

PREFACE

The publication of this Workforce Strategy represents an important milestone in Queensland Health's strategic approach to improving the health status of Indigenous peoples across Queensland.

Queensland Health faces a challenge as we turn our attention to building our workforce capacity through improved recruitment, retention and development of Indigenous employees. This challenge goes to the core of our professional approach. However, it is designed to facilitate innovative thinking in delivering effective health services to Indigenous peoples.

The Strategy requires non-Indigenous Queensland Health employees to stop and personally reflect on the imperative to work in partnership with Indigenous peoples not just as clients or external stakeholders, but also as colleagues and managers. Indigenous health care workers are the people best positioned to assist Queensland Health to improve Indigenous health status.

For example, the implication of this Strategy is that it is appropriate for managers to consider the importance of skills in communicating with Aboriginal people and Torres Strait Islander people along with other communication skills as part of the merit process.

This Strategy has been developed to assist Districts to enhance their workforce capacity to improve Indigenous health status. It is based on the premise that innovation needs to come from within each District and work team, and not from above. Workforce targets are already in place at the District level to enable Districts to measure their progress in better positioning our organisation to succeed in improving Indigenous health status.

A wide range of government and community sectors have contributed to the development of this Strategy and their assistance is appreciated. I hope that this Strategy also provides these stakeholders with a clear framework against which they find it useful to reference their own complementary initiatives.

Finally and most importantly, I look forward to seeing Queensland Health build new partnerships with Indigenous peoples through workforce management initiatives prompted by this Strategy. I further hope that this provides a new foundation for improving the health status of Indigenous people in Queensland.



(Dr) R L Stable
Director-General

INTRODUCTION

Queensland Health is seeking to recruit, retain, and provide career pathways for Indigenous peoples throughout its workforce.

By focusing on Indigenous workforce development, Queensland Health will be better positioned:

- to work with Indigenous peoples to improve their health status
- to build increased diversity and capacity for innovative thinking across the workforce generally
- to demonstrate commitment to the spirit of participation
- to assist all employees to learn to identify and manage difference and so improve their cross-cultural confidence and practice.

The introduction of cross-cultural awareness training has provided the foundation for the development of a cross-culturally sensitive workforce. By recruiting and developing more Indigenous people across its workforce Queensland Health will capitalise on its improving cross-cultural sensitivity.

This major change process will require every Queensland Health manager and employee to reflect on their work practices. Line managers will take new action to recruit, retain and develop Indigenous employees. Human resource practitioners will develop new expertise in strategic Indigenous human resource management support for managers and employees in the change process.

This Strategy provides a framework for Queensland Health District Health Services to proceed to improve their Indigenous workforce management practices. It is designed to be dynamic, providing the basis for Districts to take innovative action. It provides a framework for Districts to work with educational institutions and Indigenous communities to encourage more young Indigenous people to aspire to health careers, and to improve recruitment, retention and development of Indigenous employees.

QUEENSLAND GOVERNMENT COMMITMENT

The State Government is committed to improving the status of Indigenous peoples through improved levels of employment.

The *Equal Opportunity in Public Employment (EOPE) Act (1992)* specifically includes Aboriginal peoples and Torres Strait Islander peoples as target group members and has contributed to the formation of an environment conducive to the design and use of affirmative action strategies pertinent to Aboriginal and Torres Strait Islander peoples.

For example, it is appropriate for managers to consider the importance of skills in communicating with Aboriginal people and Torres Strait Islander people along with other communication skills as part of the merit process.

Departments such as Health, Education, and Housing have had primary roles providing access to a range of basic services to help to better position young Indigenous peoples to complete secondary and tertiary education and so to progress into all levels of the workforce. For example, Queensland Health seeks to ensure that children are healthy enough to attend and participate in school programs. Towards this end, Queensland Health and Education Queensland jointly fund the Queensland Health Promoting Schools project and network to improve the effectiveness of health education and promotion at the school community level.

In addition to these primary roles, consistent with the recommendations of the Report of the Royal Commission into Aboriginal Deaths in Custody, the Government recognises the role of the public sector in showing leadership to the private sector in recruiting and advancing Indigenous peoples in employment. To this end, the following sector wide performance targets for Indigenous employment have been set:

- 2.4 per cent by the end of the year 2002
- 2.4 per cent across all salary levels by the year 2010.

HEALTH POLICY RATIONALE

The Australian Institute of Health and Welfare states, 'Australia's Aboriginal and Torres Strait Islander peoples continue to experience much poorer health than the general Australian population' (*Australia's Health*, Australian Institute of Health and Welfare, 1998, p28).

The following documents set out the crucial role of Indigenous health workforce development in creating more responsive and effective health services for Indigenous peoples:

- Miller Report of the Review of Aboriginal Employment and Training Programs 1985
- The National Aboriginal Employment Development Program, 1987
- The National Aboriginal Health Strategy, 1989
- The Royal Commission Into Aboriginal Deaths in Custody, 1991
- The Queensland Aboriginal and Torres Strait Islander Health Policy, 1994
- The Queensland Aboriginal and Torres Strait Islander Economic Development Strategy, 1998.

In Canada and the United States, increased levels of self-determination have seen the health status of Canadian First Nation people and Native Americans improve significantly. The education and employment of Indigenous health service providers has been an important aspect of self-determination.

In Queensland, there is evidence that some health services are not responding to health needs as well as they might. Developing an understanding and trusting relationship between Queensland Health services and Indigenous communities remains a challenge.

Aboriginal employees and Torres Strait Islander employees bring a wealth of skills, knowledge, experience and understanding of the priority health needs of Indigenous Australians. For example, the employment by Queensland Health's Inala Community Health Centre of an Indigenous medical practitioner has resulted in increased attendance by

Indigenous peoples at that service and improved antenatal care resulting in increased birth weights.

Culturally responsive services are crucial for successful service delivery to Indigenous peoples. Services need to be provided in forms, settings, structures and languages with which local Aboriginal communities and Torres Strait Islander communities can identify. This relies on inclusion of Indigenous peoples in the workforce. Queensland Health understands that recruiting Indigenous peoples will better position Queensland Health to:

- develop culturally safe workplaces
- build relationships with Indigenous communities, including linkages between Queensland Health and community controlled services
- develop a holistic approach to health, taking into account social, emotional, spiritual, and cultural well-being within a community context
- improve service models, including strengthening of the primary health care approach throughout health services
- identify Indigenous people in human resource and client information systems to improve capacity to monitor progress in improving Indigenous health status
- provide timely, responsive, and flexible health services
- improve the health status of Indigenous peoples.

A workforce more inclusive of Indigenous peoples would have increased opportunities to learn from their Indigenous colleagues about how to improve their own health service delivery practices.

QUEENSLAND HEALTH'S COMMITMENT

As outlined above, Queensland Health is committed to improving Indigenous health status. To this end, Queensland Health is pleased to contribute to the whole of government Indigenous employment targets as follows:

- 2 per cent by the end of the year 2002, and
- 2 per cent across all salary levels by the year 2010.

Queensland Health's target has been set to take its highly qualified workforce requirements into account.

The target recognises that long term strategies will be required to increase Queensland's secondary and tertiary education completion rates to create improved Indigenous applicant pools for Queensland Health jobs.

Towards this end, Queensland Health is committed to working with all stakeholders, including Indigenous communities, Education Queensland, and other State Government Departments, Commonwealth Government Departments of Education, Training and Youth Affairs, Employment, Workplace Relations and Small Business and Health and Aged Care, the vocational education and university sectors, health professional bodies, all Queensland Health staff and their unions.

THE QUEENSLAND INDIGENOUS LABOUR MARKET

In 1996, the overall rate of labour force participation among Aboriginal and Torres Strait Islander Queenslanders was measured to be 55 per cent of Indigenous Australians of working age in the labour force compared to 63 per cent of non-Indigenous people.

The rate of unemployment among Indigenous Australians in Queensland was approximately 23 per cent, or 35 per cent if Community Development Employment Projects are excluded. This compared to an overall rate of 9 per cent for the State population. Nearly two thirds of all Indigenous unemployment was long term unemployment, being six months or more (ABS, 1996).

THE IMPACT OF EDUCATION ON THE LABOUR MARKET

In 1998, the retention rate at Year 12 was 46 per cent for Indigenous students compared with 72 per cent for non-Indigenous students (*Education Queensland*). This places Queensland's Indigenous Year 12 retention rates among the highest across Australia.

The Commonwealth Department of Education, Training and Youth Affairs has a range of programs.

- The Aboriginal Student Support and Parent Awareness (ASSPA) program aims to involve Indigenous parents in decisions that affect their children's schooling
- The Aboriginal Tutorial Assistance Scheme (ATAS) aims to provide extra tuition for Indigenous students where necessary to assist those students to stay at school until Year 12 and then to continue studies if appropriate
- The Vocational Educational Guidance for Aboriginals Scheme (VEGAS) provides funding to sponsor organisations to develop projects to help Aboriginal and Torres Strait Islander students and their parents to make decisions about their continuing education, training and employment. Such projects may:



- develop the study skills of Aboriginal and Torres Strait Islander school students
- provide them with access to Indigenous role models in higher levels of education and in employment
- inform students and their parents about options for further study and careers
- The Indigenous Education Strategic Initiatives Program provides support to Indigenous education providers up to the post compulsory level of vocational education and training.

Education Queensland has a range of supportive programs designed to improve Indigenous education outcomes, and to promote informed career pathway choices as follows:

- The Aboriginal and Torres Strait Islander Tertiary Aspirations Program uses career and motivational camps, cultural workshops, mentors, and guest speakers to encourage and inspire students to succeed in secondary school and to continue onto further studies
- The Aboriginal and Torres Strait Islander Career Aspirations Pathways Program is an early intervention strategy providing careers expos for Years 7 and 8 students
- Draft guidelines and frameworks for the Teaching of Aboriginal and Torres Strait Islander Studies in Queensland Schools assists the development of curricula for all students covering histories, cultures, languages, spiritual beliefs and lifestyles of Aboriginal and Torres Strait Islander peoples
- Schools are actively encouraged to implement best practices in teaching strategies and programs to address issues such as literacy and numeracy levels, retention rates, transitional processes and educational outcomes for Aboriginal and Torres Strait Islander students.

Universities have undertaken a range of initiatives to increase Indigenous student participation rates. Student numbers have dramatically increased when Indigenous Health lecturers have been employed with a role in increasing Indigenous student numbers. Student numbers have also declined with the cessation of such positions.

To date, Queensland Health has focused on improving Indigenous education participation rates by improving the health status of young Indigenous peoples to better position them to participate in education.

However, there is increasing awareness of the importance of health workforce strategies as a prerequisite for achieving real improvements in Indigenous health status. It is time for Queensland Health as a major industry employer to begin to develop a collaborative relationship with all levels of the education system, primary school, secondary school, vocational education and universities.

Queensland Health recognises a need to explore a greater role in assisting some Indigenous students to overcome barriers such as:

- lack of culturally inclusive core curricula
- under-utilisation of role models and mentors
- lack of access to culturally sensitive support
- socio-economic status
- remoteness from information and education facilities.

Queensland Health has begun to work at senior levels with other Government agencies and universities to promote increased cooperation in achieving increased Indigenous education completion rates and health career aspirations.

It is now time for District Health Services to start to build direct relationships with their local educational institutions to promote increased cooperation in achieving increased Indigenous education completion rates and health career aspirations at the local level.

In seeking to attract the career aspirations of more Indigenous students, Queensland Health recognises the importance of working in partnership with current Indigenous employees, local Indigenous communities and particularly parents and elders as the key stakeholders in this change process.

The following strategic approach is proposed for Queensland Health to encourage more Indigenous students to aspire to health careers to improve Indigenous applicant pools over time.

STRATEGY ONE IMPLEMENT A LABOUR MARKET DEVELOPMENT PROGRAM

PURPOSE: *To encourage and support Indigenous students through school and university into health careers.*

RATIONALE: *There are insufficient Indigenous people in the labour market with the appropriate health qualifications, skills and experience for careers in Queensland Health.*

OUTCOMES

INCREASED LEVEL OF HEALTH CAREER CHOICES AMONG INDIGENOUS STUDENTS

Some Indigenous students begin to form their career choices from as early as primary school. For example, in the absence of role models or information about prerequisites for different health careers, they may lack interest in pursuing science subjects in later years. This applies across Education Queensland schools, independent schools and catholic schools.

For the purposes of self assessment, indicators of successful Strategy implementation by Queensland Health Human Resource Units will be:

- Indigenous and non-Indigenous employees work in partnership to brief local communities and their organisations, youth workers and related agencies about this Workforce Strategy
- networking occurs with Aboriginal and Torres Strait Islander District Community Education Councillors at District offices of Education Queensland, school career guidance committees and officers, and regional Department of Education, Training and Youth Affairs Indigenous education officers
- links made with the Queensland Health Promoting Schools Program (Ph: 3235 4493) which aims to increase the emphasis on and effectiveness of health education in schools
- Indigenous and non-Indigenous health staff trained and supported to visit local schools where there are a number of Indigenous students to act as role models by making presentations to all students and their parents, including non-Indigenous students. Staff should work with parents through local Aboriginal Student Support and Parent Awareness Committees
- Indigenous and non-Indigenous health staff encouraged and supported to market health careers through Education Queensland's Aboriginal and Torres Strait Islander Career Aspirations Pathways Program Forums around the State, the Tertiary Aspirations Program State Challenge in September, and through careers markets organised by the Tertiary Entrance Procedures Authority in July and August each year.
- a mentor program established for school students, ensuring all mentors are trained
- school based youth health nurses and Indigenous Health Workers promote this Workforce Strategy in schools
- District Health Services utilised by schools and universities as learning centres for delivery of part of the curriculum in the work place
- structured work experience programs targeting Indigenous students available across all health disciplines and other occupations
- Human Resource Units work with line managers support Indigenous and non-Indigenous employees in facilitating the above
- Indigenous employee reference groups to advise Human Resource Units on the implementation of this Program
- joint marketing plans developed with local Indigenous communities, Rural Health Training Units, schools with Indigenous students, including boarding schools, universities and TAFEs to promote educational and employment opportunities to local Indigenous students, including a health careers kit.

For the purposes of self assessment, indicators of successful Strategy implementation by Corporate Office will be:

- health careers marketing materials targeting Indigenous students developed and distributed
- ongoing work with Education Queensland towards the inclusion of information about Indigenous health status in school curricula, and towards the establishment of more school based Vocational Education and Training programs
- a school Health Careers Choices Program established to target late primary and high school students to encourage consideration of health professional careers
- an Indigenous High School Scholarships Program in place to provide financial assistance to successful applicants.

AN EXAMPLE: At the University of Washington Medical Faculty, Seattle, a 'pipeline' was developed with programs designed to recruit children from schools in four surrounding States at quite an early age and follow them into high school and college. At the University of North Dakota the school of medicine has increased its proportion of minority students through inviting young children aged 6-8 years to summer camps to learn more about the health professions.

The 'pipeline' approach includes provision of extra tuition in maths and science, study skills support, scholarships, and mentoring. However, more recently, the 'winding river' has been argued to be a more appropriate metaphor as it avoids the often misleading connotation of a smooth, well defined, and well-understood passage (A Report Card on Diversity: lessons for business from higher education, *Harvard Business Review*, Jan-Feb 1999, p140).

INCREASED LEVEL OF HIGHER EDUCATION SUPPORT FOR INDIGENOUS STUDENTS

For the purposes of self assessment, indicators of successful Strategy implementation by Queensland Health Human Resource Units will be:

- linkages developed with local education

institutions at the District level to ensure pre-education programs in numeracy and literacy

- linkages developed with Aboriginal and Torres Strait Islander Support Units at all tertiary education institutions to enhance information flows to Indigenous students
- support is provided to Indigenous students during clinical placements.

For the purposes of self assessment, indicators of successful Strategy implementation by Corporate Office will be:

- the development and marketing of articulated health career pathway options through the school, the vocational education, and the university systems is assisted. Queensland Health is supporting the Queensland Community Services and Health Industries Training Council to develop and market health career pathway options through a collaborative approach with the Commonwealth Department of Workplace Relations and Small Business and other parties.
- linkages enhanced with Nagi Binanga, the State Government's Standing Committee for Aboriginal and Torres Strait Islander Vocational Educational Training to facilitate new training initiatives through the Department of Employment, Training and Industrial Relations. For example, opportunities for traineeships could be expanded in podiatry, physiotherapy, and other allied health roles. Access to existing TAFE programs, such as the environmental health worker course currently only available through Cairns, needs to be made available on a statewide basis.
- the Queensland Health-Universities Liaison Committee utilised to encourage universities to:
 - establish new relationships with schools where there are Indigenous students,
 - establish special entry programs for Indigenous peoples
 - promote articulation from other health courses into university courses
 - establish transition programs from school to university including weekend schools

- establish foundation programs in the first undergraduate year to allow some flexibility in career choices and literacy and numeracy support
- address constraints of family responsibilities on capacity of adults to study
- establish distance education and/or regionally based educators
- establish support programs for Indigenous students across all health disciplines in collaboration with relevant professional associations
- include Indigenous health subjects within course curricula.

Emphasis could be given to targetting allied health disciplines not currently accessed by Indigenous people such as audiology, pharmacy, rehabilitation, nutrition, dietetics, and speech pathology.

- both general and designated Indigenous places in the Queensland Health Rural Health University Scholarship Scheme marketed to Indigenous students
- relevant recommendations of the Ministerial Taskforce on Nursing Recruitment and Retention and the Director-General's Taskforce on Allied Health implemented.

AN EXAMPLE: Queensland Health, in collaboration with TAFE Queensland and other key stakeholders, has targeted Indigenous students for the TAFE Diploma of Nursing Care (Pre-enrolment). Modifications to this TAFE course have resulted in flexible delivery being available through two additional campus sites — Toowoomba and Cairns. Flexible delivery means that students can study in their local community and undertake clinical placement at an accessible Queensland Health facility. Cairns TAFE has allocated places for Indigenous students.

AN EXAMPLE: In NSW, the former North West Health Service (Tamworth) developed a 13 week Assistant Nurse program for Aboriginal people and on completion they were encouraged to apply for the Enrolled Nurse course resulting in two Aboriginal applicants being successful.

AN EXAMPLE: The University of Washington Medical Faculty services four States, and students spend the first two years studying from their home State. Students performed equally well from all campuses and distance from the central campus did not influence their scholastic performance. Distance study did however have a powerful positive influence on recruitment to rural practice within American Indian communities.

AN EXAMPLE: Newcastle University has had a special entry program for Indigenous medical students for 14 years. In 1998, there were 25 Indigenous students enrolled in medicine over the five years of the course. The program has:

- a specifically designed and culturally appropriate admissions process including a community based interview and specific faculty based assessment
- culturally appropriate formal and informal support through the Aboriginal and Torres Strait Islander Student Liaison Office and a stand alone building 'Wollotuka' a place where students can 'relax and feel at home with their own people'.
- community involvement in the admission process and the development of curricula
- a new interdisciplinary discipline of Aboriginal Health offered in all health professional programs.

QUEENSLAND HEALTH'S INDIGENOUS WORKFORCE

Approximately 600 Queensland Health employees identify as being of Aboriginal and/or Torres Strait Islander descent. This is equivalent to about 1.3 per cent of the total Queensland Health workforce.

Almost half of these people are employed as Aboriginal and Torres Strait Islander Health Workers who fulfill an important cross-cultural role. However, the employment of Indigenous peoples across other professional occupational categories has remained well below their representation in the broader population (*A Profile of Queensland Health's Indigenous Workforce*, March 1998).

MAINSTREAM SERVICES

Despite a growth in the number of dedicated Indigenous health services over recent years, mainstream Queensland Health services continue to be the main providers of health services to Indigenous peoples. Overall, Queensland Health's mainstream health services have experienced an ongoing lack of progress in improving Indigenous health status. This highlights the importance of ensuring that mainstream services become more responsive to the needs of Indigenous peoples.

By employing Indigenous peoples in mainstream areas, Indigenous and non-Indigenous peoples have the opportunity to learn from each other, and to become more aware of culturally appropriate options for behaviour in their work practice. This takes into account the fact that there is much unrecognised diversity among and between Indigenous groups. In turn, these learnings have the capacity to impact directly on the quality of services delivered to Indigenous peoples.

There is increasing awareness of the importance of creating a culturally safe work environment before these qualitative benefits can be achieved. This is 'an environment which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with

dignity, and truly listening' (Eckermann, Dowd, Martin et al. *Binang Goonj: Bridging cultures in Aboriginal health*, Armidale (NSW): University of New England, 1994).

This experience contrasts with workplaces where employees are not open to learning about their different perspectives from each other. This means that even strategic policy workplaces need to work to include more Indigenous peoples to achieve this added value in their work. The workforce practices of District Executives and Corporate Office management are also important in modelling desired behaviour.

Indigenous public sector employees will have different levels of familiarity with the public sector environment. Some may experience stress from conflict between, on the one hand, their social and cultural obligations to family and community, and on the other hand, their obligations as public sector employees. Such factors can add to the sense of isolation that Indigenous employees may experience in mainstream health services. As a result of this isolation, they may experience cultural alienation, finding it difficult to identify with Queensland Health's dominant organisational culture.

The current work towards the development of career pathways and accredited training for Aboriginal and Torres Strait Islander Health Workers represents an important step towards increased access to health career pathways and training for Indigenous peoples generally. The establishment and endorsement of a Drug and Therapy Protocol and Health Management Protocols for Health Workers in the administration of specific drugs has also been a major development. Queensland Health is seeking to work with other States and Territories in a cooperative approach to achieve efficient and relevant education and training infrastructure development.

Aboriginal and Torres Strait Islander Health Worker's competencies and education and training provisions are currently being reviewed to ensure their relevance to contemporary skills requirements. A focal point of the project will be the development of tools that will assist Districts to support Aboriginal and Torres Strait Islander Health Workers in accessing the appropriate training that meets the needs of both the employer as well as the individual

Health Worker. Health Worker Educator positions have been established in the Rural Health Training Units to assist in this process. Resources for the development of Health Worker training and education have also been allocated.

However, Queensland Health now needs to turn its attention to ensuring Indigenous peoples are represented across all workplaces and among all of Queensland Health's occupational categories and services.

It is acknowledged that Queensland Health District Health Services are at different stages of Indigenous workforce development and that some have already made significant investments in Indigenous workforce development which are beginning to pay off.

For example the Cherbourg Community Health Service improved retention rates from 50 per cent to 95 per cent following changes which saw Indigenous Health Workers reporting to Indigenous Team Leaders.

Strengthening Queensland Health's Indigenous workforce now requires all line managers to show commitment and leadership in the active recruitment, retention and development of Indigenous people across the Queensland Health workforce as part of their core business.

Queensland Health can learn from a study in the USA which tracked thousands of students of all races at 28 universities with race sensitive admissions policies from 1976 to 1989. It found that the selective universities supplied a disproportionate share of minority leaders to business and the professions (Bowen, Bock, and Burkhart, 'Report Card on Diversity: lessons for business from higher education', *Harvard Business Review*, Jan-Feb 1999).

Cross-cultural awareness training is providing an important foundation for this organisational change process across Queensland Health. The following strategic workforce approach is proposed to assist Queensland Health to build an ongoing capacity to respond appropriately to the health needs of Indigenous communities.

STRATEGY TWO

IMPLEMENT AN INDIGENOUS WORKFORCE DEVELOPMENT PROGRAM

PURPOSE: *To take a proactive approach to the recruitment, retention, and promotion of Indigenous peoples across Queensland Health.*

RATIONALE: *Indigenous employees are significantly under-represented across occupational categories and salary levels.*

OUTCOMES

INCREASED INDIGENOUS RECRUITMENT

For the purposes of self assessment, indicators of successful Strategy implementation by Queensland Health Human Resource Units will be:

- all managers demonstrate understanding of and commitment to the rationale of this Workforce Management Strategy and its application across all workplaces, professions, and occupations including nursing, allied health, maintenance, carpentry and hospitality
- all managers demonstrate an understanding that building a skilled workforce that is inclusive of Indigenous peoples requires a thoughtful and strategic approach
- linkages developed with Indigenous groups including community Councils, community controlled health services or other groups to promote recruitment activities
- issues arising from exit interviews with Aboriginal and Torres Strait Islander staff are addressed
- Indigenous people who have chosen to leave Queensland Health and who may be interested in re-employment are identified and targeted for recruitment
- more Indigenous staff trained in recruitment and selection skills

- Indigenous people recruited to permanent positions wherever possible
- advertising targets Indigenous communities through radio, newsletters and local agencies, and encourages Indigenous people to apply
- interview panels include Indigenous and possibly community representation where there are Indigenous applicants
- managers consider the importance of skills in communicating with Aboriginal people and Torres Strait Islander people along with other communication skills as part of the merit process
- linkages developed with employment agencies who specialise or have expertise in Indigenous employment, including provision of pre-employment programs to assist Indigenous people to apply for employment
- recruitment agencies requested to seek out and enlist Indigenous candidates generally
- the full range of traineeships targeted towards Indigenous peoples, including long term unemployed people or mothers seeking to re-enter the workforce
- part time and/or job share positions created where improved balancing of work and family would assist potential employees
- Queensland Health Staff Search utilised in recruitment campaigns for Indigenous peoples
- recommendations of the Ministerial Taskforce on Nursing Recruitment and Retention and the Director-General's Taskforce on Allied Health implemented.

AN EXAMPLE: In January 1997, the Pharmacy Guild of Australia (Queensland Branch) established the Indigenous Pharmacy Assistant Pilot Program to increase the number of Indigenous people within the pharmacy industry. Project partners included the Queensland Chamber of Commerce and Industry, the Mater Misericordiae Public Hospital and the then Department of Employment, Education, Training and Youth Affairs.

The 20 participants undertook a three week work transition course, a four week skills training course, one week hospital pharmacy orientation training and eight weeks work experience. All participants completed the 16 weeks training; one undertook further study, five found employment in the Mater, Ipswich, Nambour and Royal Women's Hospitals and in the Inala Community Health Centre, and three were employed in community pharmacies. This project resulted in the Mater Misericordiae Hospital revising entry level into hospital pharmacy, creating new Pharmacy Assistant positions, and developing a hospital pharmacy traineeship for all hospitals in Queensland.

AN EXAMPLE: In the USA, those universities that have race-sensitive admissions policies provide a disproportionate share of leaders to business and the professions. (A Report Card on Diversity: lessons for business from higher education, *Harvard Business Review*, Jan-Feb 1999, p140).

AN EXAMPLE: In NSW, those Areas that employed Aboriginal Employment Coordinators were most successful in improving Indigenous recruitment and retention rates among the health workforce.

INCREASED INDIGENOUS RETENTION

For the purposes of self assessment, indicators of successful Strategy implementation by Queensland Health Human Resource Units will be:

- all managers responsible for managing staff demonstrate an understanding of the link between this Strategy and improving Indigenous health status
- coaching and staff development skills of line managers enhanced to ensure a positive and supportive environment that encourages learning
- cross-cultural awareness training available for all staff and managers

- orientation and induction provided specifically for Indigenous staff, including information about the public sector environment, working with non-Indigenous people, work conditions/rules and regulations, code of conduct, performance management, career prospects, conflict resolution, and provisions available such as cultural leave
- new Indigenous recruits linked with a workplace buddy and employee networks
- Indigenous employee reference groups and email networks supported and provided with direct access to District Managers where necessary.
- professional Indigenous networks such as the Council of Aboriginal and Torres Strait Islander Nurses and any additional professional networks supported and consulted
- the work of Indigenous staff is promoted positively through *Health Matters*
- Indigenous employee feedback processes in place as good management practice to ensure the development of culturally appropriate environments and practices
- exit interviews conducted with Aboriginal and Torres Strait Islander staff and issues arising are addressed
- relevant recommendations of the Ministerial Taskforce on Nursing Recruitment and Retention and the Director-General's Taskforce on Allied Health implemented.

AN EXAMPLE: The Department of Family, Youth and Community Care has had an Aboriginal and Torres Strait Islander Reference Group since 1995, providing for face to face meetings with Aboriginal and Torres Strait Islander representatives from service areas from across the Department.

The Group acts as a conduit between Management and Indigenous staff representatives on strategic issues, including strategy, systems, performance, and Indigenous workforce management issues, which aim to achieve better Aboriginal and

Torres Strait Islander client outcomes.

The Group has resulted in an effective partnership with Management, providing a valuable consultative forum as well as an effective support mechanism for Aboriginal and Torres Strait Islander staff. They are now proposing to initiate local, regional and statewide consultative and supportive networks to extend the sense of partnership.

INCREASED INDIGENOUS CAREER DEVELOPMENT


For the purposes of self assessment, indicators of successful Strategy implementation by Queensland Health Human Resource Units will be:

- Indigenous staff linked with trained mentors providing access to role models and/or senior networks. Non-Indigenous mentors have undertaken cross-cultural awareness training
- support provided to Indigenous staff in career planning
- professional development and cultural support forums provided for Indigenous people utilising the support of local elders
- job rotation available for Indigenous employees, including placements in the community controlled health sector and the Commonwealth Department of Health and Aged Care
- Indigenous employees aware of and able to access training programs regardless of remoteness of location, including provision of relief workers
- Indigenous employees' development needs addressed at the workplace level
- consideration given to offering placements for the Management Training and Development Program for Indigenous Officers at level AO3 to AO5 run by the Department of Employment, Training and Industrial Relations (Ph: 3225 2447)
- Indigenous employees at level AO5- SO1, or equivalent, encouraged to undertake the Queensland Health Management Development


Program comprising a Graduate Certificate in Management (Queensland Health) and to apply for the associated designated Indigenous scholarships.

For the purposes of self assessment, indicators of successful Strategy implementation by Corporate Office will be:

- a mentor program established, including a kit and access to training for all mentors
- a list of Indigenous staff interested in job enrichment secondments or job rotation opportunities circulated to managers
- career paths for Indigenous employees implemented and further developed
- development and delivery of Indigenous Health Worker training initiatives continued
- relevant recommendations of the Ministerial Taskforce on Nursing Recruitment and Retention and the Director-General's Taskforce on Allied Health implemented.




AN EXAMPLE: In NSW, all health services are encouraged to consider working in partnership with local Aboriginal Community Controlled Health Services in providing training for NGO employees. For example, Kempsey Hospital provides an aged Care and Assistant Nurse program for Aboriginal people employed by the local Aboriginal Nursing Home.



AN EXAMPLE: In December 1998, Brisbane City Council ran an Aboriginal and Torres Strait Islander Cultural Career Development Workshop. It was held over three days in the Kooralbyn Valley which has local cultural heritage, access to land, and Elders. The Workshop included a reconciliation ceremony designed to bring cultural understanding between Brisbane City Council Executive and Management, Indigenous staff, and community.

The content of the Workshop was developed in consultation with the Council's Indigenous

employee network, and Elders. It focused on strengthening the Network, team building skills, managing conflict, cultural training, career planning, and mentoring. The Workshop also assisted Indigenous staff to adjust to the Council's workforce culture and add value back into the workplace. It resulted in a number of recommendations designed to ensure that Indigenous staff feel valued and are retained and developed in the workplace.



AN EXAMPLE: The Cairns office of Queensland Health's Northern Rural Health Training Unit has Commonwealth sponsorship to develop distance education programs using audiographic conferencing. This type of conferencing involves story lines using pictures as a catalyst for learning. It recognises variations in previous educational experiences, and, in some cases, literacy and numeracy skills and lack of exposure to the broader society which can make tertiary education inaccessible.

The audiographic software packages allow interaction through writing, drawing and talking with multi-site link-ups. A major feature is that the programs can be extended, adapted and modified for use in any community and/or training context. Usually, each program includes an on-site face to face component. It has been very successful in remote Indigenous communities as they are community based as well as literacy/numeracy based and allow students to learn in their community. This is obviously a cost effective approach.

IMPLEMENTATION

This Strategy is designed to increase Queensland Health's workforce capacity for innovative thinking in delivering effective services to Indigenous peoples. It is based on the premise that this innovation needs to come from within each work team, and not from above.

The initiatives proposed above are a mixture of statewide and District level initiatives.

For the purposes of self assessment, indicators of successful Strategy implementation by District Managers and Corporate Office will be:

- statements of commitment to Indigenous recruitment, retention and promotion included in District and Corporate Office Business and Human Resource Plans
- human resource and line managers lead the change process, championing commitment to Indigenous workforce development at all management levels of Queensland Health, and ensuring that staff understand the link to improving Indigenous health outcomes. This is reflected in line manager performance plans
- recruitment of Indigenous people to Human Resource Units has been an initial implementation priority
- all line managers are committed to establishing strategies to meet their District Indigenous workforce targets
- Indigenous reference group established comprised of Indigenous staff to work with HR managers and line managers to establish and facilitate an action plan for the District which meets the needs of current and future Indigenous employees
- initiatives incorporated into existing human resource recruitment, retention and development programs, including established education and training units
- Indigenous employee identification rates enhanced to facilitate monitoring of Strategy implementation

For the purposes of self assessment, indicators of

successful Strategy implementation by Corporate Office will be:

- a comprehensive communication plan established in conjunction with District Communication Officers, including establishment of a regular project newsletter, an intranet/ QHiN site and pay slip advertising. This would target Human Resource Units, line managers and Indigenous staff networks containing District updates to share information about initiatives across Districts, including joint District initiatives
- Queensland Health's Balanced Scorecard includes indicators for Indigenous workforce management.

AN EXAMPLE: In NSW:

- Statements of Commitment are reflected in corporate and Area Health Service business plans
- Area Indigenous employment targets are tied to Area performance agreements
- The State Aboriginal Health Partnership Forum provides advice, monitors and promotes the implementation of the NSW Aboriginal Employment Strategy
- All Health Services establish Local Aboriginal Employment Strategy Steering Committees. Each Committee is convened by the CEO or a Senior delegate with representation from HR and finance personnel, Aboriginal Health Coordinators, DETYA local officers, the Aboriginal Health Resource Council, and other stakeholders
- The Aboriginal Employment Development Working Party consisting of representatives of Corporate Office Branches is being retained to develop an annual report on progress in the implementation of the Aboriginal Employment Strategy
- All HR Managers meet regularly to monitor progress of the Aboriginal Employment Strategy
- All Area Health Services develop culturally appropriate local marketing strategies for the promotion of Indigenous employment.