



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

### National Career Trajectory Interviews Report



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This Career Trajectory Interviews report was written in 2019 and published by the Lowitja Institute in 2020.

A series of component reports, including this report, were written at different points in time by different teams as part of the 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:** The Career Pathways Project

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We would like to gratefully recognise and thank the Aboriginal and Torres Strait Islander people working in the health sector – managers and workers of all kinds, in both community-controlled and government service settings – all of whom took the time to participate in an interview and share their experiences.

## **Abbreviations**

ACCHO	Aboriginal Community Controlled Health Organisation
AH&MRC	Aboriginal Health and Medical Research Council of NSW
AHP/AHW	Aboriginal Health Practitioner/Aboriginal Health Worker
AMS	Aboriginal Medical Service
AMSANT	Aboriginal Medical Services Alliance, Northern Territory
ARG	Aboriginal Reference Group
HCA	Human Capital Alliance
HR	Human Resources
HREC	Human Research Ethics Committee
LHD	Local Health District
PHN	Primary Health Network
NSW	New South Wales
NT	Northern Territory
PIS	Participant Information Sheet
PSC	Project Steering Committee
QLD	Queensland
RTO	Registered Training Organisation
SA	South Australia
TAFE	Technical and Further Education
UNSW	University of New South Wales
VET	Vocational Education and Training
WA	Western Australia

## **Cultural Preamble**

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

The Career Pathways Project Aboriginal Reference Group, comprising Aboriginal members of the research team, is mindful of the culture, heritage, and protocols of Aboriginal and Torres Strait Islander society and the role of our communities and Elders within this structure. This Project has endeavoured to bring together cultural models of engagement within the structure and process of research. Under the guidance of the Aboriginal Reference Group, the Project reflects a respectful process that is considerate and inclusive of the values and traditions of our communities and what we 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' distinctively Aboriginal and Torres Strait Islander commitment and ways of knowing and conducting business in delivering services to their communities.

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

The Project demonstrates the importance of strengthening and supporting Aboriginal and Torres Strait Islander leadership to create opportunities to enhance employment and retention to reinforce and to 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 in understanding of the impact of work overload and burnout, with the aim of creating culturally safe and responsive environments and practices that, in turn, will ensure the wellbeing of the Aboriginal and Torres Strait Islander health workforce, the non-Aboriginal health workforce and community alike.

Yours in Unity,

**Career Pathways Project Aboriginal Reference Group**

## ***Acknowledgement of Country***

We wish to acknowledge the Traditional Owners of the lands we walked on and worked on in conducting the national career trajectory interview project. We pay our respects to the Elders – past, present and future.

## ***Terminology***

In this report the term Aboriginal and Torres Strait Islander people is used throughout, except where the term ‘Indigenous’ has been used by interview respondents.

## ***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

Expanding and strengthening the Aboriginal and Torres Strait Islander health professional workforce is recognised as crucial for improving the health and wellbeing of Aboriginal and Torres Strait Islander communities. The Career Pathways Project is an Aboriginal-led research project funded by the Lowitja Institute. Its purpose is to provide insight and guidance to enhance the capacity of the health system to retain and support the development and careers of Aboriginal and Torres Strait Islander people in the health workforce. The national project has several components. This report details only the method and findings from the individual career trajectory interviews.

The aim of the national career trajectory interviews was to collect data from workers and managers from willing Aboriginal and Torres Strait Islander Health Organisations (ACCHOs) and government health service organisations in WA, SA, Victoria and QLD. For worker interviews, subjects were also recruited through an invitation for opt-in participation via the national survey research component and contacts made opportunistically at health profession conferences.

A total of 51 Aboriginal and Torres Strait Islander workers and 19 managers were interviewed. Respondents were recruited mostly in the four states noted above but 12 NSW-based 'opt in' interview subjects were also recruited. The majority (63%) of workers interviewed were employed in the Aboriginal and Torres Strait Islander community-controlled (ACCHO) sector. Only one of the 19 managers (an Aboriginal respondent) was currently working in the government sector and all but three of the managers were Aboriginal. The age of the worker interview subjects varied from 23 to 69 years of age.

The key themes that emerged analysis of the data and which were used to organise the findings were:

- Worker attributes
- Workplace attributes
- Self-determination
- Opportunity
- Support
- Influence
- Education and training
- Making changes/shifting gears.

What can be indicated from the findings with some confidence is that Aboriginal and Torres Strait Islander workers' career decisions are often **influenced by factors that seem to be culturally specific**, and therefore the key motivations behind career decisions can often be quite different to the motivations behind the decisions of non-Aboriginal health workers. Aboriginal and Torres Strait Islander workers in the health sector seem to be most strongly influenced in their career decision-making by a **focus on the health and wellbeing of their family or community**.

This can place Aboriginal and Torres Strait Islander workers in the health sector at odds with the dominant health workforce culture where the understanding of careers and career development is largely conceptualised in terms of a 'pathway' and that 'progress' along this pathway that is generally linear and ideally in an upward direction (that is, to progress to continually higher levels of remuneration, responsibility and professionalisation). 'Career progress' for many Aboriginal and Torres Strait Islander workers is improving their capacity to

achieve better health and wellbeing for their community by using cultural ways of operating and engaging. It is common for individual workers to have made **approximately five career change decisions** within their career. Some of these choices may offer the same level of remuneration but be attractive because of the additional opportunities they offer to enhance workers' capacity to support their community – a widely reported career motivation emerging from this research.

However, an individual's aspirations for retaining a connection with community and for progressing in their career (and economic standing) are therefore not mutually exclusive aims. There were many workers (just over half) who were motivated in their career decision making at least in part by a desire to enhance their career prospects. The data shows that the source of motivation is more of a factor influencing decisions for government workers. On the other hand, 'company culture', and to a lesser extent 'lived experience (including personal health problems)' are stronger influencing factors for workers in the ACCHO sector.

Workers from both these sectors though see 'Rewarding work (find a challenging role)' as an equally strong factor influencing career decisions. A 'rewarding work' situation tends to mean a job that embodies challenging and meaningful work with appropriate levels of [professional] responsibility and control and scope for independent judgement. For the Aboriginal and Torres Strait Islander health workforce these elements are important but a search for 'rewarding work' tends to be more associated with the capacity to help their community or members of their community.

A strong desire was expressed by many workers to be in workplace environments where **Aboriginal or Torres Strait Islander managers have significant influence** over an organisation's (or part of an organisation) culture and modes of thinking and operating. The preference is expressed as a desire for a direct reporting relationship with an Aboriginal or Torres Strait Islander manager, or at least an indirect line of report. Aboriginal and Torres Strait Islander workers are concerned about non-Aboriginal managers (and others with authority) **undermining their confidence** though a lack of trust in their technical skills and a general lack of valuing of Indigenous knowledge.

Any erosion of confidence, which **can be accentuated by culturally unsafe workplaces**, subtle and sometimes overt racism, and the effects of intergenerational trauma, directly impacts on workers' approach to career decisions.

Over half the career decisions (56%) made by Aboriginal and/or Torres Strait Islander workers interviewed involved encouragement to proceed from family, colleagues, a mentor or a manager. Third party encouragement at a critical time was described as very important. Accordingly, some managers, along with some workers, have mused about the possibility of **more structured, timelier and more enduring career support** for workers. Such a structure would need to:

- begin at early stages of a worker's career, outlining possible paths
- be culturally appropriate, fully understanding and not judging the factors that are most likely influencing the decision making of Aboriginal and/or Torres Strait Islander workers
- be available in a proactive way (like other mentor and coaching processes) but also at 'just in time' intervals as needed, i.e. at crucial career decision points



- ‘walk beside’ rather than direct the worker, allowing them to ‘... *lead in their own space.*’

Most education and training effort described by interview subjects was undertaken on the basis of individual [worker] initiative. This places great responsibility onto workers (with varying levels of confidence and access to opportunity) and makes the outcome of investment in education and training more random and less strategic. **Workers experience varying levels of support** when embarking on an education and training journey. Support can include time off / study leave, income maintenance, encouragement from management and colleagues and financial support (for out of pocket expenses such as travel, accommodation, course fees, etc.). The level of support (or limitations on support) can be significant factors influencing the success of education efforts.

This research highlights that the Aboriginal and Torres Strait workforce is very committed around family and community obligation responsibilities and that workforce members are very motivated to undertake training and development that will allow them to contribute to the health and wellbeing of their communities (whether locally or as part of a contribution to the broader Aboriginal and Torres Strait Islander community).

This commitment is a strength which should be fully supported through local, state and national policy settings. Better financial and organisational recognition of the cultural skills that this workforce contributes to effective healthcare – particularly in relation to the care of their own communities – could significantly contribute to closing the gap between health care outcomes for Aboriginal and Torres Strait Islander peoples. The person-centred nature of the cultural approach to healthcare that is both clearly practised and highly valued by the Aboriginal and Torres Strait Islander health workforce aligns closely to current health policy aims for a better focus on the needs of consumers. Recognising, respecting and making the most of these existing skills offers the prospect of better health care outcomes, not only for Aboriginal and Torres Strait Islander communities but also for the broader population.

## Introduction

This report provides details on the data collected from individual **career trajectory interviews with Aboriginal and/or Torres Strait Islander workers and managers** working in health services. This research activity has been undertaken in the context of a broader research collaboration – the national Career Pathways Project, which is described in further detail at **Appendix 1**.

This research component focussed on research questions 1-7.

## Methods

### Ethics approvals

This research component received ethics approvals from the following committees:

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

Approvals were also provided by the AMSANT Research Subcommittee, the Kimberley Aboriginal Medical Service Research Subcommittee and the Nunkuwarrin Yunti Research Subcommittee.

### Recruitment

For this component of the overall study, worker and manager interviews were undertaken primarily with purposively selected informants from willing Aboriginal and Torres Strait Islander Health Organisations (ACCHOs) and government health service organisations in WA, SA, Victoria and QLD. Existing relationships and networks with health organisations were used to identify and recruit the willing organisations and informants. For worker interviews, subjects were also recruited through the following avenues:

- an invitation for opt-in participation via the national survey research component of the Career Pathway Project
- contacts made at opportunistically timed health profession conferences where the researchers attended and sought to recruit interview subjects.

A total of 51 Aboriginal and Torres Strait Islander workers and 19 managers were interviewed. Respondents were recruited mostly in the four states noted above (WA = 16, SA = 17, QLD = 15, Vic = 10) but 12 NSW-based 'opt in' interview subjects recruited via contacts made from conference attendances according to the recruitment avenues outlined above. Thirty two worker respondents (63%) worked in the Aboriginal and Torres Strait Islander community-

controlled (ACCHO) and 19 (37%) worked in the government sector. Three non-Aboriginal managers were working in the ACCHO sector and only one of the 19 managers (an Aboriginal respondent) was currently working in the government sector.

The age of the worker interview subjects varied from 23 to 69 years of age. The spread of ages for workers was fairly evenly split between the older and younger age groups (49% and 51% for the younger and older groupings respectively) whereas a large majority of managers were in the > 40 years age grouping (**Table 1**)<sup>1</sup>.

**Table 1: Age of worker (N = 51) and manager (N = 19) interview respondents**

Age category	Number of workers (%)	Number of managers (%)
15-39 (young)	25 (49%)	4 (21%)
40+ (older)	26 (51%)	15 (79%)

The interview sample population appears to reflect broader health workforce trends, with a high degree of female workers. Just on 70% of the workers interviewed were female and 74 % of managers interviewed were also female.

In response to the question *Which cultural group or Nation do you identify with, if any?*, the following 31 family, community and Country connections were identified by respondents<sup>2</sup>:

Kuku Yalanji; Kukutha/Kokatha; Wirungu/ Wirangu; Mirining; Bardi; Ngul-Ngul; Ngarrindjeri/ Ngurrangerri/Ngarunndjeri; Narungga/Narangga; Kurna; Tagarnicol; Mauradik; Adnyamathana; Yamheji; Noongar; Yaru; Walpiri; Grungji; Palyku; Torres Strait Islander; Far North Queensland; Melville Island; Yaru; Koori; Palawa; Darug/Dharug; Dunghutti; Anaiwan; Yuin; Tharawal; Kamilaroi/Gamilaraay; and Bidjara.

## Data collection

Data collection was undertaken through interviews led by Aboriginal researchers on the team. Interviews were conducted face-to-face where possible, but the vast number of them were undertaken over the phone or via Zoom or Skype. The semi-structured interviews were guided by two highly related interview tools, one for workers and another for managers (see Appendix A and B). The tool development was guided by the research questions and the worker and manager interview tools together covered the following main issues:

1. Qualities they bring to their position as an Aboriginal and Torres Strait Islander person, including those which might not be currently fully utilised
2. Factors that contribute to keeping them strong in their health role.
3. Health workforce entry points for Aboriginal and Torres Strait Islander staff
4. Factors that contribute to recruitment, retention and leaving the health workforce

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<sup>1</sup> These broad age groupings were selected in consultation with the national survey research team to reflect trends common to both data sets.

<sup>2</sup> Note: not all respondents provided this specific information (some simply opting for the term Aboriginal) and spellings varied between respondents so all forms are included here for reference.

5. Facilitators/enablers and barriers/roadblocks to career advancement within the organisation—at the individual, organisational and national level
6. Influence of broader workforce and employment strategies and education and training opportunities on career trajectories
7. Strategies that would support real career pathways—within the organisation and more broadly
8. Stages/circumstances in a worker’s career that were pivotal in ensuring progress, or resulted in a stifled career outcome.

Governance processes were implemented to ensure the ARG, Project Steering Committee and the AMSANT Research Sub-Committee reviewed the interview tools and proposed data collection procedures before submission of the research plan and tools for ethics approvals and again for final review prior to the commencement of fieldwork.

Interviews generally required between 30-60 minutes, were audio-recorded with permission, and transcribed as required for analysis. The interviewer also made note of critical issues and when they were raised in order to support the transcription and data analysis process.

Prior to interview, all participants were provided with a copy of the relevant Participant Information Sheet and Consent Form and given the opportunity to ask questions. Informants interviewed by phone/Skype were asked to fax or scan and email their signed consent form to the researcher.

### **Data analysis**

Thematic experience analysis of participants’ narratives was undertaken, highlighting individuals’ experiences and career decision/turning points. Specific data from workers about career decisions was generally provided in a chronological order, with commentary about what lay behind each career move, whereas managers were asked to reflect on critical incidents that they had observed or been involved with that appeared to them to represent highly influential for the careers of one or more workers (potentially including themselves).

The key themes that emerged within the data and which have been used to organise the findings were:

- Worker attributes
- Workplace attributes
- Self-determination
- Opportunity
- Support
- Influence
- Education and training
- Making changes/shifting gears.

The majority of these themes also included sub-theme headings. After an initial process of analysis, the emerging themes were compared with those that were emerging from the case study analysis, the literature review, the secondary data review and the national survey and slight modifications (where appropriate and reflective of the raw data) were made to theme headings and sub-headings in order to facilitate the potential for analysis of findings across research components. The research questions were also reflected upon at that point in order to ensure that the data capture framework would properly address the key aims of the research. NVivo 11 was used to support the analysis but was combined with manual analysis of the data.

## Findings by theme

### Worker attributes

#### Culture and connection

A very common thread throughout interviews with both workers and managers was a clear belief that attention to culture is an important element of health care services and improved health care outcomes for Aboriginal and Torres Strait Islander peoples. The 'lived experience' of the Aboriginal and Torres Strait Islander workforce, though varied, is invaluable for creating a sense of connection and belonging for Aboriginal and Torres Strait Islander health care consumers and their families. With this common ground, workers are able to engage with community clients on a very relational level. As one Manager puts it in relation to their experience of Aboriginal workers:

*'[We know] who they are and what they are born into'* (ACCHO Aboriginal manager)

An ACCHO worker put it thus:

*'We have an innate cultural understanding that can't be taught.'*

Familiarity of person, connection to culture and creating belonging breaks down feelings of isolation. Person-centred ways of relating are often difficult for government managed health services to achieve but form the 'bread and butter' of the ways in which Aboriginal and Torres Strait Islander people provide care and support, informed strongly by cultural ways of relating. The Aboriginal and Torres Strait Islander health workforce brings a holistic approach to health – social and cultural determinants are part of the workforce practice which happens in a seamless way.

*'Most Indigenous staff understand the journey of the client and how their family and/or community experiences have impacted on their health.'* (ACCHO Aboriginal manager)

*'They are thirsty for knowledge in how to help their people. They understand first hand the need for people to change the way they look at health. They want them to live longer.'* (ACCHO manager)

*'I stepped into this role because if they see an Aboriginal midwife in the Aboriginal program, that is hopefully enough to get them in the door and hopefully we can start making some changes – looking after their babies, getting them to come in to the hospital for their care.'* (Government worker)

Interviews revealed that traditional healers are now being utilised regularly in some parts of the country, particularly in the mental health area. One government worker believed the benefits are being achieved because they [traditional healers] understand the concept of becoming unwell from a cultural point of view.

*'We utilise traditional healers on an 'as needs' based. We advocated for this and this is now part of our mainstream reporting. We're formalising a framework for mental health where we are able to utilise traditional healers and hope to have a Medicare provider number for them.'* (Government worker)

### **Cultural translation through the ability to walk in two worlds**

Through the Aboriginal and Torres Strait workforce's cultural understanding and ability to navigate two cultural worlds, they provide invaluable translator and brokerage skills, from the more obvious translation of medical and treatment terms to the more innate ways of knowing, being and doing. The following quotes note the potential value to the worker and their clients of mastering walking in two worlds:

*'Yeah, and that's right, by getting that piece of paper that's important to them and then bringing what really matters to us to the table because we're in a position where we can. So playing the game until we get there because once we get there you can't get rid of us – building numbers and getting people onside. That's how we change it – slowly working our way up.'* (Government worker)

*'Being able to have a foot in both worlds – being able walk the walk and talk the talk in both worlds. Non-Aboriginal people don't have to do that.'* (Government worker)

*'Family, connection, life experience. Non-Aboriginal people may have worked in community but they don't have the lived experience as an Aboriginal person of living in two worlds.'* (ACCHO Worker)

Exercising your voice often plays out in everyday life and conversations in an educative role with non-Aboriginal people.

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

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

### **Resilience**

The effects of colonisation run deep with First Nations peoples and permeate every area of their lives (Griffiths et al., 2016). Many respondents acknowledged that vicarious trauma is an 'occupational hazard' in their work places that needs to be acknowledged.

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

Resilience is a key factor in maintaining a sustainable workforce. As well as vicarious trauma, burnout, racism, and discrimination are but a few of the additional obstacles workers and managers need to overcome in their day-to-day work. Respondents reported that resilience can be developed incidentally or deliberately throughout the career journey:

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

*'Working out in other communities gave me a break from the pressure of being in my own community. It's quite easy to burn out. Varied experience has helped my longevity in the mental health space.'* (ACCHO Worker)

## Mentors

Mentoring emerged as a critical enabling strategy for both workers and managers in achieving satisfying workforce participation and career development. It was noted as being of value in relation in building the confidence of the Aboriginal health workforce and many workers were able to identify particular managers who had been extremely influential in encouraging them and facilitating opportunities for experience and skill development. Workers and managers from the ACCHO sector described the positive effect of managers, organisational leaders and structural organisational approaches in many organisations. The critical feature of these approaches was that an active interest was taken in the careers of all staff members – in other words, providing a form of organisational mentoring but built on a relationship-based model of interpersonal engagement.

Outside this highly valued organisational approach, the need for individual mentoring was described as most pressing for those workers who are:

- working in a government sector organisation where there are few (if any) other Aboriginal and Torres Strait Islander workers
- pursuing a specific professional career and need profession-specific guidance
- recent graduates making the transition to the workforce, and
- entry-level workers needing guidance on how to apply for positions and select training options.

Mentoring was considered important by almost all interview respondents and, although a funded and structured approach was called for (perhaps including the relevant peak professional associations to assist with organising it), many also saw a positive role for less formal arrangements. For example, options such as a buddy system could be encouraged as part of networking within and between health care organisations.

## Workplace attributes

### Organisational culture

An organisation's culture consists of values, beliefs, attitudes and behaviours. These attributes all impact on the overall performance of its staff and the outcomes achieved through services delivered to clients. The interview data was able to confirm how workers felt about their workplace and how they see themselves as part of the organisation. Often respondents spoke of their personal and professional appreciation of the '*... way things are done around here in that it is done our way – it is holistic and recognises the impacts of history and intergenerational trauma and the need healing.*' (Government worker).

For these respondents, the organisational leadership and management played a key role in whether this was a positive or negative experience for both clients and workers.

Interview subjects spoke of the 'cultural lens' that Aboriginal and Torres Strait Islander people bring to the health sector, which in their view has a positive impact on the way they approach service delivery to Aboriginal and Torres Strait Islander communities. Many reported that it is this insight that influences the overall organisational culture, which in turn impacts on the levels of client engagement. One ACCHO worker noted:

*'Aboriginal people want to see more Aboriginal people employed in the services that they go to. Having Aboriginal staff in the organisation makes them feel better about*

*their work and how they do it, which in turn sees clients coming into the health service more, resulting in improved health outcomes.'*

Another interviewee noted that, in her opinion:

*'What Aboriginal health staff bring to a health service includes ... ensuring culturally appropriate access and service delivery ... can be a conduit between the service and the Aboriginal community about health education and medicine compliance.'* (ACCHO manager)

### **Management and leadership**

Interviewed workers spoke of successful outcomes for them in their workplace when their managers, be it at the executive or direct-line levels, implemented policies and procedures that enabled them to be proactive and flexible with their approach to service delivery and client engagement. These respondents felt that this enabled them to be more responsive to client needs and in managing the realities of Aboriginal and/or Torres Strait Islander communities.

*'... understanding needs to start at the top. Why and what we can expect and how we can support each other. When they allow for supported consultation, decision-making, formulate how we would like to direct things. Flexibility and valuing our (Aboriginal) input.'* (ACCHO worker)

Respondents felt that where executive leadership and management were culturally aligned, proactive and adaptive, their health service was achieving positive outcomes in their community and for themselves in relation to their work practices. Although there were positive examples given by respondents of non-Aboriginal managers who had demonstrated strong support for the Aboriginal workforce and contributed positively to promoting culturally led service provision, respondents were unanimous in their desire to see leadership being undertaken by Aboriginal and Torres Strait Islander people. This feedback related to both the ACCHO sector and in the government sector.

An interviewed manager put this case:

*'... our organisation is Indigenous led, every aspect of our organisation is led, developed and majority delivered which means that the thinking of Aboriginal and Torres Strait Islander people is embedded into the core business of the organisation.'* (ACCHO manager)

There was clear understanding on the part of workers that management and leadership *'had to walk their talk'* – that is to say, they had a responsibility to provide leadership and direction that was underpinned with management expertise and business acumen while at the same time embedding Aboriginal cultural perspectives into the organisational culture.

As one worker noted:

*'... our model of care utilises our cultural knowledge but within the Western system. We are cultural brokers between the system and the community.'* (ACCHO worker)

The reported value of this approach also took into account the more sensitive awareness of the family and community issues that many Aboriginal and Torres Strait Islander staff had to deal with in managing their professional and personal obligations/ commitments and career development choices.



The role of direct line manager of Aboriginal and Torres Strait Islander workers was seen to be critical in relation to staff having positive or negative experiences which would then go on to have an impact on career development decisions. In relation to where there were negative experiences that impacted upon worker career development choices, the line managers in this context seemed to not have had a good understanding of the complexities of Aboriginal communities, the challenges for Aboriginal staff in the workplace and how they manage personal and professional responsibilities and problem solve. On the other hand, having a supportive line manager can have a very positive, direct impact, reportedly often resulting in staff enthusiastically taking up career advancement opportunities; for example:

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

### **Human resource practices**

Human resource (HR) practices and processes play a vital role in empowering and enabling staff within any organisation to produce their best work. Interviewees indicated that HR practices often varied depending on whether their organisation was an ACCHO or mainstream service. Generally (though with some exceptions), the ACCHOs were considered to be much more holistic and culturally sensitive in their approach to management of workers. Examples of this included accepting without hesitation the importance of leave to undertake cultural obligations such as those related to Sorry Business or the need to respond to family crises, to attend NAIDOC celebrations, or to attend the national conference of the relevant Aboriginal and Torres Strait Islander peak professional association.

Several government sector workers reported a less sensitive response on the part of managers and HR rules in their organisations, requiring them to explain and defend the importance of each request. However, the presence of a non-Aboriginal manager with 'an open, listening attitude' could make a big difference to workers' experiences, by facilitating better responses to requests and in turn reducing the degree of shaming and negating of culture that was perceived by the worker in relation to such requests. Many workers believed that this positive attitude and willingness to respond would never replace the intrinsic understanding of another Aboriginal or Torres Strait Islander person with 'lived experience'. However, many did acknowledge that its presence provides them with a degree of assurance that there is reason to be optimistic that cultural competence in the government sector is a worthwhile and achievable aim.

Most of the ACCHO employer organisations described by both workers and managers had active career development strategies and plans in place which in turn better supported worker career development. Some of the non-ACCHO workplaces with HR practices that were appreciated by workers had partnered with an ACCHO to increase Aboriginal employment and provide career development opportunities. As one respondent noted:

*'Our organisation was approached by the local hospital to trial a female Aboriginal Liaison Officer role there which involved a secondment for 3 days a week. The worker had always wanted to work at the hospital and eventually won the position. This gave her several things – greater growth opportunities, a higher income and working in a*

*non-Indigenous environment helping them to better understand Aboriginal people.'*  
(ACCHO worker)

In relation to HR practices and workforce development, many of the organisations implemented a variety of strategies including internal training and support for applying for promotional opportunities. As detailed further in the 'Education and training' section below, the majority of ACCHO employers were described as having an active approach to encouraging both initial entry level training and further development opportunities. Many workers described career trajectories that included accruing new qualifications right through their third or fourth decade of workforce participation. In many cases, the impetus for this was indicated as being in response to either employer suggestion or to their own perception of need in their family or community.

Another angle on the concept of mentoring was suggested by some to help promote a culturally safer workplace by the use of cross-cultural mentoring relationships for supporting non-Aboriginal managers in their capacity to support the career development pathways for Aboriginal and Torres Strait Islander workers. Many workers acknowledged, although most stated a preference for working in the ACCHO sector, that a large percentage of health services are provided by government sector services and a range of strategies are therefore required to improve the experience of Aboriginal and Torres Strait Islander people (both workers and consumers) when dealing with those organisations.

Another common thread of reporting from workers who are now or have worked in the government sector and/or have significant interactions with non-Aboriginal workers is that significant amounts of time and emotional energy is expended in conducting this type of cross-cultural mentoring of their colleagues. This informal activity is prompted by each worker's aim of improving access to health care services and community members' experience of the health care system and by their observations of need for improvement. However, workers perceive that these efforts go largely unacknowledged organisationally, despite the likely benefit, and are additional to each worker's formal role and duties. There were many calls for more structural recognition of these contributions and their impact.

*'We're here to show the non-Aboriginals how to engage and to learn to listen.'*  
(Government worker)

*'Having a constant education role (for our non-Aboriginal colleagues) – can be exhausting.'* (Government Worker)

*'Having an Aboriginal face that is familiar can increase comfort levels. Having Aboriginal staff will influence other staff around them but need to be careful not making them solely responsible for "all things Aboriginal" – not to overload our Aboriginal staff.'* (Government worker)

## **Cultural supervision**

The concept and practice of ‘cultural supervision’ (as initially defined to support Maori nursing practice<sup>3</sup> and subsequently adopted into Aboriginal and Torres Strait Islander health practice) was reported as being a highly valued workplace support practice by Aboriginal and Torres Strait Islander health workers across a range of professional disciplines. Based on the findings from this research, cultural supervision is a concept that is widely understood and practised in the ACCHO sector for and with Aboriginal and Torres Strait Islander workers.

This type of support reflects the pressing need workers in both the ACCHO and government sectors described for having the opportunity to reflect on the demands of their role through the lens of being both a community member and a worker with particular cultural perspectives that may be challenged in the course of their work. Cultural supervision was also described as providing a culturally safe place to reflect on the impact of trauma (direct or indirect) that may be dealt with by a worker in the course of their work.

Some respondents, however, reported their observations that the concept and practice of cultural supervision is generally poorly understood and only rarely implemented in the government sector. The absence of cultural supervision in the government sector was particularly noted in relation to the needs experienced by Aboriginal and Torres Strait Islander workers to debrief and report on experiences of racist behaviour they either observe in relation to the care of community members or that they experience directly themselves (most often from non-Aboriginal line managers or other workers).

Although the Aboriginal and Torres Strait Islander workers did not report being surprised by these behaviours (whether intentional or unwitting), the longer term impact appears to be that these workers tend to find the cultural isolation and experience of racism in the government sector workforce quite draining. Several respondents reported that this type of negative experience made them more likely to move to the ACCHO sector when possible. It should be noted here, however, that many government workers also reported very positive experiences in relation to broader professional (clinical) supervision, as distinct from cultural supervision as defined in the footnote below. In one government setting, cultural supervision (as defined below) was successfully contracted into the workplace to support workers.

## **Self-determination in relation to career development**

Self-determination is the most fundamental of all human rights and is grounded in the idea that all individuals are entitled to control their own destiny. This control includes decision-making and the taking up of or advocating for opportunities that may positively impact on their career choices and development.

Managers and workers alike spoke of the importance they placed on being able to determine for themselves the choices they made in relation to taking up opportunities that they believed could advance their careers.

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<sup>3</sup> ‘In the Maori context, cultural supervision is usually conducted by those of like ethnicity e.g. by Maori for Maori and is aimed at building the knowledge of Maori cultural values, attitudes and behaviours whilst providing a supportive environment to address complex cultural issues’ (Scerra, 2011).

‘It is imperative that Maori nurses who are currently employed are supported, nurtured and encouraged to continue to develop and integrate their clinical and cultural skills. For Maori nurses it is often difficult to differentiate between clinical and cultural dilemmas as both are intertwined.’ (McKenna, et al., 2008).

*'I want to now progress and set up my own business. Narrative therapy is not well understood and I want to see that cultural knowledge acknowledged and valued.'*  
(ACCHO worker)

Achieving health parity and closing the gap on disadvantage emerged clearly as an influencing factor in self-determining decision making of respondents in relation to career choices. Their lived experiences and strong desire to make a difference in their communities, for their families and for the overall Aboriginal and/or Torres Strait Islander Australian population weighed in heavily as to why respondents made particular career decisions. For example, a majority of respondents asserted that they deliberately chose to work in an ACCHO because it was felt to be more closely aligned with their cultural, social and familial responsibilities and their personal and professional desires for wanting to make a difference.

*'Recognition not given to social responsibility by Aboriginal works for the overall mob. Non-Aboriginal people are far more removed from their client group.'* (ACCHO worker)

Managers and workers alike spoke of issues such as racism, discrimination and being overlooked for career progression opportunities in the government system, whilst in the ACCHO sector they were constrained by not having enough career advancement opportunities available. All of these issues influenced career choices of individuals. In the context of self-determination and career development, the majority of respondents spoke continually of deliberately placing themselves in situations throughout their careers where they actively sought to contribute to driving systemic change.

*'There are opportunities out there. When they present themselves grab them and run ... I could never get funding from inside but when the opportunity came – I grabbed it and it changed my working life.'* (ACCHO worker)

More often than not, these efforts were deliberate career moves that the worker hoped would lead to improving the cultural competency of the health sector.

Workers and Managers alike noted that having a holistic approach to health service delivery is critical for providing an effective health service to Aboriginal and Torres Strait Islander workers and communities.

*'The highlights of my career are around working with community – coordinating programs that are suitable for their needs and are run the way Aboriginal people need them to be run for their mob.'* (ACCHO worker)

In the context of self-determination and workplace activities that had the potential to lead to career development, respondents noted the need for an approach to service delivery that embeds the social and cultural determinants of health and the need to work with others. Such an approach would include community members, government and non-government agencies to address their client health issues from a holistic perspective.

In many of these circumstances, the respondents spoke of the desirability of accessing opportunities that provided career development movements for themselves or others within their workplace and simultaneously created benefits for their community.

*'Highlights of my career are working with community, coordinating programs that are suitable for all their needs and are run the way Aboriginal people need for them to be run for their mob'* (ACCHO worker)

Numerous workers and managers reported the career-related importance of influential family and/or community members, including acknowledged community Elders, in recommending them for positions based on cultural assessments of their personal characteristics and capabilities. These recommendations were highly valued and described as a significant confidence boost, often highlighting strengths and potential that the worker themselves did not necessarily perceive and would not have had the confidence to act upon.

Many workers also talked about the importance of having the flexibility to be able to build a career gradually and incrementally, as confidence, income and family circumstances allow. For a number of workers who commenced in the health workforce when they had young children, the positive impact of just having a job enabled them to provide a stable and secure life for their family. This was highly valued and provided them with a platform from which to grow and develop professionally. These workers described taking on more training and different work challenges as their family circumstances allowed. Workers also reported that working inside the health sector, no matter the initial role, allowed them to create networks and build their understanding of what opportunities might exist.

### **The importance of opportunity**

Managers and workers spoke frequently about the major impact that opportunities to join the health workforce via entry level and/or traineeships has in the lives of Aboriginal and Torres Strait Islander people and their capacity to contribute to the health care of their communities.

*‘My very first opportunity – a traineeship – it made a difference to my life.’ (ACCHO worker)*

*‘Just by having the Aboriginal primary healthcare certificate III; that can open up the doors for you in a lot of health jobs.’ (ACCHO worker)*

Likewise, the opportunity to have early access to role models in the health sector and/or a window into what it is like (e.g. via school work experience programs) were reported by a number of workers as being very influential in ‘lighting a fire’ of passion for contributing to health care for their community. For some, the opportunity to join the health workforce did not occur for a number of years but was described as a lifelong ambition that had finally been realised.

Managers and workers spoke highly of organisations which had active approaches to supporting all of their staff to gain additional qualifications alongside their formal roles. Several respondents noted that training did not always need to be directly linked to current roles and that broader exposure to skill development can prepare individuals well in terms of confidence and capability to put themselves forward for future opportunities [in different roles].

*‘Being one of the largest employers in my area there is opportunity to work in different sections of the organisation.’ (ACCHO worker)*

*‘We do all ours in line with our own policy. We recruit our professionals and have a mix of Aboriginal and non-Aboriginal. We push everyone to gain formal quals with assistance.’ (ACCHO manager)*

*'I have the opportunity now to step into an acting Manager position. I have a Diploma of Management Leadership which was organised over 8-9 months. It gave me the confidence and skill sets. I received really good feedback.'* (ACCHO manager)

*'We're lucky. We have supportive managers and our service offers a lot of training. There's understanding of issues and we are able to talk to someone. Aboriginal Health Practitioner work can be done onsite.'* (ACCHO worker)

Some respondents described situations that to them represented a clear lack of opportunity that was linked to the restricted economic circumstances they or their colleagues faced:

*'I would like to go further with my nursing career but don't have the support. I would have to give up my job in order to do so. No flights, accommodation or continued pay.'* (ACCHO Worker)

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

The relative absence of Aboriginal and Torres Strait Islander people in senior and/or managerial positions was noted as a significant indicator of inadequate capacity for Aboriginal and Torres Strait Islander perspectives to properly guide the development and sustainability of a more effective workforce. Although the situation was described as somewhat better in the ACCHO sector, and overall governance structures were much more strongly aligned with community priorities, several respondents noted the continuing prominence of non-Aboriginal people in management positions in those organisations.

*'There are no executive Aboriginals. Majority are at the base level. I see it as a personal affront once entry level health workers are entrenched.'* (ACCHO Aboriginal Manager)

### **What types of support make a difference?**

The issue of support was considered and reflected upon by respondents from a range of perspectives. The support individuals had received from their immediate family, extended family and community was often reflected upon as a significant contributor to their courage to join the health workforce and their resilience and capacity to remain and thrive in that workforce.

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

*'I've always had a number of people mentoring me – staff at the university and family members.'* (ACCHO worker)

*'Having a supportive husband.'* (ACCHO worker)

Workers and managers provided several examples across all geographic locations and from both the government and ACCHO sector where the policies and attitudes promoted within organisational contexts had provided them with a strong sense of support and

encouragement. The types of support that were valued by respondents ranged from a simple (but very important) sense that their managers, colleagues and the organisation generally demonstrated supportive actions, attitudes and policies (a sense of 'being walked with') to structural supports such as access to leave, training and continued salary while undertaking placements that are required for gaining qualifications.

*'Having a positive CEO that was supportive of workers. Support was coming from the top level. Allowing people to go, with pay and backfill, for professional development.'* (ACCHO worker)

*'My manager encouraged me. I was given the opportunity to go to University (which I never thought I'd do) through the support from my workplace, family. You may come in as a receptionist but you have the opportunity to apply for other positions; AHW, nurse; management etc. Young fellas – always talking to them about what they can do. Management walks alongside our workers, policies, procedures, staff meeting, staff development, services in the place, de-briefing, taking an interest in the workers personally. Always something new coming up [when] working with community – sometimes you do it on your own other times with support of other workers.'* (ACCHO worker)

Workers described the empowering and enabling effect of having a manager who was able to understand them as a person and to provide the support that was required for them at their particular point in the career journey.

*'It was my Training Manager that challenged and encouraged me to complete it. I couldn't go to the graduation where I was then [specified educational institution] but if I do more study now I would. I've grown .... Understanding needs to start at the top. Why and what can we expect and how can we support each other.'* (Government worker)

A number of workers in both ACCHO and government sector organisations reflected that, in some ways, it was the organisational work context itself that generated the need for additional support. They pointed out that working alongside non-Aboriginal colleagues was not necessarily a negative experience but that it required an additional layer of effort to help those colleagues in their journey towards cultural competence. However, they reported that this can be an additional drain on their personal resilience. The presence of other Aboriginal workers was regularly cited as a strongly comforting and strengthening element of their workplace experience.

*'Even though it's an Aboriginal organisation, there are cultural issues. Most management is white. Is it significant to work alongside Aboriginal colleagues? The more isolated Aboriginal workers are, the less likely we are to fulfil our potential. Having a constant education role can be exhausting.'* (ACCHO worker)

*'We have enough Health Practitioners in the Clinic to support each other.'* (ACCHO manager)

The strong impact of the presence or absence of financial support from either employers or via state or national funding initiatives was widely reported. When available, it was often described as a 'game changing' input to a person's life and career opportunities. Conversely, the absence of financial support was often mentioned in the context of workers who wished to upgrade their qualifications but already had substantial family and financial commitments

that meant they were not able to take time away from work to complete the training requirements. Participating in unpaid training placements was described as particularly problematic and in some cases cited as the key reason that additional qualifications were not finally achieved.

*'If I didn't have scholarships I wouldn't be able to live away from home because I moved out of home and down here when I was 17 to start uni so I didn't have any money.'* (Government worker)

*'I would like to go further with my nursing career but don't have the support. I would have to give up my job in order to do so. No flights, accommodation or continued pay.'* (ACCHO worker)

Some respondents spoke about their observations of the inequity they perceived in their own conditions of employment compared to those of the visiting workers. This was particularly significant for those from more remote areas where it is common for the health workforce to be made up of fly in-fly out workers.

*'We need good support – full support – accommodation, pay rates, accountability and just overall seen as professionals. We feel under-valued because health workers are still treated quite differently to nurses and other occupations. We get less support.'* (ACCHO worker)

These workers felt confident that the health impact of the services they were able to provide to the community they know well was already high. However, they pointed out that this impact could be even better if the resources spent on some elements of the visiting workforce were directed to improving the skill and economic standing of the local health workforce.

### Education and training

Significant post-employment education, training and development effort was a characteristic of the careers of many (if not most) workers interviewed. Some of this effort was reportedly initiated by employers who had identified a competence gap in the workforce that needs to be rectified or the opportunity to develop a particular worker with perceived potential. However, most of the education and training effort described by interview subjects was in fact undertaken on the basis of individual [worker] initiative.

A cause of variation in levels of support frequently noted in the interview data was the relationship of education and training. Many organisations have policies which quite narrowly define what education and training investment is relevant to be supported, and this invariably relates to the current job role:

*'Admin have pretty strict policies about supporting study outside of the job role. Training specific to the current job is OK. We should be able to organise relevant training regardless of accreditation though.'* (Government worker)

*'We have allocated funds for an Aboriginal person to go out for training as long as it's to do with their current job qualification ... otherwise they have got to do it in their own time.'* (ACCHO manager)

A number of interview subjects identified a need for scholarships or bursaries, which might come from sources external to the organisation. Such schemes would provide more



comprehensive support that specifically acknowledged the issues of family responsibilities for more mature workers.

The most valued form of education and training, according to almost all respondents, is that provided close to home and thus involves the least disruption to family. Any extended absence from family can be very financially costly for many workers but is often also quite stressful for the worker and their family. Several organisations are doing this 'close to home' training through partnerships with VET and/or higher education institutions:

*'In relation to growing AHWs to reach their potential, the organisation provides access to training and education through formal qualification training. The organisation has a formal partnership with the [...] University. Developed program with TAFE for Cert IIV to be delivered onsite.'* (ACCHO manager)

On the basis of holding the opinion that ACCHO services are generally culturally safer and more supportive workplaces for Aboriginal workers, several persons interviewed suggested that ACCHO services could be more strategically used in the developing careers of Aboriginal workers in the health system. In this regard, several respondents suggested that ACCHO services could be supported as 'incubators' of Aboriginal workers for the whole system, providing an initial nurturing environment, helping workers plan their careers from the early stages, providing access to culturally appropriate mentors and directing workers to the right education and training development options.

*'My current organisation has a very proactive outlook of developing locals. Having an RTO they offer Cert IV Aboriginal Health Practitioner to anyone that's interested ... There's not always jobs for everyone that gets trained but it's still a good thing as it can lead to people considering becoming EN's or RNs – (they need to go to our capital city to do that).'* (ACCHO worker)

### **Factors influencing career decisions**

During the course of this research, career trajectory interviews were undertaken with 51 workers that were spread across the ACCHO sector (33) and government sector (18). These workers made a total of 252 career decisions at entry to health workforce employment and at subsequent career movements. On average, workers made just over 4 career moves requiring a decision. Some career decisions were influenced by multiple factors (for instance, mentor support plus seeking a more challenging role plus enhancing career prospects), resulting in an average of 4.5 (ACCHO) and 5.3 (Government) factors influencing career decisions per worker. Most career decisions resulted in a promotion, but this was not always the case since sometimes workers made a lateral or financially disadvantageous movement in order to return to Country and/or to be closer to and better able to support their family. Not all career decisions involved transition to a new organisation – on the contrary, these choices were more often made to seek a promotion or change of role *within the same organisation*.

**Table 2:** Distribution of Aboriginal health workforce by factors influencing career decisions by sector of employment

Factors influencing decision-making	ACCHO sector	Government & other sectors
	Proportion (%) of all workers employed nominating influence on decision (n = 33)	Proportion (%) of all workers employed nominating influence on decision (n = 18)
Rewarding work (find a challenging role)	52.4	63.6
Level of pay/benefits (obtaining stable income)	28.6	18.2
Career prospects	23.8	81.8
Good super benefits	0	0
Company culture	38.1	0
Training and development	9.1	27.3
Relationship with manager	3.0	9.1
Flexible work arrangements/ lifestyle	9.1	9.1
Relationship with colleagues	9.1	0
Other financial benefits	0	0
Encouragement from another party		
• Manager	19.0	36.4
• Colleague / mentor	28.6	63.6
• Family (aunt / grandmother/ etc.)	42.8	9.1
Desire to respond to health situation of family / community (desire to do something for community)	76.2	90.9
Move to a different location (rural to urban, urban to city, back to Country, etc.)	38.1	54.5
Lived experience (including personal health problems)	33.3	27.3
Forced move (response to adverse situation, e.g. bullying)	9.5	18.2
Internal promotion ('tapped on the shoulder')	33.3	45.5
Maintain skills for registration	3.0	0

The most common influences on career decisions of all workers (regardless of place of work) were:

**Table 3:** Factors influencing decision making

Factors influencing decision making	Proportion of all decisions (%)
Desire to respond to health situation of family / community / personal	84.3
Encouragement from another party (Manager / colleague / mentor / family)	72.1
Rewarding work	54.9
Move to a different location (rural to urban, back to Country, etc.)	45.1
Career prospects	45.1
Internal promotion ('tapped on the shoulder')	37.3
Lived experience	31.4
Level of pay/benefits	23.5

This data suggests that, for Aboriginal and Torres Strait Islander workers in the health sector, the strongest influence on career decision making is one that is not focused on individual [career] outcomes, but rather one that is family or community focused; that is, focussed on a 'Desire to respond to the health situation of family and community.' Sometimes this desire is broadly directed, such as the motivation for one chronic disease nurse who noted:

*'I have always had an interest in chronic disease ... so many of our mob have chronic disease issues.'* (ACCHO worker)

Sometimes decision-making influences can be more personal and related directly to the worker's own ill health (mental health issues, diabetes) but more often the influence relates to the wellbeing of someone in their family (sibling, parent, grandparent, uncle or aunt) who is chronically ill. One ACCHO worker noted:

*'I had to go back to Country to help with my mother's alcoholism ... thankfully she's been sober for two years now.'* (ACCHO worker)

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

Another worker's career decision was motivated by a personal memory: or experience:

*'My Aboriginal grandparents (who have now passed) valued education as weren't permitted to be educated past a certain point. They passed that value down to myself - very encouraging in attending school, taking opportunities. I was never told that I couldn't do it.'* (ACCHO worker)

Another strong factor influencing the career decisions of Aboriginal and Torres Strait Islander workers is extrinsic encouragement from some trusted individual. This can be a manager or formal mentor, but is more often a trusted colleague or a family member:

*'I was applying for the support worker role but the interview panel thought that I could do the case manager function.'* (ACCHO worker)

*'I had a friend that told me that a new service was opening up – she thought I'd be perfect as I was doing the role out in community.'* (ACCHO worker)

*'A counsellor lady from xxx who used to be my mentor came looking for me ...'* (Government worker)

Workers interviewed invariably noted the value of others providing encouragement. For many, low self-confidence was reported as a potential barrier to success. The expression of support from others (and particularly from respected community members and/or Elders) provided them with a much needed boost and the emotional support needed to encourage them to put themselves forward for consideration.

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

*'The students challenged me when I was in my admin role of 11 years – 'You should be out here.'* (ACCHO worker)

*'Was applying for the support worker role but the interview panel thought that I could do the Case Manager role.'* (Government worker)

There were, however, some stark differences between workers interviewed who were currently working in the ACCHO sector when compared with workers interviewed who were currently working for government service providers. 'Career prospects' seem to be more of a factor influencing decisions for government workers, perhaps because the majority of positions in that sector are structured around distinct professions where a professional advancement pathway was more clearly defined. On the other hand, 'company culture' appeared to be a stronger influencing factor for workers in the ACCHO sector.

*'My manager encouraged me to apply for the role. I was being proactive in my non-clinical role – seeking out new opportunities to learn about health. She noticed my enthusiasm and commitment.'* (ACCHO worker)

Both types of workers' decisions are influenced by encouragement from third parties – for ACCHO sector workers these third parties tend to be family and community, while for government workers the support of managers and colleagues are more important. 'Rewarding work (find a challenging role)' and 'Desire to respond to health situation of family/community' are, however, factors that affect the career decisions of ACCHO and government workers equally significantly.

Some workers noted that the positions they hold may be considered by some other health professionals and some managers in the government sector to be 'at the bottom of the pecking order.' This was particularly the case where a more hierarchical approach to influence tends to operate. This perception is fuelled by the fact that they are not as well paid as other professions and the associated constraint in terms of the extent to which they could officially exert influence within a hierarchical structure. This perception was noted by a number of workers but did not appear to sway those workers' belief in their power to make a difference for their communities by doing the work they did.

Although a number of workers and managers reported career changes that moved them from roles requiring VET-level qualifications to tertiary education-level qualifications (which would also improve their income prospects), many workers had undertaken multiple VET-level qualifications over the course of their career. This included qualifications relevant to health, community service and other industry sectors. However, despite the richness of this training and workplace experience, the associated salary levels for all of these qualifications (both singly and combined) were noted to be low compared to other health professionals and to have little scope for financial advancement according to skill or experience.

A number of managers in the ACCHO sector reported VET-level qualifications as their formal education attainment level. These managers were perceived by workers as having attained high levels of sophisticated understanding of health service provision and management and provided responses in the interview data that also demonstrated to the research team a strategic and nuanced approach to the roles they were undertaking. From the point of view of a number of respondents, there is a clear career pathway that could be created between the role that might be undertaken by a recently qualified AHW and that of a senior executive of a major ACCHO. Such a pathway could acknowledge the increasing skill, competency and complexity of practice that evolves over time. As one respondent noted:

*'Even though I have degree, my choice is to be an AHW because that is where I believe I can make the biggest difference for my community, even though I get paid a lot less than I would if I used my other qualification. There should be an option to continue to train to be a tertiary-qualified AHW – a Bachelor of Aboriginal Health. The way of*

*working and world view would be the same, with culture at the centre of our practice, but our skills could be developed and then used in different ways, like in helping mainstream organisations in systems ways to work out how to do a better job at taking care of our people when they need it.’ (Government worker)*

An active approach to learning and developing by AHWs and AHPs in order to take on and adapt to new challenges was a very clear pattern in the interview data, despite the fact that no resulting salary increases would be likely because the award rates would stay the same. For these workers, a range of VET level qualifications were accessed that allowed for widening of their scope of practice within the health sector and other care sectors – examples provided in the interviews included mental health support, aged care, childcare, disability support, and narrative therapy. These changes were prompted by a range of factors, including personal interest, perceived community need and/or the need to move for family reasons and associated need to find work in another field for a period of time.

For some people, tackling a tertiary-level qualification mid-career became a personal objective. Sometimes this was because they had already raised a family and now had capacity to take on more study and sometimes it was because they reported they could see an opportunity to do a better job for their community than non-Aboriginal people working in those professions.

In summary, motivation to progress in their careers was rarely expressed by Aboriginal and/or Torres Strait Islander respondents in terms of a desire to earn more money. There was, however, clear and widespread recognition on their part that a good income is a major tool in creating a better foundation for the education and health of their families.

## Making changes/shifting gears

### Building a sustainable pipeline

A number of interview subjects identified a great need to build a sustainable pipeline of Aboriginal and Torres Strait Islander workforce participants for the health sector. For instance, one Government service manager advocated:

*'... to grow the workforce with interested people at the entry level, picking up certificates in their areas of interest and branch out from there. ... looking at how people can move forward rather than being reliant on specific quals.'* (Government manager)

Another manager argued that workforce pipeline sustainability required the application of greater strategic thinking and infrastructure capacity-building, including with regard to career development:

*'Strategic directions and planning? ... we don't have any set pathways at the moment but want to. We want to have an education room. Traineeship, cadetships – are high on our agenda but we don't have the facilities at present.'* (ACCHO manager)

Furthermore, a key condition for sustainability is dedicated funding to support the implementation of workforce development strategies:

*'Funding needs to be dedicated specifically to a recruitment and careers pathway officer with the ACCHO sector. Generally we are not funded to do this, but without this dedicated position all or most of us become complacent and only focus on strengthening the Aboriginal workforce when positions become vacant.'* (ACCHO manager)

Many managers and workers pointed out that growing the Aboriginal and Torres Strait Islander workforce requires political will and commitment at all levels, by policy makers, management and line supervisors. Communities need to be empowered to identify and support the development of emerging leaders through the use of specially tailored approaches to career development. This includes creating access to jobs where there are no initial qualification barriers and where core skills can be developed.

Many managers and workers also pointed out the critical but often informal role that ACCHOs are playing in contributing to building the supply of Aboriginal and Torres Strait Islander workers in the health system. In many instances, workers commented on the significant role that they have observed many ACCHOs play as Registered Training Organisations (RTOs). This is particularly valuable in rural and remote areas where individuals would otherwise have to leave their community to seek training. Some respondents, however, lamented what they observe to be an increasing withdrawal of ACCHOs from this role. This withdrawal is apparently due to increasingly onerous requirements for participation in the RTO arrangements.

In addition to the RTO arrangements that remain active, ACCHO managers reported a range of strategies that are being pursued in order to support the training and development needs of their workers and of health professionals in training. These included contractual arrangements with local vocational education and training (VET) providers to deliver specific content, local partnerships with other employing organisations, and partnerships with universities. One manager described the arrangements being pursued in their ACCHO:

*'[our organisation] can provide secondment opportunities into other health organisations – Indigenous and non-Indigenous. Could have an agreement with ... [other organisations] ... about career pathways i.e. short term contracts or secondments with other orgs.'* (ACCHO manager)

Interview respondents almost unanimously reported that ACCHOs have developed a very positive reputation as key players in growing the right sort of workforce to meet the needs of Aboriginal and Torres Strait Islander communities. Respondents felt that this is largely because of their strong commitment to delivering good health care and, as part of that, developing and strengthening the communities they serve (including through employing entry level workers).

As per the example provided above, some ACCHOs are reaching out to create partnerships with other training and development providers but staffing and built infrastructure to support these activities are reported as being limited. Unlike large government health services (such as a regional hospital), there is no source of funding via Medicare or other avenues to support the employment of a training coordinator or to construct a training room. This paucity of training infrastructure is viewed as a significant constraint in terms of being able to weave together the right set of training and development options for all types of staff.

Workers employed in government settings often reported reasonable access to training options, although the extent of support varied widely (with some workers being required to self-fund all professional development activities). Access to culturally-focussed development opportunities was reported as being limited. This does suggest that there are opportunities to be explored that could maximise access to inter-sectoral initiatives (including training and job rotation/secondment-type activities) but the associated funding strategies required to support such options are not clear.

### **Opening doors, creating pathways**

*'What deters people is not having a qualification. Create pathways to get them in the door and then train them to have a qualification. Recognition of life experience and culture is really needed.'* (ACCHO worker)

Enablers and enabling environments are required to open doors and create pathways – and this often appears to require 'thinking outside the box' to create opportunity. In WA, for example, some respondents pointed out that the Equal Opportunity Act (1984) Sections 50 and 51 operate to the effect that '*... if you're suitable and Aboriginal then you can be selected*' which creates an environment where competition for positions is managed in an affirmative way and is seen as a very successful and enabling approach.

*'Section 50D and Section 514 exist but there needs to more affirmative action in getting the numbers up (building the workforce pipeline) [and] ... then growing the*

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<sup>4</sup> The WA Equal Opportunity Act (1984) Sections 50 and 51 make provision for affirmative action by employers on the basis of race, as follows:

#### **50. Genuine occupational qualifications**

Nothing in this Part applies to or in respect of any work or employment where that work or employment involves any one or more of the following — .....

(d) providing persons of a particular race with services for the purpose of promoting their welfare where those services can most effectively be provided by a person of the same race.

*type of workforce we want i.e. nurses are a current big gap. More can probably be done with bursaries – increasing awareness of their existence and access.'*  
(Government manager)

The interview data shows that many Aboriginal and Torres Strait Islander workers end up as a health professional after initial entry to the workforce at a lower skill level. This conversion process seems to be particularly common after early exposure to the health workforce and health care settings through work experience, traineeships and training.

This trend was confirmed by many manager respondents, who noted that this mode of entry to the workforce had many benefits. These reported benefits included building worker confidence, raising awareness of career options, demonstrating potential, and allowing individuals to provide service to their local community without an initial qualification barrier.

*'Our people have trouble around qualifications. We provide on-the-job training and try to multi-skill our workforce development as well i.e. clinic; health and well-being etc. We try to attract home grown people as they tend to stay around because they're rooted in the community. Some training needs to be undertaken in Adelaide but we try to get the balance. Numeracy and literacy is an issue but that's part of the upskilling.'* (ACCHO manager)

Just over half of the workers interviewed indicated that had entered the health workforce at a base level, where no initial formal qualification was required. Training was almost invariably provided for them on the job, either on the basis of a formal traineeship arrangement or because of employer commitments to training of junior workers. **Table 4** below indicates the modes of entry described by interviewees and notes that, of the 23 who reported this mode of entry, 18 interviewees went on to hold at least one formal health care qualification (and often several).

In some communities, ACCHOs are actively employing local people in entry level positions and, using their RTO status, encouraging these and other workers to complete as many Certificate Level II, III and IV qualifications as they wish, even when there is no immediate prospect of relevant positions being available. This strategy ends up creating a pool of motivated potential Aboriginal Health Practitioners (AHPs) who could be deployed in a range of roles and at the same time builds the skill base and confidence levels of those workers.

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#### **51. Measures intended to achieve equality**

Nothing in Division 2 or 3 renders it unlawful to do an act a purpose of which is —

- (a) to ensure that persons of a particular race have equal opportunities with other persons in circumstances in relation to which provision is made by this Act; or
- (b) to afford persons of a particular race access to facilities, services or opportunities to meet their special needs in relation to employment, education, training or welfare, or any ancillary benefits.



**Table 4:** Mode of entry into the health workforce at entry level

Workforce entry mode (no health profession qualifications)	Number of respondents
Business administration trainee	5
Clinical or business administration	5
Aboriginal Health Worker (no qualifications)	4
Maternity service trainee	1
Transport officer	1
Transition from community service sector (child care worker, youth worker, home care worker)	5
Work experience/volunteer work – transition to paid work	2
<b>Total</b>	<b>23</b>
Number of these entrants who have subsequently become qualified health professionals <sup>5</sup>	18

One worker noted that these core qualifications have been used by some workers as an enabler to pursue other health profession pathways, such as enrolled nursing and registered nursing, which may require time away from their community. According to many respondents, this requirement to leave home and family would normally be barrier to pursuing such options. However, respondents reported that for these better prepared workers, the earlier training will have built the confidence and commitment that will help them ‘survive’ those periods of isolation from community, knowing that they will be coming back with extended capacity to contribute.

Managers and workers also confirmed that it is common for workers to transition between types of role in the health sector and to move between the health and community sectors. A primary common motivation for both types of movement was often described as being a desire on the part of those individuals to serve their community and contribute to improving the wellbeing of that community. It can also be a pragmatic response to other influences in their life, such as needing to relocate in order to be able to provide support to family members and having to take a job that happens to be available.

Part of the process of opening doors is to provide support to workers within a relationship, in real time and from a strength base of empowering individuals:

*‘Being able to support workers at different junctures [is important] i.e. recruitment; guidance over options throughout their career; understanding what a career path is and getting people to be the leaders – leading from where you stand. To lead in their own space.’ (Government manager)*

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<sup>5</sup> Remainder are still completing traineeship or still working in administration positions

## Discussion

The findings indicate that it is common for Aboriginal and Torres Strait Islander people to look for ways in which they can contribute to the health and wellbeing of their communities and that many see the benefit that can come to communities by having health care delivered by its members. Aboriginal and Torres Strait Islander workers in health services may enter that workforce via entry level positions but the majority of workers are actively entering into career changes as part of their workforce journey. Quite often workers are trying to drive career changes through access to purposeful education, training and development activities and by considered geographical moves, such as to undertake study or to move from a remote community where there is little scope for advancement – career advancement strategies that are mirrored in the wider community.

What can be indicated with some confidence from the findings of this study is that Aboriginal workers' career decisions are often influenced by factors that seem to be culturally specific, and therefore the key motivations behind career decisions can often be quite different to the motivations behind the decisions of non-Aboriginal health workers. For instance, Aboriginal and Torres Strait Islander workers in the health sector seem to be most strongly influenced in their career decision-making by a focus on the health and well-being of their family or community. Manager and workers' interview responses indicate that this motivation very often forms part of workers' broader desire to make a difference to the strength and wellbeing of their community. This in turn contributes to empowering themselves and the rest of their community to increasingly and collectively lead their lives on the basis of self-determination and cultural strength.

This culturally-focussed motivational influence can place Aboriginal and Torres Strait Islander workers in the health sector at odds with the dominant health workforce culture where the understanding of careers and career development is largely conceptualised in terms of a 'pathway.' The concept of 'progress' along this pathway for the broader health workforce is generally linear and ideally trending in an upward direction - that is, progressing through continually higher levels of remuneration, responsibility and professionalisation.

This research has confirmed the high value that many Aboriginal and Torres Strait Islander people place on the opportunity to work with their community to achieve better health and wellbeing by using cultural ways of operating and engaging. The interview data revealed that it is common for Aboriginal and Torres Strait Islander workers in the health sector to make approximately five career change decisions between entering the workforce and retirement. In a number of respondents' career trajectories, those choices all offered the same or similar level of remuneration, despite being different roles that held interest for them. Such career choices do not conform strongly with the Western concept of 'progression' as described above and may be misinterpreted by managers or selection panels as demonstrating a low level of interest in (their understanding of) career advancement.

Despite this apparent trend, there were also many workers (just over half) who were motivated in their career decision-making by a desire to enhance their career prospects, an influencing factor that is also important to the non-Aboriginal workforce. For a number of respondents, some significant career advancement options required the acquisition of a tertiary level qualification, which may in itself create a barrier to progression. Financial, geographic and/or family responsibilities were commonly reported difficulties faced by

workers who were contemplating the possibility of tackling tertiary level academic qualifications. In other examples, workers reported low levels of attraction to advancement to the tertiary level qualifications that are on offer since the relevant professional role/s would not be a satisfying substitute for the rewarding work they already have.

There were also some stark differences between workers interviewed currently working in the ACCHO sector when compared with workers interviewed currently working in Government or other service providers. *'Career prospects'* seem to be more of a factor influencing decisions for government workers. On the other hand, some factors, such as *'company culture'* and to a lesser extent the factor *'lived experience (including personal and/or family health problems)'*, are stronger influencers for workers in the ACCHO sector. Workers from both these sectors, though, see the factor *'Rewarding work (find a challenging role)'* as an equally strong factor in influencing career decisions.

Given the different ways Aboriginal and Torres Strait Islander workers consider their careers, it is not surprising that a strong desire was expressed by many workers to be in workplace environments where Aboriginal and Torres Strait Islander managers have significant influence over an organisation (or part of an organisation)'s culture and modes of thinking and operating. This preference was often expressed as a desire for a direct reporting relationship with an Aboriginal or Torres Strait Islander manager, or at least to know that there is Aboriginal or Torres Strait Islander representation in the executive levels of the organisation.

In cases where this has not been achieved and despite several very positive experiences being reported in the data, workers generally advocate for strategies to be put in place to promote stronger cultural competence and cultural responsiveness on the part of non-Aboriginal managers. In particular, Aboriginal and Torres Strait Islander workers are concerned about non-Aboriginal managers and others with authority undermining their confidence through an unwarranted lack of trust in their technical skills and a perceived devaluing of the Aboriginal and/or Torres Strait Islander knowledge that they employ in achieving better outcomes for their clients/patients.

Workplaces that effectively supported workers with both professional (clinical) supervision and with access to cultural supervision were seen as best practice examples and most likely to retain their workers. Other workplaces have gone even further, utilising traditional healing practices as part of their service mix and investigating ways to have those services formally adopted into funding arrangements – this was a source of great pride and optimism for those whose workplaces were pursuing such strategies.

It is clear from this research that any erosion of worker confidence, which can be accentuated by culturally unsafe workplaces, subtle and/or sometimes overt racism, and the effects of intergenerational trauma, directly impacts on workers' approach to career decisions. Conversely, over half the career decisions (56%) made by Aboriginal and/or Torres Strait Islander workers interviewed involved encouragement to proceed from family, colleagues, a mentor or a manager. This encouragement often appeared to arise from an active scanning process by community Elders of the potential they could see in community members for specific types of work. For some of these workers, a lack of self-confidence to see themselves in certain career options (due in some cases to negative experiences during school years). They therefore often do not even entertain the possibility of obtaining these

opportunities and this can restrict their options. Third party encouragement at a critical time was described as being very important.

Some managers, along with some workers, have mused about the possibility of providing systematic options for more structured, timelier and more enduring career support for workers. Evidence from this research suggests that such a structure would need to:

- begin at early stages of a worker's career, outlining possible paths
- be culturally appropriate, fully understanding and not judging the factors that are most likely influencing the decision making of Aboriginal and/or Torres Strait Islander workers
- be available in a proactive way (like other mentor and coaching processes) but also at 'just in time' intervals as needed, i.e. at crucial career decision points
- 'walk beside' rather than direct the worker, allowing them to '... *lead in their own space.*'

Managers argue that this support structure needs to be properly resourced and delivered independently of, but in consultation with, the managers of health services. Some managers suggested that this structure could be in the form of a *recruitment and careers pathway officer role* (or something similar) where the resource is dedicated to Aboriginal and Torres Strait Islander worker career development support – ideally located in the ACCHO sector, which the majority of respondents reported as generally having more active policies for support and growth of Aboriginal and Torres Strait Islander staff but having less capacity to provide this type of support than most large government sector employing organisations.

Most education and training effort described by career trajectory interview subjects was undertaken on the basis of individual [worker] initiative. This places great responsibility onto workers who have varying levels of confidence and access to opportunity, and makes the outcome of investment in education and training more random and less strategic.

The purpose of this education and training could be described as falling into one of two patterns. The first is where a worker is seeking a qualification that best matches the type of qualification required for the job they are performing. Most often this is a worker who has been undertaking their job on the basis of experience and on-the-job learning. The required qualification is likely to be a Certificate III or IV in Aboriginal and Torres Strait Islander Health Work or Practice, or some other similar vocational education and training (VET) qualification such as that identified by the worker below:

*'I enjoyed working in mental health and alcohol and other drugs. So now I am going to do study and get a Cert IV & Diploma in Mental Health which will take 14 months and maybe do counselling online.'* (ACCHO worker)

This type of educational outcome will not immediately deliver a career benefit, since the individual is already likely to be employed and working in the role for which the qualification is appropriate. But it could (and maybe should) allow the worker to perform their job better, increase their confidence and place them more advantageously to take on future career options.

The second pattern is where a worker is seeking a higher qualification in order to support a career move, possibly from one health occupation to another. Typically, this will be from a para-professional role to a professional role but the primary purpose is to initiate a process of career progression.

The description of the worker below is illustrative:

*'We employed a young fellow – really keen but no qualifications. We provided him an opportunity for Cert III – brought him in on a traineeship then got his Cert IV. Now he has moved on to be a Health Practitioner. He has a progression outlook – will get his diploma then look at Team Managers role.'* (ACCHO manager)

Workers experience varying levels of support when embarking on an education and training journey. Support can include time off, study leave, income maintenance, encouragement from management and colleagues, and financial support (for out-of-pocket expenses such as travel, accommodation, course fees, etc.). The level of support or limitations on support can be significant factors influencing the success of education efforts.

There has been much research, in particular in relation to Western economy workforces, on the reasons why workers choose to seek employment and the reasons they tend to stay with a particular employer (Ridoutt & Santos 2006). Referencing this body of work, in comparison with the results in **Table 3** above, allows the observation that the types of factors influencing the career decisions of Aboriginal and Torres Strait Islander workers in the health sector are quite different to those that seemingly underpin decision making by the broader workforce, and even the broader health workforce (Boxall et al. 2003).

For both workforce populations, 'rewarding work' is a very important factor influencing career decisions but the meaning of this factor can vary somewhat. For the total workforce, for instance, a 'rewarding work' situation tends to mean a job that embodies challenging and meaningful work; adequate resources (e.g. sufficient staff and support services to successfully complete the work); appropriate workload requirements; (i.e. not too heavy, not too light); appropriate levels of responsibility and control; and scope for independent judgement. This last factor is particularly important for professionals. For the Aboriginal and Torres Strait Islander health workforce, many of these elements are also important but a search for 'rewarding work' tends to be more associated with the potential capacity to help their community or members of their community. This may include being able to 'take a break' from current roles and do something still meaningful but different.

Most workers and managers interviewed acknowledge that, for many career choices, education, training and/or professional development interventions are required. Workers, as noted above, are most often quite keen to engage in education, but managers and education providers frequently fail to recognise the significant economic, social and family barriers to achieving education outcomes. Accordingly, interventions can be unsuccessful despite the best of intentions. Several managers noted the importance of scholarships and bursaries to adequately support workers, who very often have family care and financial responsibilities, to achieve their education goals with the minimum of stress and the optimum level of support.

And finally, the majority of managers and workers who contributed to this study reported being very confident that growing the Aboriginal and Torres Strait Islander workforce requires political will and commitment at all levels by policy makers, management and line supervisors. If that support and concerted effort is put in place, these respondents have no doubt that there will be willing workers to take advantage of the opportunities that are created and that communities will benefit greatly in response.

## Conclusion

What this research clearly demonstrates is that human resource capacity, passion and commitment exists in abundance amongst the current Aboriginal and Torres Strait Islander health workforce. The findings also suggest that there is a strong workforce pool potentially available in most local communities. However, access to these valuable workforce resources may require more widespread use of alternative workforce entry options, such as traineeships or entry via non-qualification based positions, to overcome initial confidence issues and to allow the acquisition of formal skills and knowledge over time.

Although there is an increasing trend for Aboriginal and Torres Strait Islander people to gain tertiary qualifications in health care professions, this research demonstrates that a compilation of relevant VET qualifications and a commitment to learning and professional growth has delivered numerous well respected health care workers and managers to this workforce. In addition, these alternative entry approaches appear to be successful in attracting and retaining health workforce members in regional, rural and remote areas – geographic areas in which it can be notoriously difficult to achieve good workforce coverage.

The findings from this research also highlight that Aboriginal and Torres Strait health workforce members are very committed around family and community obligation responsibilities and to a person-centred approach to the ways that they design and provide health care. The findings also show that these workforce members are very motivated to undertake training and development that will allow them to contribute to the health and wellbeing of their communities, with the majority of respondents continuing to undertake additional qualifications throughout the course of their careers. This contribution may be made locally (i.e. to the community with which they most strongly identify) or as part of a contribution to improving the health and wellbeing of the broader State or national Aboriginal and Torres Strait Islander community.

For self-determination to become a reality for many Aboriginal and Torres Strait Islander workers and to avoid the negative impacts that stifle self-determination, it was clear from the findings that there are several factors that need to be evident any workplace, including:

- privileging the Aboriginal and Torres Strait Islander cultural and community knowledge in the workplace that promotes cultural integrity of both workers and the organisation and supported through more widespread use of cultural supervision;
- embedding cultural practices into service delivery and design within the workplace;
- linking an understanding of cultural and social determinants of health with the concept of self-determination and career development of workers.

This broad level of commitment is a strength which should be fully supported through local, state and national policy settings. While current support strategies such as tertiary tutor and support schemes were seen as valuable, better financial and organisational recognition of the cultural skill that this workforce contributes to effective healthcare, particularly in relation to its members' own communities, holds the potential to significantly contribute to closing the gap between health care outcomes for Aboriginal and Torres Strait Islander peoples. This research has also identified a person-centred approach that characterises the Aboriginal and Torres Strait Islander health workforce's approach to health care – an approach that is at the forefront of current health care reform more broadly for the Australian population.

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## 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	Consulting with HCA
A/Professor Ilse Blignault, WSU	Dr Lois Meyer, UNSW Sydney
<b>Ms Tania Bonham</b> , SWS LHD	<b>Mr Phil Naden</b> , Bila Muuji
<b>Ms Zoe Byrne</b> , Bila Muuji	Dr Sally Nathan, UNSW Sydney
<b>Ms Christine Carriage</b> , WSU	<b>Mr Jamie Newman</b> , Bila Muuji
<b>Ms Karrina Demasi</b> , AMSANT	Ms Pamela Renata, Bila Muuji
<b>Ms Erin Lew Fatt</b> , AMSANT	Mr Lee Ridoutt, HCA
<b>Mr Justin Files</b> , Maari Ma Health	Ms Debbie Stanford, HCA
Ms Sally Fitzpatrick, WSU	<b>Ms Lesa Towers</b> , Western NSW LHD
<b>Ms Sharon Johnson</b> , AMSANT	<b>Ms Carol Vale</b> , Murawin Consulting with HCA
<b>Ms Telphia-Leanne Joseph</b> , UNSW Sydney	<b>Dr Megan Williams</b> , UTS and UNSW Sydney
<b>Ms Kate Kelleher</b> , Kate Kelleher	

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-Aboriginal 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 process of 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.

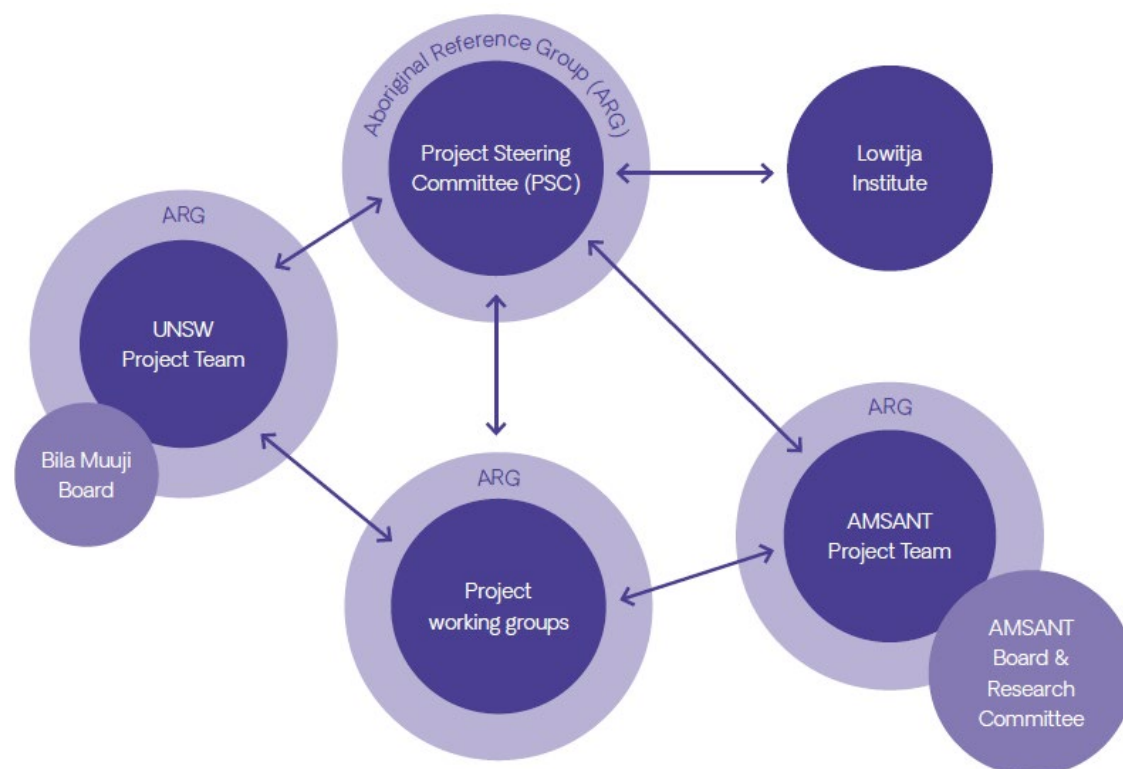


Figure 1: CPP governance and project management arrangements

## 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 and Menzies School of Health Research (2017-2943)
- South Australian Aboriginal Human Research Ethics Committee (04-17-732)
- Western Australian Aboriginal Health Ethics Committee (822)
- St Vincent's Hospital Melbourne Human Research Ethics Committee (Human Research Ethics Committee 186/18).

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

## 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 tools

### A: Worker interview schedule

#### Preliminaries

- Brief introductions – Researchers and participants
- Background to the research project and the purpose of the discussion
- Informed consent process – Going through the PIS, answering questions and collecting consent forms.

#### Demographic details

Interviewee age	
Interviewee gender	
Year entered employment, in any capacity, within a health service	
Profession / occupation	<input type="checkbox"/> Administrative officer <input type="checkbox"/> Aboriginal Liaison Officer / Interpreter <input type="checkbox"/> Aboriginal Health Worker (unregistered) <input type="checkbox"/> Aboriginal Health Worker (specialised ... e.g. health promotion, MH, AOD, environmental health, etc.) <input type="checkbox"/> Aboriginal Health Practitioner (registered) <input type="checkbox"/> Enrolled nurse <input type="checkbox"/> Registered nurse <input type="checkbox"/> Allied health professional <input type="checkbox"/> Medical practitioner <input type="checkbox"/> Other?
What was your qualification at that time?	<input type="checkbox"/> Secondary school certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma / Advanced Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Postgraduate Certificate / Diploma <input type="checkbox"/> Masters / PHD
What is your current highest qualification?	<input type="checkbox"/> Secondary school certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma / Advanced Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Postgraduate Certificate / Diploma <input type="checkbox"/> Masters / PHD

What type of organisation do you currently work for (principal employer only)?	<input type="checkbox"/> ACCHO <input type="checkbox"/> State / Territory Government health service <input type="checkbox"/> NGO (not community controlled) <input type="checkbox"/> GP <input type="checkbox"/> Private health organisation <input type="checkbox"/> Other
Where is your workplace located	<input type="checkbox"/> urban area <input type="checkbox"/> provincial town <input type="checkbox"/> rural area <input type="checkbox"/> remote area
In what state is your organization located	<input type="checkbox"/> Queensland <input type="checkbox"/> South Australia <input type="checkbox"/> Western Australia <input type="checkbox"/> Victoria <input type="checkbox"/> Northern Territory <input type="checkbox"/> NSW
What is your Aboriginal and/or Torres Strait Islander cultural group / Nation? (one or more)	

### 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.

#### **QUESTION 1 – Career movements (questions repeated until sufficient ‘career’ is explored ... interviewer judgement)**

- What is your **current position**? (NB: Can be health professional or administrative role working in a health service)
- What do you do in this position?
- What year did you start this position?
- What factors influenced your decision to apply for the role? Did you have someone advising you? A mentor?
- What did you need to do to obtain the position (new qualifications? Demonstrated experience?)

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- What was your **previous position**?
- What year did you start this position?

- What year did you start that position?
- What factors influenced your decision to apply for the role? Did you have someone advising you? A mentor?
- What did you need to do to obtain the position (new qualifications? Demonstrated experience?)

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- What was your **position prior to that**?
- What year did you start that position?
- What factors influenced your decision to apply for the role? Did you have someone advising you? A mentor?
- What did you need to do to obtain the position (new qualifications? Demonstrated experience?)

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(REPEAT THIS PROCESS FOR EACH CAREER PATHWAY NODE I.E. CHANGE OF CAREER ROLE OR DIRECTION. INTERVIEWER MAY DECIDE TO ONLY GO BACK A CERTAIN NUMBER OF ROLES IF THE BROAD NATURE OF THE POSITION HAS CHANGED LITTLE)

**QUESTION 2 – Perceptions on your health career**

- Thinking about your career so far ...
  - What do you think are the highlights that have made you most proud?
  - What in your mind have been the critical moments ... points when things moved in a positive or negative way to progress, or hamper, your career potential [explore any incidents / moments]?

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**QUESTION 3 – Aboriginal worker unique contribution**

- In your opinion, what are the special skills and values that Aboriginal staff bring to a health service? What do they (you) offer that non-Aboriginal workers do not?

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**QUESTION 4 – Support for Aboriginal workers by employers**

- How does your **current organisation** grow and develop its Aboriginal workers?
- What strategies or policies have you encountered with any of your previous employers that you thought were helpful in growing your career or those of other Aboriginal workers?

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**QUESTION 5 – Strategy suggestions?**

- ***In your opinion***, what actions are needed to improve career pathways for Aboriginal health staff?
  - In the workplace
  - In education/training
  - Do national and state/territory policies around Aboriginal employment, education and training influence Aboriginal people’s career trajectories in health
  - What are the main facilitators/enablers to Aboriginal health staff developing careers in health?
  - Anything else?

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***Closing***

**We’ve certainly covered a lot of things. Any other comments? Any questions for us?**

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## B: Manager interview schedule

### Preliminaries

- Brief introductions – Researchers and participants
- Background to the research project and the purpose of the discussion
- Informed consent process – Going through the PIS, answering questions and collecting consent forms.

### Demographic details

Interviewee age (years)	
Interviewee gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Year entered employment, in any capacity, within a health service	
What was your qualification at that time?	<input type="checkbox"/> Secondary school certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma / Advanced Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Postgraduate Certificate / Diploma <input type="checkbox"/> Masters / PHD
What was your profession / occupation before becoming a manager?	<input type="checkbox"/> Administrative officer <input type="checkbox"/> Aboriginal Liaison Officer / Interpreter <input type="checkbox"/> Aboriginal Health Worker <input type="checkbox"/> Aboriginal Health Practitioner (registered) <input type="checkbox"/> Enrolled nurse <input type="checkbox"/> Registered nurse <input type="checkbox"/> Allied health professional <input type="checkbox"/> Medical practitioner <input type="checkbox"/> Other?
What is your current highest qualification?	<input type="checkbox"/> Secondary school certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma / Advanced Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Postgraduate Certificate / Diploma <input type="checkbox"/> Masters / PHD
What type of organisation do you currently work for (principal employer only)?	<input type="checkbox"/> ACCHO <input type="checkbox"/> State / Territory Government health service <input type="checkbox"/> NGO (not community controlled) <input type="checkbox"/> GP <input type="checkbox"/> Private health organization <input type="checkbox"/> Other

Where is your workplace located	<input type="checkbox"/> urban area <input type="checkbox"/> regional town <input type="checkbox"/> rural area <input type="checkbox"/> remote area
In what state is your organization located	<input type="checkbox"/> Queensland <input type="checkbox"/> South Australia <input type="checkbox"/> Western Australia <input type="checkbox"/> Victoria <input type="checkbox"/> Northern Territory <input type="checkbox"/> NSW
Are you from an Aboriginal or Torres Strait Islander background?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which cultural group / Nation do you identify with, if any?	

### 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.

#### **QUESTION 1 – Manager responsibilities**

- What is your **current position**?
- What do you do in this position?
- How many years have you been in this position?
- What level of influence do you have in the organization over human resources decision making? Recruitment? Promotion? Training & development of individual workers? Termination? INTERVIEWER WILL NEED TO PROBE

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**QUESTION 2 – Aboriginal worker unique contribution**

- In your opinion, what are the special skills and values that Aboriginal health staff bring to a health service? What do they offer that non-Aboriginal workers do not?
  - In your opinion are these assets and ways of contributing optimised in your organization to get best value? If yes, how is this achieved? If no, what could be done?
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**QUESTION 3 – Support for Aboriginal workers by employers**

- How do you normally bring Aboriginal workers into the organization? At what level?
  - How does your **organisation** grow and develop its Aboriginal workers? Does it seek to build the number of Aboriginal workers? How so? How does it encourage career progression for these workers?
  - What strategies or policies have you in place that you think are helpful in growing Aboriginal workers and helping them reach their potential?
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**QUESTION 4 – Personally observed key incidents or situations**

- Thinking back over the last 4-5 years, whether in this organization or another, what key or critical situations<sup>6</sup> have you seen involving the career of an Aboriginal or Torres Strait Islander? The incidents could have been over a short or long time frame, and led to good or bad outcomes for the individual worker’s career.
  - These situations or incidents could have involved you (as a manager) personally, or might have been observed.
  - Note to interviewer ... try to get 2-3 incidents, but not many more
  - For each incident elicit details as follows:
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<sup>6</sup> A situation can be seen as synonymous with that defined as an ‘incident’ by Flanagan and is ‘... any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act. To be critical, an incident must occur in a situation where the purpose or intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning its effect’ ... Flanagan, J. (1954) The Critical Incident Technique. *Psychological Bulletin*, 51 (4)

- Describe the worker (profession, role, situation at the time) and the circumstance
- Describe the 'incident' ... who was involved? What actions were taken (or not taken)?
- Identify the outcomes ... were they positive (career progressed) ... negative (opportunity lost or backwards step)?
- What were the actions that were most influential in determining the outcome?
- If a negative outcome, what in the opinion of the interviewee could have been done better?

Situation 1

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Situation 2

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Situation 3

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**QUESTION 5 – Strategy suggestions?**

- **In your opinion**, what actions are needed to improve career pathways for Aboriginal health staff?
  - In the workplace
  - In education/training?
  - Do national and state/territory policies around Aboriginal employment, education and training influence Aboriginal people’s career trajectories in health
  - What are the main facilitators/enablers for Aboriginal health staff developing careers in health?
  - Anything else?

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**Closing**

**We’ve certainly covered a lot of things. Any other comments? Any questions for us?**

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