Health Workforce Australia acknowledges the past, current and future contributions of Aboriginal and Torres Strait Islander Health Workers to the physical, emotional and spiritual wellbeing of their communities.

We are very grateful to the Health Workers who have participated in this project. In addition, we thank the many other stakeholders who have contributed their views, including representatives from the Aboriginal community-controlled health sector, the government health sector and registered training organisations, as well as chief executive officers and managers of health services, and other health professionals. These stakeholders generously gave their time and offered their perspectives throughout the project.

Most importantly, we recognise the advice provided by the project reference groups: the Aboriginal Community Controlled Health Sector Reference Group (ACCHSRG), the Jurisdictional Planning Group (JPG) and the Expert Reference Group (ERG). The time invested by the members of the project reference groups is testament to their ongoing commitment to develop and strengthen the ATSIHW workforce.

This project was undertaken by a collaborative project team that included representatives from: Health Workforce Australia, led by Pat Maher; PricewaterhouseCoopers, led by Caitlin Francis; and Shannon Consulting Services (SCS), led by Professor Cindy Shannon.

The core project team members included:

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- Brett Shannon

The project logo was developed by the Jumbana Group, an Australian Indigenous strategy and design company.

It depicts a scroll, symbolising the unfurling of action. The blue, brown and red ochre lines are interconnected to represent the Aboriginal and Torres Strait Islander community, government and health professionals.

The dynamic of a scroll, which creates its own movement, reinforces the new, sustainable energy of the Aboriginal and Torres Strait Islander Health Worker project.

The dots and quality of line refer to the universal Aboriginal and Torres Strait Islander style.
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<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<td>ACCHO</td>
<td>Aboriginal Community Controlled Health Organisation (also used interchangeably with ‘AMS’ – Aboriginal Medical Service)</td>
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<td>Aboriginal Community Controlled Health Sector</td>
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<td>Australian Council on Healthcare Standards</td>
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<td>ACNC</td>
<td>Australian Charities and Not-for-profit Commission</td>
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<td>AGPAL</td>
<td>Australian General Practice Accreditation Limited</td>
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<td>AHLO</td>
<td>Aboriginal Hospital Liaison Officer (also used interchangeably with Hospital Liaison Officer)</td>
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<td>AHMAC</td>
<td>Australian Health Ministers’ Advisory Council</td>
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<td>Australian Health Practitioner Regulation Agency</td>
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<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>AMS</td>
<td>Aboriginal Medical Service (also used interchangeably with ‘ACCHO’ - Aboriginal Community Controlled Health Organisation)</td>
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<td>AMSANT</td>
<td>Aboriginal Medical Services Alliance Northern Territory</td>
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<td>ASGC</td>
<td>Australian Standard Geographical Classification</td>
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<td>ASQA</td>
<td>Australian Skills Quality Authority</td>
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<td>ATSIHP</td>
<td>Aboriginal and Torres Strait Islander Health Practitioner</td>
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<td>ATSIHP Board</td>
<td>Aboriginal and Torres Strait Islander Health Practice Board of Australia</td>
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<td>ATSIHRTONN</td>
<td>Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network</td>
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<tr>
<td>ATSIHW</td>
<td>Aboriginal and Torres Strait Islander Health Worker</td>
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<tr>
<td>ATSIHWWG</td>
<td>Aboriginal and Torres Strait Islander Health Workforce Working Group</td>
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<td>ATSIPHC</td>
<td>Aboriginal and Torres Strait Islander Primary Health Care</td>
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<tr>
<td>CDAMS</td>
<td>Committee of Deans of Australian Medical Schools</td>
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<tr>
<td>CDNRM</td>
<td>Council of Deans of Nursing and Midwifery (Australia &amp; New Zealand)</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
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<td>CRG</td>
<td>Combined Reference Group</td>
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<tr>
<td>CS&amp;HISC</td>
<td>Community Services and Health Industry Skills Council</td>
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<tr>
<td>DIISRTE</td>
<td>Australian Department of Industry, Innovation, Science, Research and Tertiary Education</td>
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<tr>
<td>DoHA</td>
<td>Australian Department of Health and Ageing</td>
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<td>EBPPP</td>
<td>Enterprise Based Productivity Places Program</td>
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<td>ERG</td>
<td>Expert Reference Group (for this project)</td>
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<td>HWA</td>
<td>Health Workforce Australia</td>
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<td>IRCTN</td>
<td>Integrated Regional Clinical Training Network</td>
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<td>LIME</td>
<td>Leaders in Indigenous Medical Education</td>
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<td>MBS</td>
<td>Medicare Benefits Schedule</td>
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<td>NACCHO</td>
<td>National Aboriginal Community Controlled Health Organisation</td>
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<td>NAGATSIHID</td>
<td>National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data</td>
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<td>NATSIHEC</td>
<td>National Aboriginal and Torres Strait Islander Health Equality Council</td>
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<td>NATSIHON</td>
<td>National Aboriginal and Torres Strait Islander Health Officials Network</td>
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<tr>
<td>NATSIHW</td>
<td>National Aboriginal and Torres Strait Islander Health Workforce</td>
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<td>NATSIHWA</td>
<td>National Aboriginal and Torres Strait Islander Health Workers Association</td>
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<td>NCVER</td>
<td>National Centre for Vocational Educational Research</td>
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<td>NHPA</td>
<td>National Health Performance Authority</td>
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<tr>
<td>NRAS</td>
<td>National Registration and Accreditation Scheme</td>
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<td>NWPA</td>
<td>National Workforce and Productivity Agency</td>
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<tr>
<td>OATSIH</td>
<td>Office of Aboriginal and Torres Strait Islander Health</td>
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<tr>
<td>QICSA</td>
<td>Quality Improvement and Community Services Accreditation</td>
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<tr>
<td>RCC</td>
<td>Recognition of Current Competencies</td>
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<td>RPL</td>
<td>Recognition of Prior Learning</td>
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<td>RTO</td>
<td>Registered Training Organisation</td>
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<td>SCS</td>
<td>Shannon Consulting Services</td>
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<td>SCOTSE</td>
<td>Standing Council on Tertiary Education, Skills and Employment</td>
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<td>SCoH</td>
<td>Standing Council on Health</td>
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<tr>
<td>TAFE</td>
<td>Technical and Further Education</td>
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<tr>
<td>TEQSA</td>
<td>Tertiary Education Quality and Standards Agency</td>
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<td>VACCHO</td>
<td>Victorian Aboriginal Community Controlled Health Organisation</td>
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<td>VET</td>
<td>Vocational Education and Training</td>
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<td>VETiS</td>
<td>VET in Schools Program</td>
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<td>VRQA</td>
<td>Victorian Registration and Qualifications Authority</td>
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<tr>
<td>WATAC</td>
<td>WA Training Accreditation Council</td>
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A highly consultative approach was taken to understand the existing Aboriginal and Torres Strait Islander Health Worker workforce, the challenges it faces, and to reach consensus in identifying opportunities for future action. Project activities included a literature scan, interviews with 212 key informants, 64 health service site visits (with focus groups involving 264 Aboriginal and Torres Strait Islander Health Workers, 100 health service managers and 25 other health professionals), surveys of 351 Aboriginal and Torres Strait Islander Health Workers and 100 managers, 13 national workshops with 356 participants, and advice from three project advisory groups representing the major stakeholders in Aboriginal and Torres Strait Islander health.

The purpose of this report is to inform the development of policies and strategies that will 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.

A wide degree of variation exists in Aboriginal and Torres Strait Islander Health Worker roles, definitions, scopes of practice, education standards and career pathways, which has contributed to limited career development opportunities for Aboriginal and Torres Strait Islander Health Workers. This is influenced by varying levels of respect and recognition shown to Aboriginal and Torres Strait Islander Health Workers by other health professionals and employers, limited workforce information, and a lack of coordinated planning for the workforce. There is also a limited pipeline of new trainees and large numbers of long-term vacant positions.

The emergence of newly created primary health care workforces (arising from the Closing the Gap initiative and the registration of Aboriginal and Torres Strait Islander Health Practitioners from 1 July 2012) makes the current situation more complex.

The poor health outcomes of Aboriginal and Torres Strait Islander people are well recognised. A contributing factor is the lack of access to culturally safe primary health services. The contribution that Aboriginal and Torres Strait Islander Health Workers make in improving access by delivering culturally safe comprehensive primary health care is not well understood by or recognised across a range of key stakeholders, including policy makers, employers and other health professionals.
Target outcomes and recommendations

- Stakeholders agreed upon five key target outcomes:

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.

- 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 that cultural respect for Aboriginal and Torres Strait Islander people is embedded across all health services.
Context

Australians are among the healthiest people in the world. The general Australian population enjoys the second-longest life expectancy globally. Yet the life expectancy of Aboriginal and Torres Strait Islander Australians is, on average, more than ten years less than other Australians. They experience higher levels of sickness than the broader Australian population including much higher rates of preventable chronic disease.

Early presentation at health services greatly increases the chances of prevention, detection and successful management of acute and chronic conditions. Yet many Aboriginal and Torres Strait Islander Australians perceive mainstream health services to be culturally unsafe environments. Consequently, some do not seek health care until it is too late. The result is substantially poorer health outcomes compared to the broader Australian community.

Adapting the health system to better respond to the disadvantages experienced by the Aboriginal and Torres Strait Islander population is a government priority. In 2008, the Council of Australian Governments agreed to a national health partnership resulting in a commitment of $1.57 billion over four years to improve Aboriginal and Torres Strait Islander health and wellbeing (the 2008 National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes). Recent strategies to improve primary health care services (the National Primary Health Care Strategy), disease prevention efforts (the National Preventative Health Strategy) and the health workforce (the National Workforce Innovation and Reform Strategic Framework For Action 2011-2015, developed by Health Workforce Australia, and the 2011–2015 Aboriginal and Torres Strait Islander Health Workforce Strategic Framework) demonstrate further policy commitment to this area of health.

Any effort to close the health gap between the health outcomes of Aboriginal and Torres Strait Islander Australians and the broader Australian population must acknowledge that Aboriginal and Torres Strait Islander Health Workers make an important contribution to this process. However, the value of the Aboriginal and Torres Strait Islander Health Worker workforce is not currently well understood or recognised by a large proportion of health professionals, or the broader Australian community. This has been compounded by ad hoc and uncoordinated development of this workforce. For example, the workforce has not been specifically incorporated into the Council of Australian Governments (COAG) Closing the Gap implementation plans, the National Primary Health Care Strategy, or the National Preventative Health Strategy.

As a result, the Aboriginal and Torres Strait Islander Health Worker workforce is being under-utilised in efforts to address the health disparity experienced by Aboriginal and Torres Strait Islander Australians. Aboriginal and Torres Strait Islander Health Workers are deeply committed to improving health standards in their communities, but are not always fully empowered to do so.

The project

The purpose of Health Workforce Australia’s Aboriginal and Torres Strait Islander Health Worker project (‘the project’) is to inform the development of policies and strategies that will 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.

Since the project began in May 2010, a highly consultative approach has been taken to understand the existing Aboriginal and Torres Strait Islander Health Worker workforce and the challenges it faces, and then to identify opportunities for future action, including:

- a review of available literature and policy documents
- 351 Aboriginal and Torres Strait Islander Health Worker surveys and 100 health service manager surveys
- focus groups at 64 health services in 39 different locations across Australia (this included 264 Aboriginal and Torres Strait Islander Health Workers, 100 health service managers and 25 other health professionals)
- interviews with 212 key informants including education providers, workforce planners and health service CEOs

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i. This was a finding from consultations with Health Workers throughout Phase 1 of the project. See Interim Report, particularly Section 5.7.3. HEALTH WORKFORCE AUSTRALIA. 2011. Aboriginal and Torres Strait Islander Health Worker Project: Interim Report [Online]. Adelaide.
The findings from these activities are documented in two publications – The Environmental Scan and The Interim Report. The value and contribution of Aboriginal and Torres Strait Islander Health Workers identified in this work can be summarised as follows:

- The Aboriginal and Torres Strait Islander Health Worker workforce is a major health workforce delivering culturally safe, comprehensive primary health care to Aboriginal and Torres Strait Islander Australians.

- Their holistic approach to health care is aligned to traditional Aboriginal and Torres Strait Islander culture and philosophy.

- A growing body of evidence links the Aboriginal and Torres Strait Islander Health Worker workforce to improved health outcomes in diabetes care, mental health care, maternal and infant care, and palliative care.

- The workforce is becoming increasingly qualified, with Aboriginal and Torres Strait Islander Health Workers attaining higher-level primary health care and other health qualifications.

The work also highlighted a number of interrelated challenges that need to be addressed to establish a strong national Aboriginal and Torres Strait Islander Health Worker workforce:

- national variation in the definition of Aboriginal and Torres Strait Islander Health Workers

- the lack of a nationally consistent understanding of the role of Aboriginal and Torres Strait Islander Health Workers and their scope of practice

- national variation in education standards and career pathways for Aboriginal and Torres Strait Islander Health Workers and trainees

- the lack of coordinated, strategic approaches to understanding demand for Aboriginal and Torres Strait Islander Health Worker services, and to plan accordingly

- long-term Aboriginal and Torres Strait Islander Health Worker vacancies and a limited pipeline of new trainees

- varying levels of respect, recognition and support shown to Aboriginal and Torres Strait Islander Health Workers by other health professionals and employers (including what professional development opportunities are offered)

- limited collection of information and research about the Aboriginal and Torres Strait Islander Health Worker workforce and the impact it has on health outcomes.

Further consultation was conducted to inform the development of the Final Report. Relevant activities included:

- 13 national consultation workshops in which findings from the key informant interviews, site visits and surveys were shared with 356 stakeholders. These workshops gave participants an opportunity to identify target outcomes and areas for future action

- development of the Draft Aboriginal and Torres Strait Islander Health Worker National Professional Practice Framework in collaboration with a representative working group. Final consultation on the framework will be undertaken by the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) prior to its distribution to Aboriginal and Torres Strait Islander Health Workers, health services and employers

- a Combined Reference Group meeting of the three project reference groups (the Expert Reference Group, the Aboriginal Community Controlled Health Sector Reference Group and the Jurisdictional Planning Group), to collectively consider the output of the whole project, further informing the recommendations provided in this report

- development of the first nationally agreed definition for an Aboriginal and Torres Strait Islander Health Worker. Stakeholders and reference groups supported the following definition:

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ii “Cultural safety” refers to: “The effective care of a person/family from another culture by a health care provider who has undertaken a process of reflection on their own cultural identity and recognises the impact of the health care professional’s culture on their practice. Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual.” (The Nursing Council of New Zealand 2002). iii “Comprehensive primary health care” refers to: “...the broader, holistic approach to health problems. As well as primary medical care, comprehensive primary health care addresses a range of health concerns that have no specific medical intervention.” (Aboriginal Medical Services Alliance Northern Territory 2010).
An Aboriginal and Torres Strait Islander Health Worker is a person who:

a. identifies as an Aboriginal and/or Torres Strait Islander and is recognised by their community as such, AND

b. is the holder of the minimum (or higher) qualification in Aboriginal and Torres Strait Islander primary health care, AND

c. has a culturally safe and holistic approach to health care.

This report synthesises the project findings and provides recommendations that will help strengthen and develop the Aboriginal and Torres Strait Islander Health Worker workforce to deliver care in response to the health and service needs of Aboriginal and Torres Strait Islander people. The recommendations have been endorsed by all three project reference groups.

The Final Report is intended to be read in conjunction with the Environmental Scan and Interim Report.

Target outcomes to be achieved

Stakeholders highlighted five main areas of consensus on the target outcomes for Aboriginal and Torres Strait Islander Health Worker workforce development efforts. The shared vision for the future includes:

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

Achievement of these target outcomes provides the basis for the project recommendations.

Recommendations for action

The recommendations contained in the Final Report provide a clear plan for action to support a strong, valued and sustainable Aboriginal and Torres Strait Islander Health Worker profession. Following the endorsement of the Final Report by relevant Ministers, the recommendations will pave a way forward for the coordinated development of this essential primary health care workforce.

The project reference groups have endorsed 27 project recommendations – 24 of these are recommendations for action and three are recommendations to drive implementation. The recommendations for action 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 to drive implementation

Finally, structures are needed to drive and monitor national and local implementation. Collaboration is required across the health and education sectors, supported at the ministerial level (Recommendation 25). Governance structures are proposed to drive and evaluate systemic national change (Recommendations 26). A toolkit has been developed to assist the development of local implementation plans by health service Boards and CEOs (Recommendation 27).

Conclusion

This report comes during a period of significant national health reform and substantial change for the Aboriginal and Torres Strait Islander Health Worker workforce, offering both challenges and opportunities. This report concludes a comprehensive project undertaken over an 18-month period. The project activities involved wide consultation with Aboriginal and Torres Strait Islander Health Workers and other key stakeholders.
Collectively, project reference groups and participants have agreed upon target outcomes for the future. The Aboriginal and Torres Strait Islander Health Worker workforce must be defined, understood and recognised; have access to clearer education and career pathways; and work in supportive environments that enable them to develop. Increasing the workforce to meet current and future needs will require strategic planning and collaboration. This will be supported by improving the way relevant information is collected and shared.

To achieve these objectives, 27 recommendations provide a clear plan of action. They require endorsement by Ministers, leadership by key partners and the collaboration of a range of stakeholders – including organisations and individuals working at national, state and territory, and local levels. The opportunity is open for all involved to demonstrate leadership and improve health care for Aboriginal and Torres Strait Islander people by strengthening and sustaining the Aboriginal and Torres Strait Islander Health Worker workforce. They will be part of a process that is not finite but ongoing – a journey of continual improvement. All people involved in this project share the goal of ending disparity between Aboriginal and Torres Strait Islander people and other Australians. This report aims to contribute to this goal.
Establishing the parameters of the profession

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

Recommendation 2
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

Recommendation 3
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

Recommendation 4
Effectively support, promote and advocate for the Aboriginal and Torres Strait Islander Health Worker workforce in its ongoing development and professionalisation

Workforce planning and research

Recommendation 5
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

Recommendation 6
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

Recommendation 7
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

Recommendation 8
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

Recommendation 9
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

Increasing the workforce to meet demand

Recommendation 10
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
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
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<tbody>
<tr>
<td>Recommendation 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>Recommendation 12</td>
<td>Incorporate Aboriginal and Torres Strait Islander Health Workers into national health workforce planning initiatives</td>
</tr>
<tr>
<td><strong>Improving the quality and accessibility of education</strong></td>
<td></td>
</tr>
<tr>
<td>Recommendation 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>Recommendation 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>Recommendation 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>Recommendation 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>Recommendation 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>
<tr>
<td><strong>Supporting and developing the workforce</strong></td>
<td></td>
</tr>
<tr>
<td>Recommendation 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>Recommendation 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>Recommendation 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>Recommendation 21</td>
<td>Note the perceived variation in salaries and employment conditions for ATSIHWs</td>
</tr>
<tr>
<td><strong>Building effective interdisciplinary relationships</strong></td>
<td></td>
</tr>
<tr>
<td>Recommendation 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>Recommendation 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>Recommendation 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>
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</table>
### Driving implementation

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Recommendation 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>Recommendation 26</td>
<td>Allocate governance responsibility to ensure transparent monitoring and reporting of performance and outcomes against the endorsed recommendations</td>
</tr>
<tr>
<td>Recommendation 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>
1.1 Preamble

The purpose of this report is to provide recommendations to help strengthen and develop the Aboriginal and Torres Strait Islander Health Worker workforce to deliver care in response to the health and service needs of Aboriginal and Torres Strait Islander people.

The environment in which Aboriginal and Torres Strait Islander Health Workers operate is evolving. For example, it is not yet fully understood what will be the impact on the Aboriginal and Torres Strait Islander Health Worker workforce of the new health service jobs introduced by the Closing the Gap initiative and the registration, from 1 July 2012, of Aboriginal and Torres Strait Islander Health Practitioners. Similarly, the effect of broader health reform, such as the introduction of Medicare Locals, is currently unknown.

As such, the recommendations contained in this report are a reflection of and response to the current developmental needs of the Aboriginal and Torres Strait Islander Health Worker workforce; they will need to be reviewed in the future to ensure their ongoing relevance.

1.2 Aboriginal and Torres Strait Islander health needs and health service accessibility

There is a substantial gap between the health outcomes of Aboriginal and Torres Strait Islander people and other Australians. This is well researched and acknowledged across Australia. The severity of this problem is clear:

- The total burden of disease and injury for Aboriginal and Torres Strait Islander people was 2.5 times that of the general Australian population in 2003.11
- The life expectancy of Aboriginal and Torres Strait Islander males born today is 69.9 years, about 12 years less than other male Australians.12
- The life expectancy of Aboriginal and Torres Strait Islander females born today is 72.6 years, about ten years less than for other female Australians.13

The leading causes of illness among the Aboriginal and Torres Strait Islander population, in order of prevalence, are:14

1. cardiovascular disease
2. mental health disorders
3. chronic respiratory disease
4. diabetes
5. deliberate and accidental injuries

Collectively, these five broad categories account for approximately two-thirds of the total disease burden experienced by the Aboriginal and Torres Strait Islander population.15

A number of risk factors contribute to the high levels of illness in the Aboriginal and Torres Strait Islander population including tobacco use, obesity, physical inactivity, high cholesterol levels, high alcohol consumption, high blood pressure, low fruit and vegetable intake, illicit drug use, domestic violence, child sexual abuse, and unsafe sex.16 Many of these risk factors are associated with socioeconomic disadvantage and associated lifestyle behaviours. There is, therefore, a direct relationship between targeting social determinants of health and reducing the burden of disease experienced by Aboriginal and Torres Strait Islander people.

Health outcomes can be improved by health care services that are available and accessible. However, a range of barriers have been found to undermine access to health care for Aboriginal and Torres Strait Islander people, including cultural safety and language issues, geographic and transport barriers, and the cost of health care. Aboriginal and Torres Strait Islander Health Workers and managers interviewed during the project overwhelmingly identified cultural safety as the most significant barrier to access to health care.17

(iv) Barriers to health care accessibility for Aboriginal and Torres Strait Islander people are explored further in the Environmental Scan (Section 5.2) and Interim Report (Section 4.3.2)
There is a need to increase both access to and availability of health services to improve Aboriginal and Torres Strait Islander health. Aboriginal and Torres Strait Islander Health Workers support this goal by providing holistic primary care services and removing barriers to access by delivering culturally relevant health services. The contribution Aboriginal and Torres Strait Islander Health Workers make to the health and service needs of their communities is one of the areas explored in this report.

1.3 The Aboriginal and Torres Strait Islander Health Worker workforce

The history of the Aboriginal and Torres Strait Islander Health Worker workforce began over five decades ago. The workforce grew from the need to provide health services to Aboriginal and Torres Strait Islander people whose health needs were not being met by mainstream services.

Aboriginal and Torres Strait Islander Health Workers first emerged as leprosarium workers and hospital assistants in the 1960s. These roles soon took on added significance as Aboriginal and Torres Strait Islander Health Workers combined Western and traditional Aboriginal health practices to provide accessible, culturally safe health care for Aboriginal and Torres Strait Islander people. Western health professionals soon recognised Aboriginal and Torres Strait Islander Health Workers for the 'vitaly important roles' they played in responding to the health needs of their communities.

As the workforce grew throughout the 1970s, 1980s and 1990s, it continued to evolve with Aboriginal and Torres Strait Islander Health Workers performing different roles depending on what services were needed in their local contexts.

Aboriginal and Torres Strait Islander Health Workers living and working in isolated parts of Australia found mainstream health services were often unavailable or inaccessible for Aboriginal and Torres Strait Islander people. They adapted their skills and learnt how to perform the clinical procedures that were in demand in their communities. This was particularly the case in the Northern Territory, where there were high demands for Aboriginal and Torres Strait Islander Health Workers to take on more advanced clinical roles than in other parts of Australia. In order to protect people receiving these services, the Northern Territory introduced an Aboriginal Health Worker registration system in 1985. The Northern Territory remains the only jurisdiction that regulates the profession, and provides valuable lessons for the development of the future national registration of Aboriginal and Torres Strait Islander Health Practitioners.

In other contexts, there was a greater need for Aboriginal and Torres Strait Islander Health Workers to focus on encouraging and supporting Aboriginal and Torres Strait Islander people to visit health services more regularly. This role was particularly important for Aboriginal and Torres Strait Islander Health Workers employed in mainstream health services. Other Aboriginal and Torres Strait Islander Health Workers concentrated on delivering programs targeted at specific local health priorities, such as ear infection (otitis media), healthy lifestyle or drug and alcohol programs.

Program-based funding provided by the Australian Department of Health and Ageing (DoHA) enabled Aboriginal and Torres Strait Islander Health Workers to implement these types of health programs. However, program-based funding models also shaped the Aboriginal and Torres Strait Islander Health Worker workforce by influencing the type of Aboriginal and Torres Strait Islander Health Worker roles being demanded by health services. For example, the introduction of COAG-funded Tobacco Workers, Healthy Lifestyle Workers, Care Coordinators and Outreach Workers provided greater incentive to health services to employ staff to deliver these programs, rather than Aboriginal and Torres Strait Islander Health Workers who perform more generalist roles.

This journey has shaped the diverse Aboriginal and Torres Strait Islander Health Worker workforce of today. Recognising the roles of Aboriginal and Torres Strait Islander Health Workers vary across the profession, this project aimed to understand which elements of the Aboriginal and Torres Strait Islander Health Worker role are common across Australia.

The information collected shows Aboriginal and Torres Strait Islander Health Workers are a unique profession in the way they:

- perform a comprehensive primary health care role (for example: clinical assessment; monitoring and intervention activities; and through health promotion and illness prevention programs and chronic disease management services)
- provide culturally safe health care to Aboriginal and Torres Strait Islander people (such as advocating for Aboriginal and Torres Strait Islander clients)

(v) This was a finding from consultations with Health Workers throughout Phase 1 of the project. See Interim Report (Section 4.3.3).
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)

The project findings demonstrate that no other health profession provides this combination of services for Aboriginal and Torres Strait Islander people. For example, although Aboriginal and Torres Strait Islander nurses may provide culturally safe health care, the focus of their training and approach to care delivery is generally based on an acute care service model.

The Aboriginal and Torres Strait Islander Health Worker role is essential to the process of minimising demand for acute care services. Several studies demonstrate the positive impact that Aboriginal and Torres Strait Islander Health Workers have on health outcomes including palliative care, diabetes care, mental health care and maternal and infant care. This evidence suggests that without Aboriginal and Torres Strait Islander Health Workers, the gap in health outcomes may have been even wider than it is today.

However, the variability in Aboriginal and Torres Strait Islander Health Worker roles has meant the impact of Aboriginal and Torres Strait Islander Health Workers has not been well documented or understood by the broader Australian community. This has been compounded by uneven patterns in workforce development across the country, with some jurisdictions and services more active in building a strong Aboriginal and Torres Strait Islander Health Worker workforce than others.

A number of challenges must be addressed to develop and strengthen the workforce nationally:

- the lack of a nationally consistent understanding of the Aboriginal and Torres Strait Islander Health Worker workforce
- national variation in definitions of the roles of Aboriginal and Torres Strait Islander Health Workers, and in education standards and career pathways for Aboriginal and Torres Strait Islander Health Workers and trainees
- long-term Aboriginal and Torres Strait Islander Health Worker vacancies and a limited pipeline of new trainees
- varying levels of respect, recognition and support shown to Aboriginal and Torres Strait Islander Health Workers by other health professionals and employers including professional development opportunities
- limited collection of information and research about the Aboriginal and Torres Strait Islander Health Worker workforce and the impact it has on health outcomes.

These challenges limit the potential impact of the Aboriginal and Torres Strait Islander Health Worker workforce.

Aboriginal and Torres Strait Islander Health Workers are a major health workforce delivering culturally-safe, comprehensive primary care to Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander Health Workers have a crucial position at the forefront of efforts to close the health gap - and need to be more broadly recognised and supported to perform this role.

1.4 Policy context

Recent times have witnessed an evolution in policy drivers relating to Aboriginal and Torres Strait Islander issues in Australia. There is a growing acknowledgement that the responsibility for improving the health, education and economic status of Aboriginal and Torres Strait Islander Australians is shared. Governments, communities, families and individuals all have an important role to play.

This attitude represents a shift away from the welfare-based approaches of the past. Instead, there is increasing recognition of the importance of Aboriginal and Torres Strait Islander leadership and empowerment in tackling disadvantage. Solutions that are not developed in this way have limited capacity to create lasting change.

The 2008 national apology to the Stolen Generations was a landmark moment for many Australians. For the first time, the Australian Government publicly accepted responsibility for the neglect and mistreatment of Aboriginal and Torres Strait
Islander individuals and families. Subsequently, COAG has continued to acknowledge and respond to the ‘decades of under-investment in services and infrastructure’ for Aboriginal and Torres Strait Islander people.23

Against the backdrop of these evolving attitudes, some specific policy developments have emerged that will influence the development of the Aboriginal and Torres Strait Islander Health Worker workforce. These are briefly considered below.

‘Closing the Gap’ on health, education and employment

In 2007, COAG agreed to a national partnership to work with Aboriginal and Torres Strait Islander communities towards closing the gap in the various disparities between Aboriginal and Torres Strait Islander communities and the broader Australian population. All levels of government committed to a number of health, education and employment targets.24 This has resulted in an increase in government funding for initiatives targeting Aboriginal and Torres Strait Islander needs. Several of these initiatives are particularly relevant to this project:

• COAG has committed $1.57 billion between 2008–2012 to improve Aboriginal and Torres Strait Islander health and wellbeing.

• A large portion of these funds has been invested in funding new workforce positions, such as Outreach Workers, Healthy Lifestyle Workers and Tobacco Workers, designed to target chronic disease. These new workers perform similar roles to Aboriginal and Torres Strait Islander Health Workers. The impact of these new positions on the Aboriginal and Torres Strait Islander Health Worker workforce is discussed further in Recommendation 8.

• A review of Indigenous Higher Education was announced in April 2011. This aims to improve parity in higher education access and outcomes for Aboriginal and Torres Strait Islander people.

Australian primary health care reforms

The broader Australian health care system is currently undergoing major reforms. These reforms signal a shift towards comprehensive primary health care models, as documented in the National Primary Health Care Strategy released in May 201025 which has four key priority areas for change:

• improving access and reducing inequity

• better management of chronic conditions

• increasing the focus on prevention

• improving quality, safety and performance.

The National Primary Health Care Strategy provides a roadmap for the establishment of Medicare Locals. The purpose of a Medicare Local is to help improve the integration of all primary health care (community-based, first point of call) and is intended to include Aboriginal Community Controlled Health Organisations (ACCHOs).

A complementary policy development is the National Preventative Health Strategy26 which is designed to improve Australia’s approach to health promotion and prevention. The long-term aim of the strategy is to reduce the strain on the acute health system and improve the health and lifestyles of all Australians.27 The National Prevention Agency has been established to drive the prevention agenda through collaborative partnerships, coordination of activity at the national, state and local levels, and the provision of strategic advice to inform government policy.28

Each of these policy developments recognises the current inequities in the health system, and the specific disadvantages faced by Aboriginal and Torres Strait Islander Australians.

Importantly, the philosophy of care espoused by these strategies aims to shift the focus of mainstream health service delivery from a predominantly acute response towards a more holistic and preventative approach to healthcare. Holistic, primary health care - including illness prevention and promotion of healthy lifestyles - is core to the Aboriginal and Torres Strait Islander Health Worker role. However, Aboriginal and Torres Strait Islander Health Workers have not been specifically identified as a resource to deliver these strategies.

Health workforce policies

The health care reforms outlined above will only be sustainable with the right health workforce. Health Workforce Australia (HWA) was established to facilitate health workforce reform in Australia. HWA developed the National Health Workforce Innovation and Reform (WIR) Strategic Framework for Action (2011–2015). The Strategic Framework is a national call for action to reform the workforce across the health and education sectors. It acknowledges the need to increase the number of Aboriginal and Torres Strait Islander people working in the health sector to improve health care for Aboriginal and Torres Strait Islander Australians.
Another relevant workforce framework is the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2010–2015). The framework was developed by the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) on behalf of the Australian Health Ministers’ Advisory Council (AHMAC). It aims to achieve equitable health outcomes for Aboriginal and Torres Strait Islander people through a competent health workforce. Aboriginal and Torres Strait Islander Health Workers represent 17% of the total number of Aboriginal and Torres Strait Islander people who work in health professions. This document is, therefore, highly relevant to the Aboriginal and Torres Strait Islander Health Worker workforce and key priority areas, objectives and strategies outlined in the Strategic Framework have been used to align the recommendations of this project.

Both of these frameworks emphasise the importance of breaking down barriers to Aboriginal and Torres Strait Islander education and building the Aboriginal and Torres Strait Islander health workforce.

National registration and accreditation of Aboriginal and Torres Strait Islander Health Practitioners

The Health Practitioner Regulation National Law Act (the National Law), as in force in each state and territory, establishes the National Registration and Accreditation Scheme (NRAS) for the regulation of health professionals including Aboriginal and Torres Strait Islander Health Practitioners. It also registers those who are studying in a program that will provide a qualification for registration.

The National Law and NRAS commenced on 1 July 2010 (18 October 2010 in Western Australia). NRAS protects the public by ensuring that only people who are suitably trained and qualified to practise in a competent and ethical manner are registered as Aboriginal and Torres Strait Islander Health Practitioners. It facilitates workforce mobility across Australia and the provision of high-quality educational training of Aboriginal and Torres Strait Islander Health Practitioners.

From 1 July 2012, Aboriginal and Torres Strait Islander Health Practitioners will be registered nationally.

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the ATSIHP Board) was appointed by the Australian Health Workforce Ministerial Council (the AHWMC) on 1 July 2011. One of the ATSIHP Board’s key tasks is to determine qualifications and other requirements for a person to be registered as an Aboriginal and Torres Strait Islander Health Practitioner.

On 6 September 2011, the ATSIHP Board released its draft registration standards for consultation, setting out proposed requirements for the registration of Aboriginal and Torres Strait Islander Health Practitioners. This includes eligibility requirements, for example a practitioner must be an Aboriginal and/or Torres Strait Islander person to be eligible for registration, and hold Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Practice).

These registration standards cannot be finalised until the ATSIHP Board has received feedback from Aboriginal and Torres Strait Islander Health Workers and other stakeholders. However, once finalised, the likely impact of national registration on the existing Aboriginal and Torres Strait Islander Health Worker workforce will be clearer.

The project reference groups consider Aboriginal and Torres Strait Islander Health Practitioners represent a subset of the broader Aboriginal and Torres Strait Islander Health Worker workforce, as depicted in the diagram below:

Figure 1: Aboriginal and Torres Strait Islander Health Practitioners and Health Workers

Aboriginal and Torres Strait Islander Health Practitioners are Aboriginal and Torres Strait Islander Health Workers who meet the minimum qualifications and registration standards, as determined by the ATSIHP Board.
1.5 The project

There have been a number of attempts to address the challenges experienced by the Aboriginal and Torres Strait Islander Health Worker workforce in the past. With the exception of a few initiatives, such as the development of the Community Services and Health Industry Skills Council (CS&HISC)'s National Health Training Package, most of these attempts have been piecemeal or siloed, occurring in specific jurisdictions or employer sectors.

This project, as a major cross-sector workforce initiative developed at the national level, is a significant advancement.

Project objectives and guiding principles

The main objective of the project is:

To inform the development of policies and strategies that will 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.

The project methodology was guided by several core principles:

- Aboriginal and Torres Strait Islander Health Workers are central to the project - their involvement is essential, acknowledged and respected.

- Aboriginal and Torres Strait Islander involvement and guidance is crucial at all project stages - including in methodology design, logistical planning, implementing project activities, developing recommendations and reporting.

- All project activities must be conducted in a culturally appropriate way - every effort must be made to ensure project activities are deemed appropriate by relevant community representatives.

- Collective vision, commitment and action are necessary to create lasting change - project activities should aim to break down silos (for example, between government and Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHO) and across jurisdictions, disciplines, and levels of government), promote collaborative ways of working, and provide opportunities for networking and information sharing.

Project approach

In recognition of the principles above, the project approach was deliberately inclusive of a diverse range of stakeholders. These included:

- Aboriginal and Torres Strait Islander Health Workers
- Aboriginal and Torres Strait Islander Health Worker managers and colleagues
- workforce planners (in the government and ACCHO sectors)
- federal, state and territory policy makers
- Vocational Education and Training (VET) and tertiary education providers
- peak bodies and associations

The project methodology aimed to include a variety of opportunities for these stakeholders to contribute and work collaboratively together.

The project began in May 2010 and involved two phases of work over an 18-month period:

- Phase 1 of the project aimed to gain an understanding of the existing Aboriginal and Torres Strait Islander Health Worker workforce and the challenges it faces.

- Phase 2 aimed to draw upon the information collected in Phase 1 to develop strategies for the future, in consultation with relevant stakeholders.

The activities conducted during each phase of work and project outputs are depicted in Table 1 opposite:
Over this period, a comprehensive body of evidence and perspectives was collected, including:

- an environmental scan of available literature and policy documents
- survey data from 351 Aboriginal and Torres Strait Islander Health Workers and 100 managers
- focus group data from 64 health services across Australia including 264 Aboriginal and Torres Strait Islander Health Workers, 100 managers and 25 other health professionals
- 212 individuals consulted via 109 key informant interviews
- 13 national workshops with a total of 356 participants (including Aboriginal and Torres Strait Islander Health Workers; managers and colleagues; workforce planners; policy makers; education providers; and other key stakeholders)
- a Combined Reference Group workshop over a two-day period with 55 participants including members of the Aboriginal Community Controlled Health Sector Reference Group, the Jurisdictional Planning Group and the Expert Reference Group, and other key stakeholders.

These combined project activities have provided:

- a national picture of the current Aboriginal and Torres Strait Islander Health Worker workforce and the challenges it faces
- a common view of the outcomes needed to be achieved to strengthen the workforce
- a set of practical steps forward to achieving these shared goals.

The three project reports coming out of these activities should be considered together as one package:

1. **The Environmental Scan** provides an overview of existing academic literature, policy documents and grey literature. It summarises past work in the sector that this project builds on.

2. **The Interim Report** presents the findings from Phase One. It contains analyses of the quantitative and qualitative data collected through the surveys, interviews and focus groups conducted around Australia.

3. **The Final Report** synthesises the overall project findings and presents the project recommendations.

This Final Report should be read in conjunction with the two preceding reports.
An additional project output is the *Draft Aboriginal and Torres Strait Islander National Professional Practice Framework*. This document provides draft professional standards for the Aboriginal and Torres Strait Islander Health Worker profession that are to be developed further by the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) in consultation with its members and the Aboriginal and Torres Strait Islander Health Practitioner Board.

### 1.6 Road map to this report

The purpose of this report is to synthesise the project findings and outline the project recommendations. The recommendations aim to develop a collective approach to strengthening and developing the Aboriginal and Torres Strait Islander Health Worker workforce across Australia, with the main goal to enhance the positive impact of the workforce on health outcomes for Aboriginal and Torres Strait Islander communities.

There are three chapters following this introduction:

- **Chapter 2** outlines the target outcomes for the future of the Aboriginal and Torres Strait Islander Health Worker workforce which guided the development of the recommendations.

- **Chapter 3** presents the project recommendations for achieving the target outcomes.

- **Chapter 4** provides some suggestions on turning the recommendations into reality.
This project aims to identify opportunities to develop and strengthen the Aboriginal and Torres Strait Islander Health Worker workforce. However, there are different perspectives on what a stronger Aboriginal and Torres Strait Islander Health Worker workforce should look like. This project undertook a range of consultation activities to understand these perspectives and identify areas of consensus among stakeholders regarding the future of the Aboriginal and Torres Strait Islander Health Worker workforce.

The shared target outcomes for the future are depicted in the box below.

**We will work together to create:**

1. A clearly defined, understood and recognised Aboriginal and Torres Strait Islander Health Worker workforce

2. Clearly structured, 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

This variation in the roles performed by Aboriginal and Torres Strait Islander Health Workers is mainly influenced by one or more of the following:

- area of remoteness
- jurisdiction (and legislation)
- level of qualification
- number of years in an Aboriginal and Torres Strait Islander Health Worker role.

This variation is a problem for the Aboriginal and Torres Strait Islander Health Worker workforce because:

- Other health professionals and managers do not always understand what Aboriginal and Torres Strait Islander Health Workers do which affects team relations, productivity and effectiveness.
• There is a lack of clearly defined pathways for career progression with limited opportunities for recognition as Aboriginal and Torres Strait Islander Health Workers become more experienced.

• Training providers do not always understand the actual role Aboriginal and Torres Strait Islander Health Workers will perform on the job meaning some Aboriginal and Torres Strait Islander Health Workers are not adequately prepared when they enter the workforce.

However, this project has identified common elements of the role of Aboriginal and Torres Strait Islander Health Workers across the workforce. Aboriginal and Torres Strait Islander Health Workers are unique in the way they combine culturally safe health care roles with comprehensive primary health care roles. These two roles are fundamental to the way an Aboriginal and Torres Strait Islander Health Worker works.

Raising awareness about Aboriginal and Torres Strait Islander Health Worker roles and the contribution they make to health service delivery is critical to strengthening the workforce. One organisation central to this process is the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA), the professional body for Aboriginal and Torres Strait Islander Health Workers. NATSIHWA’s role was universally recognised and supported by all stakeholders throughout consultations.

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHP Board) will be responsible, from 1 July 2012, for regulating Aboriginal and Torres Strait Islander Health Practitioners across Australia. The ATSIHP Board has publicly released its proposed registration requirements, and a clearer picture of an Aboriginal and Torres Strait Islander Health Practitioner is forming. During consultations there was consensus that Aboriginal and Torres Strait Islander Health Practitioners will form one part of the Aboriginal and Torres Strait Islander Health Worker workforce. While national registration is in the public interest, it will have an impact on the current Aboriginal and Torres Strait Islander Health Worker workforce. This raises questions about how to avoid further divisions in a workforce already segmented by the different demands and variations in roles described above.

Despite these uncertainties, one message is clear - the Aboriginal and Torres Strait Islander Health Worker workforce must be more clearly defined and understood. Aboriginal and Torres Strait Islander Health Workers are a unique profession in the way they combine comprehensive primary health care roles with cultural safety roles. No other health profession provides this distinct form of health care to Aboriginal and Torres Strait Islander people. Broader awareness of the importance of these roles will support the ongoing development of the Aboriginal and Torres Strait Islander Health Worker workforce.

Outcome 1
We will work together to create a more clearly defined, understood and recognised ATSIHW workforce.

This outcome includes:

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<th>Relevant recommendations</th>
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<tr>
<td>1a. A nationally recognised definition of the Aboriginal and Torres Strait Islander Health Worker workforce that reflects the diversity of Aboriginal and Torres Strait Islander Health Worker roles across Australia and incorporates different workforce divisions and/or levels of experience</td>
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<td>1b. Increased awareness, recognition of, and respect for the role of Aboriginal and Torres Strait Islander Health Workers by other health professionals and employers</td>
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<tr>
<td>1c. A strong National Aboriginal and Torres Strait Islander Health Worker Association that has the capacity to support Aboriginal and Torres Strait Islander Health Worker workforce development and continue to establish the workforce as a nationally recognised profession</td>
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<tr>
<td>1d. A national registration process that protects public safety and acknowledges the potential impact upon the existing and non-registered workforce</td>
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Given this context, project participants agreed that a target outcome for the future is to create a more clearly defined, understood and recognised Aboriginal and Torres Strait Islander Health Worker workforce (Outcome 1). The table below includes key components of the outcome as well as a list of project recommendations relevant to its implementation.

2.2 Clearly structured, accessible education and career pathways

Strong education and career pathways provide the foundation of any workforce. As the Aboriginal and Torres Strait Islander Health Worker workforce has evolved, more structure has gradually been introduced to shape Aboriginal and Torres Strait Islander Health Worker training and career development. Until recently, the majority of these developments have occurred in a piecemeal way. Some jurisdictions have been more proactive than others. This has contributed to minimal national consistency in Aboriginal and Torres Strait Islander Health Worker education and career paths in the past.

A major step towards greater national consistency was achieved in 2008. The Community Services and Health Industry Skills Council introduced the first national Aboriginal and Torres Strait Islander Health Worker qualifications framework, developed in consultation with industry stakeholders. The HLT07 Health Training Package provided the first national framework to guide the delivery of Aboriginal and Torres Strait Islander Primary Health Care Qualifications. It was designed to standardise the content and quality of Aboriginal and Torres Strait Islander Health Worker training and introduce nationally recognised, consistent education pathways.

While the qualifications framework was a significant milestone, a number of challenges remain:

- There is significant variation in the quality and consistency of training delivered by different registered training organisations – this means that employers of Aboriginal and Torres Strait Islander Health Workers are not always confident that new recruits will have sufficient training.

- The supply of training positions is not sufficient to meet the education demands of Aboriginal and Torres Strait Islander Health Workers – for example, some Aboriginal and Torres Strait Islander Health Workers wanting to access further training had to wait two years for available course positions.

- There are limited clinical placement opportunities available for Aboriginal and Torres Strait Islander Health Workers despite evidence that practical experience better prepares health professionals for their jobs.

- There are few advanced education opportunities currently available for Aboriginal and Torres Strait Islander Health Workers, particularly in the tertiary education sector – some Aboriginal and Torres Strait Islander Health Workers wishing to pursue advanced education must relocate to other states.

- It is difficult to make a transition between the Aboriginal and Torres Strait Islander Health Worker profession and other health professions – for example, many Aboriginal and Torres Strait Islander Health Workers wish to pursue further education to become qualified as doctors or nurses.

- Some people continue to face access barriers to education – for example, the geographic location of courses, financial costs, work and family commitments, and numeracy and literacy requirements.

- Many Aboriginal and Torres Strait Islander Health Workers find it difficult to access and navigate the various opportunities for education and career support – there are multiple sources of support but no central point of information.

These challenges need to be addressed to improve the education and career opportunities available to Aboriginal and Torres Strait Islander Health Workers.

For any individual, education and career pathways are about personal choice. Aboriginal and Torres Strait Islander Health Workers are no different. They want access to the training courses they need at the right time and in the right place in their careers. They want to be informed of the different pathways and opportunities available so they can make considered career choices. The challenges described above limit the options available to Aboriginal and Torres Strait Islander Health Workers.

Consequently, it is broadly accepted that there is a need to create clearly structured and accessible education and career pathways for the future (Outcome 2 (overleaf)).

(vii) This is evidenced by qualitative information collected during Phase 1 – see the Interim Report (Chapter 7)
(viii) This is evidenced by qualitative information collected during Phase 1 – see Interim Report (Section 7.2.3)
2.3 A more collaborative and strategic approach to planning the ATSIHW workforce in response to local needs

Aboriginal and Torres Strait Islander Health Workers are a critical part of health service delivery for Aboriginal and Torres Strait Islander people. Good workforce planning is essential to ensuring health and service needs are met in the future.

A prerequisite for effective planning is workforce supply and demand data. In the context of the Aboriginal and Torres Strait Islander Health Worker workforce, there is very limited data available. The Australian Bureau of Statistics (ABS) 2006 Census provides the most comprehensive dataset. However, there is broad consensus that this information undercounts the workforce - only 1007 Aboriginal and Torres Strait Islander Health Workers are recorded. Estimates from the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) instead place the total workforce size at 1600. This discrepancy shows the lack of an accurate picture of the Aboriginal and Torres Strait Islander Health Worker workforce size and distribution. Without good data, workforce planning efforts can only be limited.

This project has contributed to the information available by synthesising existing data and undertaking a survey of 351 Aboriginal and Torres Strait Islander Health Workers across the country. Several findings have been identified through this process:

- There are not enough male Aboriginal and Torres Strait Islander Health Workers - only 30% of the Aboriginal and Torres Strait Islander Health Worker workforce is male; 50% of the target population is male.31

- The Aboriginal and Torres Strait Islander Health Worker population is ageing - which contrasts with the younger age profile of the Aboriginal and Torres Strait Islander population.32

- There is a much lower Aboriginal and Torres Strait Islander Health Worker/population ratio in urban areas than in remote areas. Despite high levels of unmet health needs in cities, 48% of the Aboriginal and Torres Strait Islander Health Worker workforce is located in remote or very remote areas, where only 24% of the population usually lives.33

- A number of health services have long-standing position vacancies for Aboriginal and Torres Strait Islander Health Workers - with many vacancies lasting several years.ix

(ix) This was reported during Phase 1 consultations and Phase 2 national workshops. See Interim Report (Section 9.3)
• Many health services report retention challenges - with reports of Aboriginal and Torres Strait Islander Health Workers leaving the workforce to pursue opportunities promising better recognition, respect and employment conditions (in other health professions and non-health related fields).\(^{(x)}\)

• Aboriginal and Torres Strait Islander Health Workers are currently looking for new career opportunities within the Aboriginal and Torres Strait Islander Health Worker profession - but do not know where to find them.\(^{(xi)}\)

These findings highlight gaps in the Aboriginal and Torres Strait Islander Health Worker workforce. One contributing factor is a lack of Aboriginal and Torres Strait Islander Health Workers to meet current demands. This can only be overcome through long-term planning that focuses on increasing and developing the workforce. There are also clear opportunities to connect Aboriginal and Torres Strait Islander Health Workers looking for work with information on available position vacancies. This will facilitate the process of matching existing Aboriginal and Torres Strait Islander Health Workers to gaps in the workforce.

A number of systemic issues affect recruitment and retention. Inequity in pay and conditions is identified as an underlying cause of Aboriginal and Torres Strait Islander Health Worker retention problems. There are widespread perceptions of pay inequities between Aboriginal and Torres Strait Islander Health Workers employed in the government health sector and the Aboriginal Community Controlled Health Sector (ACCHS). Comparisons between the employment conditions of Aboriginal and Torres Strait Islander Health Workers and other health professions were frequently raised, particularly in relation to housing and employment packages.

Additionally, some Aboriginal and Torres Strait Islander Health Workers reported that in some instances, government welfare payments and housing arrangements provide a better economic position than employment as an Aboriginal and Torres Strait Islander Health Worker - a situation that provides little financial incentive.

The introduction of the COAG workforces, including its positions of Tobacco, Healthy Lifestyle and Outreach Workers, has heightened the debate over pay inequity. The new workers are reported to be paid more than Aboriginal and Torres Strait Islander Health Workers but do not need the same level of qualification. An unintended consequence of this dynamic is that Aboriginal and Torres Strait Islander Health Workers are motivated to move out of the Aboriginal and Torres Strait Islander Health Worker role and into the new COAG-funded roles.

In other workforces, pay disputes are typically resolved by industrial representation by a registered organisation and a review of the industrial awards. The Aboriginal and Torres Strait Islander Health Worker workforce does not have a consolidated trade union nor does it have a single award system.

Several other issues undermine existing workforce planning efforts:

• The employer environment is fragmented. Silos between government and ACCHO employers impede collaboration and shared progress in workforce planning. These silos perpetuate historical cultural divisions.

• Short-term, position-based funding agreements with ACCHOs do not allow for longer-term planning. Stakeholders consulted during the project reported that these short-term agreements make it difficult for ACCHO services to plan in a holistic way and align their workforce with the actual needs of their communities and their desired health outcomes.

• Some workforce policy decisions do not always align to community health needs - for example, a health service receives funding for a Healthy Lifestyle Worker, but the community has a higher need for an Aboriginal and Torres Strait Islander Health Worker with more complex clinical skills.

These contextual issues are complex but not insurmountable. To overcome them, a strategic and coordinated approach to workforce planning is required.

Improving health outcomes for Aboriginal and Torres Strait Islander Australians is currently one of Australia’s most pressing priorities. Building a strong pipeline of Aboriginal and Torres Strait Islander Health Workers with the right skills will better equip the Australian health system to meet these needs in future. A more collaborative and strategic approach to planning the Aboriginal and Torres Strait Islander Health Worker workforce is essential (Outcome 3 (overleaf)).

\(^{(x)}\) This was reported during Phase 1 consultations and Phase 2 national workshops. See Interim Report (Section 9.3)

\(^{(xi)}\) As above
2.4 Workplace environments that enable and support ATSIHWs

Workplace environments impact on the experience of being an Aboriginal and Torres Strait Islander Health Worker. These workplaces vary across Australia. Some Aboriginal and Torres Strait Islander Health Workers are employed in Aboriginal and Torres Strait Islander-owned and -run health services. Some are employed in government health services, ranging from community clinics to tertiary hospitals. A smaller number are employed in private health services or general practice divisions. As in any profession, each of these employers has a different workplace culture and environment.

But for some Aboriginal and Torres Strait Islander Health Workers, the workplace is a culturally unsafe or disabling environment that does not empower them to contribute effectively. Site visits to 64 health services found a large number of Aboriginal and Torres Strait Islander Health Workers working in teams that:

- do not understand, respect or respond effectively to Aboriginal and Torres Strait Islander values and beliefs
- do not understand or recognise the value of the Aboriginal and Torres Strait Islander Health Worker role
- do not appropriately support Aboriginal and Torres Strait Islander Health Worker professional development and learning
- have an absence of strong leadership.

This is a concern for workforce development initiatives. Culturally unsafe or disabling environments have the potential to result in:

- Aboriginal and Torres Strait Islander Health Workers not being empowered to perform their full scope of practice, thus limiting the potential impact they can have on client outcomes
- Aboriginal and Torres Strait Islander Health Workers not being used effectively within multidisciplinary teams, restricting their potential impact
- limited Aboriginal and Torres Strait Islander Health Worker professional development, due to lack of support from health services for accessing ongoing education, training and mentoring
- risks to public safety, the health service or
Aboriginal and Torres Strait Islander Health Workers due to inappropriate supervision or support

- impacts on the social and emotional wellbeing of Aboriginal and Torres Strait Islander Health Workers
- exposure to racism in the workplace
- high turnover rates for Aboriginal and Torres Strait Islander Health Workers which were reported as frequently observed throughout consultations.\(xii\)

These potential scenarios can undermine the capacity of individual Aboriginal and Torres Strait Islander Health Workers to do their job effectively.

On the flip side, enabling workplaces can empower Aboriginal and Torres Strait Islander Health Workers to have greater impact in their communities. During the 64 project site visits, the difference between workplace environments that enabled Aboriginal and Torres Strait Islander Health Workers and those that did not was easy to observe. One of the key distinctions was that enabling workplaces tended to report fewer recruitment or retention challenges. These types of workplaces were characterised by:

- cultural awareness and respect
- recognition and trust in Aboriginal and Torres Strait Islander Health Workers
- long-term commitment to the professional development of individual Aboriginal and Torres Strait Islander Health Workers
- positive inter-professional relationships, in other words between those in different professions in health and social care
- strong leadership and management
- Aboriginal and Torres Strait Islander Health Workers in management roles.

Health services with these characteristics seem to develop a reputation in the community as an attractive place of employment. This helps to recruit

\(xii\) This was reported during Phase 1 consultations and Phase 2 national workshops. See Interim Report (Section 9.3)
and retain Aboriginal and Torres Strait Islander Health Workers.

The workplace environment is clearly an important area of focus for Aboriginal and Torres Strait Islander Health Worker workforce development efforts. Aboriginal and Torres Strait Islander Health Workers are expected to play a key role in supporting the health of their communities. For Aboriginal and Torres Strait Islander Health Workers to do this well, they first need to be enabled and supported in the workplace (Outcome 4). This target outcome includes the features described below.

2.5 Better ways of collecting and sharing information relevant to the Aboriginal and Torres Strait Islander Health Worker workforce

Aboriginal and Torres Strait Islander Health Workers have a significant impact on the health outcomes of Aboriginal and Torres Strait Islander people. This statement is accepted as fact by hundreds of stakeholders consulted throughout the project. Many of these stakeholders have listened to personal accounts, observed Aboriginal and Torres Strait Islander Health Workers on the job, or have personal experience of Aboriginal and Torres Strait Islander Health Worker services. They have no doubt about the value of the Aboriginal and Torres Strait Islander Health Worker workforce.

However, in an environment of health reform, increasingly focused on the collection of outcomes data, there is ongoing pressure to develop a more concrete evidence base on the impact of the Aboriginal and Torres Strait Islander Health Worker workforce.

Documentation of the role Aboriginal and Torres Strait Islander Health Workers play in improving health outcomes is sparse. After an extensive review of literature, this project identified ten key journal articles that demonstrate clear links between Aboriginal and Torres Strait Islander Health Workers and improved health. These articles document the impact of Aboriginal and Torres Strait Islander Health Workers in palliative care, diabetes care, mental health care and maternal and infant care. Beyond these articles, there is a limited amount of academic research.

Other evidence that can be used to demonstrate impact is in the form of data on workforce distribution, activity and corresponding health outcomes. However, this data is not collected nationally or consistently.

Without a strong body of information on the Aboriginal and Torres Strait Islander Health Worker workforce:

- There is limited evidence to show what is working well - some Aboriginal and Torres Strait Islander Health Worker service models or programs may be more effective in improving outcomes than others.
- There is limited evidence to show what is not working well - some Aboriginal and Torres Strait Islander Health Worker services may have minimal impact and be better utilised elsewhere.

### Outcome 4
We will work together to build workplace environments that enable and support Aboriginal and Torres Strait Islander Health Workers

<table>
<thead>
<tr>
<th>This outcome includes:</th>
<th>Relevant recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a. Culturally safe working environments for all Aboriginal and Torres Strait Islander Health Workers</td>
<td>4, 8, 11, 18, 22, 23, 24, 26, 27</td>
</tr>
<tr>
<td>4b. Strong Aboriginal and Torres Strait Islander leadership in workplaces</td>
<td>4, 7, 8, 18, 20, 24, 26, 27</td>
</tr>
<tr>
<td>4c. Workplaces that support Aboriginal and Torres Strait Islander Health Workers in their ongoing professional development, including enabling access to education and career progression opportunities</td>
<td>4, 7, 8, 10, 11, 15, 16, 17, 18, 19, 21, 22, 23, 24, 26, 27</td>
</tr>
<tr>
<td>4d. Productive, respectful relationships between Aboriginal and Torres Strait Islander Health Workers and their multidisciplinary teams and managers</td>
<td>2, 4, 7, 8, 9, 11, 14, 17, 18, 20, 21, 22, 23, 24, 26, 27</td>
</tr>
</tbody>
</table>
• It is difficult to demonstrate the impact of Aboriginal and Torres Strait Islander Health Worker roles if required - for example, to funding bodies, Aboriginal and Torres Strait Islander Health Worker employers or colleagues.

A more systematic and consistent approach to collecting information would help to overcome these issues.

Not all information comes in the form of academic research or data reports. The Aboriginal and Torres Strait Islander Health Worker workforce itself has a wealth of collective knowledge. There are very few existing opportunities for Aboriginal and Torres Strait Islander Health Workers to share information and network with one another. This limits the ability of Aboriginal and Torres Strait Islander Health Workers to learn from each other and bring innovative ideas back to their health services.

Although project stakeholders recognise that Aboriginal and Torres Strait Islander Health Workers have a significant impact on health outcomes, there is currently only a small body of information documenting this. Better ways of collecting and sharing information (Outcome 5) could inform the development of the Aboriginal and Torres Strait Islander Health Worker workforce, as outlined below.

**Outcome 5**

We will work together to develop better ways of collecting and sharing information relevant to the Aboriginal and Torres Strait Islander Health Worker workforce

<table>
<thead>
<tr>
<th>This outcome includes:</th>
<th>Relevant recommendations</th>
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</thead>
<tbody>
<tr>
<td>5a. A national evidence base that demonstrates the impact of Aboriginal and Torres Strait Islander Health Workers</td>
<td>5, 6, 7, 8, 9, 12, 26, 27</td>
</tr>
<tr>
<td>5b. All research conducted uses culturally relevant methods and includes increased involvement of ATSIHWs in the research process and ownership of findings</td>
<td>9, 26, 27</td>
</tr>
<tr>
<td>5c. Information and research on best practice and lessons learnt shared more widely so that ATSIHWs can learn from each other’s experiences.</td>
<td>4, 5, 6, 7, 8, 9, 17, 19, 26, 27</td>
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Recommendations for action

The purpose of the project recommendations is to develop a collective approach to strengthening and developing the Aboriginal and Torres Strait Islander Health Worker workforce across Australia. Doing so will further enhance the Aboriginal and Torres Strait Islander Health Worker workforce’s contribution to closing the gap in Aboriginal and Torres Strait Islander health outcomes.

The recommendations build upon strategies collaboratively developed by 356 stakeholders during 13 national consultation workshops. Evidence collected throughout the course of this project has informed the final recommendations.

There are 27 project recommendations - 24 of these are recommendations for action; three are recommendations to drive implementation. The recommendations for action have been grouped under the following themes:

- Establishing the parameters of the profession – Recommendations 1–4
- Workforce planning and research – Recommendations 5–9
- Growing the workforce size to meet demand – Recommendations 10–12
- Improving the quality and accessibility of education – Recommendations 13–17
- Supporting and developing the workforce – Recommendations 18–21
- Building effective interdisciplinary relationships – Recommendations 22–24
- Driving implementation – Recommendations 25–27 (included in Chapter 4).

The details of the recommendations are presented in the pages that follow. Underneath each recommendation box, further explanation is provided. This includes:

- Description – additional detail on the actions being recommended
- Rationale – a brief summary of the main reasons for each recommendation
- Implementation – some key considerations of factors that may impede or enable implementation and so influence the success of the recommendation.

These recommendations, if implemented, will contribute to achieving the outcomes identified in the previous chapter. Most recommendations support more than one outcome and are interlinked or mutually reinforcing. The figure on the following page provides a map of the recommendations and how they connect with each other. Note the text in the diagram provides a summary of the recommendations only – the full text of each recommendation has been simplified or condensed for visual representation.
Establishing the parameters of the profession

1. Endorse the national ATSIHW definition
2. Assist existing workforce to meet new minimum qualification requirements
3. Consider report findings in the development of the national registration process for ATSIHPs
4. Effectively support, promote and advocate for the ATSIHW workforce

Supporting and developing the workforce

18. Develop ATSIHW mentoring good practice framework
19. Promote accessibility and availability of scholarships for ATSIHW training

Workforce planning and research

5. Develop a national approach to collecting ATSIHW workforce data
6. Develop a process to collect information on local health needs
7. Recognise ATSIHWs as a core part of Australia’s primary health care workforce
8. Recognise ATSIHWs in current and future A&TSI health policy initiatives
9. Support ATSIHW-focussed research

Increasing the workforce to meet demand

10. Endorse a national approach to increasing the ATSIHW workforce
11. Develop a marketing and communication strategy to raise awareness about ATSIHWs
12. Incorporate the ATSIHW workforce into health workforce planning
13. Review and update the National Training Package to meet evolving community needs
14. Refer ATSIPHC qualification providers to accreditation bodies as a priority
15. Develop options to improve accessibility and flexibility of training delivery
16. Raise awareness and accessibility of entry pathways into ATSIHW training
17. Increase quality of health service placements with diverse employers of health service workforce

Driving Implementation

25. Refer recommendations 10, 14, 16, 20 to Ministers for Tertiary Education & Employment
26. Allocate governance responsibility for monitoring and reporting of project progress
27. Drive change at the health service level using the health service toolkit

Improving the quality and accessibility of training

21. Note the perceived variation in salaries and employment conditions
22. Review articulation pathways and Indigenous funding in the health service toolkit
23. Embed mandatory cultural competency curricula in university/VET health education
24. Take action to ensure cultural respect in health services
Recommendation 1

Endorse a national definition of an Aboriginal and Torres Strait Islander Health Worker as a person who:

a) identifies as an Aboriginal and/or Torres Strait Islander and is recognised by their community as such AND

b) is the holder of the minimum (or higher) qualification in Aboriginal and Torres Strait Islander primary health care AND

c) has a culturally safe and holistic approach to health care

The Aboriginal and Torres Strait Islander Health Worker workforce should be nationally defined, endorsed and recognised as a major profession delivering culturally safe, comprehensive primary health care to their communities.

Description

The definition above provides the basis for a nationally consistent understanding of the Aboriginal and Torres Strait Islander Health Worker workforce. The definition was developed via extensive national consultation throughout the project and in partnership with the NATSIHWA Board. Ministers for Health should endorse this definition to establish the first nationally recognised definition of the Aboriginal and Torres Strait Islander Health Worker workforce.

All three elements of the definition are required for recognition as an Aboriginal and Torres Strait Islander Health Worker. On the recommendation of NATSIHWA, the project reference groups determined that the current minimum qualification is Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care.

The definition refers to the broader Aboriginal and Torres Strait Islander Health Worker workforce, recognising that Aboriginal and Torres Strait Islander Health Practitioners (registered from July 2012 onwards) will form one part of the Aboriginal and Torres Strait Islander Health Worker workforce.

Rationale

Until now, there has been no nationally consistent definition of Aboriginal and Torres Strait Islander Health Workers. This contributes to confusion about the role of Aboriginal and Torres Strait Islander Health Workers by other health professionals and Aboriginal and Torres Strait Islander Health Worker managers. Furthermore, it undermines national Aboriginal and Torres Strait Islander Health Worker workforce development efforts due to varying interpretations of Aboriginal and Torres Strait Islander Health Worker roles and career pathways (Section 2.1 explores this context in more detail). There is widespread consensus that a nationally consistent Aboriginal and Torres Strait Islander Health Worker definition is a crucial building block to the future development of the workforce.

Using information collected via 351 Aboriginal and Torres Strait Islander Health Worker surveys, this project developed a working definition for the Aboriginal and Torres Strait Islander Health Worker workforce (included in the project’s Interim Report). This working definition was tested and iteratively developed during project activities, including 13 national workshops with 356 participants and the Combined Reference Group meeting of 55 participants.

The Combined Reference Group (CRG) recognised NATSIHWA as the appropriate organisation to consider findings from the project’s consultations and determine the final national definition of an Aboriginal and Torres Strait Islander Health Worker. The definition provided has therefore been developed via extensive consultation and endorsed by the NATSIHWA Board. This provides opportunity for the Ministers for Health to endorse a national Aboriginal and Torres Strait Islander Health Worker definition that is widely supported by relevant stakeholders.
The nature and level of the qualification in the definition generated some discussion throughout consultations. NATSIHWA and the project reference groups decided not to specify a minimum qualification in the definition. It is expected the level of qualification may evolve and change as the Aboriginal and Torres Strait Islander Health Worker workforce develops. It was agreed that NATSIHWA would be responsible for identifying the minimum qualification in Aboriginal or Torres Strait Islander primary health care at any given point in time. This enables the definition to be sufficiently flexible to respond to changing education levels and qualification priorities for the workforce.

**Implementation**

The definition has attempted to provide clear parameters around the national Aboriginal and Torres Strait Islander Health Worker workforce. Inevitably, by identifying these parameters some people who perform similar roles – and may have previously identified as Aboriginal and Torres Strait Islander Health Workers – will now be excluded from the Aboriginal and Torres Strait Islander Health Worker workforce.

For example:

- people who have been practicing as Aboriginal and Torres Strait Islander Health Workers but do not have formal qualifications
- sections of the existing NSW Aboriginal and Torres Strait Islander Health Worker workforce, employed in the public health system, who are not required to have a minimum Certificate III qualification under the NSW Department of Health’s definition of an Aboriginal and Torres Strait Islander Health Worker
- individuals who have recently been employed under the COAG Closing the Gap roles (for example, Tobacco Workers and Healthy Lifestyle Workers) who do not have a Certificate III in Aboriginal and Torres Strait Islander Primary Health Care
- people previously considered to be Aboriginal and Torres Strait Islander Health Workers who hold a qualification in Certificate III or above in a course that is not Aboriginal and Torres Strait Islander Primary Health Care (such as Social Work or Mental Health).

Action will be required to support these individuals to meet the requirements of recognition as an Aboriginal and Torres Strait Islander Health Worker, if so desired. This consideration is partly addressed through Recommendation 2 below.

There is opportunity to consider strategies for incorporating similar workforces that have been excluded from the Aboriginal and Torres Strait Islander Health Worker definition via the CS&HISC review of the HLT07 training package (referred to in Recommendation 13). For example, the review may consider introducing new modules or courses within the HLT07 training package that specifically aim to support COAG-funded workers to perform their roles effectively. This could provide additional pathways for COAG-funded workers to undertake Aboriginal and Torres Strait Islander primary health care qualifications at a Certificate III level or above, therefore increasing the number of people who meet the requirements of the Aboriginal and Torres Strait Islander Health Worker definition.

Finally, while the above definition is appropriate at this point in time, it exists within a rapidly evolving policy context that may require future changes. NATSIHWA should continually review the definition and adapt it as appropriate. For example, registration of Aboriginal and Torres Strait Health Practitioners in July 2012 may create some confusion about the definition of an Aboriginal and Torres Strait Islander Health Worker and its distinction from the definition of an Aboriginal and Torres Strait Islander Health Practitioner. NATSIHWA should work with the Board to review the continued appropriateness of the Aboriginal and Torres Strait Islander Health Worker definition, once the definition of Aboriginal and/or Torres Strait Islander Health Practitioner has been determined.
Description

New boundaries of the Aboriginal and Torres Strait Islander Health Worker workforce will be defined by introducing a national definition of Aboriginal and Torres Strait Islander Health Worker and, from July 2012, national registration of Aboriginal and Torres Strait Islander Health Practitioners. Existing Aboriginal and Torres Strait Islander Health Workers should be supported throughout these workforce changes via transition planning that ensures current members of the workforce are not unintentionally excluded.

The Australian Government Department of Industry, Innovation, Science, Research and Tertiary Education (DIISRTE), the Department of Health & Ageing (DoHA) and Health Workforce Australia (HWA) should take the lead in driving an appropriate national approach to supporting existing Aboriginal and Torres Strait Islander Health Workers in meeting new workforce qualification requirements. Two strategies are relevant to this approach:

1. assisting individual Aboriginal and Torres Strait Islander Health Workers to access education and training to increase their qualifications to minimum requirement levels
2. recognising the current competencies (RCC) of existing Aboriginal and Torres Strait Islander Health Workers via appropriate Recognition of Prior Learning (RPL) processes.

DIISRTE, DoHA and HWA should work with CS&HISC, NACCHO and the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIIHRTONN) (an Advisory Committee to NACCHO) to develop a standardised but flexible framework that outlines the quality and health training requirements for any RPL process. The RPL assessment process will need to be culturally appropriate and of high quality, but not overly burdensome on Aboriginal and Torres Strait Islander Health Workers, education providers or assessors. The process should be available to those with lower-level VET certificates in health-related fields. It should also be open to Aboriginal and Torres Strait Islander people in other health professions, for example, mental health workers or social workers who wish to specialise in comprehensive primary health care.

Strong partnerships with education providers and state and territory training authorities will be crucial to the success of this recommendation.

Rationale

The definition presented in Recommendation 1 includes a minimum qualification standard for recognition as an Aboriginal and Torres Strait Islander Health Worker, which is currently a Certificate III in Aboriginal and Torres Strait Islander Primary Health Care. Similarly, before national registration of Aboriginal and Torres Strait Islander Health Practitioners commences, the ATSIHP Board will publish a list of qualifications appropriate for national registration. Depending on the level of the qualification for national registration, there are likely to be members of the current workforce who are not eligible for national registration, but may continue to be recognised as Aboriginal and Torres Strait Islander Health Workers.

While introducing nationally consistent minimum education levels is an important step forward in strengthening the Aboriginal and Torres Strait Islander Health Worker workforce, there is a risk that some Aboriginal and Torres Strait Islander Health Workers will unintentionally be left behind. Evidence presented in the Interim Report highlights that a substantial portion of the existing Aboriginal and Torres Strait Islander Health Worker workforce is unlikely to meet the future qualification requirements - either for recognition as an Aboriginal and Torres Strait Islander Health Worker, or for registration as an Aboriginal and Torres Strait Islander Health Practitioner.

These Aboriginal and Torres Strait Islander Health Workers are valuable members of the workforce and every effort should be made to retain them throughout upcoming workforce changes. Supporting existing Aboriginal and Torres Strait Islander Health Workers to meet new qualification requirements for recognition as an Aboriginal and Torres Strait Islander Health Worker or an Aboriginal and Torres Strait Islander Health Practitioner is likely to:

- retain members of the existing Aboriginal and Torres Strait Islander Health Worker workforce who are highly experienced and competent but have not had the opportunity to obtain formal qualifications
• introduce new people into the Aboriginal and Torres Strait Islander Health Worker workforce who have similar skills and experience but choose to enter the workforce via alternate pathways such as social work, drug and alcohol work, and outreach work

• generate a larger supply of Aboriginal and Torres Strait Islander Health Workers who are eligible for registration as Aboriginal and Torres Strait Islander Health Practitioners.

Recognition of current competencies of existing Aboriginal and Torres Strait Islander Health Workers is important because it recognises there are a variety of career pathways leading into the Health Worker profession. Some Aboriginal and Torres Strait Islander Health Workers may have encountered barriers to obtaining formal qualifications in the past (such as challenges with literacy or numeracy), yet have earned a position as a valued member of the workforce through on-the-job learning and experience. Existing Aboriginal and Torres Strait Islander Health Workers with the right skills and competencies should not be excluded from the workforce.

Implementation

Effective RPL assessment processes will need to be delivered by RTOs and accredited RPL assessors. Past experiences highlight several considerations:

• The quality of RPL processes delivered by individual RTOs is likely to vary. Appropriate standards and monitoring processes can introduce greater consistency to the quality of RPL processes.

• Most RTOs will need to build capacity in order to respond to increased demands for RPL assessments. For example, it is likely that RTOs will need to hire, train and accredit assessors. Appropriate support will be required to enable RTOs to expand their capacity in this way.

• Demand for and supply of RPL processes is likely to vary across Australia, affecting accessibility for Aboriginal and Torres Strait Islander Health Workers and the comparative costs of RPL delivery.

• Numeracy and literacy may remain an issue for some people wanting to undertake the RPL/RCC program. Identification of appropriate support and funding for numeracy and literacy upskilling may be required - such as through DIISRTE Workplace English Language and Literacy programs (WELL).

DIISRTE, DoHA and HWA should acknowledge these considerations and work with partner organisations to develop solutions for implementation, whilst acknowledging the diversity of programs and sources of funding available that could be utilised.
**Recommendation 3**

Consider the HWA 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.

**Description**

Following approval of this report by the Standing Council on Health, the project findings and consultation outputs should be shared with the Aboriginal and Torres Strait Islander Health Practice Board of Australia. The Draft Aboriginal and Torres Strait Islander National Professional Practice Framework should be included in the outputs provided to the Board. The Board should consider these findings and outputs during its decision making regarding the Aboriginal and Torres Strait Islander Health Practitioner registration process.

**Rationale**

The national registration of Aboriginal and Torres Strait Islander Health Practitioners on 1 July 2012 will impact the Aboriginal and Torres Strait Islander Health Worker workforce - including Health Workers who become registered as Health Practitioners and those who remain unregistered.

This project has undertaken an extensive consultation process across multiple stakeholder groups, developing a comprehensive national picture of the Aboriginal and Torres Strait Islander Health Worker workforce. In the process, the project has identified information and findings that are relevant to the development of the Aboriginal and Torres Strait Islander Health Practitioner registration process.

Access to these findings and outputs is likely to support the Aboriginal and Torres Strait Islander Health Practice Board of Australia in its deliberations. Sharing this information will minimise duplication of a similar consultation process with stakeholders who have already contributed significant time and expertise to the HWA Aboriginal and Torres Strait Islander Health Worker project.

**Implementation**

The ATSIHP Board is independent from government and has a specific role legislated under the Practitioner Regulation National Law Act. The ATSIHP Board will need to assess how it incorporates the information it receives into its decision making.

**Recommendation 4**

Effectively support, promote and advocate for the Aboriginal and Torres Strait Islander Health Worker workforce in its ongoing development and professionalisation.

**Description**

The National Aboriginal and Torres Strait Islander Health Worker Association is the peak professional association for Aboriginal and Torres Strait Islander Health Workers. NATSIHWA should demonstrate strong leadership in supporting, promoting and advocating for the Aboriginal and Torres Strait Islander Health Worker workforce as it continues to develop and grow.

Some important initiatives that NATSIHWA may consider in the future include:

- working with the Aboriginal and Torres Strait Islander Health Practice Board of Australia to undertake a consultation process on the Draft Aboriginal and Torres Strait Islander Health Worker National Professional Practice Framework with subsequent NATSIHWA endorsement of a final version
- supporting ATSIHWWG to develop and implement strategies for communicating information about the Aboriginal and Torres Strait Islander Health Worker definition and roles (targeting Aboriginal and Torres Strait Islander Health Workers, health managers
and other health professionals, as specified in Recommendations 1 and 12)

- working with DoHA to develop an online portal that provides a ‘one-stop’ location for Aboriginal and Torres Strait Islander Health Worker information sharing, development and support – for example, coordinating information on available scholarship opportunities, training and education pathways, Aboriginal and Torres Strait Islander Health Worker-focused research findings, and employment opportunities

- investigating opportunities to introduce a program of self-regulation for Aboriginal and Torres Strait Islander Health Workers to support the standards and competence of the non-registered Aboriginal and Torres Strait Islander Health Worker workforce with alignment to government policy.

Initiatives that are a secondary priority for NATSIHWA to consider include:

- supporting jurisdictional and national Aboriginal and Torres Strait Islander Health Worker forums to give Aboriginal and Torres Strait Islander Health Workers an opportunity to share knowledge with each other and other health professionals

- developing a Continuing Professional Development (CPD) program for Aboriginal and Torres Strait Islander Health Workers tailored to the specific areas of health focus highlighted in the Aboriginal and Torres Strait Islander Health Worker scope of practice.

DoHA should adopt an enabling role that aims to build the capacity of NATSIHWA and ensure it is appropriately supported to implement this recommendation effectively. Collaborative partnerships between NATSIHWA and state and territory government health departments are likely to result in more effective Aboriginal and Torres Strait Islander Health Worker workforce development efforts. Importantly, Aboriginal and Torres Strait Islander Health Worker employers should recognise the crucial role they play in advocating, supporting and promoting the Aboriginal and Torres Strait Islander Health Worker workforce in the workplace.

Rationale

Professional associations are important leaders of workforce development for all health professions. The Aboriginal and Torres Strait Islander Health Worker workforce is no different. A strong national professional association will help to guide the national development of the Aboriginal and Torres Strait Islander Health Worker workforce through advocacy, promotion and workforce development initiatives. Until NATSIHWA was established in 2008, there was no other organisation in a position to perform this role for Aboriginal and Torres Strait Islander Health Workers. There is a need for NATSIHWA to grow and expand its efforts to develop and strengthen the Aboriginal and Torres Strait Islander Health Worker workforce.

However, NATSIHWA is a relatively young organisation that currently has limited capacity. As NATSIHWA matures, it will need to expand its staff, infrastructure and resources to take on new initiatives in a relatively short period of time. Many new organisations in similar situations have experienced challenges relating to capacity constraints, periods of rapid or unplanned growth, and the pressures of stakeholder expectations.

Consequently, the partners identified in this recommendation have a critical role in supporting NATSIHWA to effectively build its capacity over time. This is likely to contribute to the success of NATSIHWA in implementing this recommendation.

Implementation

NATSIHWA has recently developed a strategic plan that highlights the level and type of support it needs to continue to grow. This is available to inform discussions with potential partner organisations.

In addition, NATSIHWA will need to identify whether it should implement some, if any, of the initiatives suggested above. In making these decisions, appropriate consideration should be given to:

- NATSIHWA’s staff, organisational and infrastructure capacity

- likely costs and availability of required funding

- the potential impact of each activity on the workforce.

The agreement between DoHA and NATSIHWA should include a mutual agreement regarding the level of support required to enable ongoing, long-term capacity building for NATSIHWA, as well as the support required for specific short-term initiatives.

As NATSIHWA and its membership base grow during implementation, NATSIHWA will need to develop appropriate ways to consult with a larger member base so that it can effectively represent the Aboriginal and Torres Strait Islander Health Worker workforce.
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.

**Recommendation 5**

| Description | 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 |

**Description**

A national dataset compiling information on the size and distribution of the Aboriginal and Torres Strait Islander Health Worker workforce is required to inform workforce planning. Health Workforce Australia should develop a national approach to collecting this data, which ought to include Aboriginal and Torres Strait Islander Health Workers employed in the government sector, the community-controlled sector, and other employer groups. Data collected through the Aboriginal and Torres Strait Islander Health Practice Board of Australia will provide some information on Aboriginal and Torres Strait Islander Health Workers who are registered as Health Practitioners. However, HWA will need to develop mechanisms to collect information on the unregistered Aboriginal and Torres Strait Islander Health Worker workforce to completely understand workforce supply.

**Rationale**

Two key inputs are central to health workforce planning: data on workforce supply, and data on population health need and service demand. This recommendation aims to provide the former data input; Recommendation 6 aims to provide the latter.

Available data on the Aboriginal and Torres Strait Islander Health Worker workforce is limited (see Section 2.3). There is no national dataset providing an accurate cross-sector picture of the Aboriginal and Torres Strait Islander Health Worker workforce. This undermines efforts for workforce planning.

The development of a nationally consistent and coordinated approach to collecting Aboriginal and Torres Strait Islander Health Worker workforce data will enable more effective workforce planning. It will give a better understanding of the workforce size, distribution, and demographic profile. Combined with information on population health and service needs, this type of data can assist to ensure workforce numbers will meet future health requirements.

Health Workforce Australia is the most appropriate organisation to coordinate and drive this effort, given its function as the national health workforce planning agency.

**Implementation**

There are several key considerations for implementation:

- A consistent definition of an Aboriginal and Torres Strait Islander Health Worker must be used to ensure data comparability. The definition outlined in Recommendation 1 provides this.

- Practical methods for collecting and collating workforce data need to be identified. From 1 July 2012 national registration will enable data collection from nationally registered Aboriginal and Torres Strait Islander Health Practitioners. A different approach is required to capture information on the unregistered Aboriginal and...
Torres Strait Islander Health Worker workforce. Data on unregistered Aboriginal and Torres Strait Islander Health Workers employed in the public sector can be collected via state and territory government health departments. Data on those employed in the Aboriginal Community Controlled Sector could potentially be sourced from the Office of Aboriginal and Torres Strait Islander Health (OATSIH) service reporting data, or via NACCHO and its affiliates. Data from these various sources will need to be collected and integrated to gain a complete workforce picture.

- The administrative reporting burden should be acknowledged and, where possible, existing avenues for data collection should be used.

Mechanisms for making Aboriginal and Torres Strait Islander Health Worker workforce data publicly available should be explored. This would inform health services and regional planning bodies to plan for the Aboriginal and Torres Strait Islander Health Worker workforce more effectively.

Health Workforce Australia should take these considerations into account. The Aboriginal and Torres Strait Islander Health Workforce Working Group provides a useful forum for exploring these issues further.

**Recommendation 6**

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.

**Description**

The health and service needs of Aboriginal and Torres Strait Islander people vary across Australia. State and territory government health departments should lead the development of a process for collecting and sharing information on local needs to better understand variations in demand for Aboriginal and Torres Strait Islander Health Workers. This will support Aboriginal and Torres Strait Islander Health Worker workforce planning efforts by enabling targeted workforce development initiatives to be appropriately tailored to local contexts.

State and territory government health departments should work with local partners and regional planning forums (including Medicare Locals as they are established) to develop locally appropriate strategies for collecting this information. These strategies should aim to build upon existing mechanisms to make them more effective and minimise duplication of information collection or workforce planning activities.

A process for sharing findings with stakeholders at both the local and national levels is essential. Local health services and Aboriginal and Torres Strait Islander Health Worker workforce planners can benefit from accessing this information and developing their local Aboriginal and Torres Strait Islander Health Worker workforce in response to the findings. Similarly, national policy makers and funding bodies, such as DoHA, can benefit from the information to ensure national initiatives are sufficiently flexible to accommodate regional variation of Aboriginal and Torres Strait Islander health needs across Australia. Information sharing at the national level could possibly be facilitated via NATSIHON and NAGATSIHID.38

Issues relating to data protection and confidentiality must be taken into account when identifying what type of information should be shared across sectors.

**Rationale**

The overarching objective for developing the Aboriginal and Torres Strait Islander Health Worker workforce is to strengthen Australia’s response to the burden and distribution of disease in the Aboriginal and Torres Strait Islander population. Demand for Health Worker services is influenced by the types of health needs experienced by the population (health needs), and the availability and accessibility of other health services (health service needs). This information, used in tandem with Health Worker workforce supply data, enables good workforce planning.

Information on health and health service needs of Aboriginal and Torres Strait Islander people is collected regularly at the national level (for example, via the Australian Institute of Health and Welfare and the ABS). However, health and health service needs vary significantly across Australia. While national
approaches to workforce planning and development are necessary, there is also a need to tailor these approaches to local contexts. Participants throughout the project’s 13 national workshops emphasised the value of community-based Aboriginal and Torres Strait Islander Health Worker workforce planning.

Some mechanisms for collecting this information already exist. For example:

- Some states and territories (such as Western Australia and the Australian Capital Territory) have active regional planning forums which collect information on regional health needs to inform workforce planning.
- OATSIH service reporting data provides information on ACCHO health service activity.
- Medicare Locals are gradually being made operational across Australia; most are expected to open by mid-2012.43 Each Medicare Local, in conjunction with the state and territory government health departments and Local Health Networks, will be responsible for understanding the needs of Aboriginal and Torres Strait Islander people in its catchment area.

However, the system for collecting information on local or regional health and service needs of Aboriginal and Torres Strait Islander people is piecemeal and underdeveloped in some parts of the country. In some jurisdictions, regional planning forums either do not exist or do not function effectively. Although individual health services often collect data on local health needs and respond accordingly, in some regions there is limited coordination of this data collection process and minimal sharing of regional information on health and service needs.

Strengthening existing mechanisms or introducing new processes for collecting and sharing information on local and regional health needs will enable Aboriginal and Torres Strait Islander Health Worker workforce planning to be more appropriately targeted to local contexts.

Implementation

Available tools and mechanisms for collecting information at the local level should be assessed to understand their strengths and weaknesses and identify how they can support implementation. For example:

- The National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC), formerly the National Indigenous Health Equality Council (NIHEC), has developed a National Target Setting Instrument to inform the setting and collection of Aboriginal and Torres Strait Islander health targets.42 This may be useful in developing state/territory processes for collecting information.
- Medicare Locals, although in the early stages of development, provide a new opportunity to coordinate local information collection. It may be some time before they mature to build adequate capacity to do this effectively. Furthermore, the geographic catchment area of some Medicare Locals is large and likely to encompass diverse health and service needs.
- OATSIH service reporting data could potentially be used as a proxy indicator for Aboriginal and Torres Strait Islander service demand. However, this data captures health service activity, not population health needs or service accessibility needs.

One of the most important considerations for implementation is how collection of this information can be practically translated into local workforce planning around community needs. A strategy identified frequently at the 13 national workshops involved developing local partnerships between diverse organisations including:

- regional planning forums
- state and territory government health departments
- Aboriginal and Torres Strait Islander Health Worker employers from different employer sectors
- high schools
- VET and tertiary education providers.

Collaborative partnerships between these organisations enable local identification of health and service needs and Aboriginal and Torres Strait Islander Health Worker workforce gaps, and provide the opportunity to drive locally relevant solutions in workforce planning.
Recommendation 7

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

Description

The Australian Government Department of Health and Ageing should identify opportunities for the Aboriginal and Torres Strait Islander Health Worker workforce to support the evolving primary health care system, as part of the implementation of the National Primary Health Care strategy. Collaboration with state and territory government health departments and NACCHO, in consultation with the stakeholders listed above, is important to support this recommendation. Strategies should be developed to inform primary health care providers about effective Health Worker workforce deployment models, promoting the use of Aboriginal and Torres Strait Islander Health Workers in local implementation of primary health care reforms.

Rationale

The Australian National Primary Health Care strategy signals a shift in the Australian health care system towards more integrated, localised primary health care services. The strategy acknowledges that successful implementation of these reforms requires a significant boost to the primary care workforce. However, the strategy does not specifically mention the role of Aboriginal and Torres Strait Islander Health Workers in achieving its targets.

Yet Aboriginal and Torres Strait Islander Health Workers have an essential role in improving access for Aboriginal and Torres Strait Islander people to primary health care due to their focus and training in culturally safe, comprehensive primary health care. A growing body of evidence links this workforce to improved health outcomes in diabetes care, mental health care, maternal and infant care and palliative care, both in terms of providing direct care but also providing cultural brokerage between patients and other health professionals within a multi-disciplinary team.

Aboriginal and Torres Strait Islander Health Workers represent a substantial proportion (17%) of the total number of Aboriginal and Torres Strait Islander people work in health professions; the vast majority of whom work in primary health care settings. As such, Health Workers should be appropriately recognised as a crucial part of the primary health care workforce. If the Aboriginal and Torres Strait Islander Health Worker workforce is not included in national primary health care reforms, it is likely to be overlooked at the local level during policy implementation.

Implementation

Since the Aboriginal and Torres Strait Islander Health Worker contribution to the patient journey varies in different primary care contexts, further investigation will be needed to understand the most effective models for deploying Aboriginal and Torres Strait Islander Health Workers as part of the broader primary care workforce. For example, Aboriginal and Torres Strait Islander Health Workers may be employed under Aboriginal and Torres Strait Islander Health Worker-first models, outreach models, program-based models, or models that take a primary care approach in an acute care setting.

There is limited understanding of the comparative benefits and disadvantages of these different approaches. Some are likely to be more effective than others in certain contexts. As primary health care evolves, there is a need for better understanding of the way Aboriginal and Torres Strait Islander Health Workers can effectively be used as part of the total primary care workforce.

Opportunity also exists to identify and build priority areas of focus in this broader workforce. Many Aboriginal and Torres Strait Islander Health Workers already have areas of focus, such as mental health, sexual health, and drug and alcohol services. This enables the delivery of more targeted primary health care for clients with specific needs.

(xiii) These models are explored further with case studies in the Interim Report (Chapter 6)
Recommendation 8

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

Description

DoHA should recognise that Aboriginal and Torres Strait Islander Health Workers play a crucial role in delivering primary health care to Aboriginal and Torres Strait Islander people. DoHA should prioritise consideration of the Aboriginal and Torres Strait Islander Health Worker workforce in the design and implementation of future health policies aiming to improve Aboriginal and Torres Strait Islander health outcomes.

Furthermore, in preparation for the lapsing in 2013 of the COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, DoHA should work closely with NACCHO to develop a strategy to transition people employed in the new primary health care roles funded by COAG into the Aboriginal and Torres Strait Islander Health Worker workforce (e.g. Tobacco Control Workers, Healthy Lifestyle Workers, Care Coordinator roles).

This recommendation complements Recommendation 7 which aims to better integrate Aboriginal and Torres Strait Islander Health Workers into the broader primary health care system.

Rationale

Improving health outcomes for Aboriginal and Torres Strait Islander Australians is an important priority in the Australian policy context. Government initiatives aiming to contribute to this objective are currently being implemented (such as the National Partnership Agreement on Closing the Gap); more are likely to be introduced in future.

Aboriginal and Torres Strait Islander Health Workers have the capacity to play a core role in implementing these policies and improving health outcomes in Aboriginal and Torres Strait Islander communities. Aboriginal and Torres Strait Islander Health Workers represent 17% of the total pool of Aboriginal and/or Torres Strait Islander people working in health professions in Australia.46 Within this pool, Aboriginal and Torres Strait Islander Health Workers are a major workforce specifically delivering primary health care services to Aboriginal and Torres Strait Islander people. These services are essential to preventing and managing chronic diseases and to facilitating access to services.

However, Aboriginal and Torres Strait Islander Health Workers have not received a particular focus in recent policy initiatives aiming to improve Aboriginal and Torres Strait Islander health, nor implementation roles. The COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes provides an example.47 The four-year agreement committed $1.57 billion, with a significant portion of the investment dedicated to new workforces (Tobacco Control Workers, Healthy Lifestyle Workers, Care Coordinator roles and Outreach Workers) providing primary health care to Aboriginal and Torres Strait Islander people. These new positions overlap with the roles performed by the Aboriginal and Torres Strait Islander Health Worker workforce.

While the Closing the Gap policy is likely to deliver improvements in Aboriginal and Torres Strait Islander health outcomes, consultations identified a widely held perception that it has had unintended consequences for the Aboriginal and Torres Strait Islander Health Worker workforce. For example:

- There is confusion about distinguishing roles between Aboriginal and Torres Strait Islander Health Workers and the emerging workforces.
- Many participants believe it is easier to gain employment under the new position titles as the highest minimum qualification requirement is the Certificate II level; this is leading some Aboriginal and Torres Strait Islander Health Workers to leave the workforce to move into COAG-funded roles.
- The generous COAG funding commitment provides opportunity for health services to give staff employed under the new workforce titles a more lucrative employment package than typically offered to Aboriginal and Torres Strait Islander Health Workers. This contributes to Aboriginal and Torres Strait Islander Health Worker workforce retention challenges.
The rollout of new primary health care workforces is perceived to ignore the similar primary health care roles already performed by Aboriginal and Torres Strait Islander Health Workers. These consequences were unintended but nevertheless impact on Aboriginal and Torres Strait Islander Health Workers and the capacity of the Aboriginal and Torres Strait Islander Health Worker workforce to contribute to Aboriginal and Torres Strait Islander health outcomes.

Furthermore, people employed under the COAG National Partnership Agreement funds have uncertain career options after 30 June 2013. Many of them are new additions to the broader, existing workforce that responds to Aboriginal and Torres Strait Islander Health needs. There is a risk that these new workforce members will not be retained without an appropriate workforce transition strategy in place.

This recommendation therefore aims to achieve two objectives. First, to ensure that future policy decisions in this arena prioritise the Aboriginal and Torres Strait Islander Health Worker workforce, so it is not unintentionally undermined by new policy initiatives and investments in new workforce positions; second, to plan for the future of the COAG-funded workforces by developing a strategy to transition these people into the Health Worker workforce.

Implementation

The majority of project stakeholders recognise that the COAG National Partnership Agreement funding expires in 2013, and support the development of a transition plan for COAG-funded workforces. However, there is no clear view on the most appropriate way to do this. Options for further investigation include:

1. supporting people who were employed under COAG-funded positions to meet the minimum requirements of recognition as an Aboriginal and Torres Strait Islander Health Worker (if they do not already), in accordance with Recommendation 2; noting this is only applicable to people in COAG-funded positions who identify as being Aboriginal and/or Torres Strait Islander

2. expanding the definition of the Aboriginal and Torres Strait Islander Health Worker workforce to include people working in COAG-funded positions who do not meet the minimum requirements of the current definition (specified in Recommendation 1)

3. maintaining parallel workforce streams with clear delineation of the contribution each makes to Aboriginal and Torres Strait Islander primary health care; this could possibly involve strategically positioning the new workforces as entry-level opportunities into careers as Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners. For example, Outreach Worker roles could provide a pathway into the Aboriginal and Torres Strait Islander Health Worker workforce.

In exploring these options, it is worth considering the funding model that supports them. Currently funding is position-based, allocated to specific roles such as Aboriginal and Torres Strait Islander Health Workers and Tobacco Workers. Funding models based on health outcomes provide an alternative approach that enables health services to determine the roles with the greatest potential impact in their specific contexts. There is opportunity to consider which funding model best supports coordinated, sustainable workforce planning in response to population health needs.

Another key consideration is that the new COAG-funded workforces (with the exception of Outreach Workers) are not required to be of Aboriginal or Torres Strait Islander descent. If any attempts are made to integrate the COAG workforces with the Aboriginal and Torres Strait Islander Health Worker workforce, alternative workforce transition plans must be considered for non-Aboriginal/Torres Strait Islander people employed under the current COAG funding arrangements.
Description

Peak health research organisations should support a research program that better recognises and assesses the contribution of Aboriginal and Torres Strait Islander Health Workers to multidisciplinary health care delivery. Members of the Aboriginal and Torres Strait Islander Health Worker workforce and the Aboriginal Community Controlled Health Sector should identify important topics for research and be involved in driving research projects. High priority should be given to projects aiming to understand the impact of the Aboriginal and Torres Strait Islander Health Worker workforce on health outcomes or that focus on the involvement of Aboriginal and Torres Strait Islander Health Workers in multidisciplinary teams.

Peak health research organisations (such as the Lowitja Institute or the National Health and Medical Research Council) should provide adequate support and resources to implement these projects, recognising Aboriginal and Torres Strait Islander Health Workers and the Aboriginal Community-Controlled Health Sector as core project partners.

Rationale

Aboriginal and Torres Strait Islander Health Worker workforce planning would be assisted by a better understanding of the impact of ‘Aboriginal and Torres Strait Islander Health Worker-inclusive workforce models’ and determination of which models of workforce deployment are most effective. Although Aboriginal and Torres Strait Islander Health Workers have contributed to many research projects in the past, few of these projects have specifically aimed to demonstrate the impact of the Aboriginal and Torres Strait Islander Health Worker workforce itself. There is also limited investigation of how Aboriginal and Torres Strait Islander Health Workers can best contribute to multidisciplinary teams.

Expansion of the academic body of knowledge would bring several benefits:

- increased understanding of Aboriginal and Torres Strait Islander Health Worker and multidisciplinary team workforce models or initiatives with a higher impact on health outcomes
- increased opportunities for evidence-based workforce planning that is responsive to community needs
- improved evaluation of the effectiveness and cultural appropriateness of new primary health care programs
- improved recognition of the Aboriginal and Torres Strait Islander Health Worker workforce by other health professionals and the broader community.

As the Australian health care system increasingly shifts towards preventative, primary health care, the need for this research is likely to become increasingly important.

Historically, research involving Aboriginal and Torres Strait Islander Health Workers has not always been culturally appropriate or respectful. There has been limited feedback of the research findings to Aboriginal and Torres Strait Islander Health Workers who participated in research projects, and limited recognition of their valuable contribution. Any future research should acknowledge this history and ensure that mistakes are not repeated. Aboriginal and Torres Strait Islander Health Workers should be given opportunity to drive research projects and/or be acknowledged as key research partners.

Implementation

A number of research institutions could be involved in partnering with Aboriginal and Torres Strait Islander Health Workers and the ACCHS to support and drive this research. For example, the NHMRC may choose to place greater priority on research projects involving Health Workers, possibly offering incentives to promote relevant research topics. The Lowitja Institute currently operates a research program focused on the health workforce and is well-placed to lead this type of research.

An implementation requirement is for all research to use culturally appropriate and inclusive research.

Recommendation 9

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

(sx) For research demonstrating the contribution of Health Workers to health outcomes see the Interim Report pp. 83-84.
methods. The NHMRC has recently developed a roadmap for Aboriginal Health Research along with the *Values and Ethics: Guidance for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*. There is an opportunity to promote the NHMRC guidelines and to encourage more research initiatives to adopt them. The role of Aboriginal and Torres Strait Islander Health Workers in research projects should extend beyond passive participation to include roles driving the research agenda and being involved throughout different stages of research projects.

To facilitate greater Aboriginal and Torres Strait Islander Health Worker involvement and more culturally appropriate research, training and support is required for Aboriginal and Torres Strait Islander Health Workers who wish to develop research skills. Basic knowledge in the ethical conduct of research, along with interpreting research to improve practice, will assist Aboriginal and Torres Strait Islander Health Workers who currently participate in research. Opportunities should be provided for those who wish to develop higher-level research skills. Introducing optional research electives for Aboriginal and Torres Strait Islander Health Workers undertaking Aboriginal and Torres Strait Islander Primary Health Care (Certificate IV) provides one possible option for enabling these skills to be developed.

The National Aboriginal and Torres Strait Islander Health Equity Council should support and report on this Aboriginal and Torres Strait Islander Health Worker-inclusive research program through its health workforce subcommittee.
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 role as a fulfilling career choice, introduce targeted recruitment strategies and plan for increased demands on training providers.

**Recommendation 10**
Endorse a national approach to increase the Aboriginal and Torres Strait Islander Health Worker workforce to meet health service needs, in line with the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-2015

**Description**
The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-2015 focuses on the broad requirements for a health workforce to meet the health needs of Aboriginal and Torres Islander people. A more detailed and specific national approach - endorsed by Ministers - that identifies and addresses the Aboriginal and Torres Strait Islander Health Worker workforce supply need is required.

**Rationale**
Whilst the demand for a primary health workforce with expertise in culturally appropriate and holistic health care will continue to grow, it is not currently clear how the workforce need will be met. Key drivers for the growth in workforce demand include:

- increasing incidence and burden of chronic disease in Aboriginal and Torres Strait Islander communities, and the associated benefits from a patient outcome and cost perspective of trying to prevent and manage conditions within a primary care setting (as opposed to an acute care model)
- increased Aboriginal and Torres Strait Islander primary health expertise, and workforce, required to deliver key government strategies such as the national primary health care reforms, the national prevention strategy and the Closing the Gap initiatives
- targets for 2.6% of the health workforce nationally to be people of Aboriginal and Torres Strait Islander descent by 2016
- the NATSIHEC Indigenous Health Workforce headline target ‘to reduce the gap in health workforce participation between Indigenous and non-Indigenous Australians in the key priority areas of medicine, nursing and allied health by 20% in 10 years (2011-2021) and 50% in 20 years (2011-2031)’.50

Aboriginal and Torres Strait Islander Health Workers, working as part of multi-disciplinary teams, are an important workforce to help meet this demand due to their focus and training in culturally safe comprehensive primary health care.

Robust data on Aboriginal and Torres Strait Islander Health Worker supply is limited, although overall it appears the total number of Aboriginal and Torres Strait Islander Health Workers is static if not in decline:

- In 2009, ATSIHWWG estimated that there were 1600 Aboriginal and Torres Strait Islander Health Workers,xv although the official figure from the ABS is lower at 1006.51
- The Aboriginal and Torres Strait Islander Health Worker workforce in the Northern Territory (where the workforce is most developed) was at its largest in 1999 and has been shrinking since then.52 It stood at 291 registered Aboriginal Health Workers in 2010.53

xv Estimates provided by members of ATSIHWWG to the project team
Aboriginal and Torres Strait Islander Health Worker recruitment and retention challenges exist in both the government and ACCHO sectors,
leading to a large number of unfilled vacancies for Aboriginal and Torres Strait Islander Health Worker positions.

The Aboriginal and Torres Strait Islander Health Worker workforce is ageing in line with other health workforces, yet there is an inadequate focus on a pipeline of young Aboriginal and Torres Strait Islander Health Workers in training to succeed them.

In light of these apparent constraints on supply as the need for primary health care services grows, a coherent national approach is required to understand and address the current and future supply issues for the Aboriginal and Torres Strait Islander Health Worker workforce, and the interplay with the broader policy and funding context. For example, there are currently several national policy initiatives that are likely to influence strategies to expand the Aboriginal and Torres Strait Islander Health Worker workforce in the future:

• The commitment in the Closing the Gap national partnership agreement to increase the number of Aboriginal and Torres Strait Islander people undertaking tertiary qualifications, particularly in relation to medicine, nursing and allied health, could have the unintended consequence of diminishing the number of people interested in pursuing a career as an Aboriginal and Torres Strait Islander Health Worker.

• The introduction of new primary health care roles (such as Tobacco Control Workers, Outreach Workers and Healthy Lifestyle Workers funded through the Closing the Gap national partnership agreement) could affect both the demand for and supply of Aboriginal and Torres Strait Islander Health Workers, at least in the short term, as additional program funding (due to end in 2013) is targeted into these new positions.

• The national registration of Aboriginal and Torres Strait Islander Health Practitioners and its impact on the current Aboriginal and Torres Strait Islander Health Worker workforce is currently unclear.

Implementation

Possible strategies for growing the Aboriginal and Torres Strait Islander Health Worker workforce include:

• targeting high school students to become Aboriginal and Torres Strait Islander Health Workers and including Aboriginal and Torres Strait Islander Health Workers in recruitment campaigns such as the national ‘Health Heroes’ campaign (a DoHA initiative aiming to attract young Aboriginal and Torres Strait Islander people into health professions)

• prioritising strategies that increase the male proportion of the workforce

• identifying ways to retain more experienced Aboriginal and Torres Strait Islander Health Workers who might otherwise retire from the workforce

• developing local and regional strategies to grow workforces in particular regions.

In implementing this recommendation, commitment from a range of stakeholders will be required to support workforce growth. A specific and targeted plan, built on the recommendations from this report, should be developed with alignment to the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011–2015.

The identification of appropriate Aboriginal and Torres Strait Islander Health Worker workforce training targets should be considered to assist different stakeholder groups to mobilise around common goals. Consultation with ATSIHWWG is required to determine appropriate workforce growth training targets.
Recommendation 11

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

Description

A fundamental step to increase the size of the Aboriginal and Torres Strait Islander Health Worker workforce is raising its profile – both within the health system and the community. The marketing content should focus on the role, value and contribution of Aboriginal and Torres Strait Islander Health Workers to the vital area of culturally safe comprehensive primary health care. The Draft Aboriginal and Torres Strait Islander National Professional Practice Framework (developed through this project) forms the basis of content regarding the Aboriginal and Torres Strait Islander Health Worker role and scope of practice.

Rationale

To date there has been limited focus on targeted and sustained recruitment of Aboriginal and Torres Strait Islander Health Workers. There has also been limited understanding of the value and scope of practice of the role. Several key points emphasise the lack of awareness that currently exists:

- Aboriginal and Torres Strait Islander Health Workers were not specifically included in the National Primary Health Care Strategy\(^{54}\) (referred to in Recommendation 7).

- Aboriginal and Torres Strait Islander Health Workers have not been specifically identified as a core workforce in implementing the COAG Closing the Gap agreement\(^{55}\) (referred to in Recommendation 8).

- Other health professionals and/or managers often have a limited understanding of Aboriginal and Torres Strait Islander Health Worker roles, which can undermine team dynamics in the work place\(^{xvii}\).

- Many young Aboriginal and Torres Strait Islander people are not aware of the career opportunities that exist as an Aboriginal and Torres Strait Islander Health Worker, or if they are aware, the role and value is not clearly understood.

Increasing awareness about the Aboriginal and Torres Strait Islander Health Worker workforce should lead to increased focus and prioritisation of the workforce by employers, better inter-professional relationships and more successful recruitment strategies.

Collectively, these outcomes will have a positive impact on the appeal of being an Aboriginal and Torres Strait Islander Health Worker.

Implementation

DoHA is the appropriate lead agency to formulate and drive the development of the marketing and communication strategy. ATSIHWWG and NATSIHWA will be key partners in the development of the strategies, along with DIISRTE through its Aboriginal and Torres Strait Islander Closing the Gap skills development and economic participation initiatives.

A national information package on the Aboriginal and Torres Strait Islander Health Worker role that includes marketing materials such as pamphlets and videos could be distributed at the local community/health service level. There are potential benefits in exploring the possibility of including staff orientation principles to guide health services in familiarising other health professionals with the Aboriginal and Torres Strait Islander Health Worker role, responsibilities, evidence base and scope of practice.

Aboriginal and Torres Strait Islander Health Worker-focused strategies should leverage the recent ‘Health Heroes’ program. There is an opportunity to enhance the DoHA ‘Health Heroes’ website and marketing strategy. Health Heroes currently has a limited focus on the Aboriginal and Torres Strait Islander Health Worker workforce, and this should be enhanced. However, the site provides an easy-to-navigate source of career information for people who want to become or are already Aboriginal and Torres Strait Islander Health Workers.

ATSIHWWG and NATSIHWA should play a key role in developing and promoting the national awareness of the Aboriginal and Torres Strait Islander Health Worker workforce. Investment will be required to support the work of these groups in developing and implementing this strategy.

In developing and implementing the Aboriginal and

\(^{xvii}\) This was a consistent finding throughout Phase 1 consultations. See Interim Report (Section 9.2)
Torres Strait Islander Health Worker marketing and communication strategy, three objectives ought to be considered:

- communicating workforce developments and opportunities, such as the new national Aboriginal and Torres Strait Islander Health Worker definition or scholarship opportunities, to the existing Aboriginal and Torres Strait Islander Health Worker workforce

- communicating information about the Aboriginal and Torres Strait Islander Health Worker role, career pathways and avenues for support to people who might be interested in pursuing a career as an Aboriginal and Torres Strait Islander Health Worker

- raising awareness with other health professionals to clarify the Aboriginal and Torres Strait Islander Health Worker role and cultivate greater acknowledgement and respect of the role, which will improve inter-professional relationships.

Information materials should be dynamic and accessible to a variety of target audiences:

- current Aboriginal and Torres Strait Islander Health Workers - to assist them in promoting the workforce to others

- other health professionals and health managers - to increase awareness of the role, benefit and scope of practice of Aboriginal and Torres Strait Islander Health Workers

- youth and school-age Aboriginal and Torres Strait Islander people and their communities - to raise the awareness of the viability of a career as an Aboriginal and Torres Strait Islander Health Worker

- mature-age Aboriginal and Torres Strait Islander people in non-health professions - to increase the number of male and mature-age people considering entering the Aboriginal and Torres Strait Islander Health Worker workforce
Recommendation 12
Incorporate Aboriginal and Torres Strait Islander Health Workers into national health workforce planning initiatives

Description
HWA has been established to meet the future challenges of providing a health workforce that responds to the needs of the Australian community. A National Training Plan will be produced annually by HWA and future iterations should be expanded to include Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners. Other national workforce planning strategies and programs should also include assessment of the demand and supply for these two workforces.

Rationale
It is important to develop a more systematic approach to supply and demand modelling, to continue to build the workforce in the future. In order to meet recruitment and health service needs, it is essential to support a strong supply of Aboriginal and Torres Strait Islander Health Workers both entering into and completing education and training, including through resourcing and allocating positions.

The HWA National Training Plan will facilitate both of these goals. The plan is an extensive health workforce supply and demand modelling exercise which seeks to determine the need for future health workforce training places. Inclusions of Aboriginal and Torres Strait Islander Health Workers in future versions of the HWA National Training Plan will provide a greater understanding and analysis of changes in the Aboriginal and Torres Strait Islander Health Worker workforce – including Aboriginal and Torres Strait Islander Health Workers who are in training and Aboriginal and Torres Strait Islander Health Workers entering and leaving the workforce.

Considerations for implementation
The National Health Workforce Dataset, which the National Training Plan is currently based on, contains information sourced from the Australian Health Practitioners Agency (AHPRA) and the National Boards via a workforce survey. This will not capture all Aboriginal and Torres Strait Islander Health Workers, as the non-registered workforce will not be included in the data set.

Options for capturing the full range of commencing, withdrawing and completing trainee Aboriginal and Torres Strait Islander Health Workers across the state/territory and Aboriginal Community Controlled Health RTO sector will need to be considered. This may be able to be facilitated through NCVER and ATSIHTRONN.

The Australian Institute of Health and Welfare (AIHW) manages the OATSIH Service Activity Report, which contains workforce data and could be expanded to include similar reporting for Aboriginal and Torres Strait Islander Health Workers employed in Medicare Locals and state/territory health services. This reporting would provide a more comprehensive picture of the Aboriginal and Torres Strait Islander Health Worker workforce supply and demand at a jurisdictional and national level. Appropriate data quality improvement and audit mechanisms would be required through NACCHO affiliates and state/territory health departments, as the current system is predominantly on manual reporting.
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.

Recommendation 13

Review and update the competency standards and qualifications for Aboriginal and Torres Strait Islander Health Workers in the Health Training Package, to ensure that Aboriginal and Torres Strait Islander Health Workers are prepared to meet evolving community needs.

Description

Appropriate training for the evolving workforce is required. CS&HISC has the responsibility for the review and updating of National Training Packages to ensure responsiveness to industry needs and the evolving environment. This is scheduled to commence in 2012.

Rationale

CCS&HISC developed the HLT07 Health Training Package via national consultation with industry stakeholders in 2008. This is the first national qualifications framework for Aboriginal and Torres Strait Islander Health Workers.

The Aboriginal and Torres Strait Islander Health Worker training package currently includes a dual-stream pathway at the Aboriginal Primary Health Care Certificate IV qualification level and above. Aboriginal and Torres Strait Islander Health Workers may choose to pursue one of two streams – the Community Care stream and the Practice stream. This option was incorporated into the training package, in recognition of the fact that some Aboriginal and Torres Strait Islander Health Workers across Australia perform more clinically advanced roles than others.

Consultations conducted during the project highlighted some challenges of these two training pathways. A number of stakeholders reported it sometimes caused confusion for employers. Many emphasised there would be benefit in ensuring all Aboriginal and Torres Strait Islander Health Workers have a base level of knowledge in both community care and clinical skills at the Certificate IV level. This knowledge base was identified as an important prerequisite to developing further skills required for more complex clinical procedures and medication management.

There is therefore interest in reviewing the Aboriginal and Torres Strait Islander Health Worker training package to ensure it remains up to date and relevant to the evolving roles of Health Workers. This was deemed particularly important once there is greater clarity around national registration of Aboriginal and Torres Strait Islander Health Practitioners.

Implementation

CS&HISC is highly responsive to the needs of the industry. The industry therefore has a responsibility to engage effectively with the CS&HISC and communicate its needs. In this context, ‘industry’ refers to ACCHO and state/territory health employers, ATSIHRTONN and NACCHO affiliates. The onus is on these organisations to appropriately identify aspects of the current National Training Package that require particular attention during the CS&HISC review process.

CS&HISC should take into consideration perspectives collected via this project’s consultations, during the upcoming review of the Aboriginal and Torres Strait Islander Health Worker training package summarised as follows:

- The review should take into consideration potential changes to course delivery models (for example, flexible course delivery, simulated learning, and video learning).
- The review should consider other workforces that are similar to Aboriginal and Torres Strait Islander Health Workers but not yet within the Aboriginal and Torres Strait Islander Health Worker definition.
- for example, some workers employed through the COAG Close the Gap initiatives, along with some drug & alcohol and mental health workers. The benefit of a more inclusive training package that also addresses the training needs of these workforces should be considered.

- This project has specifically identified an opportunity for the CS&HISC to investigate the option of combining the Community Care and Practice streams at the Certificate IV level. This suggestion has emerged from an industry-voiced need to appropriately balance the clinical components of Aboriginal and Torres Strait Islander Health Worker roles with community care and health promotion roles. Both of these aspects of the Aboriginal and Torres Strait Islander Health Worker role require appropriate training to prepare individuals for their day-to-day jobs.

- Some stakeholders have highlighted the challenge of delivering an appropriately skilled workforce when students are ‘fast-tracked’ or complete only certain subjects. Some stakeholders suggested greater emphasis should be placed on the completion of all subjects required to provide Aboriginal and Torres Strait Islander Health Workers with core knowledge for their role (such as those contained within the Certificate III in Aboriginal and Torres Strait Islander Primary Health Care). Undertaking the full Certificate III qualification better prepares students for the higher-level knowledge and modules contained in Certificate IV courses.

- The CS&HISC should take into account the areas of specific focus identified as part of the scope of practice assessment highlighted within this project’s Interim Report (Appendix E). There are opportunities to investigate the inclusion of electives in advanced clinical skills, research skills, and mentoring or educator skills at the Diploma and Advanced Diploma qualification levels. Providing these advanced electives may enable Aboriginal and Torres Strait Islander Health Workers to access more opportunities for career progression and help address training gaps that have been identified by Aboriginal and Torres Strait Islander Health Workers and their managers in project consultations.

**Recommendation 14**
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.

**Description**
The agencies responsible for accreditation of providers and the monitoring of the quality of VET training are the Australian Skills Quality Authority (ASQA), the Victorian Registration and Qualifications Authority and Western Australia’s Training Accreditation Council. The accreditation authority (or committee) of the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia will accredit courses leading to registration as a Health Practitioner.

The Standing Council should consider recommending prioritisation of quality monitoring of Aboriginal and Torres Strait Islander Health Worker training providers and qualifications, as part of these agencies’ work plans.

**Rationale**
The CS&HISC Aboriginal and Torres Strait Islander Health Worker training package introduced greater national consistency in Aboriginal and Torres Strait Islander Health Worker qualifications. However, there is still substantial variation in the quality of courses delivered by training providers. Project stakeholders highlighted the clinical and health risks posed if Aboriginal and Torres Strait Islander Health Workers are inadequately trained, particularly as some work under indirect supervision. There is therefore a need to ensure consistently high quality in the delivery of Aboriginal and Torres Strait Islander Health Worker training courses. Stakeholders reported variation across education providers in relation to the hours and types of clinical placement experience. Greater consistency in hours and types of placement experience was requested, as this could result in enhanced assurance of the abilities and experience of new graduates.

The accreditation authority established for the Aboriginal and Torres Strait Islander Health Practitioner profession under NRAS will have a role in developing and monitoring compliance with the accreditation standards, and clinical experience.
requirements for programs of study that deliver qualifications for registration purposes.

A key mechanism for improving the quality of education is monitoring and regulation. The AQSA, VRQA and WA’s TAC need to consider courses leading to qualification as an Aboriginal and Torres Strait Islander Health Worker and/or a Health Practitioner as high risk and requiring a particular focus to ensure ongoing quality.

**Implementation**

At its first meeting in July 2011, the ATSIHP Board noted that the AHWMC decided to leave the decision on accreditation arrangements to the board. Once the accreditation function has been determined by the ATSIHP Board, this report should be considered in developing the accreditation standards for programs (or courses) of study that provide a qualification for registration. In particular, consultation should occur in relation to the hours and/or type of clinical/health placement experience required.

Programs of study that currently provide a qualification for registration (such as in the Northern Territory, as it is the only jurisdiction with registration for this workforce) will transition into the national scheme from 1 July 2012. RTOs seeking to become accredited to deliver other qualifications for national registration will apply to the accreditation authority of the National Board for an assessment. Accreditation helps to ensure the quality of education and training.

While not the primary focus of the accreditation authority, there may be benefit in the future for the accreditation authority of the ATSIHP Board if it expands the focus of its accreditation activities to include common feeder courses into the Health Practitioner qualification. (For example, Certificate II and III courses in Aboriginal/Torres Strait Islander Primary Health Care.) This would support the quality of education for pre-vocational Aboriginal and Torres Strait Islander Health Practitioners and the broader Aboriginal and Torres Strait Islander Health Worker workforce. It may contribute to the development of a more appropriately skilled future pipeline of Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners.

In assessing a program, the accrediting authority should consider the availability of appropriately qualified trainers and trainers able to undertake RPL/RCC against the Australian Qualifications Framework. There is also a need for CS&HISC to update their resource packages that support the Aboriginal and Torres Strait Islander Primary Health Care course delivery.

ASQA and its Victorian and Western Australian counterparts should consider prioritising the risk assessment, auditing and monitoring of courses and training providers who undertake education of Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners.

Improving the quality of training delivery may require initiatives to build the capacity of RTOs. Capacity building of Aboriginal and Torres Strait health RTOs occurs through ATSIHRTONN. Other RTOs (for example, TAFEs) also deliver Aboriginal and Torres Strait Islander Health Worker and Health Practitioner training. ATSIHRTONN may choose to consider including representation of the TAFE Directors of Australia in ATSIHRTONN, to be inclusive of all RTOs delivering Aboriginal and Torres Strait Islander Health Worker training are included in quality improvement efforts.

To improve quality, it is also necessary to be able to identify weaknesses and target improvement efforts. Employers and students who identify quality issues in trainers or RTOs should be provided with an avenue to submit a complaint to ASQA. This process should be widely communicated to employers and students.

Self-assessment by RTOs against the Standards for VET Accredited Courses (if accredited with ASQA, VRQA or WA’s TAC) or the AQTF Standards for Accredited Courses should continue as part of a RTO’s ongoing quality improvement program. ATSIHRTONN should provide capacity building to support this process.
**Recommendation 15**

**Develop and implement different options to improve accessibility and flexibility of Aboriginal and Torres Strait Islander Health Worker training delivery**

**Description**

One size will not fit all in training Aboriginal and Torres Strait Islander Health Workers. Registered Training Organisations should develop training modes and models that better meet the needs of students. In particular, innovative models that support more tailored, flexible and regional approaches should be proposed by RTOs (individually or with the support of ATSIHRTONN) to state and territory training authorities for implementation support.

Additional support, possibly through scholarships, will be required to increase the pool of qualified staff to provide more flexible and regional training. Local assessors and better on-site trainee mentoring will facilitate improvements in on-site supervision support.

The demand for higher education qualifications and education delivery should be considered. Some trainee Aboriginal and Torres Strait Islander Health Workers have ambitions to undertake tertiary qualifications, which should be facilitated.

NACCHO should drive this recommendation via ATSIHRTONN (an advisory committee to NACCHO) in collaboration with state and territory training authorities and other RTOs – recognising that RTOs that are not members of ATSIHRTONN should also be included in implementation.

**Rationale**

Stakeholders overwhelmingly supported the need for more regional, local and flexible models of training and education delivery. This was seen as key to providing Aboriginal and Torres Strait Islander Health Workers access to the right training, at the right time, in the right place. Improving the accessibility and flexibility of Aboriginal and Torres Strait Islander Health Worker training is likely to improve training outcomes and completion rates. A key barrier is the increased costs of training in these locations compared to urban locations. Stakeholders highlighted examples of less training hours being able to be provided to trainees in more remote locations, due to the cost of trainer travel time and the availability of qualified trainers. Current funding approaches are not responsive to the increased costs of regional and remote training modes.

However, to support more flexible and accessible training, a sufficient supply of appropriately skilled trainers is essential. According to ATSIHRTONN estimates, there are currently:

- 64 qualified Aboriginal and Torres Strait Islander trainers across its members
- 86 Aboriginal and Torres Strait Islander people undertaking training in the Certificate IV Training and Assessment course
- 680 current enrolments in Aboriginal and Torres Strait Islander Primary Health Care (ATSIPHC) courses across its members.

The data highlights a low ratio of qualified trainers for the number of students currently undertaking ATSIPHC courses. This is a potential barrier to improving the accessibility and flexibility of training.

RTOs also identified funding restraints as a barrier to improvement - particularly in relation to training accessibility for Aboriginal and Torres Strait Islander Health Workers located in regional and remote areas. In particular the role of qualified and empowering on-site mentors and assessors to support students during health service placement was highlighted by stakeholders as an essential component to successful completion of training.

**Implementation**

To improve training accessibility and flexibility for Aboriginal and Torres Strait Islander Health Workers, the following initiatives should be supported:

- A review by NACCHO (via ATSIHRTONN) of funding models and service delivery by RTOs in remote and regional locations, to understand how investment can be better targeted to support locally responsive models for training delivery and assessment. These locations are where stakeholders particularly reported challenges in providing responsive and timely training
- NACCHO affiliates and employers to provide submissions to the DIISRTE Indigenous Employment Program and through state and territory training authorities for local mentoring support programs
HWA and DoHA to consider supporting scholarships for Aboriginal and Torres Strait Islander Health Workers to undertake qualifications in Training and Assessment (Certificate IV) to increase the pool of qualified trainers.

Support for innovation in education demonstration projects, considering innovative training models to enhance access to Aboriginal and Torres Strait Islander Health Worker education in remote and regional locations (e.g., simulated learning environments, e-learning, school of the air models).

The Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People, and higher education providers, should consider developing tertiary level primary health qualifications for those who want to undertake a higher-level qualification to enter the Aboriginal and Torres Strait Islander Health Worker workforce. Some stakeholders have suggested this may be through associate or full degrees in primary health (containing a strong focus on Aboriginal and Torres Strait Islander health) thus contributing to increasing the pool of potential students. The nature of these courses is explored further in Recommendation 20.

In implementing the above initiatives the following should be considered:

The development of a more appropriate rural training funding loading or enhancement, to recognise the increased costs of providing the same level of accessible quality training in regional and remote locations as can be provided in urban locations.

Commencing an ongoing dialogue between DIISRTE, ATSIHRTONN and TAFE Directors Australia in relation to exploring and monitoring the success of initiatives to improve the accessibility and flexibility of Aboriginal and Torres Strait Islander Health Worker training.

Liaison between RTOs and NACCHO affiliates and state and territory training authorities, regarding support for more flexible and regionally-based training and education models. ATSIHRTONN may need to provide capacity-building support during this process.

Regional approaches to health training and trainer networks to be facilitated through dialogue between ATSIHRTONN and TAFE Directors Australia.

tertiary education qualifications will be the desire of some students. Higher education qualifications, specifically leading to qualification as an Aboriginal and Torres Strait Islander Health Worker, may provide greater career and articulation options for Aboriginal and Torres Strait Islander Health Workers.
Recommendation 16

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.

Description

School-based Aboriginal and Torres Strait Islander Health Worker training and apprenticeship models will be a key feeder to the supply of young Aboriginal and Torres Strait Islander Health Workers and other Aboriginal and Torres Strait Islander health professionals. DIISRTE should work with DoHA, NACCHO and state and territory training authorities to establish how best to roll out the VET in Schools (VETiS) program, with a specific focus on school-based apprenticeships in Aboriginal and Torres Strait Islander Primary Health Care.

Those who have left school or are mature age will need to be aware of the incentives and financial supports available to provide them with support while undertaking training.

Rationale

Creating smoother pathways into the workforce via traineeships and apprenticeships can help to increase the supply of skilled Aboriginal and Torres Strait Islander Health Workers. There are currently a number of these opportunities available, for example through the Australian School Based Apprenticeship Program and VETiS. Some well-supported traineeship pilots have been successful in increasing the numbers of completing trainees in some states and territories.

Stakeholders highlighted the financial challenge for some trainee Aboriginal and Torres Strait Islander Health Workers. The limited money available through ABSTUDY\(^{xviii}\) was seen as a disincentive to commencing and completing Aboriginal and Torres Strait Islander Health Worker training. Mature-age students with family commitments were a particular focus for this issue. Access to ongoing funding for employers to fund training positions or apprentices was also reported as a challenge.

However, Aboriginal and Torres Strait Islander Health Workers and employers have reported that it is difficult to find out about these supported training pathways. In particular, they have emphasised difficulty in gaining a complete picture of the different options, eligibility requirements and application processes. Centralising this information will make it easier for employers, Aboriginal and Torres Strait Islander Health Workers and potential trainees to understand and access available opportunities.

Implementation

The following steps ought to be undertaken to increase the support, access and uptake of traineeships and apprenticeships by trainee Aboriginal and Torres Strait Islander Health Workers:

- DIISRTE consider skills shortage of Aboriginal and Torres Strait Islander Health Workers and commence research and monitoring through SkillsInfo (or the National Workforce Productivity Agency once established). DIISRTE also consider prioritising personal and employer-based standard, special and appropriate additional incentives for apprenticeships in ATSIPHC qualifications.
- NATSIHWA, NACCHO and ATSIHRTONN work to identify and communicate to members the variety of financial allowances and supports available for taking on Aboriginal and Torres Strait Islander Health Worker trainees.
- DIISRTE, ATSIHRTONN and state/territory training authorities collaboratively promote and increase the uptake of Australian School Based Apprenticeships/VET in Schools programs within this sector.

Key considerations in implementing the above steps include:

- the need for reviewing ongoing support, including compensation for traineeships and apprenticeships and their employers.
- building upon the DoHA Health Heroes website to provide more comprehensive information for Aboriginal and Torres Strait Islander Health Workers.
- The provision of information and website links by NATSIHWA and NACCHO to members in relation to traineeship opportunities via the internet and information forums.

\(^{xviii}\) A Centrelink allowance for Aboriginal and/or Torres Strait Islander individuals who are a secondary or tertiary student or a full-time Australian Apprentice.
Recommendation 17
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.

Description
The Integrated Regional Clinical Training Networks (IRCTNs) are being established in states and territories and will have responsibility for accessing and facilitating clinical training placements for health students. These networks include representatives from across employer sectors and education providers. IRCTNs should take into account the health service placement requirements for trainee Aboriginal and Torres Strait Islander Health Workers, aiming to provide them with learning experiences in both clinical and non-clinical roles.

Rationale
Expanding clinical placements programs, and including a range of employer experiences in these placements, will improve the practical skill development of Aboriginal and Torres Strait Islander Health Workers. As in most health professions, an important component of Aboriginal and Torres Strait Islander Health Worker primary health training is exposure to a broad range of clinical and community placement experiences. Site visits demonstrated the majority of Aboriginal and Torres Strait Islander Health Worker training occurs within one organisation and primarily within the Aboriginal Community Controlled Health Sector. The latter is a positive environment for developing a deep understanding of culturally safe health care. However, there are benefits in exposing trainee Aboriginal and Torres Strait Islander Health Workers to a broader range of health service contexts.

Stakeholders have suggested that Health Worker training and job readiness will be enhanced by undertaking a series of clinical placements in diverse employer organisations (for example, government and ACCHO employers, and primary and acute care services). In this way, individual Aboriginal and Torres Strait Islander Health Workers may have opportunities to be exposed to a broad range of health and clinical training experiences.

The Integrated Regional Clinical Training Networks provide an avenue to coordinate a more regional/networked approach to providing clinical placement options. This would supplement individual relationships developed between RTOs, state and territory health departments and community-controlled health services for clinical placement options.

This recommendation is likely to deliver several benefits:

- Aboriginal and Torres Strait Islander Health Workers will have a better understanding of the diverse roles and employer organisations they can choose from.
- Individual Aboriginal and Torres Strait Islander Health Workers are likely to have more opportunities for employment after completing their qualifications, having developed relationships with more than one possible employer.
- Trainee Aboriginal and Torres Strait Islander Health Workers can strengthen health employer networks and collaboration by building relationships in cross-sector services.
- Expanded Aboriginal and Torres Strait Islander Health Worker trainee capacity due to a networked/collaborative placement approach.

Implementation
Integrated Regional Clinical Training Networks are the appropriate mechanism for enhancing clinical placements for trainee Aboriginal and Torres Strait Islander Health Workers. However, some IRCTNs may not have included Aboriginal Community Controlled RTOs or health services within their scope and members, or they may be focusing predominantly on higher education courses. The priority for each IRCTN to do this will depend upon the extent of the Aboriginal and Torres Strait Islander population in each region.

Implementation of this recommendation must align to the CS&HISC Aboriginal and Torres Strait Islander Health Worker National Training Package. Education providers will need to consider the accreditation standards in relation to clinical placements, when negotiating and facilitating clinical experiences for Aboriginal and Torres Strait Islander Health Practitioner trainees. The course delivered will need to match the accreditation standards requirements for clinical
the success of implementation; this includes strong partnerships between RTOs and employer organisations. These networks will assist to establish the appropriate clinical experiences, and culturally safe and quality clinical placements, for Aboriginal and Torres Strait Islander Health Workers. Local networks will need to acknowledge that clinical placement exchanges with other health services might be limited by geographical and personal financial constraints. In some contexts, it may be more appropriate to facilitate diverse placement options locally (for example, an Aboriginal and Torres Strait Islander Health Worker undertaking a regional Aboriginal Medical Service (AMS) placement and a local hospital placement).
The ongoing development of the workforce will be facilitated by good mentoring practice and supporting pathways that lead to rewarding future careers. Practical steps forward for addressing inequity in employment conditions must be identified.

Recommendation 18

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

Description

A critical factor towards Aboriginal and Torres Strait Islander Health Worker trainees completing training and Aboriginal and Torres Strait Islander Health Workers developing sustainable careers is whether mentoring and coaching is available from more senior Aboriginal and Torres Strait Islander Health Workers and other health professionals. Senior Aboriginal and Torres Strait Islander Health Workers and other health professionals need to be guided and trained in how best to provide this support - the implementation of effective mentoring and coaching frameworks and tools tailored specifically to Aboriginal and Torres Strait Islander people provide ways to achieve this support.

ATSIHWGG should drive this recommendation, supporting NATSIHWA to undertake a lead role in implementation. Strong partnerships with state and territory training authorities and HWA are important in developing the framework for effective mentoring and coaching practice. Aboriginal and Torres Strait Islander Health Worker employer organisations should be appropriately engaged to drive implementation of the framework in the workplace.

Rationale

Aboriginal and Torres Strait Islander Health Workers across Australia consistently emphasise the value of effective mentoring relationships for their personal and professional development. The Interim Report includes the personal anecdotes of some Aboriginal and Torres Strait Islander Health Workers whose careers were significantly impacted by positive mentoring and coaching relationships.\(^{\text{(xix)}}\)

Other health professionals may not always be aware of the cultural norms of their mentees. Therefore, mentoring and coaching frameworks and tools need to be tailored to include consideration of cultural needs within these relationships.

Aboriginal and Torres Strait Islander Health Workers reported the value of mentors in three main areas of development:

1. **Technical skills** including the broad range of skills relevant to Aboriginal and Torres Strait Islander Health Worker roles (for example, specific clinical intervention skills or skills in designing and delivering health promotion programs). This may occur through positive ongoing direct supervision by senior Aboriginal and Torres Strait Islander Health Workers or other health professionals, or through more formal mentoring programs.

2. **Local cultural knowledge, experience and community networks** – the value of mentoring in this development area was particularly emphasised by younger Aboriginal and Torres Strait Islander Health Workers, or Aboriginal and Torres Strait Islander Health Workers working outside of their own cultural, linguistic or ethnic community.

3. **Personal education and career goals** – this is the main focus of coaching relationships. The capacity for mentors to impact on this area of development was emphasised consistently during consultations and in existing research.\(^{\text{(xx)}}\)

\(^{\text{(xix)}}\) See Interim Report (Section 8.2.2 and 9.2.3)
\(^{\text{(xx)}}\) As above
Mentors were seen as providing an opportunity for Aboriginal and Torres Strait Islander Health Workers to debrief, thus supporting their emotional wellbeing and helping to avoid burnout.

Some mentoring and career-coaching relationships currently exist on an informal basis. Others are formally established and monitored as part of local health service mentoring programs. Each approach has merits and may be more or less appropriate, depending on local contexts. However, greater focus on the implementation of good practice frameworks and tools at the health service level will support the development and retention of Aboriginal and Torres Strait Islander Health Workers.

A framework to guide the implementation of best practice in Aboriginal and Torres Strait Islander Health Worker mentoring may help health service managers introduce appropriate mentoring models in their workplace. This, combined with appropriate investment, has the potential to contribute to the ongoing personal and professional development of the Aboriginal and Torres Strait Islander Health Worker workforce.

**Implementation**

ATSJHWG and NATSIHWA will require the support of mentoring experts and collaboration with relevant stakeholders. The HWA Clinical Supervision Support Framework should be considered in developing the mentoring tools.

Consultations with DIISRTE have highlighted potential avenues to support this recommendation. Further discussions with DIISRTE, including both the national office and regional branches, are required to determine how DIISRTE can most appropriately contribute.

It is important to consider how this mentoring and coaching framework could be used to cultivate more productive and respectful inter-professional relationships. Many Aboriginal and Torres Strait Islander Health Workers and other health professionals reported the value of reciprocal, inter-professional mentoring arrangements. These were based on principles of mutual respect and recognition of complementary skill sets. For example, a nurse provides an Aboriginal and Torres Strait Islander Health Worker with mentoring to develop the Aboriginal and Torres Strait Islander Health Worker’s clinical skills; in turn, the Aboriginal and Torres Strait Islander Health Worker provides the nurse with mentoring to develop the nurse’s skills in providing culturally safe health care to Aboriginal and Torres Strait Islander people.
Recommendation 19

Increase the availability and accessibility of scholarships and bursaries for Aboriginal and Torres Strait Islander Health Workers to pursue ongoing education and training opportunities

Description

Adequate funding through scholarships should be available to support Aboriginal and Torres Strait Islander Health Workers who wish to obtain higher-level qualifications within the Aboriginal and Torres Strait Islander Health Worker workforce, including for those seeking to upgrade or undertake qualifications register as a Health Practitioner. Aboriginal and Torres Strait Islander Health Workers may also wish to undertake further qualifications through the completion of primary health-related diplomas, advanced diplomas, full and associate degrees or Masters programs, on a full- or part-time basis. A review of the awareness, accessibility and levels of current scholarship programs by DoHA and scholarship administrators is required to support this recommendation.

Rationale

Ongoing education will enable the continued professional development of Aboriginal and Torres Strait Islander Health Workers and contribute to the sustainability and expertise of the Aboriginal and Torres Strait Islander Health Worker workforce. However, the cost of training courses, associated accommodation and transport can prohibit some Aboriginal and Torres Strait Islander Health Workers from pursuing further education.

There are a variety of scholarship programs available to those pursuing careers as Aboriginal and Torres Strait Islander Health Workers. However, consultations found many Aboriginal and Torres Strait Islander Health Workers do not know what scholarships are available, which ones they are eligible for, or how to apply. There is a wealth of information but it is not concentrated in the one place nor is it easy to navigate. Some Aboriginal and Torres Strait Islander Health Workers reported feeling overwhelmed and discouraged from applying for scholarships.

There is a need to increase the availability and accessibility of scholarships for Aboriginal and Torres Strait Islander Health Workers to pursue ongoing training opportunities. In particular, Aboriginal and Torres Strait Islander Health Worker stakeholders have highlighted as an area of interest further training in aspects of comprehensive primary health care such as mental health, sexual health, drugs and alcohol, and health promotion.

Implementation

Suggested strategies to support implementation of this recommendation include:

- a review of the allocation and prioritisation options for Aboriginal and Torres Strait Islander Health Worker scholarships under the DoHA-funded Puggy Hunter scholarship and other schemes. This should be conducted in conjunction with the Royal College of Nursing (as the Puggy Hunter scholarship administrator) and other scholarship administrators
- consideration of options to expand the pool of funds available through the Puggy Hunter scholarship program and dedicating a portion of available scholarships for Aboriginal and Torres Strait Islander Health Workers - particularly for those undertaking qualifications that correspond to requirements for registration as a Health Practitioner
- promotion of the Puggy Hunter Scholarship Scheme through NATSIHWA, NACCHO, NACCHO affiliates and state and territory Aboriginal health units, particularly if a portion of scholarships are reserved for Aboriginal and Torres Strait Islander Health Workers
- NACCHO, NACCHO affiliates and state and territory health departments should collaborate to increase awareness, provision and accessibility of appropriate employer-based financial and study leave to assist Aboriginal and Torres Strait Islander Health Workers to undertake additional education.

In implementing these strategies, the following should be considered:

- the NATSIHWA representation and involvement in the assessment of Puggy Hunter Scholarships will be crucial to enable appropriate allocation and distribution of the scholarship scheme to Aboriginal and Torres Strait Islander Health Workers
- advice and support through NATSIHWA, NACCHO
and their affiliates for Aboriginal and Torres Strait Islander Health Workers to complete applications for particular scholarships

- investigation of the best ways to advise about the impact of receiving a scholarship or bursary on ABSTUDY and Centrelink payments or tax returns
- options to reduce barriers to accessing more than one scholarship so that individuals are better supported in covering the cost of education
- options for those requiring higher levels of income during training periods to meet family support or other commitments.

**Recommendation 20**

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

**Description**

‘Articulation pathways’ refers to opportunities for individuals to transition from VET courses to tertiary education courses (and vice versa). The student’s new education provider offers the student course credits in recognition of specific course modules (or courses) undertaken by the student with a different education provider. Aboriginal and Torres Strait Islander Health Workers need easier articulation pathways from VET-level certificates in Aboriginal and Torres Strait Islander Primary Health Care to higher qualifications both within their workforce and in other health professions.

The current Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People (the Review) should receive information and submissions in relation to Aboriginal and Torres Strait Islander Health Worker articulation pathways. The Review should consider higher education course requirements to support increasing the knowledge base and expertise in Aboriginal and Torres Strait Islander primary health care.

The Council of Deans of Nursing and Midwifery (CDNM) and CS&HiSC should also commit to supporting and developing approaches for more streamlined articulation pathways for nursing courses in the nearer term. This would provide a staged approach to improving articulation pathways and could offer a future blueprint for other health sciences, pending the outcome of the broader Review.

**Rationale**

A skilled workforce is seen as essential to the successful implementation of the National Primary Health Care Strategy. Support for building broader expertise and a health workforce in primary care is required with Aboriginal and Torres Strait Islander Health Workers as key experts in this area. Streamlined (vertical) pathways to higher education qualifications in primary health would be beneficial.

Articulation pathways between VET sector courses and tertiary qualifications were identified as a major concern for Aboriginal and Torres Strait Islander Health Workers and industry stakeholders. Stakeholders reported challenges for Aboriginal and Torres Strait Islander Health Workers seeking to have their prior knowledge and experience recognised when moving to another profession and/or onto a higher qualification such as health management or a Masters of research.

Currently, individual students are required to make an application for recognition of prior learning by tertiary education institutions on a case-by-case basis; this is predominantly for entry requirements but may extend to subject credits. Articulation pathways would be easier for Aboriginal and Torres Strait Islander Health Workers to understand and navigate if they were more clearly defined.

The Review provides an opportunity to consider a broad approach to supporting Aboriginal and Torres Strait Islander Health Workers articulate into higher education – both within the Aboriginal and Torres Strait Islander Health Worker profession and in other health disciplines. Consideration of this broader remit may require the direction of DIISRTE to consider these issues as part of the review’s scope. However, the development of a national approach to course articulation and crediting of subjects will take a long time to achieve.
Therefore, in the shorter term, local agreements between vocational and tertiary education institutions are a more realistic avenue for clarity in articulation pathways. Relevant higher education institutions and industry skills councils should work together to assess options for more streamlined and strategic articulation pathways (across a selection of courses or providers), which better recognise the prior knowledge, training and qualifications of Aboriginal and Torres Strait Islander Health Workers. While this has been undertaken in some higher education providers for other health and community service VET qualifications, it is not currently widespread for ATSIPHC VET qualifications.

It is therefore suggested that a selection of higher education providers participate in the first round of articulation pathway development at the local level. Higher education nursing courses are suggested as an appropriate starting point, given that nursing is a common articulation pathway for Aboriginal and Torres Strait Islander Health Workers.

**Implementation**

The Review should give consideration to the creation of tertiary-level or other recognised primary health care qualifications. This would allow the development of a pathway for those Aboriginal and Torres Strait Islander Health Workers wishing to obtain higher or further education. Areas of curricula could include health promotion, primary health care delivery, health research and culturally safe health care. The inclusion of Aboriginal and Torres Strait Islander health within these curricula would be essential.

The Review and higher education providers should consider the use of associate degrees in primary health care. The course equates to Level 5 on the Australian Qualifications Framework, comparable to an Advanced Diploma. Associate degrees approximate to two years of a bachelor’s degree and due to their higher education recognition provide greater ease of articulation. This may provide a more streamlined pathway to other health professional degrees.

To support the implementation of this recommendation at the local level, it is suggested that:

- commitment and support be provided to map Aboriginal and Torres Strait Islander Health Worker VET qualifications to the selected nursing courses and providers, along with development and communication of the articulation pathways
- two-way articulation pathways between nursing and Aboriginal Primary Health Care training be considered
- possible articulation pathways to other allied health and health science disciplines be explored by relevant Councils of Deans, TAFE Directors and RTOs.
Recommendation 21

Health employers should note the perceived variation in salaries and conditions for Aboriginal and Torres Strait Islander Health Workers and should consider if changes are required to improve recruitment and retention strategies.

Description

Health Worker employers should note the perceived variation in salaries and conditions for Aboriginal and Torres Strait Islander Health Workers across jurisdictions, sectors and in comparison to other health professionals performing similar roles such as Tobacco Workers, Healthy Lifestyle Workers, Outreach Workers, and those in the nursing and social work professions. This information will assist in understanding and addressing, if required, perceived inequities in Aboriginal and Torres Strait Islander Health Worker salaries and employment conditions.

Rationale

Equity in pay and conditions for Aboriginal and Torres Strait Islander Health Workers was raised throughout the project in every consultation forum and in the majority of site visits. There is a widespread perception that Aboriginal and Torres Strait Islander Health Workers experience inequity in remuneration and employment conditions - both within the Aboriginal and Torres Strait Islander Health Worker workforce and in comparison to similar health professions. This has been attributed as a key factor undermining Aboriginal and Torres Strait Islander Health Worker recruitment and retention efforts and requires investigation.

While these reports were frequently raised throughout the consultations, it was not possible to substantiate these views within the scope of this project. Without such evidence, it is difficult to identify whether perceived inequities actually exist, and if so, what are the most effective strategies to address them.

In other health professions, it is usual practice for action to be led by an appropriate industrial association. This is not currently a viable option for the Aboriginal and Torres Strait Islander Health Worker workforce. The workforce has comparatively low numbers and is distributed over a vast geographic area. Aboriginal and Torres Strait Islander Health Workers are members of a diverse range of national and state/territory industrial organisations, including the Health Services Union, the Administrative Services Union, the Liquor Hospitality & Miscellaneous Union, the Health and Community Services Union and the Community and Public Service Union. These practicalities mean the Aboriginal and Torres Strait Islander Health Worker workforce is not collectively represented and has limited capacity to drive reviews of pay and conditions.

Implementation

It is important to acknowledge employment awards are intended to provide minimum remuneration levels to guide employer organisations, serving as a safety net for employees. Employers are able to pay above the minimum award and should appropriately remunerate the Aboriginal and Torres Strait Islander Health Workers they employ. Some employers reported using innovative business models while others negotiated with funding bodies to ensure appropriate budgets to provide appropriate remuneration.

It is important to consider the joint responsibility of policy makers, funding bodies and Aboriginal and Torres Strait Islander Health Worker employers in determining the remuneration and employment conditions for Aboriginal and Torres Strait Islander Health Workers.
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

Recommendation 22

Develop position statements regarding interdisciplinary, collaborative and respectful working practices between Aboriginal and Torres Strait Islander Health Workers and other health professionals

Description

Aboriginal and Torres Strait Islander Health Workers are a key component of the multidisciplinary primary health care team and their role and value needs to be recognised by all members of the team. Statements from the peak bodies for health professionals endorsing this position, as well as a mechanism for collaborative and respectful relationships, will facilitate positive interdisciplinary team work.

Rationale

The quality of the relationships shared by Aboriginal and Torres Strait Islander Health Workers and their colleagues impacts on the capacity of multidisciplinary teams to respond effectively to the needs of Aboriginal and Torres Strait Islander clients. An explicit, mutual commitment to developing productive, collaborative relationships between Aboriginal and Torres Strait Islander Health Workers and other health professions is required. This commitment should be driven by each health profession’s professional association.

Implementation

Health professional associations should work with NATSIHWA to identify joint position statements regarding respectful and collaborative working practices between Aboriginal and Torres Strait Islander Health Workers and other health professionals. There may be a need to consider how each professional association can assist its members to develop a better understanding of the Aboriginal and Torres Strait Islander Health Worker workforce and the value of the roles they perform.

NATSIHWA could use the Draft Aboriginal and Torres Strait Islander National Professional Practice Framework in discussions and activities to develop the position statement with professional associations and other stakeholders. Although this recommendation should be driven by individual health professional associations, it is acknowledged that some may not identify this as a priority. NATSIHWA and other collaborative partners (such as NACCHO, its affiliate organisations, and state and territory government health departments) may need to provide them with encouragement to put this on their agendas.
Non-Aboriginal and Torres Strait Islander health professionals need to understand the role of Aboriginal and Torres Strait Islander Health Workers and what it means to work with them in an interdisciplinary team. They also require competency in culturally safe health care, including ways of working respectfully with Aboriginal and Torres Strait Islander communities. This should be mandated within entry level curricula and occur across all health science degrees.

Rationale

Increasing the level of awareness of other health professionals about Aboriginal and Torres Strait Islander culture and the role of Aboriginal and Torres Strait Islander Health Workers will have a positive impact on interdisciplinary relationships.

The Leadership in Medical Education (LIME) Network is a project of the Medical Deans of New Zealand and Australia, hosted by the Onemda VicHealth Koori Health Unit (University of Melbourne). LIME improves cultural awareness through collaboration and by delivering education on Aboriginal and Torres Strait Islander health to medical students. A national framework has been developed for medical curricula (Committee of Deans of Australian Medical Schools - CDAMS Indigenous Health Curriculum Framework). Implementation of a similar project is being explored through the Council of Deans of Nursing and Midwifery (Australia & New Zealand) but the project is in the scoping stages and has not been fully endorsed by the Council.

DoHA and HWA should seek to utilise the knowledge and lessons from the LIME network and move to expand the project to other health disciplines. Such programs will be vital in contributing to the future delivery of culturally safe health care for Aboriginal and Torres Strait Islander communities. The initiative will increase new health professionals’ understanding of the role and scope of practice of Aboriginal and Torres Strait Islander Health Workers.

Recommendation 23

Embed mandatory cultural competency curricula, including an understanding of the role of the Aboriginal and Torres Strait Islander Health Worker, in vocational and tertiary education for health professionals.
Description

The majority of health authorities and jurisdictions support the requirement for greater cultural awareness within their services and organisations. However, the CEOs and Boards of health services need to enhance their efforts to embed cultural awareness and respect across their services, including an understanding of the role and value of Aboriginal and Torres Strait Islander Health Workers. This should be monitored through staff surveys, and continuous quality improvement and accreditation processes.

Rationale

Substantial effort has been undertaken to develop approaches and frameworks for improving the delivery of culturally safe health care by health professionals. Cultural safety frameworks and cultural awareness training have been developed by NACCHO, state and territory governments and most large health services. More can be done.

Implementation of and support for these frameworks and effective models for cultural awareness training, will enable the health workforce to deliver health care that is culturally safe and appropriate. If implemented effectively, this approach will increase and improve collaboration and respect between Aboriginal and Torres Strait Islander Health Workers and other health professionals - a key issue highlighted in the Interim Report.

The demonstration of cultural competency and respect for Aboriginal and Torres Strait Islander culture needs to be ongoing. It is not enough to do a course once to fulfil a requirement. Staff knowledge should be improved on a continuous basis and monitored for such improvements.

Implementation

Examples from culturally diverse communities are instructive where they have assisted organisations to become more culturally sensitive and responsive. This has included the development of workplace assessment and credentialing programs which have had some success in raising cultural competency levels. One example is the Australian Workplace Equity Index developed through Pride in Diversity.56

Such a program could be developed to assess the level of cultural competence and respect within a health service, and integrated into health service accreditation assessments.

Further considerations include:

- a review of current cultural safety frameworks, cultural competency training and good practice models, including assessment of reach, implementation and methodology

- an assessment by employers of whether cultural awareness training includes the role and value of Aboriginal and Torres Strait Islander Health Workers and if training meets relevant standards, such as those identified by NACCHO in its cultural competency framework

- the development of staff orientation for other health professionals on the role, contribution and scope of practice of Aboriginal and Torres Strait Islander Health Workers and, following national registration, Aboriginal and Torres Strait Islander Health Practitioners

- the inclusion of questions on cultural respect within staff satisfaction and feedback surveys

- the incorporation of the requirement for Aboriginal or Torres Strait Islander-led cultural competency training within mandatory staff orientation programs of health services

- the incorporation of mandatory cultural competency training in future health service accreditation standards and processes (such as ACHS, AGPAL and QICSA health and community service accreditation programs) to improve overall cultural competency in the health professions.
Working together to drive implementation

The target outcomes and recommendations for strengthening the Aboriginal and Torres Strait Islander Health Worker workforce have been developed with a focus on collaboration. Continuing stakeholder commitment to a collective approach to the implementation process will increase the likelihood of its success.

This chapter explores the context for implementation and concludes with suggested strategies for working together to ensure change happens.

4.1 The implementation context

The environment for implementing the project recommendations is complex. Multiple stakeholders are involved from across the government, Aboriginal community-controlled and primary care sectors. These stakeholders belong to different disciplines or industries, including health, education, and employment. They range from those who work daily at the frontline of service delivery to those who make policy decisions.

The reality of working in this complex environment means that some of the project recommendations will require:

- commitment from Ministers for Health, Education and Indigenous Affairs
- policy development and implementation by governments at all levels
- cooperation between, and joint endorsement by, federal government departments and state and territory government departments
- close collaboration between the government, Aboriginal community-controlled and primary care sectors

Implementation of other recommendations can begin today. Local stakeholders, such as health services, Aboriginal and Torres Strait Islander Health Workers and their managers, play a crucial role on the ground in translating these recommendations into reality.

Driving change is a shared responsibility that includes those at the local level of health services right through to governments and ministers.
Implementation considerations

In the past, similar attempts to change the status quo have fallen short of expectations. Factors that may have contributed to this include:

- limited opportunities for Aboriginal and Torres Strait Islander involvement and leadership, both in the development and implementation of recommendations
- isolated or piecemeal approaches to change by organisations, even though they may have common goals
- limited coordination of and planning by multiple stakeholder groups
- insufficient monitoring and accountability mechanisms
- a lack of transparent and ongoing public reporting of progress
- insufficient resources to support ongoing implementation.

Insights from comparable experiences overseas identify five conditions for collective success:

1. a common agenda shared by all stakeholders
2. shared measurement systems to monitor success
3. mutually-reinforcing activities
4. continuous communication and information-sharing between stakeholders
5. a coordinating or support organisation that forms the backbone of the implementation process.

These generic principles may be useful to consider during the implementation process.

A number of considerations for implementation exist that are more specific to the context of the Aboriginal and Torres Strait Islander Health Worker workforce. These include:

- the national registration scheme for Aboriginal and Torres Strait Islander Health Practitioners and its implications for the Aboriginal and Torres Strait Islander Health Worker workforce, which are currently unclear
- the impact of health reform on the macro-environment for health – including the introduction of the National Health Performance Authority (NHPA), Medicare Locals, Local Health Networks and the implementation of the COAG ‘Closing the Gap’ initiatives
- the uncertainty of some funding streams – program-based and fee-for-service funding models limit the ability of ACCHOs to plan and support their workforces in the longer term
- ongoing changes in the broader governance environment with the establishment and evolution of relevant organisations such as the Australian Skills Quality Authority, the National Workforce and Productivity Agency and the Australian Charities and Not-For-Profit Commission.

Recognising these contextual considerations, the three recommendations presented in this chapter aim to set up the mechanisms required to drive change. This involves engaging with the Ministerial Council for Tertiary Education and Employment to promote collaboration between the health and education sectors (Recommendation 25); establishing appropriate governance structures to oversee the implementation and evaluation of endorsed project recommendations (Recommendation 26); and supporting health services to create change at the local level (Recommendation 27).
Appropriate mechanisms to support, coordinate and drive the implementation process are crucial to the success of the recommendations.

Recommendation 25
Refer recommendations 10, 14, 16, and 20 to the Ministerial Council for Tertiary Education and Employment for consideration and allocation of implementation responsibility

Description
Following the consideration of the recommendations contained within this report by the Australian Health Ministers Conference, the recommendations relevant to education portfolios should be referred to the Standing Council on Tertiary Education, Skills and Employment (SCOTESE). The SCOTESE is requested to allocate governance responsibility for implementation of the relevant recommendations.

Rationale
DIISRTE has provided ongoing input to the HWA Aboriginal and Torres Strait Islander Health Worker project and was consulted during the development of the recommendations. However, Recommendations 10, 14, 16 and 20 require formal referral, consideration and endorsement from the SCOTESE. Following endorsement, assigning responsibility for governance and implementation will be required, as well as overall support for the process.

Implementation
The Standing Council on Health Secretariat should refer recommendations to the Standing Council on Tertiary Education, Skills and Employment once the SCoH has considered the report.
**Recommendation 26**

*Allocate governance responsibility to ensure transparent monitoring and reporting of performance and outcomes against endorsed recommendations*

**Description**

Ministers should allocate responsibility to a governance structure with appropriate authority to ensure progress on implementation. An appropriate governance committee, such as AHMAC, should provide oversight to the implementation of recommendations. Periodic consolidated reporting to stakeholders will be essential for continued engagement of the sector.

**Rationale**

Transparent monitoring of and reporting on the progress of implementation to stakeholders introduces avenues for mutual accountability. Evaluating progress enables stakeholders to understand what is working well and what is working less well. Ongoing feedback can be used to improve the implementation process and achieve greater system-level impact.

**Implementation**

An implementation plan and evaluation framework will require development under the auspices of AHMAC.

It is suggested that planning for implementation be undertaken by ATSIHWWG. Progress reports through the Health Workforce Principal Committee to the AHMAC on a regular basis are recommended.

If ATSIHWWG were to be given responsibility for driving this recommendation, it should consider providing opportunity for key stakeholders who are not represented on ATSIHWWG to be involved in this process. This will provide the broad representation needed to help drive implementation and progress reports. Given the complex and diverse range of stakeholders responsible for leading change, significant effort will then be required to drive and monitor the implementation of recommendations.

Driving collective action in this context would need to be supported by:

- ongoing efforts to seek, obtain and maintain commitment from relevant organisations to lead and support recommendations
- mechanisms for collecting and sharing information on stakeholder roles and responsibilities and contact persons
- development and implementation of a communication strategy to keep all stakeholders informed of implementation progress, success stories, and lessons learnt
- development and implementation of a monitoring and evaluation framework and relevant tools, possibly in consultation with the NHPA once it is operational.

AHMAC and ATSIHWWG should explore options to support and resource these functions to drive change.
Description

This recommendation seeks to drive local implementation. This report contains a toolkit (Appendix F) that provides a standardised template to be tailored at the local level. The toolkit is intended to guide health service boards, CEOs, managers, Aboriginal and Torres Strait Islander Health Workers and other health professionals to work collaboratively to develop local implementation and monitoring plans.

Rationale

The project recommendations aim to bring about system-wide change for Aboriginal and Torres Strait Islander Health Workers. However, unless local implementation and change is also promoted, facilitated and driven by health service boards, CEOs and managers, change on the ground is unlikely for Aboriginal and Torres Strait Islander Health Workers or the people they care for.

Implementation

The purpose of the toolkit is to help facilitate individual health services to develop organisational plans for action to contribute to strengthening the Aboriginal and Torres Strait Islander Health Worker workforce. Plans will need to be tailored locally to specific contexts and priorities with the endorsement of health service leaders and support for the direction and actions contained in the plan.

State and territory health departments, NACCHO and its affiliates will all need to promote the use of the toolkit with the leaders of health services. State and territory health departments, NACCHO affiliates and Medicare Locals should also consider ways of collecting their locally-relevant health service implementation plans in order to use them as a tool to encourage shared learning and monitor local implementation. These learnings could be shared through Aboriginal and Torres Strait Islander Health Worker and health forums or through the establishment of online portals.
This project provides 27 recommendations that aim to strengthen and sustain the Aboriginal and Torres Strait Islander Health Worker workforce. A number of the recommendations are interrelated. Some recommendations rely on others to be started or completed in order to be effectively implemented.

A diagram has been provided to give a preliminary indication of the appropriate order of implementation for the recommendations (Figure 3). The order has been developed by considering the ease of implementation (including the time required and the range of stakeholders involved), resources required to facilitate implementation and relevant interdependencies between recommendations.

The implementation timelines have been broadly categorised as:

- **Implement ‘Now’** – solutions that are relatively easy to implement, once endorsed, in the next 12 months
- **Implement ‘Soon’** – recommendations that will require identification of resources and significant coordination of implementation planning. To be undertaken in the next one to three years
- **Implement ‘Subsequently’** – recommendations that require the start or completion of other recommendations as a precursor. To be undertaken within five years. A number of these recommendations will rely on the decisions and results of prior recommendations. Others require data to be available to implement the recommendation (e.g. incorporation of Aboriginal and Torres Strait Islander Health Worker supply and demand modelling in the HWA National Training Plan).

The work on some recommendations has already commenced, such as the work of NATSIHWA in promoting the profession. There are also a series of recommendations which require local and national leadership but only minimal resources. The implementation of some recommendations can therefore commence immediately, pending endorsement of the recommendations by Ministers. Given the evolving implementation context, the order of implementation should be reviewed in the future to ensure it remains relevant to emerging contexts.
Figure 3: Order of implementation

- **Establishing the parameters of the profession**
  1. Endorse the national ATSIHW definition
  2. Assist existing workforce to meet new minimum qualification requirements
  3. Consider report findings in the development of the national registration process for ATSIHPs
  4. Effectively support, promote and advocate for the ATSIHW workforce

- **Workforce planning and research**
  5. Develop a national approach to collecting ATSIHW workforce data
  6. Develop a process to collect information on local health needs
  7. Recognise ATSIHWs as a core part of Australia’s primary health care workforce
  8. Recognise ATSIHWs in current and future A&TSI health policy initiatives
  9. Support ATSIHW-focussed research

- **Increasing the workforce to meet demand**
  10. Endorse a national approach to increasing the ATSIHW workforce
  11. Develop a marketing and communication strategy to raise awareness about ATSIHWs
  12. Incorporate the ATSIHW workforce into health workforce planning

- **Improving the quality and accessibility of training**
  13. Review and update the National Training Package to meet evolving community needs
  14. Refer ATSIHPHC qualification providers to accreditation bodies as a priority
  15. Develop options to improve accessibility and flexibility of training delivery
  16. Raise awareness and accessibility of entry pathways into ATSIHW training
  17. Increase quality of health service placements with diverse employers

- **Supporting and developing the workforce**
  18. Develop ATSIHW mentoring good practice framework
  19. Promote accessibility and availability of scholarships for ATSIHW training
  21. Note the perceived variation in salaries and employment conditions

- **Building effective interdisciplinary relationships**
  22. Develop collaborative and respectful interdisciplinary working practice
  23. Embed mandatory cultural competency curricula in university/VET health education
  24. Take action to ensure cultural respect in health services
  25. Refer recommendations 10, 14, 16, 20 to Ministers for Tertiary Education & Employment
  26. Allocate governance responsibility for monitoring and reporting of project progress
  27. Drive change at the health service level using the health service toolkit

- **Driving Implementation**

- **Now – within 12 months**
- **Soon - within 1-3 years**
- **Subsequently - within 5 years**
This Final Report is delivered during a period of significant national health reform and substantial change for the Aboriginal and Torres Strait Islander Health Worker workforce, offering both challenges and opportunities. This report concludes a comprehensive project undertaken over an 18-month period. The project activities involved wide consultation with Aboriginal and Torres Strait Islander Health Workers and other key stakeholders.

Collectively, project reference groups and participants have agreed upon target outcomes for the future. The Aboriginal and Torres Strait Islander Health Worker workforce must be defined, understood and recognised; have access to clearer education and career pathways; and work in environments that support, and enable them to develop. Increasing the workforce to meet current and future needs will require strategic planning and collaboration. This will be supported by improving the way relevant information is collected and shared.

To achieve these objectives, 27 recommendations provide a clear plan of action. They require endorsement by Ministers, leadership by key partners and the collaboration of a range of stakeholders – including organisations and individuals working at national, state and territory and local levels. The opportunity is open for all involved to demonstrate leadership and improve health care for Aboriginal and Torres Strait Islander people by strengthening and sustaining the Aboriginal and Torres Strait Islander Health Worker workforce. They will be part of a process that is not finite but ongoing – a journey of continual improvement. All people involved in this project share the goal of ending disparity between Aboriginal and Torres Strait Islander people and other Australians. This report aims to contribute to this goal.
Appendix A: Alignment between project recommendations and existing policy initiatives

This project aims to contribute to existing policy initiatives. Chapter 1 of this report provided an overview of the current policy context. This Appendix demonstrates how the project’s recommendations align to relevant government initiatives, including:

- the COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (2008)
- the National Preventative Health Strategy (2009)
- the National Primary Health Care Strategy (2010)
- the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (2011–2015)

COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

The Closing the Gap agreement includes six targets for overcoming Aboriginal and Torres Strait Islander disadvantage in health, education and employment. This project specifically aims to contribute to three of these six targets:

- closing the life expectancy gap within a generation
- halving the gap in mortality rates for Aboriginal and Torres Strait Islander children under five within a decade
- halving the gap in employment outcomes between Aboriginal and Torres Strait Islander and other Australians within a decade.
Within the broader Closing the Gap agreement, COAG committed to five initiatives for Closing the Gap in Indigenous Health Outcomes. These initiatives include:

- tackling smoking
- healthy transition into adulthood
- making Indigenous Health everyone’s business
- primary health care services that can deliver
- fixing the gaps and improving the patient journey.

The project’s recommendations, if implemented, will strengthen the Aboriginal and Torres Strait Islander Health Worker workforce and enhance its capacity to support each of the five Closing the Gap initiatives above. The implementation plan for these initiatives includes a list of five national reforms. This project’s recommendations specifically align to reforms 2.4 and 2.5, depicted in Table 2 above.

### Table 2: Alignment of project recommendations to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, Implementation Plan’s National Reforms

<table>
<thead>
<tr>
<th>National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes: Implementation Plan – five national reforms</th>
<th>Relevant project recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4 Workforce: increase the number of Aboriginal and Torres Strait Islander people in the health workforce, and reform and improve the supply of the health workforce generally including the adoption of complementary workplace reforms</td>
<td>10, 11, 12</td>
</tr>
<tr>
<td>- New nursing scholarships and the training and support of Aboriginal and Torres Strait Islander people as Indigenous Outreach Workers to strengthen career pathways into the health system for Indigenous Australians</td>
<td>15, 16, 17, 18, 19</td>
</tr>
<tr>
<td>- Scholarships and mentoring for Aboriginal and Torres Strait Islander students of health-related disciplines</td>
<td>16, 18,</td>
</tr>
<tr>
<td>- Support for the Indigenous health workforce and initiatives to encourage more Aboriginal and Torres Strait Islander people to take up careers as health professionals</td>
<td>10, 11, 12</td>
</tr>
<tr>
<td>2.5 Cultural Security: Improved cultural security in health service delivery in all organisations providing care to Aboriginal and Torres Strait Islander people</td>
<td>22, 23, 24</td>
</tr>
<tr>
<td>- Indigenous-specific clinical practice and decision support guidelines for the management of chronic disease prevention and primary care management will be developed and Australian healthcare guidelines will include Indigenous-specific information to improve the quality of service delivery for Aboriginal and Torres Strait Islander people</td>
<td>23, 24</td>
</tr>
<tr>
<td>- All training and education provided for health professionals, health and community workers and health promotion officers will be culturally sensitive</td>
<td>22, 23, 24</td>
</tr>
</tbody>
</table>

### National Preventative Health Strategy

Aboriginal and Torres Strait Islander Health Workers are not specifically mentioned in the National Preventative Health Strategy, yet they are a major workforce providing primary health care (including illness prevention and health promotion programs) to Aboriginal and Torres Strait Islander communities. The National Health Prevention Strategy has four targets shown in Table 3 below. The Aboriginal and Torres Strait Islander Health Worker workforce is integral to the process of achieving each of these targets for the Aboriginal and Torres Strait Islander population. Implementing the project recommendations and strengthening the Aboriginal and Torres Strait Islander Health Worker workforce will enhance the impact it has on these target areas.

### National Primary Health Care Strategy

The broader Australian health care system is currently undergoing major reform. These reforms signal a shift towards comprehensive primary health care models as documented in the National Primary Health Care Strategy released in May 2010.59
### Table 3: Alignment of project recommendations to the National Preventative Health Strategy Targets

<table>
<thead>
<tr>
<th>National Preventative Health Strategy Targets</th>
<th>Relevant project recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obesity</strong></td>
<td>All project recommendations aim to improve health outcomes for Aboriginal and Torres Strait Islander people by strengthening the ATSIHW workforce Consequently, all recommendations support the National Preventative Health Strategy</td>
</tr>
<tr>
<td>• Halt and reverse the rise in overweight and obesity prevalence by 2020</td>
<td></td>
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<tr>
<td><strong>Tobacco</strong></td>
<td></td>
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<tr>
<td>• A reduction in the prevalence of daily smoking among adult Australians (aged 18+) from 17.4% to 10% or lower by 2020</td>
<td></td>
</tr>
<tr>
<td>• By 2020, Australians, especially children, are not being exposed to second-hand smoke in their day-to-day lives and smoking during pregnancy is minimal</td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td></td>
</tr>
<tr>
<td>• Reduce the proportion of Australians who drinks at short-term risky/high levels to 14%</td>
<td></td>
</tr>
<tr>
<td>• Reduce the proportion of Australians who drink at long-term risky/high-risk levels to 7%</td>
<td></td>
</tr>
<tr>
<td><strong>Indigenous</strong></td>
<td></td>
</tr>
<tr>
<td>• Contribute to close the gap target for Indigenous people, reducing the life expectancy gap between Indigenous and non-Indigenous Australians</td>
<td></td>
</tr>
</tbody>
</table>

The Primary Health Care Strategy has four key priority areas for change (see Table 4). Aboriginal and Torres Strait Islander Health Workers are a major workforce delivering primary health care to Aboriginal and Torres Strait Islander people. The recommendations in this project aim to strengthen this workforce, which will in turn contribute to all four priority areas for change within the National Primary Health Care Strategy.

Specific alignment between the project recommendations and the priority areas of the National Primary Health Care Strategy is listed in Table 4 below.

### Table 4: Alignment of project recommendations to the National Primary Health Care Strategy priority areas for change

<table>
<thead>
<tr>
<th>National Primary Health Care Strategy - key priority areas for change</th>
<th>Relevant project recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improving access and reducing inequity</td>
<td>5, 6, 7, 8, 10, 12, 15, 22, 23, 24, 27</td>
</tr>
<tr>
<td>• Better management of chronic conditions</td>
<td>7, 8, 9, 10, 22, 23, 24, 27</td>
</tr>
<tr>
<td>• Increasing the focus on prevention</td>
<td>7, 8, 9, 10, 22, 23, 27</td>
</tr>
<tr>
<td>• Improving quality, safety, performance and accountability</td>
<td>2, 3, 9, 13, 14, 17, 22, 23, 24, 25, 26</td>
</tr>
</tbody>
</table>

HWA National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015

HWA has recently released the National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015. This framework calls for workforce reform across the health and educational sectors for workforces including Aboriginal and Torres Strait Islander Health Workers across both the government and community-controlled sectors. As a reflection of future workforce development, it is important this project’s recommendations align with the WIR Strategic Framework for Action. Table 5 demonstrates which project recommendations align to relevant strategies in the Framework.
Table 5: Alignment of project recommendations to the HWA Workforce Innovation Reform Strategic Framework for Action

<table>
<thead>
<tr>
<th>HWA Workforce Innovation Reform Strategic Framework for Action</th>
<th>Relevant project recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 1 – Health workforce reform for more effective, efficient and accessible service delivery</strong></td>
<td></td>
</tr>
<tr>
<td>• 1.2: Increase the productivity and retention of the existing workforce and enable all current health disciplines to work to their full or extended scope of practice, including options to better utilise the assistant and support workforce</td>
<td>2, 7, 8, 20, 21, 22, 23, 24, 25, 26, 27</td>
</tr>
<tr>
<td><strong>Domain 2 – Health workforce capacity and skills development</strong></td>
<td></td>
</tr>
<tr>
<td>• 2.2: Improve productivity, retention and career pathways by the simplification of articulation, both horizontal and vertical, across education/ training programs, enhancing recognition of prior learning and existing competencies, and increasing re-entry points to training and career paths</td>
<td>2, 10, 15, 16, 19, 20, 25, 26</td>
</tr>
<tr>
<td>• 2.3: Raise awareness, promote health careers and build programs in schools and workplaces to increase participation and retention of Aboriginal and Torres Strait Islander people in the health workforce</td>
<td>2, 4, 7, 8, 10, 11, 16, 17, 18, 19, 22, 23, 24, 25, 26, 27</td>
</tr>
<tr>
<td>• 2.4: Strengthen Aboriginal and Torres Strait Islander health service delivery and accessibility by ensuring education and training programs prepare the workforce to deliver culturally appropriate and safe health care in all settings</td>
<td>2, 13, 14, 15, 16, 17, 18, 22, 23, 24, 25, 26</td>
</tr>
<tr>
<td>• 2.6: Expand clinical training placements in underserved and non-traditional settings to maximise learning opportunities and future career choices in these settings</td>
<td>15, 17, 26, 27</td>
</tr>
<tr>
<td><strong>Domain 3 – Leadership for the sustainability of the health system</strong></td>
<td></td>
</tr>
<tr>
<td>• 3.2: Work with professional, regulatory, and accrediting bodies and educators to ensure leadership competencies are included in all education, training and continuing professional development programs</td>
<td>4, 13, 14, 18, 26, 27</td>
</tr>
<tr>
<td>• 3.4: Accelerate progress in achieving the goals of Closing the Gap by building and supporting the leadership capacity of the Aboriginal and Torres Strait Islander health workforce</td>
<td>4, 7, 8, 13, 18, 20, 21, 22, 23, 24, 26, 27</td>
</tr>
<tr>
<td>• 3.5: Work with clinical leaders in all disciplines to support, promote and sustain inter-professional practice and workplace learning, and to adapt clinical governance procedures for new or expanded roles</td>
<td>17, 18, 22, 24, 22, 23, 24, 26, 27</td>
</tr>
<tr>
<td><strong>Domain 4 – Health workforce planning</strong></td>
<td></td>
</tr>
<tr>
<td>• 4.1: Strengthen a national approach to workforce planning by developing consistent and standardised consumer and needs-focused methodologies and tools that can be applied at national, jurisdictional and regional levels</td>
<td>5, 6, 9, 10, 12, 26</td>
</tr>
<tr>
<td>• 4.2: Develop an authoritative National Statistical Resource that brings health workforce related data and information from a variety of sources together at a national level to underpin future workforce planning across the system</td>
<td>5, 6, 12, 26</td>
</tr>
<tr>
<td>• 4.3: Equip workforce planners across the system to utilise and apply national tools to adopt more consistent, accurate and comparable approaches</td>
<td>3, 5, 6, 12, 26</td>
</tr>
<tr>
<td>• 4.4: Develop collaborative planning approaches across the health, education and training sectors to more effectively plan and coordinate training responses to future workforce requirements within the context of a deregulated education sector</td>
<td>3, 5, 6, 7, 8, 10, 12, 25, 26</td>
</tr>
<tr>
<td>• 4.5: Develop a Regional, Rural and Remote Health Workforce Strategy that addresses inequalities in service access</td>
<td>6, 10, 15, 26</td>
</tr>
</tbody>
</table>
Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (2010–2015)

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2010–2015 was developed by the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) on behalf of the Australian Health Ministers Advisory Council (AHMAC). It aims to achieve equitable health outcomes for Aboriginal and Torres Strait Islander people through a competent health workforce. Aboriginal and Torres Strait Islander Health Workers represent 17% of the total number of Aboriginal and Torres Strait Islander people working in health professions. The Strategic Framework is therefore highly relevant to the Aboriginal and Torres Strait Islander Health Worker workforce. This project’s recommendations align to relevant key priority areas, objectives and strategies outlined in the Strategic Framework. Table 6 lists areas of particular alignment.

Table 6: Alignment of project recommendations to the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (2010-2015)

<table>
<thead>
<tr>
<th>Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (2010-2015) - Key Priority Areas</th>
<th>Relevant project recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KPA 1 – Participation of Aboriginal and Torres Strait Islander peoples in the health workforce</strong></td>
<td></td>
</tr>
<tr>
<td>• Strategy 1.2: Implement initiatives to create sustainable long-term employment and optimise retention of Aboriginal and Torres Strait Islander peoples in the health workforce</td>
<td>2, 3, 4, 7, 8, 10, 18, 21, 22, 23, 24, 26, 27</td>
</tr>
<tr>
<td><strong>KPA 2 – Workforce capacity of the community-controlled sector including Aboriginal and Torres Strait Islander Health Workers</strong></td>
<td></td>
</tr>
<tr>
<td>• Strategy 2.1: Expand support for primary health care workforce in Aboriginal and Torres Strait Islander health services</td>
<td>4, 7, 8, 10, 18, 19, 22, 23, 24, 26, 27</td>
</tr>
<tr>
<td>• Strategy 2.2: Implement career structures, pathways to a range of disciplines and employment conditions covering Aboriginal and Torres Strait Islander community-controlled health services</td>
<td>1, 2, 4, 10, 17, 20, 21, 25, 26</td>
</tr>
<tr>
<td>• Strategy 2.3: Support national registration and accreditation of Aboriginal and Torres Strait Islander Health Practitioners in Australia and support the development of a national ATSIHW scope of practice.</td>
<td>2, 3, 4, 25, 26</td>
</tr>
<tr>
<td><strong>KPA 3 – Competent health workforce to meet the needs of Aboriginal and Torres Strait Islander peoples</strong></td>
<td></td>
</tr>
<tr>
<td>• Strategy 3.1: Provide education and training to the potential and current health workforce that reflects current, accepted approaches to health service delivery for Aboriginal and Torres Strait Islander peoples</td>
<td>2, 13, 14, 15, 16, 17, 19, 22, 23, 24, 25, 26, 27</td>
</tr>
<tr>
<td>• Strategy 3.3: Develop a high quality workforce to address specific health needs of Aboriginal and Torres Strait Islander peoples</td>
<td>2, 7, 8, 10, 13, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27</td>
</tr>
<tr>
<td><strong>KPA 4 – Leadership</strong></td>
<td></td>
</tr>
<tr>
<td>• Strategy 4.1: Implement a nationally-coordinated approach to Aboriginal and Torres Strait Islander health workforce development</td>
<td>2, 3, 8, 10, 13, 14, 25, 26, 27</td>
</tr>
<tr>
<td>• Strategy 4.2: Build leadership capacity in the Aboriginal and Torres Strait Islander health workforce</td>
<td>7, 8, 18, 19, 21, 22, 23, 24, 26, 27</td>
</tr>
<tr>
<td><strong>KPA 5 – Accountability</strong></td>
<td></td>
</tr>
<tr>
<td>• Strategy 5.1: Implement a national framework for joint planning, target setting and progress monitoring and reporting</td>
<td>5, 6, 10, 12, 26, 27</td>
</tr>
<tr>
<td>• Strategy 5.2: Monitor and evaluate the effectiveness and impact of Framework strategies against health outcomes</td>
<td>6, 9, 26</td>
</tr>
</tbody>
</table>
Appendix B: Project methodology

Project objectives

The main objective of the project was to:

Inform the development of policies and strategies that will 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.

Principles

The project methodology was guided by several core principles:

• Aboriginal and Torres Strait Islander Health Workers are central to the project – their involvement is essential, acknowledged and respected.

• Aboriginal and Torres Strait Islander involvement and guidance is crucial at all project stages – including in methodology design, logistical planning, implementing project activities, developing recommendations and reporting.

• All project activities must be conducted in a culturally appropriate way – every effort must be made to ensure project activities are deemed appropriate by relevant community representatives.

• Collective vision, commitment and action are necessary to create lasting change – project activities should aim to break down silos, promote collaborative ways of working, and provide opportunities for networking and information sharing, for example, through intergovernmental or cross-disciplinary efforts involving government and ACCHO.

Approach

The project was undertaken by a collaborative project team including representatives from Health Workforce Australia, Shannon Consulting Services and PricewaterhouseCoopers.

Beginning in May 2010, the project involved two phases of work over an 18-month period:

• Phase 1 of the project aimed to gain an understanding of the existing Aboriginal and Torres Strait Islander Health Worker workforce, the roles it plays across the country and the challenges it faces.
Phase 2 aimed to draw upon the information collected in Phase 1 to develop strategies for the future, in consultation with relevant stakeholders. The activities conducted during each phase of work, including the development of key project outputs, are depicted against an approximate timeline in Figure 4 below.

1. Project reference group meetings

The project had three reference groups that met regularly throughout the project to guide the design and implementation of project activities. These are the:

- Aboriginal Community Controlled Health Sector Reference Group (ACCHSRG)
- Jurisdictional Planning Group (JPG)
- Expert Reference Group (ERG).

Participant lists are included in Appendix C.

---

**Figure 4: ATSIHW project methodology**

| May 2010  | 2. Environmental Scan |
| July 201  | 4. Surveys |
| Sept 2010 | 5. Community mapping site visits |
| Nov 2010 | 3. Key informant interviews |
| Jan 2011 | 1. Project reference group meetings |
| May 2011 | 7. National workshops |
| July 2011 | 8. Draft national professional practice framework |
| Sept 2011 | 9. Combined reference group meeting |
|          | 10. Final report |
|          | Final report to HWA board & Health Ministers |
2. Environmental scan

The purpose of The Environmental Scan was to identify and synthesise available information on:

- the health needs of Aboriginal and Torres Strait Islander people
- literature, policy documents and grey literature relating to the Aboriginal and Torres Strait Islander Health Worker workforce.

The information was collected via desktop research, supported by information provided by key informants during interviews.

The Environmental Scan is one of the project’s three main reports.

3. Key informant interviews

The key informant interviews had several objectives:

a) to collect information relevant to the project
b) to give stakeholders project progress updates and feedback on project findings
c) to continue ongoing stakeholder engagement to raise commitment to project recommendations and their implementation.

The interviews targeted members of the project reference groups, health service CEOs and Aboriginal and Torres Strait Islander Health Worker employers, workforce planners and policy representatives (from state and territory governments, the federal government and ACCHS), education providers, and industry representatives.

Throughout the project a significant number of key informant interviews were undertaken, including:

- 138 individuals consulted via 83 interviews in Phase 1
- 74 individuals consulted via 26 interviews in Phase 2.

4. Surveys

The purpose of the surveys was to gain insights into the existing Aboriginal and Torres Strait Islander Health Worker workforce profile. This provided a quantitative evidence base that informed the Interim Report and the Final Report.

There were two surveys (one targeting Aboriginal and Torres Strait Islander Health Workers and one targeting their managers) available in both an online and paper-based version.

The number of people who provided complete survey responses across Australia included:

- 351 Aboriginal and Torres Strait Islander Health Workers
- 100 Aboriginal and Torres Strait Islander Health Worker Managers.

Analysis of survey data and more detail on participant profiles is provided in the Interim Report.

Figure 5: Workshop participant numbers – by jurisdiction (total=356)
5. Community mapping site visits and focus groups

The purpose of the community mapping activities was to collect qualitative information relating to the current Aboriginal and Torres Strait Islander Health Worker workforce, roles and workplace environments, and gain insights into existing challenges for workforce development.

During the community mapping exercise, a team of field workers visited 64 health facilities at 39 geographic locations across Australia. The field teams were led by Shannon Consulting Services and included representatives from HWA and PwC. At each site visit, a series of interviews or focus groups were undertaken with Aboriginal and Torres Strait Islander Health Workers, their managers and other health professionals.

Overall:
- 127 interviews and/or focus groups were conducted
- 264 Aboriginal and Torres Strait Islander Health Workers participated in interviews/focus groups
- 100 health service managers participated in interviews/focus groups
- 25 other health professionals participated in interviews/focus groups.

6. Interim report

The purpose of the Interim Report was to provide a national picture of the existing Aboriginal and Torres Strait Islander Health Worker workforce and the challenges it currently faces. This was informed by the qualitative and quantitative data collected via Phase 1 project activities.

The Interim Report identified areas that provided opportunity for action, which were further explored in Phase 2 of the project during the national workshops.

The Interim Report is the second of the project’s three main reports. It has informed the development of the recommendations in this report.

7. National workshops

The purpose of the national workshops was to:
- feedback project findings to participants
- collaboratively develop preliminary target outcomes and options for action
- identify barriers and enablers of change
- engage stakeholders and build commitment to change.

There were a total of 13 national workshops with 356 participants in total.

Figure 5 shows the breakdown of participants by jurisdiction.

The workshops informed the deliberations of Combined Reference Group workshop and the development of the final project recommendations.

The outputs from the national workshops are recorded in the National Workshop Consultation Report.

8. Draft Aboriginal and Torres Strait Islander Health Worker Workforce National Professional Practice Framework

The Draft Aboriginal and Torres Strait Islander Health Worker Workforce National Professional Practice Framework provides a draft of professional standards for the Aboriginal and Torres Strait Islander Health Worker workforce.

It is envisaged this framework will be used:
- to guide Aboriginal and Torres Strait Islander Health Workers, employers and other health professionals to better understand the Aboriginal and Torres Strait Islander Health Worker role, particularly their role in cultural brokerage
- to understand the different expectations of Aboriginal and Torres Strait Islander Health Workers as they develop and become more experienced
- to provide a guide to support Aboriginal and Torres Strait Islander Health Workers in mentoring and developing peers
- to facilitate communication between Aboriginal and Torres Strait Islander Health Workers and other health professionals regarding the expectations of the Aboriginal and Torres Strait Islander Health Workers.
Worker role and scope of practice.

The development of this draft framework was guided by a Technical Advisory Group which was convened through the Aboriginal and Torres Strait Islander Health Worker Project.

The Technical Advisory Group supported further consultation on the draft framework. NATSIHWA and the Aboriginal and Torres Strait Islander Practice Board of Australia may require different adaptations to the Framework for their individual purposes and audiences. However, these two organisations should work collaboratively in developing the consultation approach, the adaption of the Framework and in endorsing the Framework for their purposes.

9. Combined Reference Group workshop

The CRG workshop brought together a broad range of stakeholders over two days (19–20 July 2011) to reach agreement around workforce development strategies and actions needed to strengthen the Aboriginal and Torres Strait Islander Health Worker workforce.

Participants included representatives from the three project reference groups in addition to several representatives from the Aboriginal and Torres Strait Islander Health Worker workforce, federal government departments and the project team. The full participant list is provided in Appendix D.

The CRG workshop methodology enabled diverse stakeholder groups to work collaboratively to identify strategies for the future. Discussions were informed by the work already undertaken throughout the project, including outputs from the national workshops.

10. Final Report

The development of this report is the final project activity.
## Appendix C:
### Project advisory groups

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Cormack</td>
<td>Chief Executive Officer (Chair ERG)</td>
<td>Health Workforce Australia</td>
</tr>
<tr>
<td>Ann Newchurch</td>
<td>Workforce Issues Project Officer</td>
<td>Aboriginal Health Council, SA</td>
</tr>
<tr>
<td>Bernadette Walker</td>
<td>Acting Assistant Secretary, Nursing, Allied and Indigenous Workforce Branch</td>
<td>Department of Health &amp; Ageing</td>
</tr>
<tr>
<td>Bronwyn Nardi</td>
<td>Executive Director, Clinical Workforce Planning &amp; Development Branch</td>
<td>Qld Department of Health</td>
</tr>
<tr>
<td>Carole Taylor</td>
<td>Chief Executive Officer</td>
<td>Council of Remote Area Nurses of Australia Plus</td>
</tr>
<tr>
<td>Chris Robertson</td>
<td>Director National Board Services</td>
<td>Australian Health Practitioner Regulation Agency</td>
</tr>
<tr>
<td>Professor Cindy Shannon</td>
<td>Pro-Vice Chancellor, University of Queensland</td>
<td>Shannon Consulting Services</td>
</tr>
<tr>
<td>Darrien Bromley</td>
<td>National Coordinator</td>
<td>Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network</td>
</tr>
<tr>
<td>Erin Lew Fatt</td>
<td>Workforce Information Policy Officer</td>
<td>Aboriginal Medical Services NT</td>
</tr>
<tr>
<td>Janet Schmitzer</td>
<td>Head of Faculty</td>
<td>Bachelor Institute of Indigenous Tertiary Education</td>
</tr>
<tr>
<td>Janine Engelhardt</td>
<td>Senior Policy Officer</td>
<td>National Aboriginal Community Controlled Health Organisation</td>
</tr>
<tr>
<td>Jenny Poelina</td>
<td>Chairperson</td>
<td>National Aboriginal &amp; Torres Strait Islander Health Worker Association</td>
</tr>
<tr>
<td>Joe Martin-Jard</td>
<td>Branch Manager, Indigenous Policy Branch Office of Indigenous Policy Coordination</td>
<td>Department of Families, Housing, Community Services and Indigenous Affairs</td>
</tr>
<tr>
<td>Dr Kali Hayward</td>
<td>Director</td>
<td>Australian Indigenous Doctors Association</td>
</tr>
<tr>
<td>Linda White</td>
<td>Branch Manager, Industry Workforce Branch</td>
<td>Department of Industry, Innovation, Science, Research and Tertiary Education</td>
</tr>
<tr>
<td>Paula Arnol</td>
<td>Committee Member</td>
<td>National Aboriginal and Torres Strait Islander Health Equality Council</td>
</tr>
<tr>
<td>Peter Pangquee</td>
<td>Principal Aboriginal Health Workforce Advisor, Workforce Strategy</td>
<td>NT Department of Health and Families</td>
</tr>
<tr>
<td>Renee Williams</td>
<td>National Workforce Issues Policy Officer</td>
<td>National Aboriginal Community Controlled Health Organisation</td>
</tr>
<tr>
<td>Robyn Burley</td>
<td>Director of Workforce, Development and Innovation Branch</td>
<td>NSW Health</td>
</tr>
</tbody>
</table>
Aboriginal Community Controlled Health Sector Reference Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renee Williams</td>
<td>National Workforce Issues Policy Officer</td>
<td>National Aboriginal Community Controlled Health Organisation</td>
</tr>
<tr>
<td>Erin Lew Fatt</td>
<td>Workforce Information Policy Officer</td>
<td>Aboriginal Medical Services Association NT</td>
</tr>
<tr>
<td>Ann Newchurch</td>
<td>Workforce Issues Project Officer</td>
<td>Victorian Aboriginal Community Controlled Health Organisation</td>
</tr>
<tr>
<td>Tyson Murphy</td>
<td>Workforce Issues Unit Manager</td>
<td>Victorian Aboriginal Community Controlled Health Organisation</td>
</tr>
<tr>
<td>Chris Eldridge</td>
<td>Workforce Policy Officer</td>
<td>Queensland Aboriginal and Islander Health Council Brisbane</td>
</tr>
<tr>
<td>Clare Anderson</td>
<td>Workforce Information Project Officer</td>
<td>Winnunga Nimmityjah ACT</td>
</tr>
<tr>
<td>Sharon Bushby</td>
<td>Manger, Workforce Development Unit</td>
<td>Aboriginal Health Council, WA</td>
</tr>
<tr>
<td>James Porter</td>
<td>Workforce Initiatives</td>
<td>Aboriginal Health &amp; Medical Research Council</td>
</tr>
<tr>
<td>George Ramm</td>
<td>Workforce Implementation Policy Officer</td>
<td>Tasmanian Aboriginal Centre</td>
</tr>
</tbody>
</table>
## Jurisdictional Planning Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vickie Dodd</td>
<td>Acting Manager – Workforce</td>
<td>Aboriginal Health Division, South Australian Department of Health</td>
</tr>
<tr>
<td>Graeme Rossiter</td>
<td>Director, Aboriginal &amp; Torres Strait Islander Health Workforce Section</td>
<td>Department of Health &amp; Ageing</td>
</tr>
<tr>
<td>Jeanette James</td>
<td>Policy Officer Aboriginal Health</td>
<td>Tasmanian Department of Health</td>
</tr>
<tr>
<td>Warren Locke</td>
<td>Manager, Aboriginal Torres Strait Islander Workforce Unit</td>
<td>Queensland Department of Health</td>
</tr>
<tr>
<td>Peter Pangquee</td>
<td>Principal Aboriginal Health Worker Advisor, Workforce Strategy</td>
<td>Northern Territory Department of Health &amp; Families</td>
</tr>
<tr>
<td>Anna Sinclair</td>
<td>Manager, Statewide Policy &amp; Strategy</td>
<td>Office of Aboriginal Health, WA Health</td>
</tr>
<tr>
<td>Donna K Cruickshank</td>
<td>Co-ordinator Aboriginal Workforce Enhancement</td>
<td>NSW Health - Centre Rural and Remote Education covering Western NSW LHD and Far West LHD</td>
</tr>
<tr>
<td>Sue Davey</td>
<td>Senior Policy Advisor</td>
<td>VIC Department of Health</td>
</tr>
<tr>
<td>Bronwyn Ellis</td>
<td>National Workforce Committee Co-ordinator</td>
<td>ACT Department of Health</td>
</tr>
</tbody>
</table>

## The National Professional Practice Framework Technical Advisory Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarke Scott</td>
<td>CEO</td>
<td>National Aboriginal and Torres Strait Islander Health Worker Association</td>
</tr>
<tr>
<td>Renee Williams</td>
<td>National Workforce Issues Policy Officer</td>
<td>National Aboriginal Community Controlled Health Organisation</td>
</tr>
<tr>
<td>Peter Pangquee</td>
<td>Principal Aboriginal Health Worker Advisor, Workforce Strategy</td>
<td>NT Department of Health and Families</td>
</tr>
<tr>
<td>Robin Flynn</td>
<td>Research and Policy Manager</td>
<td>Community Services &amp; Health Industry Skills Council</td>
</tr>
<tr>
<td>Warren Locke</td>
<td>Manager, Aboriginal and Torres Strait Islander Workforce Unit</td>
<td>QLD Department of Health</td>
</tr>
<tr>
<td>Kate Milbourne</td>
<td>Acting Director – NRAS Partially Regulated Health Practitioners implementation</td>
<td>Australian Health Practitioner Regulatory Authority</td>
</tr>
<tr>
<td>Jenny Poelina</td>
<td>Chairperson</td>
<td>National Aboriginal &amp; Torres Strait Islander Health Worker Association</td>
</tr>
<tr>
<td>Anna Leditschke</td>
<td>Senior Project Officer</td>
<td>Health Workforce Australia</td>
</tr>
<tr>
<td>Faye Lawe</td>
<td>Deputy CEO</td>
<td>Queensland Aboriginal and Torres Strait Islander Health Worker Education Program</td>
</tr>
</tbody>
</table>
## Appendix D: Combined Reference Group meeting participant list

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Cormack (Chair)</td>
<td>Chief Executive Officer</td>
<td>Health Workforce Australia</td>
</tr>
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<td>Workforce Issues Project Officer</td>
<td>Aboriginal Health Council, SA</td>
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<tr>
<td>Anna Sinclair</td>
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<td>Office of Aboriginal Health, WA Health</td>
</tr>
<tr>
<td>Bernadette Walker</td>
<td>Acting Assistant Secretary, Nursing, Allied and Indigenous Workforce Branch</td>
<td>Department of Health &amp; Ageing</td>
</tr>
<tr>
<td>Brad Freeburn</td>
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Appendix E: Aboriginal and Torres Strait Islander Health Worker scopes of practice

The Aboriginal and Torres Strait Islander Health Worker survey results provide a picture of the frequent elements of the Aboriginal and Torres Strait Islander Health Worker scope of practice. The results demonstrate scope of practice varies significantly however, certain elements are more common.

A summary of the elements is visually represented in the picture diagram below. This shows the national average, while the sections that follow explore how the picture varies in different circumstances. The darker blue colours represent activities that are performed more frequently.

Included in the pages that follow are a number of different snapshots of Aboriginal and Torres Strait Islander Health Worker roles:

1. Aboriginal and Torres Strait Islander Health Worker roles: the conceptual diagram
2. Aboriginal and Torres Strait Islander Health Worker roles: the national picture
3. Aboriginal and Torres Strait Islander Health Worker roles by employer organisation
   - Aboriginal and Torres Strait Islander Health Worker roles by employer organisation: ACCHO employers
   - Aboriginal and Torres Strait Islander Health Worker roles by employer organisation: government sector employers
4. Aboriginal and Torres Strait Islander Health Worker roles by Australian Standard Geographical Classification (ASGC) area of remoteness
   - Major cities of Australia
   - Regional Australia
   - Remote Australia
5. Aboriginal and Torres Strait Islander Health Worker roles by jurisdiction
   - New South Wales
   - Northern Territory
   - Queensland
   - South Australia
   - Western Australia
   - Tasmania
   - Victoria
   - Australian Capital Territory
Aboriginal and Torres Strait Islander Health Worker roles: The conceptual diagram
Aboriginal and Torres Strait Islander Health Worker roles: The national picture
Aboriginal and Torres Strait Islander Health Worker roles by employer organisation: ACCHO employers
Aboriginal and Torres Strait Islander Health Worker roles by employer organisation: Government sector employers
Domain 1: Culturally safe health care

Domain 2: Primary health care

Domain 3: Areas of specific focus

- Women’s health
- Men’s health
- Drug and alcohol
- Social and emotional wellbeing
- Acute and emergency management
- Aged and disability
- Child and maternal health
- Sexual health
- Prevention and health promotion
- Clinical assessment, monitoring and intervention
- Community development
- Health service
- Chronic disease management and intervention
- Client

Aboriginal and Torres Strait Islander Health Worker roles by Australian Standard Geographic Classification area of remoteness: Major cities of Australia

% of the activities in the element occurring frequently

0% 0 – 10% 10 – 20% 20 – 30% 30 – 40% 40 – 50% 50 – 60% 60 – 70% 70 – 80% 80 – 90% 90 – 100%

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Domain 1: Culturally safe health care
Domain 2: Primary health care
Domain 3: Areas of specific focus

- Women’s health
- Men’s health
- Drug and alcohol
- Social and emotional wellbeing
- Acute and emergency management
- Aged and disability
- Child and maternal health
- Sexual health
- Clinical assessment, monitoring and intervention
- Prevention and health promotion
- Chronic disease management and intervention
- Community development
- Health service

% of the activities in the element occurring frequently:
- 0%
- 0 – 10%
- 10 – 20%
- 20 – 30%
- 30 – 40%
- 40 – 50%
- 50 – 60%
- 60 – 70%
- 70 – 80%
- 80 – 90%
- 90 – 100%

Aboriginal and Torres Strait Islander Health Worker roles by Australian Standard Geographic Classification area of remoteness: Regional Australia
Aboriginal and Torres Strait Islander Health Worker roles by Australian Standard Geographic Classification area of remoteness: Remote Australia
Aboriginal and Torres Strait Islander Health Worker roles by jurisdiction: New South Wales
Aboriginal and Torres Strait Islander Health Worker roles by jurisdiction: Northern Territory

Domain 1: Culturally safe health care
Domain 2: Primary health care
Domain 3: Areas of specific focus

- Women's health
- Men's health
- Drug and alcohol
- Social and emotional wellbeing
- Acute and emergency management
- Aged and disability
- Child and maternal health
- Sexual health
- Prevention and health promotion
- Community development
- Clinical assessment, monitoring
- Health service
- Chronic disease management

% of the activities in the element occurring frequently:
- 0%
- 0 – 10%
- 10 – 20%
- 20 – 30%
- 30 – 40%
- 40 – 50%
- 50 – 60%
- 60 – 70%
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- 80 – 90%
- 90 – 100%
Aboriginal and Torres Strait Islander Health Worker roles by jurisdiction: Queensland
Aboriginal and Torres Strait Islander Health Worker roles by jurisdiction: South Australia
Aboriginal and Torres Strait Islander Health Worker roles by jurisdiction: Western Australia
Aboriginal and Torres Strait Islander Health Worker roles by jurisdiction: Tasmania

% of the activities in the element occurring frequently

- 0%
- 0 – 10%
- 10 – 20%
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Aboriginal and Torres Strait Islander Health Worker roles by jurisdiction: Victoria
Aboriginal and Torres Strait Islander Health Worker roles by jurisdiction: Australian Capital Territory
Appendix F: HWA Health Service Toolkit

Introduction

The Aboriginal and Torres Strait Islander Health Worker workforce cannot be strengthened by policy alone. Policy decisions need to be implemented at the local level - in health services and in local health teams.

Consultations throughout this project demonstrated that the working environment of an Aboriginal and Torres Strait Islander Health Worker can either strengthen or hinder the capacity of an individual Aboriginal and Torres Strait Islander Health Worker to influence health outcomes for Aboriginal and Torres Strait Islander people. Features of enabling workplaces include strong leadership, culturally safe environments, targeted investment and support for individual education and career pathways, trust and respect. Conversely, Aboriginal and Torres Strait Islander Health Workers working in environments without these characteristics commonly reported they could have a greater impact on their communities if they were more empowered.

Health services should consider whether they are appropriately enabling their Aboriginal and Torres Strait Islander Health Worker workforce to help improve health outcomes for Aboriginal and Torres Strait Islander people. Figure 6 below recognises the interplay between systemic, health service and individual empowerment and action in driving better health outcomes for Aboriginal and Torres Strait Islander people. All levels of empowerment and action are required to help close the health and life expectancy gap. This toolkit focuses on the health service and individual actions.

Context and rationale

This toolkit aims to promote simple, low-cost actions that can potentially be undertaken by health services to support the final report recommendations at the local level. Included is an implementation template that can be tailored by health services to suit their local priorities.

Strategies for health services’ local contribution to change described in this toolkit include:

1. providing a culturally safe work environment for Aboriginal and Torres Strait Islander Health Workers
2. cultivating good inter-professional relationships and productive team dynamics
3. committing to the ongoing professional development of Aboriginal and Torres Strait Islander Health Workers and helping them access career development opportunities
4. considering local strategies to address Aboriginal and Torres Strait Islander Health Worker recruitment and retention challenges and promote cross-sector workforce planning

Figure 6: Recognising and empowering the Aboriginal and Torres Strait Islander Health Worker workforce: A virtuous cycle

(See the Interim Report. p. 165.)
5. identifying strategies to show the health service recognises, respects, and trusts the Aboriginal and Torres Strait Islander Health Workers in its team

6. coordinating local implementation and share progress.

These strategies and actions provide a guide for local discussion and action planning. The toolkit complements, and seeks to work as an adjunct to, current cultural respect and cultural competency frameworks.\textsuperscript{xxiii}

Not all strategies will be applicable to all health services. Each service should consider appropriate strategies and seek approval from local champions, sponsors and CEOs as part of implementation planning.

1. Provide a culturally safe work environment for Aboriginal and Torres Strait Islander Health Workers

‘Cultural respect’ is defined as the ‘recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander Peoples’ (Australian Health Ministers’ Advisory Council, 2004).

The Environmental Scan and Interim Report identified many Aboriginal and Torres Strait Islander Health Workers who work in team environments partially or mostly staffed by health professionals who are not of Aboriginal or Torres Strait Islander descent. The Interim Report highlighted cases where Aboriginal and Torres Strait Islander Health Workers function in culturally secure workplaces where principles of cultural respect are well embedded. However, other Aboriginal and Torres Strait Islander Health Workers reported experiences of racial discrimination and said they do not feel culturally safe in their workplaces. The value of cultural awareness training in creating positive workplace environments was highlighted by a number of stakeholders. One common factor of successful cultural awareness programs was the investment of a genuine amount of time and effort in the training.

Some workplaces will already be undertaking the suggested actions below; other workplaces may need to make concerted efforts so that Aboriginal and Torres Strait Islander Health Workers (and their clients) feel culturally secure at work.

Actions for health services to consider incorporating in their local action plan include:

**Action 1.1 - Health services should identify which cultural safety framework is relevant to their organisation and make a commitment to its implementation**

There is a range of existing frameworks. A number of governments such as Queensland have cultural safety frameworks for government health services. NACCHO has designed a cultural safety framework for the community-controlled health services.

Existing frameworks can help to guide health services in becoming more culturally safe workplaces. These frameworks may mention similar strategies to those outlined below.

**Action 1.2 - Develop and/or implement Reconciliation Action Plans**

The Reconciliation Action Plan (RAP) program is an initiative of Reconciliation Australia. The national RAP program turns ‘good intentions into action’ by encouraging and supporting organisations to engage within their sphere of influence in the national effort to close the gap in life expectancy between Aboriginal and Torres Strait Islander and other Australians. This step-by-step program provides guidance in building respectful relationships between Aboriginal and Torres Strait Islander people and the broader community.

The tool can be tailored to incorporate local initiatives and provides collaborative mechanisms to build action and commitment. Local targets are determined with annual review and public reporting of progress. Key actions are based around the elements of respect, relationships and opportunities.\textsuperscript{61}

**Action 1.3 - Introduce a mandatory cultural awareness and cultural competency program for non-Aboriginal and Torres Strait Islander staff**

Cultural awareness training is important at the point of staff orientation. It is also essential to continue to build the cultural competency of all health service staff on an ongoing basis. Cultural awareness and competency training are important first steps for health services seeking to deliver culturally safe health care. Stakeholders in the HWA Aboriginal and Torres Strait Islander Health Worker project provided examples of effective programs. The most

\textsuperscript{xxiii} A number of the concepts and elements in this toolkit align with the concepts and elements of Reconciliation Australia’s Reconciliation Action Plan program.
Good Practice example: Cultural safety in a mainstream acute care setting

Description of the service

**Name of Service:** St Vincent’s Hospital  
**Location of Service:** Melbourne, Victoria  
**Type of Service:** Tertiary health service (public hospital run by not-for-profit provider)

Key features of the service

St Vincent’s Hospital, located in the heart of Melbourne, provides acute medical and surgical services, emergency and critical care, aged care, diagnostics, rehabilitation, Allied Health, mental health, palliative care and residential care. The hospital has over 6000 staff, an operating budget of $491 million and 848 beds.

This area of Melbourne has a rich Aboriginal heritage and a higher concentration of Aboriginal residents than other parts of the city. St Vincent’s employs an Aboriginal Hospital Liaison Officer (AHLO) and an Aboriginal Liaison and Training Officer (ALTO). One is a trained Aboriginal and Torres Strait Islander Health Worker whose primary area of focus is patient and family support.

St Vincent’s also has five state-wide Aboriginal beds in the mental health inpatient unit and, in response to requests from the Aboriginal community, has begun a six-month trial of an Aboriginal Mental Health Liaison Officer position. The trial involves providing cultural support to Aboriginal mental health inpatients and will finish in December 2011. An evaluation framework has been developed to assess the outcomes of the trial in collaboration with an Aboriginal researcher.

What is working well

St Vincent’s hospital is committed to providing culturally safe health care services to Aboriginal clients.

The Aboriginal liaison staff are central to this process. Both the managers and the Aboriginal liaison staff interviewed stated that management support empowers them to share their cultural knowledge with other health workforces to improve the cultural safety of the health service. The ALTO regularly delivers a cultural awareness training program to other health workforces. This is tailored to the local culture, and provides an opportunity for the ALTO to educate other staff members, develop inter-professional relationships across hospital units, and raise awareness about the value of the Aboriginal liaison roles. The program involves a ‘Cultural Walking Tour’ of local areas to explain the cultural, historical and political significance of heritage sites. According to reports, the program has been very effective at raising cultural awareness in other health professionals and has resulted in an increased number of requests for advice or referrals to the AHLO.

However, as observed by one of the managers interviewed, ‘with just two Aboriginal liaison staff in a hospital of 6000 staff, the whole organisation has to be committed [to cultural safety]. We have to have systems for them to work comfortably’.

The Aboriginal liaison staff are supported by a broader hospital policy that emphasises the importance of continually striving to improve services for the Aboriginal community. The Aboriginal and Torres Strait Islander Patient Quality Improvement Toolkit for Hospital Staff contributes to the implementation of this policy. The toolkit was developed as part of the Improving the Culture of Hospitals project being undertaken by the Lowitja Institute, The Aboriginal Health Council of South Australia, La Trobe University and Onemda VicHealth Koori Health Unit. The toolkit is designed to provide a systematic approach to improving Aboriginal health service delivery in a hospital environment.

St Vincent’s is one example of the way in which Aboriginal liaison staff contribute to the cultural safety of an acute care health service. The success of their efforts is demonstrated by reports that some of St Vincent’s Aboriginal and Torres Strait Islander clients travelled to St Vincent’s from other jurisdictions because they believed St Vincent’s would provide a higher level of cultural safety.

(xxiv) Note that these are the actual position titles used by St Vincent’s Hospital. These liaison officers are within the scope of this project given that initially a broad definition of “Aboriginal and Torres Strait Islander Health Workers” has been used.  
(xxx) The project plan for this trial was developed in consultation with the Victorian Aboriginal Health Service Family Counselling, Onemda VicHealth Koori Health Unit (University of Melbourne), Victorian Aboriginal Community Controlled Health Organisation and the Department of Health (Mental Health)
effective programs allowed ongoing experience and competence to develop through personal interactions and feedback from Aboriginal and Torres Strait Islander Health Workers and community members, and were not limited to single orientation or online sessions.

It is essential any cultural awareness and cultural competency programs are tailored to local culture. It is recommended to involve local Elders in the process of developing and/or delivering programs to staff, or use Aboriginal and Torres Strait Islander Health Workers themselves. A good practice example of the implementation of cultural safety awareness training in a mainstream acute care setting is provided below.

**Action 1.4 - Be respectful of Aboriginal and/or Torres Strait Islander cultural obligations and practices**

Many modern workplaces have embraced the benefit of flexible work practices for staff engagement. These arrangements are most effective when tailored to individual needs and when they recognise the cultural needs of individual staff. Aboriginal and Torres Strait Islander Health Workers are one of many culturally diverse workforces within health. Their cultural norms and work practice require mutual respect and recognition. For example, some Aboriginal and Torres Strait Islander Health Workers may need their employer to recognise flexible work arrangements to allow time off for sorry business, men's and women's business, or for the Aboriginal and Torres Strait Islander Health Worker to continue to connect with land, community and people.

Health services and managers should work collaboratively with their Aboriginal and Torres Strait Islander staff to identify which flexible arrangement works best for them. Mutual respect and understanding will be required by Aboriginal and Torres Strait Islander Health Workers and their managers to appropriately access these arrangements in a manner which recognises the need to provide ongoing health services.

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**2. Cultivate good inter-professional relationships and productive team dynamics**

Aboriginal and Torres Strait Islander Health Workers work in different team environments at different workplaces across Australia. The Interim Report highlighted Aboriginal and Torres Strait Islander Health Workers who felt empowered to perform to their full capacity, while others reported feelings of disempowerment, racial discrimination and exclusion. Most comments were in the context of discussions about team dynamics, including relationships based on trust and recognition with other health professionals, direct supervisors and management staff.

There are three main ways that organisations can cultivate productive working relationships: first by raising cultural awareness (outlined above); second by raising awareness about the role of Aboriginal and Torres Strait Islander Health Workers and clearly delineating roles and responsibilities; and third by strengthening opportunities for Aboriginal and Torres Strait Islander Health Workers and other health professionals to work together in a collaborative, mutually beneficial way.

Potential actions for health services are highlighted below.

**Action 2.1 – Collaboratively assess the role and scope of practice of Aboriginal and Torres Strait Islander Health Workers, raise awareness with other staff and clearly delineate roles and responsibilities**

A scope of practice is the range of activities and tasks a health professional is educated, competent and authorised to perform.\(^{(xxv)}\) The Aboriginal and Torres Strait Islander Health Worker scope of practice focuses on the delivery of culturally safe comprehensive primary health care. The delineation of this scope of practice from other health disciplines is often not well understood.

Scope of practice assessment tools, such as those developed by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), provide the ability for managers to discuss, assess and document the individual Aboriginal and Torres Strait Islander Health Worker’s scope of practice.

Health managers require a good understanding of the Aboriginal and Torres Strait Islander Health Worker role and should promote it to other health professionals.

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\(^{(xxv)}\) Further detail on the definition of a scope of practice is provided in the Environmental Scan (Section 6.3.2)
professionals. This will help get the best out of the different health professionals in the team and will empower Aboriginal and Torres Strait Islander Health Workers in their role. Managers should use similar tools in gaining a better understanding of what Aboriginal and Torres Strait Islander Health Workers are qualified and trained to do and in communicating this scope of practice with the broader health team.

Good Practice example: Health Worker first model

Description of the service

Name of Service: Wurli Wurlinjang Health Service
Location of Service: Katherine, Northern Territory
Type of Service: Aboriginal Community Controlled Health Organisation

Key features of the service

Wurli Wurlinjang Health Service has operated for many years with a registered Health-Worker first model of care. In this context, ‘Health Worker’ refers specifically to an Aboriginal Health Worker (AHW, or for the purposes of this report, Aboriginal and Torres Strait Islander Health Worker).

In this example of good practice, every patient presenting, regardless of cultural identity, is initially treated by an Aboriginal Health Worker. The clinic works in a multi-disciplinary context with medical and Allied Health staff present. Referrals to other health professionals are made by Aboriginal and Torres Strait Islander Health Workers after an initial consultation. Aboriginal and Torres Strait Islander Health Workers then follow the patients through their journey within the health service. Services offered at Wurli Wurlinjang include clinical service delivery (including emergencies) and program-based services such as sexual health, women’s health, maternal and child health, and men’s health.

What is working well

The interface between Aboriginal and Torres Strait Islander Health Workers and other health professionals in the service is very strong, partly due to the registered Health Worker-first model in place. The board and management team ensure that all new staff are briefed, at the outset, on the importance and role of Aboriginal and Torres Strait Islander Health Workers in the service. This process is supported by the clinic coordinator who is an experienced Aboriginal and Torres Strait Islander Health Worker. The clinic coordinator has established a strong succession plan so that during times of leave or absence, Senior Aboriginal and Torres Strait Islander Health Workers act in the role of the clinic coordinator. In turn, less experienced Aboriginal and Torres Strait Islander Health Workers act in more senior roles. The management team believes that:

‘… the present system of a Health Worker focused system is the best way of meeting the needs of the community’

Wurli Wurlinjang has an on-site training delivery program, with staff dedicated to help with on-the-job training. When Aboriginal and Torres Strait Islander Health Workers return from block education sessions away from the community, they are supported in applying their newly-acquired skills in their role. This less formal process engenders a two-way process of learning and skills exchange between Aboriginal and Torres Strait Islander Health Workers and other health professionals:

‘We learn a lot from the doctors and they learn a lot from us. We help the new registrars to learn how to deal with the Aboriginal community. Mostly we learn so much more on the job than we can ever learn in the classroom’.
Action 2.2 - Strengthen opportunities for Aboriginal and Torres Strait Islander Health Workers and other health professionals to work together in a collaborative, mutually beneficial way.

Team structures affect the dynamics between Aboriginal and Torres Strait Islander Health Workers and other health professionals. Health services where there were collaborative teams of Aboriginal and Torres Strait Islander Health Workers and other health professionals share positive team dynamics. The Interim Report highlighted the ‘Health Worker first’ model as beneficial in increasing client engagement, appropriately using Aboriginal and Torres Strait Islander Health Worker skills, and fostering collaborative working with other health professionals.

‘Health Worker first’ team structures may not be appropriate in every context. However, health services should consider mechanisms to promote Aboriginal and Torres Strait Islander Health Workers as the key workforce enabling culturally safe health care, and for the Aboriginal and Torres Strait Islander Health Worker to be included early in the patient journey. An example of the ‘Health Worker first’ model is described below.

Action 2.3 - Provide two-way supervision/learning opportunities between other health professionals and ATSIHWs

Programs for mutual learning between Aboriginal and Torres Strait Islander Health Workers and other health professionals are effective at supporting those transitioning into a new workplace, the Aboriginal and Torres Strait Islander Health Worker workforce or a particular role.

Fostering learning opportunities between Aboriginal and Torres Strait Islander Health Workers and other health professionals builds mutual respect and understanding. Health services should identify the ways in which the diverse skills and knowledge of the different health workforces can be brought together to share knowledge and for individuals to teach others their areas of expertise.

Two-way learning opportunities should be provided across workforces and not be limited to those who work in acute health care or with higher clinical qualifications. Aboriginal and Torres Strait Islander Health Workers have particular expertise and skills in comprehensive primary health care and cultural safety - a philosophy of care embodied in their training and knowledge acquired through their lived experience.

3. Commit to the ongoing professional development of ATSIHWs and provide the necessary support for them to access career development opportunities

The aspirations of many Aboriginal and Torres Strait Islander Health Workers include the pursuit of further training and education. Some of the motivating factors reported are the desire to improve their current skill-set, along with a desire for career progression. Ongoing professional development should be supported and facilitated for people wanting to improve their knowledge as Aboriginal and Torres Strait Islander Health Workers and those wanting to undertake further study in an aligned health profession.

A range of professional development and support opportunities for Aboriginal and Torres Strait Islander Health Workers will contribute to the process of strengthening the broader workforce. Potential actions for health services are as follows:

Action 3.1 - Ensure that all Aboriginal and Torres Strait Islander Health Workers have a Continuing Professional Development (CPD) plan and support Aboriginal and Torres Strait Islander Health Workers to achieve their professional goals

CPD plans are important in identifying learning and career goals. CPD plans should be monitored and health services should aim to support Aboriginal and Torres Strait Islander Health Workers to access education opportunities alongside their health peers. This may involve releasing Aboriginal and Torres Strait Islander Health Workers for education courses and investing in their training costs where appropriate. Health services should consider making CPD plans a required commitment of every new Aboriginal and Torres Strait Islander Health Worker recruited. A two-way commitment to educational goals over the first two-year period will provide a higher-skilled and empowered Aboriginal and Torres Strait Islander Health Worker workforce.

“There is so much training I want to do! I want to do everything. I’ve had my calling later in life. I used to be a receptionist. But now I know this is the way I want to go.” - (Aboriginal and Torres Strait Islander Health Worker)
Action 3.2 - Establish mentoring programs to support Aboriginal and Torres Strait Islander Health Workers to develop their skills and careers

Mentoring relationships need to be flexible and focused on the individual’s needs and career aspirations.

The mentoring relationship may be between a senior and junior Aboriginal and Torres Strait Islander Health Worker or could involve other health professionals. It may be necessary to encourage mentoring arrangements with people from outside the Aboriginal and Torres Strait Islander Health Worker’s health service to reduce feelings of isolation when Aboriginal and Torres Strait Islander Health Workers are mostly working with non-Aboriginal/Torres Strait Islander colleagues.

The Aboriginal and Torres Strait Islander Health Worker quote below shows the benefits and outcomes of positive ongoing mentoring relationships:

‘...encouraged me to do the bachelor course and that’s why I did it. A lot of A&TSIHWs don’t have that and they don’t have the encouragement or the support. You need people in a mentorship role. They have to play that role. My mentor said ‘Why don’t you go to university?’ – I said I have no skills. But because I had a good mentor he got me to go to university. Someone saw value in me and got behind me and supported me. They saw value in me as an individual, not just the colour of my skin. If you have that around you then you will grow and be better. The young ones that come through need that mentoring support’

Cultural mentoring should also be considered when Aboriginal and Torres Strait Islander Health Workers are dealing with clients from different Aboriginal or Torres Strait Islander ethnic/kinship groups. Meanwhile, mentoring links between services will increase the exposure of Aboriginal and Torres Strait Islander Health Workers to a broader career scope and more opportunities.

Action 3.3 - Encourage and invest in developing strong leaders

Health services should identify Aboriginal and Torres Strait Islander Health Workers who have leadership potential and support them to progress into senior roles.

CS&HISC is currently embarking on a competency development project to review the management, leadership and supervision requirements of the health workforce, including Aboriginal and Torres Strait Islander Health Workers. Aboriginal and Torres Strait Islander Health Workers should be identified to undertake appropriate frontline management training to develop competencies in these management areas. Promotion of Aboriginal and Torres Islander people to management positions has been shown to provide more culturally appropriate services.

Action 3.4 - Encourage and support attendance at Aboriginal and Torres Strait Islander Health Worker forums and other opportunities to exchange knowledge

Aboriginal and Torres Strait Islander Health Workers have highlighted the benefits of opportunities to share knowledge with their peers. Access to regional and national networking opportunities should be facilitated in recognition of the different benefits that can be gained from each. Benefits from regional networking opportunities include opportunities for collaboration in health service delivery between Aboriginal and Torres Strait Islander Health Workers. National events promoting the sharing of good practice allow Aboriginal and Torres Strait Islander Health Workers to bring ideas back to their own health services.

The HWA Aboriginal and Torres Strait Islander Health Worker Interim Report highlighted the benefit of health service exchange programs. Some Aboriginal and Torres Strait Islander Health Workers have been supported to visit other health services and learn about the type of programs different services deliver. Aboriginal and Torres Strait Islander Health Workers have reported that these activities provided a valuable opportunity to develop their skills and expand their knowledge base.

Action 3.5 - Provide more flexible opportunities for senior Aboriginal and Torres Strait Islander Health Workers

Senior Aboriginal and Torres Strait Islander Health Workers need to be respected and utilised for their knowledge and experience. This will be important in creating a positive and empowering work experience and retaining senior Aboriginal and Torres Strait Islander Health Workers within the workforce. Improvements in the supervision of all primary health care staff have been highlighted by other reports and in particular the patient safety outcomes which result.

Health services should recognise the expertise of senior Aboriginal and Torres Strait Islander Health Workers and give them flexible and meaningful opportunities to work.
with and supervise other health professionals. Senior Aboriginal and Torres Strait Islander Health Workers could be used as cultural mentors or supervisors to assist other health professionals in delivering culturally sensitive health care.

‘Our A&TSIHWs are supervised by the clinic manager who is an Aboriginal and Torres Strait Islander Health Worker, and also by Senior A&TSIHWs. At our clinic, we try and upskill people so that when the clinic manager is away, one of the Senior A&TSIHWs acts in the role and then a less experienced Aboriginal and Torres Strait Islander Health Worker then acts in the Senior role’. -= (Aboriginal and Torres Strait Islander Health Worker manager)

4. Consider local strategies to address Aboriginal and Torres Strait Islander Health Worker recruitment and retention challenges and promote cross-sector workforce planning

Local issues need local solutions. The benefit of the Aboriginal and Torres Strait Islander Health Worker workforce is the ability to adapt and respond to local needs. A strong pipeline of Health Workers is necessary for the delivery of comprehensive health care in the future and the sustainability of the workforce. The strategies for retention and recruitment outlined below should be tailored by health services to their regional or local contexts.

Action 4.1 - Explore opportunities to develop local partnerships

Partnerships between health services, schools and VET and tertiary education providers could benefit the growth of the Aboriginal and Torres Strait Islander Health Worker workforce. Often, services are competing for the same pool of students. Collaboration, strategic planning, and exploiting networks and contacts can lead to attracting and retaining more Aboriginal and Torres Strait Islander people in the workplace, and additionally, could provide a greater range of clinical experiences and other placements in health services.

Options to consider in local partnership planning include:

- partnering with schools to identify potential Aboriginal and Torres Strait Islander Health Workers and introducing them to the workplace through open days, work experience or career days
- work-share and/or joint employment arrangements between local health services. This is an innovative employment model that could be further explored. Some existing work-share arrangements allow Aboriginal and Torres Strait Islander Health Workers to be employed several days a week in an ACCHS health service, and the remainder of the week in a public health service. This provides broader employment and career opportunities for Aboriginal and Torres Strait Islander Health Workers and helps to break down silos between different sectors
- targeting and marketing specific areas of need such as the need for male and mature-age Aboriginal and Torres Strait Islander Health Workers (those working outside of health could also be targeted)
- Aboriginal and Torres Strait Islander Health Worker exchange programs to increase understanding about how different services operate and contribute to the development of the services where Aboriginal and Torres Strait Islander Health Workers are based.

Action 4.2 - Consider potential for local job registers

As part of the arrangements described above (flexible, exchange programs and work experience), there may be the potential to develop registers of local staff for casual work or backfilling (putting a new staff member into an existing post). This may allow greater flexibility in addressing staff shortages, releasing Aboriginal and Torres Strait Islander Health Workers for education and training, and reducing burn-out. At the same time, culturally competent and appropriately skilled staff would be available to meet the continued service delivery needs of the organisation.
5. Implement strategies to show that your service recognises, respects, and trusts the Aboriginal and Torres Strait Islander Health Workers in your team

Like most health professionals, Aboriginal and Torres Strait Islander Health Workers want to be respected as a workforce and recognised for the work they do. Potential actions for health services to improve respect and recognition are detailed below.

**Action 5.1 - Explore opportunities to identify good practice Aboriginal and Torres Strait Islander Health Worker-led programs and promote their recognition**

Promoting and showcasing good practice programs, either developed locally or adapted from elsewhere, adds to the body of knowledge about ‘what works’ in Aboriginal and Torres Strait Islander Health Worker practice.

A range of good practice recognition programs exists in various jurisdictions and nationally. Health services should identify what works well in their areas and showcase these models through public recognition and health award programs.

**Action 5.2 - Collect and share information on the impact of Aboriginal and Torres Strait Islander Health Workers and communicate broadly**

Assessing and sharing the success of local health delivery models which involve Aboriginal and Torres Strait Islander Health Workers will encourage their greater involvement in quality evaluation and practice improvement. Local action research, or broader research participation, can drive innovation and service improvement. Aboriginal and Torres Strait Islander Health Workers should be encouraged to take leadership roles in these initiatives, which will provide greater cultural awareness and responsiveness in terms of how the evaluation occurs. The result will be more empowered Aboriginal and Torres Strait Islander Health Workers who are able to drive health service improvement.

**Action 5.3 – Review local employment conditions for Aboriginal and Torres Strait Islander Health Workers to provide equity with other health professionals**

Equity in pay and conditions for Aboriginal and Torres Strait Islander Health Workers was raised in every consultation forum and in the majority of site visits throughout the project. There is a widespread perception that Aboriginal and Torres Strait Islander Health Workers experience inequity in remuneration and employment conditions - both within the workforce and in comparison to similar health professions. This has been identified as a key factor undermining Aboriginal and Torres Strait Islander Health Worker recruitment and retention efforts and, given the decline in Aboriginal and Torres Strait Islander Health Worker numbers, requires investigation. Health services and managers should work to determine the best way to support equitable conditions for their Aboriginal and Torres Strait Islander Health Workers.

The employment awards under which Aboriginal and Torres Strait Islander Health Workers are employed are intended to provide minimum remuneration levels to guide employer organisations, serving as a safety net for employees. Employers are able to pay above the minimum award and should appropriately remunerate the Aboriginal and Torres Strait Islander Health Workers they employ. Some employers reported using innovative business models to do so - for example, supplementing Aboriginal and Torres Strait Islander Health Worker salaries by using Medicare Benefits Schedule (MBS) revenue from health checks completed by Aboriginal and Torres Strait Islander Health Workers. Others negotiated with funding bodies to ensure they have appropriate budgets for adequate remuneration to aid recruitment and retention. Innovative mechanisms to access and provide incentives to Aboriginal and Torres Strait Islander Health Workers will encourage good performance and practice, and will help address some of the recruitment and retention challenges that the workforce faces.
6. Coordinate local implementation and sharing progress

Successful local implementation will take commitment, drive and leadership from across an organisation. Many well-intentioned change programs do not last due to the lack of ongoing leadership and accountability. Actions to assist in the success of local implementation action plans are as follows:

**Action 6.1- Appoint an engaged and high-level sponsor to champion the implementation**

This may be the CEO or Deputy CEO. The person must be of an appropriate level to hold people accountable to their actions. The sponsor should be involved in and sign-off the plan.

**Action 6.2 - Establish local governance and accountability mechanisms**

Many health services have established clinical advisory committees to advise CEOs and management about the most appropriate way to deliver and improve health services. A similar process or committee that focuses on Aboriginal and Torres Strait Islander health and Aboriginal and Torres Strait Islander Health Workers may be appropriate to oversight the implementation progress and reporting. Representation from Aboriginal and Torres Strait Islander Health Workers on the committee will be vital.

**Action 6.2 - Identify and commit local champions**

Having an engaged, active and committed team to assist in implementation will increase the rate of success. The team will need to be kept to account with regard to their commitments and individual progress.

**Action 6.3 - Publicly report on progress**

This may be through regular feedback sessions to local staff. Broader jurisdictional and/or sector reporting may also facilitate a philosophy of group accountability. Online progress reporting mechanisms may assist in more broadly sharing lessons, progress and the results of the implementation.

Local implementation template for health services

The following template is for health services interested in making change happen for the Aboriginal and Torres Strait Islander Health Worker workforce; it is provided to assist them to develop their own implementation plans.

The template is a tool to document agreements concerning action plans, and to develop those plans.

Actions can be drawn from those suggested in this toolkit or developed locally. Health services may find that some actions can be achieved in the short term (i.e. the next two years) while some might be mid- to long-term goals (to be achieved in two to five years).

It will be important to align this implementation plan to other relevant workforce and service plans at national and health service levels. A section is provided at the end of the template for this mapping.
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<th>List of potential actions for your health service to implement</th>
<th>Priority rating of action for our health service (1, 2, 3, N/A)</th>
<th>We commit to take this action in the short term (&lt;2 yrs.)</th>
<th>We commit to take this action in the mid/long term (2–5 yrs.)</th>
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<td>1. Provide a culturally safe work environment for Aboriginal and Torres Strait Islander Health Workers</td>
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<td>2. Cultivate good inter-professional relationships and productive team dynamics</td>
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<td>3. Consider local strategies to address ATSIHW recruitment and retention challenges and promote cross-sector workforce planning</td>
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<td>4. Commit to the ongoing professional development of ATSIHWs and provide the necessary support for them to access career development opportunities</td>
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<td>List of potential actions for your health service to implement</td>
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<td>We commit to take this action in the short term (&lt;2 yrs.)</td>
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<td>5. Identify strategies to show that your service recognises, respects, and trusts the ATSIHWs in your team</td>
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<td>6. Coordinate local implementation and share progress</td>
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</table>
How does this link to local and/or national plans and initiatives your health service is linked to?

Governance mechanisms to be established:

Champions and implementation team:

CEO Approval: ____________________________ Date: _____/_____/_____
Appendix G: Definition of terms

Below are definitions of the terms used frequently in this report.

**Holistic health**

The concept of holistic health is central to the cultural belief system held by many Aboriginal and Torres Strait Islander people. Although Aboriginal and Torres Strait Islander people are culturally, linguistically and ethnically diverse, most share a holistic understanding of ‘health’.

The definition of holistic health used in this report is drawn from the preface to the National Aboriginal Health Strategy (NAHS) published in 1989. The NAHS working definition of health includes:

“Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.” - (NAHS, 1989)

An understanding of the Aboriginal and Torres Strait Islander concept of holistic health is essential to the development of the Health Worker workforce because these cultural beliefs are embedded in the Health Worker approach.

“Health’ to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.

… In contemporary terms Aboriginal people are more concerned about the ‘quality of life’. Traditional Aboriginal social systems include a three-dimensional model that provides a blue-print for living. Such a social system is based on inter-relationships between people and land, people and creator beings, and between people, which ideally stipulates inter-dependence within and between a set of relationships.” - (NAHS, 1989)
Primary health care

Primary health care has two definitions: the narrow definition, referring to primary medical care; and the broader definition often described as comprehensive primary health care (Aboriginal Medical Services Alliance Northern Territory, 2010).

The definition of primary health care agreed by the World Health Organisation (WHO) in 1978 is:

“Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.”

- (World Health Organisation, 1978)

These characteristics underpin the first Australian national primary health care strategy, published in May 2010 by the Australian Government Department of Health and Ageing. Building a 21st Century Primary Health Care System provides the roadmap to primary health care reform and the establishment of Medicare Locals (Australian Government Department of Health and Ageing, 2010).

The supporting report to the strategy, Primary Health Care Reform in Australia, provided a definition of primary health care for the Australian context (Australian Government Department of Health and Ageing, 2009):

“Primary health care is the socially appropriate, universally accessible scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.”

Comprehensive primary health care builds on the definitions above. According to the Aboriginal Medical Services Alliance Northern Territory (AMSANT), primary health care is just one part of comprehensive primary health care, which is defined as:

“…the broader, holistic approach to health problems. As well as primary medical care, comprehensive primary health care addresses a range of health concerns that have no specific medical intervention.”

- (Aboriginal Medical Services Alliance Northern Territory, 2010)

Aboriginal and Torres Strait Islander primary health care

The definition of Aboriginal and Torres Strait Islander primary health care refers to two of the definitions above. Embedded in Aboriginal and Torres Strait Islander primary health care is:

- the Aboriginal and Torres Strait Islander concept of holistic health
- a comprehensive primary health care approach.

This is reflected in the NACCHO definition of primary health care in the Aboriginal and Torres Strait Islander context, which is adapted from the WHO definition above:

“‘Primary Health Care’ has always been a continuing integral aspect of our Aboriginal life, and is the collective effort of the local Aboriginal community to achieve and maintain its cultural wellbeing. Primary health care is a holistic approach which incorporates body, mind, spirit, land, environment, custom and socio-economic status. Primary health care is an Aboriginal cultural construct that includes essential, integrated care based upon practical, scientifically sound and socially acceptable procedures and technology made accessible to Communities as close as possible to where they live through their full participation in the spirit of self-reliance and self-determination. The provision of this calibre of health care requires an intimate knowledge of the community and its health problems, with the community itself providing the most effective and appropriate way to address its main health problems, including promotive, preventative, curative and rehabilitative services.”

- (National Aboriginal Community Controlled Health Organisation, 2008)
It is reiterated in NACCHO’s definition of ‘Aboriginal health-related services’ below:

“‘Aboriginal health related services’ means those services covered by the Aboriginal holistic definition of health including, but not restricted to, such services as health promotions and disease prevention services, substance misuse, men’s and women’s health, specialised services to children and the aged, services for people with disabilities, mental health services, dental care, clinical and hospital services and those services addressing, as well as seeking the amelioration of, poverty within Aboriginal communities.” - (National Aboriginal Community Controlled Health Organisation, 2006)

Throughout this project, the term ‘Aboriginal and Torres Strait Islander primary health care services’ therefore reflects a holistic, comprehensive approach to primary health care.

Cultural safety, security and respect

Terms like cultural safety, cultural security and cultural respect are often used interchangeably. Although this can be appropriate in certain contexts, their meanings vary.

In the context of health care, cultural safety is defined as:

“The effective care of a person/family from another culture by a health care provider who has undertaken a process of reflection on their own cultural identity and recognises the impact of the health care professional’s culture on their practice. Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual.” - (The Nursing Council of New Zealand, 2002)

Culturally safe health care refers to the delivery of health services in a culturally safe way. For example, in the Aboriginal and Torres Strait Islander context, culturally safe health care should reflect the holistic conceptualisation of health as defined above.

Cultural security is similar in meaning but implies a greater sense of permanence or longevity. More specifically, cultural security has been defined as:

‘...the capacity of a society to conserve its specific character in spite of changing conditions and real or virtual threats: more precisely, it involves the permanence of traditional schemas of language, culture, associations, identity and national or religious practices, allowing for changes that are judged to be acceptable.’ - (Weaver et al., 1993)

Cultural respect is defined as the “recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander Peoples” (Australian Health Ministers’ Advisory Council, 2004). Cultural respect is essential to the creation of culturally safe and culturally secure environments.

Profession

To understand what makes a profession a profession, as opposed to a vocation, the following definition is provided by the Australian Competition and Consumer Commission. A profession is:

“A disciplined group of individuals who adhere to high ethical standards and uphold themselves to, and are accepted by, the public as possessing special knowledge and skills in a widely recognised, organised body of learning derived from education and training at a high level, and who are prepared to exercise this knowledge and these skills in the interest of others. Inherent in this definition is the concept that the responsibility for the welfare, health and safety of the community shall take precedence over other considerations.” - (Australian Competition & Consumer Commission, 2011)

Consideration of this definition is relevant to the ongoing professionalisation of the Health Worker workforce.


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