



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

### NSW Workplace Case Studies Report



the Lowitja Institute  
Australia's National Institute for Aboriginal and Torres Strait Islander Health Research



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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 (CPP), which was undertaken during 2018 and 2019 (please see **Appendix 1** for further detail).

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

**Authors:** Career Pathways Project team

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## Acknowledgements

The NSW workplace-based case studies were led by Bila Muuji Aboriginal Corporation Health Service, Western Sydney University and UNSW Sydney in collaboration with project partners including Maari Ma Health, Western NSW Local Health District, South Western Sydney Local Health District, Awabakal Medical Service, and Western NSW Primary Health Network. The team on the ground (Aboriginal members shown in bold) included **Jamie Newman, Phil Naden**, Pam Renata, **Zoe Byrne**, Ilse Blignault, Jannine Bailey, **Christine Carriage**, Sally Nathan, **Telphia-Leanne Joseph, Justin Files, Lesa Towers** and **Tania Bonham**. This team was supported by the national Career Pathways Project Team, including the Aboriginal Reference Group comprised of all Aboriginal team members in the broader project.

Thanks to all of the participants who generously contributed to the findings reported here. Thanks also to Caroline Robertson for providing assistance with coordination of the case studies and to Ellen Karimanovic who helped with writing up some of the organisation summary reports.

## Abbreviations

|        |  |
|--------|--|
| ACCHO  | Aboriginal Community Controlled Health Organisation      |
| AH&MRC | Aboriginal Health and Medical Research Council of NSW    |
| AMS    | Aboriginal Medical Service                               |
| AMSANT | Aboriginal Medical Services Alliance, Northern Territory |
| ARG    | Aboriginal Reference Group                               |
| HR     | Human Resources  |
| LHD    | Local Health District                                    |
| PHN    | Primary Health Network                                   |
| NSW    | New South Wales  |
| NT     | Northern Territory                                       |

## 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-Indigenous 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 NSW workplace-based case studies. We pay our respects to the Elders - past, present and future.

## ***Terminology***

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

## ***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.

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## 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 presents the methods and findings of the workplace-based case studies conducted in New South Wales (NSW).

The aim of the workplace-based case studies was to collect ground-level data from urban, regional, rural and remote regions of NSW. A series of 28 yarning circles and 6 interviews were held with Aboriginal health staff and their managers at both Aboriginal Community Controlled Health Organisations (ACCHOs) and Government health services (including Local Health Districts and a Primary Health Network). This allowed us to explore in depth the factors impacting on careers whilst using a solutions-focus to generate a range of potential strategies for enhancing career pathways.

In total, 122 people including 83 staff (57 from ACCHOs and 26 from government organisations) and 39 managers (24 from ACCHOs and 15 from government organisations) from across NSW participated in either a yarning circle or an interview.

The Aboriginal health workforce brings to the delivery of services cultural skills, knowledge and values that are uniquely Aboriginal, including vital communication skills and ways of conducting business. These are underpinned by personal experiences of living and working in community, and a lived understanding of what it is to be an Aboriginal person. Aboriginal people mostly want to work in health for reasons to do with community. Having a job, especially stable employment, is another factor. Aboriginal health service managers, whether they work in ACCHOs or government organisations, are interested in an applicant's strengths and their potential to grow and be a leader. In recruiting they look for staff with a combination of cultural, personal and professional attributes.

When it comes to Aboriginal people enjoying a career in the health sector, it seems that there are barriers all along the way. Financial pressures impact at every step. The project also identified important enablers. At the organisational level, career development starts with the 'right' governance and management structure and strategies, including a Workforce Development Strategy that includes specific goals and actions to enhance career development and ensure cultural safety. Cultural values must be at the forefront. All staff need to feel valued in the workplace and by the community and be appropriately rewarded. Aboriginal leadership is essential with Aboriginal people in the executive and senior and line management positions. The focus should be on providing opportunities through identified and targeted recruitment, nurturing staff, developing skills and strengthening culture. In this respect, ACCHOs are so much more than an Aboriginal organisation delivering health care; they are a place of opportunity bringing wellbeing to staff and community alike.

Strategies to improve Aboriginal career pathways are necessary at multiple levels: within health services and organisations, across the health and education sectors, and in the community. Partnerships will be essential in moving forward.

## Introduction

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.

**This report presents the methods and findings of workplace-based case studies conducted in NSW, undertaken as part of a national Career Pathways Project (CPP).** Further information on the CPP, research questions and the CPP component elements is provided in **Appendix 1**. Across NSW, the partners are Bila Muuji Aboriginal Corporation Health Service, Maari Ma Health, Western NSW Local Health District, South Western Sydney Local Health District, Awabakal Medical Service, Western NSW Primary Health Network, Western Sydney University, and UNSW Sydney.

### Aims and questions

The aim of the workplace-based case studies was to collect contextualised ‘ground-level’ data through yarning circles and interviews with Aboriginal and Torres Strait Islander health staff and their managers from different organisation types (community-controlled services and government services) across a range of locations (urban, regional, rural and remote) in NSW.

In this component we explored aspects of six of the nine research questions in some depth:

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 are possible solutions and strategies to address the barriers, and better enable Aboriginal health workforce career development and career advancement across sectors and professions/disciplines?



## Methods

### Ethical approval

Ethical approval to conduct the workplace-based case studies was granted by the Aboriginal Health and Medical Research Council Ethics Committee (Approval 1306/17) and the Greater Western Human Research Ethics Committee (Approval GWAHS 2017-060), with external recognition provided by the Human Research Ethics Committee of Western Sydney University.

### Approach

A detailed methodology is provided in Appendix 2, accompanied by copies of the Participant Information Statements and Consent Forms (Appendix 3) and the yarning circle and interview discussion guides (Appendix 4). In brief, yarning circles were used as the primary method for conducting the workplace case studies, with interviews offered where it was not possible to have a yarning circle. The use of yarning circles as the primary data collection method was a considered choice. A yarning circle allows participants to support each other through the process of participation in a safe environment. The benefit of this to the research is that the data collected is often richer and deeper, as participants build on one another's ideas and contributions.



Participants included all categories of Aboriginal and Torres Strait Islander health staff: clinical (registered health professionals and others), community, administration and operations. Separate yarning circles were held with their managers (Aboriginal and non-Aboriginal). Nine Aboriginal Community Controlled Health Organisations (ACCHOs), two local health districts (LHDs) and one primary health network (PHN) spanning urban, regional, rural and remote NSW were involved. For the purposes of this report, the two LHDs and the one PHN have been combined into the single category - 'government organisations'.



## Collaboration and two-way learning

Working together as a team, we have built research capacity building into every stage. This learning and supporting has been truly two-way, with non-academic team members being deeply involved in every stage of the research process, including data collection, analysis, interpretation and reporting. In turn, the university team members have built their

capacity to conduct culturally respectful and inclusive research guided by the Aboriginal team members. Appendix 5 contains reflections by two of the Aboriginal researchers.

## Knowledge translation

A summary of the findings for each ACCHO and government organisation was provided for checking and for their information and use (community feedback and reciprocity). Appendix 6 contains an example of the de-identified summary of findings for one ACCHO.

## Participants

In total, 122 people, 83 staff (57 from ACCHOs and 26 from government organisations) and 39 managers (24 from ACCHOs and 15 from government organisations) from across NSW participated in either a yarning circle or an interview (Table 1). In all, 28 yarning circles and 6 interviews were conducted around the state and the team travelled more than 3,300km visiting the different sites.

*Table 1: Workplace data collection in NSW*

| Data collection site and method   | Aboriginal health staff<br>Registered and unregistered<br>Clinical and non-clinical |                        | Health service managers |                        |
|---|---|------------------------|-------------------------|------------------------|
|   | Number conducted  | Number of participants | Number conducted        | Number of participants |
| <b>ACCHOs (9 organisations)</b>   |   |                        |                         |                        |
| • Yarning circles   | 12  | 57                     | 6                       | 20                     |
| • Interviews  | 0   | 0                      | 4                       | 4                      |
| <b>Government (3 organisations; inclusive of both LHDs and the PHN)</b> |   |                        |                         |                        |
| • Yarning circles   | 8   | 25                     | 2                       | 14                     |
| • Interviews  | 1   | 1                      | 1                       | 1                      |
| <b>Combined total (12 organisations)</b>                                |   |                        |                         |                        |
| • Yarning circle  | 20  | 82                     | 8                       | 34                     |
| • Interviews  | 1   | 1                      | 5                       | 5                      |

The health service managers included 10 participants in executive positions (all Aboriginal) and 20 in other managerial positions. Among the Aboriginal health staff, Aboriginal Health Workers (AHWs), Health Practitioners (AHPs) and Liaison Officers (ALOs) formed the largest group (23 participants). There were seven nurses, five allied health professionals and one doctor. Almost half the participants had been employed at their current workplace for between one and five years, 15 for less than one year and 15 for more than ten years. Most had been employed in the health sector for much longer, 41 for more than ten years.



## Findings

### The unique skills, knowledge and values that Aboriginal staff bring to a health service

Aboriginal staff bring an extraordinary skill-set and specialised knowledge to a health service, beyond any formal qualifications or generic skills. At the core lies their holistic and patient-centred focus, and family values. Their contributions are both unique and influential, making them an invaluable and irreplaceable member of the healthcare team.

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

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

**Community connections** and all they encompass are key. Aboriginal staff know the local community because they are a part of that community; they have both historical knowledge about the community and current and timely knowledge of the relationships amongst community members. They are a friendly, approachable local face in a clinical environment.

*“From 9 to 5 on Monday to Friday they’re our clients but after 5 o’clock they’re my friends.” (Staff, ACCHO)*

*“There’s all these little message sticks or connections and that there. You know, when we go out and that they’re little messages to let other staff members or ‘Can you let [name] know that I’m waiting?’ ... So we try our best not to forget these little interconnecting communications and that.” (Staff, ACCHO)*

**Shared understanding and lived experience.** Aboriginal staff have a shared understanding of the broader social and cultural determinants of health impacting on patients and the community, based on lived experience. This results in patients having more trust in the Aboriginal staff who come across as non-judgemental, with high levels of empathy, caring and compassion.

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

**Communication.** Aboriginal staff provide a two-way communication channel for patients. Patients are comfortable to ask them questions and the Aboriginal staff are able to translate medical jargon into a language that patients can understand. At the same time, Aboriginal staff teach the patients how to talk to the non-Indigenous clinicians and this builds up the patient’s confidence in this communication.

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

**Role models for community.** Aboriginal health staff are important role models and inspirations within their community. By their example, they inspire other community members into a career in health and they provide inspiration for community members to take care of their own health.

**Educators and advocates.** Aboriginal staff educate non-Indigenous staff about Aboriginal culture and how to interact with clients effectively. This supports and empowers non-Indigenous staff, building cultural competence and cultural safety in the organisation. Aboriginal staff are advocates for patients and the community as a whole.

*“And you can educate your co-workers about their [patients] situation. Just so they know. Just so it’s not disrespectful when they talk to the patients and stuff.”* (Staff, Government)

*“I do a lot. I bring, I bring NAIDOC to the unit. I bring Survival. I bring culture where they never had it really before.”* (Staff, Government)

*“You’ve gotta fight for your people.”* (Staff, ACCHO)

**Holistic care.** Aboriginal staff are willing to do whatever is needed to help their patients. Their holistic view takes in the cultural and social determinants of health and leads to a flexible and adaptable clinical approach.

*“We have to sort of teach western medicine to say ‘Look, Aboriginal health is holistic health’, whereas we bring blackfellas into the position, we know it’s holistic health. We know the social determinants are an impact. That’s automatic for us.”* (Manager, Government)

**Humour and resilience.** Aboriginal health staff bring important personal qualities, including humour, to the way they engage with others. This facilitates building of trust and breaking down of barriers between patients and the health service. Important to their way of working is the resilience to cope with the daily challenges of working in a health service.

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

**Living in two worlds.** Central to all of the above is the ability of Aboriginal health staff to live in two worlds. Bridging the medical model of the western world and a holistic Aboriginal model of health, the staff are the link between the two for patients and non-Indigenous clinicians.

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

### Similarities and differences

Participants had similar views on the unique contributions of Aboriginal health staff to a health service, regardless of organisation type (ACCHO or government) or location. However, there were some differences between staff and managers. While both groups noted community connections, and culturally-appropriate communication and ways of doing

business as unique contributions, staff spoke more about how they actually engage and work with community (e.g. flexibility, responding to patient needs, outreach).

*“And I think that we go outside the box. We just don’t do what we’re supposed to do: we go outside the box and we’re very lucky that we can go and do home visits and check up on people as well.”* (Staff, ACCHO)

Managers were more likely to comment on personal qualities. For example, it was managers who commented on the humour and resilience of Aboriginal staff as being core to their effectiveness. Managers also spoke more about the cultural skill set that Aboriginal staff bring, including age-specific and gender-specific aspects.

### The reasons Aboriginal people come to work in health

Aboriginal people mostly want to work in health for reasons to do with community. Having a job, especially stable employment, is another factor.

Aboriginal people know from their own experience how poor health and lack of access to culturally appropriate health services affect the community. **They come to work in health because they want to make a difference: to change the way Aboriginal health is delivered and improve the lives for their family and future generations.** Honouring those who went before, helping your own people to break the cycle of loss and grief, and making sure that history will not be repeated are powerful motivators. Both younger and older participants were **passionate about giving back to community.**

*“We’ve all seen the negative aspects of what can happen in healthcare. So it’s about trying to change those into a positive light and make sure that from, you know, in the future, that our kids may not have to experience what we experienced as kids or what our families experience.”* (Staff, Government)

*“We wanna be a part of changing that stigma, and providing a quality healthcare to our communities. Not just healthcare as in such a flimsy type of care but also actually quality healthcare; not just the band-aid stuff but also being involved in the preventative health, yeah, outcomes for our communities I s’pose.”* (Staff, ACCHO)

*‘I’ve seen a lot of my mates die, like, road accidents... I’ve even been in an accident ... so I just wanted to, not to go down, you know, that path with that, you know, get on the dialysis for kidneys... I’ve seen a lot [of] people OD on drugs and all of that, so, yeah, I just wanted to get in and try and minimise the harm, I guess.’* (Staff, ACCHO)

*“I wanted to do a job that felt I was giving back...I wanna be here for the, you know, our youth coming through today.”* (Staff, ACCHO)

*“I moved back from [city] where I went off to study, and came back so that I could give back to my community, and bring skills and knowledge that I’d learnt from away back home.”* (Manager, ACCHO)

The health sector provides an **opportunity to get into the workforce, job security and financial stability**, particularly in rural and remote areas where there is limited employment. Furthermore, there is opportunity to move into different roles and build a career.

*“If a job comes up, you’ve gotta jump on it pretty quick because there’s not much work out here.”* (Staff, ACCHO)

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

Knowing someone else who works in health (**role models and networks**), and **receiving encouragement** from family members and others is important. **Identified positions** are attractive. There is particular satisfaction and pride attached to working for ACCHOs because of the strong community connections and the element of self-determination.

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

As part of the growing Aboriginal health workforce, Aboriginal staff and managers are **role models**. They are also role models and **educators for non-Indigenous health staff**. Their very presence in government services transforms the experience for Aboriginal patients and their families. The work itself can be both professionally and personally satisfying.

*“I think we grow up caring for family members so it just becomes something that we do ... You’ve got that connection to the community and you know that you’re really helping.”* (Staff, ACCHO)

*“Translating that back into our non-Indigenous staff, you know, to support them, you know, with the Aboriginal patient journey.”* (Manager, Government)

*“It started teaching me a lot about my own life, I suppose my, our health of myself, my children, my family.”* (Manager, Government)

### Similarities and differences

Compared to government services, ACCHOs are seen as offering more opportunities to work directly with community and greater cultural safety. On the other hand, as large organisations, the LHDs offer a greater range of jobs and career opportunities.

*“[An ACCHO is] not an alien environment. It’s a much safer place to work and to ask questions than it is in mainstream.”* (Manager, ACCHO)

### What managers look for in recruiting Aboriginal health staff

Whether they work in an ACCHO or a government organisation, Aboriginal health service managers are interested in an applicant’s strengths and their potential to grow and be a leader. They are looking for staff with a combination of cultural, personal and professional attributes.

**Cultural attributes** relate to identity—Someone who has connections to community; understands and respects culture; knows how to work with community based on lived experience; recognises the impact of social and cultural factors on people’s lives and health; and is accepted by the local community.

**Personal attributes**—Someone with a smile who is approachable and friendly; enthusiasm and energy; experience of overcoming adversity (resilience); family values; commitment to serving the community; and the potential to be a leader.

**Professional attributes**—Someone who has a desire to work in health and make a career in health, not take just any job; understanding of the role; eager to learn; willing to give it a go with the confidence to ask for help if needed; good work ethic (reliable and professional). Depending on the position, managers look for corporate knowledge or technical skills.

On top of these attributes, Aboriginal health service managers seek to recruit Aboriginal staff who will be a **'good fit'** for the team, the organisational culture, the local community and partner organisations.

### Barriers to Aboriginal health workforce career development

When it comes to Aboriginal people enjoying a career in the health sector, it seems that there are barriers all along the way. **Financial pressures impact at every step.**

**Early barriers** include lack of role models; **lack of awareness of the possibilities** for a career in health and how to achieve them (employment, training and education opportunities); **limited schooling** (literacy and numeracy skills); **lack of encouragement** from family and community; and **lack of confidence**.

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

*'I think a lot of people don't back themselves... They're just like, "No, no way! I couldn't do that", you know. Like, "That's a bit big for me. Like, I don't ...". Where they probably could.' (Manager, ACCHO)*

**Barriers at the recruitment stage** include **culturally insensitive and inflexible HR** (Human Resources) practices; **unattractive pay** and conditions; **lack of work experience**; **applicant expectations** and attitudes; and **uncertainty about western medicine**.

*'[Big application forms] can just really deter people especially like, you know, they're trying so hard to find work and they're getting turned away by so many people. And then you want them to answer five of these criteria questions and provide a resume with three different references ...' (Staff, ACCHO)*

*'I think there are cultural barriers as well. Traditionally, we have our own medicine and ways of doing things, and this health, the whole, health system is completely different to that. So I think there's a lot of, I'll say scaredness, if that's a word, entering this field as to what you will learn and what you'll be exposed to.' (Staff, ACCHO)*

**Barriers in the workplace** include **culturally insensitive and inflexible HR** practices (again); **unsupportive managers** who do not value the unique skills, knowledge and values that Aboriginal staff bring and consistently block requests for training and upskilling; and **lack of cultural competence and safety** across the organisation. **Lack of role clarity and professional recognition** contribute to stress.

*'I think it depends on the structure of the service and the management structure with who people are sitting under. Some can be very, very supportive and some can continue to put up all those barriers consistently for their workforce.' (Staff, Government)*

*'If you're in admin or nursing and your training don't relate to admin or nursing, you ain't goin.' (Manager, Government)*



*'My manager doesn't know what my role is, doesn't know [our scope] how I need to develop that and maintain the skills that I've been trained to do.'* (Staff, Government)

Bringing Aboriginal cultural values into a medically dominated health system, or working as a man in a female dominated workforce, can be a challenge. **Racism and lateral violence, stereotyping and unfair treatment** take a toll on staff wellbeing. In government health services, young Aboriginal staff feel enormous pressure to change other staff members' negative opinions about Aboriginal people.

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

**Available positions are dependent on funding** and many have **no progression or clear pathway** to move on or up. **Lack of confidence** means people are reluctant to apply for promotion when opportunities do arise. **Wages are low**, particularly in ACCHOs, and are often seen as inequitable.

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

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

**Barriers to further education and training** include **lack of support in the workplace and from family; having to leave home** for study (childcare and other responsibilities); and **lack of tuition support**.

*'You just get put down by your mob. Stuff like that 'You think you're better than us'. So people just drop out.'* (Manager, ACCHO)

*'People don't like to go off country that long. And families don't like family to go off country for that long.'* (Staff, ACCHO)

## Enablers for Aboriginal health workforce career development

**For staff**, the key enablers for a satisfying and successful career in the health sector were:

- Having **opportunities to learn and grow** including through traineeships and training and on-the-job experience; being encouraged by someone you know to apply for a job, especially entry-level positions; early career planning and talking about career development in regular performance appraisals.

*'Identifying people in the community that you can tap on the shoulder and say "Hey, there's some jobs going. You reckon you wanna have a go at it?'"* (Staff, ACCHO)

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

- Having **line managers who value their Aboriginal staff** and provide information about opportunities and facilitate access to training and paid study leave.

*'People letting you know that you're doing a good job or if there's a course that pops up and management will send it to me and say "We think you'd be great for this role" you sort of feel empowered to go on and do that. If somebody doesn't feel valued and doesn't feel like they have a purpose, they're not going to stay.'* (Staff, ACCHO)

- Seeing **Aboriginal people in leadership and senior management** positions and having **role models** (*'someone that's done it to emulate'*).
- Feeling **appreciated** by the community and your colleagues.
- Working for an **organisation that is culturally competent** and celebrates Aboriginal culture (e.g. NAIDOC).
- Having a **strong cultural identity, resilience**.

*'I think that that is a skill that we have in the health sector... there's the strength to just keep powering on and do what we're here to do.'* (Staff, Government)

**For managers**, the key enablers for Aboriginal people having successful careers in health were:

- **Education and training** to build competence, credibility and integrity; funding for courses and scholarships for individuals; and staff knowing about the opportunities.

*'People need to be educated on what's there. And understanding what's available and how to get there, that there's clear access to that stuff. Like there's grants and all that stuff, but I wouldn't know how to access it. I don't know what's out there.'* (Managers, ACCHO)

- **Support structures** along the career journey—recruitment, training, further studies and onwards.
- **Pathways into leadership roles**.
- **Employing local people**; having local people as **role models and mentors**.
- **Support from the Board in ACCHOs, the Executive in LHDs and community Elders**.

### Similarities and differences

Both staff and managers highlighted the importance of mentoring and role models, access to basic training and further education including financial support, a supportive organisational environment and—especially—a nurturing workplace. Participants from ACCHOs highlighted the need for education and raising awareness of health careers at schools and building a person's confidence to have a go. Participants from government organisations noted that all Aboriginal employees need support—staff and managers. In mainstream organisations, maintaining a critical mass of Aboriginal people who can support each other (*"not just being the only Aboriginal staff member on the ward"*) is important for retention. Cultural safety is a huge issue.

Participants right across the state spoke about supportive management (in one ACCHO the organisational structure was described *"as a circle not a ladder"*); being given opportunities to develop within the workplace; accessible training with financial and tutorial support for studies; and flexible HR. Having childcare onsite was also mentioned in the urban context. Participants in remote locations were more likely to rely on courses delivered at the local TAFE.

## Strategies to improve career pathways for Aboriginal health staff

Strategies to improve Aboriginal career pathways are necessary at multiple levels: within health services and organisations, across the health sector and the education and training sector, and in the community.

Strategies that participants saw as making a difference the **within an organisation** included:

- **Aboriginal people employed across all levels and areas of the organisation**, including executive and senior management positions, and a commitment to career development and creating career pathways in **strategic planning documents** (including actions, targets and measures, and timelines) underpinned by a **cultural safety framework**.

*'Aboriginal employment strategies do have a purpose but they're not defined enough about how we develop people when we bring 'em to our organisation. And the developing of Aboriginal people starts at the recruitment stage.'* (Manager, ACCHO)

- Building and boosting **cultural competence** through training and other activities, and embracing **Aboriginal culture** (e.g. NAIDOC, bush healing garden).
- Having **all Aboriginal staff reporting to Aboriginal managers**, either directly or indirectly, and **educating line managers around HR and wellbeing for Aboriginal staff**.

**Recruitment strategies** that were identified as being helpful included:

- **Identified and targeted positions.**

*'And, if they can't fill those [identified] positions, don't just immediately go to non-Indigenous people; actually keep advertising it for the identified position so they do have the Aboriginal person there.'* (Staff, ACCHO)

- **Entry-level positions** for youth, young adults and mature-aged community members, and traineeships that lead to ongoing work.
- **Wide advertising** of vacancies, making use of informal community networks as well as usual channels (e.g. newspaper and website).
- **Culturally appropriate selection procedures** that place value on the unique skills, knowledge and values that Aboriginal people bring, take into account social and economic disadvantage (e.g. education and employment history, police record), and recognise potential.

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

- **Access to discretionary funds** to assist successful applicants who can't afford to pay for commencement documentation (e.g. Birth Certificate and Working with Children Check), required vaccinations, work clothes and shoes etc.

- **Duty statements** that reflect the community engagement and staff education activities that Aboriginal staff undertake in addition to their core duties.

*'Even just going to one of our patient's funerals that's quite a big deal in our communities. But that's not seen as part of our roles.'* (Staff, Government)

**Other workplace strategies** that were identified as being helpful included:

- **Formal mentoring schemes**, especially for new staff and for existing employees moving into new positions to ensure that they are not set up to fail; Aboriginal mentors from within and outside the organisation; Elders mentoring youth; and support for the mentors too.

*'You have to have people that can mentor those new people into those positions.'* (Manager, ACCHO)

- Regular **professional and cultural supervision**.

*'I'm sure a lot of our Aboriginal nurses that work in this organisation would love their clinical supervision to be undertaken by another Aboriginal nurse.'* (Manager, Government)

- **Career planning** from the beginning with clearly defined training and career goals and duties and regular review (every 6 months); and clear explanation of processes around career progression and moving up the pay scale.

*'I know I used to work for the federal government and it was motivating, you know, to get to a level three. To level four you need these particular skills and you could do courses that meet those requirements. It's very motivating and I think people have progressed in their career cause they're well aware of how to progress by building those skills.'* (Staff, ACCHO)

- Actively **promoting job and study opportunities** through emails, cluster meetings and networks; encouraging and assisting individuals to apply; sharing of personal stories.
- Offering Aboriginal health staff **opportunities to try other positions** in the same or other services, with backfilling for secondments.
- **Succession planning**, recognising and building Aboriginal leaders; removing qualifications as a prerequisite for senior positions where **on-the-job upskilling or training** are options.

*'As a member of a community. That's one of the things I always take to my local [AMS] AGM, you know. "How many people have you guys trained up? I wanna see", you know, 'cause we wanna see 'em in the, in the more senior positions... It's just what you wanna see; young people up the ranks ...'* (Manager, Government)

- **Providing incentives** (e.g. salary increment or promotion) for successful completion of studies, while **removing disincentives** by recognising previous experience and qualifications.

*'She was the (Aboriginal) liaison officer for many, many years and she went on and done a social work degree, became a social worker and had to take a big drop in pay to go into the social-work position.'* (Manager, Government)

- **Embracing Aboriginal culture** (e.g. providing cultural area for staff and patients); encouraging Aboriginal staff in non-identified positions to signal their **cultural identity** to patients and other staff if they choose to do so (e.g. with a badge or shirt).

Strategies that focus on **training and education** include:

- **Formal links and partnerships between health services, TAFE and universities**, with funding to establish career pathways and support collaborative training between high schools, TAFE, universities and health services; work experience; student placements in health services.
- **Traineeships** while at school; **bridging programs** for those who haven't studied for a while; training courses delivered locally so students don't need to travel; and better funding for TAFE.
- **Tutor support** outside study blocks; **supervised practice** in the workplace; **peer support networks** (*connecting learners together*).
- **Cross-sector training and secondments** between ACCHOs and government services so Aboriginal staff gain experience in both sectors.
- **Recognition for prior learning and experience.**
- **Management and leadership training.**
- **Study leave; financial support** for training that covers all costs (registration, meals, travel, accommodation etc.); additional support for mature-age students with family responsibilities; flexible scholarships – **a career pathways scholarship**.

Strategies that focus on the **community** include:

- **Promoting health careers in schools and at community events**; letting people know that if they did finish high school earlier, there are still entry points into a health career.

*'I think a lot of people don't understand that, you know, if you haven't finished school or if there is no university in your town, there are actually other ways to, to get there.'*  
(Staff, ACCHO)

- **Workshops** to help with writing resumes.
- **Health professionals sharing their personal stories** to help change stereotypes and normalise success.

*'I just think having that, you know, us going out and showing kids like, promoting what we can do and there were Aboriginal people who are successful in the workforce.'*  
(Staff, Government)

Strategies for **government** include:

- More funding for **identified positions; industry awards** with salaries that match the 'position' and the 'skillset' that Aboriginal staff bring.

*'Ours is a specialty. That's something that we should be fighting for is that we need the proper payment for people if we're wanting to stay in Aboriginal services.'* (Staff, ACCHO)

- Better **understanding of local community needs and commensurate funding** to employ and support sufficient numbers of appropriately skilled and supported Aboriginal staff in clinical and non-clinical roles to facilitate community engagement and holistic health practice.

*'I think, if the government got a good understanding of the issues in our community, that'll create pathways around, you know, bettering the community, that service delivery. So, for instance, if you look at the issues and put something in place that's gonna resolve those issues, that's creating career pathways.'* (Staff, ACCHO)

*'People will [stay] if it's actually directly meeting needs. They're not doing a role that they feel isn't actually matched to the community need ... If you are able to truly respond to what communities want that would create a lot more employment, a lot more reason for people wanting to work in health ... Rather than running a program in a community because that's what you're funded for ... cause that's what we do now.'* (Manager, ACCHO)

### Similarities and differences

Participants from ACCHOs and government services had similar suggestions for improving career pathways. Both groups emphasised creating awareness in the community, opening doors through entry-level positions, then developing career pathways with solid support in place from the beginning so that people are not set up to fail. Mentoring was seen as a key strategy. Participants from ACCHOs highlighted the importance of supervised clinical practice (especially for recently graduated Aboriginal Health Workers, but not only for that group). Participants from government services highlighted cultural competence and staff being valued and recognised for their Aboriginality regardless of their position. The LHD Aboriginal health managers spoke about a state-wide approach to the Aboriginal Health Practitioner responsibilities, and the need for Aboriginal workforce targets for each LHD. They also raised the need for a system to capture staff development needs across the organisation for planning purposes and to formalise successful practices to ensure sustainability.

*'We've made the changes, so have they, but we want it where it's locked in and it's a given ... It's no longer person-dependent, it's just the way we do business.'* (Manager, Government)

In terms of location, remote and rural sites highlighted the importance of locally available training and education opportunities including satellite learning. Participants across NSW mentioned collaboration and partnerships, both within the health sector (ACCHOs and government services) and with the education sector (schools, TAFE and universities).



## Conclusion

The Aboriginal and Torres Strait Islander health workforce is at the forefront of efforts to Close the Gap. Expanding and strengthening this workforce is crucial for improving Aboriginal and Torres Strait Islander population health outcomes. While culturally appropriate HR systems and procedures are essential to achieving this, they are unlikely to be enough by themselves. Starting with recruitment, a major shift is required in thinking and language from just filling positions to finding the right person who wants a health career and, more broadly, to building a sustainable Aboriginal workforce across all the health professions. For retention, employing local people; developing, training and upskilling them; and supporting them in further studies when they are ready is important. A lot depends on adequate funding. Strategies to improve Aboriginal career pathways are necessary at multiple levels: within health services and organisations, across the health sector and the education and training sector, and in the community. Partnerships will be essential in moving forward.

## References

Maari Ma Health Aboriginal Corporation. 2018, *Workforce Development Strategy 2017–2021*, Maari Ma Health, Broken Hill.

NSW Health. 2016, *Aboriginal Workforce Strategic Framework 2016–2020*, NSW Ministry of Health, North Sydney.

South Western Sydney Local Health District. 2017, *Aboriginal Workforce Strategy 2017–2020*, South Western Sydney Local Health District, Liverpool.

Western NSW Local Health District. 2018, *Improving Aboriginal Health Strategy 2018–2023*, Western NSW Local Health District, Dubbo.

Western NSW Primary Health Network. 2016, *Cultural Safety Framework Part 1*, Western Health Alliance Ltd, Dubbo.



## Appendix 1: The Career Pathways Project

### Who we are

The Career Pathways Project is an Aboriginal-led national research project funded by the Lowitja Institute Aboriginal and Torres Strait Islander CRC. This project came about through the merging of two separate but highly complementary proposals (from New South Wales and the Northern Territory) that the Lowitja Institute had received as a result of a call for research into career pathways for Aboriginal and Torres Strait Islander health staff.

At the request of the Institute, these two competitive submissions were combined into a single national project. Across New South Wales and the Northern Territory, the project partners are Bila Muuji Aboriginal Corporation Health Service (Bila Muuji), Maari Ma Health, Western NSW Local Health District (Western NSW LHD), South Western Sydney Local Health District (SWS LHD), Western NSW Primary Health Network, Western Sydney University (WSU), UNSW Sydney, the Aboriginal Medical Services Alliance Northern Territory (AMSANT) and Human Capital Alliance (HCA).

Many individuals contributed to the project by playing key roles in data collection, analysis and writing and are listed below in alphabetical order. The diverse perspectives and expertise of the people who worked together in the project was a major strength. The complexity of working across multiple organisations and jurisdictions also required clear governance structures, which are detailed in the introduction to this report.

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

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

Dr Jannine Bailey, WSU

A/Professor Ilse Blignault, WSU

**Ms Tania Bonham**, SWS LHD

**Ms Zoe Byrne**, Bila Muuji

**Ms Christine Carriage**, WSU

**Ms Karrina Demasi**, AMSANT

**Ms Erin Lew Fatt**, AMSANT

**Mr Justin Files**, Maari Ma Health

Ms Sally Fitzpatrick, WSU

**Ms Sharon Johnson**, AMSANT

**Ms Telphia-Leanne Joseph**, UNSW Sydney

**Ms Kate Kelleher**, Kate Kelleher Consulting with HCA

Dr Lois Meyer, UNSW Sydney

**Mr Phil Naden**, Bila Muuji

Dr Sally Nathan, UNSW Sydney

**Mr Jamie Newman**, Bila Muuji

Ms Pamela Renata, Bila Muuji

Mr Lee Ridoutt, HCA

Ms Debbie Stanford, HCA

**Ms Lesa Towers**, Western NSW LHD

**Ms Carol Vale**, Murawin Consulting with HCA

**Dr Megan Williams**, UTS and UNSW Sydney

The project used a mixed-methods design and brought together qualitative and quantitative data from primary and secondary sources. The main research activities were: **A literature review | A secondary data analysis | A national survey | Career trajectory interviews | Workplace case studies (NSW and NT) | Stakeholder interviews**. The research approach was iterative, with the different components informing each other as knowledge and evidence built.

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

### **Why this project was needed**

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

A secondary data analysis (Ridoutt, Stanford & Blignault et al. 2018) shows that over the past twenty years there had been growth in the absolute number of Aboriginal and Torres Strait Islander people in the health workforce, with a significant growth in enrolments and graduations from higher education. However, there has been no real improvement in the proportion of the total health workforce primarily due to an equally rapid growth in the non-Indigenous health workforce. This analysis also shows that growth has been in low status and low paying jobs with shorter salary scale structures with poor articulation into other roles, including professional careers.

Despite the critical need for strengthening the Aboriginal and Torres Strait Islander health workforce, increasing retention and supporting career progression and development, the research to date on how to achieve this has been limited (Meyer, Joseph, Anderson-Smith et al. 2018), with studies largely focused on how best to increase the volume of workers entering health careers by examining issues related to secondary and tertiary education.

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

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

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

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

## Our Approach in this Project

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

The Career Pathways **Project Steering Committee (PSC)** coordinated the jointly led activities and ensured regular communication and information sharing across the NSW and NT teams. It also had decision-making capacity for procedural issues to facilitate the 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.

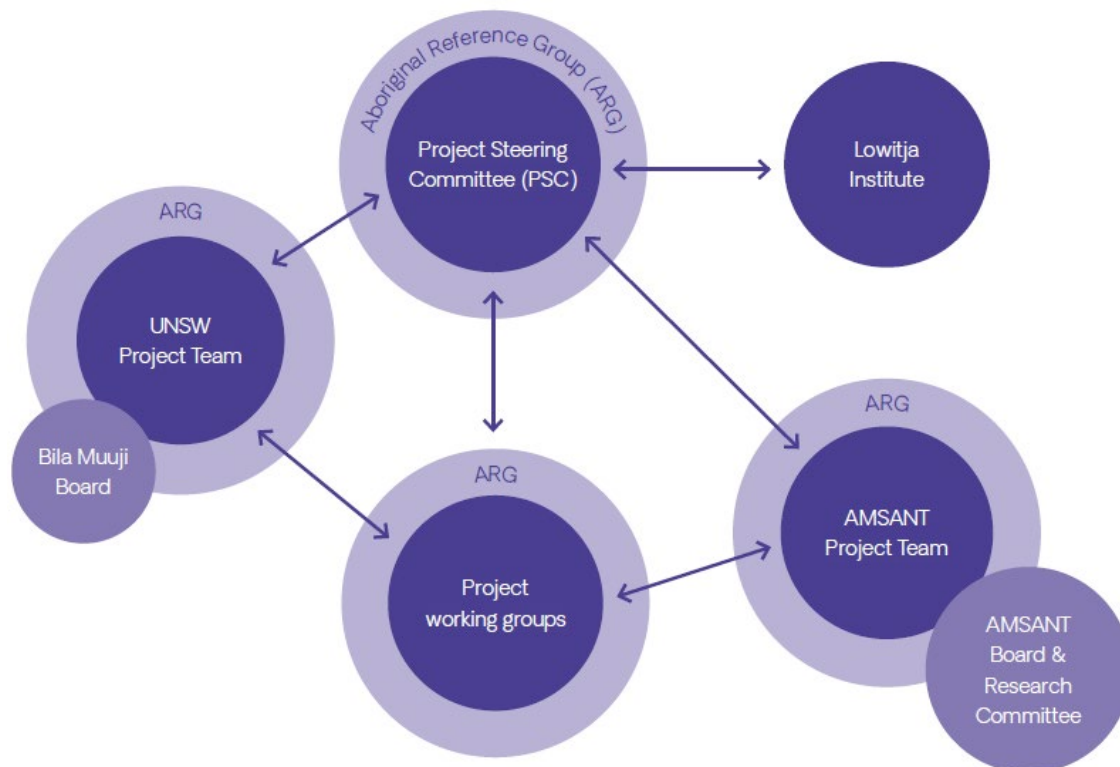


Figure 1: CPP governance and project management arrangements

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

## List of reports from the CPP project

### Overarching report:

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

### Individual research component reports:

#### 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: Detailed Methodology

### Sample, recruitment and data collection

The primary data collection method was yarning circles, with interviews offered where it was not possible to convene a group for a yarning circle. Data were collected from Aboriginal and Torres Strait Islander health staff (registered health professionals, Aboriginal Health Workers not registered with AHPRA and administration and operations staff) and, separately, from their managers (Aboriginal and non-Aboriginal).

Data collection sites and methods are summarised in Table 1. Data were collected from nine Aboriginal Community Controlled Health Organisations (ACCHOs), two local health districts (LHDs) and one primary health network (PHN) spanning urban, regional, rural and remote NSW. For the purposes of this report, the two LHDs and the one PHN have been combined into a single category called “Government organisations”.

**Table 1: Workplace data collection in NSW**

| Data collection site and method   | Aboriginal health staff<br>Registered and unregistered<br>Clinical and non-clinical |                        | Health service managers |                        |
|---|---|------------------------|-------------------------|------------------------|
|   | Number conducted  | Number of participants | Number conducted        | Number of participants |
| <b>ACCHOs (9 organisations)</b>   |   |                        |                         |                        |
| • Yarning circles   | 12  | 57                     | 6                       | 20                     |
| • Interviews  | 0   | 0                      | 4                       | 4                      |
| <b>Government (3 organisations; inclusive of both LHDs and the PHN)</b> |   |                        |                         |                        |
| • Yarning circles   | 8   | 25                     | 2                       | 14                     |
| • Interviews  | 1   | 1                      | 1                       | 1                      |
| <b>Combined total (12 organisations)</b>                                |   |                        |                         |                        |
| • Yarning circle  | 20  | 82                     | 8                       | 34                     |
| • Interviews  | 1   | 1                      | 5                       | 5                      |

Recruitment strategies were inclusive and data collection was tailored to each jurisdiction and site. With the exception of one yarning circle held with ACCHO managers, the composition of the other yarning circles was left to the individual sites to determine so as to ensure that participants were comfortable to yarn together and share together. The scheduling of field trips and site visits was negotiated with the research partner organisations. Managers were responsible for promoting the research within their workplace using promotional material provided (e.g. at staff meetings and in broadcast emails and newsletters), and arranging venues and times to facilitate staff participation.

Written informed consent was obtained from all participants prior to conducting the yarning circle or interview (see participant information sheets and consent forms in Appendix 3). Group rules were emphasized before beginning the discussion, including ensuring respect

for other people's opinions (no one way to do things) and confidentiality (what is said in the group stays in the group). Yarning circles were run by two researchers, a facilitator and a recorder, and lasted for approximately 60 minutes following preliminaries. Interviews lasted for 30–60 minutes. With permission, yarning circles and interviews were audio recorded and transcribed verbatim for analysis. Additionally, the researchers took field notes to supplement the recordings.

### **Tool development and piloting**

Separate, but complementary, yarning circle/interview guides were developed and piloted for Aboriginal and Torres Strait Islander health staff and their managers. The semi-structured format allowed for the flexibility to respond to local and individual preferences (cultural and linguistic) as guided by the individual sites. Yarning circle and interview schedules are provided in Appendix 4.

### **Data management and storage**

All recordings and hard copy field notes were potentially identifiable at the individual level and at the organisation level. Hence, these were stored on a password protected server file at UNSW, Western Sydney University, or Orange AMS (the auspice body for Bila Muuji), as appropriate, and were only available to the research team at UNSW, Western Sydney University and Bila Muuji. Hard copy notes were stored in locked filing cabinets in the secure offices of UNSW, Western Sydney University or Orange AMS, as appropriate. All transcripts and digitised field notes were rendered non-identifiable at the individual level, after which the hard copy field notes were destroyed. The data were, however, kept re-identifiable at the organisational level to enable feedback of local results to each organisation. The re-identifier list was stored in a password-protected word document on a password-protected server file at UNSW or Western Sydney University separately to the data and only available to the research team at UNSW, Western Sydney University and Bila Muuji.

### **Data analysis**

Transcripts were de-identified and carefully verified prior to data analysis. An inductive thematic analysis of the yarning circle and interview data was undertaken using the broad questions as a framework, while paying attention also to key issues identified in the literature review and themes emerging from other research components. NVivo12 computer software was used to support the analysis.

Data were analysed for each yarning circle and interview separately in the first instance, even where there were multiple yarning circles/interviews held within the same organisation. Then, for each organisation, staff data analyses were combined and manager analyses were combined such that there was then one staff and one manager data analysis file per organisation. These data files were uploaded to NVivo12 for coding and the conduct of an overall analysis for the entire dataset. Comparisons across organization type (ACCHO or Government), role (staff or manager) and location (urban, regional, rural, remote or regional + rural + remote) then provided a deeper understanding of the barriers, enablers and strategies for enhancing the careers and experiences of Aboriginal and Torres Strait Islander health staff.

## Appendix 3: Participant Information Sheets and Consent Forms



### PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM

#### STAFF MEMBERS – GROUP DISCUSSION

#### Career Pathways for Aboriginal and Torres Strait Islander Health Professionals

#### 1. What is the research study about?

You are invited to take part in the “Career Pathways Project”. This research study seeks to learn from Aboriginal and Torres Strait Islander people who are employed in the health sector, and their managers, about career development and progression and their ideas for improving career pathways. We will also seek to hear the views of other key people in the health system.

#### 2. Who is conducting this research?

The project has many research partners: Bila Muuji Aboriginal Health Services Inc., Awabakal Medical Service, Aboriginal Medical Services Alliance Northern Territory (AMSANT), Western Sydney University, UNSW Sydney, Western NSW Local Health District, South Western Sydney Local Health District and Western NSW PHN. The research is being funded by the Lowitja Institute.

#### 3. Do I have to take part in this research study?

Participation in the project is voluntary. If you do not want to take part, you do not have to. Your decision whether or not to participate will not affect your future relationship with your organisation or any of the other research partners.

If you decide you want to take part in the project, you will be asked to:

- Go through the information sheet (ask questions if necessary);
- If you would like to participate, sign the consent form and;
- Take a copy of this form home with you to keep.

#### 4. What does participation involve and are there any risks involved?

If you decide to participate you will be asked to come to a group discussion (yarning circle) with other Aboriginal and Torres Strait Islander staff in your organisation to talk about topics such as: the reasons Aboriginal and Torres Strait Islander people come to work in health, the special skills and values they bring, the roadblocks and facilitators to career development, and ideas for improving career pathways. The group discussion will take about one hour. If everyone gives permission, the discussion will be audio recorded.

We don't expect the questions discussed to cause any harm or discomfort to you, however if you experience any discomfort as a result of participation you can let the research team know and they will provide you with assistance.



**5. What are the possible benefits to participation?**

We hope that you enjoy talking to us and sharing your ideas about how Aboriginal and Torres Strait Islander health staff can be supported and developed in their careers. The combined findings will provide information and guidance for health service managers and other stakeholders who want to grow and develop the Aboriginal and Torres Strait Islander health workforce.

**6. How and when will I find out what the results of the research study are?**

The research team will provide short reports along the way, including a plain-language summary report for each participating organisation. At the end of the project we will prepare a formal report for the Lowitja Institute. We will also write articles and present the results at conferences. All the information published and presented will be done in a way that will not identify you.

**7. What if I want to withdraw from the research study?**

If you do consent to participate, you are free to stop at any time. Just let the research team know. Your decision to withdraw will not affect your future relationships with your organisation, Bila Muuji, or any of the other research partners. However, because it will not be possible to identify your voice in the audio recording we will not be able to remove your information if you choose to withdraw during or after the discussion group.

**8. What should I do if I have further questions about my involvement in the research study?**

If you want any more information about this project or if you have any problems which may be related to your involvement in the project, you can contact a member of the research team. Their contact details are listed below.

**Research Team Contact Details**

|                  |  |
|------------------|--|
| <b>Name</b>      |  |
| <b>Position</b>  |  |
| <b>Telephone</b> |  |
| <b>Email</b>     |  |

|                  |  |
|------------------|--|
| <b>Name</b>      |  |
| <b>Position</b>  |  |
| <b>Telephone</b> |  |
| <b>Email</b>     |  |

**9. What if I have a complaint or any concerns about the research study?**

The project has been approved by the Aboriginal Health & Medical Research Council Human Research Ethics Committee 1306/17. Complaints may be directed to The Chairperson, AH&MRC Ethics Committee, PO Box 1565, Strawberry Hills NSW 2012; Tel. 9212 4777.



**PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM**

**STAFF MEMBERS – GROUP DISCUSSION**

**Career Pathways for Aboriginal and Torres Strait Islander Health Professionals**

**INDIVIDUAL CONSENT**

**Project:** Career Pathways of Aboriginal and Torres Strait Islander Health Professionals

**Principal Researcher:** Dr Sally Nathan

**Research Organisation:** UNSW Sydney

I, .....

have consented to participate in the above research project on the following basis:

1. I have received the Participant Information Statement and have had the opportunity to ask questions. I understand the purpose of the research and my involvement in it.
2. I have the right to withdraw my consent and cease any further involvement in the research project at any time without giving reasons and without any penalty. This will not affect my relationships with my organisation, Bila Muuji, or any of the other research partners.
3. Any information I provide during the course of this research will remain confidential. Where the results of the research are published, my involvement and my personal results will not be identified.
4. I understand that the discussion groups may be audio-taped, but the tapes will be secured and then destroyed at the completion of the project.
5. I understand that if I have any complaints or questions concerning this research project I can contact the Principal Researcher, Dr Sally Nathan, at UNSW Sydney (Mobile 0403391247) or the Chairperson of the AH&MRC Ethics Committee (Tel. 9212 4777).

-----  
*Name* .....

*Signature* ..... *Date* .....

*Witnessed by* ..... *Date* .....

-----  
*Researcher's signature* .....

*Date* .....



**PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM**

**STAFF MEMBERS – GROUP DISCUSSION**

**Career Pathways for Aboriginal and Torres Strait Islander Health Professionals**

**Form for Withdrawal of Participation**

I wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** affect my relationship with my organisation or with any of the researchers and their organisations.

**Participant Signature**

|                                       |  |
|---------------------------------------|--|
| Name of Participant<br>(please print) |  |
| Signature of Research<br>Participant  |  |
| Date                                  |  |

**The section for Withdrawal of Participation should be forwarded to:**

|                |  |
|----------------|--|
| CI Name        |  |
| Email          |  |
| Phone          |  |
| Postal Address |  |



## **PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM**

### **MANAGERS – GROUP DISCUSSION**

#### **Career Pathways for Aboriginal and Torres Strait Islander Health Professionals**

##### **1. What is the research study about?**

You are invited to take part in the “Career Pathways Project”. This research study seeks to learn from Aboriginal and Torres Strait Islander people who are employed in the health sector, and their managers, about career development and progression and their ideas for improving career pathways. We will also seek to hear the views of other key people in the health system.

##### **2. Who is conducting this research?**

The project has many research partners: Bila Muuji Aboriginal Health Services Inc., Awabakal Medical Service, Aboriginal Medical Services Alliance Northern Territory (AMSANT), Western Sydney University, UNSW Sydney, Western NSW Local Health District, South Western Sydney Local Health District and Western NSW PHN. The research is being funded by the Lowitja Institute.

##### **3. Do I have to take part in this research study?**

Participation in the project is voluntary. If you do not want to take part, you do not have to. Your decision whether or not to participate will not affect your future relationship with your employing organisation or with any of the other research partners.

If you decide you want to take part in the project, you will be asked to:

- Go through the information sheet (ask questions if necessary);
- If you would like to participate, sign the consent form and;
- Take a copy of this form home with you to keep.

##### **4. What does participation involve and are there any risks involved?**

If you decide to participate you will be asked to come to a group discussion (yarning circle) with other health service managers to talk about topics such as: the reasons Aboriginal and Torres Strait Islander people come to work in health, the special skills and values they bring, the roadblocks and facilitators to career development, national and state policy issues, and strategies for improving career pathways. The group discussion will take about one hour. If everyone gives permission, the discussion will be audio recorded.

We don't expect the questions discussed to cause any harm or discomfort to you, however if you experience any discomfort as a result of participation you can let the research team know and they will provide you with assistance.

**5. What are the possible benefits to participation?**

We hope that you enjoy talking to us and sharing your ideas about how Aboriginal and Torres Strait Islander health staff can be supported and developed in their careers. The combined findings will provide information and guidance for health service managers and other stakeholders who want to grow and develop the Aboriginal and Torres Strait Islander health workforce.

**6. How and when will I find out what the results of the research study are?**

The research team will provide short reports along the way, including a plain-language summary report for each participating organisation. At the end of the project we will prepare a formal report for the Lowitja Institute. We will also write articles and present the results at conferences. All the information published and presented will be done in a way that will not identify you.

**7. What if I want to withdraw from the research study?**

If you do consent to participate, you are free to stop at any time. Just let the research team know. Your decision to withdraw will not affect your future relationships with your organisation or with any of the other research partners. However, because it will not be possible to identify your voice in the audio recording we will not be able to remove your information if you choose to withdraw during or after the discussion group.

**8. What should I do if I have further questions about my involvement in the research study?**

If you want any more information about this project or if you have any problems which may be related to your involvement in the project, you can contact a member of the research team. Their contact details are listed below.

**Research Team Contact Details**

|                  |  |
|------------------|--|
| <b>Name</b>      |  |
| <b>Position</b>  |  |
| <b>Telephone</b> |  |
| <b>Email</b>     |  |

|                  |  |
|------------------|--|
| <b>Name</b>      |  |
| <b>Position</b>  |  |
| <b>Telephone</b> |  |
| <b>Email</b>     |  |

9. **What if I have a complaint or any concerns about the research study?** The project has been approved by the Aboriginal Health & Medical Research Council Human Research Ethics Committee (1306/17). Complaints may be directed to The Chairperson, AH&MRC Ethics Committee, PO Box 1565, Strawberry Hills NSW 2012; Tel. 9212 4777.



**PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM**

**MANAGERS – GROUP DISCUSSION**

**Career Pathways for Aboriginal and Torres Strait Islander Health Professionals**

**INDIVIDUAL CONSENT**

**Project:** Career Pathways of Aboriginal and Torres Strait Islander Health Professionals

**Principal Researcher:** Dr Sally Nathan

**Research Organisation:** UNSW Sydney

I, .....

have consented to participate in the above research project on the following basis:

- 6. I have received the Participant Information Statement and have had the opportunity to ask questions. I understand the purpose of the research and my involvement in it.
- 7. I have the right to withdraw my consent and cease any further involvement in the research project at any time without giving reasons and without any penalty. This will not affect my relationships with my organisation, or Bila Muuji, or any of the other research partners.
- 8. Any information I provide during the course of this research will remain confidential. Where the results of the research are published, my involvement and my personal results will not be identified.
- 9. I understand that the discussion groups may be audio-taped, but the tapes will be secured and then destroyed at the completion of the project.
- 10. I understand that if I have any complaints or questions concerning this research project I can contact the Principal Researcher, Dr Sally Nathan, at UNSW Sydney (Mobile 0403391247) or the Chairperson of the AH&MRC Ethics Committee (Tel. 9212 4777).

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*Name* .....

*Signature* ..... *Date* .....

*Witnessed by* ..... *Date* .....

-----  
*Researcher's signature* .....

*Date* .....



**PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM**

**MANAGERS – GROUP DISCUSSION**

**Career Pathways for Aboriginal and Torres Strait Islander Health Professionals**

**Form for Withdrawal of Participation**

I wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** affect my relationship with my organisation or with any of the researchers and their organisations.

**Participant Signature**

|                                       |  |
|---------------------------------------|--|
| Name of Participant<br>(please print) |  |
| Signature of Research Participant     |  |
| Date                                  |  |

**The section for Withdrawal of Participation should be forwarded to:**

|                |  |
|----------------|--|
| CI Name        |  |
| Email          |  |
| Phone          |  |
| Postal Address |  |

## Appendix 4: Yarning Circle and Interview Schedules

### FOCUS GROUP DISCUSSION GUIDE – STAFF

#### 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
- Focus group process – Ground rules for a safe, respectful and productive discussion

#### 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:

1. What is your current position, how long have you worked for [this organisation], and how long have you worked in the health field overall?
2. In your opinion:
  - a. What are the reasons Aboriginal<sup>1</sup> people come to work in health?
  - b. What are the reasons Aboriginal people come to work for [this organisation]?
3. In your opinion:
  - a. What are the special skills and values that Aboriginal health staff contribute to a health service?
  - b. How does [this organisation] grow and develop its Aboriginal workers?
4. In your opinion:
  - a. What are the main roadblocks/obstacles to Aboriginal people developing careers in health?
  - b. What would help Aboriginal people develop careers in health?
5. What actions are needed to improve career pathways for Aboriginal health staff?  
For example, what could an AMS do? What could government do?

#### Closing

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

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<sup>1</sup> Aboriginal and Torres Strait Islander



## FOCUS GROUP DISCUSSION GUIDE – MANAGERS

### 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
- Focus group process – Ground rules for a safe, respectful and productive discussion

### 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:

1. What is your current position, how long have you worked for [this organisation], and how long have you worked in the health field overall?
2. In your opinion:
  - a. What are the reasons Aboriginal<sup>2</sup> people come to work in health?
  - b. What are the reasons they come to work for [this organisation]?
3. What are the special skills and values that Aboriginal staff contribute to a health service?
4. As a manager, what do you look for when recruiting Aboriginal health staff?
5. How does [this organisation] grow and develop its Aboriginal workers?
6. Are there any state/national policies that you're aware of that might influence Aboriginal people's careers?
7. In your opinion:
  - a. What are the main roadblocks/obstacles to Aboriginal health staff developing careers in health?
  - b. What would help Aboriginal people develop careers in health?
8. What actions are needed to improve career pathways for Aboriginal health staff?
  - a. In an ideal world, what you like to see?

### Closing

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

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<sup>2</sup> Aboriginal and Torres Strait Islander

## Appendix 5: Team member reflections on research capacity-building

### ***Christine Carriage, Research assistant, Western Sydney University***

Being part of the Career Pathways Project has provided me with many inspiring moments, an opportunity for personal growth and being part of a national project with a collective of individuals with many years of experience in research and Aboriginal communities.

Reflecting on my own process of learning and being part of the research team, came from sharing each other's experiences as researchers and novices, hearing how each organisation approached challenges and strategies determined by a single goal that drove us to what needed to be achieved. Though the location and working spaces were different, there was a similarity about the research that made it exciting and challenging at the same time.

As my analytical and interpretation skills improved my understanding of the findings gave me a deeper understanding of the research process and self-discovery. I was seeing beyond the words on the page and hearing the voices of the many people who participated in the research and started to appreciate their time and stories.

As a member of the Aboriginal Reference Group (ARG), my fellow Aboriginal researchers taught me so much from their work, lived experiences and to see and hear their passion for what they believe in, with optimism that this research will benefit in some way, by creating better systems for our communities.

The ARG is the cultural insurance for the project, to safeguard the community's voice and cultural integrity. As Aboriginal researchers, we have a responsibility that goes beyond the responsibilities and obligations of the research project, the research funding, to ensure that a true reflection of the Aboriginal health workforce knowledge and voice is heard to ensure that their time was not in vain.

I have made wonderful friends, incredible connections and had opportunities made available to me by being part of the Career Pathways Project and the ARG. It has inspired me to pursue my own PhD studies, to seek out the how and why, to develop my research skills further, expand on the experience I gained in research techniques, and has ignited my confidence in and passion for research.

### ***Telphia-Leanne Joseph, PhD student, UNSW Sydney***

I have found the whole process of being involved in the Career Pathways Project eye opening. It has given me a very strong insight into what really happens in grant funded research.

I have been extremely lucky to work with some very passionate and driven people. And it has been amazing to witness what can happen when people like Jamie Newman (CEO of Orange AMS and Chair of Bila Muuji who initiated the original NSW project proposal to the Lowitja Institute) have a clear vision of how the Aboriginal workforce in health should 'look'. Jamie has brought so many amazing people together and because of all the different skills they possess I get to be a lucky recipient and I have learned and experienced so much thanks to them. I've also made some new friends which is a bonus.

I've learnt heaps:

- I was involved in the community consultation process spruiking the project to recruit participants
- I've been part of the facilitation team for collecting data through yarning circles
- I've analysed the data and co-written a report to feedback what was gathered

- I've helped in drafting a national survey and focus group testing it
- I've also worked on the literature review
- I've learnt just how important this project is and how timely it is to be conducting it.

I think a really interesting aspect of this project is the cross learning and skills acquisition of the whole project team. It's not just us Aboriginal researchers learning. Non-Aboriginal researchers are also gaining awareness and greater understanding of the nuances of the Aboriginal community and people, and the Aboriginal health workforce. I also see the learning that the non-Aboriginal researchers are experiencing between themselves.

## Appendix 6: De-identified example of organisation summary feedback



### **Career Pathways for Aboriginal and Torres Strait Islander Health Professionals**

**A national research project funded by the Lowitja Institute**



### **Organisation X** ***Summary of findings*** **April 2018**

**Report prepared by Western NSW Team:**  
**Zoe Byrne, Jannine Bailey, Ilse Blignault and Phil Naden**

For further information, contact Pamela Renata [pamelar@bilamuujihealthservices.org.au](mailto:pamelar@bilamuujihealthservices.org.au)

## BACKGROUND

The research reported here is part of a national project designed 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 project is funded by the Lowitja Institute and has many partners.<sup>3</sup> Its aim is to learn from Aboriginal and Torres Strait Islander people who are employed in the health sector, and their managers, about career progression, development and ideas for improving career pathways.<sup>4</sup>

Over the past few months, researchers have conducted discussion groups (yarning circles) with health staff and managers from different organisations and locations in NSW, collecting a large amount of 'ground-level' data to be analysed. This summary is for Organisation X where two discussion groups were held, one with Aboriginal staff and one with managers. The findings below present the views and perspectives of the participants; thus they may not be reflective of everybody. If you have other comments or ideas, or if you think we have missed anything, please let us know.

## FINDINGS

### Reasons Aboriginal people want to work in health

Aboriginal people come to work in health because they want to help their own people and to improve the health and wellbeing of the community. They want to honour their Elders and to make a difference for future generations by helping to reduce the high rates of accidents, illness and death. Some have always wanted to work in health, others just see that there are jobs available and career prospects.

### Reasons Aboriginal people want to work for Organisation X

Organisation X is a major employer in the town with stable funding and leadership. As an Aboriginal organisation it provides a friendly, culturally-safe place from which staff are able to help their community. Word-of-mouth encourages people to apply for positions. New staff enjoy learning about Aboriginal health and being able to help community in a culturally-appropriate way.

### Skills and values brought to health services by Aboriginal health staff

Aboriginal health staff bring cultural understanding and empathy based on their own lived experience, local knowledge and community connections. They are able to build community trust in non-Aboriginal staff. They bring communication and advocacy skills: they know how to engage community, how to encourage patients to come back for follow-up, and the value of yarning. Within health services, they are able to advocate for and advise on culturally-appropriate models of care and programs. In parts of Australia where Aboriginal language is strong, they reduce the language barrier for some of the older clients. In addition, they become role models for Aboriginal youth.

### How Organisation X grows and develops Aboriginal health staff

Organisationally, there is a big emphasis on training including AH&MRC and TAFE courses and short workshops but not all of it is seen as relevant or leading somewhere. Staff also support each other.

### Roadblocks to career development for Aboriginal health staff

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<sup>3</sup> Project partners include Bila Muuji Aboriginal Corporation Health Services, Maari Ma Health, Awabakal Medical Service, AMSANT (Aboriginal Medical Service Alliance Northern Territory), Western Sydney University, UNSW Sydney, Western NSW Local Health District, South Western Sydney Local Health District and Western NSW PHN.

<sup>4</sup> The project has ethics approval from the AH&MRC Human Research Ethics Committee (HREC), the Greater Western HREC and Western Sydney University HREC.

Roadblocks occur at the recruitment stage and on the job. Application forms are long and the job description and selection criteria can be daunting; interviews too. Having an old police record makes it difficult to get a job, while limited schooling makes training and further education a challenge.

For people who live in the country needing to leave home for training or work is a major roadblock, with family responsibilities including childcare and finances (travel and living costs, strain on family at home) to consider. Family matters often bring people back home.

Lack of positions in remote and rural areas means that Aboriginal health staff with university qualifications often end up working in the city. Other roadblocks include lack of role models and lack of family and community support.

### **Pathways (enablers) to career development for Aboriginal health staff**

More education and training is required at all levels: literacy courses in the community; out-of-school options to complete years 11 and 12; bridging courses; workplace training; TAFE courses—Certificates 3 and 4 and Diploma; modified university courses with study blocks.

Employing and growing Aboriginal people who live in the local community has many benefits. Experience and expertise should be valued, with employers supporting training in management and leadership for experienced Aboriginal Health Practitioners who aspire to take on senior positions but do not have qualifications in nursing or other health professions. Mentoring is important for all Aboriginal health staff, together with encouragement and support from peers, family and community.

### **Strategies to improve career pathways for Aboriginal health staff**

Attraction: Aboriginal health staff delivering health education and programs like Bro Speak and Sista Speak in schools become role models and mentors. Student work experience in health services.

Recruitment: Entry-level positions that do not require relevant qualifications or experience and give Aboriginal people a taste of what it's like to work in health and lead to further training (Certificates 3 and 4). Greater leniency after police checks, giving job applicants a second chance.

Retention: More competitive pay rates; recognition and reward for experience; opportunities to experience other health roles; encouragement and support for Aboriginal health staff to move into management and leadership positions; funding for training and travel; supervision and mentoring in the workplace. Universities delivering tailored post-graduate courses for rural students with work experience; Indigenous scholarships.