



**Aboriginal Health - Everybody's Business**

**Health Workforce Development**

**A South Australian Strategy for  
Aboriginal & Torres Strait Islander People  
2005 - 2010**

**South Australian Aboriginal Health Partnership**

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Aboriginal Health – Everybody’s Business  
Regional Resource Package  
South Australian Aboriginal Health Partnership

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South Australian Aboriginal Health Partnership Secretariat  
PO Box 287  
Rundle Mall SA 5000  
Phone (08) 8226 6604



Department  
of Health



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Department of Health and Ageing



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Cover design by Terry Stewart

The meaning of the design;

Circles are symbolic of gatherings and pathways symbolise a way of getting there. There are many paths to take in relation to tackling health and emotional wellbeing issues within Aboriginal and Torres Strait Islander communities. The challenge for the South Australian Aboriginal Health Partnership (SAAHP) agencies is to work together on areas of common ground.

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## Recognition

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***'Many Aboriginal and Torres Strait Islander communities and individuals already create and sustain nurturing, healthy and successful families, positive community culture and safe community environments.'***

The Executive Committee of South Australian Aboriginal Health Partnership (SAAHP) acknowledges and recognises the existing work within Aboriginal and Torres Strait Islander communities towards their improved social, cultural, economic and health status within the current Australian context.

While the focus of state and national strategy documents such as this is centred on the chronic health issues affecting individuals and communities, much of the achievements of Aboriginal and Torres Strait Islander communities, families, individuals and agencies are largely invisible to the broader Australian community and commonly unacknowledged.

The strength and resilience of a people continuing to maintain and increase their place within an historically hostile, denigrating and imposed culture, is given little public value or recognition and is easily obscured by the pervasive pictures of substance misuse, social and emotional wellbeing, unemployment, third world health status and generational poverty.

The impact of these social, economic and health issues affect the physical, spiritual, cultural and emotional advancement and growth of all Aboriginal and Torres Strait Islander people.

The SAAHP also acknowledge the value adding of existing efforts and collaboration, recognising the essential role of community, family and individual participation in this process.

The SAAHP Executive presents this strategic direction for health workforce development, in the spirit of collaborative responsibility. The purpose is to add value to existing efforts and collaborative partnerships towards sustainable change for all Aboriginal and Torres Strait Islander people.

### **Note:**

1. For the remainder of this document reference to Aboriginal and Torres Strait Islander people collectively infers ***communities, families and individuals*** and recognises Aboriginal and Torres Strait Islander ***people*** as two separate groups.

## Acknowledgements

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The preparation of this State Health Workforce Development Strategy could not have been achieved to this level of quality without significant collaboration and sustained energy, ideas, support, input and guidance from a range of key people.

It is with pride that we acknowledge the involvement of the following key groups and individuals in bringing this project to fruition.

The South Australian Aboriginal Health Partnership Workforce Working Group member's during the course of the project.

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- Ben Stewart

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### South Australia Aboriginal Health Partnership

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- Barbara Power
- Terry Stewart

## Background

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### The South Australian context

The South Australian Aboriginal Health Partnership (SAAHP) was established in 1996 with the aim of improving the health and wellbeing of Aboriginal and Torres Strait Islander people in South Australia. Four key agencies make up the SAAHP: The Aboriginal Health Council of SA, the Aboriginal and Torres Strait Islander Commission, the state Department of Health (formerly Department of Human Services) and the Commonwealth Department of Health and Ageing.

In 1997 significant regional consultation resulted in the development of regional profiles and "*The First Step*" document. From these profiles the SAAHP determined seven key areas of action for South Australia. These have since been narrowed down to five priority areas, which are:

- Social and Emotional Wellbeing
- Substance Misuse
- Diabetes
- Health Data and Information
- Health Workforce Development

One of the core recommendations of the First Steps report was to call for a statewide examination of the training and support arrangements and career and industry issues for Aboriginal Health Workers (AHW). As a result, the South Australian Centre for Rural and Remote Health produced "Future Pathways – review of the status, support arrangements and training needs of AHW's in South Australia".

Future Pathways recommendations focussed on improvements to the Aboriginal Primary Health Care Certificate curriculum, addressing career and industry issues, improved support arrangements, Aboriginal Health Workers (AHW) training funding models, and the establishment of an AHW Association and regulatory body.

### The National Context

Following the commissioning of Future Pathways, the National Aboriginal Health Worker Review commenced, and Future Pathways became South Australia's contribution to the national review.

The National Aboriginal Health Workforce review findings significantly contributed to the development of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework, which was endorsed by Australian Health Ministers Advisory Council (AHMAC) for implementation in May 2002.

The Workforce Strategic Framework (WSF) is a five to ten year reform agenda to build a more competent health workforce for Aboriginal and Torres Strait Islander Health. The Workforce Strategic Framework aims to:

- Transform and consolidate the workforce in Aboriginal and Torres Strait Islander health;
- Achieve a competent health workforce with appropriate clinical, management, community development and cultural skills; and
- Develop a health workforce supported by appropriate training, supply, recruitment and retention strategies.

In November 2002 the SAAHP endorsed the National Workforce Strategic Framework for implementation in South Australia. The SAAHP Executive endorsed the development of a WSF implementation plan that outlined short, medium and long- term strategies. OATSIH was designated by the SAAHP Executive as the lead agency convening the SAAHP Workforce Working Group that was charged with the task of developing the implementation plan.

This strategy support SAAHP strategies for Data and Information, Substance Misuse, Social and Emotional Wellbeing and Diabetes to support integrated service delivery for private, public and community controlled health services.

The SAAHP Workforce Working Group consists of OATSIH, DH, AHCSA, ATSIC, DFEEST, PAHWASA and is supported by the SAAHP Secretariat.

## Health Workforce Development – Everybody’s Story

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### **Communities, Families and Individuals**

The Aboriginal and Torres Strait Islander Health Workforce is made up of a range of workforce groups in addition to medical practitioners, nurses and Aboriginal Health Workers, that need to be specifically recognised for their contribution to Aboriginal and Torres Strait Islander people’s health. This group includes, but is not limited to: Dentists and allied health staff, public health professionals, social and emotional wellbeing workers, substance misuse workers, environmental health workers and health service managers.

It is also recognised that in addition to the current workforce there exists a labour force made up of people with experience and qualifications in health who are not currently working in the area, and people who are currently training for careers in health.

A competent health workforce is integral to ensuring that the health system has the capacity to address the needs of Aboriginal and Torres Strait Islander peoples. The “Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework May 2002”, provides a framework for workforce reform and consolidation. It requires collaboration between Australian, State and Territory Governments and the Aboriginal and Torres Strait Islander community controlled health sector.

This State Strategy builds upon the National Strategic Health Workforce Framework. It recognises that action is now required to improve the training, supply, recruitment and retention of appropriately skilled health professionals, health service managers and health policy officers in both mainstream and Aboriginal and Torres Strait Islander specific services. To achieve these objectives in the South Australian context there needs to be planning and implementation at the State, Regional, Community and Organisational levels. The South Australian co-ordinated approach is illustrated on page 11.

# Health Workforce Development – Everybody’s Business

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## Purpose

The purpose of this section is to guide the strategic direction for key stakeholders towards the development of regional and organisational implementation plans to address health workforce development within Aboriginal and Torres Strait Islander communities.

This state-wide health workforce development strategy should be read in conjunction with SAAHP’s Substance Misuse, Social and Emotional Wellbeing, Diabetes, Health Workforce Development and Health Data and Information Statewide strategy documents towards a greater understanding of their relevance and links to each other.

## Commitment

The SAAHP believe that the extensive work currently occurring throughout South Australia requires a more supportive and coordinated response from State and Commonwealth stakeholders. This is required to ensure consistency and sustainability of approaches as well as ensuring ‘real’ change in health status of Aboriginal and Torres Strait Islander people and communities.

## Guiding Principles

These principles are evident within this strategy and are consistent with the

- National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003);
- National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004 – 2009;
- National Drug Strategy: Aboriginal and Torres Strait Islander People Complimentary Action Plan (2003 – 2006);
- Living with Diabetes, The South Australian Aboriginal Experience, A State Strategy and Action Plan for Aboriginal Diabetes July 2000; and
- Iga Warta Principles, arising from the Department of Health 2000, Renal Summit.

## **Cultural Respect**

- Respecting cultural diversity, views, values and expectations of Aboriginal and Torres Strait Islander people within planning and development of health and wellbeing programs and services

## **Community Control**

- Acknowledging Aboriginal and Torres Strait Islander communities' right to control the health and wellbeing approaches and services in their local community and/or region

## **Holistic Approach**

- Attending to the physical, spiritual, mental, cultural, emotional and social wellbeing and their role in contributing to health outcomes for Aboriginal and Torres Strait Islander peoples
- Including the environmental determinants of health such as food, water, housing and unemployment
- Including the social determinants of health and wellbeing, such as racism, marginalisation, history of - dispossession and loss of land and heritage

## **Local Planning**

- Aboriginal and Torres Strait Islander people's central involvement in planning, development and implementation of strategies for better health and wellbeing
- Planning takes place at the local level to develop local responses to local needs and priorities as determined by the local Aboriginal and Torres Strait Islander population/community

## **Partnerships**

- Combining the efforts of government, non-government and community controlled sectors, and working in partnership with communities to provide the best method in improving the broader determinants of health

## **Recognition of Diversity**

- Recognising the diversity within and between Aboriginal communities in the development of programs and services
- Supporting the provision of differing approaches according to region, age and gender

## **Resources**

- Ensuring that resources are sufficient to improve the health and wellbeing of Aboriginal and Torres Strait Islander people
- Sustainable resource building for communities through strengthening community expertise and capacity building of health services and communities

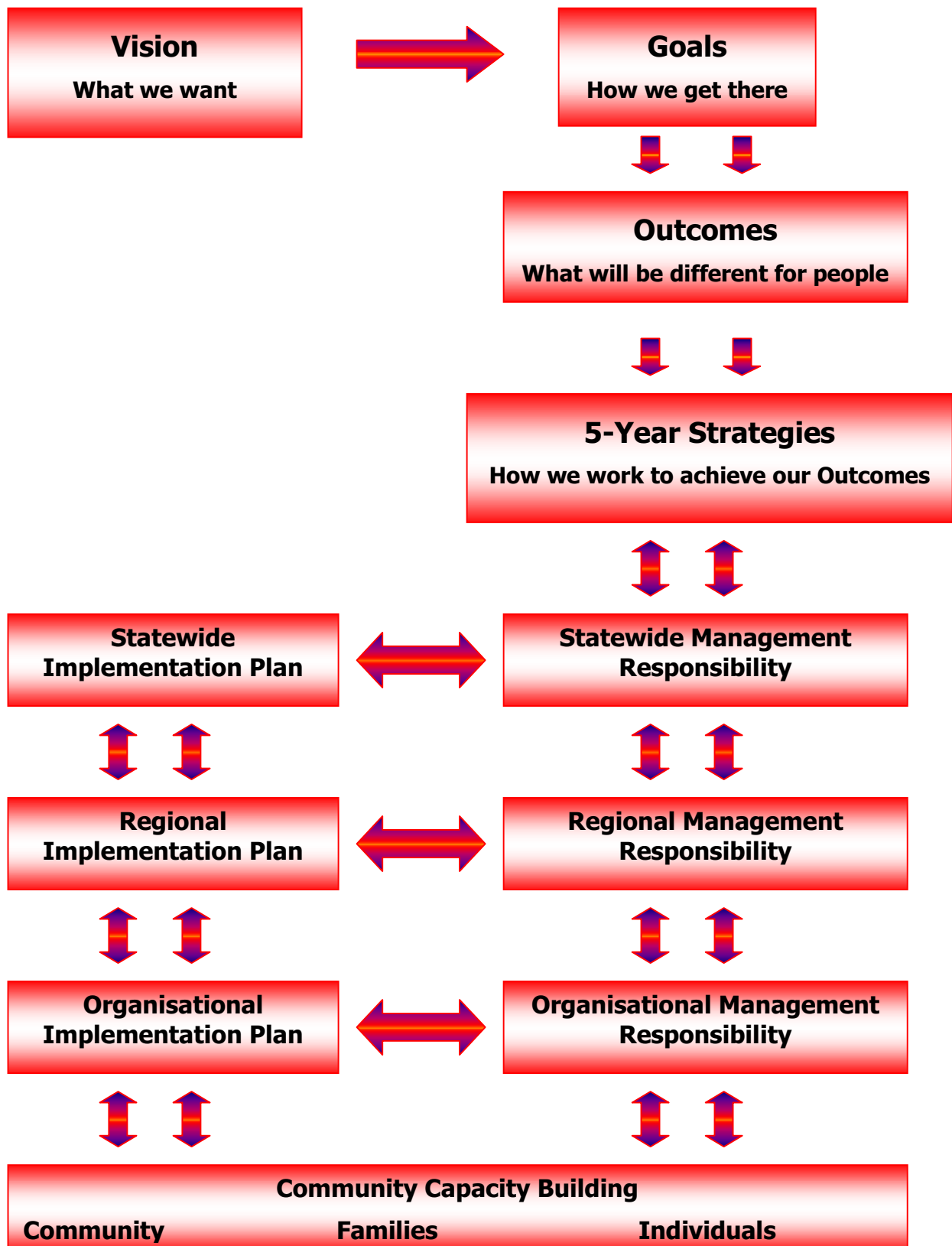
## **Capacity Building**

- Providing information, skills development and/or knowledge acquisition to assist and support individual change
- Building the capacity of an community, families or individuals to manage change and/or maintain resilience

## **Accountability**

- Supporting the effective use of funds by community controlled and mainstream health services and programs
- Ensuring accountability for effective resource application through long term funding
- Establishing genuine and meaningful planning and services development partnerships with communities
- Government maintaining responsibilities for ensuring all Aboriginal and Torres Strait Islanders have access to appropriate and effective health care

# Strategic Planning – Model



Refer Appendix 1

# VISION

**South Australian Aboriginal and Torres Strait Islander people living healthy lives equal to that of the general population, within well functioning communities that have effective health care and community services that are enriched by a strong living culture, dignity and justice**

(Adapted from the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2004 – 2009)



# GOAL

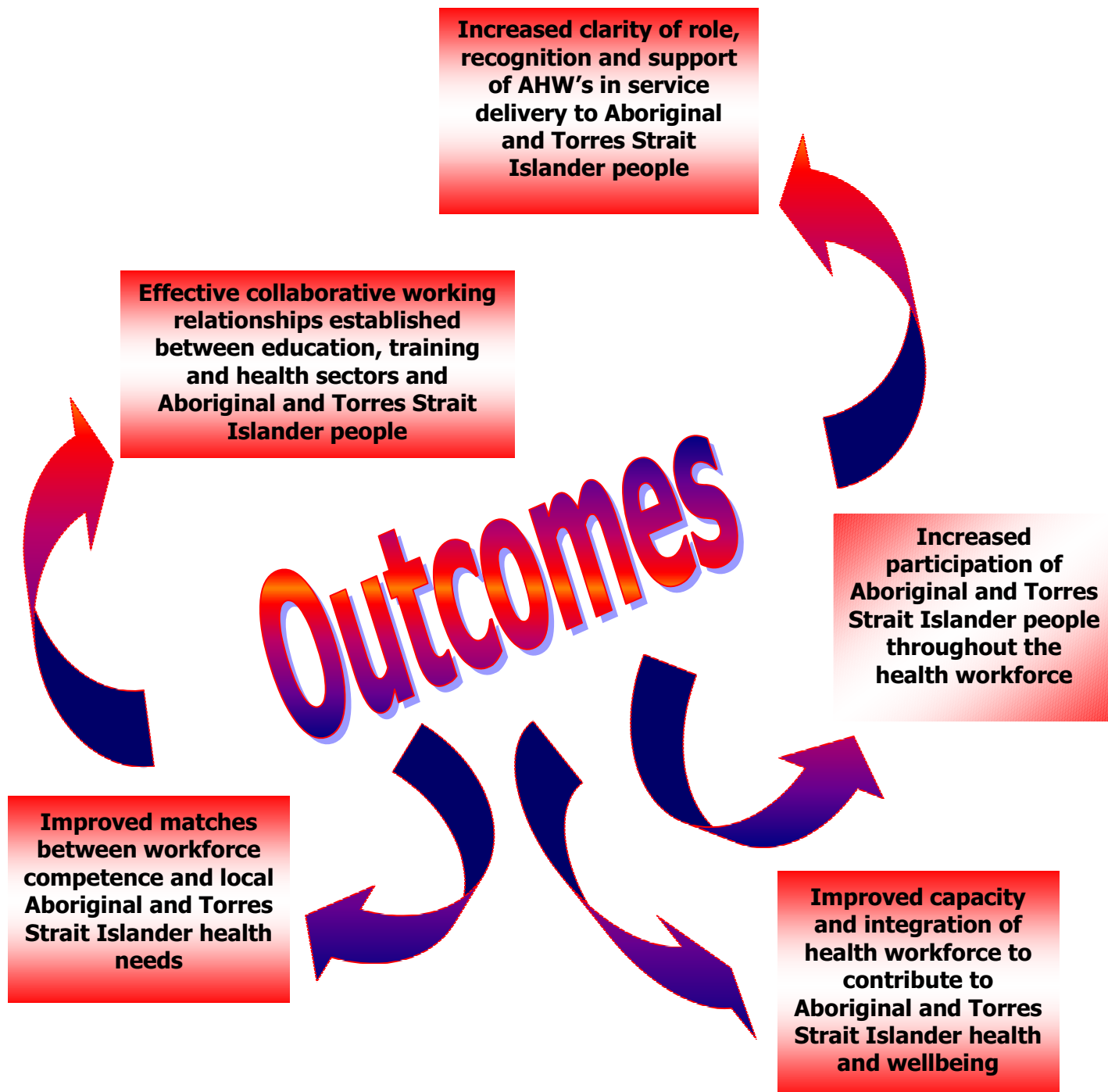
**A competent health workforce with appropriate community development, cultural, clinical and management skills supported by appropriate training, supply, recruitment and retention strategies**

## Strategic Direction - Outcomes

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These outcomes are intended to be measurable within the 5-year time frame of this plan.

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## Strategic Direction – Strategies

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These describe the broader 'big picture' of work to be undertaken across the state during the next 5 years to realise the outcomes.

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# Strategies

**Improved support for Aboriginal & Torres Strait Islander people to choose careers in health and to obtain relevant training & skills development**

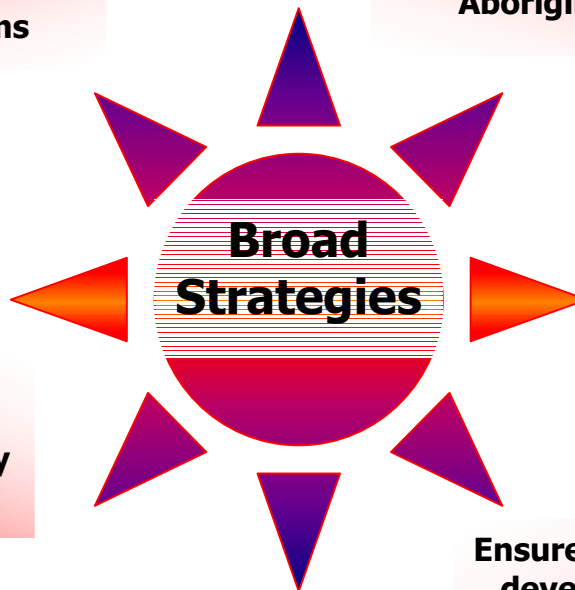
**Establish effective statewide and regional workforce planning mechanisms**

**Improve educational opportunities and health career pathways for Aboriginal Health Workers**

**Clarify roles and responsibilities of Aboriginal Health Workers**

**Increase numbers of Aboriginal and Torres Strait Islander people undertaking health education/training opportunities**

**Establish and coordinate state and regional labour force & workforce capacity building initiatives**



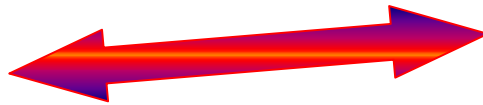

**Establish effective statewide and regional coordination and monitoring of health workforce development**

**Ensure accessible training and development opportunities for Aboriginal and Non-Aboriginal workforce to meet the health needs of Aboriginal people**

## Strategic Planning – Coordinated Approach

- The SAAHP Executive has responsibility to ensure that the actions within this framework are implemented, resourced and monitored
- The Partnership will undertake actions that facilitate an increased collaborative and coordinated statewide approach in addressing health workforce development

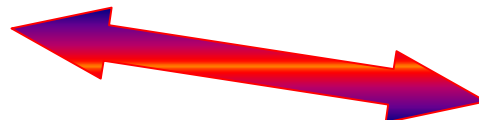
# Statewide Action



# Regional Action



- Each state health region in partnership with AHAC is supported to develop regional implementation plans consistent with the statewide strategic direction
- Regional plans will facilitate the provision of services, programs, projects and resources consistent with the needs of the region
- Regional planning will support collaborative and coordinated regional partnerships inclusive of open and accountable reporting processes



- Organisations, Services and Agencies will utilise the regional plans to further describe the detailed actions needed to address health workforce development issues relevant to local community needs and priorities
- Once developed, action plans will illustrate the local picture of health workforce development issues, priorities and initiatives

# Organisational Action



## Statewide Management Responsibilities

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Effective and collaborative coordination, monitoring and review are crucial to the achievement of the strategic outcomes and sustained change. Without this, change will continue to be slow, exhaustive and of greater cost both socially and economically.

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# Statewide

**Develop organisational service agreements which support the achievement of strategic Health Workforce Development outcomes**

**Ensure collaborative regional planning and development process**

**Facilitate collaborative regional monitoring, review and reporting processes**

**Support inter-regional information exchange opportunities**

**Develop regionally coordinated knowledge management processes**

**Coordinate strategic partnerships between, and collaborative participation of, relevant community controlled, public and private sector agencies, services and organisations**

# Action

## **Regional Management Responsibilities**

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Regional collaboration with state and organisation partners enhances ongoing effectiveness and supports current and future regional planning. The approach also strengthens regional health intelligence and workforce capacity and supports effective and equitable service responses to meet the needs of communities, families and individuals.

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# **Regional**

**Attend to annual reporting requirements consistent with regional-state partnership agreement**

**Implement regionally coordinated knowledge management processes**

**Develop collaborative regional health workforce development implementation plans**

**Advocate and lobby public, private and community sources to strengthen regional workforce resources**

# **Action**

## **Organisational Management Responsibilities**

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The effectiveness of service provision is determined by the existence of connected, credible and accountable organisations, with efficient organisational management and a workforce equipped to respond and resolve health related issues.

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# **Organisational**

**Implement effective monitoring and review protocols and practices consistent with regional plans and partnerships**

**Develop, and implement effective organisational capacity building initiatives**

**Provide coordinated ongoing workforce development programs**

**Establish and maintain effective community, public and private sector linkages and collaborative partnerships**

# **Action**

## The Next Steps

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### **STATEWIDE LEVEL**

- If you have state wide responsibilities, the section on statewide management responsibilities is your starting point. Further assistance can be obtained from the following:- Department of Health / Aboriginal Health Division (DH/AHD), the Department of Health and Ageing(DoHA) Office Aboriginal Torres Strait Islander Health (OATSIH), the Aboriginal Health Council of SA (AHCSA) and or the South Australian Aboriginal Health Partnership (SAAHP) secretariat.

### **REGIONAL LEVEL**

- If you have regional responsibilities, the section on regional management responsibilities is your starting point. Further assistance can be obtained from the following:- DoHA/OATSIH, DH/AHD and or AHCSA when developing an Aboriginal and Torres Strait Islander Health plan that supports the priorities of all health service providers in your region.

### **ORGANISATIONAL LEVEL**

- If you have organisational responsibilities, the section on organisational management responsibilities is your starting point. If you are in a mainstream organisation that is developing or updating its Aboriginal and Torres Strait Islander health plan talk to the AHCSA and AHD/DH about how planning can be supported and linked to the Aboriginal Community Controlled Health Service (ACCHS) sector strategic plan.

### **INDIVIDUAL LEVEL**

- If you're interested as an individual, talk to your local Aboriginal Community Controlled Health Service and mainstream health organisation about their Aboriginal and Torres Strait Islander health plans and opportunities to become informed about and or involved in health service activity.

## Abbreviations

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|               |  |
|---------------|--|
| <b>ACCHS</b>  | Aboriginal Controlled Community Health Service         |
| <b>AHAC</b>   | Aboriginal Health Advisory Committee                   |
| <b>AHCSA</b>  | Aboriginal Health Council of South Australia Inc       |
| <b>ATSIC</b>  | Aboriginal and Torres Strait Islander Commission       |
| <b>ATSIS</b>  | Aboriginal and Torres Strait Islander Services         |
| <b>AHW</b>    | Aboriginal Health Worker                               |
| <b>AHD</b>    | Aboriginal Health Division                             |
| <b>DH</b>     | Department of Health                                   |
| <b>DoHA</b>   | Department of Health & Ageing                          |
| <b>OATSIH</b> | Office of Aboriginal and Torres Strait Islander Health |
| <b>SAAHP</b>  | South Australian Aboriginal Health Partnership         |

## Glossary

|   |  |
|---|--|
| <b>Aboriginal Community Controlled Health Service (ACCHS)</b> | <ul style="list-style-type: none"><li>▪ ACCHS are primary health care services initiated by local Aboriginal and Torres Strait Islander communities to deliver holistic and culturally appropriate care to people within their communities. Their board members are elected from the local Aboriginal community (NATSIHC 2002)</li></ul> |
| <b>Connectedness</b>  | <ul style="list-style-type: none"><li>▪ A relationship that links and bonds one with community, family and friends</li></ul>   |
| <b>Knowledge Management Processes</b>                         | <ul style="list-style-type: none"><li>▪ A systematic approach to manage the use of information in order to provide a continuous flow of knowledge to the right people at the right time enabling efficient and effective decision making in their everyday business</li></ul>  |
| <b>Partnership Approach</b>                                   | <ul style="list-style-type: none"><li>▪ A partnership approach is defined as a close working relationship among Commonwealth, State and Territory, and local governments; affected communities; business and industry; community-based organisations; professional workers; and research institutions</li></ul>                          |
| <b>Prevention</b>   | <ul style="list-style-type: none"><li>▪ Broadly defined as an intervention strategy designed to change the social and environmental determinants to improve the effectiveness of recruitment and retention of the Aboriginal health workforce</li></ul>  |
| <b>Social and Emotional Wellbeing</b>                         | <ul style="list-style-type: none"><li>▪ Broadly, a comprehensive term used for the physical, psychological, and cultural welfare and happiness of an individual within his or her community</li></ul>  |
| <b>Labour Force Development</b>                               | <ul style="list-style-type: none"><li>▪ Broadly defines the clarity of role, regulation and recognition of the Aboriginal workforce by improving, recruitment and retention, vocational educational and training support of both Aboriginal and non-Aboriginal workforce within the Aboriginal health sector</li></ul>                   |
| <b>Workforce Development</b>                                  | <ul style="list-style-type: none"><li>▪ To transform and consolidate the workforce in Aboriginal health to achieve a competent health workforce with cultural skills to address the health needs of Aboriginal peoples supported by appropriate training supply, recruitment and retention strategies</li></ul>                          |

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- SAAHP "Everybody's Business", State-wide Diabetes, Social and Emotional Wellbeing, Substance Misuse, Data and Information and Environmental Health Worker Strategies

## Appendix 1 - Defining Terms

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The following provides the thinking behind the development of the strategic goals, strategies, outcomes and actions within this current framework.

The defining of these terms is by no means definitive and is intended only to illustrate how the planning of this document arose.

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