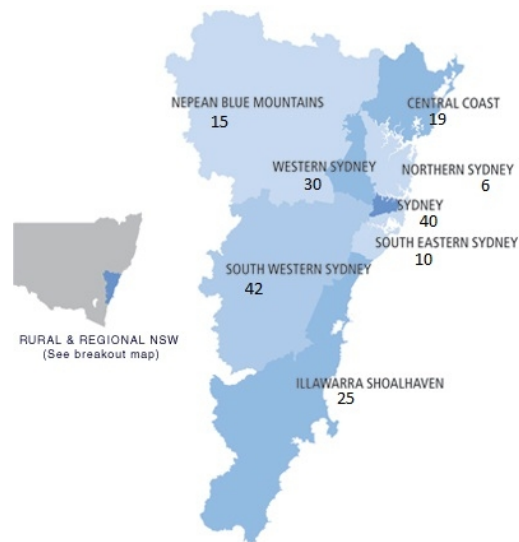
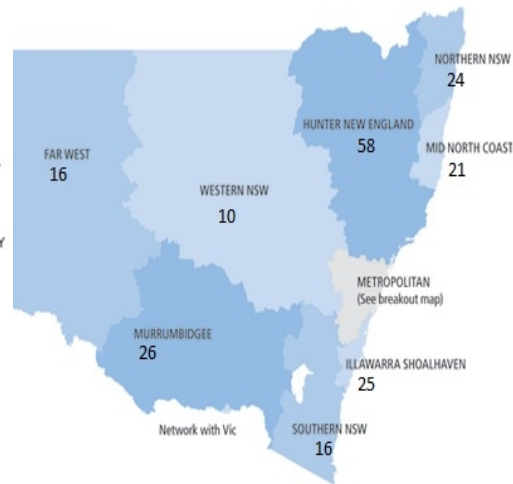


Figure 2.6 – Regional and Rural LHD



Distance Travelled to Work

The analysis of the home and work locations provided by Survey participants shows that 46% of respondents travel between 20 and 40km each way to and from work, 22% travel between 40 and 60km, and 20% travel between 15 and 20km. Three respondents live more than 150 km from their places of work.

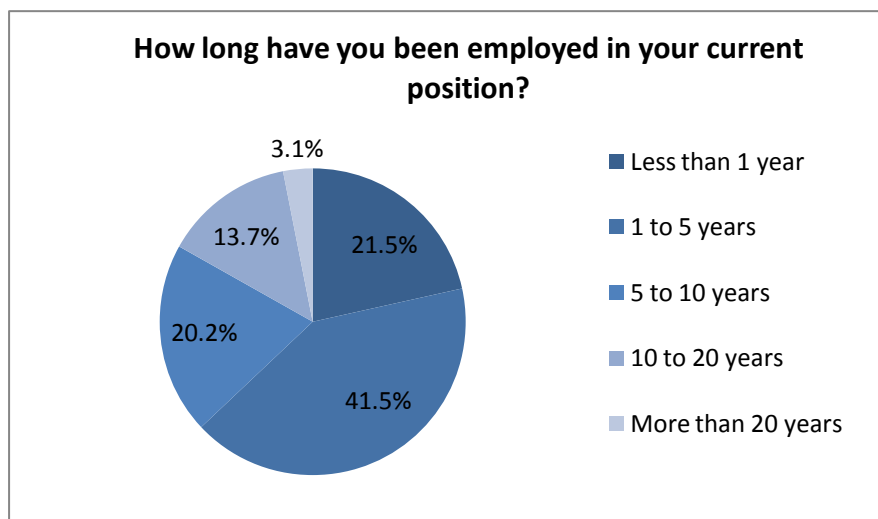
According to the McKell Institute, three quarters of NSW residents spend less than 40 minutes commuting to work (one way) each day. One in 10 workers will spend over one hour commuting to work (one way) each day. The majority of Aboriginal NSW Health employees travel less than 40 km (one way) each day which is consistent with McKell’s findings.ⁱⁱⁱ

Current Employment

Length and Status of Current Employment

Data shows that 160 of the 405 respondents indicated they had been in their current position with NSW Health between one to five years. Twelve have been in their position for more than 20 years and 83 are in their first year. Nineteen chose not to answer. This is illustrated in Figure 3.1.

Figure 3.1 – Length of Employment in Current Position



There has been a 4% decrease in the number of staff who have been in their positions for more than five years since 2008. In 2008, 41% of survey respondents indicated they had held the same position for more than five years, compared to the 37% of staff in 2012.

Noting nearly half of respondents indicated that they have worked in the same position in NSW Health for one to five years, NSW Health employment practices appear to be contributing to meeting the outcomes outlined in Key Priority 2 of the Framework (employ and retain Aboriginal health workforce employees).^{iv} Key Priority 1 of the Framework also identifies the need to implement initiatives that create sustainable long term employment.^v Conversely, Figure 3.1 shows that many Aboriginal employees are staying in the same position for a significant number of years.

The majority of survey respondents (69.7%) are currently employed by NSW Health on a permanent full-time basis. The second largest cohort (14.1%) is employed as permanent part-time employees. Contracted or temporary employees account for the third largest cohort (8.7%). No apprentices or trainees responded.

Job Title and Award

Respondents were asked to identify their current job title in a free text question. This free text question provided over 100 discreet job titles. Respondents also provided a free text award title for their current position. These job title and award title responses were analysed in conjunction with NSW Health to identify the most appropriate award title classifications for analysis. Table 1 shows the breakdown of the most common job titles and award descriptions identified through the data analysis.

Table 1 – Job Titles and Award Descriptions

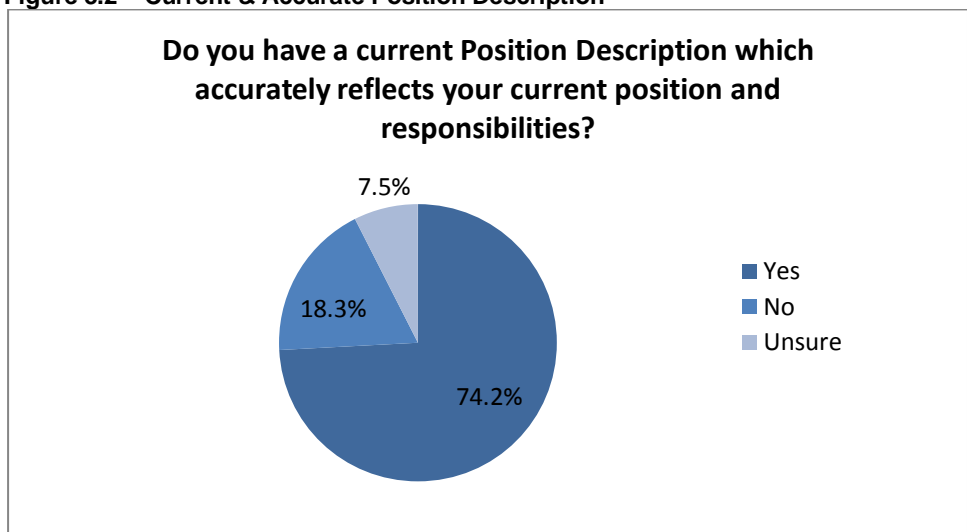
Title	Number
Aboriginal Health Education Officers	73
Administration or Clerical	31
Health Service Manager	29

Nursing or Midwifery (includes Assistant in Nursing, Clinical Nursing Consultant, Clinical Nursing Specialist, Enrolled Nurse, Nurse Manager, Nurse Unit Manager and Registered Nurse)	18
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Position Descriptions

Respondents were asked if they have a current Position Description that accurately reflects the work they undertake for NSW Health. Figure 3.2 illustrates that 100 respondents either do not have a current Position Description which accurately reflects their role or they are unsure. The remaining 287 have an accurate Position Description. Eighteen declined to answer.

Figure 3.2 – Current & Accurate Position Description

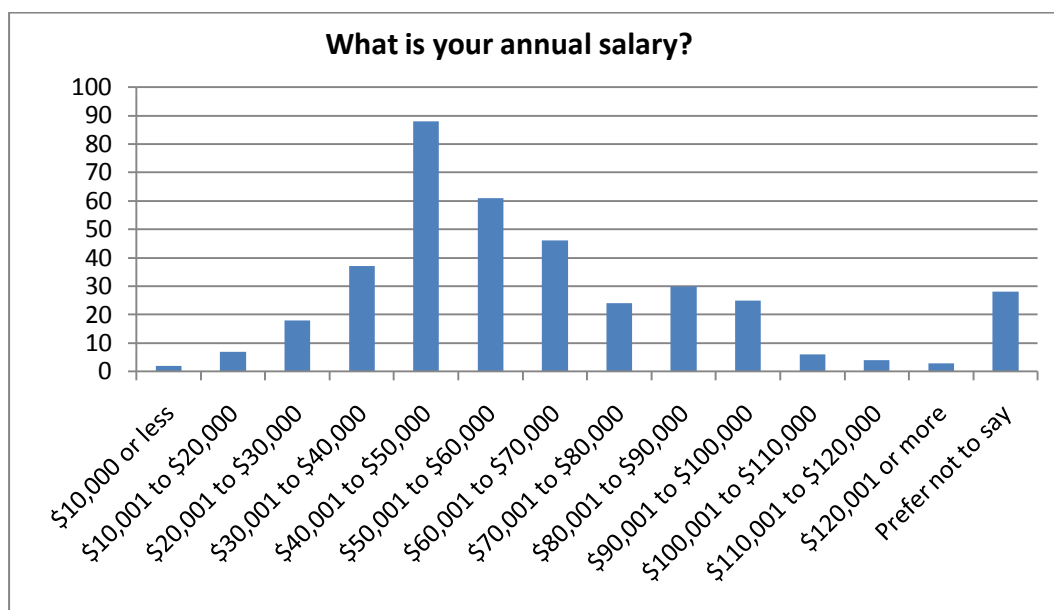


Annual Salary

Key Priority 4 of the Framework outlines the need to map the NSW Health Aboriginal workforce by salary. The Survey contributes to the priority by mapping the salary range of 351 Aboriginal employees.

Figure 3.3 illustrates that the largest cohort of respondents (88) make between \$40,000 and \$50,000 per year. Two employees earn less than \$10,000 and 13 more than \$100,000 per year. Twenty-eight preferred not to state and 26 did not provide an answer. It is important to note that the data may not be representative of the broader salary range of NSW Health employees. For example, the data combines full time and part time staff which means that the lower salary ranges may simply reflect staff who do not earn a full time salary. Putting this note aside, the data appears to follow a normal distribution. Assuming each respondent’s salary falls in the middle of their selected salary bracket (e.g. \$50,001 to \$60,000 = \$55,000), respondents had a median salary of \$55,000 and mean of \$53,625. However, the median provides a more accurate picture given the presence of some outliers and it mitigates any skewing as a result of the concerns over the data quality stated previously.

Figure 3.3 – Annual Salary



Noetic analysed the salaries of respondents against education level and determined that there is only a small margin of difference between those with secondary qualifications and those without. This is explored further in the report in the 'Education Attainment' section.

The 2011 NSW Health Annual Report provides further clarity on the level of salary parity between Aboriginal and non-Aboriginal staff. According to the 2011 Annual Report, Aboriginal staff are benchmarked at 100% in the distribution index for salary. This indicates that there is a commensurate level of remuneration across the organisation consistent with Equal Employment Opportunity policies. The 2011 rate is an improvement over the 95% rate in 2009 and the 94% rate in 2010.^{vi}

Aboriginal Health Workers

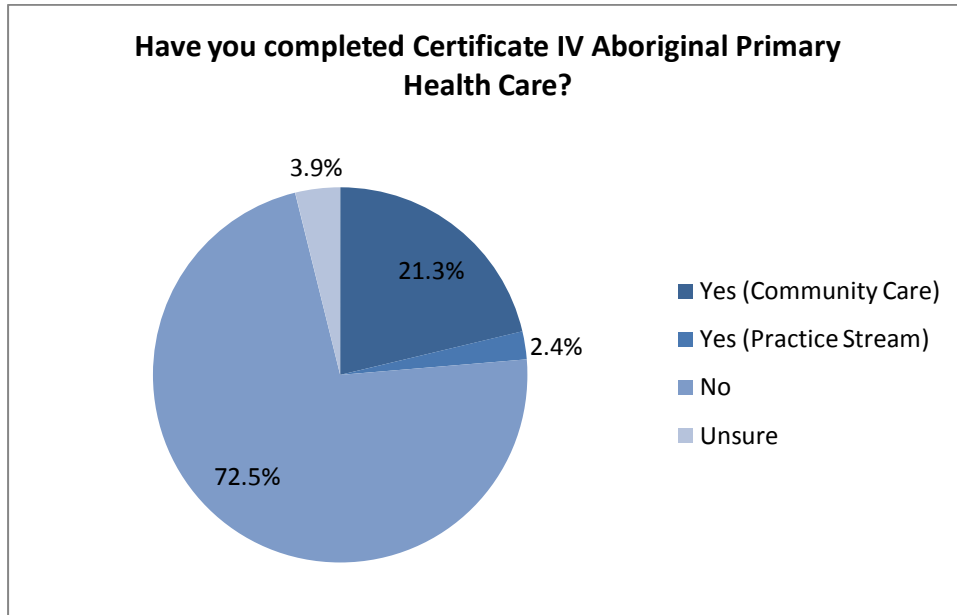
The following section relates to answers provided by the 209 survey respondents who identified as Aboriginal Health Workers (AHW) as defined by *NSW Health Information Bulletin 2005_001*. Given these AHW related findings are based on a sample size of 209 responses from total population of 397^{vii}, the response rate was approximately 53% of all Aboriginal Health Workers at a confidence interval of 4.67% and confidence level of 95% (i.e. within a 5% margin of error). Given the confidence interval is less than 5%, the **AHW findings can be viewed as a representative sample of the AHW population.**

There are a broad range of duties undertaken by Aboriginal Health Workers. Their primary duties were described as 'Health promotion/prevention' (110 responses), followed by 'Support' (105 responses), 'Community engagement' (94 responses), 'Liaison' (87 responses) and 'Access/advocacy' (83 responses). The least common answers were 'Health diagnosis' (4 responses), 'Researcher' (13 responses) and 'Clinical treatments' (21 responses).

Completion of Certificate IV: Aboriginal Primary Health Care

Figure 4.2 illustrates that 150 of the AHWs (72.5%) have not completed Certificate IV in Aboriginal Primary Healthcare. Forty-four respondents completed Certificate IV in Aboriginal Primary Healthcare in the Community Care stream (21.3%) and 5 have completed it in the Practice stream (2.4%). Two declined to answer.

Figure 4.2 – Completion of Cert. IV Aboriginal Primary Health Care



The majority of survey respondents who identified as AHW have not completed a qualification relevant to their field of employment.

National Registration as an Aboriginal Health Practitioner

Figure 4.3 illustrates that 30 employees (14%) will be applying for National Registration as Aboriginal Health Practitioners, 106 will not (51%) and 72 are unsure (35%). One declined to answer.

Figure 4.3 – National Registration as Aboriginal Health Practitioner

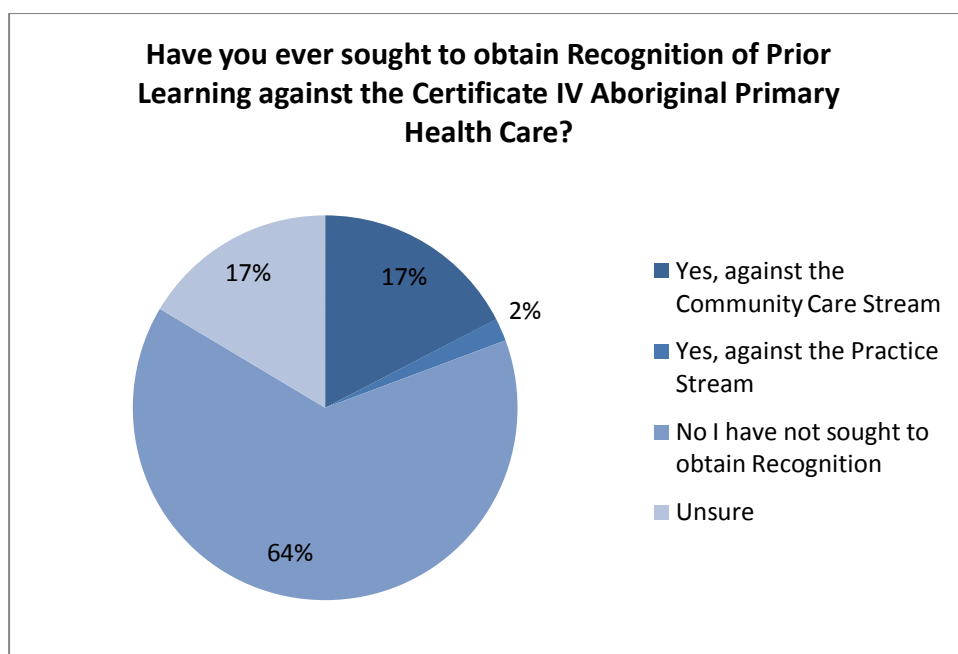


The Survey indicates that 14% of AHWs will seek registration; however, only 2% currently have the mandatory qualification required to attain registration.

Recognition of Prior Learning

The survey asked a number of questions relating to seeking or obtaining RPL against the Aboriginal Primary Health Care qualification. Figure 4.4 illustrates that 36 employees previously sought RPL in the Community Care stream (17%) and 4 in the Practice stream (2%). 133 have not sought RPL (64%), 34 are unsure (17%) and 2 declined to answer.

Figure 4.4 – Sought Recognition of Prior Learning



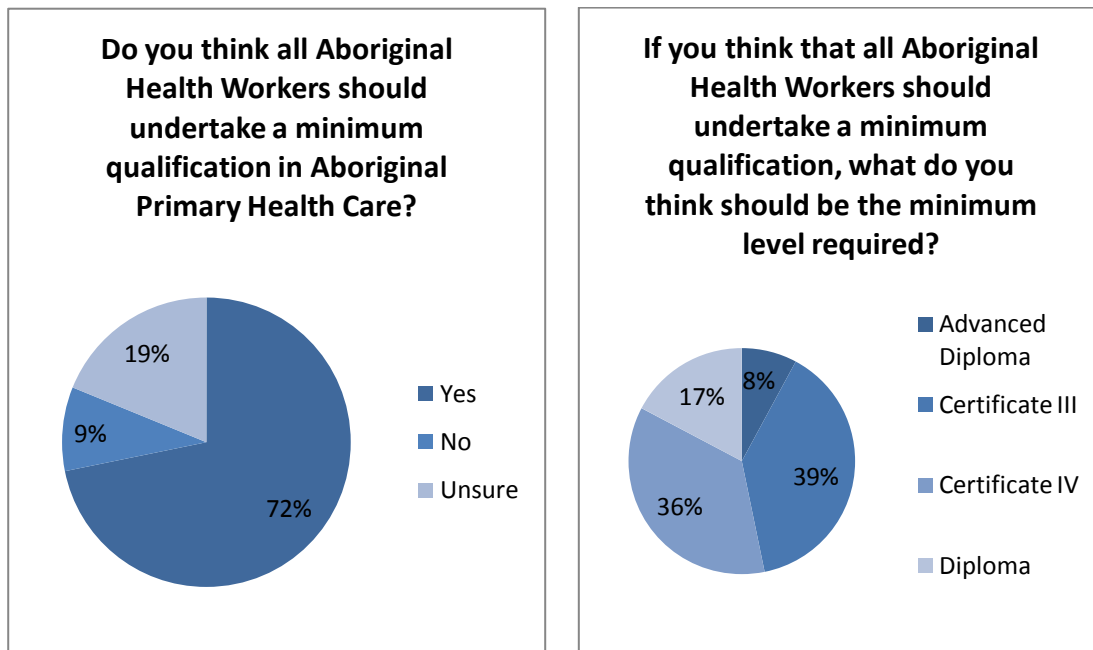
The data collected through the Survey does not provide information about why 133 respondents have not previously sought RPL. Data does show that 49% of respondents would like to apply for RPL. Of the 83 who would like RPL, 39 would like it against the Community Care stream, 13 against the Practice stream, 29 are unsure and 2 declined to answer.

Data from respondents who previously sought RPL offers some insight into obtaining RPL's. 22% of respondents seeking RPL in the Community Care stream and 25% in the Practice stream were required to undertake additional modules prior to the certificate being obtained. 10% of those who sought RPL were unsuccessful.

Minimum Vocational Qualifications

Participants who identified as AHWs were asked if they felt that there should be a minimum qualification in Aboriginal Primary Health Care. Figures 4.5 and 4.6 illustrate that 145 of the 209 think that AHWs should undertake a minimum qualification in Aboriginal Primary Health Care, 19 do not, 38 are unsure and 3 declined to answer. Of the 145 who agree to a minimum qualification, 54 prefer Certificate III and 50 prefer Certificate IV.

Figure 4.5 – Minimum Qualification for AHW & Figure 4.6 – Required Minimum Qualification



Aboriginal Health Worker Forums

The Survey shows that 117 of the 209 (57.3%) AHWs stated that they do not have a local Aboriginal Health Worker Forum or are unsure whether they do, while 87(42.6%) indicated they do. Of the 87 (42.6%) with a local Aboriginal Health Worker Forum, 54 (62%) can identify their local representative and 41(76%) of those participants receive regular information from their forum representative. Table 2 shows the percentage of AHWs who are unaware of their local AHW Forum for each LHD.

Table 2 – Knowledge of Local Aboriginal Health Worker Forums

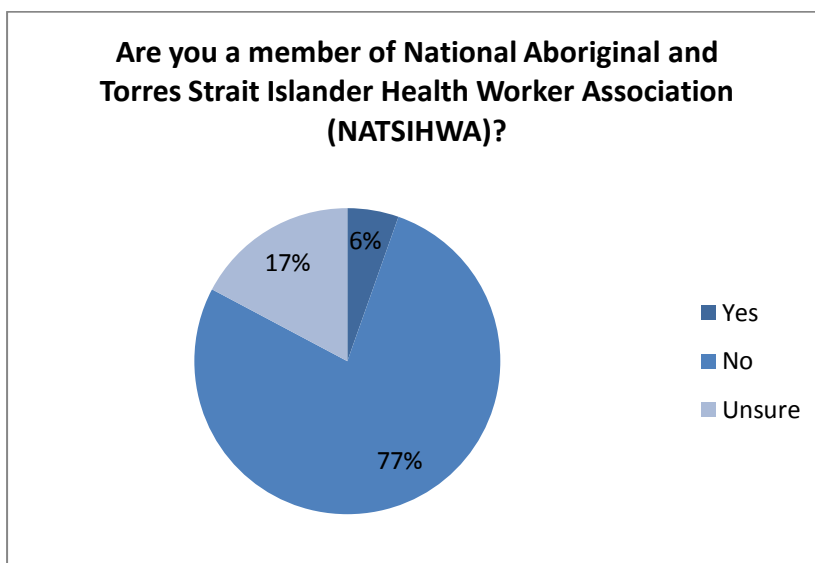
Local Health District	Percentage unaware of the LHD Aboriginal Health Worker Forum	Local Health District	Percentage unaware of the LHD Aboriginal Health Worker Forum
Northern NSW	82%	Western NSW	50%
Central Coast	80%	Western Sydney	44%
Far West	78%	Mid North Coast	42%
Nepean/Blue Mountains	75%	Northern Sydney	42%
Southern	63%	South Western Sydney	42%
Hunter/New England	59%	Sydney	42%
Illawarra/Shoalhaven	50%	South Eastern Sydney	33%
Murrumbidgee	50%		

Of the 14 LHDs with a sample size of 10 or more, 7 have 50% or more AHWs unaware of the existence of their local Aboriginal Health Worker Forum.

National Aboriginal and Torres Strait Islander Health Worker Association Membership

Figure 4.7 illustrates that 11 of the 209 AHWs (6%) are members of the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA). The remaining 157 are not members (77%), are unsure of their membership status (17%) or declined to answer.

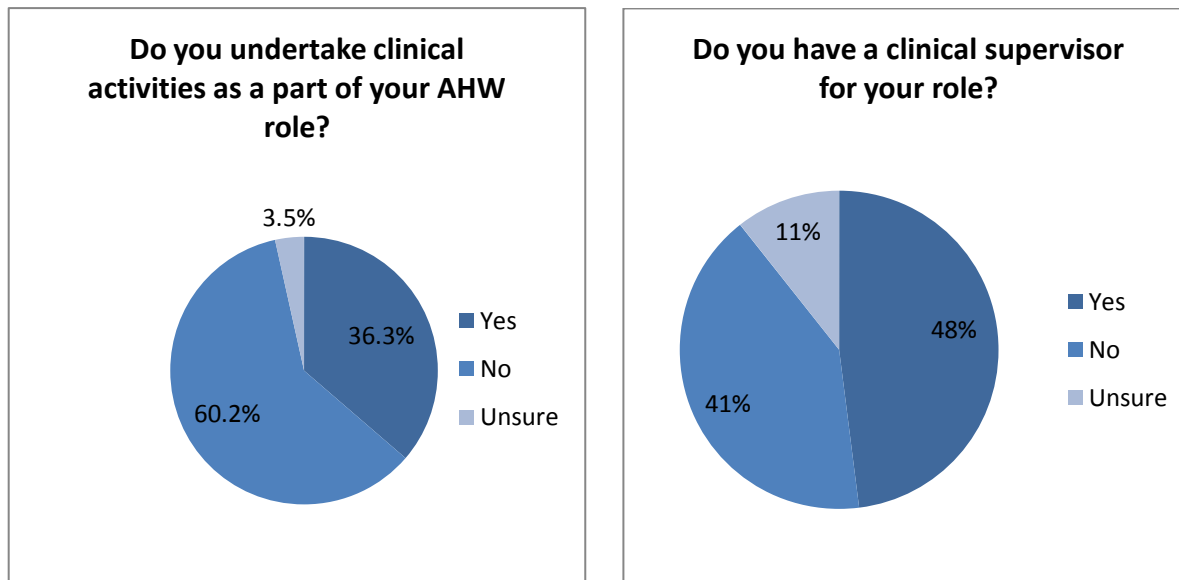
Figure 4.7 – Membership in NATSIHWA



Clinical Activities and Supervision

Figures 4.8 and 4.9 illustrate that 73 of the 209 AHWs undertake clinical activities as part of their role, and of those undertaking clinical roles, 36 have clinical supervisors and 31 do not.

Figure 4.8 – Undertake Clinical Activities and Figure 4.9 – Clinical Supervisor



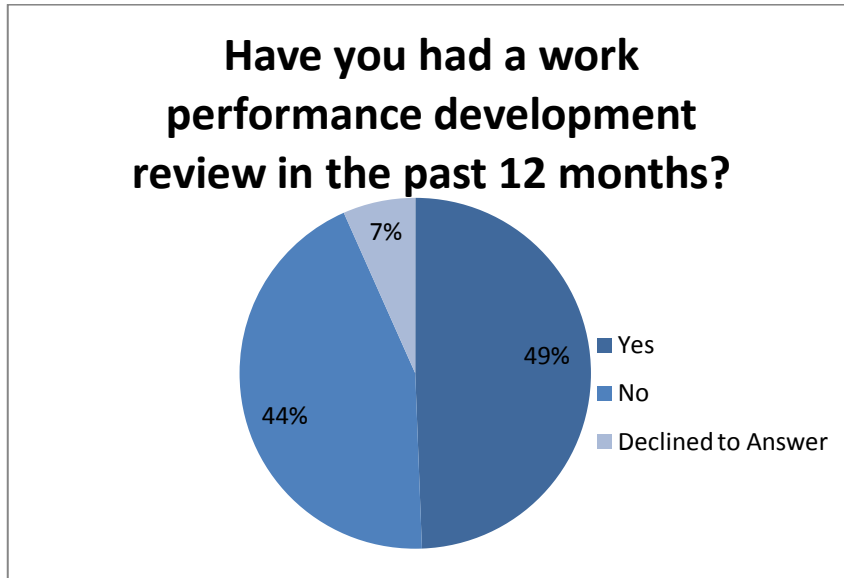
The most common clinical activities are 'Assess social and emotional wellbeing' (46 responses), 'Weight' (36 responses), 'Height' and 'Blood glucose level' (32 responses each), 'Blood pressure' (30 responses) and 'Assess client's physical wellbeing' (29 responses). 'Polymerase chain reaction (PCR)' was the only activity not selected by any respondents.

Supervision and Support

Performance Development Reviews

Figure 5.1 illustrates that 200 of the 405 respondents have had a performance development review in the past year (53%), 178 have not (47%) and 27 declined to answer.

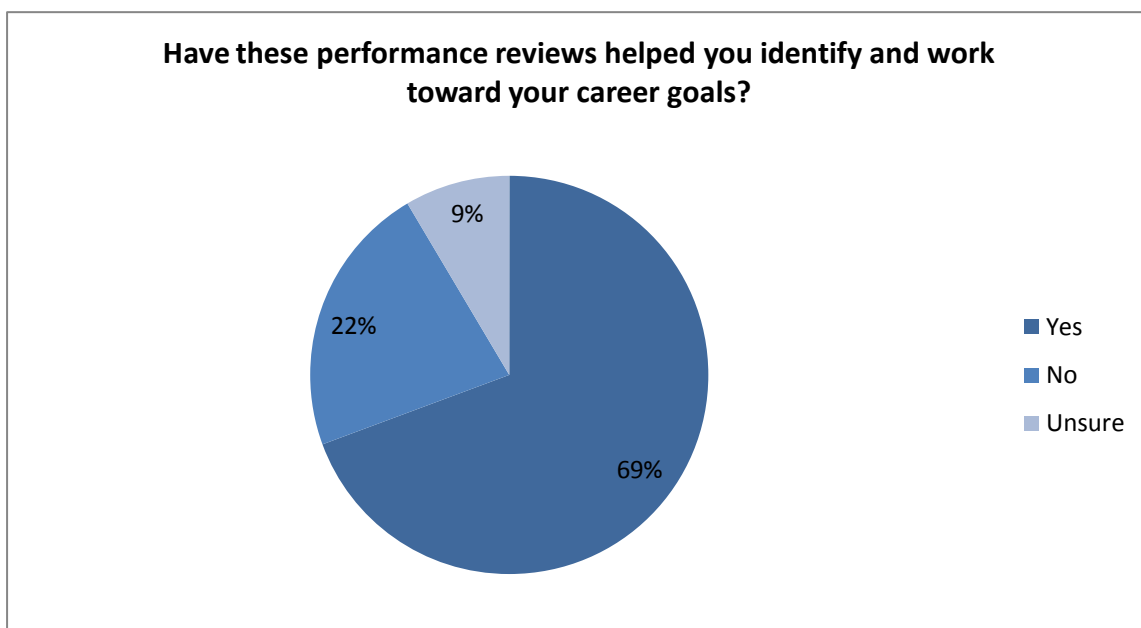
Figure 5.1 – Performance Development Review Past 12 Months



There has been a 3% increase since 2008 in the number of staff who have undergone a performance or development review within the past 12 months. Of the respondents reviewed within the last 12 months, 156 said their reviews take place on an annual basis, 5 on a monthly basis, 34 on another basis and 5 declined to answer. This represents a 10% increase (from 70% to 80%) between 2008 and 2012 for staff that have had an annual review in place.

Of those reviewed within the last 12 months, 162 agreed that their reviews were in line with their Position Description and 11 did not. This represents decrease in the alignment of reviews to current Position Descriptions, from 94% in 2008 to 81% in 2012. Figure 5.2 illustrates that 138 (69%) of the recently reviewed respondents agreed that their review helped them identify and work towards career goals, 44 (22%) did not, 17 (9%) were unsure and 1 declined to answer.

Figure 5.2 – Identify Career Goals



Training and Skills Development

Figure 5.3 illustrates that 192 of the 405 respondents (51%) indicated that they and their managers had identified areas for further training and skills development, 160 had not (43%), 21 were unsure (6%) and 32 declined to answer.

Figure 5.3 – Areas for Further Training



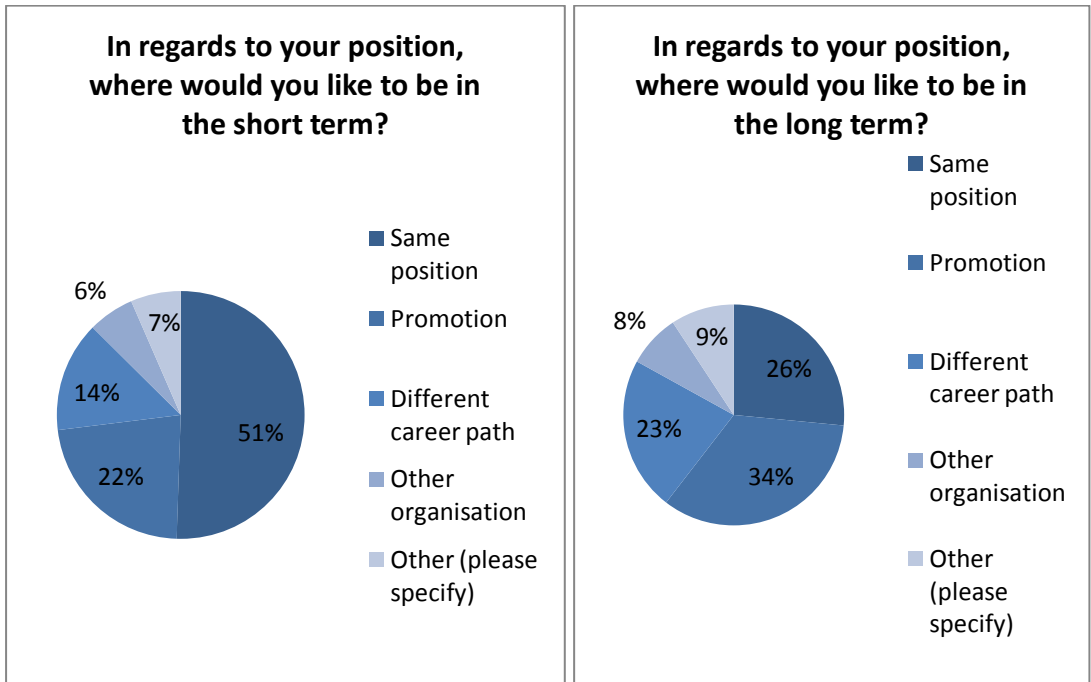
The Framework's Key Priority 3 outlines the need to develop partnerships to ensure that the Aboriginal workforce has access to development, education and training opportunities.^{viii} The Survey highlights that staff would welcome opportunities to undertake additional development and training.

The most common areas identified for further training were management skills (70), computer skills (56) and clinical skills (53). Of those who would like to develop their skills, 64 respondents say that on the job training is sufficient to achieve their goals, while 47 would seek further education internally and 75 externally.

Short and Long Term Aspirations

Figures 5.4 and 5.5 illustrates that 193 respondents would like to be in the same position in the short term (next two years) followed by 86 who would like a promotion. In the long term (two to five years), 128 would like a promotion and 100 would like to remain in the same position.

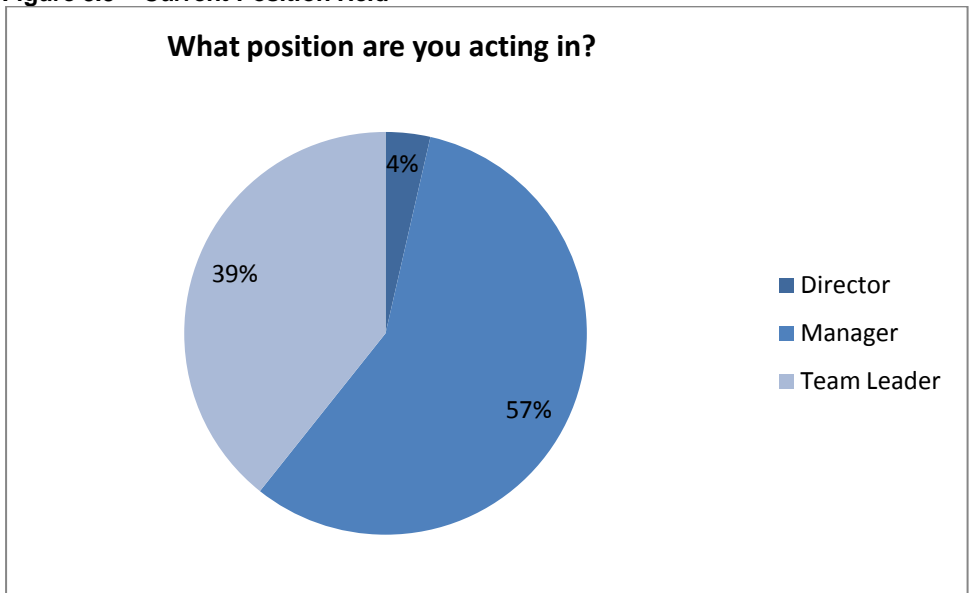
Figure 5.4 – Short Term Goals and Figure 5.4 – Long Term Goals



Higher Duties

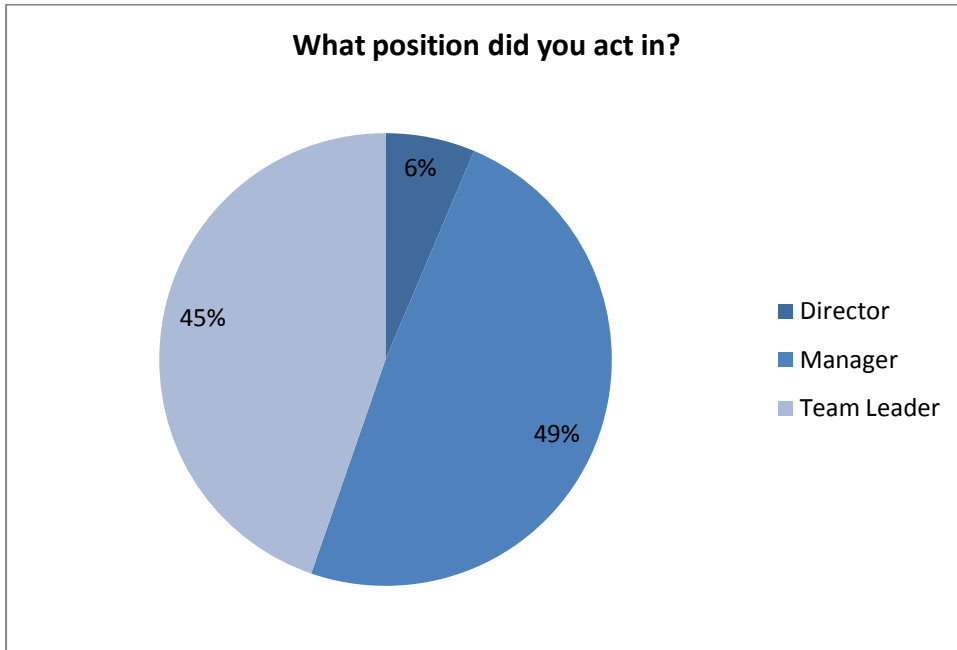
The Survey indicates that 37 respondents are currently acting in higher duties, 343 are not and 25 declined to answer. Figure 5.5 shows that, of the 10% currently acting in higher duties, 16 are Managers, 11 are Team Leaders, 1 is a Director and 9 declined to answer.

Figure 5.5 – Current Position Held



101 respondents indicated that they had previously acted in higher duties within NSW Health, 244 did not and 60 declined to answer. Figure 5.6 illustrates that, of those who worked in higher duties, 46 were Managers, 42 were Team Leaders, 6 were Directors and 7 declined to answer.

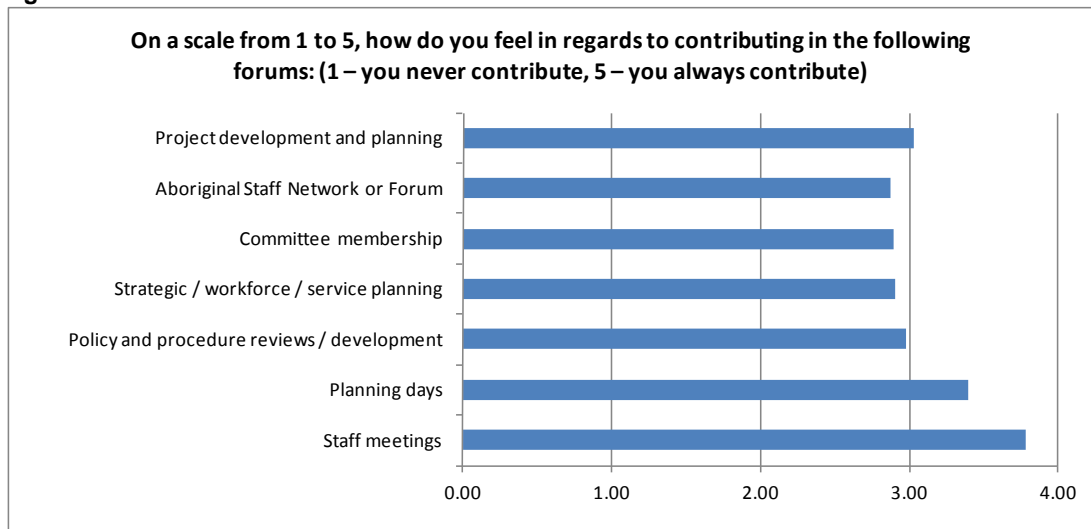
Figure 5.6 – Previous Position Held



Workplace Forum Contributions

Survey participants were asked to rate their involvement in workplace forums on a sliding scale between 1 and 5. Figure 5.7 illustrates that respondents were most likely to contribute at staff meetings and least likely to contribute at Aboriginal Staff Network or Forum meetings, through committee membership or strategic/workforce/service planning. It also indicates that Aboriginal employees are generally satisfied with their contribution in workplace forums.

Figure 5.7 – Contributions to Forums

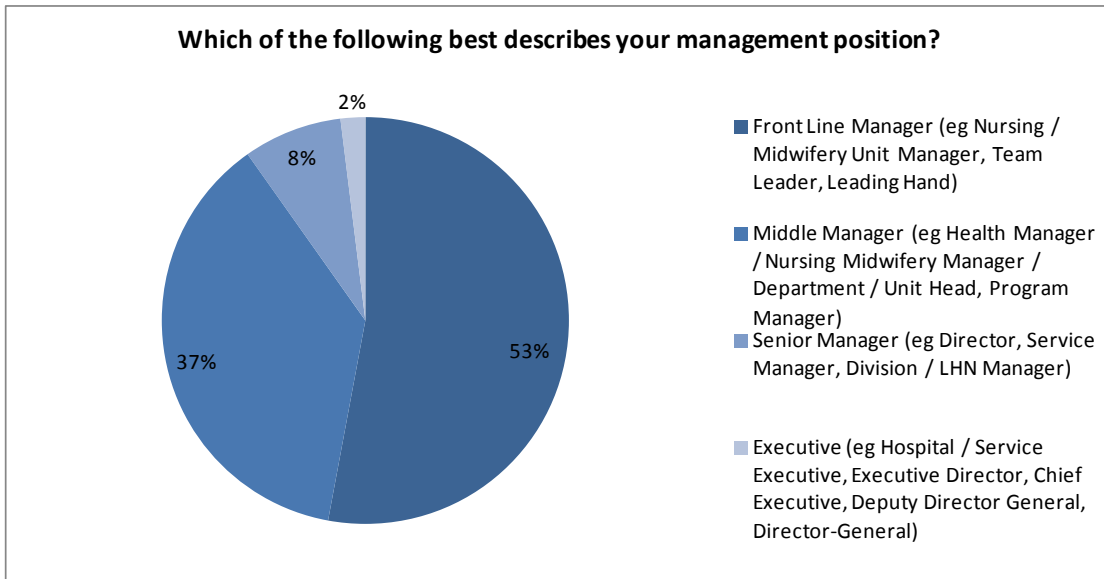


Management of Other Staff

The majority of NSW Health’s Aboriginal staff do not manage other staff at the present time. The Survey shows that only 14.5% of staff are in positions that require the management of other staff. Of that cohort, the majority (53%) are in front line management positions (e.g. Nursing/Midwifery Unit Manager, Team Leader, etc). Figure

5.8 provides the breakdown of management positions held by NSW Health Aboriginal staff: 27 are Front Line Managers, 19 are Middle Managers, 4 are Senior Managers, 1 is an Executive and 4 declined to answer.

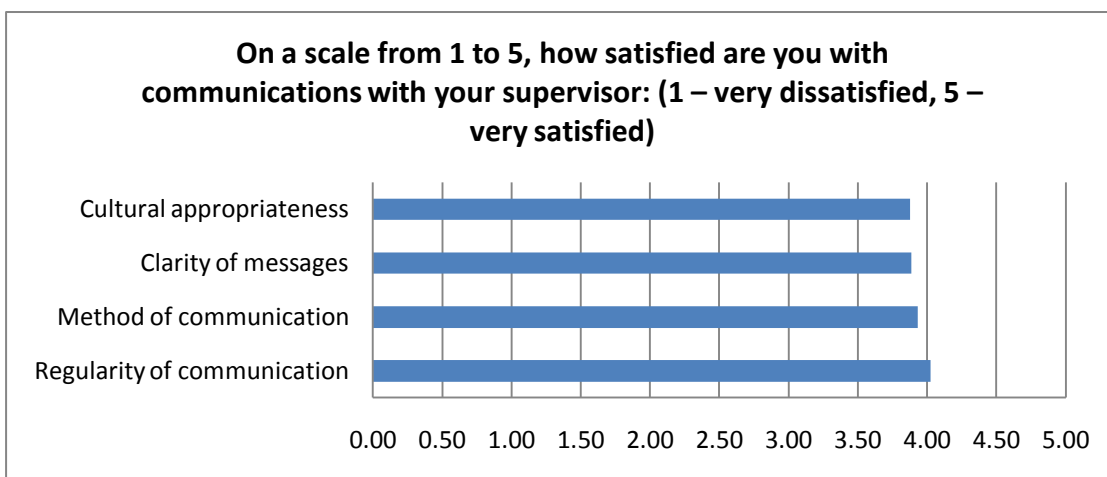
Figure 5.8 – Current Management Position



Contact with Supervisors

Survey participants were asked how often they were in contact with their supervisors and what the most common method of contact was. The data shows that 232 of the 405 respondents have daily contact with their supervisor, with the majority of communication occurring face to face. Figure 5.9 illustrates that respondents were generally satisfied with communications with their supervisors.

Figure 5.9 – Satisfaction with Communication with Supervisor



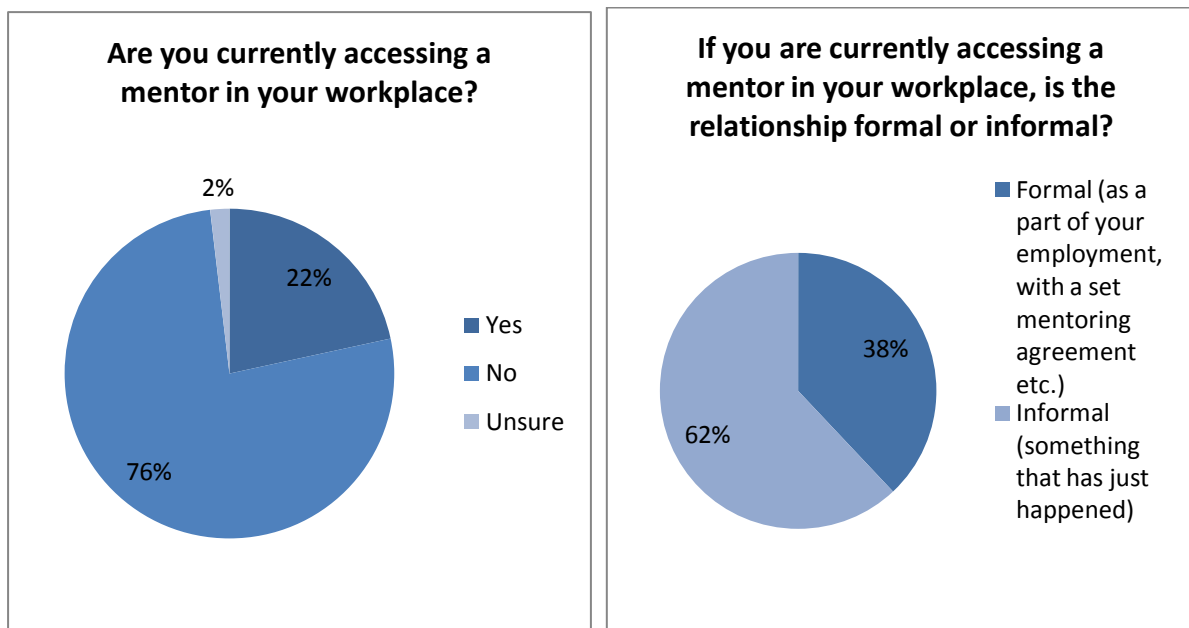
The Aboriginal workforce is generally satisfied with communication between them and their immediate supervisor. The overall average for all criteria was just below or above 4 for all criteria including cultural appropriateness.

Mentors

Providing Aboriginal staff with support to develop skills, undertake professional and personal development and build professional support networks is one of the goals of *Making It Our Business: The NSW Aboriginal Employment Action Plan 2009 – 2012* (the Action Plan) as part of keeping valued employees.^{ix} Mentors can be an important tool to provide professional, personal or cultural development in line with these goals.

Figures 5.10 and 5.11 illustrate that 81 respondents are currently accessing a mentor in their workplace (22%), 287 are not (76%), 7 are unsure (2%) and 30 declined to answer. Of the 81 respondents currently accessing a mentor, 30 are formal relationships (38%), 49 are informal relationships (62%) and 2 declined to answer.

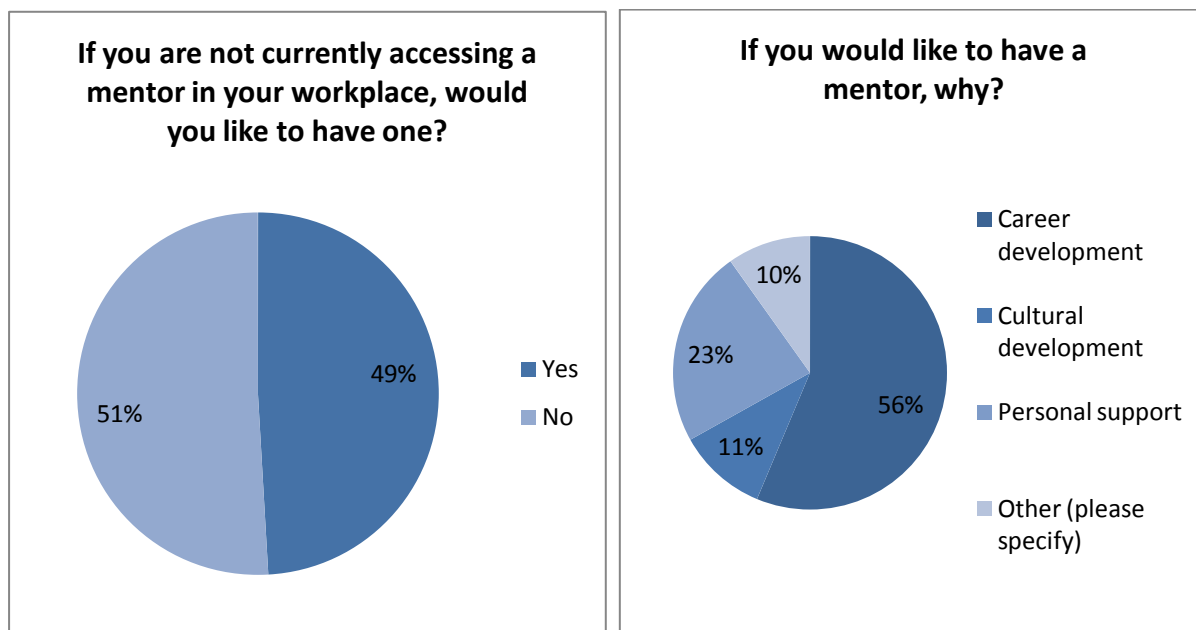
Figure 5.10 – Currently Accessing a Mentor and Figure 5.11 – Formality of Mentee Relationship



Making It Our Business: The NSW Aboriginal Employment Action Plan 2009 – 2012 clearly articulates the need to provide opportunities for Aboriginal employees to develop support networks. Comparing the 2008 and 2012 surveys shows a 2% increase in the number of staff who identified as accessing a mentor. There was also a rise from 36% of staff in 2008 who wanted to access a mentor to 49% in 2012. In the 2008 survey, 40% indicated that they were providing mentoring to another staff member as opposed to 25% in 2012.

Figures 5.12 and 5.13 illustrate that among those not currently accessing a mentor, 135 would like to do so (49%) and 140 would not (51%). The main reason given for wanting a mentor was career development (56%) followed by personal support (23%).

Figure 5.12 – Desire for a Mentor and Figure 5.13 – Reason for Wanting a Mentor



Nearly half of the Aboriginal staff surveyed expressed a desire to engage with a mentor. Career development is the primary motivation for developing this type of relationship.

The data shows that 93 respondents (25%) are currently acting as a mentor to another staff member, 265 are not (71%), 16 are unsure (4%) and 31 declined to answer. Of the 93 respondents currently acting as mentors, 24 are formal relationships (26%), 67 are informal relationships (74%) and 2 declined to answer. The most common mentor role was personal support (61) followed by career development (49) and cultural development (46). Of the 93 current mentors, 29 (31%) have received training to provide mentoring.

Identifying those Aboriginal staff willing and able to act as mentors and enabling them to develop mentoring skills will be critical for NSW Health. Formal mentoring has a number of advantages since it can be measured, guided and monitored by the organisation, allowing the career development of mentees to be charted against defined goals.

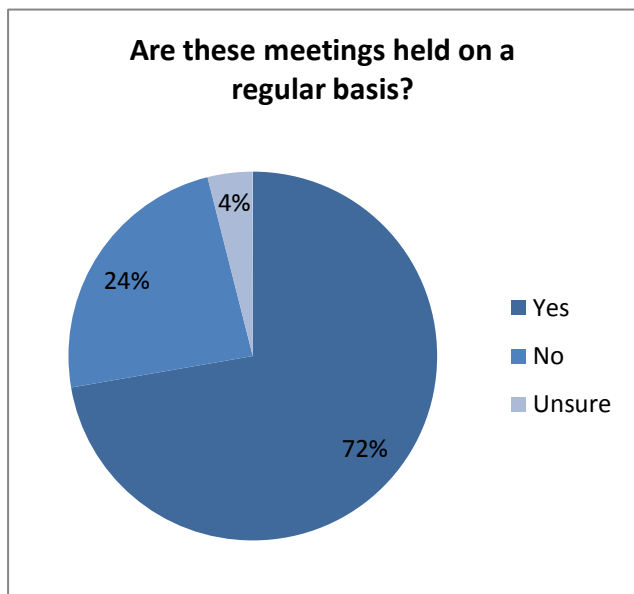
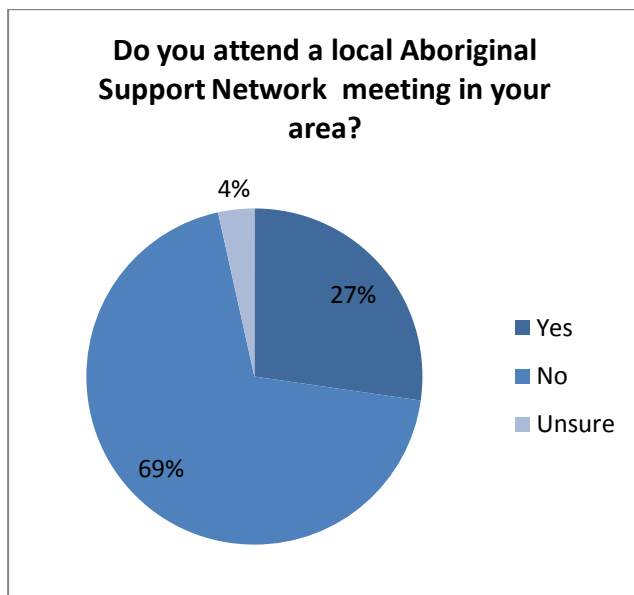
However, informal mentoring relationships, which arise out of a spontaneous desire by individuals to become a mentor/mentee, can have higher levels of trust and commitment. Overall, the formality or informality of the association matters less than the overall satisfaction with the mentor-mentee relationship.^x It is apparent that the quality of the mentoring relationship is a most important factor leading to positive work outcomes, regardless of the type of the relationship.

Other Support

Survey participants were asked if they receive any other support from bodies such as the Aboriginal Support Network (ASN) or a union. The Survey shows that 171 of the 405 respondents (51%) are union members, 160 are not (43%), 7 are unsure (2%), 14 preferred not to say (4%) and 33 declined to answer.

Figures 5.14 and 5.15 illustrate that 102 of the 405 respondents attend local Aboriginal Support Network meetings in their area, 259 do not, 13 are unsure and 31 declined to answer. Of the 102 who attend meetings, 73 indicate that meetings are held on a regular basis, 24 that they are not, 4 are unsure and 1 declined to answer.

Figure 5.14 – Attendance at Aboriginal Support Network Meetings and Figure 5.15 – Meetings Held on Regular Basis



Among the 303 who do not attend the meetings, 67% would be interested in doing so and 17% would not. 43 are unsure (16%) and 42 declined to answer. This indicates that many Aboriginal employees would like to engage with an ASN. This represents an increase from 59% in 2008 to 67% in 2012 for the number of staff who would be interested in attending an ASN.

Noetic also explored the rate of ASN attendance by Aboriginal Health Workers compared to all Aboriginal respondents. Thirty-eight per cent of Aboriginal Health Workers attended ASN meetings, compared to 27% of all

respondents. The percentages for the regularity of meetings was roughly similar (72% for all staff and 77% for Aboriginal Health Workers).

Survey participants were also asked if they were aware of the Employee Assistance Program. Two hundred and seventy-one of the 405 respondents (73%) are aware of the EAP, 78 are not (21%), 23 are unsure (6%) and 33 declined to answer.

Education Attainment

Highest Level of Secondary Schooling

Figure 6.1 illustrates that:

- + 144 employees completed their Higher School Certificate (Year 12) or equivalent (39%)
- + 167 completed their School Certificate (Year 10) or equivalent (45%)
- + 40 completed Year 9 or equivalent (11%)
- + 20 completed Year 8 or below (5%)
- + 34 declined to answer.

Figure 6.1 – Highest Level of Secondary Schooling

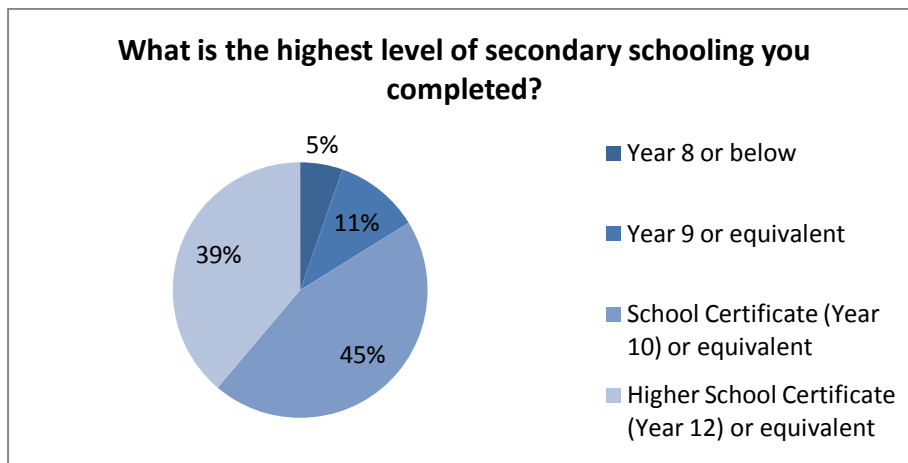
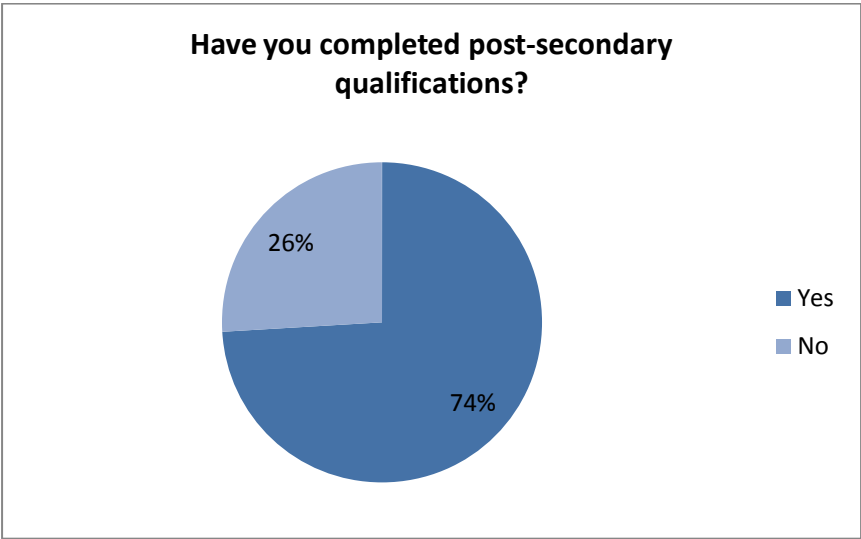


Figure 6.2 illustrates that 277 of the 405 respondents have completed post-secondary qualifications (74%), 97 have not (26%) and 31 declined to answer.

Figure 6.2 – Completion of Post-Secondary Qualifications



Noetic has analysed the educational levels of survey respondents based on their age. Table 3 provides information on the level of secondary schooling and post-secondary school qualifications for the three age groups of under 30, 31-49 and over 50.

Table 3 – Educational Attainment by Age Group

Attainment	Under 30	31-49	Over 50
Year 8 or below	2%	2%	10%
Year 9 or equivalent	2%	6%	23%
School Certificate (Year 10) or equivalent	21%	48%	51%
Higher School Certificate (Year 12) or equivalent	75%	44%	16%
Post-Secondary - Yes	79%	76%	70%
Post-Secondary - No	21%	24%	30%

It appears as though Table 3 reflects past government educational policies. For example, staff within the 50+ cohort are most likely to have not completed secondary school education which aligns with educational policies during the 1950s and 1960s. It is noteworthy the post-secondary education attainment figures appear to be balanced across all age groups. This indicates that, while the 50+ cohort may have faced difficulty completing their secondary education early in life, they have managed to take advantage of educational opportunities at the tertiary level. The comparison between the 2008 and 2012 surveys is shown in Table 4.

Table 4 – Educational Attainment Comparison 2008 and 2012

Attainment	2008	2012
Year 8 or below	8.6%	5%
Year 9 or equivalent	11.4%	11%
School Certificate (Year 10) or equivalent	47%	45%
Higher School Certificate (Year 12) or equivalent	32%	39%
Post-Secondary - Yes	52% TAFE 29% University	44% TAFE 38% University 8% No response

There is a notable increase between the 2008 and 2012 surveys in terms of the percentage of respondents who indicated that they had left school prior to obtaining their Higher School Certificate or equivalent. In 2008, 38% of the 45+ cohort left school before completing the HSC, while in 2012, 84% of the 50+ cohort left school prior to obtaining their HSC.

Noetic has also analysed the level of qualifications attained by Survey respondents and compared that against salary. Table 5 provides detail on the minimum, maximum and mean^{xi} salary bracket by educational level.

Table 5 – Educational Attainment and Salary Comparison

Attainment	Minimum Salary	Maximum Salary	Mean Salary
Year 8 or below	Between \$20,001 and \$30,000	Between \$80,001 and \$90,000	\$55,000
Year 9 or equivalent	Between \$10,001 and \$20,000	Between \$90,001 and \$100,000	\$53,158
School Certificate (Year 10) or equivalent	\$10,000 or less	\$120,000 or more	\$55,779
Higher School Certificate (Year 12) or equivalent	\$10,000 or less	\$120,000 or more	\$62,388
Completed post-secondary qualifications	\$10,000 or less	\$120,000 or more	\$61,289
Have not completed post-secondary qualifications	Between \$10,001 and \$20,000	Between \$100,001 and \$110,000	\$49,045

Table 5 shows that those who completed post-secondary qualifications earn \$12,244 more on average per year. Similarly, the average and maximum salaries of respondents increases as their level of education increases.

Figures 6.3 and 6.4 illustrate that, of the 277 respondents who completed post-secondary qualifications, many completed several qualifications. This most common highest qualification was a Bachelor Degree (69) followed by Certificate IV (43), Diploma (37) and Certificate III (26). One respondent completed a Doctorate and 15 completed Masters Degrees.

Figure 6.3 – Highest Level of Post-Secondary Qualification Attained

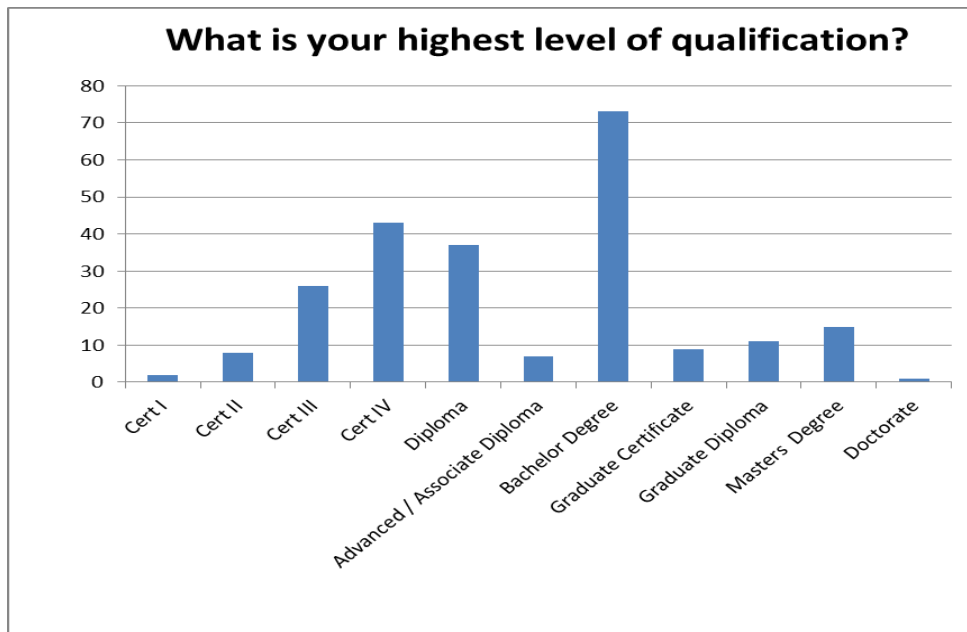


Figure 6.4 – Number of Qualifications Per Respondent

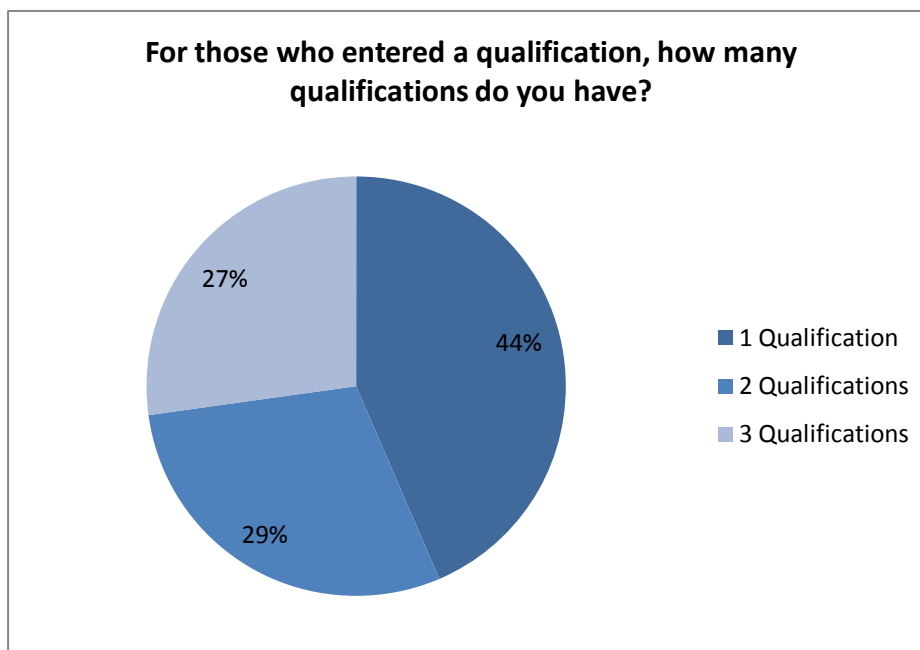
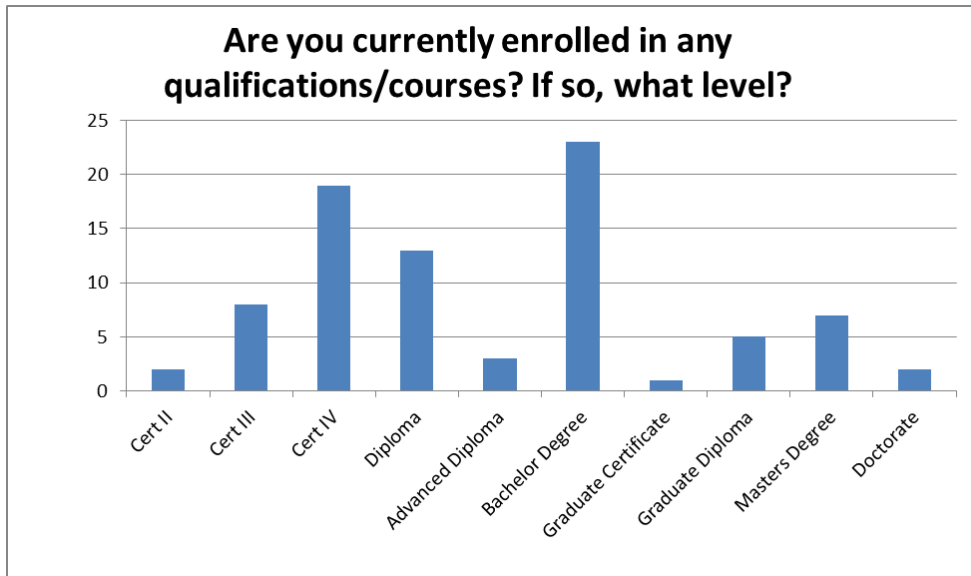


Figure 6.5 – Numbers of Staff Currently Studying and Course Level



Survey participants were asked about the levels of support they received while undertaking their tertiary qualifications. The data shows that of the 277 respondents with post-secondary qualifications, 138 received financial support while studying (51%), 134 did not (49%) and 5 declined to answer.

The most common forms of financial support were Abstudy (34%) and Traineeships (25%) followed by Study leave and Scholarships (17.5% each). Of the 134 who did not receive financial support, 54 were not aware of funding and 16 had employers who would not support funding. Figure 6.5 illustrates the levels of financial support indicated by respondents; while Figure 6.6 illustrates the reason some respondents did not receive financial support.

Figure 6.6 – Type of Financial Support Received

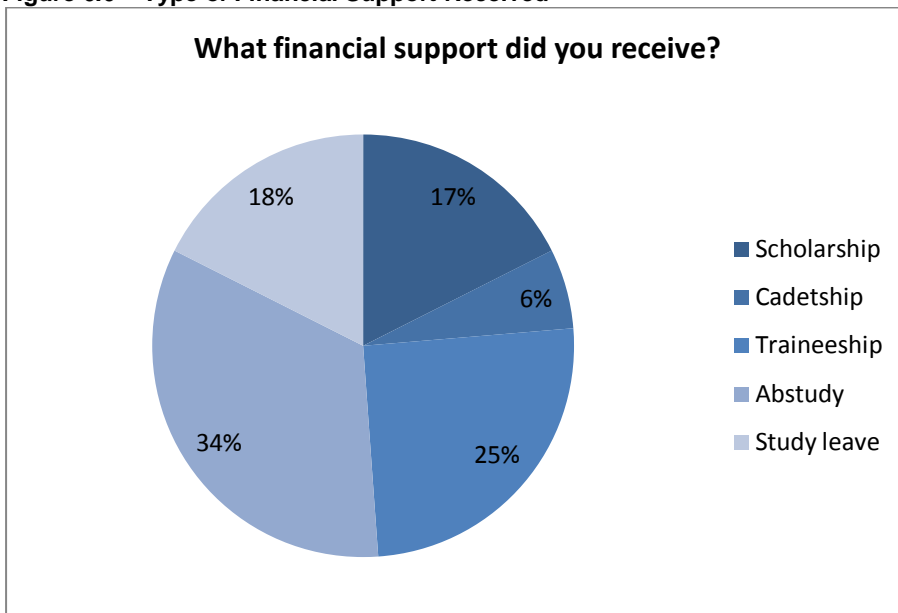
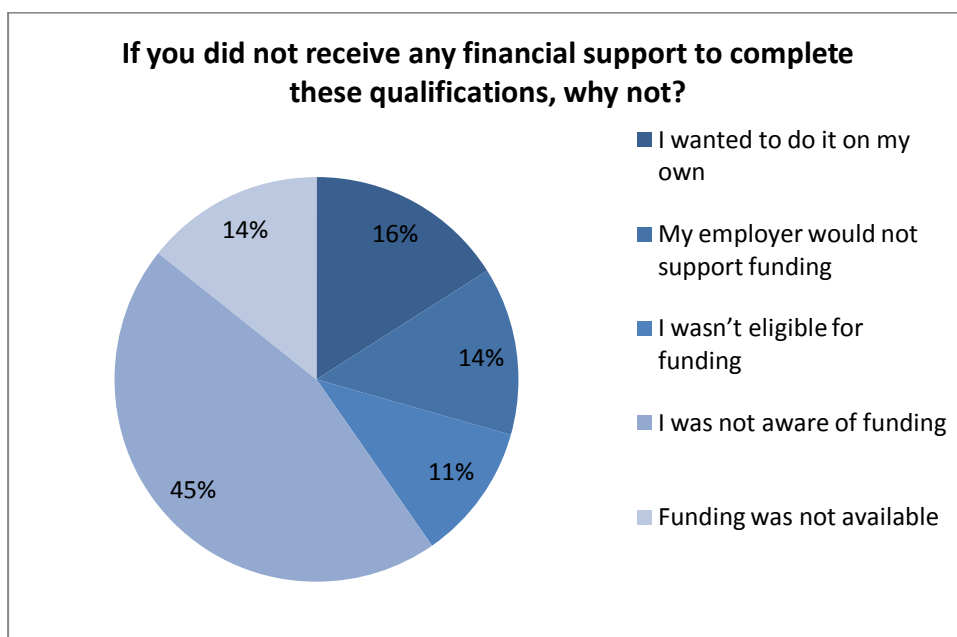


Figure 6.7 – Reason for Lack of Financial Support



It is important to note that the most common reason for a lack of financial assistance was a lack of awareness that funding was available. There are a number of recurrent, non-recurrent and ongoing funding opportunities for Aboriginal people engaged in the health sector. There are 77 national funding opportunities relevant for health practitioners or staff working in the health sector, and a further 9 specifically for Aboriginal people in NSW.^{xii} This is in addition to the support offered through the Abstudy program.

Survey participants were asked if they are currently undertaking any qualifications and what level of qualification they are seeking. The results show that 180 employees (29%) are currently enrolled in qualification courses, 259 are not (71%) and 38 declined to answer. Of those currently enrolled, the largest cohort is undertaking Bachelor Degrees (23) followed by Certificate IV (19) and Diplomas (13). Two respondents are undertaking Doctorates and 7 Masters Degrees.

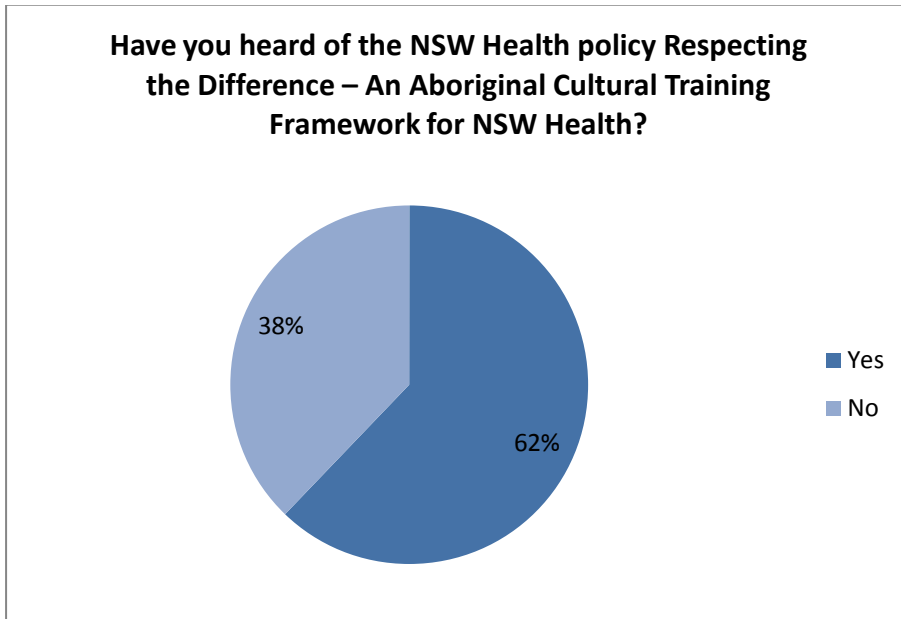
Noetic examined current study commitments for respondents who indicated that they or their managers had identified the need for further training and determined. Nineteen per cent of this group identified a need for external education and 14% identified the need for further tertiary or university level education. Of the respondents who indicated that they or their managers had identified the need for further training, only 29% are currently undertaking additional qualifications. This indicates that, while many survey respondents aspire to further training or study, many staff have not translated that desire into actual course enrolment.

Respecting the Difference

Knowledge of Respecting the Difference

Figure 7.1 illustrates that the majority of respondents (62%) indicated that they are aware of *Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health* (Respecting the Difference).

Figure 7.1 – Knowledge of Respecting the Difference Framework

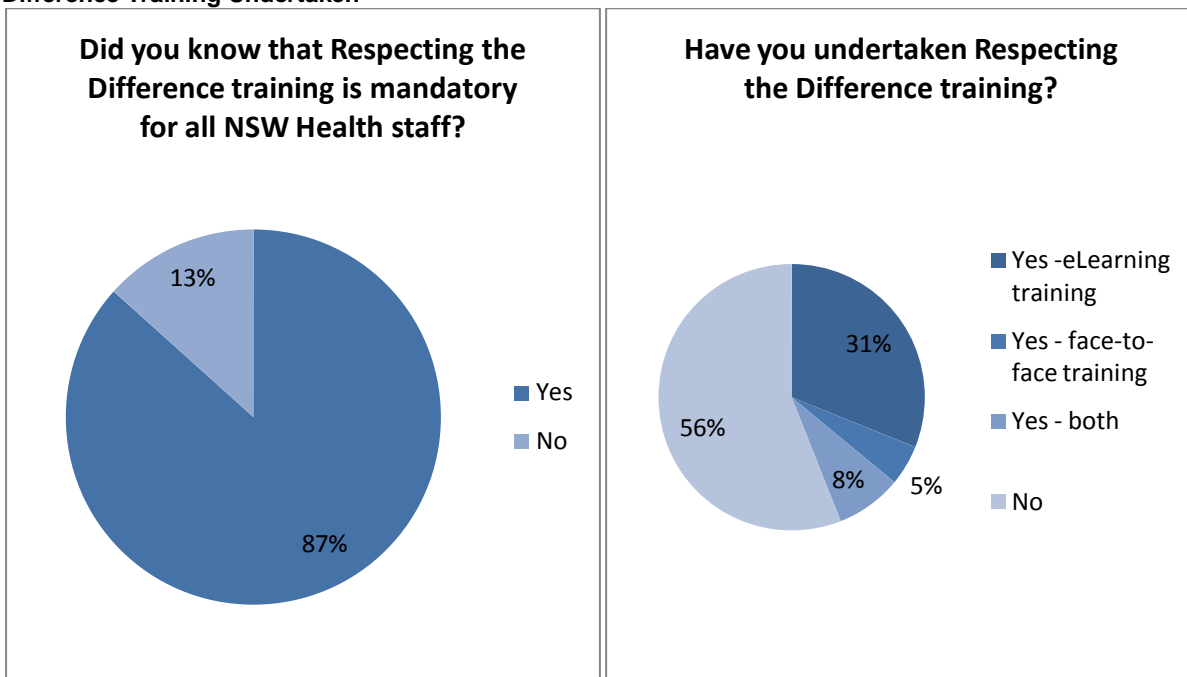


Given that Respecting the Difference was only launched in 2012, this indicates that the program is being well promoted amongst Aboriginal staff. Ongoing evaluation of the program will allow NSW Health to measure its progress towards providing culturally safe and competent Health services as part of the Framework.^{xiii}

Respecting the Difference Training

Figure 7.2 and Figure 7.3 show that of the 230 who knew of Respecting the Difference, 195 were aware that training is mandatory for all staff (87%), of which only 99 had completed some form of training (44%). The most common form of training undertaken by respondents was the Respecting the Difference E-Learning module.

Figure 7.2 – Knowledge of Mandatory Respecting the Difference Training and Figure 7.3 – Respecting the Difference Training Undertaken



The data indicates that NSW Health is making progress in terms of achieving Key Priority 6 of the Framework of ensuring that NSW staff have completed Aboriginal cultural training. The Respecting the Difference Framework has an evaluation component built into the program design.^{xiv} Further data collection will be required as part of this evaluation.

The *Respecting the Difference* is still in its early stages of implementation. The data obtained through the Survey will provide some useful information for benchmarking the progress of the training program as *Respecting the Difference* continues to be rolled out to all BNSW Health staff. *Respecting the Difference* will be evaluated and the Survey data will contribute to the baseline data used in any future evaluation.

List of Recommendations

Recommendation 1: NSW Health continues to identify and support Aboriginal employees in identified or targeted positions with short and long term goals of promotion and develop career paths to non-identified positions.

Recommendation 2: NSW Health to develop and implement recruitment and retention strategies to attract and retain young Aboriginal people into the health system.

Recommendation 3: NSW Health to further define strategies to assist the Aboriginal workforce in career progression, and provide support and career development opportunities to achieve career goals.

Recommendation 4: NSW Ministry of Health continues to implement the actions outlined in Key Priority 2 of the Framework which directly relate to an increase in the number of Aboriginal staff working across all health professions.

Recommendation 5: NSW Health develop strategies to support Aboriginal Health Workers in gaining recognition of prior learning against the Aboriginal Primary Health Care qualifications - Community Care or Practice, according to job roles.

Recommendation 6: NSW Health reviews the role and function of the State and LHD Aboriginal Health Worker Forum.

Recommendation 7: NSW Health could actively promote membership with the National Aboriginal and Torres Strait Islander Health Worker Association and its benefits for Aboriginal Health Workers.

Recommendation 8: Improving use of performance reviews may support NSW Health's goal to improve career pathways for the Aboriginal health workforce.

Recommendation 10: NSW Health to further investigate opportunities for Aboriginal employees to gain training and experience in management and computing skills.

Recommendation 11: NSW Health to consider its current leadership development programs, including mentoring programs, occupation mobility programs and job rotation to higher duties to increase Aboriginal workforce across all areas of the organisation.

Recommendation 12: NSW Ministry of Health continues to develop and promote both informal and formal mentoring systems within the organisation.

Recommendation 13: NSW Health to review the role and function of the Aboriginal Support Networks.

Recommendation 14: NSW Ministry of Health continues to provide information on the types of financial support (both internal NSW Health support and external support such as government programs, university scholarships etc.) available to those undertaking further training or education.

CONCLUSION

This Survey has been developed to gather information on NSW Health's Aboriginal workforce, their job responsibilities, career development expectations and opportunities, and education levels. The findings are based on the responses of 405 Aboriginal employees (21% of the estimated Aboriginal employees), as well as extensive cross-tabulation of the data to determine the relationships between certain variables.

The Survey provides NSW Health with valuable demographic, employment and human capital workforce data on its Aboriginal workforce. It provides NSW Health with a set of baseline data to continue to assess its workforce against criteria such as education, job satisfaction, career aspirations and their level of supervision and support. This data has been aligned to NSW Health's strategic objectives so it can inform the development of policies and program which have a measurable and positive impact on Aboriginal employees within the context of the NSW public health system.

The Survey will also assist NSW Health in measuring its progress against the Framework. The Framework is focused on addressing the health workforce skills gaps and improving the social and economic wellbeing of Aboriginal people more generally. A key part of the Framework is the collection and analysis of data which will allow NSW Health to map its progress against the goals of the Framework. The Survey provides some insights into how NSW Health is performing against the Framework, particularly the implementation of recruitment and retention processes, and mapping the Aboriginal workforce by occupation, salary level, location and classification to ensure workforce distribution matches community needs. The Survey also provides an indication of where NSW Health needs to collect further information to ensure it is meeting the Framework goals and its overarching Aboriginal workforce strategies.

ANNEXES

Annex A – Survey Methodology and Improvements

This annex details the methodology used to develop the Survey. This methodology included:

- + reviewing the draft Survey developed by NSW Health
- + conducting a survey refinement workshop
- + refining the draft Survey to a testing draft
- + testing and validating the draft Survey
- + refining the tested draft into a final Survey
- + distribution of the survey via hard copy and Survey Monkey
- + analysis and reporting of the survey results.

Developing the Aboriginal Health Workforce Survey 2012

Noetic began the survey development process by reviewing the draft Survey provided by NSW Health. The purpose of the review was to establish the scope of the draft Survey and provide sufficient information and knowledge about the composition and content in order to facilitate a workshop. The review process flagged a number of key questions or content areas which were identified as requiring validation or further explanation during the workshop.

The Survey Refinement Workshop was conducted on 3 July 2012. The workshop was facilitated by Noetic and the following staff participated:

- + Sue Anderson – Workforce Planning and Development, NSW Ministry of Health
- + Tracey Flanagan – Workforce Planning and Development, NSW Ministry of Health
- + Charles Davison – Workforce Planning and Development, NSW Ministry of Health
- + Caron Bowen – Centre for Aboriginal Health, NSW Ministry of Health
- + Lana Shaw – Health Systems Support
- + Peter Paterson – Hunter New England Local Health District
- + Leann Cross – Illawarra Shoalhaven Local Health District

The half-day workshop was structured to allow Noetic and the participants to review the survey's objectives and outcomes and review the draft survey against those objectives. This process ensured that both Noetic and NSW Health were confident that the structure and content of the survey was aligned with the key objectives and the key areas of focus of the Survey.

The workshop systematically reviewed each question contained in the draft Survey, ensuring that it would provide information to assist meeting the survey's objectives.

The final activity of the workshop was the development of a high level communications strategy. This work involved the identification of key messages, message recipients, communications channels and communication timeframes. Participants also reviewed the covering communication messages which would accompany the distribution of the survey. Noetic and NSW Health worked together throughout the project to ensure that communications messages were in line with the communications strategy.

Noetic and NSW Health then worked to develop a refined draft Survey for testing. Noetic refined the survey and submitted the testing draft for approval by NSW Health. NSW Health then endorsed the testing draft of the Survey and identified test participants who would complete the survey and provide feedback to Noetic through a telephone interview. Noetic conducted tests with five NSW Health staff. The feedback provided by these participants allowed Noetic to further refine the draft Survey to the final hardcopy draft of the Survey. This copy was then endorsed by NSW Health and printed for distribution.

Noetic and NSW Health then began the process of refining the soft copy version of the survey to be located on the Survey Monkey website. A number of the questions required refinement due to system limitations. The online version was then made available to staff on the NSW intranet. Communication messages were finally sent by NSW Health to all staff expected to participate in the survey.

Survey Analysis

Noetic initially produced raw Data Reports for the following data sets:

- + Whole of Survey Data Report
- + AHW data Report
- + 14 Local Health District Data Reports.

This analysis was then used as the basis for the development of the Aboriginal Health Workforce Survey Report.

Improving the Aboriginal Health Workforce Survey

Noetic has worked with NSW Health to identify a number of improvements which will assist NSW Health to develop and implement future Aboriginal workforce surveys.

SURVEY PROCESS

The Survey received 405 valid surveys from a potential survey population of 1,900 Aboriginal employees working for NSW Health. Improving this return rate for subsequent surveys will provide NSW Health with a larger baseline data set which will provide a more accurate snapshot of the Aboriginal workforce and result in more robust workforce strategies.

There are a number of actions NSW Health should consider to increase survey participation, including:

- + Extending the Survey completion period. This will provide NSW employees with a longer period to complete the survey and allow them to manage their day-to-day duties and completion of the Survey.
- + Increasing internal communications. This should focus on providing more direct communication with Aboriginal employees and promoting the benefits to employees.

- + Broadening survey dissemination. Data suggests that the Survey was not widely completed by staff in mainstream positions, including front line clinical staff. NSW Health should investigate further mechanisms to increase exposure of the Survey to these staff.
- + Environmental scanning. The Survey was disseminated shortly after a number of other surveys including a NSW Health survey and NSW public service survey. This may have increased 'survey fatigue' on the part of participants and therefore reduced the number of returns.
- + Releasing the Survey through pre-planned events. As part of the environment scan detailed above, NSW Health may also explore releasing future surveys at existing gatherings of Aboriginal staff such as state support networks or conferences.

SURVEY DESIGN

Noetic and NSW Health have identified a number of improvements to the survey design, including:

- + Limiting free text responses. Including free text questions in future surveys should be minimised as it does not provide an effective dataset for analysis. Wherever possible, questions should be answered from a predetermined and specific set of responses. This will also minimise the need to cleanse data into a more usable format. For example, survey respondents were asked to provide their job title and their current award. A drop down menu (on the online version or an annex at the end of the hard copy survey) would have provided the respondents with a common lexicon for job titles and awards.
- + Revising the education data set. The previous and current education related free text questions were not conducive to analysis. Very few respondents completed the entire question set and many included the right data in the wrong field, or did not include specific data such as the state they completed their qualification in. This meant that significant cleansing was required. Providing an example of a correctly completed question which would demonstrate exactly what information was sought would assist.
- + Including a peer support data set. While the Survey explored '*support and supervision*', this focused on managerial support and did not explore peer support networks. NSW Health should consider including questions about the support provided to Aboriginal employees by their peers and how this contributes to career development.
- + Including both local and state support networks data. NSW Health should consider expanding the questions relating to Aboriginal Support Networks to include both local and state support networks across NSW. This will more accurately reflect the range of support networks available to Aboriginal staff.

Annex B – Aboriginal Health Worker Survey 2012



NSW HEALTH - ABORIGINAL WORKFORCE SURVEY 2012

The NSW Health Aboriginal Workforce Survey 2012 (the Survey) will be an important source of information to provide data on the status of Aboriginal employment and workforce development opportunities across the NSW Public Health System.

This survey is **anonymous** and the information you provide is confidential. All surveys will be managed and collated by an external third party and then destroyed. The final report will contain summarised information that will not identify individual survey participants.

Your contribution to NSW Health Aboriginal workforce development is greatly appreciated.

DECLARATION

I declare that this is the only NSW Health Aboriginal Workforce Survey 2012 that I have completed.

Note: Your survey will not be valid unless you tick the above box.

*If you have recently completed an **Aboriginal Perception Survey** for Hunter New England Health you are still required to complete this survey.*

DEMOGRAPHICS

1. Are you an **Australian** Aboriginal and / or Torres Strait Islander?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander
- No, neither Aboriginal or Torres Strait Islander (*if you have ticked this box, please do not continue with this survey*).

Note: for the purposes of this document, from this point forward the term 'Aboriginal' will be used to refer to both 'Australian Aboriginal and Torres Strait Islander' peoples in recognition that Aboriginal people were the first inhabitants of this land.

2. Did you identify as Aboriginal when you were first employed by NSW Health?

- Yes
- No
- Unsure

Note: If you answer 'no' or 'unsure', please contact your local HR Department to complete an Equal Employment Opportunity (EEO) Form. Information from the EEO is collected six monthly and provides a clear indication of the numbers of Aboriginal employees in NSW Health.

3. Are you currently employed in an Aboriginal identified^{xv} or targeted^{xvi} position?

- Yes
- No
- Unsure

4. What is your gender:

- Male
- Female

5. What is the year of your birth?

6. What part of NSW Health do you mainly work in?

Local Health District:

- Central Coast Local Health District
- Far West Local Health District
- Hunter New England Local Health District
- Illawarra Shoalhaven Local Health District
- Mid North Coast Local Health District
- Murrumbidgee Local Health District
- Nepean Blue Mountains Local Health District
- Northern NSW Local Health District
- Northern Sydney Local Health District
- South East Sydney Local Health District
- South Western Sydney Local Health District
- Southern NSW Local Health District
- Sydney Local Health District
- Western NSW Local Health District
- Western Sydney Local Health District

Pillar:

- Agency for Clinical Innovation
- Bureau of Health Information
- Cancer Institute of NSW
- Clinical Excellence Commission
- Health Education and Training Institute

Other:

- Ambulance Service of NSW
- Health Infrastructure
- Health Support Services
- Ministry of Health
- NSW Health Pathology
- Other: _____

Network:

- Justice Health and Forensic Mental Health Network
- St Vincent's Speciality Network
- Sydney Children's Hospitals Network

7. What is the suburb of your home:

8. What is the suburb of your work (office base)?

9. How long in total have you been employed by NSW Health?

(Include all full-time, part-time, and casual years worked)

- Less than 1 year
- 1 to 5 years
- 5 to 10 years
- 10 to 20 years
- More than 20 years

CURRENT EMPLOYMENT

10. How long have you been employed in your current position?

- Less than 1 year
- 1 to 5 years
- 5 to 10 years
- 10 to 20 years
- More than 20 years

11. Is your current position?

- Permanent full time
- Permanent part time
- Casual
- Contracted/Temporary:
Contract end date: ____/____ (MM/YY)
Field of Study: _____
- Traineeship:
Contract end date: ____/____ (MM/YY)
Field of Study: _____
- Cadetship:
Contract end date: ____/____ (MM/YY)
Field of Study: _____

12. What is the job title of your current position?

(As per your Position Description)

13. Do you have a current Position Description which accurately reflects your current position and responsibilities?

- Yes
- No
- Unsure

14. What Classification and Award are you paid under? *(as stated on your pay slip)*

ABORIGINAL HEALTH WORKERS

Only Aboriginal Health Workers are to complete this section of the Survey. Questions 15 - 25
 If you are not an Aboriginal Health Worker please continue the survey at Question 26

15. Are you an Aboriginal Health Worker as defined by the Information Bulletin 2005_001?^{xvii}

- Yes
- No. If no, you are not required to fill in this section.

16. Please tick up to five main key responsibilities under your job description:

- Access
- Administrative duties
- Care evaluation
- Care planning
- Case management
- Clinical treatments
- Community development
- Community engagement
- Counselling
- Cultural safety
- Group work
- Health assessment
- Health diagnoses
- Health intervention
- Health promotion / prevention advocacy
- Liaison
- Outreach activities
- Referral
- Researcher
- Support
- Transport
- Other:

17. Have you completed Certificate IV Aboriginal Primary Health Care?

- Yes (Community Care)
- Yes (Practice)
- No
- Unsure

18. Will you be applying for National Registration as an Aboriginal Health Practitioner^{xviii}?

- Yes
- No
- Unsure

19. Have you ever sought to obtain Recognition of Prior Learning against the Certificate IV Aboriginal Primary Health Care (Community Care or Practice)?

- Yes, against the Community Care Stream:

The outcome was:

- Recognition of Prior Learning and Certificate obtained
 - Had to complete additional modules and Certificate obtained
 - Not successful in gaining qualification
 - Other:
-

Yes, against the Practice Stream:

The outcome was:

- Recognition of Prior Learning and Certificate obtained
 - Had to complete additional modules and Certificate obtained
 - Not successful in gaining qualification
 - Other:
-

- No
- Unsure

20. Would you like to obtain Recognition of Prior against the Certificate IV Aboriginal Primary Health Care (Community Care or Practice)?

Yes:

In which area / stream:

- Community Care
- Practice
- Unsure

- No
- Unsure

21. Do you think NSW Health should have an award that recognises Vocational Education and Training qualifications (such as the Certificate II, Certificate III, Certificate IV, Diploma etc)?

- Yes
- No
- Unsure

22. Do you think all NSW Health Aboriginal Health Workers should undertake a minimum qualification in Aboriginal Primary Health Care?

Yes:

What do you think should be the minimum qualification level required?

- Certificate III
- Certificate IV
- Diploma
- Advanced Diploma

No:

Why not:

- Unsure

23. Do you have a local Aboriginal Health Worker Forum?

Yes:

Do you know who your local representative is?

Yes

No

Do you receive information from your local representative?

Yes

No

No

Unsure

24. Are you a member of National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)?

Yes

No

Unsure

25. Do you undertake clinical activities as a part of your AHW role?

Yes:

Please list any clinical activities you perform (you can tick multiple activities):

Mid stream urine

Blood pressure

Urinalysis

Respirations

Temperature

Pulse

Blood glucose level

Oxygen saturation level

Venipuncture

DRABC

Waist circumference

Oral assessment

Assess client's physical wellbeing

Assess social and emotional wellbeing

Administer oral medications

Administer inhalers

Administer nebulizers

Administer oxygen therapy

Polymerase chain reaction (PCR)

Removal of wound closure

Measure head circumference

Wound closure, eg stitches or ster stripes

Weight

Height

Immunisations

Simple wound dressings

Complex wound dressings

- Assistance with medication
- Administration of medication
- Albumin creatinine ratio (ACR)
- Paediatric urine collection
- Wound swabs
- Nose swabs
- Throat swabs
- Faeces collection
- Sputum collection
- Eye swab
- Electrocardiograph
- Suction
- Assess spirometry
- Assess peak flow
- Insert canula
- Administer intravenous medications
- Administer topical medications
- Administer suppositories
- Administer intradermal medications
- Administer subcutaneous injections
- Administer intramuscular medication
- Other: _____

If yes

Do you have a clinical supervisor for your role?

Yes:

What position provides this clinical supervision: _____

No

Unsure

**The Aboriginal Health Workers section of this survey is now complete.
All Survey participants are to complete questions 26 - 53**

26. What is your annual salary?

- \$10,000 or less
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$70,000
- \$70,001 to \$80,000
- \$80,001 to \$90,000
- \$90,001 to \$100,000
- \$100,001 to \$110,000
- \$110,001 to \$120,000
- \$120,001 or more
- Prefer not to say

27. Have you had a work performance/development review in the past 12 months?

Yes:

How often do these occur?

- Annually
- 6 monthly
- 3 monthly
- Other

Are these performance reviews in line with your position description?

- Yes
- No
- Unsure
- No position description

Have these performance reviews helped you identify and work towards your career goals?

- Yes
- No
- Unsure

No:

28. Have you and your manager identified further areas for training and skills development?

Yes:

In what area?

- Computer
- Time management
- Clinical skills
- Analytical skills
- Management skills
- Other:

What support do you need to get there?

On the job training

Further education:

- Internal / In-service
- External:
 - Vocational Education and Training
 - University
 - Other:

No

Unsure

29. In regards to your position, where would you like to be in the: (You can tick multiple boxes)

Short term (within the next two years)

- Same position
- Promotion
- Different career path
- Other organisation
- Other: _____

Longer term (more than two years)

- Same position
- Promotion
- Different career path
- Other organisation
- Other: _____

30. Have you ever acted in higher duties while working for NSW Health?

Yes:

I am **currently** acting in the following position:

- Director
- Manager
- Team Leader
- Other: _____

I have **previously** acted in the following positions:

- Director
- Manager
- Team Leader
- Other: _____

No:

31. On a scale from 1 to 5, how do you feel in regards to contributing in the following forums:

(1 – you never contribute to decision making 5 – you are always contribute to decision making)

	1	2	3	4	5	N/A
Staff meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy and procedure reviews / development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic / workforce / service planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal Staff Network or Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project development and planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Do you directly manage any other staff?

- Yes:
- How many: _____
- Which of the following best describes your management position:
- Front Line Manager (eg Nursing / Midwifery Unit Manager, Team Leader, Leading Hand)
 - Middle Manager (eg Health Manager / Nursing Midwifery Manager / Department / Unit Head, Program Manager)
 - Senior Manager (eg Director, Service Manager, Division / LHN Manager)
 - Executive (eg Hospital / Service Executive, Executive Director, Chief Executive, Deputy Director-General, Director-General)
- No

SUPERVISION AND SUPPORT

33. Which category best represents your immediate supervisor?

- Administration
- Medical
- Nursing and Midwifery
- Corporate Support
- Allied Health
- Other Health Professional
- Scientific and Technical
- Oral Health
- Ambulance
- Patient Support Services
- Maintenance and Trades
- Other: _____

34. What is the suburb of your supervisor's work (office base)?

35. How often do you have contact with your supervisor?

- Daily
- Every second day
- Weekly
- Fortnightly
- Monthly
- Never

36. How do you communicate with your supervisor most frequently?

- Face to face
- Telephone
- Electronically (eg e-mail, Skype, video conferencing)

(1- On a scale of 1 to 5, how satisfied are you with communicating with your supervisor? *you are very dissatisfied, 5 - you are very satisfied*)

	1	2	3	4	5	N/A
Regularity of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Method of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural appropriateness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL OR MENTORING SUPPORT^{xix}

37. Are you currently accessing a mentor in your workplace?

Yes:

Is this mentor relationship:

- Formal (*as a part of your employment, with a set mentoring agreement etc.*)
- Informal (*something that has just happened*)

No:

Would you like to have a mentor?

Yes:

For what reason:

- Career development
- Cultural development
- Personal support
- Other: _____

No

Unsure

38. Are you a mentor to another staff member?

Yes

What best describes your mentor role:

- Career development
 - Cultural development
 - Personal support
 - Other:
-

Is this mentor relationship?

- Formal (*as a part of your employment, with a set mentoring agreement etc*)
- Informal (*something that has just happened*)

- No
- Unsure

39. Have you had training to provide mentoring?

Yes:

Course:

Provider:

No

40. Do you attend a local Aboriginal Support Network^{xx} (ASN) meeting in your area?

Yes:

Are these meetings on a regular basis?

- Yes
- No
- Unsure

No:

Are you interested in attending an ASN in your area?

- Yes
- No
- Unsure

Unsure

OTHER SUPPORT

41. Are you a member of a Union?

- Yes
- No
- Unsure
- Prefer not to say

42. Are you aware of the Employment Assistance Program (EAP)?

- Yes:
- No
- Unsure

EDUCATION

43. What is the highest level of secondary schooling you completed?

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

44. Have you completed post secondary qualifications?

- Yes:
 - Vocational Educational Training (at a Registered Training Organisation or TAFE)
 - University
 - Other including candidacy for qualification or deferred qualifications: _____
- No:

45. Please indicate the three highest qualifications you have completed post secondary education:
(Qualification levels include Statement of Attainment, Certificate I, Certificate II, Certificate III, Certificate IV, Diploma, Advanced Diploma, Associate Degree, Bachelor Degree, Bachelor Honors Degree, Graduate Certificate / Vocational Graduate Certificate, Graduate Diploma / Vocational Graduate Diploma, Masters Degree and Doctorate)

Qualification 1:

Level of qualification:

Course name:

Course provider:

Years completed:

State obtained:

Qualification 2:

Level of qualification:

Course name:

Course provider:

Years completed:

State obtained:

Qualification 3:

Level of qualification:

Course name:

Course provider:

Years completed:

State obtained:

46. Did you receive any financial support to complete these qualifications?

- Yes:
 - Scholarship:
Which organisation?

 - Cadetship:
Which organisation?

 - Traineeship:
Which organisation?

 - Abstudy:
 - Study leave:
How many days of study leave did you access? _____
 - Other _____
 - No:
 - I wanted to do it on my own
 - My employer would not support funding
 - I wasn't eligible for funding
 - I was not aware of funding
 - Funding was not available
 - Other:
-

47. Are you currently enrolled in any qualifications/courses?

- Yes:
 - Level of qualification:

 - Course name:

 - Course provider:

 - Expected year of completion: _____
- No

CULTURE IN THE WORKPLACE

48. Have you heard of the NSW Health policy '*Respecting the Difference – An Aboriginal Cultural Training Framework for NSW Health*'?

Yes:

Did you know that *Respecting the Difference* training is mandatory for all NSW Health staff?

Yes

No

Have you undertaken *Respecting the Difference* training?

Yes, eLearning training

Yes, face-to-face training

Yes, both

No

No

End Notes

ⁱ Workforce Development and Innovation, *Aboriginal Workforce Strategic Framework 2011-2015*, NSW Health, 2011, p. 11

ⁱⁱ Australian Bureau of Statistics, 3238.0.55.001 - *Experimental Estimates of Aboriginal and Torres Strait Islander Australians*, June 2006

ⁱⁱⁱ The McKell Institute, *The State of New South Wales: A Survey of Community Attitudes*, 2012, <http://mckellinstitute.org.au/wp-content/uploads/2012/03/State-of-NSW.pdf>

^{iv} Workforce Development and Innovation, *Aboriginal Workforce Strategic Framework 2011-2015*, NSW Health, 2011, p. 11

^v Workforce Development and Innovation, *Aboriginal Workforce Strategic Framework 2011-2015*, NSW Health, 2011, p. 10

^{vi} NSW Health, *Annual Report 2010 - 2011*, 2011, p.191

^{vii} Aboriginal Health Workers come under the category of 'Other Professionals, Para-professionals & clinical support staff' of which there are 397. It is not possible to identify graduates and non-graduates from this data.

^{viii} Workforce Development and Innovation, *Aboriginal Workforce Strategic Framework 2011-2015*, NSW Health, 2011, p. 12

^{ix} Public Sector Workforce, *Making It Our Business: The NSW Aboriginal employment Action Plan 2009 – 2012*, NSW Department of Premier and Cabinet and Aboriginal Affairs, 2009, p. 7

^x B R. Ragins, J L. Cotton and J S. Miller, "Marginal Mentoring: The Effects of Type of Mentor, Quality of Relationship, and Program Design on Work and Career Attitudes", *The Academy of Management Journal*, 43:6, 2000, pp 1183-1184

^{xi} Given participants selected an age bracket (as opposed to a specific salary), mean has been calculated assuming each respondent's salary falls in the middle of their selected salary bracket (e.g. \$50,001 to \$60,000 = \$55,000).

^{xii} Australian Indigenous Health Infonet, "Funding Opportunities", 2012, <http://www.healthinfonet.edu.edu.au/key-resources/funding>

^{xiii} Workforce Development and Innovation, *Aboriginal Workforce Strategic Framework 2011-2015*, NSW Health, 2011, p 14

^{xiv} Workforce Development and Innovation, *Respecting the Difference - An Aboriginal Cultural Training Framework for NSW Health*, NSW Health, 2011, pp 6-7

^{xv} An identified position is: *Aboriginality is a genuine occupational requirement under the NSW Anti-Discrimination Act 1977 Section 14(d)*

^{xvi} A Targeted position is: *An exemption to the Anti-Discrimination Act 1977 (NSW) applies to particular group of people in situations where that would otherwise be unlawful under the Anti Discrimination Act under Section 126A*

^{xvii} An Aboriginal Health Worker defined by this document (IB2005_001) is:

1. An Aboriginal and / or Torres Strait Islander person
2. Employed in an identified position in the NSW Public Health System and provides services or health programs directly to Aboriginal people regardless of whether the person is employed in a generalist or specialist position. It encompasses all / any areas, irrespective of award that covers the employment of the worker.

^{xviii} To apply to register as an Aboriginal Health Practitioner you must have completed the Certificate IV Aboriginal Primary Health Care (Practice) qualification

^{xix} For the purposes of this document, a 'Mentor' is described as a professional relationship, where a more experienced or skilled person assists the career development or professional growth of a less experienced or skilled person.

^{xx} An Aboriginal Support Network is usually a network of all Aboriginal staff in your Local Health District and is often organised by the Aboriginal Health or Workforce Unit.