Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce:

Northern Territory (NT) Workplace Case Studies Report

Growing and strengthening the Aboriginal and Torres Strait Islander health workforce in the NT

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The research findings for this report were completed in 2019, reported back to participating sites in early 2020 and published by the Lowitja Institute in 2020.

A series of component reports, including this NT report, were written at different points in time by different teams as part of a national two year-long Career Pathways Project, which was undertaken during 2018 and 2019 (please see **Appendix** 1 for further detail).

All the underlying reports and findings from each component were synthesised for inclusion in the following overarching report:

Authors: Career Pathways Project team
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Abbreviations

ACCHO	Aboriginal Community Controlled Health Organisation
AHP	Aboriginal Health Practitioner
AHW	Aboriginal Health Worker
AMS	Aboriginal Medical Service
AMSANT	Aboriginal Medical Services Alliance, Northern Territory
ARG	Aboriginal Reference Group
CAAC	Central Australian Aboriginal Congress
CPD	Continuing Professional Development
COAG	Council of Australian Governments
DD	Danila Dilba
HECS	Higher Education Contribution Scheme
HREC	Human Research Ethics Committee
HR	Human Resource
KAHS	Katherine Area Health Service
LHD	Local Health District
NSW	New South Wales
NT	Northern Territory
NTCPP	Northern Territory Career Pathways Project
NTER	Northern Territory Emergency Response
PHN	Primary Health Network
VET	Vocational Education and Training

National Career Pathways for Aboriginal and Torres Strait Islander Health Workforce Project

Cultural Preamble

The Career Pathways Project would like to acknowledge the Traditional Owners of the land on which we walk upon, 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 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, comprised of Aboriginal members of the research team, is mindful of the culture, heritage, 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 hold as Aboriginal researchers 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' commitment, ways of knowing and conducting business that is distinctively **being Aboriginal and Torres Strait Islander** 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, local knowledge, overlayed with industry expertise, 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 in addressing racism and other underlying attitudes, such as unconscious-bias and stereotyping, and understanding of the impact of work overload and burnout to create culturally safe and responsive environments and practices that, in-turn, will ensure the well-being of the Aboriginal and Torres Strait Islander health workforce, the non-Indigenous health workforce and community alike.

Yours in Unity,

The Career Pathways Project Aboriginal Reference Group

Acknowledgements to Country

The project team for this report wishes to acknowledge the Traditional Owners of the lands we walked on and worked on in conducting the Northern Territory workplace-based case studies. We pay our respects to their Elders – past, present and future.

Terminology

In this report Aboriginal and Torres Strait Islander people are mostly referred to as Aboriginal in recognition that they are the original inhabitants of the NT.

About the artwork

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 and blue lines represent the career pathway (purple) of the worker and their professional, personal and spiritual journey by the blue. 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.

Executive Summary

Background

The Northern Territory is historically, politically, and culturally distinguished from other areas of the country.

The national Career Pathways Project (CPP), which is described in **Appendix 1**, had a national focus. Here, a Northern Territory (NT) report has been compiled to understand the needs and context of strengthening the Aboriginal and Torres Strait Islander health workforce in the NT specifically. This involved a detailed analysis of the Northern Territory data/ key themes and a comparative analysis against the key national findings in the final CPP report.

What we did

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.

The Northern Territory case studies spanned urban, regional, rural and remote regions and involved four ACCHOs from East Arnhem, Darwin Urban, Katherine and Central Australia. 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 and themes cross validated with other Aboriginal and Torres Strait Islander researchers in the team.

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 allowed 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. Interview questions are contained in **Appendix 2**.

What was different for the NT?

The final overarching CPP report identified five **'pillars of capacity building'** for strengthening the Aboriginal and Torres Strait Islander workforce. The five pillars are leadership & self-determination; cultural safety; valuing cultural strengths; investment in the workplace and workforce and education and training. Analysis of the NT data showed the same five pillars

were relevant to the themes identified by the NT case study research although in practice they can potentially play out in different ways and therefore need to be localised and contextualised. An additional pillar was identified to address a further priority issue in the NT context i.e. *Addressing the Social Determinants*.

Results

Many of the NT research themes were consistent with the national findings and proposed responses. However, there is a need to distinguish NT issues which can inform a regional plan for an Aboriginal and Torres Strait Islander health workforce as well as knowledge translation activities. The data collected in the NT in response to the research questions identified the following findings:

- **What we bring?** The Aboriginal and Torres Strait Islander Workforce bring:

  Unique cultural knowledge, healing, lived experience, language and community engagement skills, cultural education and safety, ability to navigate 'two worlds', leadership and advocacy, role modelling and academic skills.

- **Why we come?** The Aboriginal and Torres Strait Islander Workforce come because of:

  A desire to help, heal and make a difference, self-determination, reputation and legacy of ACCHOs, the influence of role models and to act as role models, job opportunities, variety of roles, training opportunities, Aboriginal leadership and governance and to be part of culturally safe and holistic health services.

- **What we face?** The Aboriginal and Torres Strait Islander Workforce face:

  Racism, discrimination, inequality; community pressures & expectations, not being valued, culturally unsafe practices, and disadvantage in terms of the social determinants of health, trauma, and burnout as well as inadequate funding for job security, staffing ratios, & other workplace inequalities.

- **Enablers and barriers** to career pathways for Aboriginal and Torres Strait Islander people include:

  The individual workers' attributes, pride and confidence, family and community support, 'growing our own' models for building the workforce, being valued and respected, culturally responsive management, and incentives and supports and systems which help address social determinants. Availability of each element can be an enabler, whilst an absence of any of these can be a barrier. Additional barriers include racism and inequality, discrimination, being undervalued, lack of recognition and pay parity, and the impact of trauma and burn-out.

- **What is needed?**

  To improve the careers and career pathways for the Aboriginal and Torres Strait Islander workforce in the NT, collaboration and commitment is needed across jurisdictions, sectors, professional groups and communities.

Recommendations

The CPP identified five contributing factors or **'pillars of capacity building'** for strengthening the Aboriginal and Torres Strait Islander health workforce. These five factors (pillars) were:
1) leadership & self-determination; 2) cultural safety; 3) valuing cultural strengths; 4) investment in the workplace; and 5) workforce and education and training.

While these pillars are relevant to the NT findings, **localising** and **contextualising** approaches is necessary for effective and culturally appropriate action. An additional pillar that reflected the unique context of the NT was identified as requiring its own consideration – that of **Addressing the Social Determinants.**

The pillars of capacity building recommended for the NT, therefore, are:

Leadership and self-determination:

Health workforces have leadership and political roles to play in contributing to the futures of Aboriginal and Torres Strait Islander communities

Cultural safety

To be embedded across all levels of organisations

Valuing cultural strengths

NT health services cannot function effectively without the unique cultural skills and strengths of its local workforce

Investment in the workforce and workplace

Funding needs to reflect the importance of Aboriginal and Torres Strait Islander workforces, and provide appropriate pay, security and adequate investment

Education and training

Programs and approaches need to be flexible, varied and consider the diverse contexts of Aboriginal and Torres Strait Islander workers

Addressing the social determinants of health (NT-specific)

Workforces need to have their essential needs met in order to participate – housing, transport, education, food security and safety.

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The Northern Territory (NT) Context

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.

Aboriginal and Torres Strait Islander cultures have much to offer holistic health care. Self-determination and control are key factors to achieving optimum life, health and wellbeing outcomes (Bailey & Hunt, 2012). Aboriginal and Torres Strait Islander workers are at the interface of holistic health service delivery and yet remain under-represented as a proportion of total workforces, limited by wage inequity and career pathway options.

Aboriginal and Torres Strait Islander people's worldview is holistic culminating 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 pre-dominantly western constructs of the Australian health systems and policies. An all-encompassing principle, though, is the importance of valuing Aboriginal and Torres Strait Islander ways of being and doing (Bailey et al., 2020)

As noted above, the overall CPP had a national focus for which details are provided **in Appendix 1**. The aim of the current report is to draw out the perspectives of the NT health workforce and to identify NT-specific insights.

Unique challenges faced in the NT

The Northern Territory differs from the rest of Australia in a number of ways. Politically, as a territory rather than a state, the NT is reliant on Commonwealth funding in many areas and subject to Commonwealth legislative control, as demonstrated by policy implementations such as the 2007 NT Emergency Response (NTER). NT Self-government was only granted in 1978 (Australian Parliament, 2020).

The NT population is nearing 250,000 and is home to the highest ratio (approx.30%) of Aboriginal and Torres Strait Islander populations nationally, 81% of whom live in remote communities (Zhao, Russell, Guthridge, S. *et al.* 2017).

Health care in the NT is provided by both Government and Aboriginal Community Controlled Health Organisations (ACCHOs) and, as in other remote regions, issues of recruitment and retention affect quality and cost-effectiveness of care. According to Wakerman et al. (2018), in government-controlled services:

> *'Annual turnover rates of NT remote area nurses (148%) and Aboriginal health practitioners (80%) are very high and 12-month stability rates low (48% and 76%, respectively) … Effectiveness of care decreases with higher turnover and use of short-term staff … Staff turnover and retention were affected by management style and effectiveness, and employment of Indigenous staff.'*

In such a challenging context as the NT, where Aboriginal and Torres Strait Islander people experience higher burdens of ill-health and injury than their non-Aboriginal counterparts, ACCHOs are a prominent and essential feature of health service delivery.

The Aboriginal Medical Services Alliance Northern Territory (AMSANT) is the peak body for ACCHOs in the NT. The role of AMSANT is to advocate 'for equity in health, focusing on supporting the provision of high quality comprehensive primary health care services for Aboriginal communities' (http://www.amsant.org.au/about-us/vision/ cited March 15, 2020) and includes the following organisational membership (http://www.amsant.org.au/nt-map/).

Figure 1: Map of AMSANT Organisational Members and their locations

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Cultural and linguistic diversity

The NT encompasses more than 100 distinct language groups or nations that extend beyond the borders defining the region administratively. This has considerable implications for health care and health service delivery and highlights the diversity within Aboriginal and Torres Strait Islander populations. For many Aboriginal and Torres Strait Islander people, English is a second or other language and miscommunications in health care impact adversely on this population. (Ralph et al., 2017)

Historical factors

The NT is acknowledged as the region of most recent contact between Aboriginal and Torres Strait Islander people and non-Aboriginal people, meaning that the experience of colonisation is within living memory for some (Storey, 2012). The direct links between colonisation and the health status of people today have been well established and implicated in high chronic disease levels, mental health issues and gaps in life expectancy as well as across other determinants of health such as education, employment and economic position (Paradies, 2017).

Aboriginal and Torres Strait Islander people in the NT have been subject to a range of harmful policies regulating their lives and life courses, including protectionism and segregation, which saw the establishment of missions and reserves and the forced removal of children of mixed heritage, assimilation, as well as the more recent NTER (Taylor & Guerin, 2019). The Aboriginal and Torres Strait Islander workforces have been affected by the same historical events as their families and communities, while at the same time carrying the burden of being at the interface of the implementation of many of these policies and outcomes.

Environmental factors

The NT is a sparsely populated region, covering around 1.3 million km^2 (Zhao, Russell, Guthridge, *et al.* 2017) and subject to climatic extremes and characterised by significant distances. The Territory's two major hospitals are 1500kms apart. Remote communities can be isolated by seasonal flooding. Transport services are limited and costly.

These points of differentiation from other parts of Australia highlight the necessity for responses to workforce capacity building that are relevant and workable in the local context.

A career and a career pathway in the Northern Territory

Careers and career pathways in the NT have been influenced by the historical impact of colonisation which until relatively recently, limited the workplace and educational options of Aboriginal and Torres Strait Islander people. Government policies which created the mission and reserve systems of confining Aboriginal and Torres Strait Islander peoples to geographic boundaries meant that for many, education beyond basic levels was unattainable and employment options welfare-based or at low level assistant roles (Altman & Sanders, 1991).

A major impact on the health workforce took place in 1996 when competency standards were introduced that necessitated a different training and education. Batchelor College took over the training to align with national standards with the aim of achieving equitable qualifications with other health professionals.

What this did in some instances, however, was to lose a depth of skills and experienced Aboriginal health workers who were unable to meet the literacy, numeracy requirements,

(Hudson, 2012). Where Aboriginal Health Workers were once the face of remote clinics, many felt pushed aside by the new training and devalued by their non-Indigenous colleagues. It has taken and will take further time to rebuild the Aboriginal and Torres Strait Islander workforce and to overcome the barriers to recruitment and importantly retention. Similar findings and recommendations were made in reports on the NT primary care workforce for the NT Department of Health and Family Services (2010) and for AMSANT (Ridoutt & Pilbeam, 2011).

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NT Career Pathways Case Studies – what we did

This report provides findings from the NT case study sites to support the development of the NT (and national) evidence base in relation to enablers for the current and future Aboriginal and Torres Strait Islander workforce in health.

The experiences, stories and journeys shared in this report address the following Career Pathway Project **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?

    See **What We Bring** (page 16)

2. What made you choose a career in health?

    See **Why We Come** (page 22)

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

    See **What We Face** (page 29)

4. What are the barriers and enablers to career development and career pathways?

    See **Barriers and Enablers** (page 34)

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

    See **What is Needed** (page 48)

Method

Four case studies were completed in the NT. The participating ACCHO service providers in this NT career pathways project were Central Australian Aboriginal Congress (CAAC), Danila Dilba Health Service, Katherine West Health Board and Miwatj Health, each of which responded to a call for expressions of interest via the AMSANT Board.

Interview and focus group guides were developed and endorsed by the CPP's Aboriginal Reference Group, with a semi-structured format allowing for flexibility to respond to local and individual preferences (cultural and linguistic) as guided by the individual sites (see **Appendix 2**).

Recruitment of participants in participating ACCHOs was informed by Senior Management and local Research Committee-preferred protocols but participation of workers and managers was achieved on an 'opt in' (voluntary) basis.

During the case studies, 101 staff and 18 managers from these four ACCHOs – based in Central Australia, Darwin Urban, Katherine and East Arnhem respectively – participated in either an interview or yarning circle. All interviews were undertaken by an Aboriginal researcher. Quotes used in this report are de-identified and characterised as Worker or Manager and all informants were employed through ACCHOs. These characteristics appear in brackets at the end of each quote.

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/ focus groups and interviews were held with their managers (Aboriginal and non-Aboriginal – equally represented). Due to the relatively small sample size, Aboriginality status is not identified against specific quotes within the report.

Our story – key findings

In the following sections, we present the key findings and learnings from the Career Pathways Project **relevant to the Northern Territory**. 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, both nationally and within the NT. Nevertheless, across the different research components the findings were remarkably consistent.

In telling our story, we start by describing **what we bring, why we come, and what we face.** This is followed by a discussion on of the **barriers and enablers**, the factors that impede or facilitate Aboriginal and Torres Strait Islander careers in health. We focus particularly on the circumstances that enable our workforce to flourish.

Quotations have been used extensively to reflect the voices of NT Aboriginal and Torres Strait Islander people working in the health system.

What We Bring: Skills and attributes of the Aboriginal & Torres Strait Islander workforce

The Aboriginal and Torres Strait Islander health workforce bring skills and characteristics that are unique and indispensable in the context of the NT, a region with the most recent experience of colonisation (and arguably on-going colonisation) that is implicated in the health status of Aboriginal and Torres Strait Islander people today. Many of these skills and characteristics have not been acknowledged or classified formally and can therefore go unrecognised or be undervalued by the wider community. Based on the responses obtained from both Aboriginal and Torres Strait Islander workers and managers as well as non-Aboriginal managers, several themes were identified that characterise the contributions of the Aboriginal and Torres Strait Islander workforce.

Figure 2: Skills and attributes of the Aboriginal and Torres Strait Islander workforce

Connections to culture, language, spiritual knowledge and healing as well as the lived experience of intergenerational trauma

There is a longevity and depth of experience among Aboriginal and Torres Strait Islander staff, who may come from different parts of the region, '*with different backgrounds and ways of growing up, but are all from one place that brings us together.'* (Worker, ACCHO)

Many respondents had long-standing connections with local health services and brought understandings to their roles that were based on their own **lived experiences**.

> *'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 … I think it brings some richness - it certainly does for me, my driving force for why I work here.'* (Aboriginal Manager, ACCHO)

Aboriginal and Torres Strait Islander staff in the NT often also bring an integration of spiritual healing and western healing to provide holistic care.

> *'I think it's a bit deeper. There's the spiritual knowledge that we carry in regard to the deep stuff with our people, the going back to country, the saying hello to the spirits, the walking through the creek with the sand … we're able to bring that and reflect that so that the wider community goes, hey you know, that is part of us, and when you look at it 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)

> *'We have our language, we have our culture, we don't park our culture and our protocols at the door when we go to work, that's a part of our life, that is what is important and especially in remote communities, how do you know the community dynamics, how do you know how to approach community, how do you know how to react to a – if a ceremony's going on, if there's a death in the community, if, you know, there's a – if there's a complex case that you're dealing with how do you know how to get through the right channels to make sure that it's the best outcome for the client or the family or the community, so that's why it's important to have local input and, you know, have those people, local people employed.'* (Manager, ACCHO)

The above quotes and the succinct reminder that *'we don't park our culture and our protocols at the door when we go to work …'* reinforces the interconnectedness of culture to health and the critical role of Aboriginal and Torres Strait Islander workers within health service delivery.

Language and community engagement skills

The NT is a region where Indigenous languages continue to be actively passed on and utilised. Communication in health service provision is a recognised challenge with many Aboriginal and Torres Strait Islander people speaking English as a Second or Other Language. Being able to communicate in clients' First Languages helps **facilitate engagement** by telling the service user that they are respected and valued, and that the service is willing to meet their needs. Aboriginal and Torres Strait Islander staff often bring language proficiency to their practice informally, rather than as a skill for which they are remunerated. Accredited Aboriginal Language Interpreters are recognised and paid for their interpreting skills, while those working in health are often expected to provide this service as part of their role. Along with language, the personal connection with community helps engagement with the health services.

> *'… our ALO (Aboriginal Liaison Officer) she can speak language. She's a local, she knows a lot of people … Like they'll listen when she goes out. Whereas if one of the nurses go out and say you need to come in for a health check or you need to come back to see the doctor, they're like, yeh, no, we'll come back later.'* (Worker, ACCHO)

> *'I have a team member and she's an older lady and I think that what she brings with her is a power to speak that a clinician like myself cannot do. So, what she can do that I can't do is that she can speak to a mother and go look, what you're doing is not good enough. There is no way that I have got the right or the credibility to ever speak like that with any … people but because she's a highly respected grandmother and mother, then she can speak to these people about the hard stuff, whereas we have no right to do that.'*
> (Manager, ACCHO)

Even when clients speak English as their primary language, there are communication barriers linked to differences in worldview and/or health literacy levels that require communication support from Aboriginal and Torres Strait Islander health workers.

> *'Non-indigenous staff, when they talk the big language or medical jargon, I then pull it up and I'm always like you can break that down, can you help them understand and then they'll put it in such a way that they can and then the Staff will come along again and interpret'. (*Worker, ACCHO)

The relatability and comfort of having someone of the same cultural background is demonstrated in the following responses.

> *'Because you've got it at reception hey, you can feel that communication difference here. When you go into other places like at the hospital, gee I hate going there.'* (Worker, ACCHO)

> *'I'm pretty good at understanding what they're saying and pretty good then at translating then to other doctors or other clinicians who might not have a really good idea, so I always feel like that's a really good special skill to have, because communication is always a critical area for indigenous clients wanting to seek out medical attention.'* (Worker, ACCHO)

Communication skills and community knowledge are recognised by non-Aboriginal workers as critical to their ability to work effectively, especially in remote communities, as shown by these responses.

Cross cultural education and cultural safety

Cultural safety is defined variously but includes the idea that both providers and recipients of care feel safe and respected in the environment and issues of privilege and power are examined and mitigated (Taylor & Guerin, 2019).

Aboriginal and Torres Strait Islander workers described the balance they bring regarding cultural safety and cultural awareness for non-Aboriginal staff, especially when high turnover in the workforce is perceived as a risk that can be mitigated by offering education and guidance.

Some managers described the contribution to cultural education and cultural safety that their Aboriginal and Torres Strait Islander colleagues bring which includes specific local protocols around kinship, gender distinction, community dynamics and the diversity of Aboriginal and Torres Strait Islander cultures.

> *'… they provide them layers of cultural safety, that's needed on operations, day-to-day operational perspective. With that cultural safety comes history, understanding history and teaching our staff about that on the ground. Also, around cultural events, like*

> *ceremony time and stuff like that. Without our Indigenous staff there on the ground, our non-Aboriginal staff are at risk. You can teach in whatever you like during cultural orientation, when it comes to the day and you haven't gotten them Aboriginal staff there to guide them, especially when ceremony's on, they become at risk straightaway.'* (Manager, ACCHO)

> *'We work in a bicultural model … in bicultural pairs. That's about valuing each other's … skills, but also for our own safety as well.'* (Worker, ACCHO)

> *'(We're) … making sure they're following the cultural protocol… because we see things they don't see. We observe things differently, having that different perspective.* (Worker, ACCHO)

It becomes evident that for non-Indigenous staff to be able to work with Aboriginal and Torres Strait Islander populations, cultural safety requires a bi-cultural ('both ways') approach of mutual respect.

> *'…I work alongside a non-Aboriginal (specialist) and I'll quote her, she says, "I can't do my work without (name)". In other words I can't do it without an Aboriginal person because the context as to what the kids are saying and what she's hearing is different, so I'm able to contextualise it for her, so she's able to get it and then we can service those young people a lot better.'* (Worker, ACCHO)

> *'So, we've got cultural knowledge, we know if somebody is broken down somewhere – I'm here at this place – how far is this place – that's way back there again. We do tracking.'* (Worker, ACCHO)

> *'We teach our non-Indigenous staff when we go out to communities. You can tell them like cultural areas, you can't go here, you can't go there or –you know, help them understand too. If it's, oh you can't go there to that person's house, they go what for? Because somebody passed away, you can't– they don't understand. All they see is, like we, we've got to get into this community. We got to do this job kind of like tick box.'* (Worker, ACCHO)

> *'… sometimes I can't see certain people because of my father's side family, I'm not allowed to be in a room with any … men. I'm not allowed to do any dressings or anything on them, so yeah, I have to advise doctors, I can't do that: they all understand so pretty good like that.'* (Worker, ACCHO)

Non-Aboriginal staff often recognised this contribution of their Aboriginal and Torres Strait Islander colleagues, but for those that don't the consequences impact on the quality of care provided, some of which include miscommunication and ineffective health history-taking and adherence to treatments.

> *'I struggle, as a non-Aboriginal person, to understand, to read in between the lines, to read body language, to find what is blackness, what is –sometimes clients – they might tell me something but because they think, okay, if I tell this guy this thing he will leave me alone.'* (Manager, ACCHO)

> *'I'm very privileged to have (name) work with me because the connection he has with the community, the understanding and also engagement. It's very different when someone*

*sits down with a person –client and says, "All right. So who is your father?" Oh, so your country is there then.' (*Manager, ACCHO)

*'You know, you see it when you don't have many (local) staff at work. You practically grind to a halt, because you just don't have that communication to the outside community. That's vital to have in those (local) workers in the clinic. It's the (local) workers that allow us to do our job.' (*Manager, ACCHO)

Navigating two worlds

Implicit in being able to work bi-culturally (or multi-culturally) is the skill of Aboriginal and Torres Strait Islander workers to **'walk in two worlds, walk together'** and be the **cultural brokers** between non-Aboriginal staff and Aboriginal and Torres Strait Islander clients. This ability, however, brings with it, complexities around boundaries, the challenge of combining Western/professional/privacy rules and cultural and social obligations, but staff somehow manage to 'carry' the double responsibility and navigate through. Recognition of this skill would go some way to easing that burden for Aboriginal and Torres Strait Islander workers.

'I think walking that fine line and you know, from an Aboriginal person immersed in your culture and also having responsibilities to the organisation it becomes a particular issue, you know, around that.' (Worker, ACCHO)

'…we have to do a lot of work with our non-Indigenous colleagues around "you listen to what I say first" because we don't want to be tripped up when it's cultural safety stuff, we don't want to be put in a situation where you feel awkward or it's going to impact you later when you finish work, so it's about making sure that when you work in that type of dynamic, having the right balance between each other and the right understanding so there's lots of conversation.' (Worker, ACCHO)

'And you got all this mob talking about boundaries, don't do it after work, but when it's somebody you know from the community, that you come from, it's more rude to brush them off …' (Worker, ACCHO)

Leadership and advocacy

Historically, Aboriginal and Torres Strait Islander health workers were often put forward by their communities as people with leadership qualities and standing. This continues still with communities expecting their Aboriginal and Torres Strait Islander workforce to advocate on their behalf and employers looking to the staff to act as spokespeople on behalf of their communities. Like other aspects of the role this can bring both positives and challenges, but most respondents expressed their pride in undertaking leadership and advocacy on behalf of their communities.

'For me it's just my passion - to drive myself and to be an advocate for our community and our people.' (Worker, ACCHO)

'Leadership, advocating, you know, like as an Aboriginal person, … We have to speak up for our family… we've got to be the voices for our people that are too ashamed to speak up.' (Worker, ACCHO)

Working in partnership with Aboriginal and Torres Strait Islander health workers is the most efficient way to engage community members.

Role models

Aboriginal and Torres Strait Islander workers are often aware of the responsibility of their positions as role models in the community and take pride in the opportunity to inspire others.

> *'(Health service) by default makes us role models, … because we're here, we're noticeable, we're doing our job, people hopefully would want to aspire to do those sorts of things as well, work in health.'* (Worker, ACCHO)

Unlike health professionals in other areas, these workers live and practice within their communities and as such are highly visible at all times, as these responses indicate:

> *'We are our job, 24/7 we are our job.'* (Worker, ACCHO)

> *'And it doesn't matter if you're in aisle five at Coles or walking down the hall or sitting in your office, you are your job…'* (Worker, ACCHO)

While this is undoubtedly a strength of the workforce, it also needs to be acknowledged as a pressure and level of responsibility that the non-Indigenous workforce does not usually carry.

> *'… so we will still walk and hold that person, … but still do that in a professional way that you're not breaching any boundaries, and that's tough to do … that's tough to think about all the time in your head. So I think it's probably worth noting that it is a skill that we all have to do you get there.'* (Worker, ACCHO)

Skills and giving back to the community

Increasingly, Aboriginal and Torres Strait Islander staff who are working in health, are gaining skills and qualifications from the tertiary sector, and bringing these capabilities back to their communities. Flinders University has offered a local medical program since 2011 which saw the first NT Aboriginal and Torres Strait Islander graduates in 2015/16.

> *'… we got a number of our mob going to become Aboriginal Practitioners, managers, RNs, people like myself you know, you've got on and got a number of Masters degrees, but it's about coming back now and giving those skills and experience back to the community.'* (Worker, ACCHO)

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

In summary, the Aboriginal and Torres Strait Islander workforce contribute essential skills, knowledges and understandings that are implicit within their being as Aboriginal and Torres Strait Islander people. While some skills and experiences can be described, recognised and remunerated for, current workplace systems and non-Aboriginal colleagues and managers do not always provide for those less easily defined and yet expected contributions. This can set up a tension that workers struggle to overcome with passion and commitment to make a difference for their communities as described in the next section of findings – **'Why we Come'.**

Why We Come: Reasons for choosing to work for an ACCHO

Aboriginal and Torres Strait Islander staff expressed considerable commonality in their reasons for choosing to work in Aboriginal Community Controlled Health Services, both within the NT and nationally. The motivations were strongly altruistic.

Figure 3: Reasons members of the workforce choose to work for an ACCHO

Helping, healing and changing lives

'Aboriginal and Torres Strait Islander people come to work in health for many reasons, mostly to do with **helping their community** or other Aboriginal and Torres Strait Islander communities' (Bailey, et al. 2020). Findings from the project suggest that many respondents feel that a career in health can provide an opportunity to '**heal our people and heal ourselves'**, to take on an **advocacy and leadership** role and speak for the voiceless and primarily, **to change lives**.

> *'… you might have a job that is a tiny, tiny part of that but nevertheless it's part of the whole jigsaw … so for me I think a big part of that is wanting to help heal our people and at the same time ourselves … it's twofold, you want to improve the health conditions and outcomes for your own mob and you want to be part of that.'* (Worker, ACCHO)

> *'And to close the gap between mortality rate of non-Aboriginal and Aboriginal people.'* (Worker, ACCHO)

> *'I was looking after kids and there were with kids as young as seven you know, got heart problems, on heart medication. That's what made me explore the health side, I think.'* (Worker, ACCHO)

> *'You know we have this sense of obligation … - to our community, we are local people that really wanna make a difference.'* (Worker, ACCHO)

> *'One of the reasons why I did public health is that I've obviously come from a very traditional background and I know that Aboriginal people die early and have burden of diseases and, you know, quality of life is not good … while I've never worked in health before I've been working with people voluntary … in ways to empower people and give people a decent lifestyle.'* (Manager, ACCHO)

> *'I think that there's a genuine caring from people of culture, from our First Nation people who have got a true feeling of understanding what's happening with families and some of the key concepts that perhaps working in health gives them the opportunity to have first hand, try and battle some of those problems, and I think that they want to look after the children and young people, to become adults and elders is a really high priority too and to maintain culture'.* (Manager, ACCHO)

Responses such as these highlight a key difference between the Aboriginal and Torres Strait Islander workforce and the non-Aboriginal workforce. While it would be true to say non-Aboriginal health professionals might also be motivated by a desire to make a difference, they are less likely to be dealing with family and community members in their practice, with perhaps the exception of rural workers. In the NT, there is a proximity to the clients that drives people into health work, as shown by the following:

> *'They all lost their legs, just about two of my aunties.'* (Worker, ACCHO)

> *'Some kids like they are sniffing petrol, wander around the street. That's a good reason to work for the (health service).'* (Remote worker, ACCHO)

Self-determination

Aboriginal and Torres Strait Islander workers described the need for health promotion and preventative health in their community's language, which support Aboriginal and Torres Strait Islander community members to improve their health and self-determine their outcomes.

> *'I think this something really special about working for an AMS, especially when you're, you know, from the country, it's about making a change in the difference to … people's lives and to give them a bit of a helping hand when it comes to making our people self-determined and extend our lives. But just basically, making that education available for people to make well-informed decisions about their health and their futures and their families.'* (Worker, ACCHO)

> *'When local community government council were disbanded and the super shires come in people felt like that self-determination era was over for them. And there's that feeling of giving up and feeling of hopelessness, you know, lack of control over their lives. So, for me, (Health Service) represents people having real genuine say in one aspect of their lives, health.'* (Manager, ACCHO)

> *'(The Health Service's) day job is delivering primary health care but its business is actually empowering people in the community and giving people control because we believe that health is not going to solve the health of Aboriginal people, it's going to be control, capability, all those sort of things and that's what we do give to the people here.'* (Manager, ACCHO)

Working in health is also an opportunity for resistance and countering the impact of colonisation and re-establishing sovereignty for some respondents.

> *'Because if I'm going to pay taxes to the people who are destroying our people and our culture, I'm going to make the best benefit. So, working for my people to destroy the negative harms that they're doing to us sort of counterbalances it.'* (Remote worker, ACCHO)

> *'Well they took my culture, they took my language, they took everything. So, if I can work in this day society and system, if I can help these other people keep their language and culture and history, I'll do it. And I won't work in any other setting. Never have, never will.'* (Remote worker, ACCHO)

> *'So, government is not going to give us sovereignty … but we can have it within ourselves. If we're given the right trauma-informed programs, delivered though Indigenous people that understand that deep sovereignty and trauma, well then individual people grow sovereignty and then communities will grow sovereignty and then nations will grow sovereignty.'* (Remote worker, ACCHO)

The above quotes show how important efforts toward self-determination are for remote communities in particular, with the strong emphasis on these issues stemming mostly from remote workers.

Honouring the legacy and reputations of ACCHOs

The ACCHOs in the Northern Territory were often hard fought by local community members and **honouring the legacy** of those fights were a motivating factor for some. Relationships with services are now intergenerational and some staff had 'grown up in the service' and were inspired by role models who had gone before.

People also cited reputations, locally and internationally as a reason for choosing to work with their local ACCHO. Community members had confidence in the service and staff feel like they are part of shaping the vision and mission. The health services were well known and part of the community.

> *'A lot of their parents and aunts and uncles would work for (health service) ...'* (Worker, ACCHO)

> *'…people do get a sense that the community do have a voice and (the service) is representing that.'* (Worker, ACCHO)

> *'We have a legacy here. (the service) is my primary health service and I've been using their service my whole life really and growing up and seeing your family members working with it.'* (Worker, ACCHO)

'it's an organisation that we've grown up with and … – we use the health service ourselves. The health service as kids and now, we got kids and they use the service. So, there's that you know, trust in the organisation.' (Worker, ACCHO)

'I remember watching films and TV interviews and stuff since I was young girl about Health service and I think it's a really respected name in this sector.' (Worker, ACCHO)

Importantly, the health service *'belongs to us!.'* (Worker, ACCHO)

Role models within families and to inspire others

Aboriginal and Torres Strait Islander staff take **pride** in being a vital link between the community and the health service and leading by example, especially for their families.

'I'd rather see families strong like us. And we all need to grow old together. Family should pass away old, … like our grandparents, they're 80 or something.' (Worker, 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 education.' (Worker, ACCHO)

'I chose to work at health service because, well, I had some family, they've worked there before and I've quite been around when I was a lot younger so I've definitely always wanted to come back and work for this organisation. Definitely doing, like work placements and stuff with school and getting to see the clinics and whatnot. Yeah, that's what inspired me.' (Worker, ACCHO)

The idea of being a role model and inspiration to the broader community was also evident in these responses.

'*I can't see myself doing anything else. I don't know how people just get up and go. Aboriginal health practitioner position for me is a career pathway in itself. That's what I wanted to do. This is my life. This is my career. I want to finish up at 65 as an Aboriginal health practitioner. I would leave something here is standing. That's my feeling. That's what I want to do. That's what I see my legacy. That's a big thing hey.' (*Worker, ACCHO)

'That's why we try to put our self to get this job and try to show others, so they can become like one of us. It's like our role model. (…) and it's for this generation to come.' (Worker, ACCHO)

'Being the inspiration for kids …. Here we are, Indigenous women working in an Indigenous workforce, especially as mums and when I see a kid coming in I'm like that could be my kid and I would want treatment that I give, like the service that I give and like the girls give, I would want that to be given to me if I were to come into the clinic.' (Worker, ACCHO)

Opportunities

The health sector in the NT is one of the largest employers, after public administration and safety (ABS, 2016). Historically however, Aboriginal and Torres Strait Islanders have been denied the same opportunities as other Territorians in terms of education and employment opportunities (Altman & Sanders, 1991). Staff in some ACCHOs appreciate the opportunities a

career in health provides, through the variety of potential roles and the ability to move around in roles.

> *'You have a lot of local people working for (service) who have been here a long time … I see it as a great employment opportunity for our mob.'* (Worker, ACCHO)

> *'I think it's a fairly well recognised career for most… a lot of Aboriginal people. We've all got family and friends who have been in health somewhere, so it's not scary as going into like, astrophysics or something.'* (Worker, ACCHO)

> *'Because I've already had an interest in health, but yeah, the traineeship kind of made me come to work …'* (Worker, ACCHO)

Unlike the historical options, jobs in health are increasingly seen as viable career paths:

> *'I started working when I was like 17. I've had all these different kind of jobs from admin to cleaning, whatever. And it's always been like, two years. 18 months in this one, then two years in this one. And then, like I saw it like, as a certificate … I thought … that's an actual career pathway. It's not jumping from job to job.'* (Worker, ACCHO)

> *'… and (health service) are actually quite good as well, picking people and identifying people who are going to be able to progress as well and they're really good at wanting people to progress and they push for people to do it.'* (Worker, ACCHO)

The NT differed from other areas in Australia where some states have reduced positions and competition for jobs is high. Also, the NT was seen, by some respondents, to give an appropriate remuneration and recognition of the role, although wage inequality between Aboriginal and Torres Strait Islander worker and non-Aboriginal workers remained an issue.

> *'I think health is one of the few areas in remote communities that can offer genuine pathways and genuine employment that is meaningful.'* (Manager, ACCHO)

Aboriginal leadership and governance

A strong motivator for choosing to work for an ACCHO was to be part of delivering an holistic model of health which takes into consideration broader health needs and well-being, including health prevention, promotion and education, and better evidence-based services for Aboriginal and Torres Strait Islander people in their communities.

Key drivers included being owned and run by the community, reflecting on the strengths of strong Aboriginal and Torres Strait Islander governance. Stemming from this governance comes the commitment to have ongoing professional development, clear career pathways and a focus on empowering and supporting its Aboriginal and Torres Strait Islander workforce. Supportive organisational practices included creating real jobs as opposed to CDP programs, Aboriginal and Torres Strait Islander-identified positions, clear communication with line managers, equity and remuneration, entitlements and clear management succession planning.

> *'I also think there is a huge commitment where you look at Aboriginal health in Aboriginal hands, so it so you know Aboriginal community controlled, you know so you've got the Aboriginal self-determination, they want Aboriginal people to be at the frontline making those decisions, recognising what needs to be done, coming up with some of those solutions, and also be access you know to people that are on the board.'* (Manager, ACCHO)

> *'… they feel valued and some of them have experiences with other organisations where, positions have been offered to them and it's tokenism and they come here and they understand that they are part of the big picture and that … their leadership is valued, that (Health Service) shows that organisational commitment to progressing their career and that's where their confidence gets built.'* (Remote worker, ACCHO)

The success of women in the health sector was another motivating factor for choosing to work in an ACCHO.

> *'… seeing Aboriginal women in management roles. And underneath, I have four Aboriginal staff. So, I'm in a very privileged position.'* (Manager, ACCHO)

> *'ACCHOS … are without doubt seen as more supportive for Aboriginal people to work at and a big part of that is that your senior management team are at least 50% Aboriginal or First peoples from New Zealand.'* (Manager, ACCHO)

Culturally safe service

Some staff identified wishing to work at specific services because the organisation was a culturally safe workplace and more culturally responsive for both of workers and clients. With cultural safety, comes a freedom to work with Aboriginal methodologies/ways.

> *'We have men's clinic, we give them options, our clients, you know? Like me – I feel shame when I have a lot of referrals for men.'* (Worker, ACCHO)

> *'… our doctors seem to treat our clients a lot better than I found at the hospital. They seem to take the time to listen to the client, they're not talking down at them, they get down at the same level, they're talking to the client instead of talking at them … I feel a lot better – I feel safer here than if I had to go to the hospital.'* (Worker, ACCHO)

> *'Even though (Health Service) still have a lot of constraints that stem from a western style paradigm, there's still an element that allows me to do my work with a bit of freedom through Indigenous way.'* (Remote worker, ACCHO)

> *'In this very traditional region of Australia, the clinics are in tune with the community and respect local cultural protocols.'* (Remote worker, ACCHO)

> *'People are seeing that we're actually paying respect to that person and if that didn't happen, you know, maybe the community might lose trust in us and say, you know, "Oh, they're not even acknowledging the passing of a significant person of this community by not closing the clinic," a simple thing that can … be a barrier to that community engagement.'* (Manager, ACCHO)

> *'It's feeling culturally safe in this world. It's a safe place for Indigenous people.'* (Remote worker, ACCHO)

> *'(Health Service) really takes care of our Indigenous staff and if you want to be empowered you come and work for (Health Service) because … (Health Service) doesn't differentiate between a non-Indigenous person and an Indigenous person, they all get the same entitlements that is required for the workforce, I think that's why they come to work for (Health Service). (Health Service) is genuine in what it does and … really empowers them to take positions such as managerial positions.'* (Manager, ACCHO)

In summary, people choose to work for ACCHOs because of the interconnectedness of health services within their lives. Personal motivations to make a difference, to help people, to honour the legacies of Aboriginal and Torres Strait Islander efforts toward self-determination are all strong drivers. Staff responses indicated a strong awareness of the positions they held as role models and acknowledged the influence of role models on their own career choices. ACCHOs were seen to offer positive opportunities for employment, training and development within services that were community owned and able to offer culturally safe and holistic care. The positive findings for this section are all the more extraordinary when considered alongside the next section – **'What we face'**.

What We Face: The challenges of being Aboriginal and Torres Strait Islander person working in health

'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 is manifested in numerous ways, including covert or unwitting discrimination and overt racism' (Bailey, et al., 2020).

As the NT is acknowledged as a region where colonising experiences can be within living memory, the impact of colonisation is evident in systemic and individual inequalities.

Figure 4: What the Aboriginal and Torres Strait Islander workforce face in their day-to-day practice

Racism, discrimination, inequality in the workplace and society

'… our manager, we're all blackfellas … and our manager is not. And I find that very offensive and quite a slap in the face, considering we're quite capable of doing that job, working with the level autonomy that we need to get the job done…' (Worker, ACCHO)

'A lot of non-Indigenous managers I've come across, disagreeing and all that. And I just stood my ground and I said, "I'm an older person, I belong here, my… ancestor's spirits

are here and I'm going to stay here. I'm going to work with my mob, our people.'
(Worker, ACCHO)

'…we don't like managers talking down to our young people. They've got to be respected …' (Worker, ACCHO)

'I put forward, look, I know he's an HP, I know that he's considered local, but he's not local because he moved here from somewhere. I know that he was already here when you employed him, but he's a special circumstance; he's not local. If we don't support this person, he will move away. He will go somewhere else because he doesn't have a place to sleep. And then they might not have a standard approach to the thing but at this stage they were keen to see his case and analyse it on an individual basis and they find a solution.' (Manager, ACCHO)

Community pressures/expectations

Aboriginal and Torres Strait Islander workers, recognised for their ability to walk in two worlds, also have responsibilities to a broader range of stakeholders. As members of the communities in which they work and live, the tension between employer and community expectations can be overwhelming. Unlike their non-Aboriginal counterparts, the issue of 'blame' and 'payback' can create difficulties for Aboriginal and Torres Strait Islander workers.

*'Family and cultural commitments, they take precedence over work and I understand that. But sometimes it really hammers the health centre as well.' (*Manager, ACCHO)

'Your staff are going to come and ask you questions around ceremony leave or leave without pay or, you know, I'm having problems at home, is there any leave that I can use, you're going to have people come to you.' (Manager, ACCHO)

'Yeah, what's happening in the training? How come they can't do this by the time they get to us? They should have some basic skills. It's actually a lot of – its humbug. Not humbug but it's just family – what do you call it? Obligations.' (Worker, ACCHO)

'We've still got family members that you know, wake us up in the middle of the night or drunken people waking up. Like, we still have – and then we still have to come to work the next day.' (Worker, ACCHO)

'She's so close and really intelligent, smart, young girl but, again, family pressures - they smashed her and it was just too much so she just about got it completed. Another one at the location who was working at clinic, just about at the end of it and then family pressure. She just couldn't cope anymore.' (Manager, ACCHO)

'Because the biggest thing out remote was going home, like can you give me Panadol? Can you do this? And then you get into that question, have you got any money?' (Worker, ACCHO)

Culturally unsafe practices

While it might be assumed that ACCHOS by their nature are culturally safe environments, the reality is that culturally unsafe practices can occur when staff are not comprehensively prepared or organisational values not upheld. This highlights the need for cultural safety to be embedded across all levels. Respondents were able to identify examples of disrespect and inequity that occurred within their organisations.

> *'They're working in an Indigenous organisation but not valuing Indigenous workers.'* (Worker, ACCHO)

> *'When you've got GPs… they can be quite disrespectful if their manager is an Indigenous person... because they think "I'm very important, you're just a manager, you don't know anything".'* (Worker, ACCHO)

> *'I said to (name) when you drive into community, do you talk to the ancestors? He said yeh. A lot of our work over here is talking on that deep level with our mob through that ancestry way. Which if you have the wrong non-Indigenous fellow around and you talk at that level and they've got a hierarchy position, they can really disrupt that. You know, they can really put a disruption into that way of being because it doesn't sit with their values.'* (Remote worker, ACCHO)

> *'People are seeing that we're actually paying respect to that person and if that didn't happen, you know, maybe the community might lose trust in us and say, you know, "Oh, they're not even acknowledging the passing of a significant person of this community by not closing the clinic," a simple thing that can, you know, can be a barrier to that community engagement.'* (Manager, ACCHO)

It was widely acknowledged in this project, that Aboriginal and Torres Strait Islander staff were critical to effective health service delivery, and yet many in the workforce felt invisible and unrecognised for existing skills. The same unique skills considered so important were not always valued in terms of recognition of qualifications or remuneration.

> *'We bring that homegrown local knowledge that… you can't teach, there's no PD, there's no training on that. Your networks, your local networks, your local knowledge is all brought by you as an individual that doesn't carry the same weight as a Cert 4, let's say.'* (Worker, ACCHO)

> *'I wish we could work out a way to do it differently, I really, really do, because so many people have left this organisation over the years because they just don't feel that they were valued enough in terms of that financial thing.'* (Worker, ACCHO)

Social determinants: overcrowding, poverty, ill health affecting ability to perform

The same factors implicated in the poor health outcomes of Aboriginal and Torres Strait Islander people nationally and locally, unsurprisingly impact on members of the workforce.

> *'… even though people are working, they're not necessarily in poverty but they are in financial stress so it's not uncommon … in some of our programs… pay day is on Thursday, people won't come in Friday because they're paying their bills, … Three days of that week they might not have had food so they're going to get food and that's a priority to feed their family…'* (Worker, ACCHO)

> *'… sometimes it's just really hard for certain families to imagine that kind of a career and, of course, the social determinants. I mean, because there's 20 people in a house, it's pretty hard to not just have to prioritise their immediate needs and studying.'* (Manager, ACCHO)

Added to that, workers have to respond to the lack of awareness of non-Indigenous staff in addressing the needs of their community.

> *'You go to the hospital and its rush, rush, rush and they talk down to you, to their clients and they're rushing and they're always assuming yeah, your black, you're an alcoholic, you're living in the long grass, all those– no, that's not the case. This old lady, she's living in a house, but it's overcrowded to the max, and her tablets went missing and you can't blame her. There's not enough fridge in the house.'* (Worker, ACCHO)

Trauma, vicarious trauma, lateral violence, and burn out

Although the ability to navigate two worlds was seen as a strength, it could also lead to burnout for some Aboriginal and Torres Strait Islander staff who not only had their own lived experiences of trauma and violence but were also witness to the experience of others and then had to deal with more in the workplace.

> *'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)

> *'Sometimes it's really hard when you're in your own community working … you get all these deaths in your community. And some of us fall down and get stressed and stuff. Because we don't – when we're grieving, hey, when we lose somebody it takes us a long time to recover.'* (Worker, ACCHO)

Reinforcing the recency of colonisation for the NT participants in this project, the following quote explains:

> *'I talk about intergenerational 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)

Funding/ wages inequity and recruitment issues

A major concern for those interviewed was the inequities between the Aboriginal and Torres Strait Islander workforces and their non-Aboriginal counterparts. Career progression was said to be stymied for some workers by short term funding which resulted in a lack of security.

> *'In the nine years, I had five different roles, and it was because the program disbandment, because of lack of funding.'* (Worker, ACCHO)

> *'I work with (Professional) who is on 20, 30, $40,000 more than what I'm on, who says, "I can't do the work without you there", so it's like the remuneration is probably important.'* (Worker, ACCHO)

The above quote relates to the notion of the indispensable role Aboriginal and Torres Strait Islander workers play in enabling non-Aboriginal staff to fulfil their roles. Recognition of the unique knowledge and skills which are not necessarily academically certified is important and remuneration should be adjusted accordingly.

> *'Nurses are getting one third more than what we are for the same job, you know?'* (Remote worker, ACCHO)

There are currently differences in scopes of practice between registered nurses and Aboriginal health practitioners which make pay comparisons problematic. However, even the perception of inequity can impact on job satisfaction and workplace relationships. Inequity undeniably exists however, in terms of career progression which then leads to further wage disparities. While nurses can move between levels throughout their careers, the same opportunities are not there for AHPs who can remain at the same level for their working lives unless they leave communities to pursue other positions.

Gains have been made in some areas to recruit more Aboriginal and Torres Strait Islander staff into health; however, there is still not enough people at various levels within the workforce nor across professions.

> *'…for an organisation that's been around for 40 years...we're only just starting to get Aboriginal nurses in.'* (Worker, ACCHO)

> *'You've got multiple places that have non-Indigenous managers, but yet all the staff underneath them are Aboriginal. It's a disempowerment straight away. And management should be aware that we need Aboriginal people in management positions and not classed as if they're not good enough to sit in those positions.'* (Remote worker, ACCHO)

In summary, the challenges the Aboriginal and Torres Strait Islander workforce faces is multi-faceted and takes place in complex contexts. Racism, discrimination and inequity are part of the lived experience of many Aboriginal and Torres Strait Islander people in the NT and to face it in the workplace as well, within the context of community-controlled organisations is to compound an accepted health and wellbeing risk. It is not surprising that burnout and vicarious trauma affect the Aboriginal and Torres Strait Islander workforce.

Despite those many challenges, there are clear strategies and enablers that can help mitigate the impact for the Aboriginal and Torres Strait Islander workforces as outlined in the next section – **'Barriers and Enablers to Career Pathways'.**

Barriers and Enablers to Career Pathways and Career Progression

While the findings named several enablers to career pathways and progressing within the health sector, barriers remain at all levels. This section will consider the enablers and barriers together as they are intertwined. A lack of mentors may be a barrier, but the availability of mentors is a recognised enabler.
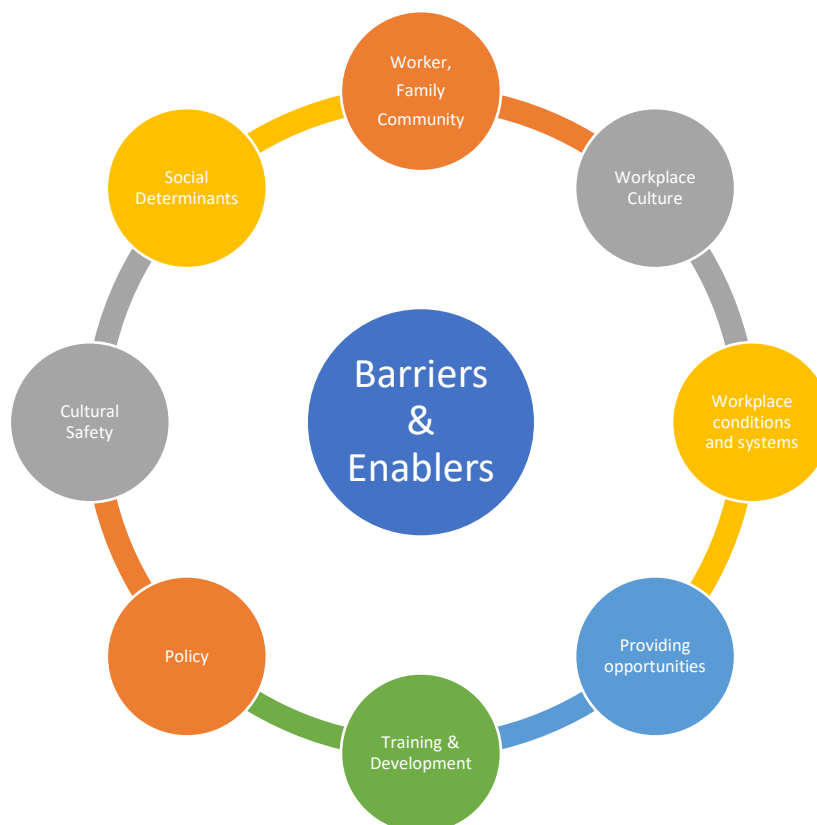
Figure 5: *Enablers to career pathways and progression*

Worker, family and community

A significant reality of being and Aboriginal and Torres Strait Islander worker is the inter-connectedness of their professional lives with their family and community. This is a point of difference with many non-Aboriginal colleagues, who can often separate the personal from the professional. Aboriginal and Torres Strait Islander workers tend to live and work within their own communities where family systems and culture are more collectivist compared with non-Aboriginal culture that is more individualistic. When there is a death, for example, it would not be unusual for the Aboriginal and Torres Strait Islander workers to be related to the individual, making professional distancing an impossibility. Where turmoil impacts a community, such as injury, accident, violence or other social breakdown, health workers will also be affected, but expected to be at the interface of managing community health and well-being.

Despite the challenges, a key **personal** enabler to pursuing a career in health is the **pride** people felt in in an Aboriginal Health Practitioner.

> *'Aboriginal people in those positions, you know, just recently we've got doctors and all these midwives and it's a proud moment to see those things*. (Worker, ACCHO)

Being **passionate** about health work and **wanting to make a difference** are other enablers respondents named.

> *'I'm passionate about Aboriginal health, you know, helping them and you know a lot of people say to me you're really smart, you should be a nurse or you should be a doctor. I don't have to be a doctor to help my people as an AHP.'* (Worker, ACCHO)

> *'I want to make a difference where my family look up to me, my nieces and nephews, my sisters, my brothers, and say I want to be in an AHP like you, I have made that impact in my community and that's enough for me, I feel like I've changed someone's life, you know.'* (Worker, ACCHO)

Having **confidence** shown by managers and organisations was an enabler for career development as indicated by this response:

> *'… you just felt like they made an investment and I felt that in the end I was convinced that obviously they gave me the job because they felt like I deserved it, and they told me it was about time I started thinking like that, and once I did then I got learning opportunities, I got confidence, so it was really this organisation that did that for me. It was confidence to go and I've been keynote speaker at national conferences and different things and I would never in a million years have done that unless I felt that people had confidence in me.* (Worker, ACCHO)

However, a **lack of confidence** is also a barrier for some, especially if managers seem to overlook some staff in favour of others.

> *'You're not in the pack … you can actually be put down and not being trained or anything like that, because you're not in the clique or whatever favouritism, sort of thing. I've seen it with your supervisors.'* (Worker, ACCHO)

For many Aboriginal and Torres Strait Islander people, **foundational literacy and numeracy is a barrier** to entering and progressing through the workforce. **Language barriers** are also present for some for whom English is a second or other language. Literacy and numeracy challenges can lead to feelings of 'shame' or profound embarrassment as well as impact on confidence.

> *'Their literacy, because some people can't talk or some people can't write so they're challenged or they've got a blockage there, there's the blockage of their education and their shame.'* (Worker, ACCHO)

> 'Maybe you're 20 years old and now you have to go through some literacy and numeracy that seems so basic and everybody is, like, oh, and they know they're not stupid. They know that people are going to be judging them and it's embarrassing but is the work that should have been done in the past wasn't. I think that is something we have to take into account.' (Manager, ACCHO)

> 'They come into this workplace and we want to put them on a course and its then literacy and numeracy just gets in their way. And it seems to be in a lot of places. Let's just throw them into the Bachelor, Cert IV or whatever they're going to do. Throw them into the course and see how they go. Well, let's just see how they fail. That's what happens.' (Manager, ACCHO)

Having **role models within the family** and/or **being a role model** to others was cited as a reason people wanted to work in health. However, as with other enablers, this can also be a potential barrier that carries the weight of expectation. Role modelling and mentoring that is done well can help with the 'grow our own' philosophy, but where these elements are absent, it can diminish efforts to attract people into health care.

The opportunity to undertake **advocacy** can contribute to people's sense of pride and making a difference. However, it can also be a barrier in that it takes people away from their primary roles and make them feel burdened by the responsibility of representing others' views. As noted in previous sections, Aboriginal and Torres Strait Islander workers have the capacity to operate in 'two worlds' which also means **dual responsibilities.** Recognition of this reality for Aboriginal and Torres Strait Islander staff by management and organisations enables better sustainability in the workforce, if services can be flexible and supportive.

Acknowledgement and support of staff experiences of intergenerational and vicarious trauma is another important enabler in the context of NT Health, to avoid the burn-out and loss from the workforce, as this quote reflects about the lived experience for many Aboriginal and Torres Strait Islander people:

> *'…we had government policy throwing our mob altogether, all our different tribal groups. Coming from an old way thrown to a settlement, that settlement type of lifestyle and there's this adjusting that still happening. And it impacts upon peoples' lives… People talk about – why is this place like this? Well look at that history, look at the trauma.'* (Manager, ACCHO)

While exposure to and the lived experience of **trauma** is another barrier for many in the workforce, it also provides a relatability factor with clients and demonstrates **resilience.** And although **'***Individual resilience can be developed incidentally or deliberately through the career journey'* (Bailey, et al. 2020), the deliberate implementation of strategies to support resilience can enable staff to stay in the workforce longer.

Workplace culture

From the NT responses, workplace culture was shown to play a significant role as both a barrier and enabler of workers' career progression.

Racism, Discrimination, and denial of identity is seen by staff as a strong factor and it manifests in many ways including overt and covertly both in the workplace experiences all those faced by a family or community members. At work, racist attitudes were described by Aboriginal staff who felt monitored, watched and questioned by non-Aboriginal staff. Workers also described feeling unsafe when non-Aboriginal staff ratios were high, feeling unsupported by a non-Aboriginal manager at times, for example to attend training or professional development. Having **cultural safety embedded** throughout organisations went some way to mitigating the effects of racism, discrimination and denial of identity and is discussed further in this section as an individual enabler.

Aboriginal and Torres Strait Islander staff described cultural, family and community obligations as challenging and these put added pressures on the workers in many ways – particularly when non-Aboriginal managers did not understand the importance of these obligations.

'… I was the only Aboriginal person there and there's this big arc and there's all these white nurses like that, white, white, white nurse – white, white, white – doctor, I think, there was students, doctors, all these nurses, these two chairs was empty on both side of me. I tell you, I'm not kidding you, and there was four (Health service) nurses in that room that day. You'd think one of them would come and sit next to me. But, anyway, that was– it almost became an obstacle for me to do that course. I did feel– I felt like I was being discriminated against, I suppose.' (Worker, ACCHO)

The **'grow our own'** model of ACCHOs is an important enabler of career pathways and development for the Aboriginal workforce, especially in the NT where the burden of health care needs is disproportionate within the Aboriginal population (Ralph, et al. 2017). This strategic organisational commitment to growing the Aboriginal workforce ensures **succession planning** and more culturally safe services. It also contributes to the delivery of sustainable quality health services where the workers are committed because they are often working in their home community.

'What I found is that they've really stepped up the drive to have pathways to get Aboriginal staff trained up and also to build our Aboriginal workforce and they're really moving ahead in that, the very serious about it.' (Worker, ACCHO)

Aboriginal and Torres Strait Islander **leadership, role modelling, and mentoring** are also key enablers.

'… having Aboriginal women, in particular for me, at those top levels, I think they're great enablers in showing people where they can get to.' (Worker, ACCHO)

Managers play a critical role in encouraging staff to apply for positions and in providing a supportive environment that is flexible and understanding of the issues affecting Aboriginal staff.

'… when I was acting clinic manager, our general manager, … he was really helpful. He was about empowering me in my role and he would send me emails of training, Manager training courses that were coming up and, you should go do this, and go to this one, and put a training request in and you can go, so that was really good, so feeling empowered, from people higher up, feeling like that people want to see you go up further and that's really great and that makes me feel better and motivates me to want to do better.' (Worker, ACCHO)

'You know, you need to have a policy that is inclusive of everything including culture and protocols and, you know, having that awareness and implementing it into your everyday job, because if you're not going to do that how are you really going to get our non-indigenous staff on board to support it, you know?' (Manager, ACCHO)

'We're like everyone else in the sector, like, we're all competing for this limited pool, registered nurses, doctors, allied health professionals because, you know, at some point in the future but it's not – it's probably 10, 20 years away we will actually have (Aboriginal and Torres Strait Islander people) that are registered nurses, doctors and allied health professionals but we're not there yet … but if we're recruiting those positions to our organisation and they don't believe in the cause and their behaviour is showing that they're not then that, you know, that's disempowering. Management and leadership is a critical issue, you know, managing and leading, you know, our workforce

is certainly either an opportunity or a barrier for our Aboriginal health workforce.' (Manager, ACCHO)

'Support all mentoring programs for Aboriginal people to stand up and …get into those big management roles instead of … people coming from interstate.' (Worker, ACCHO)

Workplace conditions and systems

The NT findings in relation to workplace conditions and systems aligned with the national CPP findings. NT respondents agreed that *'having good work conditions and a growing and vibrant organisation with a positive reputation, both attract people to a job in health and help keep them there. Job security … makes a big difference to people's careers …'* (as does) being valued through recruitment, remuneration, training opportunities and other incentives (Bailey, et al., 2020)

On the other hand, **lack of recognition for local workforce skills** was identified as a barrier to career progression. Some respondents spoke of their health worker certificates not being acknowledged as equal to other health qualifications and professions with options for progression being limited. Some respondents felt their non-Aboriginal colleagues considered Aboriginal and Torres Islander staff to be receiving special treatment because they were Aboriginal and questioned the legitimacy of their qualifications, clinical experience and roles. New staff were often unaware of the scope of the profession.

> *'So, for people like (name), she's got one of the most pivotal positions but that is not recognised with remuneration or with credibility or anything. That's right, because she doesn't have a piece of paper. She doesn't want a piece of paper. She wants to look after her people. (…) there needs to be some sort of a level where you are acknowledged for the skills as a person and as a cultural advisor with remuneration and all that sort of stuff that isn't attached to a piece of paper that is a Cert II or a Cert IV, where you have to go to university.'* (Manager, ACCHO)

> *'I've seen non-Indigenous people come in and get positions … That person is still sitting down here and then, another person that's not Australian or whatever – sorry, comes in and gets a higher position, you know it's not giving us that chance.'* (Worker, ACCHO)

> *'We need our young ones to get up there, to take these people's jobs and in a local economy, we need – at the moment, they are employing people from everywhere, interstate and people are professional.'* (Worker, ACCHO)

> *'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 where to where you get – did you get, like was there a special scheme you went through and – you're questioned a lot. Then they question your Aboriginality on top of that.'* (Remote worker, ACCHO)

> *'Yeah. Special treatment. Even coming to this meeting, I was questioned … why do you get to go there?'* (Remote worker, ACCHO)

> *'If you went to an Indigenous Uni you're not as good as them.'* (Remote worker, ACCHO)

Consequently, recognising and empowering local people, especially for their cultural competence, is a necessary enabler to recruiting and retaining Aboriginal and Torres Strait

Islander people in the workforce. Education across the organisation and community at large about the role and capacity of local staff would assist in overcoming this barrier.

> *'And change our attitude towards AHPs. Because I actually think they are the vital step to healthcare. That's what's going to get our patients in or patients seen. And I don't think we value the AHPs enough or from what I can see. Some people don't value our AHPs enough. Because if you did you would train them really well.'* (Worker, ACCHO)

Devaluing of roles

It's a paradox that efforts to achieve wage equity and standardisation of the role of Aboriginal and Torres Strait Islander health workers nationally, resulted in a diminishing of roles in some instances. Respondents in the NT cited such changes as indicated by the following quotes:

> *'You heard all these stories, you know, about the masses of health workers we had. That was a basic skills level. That catered and was that the level of the new numeracy and literacy level that our community mob were at. So that was really successful, then come competency. I think it was NT competency standards. Competency standards coming. That's when our mob started to struggle. We had that last lot really get through and then the national one come through our mobs haven't been able to get through, you know.'* (Worker, ACCHO)

> *'I feel really passionate about this, over the last 20, 25 years, when I first came to the bush I went and worked at (community) in the old clinic before the new one was even there and I was working in children's health there and over there, there would have been five Aboriginal health workers as they were called then, to one registered nurse. They were the ones who did - they ran the whole clinic and we were just there as support people for maybe second checking immunisations or the dangerous drugs. We were very, very much the secondary providers in that health service. It was unbelievable and it was the same across the Territory and now I believe that the number of registered nurses as compared to health practitioners is unbelievably dismal in comparison.'* (Manager, ACCHO)

Devaluing of other health-related roles can also occur between Aboriginal and Torres Strait Islander workers, creating yet another barrier to the diversity of employment opportunities with health.

> *(AHPs) can't administer meds. We can't - other than being an ALO, what are you? You're just an ALO. You might as well just have that title, ALO. Sit around gasbagging all day. You're not working in medicine.'* (Remote worker, ACCHO)

Human Resources within organisations can be a barrier or an enabler depending on their cultural responsiveness. As some respondents noted, having an **Aboriginal staff advisory committee** gives Aboriginal and Torres Strait Islander staff a voice to discuss employment and community issues, increase Aboriginal staff ratio, and develop culturally appropriate recruitment strategies.

> *'Just before I got that training, I was thinking of leaving, because I had been here for about four years and felt stagnant and felt like there was no stepping-stone. And then I got the opportunity to train, to do the diploma and that's what got me staying here. I guess, my point is we have an Aboriginal advisory committee as well. And this is quite a*

> *common theme that they talk about, that Aboriginal staff don't have a stepping-stone.'* (Worker, ACCHO)

Staff mentioned how good HR were with training and support, communication and in keeping up with information about short courses, updating certificates, registration, car licences, and reminders.

> *'I think one of the roadblocks too is some of them don't know how to do resumes and apply for a other positions, like I've heard people say they want to move from their position because they're not happy or want to go to another organisation that they don't know how to especially if you've got a family and you want to study that's a huge sacrifice.'* (Worker, ACCHO)

> *'Go an extra mile actually and support them with if they don't have a CV we … help them, we talk to their families about, you know, if they're getting – they're wanting to get a job with us and, you know, they need that extra support because, as much as we support them getting jobs there's also the home environment that we need to support them in and make sure that they, … understand that having a full-time job means coming to work every day and sometimes people don't have that, so we don't just talk to them about getting – preparing them for the interview but we also talk about the change that is going to happen, like, financially, physically, emotionally for them, you know, and how work sometimes consumes that energy … so you need to have early sleeps and make sure that your family are in bed at a decent time.'* (Manager, ACCHO)

HR in the Aboriginal and Torres Strait Islander health setting has a more holistic role than simply administering employment and conditions. HR has a role in mitigating the very factors that may become barriers to employment and preparing people for their roles and expectations.

Older people may not have good literacy or know how to use technology, so having supportive HR processes is an important enabler.

> *'Our challenge is how we can get that new generation to come through. How can we support them to be successful Aboriginal health practitioners and prepare them for the pressures, family and that to me and for the family and work? That's something I've always struggled with, I guess. I take my hat off to them old health workers, they forged their way through all of them, poor buggers.' (*Manager, ACCHO)

Even where HR policies and processes were in place however, individual managers can impact outcomes if they are not seen as supportive, or aligned to the holistic approach required to support Aboriginal and Torres Strait Islander workers, as this quote suggests:

> *'HR is doing these career pathways…it does come back to individual managers and I know that there have been some people that have done studies that haven't been supported, that have had to …defer their studies because they're not feeling supported.'* (Worker, ACCHO).

Providing opportunities

Health services which provide flexible entry points and incentives are important to attracting people into the workforce. Traineeships, identified positions, buddy systems, mentoring and diversified pathways in allied health and specialist training all promote the opportunities

available in health services. Once employed, the opportunity for movement within organisations is also appealing.

> *'Once you're in… you don't always have to stay with the same thing… there's that opportunity to move around within the organisation.'* (Worker, ACCHO)

> *'No, they don't which I think is a bit sad because if we are all registered by AHPRA why is there a difference between the two streams? A qualified AHP, end of story. There should be something else that they could aspire to or might be aspiring to but there is no pathway to that and, you know, a few years ago, maybe five years ago, we had this huge AHP conference in Darwin and we brought this up five years ago.'* (Manager, ACCHO)

One of the most positive aspects of health careers reported, especially in relation to the careers of remote workers, was the opportunity in limited employment settings, to get off Community Development Employment Programs (CDEP) programs and into actual careers.

> *'… every person employed … is not paid through the CDEP program, they are on a decent salary, … they're not paid through the CDEP program, they get benefits as every other employee in this role, you know, they get six weeks of accrued annual leave, they get ceremony leave, they get personal leave like every other person in this job whether you're a nurse, doctor, receptionist, driver, in a management position, we all have the same entitlement.'* (Manager, ACCHO)

Training and development

Training and development strategies need to consider the diverse contexts and life experiences of the Aboriginal and Torres Strait Islander workforces and those seeking to enter health careers. Diversity in educational levels and opportunities, language and literacy proficiency, ability to travel away from communities and diverse learning styles all need to be considered.

> *'For many Aboriginal and Torres Strait Islander people, foundational literacy and numeracy is a barrier to entering the workforce'* (Bailey, et al. 2020)

In the NT, this became a major barrier with the change of training from practice-based skill development to tertiary sectors which required literacy and English proficiency.

> *'They've taken it away from being a practical thing to being tertiary and so you have to go to Batchelor and you have to do Cert II and III and IV and it is very academic in nature and that's not necessarily I believe what Aboriginal people want. They want to look in the ears and they want to be able to do that stuff and a whole lot of that stuff can be done on the ground in their home with direct or indirect supervision with the clinicians instead of it being so unbelievably academic.'* (Manager, ACCHO)

> *'They went from being quite capable of being on call, first on call with a registered nurse backup for second on call, which is what they do in (Community X) I think, to not being able to do on call anymore and they were just totally deskilled and I think that that's a lack of understanding of registered nurses in terms of what you can expect of an Aboriginal health practitioner and I think that there are low expectations and so registered nurses feel as though they have to do everything and also instead of spending some time where perhaps someone's got a bit deskilled, or rather than skill them or help them get those skills back, people just take over and want to do it.'* (Manager, ACCHO)

> *'I'll go back to the health worker training program. And at the (Clinic), back when it was Department of Health, we had, like, five health workers at (Community). You heard all these stories, you know, about the masses of health workers we had. That was a basic skills level. That … was at that level of the numeracy and literacy level that our community mob were at. So that was really successful. Then come competency. I think it was NT Competency Standards, competency standards come in. That's when our mob started to struggle.'* (Worker, ACCHO)

> *'… probably be intimidated to working health, just because the language barrier, like the medical terminology is really hard for people that speak English as a second language, quite hard to, yeah put two and two together.'* (Worker, ACCHO)

Other barriers include remoteness – having to travel to training and the pressures, financial and personal of having to leave family behind. A strategy for overcoming these barriers is to offer more place-based learning and innovative ways of delivering training.

> *'So women who want to be health workers or whatever are often expected to go to, for example, Batchelor for periods of time, number one, going away from their family and they're worried about what's happening with their children or they're breastfeeding or those sorts of things are real deterrents for progression and I think that there needs to be - it needs to be that the trainers come here and not the other way around because that disruption of family is something that is absolutely … it puts a big hole in the number of people that I've seen leave Aboriginal health practitioner training.'* (Manager, ACCHO)

> *'I've heard that from a lot of Aboriginal staff that they learn better by doing it with you and watching, rather than sitting down at a computer - that abstract sense of it. And locally too, because with family commitments.'* (Manager, ACCHO)

> *'IT literacy skills is probably something that is (needed) - because everything seems to be online and I think that Aboriginality is very much an oral communication thing, like the talk, talk and I'll show you how to do this, rather than an online thing or being talked at or a Power Point and stuff like that.'* (Manager, ACCHO)

Training and ongoing professional development needs to be offered at all stages of a career, especially in regard to mentoring and communication, as this quote highlights.

> *'The job was given to her but she has no idea what was expected of her. She's got a Job Description, had no idea. Eight months later I'm told that she's not performing so I called her to find out why she wasn't performing. I said, "Have you got any problems with the job?" She said to me, "I don't know what I'm supposed to be doing". So I got permission to fly her here, put her here next to me, (name) showed her how to scan documents to patient notes, file notes, showed her how to do Medicare, and she says, "oh my God, I can't wait to get back to (clinic), I'm going to teach everybody".'* (Manager, ACCHO)

Paid traineeships are valued highly as a means to enter the workforce, but these need to have flexible options built in that recognise the challenges faced by Aboriginal and Torres Strait Islander people. Having no upfront costs removes one barrier, but **flexibility** within the workplace to support study, as well as flexibility within programs, is another necessary enabler.

> *'Absolutely, it's a huge barrier, … you will hear this from other members of our sector on how difficult it is to have trainees complete a program with a very one size fits all approach to delivering the program, … and then you have that scenario of students that are re-enrolling year after year because they're not meeting the fit, you know, fit the box, tick the box requirements of an RTO, … and all of those issues around that.'* (Remote worker, ACCHO)

> *'So they encourage us to enrol into higher education. Like uni and stuff - support us through that. They're very flexible- working on our assignments between home visits.'* (Worker, ACCHO)

> *'I've heard that from a lot of Aboriginal staff that they learn better by doing it with you and watching, rather than sitting down at a computer - that abstract sense of it. And locally too, because with family commitments.'* (Manager, ACCHO)

Barriers to developing their careers included high workloads and staff turnover. The turnover of the Remote Area Nurses was a key challenge to long-term staff, as was inequity in opportunities and conditions for staff development and career progression.

> *'… and you know what …, I'll still be here long after you're gone. I've been here before you came and I are you still here but in my own sand canoe with all these diabetic people, all these underweight kids, with the pussy ears, with the worms and anaemic on top of it I'll be still here at the end. And what you gonna do, you're 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)

> *'But nobody comes in. They all running away everywhere for conferences and workshops, hey? And forget about us mob on the ground.'* (Worker, ACCHO)

Inequities between nurses and AHPs can be perceived as unfair while working for an ACCHO or AMS and when jobs are thought to be similar.

> *'… I understand the qualification difference, like I do understand that. But I believe like, in an AMS, because we're all under the same scope of practice, nobody can do more than me, nobody can do less than me. … I feel like there should not be a $30,000 gap between and AHP and an RN.'* (Worker, ACCHO)

Policy

Policies to date have focused mainly on recruitment and initial training. There is a need for greater emphasis on retention and policy that is informed by local concerns.

> *'It's inequitable because though, … the funders or the policymakers or people in decision making positions who are looking at some of these issues in our region are too far removed from what's actually happening on the ground.'* (Manager, ACCHO)

> *'We … got clearance from Fair Work to be able to advertise positions as Indigenous positions only or Aboriginal … and continue to work on to support (local) people within their roles and not just AHPs but, …, identifying positions that should be (Aboriginal) people prioritised for those positions. … we want (local people) to be the face of our*

clinics and those positions are important part, just as important as being a manager in an office or the CEO of our organisation.' (Manager, ACCHO)

'I think having a reasonable budget to invest in our own, having a clear organisation wide workforce development strategy, having KPI's, been fair dinkum on what is that organisation wants to preach… it's quite ambitious we work really hard to get there, with got a number of strategies underneath and it has to be a strategic priority of the board.' (Manager, ACCHO)

Moreover, respondents saw the need for a policy-based framework and long-term plan to systematically grow and invest in non-Aboriginal workers who will stay for a long time, rather than rely on individual managers to implement supports.

Cultural safety

Cultural safety is described as a key enabler for career development by respondents. Having a culturally awareness/safety program for non-Aboriginal staff is an important strategy for ensuring workers to feel safe within the organisation. Respondents in this project however, also identified the need for cultural safety to go further than educating non-Aboriginal staff. Having **culturally responsive management** was also key as was understanding about cultural restrictions and coming up with strategies to support workers - for example, understanding when someone has been through (cultural) lore and putting a note on the file so they can choose to be seen by male or female practitioners as appropriate. It can create unnecessary stress for clients and staff if Aboriginal and Torres Strait Islander workers are pressured by management into unsafe positions, such as being asked to attend to someone they are culturally restricted to engaging with in their community.

'That strength and that leadership at a community level … and cultural leaders. Not only cultural but community leaders, on our board to keep our staff safe … and our organisation safe.' (Manager, ACCHO)

Traditional healers were mentioned as playing an important role and potential career that should be remunerated appropriately. An example cited showed that although traditional healers were contributing to holistic care, they were not always receiving proper payment or recognition, with some currently only getting food vouchers in the NT.

'… we actually benefit from having those witch doctors because … a lot of people will tell you, there be something wrong with me but it's not white fella it's, you know, we need to go and see "nangkeri" (i.e. traditional healer) so we'll try and track them but they're not easy to come by those good ones.' (Worker, ACCHO)

Other examples of culturally safe management cited by respondents, included no micro-managing/controlling/pressuring of staff to go against cultural protocols, showing flexibility and understanding when staff need to take a break, when faced with health issues including breaking under the pressure of the job or being affected by grieving and the burden of community deaths. In other words, recognising and responding to the lived experience of the Aboriginal and Torres Strait Islander workers.

Social determinants

The same social determinants that influence peoples' capacity to enter the workforce in the first place, can be major barriers. While the lived experience can help staff relate to their clients, staff are also affected by those same determinants of health.

> *'A lot of our kids are out on the streets because their home is not suitable.'* (Worker, ACCHO)

> *'Transgenerational trauma communities very recent history of massacres in the region and government policies to displace groups of people. Symptoms reported include AOD issues with children from age 11, 12 already using gunja (marijuana). Additionally, the burden of preventable chronic disease negatively affecting families with many Aboriginal workers carrying the responsibility of looking after family members, grandparents and others.'* (Worker, ACCHO)

> *'I guess, there's a lot of cultural pressures and for some families the kids are mostly on the homelands and sometimes it's just really hard for certain families to imagine that kind of a career and, of course, the social determinants. I mean, because there's 20 people in a house, it's pretty hard to not just have to prioritise their immediate needs and studying. (…) And that Maslow's hierarchy of needs. Your first needs are to shelter and food and safety, and it's pretty hard to dream about study in the future when you don't have that.'* (Manager, ACCHO)

The main determinants of health such as housing availability, reducing overcrowding and access to education affect the workforce in the same way as they affect other members of the Aboriginal and Torres Strait Islander communities, setting up a vicious cycle that perpetuates inequities.

> *'And that Maslow's hierarchy of needs. Your first needs are to shelter and food and safety, and it's pretty hard to dream about study in the future when you don't have that.'* (Manager, ACCHO)

> *'Well a lot of our Indigenous mob, don't finish school and there's like housing and environmental factors and there isn't any water sometimes, at the house to have a shower and go to class and things.'* (Worker, ACCHO)

> *'And no transport to get here and there.'* (Worker, ACCHO)

> *'Department does not give Indigenous employees housing which to me is a big barrier for them. They say, oh, they don't come to work. Hey, you've been kept up awake the whole night by your family; that doesn't really respect that you've got to go to work and you can't go to work if you haven't slept.'* (Manager, ACCHO)

> *'… from a health worker perspective, they seen you nurses coming in and out there. They're the constants in the community. They see them get free housing, whether they're in a flat, a house. So, we advocated for priority housing that is identified for Aboriginal health workers. You know, these guys do on call after hours and there in over-crowded bloody houses that are beyond economical repair falling down.'* (Worker, ACCHO)

> *'You've got lots of sorry business, cultural obligations, you know some of our staff are living in overcrowded housing, with a whole heap of social issues, not getting a lot of*

sleep but come to work to make that commitment back to the community, so these are real issues, how do you try and balance that and organisations have to be … flexible and show some empathy to what's going on in people's lives because if we don't we're not going to have the great workforce we do.' (Manager, ACCHO)

Inequalities in staff retention incentives and policy are another barrier. Remote area nurses often receive financial incentives regarding retention and other leave entitlements. Aboriginal and Torres Strait Islander staff mentioned their access to housing and spoke of living in overcrowded houses which affected on their abilities to undertake the work on an ongoing basis.

'We try very hard not to set people up to fail so we try and identify work on the strengths- based model with people to put them in roles to suit their current life situation and the skill set.' (Manager, ACCHO)

'I mean, obviously, learning health, learning anything in your fourth language I can't even imagine, that must be pretty hard. They're pretty smart people to be able to do that, so that's a barrier. I guess, there's a lot of cultural pressures and for some families the kids are mostly on the homelands and sometimes it's just really hard for certain families to imagine that kind of a career and, of course, the social determinants. I mean, because there's 20 people in a house, it's pretty hard to not just have to prioritise their immediate needs and studying.' (Manager, ACCHO)

'So that's heartening for me, that somebody has still got that on their agenda and still talking to governments about it. So that gives me hope, at least, people have just given up but yeah, to have that on the agenda for AMSANT, social determinants, there's some hope there, you know.' (Manager, ACCHO)

In summary, the barriers to careers and career progression are often highlighted, but a stronger focus on the enablers may have better prospect of making a positive difference. Strategies which address the workers in the context of family and community expectations and reinforces pride, confidence and role modelling will contribute to better recruitment and retention to the health professions.

Opportunities, training and development need to be provided with consideration of the individual circumstance of workers. Policy that has focused on initial entry has to be re-oriented to include retention and support for career pathways. Cultural safety is a major enabler of both attracting people to health careers as well as maintaining a safe working environment for both workers and clients. Addressing the Social Determinants of health, not only for clients but for Aboriginal and Torres Strait Islander workers within health services, is a key enabler to support them to work in health, stay and support their communities and is the key to retention and satisfaction.

What is Needed to Improve Career Pathways?

Areas for action and recommendations

While the national CPP Report identified five areas for action which had relevance to the NT, key distinctions occur in tailoring strategies to local contexts. Themes which appear similar on first view differ in degree of applicability for the NT. For example, the role of Indigenous language communication is a more prominent aspect of work in the NT than cited in other regions.

Situated in the area of most recent and ongoing colonisation, the Aboriginal and Torres Strait Islander workforces in the NT are in the unenviable position of not yet having the most basic of needs met for some. Housing, education, employment, financial and food and personal security all impact on members of the workforce as they do on other community and family members. The NT findings therefore suggest that there is justification to consider an added Pillar which the context of the NT repeatedly raises – namely, a pillar for **Addressing Social Determinants**.

The recommended pillars for action in the NT are therefore as follows:

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
Pillar 6 – Addressing Social Determinants.

A number of general and specific strategies were suggested within each of these pillars, which may differ between states and territories. Many are multi-faceted and multi-layered, requiring the engagement of one or more capacity-building pillars and involving one or more of key groups. These groups include workers; communities including family, 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 will be essential going forward (Bailey, et al, 2020). Addressing the social determinants will require not only multi-sectoral and multi-disciplinary co-operation but also political will.
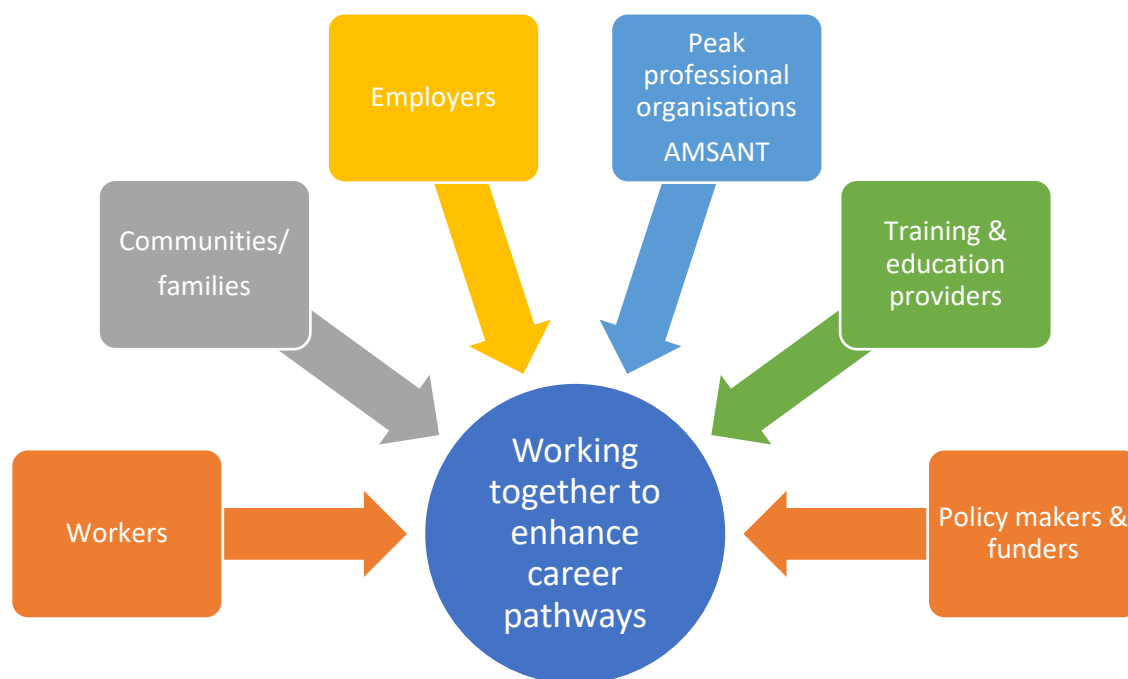
Figure 6: *Key Groups required to Enhance Career Pathways*

Recently (in 2019-20). COAG participants expressed support for the development of an Indigenous-led National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan. This need was supported by those interviewed in this research including professional associations (both Aboriginal and Torres Strait Islander and non- Indigenous), community-controlled organisations, as well as many of the health service managers interviewed. Priority was expressed to 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. It would provide a basis for investment by all jurisdictions and allow monitoring of progress toward shared objectives and targets (Bailey, et al. 2020)

Pillar 1 – Leadership and self-determination

Summary of key findings

> o Local health workforces have leadership and political roles to play in contributing to the futures of Aboriginal and Torres Strait Islander communities.

The CPP Report describes the opportunities and challenges in relation to leadership and self-determination as follows:

> *'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 is 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', (Bailey, et al. 2020)*

The main distinction between the NT and the national responses with regard to leadership and self-determination was the emphasis given these factors, by remote workforces. With ongoing struggles over homelands and the right to self-determination shown to be precarious with recently policy directions and Commonwealth control (Basics Card roll-out and Child Protection policies such as the NTER), this is not surprising. For those Aboriginal and Torres Strait Islander people choosing careers in health, it is apparent that they are also choosing to play a part in the future of their own communities. By supporting this key pillar and building the capacity of the Aboriginal and Torres Strait Islander workforce, we have an opportunity to contribute to a more holistic model of health and well-being.

Another distinction for the NT is the strong intergenerational element of working for ACCHOs and the longevity of some employees who have worked in diverse roles over their careers. This is a strength that lends itself to the concept of "growing our own" and strategic succession planning.

The visibility of women in NT leadership positions was also cited as influential to others in choosing health careers especially in ACCHOs which were seen as having strong reputations locally and more broadly. Workers wanted to contribute to the legacies of hard-fought for Aboriginal Community Controlled Health Services.

Workers need to be supported and upskilled to undertake such roles effectively and without too great an impost that can contribute to burn-out and staff turnover. Organisations need to be aware of the implications of fulfilling leadership and advocacy roles on individuals who are also members of the community in which they operate.

Recommendations

1. Leadership and advocacy training, role models and mentoring should be available at all levels of health organisations to harness the passion and skills Aboriginal and Torres Strait Islander people bring to the workforce.
2. Strategic mentoring, professional development and supports (e.g. supervision) and targeted and affirmative succession planning should be provided to ensure potential leaders are not lost to organisations through burn-out, stress or lack of career development opportunities
3. The 'Grow Our Own' model should be rolled out across all services and levels of employment, to capitalise on the strength and unique contributions of local community members and to demonstrate confidence in the local workforce.
4. Managers play a critical role in enabling or inhibiting career progression. All managers should receive training and education in providing culturally safe mentoring, role modelling and staff management.
5. Organisations need to provide opportunities for staff to move within and around available roles, with HR processes flexible and considerate of cultural responsibilities that may impact on Aboriginal and Torres Strait Islander workers.

Further research and dissemination

A. Evaluation of the "Grow our Own" model on workplace recruitment and retention of Aboriginal and Torres Strait Islander workforces.
B. Development of case studies demonstrating successful management, leadership, advocacy and role-modelling to be shared as a resource for health services.

Pillar 2 – Cultural safety

Summary of key findings

> o   Cultural safety should be embedded across all levels of organisations

As with Pillar 1, the NT findings were consistent with the national report, but varied in the degree of impact in certain elements. Language and cultural influences, for example, are overt points of differentiation for Aboriginal and Torres Strait Islander people in the NT.

The strength of cultural practice, while a positive for individual and communities' sense of identity, belonging and resilience also creates challenges in the workplace. There was a tension between upholding cultural responsibilities and operating at the interface of western medical models and systems, even within ACCHOs. Although relevant to the national findings, the description of some communities and individuals as 'traditional' reinforces the recency of cultural contact – a degree of recency which is different to most other parts of Australia. The right to have and retain one's cultural identity is at the heart of health and well-being, as well as workers' satisfaction and capability. The NT has an opportunity to promote cultural safety rather than repeat historically unsafe and harmful practices.

As in the national context, '… respect for worker's dual responsibilities in both their professional and community lives is needed to provide a culturally safe workplace and to respond to community needs' (Bailey, et al. 2020)

For the NT this means identifying cultural protocols and practices that may need consideration and developing organisational and individual understanding of the cultures that impact on the Aboriginal and Torres Strait Islander workforces and communities.

Recommendations

1. Cultural safety is defined variously across sectors and locations. A Territory-wide, relevant and accepted cultural safety framework should be developed and mandated to support culturally safe practice, service delivery, education and training and professional development.
2. Cultural safety training and mentoring should be available to all members of the health workforce, including Aboriginal and Torres Strait Islander staff to support the need for working bi/multi-culturally.
3. Aboriginal and Torres Strait Islander cultural mentors should be supported to deliver local cultural orientation and remunerated appropriately for their expertise.
4. Managers should be upskilled to be able to respond flexibly, supportively and in culturally safe ways to the unique responsibilities and expectations placed on Aboriginal and Torres Strait Islander workers.
5. Accountability measures to be developed and reporting mechanisms available for dealing with culturally unsafe practices, racism and discrimination in the workplace.

Further research and dissemination

A. Identify, review and disseminate evidence-based professional development strategies for building cultural safety.

Pillar 3 – Valuing cultural strengths

Summary of key findings

> o   NT health services cannot function effectively without the unique cultural skills and strengths of its local Aboriginal and Torres Strait Islander workforce.

'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,' Bailey, et al (2020).

This finding from the National Report was particularly evident in the NT findings, where connections to traditional Aboriginal and Torres Strait Islander cultures are overt and ongoing. The cultural background of workers and what they bring to their roles, whilst central across the nation, was mentioned repeatedly in the NT responses. It was seen as critical to engaging with communities, facilitating communication with speakers of Indigenous languages, creating shared insights into the lived experiences of community members and supporting culturally safe service provision.

There was a clear role for those with unique cultural knowledge and insights in providing holistic and culturally safe care that did not stem from formal training programs and qualifications. Recognition and valuing of cultural strengths and knowledge would open opportunities for community members to consider health roles as viable career paths and ensure those who are already working within health, are appropriately remunerated.

Recommendations

1.   Recognition and remuneration reflecting the value of Aboriginal and Torres Strait Islander staff to improved care and outcomes for clients and communities. (Bailey, et al. 2020)
2.   Clear articulation of roles in job descriptions and expectations that stem from the workers' cultural skills and knowledges, with appropriate recognition and remuneration e.g. language/interpreting skills, cultural mentoring
3.   Human Resource policies and systems that explicitly support cultural responsibilities and obligations, including paid cultural leave to attend cultural obligations and cultural celebrations. (Bailey, et al. 2020)
4.   Workplace supports, mentors and flexible management to assist staff in navigating their dual/multiple responsibilities as bridges between cultures, the community and health services.

Further research and dissemination

A.   Audit of roles and responsibilities undertaken by Aboriginal and Torres Strait Islander staff that are often 'invisible' work and not explicit in job descriptions

Pillar 4 – Investment in the workforce and workplace

Summary of key findings

> o   Funding needs to reflect the importance of Aboriginal and Torres Strait Islander workforces, provide security and adequate investment.

'Workplace barriers to career development and progression found in this study included racism and discrimination; insecure jobs and low pay; poorly-defined roles and responsibilities; inflexible human resource policies; unsupportive managers and other health staff who don't appreciate the unique skills of Aboriginal and Torres Strait Islander staff or their community and cultural obligations; the challenge of working in two worlds and limited opportunities for professional development and promotion.' (Bailey, et al. 2020)

These barriers cited in the National Report, were similarly reflected in the NT findings. However, one aspect of difference for Aboriginal and Torres Strait Islander workers in the NT is the tendency to remain in or return to the local community and have long-standing relationships with their health services. This means that 'growing our own' becomes a key enabler for ACCHOs to support **training and growing the Aboriginal and Torres Strait Islander health workforce locally**. It also ensures health services are staffed appropriately.

Barriers such as literacy and English Language proficiency can impact on individuals' access to health positions and navigating job application processes and this came up frequently in the NT findings. Flexible and facilitated entry to workforces, through traineeships or other incentives can remove some of the barriers.

Staff in the NT were also dismayed at what could be the contradictions reflected in pay rates considering their acknowledged importance within the health care organisation. Systems bias, discrimination and racism were identified as preventing some people from successful career progression.

Seeing non-Aboriginal nursing staff given substantially higher pay rates, incentives and supports where scope of practice was perceived to be similar, was a cause of concern for Aboriginal and Torres Strait Islander workers. The lack of recognition of unique skills and experiences often meant the qualifications held by non-Aboriginal staff were given more weight than those of their local colleagues. Individual experiences of racism and discrimination lead to burn-out, stress and trauma when Aboriginal and Torres Strait Islander staff were placed in culturally unsafe positions within the workplace.

Recommendations

1. Human resource managers and policies need to be flexible and holistic in supporting and seeking applications from Aboriginal and Torres Strait Islander people.
2. Mentoring people through recruitment processes as well as into new roles within organisations should be strategic and part of a planned process rather than left to individual managers.
3. Provide opportunities and support to develop career pathways through multiple entry points and targeted programs across age, gender and health professions.
4. Increase financial supports to undertake further training and development.

5. Develop strategies to support and recognise the unique risk factors for trauma and burn-out experienced by Aboriginal and Torres Strait Islander workers.

Further research and dissemination

A. Review HR systems to identify best practice for supporting recruitment and retention of Aboriginal and Torres Strait Islander employees.
B. Review pay structures to identify inequities and the other systemic disparities.

Pillar 5 – Education and training

Summary of key findings

> o Programs and approaches need to be flexible, varied and consider the diverse contexts of Aboriginal and Torres Strait Islander workers.

Although cited in the national report, the finding from the NT identified **foundational literacy and numeracy skills** were **major barriers** to education and training. Even when English is a second language, this can be a challenge to participate 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.

Financial pressures and **family obligations**, particularly for those living remotely are a major barrier to participation in education and training. 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.

Recommendations

1. Intersectoral collaboration required to address literacy and numeracy within schools, as well as providing workplace literacy and numeracy support programs.
2. Explore options for alternate modes of education and training delivery for those living remotely to train and work in their local areas.
3. Flexibility in design and delivery of health qualifications that can contribute to degree qualifications
4. Increase financial supports, scholarships, cadetships to mitigate economic barriers to education and training.
5. Develop cultural safety framework for education and training of health workforces.
6. Investment in placed based training models which support access and greater options for regional and remote.

Further research and dissemination

A. Research into factors that support retention of Aboriginal and Torres Strait Islander people in health services.
B. Research experiences of Aboriginal and Torres Strait Islander people in training and education programs

Pillar 6 – Addressing the social determinants of health

Summary of key findings

> o Workforces need to have their essential needs met in order to participate – housing, transport, education, food security and safety.

Throughout this research, NT participants repeatedly raised **social determinants of health** as having major impact on not only the recipients of care, but on the capacity of Aboriginal and Torres Strait Islander health workforces, who are most often members of the communities they serve. Housing, poverty, and lack of educational opportunities are just a few of the determinants that remain unmet for many Aboriginal and Torres Strait Islander people in the NT. This is not surprising, given the evidence cited in literature concerning the lack of progress on social determinants not only in the NT, but globally.

In addition to the responsibility of governments and organisations to take up the challenge, seeing the social determinants as everyone's responsibility will also take significant personal investment and shift in attitude.

Recommendations

1. **Contributing to the alleviation of poverty**, through employment opportunities that allow for viable career paths and progression, with wage parity and equitable opportunities.
2. Harnessing the desire of the Aboriginal and Torres Strait Islander workforce to contribute to their own and their community's efforts to achieve **self-determination** through targeted employment and incentives to join the health workforce.
3. Facilitating the right to **maintain one's own culture,** including within the workplace through providing **culturally safe and responsive services**, with **cultural safety embedded** across all levels
4. Provision of accessible and appropriate education that is flexible and affordable and takes into account the preferred learning approaches and locations of participants.
5. **Housing** and infrastructure needs of Aboriginal and Torres Strait Islander staff to be given priority to alleviate overcrowding, safety and address inequity in conditions between externally employed staff and local staff.
6. Develop mechanisms for identifying and addressing racism & inequality within health services, across all levels.

Further research and dissemination

A. Advocacy for greater focus on addressing the social determinants of health for NT communities and health workforces

Conclusion

The findings from the NT case study research, whilst similar to the national CPP report in most of the major findings, require responses that take into account the unique context of the region. The NT health workforce faces barriers to career progression that are either more prominent or not faced in other states of Australia, particularly in regard to the social determinants of health. The strengths of the Aboriginal and Torres Strait Islander workforces are highly valuable and require acknowledgement to make real improvements in health outcomes for their communities.

On the basis of these findings, the NT research team identified **six pillars of action** for the NT, along with key recommendations for actions which are necessary to ensure that career pathways for Aboriginal and Torres Strait Islander people in health are made available and fully realised. The first five pillars were found to reflect the findings from other CPP research components and were therefore adopted from the national report (Bailey et al., 2020).

However, **localising** and **contextualising** approaches is necessary for effective and culturally appropriate action. An additional pillar that reflected the unique context of the NT was identified as requiring its own consideration – i.e. **Addressing the Social Determinants.**

The pillars of capacity-building that are recommended for the NT, therefore, are:

- **Leadership and self-determination:**
    - Health workforces have leadership and political roles to play in contributing to the futures of Aboriginal and Torres Strait Islander communities
- **Cultural safety**
    - To be embedded across all levels of organisations
- **Valuing cultural strengths**
    - NT health services cannot function effectively without the unique cultural skills and strengths of its local workforce
- **Investment in the workforce and workplace**
    - Funding needs to reflect the importance of Aboriginal and Torres Strait Islander workforces, and provide appropriate pay, security and adequate investment
- **Education and training**
    - Programs and approaches need to be flexible, varied and consider the diverse contexts of Aboriginal and Torres Strait Islander workers
- **Addressing the social determinants of health (NT-specific)**
    - Workforces need to have their essential needs met in order to participate – housing, transport, education, food security and safety.

Overall, these findings affirm the importance of considering the unique needs and contexts of the Aboriginal and Torres Strait Islander health workforces in the NT compared with their national counterparts.

References

Altman, J. & Sanders, W. (1991). '*Government initiatives for Aboriginal employment: equity, equality and policy realism'* in Aboriginal Employment Equity by the Year 2000

AMSANT, n.d., http://www.amsant.org.au/about-us/vision/ cited March 15, 2020

Centre for Aboriginal Economic Policy Research, Australian National University and the Academy of Social Sciences in Australia.

Australian Bureau of Statistics, (2020). Healthcare and Social Assistance our largest industry, https://www.abs.gov.au/ausstats/abs@.nsf/mediareleasesbyCatalogue/B611DFF5E8590F8ACA 2581BF001F743B?OpenDocument, cited 30th March, 2020.

Bailey, J., Blignault, I., Carriage, C., Demasi, K., Joseph, T., Kelleher, K., Lew Fatt, E., Meyer, L., Naden, P., Nathan, S., Newman, J., Renata, P., Ridoutt, L., Stanford, D. & Williams, M. (2020) *'We are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce*, Career Pathways Project Report, The Lowitja Institute, Melbourne.

Bailey, S., Hunt, J. (2012) Successful partnerships are the key to improving Aboriginal health. *NSW Public Health Bulletin* **23**, 48-51.

Baker, P., Friel, S., Kay, A., Baum, F., Strazdins, L. and Mackean, T. (2018) '*What enables and constrains the inclusion of the social determinants of health inequities in government policy agendas? A narrative review.'* Int J Health Policy Manag. 2018; 7(2):101–111.

Bretherton, T. (2014) *'Shifting gears in career: identifying drivers of career development for Aboriginal and Torres Strait Islander workers in the health sector.'* Melbourne: The Lowitja Institute.

Grandjean, B. (1981) *'History and Career in a Bureaucratic Labor Market.'* American Journal of Sociology, 86(5), 1057-1092.

Guthrie, H., Stanwick, J., & Karmel, T. (2012) *'Pathways: developing the skills of Australia's workforce.'* Canberra: National Centre for Vocational Education Research.

Heinz, W. (2003). '*From Work Trajectories to Negotiated Careers: The Contingent Work Life Course.'* In J. T. Mortimer & M. J. Shanahan (Eds.), Handbook of the Lifecourse (pp. 185–204). New York: Kluwer Academic Publishers

Horne, N. (2020). *'A chronology of Northern Territory constitutional and statehood milestones 1825–2007'* Parliament of Australia, https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Librar y/Publications_Archive/online/NTConstitutionalMilestones

Hudson, S. (2012) *'Charlatan training: how Aboriginal health workers are being short-changed.'* Series: CIS policy monographs, 127.

Ralph, A., Lowell, A., Murphy, J., Dias, T., Butler, D., Spain, B., Hughes, J., Campbell, L., Bauert, B., Salter, C., Tune, K. and Cass, A. (2017) *'Low uptake of Aboriginal interpreters in healthcare: exploration of current use in Australia's Northern Territory'*, BMC Health Serv Res. 2017; 17: 733.

Marineau, J. (2017). *'Trust and Distrust Network Accuracy and Career Advancement in an Organisation.'* Group and Organisation Management, 42(4), 487-520.

Mayrhofer, M., Meyer, M., & Steyrer, J. (2007). *'Contextual issues in the study of careers.'* In H. Gunz & M. Peiperl (Eds.), Handbook of Career Studies (pp. 215-240). Thousand Oaks, CA: Sage.

Meyer, L. (2016). *'Narratives of professional formation in public health: A case study.'* (PhD Public Health), University of New South Wales, Sydney.

Paradies, Y. (2016) *'Colonisation, racism and indigenous health.' J Pop Research* **33,** 83–96

Storey, Henry. (2012) *'The Pintupi: First contacts'* [online 16 March 2020]. Agora, Vol. 47, No. 1, 2012: 10-15.

Ridoutt, L., Pilbeam, V. & Lees, K. (2009). *Final Report: NT Aboriginal Health Worker Review*, NT Department of Health and Familiies, Darwin.

Ridoutt, L. and Pilbeam, V., (2011). *Framework for the development of the Primary Health Care Workforce in Aboriginal Health in the Northern Territory*. AMSANT

Tomlinson, J., Baird, M., Berg, P., & Cooper, R. (2018). *'Flexible careers across the life course: Advancing theory, research and practice.'* Human Relations, 71(1), 4-22.

Wakerman et al. (2019) '*Human Resources for Health'* 17:99

Zhao, Y., Russell, D.J., Guthridge, S. *et al.* (2017) *'Long-term trends in supply and sustainability of the health workforce in remote Aboriginal communities in the Northern Territory of Australia.' BMC Health Serv Res* **17,** 836

Appendix 1: The Career Pathways Project

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 had 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
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Ms Sharon Johnson, AMSANT
Ms Telphia-Leanne Joseph, UNSW Sydney
Ms Kate Kelleher, Kate Kelleher Consulting with HCA

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
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Ms Debbie Stanford, HCA
Ms Lesa Towers, Western NSW LHD
Ms Carol Vale, Murawin Consulting with HCA
Dr Megan Williams, UTS and UNSW Sydney

National Career Pathways for Aboriginal and Torres Strait Islander Health Workforce Project

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 | Workplace case studies (NSW and NT) | Stakeholder interviews.** The research approach was iterative, with the different components informing each other as knowledge and evidence built.

A report has been prepared for each of these components of the research activity and relevant members of the team are credited accordingly on those reports (see list of citations below). The overarching report for these combined research efforts is titled *'We are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report*.

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. 2018) 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. 2018), 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.

Project 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 experiences of Aboriginal health staff and health professionals in entering, and progressing, their careers within health services?
2. What factors facilitate Aboriginal health workforce career development and career advancement?
3. What factors impede Aboriginal health workforce career development and career advancement?
4. 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?
5. What can employers do to make a difference to Aboriginal health workforce career development and advancement?
6. What is the influence of jurisdiction, sector, and discipline/profession on career progression, and what aspects of these influences are specific to the Aboriginal health workforce or the health workforce as a whole?
7. How do other stakeholders, including policy makers and educational institutions for example, influence Aboriginal health workforce career progression outcomes?
8. What are the possible solutions and strategies to address the barriers, and better enable Aboriginal health workforce career development and career advancement across sectors and professions/disciplines?
9. What possible monitoring mechanisms could be established to track progress in policy and practice to address the barriers and enablers of career pathways of Aboriginal and Torres Strait Islander health staff and health professionals?

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: *CPP governance and project management arrangements*
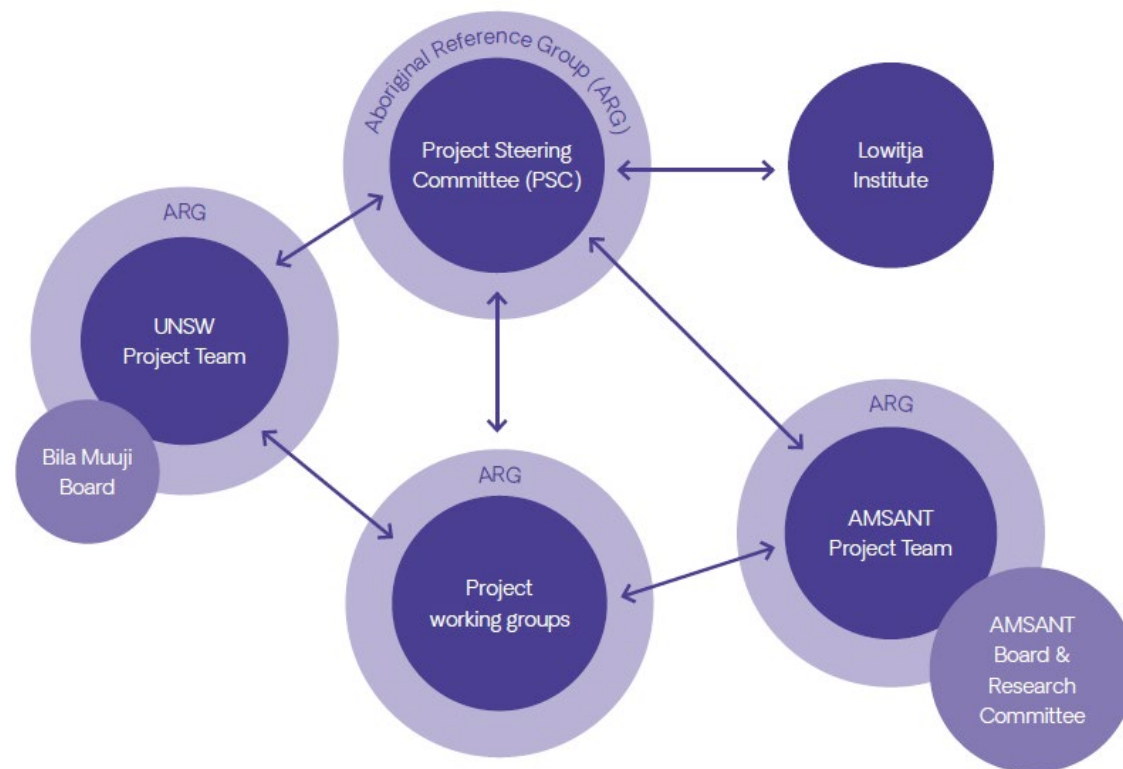
Ethics Approvals

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 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, and approvals were also provided by the Research Subcommittees of AMSANT, the Kimberley Aboriginal Health Service and Nunkuwarrin Yunti of South Australia.

List of reports from the CPP project

Overarching report:

Bailey, J., Blignault, I., Carriage, C., Demasi, K., Joseph, T., Kelleher, K., Lew Fatt, E., Meyer, L., Naden, P., Nathan, S., Newman, J., Renata, P., Ridoutt, L., Stanford, D. & Williams, M, 2020. *'We are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report,* The Lowitja Institute, Melbourne.

Individual research component reports:

Bailey, J., Blignault, I., Carriage, C., Joseph, T., Naden, P., Nathan, S. & Renata, P. 2020, *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: NSW Workplace Case Studies Report,* Career Pathways Project, The Lowitja Institute, Melbourne.

Demasi, K. & Lew Fatt, E. 2020, *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: NT Workplace Case Studies Report*, Career Pathways Project, The Lowitja Institute, Melbourne.

Kelleher, K., Vale, C., Stanford, D., Ridoutt, L., Demasi, K. & Lew Fatt, E. 2020. *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: National Career Trajectory Interview Report*, Career Pathways Project, The Lowitja Institute, Melbourne.

Meyer, L., Joseph, T., Anderson-Smith, B., Blignault, I., Demasi, K., Lew Fatt, E. & Nathan S. 2020, *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: Literature Review Report*, Career Pathways Project, The Lowitja Institute, Melbourne.

Nathan, S., Joseph, T., Blignault, I., Bailey, J., Demasi, K., Newman, J. & Lew Fatt, E. 2020, *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: National Survey Report*, Career Pathways Project, The Lowitja Institute, Melbourne.

Ridoutt, L., Demasi, K., Stanford, D., & Lew Fatt, E. 2020, *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: National Stakeholder Interview Report*, Career Pathways Project, The Lowitja Institute, Melbourne.

Ridoutt, L., Stanford, D., Blignault, I., Demasi, K. & Lew Fatt E,. 2020, *Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce: Secondary Data Workforce Report*, Career Pathways Project, The Lowitja Institute, Melbourne.

Appendix 2: Interview guide

Discussion questions

Broad questions for participants, with probes used as appropriate to expand and explore in more detail the ideas raised and to elicit examples:

- What is your current position, how long have you worked for [this organisation], and how long have you worked in the health field overall?

- In your opinion:

    o   What are the reasons Aboriginal[1] people come to work in health?
    o   What are the reasons Aboriginal people come to work for [this organisation]?

- In your opinion:

    o   What are the special skills and values that Aboriginal health staff members bring to a health service and health?

- How has [this organisation] contributed to your professional growth and development?

- What would you like to see health service managers doing to support and grow their Aboriginal staff?

    o   Community-controlled and mainstream health services?

- In your opinion:

    o   What are the main roadblocks/obstacles to Aboriginal people developing careers in health?
    o   What particular issues do Aboriginal health staff face at work?
    o   What are the main facilitators/enablers to Aboriginal people developing careers in health?
    o   What keeps you strong to stay in health?

- What strategies are needed to improve career pathways for Aboriginal health staff?

    o   In the workplace and in education/training? Anything else?

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[1] Aboriginal and Torres Strait Islander