We Are Working for Our People

Growing and strengthening the Aboriginal and Torres Strait Islander health workforce

CAREER PATHWAYS PROJECT REPORT

Prepared by the Career Pathways Project Team

LOWITJA INSTITUTE
Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY
AMSANT

UNSW SYDNEY

BILA MUUJI
ABORIGINAL CORPORATION HEALTH SERVICE

WESTERN SYDNEY UNIVERSITY

ARTWORK BY JOANNE NASIR, 2017

The Spirit People Dreaming from my great grandmother's songline, Borroloola

Each figure represents a state or territory. The purple lines represent the career pathway of the worker and the blue lines represent the worker's professional, personal and spiritual journey. The cream circles at the bottom of the figures represent the Stone Dreaming to keep Aboriginal and Torres Strait Islander workers strong, resilient and spiritually connected to their cultural identity.

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Table of Contents

Cultural Preamble

The Career Pathways Project Team acknowledges the Traditional Owners of the land on which we walk and pay our respect to our Elders past, present and emerging. We gratefully acknowledge the generous contribution of Aboriginal and Torres Strait Islander workers and managers from Aboriginal Community Controlled Health Organisations and government health services. Without their valuable participation this project would not have been able to document the true value of the work they perform and the cultural knowledge they bring to the health and wellbeing of the Aboriginal and Torres Strait Islander community.

The Career Pathways Project Aboriginal Reference Group, comprising Aboriginal members of the research team, is mindful of the culture, heritage and protocols of Aboriginal and Torres Strait Islander society and the role of our communities and Elders within this structure. This project has endeavoured to bring together cultural models of engagement within the structure and process of research. Under the guidance of the Aboriginal Reference Group, the project reflects a respectful process that is considerate and inclusive of the values and traditions of our communities and what we understand as important as Aboriginal researchers and people conducting research in our communities.

The project brings together the voices of Aboriginal and Torres Strait Islander people from across Australia working in health. It highlights the strengths in cultural knowledge, community connections, clinical practices and communication skills, and Indigenous peoples' distinctively Aboriginal and Torres Strait Islander commitment and ways of knowing and conducting business in delivering services to their communities.

The project articulates an awareness of issues and barriers that frame the employment and retention of Aboriginal and Torres Strait Islander people. It recognises the importance of experience in connecting to country, community and local knowledge, overlaid with industry expertise and personal and lived experiences that reflect community health and wellbeing.

The project demonstrates the importance of strengthening and supporting Aboriginal and Torres Strait Islander leadership to create opportunities to enhance employment and retention to reinforce and embed career pathways for our people in all sectors of health. It offers insights into addressing racism and other underlying attitudes, such as unconscious bias and stereotyping, and in understanding the impact of work overload and burnout, with the aim of creating culturally safe and responsive environments and practices that, in turn, will ensure the wellbeing of the Aboriginal and Torres Strait Islander health workforce, the non-Indigenous health workforce and community alike.

Yours in unity
Career Pathways Project Aboriginal Reference Group

Foreword

It is my great pleasure to write the foreword to this report on a topic that I am passionate about: the incredible strengths, diversity and contributions of our Aboriginal and Torres Strait Islander health workforce.

I am a proud Nurrunga Kaurna woman with the honour of leading the Lowitja Institute. During my career, I have had many roles in the health sector, working as an Aboriginal Health Worker, a nurse, in program and policy development and advocacy, and now with an organisation at the forefront of innovation and leadership in Aboriginal and Torres Strait Islander health research.

In all of these roles, I have been privileged to contribute to the development of the Aboriginal and Torres Strait Islander health workforce and to witness the amazing contributions that our people make.

It is important that we highlight that Aboriginal and Torres Strait Islander people have the longest history of caring for Country and the health and wellbeing of peoples, families and communities. Our holistic approaches to health and caring have so much to teach the wider health system.

Importantly, Aboriginal and Torres Strait Islander health professionals also contribute to delivery of culturally safe care in many different health settings. Their work in cultural safety is helping the wider health sector to recognise and understand the importance of historical truth telling for our health and wellbeing.

We know that our people are more likely to use services where Aboriginal and Torres Strait Islander health professionals work, and where our health professions are recruited and retained are services that are more likely to be committed to cultural safety and respect. Therefore, growing and supporting the Aboriginal and Torres Strait Islander workforce is critical for achieving health justice for our people.

Health is the largest employer of Aboriginal and Torres Strait Islander peoples; growing our health workforce is also good for our economic and social participation and wellbeing. However, we need more evidence about the role, value, and impact that Aboriginal and Torres Strait Islander workers have within the health workforce and within the health system.

As part of this vision, the Lowitja Institute is dedicated to supporting the Aboriginal and Torres Strait Islander health research workforce and community organisations.

Since 1997, we have funded many workforce development projects. We have also granted more than 150 scholarships for higher degree scholars as well as community health workers research capability development.

As the Career Pathways project — and our collective experience — demonstrates, the Aboriginal and Torres Strait Islander health workforce is made up of people who are passionate about what they do and whose commitment to working for our people delivers innovative approaches and outstanding care. It also makes them powerful agents for change in the Australian health system.

The passion, commitment and leadership of Aboriginal and Torres Strait Islander people working in health, across sectors and jurisdictions, are at the core of what the Aboriginal community controlled health services and researchers have achieved.

The Lowitja Institute is proud to support the Career Pathways project. I commend this report to you, in particular its 'knowledge to action' approach, as a platform for action for all stakeholders of the Australian health system.

Janine Mohamed
Chief Executive Officer
The Lowitja Institute

Who We Are

The Career Pathways Project is an Aboriginal-led national research project funded by the Lowitja Institute Aboriginal and Torres Strait Islander CRC. This project came about through the merging of two separate but highly complementary proposals, from New South Wales and the Northern Territory, that the Lowitja Institute received as a result of a call for research into career pathways for Aboriginal and Torres Strait Islander health staff. At the request of the Institute, these two competitive submissions were combined into a single national project. Across New South Wales and the Northern Territory, the project partners are Bila Muuji Aboriginal Corporation Health Service (Bila Muuji), Maari Ma Health, Western NSW Local Health District (Western NSW LHD), South Western Sydney Local Health District (SWS LHD), Western NSW Primary Health Network, Western Sydney University (WSU), UNSW Sydney, the Aboriginal Medical Services Alliance Northern Territory (AMSANT) and Human Capital Alliance (HCA). Many individuals contributed to the project by playing key roles in data collection, analysis and writing and are listed below in alphabetical order. The diverse perspectives and expertise of the people who worked together in the project was a major strength. The complexity of working across multiple organisations and jurisdictions also required clear governance structures, which are detailed in the introduction to this report.

Ms Erin Lew Fatt, AMSANT, and Dr Sally Nathan, UNSW Sydney, were the co-leads of the project.

The names of Aboriginal members of the Career Pathways Project Team are shown in **bold type**, and in ***bold italics*** if they were part of the Aboriginal Reference Group.

Dr Jannine Bailey, WSU

A/Professor Ilse Blignault, WSU

Ms Tania Bonham, SWS LHD

Ms Zoe Byrne, Bila Muuji

Ms Christine Carriage, WSU

Ms Karrina Demasi, AMSANT

Ms Erin Lew Fatt, AMSANT

Mr Justin Files, Maari Ma Health

Ms Sally Fitzpatrick, WSU

Ms Sharon Johnson, AMSANT

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Dr Lois Meyer, UNSW Sydney

Mr Phil Naden, Bila Muuji

Dr Sally Nathan, UNSW Sydney

Mr Jamie Newman, Bila Muuji

Ms Pamela Renata, Bila Muuji

Mr Lee Ridoutt, HCA

Ms Debbie Stanford, HCA

Ms Lesa Towers, Western NSW LHD

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AUTHORS OF THIS REPORT

(in alphabetical order)

Bailey, J., Blignault, I., Carriage, C., Demasi, K., Kelleher, K,. Joseph, T., Lew Fatt, E., Meyer, L., Naden, P., Nathan, S., Newman, J., Renata, P., Ridoutt, L., Stanford, D. & Williams, M.

This report is also underpinned by other reports from the project and relevant members of the team are credited accordingly on these reports.

ACKNOWLEDGEMENTS

Many organisations supported this project, including Aboriginal and Torres Strait Islander health professional associations, the National Aboriginal Community Controlled Health Organisation (NACCHO) and its state and territory affiliates, and the health services that participated in the case studies. We also acknowledge and thank every person who generously gave their time and contributed their experiences and perspectives as part of interviews, in yarning circles or by completing the national survey. The survey data analysis was undertaken with the support of Nancy Briggs, Senior Statistical Consultant, Stats Central, Mark Wainwright Analytical Centre, UNSW Sydney.

ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
AHP	Aboriginal Health Practitioner
AHW	Aboriginal and/or Torres Strait Islander Health Workers
AIHW	Australian Institute of Health and Welfare
AMSANT	Aboriginal Medical Services Alliance, Northern Territory
ARG	Aboriginal Reference Group
COAG	Council of Australian Governments
CPP	Career Pathways Project
CRC	Cooperative Research Centre
DEEWR	Department of Employment, Education and Workplace Relations
ITAS	Indigenous Tutorial Assistance Scheme
NACCHO	National Aboriginal Community Controlled Health Organisation
NCVER	National Centre for Vocational Education Research
NSW	New South Wales
NT	Northern Territory
PSC	Career Pathways Project Steering Committee
VET	Vocational Education and Training

Executive Summary

Expanding and strengthening the Aboriginal and Torres Strait Islander health professional workforce is recognised as crucial for improving the health and wellbeing of Aboriginal and Torres Strait Islander communities. The Career Pathways Project took a national perspective and aimed to provide insights and guidance to enhance the capacity of the health system to retain and support the development and careers of Aboriginal and Torres Strait Islander people in the health workforce.

The research incorporated a mixed-methods design, gathering and synthesising qualitative and quantitative data from primary and secondary sources. The main research activities included a literature review, national stakeholder consultations and a survey of the workforce, secondary data analysis, individual career trajectory interviews, locally situated case studies (focus groups and interviews) and data synthesis.

The Aboriginal and Torres Strait Islander health workforce is made up of individuals who are passionate about what they do and motivated by a commitment to improve the wellbeing and health of their communities. To fulfil this commitment, they are willing to embark on a lifelong journey of learning to address the issues they see facing their families and broader communities, even if this involves significant challenges, changes in career goals, isolation or working in a health system that is not always flexible or responsive to community needs. Aboriginal and Torres Strait Islander health professionals' unique skill set, which comes from their lived cultural experiences and ways of being and doing, makes them powerful advocates and agents of change to improve health outcomes.

A holistic model of health works for Aboriginal and Torres Strait Islander people and communities. The community-controlled sector works from a platform of respect and connection within comprehensive primary healthcare, which promotes a holistic approach and integrates the cultural and social determinants of health into the planning and delivery of health services. This model acknowledges and engages with community structures, allowing culture to guide service delivery strategies and enabling innovative approaches to care, and includes the participation of consumers, their families and broader communities in defining their healthcare needs. All sectors can benefit by considering this model of care in order to improve the health and wellbeing of their Aboriginal and Torres Strait Islander consumers and local communities, and their Indigenous health workforce.

The Aboriginal and Torres Strait Islander health workforce delivers a holistic model of care services that is culturally informed and has its own networks and complexities. Without the dedication of the local Aboriginal and Torres Strait Islander health workforce in remote communities, it would be impossible to deliver effective local health promotion and healthcare services that reinforce positive community attitudes to health. Jobs and careers are restricted by funding strategies that constrain the types of services and employment contracts that can be offered and do not reflect local needs or collective decision-making processes.

The Aboriginal and Torres Strait Islander health workforce brings an intuitive understanding of cultural safety and competence to an organisation. This understanding is often structurally embedded in the community-controlled sector's way of operating but is not always reflected in the operational approach across all organisations in the health sector, where Aboriginal and Torres Strait Islander workers experience racism and often do not have the support of other Aboriginal and Torres Strait Islander peers and colleagues, or influence over management of services to Aboriginal and Torres Strait Islander consumers.

In terms of career development, encouragement and support makes all the difference. Training and further studies may be stalled for Aboriginal and Torres Strait Islander health workforce members by organisational constraints and personal financial circumstances. Community ties to location or the absence of family support can make it difficult for individuals to participate in educational and professional development activities, such as university work placements and internships.

The Aboriginal and Torres Strait Islander health workforce is boosted by individuals' early experiences of the health system and the presence of role models and mentors, both in the community and in the workplace. Opportunities to enter the health workforce at a junior level or as a paid trainee are very influential. These experiences form the building blocks upon which further supported career progression can be built. Mentoring by respected managers and senior health professionals assists individuals to build their careers and helps the workforce as a whole to grow.

The value that Aboriginal and Torres Strait Islander Health Workers bring to their positions is not reflected in some industrial awards. Lack of structured career pathways means that they are often restricted to low-paid roles in the health and community sectors, despite having multiple Vocational Education and Training (VET) and/or university qualifications.

On the basis of these findings, the research team identified five contributing factors – or pillars of action – for successful careers.

The pillars are

Pillar 1 Leadership and self-determination

Pillar 2 Cultural safety

Pillar 3 Valuing cultural strengths

Pillar 4 Investment in the workforce and workplace

Pillar 5 Education and training

General and specific strategies are suggested within each pillar. Many strategies are multifaceted and multilayered, require the engagement of one or more capacity-building pillars, and involve one or more key groups. These groups include workers, communities (such as families or health service organisations), peak community and professional organisations, training and education providers, and health systems (including funding bodies). Collaboration and partnership between jurisdictions, sectors, professional groups and communities is essential to retain, support and develop Aboriginal and Torres Strait Islander careers in the health workforce.

Growing and strengthening the Aboriginal and

What are the key issues

- Significant shortfall in the Aboriginal and Torres Strait Islander health workforce
- Growth in absolute numbers, but no real improvement in proportion of total
- Growth in low paying jobs with shorter salary scales and poor articulation to other roles
- Under-representation in all professions
- Three times less likely to possess a degree than the non-Indigenous health workforce

PROJECT AIMS

- Unique skill sets and values
- Experiences in entering and progressing careers within health
- Barriers and enablers to career development and career pathways
- Actions that are needed to enhance career development and career

DATA COLLECTED

- 378 people from every state and territory in Australia completed a national survey
- 51 staff and 19 managers took part in a career trajectory interview
- 122 participants in NSW and 119 participants in the NT took part in yarning circles and interviews conducted in 12 NSW and 4 NT workplaces

Our story

WHAT WE BRING

- Community knowledge, family and cultural values
- Connections/relationships in community
- Lived experience
- Living in two worlds
- Cultural safety, security and responsiveness
- Leadership and advocacy for others

WHY WE COME

- To help our community
- To promote self-determination
- To ensure holistic care
- To be role models
- To be leaders and advocates

"I just want to be a role model for my nieces and nephews"

"To better our community and to better our people and to close the gap"

"It's my passion to drive myself and to be an advocate for our community and our people"

"Aboriginal health to me is the people that provide the service"

WHAT WE FACE

Racism and opposition from colleagues was a barrier to career development for one in five people in the national survey.

MAIN THINGS THAT HOLD YOU BACK?

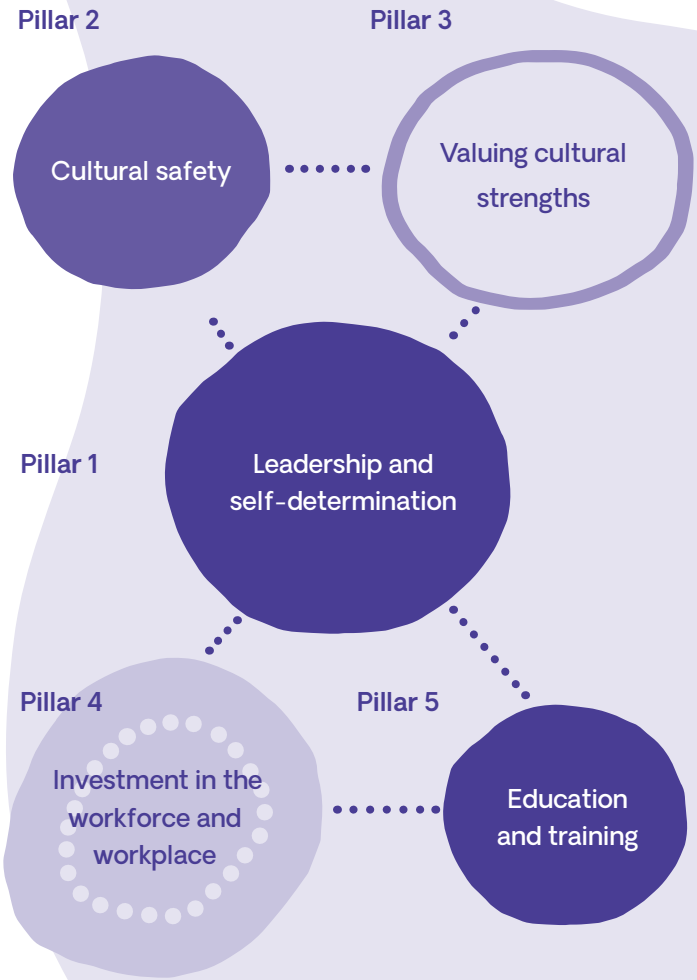
Torres Strait Islander health workforce

ENABLERS

What things have been provided to help you develop your career at this organisation?

Areas for action

THE FIVE PILLARS



Why this Project Was Needed

Expanding and strengthening the Aboriginal and Torres Strait Islander health professional workforce is recognised as crucial for improving the health and wellbeing of Aboriginal and Torres Strait Islander communities. A key challenge for Aboriginal and Torres Strait Islander managers in both community-controlled and government health services is the recruitment, support, development and retention of a suitably skilled Aboriginal and Torres Strait Islander health professional workforce to meet the health and wellbeing needs of their local community.

It is now well recognised that there continues to be a significant shortfall in the Aboriginal and Torres Strait Islander health workforce. A secondary data analysis (Ridoutt, Stanford, Blignault et al. 2020) shows that over the past twenty years there had been growth in the absolute number of Aboriginal and Torres Strait Islander people in the health workforce, with a significant growth in enrolments and graduations from higher education. However, there has been no real improvement in the proportion of the total health workforce primarily due to an equally rapid growth in the non-Indigenous health workforce. This analysis also shows that growth has been in low status and low paying jobs with shorter salary scale structures with poor articulation into other roles, including professional careers.

Despite the critical need for strengthening the Aboriginal and Torres Strait Islander health workforce, increasing retention and supporting career progression and development, the research to date on how to achieve this has been limited (Meyer, Joseph, Anderson-Smith et al. 2020), with studies largely focused on how best to increase the volume of workers entering health careers by examining issues related to secondary and tertiary education.

The focus of the Career Pathways Project has been on how best to recruit, retain and develop the Aboriginal and Torres Strait Islander workforce. This project has sought and brought together the views and perspectives of Aboriginal and Torres Strait Islander people who work in health in a variety of roles, as well as the views of peaks and affiliates, professional associations, and other key stakeholders in the training and education sector and the health sector that can support them on their journey.

Aim: To provide insight and guidance to enhance the capacity of the workplaces, and the health system more broadly to retain and support the development and careers of Aboriginal and Torres Strait Islander people in the workforce.

The experiences, stories and journeys shared in this report address the following key research questions:

1 What are the unique skill sets and values that Aboriginal and Torres Strait Islander health staff and health professionals can, and do, contribute to health services?

2 What are the experiences of Aboriginal and Torres Strait Islander health staff and health professionals in entering, and progressing, their careers within health services?

3 What are the barriers and enablers to career development and career pathways?

4 What action needs to be taken to enhance career development and career pathways for Aboriginal and Torres Strait Islander health staff and health professionals?

A Career and a Career Pathway

The literature often defines a career as the unfolding sequence of a person's work experiences over time. The key concepts central to this research project include career development and career pathways. Career development focuses on formal and informal strategies that are directed towards strengthening capacity (Marineau 2017). Career pathways are broadly conceived as the way 'individuals move between jobs, vocational areas and roles as well as through education and training programs both formal and informal' (Guthrie, Stanwick & Karmel 2012:8). The notion of pathways is a metaphor for the journey an individual takes through their learning and career life and the opportunities, structures and constraints in which the journey is navigated and realised (Meyer 2016).

The idea of a journey was a very strong theme in the stories collected for this project. Career pathways in Australia are often connected to formal occupational pathways that are set through vocational and professional qualifications, such as those needed to work as an Aboriginal and Torres Strait Islander Health Practitioner, but they can also be navigated informally, through supporting, career development opportunities and chance occurrences (Guthrie, Stanwick & Karmel 2012).

Broadly, careers can be understood as occurring at the 'intersection of societal history and individual biography' (Grandjean 1981:1057). Recent approaches to understanding careers, career development and career pathways emphasise the importance of a contextual multilayered perspective that recognises the interplay of structural, institutional, organisational and individual factors that can intersect to shape career decisions and outcomes (Bretherton 2014; Mayrhofer, Meyer & Steyrer 2007; Tomlinson et al. 2018). Individuals' careers, no matter the sector or workforce population, are embedded in broader structural influences of regulatory environments and policy settings that can, and often do, have profound implications directly and indirectly on career development and advancement (Heinz 2003; Tomlinson et al. 2018).

Organisations are an important context for shaping careers. It is in the workplace, through social and professional relationships, that individuals perceive how they are valued and with what they are entrusted (Mayrhofer, Meyer & Steyrer 2007). It is at the organisational level that cultural and social norms and opportunities and constraints are experienced. How management behaves is an important factor in determining if individuals can meet their career needs and preferences in workplaces (Tomlinson et al. 2018). Career decisions and development for an individual are influenced by being nested in these broader multilevel contexts, as well as an individual's own motivations, understandings and life course (Heinz 2003; Tomlinson et al. 2018).

The Career Pathways Project sought to understand career pathways and the contexts in which they occur, including the formal and informal structures and strategies that support the development and careers of Aboriginal and Torres Strait Islander people working in health. The project team was focussed on understanding the journey individuals take through their learning and career life and the opportunities and constraints which occur in a range of contexts, with a focus on the workplace. At all stages of the project from data collection to analysis and synthesis, the team recognised the interplay of structural, institutional, organisational and individual factors in career pathways.

Our Approach in this Project

This section describes the governance structure, ethical approvals, overall approach, methods and data sources used in the Career Pathways Project. The main activities, governance and management structures for the project are shown visually in Figure 1 and the two main coordinating Aboriginal-led coordinating groups were:

The **Career Pathways Project Steering Committee (PSC)**, coordinated the jointly-led activities and ensured regular communication and information sharing across the NSW and NT teams. It also had decision-making capacity for procedural issues to facilitate the multi-site collaboration, and provided input to and received direct feedback from the working groups. The PSC was comprised of representatives from both teams and was co-chaired by the AMSANT lead or delegate and Bila Muuji Chair/CEO or delegate and included two additional members from each team. Each PSC member had a role in one or more of the working groups and the Aboriginal PSC members were also part of the Aboriginal Reference Group (see below) to ensure the PSC had an overview of all aspects of the joint project to ensure efficient coordination.

The Career Pathways Project **Aboriginal Reference Group (ARG)**, was responsible for the promotion and maintenance of a high level of cultural safety and Indigenous knowledge management across the project and key activities. The ARG was comprised of all Aboriginal research team members involved across the two project teams in NSW and the NT. It was co-chaired by the AMSANT lead or delegate and Bila Muuji Chair/CEO or delegate as required. Each ARG member had a role in one or more of the working groups, which ensured the ARG had an insight and influence across all aspects of the project. This influence and input at all levels is shown by the ARG circle around the dark purple circles in Figure 1. The ARG also supported the PSC by providing advice and input to its deliberations and could directly refer issues to the working groups or PSC as required.

Additional governance processes were in place for the Northern Territory component, including AMSANT's Indigenous Ethics Committee and approvals by the AMSANT Board for project activities.

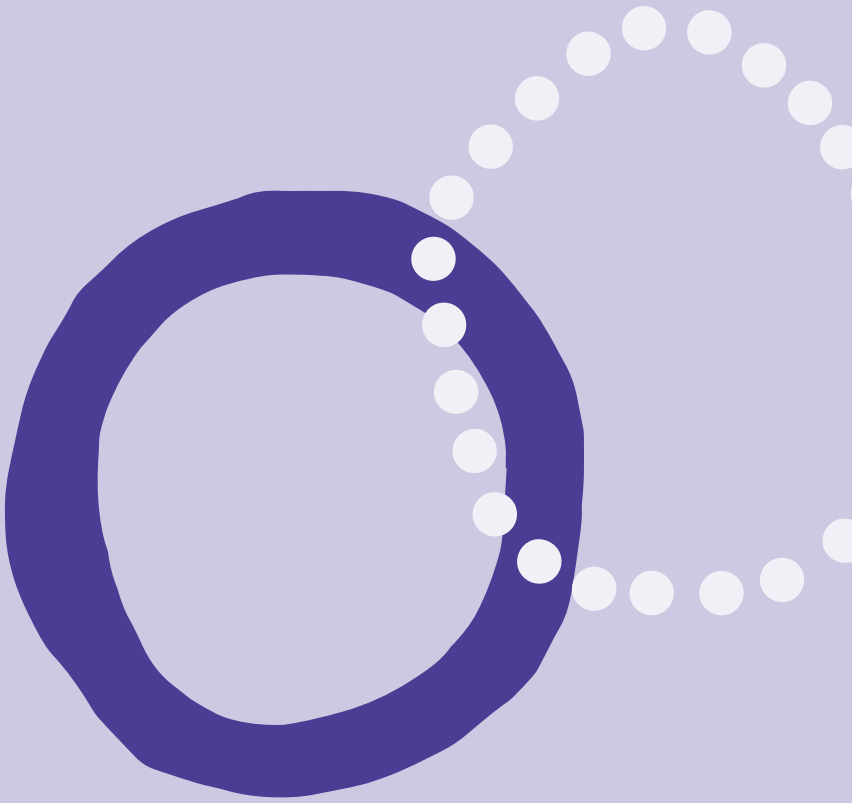
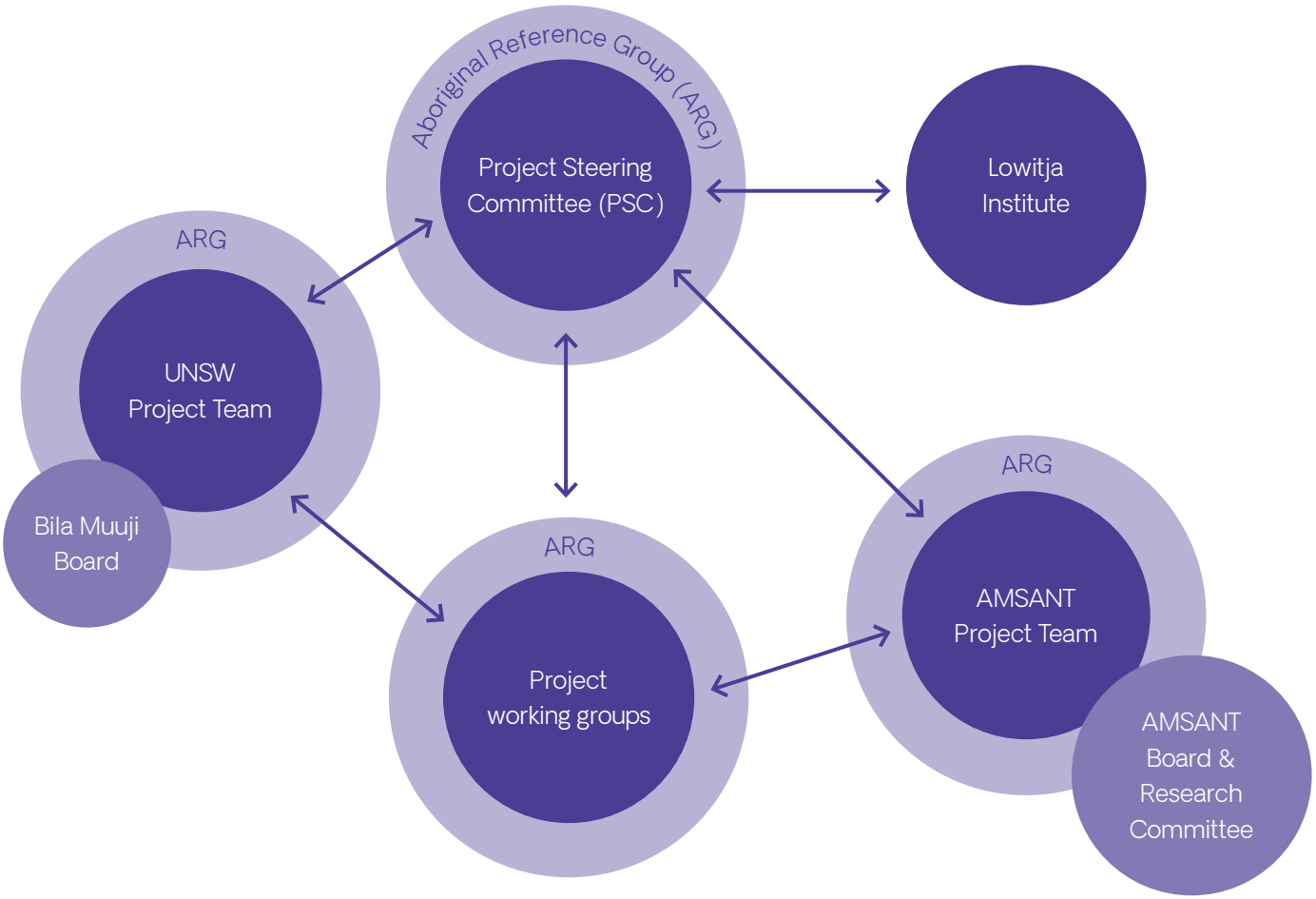


FIGURE 1: GOVERNANCE AND PROJECT MANAGEMENT



ETHICS APPROVAL

The project received ethics approval from:

- Aboriginal Health & Medical Research Council of NSW Human Research Ethics Committee (Ref. 1306 17)
- Greater Western Human Research Ethics Committee (Approval GWAHS 2017-060)
- Central Australian Human Research Ethics Committee (CA-17-2948)
- Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (2017-2943)
- South Australian Aboriginal Human Research Ethics Committee (04-17-732)
- Western Australian Aboriginal Health Ethics Committee (822)
- St Vincent's Hospital Melbourne Human Research Ethics Committee (Human Research Ethics Committee 186/18).

The project was also supported by the Queensland Aboriginal and Islander Health Council in Queensland. The Human Research Ethics Committees at UNSW and Western Sydney University recognised and noted the ethical approvals in place for the project.

Methods and Sources

The project used a mixed-methods design and brought together qualitative and quantitative data from primary and secondary sources. The main research activities were: **A literature review | A secondary data analysis | A national survey | Career trajectory interviews | Stakeholder interviews | Workplace case studies.**

LITERATURE REVIEW

The literature review searched and examined the peer and grey literature from 2000-2018 using key search engines including Medline, EMBASE and CINAHL to inform the research questions and identify key gaps in knowledge. A snowballing process was also used where key references not identified in the initial search, but cited in relevant literature, were then sourced and included in the review process. The team was also directed to relevant articles or reports by colleagues. A search strategy endorsed by the Lowitja Institute was used to identify literature specific to Aboriginal and Torres Strait Islander people in Australia. There were 80 unique items included in the literature review report which integrated and discussed the literature in three main areas of inquiry: the unique contributions of Aboriginal and Torres Strait Islander health staff, the experiences of career pathways and progression in the health workforce and the enabling and constraining factors for careers in health.

The literature identified and included a range of studies which provide some insights into the unique contributions of Aboriginal and Torres Strait Islander people working in health and some literature about their experiences working in the health system. The review found a paucity of literature directly focused on the issues of career development and advancement on the Aboriginal and Torres Strait Islander health workforce. The limited peer-reviewed literature relevant to career development and advancement is mainly on the experiences of the Aboriginal and/or Torres Strait Islander Health Workers (AHW), and to a lesser extent nurses and also health managers. Full details of the literature review are reported in Meyer, Joseph, Anderson-Smith et al. (2020).

SECONDARY DATA ANALYSIS

The secondary data analysis involved obtaining and undertaking descriptive statistical analysis of existing available data. Five main sources of data were examined as follows:

- ABS Population Census data by Aboriginality, age, gender, occupational classification, industry classification and educational level;
- Department of Employment, Education and Workplace Relations (DEEWR) data to provide an insight into the age and gender composition of the current Aboriginal and Torres Strait Islander student population and future entrants to health professions;
- Data from the National Centre for Vocational Education Research (NCVER) which includes relevant course enrolments and course outcomes (graduations) from VET level courses;
- The Commonwealth Department of Health (Workforce Branch) data on annual workforce surveys of registered professions;
- Australian Institute of Health and Welfare (AIHW) data from an annual survey of Aboriginal Community-Controlled Health Services receiving Commonwealth funding to deliver primary health care and other services.

Full details of the secondary data analysis are reported in Ridoutt, Stanford, Blignault et al. (2020).

Strengths and Limitations

The limitations of using secondary data sources, particularly when unit record data is not available for re-analysis, are acknowledged. The strengths of analysing secondary data are accessing a large quantity of data relatively quickly and at a low cost. Accordingly, specific inferences from the findings are limited, and the findings ultimately need to be considered in conjunction with the findings from other study components.

NATIONAL SURVEY

The Career Pathways Project conducted the first national survey of Aboriginal and Torres Strait Islander health staff across all professions, roles and jurisdictions in Australia. The survey sought to better understand the development needs and career pathways in the Aboriginal and Torres Strait Islander health workforce to inform strategies to improve employment, retention and career opportunities and add further data to that which is captured by routine workforce surveys. Full details of the national survey are reported in Nathan, Joseph, Blignault et al (2020), which includes the full survey tool.

A cross-sectional national survey using purposeful and snowball sampling was conducted from September to December 2018. The development of this survey was informed by the existing literature (Meyer, Joseph, Anderson-Smith et al. 2020), including relevant survey tools and early qualitative data, and refined in consultation with key stakeholders and the Aboriginal Reference Group in order to ensure appropriate content and distribution.

The survey was available in hard copy and online for multiple devices, and covered five domains:

- Worker characteristics
- Workplace and job characteristics
- Current education/training
- Facilitators and barriers to career progression
- Strategies to enhance career pathways in the sector.

The survey was promoted nationally through key health professional forums, the National Aboriginal Community Controlled Health Organisation (NACCHO) and its state and territory affiliates, and ACCHOs and mainstream health services involved in the Career Pathways Project. Email and Twitter were major avenues for promotion, with participants able to click a link to directly access the survey. The survey was also promoted and distributed at conferences and other events likely to attract the target group. This multi-pronged approach, combined with snowballing (where people are asked to invite peers to participate), while open to bias, was employed to achieve the highest possible response rate across disciplines and jurisdictions in the short September to December 2018 time period.

The quantitative data from the survey includes descriptive data with comparisons by socio-demographic, role, organisation type and location to look for significant differences. We used Fisher's exact test (Agresti, 1992) with significance set at the 0.05 level to examine differences between groups on categorical variables.

The survey was completed by 378 people, including respondents from every state and territory in Australia. Of the 378 respondents, 340 (90%) identified as Aboriginal, 16 (4%) as Torres Strait Islander, and 22 (6%) as both Aboriginal and Torres Strait Islander.

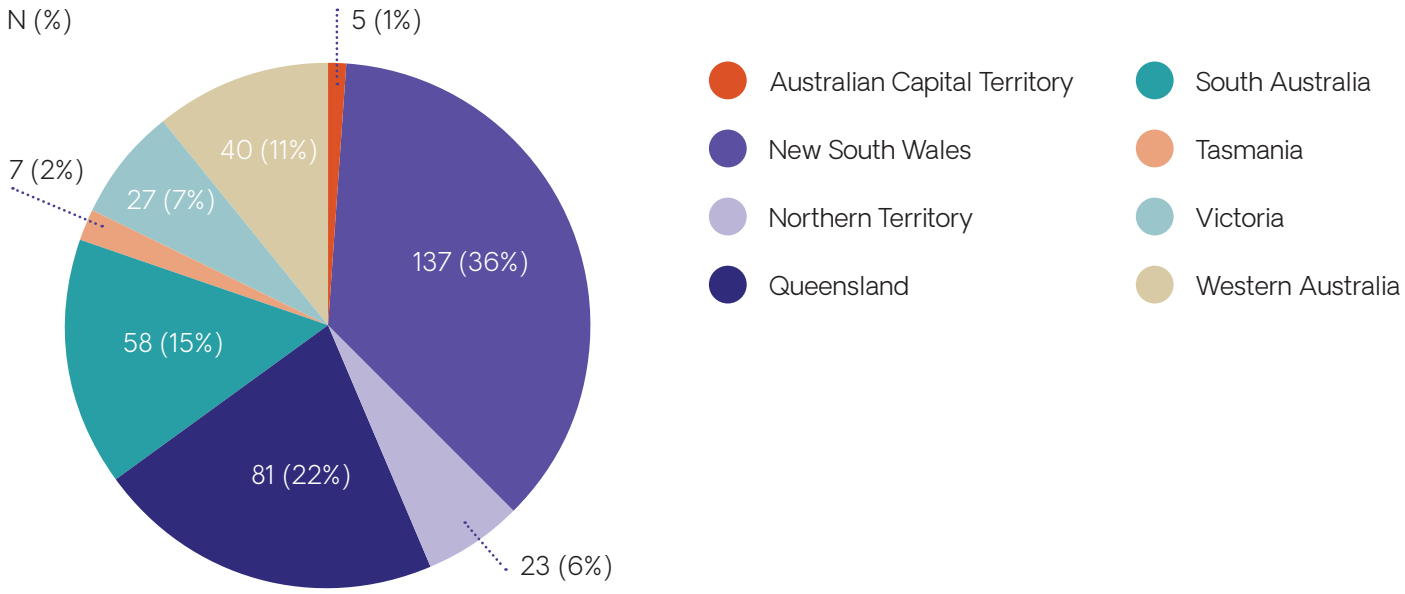
The age of the respondents was collected using Australian Bureau of Statistics (ABS) categories, with most (61%) of the sample being 40 years and above and 39 per cent aged 15–39 years (two broad age categories were created collapsing ABS categories to enable a meaningful comparison by age due to the sample size in some categories) . The survey sample appears to reflect broader workforce health trends (Ridoutt, Stanford, Blignault et al. 2020), with a high degree of feminisation of the health workforce (78% of the sample reported their gender as female).

There were 89 per cent of the sample who reported being currently employed (n = 332) and most (76%) were employed in government health services. Half (50%) of the respondents were employed in urban locations (see Figure 3).

Strengths and Limitations

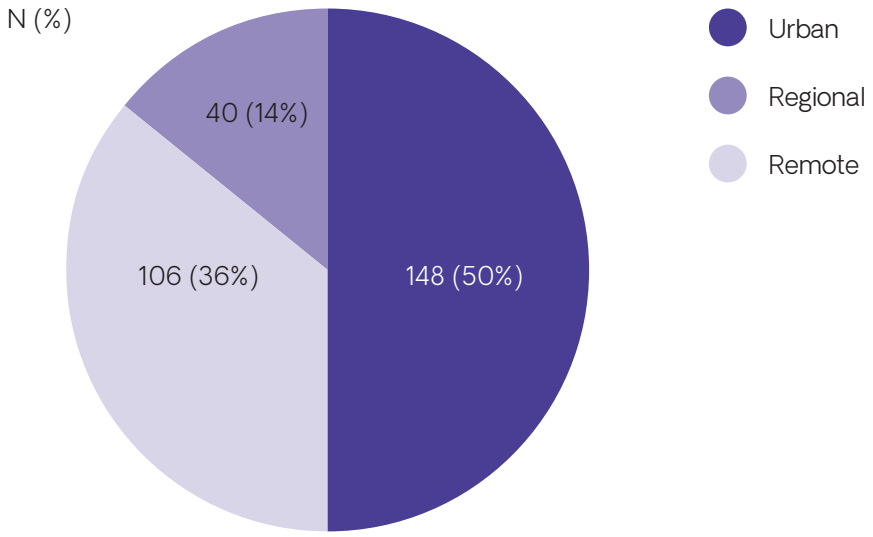
The survey sample—drawn from all states and territories, from urban, regional and remote locations, and from ACCHO and government services—is diverse. The survey was completed by people in a range of roles and who were in these roles for varying lengths of time. However, we do not argue that the sample is representative of the Aboriginal and Torres Strait Islander health workforce across Australia. For example, in comparing the sample to national workforce data, the survey sample had a similar proportion of males and females, but an under-representation of younger people (Nathan, Joseph, Blignault et al. 2020). Nonetheless, the survey provides important data from the different states and territories to complement the qualitative data collected in other components of the study.

FIGURE 2: SURVEY RESPONDENTS BY STATE OR TERRITORY (N=378)



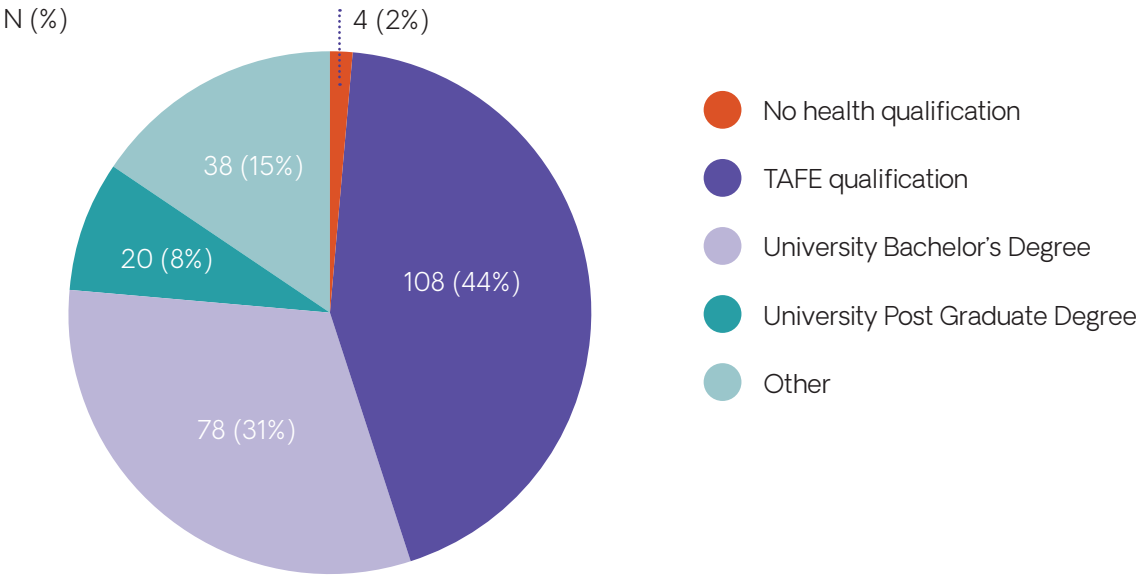
The largest number of respondents were from New South Wales, followed by Queensland, South Australia and Western Australia, with the other states and territories having quite small numbers (Figure 2). The secondary data analysis showed that just over two-thirds of Aboriginal and Torres Strait Islanders employed in the health industry were employed in New South Wales and Queensland (Ridoutt, Stanford, Blignault et al. 2020) and 57% of respondents in the survey were from these two states. It appears that South Australia and Western Australia may be over-represented as a proportion of the national survey sample, which may reflect active promotion by peak bodies and affiliates in these jurisdictions.

FIGURE 3: SURVEY RESPONDENTS BY LOCATION (N=294)



Half of the sample were located in an urban location, with the remainder in a regional (14%) or remote (36%) location, (see Figure 3).

FIGURE 4: HIGHEST HEALTH RELATED QUALIFICATION (N=248)



Most of the sample had a health qualification with almost half (44%) having a TAFE qualification and the next most common qualification being a University Bachelor's degree (Figure 4).

CAREER TRAJECTORY INTERVIEWS

Career trajectory interviews were undertaken to provide rich, personal accounts of individual Aboriginal and Torres Strait Islander health professionals' careers. These interviews were designed to add to our understanding of factors (both within and outside the health sector) affecting the capacity of Aboriginal and Torres Strait Islander people to develop their skills, knowledge and careers.

Semi-structured qualitative interviews were undertaken primarily with purposefully selected informants, including workers and managers, from key ACCHOs and government health service organisations across the country. The sampling aimed for maximum variation in terms of discipline for health professionals, as well as geographic location and employer type. Full details of the career trajectory interviews are reported in Kelleher, Vale, Stanford et al. 2020.

Interviews were conducted by Aboriginal researchers, face-to-face where possible, or otherwise over telephone or internet (Zoom or Skype). The semi-structured interviews were guided by two related interview tools (one for workers and another for managers) which are provided as appendices in the report. The tool development was guided by the research questions and input from the Aboriginal Reference Group. Interviews generally took 30–60 minutes.

A total of 70 interviews were conducted across the country focussed on the jurisdictions where case studies were not conducted including, Queensland, South Australia, Western Australia and Victoria. Recruitment occurred from 17 sites and involving the participation of 19 managers and 51 workers.

The majority (63%) of workers interviewed were employed in the Aboriginal and Torres Strait Islander community controlled (ACCHO) sector. Only one of the 19 managers (an Aboriginal respondent) was currently working in the government sector and all but three of the managers were Aboriginal. The age of the workers interviewed varied from 23 to 69 years and all identified as Aboriginal and/or Torres Strait Islander.

Thematic experience analysis of participants' narratives was undertaken, highlighting individuals' experiences and career decision/turning points. Specific data from workers about career decisions was generally provided in a chronological order and captured in such a way that, after coding, it was able to be quantitatively analysed.

WORKPLACE CASE STUDIES

The use of case studies was important to understand people's experiences in the context of their workplaces and to hear different perspectives. Recruitment of participants at case study sites was supported by senior management and the opportunity to participate promoted to all Aboriginal and Torres Strait Islander staff.

Yarning circles were used as the primary method for conducting the workplace case studies, with interviews offered where it was not possible to have a yarning circle or where preferred by the participant. Separate, but complementary, yarning circle/interview guides were developed and piloted for Aboriginal and Torres Strait Islander health staff and their managers and were endorsed by the Aboriginal Reference Group. A semi-structured format allowed flexibility to respond to local and individual preferences (cultural and linguistic) as guided by the individual sites.

The use of yarning circles as the primary data collection method was a considered choice. A yarning circle allows participants to support each other through the process of participation in a safe environment. The benefit of this to the research is that the data collected is often richer and deeper, as participants build on one another's ideas and contributions.

Transcripts were de-identified and carefully verified prior to data analysis. An inductive thematic analysis of the yarning circle and interview data was undertaken using the broad questions as a framework, and we paid attention also to key issues identified in the literature review and themes emerging from other research components. Comparisons

across organisation type (ACCHO or government), role (staff or manager) and location provided a deeper understanding of the barriers, enablers and strategies for enhancing the careers and experiences of Aboriginal and Torres Strait Islander health staff.

NEW SOUTH WALES CASE STUDIES

Participants were involved from 12 organisational sites across NSW. Participants included all categories of Aboriginal and Torres Strait Islander health staff: clinical (registered health professionals and others), community, administration and operations. Separate yarning circles were held with their managers (Aboriginal and non-Aboriginal). Nine ACCHOs, and two Local Health Districts and one Primary Health Network (collectively called government services herein) spanning urban, regional, rural and remote services. Full details are reported in Bailey, Blignault, Carriage et al. (2020).

In total, 122 people from across New South Wales participated in either a yarning circle or an interview. In total, the NSW team conducted 28 yarning circles and six interviews around the state and the Aboriginal and non-Indigenous research team travelled more than 3300km visiting the different sites.

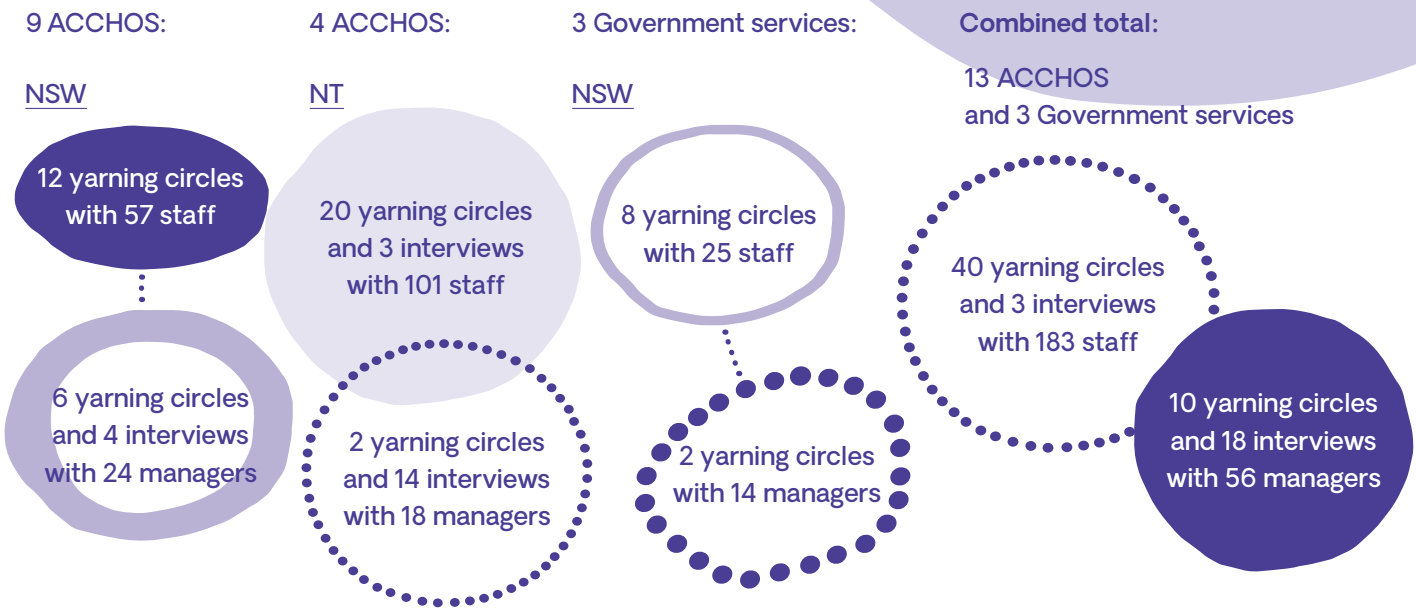
The health service managers included ten participants in executive positions (all Aboriginal) and 20 in other managerial positions. Among the health staff, Aboriginal Health Workers, Aboriginal Health Practitioners and Aboriginal Liaison Officers formed the largest group (23 participants). There were seven nurses, five allied health professionals and one doctor. Almost half the participants had been employed at their current workplaces for between one and five years, 15 for less than one year and 15 for more than ten years. Most had been employed in the health sector for much longer (41 had been employed in the health sector for more than ten years).

NORTHERN TERRITORY CASE STUDIES

The Northern Territory case study spanned urban, regional, rural and remote regions and involved four ACCHOs from East Arnhem, Darwin Urban, Katherine and Central Australia. Full details are reported in Demasi & Lew Fatt (2020).

In total, 119 people (101 staff members and 18 managers) from four ACCHOs participated in either a yarning circle or an interview. All interviews were undertaken by an Aboriginal researcher.

FIGURE 5: SUMMARY OF CASE STUDY PARTICIPANTS



STAKEHOLDER INTERVIEWS

Semi-structured qualitative interviews were undertaken with purposively selected key stakeholders or informants. A total of 35 stakeholders were identified and interviewed. The key stakeholder interests represented in the sample were NACCHO affiliates, professional associations, state and territory health authorities (at various levels of administration), and key organisations from the education and training sector. For further details see Ridoutt, Demasi & Stanford et al. (2020)

Interviews were conducted face-to-face wherever possible or otherwise by telephone or internet (Zoom or Skype). The semi-structured interviews were guided by an interview tool comprising mostly open-ended questions based on the research questions. On average, each interview took approximately 60 minutes.

Thematic experience analysis of participants' narratives was undertaken. Key themes were initially organised around the questions of the interview tool. These were later modified after reflection to align with the themes that emerged from analysis of case study and career trajectory interview data.

STRENGTHS AND LIMITATIONS OF THE QUALITATIVE METHODS

The qualitative methods used in the career trajectory and stakeholder interviews and in the case studies in NSW and the NT provide rich and in-depth data to inform the research questions. However, the data collected is not meant to be generalisable to all sites across Australia. Nevertheless, the sites in NSW and the NT and the interview participants from around Australia were purposefully collected (Patton 2002) to include a diverse array of perspectives and contexts to enable robust themes or concepts that are likely to be found in a range of similar settings across Australia.

Data Collected

This project is both national and local. Quantitative data (collected through a national survey and an analysis of available secondary data sources) and qualitative data (collected through interviews around the country and interviews and yarning circles as part of case studies in NSW and the NT) were collected and synthesised to answer the research questions. Triangulation of data sources, methods and researchers ensured rigour in data collection and analysis. Aboriginal team members had leadership or co-leadership roles in all aspects of the data collection, analysis and write up.

The project sought the views and experiences of employees and employers from staff at all levels and across the many professions, including those working in administrative, clinical and management roles, including Chief Executive Officers. Data were collected from urban, rural and remote settings and from people working in the ACCHO and government workforce settings. The views of key stakeholders, such as peak bodies and professional associations, were also sought.

In this report the quotes (qualitative data) are drawn from the career trajectory interviews and the yarning circles and interviews in the workplace case studies. Quotes are de-identified and characterised as 'Worker' or 'Manager' and by employer ('ACCHO' or 'government'). Differences by location (urban, rural and remote) are highlighted where relevant in the findings. Stakeholder quotes are identified as 'Stakeholder' only. These characteristics appear in brackets at the end of each quote. The quantitative data is from the online national survey and includes descriptive data with comparisons by organisation type and location where significant differences were found (at the 0.05 level).

Our Story

Aboriginal and Torres Strait Islander people's worldviews are holistic and culminate in the longest continuous living culture in the world. There is much to be learned from Aboriginal and Torres Strait Islander people working in health that can inform the predominantly Western constructs of the Australian health systems and policies. Our research led by key Aboriginal organisations and people privileges' our people's ways of being and doing.

We are mindful of the need to recognise the diversity of Aboriginal and Torres Strait Islander communities and experiences and the perils of over-generalisation. Nevertheless, the findings were remarkably consistent across the different research components.

This section presents the key findings and learnings from the Career Pathways Project. In telling our story, we start by describing:

- What we bring
- Why we come
- What we face

This is followed by a discussion on the barriers and enablers—the factors that impede or facilitate Aboriginal and Torres Strait Islander careers in health. In particular, we focus on the circumstances that enable our workforce to flourish. We use quotes from the qualitative research components (interviews and case studies) extensively to reflect the voices of Aboriginal and Torres Strait Islander people working in the health system all around Australia, together with national survey data to illustrate the key findings. The quotes represent diverse perspectives from the interview and yarning circle data, including from New South Wales and the Northern Territory, where the workplace case studies were undertaken. Perspectives include those from urban, regional and remote settings, ACCHO and government services, and from workers, managers and stakeholders.

To ensure anonymity when describing the source of the quotes, only the role (worker, manager or stakeholder) is used, together with, where relevant, whether the respondent was employed by an ACCHO or government. The team ensured a good distribution of quotes from the different data sources and jurisdictions. Differences by location (urban, rural/regional, remote) are also highlighted and discussed where relevant.

WHAT WE BRING

Aboriginal and Torres Strait Islander people bring many strengths to the health sector. They have an extraordinary skill set and specialised knowledge—beyond any formal qualifications or generic skills—of their communities and their health needs. At the core lies their holistic and patient-centred focus, and family and cultural values. Their contributions are both unique and influential, making them invaluable members of the healthcare team. Aboriginal and Torres Strait Islander people bring passion, dedication and motivation to roles that do not always align with standard working hours. By being there for the community, they become role models and leaders within their communities and for their professions. By their example, they inspire others and they provide inspiration for community members to take care of their own health.

Aboriginal health to me is the people that provide the service. (Manager, ACCHO)

It's about coming back now and giving those skills and experience back to the community. You know, we have this sense of obligation...back to our community. We are...local people that really want to make a difference. (Worker, ACCHO)

From 9 to 5 on Monday to Friday they're our clients but after 5 o'clock they're my friends. (Worker, ACCHO)

CONNECTIONS

Connections to community, cultural and spiritual knowledge, and understanding of Aboriginal and Torres Strait Islander ways and people are among the key attributes Aboriginal and Torres Strait Islander people bring to health. Through these attributes, Aboriginal and Torres Strait Islander workers described being able to heal two-ways, understanding the impact of transgenerational trauma and colonisation and respecting cultural health beliefs.

97 per cent of survey respondents nominated **'cultural knowledge** to inform care' as a unique contribution of Aboriginal and Torres Strait Islander health staff.

There's the spiritual knowledge that we carry in regards to the deep stuff with our people, the going back to country, the saying hello to the spirits, the walking through the creek...that is part of us, and when you look at that from a healing point of view it helps the western healing things line up with the spiritual and the cultural healing side of things. (Worker, ACCHO)

Many Aboriginal and Torres Strait Islander people working in health know the local community because they are a part of that community. Many expressed also having a deeper cultural connection and identifying more broadly with Aboriginal and Torres Strait Islander peoples and cultures through a shared understanding and lived experience. These workers often have historical knowledge, as well as current and timely knowledge of the relationships among community members. In the survey, 92 per cent reported that 'community connections and relationships' were a unique contribution they brought to a health service.

There's an additional layer of skills and knowledge particularly when you're an Aboriginal person, you know, that you can't, you don't go to uni for, it's your lived experience. It's what you feel, what you know. And that, just being an Aboriginal person enhances other people in the sense of just that cultural knowledge. (Worker, government)

Furthermore, Aboriginal and Torres Strait Islander workers have a shared understanding of the broader cultural and social determinants of health impacting on clients and the community, based on lived experience. This results in clients having more trust in the Aboriginal and Torres Strait Islander workers, who come across as being non-judgmental and having high levels of empathy, caring and compassion.

You know where they're coming from. You know where they grew up 'cause you grew up there yourself...You know what the struggle's like. You know what it's like not to have money to catch the bus to town, to get to the doctor's. You know what it's like not to have petrol in your car, food on the table... (Worker, ACCHO)

LIVING IN TWO WORLDS

Aboriginal and Torres Strait Islander workers live in two worlds and are able to bridge the Western medical model and the more holistic Aboriginal and Torres Strait Islander health model, providing a critical link between these two worldviews for clients and non-Indigenous clinicians. Skills in navigating in two worlds enable them to carry out the dual responsibility of following Western work rules and ethics and meeting cultural and social obligations.

So we're sort of like that bridge between both of them. (Worker, government)

Living in two worlds...you're living in the medical terminology, you know, the academic terminology, the Westminster education terminology. And you're also living in your own community knowledge and communication styles, which is important. And the best people to do that is our grass-roots people coming through. (Worker, ACCHO)

Aboriginal and Torres Strait Islander Health Workers bring cultural safety and security to a health service, including understanding the diversity of Aboriginal and Torres Strait Islander cultures and languages. By facilitating client engagement, they deliver culturally responsive care and overcome barriers for clients in accessing health services. Respondents in the national survey nominated knowledge about how to make a service more culturally safe (92%) and assisting staff to provide more appropriate care (86%) as key skills of Aboriginal and Torres Strait Islander workers.

Workers provide a two-way communication channel: clients are comfortable to ask them questions and they are able to translate medical jargon into a language that clients can understand. At the same time, they teach clients how to talk to non-Indigenous clinicians and this builds up the client's confidence in speaking up. Aboriginal and Torres Strait Islander workers describe these strengths when working together with their non-Indigenous colleagues.

I think our Aboriginal community trust us as Aboriginal people from this community more...Advocates for 'em as well and breaking down the medical language from the doctors, you know. (Worker, ACCHO)

With our program we work in a bicultural model, so...we always go out in bicultural pairs....That's about valuing each other's...skills and...also for our own safety as well. (Worker, ACCHO)

Additionally, Aboriginal and Torres Strait Islander workers play a key role in providing education for non-Indigenous staff about Aboriginal and Torres Strait Islander culture and how to interact with clients effectively. This can support and empower non-Indigenous staff, building cultural competence and cultural safety in the organisation.

And you can educate your co-workers about their [client's] situation. Just so they know. Just so it's not disrespectful when they talk to the patients and stuff. (Worker, government)

I do a lot. I brang NAIDOC to the unit. ... I brang culture where they never had it really before. (Worker, government)

LEADERSHIP AND ADVOCACY

Leadership and advocacy on behalf of health consumers and Aboriginal and Torres Strait Islander people was seen as a key responsibility. In the national survey, 89 per cent of people nominated advocacy for clients and community as a key contribution of Aboriginal and Torres Strait Islander workers in health.

We've all seen the negative aspects of what can happen in healthcare. So it's about trying to change those into a positive light and make sure...in the future, that our kids may not have to experience what we experienced as kids or what our [families] experience. (Worker, government)

We wanna be a part of changing that stigma, and providing a quality healthcare to our communities...not just the bandaid stuff but also being involved in the preventative health, yeah, outcomes for our communities. (Worker, ACCHO)

Once you start to work and you know things aren't going right, you know you have to speak up. (Worker, ACCHO)

It's my passion for – to drive myself and to be an advocate for our community and our people. (Worker, ACCHO)

WHY WE COME

Aboriginal and Torres Strait Islander people come to work in health for many reasons, mostly to do with helping their communities or other Aboriginal and Torres Strait Islander communities. They know from their lived experiences how poor health and lack of access to culturally appropriate health services affect the community. A key motivation is to make a change having seen their own families suffer from poor health and chronic disease, children getting sick and relatives dying too young. They work in health because they want to make a difference, to change the way Aboriginal and Torres Strait Islander health is delivered and improve the lives for their families and future generations. Honouring those who went before, helping your own people to break the cycle of loss and grief, and making sure that history will not be repeated are powerful motivators.

So for me I think a big part of that is wanting to help heal our people and at the same time ourselves. I'm not talking psychologically or anything like that, but it's twofold, you want to improve the health conditions and outcomes for your own mob and you want to be a part of that. (Worker, ACCHO)

To better our community and to better our people and close the gap between [the] mortality rate of non-Aboriginal and Aboriginal people. (Worker, ACCHO)

ROLE MODELS

Knowing someone else who works in health and receiving encouragement from family members and others is important. Aboriginal and Torres Strait Islander health managers and workers are influential role models. By their example, they inspire others to pursue a career in health and provide inspiration for community members to take care of their own health.

I want people to be aware that when we have jobs we admire, we respect our jobs and when we come to work we are proud of what we do because…what we do is we are working for our people, we're working for ourselves so that we can be role models to our kids. (Aboriginal manager, ACCHO)

I just want to be a role model for my nieces and nephews and that. They don't live the healthiest lifestyle and I kind of want to contribute to their education. (Worker, ACCHO)

The health sector can provide an opportunity to get into the workforce and can provide job security and financial stability for people. In some places, it is one of the biggest employers of Aboriginal and Torres Strait Islander people and health is a well-recognised career. People often spoke about having pride in their work and career in health.

I think it's a fairly well recognised career for a lot of Aboriginal people. We've all got family and friends who have been in health [services] somewhere, so it's not scary as going into like, space astrophysics or something, we've all got family or friends that we can ask about working in this area, it's not so scary. (Worker, ACCHO)

I can't see myself doing anything else. I don't know how people just get up and go. [The] Aboriginal Health Practitioner's position…for me is a career pathway in itself. That's what I wanted to do. This is my life. This is my career. And I'm looking at now—today—or whatever I'm looking at when I'm ready to retire who's going to take my position? Who's going to take my place? Like I said before I've only got about, what, 15 years left of my career. I want to finish up at 65 as an Aboriginal health practitioner. I would leave something here standing. That's my feeling. That's what I want to do. That's what I see my life as. That's a big thing, hey. (Worker, ACCHO)

The previous quote highlights the need for succession planning so that others can take on important healthcare roles when someone retires and this includes leadership positions.

ADVOCACY AND LEADERSHIP

An overwhelming majority of participants talked about the importance of opportunities in health to take on advocacy and leadership roles supporting Aboriginal and Torres Strait Islander people.

I feel like I have a voice now, that I can contribute now. I don't have to walk on egg shells and I can advocate for women who don't have a voice. (Worker, ACCHO)

We've got something like 60 women that are pregnant across our region. And I think, for me, as a [Translating and Interpreting Service worker] I'm speaking for those little babies that are born. I'm the advocate. (TIS Worker, ACCHO)

I think we're really good at advocating for our patients should they need outside services. We always take that work on. (Worker, ACCHO)

Advocating for Aboriginal and Torres Strait Islander people to engage with the health service was often described as a key role played by Aboriginal and Torres Strait Islander staff.

It's shifting the mindset of our mob to go in and build a relationship with the doctor, with the health worker, with the nurse, about managing your health. And that's a big shift for our people. (Worker, ACCHO)

SELF-DETERMINATION

Workplace factors also play a role in attracting people. For example, ACCHOs are respected nationally and internationally as providing a benchmark for primary healthcare, with a strong evidence base and track record. Self-determination is at their heart—Aboriginal health in Aboriginal hands. They are led by Aboriginal and Torres Strait Islander people and the Aboriginal and Torres Strait Islander/non-Indigenous staff ratio is high.

The reason we come to work for [ACCHO] is because they've grown up in the health service and [ACCHO] is the first provider that they had and they know their history and, like, the history behind [ACCHO] that, you know, they feel safe in their own organisation. (Worker, ACCHO)

And historically just seeing that we haven't been accepted in with mainstream institutions and that. So it's about getting out and being able to do for ourselves and look after ourselves, and knowing what we need, not listening to what everybody else thinks we need. (Manager, ACCHO)

HOLISTIC APPROACH TO HEALTH

The holistic approach to health exemplified in the Aboriginal and Torres Strait Islander Health Worker and Practitioner roles and the ACCHO model, and working with your mob and for your mob, was seen as especially attractive. Workers and managers from both ACCHOs and government services remarked that having a holistic approach to health service delivery is crucial to working effectively with Aboriginal and Torres Strait Islander communities and attracting Aboriginal and Torres Strait Islander staff. This model of health incorporates the social and cultural determinants and partnering with others (including community, government agencies and non-government organisations) to address health issues from a holistic perspective.

We have to sort of teach western medicine to say 'Look, health is holistic health', whereas we bring blackfellas into the position, we know its holistic health. We know the social determinants are an impact. That's automatic for us. (Manager, government)

You just can't treat the symptom as it is straight away; it's holistic ... You know, like you can spend a whole day or a couple of days with some clients... (Worker, ACCHO)

[Organisation] just doesn't deliver that acute medical services, they talk about the preventative and the social aspects of our people's lives. (Worker, ACCHO)

We're not just there looking after the patient: we're looking after the family members as well and making sure that they're right, you know. If they've got accommodation. If they're from out of town. (Worker, government)

WHAT WE FACE

RACISM

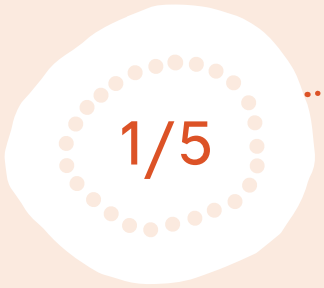
The effects of colonisation run deep with First Nations peoples everywhere and permeate every area of their lives. The racism described by Aboriginal and Torres Strait Islander workers and managers was directed at Aboriginal and Torres Strait Islander health consumers and workers alike. It manifests in numerous ways, including covert or unwitting discrimination and overt racism.

Like this job here. I think it comes down to the institutional racism. Probably, you know, on that institutional level where the dialogue is about what works for the service and what works for the western health model and not for what works for our women...that negatively impacts us as workers in this hospital, the way it impacts our program, the way it impacts our women, that's what keeps me fighting the fight and keeps me going even when I feel so my cup is empty. (Worker, government)

Nobody want to touch me while we're doing first aid—I'm too black. That's what I felt like anyway, one time. (Worker, ACCHO)

Aboriginal and Torres Strait Islander workers described their struggles with racism in a range of contexts—for example, colleagues questioning their qualifications or health experience, or being challenged about perceived preferential treatment when undertaking training or further studies.

Where I came from is I got my degree the same way as the non-Aboriginal and Torres Strait Islander people got their degree, but you don't always feel like that because you're asked 'Oh what helped you get...to where you [are]...was there a special scheme you went through?' You're questioned a lot. Then they question your Aboriginality on top of that. (Worker, ACCHO)



Experienced racism and opposition from colleagues

But it's still that, that thinking that, you know, people, Aboriginal people can't go to university. Aboriginal people can't get degrees. Or, 'Where did you get your degree from?' I've copped that a few times. Like I just got it off the back of a Corn Flakes box. (Worker, government)

Racism and opposition from colleagues was a barrier to career development for almost one in five people in the national survey, and was significantly more likely ($p = 0.018$) to be experienced by those who were employed in government (22%) compared to those employed in the community-controlled sector (7%).

PRESSURE & EXPECTATIONS TO BE ROLE MODELS

Workers in government health services reported feeling enormous pressure to change their colleagues' negative opinions about Aboriginal and Torres Strait Islander people. There is often also an expectation of people generally to be role models and break down stereotypes about Aboriginal and Torres Strait Islander people in the community.

I think higher levels of professionalism [are expected] because of stereotypes and in working, you know, just above and beyond, just to prove. (Worker, government)

It's like you see...other cousins and your family and that, and they do drugs and alcohol. And you have this opportunity to do the course and get a full-time job. If you quit that, then you'll just be another stereotype though. Like we wanna be, wanna show them the good side of Aboriginal people. (Worker, government)

DISRESPECT AND INEQUITY

Disrespect was experienced by many participants in all contexts. Workers in remote areas, in particular, described working alongside non-Indigenous staff who have limited understanding and are disrespectful of Aboriginal and Torres Strait Islander cultural protocols and people. These non-Indigenous staff demonstrate disregard for Aboriginal and Torres Strait Islander leadership, legitimacy, values and practices, and the principles of Aboriginal community control, which can lead to culturally unsafe practice and communication.

They're working in an Indigenous organisation but not valuing the Indigenous workers, you know. People have to tell them 'Hey, you can't just go out into community and do that', and they don't listen, they just go and do it anyway, and...we tell them things...'You can't go out to such and such to Sorry Business'. They end up out there because they're just like 'Oh, well, it's okay, I'm liked, I'm going to go...just I'm popping in to see that family'. It's like 'You are so silly, you could get physically hurt if you go out there'. (Worker, ACCHO)

Both managers and workers explained how inequity in the workplace impacts on their capacity to engage in employment, provide appropriate care or progress their careers in health. Those working in remote and rural areas described the lack of recognition for Aboriginal and Torres Strait Islander Health Practitioners and their roles and scope of practice, which can lead to other health professionals undervaluing their role and expertise. This lack of recognition was experienced in many contexts.

I've been that AHW [Aboriginal Health Worker] and AHP [Aboriginal Health Practitioner] where I have the skills and experience and I still get questioned. It becomes harassment and bullying when you're continually compared to mainstream. It's disheartening and you need support mechanisms around you. I know I have the skills and the ability; a vision and compassion for my people. When non-Aboriginal people are judging me, they don't fully understand that this is my livelihood. I keep doing it to help and give young people the opportunity. (Manager, government)

I've seen non-indigenous people come in and get positions higher than a well-trained Aboriginal person. That person's still sitting down here and then, another person that's not Australia nor whatever – sorry, comes in and gets a higher position, you know? It's not giving us that chance. (Worker, ACCHO)

Many also drew comparisons with other health professions in regards to wage parity, incentives and entitlements, which impact retention. Workers in remote areas of the NT were also vocal about their poor conditions of employment when contrasted with those of visiting workers. They were particularly scathing about the reliance on fly-in fly-out workers, their different agendas and the undermining of local expertise. These experiences also highlight the lack of investment in building a local workforce. One NT worker described it this way:

And you know what...I'll be still here long after you're gone. I've been here before you came and I'll be still here but in my own sanded canoe with all these diabetic people, all these underweight kids, with the pussy ears [from infection], with the worms and anaemic on top of it I'll be still here at the end. And what you gonna do, you'll go back and live in your fancy house in Melbourne, wherever. But you're going to put it on your resume that you spent six months at downtown [community name] with all 'those scabby people', where English is a second language. That'll look good on your resume for your next job. (Worker, ACCHO)

Inequalities faced by health workers and the broader determinants of health impact across the Aboriginal and Torres Strait Islander community, including those people working in the health sector. In particular, for remote participants, access to housing, overcrowding and financial circumstances, and their own health and wellbeing impact on career development and career pathways. The stress of chronic diseases affects families, and many Aboriginal and Torres Strait Islander workers described carrying the responsibility of looking after family members, grandparents and others.

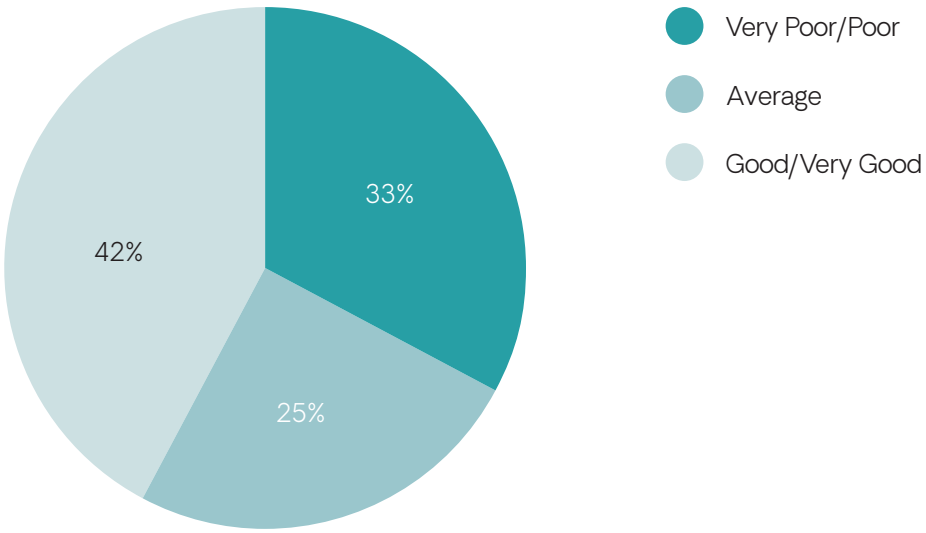
And understanding the hardships that our mob go through, we've all lived it, we all understand where aunties and uncles and grandparents and our ancestors before us, you know, what they went through and so you've got that intergenerational understanding of the hardships and the challenges. (Manager, ACCHO)

Barriers and Enablers

This section considers barriers and enablers together because they are inter-linked. For example, the absence of role models and mentors is a barrier, while the presence of role models and mentors is an enabler.

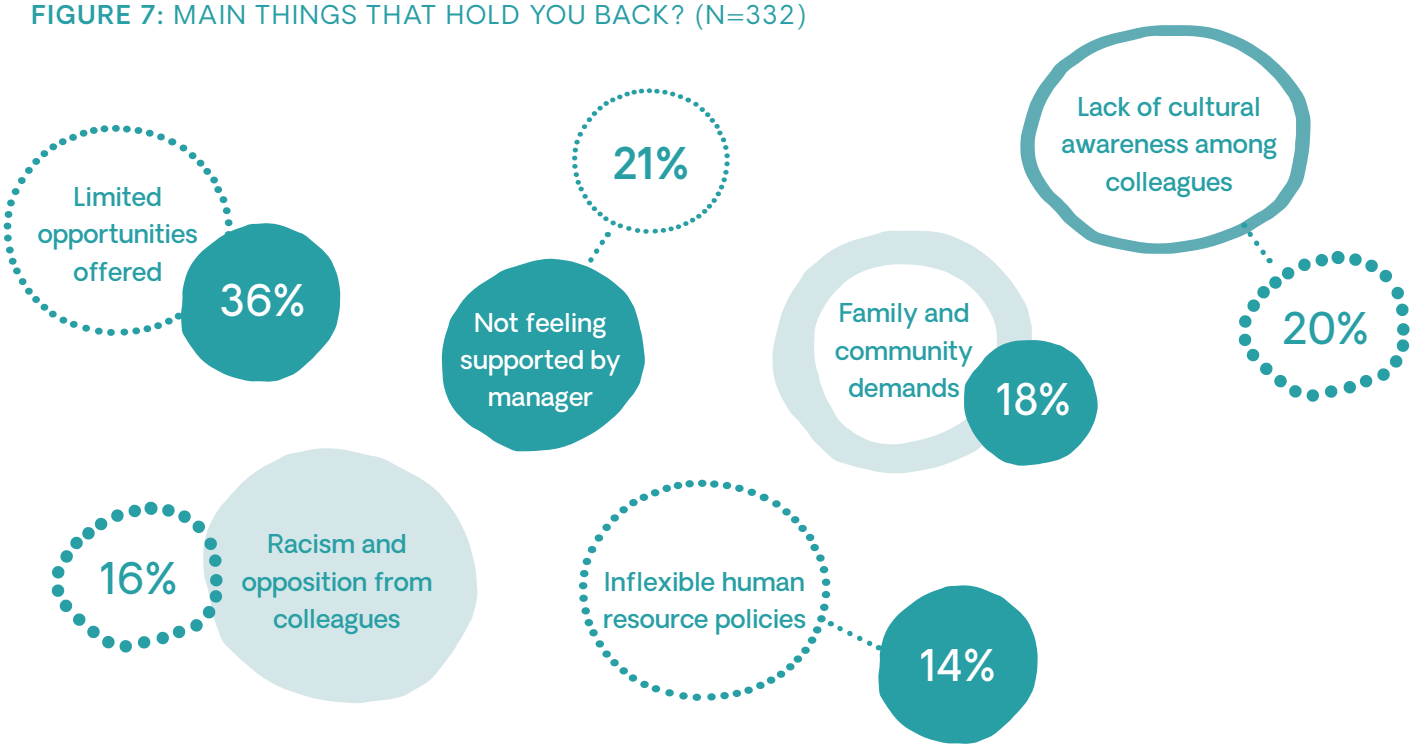
Among respondents in the national survey, 42 per cent rated career development opportunities in their current workplace as 'good' or 'very good', 25 per cent rated them as 'average', and 33 per cent rated them as 'poor' or 'very poor'. Those aged 40 and over were significantly more likely ($p < 0.001$) to rate their career development as 'poor' or 'very poor' (40%) compared to those aged 15–39 years (21%).

FIGURE 6: RATING OF CAREER DEVELOPMENT IN CURRENT WORKPLACE (N=286)



Overall, 23 per cent of respondents were happy with where they were in their careers. The main barriers identified by people as holding them back are shown in Figure 7.

FIGURE 7: MAIN THINGS THAT HOLD YOU BACK? (N=332)



To some extent, the way barriers and enablers play out depends on the context and reflects individual, family, community and organisational factors and broader systems, as well as history and the political environment (Meyer, Joseph, Anderson-Smith et al 2020). We have grouped these factors under six subheadings that reflect key contexts and stakeholder groups:

- Worker, family and community
- Workplace culture
- Workplace conditions and systems
- Providing opportunities
- Training and development
- Policy.

WORKER, FAMILY AND COMMUNITY

For Aboriginal and Torres Strait Islander Australians, a worker and theirfamily and community are very much interconnected. Thus, what impacts on one person ultimately impacts on others, particularly with regard to barriers and enablers to career growth and development – from recruitment to retirement.

A commonly reported barrier is confidence, which can impact every career stage. **In the national survey 10 per cent of respondents reported 'not feeling capable' as a barrier to career development; this was significantly higher (p = 0.04) among those aged 15–39 years (15%) compared to those over 40 years of age (7%).** Many Aboriginal and Torres Strait Islander people are not confident to apply for roles in health. For those who do enter the health workforce, lack of self-belief and support can mean that they are reluctant to step out of their comfort zone, including applying for promotions and other opportunities that arise. Encouragement from family and community was reported in case studies and interviews as making a difference to people's career aspirations and confidence:

Aboriginal grandparents (who have now passed) valued education as they weren't permitted to be educated past a certain point. They passed that value down to me. Very encouraging in attending school, taking opportunities. I was never told that I couldn't do it. I was the first to finish Year 12 and attend university in my family. (Worker, government)

My aunts saw potential in me that I couldn't see myself. (Worker, ACCHO)

If you don't have a good home you need that role model to tell you that you can be more than what you're told you can be. (Worker, ACCHO)

Another barrier to a career in health that was frequently identified was not knowing about the range of career options and available opportunities and stepping stones. This is especially problematic in smaller and isolated communities. Both workers and managers highlighted the value of building awareness among secondary students and the local community.

Because we've got some really good people out there that would be ideal for our communities. It's giving that opportunity and then supporting them through those processes. (Worker, government)

The presence of role models and mentors often gives Aboriginal and Torres Strait Islander people the confidence to apply for health roles. Moreover, ongoing support and encouragement gives them the confidence to apply for promotions and other opportunities as they arise. Knowing they are appreciated by community helps health workers stay strong.

It can be impossible working...the blackfellas like to mock us a lot...And you get that one person that comes in and says 'Oh, thank you very much for your help' and it overrules it...And I think, like, just after what happened years ago, I just really think that coming and seeing a friendly black face who's gonna help you, that lives here, is from here and continues to stay here can help a lot more than that stranger flying in on Thursday and flying out on Friday. (Worker, ACCHO)

With confidence and support, people are able to achieve their goals and make a difference for community, a key reason Aboriginal and Torres Strait Islander people come to work in health. Aboriginal and Torres Strait Islander Health Practitioners took pride in their achievements, which often meant breaking new ground in their own family and community.

I'm in a community where a lot of my family they had babies when they're 12, 13...and they're on alcohol and drugs, you know. I actually was the first out of all my cousins to get a job...That wasn't easy, that wasn't something that I thought that I could do ...like it wasn't in my head or what am I going to do now after I finish school...I'm just going to go drink my life away, party every Friday, Saturday, you know, because that's all I seen, you know. We need to break that chain, we need to show our community that there's more to life than alcohol and drugs and grief and loss, and you can deal with it differently, you know. That's what I'm passionate about, about changing my people's lives, that's what I am, that's what Aboriginal Health Practitioners do. (Worker, ACCHO)

My growth over my personal career, from uni to growing my skills and being able to vocalise at a higher level across the health sector. Building my confidence in that area…to become a champion and advocate for Aboriginal people. Specifically around what action needs to be taken in the system to enable better outcomes in [the] Aboriginal health workforce. (Worker, government)

A challenge people also reported was being expected to act and speak on behalf of all Aboriginal and Torres Strait Islander people, which takes their time away from their roles. This can make workers feel worried and burdened by the responsibility to represent others' views and they often felt their involvement was tokenistic.

When there's issues, straight away the bosses will go to you as an Aboriginal person and say 'Oh, can you fix this up?' 'Can you deal with this?' (Worker, government)

You become the token black fella, like you can come, everyday you've got things coming at you like I had to know the answer to everything, I had to know the right answer to everything, I had to speak on behalf of Noongars over in bloody [Western Australia], I had to speak, you know, and it's uncomfortable and you're trying to explain that we're not just this one big homogenous group and we're all unique…So working amongst your brothers and sisters and that, you feel, ah, this is better, because you're still happy to talk about the things that you feel okay to talk about but there's the respect of people knowing some things you don't have a right to talk about, it's not your place to talk about, it's not appropriate to talk about. (Worker, ACCHO)

Aboriginal and Torres Strait Islander Health Workers often spoke of having dual responsibilities or "walking in two worlds", which meant they had to constantly balance work commitments and community obligations. The challenge in managing these dual responsibilities involved dealing with racism, as well as lateral violence and vicarious trauma.

Working in a remote community with the general trend of declining mental health is very demanding with lots of front-line vicarious trauma. (Worker, ACCHO)

Trauma is generational, as explained by an Aboriginal manager talking about daily challenges for workers:

I talk about generational trauma. One or two generations ago we had massacres out in our region. And then we had government policy throwing our mob altogether, all our different tribal groups. Coming from that old way thrown to a settlement, that settlement type of lifestyle and there's this adjusting that's still happening. And it still impacts upon people's lives, you know. People talk about why is this place like this? Well look at the history, look at the trauma. (Manager, ACCHO)

A major consequence of managing dual responsibilities, racism and trauma across all professional groups is stress and burnout.

There's also the burnout factor, that's another barrier where you've grown up with all this trauma in your life and now you're coming in and listening to stories about trauma and it starts weighing heavier on people's shoulders and a lot of people don't last. (Worker, ACCHO)

I'm at a career crossroad now [as a general practitioner]. There's such a potential for burn-out in general practice. There's a general trend of declining mental health which means lots of front-line vicarious trauma. It's very demanding. (Worker, ACCHO)

Individual resilience can be developed, incidentally or deliberately, through the career journey. Spirituality and cultural identity are important sources of strength. Resilience as a theme was strongly reflected in the stories of Aboriginal and Torres Strait Islander Health Workers, both in commencing their careers and remaining in the health sector.

I often think our layer of resilience is really centred a lot around needing to actually be considered so that you don't act in a way that you shouldn't act or that you're able to take on board a person's view that you may really, really not agree with but, you know, you've gotta suck it up and get on with it for the better, for the better part of the health opportunities for your community. (Manager, government)

What the jobs have provided for me has been a healing journey, personal development and to look at life in a different way. (Worker, ACCHO)

WORKPLACE CULTURE

Workplace culture is a major determinant of career pathways and the project findings underscored this as a major determinant in people's working lives. Racism and discrimination in the workplace was a key theme in the qualitative data and was highlighted in the national survey as an issue by one in five respondents employed in government services.

In the literature, racism is widely acknowledged as a common barrier to workforce retention and career progression. Conversely, cultural safety is acknowledged as critical, with cultural safety training considered a key enabler across the health professions. Culturally safe workplaces centre on respect, and inclusion of Aboriginal culture with flexible working arrangements, such as family and cultural leave, are vital. "A culturally safe health service is: spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need." (Williams 1999 cited in AIDA 2017:1)

Stakeholders suggested rolling out a core training package in all health courses and taking a system-wide approach.

We now have a statement of intent whereby we're looking at having consistent approaches to cultural safety across all of the professions, not just nursing and midwifery, who have led the way in this space. You know, we've worked with the Australia Safety and Quality Commission. So, they set the standards for hospitals. We've worked with them on ensuring that they now have a standard that names cultural safety...hospitals need to respond to that accreditation standard. We've worked, certainly across the Australian universities...talking to them about having [something] built into the...accreditation standards for courses and educational institutions. (Stakeholder)

Aboriginal and Torres Strait Islander leadership at all levels of the organisation (senior managers, middle managers and frontline mangers) is essential to ensuring cultural safety for Aboriginal and Torres Strait Islander employees, and ultimately for Aboriginal and Torres Strait Islander health consumers.

81%

In the survey the idea for improving career development that received the greatest endorsement by respondents (81%) was the suggestion to increase the role of Aboriginal and Torres Strait Islander staff in leading career development.

And so we've tried to embed some leadership development into all of our professional development, and build that skill and confidence, and capacity to be able to...plan, you know, come up with 'How do I approach this? How do I drive my career forward? What are the opportunities I should be taking and how do I get the support?' (Stakeholder)

Having supportive and culturally competent non-Indigenous managers who value their Aboriginal and Torres Strait Islander Health Workers and what they bring to the workplace, who understand the challenges they face, and who facilitate access to professional development and pathways matters is important. Providing cultural mentoring for non-Indigenous senior managers who make strategic decisions around Aboriginal and Torres Strait Islander health is also important.

My work on the floor as an AHP [Aboriginal Health Practitioner]. [My manager] asked me if I wanted to learn how to do the manager's role. She set time aside for me every week to do that training with her and then, you know, gave me the opportunity to do it...once she goes on leave...'You can run the clinic now I think'. (Worker, ACCHO)

Being able to support workers at different junctures, i.e. recruitment, guidance over options throughout their career, understanding what a 'career path' is and getting people to be the leaders...to lead in their own space (Worker, government)

Working for an ACCHO where Aboriginal and Torres Strait Islander people are in the majority and workers are connected to the community and to each other outside of work—an environment where empathy, solidarity and responsibility prevail, where knowledge and ideas are shared, and where cultural values and self-determination are at the core of practice—was seen as highly desirable. Workers feel safe and comfortable coming to work.

Our mob. Our mob, all our mob...We get each other, you know. (Worker, ACCHO)

In government services where Aboriginal and Torres Strait Islander people are in the minority (usually a very small minority), having others to work alongside makes a big difference to staff wellbeing and job satisfaction. This includes the presence of older or more experienced Aboriginal and Torres Strait Islander Health Workers who become role models, mentors and advocates for others in the workplace.

Not just having one Aboriginal staff in the one ward (by themselves). It's good to know that you have someone there to talk to, who will understand ya, your slang and stuff. (Worker, government)

In general, organisational structures that embrace Aboriginal and Torres Strait Islander governance and leadership and are responsive to local community—as well as management models that embrace a holistic, multidisciplinary approach and encourage teamwork (one service manager aptly commented that the way they work is 'a circle not a ladder')—are consistent with Aboriginal and Torres Strait Islander ways of conducting business. These models also contribute to job satisfaction. Initiatives that celebrate and strengthen Aboriginal and Torres Strait Islander culture (e.g. NAIDOC and maintaining healing gardens) are affirming for staff and send a positive message to the wider community.

So there's mentoring, but I also think that there's leadership training. But leadership training that, especially for Aboriginal and Torres Strait Islander people...is delivered in the context, in their world views, rather than from a non-Indigenous perspective. (Stakeholder)

WORKPLACE CONDITIONS AND SYSTEMS

Good work conditions, and a growing and vibrant organisation with a positive reputation, attract people to the health sector and help to keep them there. Job security through a permanent job makes a big difference to people's careers. In the national survey, people on permanent contracts were significantly more likely ($p = <0.01$) to report receiving paid study leave (39%) than those on fixed contracts (26%). Being valued through recruitment, appropriate remuneration regardless of where you work (starting pay and increment levels), training opportunities and other forms of reward for good service retains workers and keeps them strong. The opposite devalues and undermines workers' motivation.

We...tend to focus on, you know, weaknesses in interviews. And for our people we show our strengths in different ways. And, if we're connected to our people, then we can identify those strengths. (Manager, government)

I don't feel...sometimes as valued because of the wages. (Worker, ACCHO)

Pay rates are very, very low compared to...other organisations in town...Everyone struggles with money nowadays so why not take that next step to another job and get double what you get here when you're doing the same work...? (Worker, ACCHO)

Recognition of cultural competence is important. Cultural and community connections remain valuable in all roles that Aboriginal and Torres Strait Islander people occupy in health.

Be confident in your cultural capabilities and, if you're not, you need to find the information, the knowledge and the skills to be confident as an Aboriginal person in the workforce…use those skills evenly to make sure you are designing your service-delivery models with…the centrality of culture. Nobody else can have that. That's what makes you so special. (Stakeholder)

Culturally safe human resource management systems, covering everything from recruitment, retention and professional development to leave entitlements, are essential to organisational cultural safety. By valuing members of the Aboriginal and Torres Strait Islander workforce, culturally appropriate selection and promotion procedures place value on their unique skills, knowledge and values, take into account social and economic disadvantage, and recognise potential.

There's so many good Aboriginal people that have had [criminal] records at a certain time in their life…and you can't keep holding the grudge against people for that. Prior to my starting in this role everybody who had a criminal record got assessed by either the person in HR [Human Resources] or by the principal investigations and compliance officer here at the [Local Health District]. And cultural context was never applied…When I started in the role, I said to my then boss, 'I've got the training. I'm an authorised person. Why can't I do it'? (Manager, government)

Recognising dual responsibilities by offering flexible hours and more generous bereavement leave and by celebrating culture contributes to staff wellbeing, retention and career development.

A lot of my movement in my career has been around keeping my family safe. We now have two grannies grandchildren] in care. I will probably take some time out of the workforce to undertake study and care for my grannies. (Worker, ACCHO)

Family life takes over. Your private life takes over… (Manager, ACCHO)

Formal mentoring programs and buddy systems and regular meetings of Aboriginal and Torres Strait Islander staff in large government services help to provide peer support. This was reflected across the nation, in different organisations and across the different health professions.

In the national survey 23 per cent of people said they had been provided with role models or mentors, but this was significantly more likely ($p = <0.01$) for those aged 15–39 years (32%) compared to those over 40 years of age (17%). Appropriate mentoring at all career stages is important as people develop new skills and have opportunities to move into new roles, particularly leadership roles.

Because we've got a lot of young staff and we've got a lot of new staff, and so we wanted to…create that culture of we look after each other in the organisation…It's very early days…get to know each other outside of just their job… So I think the mentoring's less about what they do in their job and more about you as a person. (Manager, ACCHO)

PROVIDING OPPORTUNITIES

Opportunities to join the health workforce via entry level and/or traineeship positions can have a major impact on the lives of Aboriginal and Torres Strait Islander people and their capacity to contribute to the healthcare of their communities.

I've been in health for a long, long time and I've studied hard to get to where I've been because I was given the opportunity. (Worker, government)

My very first opportunity – a traineeship – it made a difference to my life. (Worker, ACCHO)

Because it's an opportunity and especially when it's advertised as a traineeship. … they're going to be taught, … and nurtured there. (Manager, ACCHO)

Identified positions are attractive, as is being shown a structured career pathway with stepping stones along the way and a goal at the end.

Just by having the Aboriginal Primary Healthcare Certificate III; that can open up the doors for you in a lot of health jobs. (Worker, ACCHO)

Like I thought oh, you know, like that's an actual career pathway. It's not just jumping from job to job, you know? (Worker, ACCHO)

We have Aboriginal identified, AOD Aboriginal care management workers, you know it has been a real struggle to try and find good skilled people. So we've moved into investing in our own and having some traineeships, you know AOD traineeships so we can have that also as a pathway (Manager, ACCHO)

In rural and remote areas where there is limited employment, the health sector provides a chance to get into the workforce. Larger organisations can also offer opportunities to move into different roles and build careers.

If a job comes up, you've gotta jump on it pretty quick because there's not much work out here. (Worker, ACCHO)

Even though you're working in health, you don't have to do the blood and the guts, and all that sort of stuff. There are jobs in health where...I've been able to make a difference but I haven't had to go anywhere near the gory stuff. (Manager, government)

I chose this hospital because ... I did my student placement here but I just fell in love with the tertiary, like it's a teaching hospital. It's this big hospital with complex things that so much career opportunity, progression. (Worker, government)

Being one of the largest employers in my area there is opportunity to work in different sections of the organisation. (Worker, ACCHO)

Supporting and nurturing mature age workers to enter the workforce and upskill is equally as important as nurturing young workers.

The survey data underscore this finding from the case studies and interviews, with only 17 per cent of those over 40 years of age being provided with role models or mentors, and 41 per cent reporting limited opportunities being offered.

Getting back into studying, the workforce after a long break for example with children I s'pose the biggest hurdle for me was just the study component 'cause I've been out of school for 20 years. And I just thought you can't teach an old dog new tricks, basically. But, yeah, that was my biggest hurdle, just to get back into the workforce. (Worker, ACCHO)

Managers and workers alike spoke of the importance they placed on being able to determine for themselves the choices they made in relation to taking up opportunities that they believed could advance their careers. This can be assisted by ensuring that workers are aware of professional development opportunities and related support and that they are encouraged to take advantage of these, such as study leave. Only 23 per cent of the people surveyed were given information about other roles in health and only 26 per cent were given opportunities to trial new roles. The more qualifications a person had, the more likely they were to be offered training opportunities and alerted to other roles.

It's just a matter of doing a search...and then circulating that at the end of every year so that people know. (Manager, ACCHO)

Just keeping [it] consistent, like if one person puts their hand up to do a course and it's $200, for example, then another person puts their hand up, then keeping that consistency. They should be given the same opportunity... Otherwise it just puts strains on relationships. (Worker, ACCHO)

FIGURE 8: WHAT THINGS HAVE BEEN PROVIDED TO HELP YOU DEVELOP YOUR CAREER AT THIS ORGANISATION? (N=332)

In the survey almost half of people reported not being made aware of training opportunities, only 20 per cent reported support for accommodation and travel, and less than one-third (30%) were paid study leave for training, which highlights the need for action in this area (Figure 8). In the survey responses, traineeships and education were significantly more likely to be provided to younger people ($p = <0.001$) and support for accommodation and travel was significantly more likely ($p = <0.001$) in the ACCHO sector (45%) compared to government (18%).

Performance and career development reviews were seen to provide opportunities to explore career aspirations and then back them up by increasing and widening opportunities to attend training. Revisiting these discussions on a regular basis was also seen as important to ensure that management has timely information about the career aspirations of staff members.

We do kind of keep saying to them, you know, 'Don't forget: you've got those goals that you wanted to achieve, you know. If you need to get involved in that course, go and do it'. (Manager, ACCHO)

And [this organisation] also offers...internal transfers, which...helps along the career path as well...Gives the, yeah, the Aboriginal staff an opportunity to move forward. (Worker, ACCHO)

Other opportunities in the workplace that were identified include structured job rotations and secondments. Opportunities to step into leadership roles, even if only in the short term, allow workers to gain experience and further their training. Only 26 per cent of people in the survey reported opportunities to trial new roles in their current workplace, highlighting this as an area where further attention is needed. Providing backfill (provide replacement staff) when workers move around so that services are not left short-staffed and colleagues are not overburdened is important. Clear succession planning and a commitment to training and supporting Aboriginal and Torres Strait Islander workers to step up into those leadership roles is a crucial enabler.

So I really think development of local managers is necessary in the future to keep us going. Because maybe there wouldn't be such a big turnover of staff, senior staff, if we were given the chance to upskill and be in a management role. Like, we're here, got our kids at school, we don't plan on going anywhere any time soon. So, why not? ... so we can run the clinic. (Worker, ACCHO)

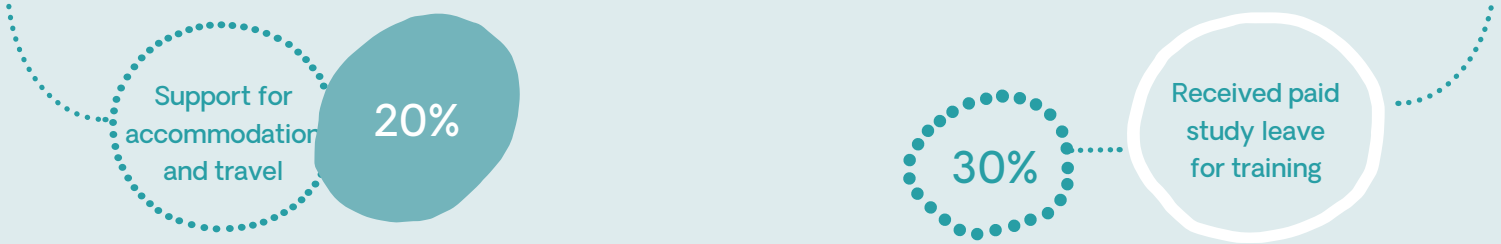
Additionally, stakeholders mentioned the need for the creation of longer pathways with appropriate stepping stones, which may require intermediate roles structured in such a way that they do not have to become a career endpoint. It was also a point of discussion that the sector needs to think innovatively about how professional roles are constructed in the workforce for the benefit of Aboriginal and Torres Strait Islander consumers and communities, at the same time as enhancing career options. Aboriginal and Torres Strait Islander health professionals may be interested in working in rural and remote settings close to home, but full-time positions other than for nurses and doctors are scarce. Blended roles were one suggestion.

How do we make things more viable? Well, we make it viable because we blend the sector. We have disability, aged care, mental health, primary healthcare, you know: services that are purchasing allied health in our communities, not one sector for all different groups of [the] workforce...If they had an allied-health hub that provided a service way across all of those instead of going to one, then we would have viable jobs. (Stakeholder)

TRAINING AND DEVELOPMENT

For many Aboriginal and Torres Strait Islander people, foundational literacy and numeracy is a barrier to entering the workforce. Language barriers are also present for some for whom English is a second language.

For those seeking to undertake training and development, financial pressures and family obligations have a big impact. Distance adds to these issues for those located outside metropolitan areas as training is associated with needing to leave community and travel away from family and country. For those with children or other carer responsibilities, making alternative arrangements for their care in order to attend training is a big issue. Travel and accommodation costs are incurred, with the possibility of childcare costs as well. **Only 20 per cent of survey respondents reported support for accommodation and travel, and less than one-third (30%) received paid study leave for training, which highlights the costs people personally bear to take up training and education opportunities.** The findings that remote area employers (50%) were significantly more likely ($p<0.01$) to provide traineeships and education than regional (30%) or urban employers (23%) is encouraging. Remote area employers (50%) were also significantly more likely ($p = <0.001$) to provide support for accommodation and travel than regional (29%) or urban employers (11%).



The qualitative data provide further evidence about the challenges workers face in accessing training and education without incurring a large personal cost.

[There was an] Aboriginal Mental Health Consultant without formal qualifications who had to...[report to] a Social Worker. She opted to study Social Work to change this. Placements though were problematic as she [a mature age worker with family] couldn't afford to go on a placement for 10–12 weeks. (Worker, government)

Even that whole decision to study, when I went through it, the family didn't think it was a big deal that I was going back to school. But it was a big deal. There was a lot of stuff that I had to relearn and learn. But it was finding that support network within, outside your family, but within your community or your study area. (Worker, ACCHO)

Investment in local workforce development and place-based local training was strongly supported by workers, managers and key stakeholders.

If you train these people [ones already in community], these are the ones that are gonna stay in their community... and I think that retention is important 'cause, you know, there's familiar faces around [ACCHO]. That means that there's continuity for those patients. (Worker, ACCHO)

We use this training company who came and all of our, anyone who wanted to do further training enrolled with her and she...comes and makes sure they do their assignments and sets of training. (Manager, ACCHO)

In order to build and maintain educational opportunities at many levels, it needs to be acknowledged that Aboriginal and Torres Strait Islander people enter the workforce from a variety of educational backgrounds. There was strong support for VET in Schools options as a way of supporting education and training that is contextualised to the local community (VET in Schools offers students the option to undertake nationally recognised VET qualifications while at school). This requires employer organisations to think more broadly about their workforce model and how to build it from the community up ('growing our own'), rather than bringing people in from outside the community.

...and what does that [the workforce model] look like in your community. And how do you build it from the community up? Which is far more sustainable, far more culturally-centred and will have a much more effective outcome for patients. And so that's the ethos that, that we're trying to use in building that workforce model up. (Stakeholder)

We employed a young fellow, really keen but no qualifications. Provided him an opportunity for Cert III, brought him in on a traineeship. Then got his Cert IV. Now moved on to be a Health Practitioner. He has a progression outlook, will get his diploma then look at team manager's role. (Manager, ACCHO)

Accessing training and professional development was a challenge often highlighted in the qualitative data and further underscores the need for attention to providing well-supported opportunities.

The biggest barrier is, is our workforce being able to access professional development. So, they find when they're in a job it's really not as easy as asking for professional development time off or being allowed to do anything. And, if it costs money,...[and] there's not a lot of backfilling. It's complex...it's really, really difficult. (Stakeholder)

Traineeships are important mechanisms for giving Aboriginal people an opportunity to enter the health field and develop their careers, but only 39 per cent of survey respondents reported that they were provided with traineeships and education in the health sector over their whole careers. However, some people in the case studies and interviews reported positive experiences.

The organisation has been very helpful in me getting jobs, i.e. my manager told me about a training program happening with the State Government Health and encouraged me to apply. She helped me access the paperwork and assisted me with understanding the application process. As a result of that I have now been offered a spot in a training program to become a clinician. (Worker, ACCHO)

Training organisations and universities need to embed flexibility in their courses, including breaking down courses into smaller chunks or stepping stones to make gaining a degree feel achievable.

...with all these professions needing three to six-year degrees, you've gotta think about, well, how do you start enticing them and thinking about leading into that stuff. 'Cause not everyone automatically, boom! wakes up, wants to do a three to six-year degree. So, it's so important [to have different] career-entry pathways. (Stakeholder)

Several stakeholders in the interviews saw VET in Schools as a start, a key stepping stone. There are other such stepping stones that some people need to be offered to be encouraged into and along a health career path. The survey finding that only 31 per cent had a bachelor's degree and only 8 per cent had a postgraduate qualification further underscore the need for a more stepped approach to education.

Similarly, flexible scholarships are needed that take into account Aboriginal and Torres Strait Islander workers' dual responsibilities. The idea of a career pathways scholarship, which could be completed in stages, was mooted. The recipient could take extended leave of absence to meet family obligations when required and return to his or her studies, or a related field of study, when ready. As individuals progress their health careers through training and further education, recognition of life skills and prior work experience and learning becomes a major enabler.

POLICY

The role of policy to support the Aboriginal and Torres Strait Islander health workforce, career development and pathways was a central focus of the stakeholder interviews and was raised by many managers in the case studies. As one stakeholder succinctly said:

So, it's not just left up to individual leaders within a health service to ensure that progression happens for people in their careers. (Stakeholder)

To date, government policy across all jurisdictions has mainly focused on the initial stage of careers: pre-employment education and initial training (Meyer, Joseph, Anderson-Smith et al. 2020). Accordingly, government reports have mainly featured statistical trends on Aboriginal and Torres Strait Islander people undertaking health qualifications, with some discussion of initiatives to increase health workforce entry (Ridoutt, Stanford, Blignault et al. 2020). Over the past 20 years, this policy focus has resulted in impressive growth in the absolute number of Aboriginal and Torres Strait Islander people in the health workforce. However, there has been no real improvement in the Aboriginal and Torres Strait Islander proportion of the total health workforce (and especially, as yet, of the health professional workforce). The lack of change appears to be primarily due to an equally rapid growth in the non-Indigenous health workforce.

Nationally, the current policy context owes its shape to the 2013 Mason Review, which identified the following issues as important for career development and strengthening the Aboriginal and Torres Strait Islander health workforce:

- Mentoring and support programs provided by Aboriginal and Torres Strait Islander peak organisations to increase recruitment and retention
- Developing Aboriginal and Torres Strait Islander leadership capacity
- Developing education and training pathways across school and into the workplace
- Strengthening professional development/training on culturally safe healthcare (Mason 2013).

These issues remain salient themes in interviews with workers, managers and key stakeholders in the current study, which identified some major policy-level barriers and enablers to career development: Aboriginal and Torres Strait Islander leadership, innovation in education and training, cultural safety, industrial relations, funding and broader frameworks discussed further below.

A key enabler to an effective policy environment is Aboriginal and Torres Strait Islander leadership. Aboriginal and Torres Strait Islander leaders are crucial advocates and agents of change in the health system and in policy.

...how can our workforce influence policy and reform change within the system? So professional development centred around that [leadership] is really critical for reform. So we're building that different approach and capability within the workforce to make reform and change within their own system in which they work. (Stakeholder)

I don't hear the conversation too often around how important having Aboriginal people at the forefront is key to closing the gap... And in fact what I've experienced is actually winding back of stuff that places Aboriginal people there. (Manager, ACCHO)

Current industrial conditions, including rates of pay that do not recognise the complexity of many roles Aboriginal and Torres Strait Islander workers play, short and disconnected job classifications, and leave entitlements that do not accommodate cultural requirements are major barriers to career development. Stronger and more nationally consistent approaches to industrial relations in the health industry were argued to be critical to enable Aboriginal and Torres Strait Islander careers in health.

Flexibility especially around the leave entitlements, more so around cultural leave. A lot of places don't extend that cultural leave out to extended family members and the extended family members, they also need to be included in that cultural leave. (Stakeholder)

Your Aboriginal workers become the flag bearers of the organization, that that's recognised, and not just by the

people in this community… but by the funding bodies. (Manager, ACCHO)

A key barrier that was raised was funding, more specifically recurrent funding for workforce programs and the ACCHO sector specifically. Many examples were provided of successful programs that were unable to continue when funding ceased. There was also a perceived reduction in availability of scholarships, cadetships, traineeships and other support such as the Indigenous Tutorial Assistance Scheme (ITAS).

So just when things are working really well in some of these communities then that [funding] timeframe runs out, and then the community's left with nothing again. (Worker, government)

What else would I say at a program level? Things like the Indigenous Tutorial Assistance Scheme, some universities are doing that in a really poor way, whereby they just have online tutoring for students as opposed to the wraparound services that a one-on-one ITAS tutor will give you, such as support, navigating university systems, if you're the first Aboriginal person to go to university within your family, that's really, really important. So all of those sorts of programs, we don't see growth in them. We see a scaling back of them. (Stakeholder)

It was often highlighted that it is not just the level of funding that is the problem but also the short-term nature (precluding workers being offered a genuine career stepping stone) of funding and the fragmentation resulting from different jurisdictional responsibility. Stakeholders noted a 'clash' around funding (between the Commonwealth and states) that makes workforce modelling around holistic approaches almost impossible. For instance, in regard to a proposed 'blended workforce' model, one stakeholder noted:

How do we get a workforce where it needs to be but then how do we make that viable and meaningful across blended sectors, not across one sector?' (Stakeholder)

A final enabler identified at the policy level was an appropriate structure within which to advocate for, and set the direction of, change and to ensure that it happens. Stakeholders, in particular, commented on the importance of maintaining a focus on the Council of Australian Governments (COAG) Health Council initiatives.

Having…a COAG approach to any health-workforce strategy is absolutely critical, which now we have a commitment from the COAG Health Council…that is gonna be of huge benefit because we can then align everything to one strategy…aligning it to one strategy means it'll be far more effective and much easier for our workforce…[and] will absolutely help with the policy discussions and reform as well. (Stakeholder)

Our Future

Self-determination is the most fundamental of all human rights and is grounded in the idea that all individuals are entitled to control their own destiny. Managers and workers spoke of the importance they place on being able to determine for themselves the choices they make in relation to taking up opportunities that they believe can progress their careers. Similar to their reasons for coming to work in health, achieving health parity and closing the gap on Indigenous disadvantage were central to people's decisions in relation to career choices. The key findings from this multi-methods project highlight major areas of action required in recruitment, retention, and career development of Aboriginal and Torres Strait Islander health staff. The findings also highlight how the unique skills, cultural knowledge and values that Aboriginal and Torres Strait Islander staff can be better utilised and recognised in the health system. The study findings from diverse sources and methods also highlight the barriers and enablers to career pathways and the action statements address these findings directly. The actions are about supporting and promoting key enablers and simultaneously seeking to dismantle the barriers to career pathways for Aboriginal and Torres Strait Islander people working in health.

Pillars of Action

The Career Pathways Project team has distilled the findings into five key 'pillars of action' which are seen as being the fundamental supports required to ensure career pathways for Aboriginal and Torres Strait Islander people working in health, and a diverse and resilient workforce for the future. The study findings are the evidence for these 'pillars of action'. All five pillars are necessary to provide the right context to support, retain and help develop the careers of Aboriginal and Torres Strait Islander people working in health.

Pillar 1 Leadership and self-determination

Pillar 2 Cultural safety

Pillar 3 Valuing cultural strengths

Pillar 4 Investment in the workforce and workplace

Pillar 5 Education and training

Further, enhancing career pathways for Aboriginal and Torres Strait Islander health professionals, support staff and managers requires consideration and engagement of six key groups:

- The workers themselves
- Their communities, including family
- Employers
- Peak professional associations, NACCHO and affiliates
- Training and education providers
- Policymakers and funders.

The actions required to promote the unique strengths and skills of Aboriginal and Torres Strait Islander people who come to work in health, and to overcome barriers and enable career development, are multifaceted and multilayered. Creating career opportunities and pathways requires actions across all the pillars and groups. Many of the recommendations would be suitable for inclusion in a national health workforce strategic plan.

In this research, peak professional associations (both Aboriginal and Torres Strait Islander and non-Indigenous) and community-controlled organisations, as well as many of the health service managers interviewed, expressed strong support for recent discussions among COAG participants regarding development of an Indigenous-led National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan. In the view of many of the participants in the current study, this plan would provide a focus for collaboration between the parties by identifying a set of agreed strategies to which all can commit. Such a process calls for partnership between jurisdictions, sectors, professional groups and consumer representatives to address the issues in ways that are responsive to, and supportive of, place-based Aboriginal and Torres Strait Islander cultural requirements. An Indigenous-led National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan would provide a basis for investment by all jurisdictions and allow monitoring of progress towards shared objectives and targets. The pillars of action detailed in this report could inform the development of this national plan.

The CPP team has identified key recommendations under each pillar informed by the study findings, but in doing so also recognise that there is work underway in organisations around the country to better support and develop the Aboriginal and Torres Strait Islander health workforce. These recommendations are designed to provide additional support for these efforts and to encourage other organisations to take action.

PILLAR 1 LEADERSHIP AND SELF-DETERMINATION

The need for Aboriginal and Torres Strait Islander leadership across the entire health system, and at all levels, was a recurring theme in this research. The presence of Aboriginal and Torres Strait Islander people in leadership positions, including leading professional development, and access to support from role models and mentors were consistently reported as important enablers in attracting, retaining and developing the careers of Aboriginal and Torres Strait Islander health staff. Aboriginal leadership, self-determination and governance are critical in shaping how health services can respond to the needs of Aboriginal and Torres Strait Islander people and communities. For individuals, connection with and observation of family and other community members working in health is highly influential for entry into the health workforce.

ACCHOs, in particular, have developed strategies to strengthen the development of Aboriginal and Torres Strait Islander workers into management and leadership positions. For Aboriginal and Torres Strait Islander people working in health, pursuing more senior roles or transitioning to leadership positions requires a supportive workplace and opportunities (also addressed in Pillars 2 and 4), training and development in leadership, and mentors to guide them on their journey (also addressed in Pillar 4).

RECOMMENDATIONS

A Development and implementation of performance objectives for all health services to value, support and grow Aboriginal and Torres Strait Islander staff, including into leadership roles, through recruitment, retention and workforce development plans.

B Targeted and affirmative succession planning across all health services to fill strategic management positions with Aboriginal and Torres Strait Islander candidates and ensure support from suitable mentors and further education and training.

C Successful approaches to mentoring and leadership development strengthened and extended across organisations and jurisdictions.

D Skill-building for leadership embedded into training and professional development from an early career stage to maximise the capability of all Aboriginal and Torres Strait Islander workers to take up leadership opportunities.

FURTHER RESEARCH AND DISSEMINATION

1 Successful approaches to mentoring and leadership development need to be systematically documented, evaluated, strengthened and extended across organisations and jurisdictions.

PILLAR 2 CULTURAL SAFETY

The experiences reported in the qualitative data and the national survey highlight racism and inequity of opportunities for career development in a range of contexts. Supportive managers, whether they are Aboriginal and Torres Strait Islander or non-Indigenous, are a critical source of strength and encouragement for Aboriginal and Torres Strait Islander staff and a critical element in creating a culturally safe workplace. When management support is lacking, it has a negative impact on retention and career development as well as staff wellbeing. Aboriginal and Torres Strait Islander leadership is essential to cultural safety, so action in Pillar 1 is also needed for cultural safety to be fully realised across the sector.

The findings in this study highlight the ongoing struggle for many Aboriginal and Torres Strait Islander workers to achieve understanding within their workplaces about their cultural responsibilities and the ways of working necessary to successfully engage with the community to address health and wellbeing. From an organisational perspective, respect for workers' dual responsibilities in both their professional and community lives is needed to provide a culturally safe workplace and to respond to community needs.

RECOMMENDATIONS

A All health service organisations, education/training institutions and government health departments implement a mandatory cultural safety framework to support culturally safe practices, health service provision, education and training, and professional development.

B Managers in all health services need to be competent at managing a culturally diverse workforce, with this considered as a mandatory skill, supported by access to specific evidence-based professional development strategies.

C Appropriate cultural mentoring for non-Indigenous managers and leaders funded appropriately and delivered where possible by local Aboriginal and Torres Strait Islander health staff or community Elders.

D Frameworks for promoting respect for Aboriginal and Torres Strait Islander strengths and culture embedded into all health education and training programs.

E Implementation of safe and accessible mechanisms for reporting negative workplace behaviours, including racism.

F An accountability mechanism to ensure health service performance against mandatory minimum standards for cultural safety and cultural responsiveness, in line with accreditation processes.

FURTHER RESEARCH AND DISSEMINATION

1 Identify, review and disseminate evidence-based professional development strategies for building cultural competence.

PILLAR 3 VALUING CULTURAL STRENGTHS

There is strong evidence in the literature that better health outcomes for Aboriginal and Torres Strait Islander people and communities are achieved when Aboriginal and Torres Strait Islander people deliver health services. The cultural understanding and connections that Aboriginal and Torres Strait Islander staff bring are invaluable to the health system, and these skills and strengths were reflected strongly in the views and experiences shared by workers, managers and other stakeholders across the data sets in the project. These cultural strengths and ties need to be celebrated. In particular, the uniquely Australian Aboriginal and Torres Strait Islander Health Worker and Practitioner roles, which are specifically designed to address health and wellbeing in a cultural context, were widely acknowledged by workers, managers and key stakeholders as contributing strongly to health and wellbeing outcomes. Actions highlighted in Pillar 1, Pillar 2 and Pillar 4 are also central to valuing cultural strengths.

RECOMMENDATIONS

A A set of mandatory minimum standards to guide proactive, culturally responsive human resource planning, development and management implemented across all health service organisations.

B Recognition and remuneration reflecting the value of Aboriginal and Torres Strait Islander staff to improved care and outcomes for Aboriginal and Torres Strait Islander clients and their communities.

C Formal acknowledgment of the cultural and community knowledge of Aboriginal and Torres Strait Islander managers, health professionals and support staff in workplace policies and in position description and duty statements.

D Tailored support for Aboriginal and Torres Strait Islander staff to assist them in fulfilling their formal and informal roles as a bridge between cultures.

E Recognition of cultural mentoring responsibilities in workplace policies, position descriptions and duty statements

F Human resource policies and systems explicitly support cultural responsibilities and obligations, including paid cultural leave to attend community obligations and cultural celebrations.

G Formal mechanisms for Aboriginal and Torres Strait Islander health staff to access appropriate peer support networks relevant to their role, both within and across professions and organisations.

FURTHER RESEARCH AND DISSEMINATION

1 Evaluate best practice models of human resources planning, development and management in all health sector organisations to provide a platform for system reforms which support valuing Aboriginal and Torres Strait Islander strengths in the health workforce.

PILLAR 4 INVESTMENT IN THE WORKFORCE AND WORKPLACE

Workplace barriers to career development and progression found in this study include:

- Racism and discrimination
- Insecure jobs and low pay
- Poorly defined roles and responsibilities
- Inflexible human resource policies
- Unsupportive managers and other health staff who do not appreciate the unique skills of Aboriginal and Torres Strait Islander staff or their community and cultural obligations
- The challenge of walking in two worlds
- Limited opportunities for professional development and promotion

Managers at the case study sites and key stakeholders identified recurrent funding of services and programs as a critical need, with short-term funding a major barrier to workforce retention and development.

Identified enablers of career development and pathways included ACCHOs training and growing the Aboriginal and Torres Strait Islander health workforce locally, which has also occurred in some areas of the government sector. This means workers are more likely to stay locally and can develop their careers further, with all services benefiting from this investment.

Low-barrier, facilitated entry to the health workforce, such as through traineeships, was also reported to be extremely valuable for recruiting local people. The need to support younger people and more mature-age workers to enter, remain and develop their careers in health was highlighted across the findings. Nationally aligned salary awards and conditions across the government and ACCHO sectors and clear linkages with a range of qualifications would also assist with mobility of the workforce for career development. Provision of affordable and safe housing was highlighted as a further facilitator for recruiting and retaining health service staff in remote areas.

Access to support and guidance from experienced health staff was described in the qualitative data as empowering. Aboriginal and Torres Strait Islander people in leadership positions, informal and formal mentoring, and supportive and culturally competent managers were identified as areas where some services had taken action. These need to be the focus of further attention across the sector. Career development through culturally safe formal review processes that can identify goals and career aspirations is often lacking. Opportunities for training and education, trialling new roles, secondments and job rotation are strategies that were identified in the study and can support career development.

Many participants highlighted the value of the healthcare roles that are played by Aboriginal and Torres Strait Islander Health Workers or Aboriginal and Torres Strait Islander Health Practitioners in connecting with community and ensuring culturally appropriate care, particularly in remote communities (as identified in Pillar 3). Remuneration that reflects the importance of those roles was often raised as a barrier to recruitment and retention. Attention needs to be given to improving parity in pay and other entitlements for roles and positions where impacts are being achieved, despite differences in formal qualifications.

The resilience of the Aboriginal and Torres Strait Islander health workforce was strongly reflected across the qualitative data sets at the local and national levels. Investment in the workforce and workplace is critical to enabling the workforce to reach its full potential.

RECOMMENDATIONS

HUMAN RESOURCE FUNDING AND SYSTEMS

A Funding of workforce and programs, particularly in the ACCHO sector, that provide opportunities for employment informed and led by local communities and local health service needs, not from the top-down.

B An accountability mechanism to ensure health service performance against mandatory minimum standards for culturally appropriate recruitment, retention and career development for Aboriginal and Torres Strait Islander health staff including regular and culturally safe career development reviews.

C Targets for increasing the number of Aboriginal and Torres Strait Islander staff in the health system across all categories of worker from executive level to professional to administrative staff.

D Paid traineeships and cadetships, targeting both the existing workforce and new entrants, strengthened and implemented widely across government and ACCHO sectors and funded to address locally identified workforce needs.

E Investment in ensuring Aboriginal and Torres Strait Islander health professionals are enabled to deliver healthcare in remote communities including as local employees and as part of fly-in fly-out models of care.

F Investment in the provision of affordable and safe housing to enable the recruitment and retention of Aboriginal and Torres Strait Islander health service staff in remote areas offered equitably as part of salary arrangements for both locally based or fly-in fly-out workers.

MENTORING

G Organisations funded to facilitate structured informal mentor networks and formal mentoring programs across all roles and professions, with personal choice of mentors to support cultural safety.

H All mentors offered training in how to be a mentor; and in the case of non-Indigenous mentors, how to be a mentor and maintain and support cultural safety.

PROVIDING OPPORTUNITIES AND SUPPORT FOR CAREER PATHWAYS

J Clear career pathways for Aboriginal and Torres Strait Islander Health Workers and Practitioners must incorporate provision of other opportunities, including progression to leadership and management positions, and education and training to support career choices and aspirations.

K Career development opportunities for all Aboriginal and Torres Strait Islander health staff need to be strengthened, enabling people with mentoring, education and training or other supports to use their strengths and build their capacity to better address community needs.

L Funding and support to access professional development activities, including to meet registration requirements, strengthened with attention to equity of opportunity.

M Early career training and development infrastructure that offers preparatory skill-building for health staff, such as literacy and numeracy and VET in Schools, to enable health workforce participation and subsequent training and education.

N Creation of locally negotiated organisational networks for worker exchange and opportunities for workers to act in more senior positions through dedicated secondment and network-only expression of interest processes.

O Professional development opportunities for Aboriginal and Torres Strait Islander health staff to build inter-professional collaboration.

P Workplace-based support networks for staff studying at all levels of qualifications and tutor assistance schemes.

Q Investment in models developed and implemented by ACCHOs and government services to train and grow the Aboriginal and Torres Strait Islander health workforce locally.

FURTHER RESEARCH AND DISSEMINATION

1 Examine mechanisms that can support transition to practice in the health professions, including understanding scope of practice, balancing community and work obligations, and workplace orientation to the organisation, community and models of care.

2 Examine successful mentoring models and programs in health and other sectors and look at how they can be implemented and expanded across the sector.

3 Create a national platform to share success stories of workforce development as defined by the workers and partner communities involved with these initiatives.

PILLAR 5 EDUCATION AND TRAINING

Foundational literacy and numeracy skills are major barriers to education and training, as identified in the study. Language barriers for some people when English is a second language can also be a challenge in education and training. Addressing these challenges is the first step of many in a journey to attain the key skills and qualifications to work in health.

Certificate-level qualifications are often a key starting point or stepping stone into the Aboriginal and Torres Strait Islander health workforce, from which skills and further VET-sector qualifications can be articulated and prior learning recognised. These steps can take people through into health professional and management degrees. Stakeholders advocated strongly for health courses to be included in VET in Schools.

The findings, particularly in the national survey, underscore the critical need for action in the provision of education and training for Aboriginal and Torres Strait Islander health staff. More than half of those surveyed had not been made aware of training opportunities, most had not been provided with support for accommodation and travel for training, and less than one-third received paid study leave. Inequities by age and sector (i.e. ACCHO versus government) were identified. The provision and support to attend relevant training and education is needed for all staff.

Financial pressures and family obligations, particularly for those living remotely, are a major barrier to participation in education and training. The prospect of debt to pay training fees, such as for courses through the VET sector or the Higher Education Contribution Scheme, was often reported as having a major dampening impact on training and education choices by individuals to further their careers. Many research participants argued for opportunities to be created for Aboriginal and Torres Strait Islander people to train and work in their local areas to reduce financial and related burdens and ensure their connection to community and culture is maintained and supported.

Training options must be able to respond to the development needs that have been identified by local communities as part of a community-led analysis of service requirements. Some people in the health sector have taken the lead in providing early career training for the Aboriginal and Torres Strait Islander health workforce to meet local needs. This approach is highly valued by Aboriginal and Torres Strait Islander workers and community and by the health sector more broadly.

The finding that cultural safety is a major challenge in the workplace, as addressed in Pillar 2, highlights the need for cultural competence to be embedded in education and training. The enabling impact on Aboriginal and Torres Strait Islander students of having their culture, knowledge and history embedded in the curricula, as well as having Aboriginal and Torres Strait Islander teaching staff, is suggested by other research (Kurtz, Janke & Vinek et al. 2018). These actions can promote a sense of pride and confidence among Aboriginal and Torres Strait Islander people in accessing education and training and completing their studies.

RECOMMENDATIONS

A Foundational literacy and numeracy skills addressed in schools and workplaces and by training and education providers, with additional strategies to support those with English as a second language.

B Early career training and development infrastructure that offers preparatory skill-building for health staff, such as literacy and numeracy and VET in Schools, to enable health workforce participation and subsequent training and education.

C Certificate-level qualifications and opportunities to undertake VET courses widely available and promoted, particularly in rural and remote areas.

D Clinical placements widely available for both Aboriginal and Torres Strait Islander and non-Indigenous students, with funding assistance provided to services.

E Performance of universities and other training institutions monitored on the basis of the percentage of Aboriginal and Torres Strait Islander people who complete their qualifications and transition successfully to the workforce.

F Systematic recognition of prior learning/current competencies facilitated for Aboriginal and Torres Strait Islander people who want to gain entry to education and training programs.

G Flexibility in program design and course delivery to provide short courses that can contribute to a degree qualification.

H Increased funding support for strategies such as scholarships to attend educational institutions and training programs and paid training placements, such as traineeships and cadetships.

I Cultural competence seen as a core component of continuing professional development in all health professions and in education and training programs for health staff at all levels, coupled with regular opportunities to ensure cultural competence is maintained and supported in the workplace.

J A cultural safety standard embedded in the national training and education quality standards frameworks, with Aboriginal and Torres Strait Islander culture, knowledge and history included in education curricula.

K The recruitment and support of Aboriginal and Torres Strait Islander teaching staff.

FURTHER RESEARCH AND DISSEMINATION

1 Review and evaluate all education and training requirements and delivery modes in the health sector to identify enablers and barriers to participation, course completion rates and successful transition to practice rates.

2 Research to understand the Aboriginal and Torres Strait Islander student experiences in training and education programs and the enablers and barriers to success.

Conclusion

Expanding and strengthening the Aboriginal and Torres Strait Islander health workforce is necessary to improve the health and wellbeing of Aboriginal and Torres Strait Islander communities. Data collected in the Career Pathways Project using multiple methods and sources provide key insights and guidance to a range of stakeholder groups. These groups can act to enhance the capacity of the health system to retain and support the development and careers of Aboriginal and Torres Strait Islander people in the health workforce.

In conclusion:

- The Aboriginal and Torres Strait Islander health workforce is made up of individuals who are passionate about what they do and motivated by a commitment to improve the wellbeing and health of their communities.
- Aboriginal and Torres Strait Islander health staff have a unique skill set, which comes from their lived cultural experiences and ways of being and doing, which makes them powerful advocates and agents of change to improve health outcomes.
- The Aboriginal and Torres Strait Islander health workforce brings an intuitive understanding of cultural safety and competence to an organisation that needs to be celebrated and harnessed across all organisations in the health sector, particularly where Aboriginal and Torres Strait Islander workers experience racism and other barriers to career progression.
- The community-controlled sector works from a platform of respect and connection that engages with community structures, allowing culture to guide service delivery and approaches to care. All sectors in health can benefit by considering this model of care in order to improve the health and wellbeing of their Aboriginal and Torres Strait Islander consumers and local communities, and strengthen their health workforce.
- The Aboriginal and Torres Strait Islander health workforce is boosted by individuals' early experiences of the health system and the presence of role models and mentors, both in the community and in the workplace.
- Opportunities to enter the health workforce at a junior level or as a paid trainee are very influential. These experiences form the building blocks upon which further supported career progression can be built. Mentoring by respected managers and senior health professionals assists individuals to build their careers and helps the workforce as a whole to grow.
- Jobs and careers can be restricted by funding arrangements that constrain the types of services and employment contracts that can be offered and do not often reflect local needs or collective decision-making processes.
- Training and further studies may be stalled for Aboriginal and Torres Strait Islander health workforce members by organisational constraints and personal circumstances. Community ties to location or the absence of family support can make it challenging for individuals to participate in educational and professional development activities, such as university work placements and internships.
- The value that Aboriginal and Torres Strait Islander Health Workers bring to their positions is not reflected in some industrial awards. Lack of structured career pathways means that they are often restricted to low-paid roles in the health and community sectors, despite having multiple Vocational Education and Training (VET) and/or university qualifications.

On the basis of these findings, the research team identified five pillars of action with key recommendations which are necessary to ensure career pathways for Aboriginal and Torres Strait Islander people in health are made available and realised:

Pillar 1 Leadership and self-determination

Pillar 2 Cultural safety

Pillar 3 Valuing cultural strengths

Pillar 4 Investment in the workforce and workplace

Pillar 5 Education and training

Collaboration and partnership across jurisdictions, sectors, professional groups and communities in taking action is essential to retain, support and develop Aboriginal and Torres Strait Islander careers in the health workforce in Australia. In turn, Aboriginal and Torres Strait Islander people working in health will benefit from being able to reach their full potential and be rewarded for their efforts. The community will benefit from a strong Aboriginal and Torres Strait Islander health workforce that understands their needs and is well supported to address them, now and in to the future.

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