NSW Health Aboriginal Health Worker Project

PHASE 1 REPORT - Analysis of current NSW Aboriginal Health Worker environment

DISCUSSION PAPER
Contents

Introduction 2

PART 1: ANALYSIS OF CURRENT ABORIGINAL HEALTH WORKER ENVIRONMENT 3
1.1 Policy Context 3
1.2 Aboriginal Health Worker Qualifications 2
1.3 NSW Health Industrial Awards for AHW 3
1.4 What are AHWs doing in other states and territories? 4
1.6 The National Project undertaken by Health Workforce Australia 5

PART 2 – ABORIGINAL HEALTH WORKER THEMES FOR FURTHER INVESTIGATION: 9
2.1 Purpose 9
2.2 Support 9
2.3 Qualifications 10
2.4 Award Structure 10
2.5 Career Pathways 11

ATTACHMENT 1: What programs currently employ Aboriginal Health Worker’s in NSW? 12

ATTACHMENT 2: Aboriginal Health Worker’s – National and State Policy Contexts 18

ATTACHMENT 3: What parameters currently define how Aboriginal Health Workers work in other States and Territories? 20

ATTACHMENT 4: Recommendations from the Growing Our Own Report – Aboriginal and Torres Strait Islander Health Worker Project 21

ATTACHMENT 5: What did the Health Workforce Australia Survey say about what Aboriginal Health Workers are doing? 24

ATTACHMENT 6: Summary of Questions 25
References 31
Introduction

The NSW Health Aboriginal Health Worker Project aims to review the role of Aboriginal Health Workers (AHWs) in NSW Health. The project has come about due to the introduction of national registration of Aboriginal Health Practitioners commencing 1st July 2012 under the Australian Health Practitioners Regulation Agency.

The NSW Ministry of Health sees this as an opportunity to review current AHW roles and responsibilities and provide clear career and professional pathways. Under the current definition for NSW Health (IB2005_001), an AHW 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.

Traditionally, AHWs in NSW Health have provided services such as community liaison and engagement, advocacy, health promotion and education, culturally safe services, cultural education, community development and disease prevention. These workers are employed across the NSW public health system in areas such as health promotion and prevention, maternal, infant and child health, drug and alcohol, mental health, STI, HIV and hepatitis, chronic care and family violence

(Attachment 1: NSW Health programs that employ AHWs – Summary).

For the purposes of this paper, the phrase “Aboriginal Health Workers” is based on the current NSW Ministry of Health definition, as indicated above.
PART 1: ANALYSIS OF CURRENT ABORIGINAL HEALTH WORKER ENVIRONMENT

1.1 Policy Context

The following documents set the current Aboriginal health and workforce strategic directions at a National and NSW State level and underpin the work that is being done in this Project. Further detail in regards to these policies can be found at Attachment 2.

1. NSW Health Aboriginal Workforce Strategic Framework 2011 – 2015
2. DRAFT Discussion Paper - Towards an Aboriginal Health Plan for NSW 2012
3. National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2012

Question 1:
Are there any other major policies that need to be considered?

1.2 Aboriginal Health Worker Qualifications

Across NSW Health there is no formal minimum qualification requirement for employment as an AHW. In 1986 a course was developed by the Cumberland College of Health Sciences to provide education in Aboriginal health studies relevant for Aboriginal staff in NSW Health. Completion of the first two years of the course leads to a Certificate of Aboriginal Health Studies and completion of 4 years fulltime study leads to an Associate Diploma of Aboriginal Health Studies. In 1990, Cumberland College amalgamated with the University of Sydney. In 1998, the University of Sydney started to offer the Graduate Diploma of Indigenous Health Promotion.

Some Aboriginal specific health programs do have training identified for their AHWs such as the Certificate IV Aboriginal Family Health (Family Violence, Sexual Assault and Child Protection), and trainee positions in the Bachelor of Health Science (Indigenous Substance Misuse, University of Wollongong and Djirruwang Aboriginal Mental Health Education and Training program, Charles Sturt University). Aboriginal STI, HIV and Hepatitis C Workers are also offered training by distance learning programs through the Aboriginal Health College (Aboriginal Health and Medical Research Council) at Certificate IV and Diploma level in Aboriginal and Torres Strait Islander Primary Health Care (Community Care) with a focus on STI, HIV, Hepatitis C or Sexual and Reproductive Health.

Question 2:
Are there any other qualifications and/or skills sets that NSW Health AHWs currently undertake? Please list.

In 2009, NSW Health provided the opportunity for all AHWs to have their education, skills and abilities assessed against the Certificate IV Aboriginal Primary Health [Community Care] in a formal recognition of prior learning.
process. AHWs provided evidence of previous qualifications and courses, a resume and their position description for assessment against the competencies of the qualification. A report from their manager was also submitted regarding the AHWs performance in their current role. As a result, 43 AHWs in NSW Health were assessed and awarded the Certificate IV in Aboriginal Primary Health Care (Community Care).

The Aboriginal and Torres Strait Islander Primary Health Care (ATSIPHC) qualification refers to the Health Training Package HLT07 released by the Community Services and Health Industry Skills Council in 2008. This qualification is currently being updated by the Industry Skills Council.

<table>
<thead>
<tr>
<th>Certificate II Aboriginal Primary Health</th>
<th>Certificate III Aboriginal Primary Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLT21306</td>
<td>HLT33206</td>
</tr>
<tr>
<td>Certificate IV Aboriginal Primary Health</td>
<td>Certificate IV Aboriginal Primary Health</td>
</tr>
<tr>
<td>HLT43906</td>
<td>HLT44006</td>
</tr>
<tr>
<td>Health [Practice]</td>
<td>Health [Community Care]</td>
</tr>
<tr>
<td>Certificate IV Aboriginal Primary Health</td>
<td>Certificate IV Aboriginal Primary Health</td>
</tr>
<tr>
<td>HLT52106</td>
<td>HLT52206</td>
</tr>
<tr>
<td>Health [Practice]</td>
<td>Health [Community Care]</td>
</tr>
<tr>
<td>Certificate IV Advanced Diploma</td>
<td>Certificate IV Advanced Diploma</td>
</tr>
<tr>
<td>Aboriginal Primary Health</td>
<td>Aboriginal Primary Health</td>
</tr>
<tr>
<td>HLT61206</td>
<td>HLT61306</td>
</tr>
<tr>
<td>Health [Practice]</td>
<td>Health [Community Care]</td>
</tr>
</tbody>
</table>

Figure 1: Aboriginal &/or Torres Strait Islander Primary Health Care qualification pathways

Question 3:
Would a Vocational Education and Training (VET) qualifications framework for AHWs enhance their skills and abilities, and better equip AHWs for their job roles? At which level should it commence? Level II, Level III, Level IV etc.

1.3 NSW Health Industrial Awards for AHW

Prior to 1990, AHW’s were paid as Aboriginal Health Workers or Regional Coordinators. In 1986 the Cumberland College of Health Sciences designed a course in Aboriginal Health Studies. In 1989, a review of AHW’s salaries occurred due to the inequities of pay against other Aboriginal workers in education and community services. A decision was made in 1990 for the implementation of the Aboriginal Health Education Officers (AHEO) Determination. Those paid as AHW’s under the old pay scale were classified as Aboriginal Health Education Officers and the Regional Coordinators were paid as Regional Aboriginal Health Education Officers.

In 1994, NSW Health created the establishment of nine Aboriginal Health Coordinator positions (six district and 3 area positions) and recruitment to these positions occurred in September 1994. These positions replaced the Regional Aboriginal Health Education Officers previously employed (Circular 94/130).

Now days, AHWs across NSW Health are paid under various award structures and pay rates. The majority of AHWs are paid under the Aboriginal Health Education Officers Determination while others are...
paid as Health Service Managers, Health Education Officers, Counsellors or Welfare Officers. The following table lists the current employees listed under each classification under the AHEO Determination:

<table>
<thead>
<tr>
<th>Classification</th>
<th>Total Employees at April 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Health Education Officer – Non-Graduate</td>
<td>257</td>
</tr>
<tr>
<td>Senior Aboriginal Health Education Officer – Non-Graduate</td>
<td>16</td>
</tr>
<tr>
<td>Aboriginal Health Education Officer – Graduate</td>
<td>80</td>
</tr>
<tr>
<td>Senior Aboriginal Health Education Officer – Graduate</td>
<td>7</td>
</tr>
<tr>
<td>Aboriginal Health Coordinator</td>
<td>3</td>
</tr>
<tr>
<td>Regional Aboriginal Health Coordinator</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>364</strong></td>
</tr>
</tbody>
</table>

There is a wide disparity under the Aboriginal Health Education Officers Determination as to which qualifications meet the Graduate award rate. Some Local Health Districts accept only degree/bachelors level courses, whilst others have accepted Graduate Diploma level and Masters level qualifications as equivalent to degree/bachelor courses.

Conditions and pay rates for AHWs are covered under: *Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award (effective 12.11.2008)*; *Health Professional and Medical Salaries (State) Award (effective 12.11.2008)* and *Salary Increases for Staff – NSW Health Services – HSU & ASMOF (Published 7 Oct 2011)*.  

1.4 What are AHWs doing in other states and territories?

There is a huge variety as to the roles and responsibilities of AHW’s in other jurisdictions. AHWs in the Northern Territory (NT) are registered under the Aboriginal Health Workers Board of the Northern Territory (this Board will be replaced on the 1st July 2012 with the Aboriginal and Torres Strait Islander Health Practice Board of Australia).

To be an AHW in the NT you have to complete the Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice) qualification at an accredited institution. AHWs roles include health prevention and promotion, clinical assessment, monitoring and intervention, emergency assessment and chronic disease management. In the NT, both NT Health and the Aboriginal Community Controlled Health Sector have the same award classification, but due to CPI are paid at different award rates. There are approximately 270 registered AHW in the NT.

NT Health has other Aboriginal specific roles including Aboriginal Community Workers, Aboriginal Mental Health Worker, Aboriginal Hospital Liaison Officer and Indigenous Community Nutrition Worker. There are no minimum qualifications for these workers.

The other jurisdiction which has well developed AHW roles and responsibilities is Queensland Health. These roles are articulated in the Aboriginal and Torres...
Aboriginal Health Worker Project – PHASE 1 REPORT

Strait Islander Health Worker Career Structure (2009), and explain the wide range of AHW functions including the primary health care roles, clinical, supervisory and managerial. AHW in Queensland Health undertake a minimum of Cert III in Aboriginal Primary Health Care (Community Care).

Both the NT and QLD AHW functions are affiliated with an AHW Award and paid accordingly. Further information about AHW roles and responsibilities in other states and territories can be found at Attachment 3.

Question 4:

Currently, the AHEO Determination award structure is based on years of experience for pay progression. Should the AHEO Determination reflect a Vocational Education and Training (VET) qualifications framework, similar to NT and QLD?

1.5 National Registration of Aboriginal and Torres Strait Islander Health Practitioners

National registration of Aboriginal Health Practitioners will commence on 1st July 2012 and aims to cover those workers who provide direct clinical care to the Aboriginal community. The principles of registration are to protect the public by ensuring: patient safety; that practitioners obtain a minimum qualification and are deemed competent; have recency of practice; and facilitate the delivery of and access to high quality accredited training. Under the Health Practitioner Regulation National Law (NSW) No 86a, the protected titles are:

(a) Aboriginal Health Practitioner
(b) Torres Strait Islander Health Practitioner
(c) Aboriginal and Torres Strait Islander Health Practitioner

Criteria for general registration as an Aboriginal and Torres Strait Islander Health Practitioner with the Aboriginal and Torres Strait Islander Health Practice Board of Australia requires, amongst other things, that applicants:

1. Be an Aboriginal and/or Torres Strait Islander person; identify as an Aboriginal and/or Torres Strait Islander person; and be accepted as an Aboriginal and/or Torres Strait Islander person in the community which you live or have lived;
2. Completed a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice);
3. Hold a current first aid certificate which includes education in cardio pulmonary resuscitation;
4. Practiced the profession at any time between 1 July 2002 and 30 June 2012 for a consecutive period of five years or for any periods which together amount to five years or part-time equivalent; and
5. Completed a minimum of 500 hours clinical practice in the profession.

Question 5:

Do current Aboriginal health service delivery models require the introduction of Aboriginal Health Practitioners positions? What would be the main functions? What program /areas would they work in
1.6 The National Project undertaken by Health Workforce Australia

This project sought to inform the development of policies and strategies to strengthen and sustain the Aboriginal and Torres Strait Islander Health Worker workforce to deliver care in response to the known burden and distribution of disease in the Aboriginal and Torres Strait Islander population. This project commenced in May 2010 with the final report going to AHMAC in February 2012, which was approved in April 2012.

There have been 2 phases under this Project:

Phase 1: Information Gathering

- Environmental scan: review of available literature and policy documents
- Focus Groups visits across Australia (64 health services across 39 locations - 264 Health Workers, 100 Managers and 25 other health professionals)
- Aboriginal Health Worker and Managers Survey (351 AHW responses and 100 managers)

Documents published:
- Aboriginal and Torres Strait Islander Health Worker Project – Environmental Scan
- Aboriginal and Torres Strait Islander Health Worker Project – Interim Report

Phase 2: Consultations

- 13 National consultation workshops have been held to engage with key stakeholders, to stimulate thinking on the future directions required to strengthen the Aboriginal Health Worker workforce.

Documents published:
- Growing Our Future: the Aboriginal and Torres Strait Islander Health Worker Project Final Report

(a) Aboriginal and Torres Strait Islander Health Worker Project – Interim Report

Existing scope of practice:

According to the survey data from the HWA Project, the elements of the AHW scope of practice that are performed most frequently by AHWs across Australia are:

1. culturally safe health care roles (e.g. advocating for Aboriginal clients to explain their cultural needs and ensure they are met by other health professionals)
2. prevention and health promotion roles (e.g. running programs that raise awareness of health issues or target the social determinants of health).

Optimising the role of AHWS:

Throughout the HWA consultations there was overwhelming support for AHWs to perform a more significant role in responding to the health needs of their communities. Participants believed that AHWs were well positioned to target perceived health service gaps in relation to providing more:

1. culturally secure health services;
2. prevention and health promotion programs;
3. holistic approaches to health care.

Barriers that prevent AHWs from fulfilling their roles:

The report identified the major barriers that inhibit AHW’s from undertaking a more purposeful role. These issues include:
- insufficient recognition and support, which disempowers and demotivates Health Workers, thus limiting their potential;
- limited opportunities for role and career progression;
- limited access to more training which would equip them with more skills and thereby facilitate the expansion of their role;
- insufficient resources to implement additional programs;
- demands to perform clinical and administrative activities in clinics, reducing their availability for prevention and health promotion programs.

Question 6:
Are there any other barriers that have not been identified here?

(b) Growing Our Future: the Aboriginal and Torres Strait Islander Health Worker Project Final Report

National definition of an Aboriginal Health Worker:xv
To date there has been no nationally consistent definition of an Aboriginal and Torres Strait Islander Health Worker. Under the work progressed in the HWA Project an agreed definition has been developed which states that an Aboriginal Health Worker is someone who:

1. Identifies as an Aboriginal and/or Torres Strait Islander and is recognised by their community as such; AND
2. Is the holder of a minimum (or higher) qualification in Aboriginal and Torres Strait Islander primary health care: AND
3. Has a culturally safe and holistic approach to health care.

This definition is deliberately inclusive of a broad range of titles used to describe AHW roles. If a person is able to meet the above three criteria, they can be considered an AHW, regardless of the position description, title or award classification.

Question 7:
Does this definition capture the key characteristics of AHWs in NSW Health? Do you think NSW Health should adapt this national definition? If yes/no, why/why not?

Targeted Outcomes:xvi
HWA identified five main areas to target in the workforce development of AHWs, namely:

1. A clearly defined, understood and recognised Aboriginal and Torres Strait Islander Health Worker workforce.
2. Clearly structured and accessible education and career pathways for Aboriginal and Torres Strait Islander Health Workers.
3. A more strategic approach to planning and growing the Aboriginal and Torres Strait Islander Health Worker workforce in response to health and service needs.
4. Workplace and community environments that enable and support Aboriginal and Torres Strait Islander Health Workers.
5. Better ways of collecting and sharing information relevant to the Aboriginal and Torres Strait Islander Health Worker workforce.

A complete copy of the HWA Project Recommendations can be found at Attachment 4.

What do AHWs do?xvii
The information collected in the HWA Project shows AHWs are a unique profession in the way they:

- perform a comprehensive primary health care role (for example, clinical assessment, monitoring and intervention activities, health promotion
provide culturally safe health care to Aboriginal and Torres Strait Islander people (such as advocating for Aboriginal and Torres Strait Islander clients to explain their cultural needs to other health professionals, and educating or advising other health professionals on the delivery of culturally safe health care)

- adapt the roles they perform in response to local health needs and contexts (for example, some regularly perform clinically complex tasks while others focus on delivering health programs. The Interim Report provides more detail on these different aspects of the national Aboriginal and Torres Strait Islander Health Worker scope of practice)

Attachment 5 depicts the types of work that AHWs undertake and the percentage of time spent on that activity.

Question 8:

How can the NSW Ministry of Health, Local Health Districts and Networks provide better support to AHWs to fulfil their roles and responsibilities?

Recommendations to Health Ministers

The Report makes 27 Recommendations to Health Ministers including to:

- Endorse a national definition of an Aboriginal and Torres Strait Islander Health Worker;
- Assist the existing workforce meet minimum qualification requirements;
- Recognise the Aboriginal and Torres Strait Islander Health Worker workforce as a core part of the primary health care workforce and prioritise the Aboriginal and Torres Strait Islander Health Worker workforce within Aboriginal and Torres Strait Islander health initiatives;
- Improve data collection and workforce planning processes;
- Increase the Aboriginal and Torres Strait Islander Health Worker workforce to meet demand;
- Improve the accessibility and flexibility of Aboriginal and Torres Strait Islander Health Worker training delivery;
- Update the competency standards and qualifications in the Health Training Package;
- Improve the awareness and accessibility of mechanisms to support education and training;
- Note the perceived variation in salaries and employment conditions of Aboriginal and Torres Strait Islander Health Workers;
- Embed mandatory cultural competency curricula in the education of health professionals and ensure cultural respect for Aboriginal and Torres Strait Islander people is embedded across all health services.
Part 2 – THEMES FOR FURTHER INVESTIGATION:

Over the last 6 months, the NSW Ministry of Health has undertaken a number of focus groups to validate the themes and issues that were identified in the Health Workforce Australia – Aboriginal and Torres Strait Islander Health Worker Project.

Phase 2 of the NSW Health Aboriginal Health Worker Project will further explore these themes and propose Models of Care and Scopes of Practice.

This will include the distribution of a revised NSW Health Aboriginal Workforce Survey and a state-wide Aboriginal Health Worker workshop.

The following issues will be explored under 5 main themes: Purpose; Support; Qualifications; Award Structures and Career Pathways.

2.1 Purpose

2.1.1 National definition of an AHW: There is an opportunity for NSW Health to adapt the national definition as a way of introducing a minimum qualifications framework and ensuring consistency across NSW Health of what an AHW is. The national definition is:

- Identifies as an Aboriginal and/or Torres Strait Islander and is recognised by their community as such; AND
- Is the holder of a minimum (or higher) qualification in Aboriginal and Torres Strait Islander primary health care; AND
- Has a culturally safe and holistic approach to health care.

2.1.2 Engagement of AHWs: Further engagement and consultation needs to occur to develop strong leadership and direction for AHWs. AHWs in NSW Health are employed in a variety of positions from STI, HIV and Hepatitis C workers, family health workers, maternal and infant health and primary health care workers. There is no consistency across NSW Health of roles and responsibilities, support structures or career pathways.

2.1.3 Professional recognition of AHW’s (models of care and scopes of practice): There is a need to provide clear roles and responsibilities for the variety of AHW’s in NSW Health. Currently, there is no minimum scope or qualification framework for AHWs. This lack of clarity impacts on their ability to perform in their role and have an understanding of the purpose of their work. Better definition of roles and responsibilities will enhance performance; provide clearer boundaries and better job satisfaction.

2.1.4 Recognition of cultural skills in the AHW role: Skills and experience relating to Aboriginality are not formally recognised, particularly community knowledge, liaison and advocacy. AHWs often feel that the importance of their Aboriginality, cultural knowledge and connectedness to their communities is undervalued.

2.1.5 Community knowledge of the AHW roles and boundaries: As the scope of AHW roles and responsibilities is relatively undefined, it is difficult for AHWs to set clear boundaries with their local communities and provide a service that the community actually needs. This lack of structure provides confusion for both the community and AHWs. AHWs
need the opportunity to develop skills to develop this capability and systemic support structures to build resilience.

2.1.6 Collaboration with other health professionals: A better understanding of AHW roles and responsibilities will provide opportunity for better team work and support structures. There is a need to develop a formal process for NSW Health in understanding the roles and responsibilities of AHWs and the unique and valuable skills they bring to the organisation and their client base.

2.2 Support

2.2.1 Capability development: There is no minimum qualification framework for AHWs in NSW Health. There is a variety and lack of clarity in training and education pathways and no award incentives to undertake further training. AHWs need to be supported to undertake further training and education, and this will enhance role clarity, provide structure, increase knowledge and skills. A minimum qualification will provide AHW’s, their managers and service directors the understanding of roles and responsibilities.

2.2.2 Professional development: Formal professional and career development structures need to be articulated in the areas of operational (line management), professional, cultural and clinical supervision (for those AHWs who undertake clinical activities). Guidelines for support approaches for AHWs would enhance performance and set future career directions.

2.2.3 Collaboration for support: Many AHWs work in mainstream services and feel isolated from other AHWs in their LHD. A reintegration of formal support structures through the Aboriginal Health Worker Forum will assist with networking, coaching and mentoring and further enhance professional development.

2.2.4 Professional Association: The National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA) is a new association to provide leadership, support and advocacy for AHW. There is an opportunity for AHWs to gain support through membership services and for NSW Health to work with NATSIWHA to support their AHWs.

2.3 Qualifications

2.3.1 Incorporation of formal qualifications for all AHW positions: There is no formal qualification framework for all AHWs across the NSW Health Sector. The variety and breadth of education for AHWs is vast, from some having no qualifications to others holding Masters degrees. A clear minimum qualifications framework for the range of AHW roles would assist with the understanding amongst the multidisciplinary team of the scope of AHWs and provide more opportunities for AHW career progression.

2.3.2 Access to training: Due to the ongoing burden of disease for Aboriginal people in NSW, there is a need to identify a suitable qualifications framework for all NSW Health AHWs with clear minimum qualifications framework and articulation pathways.
There needs to be an assessment as to the possibility of embracing the National Aboriginal Primary Health Care qualifications framework for all AHWs. All NSW Health AHWs should be given the opportunity to have their current education, skills and experience mapped against the agreed minimum qualification and supported for further gap training if required. A framework for entry level traineeships also needs to be developed.

2.3.3 Medication administration:
Further investigation needs to occur as to the required scope of practice in both the NSW public health and Aboriginal Community Controlled Health Sector in regards to medication administration for those Aboriginal Health Practitioners who have undertaken the Certificate IV Aboriginal Primary Health Care (Practice) qualification – the registrable qualification. The current NSW Poisons and Therapeutics Act does not allow AHWs to administer medications.

2.3.4 Articulation into other health professions: AHWs need further supported opportunities to articulate into other health professions such as nursing, midwifery, allied health and medicine.

2.4 Award Structure

2.4.1 Aboriginal Health Education Officers (AHEO) Determination: The AHEO determination has been implemented since June 1990. There has been no review of the AHEO Determination since that time. The Determination does not reflect a current qualification framework and its definition and meaning are implemented in an ad hoc way across NSW Health. Over the years there has been varying interpretations of Senior Aboriginal Health Education Officer positions and Graduate qualification requirements.

2.4.2 Incidence allowance under the AHEO Determination: There has been varying interpretations of the incidence allowance over the past 20 years. Approximately 15% of AHWs classified under the AHEO award have received the incidence allowance. There is confusion as to the definition of ‘field duties’ and whether both metropolitan and rural AHWs are entitled to receive an incidence allowance. AHWs are only entitled to an incidence allowance in lieu of overtime. No monetary changes have occurred to the incidence allowance since the inception of the AHEO Determination in 1990.

2.4.3 Currency of qualification requirements: When the original AHEO Determination was developed, the Cumberland College of Health Sciences (Lidcombe) developed a course in Aboriginal health studies relevant for Aboriginal staff in NSW Health. Cumberland College amalgamated with the University of Sydney in 1990. The Certificate of Aboriginal Health Studies course was conducted over 2 years and was equivalent to a one year course. The Associate Diploma in Aboriginal Health Studies was conducted over 4 years, and was equivalent to a 2 year course. This course is no longer available.

2.4.4 Award structures to be inclusive of Vocational Education & Training (VET) qualifications: The AHEO Determination does not recognise current National VET qualifications. Jurisdictions such as Queensland and the Northern Territory have clear award structures that align to the Aboriginal Primary Health Care qualifications with associated career and awards structures.
2.4.5 Variable application of the AHEO Determination: There is no formal process of recognition for AHWs with degrees being employed under the relevant health professionals’ award. For example, those AHW with a Bachelor of Health Science (Charles Sturt University & University of Wollongong) are employed under the AHEO Determination, but are doing the equivalent roles to other mental health and drug and alcohol workers. Clarity is required regarding the process for position establishments and advertising.

2.4.6 Senior Aboriginal Health Education Officers (Graduate and Non-Graduate) positions: Only 5% of AHWs employed under the AHEO Determination are Senior Officers. Previously Circular 90/116 dated the 5th December 1990 set out the criteria for appointment as a Senior AHEO (Non-Graduate) which is now rescinded. The AHEO Determination provides minimal direction for progression to a Senior Officer level.

2.5 Career Pathways

2.5.1 Career progression: The current AHEO determination allows for progression based on years of service. There is a need to match qualification and award structures to provide better direction and career pathways, including management, education and leadership roles. According to the 2008 NSW Health Aboriginal workforce survey only 8% of AHWs have been given the opportunity to act up into higher positions indicating the current restrictions for career progression and opportunities for further skills development.

2.5.2 Growing the pool of available AHWs: There is great difficulty in finding appropriate skilled and trained AHWs in some areas to fill vacant positions. There is a need to identify vacant positions and investigate possible recruitment and training models (i.e. Traineeships) to reduce vacancy rates and support AHWs in gaining relevant qualifications for the work required. In 2008, the median age for AHWs was 42 years, indicating possible barriers to entering into the NSW public health system and potential limited opportunities for younger Aboriginal people with no qualifications to enter the NSW Health workforce.

2.5.3 Systematic approach to workforce planning: The development of NSW Health AHW Models of Care will be able to better inform students/academics of the roles and responsibilities of AHW in the NSW Health workforce. This will enhance greater understanding and provide relevant information for workforce planners in staffing and service delivery needs.

Question 9:
Do these themes adequately outline the issues for further investigation? Do you have any further comments in regards to these themes/issues?
What programs currently employ AHW in NSW? (SUMMARY)

(i) Aboriginal Maternal and Infant Health Strategy

Goals and Aims:
- Improve maternity service delivery for Aboriginal families and their babies and contribute to the safety, welfare and wellbeing of Aboriginal children and young people through the provision of community-based, culturally sensitive, continuity of care for Aboriginal babies and their mothers to 8 weeks postpartum; effective local Aboriginal health partnerships and collaboration with the Aboriginal community controlled sector; collaboration with medical, obstetric, paediatric and child and family health staff and clear systems for transfer of information between health care providers; health promotion initiatives including smoking cessation, drug and alcohol reduction and sexual and reproductive health; collaborate with services provided by health and other agencies as required.
- Increase the awareness of Aboriginal women and Aboriginal communities about pregnancy related issues through community development activities.
- Develop and maintain effective links with relevant agencies including Family and Community Services, Department of Housing and Centrelink, and relevant non-government organisations.
- Ensure effective training, recruitment and retention of AHWs (AHW) and Aboriginal midwives to AMIHS services including the provision of appropriate management and organisational support from both mainstream and Aboriginal Community Controlled Health Services.

Model of Care:
The AMIHS model consists of a midwife and Aboriginal Health Worker working in partnership with Aboriginal women in a flexible and non-judgemental manner. Sensitivity to the underlying social and economic circumstances that have an impact on the lives of Aboriginal people is at the core of AMIHS services. The AMIHS teams provide community-based midwifery care in pregnancy and the early postnatal period and are also involved in community development initiatives that promote healthy lifestyle choices. The purpose of antenatal care is to monitor the health of both the mother and baby in order to promote early recognition of antenatal complications, and to provide appropriate and timely intervention to optimise outcomes for both mother and baby. Postnatal care in community settings or at home will provide clinical, psychological and educational support as well as enhance the seamless transition to child and family health services and collaboration where necessary to other agencies.

Aboriginal Health Worker Roles:
AHWs must be able to:
- Engage with Aboriginal families in the community to ensure the program is widely known and understood;
- Link women to the AMIHS program and to mainstream services;
- Be an advocate for Aboriginal women in mainstream services and agencies;
- Be able to work effectively in a small team respecting and understanding each team member’s role and contribution;
Provide antenatal and postnatal education and support in collaboration with the midwife/midwives;

- Provide social support to women and families;
- Take a lead role with women’s reference groups or other forms of community consultation;
- Take a lead role in initiating and carrying out community development and health promotion initiatives;
- Work with acute maternity services to provide culturally appropriate services;
- Represent the voice of Aboriginal families on local and Area-wide committees.

**Minimum Qualification Requirement:**

At a national level, there are several relevant qualifications ranging from the Certificate II to the Advanced Diploma level in a number of streams of Aboriginal primary health care.

Recognised formal training or experience in Aboriginal Health; Completed or undertaking the Aboriginal Maternal Health Workers Course or evidence of equivalent competences; Experience in working in Aboriginal Communities; Experience in working with a diverse range of people; Experience of maintaining confidentiality; Ability to work under pressure and in sensitive situations.

**Goals and Aims:**

- Partnerships are formed with relevant organisations, resulting in strong working relationships
- Accessible and responsive drug and alcohol services that cater for all ages and enable targeted priority areas
- A supported and skilled workforce in Aboriginal drug and alcohol and increasing the expertise and knowledge base in this area.
- Support and facilitate accessible pathways into relevant treatment services for persons affected by substance misuse within available health services for Aboriginal people
- Build the capacity and strength of individuals and communities respond to substance misuse issues.
- To support culturally, people with substance misuse issues and influences people to take responsibility for self care

**Model of Care:**

The foundation of this model is the assistance given within the healing process using research that identifies best practice and community knowledge to access appropriate local supports, element of the implementation of this model are as follows:

- Participation in Strategic leadership and a state level via ADAN Leadership Group.
- Supporting effective service delivery and a local level
- Supporting a culturally competent and educated workforce
- Strong community involvement in
decision making at a local level
- Identification and implementation of prevention initiatives
- Using culturally appropriate screening and assessment tools
- Providing and support treatment appropriated to the client’s needs
- Support referrals to appropriate services and follow-Up as needed
- Support families of persons affected by substance misuse issues

Aboriginal Health Worker Roles:
The role of an Aboriginal Drug and Alcohol worker is diverse, it includes:
- Individual client support (crisis support, advocacy and referral)
- Family Support when needed
- Community Development initiatives
- Provide assessments, clinical treatments, referral, support and education for indigenous clients and family members with problematic or harmful substance use and related disorders.
- Provide Prevention and Early Intervention initiative when appropriate
- Provide consultancy to non Aboriginal services in regards to working with Aboriginal people with a substance misuse issue
- Provide Cultural Support and advise to clinical services who receive Aboriginal client referrals
- Follow-up all clients on a regular basis.
- Provide relevant health education where appropriate
- Contribute to the total health care needs of the community by providing and maintaining a high level standard of care.

Minimum Qualification Requirement:

(iii) Mental Health

Goals and Aims:
The aim of the NSW Aboriginal Mental Health Workforce Program is to further develop the Aboriginal mental health workforce as health professionals and increase the education, retention and representation of Aboriginal people in specialist and primary mental health service delivery.

As a component of the Aboriginal Mental Health Workforce Program, the NSW Aboriginal Mental Health Worker Training Program aims to:
- Develop the appropriate knowledge, skills and attitudes of trainees to be able to work as Aboriginal mental health workers;
- Build community capacity by training local Aboriginal people and assist communities to identify mental health needs;
- Increase the number of Aboriginal people working in the mainstream mental health and drug and alcohol system;
- Acknowledge Aboriginal employees as cultural ambassadors who contribute to the development of services that are supportive of Aboriginal culture;

Model of Care:
The Aboriginal Mental Health Worker (AMHW) provides responsive and culturally appropriate mental health services for Aboriginal families including children, adolescents and adults. The AMHW is a member of a multi-disciplinary mental health team and is involved in the provision of health promotion and community development
programs as well as the provision of clinical and case management services subject to qualifications and experience.

Aboriginal Health Worker Roles:
- Provision of culturally appropriate mental health services for consumers and their families subject to qualifications, clinical competencies and experience;
- Participation in the referral, assessment and discharge process to develop and document care plans in conjunction with the client, family and related service providers;
- Provision of education and support to consumers and carers regarding diagnosis, treatment, recovery and relapse prevention;
- Documentation of all consumer involvement, outcome assessments and activity reporting in accordance with local and state policies;
- Active involvement in the development and delivery of health promotion, primary prevention and early intervention activities.

Minimum Qualification Requirement:
- AMHWs are required to hold recognised qualifications in health/social sciences, nursing, psychology, social work or occupational therapy.
- Aboriginal or Torres Strait Islander descent (An applicant’s race is a genuine occupational qualification and is authorised by section 14 of the Anti-Discrimination Act 1977 (NSW)).

(iv) Aboriginal Family Health Strategy
Goal and Aims:
That all Aboriginal people in NSW live safe and healthy lives free of family violence. This will happen when we:
- Reduce the incidence and impact of family violence in Aboriginal communities.
- Build the capacity and strength of individuals and communities to prevent, respond to, and recover from, family violence.
- Nurture the spirit, resilience and cultural identity that build Aboriginal families.

Model Of Care:
The foundation of this model is Aboriginal culture and family. Its core elements are:
- Strategic leadership.
- Effective service delivery
- Culturally competent workforce
- Strong Community capacity

The model is built on the foundation of a healing approach, and research and evaluation will inform the implementation of each element.

Aboriginal Health Worker Roles:
- Individual and family support (crisis support, advocacy and referral)
- Community Development
- Prevention and Early Intervention
- Liaison and Cultural Support

Minimum Qualification Requirement:
All Aboriginal Family Health Workers are required to attend and complete the Education Centre Against Violence (ECAV), nationally accredited Certificate IV Aboriginal Family Health (Family Violence, Sexual Assault and Child Protection). This mandatory requirement is included in the funding and performance agreement for all Aboriginal Family Health projects and funding for each project includes an allocation to support the cost to undertake the course.
(v) Chronic Care for Aboriginal People

Goals and Aims:
- To prevent or maintain chronic disease progression for an Aboriginal person
- To improve access to affordable and available health services for Aboriginal people
- To facilitate and support social services involved in caring for an Aboriginal person
- To address the cultural and environmental issues that influence an Aboriginal person's health
- To reduce risk behaviours that are linked to the development and/or progression of chronic disease
- To improve the clinical care of an Aboriginal person with Chronic Disease.

Model of Care:
The elements included in this model of care include:
- Identification
- Trust
- Screening and Assessment
- Clinical Indicators
- Treatment
- Education
- Referral Follow-Up

Aboriginal Health Worker Roles:
- Targeted and opportunistic chronic disease screening, health promotion and follow-up.
- Assist in the intervention, prevention and referral of Aboriginal Clients with chronic disease.

Minimum Qualification Requirement:

(vi) Aboriginal Health Promotion

Goals and Aims:
Develop, implement and evaluate Aboriginal Health Promotion programs at an individual, group, organisational, community or population level.

Model of Care:
Usually situated within the Health Promotion Unit and focuses on a wide variety of health issues e.g. Smoking, exercise and activity, diabetes, mental health, sexual health etc.

Aboriginal Health Worker Roles:
Implement Aboriginal specific health promotion programs.

Minimum Qualification Requirement:
Nil

(vii) Building Strong Foundations for Aboriginal Children Families and Communities Services

Goals and Aims:
The Building Strong Foundations for Aboriginal Children Families and Communities (BSF) program aims to promote health and wellbeing, support parenting, enhance community development, identify health, development and wellbeing concerns, and provide or refer children and families for early intervention to ensure Aboriginal children have the best possible start in life and are school ready.

To meet this aim, BSF services provide community-based primary health care and are involved in community development initiatives that promote healthy living. BSF services provide care...
through partnership models between families, communities and health service providers.

Model of Care:
The BSF Program promotes culturally appropriate and safe practice, using evidence based practice, knowledge and skills based on the ecological systems theory of child development. The BSF Program acknowledges that achieving optimal conditions for health and well being requires a holistic and whole-of-life view of health, referring to the social, emotional and cultural well being of the whole community.

This model is consistent with the Families NSW/NSW Health Supporting Families Early policy suite, and closely interfaces with Aboriginal maternity programs especially the NSW Aboriginal Maternal and Infant Health Services (AMIHS).

Values of the BSF program align with the values of the Aboriginal Maternal and Infant Health Service including the following:

- **Cultural Respect** – recognising the unique place that Aboriginal and Torres Strait Islander people have in Australian society.
- **Social Justice** – enabling Aboriginal people to have their physical, social, emotional and spiritual needs met and have greater control over the decision-making processes that affect their lives.
- **Participation** – facilitating involvement by families and communities in the issues that affect their lives based on autonomy, shared power, skills, knowledge and experience.
- **Equality** – challenging the attitudes of individuals, and the practices of institutions and society, that discriminate against and marginalise people.
- **Access** – facilitating access to services by Aboriginal people and working towards ensuring that those services are culturally respectful and appropriate.
- **Learning** – recognising the skills, knowledge and expertise that people contribute and develop by taking action to tackle issues that impact on the wider social determinants of health.
- **Collaboration** - working together to identify and implement action, based on mutual respect of diverse cultures and contributions.

Aboriginal Health Worker Roles:
The main roles of the Aboriginal Health Workers (AHW) in BSF are:

- Community engagement
- Support the Child and Family Health Nurse (CFHN)
- Health Promotion and Education
- Community Development
- Partnerships
- Reporting and Data Collection:

Minimum Qualification Requirement:
Minimum Qualification requirements for BSF Aboriginal Health workers have not been established at this time, however once finalised will comply with all state and federal regulatory requirements.
Goals and Aims:

The key objectives are to:

- assist in reducing the incidence of HIV, sexually transmissible infection (STI) and hepatitis C within local Aboriginal communities;
- minimise adverse impacts of HIV, STIs and hepatitis C by providing culturally appropriate services, support and education to the different target groups within the local Aboriginal communities; and
- improve the quality of life, life expectancy and reduce geographical isolation of HIV positive and hepatitis C positive Aboriginal people through adequate treatment care and support.

Model of Care:
The following principles guide the planning and delivery of STI, HIV and hepatitis services to Aboriginal people in NSW:

- Community Ownership and Participation
- Holistic Approach to Health
- Collaboration and Partnership
- Active Outreach
- Evidence-based
- Developing the Workforce

Aboriginal Health Worker Roles:
The role of Aboriginal STI, HIV and Hepatitis Workers (ASHHWs) includes:

- bridging the gap between Aboriginal and non-Aboriginal health services and local communities in relation to HIV/AIDS, STI and hepatitis C issues;
- facilitating the collaborative planning and provision of HIV/AIDS, STI and hepatitis C services to local Aboriginal communities, in partnership with other health services; and
- delivering direct STI, HIV/AIDS and hepatitis C education, prevention, and clinical services, as appropriate, to priority individual clients, groups and communities.

Minimum Qualification Requirement:
Nil – some local services ask for Certificate III qualifications. However, the following qualification is funded by NSW Health for ASHHWs employed through NSW Health funding:

- Distance Learning Programs and Qualifications, at Certificate IV and Diploma Levels, in Aboriginal and Torres Strait Islander Primary Health Care (Community Care) with a focus on STI, HIV, Hepatitis or Sexual and Reproductive Health. Offered through the AH&MRC Aboriginal Health College.

Goals and Aims:

To support Aboriginal clients and their families whilst in the acute care setting.

Model of Care:
Aboriginal Hospital Liaison Officers has usually located in the acute care setting, although some also reside in community health. They provide mainly support, advocacy, referral and liaison whilst Aboriginal clients are in hospital and assist in the discharge process.

Aboriginal Health Worker Roles:
- Advocacy for Aboriginal clients and their families.
- Liaison between the health district, especially the acute care facilities, and the Aboriginal community.
- Liaison between the health district and local Aboriginal Community Controlled Health Organisations.
- Assist hospital based Aboriginal clientele and their families including Emergency Department intake.
- Assist with pre-admission clinics, discharge planning and care plan intervention for hospital based Aboriginal clientele.
- Creation of a culturally appropriate environment for Aboriginal people to receive health care.
- Assist in the development and delivery of the cultural awareness program.
- Resource transport options to achieve health outcomes for hospital based Aboriginal clientele.

**Minimum Qualification Requirement:**
There is no mandatory qualification for the Aboriginal Hospital Liaison Officers role. The following education may be relevant for the AHLO role:

- Registered or Enrolled Nursing
- Tertiary Qualifications in Welfare
- Counselling
- Grief & Loss Management
- Allied Health
- Negotiation Skills
- Communication Skills
- Conflict Resolution
- Time Management
- Assertiveness Training
- Computer Training
- Group Presentation
Aboriginal Health Worker’s – National and State Policy Contexts:

The following documents set the current Aboriginal workforce strategic directions at a National and NSW State level and underpin the work that is being done in this Project.

1. NSW Health Aboriginal Workforce Strategic Framework 2011 – 2015

Overarching Goal: Focus on addressing health workforce skill gaps as well as supporting the economic and social well being of Aboriginal people in NSW.

Key Priorities:
- Increase the representation of Aboriginal employees to 2.6% across the NSW public health sector;
- Increase the representation of Aboriginal people working in all health professions;
- Develop partnerships between the health and education sectors to deliver real change for Aboriginal people wanting to enter the health workforce and improve career pathways for existing Aboriginal staff;
- Provide leadership and planning in Aboriginal workforce development;
- Tap into the increasing pool of Aboriginal university graduates undertaking health courses;
- Build a NSW health workforce which closes the gap in health outcomes between Aboriginal and Non-Aboriginal people by providing culturally safe and competent health services.


Proposed Vision: Health Equity for Aboriginal People in NSW.

Proposed Goal: Culturally safe and optimal health services for Aboriginal people in NSW.

Proposed Strategic Directions:
- 1. Integrated Planning and Funding for Aboriginal Health in NSW
- 2. Clear Measures of Performance
- 3. Building the Evidence of What Works, Conducting Needs & Gap Analysis
- 4. Ensuring Local Strategy and Action Planning
- 5. Strengthening the Workforce – Attract, Develop and Sustain

3. National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011 – 2012

Aims and Principles:
- Cultural respect; A holistic approach; Health sector responsibility; Community control over primary health care services; Working together; Localised decision making; State/Territory and national decision making; Promoting good health; Building the capacity of health services and communities; Accountability for health outcomes; Partnerships and coordination in policy development, planning, implementation, monitoring and evaluation; and Mechanisms for accountability
Key Priority Areas: Objectives and Strategies

KPA 1 – Participation of Aboriginal and Torres Strait Islanders in the health workforce
1.1 Implement initiatives to create sustainable long term employment and optimise retention of Aboriginal and Torres Strait Islander people in the health workforce

KPA 2 – Workforce capacity of the community controlled sector including Aboriginal and Torres Strait Islander Health workers
3.1 Expand support for the primary health care workforce in Aboriginal and Torres Strait Islanders health services.
3.2 Implement career structures, pathways to a range of disciplines and employment conditions covering Aboriginal and Torres Strait Islander community controlled health services.
3.3 Support national registration and accreditation of Aboriginal and Torres Strait Islanders Health Practitioners in Australia and support the development of a national Aboriginal health worker scope of practice

KPA 3 – Competent health workforce to meet the needs of Aboriginal and Torres Strait Islander peoples
3.1 Provide education and training to the potential and current health workforce that reflects current, accepted approaches to health service delivery to Aboriginal and Torres Strait Islander people.
3.2 Establish a mechanism for national recognition of quality education and training delivery on relation to Aboriginal and Torres Strait Islander health
3.3 Develop a high quality workforce to address the specific health needs of Aboriginal and Torres Strait Islander peoples.

KPA 4 – Leadership
4.1 Implement a nationally-coordinated approach to Aboriginal and Torres Strait Islanders health workforce development
4.2 Build leadership capacity in the Aboriginal and Torres Strait Islander health workforce.

KPA 5 – Accountability
5.1 Implement a national Framework for joint planning, target setting and progress monitoring and reporting.
5.2 Monitor and evaluate the effectiveness and impact of Framework strategies against health outcomes.

4. National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2012

Overarching Goal: To ensure that Aboriginal and Torres Strait Islander peoples enjoy a healthy life equal to that of the general population that is enriched by a strong living culture, dignity and justice.
Objective - Key Result Area Three: A competent health workforce

A competent health workforce with appropriate clinical, management, community development and cultural skills to address the health needs of the Aboriginal and Torres Strait Islander peoples in supported by appropriate training, supply, recruitment and retention strategies.

Action areas

- Increased numbers of Aboriginal and Torres Strait Islander peoples working across all health professions.
- Improved support for training of Aboriginal and Torres Strait Islander Health Workers from the Vocational Education and Training sector to achieve better clarity of professional roles, and recognition and regulation of Aboriginal and Torres Strait Islander Health Workers as a professional group.
- Improved effectiveness of training, recruitment and retention of non-Aboriginal and Torres Strait Islander health professionals for Aboriginal and Torres Strait Islander health and health related services.
- Improved understanding of the role and development needs of other health workforce groups (such as population health, mental health and allied health professionals and health service managers) to better meet the needs of Aboriginal and Torres Strait Islander peoples in mainstream health services and Aboriginal and Torres Strait Islander health and health related services.
- Improved accountability mechanisms for governments to quantify and achieve health workforce reform and to support Aboriginal and Torres Strait Islander organisations and people in driving the reform process.
What parameters currently define how AHW work in other States and Territories?

1. Northern Territory
- Northern Territory Public Sector 2010-2013 Enterprise Agreement
- Poisons and Dangerous Drugs Act (as at 1 July 2011)
- Poisons and Dangerous Drugs Regulations (as at 1 July 2010)
- A Bill for an Act about medicine, poisons and therapeutic goods (DRAFT ONLY)
- Poisons Control Information Sheet (No.311) – Remote Area AHWs Possessing and Supplying Schedule 2,3 and 4 Substances
- Health Practitioners Act 2004
- CARPA Standard Treatment Manual (Central Australian Rural Practitioners Association)
- Clinical Procedures Manual for Rural and Remote Practice (Council of Remote Area Nurses of Australia Inc.)
- Medicines Book for AHWs First Edition 2005 (Central Australian Division of Primary Care Inc)
- AHWs Board and associated policies:
  - Entitlement to Registration Policy – AHWs
  - Recency of Practice Policy and Guidelines
  - Accreditation of Training Leading to Entitlement to Registration as an Aboriginal Health Worker in the Northern territory Policy and Framework
  - Evidence of Clinical Competence Documentation Guidelines
  - Clinical Competency Assessment Documentation Guidelines
  - Aboriginal Health Worker Code or Ethics
- Evidence of Good Character (Charges/Convictions) Policy
- Statement on Sexual Relationships between Health Practitioners and their patients
- Career Facts Sheets
  - Aboriginal Community Worker; Aboriginal Mental Health Worker; Hospital Liaison Officer; and Indigenous Community Nutrition Worker

2. Queensland
- Queensland Health Aboriginal and Torres Strait Islander Health Worker Career Structure 2007 (Revised 2009)
- Human Resources Policy (C43) – Aboriginal and Torres Strait Islander Health Worker Personal Progression Scheme – Levels 004-006 (IPA)
- Human Resources Policy (C44) – Aboriginal and Torres Strait Islander Health Worker Conditional Advancement Scheme
- Drug Therapy Protocol: Indigenous Health Worker Isolated Practice Area
- Health (Drugs and Poisons) Regulation 1996
  - Aboriginal and Torres Strait Islander Health Worker – Isolated Practice Authorisation Course
- Queensland Health – Operational Services Manual 2009

3. Western Australia
- Community and Child Health Services Award, 198 No. R21 of 1979
- Aboriginal Medical Service Employees Award
- Aboriginal Health Worker – Career Information
- Careers in Health – A Guide for Indigenous Students
Recommendations from the Growing Our Own Report - Aboriginal and Torres Strait Islander Health Worker Project

There are 27 project recommendations, which have been grouped under the following themes:

- **Establishing the parameters of the profession** — The Aboriginal and Torres Strait Islander Health Worker workforce should be nationally defined, endorsed and recognised as a major workforce delivering culturally safe, comprehensive primary health care to their communities (Recommendations 1–4)

- **Workforce planning and research** — It is important to build an understanding of how Aboriginal and Torres Strait Islander Health Workers can be most effectively used to respond to community needs. This will be achieved through improved data collection, research and workforce planning mechanisms that appropriately recognise Aboriginal and Torres Strait Islander Health Workers as part of the broader health workforce (Recommendations 5–9)

- **Increasing the workforce to meet demand** — A strong supply of Aboriginal and Torres Strait Islander Health Workers is required to address future health and service needs. To grow the workforce, it is necessary to raise awareness of the Aboriginal and Torres Strait Islander Health Worker profession as a fulfilling career choice, introduce targeted recruitment strategies and plan for increased demands on training providers (Recommendations 10–12)

- **Improving the quality and accessibility of education** — Responsive and high-quality training and education is an essential consideration for the future. Aboriginal and Torres Strait Islander Health Worker training needs to be accessible, flexible, of consistent quality and supported by the right opportunities for practical experience (Recommendations 13–17)

- **Supporting and developing the workforce** — The ongoing development of the workforce will be facilitated by good mentoring practices and supporting career pathways that lead to rewarding future employment. Practical steps forward for addressing inequity in employment conditions must be identified (Recommendations 18–21)

- **Building effective interdisciplinary relationships** — Collaborative and respectful working practices between Aboriginal and Torres Strait Islander Health Workers and other health professionals will help to build more enabling workplace environments (Recommendations 22–24)
**RECOMMENDATIONS:**

**Establishing the parameters of the profession**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Endorse the national definition of an Aboriginal and Torres Strait Islander Health Worker as a person who:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a. identifies as an Aboriginal and/or Torres Strait Islander and is recognised by their community as such; AND</td>
</tr>
<tr>
<td></td>
<td>b. is the holder of the minimum (or higher) qualification in Aboriginal and Torres Strait Islander primary health care; AND</td>
</tr>
<tr>
<td></td>
<td>c. has a culturally safe and holistic approach to health care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Assist the existing workforce to meet the minimum qualification requirements for recognition as an Aboriginal and Torres Strait Islander Health Worker or registration as an Aboriginal and Torres Strait Islander Health Practitioner — via further education and/or recognition of current competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Consider the Health Workforce Australia Aboriginal and Torres Strait Islander Health Worker project findings and consultation outputs in the development of national registration and accreditation requirements for Aboriginal and Torres Strait Islander Health Practitioners</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Effectively support, promote and advocate for the Aboriginal and Torres Strait Islander Health Worker workforce in its ongoing development and professionalisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Workforce planning and research</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Develop a national approach to collecting data on the Aboriginal and Torres Strait Islander Health Worker workforce to establish a consistent national dataset across employment sectors</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Develop a process for collecting and sharing information on local Aboriginal and Torres Strait Islander health needs to inform Aboriginal and Torres Strait Islander Health Worker workforce planning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Recognise and promote the Aboriginal and Torres Strait Islander Health Worker workforce as a core part of the primary health care workforce required to support the implementation of the National Primary Health Care strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Recognise and promote the Aboriginal and Torres Strait Islander Health Worker workforce as a major workforce delivering primary health care in current and future Aboriginal and Torres Strait Islander health policy initiatives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Support Aboriginal and Torres Strait Islander Health Worker-focused research and increase the understanding of the impact of Aboriginal and Torres Strait Islander Health Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td><strong>Aboriginal Health Worker Project – PHASE 1 REPORT</strong></td>
</tr>
</tbody>
</table>
### Increasing the workforce to meet demand

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Endorse a national approach to increase the Aboriginal and Torres Strait Islander Health Worker workforce to meet workforce demand, in line with the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-2015</td>
</tr>
<tr>
<td>11</td>
<td>Develop and coordinate a marketing and communication strategy to raise awareness about the Aboriginal and Torres Strait Islander Health Worker workforce across the health sector and broader community</td>
</tr>
<tr>
<td>12</td>
<td>Incorporate Aboriginal and Torres Strait Islander Health Workers into national health workforce planning initiatives</td>
</tr>
</tbody>
</table>

### Improving the quality and accessibility of education

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Review and update the competency standards and qualifications for Aboriginal and Torres Strait Islander Health Workers in the Health Training Package to ensure they are prepared to meet evolving community needs</td>
</tr>
<tr>
<td>14</td>
<td>Refer Aboriginal and Torres Strait Islander Primary Health Care qualification providers to the appropriate accreditation authorities as a high priority for review and audit to ensure consistently high quality in course delivery</td>
</tr>
<tr>
<td>15</td>
<td>Develop and implement different options to improve accessibility and flexibility of Aboriginal and Torres Strait Islander Health Worker training delivery</td>
</tr>
<tr>
<td>16</td>
<td>Raise awareness and improve accessibility of traineeships, apprenticeships and other appropriate funding streams to support training opportunities for Aboriginal and Torres Strait Islander people to become Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners</td>
</tr>
<tr>
<td>17</td>
<td>Increase the availability of high-quality health service placements and encourage Aboriginal and Torres Strait Islander Health Workers to undertake a series of placements within diverse employer organisations</td>
</tr>
</tbody>
</table>
## Supporting and developing the workforce

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Develop a framework for effective mentoring and coaching practice and promote Aboriginal and Torres Strait Islander Health Worker mentoring and coaching arrangements in the workplace</td>
</tr>
<tr>
<td>19</td>
<td>Increase the availability and accessibility of scholarships and bursaries for Aboriginal and Torres Strait Islander Health Workers to pursue ongoing education and training opportunities</td>
</tr>
<tr>
<td>20</td>
<td>Review articulation pathways from Aboriginal and Torres Strait Islander Health Worker VET courses into higher education as part of the Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People and develop interim articulation approaches for selected courses</td>
</tr>
<tr>
<td>21</td>
<td>Health employers should note the perceived variation in salaries and employment conditions for Aboriginal and Torres Strait Islander Health Workers and should consider if changes are required to improve recruitment and retention strategies</td>
</tr>
</tbody>
</table>

## Building effective interdisciplinary relationships

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Develop position statements regarding interdisciplinary, collaborative and respectful working practice between Aboriginal and Torres Strait Islander Health Workers and other health professions</td>
</tr>
<tr>
<td>23</td>
<td>Embed mandatory cultural competency curricula, including an understanding of the Aboriginal and Torres Strait Islander Health Worker role, in vocational and tertiary education for health professionals</td>
</tr>
<tr>
<td>24</td>
<td>Take action to ensure cultural respect for Aboriginal and Torres Strait Islander people and Aboriginal and Torres Strait Islander Health Workers is embedded across all health services</td>
</tr>
</tbody>
</table>

## Driving implementation

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Refer recommendations 10, 14, 16, and 20 to the Standing Council on Tertiary Education, Skills and Employment for consideration and allocation of responsibility for implementation</td>
</tr>
<tr>
<td>26</td>
<td>Allocate governance responsibility to ensure transparent monitoring and reporting of performance and outcomes against the endorsed recommendations</td>
</tr>
<tr>
<td>27</td>
<td>Drive change at the health service level utilising the Health Service toolkit included in this report as a planning guide</td>
</tr>
</tbody>
</table>
### Attchement 5:

What did the Health Workforce Australia Survey say about what AHW are doing?

<table>
<thead>
<tr>
<th>Cultural Safety and Brokerage</th>
<th>New South Wales %</th>
<th>Northern Territory %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client and Health Service Focused</td>
<td>50-60</td>
<td>60-70</td>
</tr>
<tr>
<td>Community Development</td>
<td>40-50</td>
<td>40-50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Health Care</th>
<th>Major Cities %</th>
<th>Regional Australia %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention and Promotion</td>
<td>40-50</td>
<td>50-60</td>
</tr>
<tr>
<td>Chronic Disease Management</td>
<td>30-40</td>
<td>60-70</td>
</tr>
<tr>
<td>Clinical Assessment, Monitoring and Intervention</td>
<td>0-10</td>
<td>60-70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Health Focus</th>
<th>Major Cities %</th>
<th>Regional Australia %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social and Emotional Wellbeing</td>
<td>20-30</td>
<td>40-50</td>
</tr>
<tr>
<td>Drug &amp; Alcohol</td>
<td>20-30</td>
<td>30-40</td>
</tr>
<tr>
<td>Acute and Emergency</td>
<td>10-20</td>
<td>30-40</td>
</tr>
<tr>
<td>Age and Disability</td>
<td>10-20</td>
<td>30-40</td>
</tr>
<tr>
<td>Child and Maternal</td>
<td>10-20</td>
<td>20-30</td>
</tr>
<tr>
<td>Women's Health</td>
<td>10-20</td>
<td>20-30</td>
</tr>
<tr>
<td>Men's Health</td>
<td>10-20</td>
<td>20-30</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>0-10</td>
<td>20-30</td>
</tr>
</tbody>
</table>

*Figures show the % range of the total number of AHW in the specified location who perform the indicated task.*
ATTACHMENT 6:

Summary of Questions:

Q1. Are there any other major policies that need to be considered?

Q2. Are there any other qualifications and/or skills sets that NSW Health AHWs currently undertake? Please list.

Q3. Would a Vocational Education and Training (VET) qualifications framework for AHWs enhance their skills and abilities, and better equip AHWs for their job roles? At which level should it commence? Level II, Level III, Level IV etc.

Q4. Currently, the AHEO Determination award structure is based on years of experience for pay progression. Should the AHEO Determination reflect Vocational Education and Training (VET) qualifications, similar to NT and QLD?

Q5. Do current Aboriginal health service delivery models require the introduction of Aboriginal Health Practitioners positions? What would be the main functions? What program/areas would they work in?

Q6. Are there any other barriers that have not been identified here?

Q7. Does this definition capture the key characteristics of AHWs in NSW Health? Do you think NSW Health should adapt this national definition? If yes/no, why/why not?

Q8. How can the NSW Ministry of Health, Local Health Districts and Networks provide better support to AHWs to fulfil their roles and responsibilities?

Q9. Do these themes adequately outline the issues for further investigation? Do you have any further comments in regards to these themes/issues?

References


7 Aboriginal and Torres Strait Islander Health Practice Board of Australia 2012. Application for general registration - Profession: Aboriginal and Torres Strait Islander health practice. Accessed...
Aboriginal Health Worker Project – PHASE 1 REPORT


xxi 2012 Draft - Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) Service Delivery Model and the roles and responsibilities of NSW Aboriginal Health Workers in Building Strong Foundations for Aboriginal Children Families and Communities (BSF) programs.


xxiii Mid North Coast Area Health Service 2002. Review of Aboriginal Hospital Liaison Officers – Final Report, Port Macquarie.


Stepping Up by artist Jessica Birk. Aboriginal people from all parts of NSW on a journey towards the top of the hill. With one foot firmly on the earth, the other just hovering above in an effort to achieve more, with the sky being the only limit to people’s opportunities.

An initiative of NSW Health to halve the gap in employment outcomes between Aboriginal and non-Aboriginal people within a decade.

Designed by Aboriginal Elder Harold Thomas in 1971. Yellow represents the sun (giver of life) and yellow ochre. Red represents the red earth (the relationship to the land) and the red ochre used in ceremonies. Black represents the Aboriginal people.