

Aboriginal and Torres Strait Islander Workforce Development

Policy Brief

March 2023

Introduction

Growing and supporting the Aboriginal and Torres Strait Islander workforce is crucial to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. It is also an essential ingredient in closing the gap in health, education, social and economic outcomes and in achieving equity and justice for Aboriginal and Torres Strait Islander peoples.

A strong and large Aboriginal and Torres Strait Islander workforce:

- increases Aboriginal and Torres Strait Islander people's economic and social participation, health literacy, health and wellbeing
- results in greater use of services by Aboriginal and Torres Strait Islander peoples, who are more likely to use services where Aboriginal and Torres Strait Islander people work
- increases Aboriginal and Torres Strait Islander people's experiences of culturally safe and respectful care
- helps develop leaders and mentors to guide emerging generations who will enter the health workforce and health systems.ⁱ

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031

In 2018, an important and welcomed commitment made by the then-Council of Australian Governments (COAG) was to develop the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (National Workforce Plan).

This commitment was a result of members of the National Health Leadership Forum advocating earlier that year to the COAG Health Council for the Aboriginal and Torres Strait Islander workforce. Following this meeting, governments and Aboriginal and Torres Strait Islander community-controlled health peak bodies agreed that 'an appropriately skilled, available and responsive Aboriginal and Torres Strait Islander health workforce is critical for an efficient national health system'.ⁱⁱ The National Workforce Plan is the outcome of this commitment and agreement.

The goal of the National Workforce Plan is to reach parity: for Aboriginal and Torres Strait Islander people to represent 3.43 per cent of the national health workforce by 2031. This was based on the projected proportion of the Aboriginal and Torres Strait Islander working age population in 2031.ⁱⁱⁱ

[It is notable that 2021 Australian Census data put Aboriginal and Torres Strait Islander population figures at 3.2 per cent of the entire Australian population.^{iv} Growth estimates indicate that the Aboriginal and Torres Strait Islander population will grow at a faster rate than the non-Indigenous population – between 1.8 per cent and 2.1 per cent compared with between 1.3 and 1.7 per cent.^v]

The National Workforce Plan has targeted strategies in place, organised under six strategic directions. These are expected to guide action over the next decade to achieve outcomes that fall under each strategic direction.

NATIONAL WORKFORCE PLAN'S STRATEGIC DIRECTIONS

1. Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions.
2. The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles and functions.
3. Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors.
4. There are sufficient numbers of Aboriginal and Torres Strait Islander students studying and completing health qualifications to meet future health care needs of Aboriginal and Torres Strait Islander peoples.
5. Aboriginal and Torres Strait Islander students have successfully transitioned into the workforce and can access clear career pathway options.
6. Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement.

The National Workforce Plan recognises that it does not want to duplicate but to supplement existing jurisdictional workforce plans and strategies.^{vi} All governments, not only federal, need to be prepared to 'remedy the structural, systemic, organisational and personal barriers to growing and retaining the Aboriginal and Torres Strait Islander health workforce, including addressing institutional racism and discrimination'.^{vii}

Each jurisdiction, organisation and setting also needs to identify how their targets and actions align with the intended national outcomes, particularly in terms of localised workforce planning.

At the heart of many of these plans is providing culturally safe and responsive workplace environments that Aboriginal and Torres Strait Islander people need to thrive. This is critical to supporting the growth and retention of a national health workforce – National Workforce Plan^{viii}

Since the National Workforce Plan's release in 2021, funding has yet to be announced to execute its implementation plan and to develop and implement the proposed monitoring and evaluation framework. The approach used to co-design the National Workforce Plan with Aboriginal and Torres Strait Islander leaders is again needed to establish a successful implementation of the plan.^{ix}

Implementation of the workforce plan demands reform and requires an ongoing focus on how to do things differently - Karl Briscoe, NAATSIHWP CEO^x

Closing the Gap

Governments' commitment laid out in the National Workforce Plan aligns with the *National Agreement on Closing the Gap 2021* (National Agreement), particularly Priority Reforms 3 and 4:

#	National Agreement Priority Reform
3	Outcome - Improving mainstream institutions: Governments, their organisations and their institutions are accountable for Closing the Gap and are culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander people, including through the services they fund.
4	Outcome - Aboriginal and Torres Strait Islander people have access to, and the capability to use, locally relevant data and information to set and monitor the implementation of efforts to close the gap, their priorities and drive their own development.

In combination, these commit federal, state and territory governments and members of the Coalition of Aboriginal and Torres Strait Islander Peak Organisations (Coalition of Peaks) to:

- build the Aboriginal and Torres Strait Islander community-controlled sector
- transform government organisations to be more culturally safe and reduce racism.

It has strong connections to the following National Agreement targets:

#	National Agreement Target
1	Close the Gap in life expectancy within a generation, by 2031
2	Increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91% by 2031
5	Increase the proportion of Aboriginal and Torres Strait Islander people (age 20-24) attaining year 12 or equivalent qualification to 96% by 2031

6	Increase the proportion of Aboriginal and Torres Strait Islander people aged 25-34 years who have completed a tertiary qualification (Certificate III and above) to 70%, by 2031
7	Increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education or training to 67% by 2031
8	Increase the proportion of Aboriginal and Torres Strait Islander people ages 25-64 who are employed to 62%, by 2031
14	Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander peoples towards zero

Workforce representation

The National Workforce Plan recognises that:

To have true ownership and autonomy of health and social and emotional wellbeing, Aboriginal and Torres Strait Islander peoples must have equal representation in all roles, levels and locations across Australia's health, education and training sectors. This requires leadership and involvement in workforce and service planning, policy development, program implementation, research, evaluation, curricula development, governance and service delivery.^{xi}


However, Aboriginal and Torres Strait Islander peoples remain under-represented in the health workforce, at 1.8 per cent in 2022, according to the National Health Workforce Database.

CAREERS PATHWAYS PROJECT

In 2020, Lowitja Institute and the Aboriginal Medical Services Alliance Northern Territory (AMSANT) rolled out the *Career Pathways Project*. Taking a national perspective, this project aimed to provide insights and guidance to improve the health system's capacity to retain Aboriginal and Torres Strait Islander people and support their development and careers.^{xii}

The project found that the Aboriginal and Torres Strait Islander health workforce numbers did increase between 2000 and 2020.^{xiii} However, this growth was in jobs that were low status, low paying, and with limited salary scale structures. There was also poor articulation into other roles, including professional careers, and an underrepresentation of Aboriginal and Torres Strait Islander health workers across all professions.

This absolute number increase was also mirrored with an equal amount of growth in the non-Indigenous workforce over this period. This means that there was no proportional improvement of Aboriginal and Torres Strait Islander health workforce members in relation to the total health workforce.



A further project finding was that Aboriginal and Torres Strait Islander health workers were three times less likely to hold a tertiary qualification degree than non-Indigenous health workers.^{xiv}

In short, little progress has been made over twenty years in closing the gap in workforce representation relative to the Aboriginal and Torres Strait Islander population.^{xv}

WORKFORCE REPRESENTATION LINKS IN THE NATIONAL WORKFORCE PLAN

The National Workforce Plan's specific commitments to Aboriginal and Torres Strait Islander health workforce representation and leadership at all levels of the health system include:

- **Strategic Direction 1** – Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions.
- **Strategic Direction 2** – The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles and functions.

Education and training

The importance of education and training, and their underpinning roll of workforce development, is a key acknowledgment within the National Workforce Plan.^{xvi}

Consultations informing the development of the National Workforce Plan identified education and training issues faced by Aboriginal and Torres Strait Islander people when preparing for the workforce. These include:

- access to and continuity of educational opportunities and supportive pathways from school to tertiary education and into practice
- institutional and other forms of racism and its crippling impact on education and workforce recruitment, retention and progression
- the need to improve the quality, reach, scope, and impact of activities to strengthen cultural safety within education and training sectors and across the health workforce.^{xvii}

These issues are exacerbated by challenges identified by the *Career Pathways Project*, creating large blockages for Aboriginal and Torres Strait Islander workers in the health workforce pipeline. These identified challenges occur when recruiting and retaining sufficient numbers of Aboriginal and Torres Strait Islander peoples and supporting their progression.

They also range from organisational constraints to personal circumstances. Both community ties to location and the absence of family support can make it challenging for individuals to sustain their participation in educational and professional development activities, including in university work placements and internships.^{xviii}

A growing number of national and localised projects offer scalable examples of how to overcome, or at least mitigate, these challenges. In doing so, equity in educational and professional access and outcomes becomes more achievable. These initiatives include mentoring programs, traineeships, cadetships and graduate placements.

The federal Department of Health and Aged Care's support for Aboriginal and Torres Strait Islander health professional organisations is one national program that could be replicated at jurisdictional levels to increase scalability and positively address workforce challenges.

Example – Commonwealth Department of Health and Aged Care's support for Aboriginal and Torres Strait Islander health professional organisations

As part of the Stronger Rural Health Strategy, the federal Department of Health and Aged Care funds four national Aboriginal and Torres Strait Islander health professional organisations that represent sections of the Aboriginal and Torres Strait Islander health workforce.

This funding is recognised by the department to improve the ability of Aboriginal and Torres Strait Islander people to access culturally appropriate healthcare, leading to better health and wellbeing outcomes for Aboriginal and Torres Strait Islander people.^{xix}

Organisations

1. Australian Indigenous Doctor's Association (AIDA)
2. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
3. Indigenous Allied Health Australia (IAHA)
4. National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)

Priority Areas

- improving cultural safety
- supporting professional development and mentoring
- developing leadership
- enhancing student engagement and support.

Objectives

Collectively, these four organisations help increase the number of Aboriginal and Torres Strait Islander people in the health workforce by:

- developing and implementing strategies to improve recruitment and retention of Aboriginal and Torres Strait Islander health professionals in clinical and non-clinical roles across their relevant health disciplines
- improving the skills and capacity of the Aboriginal and Torres Strait Islander health workforce
- promoting culturally safe and responsive environments for Aboriginal and Torres Strait Islander patients and health professionals
- improving completion, graduation and employment rates for Aboriginal and Torres Strait Islander health students
- building an evidence base to improve the quality of health workforce planning and future policy platforms
- contributing to the development of relevant Australian Government policies.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH REGISTERED TRAINING ORGANISATIONS

The effective funding support, revitalisation and expansion of Aboriginal and Torres Strait Islander Health Registered Training Organisations is not specifically addressed in the National Workforce Plan. However, this could be considered and integrated as an implementation action, potentially investigating what role these organisations could play in equipping Aboriginal and Torres Strait Islander peoples with the skills needed for new and emerging roles, such as health system navigators and data navigators.

These organisations developed a reputation for being culturally safe for and successful in graduating Aboriginal and Torres Strait Islander people into the health workforce. In spite of this, over the last decade, these organisations have reduced in numbers.

EDUCATION AND TRAINING LINKS IN THE NATIONAL WORKFORCE PLAN

The National Workforce Plan makes specific education and training commitments, with a focus on supporting Aboriginal and Torres Strait Islander students to take up and stay committed within courses that will progress them into health-related careers as well as successfully transition into the workforce. These commitments include:

- **Strategic Direction 4** – There are sufficient numbers of Aboriginal and Torres Strait Islander students studying and completing health qualifications to meet future healthcare needs of Aboriginal and Torres Strait Islander peoples.
- **Strategic Direction 5** – Aboriginal and Torres Strait Islander students have successful transitions into the workforce and access clear career pathway options.

Workforce and career development

The existing Aboriginal and Torres Strait Islander health workforce is passionate and motivated to work for the improved health and wellbeing of Aboriginal and Torres Strait Islander communities.^{xx} It also is uniquely placed when supporting Aboriginal and Torres Strait Islander health consumers.

This workforce is present across a range of health settings, from mainstream health services to the Aboriginal and Torres Strait Islander community-controlled health sector. Its members are found in critical roles across services, from clinical services through to health promotion. At the same time, they hold unique skillsets, qualities and knowledges that come from lived cultural experiences and Aboriginal and Torres Strait Islander ways of knowing, being and doing.

When supporting Aboriginal and Torres Strait Islander health consumers, Aboriginal and Torres Strait Islander health workers come with highly advantageous factors that cannot easily be replicated by non-Indigenous health workers, including:

- an intuitive understanding of cultural safety and competence
- an ability to live in two worlds and be a bridge between Western medical models and holistic Aboriginal and Torres Strait Islander health models
- strong community connections
- deep understanding of community knowledge and family and cultural values.

Nonetheless, Aboriginal and Torres Strait Islander health workers still face multiple barriers in their roles, including ones similar to the education and training barriers. These include challenges in identifying and undertaking professional development trainings and studies; lack of management support; and inflexible human resource policies,^{xxi} as well as limited culturally supportive structures, such as mentoring and professional supports.^{xxii}

The *Career Pathways Project* identified key enablers that could counteract these barriers, including:

- paid study leave
- regular career development planning and reviews
- traineeships and education
- opportunities to trial new duties and new roles
- role models and mentors in community and in the workforce.^{xxiii}

Aboriginal and Torres Strait Islander health workers also need opportunities to enter the workforce at junior and paid trainee levels, to create an important foundation on which they can build up their qualifications and career progression.^{xxiv} Once this foundation is in place, they then need to be able to identify and take advantage of upwards career pathways and opportunities.

WORKFORCE AND CAREER DEVELOPMENT LINKS IN THE NATIONAL WORKFORCE PLAN

The National Workforce Plan makes specific commitments about the Aboriginal and Torres Strait Islander health workforce and career development. This includes:

- **Strategic Direction 2** – The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles and functions.
- **Strategic Direction 5** – Aboriginal and Torres Strait Islander students have successful transitions into the workforce and access clear career pathway options.

The impact of racism

Racism in health and education systems is a significant issue. Alongside discrimination, its prevalence within in the health systems negatively impacts on attracting and retaining Aboriginal and Torres Strait Islander professionals and increases the rates of dropouts from health-related courses.^{xxv}


It was a key concern underpinning the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework.^{xxvi} During the development of the framework, Aboriginal and Torres Strait Islander health staff described non-Indigenous health workers as having limited understanding and disrespect for cultural protocols and Aboriginal and Torres Strait Islander peoples. Non-Indigenous colleagues were considered to show disregard for cultural leadership, practices and the principles of community control that guide Aboriginal and Torres Strait Islander community-control health services.

The results of this limited understanding and disregard have been a lack of cultural safety for both Aboriginal and Torres Strait Islander health workers and health consumers, as well as the devaluation of Aboriginal and Torres Strait Islander workers' skills, knowledge and lived experiences.^{xxvii}

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 agency ^{xxviii}

The *Career Pathways Project* found that one in five workers experienced racism and opposition from colleagues. It also found that this was significantly more likely to be experienced by those employed by government than those in the Aboriginal and Torres Strait Islander community-controlled sector.^{xxix}

All of these factors take a toll on the Aboriginal and Torres Strait Islander health workforce. They limit progress in increasing the number of Aboriginal and Torres Strait



Islander people entering and graduating from health-related training and education. They also negatively impact the number and proportion of Aboriginal and Torres Strait Islander staff who stay working in the health systems.

The Australian Health Practitioner Regulation Agency (AHPRA) has started to take steps in acknowledging that racism must be eliminated and cultural safety strengthened in health professional practices.^{xxx} This agency recognises that to adequately address racism, cultural safety must be embedded into regulations and legislation related to health professionals and health systems.

LINKS IN THE NATIONAL WORKFORCE PLAN TO ADDRESS RACISM

The National Workforce Plan makes a specific commitment to address racism and strengthen cultural safety in both health and education sectors:

- ⦿ **Strategic Direction 3** – Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors.

Funding and governance

Funding arrangements is one area in which government ministers and policy decision-makers could make a positive difference to the Aboriginal and Torres Strait Islander workforce. This is closely linked with a second influential area of governance and decision-making processes.

The *Career Pathways Project* identified that current funding strategies limit the types of services and employment contracts available to the Aboriginal and Torres Strait Islander health workforce, as well as the type of roles that can be funded. Currently, funding arrangements are not made through collective decision-making processes, meaning that the types of roles that are funded are not reflective of local community needs.^{xxx}

They may also be constraining new and emerging roles, particularly those that are culturally specific, as these may not yet be properly understood by government officials or policy makers. Such roles include cultural brokers, navigators, consultants and liaison officers in both health services and health research areas.

In particular, the lack of adequate funding and resourcing dedicated to the Aboriginal and Torres Strait Islander community-controlled health sector constrains the contribution that this sector can make to workforce growth and development.

For example, limited funding means that Aboriginal community-controlled health services struggle to provide wage parity to its health workers.^{xxxii} At the same time, these services play a key role as employers of Aboriginal and Torres Strait Islander health workers and provide great examples of Aboriginal and Torres Strait Islander-led service delivery.^{xxxiii} They deliver more cost-effective, equitable, effective and culturally safe holistic and person-centred primary health care to Aboriginal and Torres Strait Islander peoples.^{xxxiv}

The National Aboriginal Community Controlled Health Organisation (NACCHO) and its state and territory affiliates exemplify this. These health organisations are excellent

entry points for early-career Aboriginal and Torres Strait Islander health workers and offer a range of career opportunities.

A funding-related area not specifically targeted in the National Workforce Plan is the Workforce Information Project Officers (WIPO) approach, or 'WIPO network'. This approach could be integrated into the implementation plan by looking into re-establishing the network and/or the officers who played a vital role in knowledge sharing, governance and accountability.

Lowitja Institute's Aboriginal and Torres Strait Islander Health Ministers' Roundtable

On 7 October 2022, Lowitja Institute hosted the Aboriginal and Torres Strait Islander Health Roundtable, providing a forum for key Aboriginal and Torres Strait Islander and governmental stakeholders to discuss current and future policies, strategies and reforms. The roundtable covered three themes, one of which was Aboriginal and Torres Strait Islander workforce development.

The goal of the roundtable was to identify actions at jurisdictional and Commonwealth levels to:

- address inequities in health systems
- improve outcomes for Aboriginal and Torres Strait Islander peoples.

Workforce discussions during the roundtable centred on the information above as well as highlighted:

- Governments need to commit to action rather than to more strategies and plans.
- Governments and Aboriginal and Torres Strait Islander community-controlled health services must work in partnership to implement:
 - the National Workforce Plan
 - the National Aboriginal and Torres Strait Islander Health Plan 2021-2031.
- Long-term and whole-of-government commitments are needed in both effort and funding to reform the health system.
- A systematic end-to-end approach is needed to reform the health systems and build the Aboriginal and Torres Strait Islander workforce; and in doing so:
 - the patient experience will be improved
 - access to culturally safe and responsive healthcare will be ensured.
- Greater investment is needed in policies, strategies and reforms that impact directly on the Aboriginal and Torres Strait Islander workforce and students, particularly to address racial inequities and racism.
- Access to the entire health system should be free of racism, with evidence showing that this is happening.

ABOUT THIS POLICY BRIEF

Growing and supporting the Aboriginal and Torres Strait Islander workforce is crucial to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. This policy brief outlines key commitments within National policy around building the Aboriginal and Torres Strait Islander health workforce.

For more information, please contact admin@lowitja.org.au

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