

# Indigenous pathways – making tracks

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## INTRODUCTION

Many regional communities and Indigenous\* people living in rural and remote areas such as those in South Australia face significant challenges in relation to geographical distance, economies of scale and a lack of sustainable employment and business opportunities. Regional prosperity (that is, the economic and social viability of a geographic area to sustain a community, inclusive of essential services) is often dependent upon communities' capacity to recruit and retain human service professionals in rural and remote areas. Within this workforce the recruitment and retention of an Indigenous human services' workforce remains a significant and ongoing issue for employers and the communities who seek to benefit from the services provided by this specific workforce. However, the associated costs are significant and therefore sound evidence based decisions need to be made to ensure maximised return on investment – a return that is both economic and socially sound.

Workforce planning is a strategic approach to workforce management that strives to maximise options and minimise costs and risks for the immediate, medium and long term future. The paper will, in discussing Indigenous workforce planning, highlight the role diversity has in enhancing an organisation's strategic capacity to effectively respond to Indigenous communities' needs. Examples of best practice recruitment and retention strategies derived from the Department of Human Services Country SA workforce planning process will be used to highlight how workforce planning can enhance rural/urban interface and improve Indigenous communities health and well-being. The paper will conclude with evidence that demonstrates how ongoing commitment to Indigenous workforce planning is essential for sustaining a workforce's capacity to provide optimal human services to its communities.

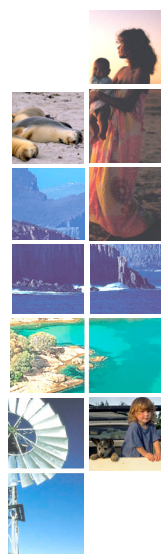
## DISCUSSION

Nationally, a range of individuals, communities and organisations (public and private) have sought to improve the health and well-being of Aboriginal communities. A significant number of strategies, programs and policies have been implemented with varying success.

South Australia has been very active in addressing the recruitment and retention of an Indigenous human service workforce, including the production of the Aboriginal Health Workers in South Australia: Future Pathways report<sup>1</sup>. However with each strategy and resultant position created, the impact of organisational structures and environmental configurations need to be assessed as they affect the focus of the functions/activities undertaken, the operating framework and the capacity to support

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\* For the extent of this paper references to indigenous or Aboriginal communities and people will include all individuals of Aboriginal and Torres Strait Islander descent.



the personal well-being of the incumbent. For example the Indigenous human service workforce located in rural and remote areas often work in isolation from other professional human service providers and as such is required to use significant initiative and innovation in the provision of health services. Accordingly workforce planning needs to acknowledge and respond to this factor to ensure the retention of such a workforce.

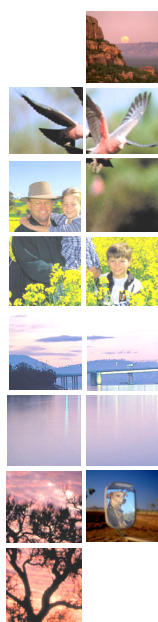
It is considered that the current and potential contributions that Indigenous health professionals make to the health and well-being of Aboriginal communities is only just starting to be fully realised and understood. As discussed in the Aboriginal Deaths in Custody report, the outcomes of a number of cases considered by the Commission may have been different if the deceased had access to a health worker of Aboriginal descent.<sup>2</sup> The report, as did others<sup>3,4,5</sup>, also highlighted the need for more AHWs in various roles such as clinical, health promotion, counselling, support and social development and in doing so also suggested that the positions be filled by an Aboriginal person, eg the Deaths in Custody report, Clause 31.3.68 states:

The ready availability of a supportive Aboriginal person in a somewhat threatening environment should go a long way to ensure that Aboriginal patients receive the best possible hospital care. It is crucial that the person be seen and used as a respected member of the therapeutic team; not simply a low status adjunct to non-Aboriginal medical and nursing staff. Their special skills need to be developed, recognised and rewarded.

Indigenous health professionals are integral to the development, maintenance and evaluation of the health status of Aboriginal communities in which they interact and service.<sup>6</sup>

It is considered that the current health status can be improved through Indigenous workforce planning so that a greater number of health service providers of Aboriginal origin provide services to Aboriginal communities. For example the National Inquiry into the Separation of Aboriginal and Torres Strait Island Children from Their Families report, "Bringing them Home"<sup>7</sup> discusses, amongst a number of health and social issues, the under-representation of Aboriginal people as clients of mental health services. The report suggests that this is significantly due to the lack of understanding, ignorance, lack of tolerance and unfounded beliefs associated with Aboriginal people's mental health issues among mainstream health service providers. The report also suggests that the lack of knowledge and/or insensitivity to cultural issues of history, culture, spirituality, trauma, loss and grief further compounds lack of service access and/or service outcomes. Aboriginal people, with appropriate health related qualifications, would be best placed to address this situation and in doing so, be better placed to share their knowledge with non-Aboriginal human service providers to enhance service outcomes.

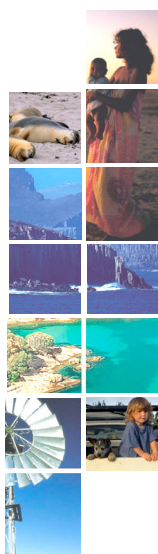
It is again considered that investment in Indigenous workforce planning also supports equal opportunity and social justice principles in that it is based on a social engineering strategy. As discussed by Linda Matthews, SA Equal Opportunity Commissioner in her speech to the Australian Human Resources Institute<sup>8</sup> the principles of social justice need to be observed so as to address, where possible and in an informed manner, the growing disparity between the economic status of Aboriginal communities and majority of non Aboriginal communities. Indigenous workforce planning's major objective is to improve the health and well-being of Aboriginal communities. However, through the increased employment of Aboriginal people,



Indigenous workforce planning also strives to not let the employment market decide and thereby address (in some small part), the existing and ever growing division between socio-economic classes.

## STATE COMMITMENT

The Department of Human Services (DHS) 5 Strategic Directions proposed for 2003 and beyond (refer Appendix 1) and its current 1999–2002 Strategic Directions and Plan<sup>9</sup> indicate its commitment to developing and implementing strategies that improve the cultural, spiritual, health, emotional and economic well-being of Aboriginal people. This is especially with regard to Strategic Direction 1 “We will increase opportunities for community inclusion and participation” and Strategic Direction 3 “We will direct resources to ensure access and equity for those in greatest need”. In addition the Department of Human Services Statement of Reconciliation<sup>10</sup> states that the Department is committed to “increasing the understanding of Aboriginal identity and experience in the portfolio and in the broader community” and “actively promoting the needs of Aboriginal people across government and in the general community”. Indigenous workforce planning is also congruent with the objectives of the Iga Warta Principles<sup>11</sup> (derived from a Virru Wimila (Kidney meeting) of DHS representatives and Aboriginal community representatives) especially with regard to “It must address the environmental determinants of health” and “It must have an Aboriginal Community and Family approach” which can best be implemented by an Aboriginal person. This is a view shared by many Aboriginal people.<sup>12,13,14</sup>



The DHS commitment and approach is also congruent and consistent with the Commonwealth Department of Health and Ageing “Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework”.

## RECRUITMENT AND RETENTION STRATEGIES

Having due regard to the DHS strategic intent, the workforce planning process has resulted in a range of recruitment and retention strategies being developed and implemented. Some of these are specifically Indigenous workforce focussed whilst others provide priority to Indigenous participants. The following will discuss these strategies.

During workforce planning processes, participants frequently suggest that recruitment and retention in rural and remote areas should commence with young people in country high schools – in a sense so as to “grow your own” workforce and, as a value added component, enhance the economic and social sustainability of the community. When considered in concert the value added component of Indigenous health providers impact on Indigenous health and well-being outcomes, the DHS has focussed the majority of its workforce strategies on youth, with priority given to Indigenous youth.



## SA Aboriginal and Torres Strait Islander Peoples Scholarship Program

This Program was established in 1998 to increase the representation of professionally qualified Aboriginal and Torres Strait Islander peoples' in the health workforce. Preference is given (but not restricted) to those students studying towards a health related qualification. Upon successful completion of the studies recipients will be required to undertake to commence and remain in the South Australian Public Sector health workforce for a year. The scholarship provides the student with \$10,500 over 3 years. 31 scholarships were awarded in 2002 with a total of 119 scholarships awarded thus far.

## Joint Rotary/Ministers Indigenous Medical Scholarship Program

This Program is a co-operative project between Rotary and DHS aimed at increasing the number of Indigenous medical staff and by so doing improve the health of Aboriginal people, particularly in remote areas of South Australia where access to basic preventative medical treatment is often difficult.

The amount of the scholarship is \$5000, with various Rotary Clubs in SA sponsoring Indigenous students studying nursing, medicine and allied health at a cost of \$2,550 per year.

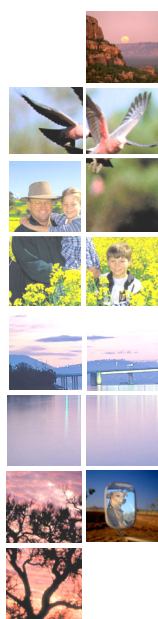
Currently Rotary is sponsoring seven students; two in Pt Lincoln, two in Port Augusta one in Ceduna and three based in metro areas. A total of 18 scholarships have been awarded since 1999.

## Pika Wiya Unique Centre of Learning

The Unique Centre of Learning (UCL) situated at the Pika Wiya Aboriginal Health Service in Pt Augusta aims to provide a culturally appropriate learning facility for Aboriginal people training as Registered Nurses, Enrolled Nurses, Aboriginal Health Workers, Allied Health professionals, and other Human Service professionals.

An Aboriginal co-ordinator is located at the centre to support and facilitate local Indigenous students to overcome the variety of barriers to successful study by providing:

- one-to-one and group academic tuition
- facilitation of relevant tuition opportunities
- confidential personal counselling
- administrative and financial support networks
- promotion of peer support and role modelling within the centre and in the Pt Augusta community
- advocacy for students in relation to training providers, community organisations, and employment organisations
- access to information technology and library resources



- the promotion of a culturally safe environment.

It is anticipated that the long-term outcomes will be:

- increased Aboriginal community awareness of the variety of occupations available within human services
- increased Cultural Awareness amongst human service providers in the Northern and Far Western Region
- an increased number of Aboriginal people graduating as Registered Nurses, Enrolled Nurses, Aboriginal Health Workers and Allied Health professionals working in the Northern and Far Western Region
- increased participation of Aboriginal people in decision-making positions within human services
- improved service delivery and health and well-being outcomes and for the local Aboriginal community.

Evaluation of outcomes achieved will inform investment in developing Learning Centres in other regions across Country SA to augment Indigenous workforce planning strategies.

### Career promotion in schools

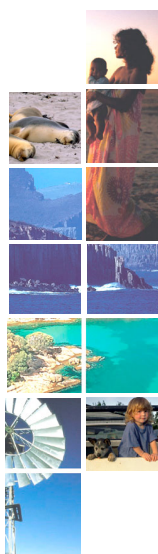
Promotion of human services career paths in collaboration with the Rural Clubs from Flinders University, Adelaide University and the University of South Australia and promotion of DHS as an “employer of choice” was undertaken through school visits in rural and remote SA.

In addition a DHS Career Pathways CD-ROM was produced and distributed to schools and human service providers so as to allow rural and remote secondary students to access a range of information about careers, training options and assistance programs in the human services area.

### Indigenous traineeships

Funding to regional human service providers is provided to create opportunities for Indigenous youth (17–29 years) to participate in the Human Service workforce for one year whilst undertaking study at TAFE in clerical and administration positions. The inclusion of an Aboriginal mentor has been crucial to the success of this program. Evaluation of the program indicated that the role of the Aboriginal mentor this youth strategy was crucial.<sup>15</sup> The funds to support the implementation of an Aboriginal mentor was vital to the success of the traineeship program. Cultural Awareness training for participating organisations is also imperative to ensure that trainees are accessing work environments that are supportive and appropriate.

In 2002 12 students were supported.



## VET in Schools – nursing pathway

The “VET in Schools – Pathway to Nursing Program” is a recruitment initiative facilitated by DHS in partnership with VET, TAFE, local school, secondary schools students and health units. For 2002, 89 secondary students participated within thirty-four (34) health units. The program involves students undertaking TAFE – Certificate II in Community Services with specialisation in Aged Care Work, Community Work or Disability Work; *OR* TAFE – Certificate II in Health Support Services (Client/Patient Support Services), in addition to undertaking work experience in the local health unit throughout the academic year.

As previously emphasised it is vital to capture the interest of high school students living in rural communities to consider pursuing a career in the field of health services. This will ensure a potential source for future rural and remote health workforce. This strategy not only provides a pathway for students to become Carers, Enrolled Nurse or Registered Nurse but also the opportunity for future local employment.

One of the strengths of the program has been the very strong commitment by the community and this has been demonstrated by the successful information nights/sessions that have been conducted. The success of such a program will be dependent on student’s perception of their learning experiences whilst undertaking the course and their feedback to other students about the program. Hence in addition to funding to facilitate the student’s participation, funding is also provided to enable health units to provide the student/s with a mentor.

## Nursing Cadetships – TAFE Certificate IV in Health (Nursing)

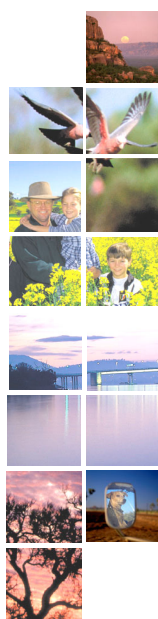
The nursing cadetship program provides for students undertaking Certificate IV to be employed as Cadets within a health unit for 15 hours per week.

The program has a positive influence upon the community as it provides opportunities for the local TAFE provider and health unit to assist in the “growing” local nursing staff for meeting the health needs of those communities.

Currently there are forty-six (46) Nursing Cadets in Country SA undertaking TAFE Certificate IV in Health (Nursing) within thirty-eight (38) health units.

## Clinical Placement Grants

As reiterated above workforce planning has demonstrated the need to “grow” our rural human services workforce. As such, the Clinical Placement Grants were established as part of the DHS’s commitment to support and encourage students studying human service professions to undertake rural placements. It is evident that positive experiences while on student placement in rural areas can encourage them to undertake rural work upon graduation. Unfortunately the financial costs associated with travel and accommodation act as disincentives for students to undertake rural placements. This strategy works to counteract this and encourage city based students to experience the positive aspects of rural practice. It is administered through local organisations rather than universities in order to ensure organisations are also contributing to the placement in some way, thus making the support of students a



partnership between the DHS and rural human service agencies. This is consistent with the DHS's approach to encouraging rural human service agencies to participate in, and develop, their own recruitment and retention strategies to develop sustainability and build local capacity.

In 2002, 186 grants of \$250 each were allocated.

## South Australian Rural Education Scheme

The Scheme commenced in 1994 to assist in addressing the shortage of appropriately trained human service professionals in rural and remote South Australia.

Scholarships are offered to full time students already studying or about to commence a Human Services undergraduate degree and who have resided in rural SA prior to undertaking their tertiary education. A grant of \$5000 per annum for up to 3 years is awarded to successful students.

A total of 120 scholarships have been awarded thus far, 26 in 2002.

## South Australian Rural Post Graduate Scholarship Scheme

The Scheme is a retention strategy and aims to provide an opportunity for existing rural and remote DHS employees to study a relevant discipline with the University of their choice relating to their current role. A total of 30 scholarships were offered to the amount of \$4,000 each in 2002.

## Peer shadowing program

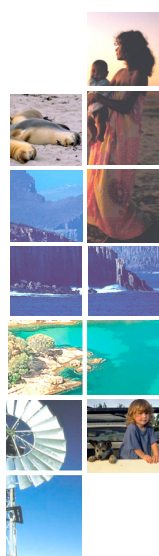
The Program is a retention strategy established in late 2001 as an alternative method of professional development in which individuals are able to observe peers in other workplaces for a short period of time (days to weeks). It provides an opportunity to learn from others and benchmark their role and growth in their own field. 38 grants to the value of \$1,000 were made available in 2002.

## Middle Management Development Program

As a retention strategy, DHS recognised the need for succession planning as well as resource management training for DHS country middle managers. The Middle Management Development Program – *THINK BIG* comprises 6 modules, namely:

- Leadership and Management Skills
- Human Resource Management
- Financial Management
- Asset Management
- Strategic Planning
- Participant Presentations.

In 2002, 197 managers participated in the program.



## Student Supervision Training

The need to support Country SA Health professionals to supervise students has been recognised for some time. SA Centre for Rural and Remote Health (SACRRH) has been providing workshops within selected parts of rural SA. However to date there had been no co-ordinated whole of state program. This strategy has been working to address this in a multi-disciplinary partnership with Allied Health training schools. Through workforce planning quality rural student placements have been identified as an important support strategy for the recruitment of new graduates. Furthermore the development of student supervision skills within the workforce has transferable relevance to their ability to support colleagues and as a professional development program is also a retention strategy.

In addition information was also derived from a number of reports and projects, namely Survey of South Australian Undergraduate Rural and Remote Education and Experience: Health Disciplines. Project Report 1998 (Dr Karen Bridgewater, SACRRH), Developing Best Practice in Rural Supervision of (undergraduate) rural (allied) health professionals Final Report 1996 (Angela Littleford Whyalla Hospital and Health Service) and Report on The Rural Undergraduate Student Summit, 1999 (compiled by Jennie Parham, SACRRH).

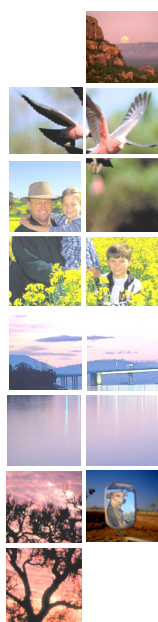
The synthesis of this information formed the basis for a forum held in February 2002 and a follow up meeting held in March 2002. It was evident from these forums that a lot of groundwork needed to be covered to address the development of multi-disciplinary student supervision workshops. The forums have become a discussion platform for rural issues in relation to undergraduate education and placement experiences, which ultimately influence the recruitment and retention of a rural health workforce.

The development of a framework for the provision of student supervision is being developed in consultation with key members of the forum. Commitment will be sought from the clinical schools to participate in the provision of student supervision training throughout rural SA.

Additionally it was recognised that rural workers were entitled to have more equitable access to student supervision training in the immediate future. In order to achieve this DHS implemented a sponsorship scheme. This includes subsidising travel, accommodation and course costs for rural health professionals to attend student supervision training workshops being held in Adelaide by universities. Support was also extended to include a course being held in Port Lincoln by the Spencer Gulf Rural Health School.

## Aboriginal Health Workers

South Australia has been instrumental in participating in the development of the Aboriginal and Torres Strait Islander Health Workforce "National Strategic Framework", with particular regard to the establishment of a Professional Association for Aboriginal Health Workers. The Aboriginal Health Worker Interim Professional Association of South Australia will be supported through a Memorandum of Understanding by Aboriginal Services Division, DHS and the Aboriginal Health Council of SA. In addition DHS has been successful in achieving a 3 year exemption



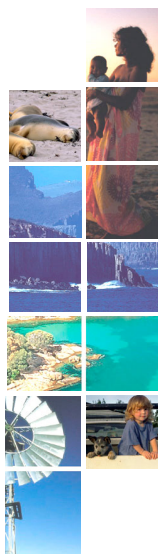
from the SA Equal Opportunity Tribunal to appoint only Aboriginal and Torres Strait Islanders to Aboriginal Health Worker positions in South Australia.

## CONCLUSION

The Department of Human Services has taken on the challenge of realising the recruitment, retention, and development of a rural Indigenous workforce in country South Australia.

All of the strategies highlighted have achieved their outcomes through collaboration and consultation with rural communities, human service providers, tertiary bodies and other key stakeholders. They have, where possible, built on work already being done within the regions and across the State with a view to fostering inter-agency collaboration, where possible. Most importantly, there has been a commitment to make available, as a priority, the full range of opportunities to Indigenous people so as to capture and sustain an optimal Indigenous workforce and improve the health and well-being of Indigenous communities.

It is acknowledged that these efforts, whilst admirable, will not achieve success overnight. Long term commitment is required, not only to funding and facilitating such strategies but also to adequately identify and capture information relating to Indigenous health and well-being and the impact an Indigenous workforce can have. Therefore DHS will need to invest significantly in its endeavour to address the health inequalities of the Indigenous population and to also promulgate evidence based achievements so as to encourage wider stakeholder commitment.



## APPENDIX 1 – PROPOSED 2003–2006 DEPARTMENT OF HUMAN SERVICES STRATEGIC DIRECTIONS

### Strategic Direction 1

- We will increase opportunities for community inclusion and participation

### Strategic Direction 2

- We will work across government and communities to provide co-ordinated services.

### Strategic Direction 3

- We will direct resources to ensure access and equity for those in greatest need

### Strategic Direction 4

- We will strengthen and re-orient resources towards prevention and primary care

### Strategic Direction 5

- We will improve the safety and quality of services

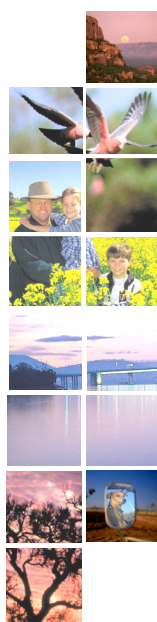
## PRESENTER

**Nick Heyne** completed a Bachelor of Education (Physical Education/ Aboriginal Education) in 1994 and after a short stint as a Year 7 teacher in Adelaide, commenced work in 1995 as a Lecturer/Counsellor, Faculty of Aboriginal and Islander Studies at the University of South Australia.

In October 2000, Nick took on a Senior Project Officer position with the Department of Human Services (DHS), Rural Development Unit, where he is currently working on strategies that support the recruitment and retention of Aboriginal employees in rural locations in South Australia, to the DHS portfolio.

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