Aboriginal and Torres Strait Islander

Strategic Workforce Plan

Actions and Initiatives
2008 - 2011
Acknowledgement

This plan has been developed through the valuable input of Department of Health and Families staff who have participated in various surveys and meetings. Their contributions are gratefully acknowledged.

* The Department of Health and Families came into being on 1 July 2008. The workforce statistics contained within this plan are derived from the former Department of Health and Community Services.

More information about this plan or working in DHF can be found at:
Strategic Workforce Planning Team   (08) 8922 7072

Aboriginal and Torres Strait Islander Careers:
Definitions

Aboriginal and Torres Strait Islander refers to Australian Aboriginal and/or Torres Strait Islander peoples

Aboriginal and Torres Strait Islander health workforce refers to people working in all health occupations who identify as being Aboriginal and/or Torres Strait Islander. In the context of the Department of Health and Families, this will also include the Aboriginal and/or Torres Strait Islander family and community care workforce.

The image draws on Aboriginal and Torres Strait Islander artistic design to illustrate the DHF notion of “Working Together to Build Our Workforce.”

The centre of the image depicts the interconnecting of many pathways taken by our staff in working together to achieve complimentary goals, with the centre point depicting the meeting of a singular, unifying goal.

The interconnecting pathways are encompassed by two people leaning in to each other, with arms outstretched in a circular fashion supporting these interconnected pathways: symbolising the combined efforts of our workforce.

© Design by Katherine Knuth
Aboriginal and Torres Strait Islanders represent 30% of the Territory’s population and in rural and remote settings this can be up to 90%. This demographic brings with it additional challenges and unique opportunities for the Department of Health and Families (DHF) service delivery and employment strategies.

It is widely recognised, that the strength of an organisation is held in its ability to reflect the population within which it is embedded. A workplace that reflects the diversity of the community will understand its clients better and will lead to improved service delivery and communication, based on a deep understanding of the needs of the community.

We know that Aboriginal and Torres Strait Islander people experience significantly poorer health than other Australians. Added to this are the growing economic and social struggles experienced within many communities. Gainful employment is one of the key social determinants of health. By strengthening employment outcomes, particularly in rural and remote areas, there will be positive influence on the broader health and wellbeing of the community.

Investment in the Aboriginal and Torres Strait Islander health and community services workforce must be a priority if we are to improve the economic and social health and wellbeing of Aboriginal and Torres Strait Islander people. We recognise the importance of supporting and fostering a strong Aboriginal and Torres Strait Islander workforce, and this includes understanding how this should translate into improved outcomes for Aboriginal and Torres Strait Islander Territorians.

This plan focuses on 4 key areas that will be reported on as part of each division’s business planning cycle:

1. Building a sustainable Aboriginal and Torres Strait Islander workforce
2. Strengthening a capable Aboriginal and Torres Strait Islander workforce
3. Attraction and retention of Aboriginal and Torres Strait Islander talent
4. Optimising the Aboriginal and Torres Strait Islander workforce

These will best be achieved by strengthening the link between education, employment, support and development for the Department’s current and potential Aboriginal and Torres Strait Islander workforce. In response to this challenge we have developed an Aboriginal and Torres Strait Islander Strategic Workforce Plan. This plan will accompany the DHF Strategic Workforce Plan, and has a key focus on building and strengthening Aboriginal and Torres Strait Islander employment, opportunities and outcomes while overcoming barriers associated with the attraction, recruitment, retention and development of Aboriginal and Torres Strait Islander people in the Department.

This plan articulates our commitment to strengthening the Aboriginal and Torres Strait Islander workforce. I am keenly aware of the unique skills, knowledge and values that Aboriginal and Torres Strait Islander employees bring to the Department. Collaboration is key to our success and it is through this Plan that we hope to strengthen partnerships with all stakeholders to address and improve career opportunities for Aboriginal and Torres Strait Islander employees.

Dr David Ashbridge
Chief Executive
September 2008
Our Vision

• DHF attracts and retains a skilled, diverse and responsive Aboriginal and Torres Strait Islander workforce.

• To create an inclusive work environment, where the experiences, knowledge and skills of Aboriginal and Torres Strait Islander people are valued.

By providing a framework for harnessing the valuable skills, knowledge and cultural views that Aboriginal and Torres Strait Islander people bring to the workforce this Plan will reinforce the Department’s commitment to:

• Support employee development and training where it is most needed;

• Develop an integrated learning culture for the current and future DHF workforce;

• Implement effective measures to attract and retain a skilled workforce, and;

• Providing a highly competent, vibrant and flexible workforce.

Key Planning Principles

The Aboriginal and Torres Strait Islander Strategic Workforce Plan will broadly reflect the “DHF workforce guiding principles” located at the back of this plan, which underpin the Department’s Strategic Workforce Plan. The Aboriginal and Torres Strait Islander Strategic Workforce Plan will be further based on a commitment to the following principles:

Growing Our Own:
DHF will develop strategies to maximise its opportunities for “growing our own”. We will develop the skills of current and potential employees to meet future workforce priorities and the needs of the communities. We will work with the community, professional bodies and the education sector to ensure Aboriginal and Torres Strait Islander Territorians are supported and provided with opportunities for improved education and employment within the health, family and community care sector. We will work with local people to strengthen and build local expertise that will equip them to respond to current and emerging community needs.

Cultural Security and Respect:
DHF will continue to develop a culturally diverse workforce and a workplace that values and is respectful of Aboriginal and Torres Strait Islander employees.

Working Together:
DHF will combine its efforts internally, and with external stakeholders to provide Aboriginal and Torres Strait Islander people with the best employment, training, support and development opportunities.

Aboriginal and Torres Strait Islander representation and decision-making authority:
DHF will increase Aboriginal and Torres Strait Islander representation across all classification levels and within decision-making forums. The DHF will support and recognise Aboriginal and Torres Strait Islander knowledge as a significant contributor to the Department’s decision-making and planning processes.

Careers for Aboriginal and Torres Strait Islander People:
DHF will provide employment opportunities and career pathways to support career aspirations and professional development for Aboriginal and Torres Strait Islander staff. DHF will establish partnerships with education and training providers, professional bodies and the community to maximise career opportunities for Aboriginal and Torres Strait Islander employees.
Why do we need this Plan?

In 1997, the Department released the inaugural Aboriginal Employment & Career Development Strategy. Whilst this served us well at the time by shaping the workforce agenda, and laid the foundations for recognising the landscape in which we work, it is timely to reassess our workforce and workplace realities with fresh eyes and a view to ensuring, as a Department, we are adopting modern and innovative practices that suit the current and future workplace and workforce needs.

In developing this Aboriginal and Torres Strait Islander Strategic Workforce Plan it is critical to work collaboratively with Aboriginal and Torres Strait Islander employees to strike the right balance between DHF service provision, community needs, education and workforce design. We understand that Aboriginal and Torres Strait Islander people make up a significant portion of our client base and it important that there is appropriate representation of Aboriginal and Torres Strait Islander people across all classification levels; health, family and community care disciplines, departmental sections and decision-making forums.

The National Aboriginal and Torres Strait Islander Health Council (NATSIHC) “Pathways into the Health Workforce for Aboriginal and Torres Strait Islander people: A Blueprint for Action” (March 2008) provides the following list of reasons for investing in Aboriginal and Torres Strait Islander health workforce.

• A more effective return on investment from increasing Aboriginal and Torres Strait Islander participation in the health workforce than if current incremental approaches are continued;
• The economic benefits of tapping a previously untapped labour market by maximising Aboriginal and Torres Strait Islander workforce participation;
• Potential administrative savings accrued by aligning health and education industry priorities and strategies;
• Benefits of higher quality data tracking systems and, critically;
• Equity of health outcomes.

NATSIHC argues that key to improving health outcomes and meeting the health needs of Aboriginal and Torres Strait Islander people is to increase the number and capacity of Aboriginal and Torres Strait Islander people entering into and working in the health and community services workforce. The Department is committed to taking a proactive approach to supporting potential and existing DHF Aboriginal and Torres Strait Islander employees. This will be reinforced through a wide range of past and ongoing employment, training and career development strategies, which are outlined later in this document.

How the Department plans, develops, supports and encourages its workforce is critical to successfully achieving its core objective of:

“Ensuring all Territorians enjoy long and healthy lives, and that we have a health, family and community services system that is responsive, accountable and effective.”

Implementing and maintaining effective measures for attracting and retaining a skilled workforce are a core focus of our approach to “Closing the Gap” on continuing disparities in Aboriginal and Torres Strait Islander health, education, employment and socio-economic status. Our commitment to creating an inclusive work environment where Aboriginal and Torres Strait Islander people are valued for their individual experiences, knowledge and abilities is backed by a strong community partnership approach to health, family and community care workforce planning.
The Aboriginal and Torres Strait Islander Strategic Workforce Plan has been developed through consultation with DHF staff at many levels. National, NT and DHF policy directions, reports and recommendations on workforce planning and Aboriginal and Torres Strait Islander employment in the health, family and community care sector, also inform this plan.
DHF Aboriginal and Torres Strait Islander Workforce Demographics

Population and Mobility

Approximately 30% of the NT’s population is Aboriginal and Torres Strait Islander, almost 5 times higher than the Australian average. Also, approximately 60% of DHF clients are Aboriginal and Torres Strait Islander, who often present with a higher burden of disease. In the NT a large number of Aboriginal and Torres Strait Islander people reside in rural and remote areas, and access to health, family and community care services can be challenging. Research suggests that where there is a lack of Aboriginal and Torres Strait Islander staff representation at service centres Aboriginal and Torres Strait Islander people are less likely to access the facility. This results in higher resource demands to less populated areas that generally have higher levels of chronic disease.

Aboriginal and Torres Strait Islander recruitment to regional and remote areas remained quite low over the last three years; however, turnover rates in regional and remote areas continue to be comparatively high, where it is most difficult to recruit to.

The Territory’s Aboriginal and Torres Strait Islander population has been described as a fast-growing, working-aged segment of the population. This section of the population is also less likely to move away from the NT in high numbers, as opposed to other sections of the community who generally have higher degree of transience.

Approximately 26% of DHF Aboriginal and Torres Strait Islander employees have been employed with the Department for less than 1 year. 28% have been employed for more than 5 years.

Targeted education, training, development and support initiatives aimed at the section of the NT population that is younger, growing faster and less likely to move away from the NT are required to capitalise on this fast growing, stable part of our community.

DHF currently employs approximately 427 Aboriginal and Torres Strait Islander people (identified). This represents approximately 10% of the total DHF workforce.
Turnover

Voluntary Turnover

Voluntary turnover is turnover initiated by the employee. That is, the employee chooses to leave their employment. The estimated voluntary turnover percentage rate for Aboriginal and Torres Strait Islander staff is 27% pa, which is higher than the average DHF voluntary turnover rate of 22% pa.

As illustrated in this diagram, the highest rate of Aboriginal and Torres Strait Islander staff voluntary turnover during 2007 was experienced within the AO2 and PH2/3 group.

The largest number of voluntary separations among Aboriginal and Torres Strait Islander staff in 2007 was in the 26 to 40 year age group. These are largely represented within the administrative occupations. There was also a significant proportion of young Aboriginal and Torres Strait Islander people between the ages of 16 and 20 that left the Department in 2007. AHW voluntary turnover in 2007 was highest within the 41 to 45 age groups.
Involuntary Turnover

Involuntary turnover is defined as cessations of contracts, dismissals or when an employee is deceased.

Of the 143 Aboriginal and Torres Strait Islander employee separations in 2007, 28% were involuntary, almost all resulting from cessation of contract. A large majority were for people who had been working with DHF for less than 1 year (83%), with 100% having had 2 years or less service with DHF and mostly within the administration stream.

DHF employment data indicates that a large number of DHF Aboriginal and Torres Strait Islander staff are recruited to and employed on temporary contracts. In 2007, of the 1672 permanent vacancies filled, only 75 were filled by identified Aboriginal and Torres Strait Islander people.

Rate of Aboriginal and Torress Strait Islander Separations to Recruitment

*This diagram illustrates a gap between separations and recruitment for the various occupation groups.*
Approximately 70% of DHF Aboriginal and Torres Strait Islander employees are females.

Consultation for this plan revealed a strong consensus view that to be able to provide a culturally appropriate service we need to strengthen the Aboriginal and Torres Strait Islander male workforce. One example provided illustrated that in services or clinics where only female health workers were present, the level of female health and number of females accessing the service improved, however the number of males accessing a service and the overall health of males declined. Similarly, the reverse occurred when there were only male health workers providing health care services.

Although the Australian population is ageing, a significant portion of the NT’s Aboriginal and Torres Strait Islander population is under the age of 15 (approximately 40%). The general distribution of ages for Aboriginal and Torres Strait Islander employees is similar to non-Aboriginal and Torres Strait Islander employees within the Department. The average age of DHF Aboriginal and Torres Strait Islander employees is 41 years.

Almost 50% of DHF Aboriginal and Torres Strait Islander staff are over the age of 45, however poor health outcomes often means Aboriginal and Torres Strait Islander women are less likely to live beyond 65 and Aboriginal and Torres Strait Islander males are less likely to live beyond 59 years.
DHF has an ageing Aboriginal and Torres Strait Islander workforce. Of most concern is that with a younger average retirement age (approx 56 years) than non-Aboriginal and Torres Strait Islander employees (approx 59 years), DHF could expect to experience a higher rate of Aboriginal and Torres Strait Islander retirements over the next 5 to 10 years than will be experienced for non-Aboriginal and Torres Strait Islander retirements. Retirement among Aboriginal and Torres Strait Islander staff will result in extensive loss of unique knowledge and skills, particularly within Administrative, Aboriginal Health Worker and Physical occupations.

Data suggests that Aboriginal and Torres Strait Islander people between the ages of 20 and 25, seem less likely to take up employment with the Department. The majority of Aboriginal and Torres Strait Islander people employed by the Department within each profession are aged between 36 and 55.

With a growing young Aboriginal and Torres Strait Islander population, one of the keys to sustainability will be how well we invest in educating, training and developing younger Aboriginal and Torres Strait Islander people. In 2003 only 1% of students who completed a health and/or welfare related undergraduate course in Australia were Aboriginal and Torres Strait Islander. Low rates of uptake of Aboriginal and Torres Strait Islander students into health, family and community care related disciplines are worsened by low literacy and numeracy achievements in primary schools and lower high school completions for Aboriginal and Torres Strait Islander Territorians. The Human Rights and Equal Opportunity Commission reports that over 33% of Aboriginal and Torres Strait Islander Australians achieve year 9 or below education1. The Australian Bureau of Statistics reports that in 2006, 21% of Aboriginal and Torres Strait Islander Australians aged 15 years were not participating in school education2. The Productivity Commission highlights the intimate connection between health and education and recognises the critical role education has to play in reducing Aboriginal and Torres Strait Islander disadvantage.

The Community Services and Health Industry Skills Council 2006 research report on Aboriginal and Torres Strait Islander participation in Vocational Education and Training (VET) found that more women than men access health training. This manifested in the lower numbers of Aboriginal and Torres Strait Islander men employed and qualified within the industry. Workforce planning and education coordination go hand-in-hand, so it will be important that DHF continues to strengthen and build collaborative relationships with all levels of the education system, including primary and secondary schooling, VET and tertiary education providers within the NT and other states.

With recruitment and retention presenting one of our biggest challenges, the Department will look for innovative and alternative ways of attracting young Aboriginal and Torres Strait Islander people to DHF and building the skills and knowledge needed to replace any loss.

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1 Available online: http://www.hreoc.gov.au/social_justice/statistics/index.html#toc7 “A statistical overview of Aboriginal and Torres Strait Islander peoples in Australia”

Recruitment and Classification Levels

**Recruitments**
Recruitment figures for the last 3 years indicate a decline in the number of Aboriginal and Torres Strait Islander people being recruited to DHF jobs.

The declining trend is most evident in the Aboriginal Health Worker, Nursing, Physical and Technical occupations. The number of recruitments within the Medical, Professional and Technical occupations were very low. This may be a reflection of the low numbers of Aboriginal and Torres Strait Islander students completing studies within the health, family and community care professions.

Between 2005 and 2007 the majority of Aboriginal and Torres Strait Islander people were recruited to AO6 and lower administrative positions. Aboriginal Health Workers were generally employed at AHW 4 levels and lower. Approximately 60% of DHF Aboriginal and Torres Strait Islander’s employees are employed in permanent positions and 40% are employed in temporary positions.

**Classification Levels**
49% of Aboriginal and Torres Strait Islander employees work are employed in administration officer positions and 23% are Aboriginal Health Workers.

Aboriginal and Torres Strait Islander employees are predominantly employed at lower classification levels, with only a very small number of Aboriginal and Torres Strait Islander staff being employed above the AO6, AHW 4 and P1 levels. In the nursing, technical and professional classifications, Aboriginal and Torres Strait Islander employees make up a very small portion, particularly at the higher classification levels. Within the Executive positions, representation of Aboriginal and Torres Strait Islander employees is very low.
Keypoints

• There is a higher proportion of Aboriginal and Torres Strait Islander people living in the NT compared to the rest of Australia

• Approximately 10% of DHF employees identify as Aboriginal and/or Torres Strait Islander

• Approximately 30% of the NT’s population are Aboriginal and Torres Strait Islander

• More than 60% of DHF clients are Aboriginal and Torres Strait Islander

• Aboriginal and Torres Strait Islander people in the NT often have a higher burden of disease

• Aboriginal and Torres Strait Islander Territorians tend to live mostly in rural and remote areas

• The NT’s Aboriginal and Torres Strait Islander population is a relatively young population, with approximately 40% of the Aboriginal and Torres Strait Islander population under the age of 15 – NT Aboriginal and Torres Strait Islander population is defined as a fast-growing, working aged segment of the population

• NT has a highly transient non-Aboriginal and/or Torres Strait Islander population, though Aboriginal and Torres Strait Islander Territorians are less likely to migrate out of the NT – they are less mobile (however, they may be more mobile within the Territory, between communities)

• Voluntary separations for Aboriginal and Torres Strait Islander staff are estimated at 27% pa - higher than the total estimated DHF voluntary turnover rate of 22% pa

• The Aboriginal and Torres Strait Islander age group that experienced that greatest number of voluntary separations in 2007 were 36 - 40 year olds

• The average age of DHF Aboriginal and Torres Strait Islander employees is 41 years, with almost 50% of Aboriginal and Torres Strait Islander staff over the age of 45

• We can anticipate 13% of Aboriginal and Torres Strait Islander staff will retire within the next year; 25% will retire within the next 5 years and 38% will retire within the next 10 years

• Aboriginal and Torres Strait Islander people are predominantly recruited to lower classification levels and are largely employed in the Administrative, Aboriginal Health Worker and Physical occupation streams

• Often unique and valuable skills and knowledge are lost when Aboriginal and Torres Strait Islander staff leave the Department

• Refocusing our efforts towards targeted career programs that help Aboriginal and Torres Strait Islander people to gain qualifications would be a good step towards improving employment and career opportunities for Aboriginal and Torres Strait Islander people, particularly where there are significant skills shortages

• Understanding the determinants of what discourages Aboriginal and Torres Strait Islander people from seeking employment in the health, family and community care sector will assist in improving recruitment and retention

• Many Aboriginal and Torres Strait Islander jobseekers have great difficulty understanding English and the various aspects of the job search process, e.g. selection criteria and government policies

• Strategies to improve Aboriginal and Torres Strait Islander participation in the workforce must take account of cultural factors

• In order to provide a culturally meaningful health, family and community care service the Department needs to increase the number of Aboriginal and Torres Strait Islander employees across all levels/areas of the Department.
Our Challenges

Factors that can make it difficult for Aboriginal and Torres Strait Islander people to gain and retain employment in the health, family and community care sector include:

- Support networks within the workplace
- Barriers that lead Aboriginal and Torres Strait Islander employees to have difficulties adapting to the organisational culture and the expectations of their employer
- Challenges involved in balancing family and community obligations with the demands of the workplace
- Difficulties overcoming educational disparities. This is combined with a sense that more could be done to support and encourage Aboriginal and Torres Strait Islander staff to undertake further study, training and development activities
- Traditional selection and recruitment processes present barriers to Aboriginal and Torres Strait Islander employment
- Cultural and social dislocation within the workplace
- Stress\(^3\) can become high among Aboriginal and Torres Strait Islander employees because of high expectations from families and communities that are often not understood and acknowledged within the workplace
- Recruitment and retention of Aboriginal and Torres Strait Islander staff
- Lack of cultural awareness both in terms of improving cultural competence within the Department and also in supporting Aboriginal and Torres Strait Islander people to understand the culture of the Department/broader society and they can operate with these structures and systems
- Reporting on Aboriginal and Torres Strait Islander workforce data
- Aboriginal and Torres Strait Islander participation in decision-making and planning processes
- Bottleneck of Aboriginal and Torres Strait Islander staff at the lower to middle levels eg AO4 to A06, and there is a perception that there are few career opportunities beyond the glass ceiling

The DHF Aboriginal and Torres Strait Islander Strategic Workforce Plan aims to address challenges faced by the Department in terms of getting the balance right between DHF service provision, Aboriginal and Torres Strait Islander health, family and community care needs and future Aboriginal and Torres Strait Islander workforce directions. It is intended that this Plan will be a blueprint for developing and implementing further mechanisms and programs for improving Aboriginal and Torres Strait Islander workforce recruitment, retention and development opportunities within the Department.

The short, medium and long-term activities are listed within the following action plan.

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\(^3\) Ref: Australian Chamber of Commerce (date unknown) Employing Aboriginal and Torres Strait Islander Australians – Aboriginal and Torres Strait Islander Employment Strategy, Framework for Industry suggests that balancing the demands of family and community can be challenging, this can lead to significant stress for the individuals. Employer expectations can often contribute to the pressures felt by Aboriginal and Torres Strait Islander employees.
Our Opportunities

Investment

Four Key Areas of Focus

Build a Sustainable Aboriginal and Torres Strait Islander Workforce
- Evidence based approach
- Strong research agenda
- Enhanced cross-cultural and community knowledge
- Build Aboriginal and Torres Strait Islander employment into core DHF business

Strength a Capable Aboriginal and Torres Strait Islander Workforce
- Engage with the education sector
- Career development opportunities

Attract and Retain Aboriginal and Torres Strait Islander talent
- Increase the number of Aboriginal and Torres Strait Islander people employed by the DHF
- Targeted Aboriginal and Torres Strait Islander attraction, retention and development strategies
- Increased collaboration with Aboriginal and Torres Strait Islander staff
- Focus on “Growing Our Own”

Optimise the Aboriginal and Torres Straight Islander Workforce
- A supportive workplace
- An engaging workplace
- A learning workplace

Gains

Improvements In Social and Economic Determinants of Health
- Employment opportunities improved
- New skills and knowledge gains
- Improved sense of self – pride and cultural affirmation
- Improved income and social status
- Improved health care access
- Emergence of good role models

Enhanced Health and Wellbeing
- Education and training gained and passed onto others
- Enhanced health promotion and prevention
- Enhanced communication – improved two-way translation across culture
- Increased research into Aboriginal and Torres Strait Islander health and well-being

Outcomes for the Department
- Enhanced cultural skills and knowledge
- Enhanced communication between department and community
- Improved clinical skills within communities
- An appropriately skilled and diverse workforce
- Improved coordination and understanding of Aboriginal and Torres Strait Islander perspectives
- Greater recognition of the skills, abilities and knowledge of Aboriginal and Torres Strait Islander people

ALL staff have a role to play in supporting this plan and bringing it to life:

* INDIVIDUALS will take personal responsibility for the role they play in supporting current and potential Aboriginal and Torres Strait Islander employees;

* SUPERVISORS AND MANAGERS will foster the environment to allow this to happen and report on activities against the plan as part of the business planning cycle

* The DEPARTMENT will ensure accountabilities are met and promote the systems and structures to attract and retain Aboriginal and Torres Strait Islander staff
Outcomes

- Aboriginal and Torres Strait Islander employment and career development is core DHF business
- DHF has systems in place to identify, record, analyse and distribute Aboriginal and Torres Strait Islander workforce data accurately
- A platform exists that ensures Aboriginal and Torres Strait Islander workforce issues are addressed and strategies are developed to overcome employment barriers
- Research is undertaken into Aboriginal and Torres Strait Islander workforce matters – such research will aid the Department in building the right models and strategies needed to strengthen the DHF workforce and ensure appropriate levels of Aboriginal and Torres Strait Islander representation. This will include
  a) better utilisation of research to drive policy and programming on Aboriginal health;
  b) better transfer of research information to communities;
  c) targeted research on industry based requirements
- There is improved cultural awareness
- There is increased participation by DHF staff in cultural security training programs
- Aboriginal and Torres Strait Islander knowledge is utilised effectively across the Department

Evidence Based Approach – Better Data = Better Decisions

Short Term

1. Develop systems for collecting data that identifies Aboriginal and Torres Strait Islander staff training and development needs, and identify and address NT Aboriginal and Torres Strait Islander health workforce data gaps
2. Input into reports to CE/Executive on National and NT initiatives
3. Refine annual staff survey to identify workplace issues impacting upon Aboriginal and Torres Strait Islander employment

Medium Term

4. Develop evaluation models to determine access, delivery and use of services from remote clinics
5. Explore alternative DHF service delivery models
Strong Research Agenda – current and future directions

Short Term
1. Establish a strong research agenda that focuses on developing strategies to address and improve Aboriginal and Torres Strait Islander education and employment in the health, family and community care sector. Research linked with other key stakeholders, including Unions, Professional Bodies, and Community and Health Organisation

Medium Term
2. Commission research into alternative methods of learning, with a strong focus on the relationship between culture and learning

Enhanced Cross-Cultural and Community Knowledge

Short Term
1. Implement the Aboriginal Cultural Security Policy
2. Develop a cultural competence framework document to underpin cultural training within DHF, which should encompass such subjects as traditional healing practices, bush medicine and understanding Aboriginal and Torres Strait Islander cultural protocols. It should also encompass teachings about the range of communities in the NT and practical knowledge for working in and with the various communities
3. Support the development of a culturally and linguistically diverse workforce that is equipped to respond to the populations’ health care needs

Build Aboriginal and Torres Strait Islander employment into Core DHF Business

Short Term
1. Undertake capabilities assessment from existing workforce to identify talent and leadership qualities for accelerated career programs
2. Investigate the possibility of developing a new training program aimed at defining the roles and responsibilities of Aboriginal Health Workers, informing others of the range of tasks AHWs can and should be performing, how to work with AHWs and reinforcing the importance of their role in Aboriginal and Torres Strait Islander communities
3. Ensure there are effective mechanisms for Aboriginal and Torres Strait Islander staff to have input into decision making forums

Medium Term
4. Explore the possibility of developing a role for an Aboriginal and Torres Strait Islander career and employment advisor
5. Create Aboriginal and Torres Strait Islander workforce champions within each branch who can promote the value and use of Aboriginal and Torres Strait Islander knowledge

PERFORMANCE MEASURES
-Extent to which DHF Aboriginal and Torres Strait Islander employee numbers are reported in workforce activities
-Number and scope of research activities undertaken on Aboriginal and Torres Strait Islander workforce
-Proportion of Aboriginal and Torres Strait Islander employees involved in decision-making forums
-Proportion of DHF staff participation in Cultural security training
Evidence Based Approach

Strengthen a Capable Aboriginal and Torres Strait Islander Workforce

Outcomes

- Aboriginal and Torres Strait Islander employment priorities and strategies are more closely aligned with education sector priorities and strategies
- Greater equity is experienced in Aboriginal and Torres Strait Islander health, education, employment and community care outcomes
- There is more support available for Aboriginal and Torres Strait Islander employees to develop necessary skills. Aboriginal and Torres Strait Islander employee support and development is seen as fundamental to growing the capability of our workforce
- Aboriginal and Torres Strait Islander employees are provided with targeted opportunities for career advancement through career planning, mentoring and opportunities for learning
- Aboriginal and Torres Strait Islander language interpreting skills are developed and advanced appropriately

Engagement with the Education Sector

Short Term
1. Establish links and pathways between the workplace and education institutions to allow for improved opportunities for career development and training of Aboriginal and Torres Strait Islander people
2. Develop Aboriginal Health Worker and Aboriginal Community Worker career pathways

Medium Term
3. Develop a “Pathways into Work Framework”. Include support for programs such as the Graduate Aboriginal and Torres Strait Islander Nurse program

Career Development Opportunities – Building a Learning Culture

Short Term
1. Develop individual leadership and coaching programs to support the aspirations of Aboriginal and Torres Strait Islander staff
2. Review interpreters course to determine possible ‘small steps approach’ to obtaining full interpreters qualifications
3. Explore opportunities for CDEP workers to progress into mainstream workforce

PERFORMANCE MEASURES

- Number of Aboriginal and Torres Strait Islander employees participating in career development and training programs
- Number of Aboriginal and Torres Strait Islander employees provided with leadership and professional development opportunities
- Number of Aboriginal and Torres Strait Islander graduates, including National Aboriginal and Torres Strait Islander Cadetship Program graduates, employed by DHF
Outcomes

- The employment of Aboriginal and Torres Strait Islander people will increase to 15% by 2013
- Aboriginal and Torres Strait Islander employment across all classification levels is increased to ensure that Aboriginal and Torres Strait Islander people are more broadly represented within the Department
- Increased number of Aboriginal and Torres Strait Islander applicants applying for DHF jobs
- A proactive approach is taken to promoting DHF as an employer of choice for Aboriginal and Torres Strait Islander people
- There is increased Aboriginal and Torres Strait Islander representation in health and community service related study programs and courses
- An Aboriginal and Torres Strait Islander staff network exists to support Aboriginal and Torres Strait Islander staff, providing a safe and inclusive environment for staff to express their views and ideas about issues affecting their employment within the Department
- Through strategies that focus on “Growing Our Own” DHF invests in building the skills and knowledge of its current and potential employees
- Increased number of locally grown health, family and community care workers with local knowledge (particularly Aboriginal and Torres Strait Islander knowledge) employed by DHF
- DHF Aboriginal and Torres Strait Islander staff have targeted leadership and management opportunities

Increase the number of Aboriginal and Torres Strait Islander people employed by DHF

Short Term

1. Aim to increase DHF Aboriginal and Torres Strait Islander employment to 15% by 2013. This may be evidenced by increases across the board in terms of new entrants, mid career employees and transition employees particularly in hard to fill skill gap areas
2. Identify obstacles to Aboriginal and Torres Strait Islander employment and develop appropriate strategies
3. Review and improve our selection processes to ensure Aboriginal and Torres Strait Islander people are not disadvantaged
4. Develop a Job Application Guide for Aboriginal and Torres Strait Islander people to assist them with writing job applications and addressing selection criteria

Medium Term

5. Review practices surrounding local recruitment of Aboriginal and Torres Strait Islander employees in remote areas, including accommodation and other entitlements
Targeted Aboriginal and Torres Strait Islander attraction, retention and development strategies

Short Term
1. Undertake regular recruitment activities at local schools, communities, health services and other educational institutions including work experience, vet in school and, school based apprenticeships
2. Develop a communication strategy and targeted marketing campaign directed at Aboriginal and Torres Strait Islander people. Match approach to filling critical and hard to fill job groups
3. Develop and promote jobs that are more consistent with traditional Aboriginal and Torres Strait Islander roles and responsibilities
4. Review on-going support practices in remote areas for Aboriginal and Torres Strait Islander apprentices through such programs as ‘earn while you learn’

Medium Term
5. Develop a range of incentives and work experience programs for Aboriginal and Torres Strait Islander students to take up employment in the Department or health, family and community care sector

Increase collaboration with Aboriginal and Torres Strait Islander staff

Short Term
1. Increase collaboration with Aboriginal and Torres Strait Islander communities to find ways through language, cultural and economic barriers to enable Aboriginal and Torres Strait Islander people to access greater education and employment opportunities
2. Form an Aboriginal and Torres Strait Islander staff network in a safe and inclusive environment that provides support to DHF Aboriginal and Torres Strait Islander staff and offers strategic advice in the development and implementation of Aboriginal and Torres Strait Islander workforce issues

Focus on “Growing Our Own”

Short Term
1. Support the implementation of the Aboriginal Professional Development Programme
2. Review DHF Aboriginal and Torres Strait Islander mentoring programs and consider the development of a mentoring link-up register for aspiring Aboriginal and Torres Strait Islander employees at all classification levels and potential mentors
3. Investigate the possibility of developing a joint targeted numeracy and literacy program with DEET to address remote literacy and numeracy needs (include focus on adult literacy and numeracy, and health literacy and numeracy)
4. Develop an Aboriginal and Torres Strait Islander High School Scholarship Program to provide assistance to Aboriginal and Torres Strait Islander students in the form of tutoring support. This may include a mentoring support and champion/role-modelling program with on-going networking for students

PERFORMANCE MEASURES
- Proportion of Aboriginal and Torres Strait Islander staff employed with DHF
- Number of Aboriginal and Torres Strait Islander people recruited to DHF
- Change in the rate of voluntary turnover for Aboriginal and Torres Strait Islander staff
- Employee participation in Aboriginal and Torres Strait Islander staff network
Outcomes

- Programs exist to support and encourage Aboriginal and Torres Strait Islander staff to pursue their career aspirations
- A platform exists that ensures Aboriginal and Torres Strait Islander staff are able to express their views and become involved in decision-making forums, particularly where decisions may directly impact Aboriginal and Torres Strait Islander people
- Aboriginal and Torres Strait Islander staff are given more opportunities to discuss and advise on affecting them
- DHF executive and management are well informed about Aboriginal and Torres Strait Islander staffing and workforce issues
- Aboriginal and Torres Strait Islander staff are provided with increased opportunities for learning. DHF is a learning workplace – life-long learning is valued as an important part in strengthening our Aboriginal and Torres Strait Islander workforce

Supportive Workplace

Short Term
1. Ensure the needs of Aboriginal and Torres Strait Islander peoples are addressed in all induction, orientation and support processes
2. Ensure Aboriginal and Torres Strait Islander staff understand their roles and responsibilities and are involved in decisions that affect them
3. Ensure all non-Aboriginal and Torres Strait Islander and Aboriginal and Torres Strait Islander supervisors/managers understand their responsibilities in supporting and managing Aboriginal and Torres Strait Islander staff
4. Investigate and support flexible working practices and Work-Life Balance
5. Promote cross-cultural collaboration and involvement in cross-agency (joint) initiatives

Engaging Workplace

Short – Medium Term
1. Undertake annual DHF Aboriginal and Torres Strait Islander staff network conferences – round table discussions on issues impacting on their employment in the health, family and community care sector
2. Establish a representative group for the Aboriginal and Torres Strait Islander staff network to provide advice to senior management on Aboriginal and Torres Strait Islander employment

A Learning Workplace

Short Term
1. Work with OCPE to review Aboriginal and Torres Strait Islander staff study leave entitlements, including targeted and innovative approaches to study leave
2. Develop and provide workplace environments and systems that support and enhance opportunities for learning

Performance Measures

- Percentage of Aboriginal and Torres Strait Islander employees who agree they are supported within their workplace
- Feedback from current and former Aboriginal and Torres Strait Islander staff through DHF staff surveys and exit interviews
- Type and nature of learning and development opportunities available for Aboriginal and Torres Strait Islander staff
1. The Northern Territory should continue to develop a culturally diverse workforce, maximizing its opportunities to “grow its own”.

2. Aboriginal and Torres Strait Islander people are a key component of the Northern Territory’s health, family and community services workforce. The Northern Territory should work towards increasing Aboriginal and Torres Strait Islander employment at all levels and locations, working with individuals and communities to enhance opportunities and skills, providing culturally secure workplaces.

3. The workforce should be distributed to optimise equal access to health, family and community services for all Territorians with recognition of specific requirements of people and communities with poorer outcomes.

4. In recognition of the diversity of our Aboriginal and Torres Strait Islander people and the geographical isolation of its communities, the Northern Territory should endeavor to ensure that Aboriginal and Torres Strait Islander people are employed locally, ensuring services are delivered as close to home as possible.

5. All health, family and community service workplaces, regardless of size, function or location, should be places in which people want to work and develop. Workplace environments should be places where the workforce is valued and supported and operates in an environment of professionalism, accountability, respect and cooperation.

6. Health, family and community services, education, vocational training and regulatory sectors should work together to create a health, family and community services workforce that is knowledgeable, skilled, competent and engaged in life long learning.

7. Existing jobs might need to change and new jobs created in order to address unmet needs and deliver the best health outcomes. Any changes must meet the requirement for safe, sustainable and quality team care. The workforce should be equipped with necessary competencies, technology and professional support to deliver services.

8. Health, family and community services workforce policy and planning should focus on population and consumer needs, align to health, family and community service planning and be informed by the best available evidence.

9. Health, family and community services workforce policy development and planning will be most effective when all stakeholders are involved. Stakeholders including governments, consumers, carers, public and private service providers, professional organisations and the education, training, regulatory, industrial and research sectors should work together to develop cooperative partnerships to ensure best use of resources to meet agreed goals and strategies.

10. An open and transparent monitoring, evaluation and reporting process should be implemented to ensure quality workforce planning and development.