Overview Report

2016/17 Statewide Aboriginal Health Worker Guidelines Workshops
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Acknowledgement of Country

The Ministry of Health acknowledges the people of the many traditional Countries and language groups of New South Wales. It acknowledges the knowledge and wisdom of Elders who have passed, those of today and tomorrow, and pays respect to Aboriginal communities of the land.

Appreciation

The Ministry of Health would like to express its appreciation to Elders and community representatives from the many Countries across NSW who provided a cultural welcome and thought provoking introduction to each of the Aboriginal Health Worker Guidelines (the Guidelines) workshops. We would also like to acknowledge the Chief Executives, Executive stakeholders and staff that participated and took a special interest in ensuring the success of this project. A special thank you is extended to all Managers of Aboriginal Workforce Development (MAWDs) for coordinating and supporting their local Guidelines workshop.

We further express our gratitude to Francis Health for working with the Aboriginal Workforce Unit and for their expertise, collaborative approach and flexibility in preparing for and facilitating the Guidelines workshops across NSW Health organisations.

NSW Aboriginal Population

Aboriginal Health Workers (AHWs) play a key role in combating the high burden of disease and mortality rates in Aboriginal communities in NSW. With the NSW Aboriginal population expected to grow from 2.9% (216,176) in 2016, to 4% (282,962) of the total population by 2026 (Aboriginal Affairs – NSW Government, 2017) the Aboriginal Health Worker’s (AHW) role in delivering culturally safe services remains vital.

As at the 2016 census the number of Aboriginal and Torres Strait Islander people living in NSW was 216,176 or 33.3% of the population with 2.9% overall as a proportion of state or territory (ABS Census of Population and Housing, 2016).¹

The term ‘Aboriginal’ is used to describe the many nations, language groups and clans in New South Wales (NSW) including those from the Torres Strait Islands. The preference for the term ‘Aboriginal and Torres Strait Islander’ in NSW recognises that Aboriginal people are the original inhabitants of NSW (NSW Ministry for Health, 2004, Communicating positively. A guide to appropriate Aboriginal terminology).²

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Introduction

The AHWs role in delivering primary health care is based on an integrated health care approach, which aligns with the Aboriginal holistic definition of health. An Australia-wide analysis of the AHW role in 2011 identified that AHWs provide:

- Aboriginal primary health care
- cultural security and safety
- disease prevention and health promotion
- local community knowledge
- a holistic approach to health care.

In NSW Health the AHW role is diverse and includes building relationships and working in collaboration with internal and external stakeholders to provide holistic care (Health Workforce Australia, 2011).³

In particular, the Guidelines:
- provide a definition of AHWs in NSW Health
- provide information on the scopes of practice for AHWs
- outline the education and training pathways for AHWs
- outline the training and registration requirements for Aboriginal Health Practitioners (AHPs) – a new role in NSW Health.
- describe the supervision and support arrangements for AHWs.

The Guidelines are intended to support a reform of the Local Health Districts (LHDs) and Specialty Health Networks (SHNs) AHW workforce in NSW and should be read in conjunction with the Information Bulletin: Definition of an Aboriginal Health Worker (IB2014_001)⁵ and the Decision Making Framework for Aboriginal Health Workers Undertaking Clinical Activities in NSW Health.⁶

An increase in the numbers of Aboriginal identified staff across the state and the establishment of the Aboriginal Health Practitioner role (AHP) are two examples of the kind of positive changes the Guidelines sought to deliver.

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³ www.healthinfonet.ecu.edu.au/key-resources/bibliography/?lid=24050
1. Background: Aboriginal Health Worker Guidelines Workshops

At the NSW Health 2015 Stepping Up Forum, AHWs and senior managers identified that knowledge of the Guidelines was inconsistent among staff. It was felt the Guidelines needed to be better socialised in order to have the desired impact at an operational level. As a result of this feedback the MoH committed to provide support to LHDs and SHNs so that they may better utilise the Guidelines to grow and support their local AHW workforce.

In order to undertake this piece of work, the MoH Aboriginal Workforce Unit engaged Francis Health to design and facilitate Aboriginal Health Worker Guidelines workshops throughout 2016 and early 2017 to all LHDs and SHNs in NSW.

This summative overview provides commentary and analysis of the state-wide Guidelines workshops that were undertaken. The intention is that this report will become a key foundation in supporting a larger piece of work focused on positive reform of the AHW workforce in NSW.

1.1. Scope

Within this report a number of key considerations are ‘in scope’ and include the following:

a) The impact of the Guidelines workshops at a local (LHD and SHN) level
b) A summary of key outputs and themes that emerged from the Guidelines workshops at a state level
c) Lessons learned from the extensive engagement and consultation exercise
d) Recommendations for future MoH engagement in relation to the AHW workforce.

Discussing Scopes of Practice for mental health clinicians

Gay Foster, Ministry of Health and Stephen Ainsworth, Nepean Blue Mountains LHD
2. The Guidelines Workshop Pilot and ‘Train the Trainer’ Day

Prior to commencing this state-wide project:

- the Guidelines workshop format was piloted in Illawarra Shoalhaven LHD in December 2015
- a ‘Train the Trainer’ day was facilitated in March 2016 to support all NSW Health Managers of Aboriginal Workforce Development (MAWDs) to co-facilitate their local Guidelines workshop if they desired.

2.1. Pilot: Aboriginal Health Worker Workshop – Illawarra Shoalhaven LHD

A Guidelines workshop was piloted in the Illawarra Shoalhaven LHD to ensure that the design, format and content were fit for the purpose of state-wide rollout in 2016. Key aims of the pilot:

- For selected staff to gain an improved understanding and knowledge of the Guidelines and the scopes of practice across the five Aboriginal Health Worker workforce categories
- For staff to gain an improved understanding of the Guidelines so that informed local decisions can be made to recruit AHWs based on the organisation’s need for clinical and non-clinical roles
- For managers and senior Human Resources (HR) staff to gain an understanding of the difference between AHWs and AHPs
- For managers and senior HR to be able to apply the role design process to implement AHPs if required
- To support a refined and finalised workshop format for the delivery of the workshop across all LHDs and SHNs in 2016/17.

A summary of the pilot design, format and content concluded that with some minor changes to the agenda items and logistics, the workshop format provided an excellent way to engage local staff to think about the potential of the Guidelines and consider the future direction for AHWs and AHPs. Participants felt that the day supported them to better understand how AHWs and AHPs could help transform the local health system and it appeared that the workshop would ‘kick-start’ work in this area.

‘This Pilot is a great start and these workshops will remind people in NSW that Aboriginal Health Workers are a key voice in our community’
2.2. Train the Trainer Day

Subsequent to the pilot workshop, the Aboriginal Workforce Unit resolved to deliver a training day for MAWDs from across NSW Health to upskill them in co-facilitating future workshops if they wished to do so. The rationale for this approach was to ensure that local MAWDs and their colleagues had ownership of the workshops and the associated outputs within their own LHD or SHN. Additionally, this approach represented an opportunity to develop facilitation capability across the MAWD workforce.

Interactive sessions were delivered so that participants can practice, hone and deploy learning’s into the future. The skills developed among participants were comprehensive and included practical skills such as:

- basic presentations skills to support MAWDs to become more confident in developing slide decks and also providing tips and hints on how to deliver them well
- defining facilitation vs. presentation to support MAWDs to understand that facilitation, as opposed to presenting, requires a different skill set
- the ‘Dot voting exercise’ to instruct and support MAWDs to facilitate an affinity and ‘dot voting exercise’ which is a valuable means to define and prioritise key issues
- De Bono’s ‘6 Thinking Hats’ used to explore multiple perspectives of a specific issue in a methodological manner.

15 April 2016 Group Activity: Train the Trainer Workshop, Ministry of Health

15 April 2016, Train the Trainer Workshop, Ministry of Health

De Bono’s Six Thinking Hats

- Edward de Bono is a world renowned expert in creative thinking and developer of this technique
- The core idea is to have everyone in a group wearing the same thinking hat when considering a problem.
- The hat-wearing is metaphorical. At any one time everyone will wear the same coloured thinking hat and use the same type of thinking.
- In other words we all look at the issue from the same perspective at the same time – aligning our thought processes.

De Bono Brainstorm

- Opportunity areas / Potential Actions?
- What would the benefits be?
- What are the risks?
  - Constraints, Dependencies
- What else do we need to know?
  - Stakeholders
- How does this make you feel?
3. Exploring Possibilities: The Aboriginal Health Worker Guidelines Workshops

The workshop title agreed upon was “Exploring Possibilities”. This reflected the key values of the workshop, bringing together AHWs and Senior Managers to tell their story and consider how the Guidelines could positively impact upon the local AHW workforce.

This section of the report provides an overview of the workshop agenda and explains how each session was designed to support participants to focus on the content and intent of the Guidelines. It also describes how each workshop agenda item was delivered and provides a summary of key outputs where appropriate.

After each workshop, the outputs were collated and distributed to the LHD or SHN to be used as a working document to support local Aboriginal Health Worker workforce development.

3.1. The Aboriginal Health Worker Guidelines Workshops Schedule

The Aboriginal Health Worker Guideline workshops were delivered over 15 months between December 2015 and February 2017. A full schedule of workshops can be found at Appendix A.

3.2. Workshop Participants

During the planning phase there was discussion around what the ‘ideal’ delegate mix could be. In order to co-design solutions locally a decision was made that both AHWs and decision makers needed to be present. The staff that attended the workshops contributed a wide range of skills and experience. A variety of Aboriginal and non-Aboriginal staff attended the workshops:

- Aboriginal Health Workers (Health Promotion Officers, Family Health, Chronic Care Coordinators, drug and alcohol workers, mental health and Immunisation Officers)
- Line Managers of Aboriginal Health Workers
- Nurse Unit Managers and Clinical Nurse Specialists
- Chief Executives
- Managers (Cluster and Hospital General Managers, Directors [i.e. Population Health, Allied Health, and Drug & Alcohol], Human Resources, Service Managers and Team Leaders
- Workforce development staff.

By inviting a broad mix of stakeholders to attend, the potential for shared learning’s and richness of debate was maximised.

Many participants in management positions noted that they had learnt a lot by listening to their AHW colleagues which prompted a commitment to progress the local Aboriginal Health Worker workforce agenda.

‘We’re stronger when we work together with our colleagues and I feel inspired to take on change’

Over 300 staff attended these workshops with representatives from Aboriginal Health Workers, line managers, nurses and nurse unit managers, other service managers, LHD/SHN Directors and Chief Executives, Human Resources (HR) and workforce development staff.

3.3. Welcome to Country/ Acknowledgement of Country

At each workshop a local Aboriginal Elder was invited to provide a Welcome to Country. Where this was not possible an Acknowledgement of Country was given by another Aboriginal person. Welcome to Country and Acknowledgement of Country are cultural protocols that recognise connection to Country. These cultural protocols provided a warm welcome at each workshop and supported authentic engagement with local Aboriginal communities.
3.3.1. Cultural and Historical Context of the Aboriginal Health Worker

During this workshop session, the Aboriginal Workforce Unit provided participants with important cultural and historical information about the AHW workforce.

Historically, AHWs were selected from local communities by a health practitioner or at other times by community members. They were often chosen on the basis of their cultural knowledge, understanding, skills and roles in the community. Training occurred on-the-job, often focussed on basic clinical skills, but mostly they acted as cultural brokers. In the early 1970’s this evolved into AHWs working in Aboriginal community controlled health services (ACCHSs) and increasingly during this time, in state government funded community health services.

Traditionally, AHWs in NSW Health have provided services such as community liaison and engagement, advocacy, health promotion and education, culturally safe services, cultural education and brokerage and community development.

Outlining the history of the AHW workforce allowed an opportunity to thank and acknowledge those who had the insight to see the need for AHWs and importantly made a commitment to ensure AHWs were established in the public health system. AHWs are critical in assisting and supporting health professionals to deliver culturally safe health services to Aboriginal people and communities across NSW.

3.4. Local Perspective from an Aboriginal Health Worker

At each Guidelines workshop a local Aboriginal Health Worker was invited to tell their story and outline their own personal journey into the role they undertake today.

Sometimes there were two or three Aboriginal Health Workers who spoke. This opportunity enabled all participants to hear about the vital role that AHWs play within the local community and that their stories were integral to establishing a better understanding of the role among their colleagues.

This agenda item also helped to set the context and background for the day. Ultimately, the Guidelines are designed to support AHWs and each workshop was about focusing on how local teams can implement the Guidelines to further this support.
3.5. Stepping Up Videos

Two separate videos from the ‘Stepping Up’ resource were played at different segments throughout each workshop. These videos showcased the perspectives of other AHWs from across NSW, and gave individual workshop participants a chance to see how their views resonated or differed from those of their colleagues across the state.

3.6. NSW Health Service Aboriginal Health Workers’ (State) Award: (IB2015_051)

Queries about the award were raised during the pilot workshop in Illawarra Shoalhaven LHD but addressing these in full was outside of the scope and remit of the workshops. It was important to acknowledge that discussion around the award had been taken on-board but at the same time ensured that this discussion did not overshadow the key conversations about the Guidelines.

In order to pre-empt this discussion at future workshops, a local HR representative was invited to attend each workshop. Participants were encouraged to introduce themselves to the HR representative during the breaks if they had any specific questions they wanted to discuss in relation to the staff award. The Award can be accessed here: www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=IB2015_051

3.7. LHD/SHN Local Aboriginal Health Worker Workforce Data and Workforce Initiatives

It was important to ensure that each workshop was grounded within the local context in order to ensure alignment and relevance with local community values. Despite the workshop format being identical in each LHD and SHN, there was recognition that the AHW landscape would be different and, of course, that each group of participants would bring local stories, opinions and views.

Local MAWDs presented Aboriginal workforce data and initiatives. This also ensured the day was geared towards developing action plans that could be implemented to tackle the things that mattered most to local AHWs and their communities.

3.8. Overview of the Guidelines

This session was delivered in a ‘lecture’ style and provided participants with a basic understanding of the Guidelines.

Adam Jogee, Francis Health

Given that the focus was on using and implementing the Guidelines to develop the AHW workforce at a local level it was fundamental for all participants to gain basic knowledge of the Guidelines content and purpose. This included the difference between the five categories of AHWs and the roles in which they are employed. Copies of the good health–great jobs Aboriginal Health Worker Guidelines for NSW Health and the good health–great jobs Decision Making Framework for Aboriginal Health Workers undertaking clinical activities in NSW Health were made available so that participants could familiarise themselves with the document and were encouraged to use the Guidelines as a working document throughout the day.

3.8.1. Aboriginal Health Worker Categories

Aboriginal Health Worker roles in NSW Health come under five categories listed below:

1. **Aboriginal Health Practitioners**: This position provides direct clinical services to local Aboriginal communities. Aboriginal Health Practitioners are required to hold an Approved Program of Study (Certificate IV in Aboriginal Primary Health Care Practice), and be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSHPBA) supported by the Australian Health Practitioner Regulation Agency (AHPRA). Aboriginal Health Practitioners are qualified to perform a range of clinical practice and primary healthcare duties.
If the roles of some existing Aboriginal Health Workers involves providing direct clinical services then these roles need to transition to that of the AHP. It is also necessary for the employee undertaking the AHP role to be appropriately qualified and registered as this is a protected title.

2. *Aboriginal Community Health Workers*: This position is non-clinical and provides increased access, liaison, health promotion and preventative health services to local Aboriginal communities. The minimum qualification required for this role is a Certificate III in Aboriginal Primary Health Care.

3. *Aboriginal Hospital Liaison Officers*: This position is non-clinical and provides advocacy, support and liaison for Aboriginal people within an acute care setting e.g. hospitals and multipurpose services. The minimum qualification required for this role is a Certificate III in Aboriginal Primary Health Care.

4. *Senior Aboriginal Health Worker*: This position manages resources for the delivery of individual health services or health programs and may be responsible for the supervision and training of Aboriginal Health Workers. Senior Aboriginal Health Workers could be employed under the role of Cultural Navigators. They would need to demonstrate extensive experience and knowledge of working with and advocating for Aboriginal people and their community members.

5. *Principal Aboriginal Health Workers*: This position provides a career pathway for Aboriginal Health Workers with a degree qualification relevant to the role. Principal Aboriginal Health Workers will develop, implement and review Aboriginal primary health care strategy and policies and may be responsible for the supervision and training of Aboriginal Health Workers.

**3.8.2. Aboriginal Health Worker Roles**

A wide variety of AHW roles fall under the above five categories. These roles have developed from the need for services that effectively deliver culturally safe health care to Aboriginal people and communities. Some services that currently utilise these roles include: Drug and Alcohol, Oral Health, Mental Health, Family Violence, Maternal and Infant Health, Men’s Health, Chronic Care, Early Childhood, Health Promotion, Aged Care, Youth Health, Women’s Health, Sexual Health and Community Liaison.

(Attachment 1: Pages 37 – 45) there is a detailed description of the aims, models of care, worker roles and relevant qualifications for a wide range of AHW roles and health programs in NSW Health. The relevant qualifications are a guide only and not exhaustive.

Marie Gordon and Vickie Thomson (Aboriginal Health Workers)

**3.8.3. Exploring the Potential**

This was the first interactive session of the workshop and a simple brainstorming technique was used to gather the ideas of different participants. To help participants explore the potential of the Guidelines they were split into groups and asked to brainstorm how the Guidelines could support AHWs, AHPs or local service delivery. The session was guided by some basic conversation starters e.g. ‘What might the Guidelines mean for an individual’s career?’ ‘What could services start, stop and continue to do as a result of the Guidelines?’

After documenting the discussion, each group then had an opportunity to feedback their findings to colleagues in the room. Feedback from these sessions, from across organisations, indicated some common positive and negative themes.

The work value of Aboriginal Health Workers and Aboriginal Health Practitioners has been assessed as part of the award setting process. Community liaison and clinical responsibilities are valued as equivalent though different roles and skill sets. More information about grandparenting arrangements can be found on The Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) here:

One commonly held view was that by effectively using the Guidelines the range of clinical activities and service provision could be expanded. This could make service planning more proactive as opposed to reactive and that recruitment strategies could be better informed.

‘We’re striving for more Aboriginal employees and representation – these Guidelines support this.’

3.8.4. Opportunities for the Aboriginal Health Practitioner Role

This session provided an opportunity to think specifically about the AHP role and how it could potentially transform local services. Also, this session supported a key workshop output – to think about the need for AHPs within each NSW Health LHD and SHN.

An exercise was used where participants were given the opportunity to provide a personal reflection on how they felt the AHP role could transform local services. At each workshop upwards of 120 individual ideas were generated on Post-it notes and placed on an ‘affinity wall’ so that people could read and digest the ideas of their colleagues. The participants then worked together as a team to bring those individual ideas together into themed groups and finally voted against those themes in order to arrive at a valuable conclusion on competing priorities. Having examined the outputs from this session across all workshops, there were 61 different themes identified with 3,495 votes cast against them to determine priority. In Table 1 below the top 15 themes are identified from across the state.

Table 1: State-wide themes from session: Opportunities for the Aboriginal Health Practitioner Role

<table>
<thead>
<tr>
<th>Theme</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culturally safe services and care</td>
<td>381</td>
</tr>
<tr>
<td>Improved patient outcomes</td>
<td>350</td>
</tr>
<tr>
<td>Workforce Development</td>
<td>301</td>
</tr>
<tr>
<td>Professional recognition</td>
<td>201</td>
</tr>
<tr>
<td>Scopes of Practice</td>
<td>161</td>
</tr>
<tr>
<td>Career pathways and opportunities</td>
<td>147</td>
</tr>
<tr>
<td>LHD Structure, Culture and Leadership</td>
<td>129</td>
</tr>
<tr>
<td>Cultural safety and awareness in community</td>
<td>126</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>119</td>
</tr>
<tr>
<td>Education and training</td>
<td>104</td>
</tr>
<tr>
<td>Community-based care</td>
<td>98</td>
</tr>
<tr>
<td>Improved access to services</td>
<td>97</td>
</tr>
<tr>
<td>Close the Gap</td>
<td>97</td>
</tr>
<tr>
<td>Enhanced models of care</td>
<td>93</td>
</tr>
<tr>
<td>Leadership and Role Modeling</td>
<td>88</td>
</tr>
<tr>
<td>Other (additional 46 themes)</td>
<td>1003</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3495</strong></td>
</tr>
</tbody>
</table>

Significantly, the top six themes strongly align with the intention of Guidelines. These themes have been elaborated on to demonstrate where people felt there were specific opportunities for the Aboriginal Health Practitioner role:

1. **Culturally Safe Services and Care**: AHPs could play a significant role in delivering culturally safe services and care to Aboriginal communities across NSW.

2. **Improved Patient Outcomes**: If established in LHDs/SHNs the AHP role could contribute to delivering better patient outcomes within the Aboriginal community by enhancing the AHW workforce and delivering an increased range of services.

3. **Workforce Development**: Aboriginal workforce could be developed significantly in number and breadth of skills if AHP roles were to be established. Some AHWs across NSW are already qualified to undertake the role but there are currently no established positions for them to apply.
4. **Professional Recognition**: the AHP role provides an opportunity for Aboriginal Health Workers to be professionally recognised for the range of clinical skills they undertake.

5. **Scopes of Practice**: The range of services provided by AHWs within community can be exacerbated by high expectations from the community. The five Aboriginal Health Worker categories have clearly defined scopes of practice outlined in the Guidelines.

6. **Career Pathways and Opportunities**: Career pathways can be opened for AHWs that want to move into a more senior role and further, the AHP role could be a pathway into nursing.

‘We want professional recognition for the work we do and to be accepted as a professional delivering clinical skills’

3.9. **Enablers and Barriers to Success**

This session placed a spotlight on the potential enablers and barriers to successfully progress within the local Aboriginal health workforce.

During this session, participants used the Edward De Bono ‘Six Thinking Hats’ methodology. This technique divides the process of thinking about any problem into six defined parts. Each part is symbolised by six different coloured thinking hats. The methodology has been shown to dramatically transform the effectiveness of meetings and discussions and allowed participants to explore the Guidelines in groups from the following three perspectives:

1. AHWs
2. AHPs and,
3. Local service delivery

<table>
<thead>
<tr>
<th>Lens</th>
<th>Enablers</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Health Worker</td>
<td>• A clarification and update of the position descriptions and scope of practice for AHWs</td>
<td>• Limited support from LHD Executive</td>
</tr>
<tr>
<td></td>
<td>• Executive ‘buy-in’ and support from LHD</td>
<td>• Bureaucracy, ‘red tape’, rigid thinking or just lack of understanding about the need for Aboriginal identified positions</td>
</tr>
<tr>
<td></td>
<td>• Increase in number of AHW positions</td>
<td>• Lack of community engagement and awareness, or too much consultation and not enough action</td>
</tr>
<tr>
<td>Aboriginal Health Practitioner</td>
<td>• Conduct a needs analysis and if required, establish AHP roles</td>
<td>• Systemic and institutional racism or ingrained organisational attitudes</td>
</tr>
<tr>
<td></td>
<td>• Funding to support existing employees to gain AHP qualifications, as well as flexible delivery of Certificate IV in Aboriginal Primary Health Care (Practice) (i.e. distance education)</td>
<td>• Not enough Aboriginal people at strategic planning or executive / decision-making level</td>
</tr>
<tr>
<td></td>
<td>• Clinical and cultural support, clinical supervision and mentoring</td>
<td>• Location of education inconvenient or inaccessible, and lack of support e.g. study leave and funding for travel and accommodation</td>
</tr>
<tr>
<td></td>
<td>• Discussion with local Aboriginal community members to ensure there is an understanding of what the AHP role will provide</td>
<td></td>
</tr>
<tr>
<td>Service Delivery</td>
<td>• Embedding of cultural safety in models of service delivery</td>
<td>• Lack of understanding of AHW / AHP scope of practice and role, including position descriptions which do not accurately reflect the roles</td>
</tr>
<tr>
<td></td>
<td>• A needs assessment demonstrating value of the AHP role across all services</td>
<td>• No effective change management process in place</td>
</tr>
<tr>
<td></td>
<td>• A leadership structure which supports Aboriginal workforce development</td>
<td>• Guidelines are not embedded in strategic planning</td>
</tr>
</tbody>
</table>
By ‘parallel processing’ in this manner, a large range of valuable thinking and ideas were generated in a relatively short window of time. At the end of this session the ideas from each group were fed back to colleagues and discussion around the key points was facilitated.

Illustrated below in Table 2 are the commonly identified enablers and barriers encountered when implementing the Guidelines to support AHWs, AHPs and service delivery across the state.

In addition to considering the enablers and barriers, the De Bono methodology also required participants to think briefly about their emotions and feelings towards the AHW workforce agenda in their locality. Responses were extremely varied and covered a range of both positive and negative emotions.

Figure 1 below graphically depicts these opposing feelings.

Figure 1a: Positive Emotions Related to Reform of the Aboriginal Health Workforce in NSW

Figure 1b: Negative Emotions Related to Reform of the Aboriginal Health Workforce in NSW

3.10. Who Are Our Stakeholders?

This shorter session was used to develop a stakeholder map of those individuals and/or organisations that would need to be engaged to support development of the local Aboriginal Health Worker workforce agenda. Using a stakeholder matrix methodology, participants identified key stakeholders and then gave consideration as to the best means by which those stakeholders should be engaged moving forwards. The intention is that LHDs and SHNs can use the map to inform their stakeholder engagement planning moving forwards and progress their action plans.

Figure 2: Stakeholder Map in Illawarra Shoalhaven LHD

3.11. Developing a Local Action Plan

The final workshop session pulled together the thinking and outputs from the previous activities and supported participants to provide thoughts on how best to move forward. At every workshop a list of ten tangible actions were agreed upon that the LHD/SHN could take away and use to progress implementation of the Guidelines.
This list is by no means exhaustive but the most common and interesting actions across the state are indicated below:

1. Conduct a local needs assessment and gaps analysis to understand:
   - Local demographics (numbers of AHWs and AHPs, numbers of Aboriginal staff, qualifications of Aboriginal workforce)
   - Service needs and gaps
   - Patient benefits

2. Develop local action plans that look at (for example):
   - Opportunities to support education and training
   - Transition of AHWs to AHPs (where appropriate)
   - Up-skilling
   - Enhanced clinical supervision and support
   - Transitioning from an AHW to an AHP role is a choice and can only take place when AHWs choose to undertake the 18 month Cert IV Aboriginal Primary Health Care (Practice), are registered with AHPRA and apply for an advertised AHP position
   - Scope and business case for additional workforce and funding

3. Undertake horizon scanning of what other LHDs and states are doing to develop the Aboriginal workforce and establish AHP roles

4. Undertake a review of position descriptions, including standardisation of job descriptions and scopes of Practice

5. Create governance structures and ‘Champions’ to support all the above actions such as:
   - Establish new Steering Groups / Working Parties or leverage existing ones to lead work
   - Seek Executive ownership or ‘Champion’
   - Consider Aboriginal-specific Workforce Development positions (i.e. Project Officer or Manager Roles)

6. Improve the marketing for new roles in the community, as well as promoting the Respecting the Difference training modules more widely.

3.12 Testimonial: Principal Aboriginal Health Worker, Sydney LHD

Toni Smith, Principal Female Aboriginal Health Worker, Sydney LHD

Following the Aboriginal Workforce Workshop at RPAH in 2016, I applied for and was granted an interview for the ‘First’ Principal Female Aboriginal Health Worker at Royal Prince Alfred Hospital. I was successful in this Interview and now I am officially the ‘First’ Principal Female Aboriginal Health Worker (Family Violence/Women’s Health)! 😊

I put this down to the Executive and Managerial level of attendance at our Workshop. I also know my new Line Manager fought hard for this position as well. I feel blessed, as I was nearing the end of my fixed term contract. I had also been told upon returning to Health in 2015 that I had lost my Registered Nursing because I had been out too long. I think I was in shock and didn’t know where to start. I journeyed along ‘Struggle Street’ and started at the bottom (again). My time at Sydney University studying to be a Registered Nurse meant nothing to anyone. 😞

I had no stability, no career pathway, and a family to feed, clothe and house. I thank you for your hard work at the workshop, which was obviously taken on board and listened to.

I thank you for helping provide me with a new life!

I know I will make differences in my new role, to my People, the Aboriginal community I live and breathe in, and especially to my sisters, The Aboriginal Women of Australia.

4. Benefits and Challenges for the Aboriginal Health Worker Workforce in NSW

An assessment of the impact of the workshops identified that there are a number of key opportunities and challenges for the Aboriginal Health Worker workforce.

4.1. Benefits

In addition to the outputs of the workshop as described and summarised and examined in Section 3 above, the workshops delivered several additional impacts to LHDs and SHNs which could benefit the Aboriginal Health Worker workforce. These impacts are described below.

**Bringing the Aboriginal Health Workers and LHD/SHN Executive Together:**

To co-design solutions to local Aboriginal workforce issues Aboriginal Health Workers and LHD/SHN Executives came together. In many instances, it was the first time that these staff groups had met in person and many participants felt they better understood the challenges and experiences of their colleagues.

**Workshop Participants Have an Increased Understanding of the Guidelines:**

Each workshop explored the Guidelines in detail with participants through a combination of interactive and deliberative sessions.

**‘Myth Busting’:**

It was evident at each workshop that there was a degree of confusion about the intention of the Guidelines. For example, some AHWs were under the impression that the Guidelines were a mechanism for mandating their transition to AHP status which was confronting for some people. The workshop clarified such issues and allowed the AHWs in particular to allay some of their fears and provide avenues for staff to further discuss and explore issues after the session.

**Enhanced Focus on Existing LHD Aboriginal Health Workforce Initiatives:**

All LHDs and SHNs had been working to some degree to develop the AHW workforce and there is acknowledgement of the hard work that has already been done across NSW in this space. Many of the workshops appeared to reinvigorate the local Aboriginal Workforce agenda and refocus attention on key issues through the lens of the Guidelines.

**Provided a Forum for Aboriginal Health Workers:**

In several workshops, AHWs provided feedback that the sessions had presented an opportunity to meet colleagues and ‘have a yarn’ about issues in the local community. During each workshop MOH staff asked participants how they would like to establish AHW forums in future, providing the opportunity for a state-wide forum and also support for locally based ones.

**Capability Development for Participants:**

Many of the facilitation techniques used in the Guidelines workshops are transferrable to other areas of work in health and there is potential that participants may use these in future to run local meetings and/or workshops. In particular, the structure of the affinity exercise, dot voting and De Bono exercises could be used when implementing local action plans.

Benefits for the Aboriginal Health Practitioner role and Aboriginal patients
4.2. Challenges

Despite the workshops identifying the opportunities and benefits outlined above it is clear that this is only the start of a broader reform process and there is much more work still to be done to support the Aboriginal Health Worker Workforce in NSW Health.

Overall, the workshops were positive and the local action plans that have been developed indicate there is a willingness to further develop ideas and plans. However, there is still a central role for the MoH to play in supporting the MAWDs and their Aboriginal colleagues.

The following key strategic challenges were identified by examining Guidelines workshop outputs and it is important that future work begins to address these challenges:

‘Walking Between Two Worlds’:

Many MAWDs and AHWs have worked in the health system for a long time and have been incredible advocates and agents for change within the Aboriginal Workforce. These roles are often highly pressured, balancing competing priorities between culture and professional career. It is essential that these vital members of the NSW Health workforce are supported in order to ensure that they do not suffer professional burnout.

Generational Differences:

There is an emerging young AHW workforce that is enthusiastic and passionate about the positive changes they can make that will impact upon the Aboriginal community members in NSW. Mentoring and support from the more experienced AHW workforce will provide shared knowledge and understanding of the health needs of these community members which in turn will provide an opportunity for the younger generation to become ‘change agents’ for the future.

Institutional Racism:

There was some discussion about racism that exists at both an organisational and a wider system level and how these attitudes have prevented AHWs from progressing in their careers as they might have liked. Examples were given of AHWs being treated less favourably by management than their non-Aboriginal colleagues and also a feeling that the system is not funded in a way that is commensurate with the need in Aboriginal communities.

Underestimating the Value of AHWs:

When exploring the potential of the AHW and AHP roles in the workshops it appeared that LHD/SHN senior teams and Executive did not always fully understand the range of roles and the scopes of practice undertaken. Greater understanding of the value of AHWs will benefit health services for Aboriginal people and recognise the roles of the AHW.

Misaligned Position Descriptions:

Updating of position descriptions by LHDs and SHNs will assist in understanding and recognising these roles using the generic templates provided in the Guidelines. Some LHDs have a large number of position descriptions across the five AHW roles that are built on historical templates and therefore complicate recruitment processes and cause confusion around roles, responsibilities and scope of practice.

Lack of Establishment of Aboriginal Health Practitioner Roles:

At the time of undertaking the workshops, no AHP roles had been established within NSW Health. Local needs assessments should be undertaken to identify the need for AHPs locally. Where a need exists the LHD/SHN could seek to establish the role and promote it to AHWs as a potential career pathway. There is a lot of frustration among those AHWs that have invested time and money to become certified AHPs in a system that does not currently have positions advertised.
5. Conclusion: Moving Forward

The workshops have provided an excellent opportunity for all LHDs and SHNs across the state to have focused time to think about their local strategies to develop the Aboriginal Health workforce. The workshops were designed and delivered to create local action.

The following actions are recommended in order to ensure that LHDs and SHNs make the necessary steps towards transformative reform of the AHW workforce:

**Catalyst for Change and Reform:**

There is a significant opportunity to use this work as the platform for reform of the AHW workforce. The workshops have served to increase the level of knowledge and enthusiasm across NSW in relation to understanding the intention of the Guidelines and more broadly, the AHW workforce agenda. It would be timely to build on this momentum to seek further progress and reform.

**Local Action Plans Developed by each LHD/SHN:**

The Workshops were successful in assisting LHDs and SHNs to establish an action plan of next steps to support local AHW workforce development. However, this is only a start and it will be vitally important that the MoH continue to work alongside local teams to help monitor progress and implementation of those plans.

5.1. Supporting the Aboriginal Health Workforce Agenda: ‘Five Simple Things’

By examining the Guidelines workshop outputs and hearing the views and perspectives of people across the state it became apparent that there are some simple things that all LHDs and SHNs could do to support the Aboriginal Health Workforce agenda as part of business as usual.

1. Ensure a Welcome to Country or Acknowledgement of Country is undertaken at all formal LHD or SHN meetings. A Welcome to Country can be sourced from the Local Aboriginal Lands Council (LALC) in each LHD or SHN. An Acknowledgement of Country can be found on the Stepping Up website.

2. All LHDs and SHNs could include links to the Stepping Up website and the MoH Aboriginal Workforce in NSW website in their signature blocks:


3. LHDs and SHNs should undertake a comprehensive (i.e. population based) needs analysis and stocktake of the requirements for Aboriginal Health Workers and Practitioners

4. Rationalise AHW position descriptions and align these with the templates provided in the Guidelines

5. Identify local Human Resources staff and local Aboriginal Health Worker and senior manager ‘champions’ to engage with local Executives to work local action plans.
6. Appendix

6.1. Appendix A   Map of NSW Aboriginal Nations
6.2. Appendix B   Schedule of Aboriginal Health Worker Workshops

<table>
<thead>
<tr>
<th>DATE</th>
<th>ORGANISATION</th>
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<tbody>
<tr>
<td>22nd July 2016</td>
<td>Nepean Blue Mountains LHD</td>
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<tr>
<td>8th September 2016</td>
<td>Northern NSW LHD</td>
</tr>
<tr>
<td>9th September 2016</td>
<td>Network workshop (JH&amp;FMH, SCHN and SVHN)</td>
</tr>
<tr>
<td>13th September 2016</td>
<td>Hunter New England LHD (Moree)</td>
</tr>
<tr>
<td>16th September 2016</td>
<td>Northern NSW LHD</td>
</tr>
<tr>
<td>20th September 2016</td>
<td>Hunter New England LHD (Tamworth)</td>
</tr>
<tr>
<td>27th September 2016</td>
<td>Hunter New England LHD (Newcastle)</td>
</tr>
<tr>
<td>29th September 2016</td>
<td>Western Sydney LHD</td>
</tr>
<tr>
<td>6th October 2016</td>
<td>Mid North Coast LHD</td>
</tr>
<tr>
<td>19th October 2016</td>
<td>Western NSW LHD</td>
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<td>31st October 2016</td>
<td>Sydney LHD</td>
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<tr>
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<td>Illawarra Shoalhaven LHD</td>
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<td>Central Coast LHD</td>
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<td>8th December 2016</td>
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<td>Murrumbidgee LHD</td>
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<td>16th February 2017</td>
<td>Far West LHD</td>
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<td>23rd February 2017</td>
<td>Southern NSW LHD</td>
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6.3. Appendix C   Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>Aboriginal Health Worker</td>
<td>AHW</td>
</tr>
<tr>
<td>Aboriginal Health Practitioner</td>
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</tr>
<tr>
<td>Australian Health Practitioner Regulation Agency</td>
<td>AHPRA</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander</td>
<td>ATSI</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander Health Practice Board of Australia</td>
<td>ATSIHPBA</td>
</tr>
<tr>
<td>Health Workforce Australia</td>
<td>HWA</td>
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<td>Human Resources</td>
<td>HR</td>
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<td>Local Health District</td>
<td>LHD</td>
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<tr>
<td>Manager Aboriginal Workforce Development</td>
<td>MAWD</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>MoH</td>
</tr>
<tr>
<td>Speciality Health Network</td>
<td>SHN</td>
</tr>
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</table>
7. Glossary of Terms and Definitions

This report provides the following glossary of terms and definitions to provide some direction to the use of terminology within the area of the Aboriginal Health Worker workforce.

Aboriginal
Aboriginal, when used in this document, is inclusive of the terms Aboriginal and/or Torres Strait Islander and/or Indigenous peoples.

Aboriginal Identified Roles
Identified roles are those in which Aboriginality is a genuine occupational qualification. Typically, such roles work directly with Aboriginal people and are involved in developing and/or delivering services and programs which have an impact on Aboriginal people and/or involve dealing with Aboriginal communities.

Action Plan
An action plan is a document that lists what steps must be taken in order to achieve a specific goal. The purpose of an action plan is to clarify what resources are required to reach the goal, formulate a timeline for when specific tasks need to be completed and determine what resources are required.

Closing the Gap (CTG)
Closing the Gap is a strategy that aims to reduce Aboriginal disadvantage with respect to life expectancy, child mortality, access to early childhood education, educational achievement, employment outcomes. Endorsed by the Australian Government in March 2008, Closing the Gap is a formal commitment developed in response to the call of the Social Justice Report 2005 to achieve Indigenous health equality within 25 years.

Career Mobility
Career mobility is the movement of an employee through reassignment, transfer, or secondment. It includes secondments and temporary assignments to a higher grade or band than the employee’s on going employment.

Cultural Awareness
This term demonstrates a basic understanding of a relevant cultural issue. There is no common accepted practice and what actions are taken depends upon the individual and their knowledge of Aboriginal culture.

Cultural Capabilities
The skills, knowledge, and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.

Cultural Competency
A set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.

Cultural Respect
The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal people. Cultural respect is about shared respect. Cultural respect is achieved when the health system is a safe environment for Aboriginal peoples and where cultural differences are respected. It is a commitment to the principle that the construct and provision of services offered by the Australian health care system will not wittingly compromise the legitimate cultural rights, practices, values and expectations of Aboriginal peoples. The goal of cultural respect is to uphold the rights of Aboriginal peoples to maintain, protect and develop their culture and achieve equitable health outcomes.

Cultural Responsiveness
This term refers to health care services that are respectful of, and relevant to, the health beliefs, health practices, cultures and linguistic needs of Aboriginal consumer/patient populations and communities. That is, Aboriginal communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. Cultural responsiveness describes the capacity to respond to the health care issues of Aboriginal communities. It thus requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual.

Cultural Safety
This term identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients’ rights. Part of this process requires health professionals to examine their own realities, beliefs and attitudes.

Cultural safety is not defined by the health professional, but is defined by the health consumer’s experience, the individual’s experience of care they are given, ability to access services and to raise concerns. The essential features of Cultural Safety are:

a) An understanding of one’s culture,

b) An acknowledgment of difference, and a requirement that caregivers are actively mindful and respectful of difference(s),

c) It is informed by the theory of power relations – any attempt to depoliticise cultural safety is to miss the point,

d) An appreciation of the historical context of colonisation, the practices of racism an individual and institutional levels, and their impact on First Nations People’s living and wellbeing – both in the present and past,

e) Its presence or absence is determined by the experience of the recipient of care – it is not defined by the caregiver.

Cultural Security
Cultural security is a commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. It is achieved by developing accessible and effective health care systems for Aboriginal people based on acknowledgement of Aboriginal people’s right to self-determination, empowerment and health care and as such, an understanding and responsiveness to cultural views, beliefs and knowledge systems which play an integral role in adherence to health care services.

Local Health Districts
Local Health Districts are responsible for providing health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres. Eight local health districts cover the greater Sydney metropolitan regions, and seven cover rural and regional NSW.
Ministry of Health

The NSW Ministry of Health supports the executive and statutory roles of the Health Cluster and Portfolio Ministers.

The NSW Ministry of Health also has the role of ‘system manager’ in relation to the NSW public health system, which operates more than 230 public hospitals, as well as providing community health and other public health services, for the NSW community through a network of local health districts, specialty networks and non-government affiliated health organisations, known collectively as NSW Health.

The Ministry of Health guides the development of services and investments in the NSW public health system to ensure that the health priorities of the Government’s NSW are achieved for the community of NSW.

In 2014, the NSW State Health Plan was released, to set the priorities across the system for the delivery of ‘the right care, in the right place, at the right time’ and outline the next steps we need to take to keep delivering world-class care in NSW. The Plan provides the strategic framework that brings NSW Health’s existing programs, plans and policies together, and highlights the strategies to deliver on health priorities and improved health outcomes.

NSW Public Sector Aboriginal Employment Strategy
This strategy has an aspirational target of 1.8% representation across all classifications by 2021 for each of the Sector’s salary bands. The aims are to overcome the ‘pyramid’ effect of the previous target and approach and to improve the distribution of our Aboriginal employees across all classifications of the Public Sector rather than having the majority of Aboriginal staff population at the lower levels of our structure.

Secondments
These involve the transfer of employees between government sector agencies (GSA) for temporary periods of time.

Succession Plans
Succession planning is a process for identifying and developing internal people with the potential to fill key business leadership positions in the company. Succession planning increases the availability of experienced and capable employees that are prepared to assume these roles as they become available.

Targeted Roles
Targeted roles are ‘mainstream’ roles that are filled using advertising and recruitment strategies that maximize applications from Aboriginal people. Agencies may reserve a targeted role for filling by a suitable Aboriginal applicant, with career development opportunities for Aboriginal people.

Workforce Diversity
Workforce diversity encompasses initiatives to: build positive workplaces and provide support for all employees; strengthen workforce planning capability to integrate workforce diversity strategies; build a workforce which reflects the diversity of the wider community; achieve the government’s broader social responsibility objectives.

Specialty Health Networks and other NSW Health Organisations
These organisations plan, deliver and coordinate local health services. They are responsible for providing services such as public and community health, public hospitals, psychiatric hospitals, emergency transport, acute care, rehabilitation, counselling, and many community support programs.

The Government Sector Employment Rule 26, Employment of eligible persons
GSE Rule 26 allows agencies to target positions to ‘eligible persons’ who belong to one of the groups deemed to be disadvantaged in employment. This will remove the need to seek a separate exemption from the NSW Anti-Discrimination Board to target a position for eligible persons covered by the Rule. The Rule also allows for such modifications to recruitment and selection policies or procedures as are necessary to facilitate the employment of eligible persons in the agency.
An initiative of NSW Health to halve the gap in employment outcomes between Aboriginal and non-Aboriginal people within a decade.

Artist: Jessica Birk

Jessica Birk was born on the Northern Beaches of Sydney where she still lives and works. Jessica is a proud descendant of the Yaegl people from the Northern Rivers of NSW, The Clarence Valley and has a strong connection to both Northern Sydney and the Northern Rivers areas of New South Wales.

Her work focuses on these areas and aims to articulate her feelings of belonging that are tied to these places. Having grown up on the Northern Beaches, Jessica has grown to know and respect the area over time and her connection to the Northern Rivers was forged at birth through her mother’s family, a legacy and gift given to her as a descendant of that land.