

Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026

October 2016

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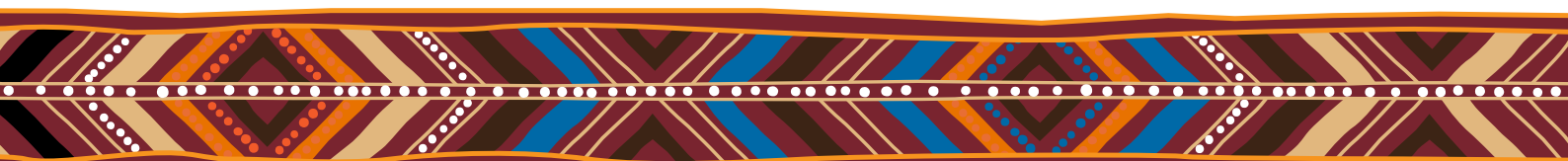
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Acknowledgement of Country

The Queensland Government acknowledges and respects traditional owners and Aboriginal and Torres Strait Islander elders past and present, on whose land we work to support the provision of safe and quality healthcare.

While every effort has been made to respect cultural traditions, readers are advised this publication may contain names and images of people who are deceased. All reasonable measures have been taken to ensure that information contained in this document is accurate, including histories, traditional names and pronunciations.





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Queensland Health's commitment

The Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (the Framework) 2016–2026 recognises the continued need for Queensland Health to contribute to the health and wellbeing of Aboriginal and Torres Strait Queenslanders.

Together, the Department of Health and the Hospital and Health Services (HHSs) are committed to closing the health gap for Aboriginal and Torres Strait Islander people in Queensland. The commitment to Aboriginal and Torres Strait Islander health requires the delivery of a strong workforce that is culturally capable and appropriate, and effectively positioned. A proactive approach in determining, developing and supporting this workforce, across all health workforce streams, is pivotal to improving Aboriginal and Torres Strait Islander health outcomes.

This Framework sets the principles, priorities and actions that focus workforce planning and investment on building a strong workforce to deliver a healthy future for Queensland's Aboriginal and Torres Strait Islander community.

The Framework is a key Queensland Health deliverable in response to the Queensland Government's *Moving Ahead – A strategic approach to increasing the participation of Aboriginal people and Torres Strait Islander people in Queensland's economy 2016–2022*. It aligns with and supports the realisation of a broader statewide health workforce strategy for Queensland. Empowering our workforce will be a key enabler in achieving *My Health, Queensland's future: Advancing health 2026*, which establishes a vision to effectively respond to the healthcare needs of Queenslanders.

Queensland Health is committed to building a public health system that is integrated and collaborative, and which acknowledges Aboriginal and Torres Strait Islander people and values and respects their contribution. Engagement with Aboriginal and Torres Strait Islander people in key policy and strategy decisions is critical to improve cultural responsiveness and access to efficient and effective health services.

Empowerment and accountability at all levels of the health system will strengthen the workforce, such as through continued professional development, access to education and training opportunities and supported career pathways.

I encourage all staff to join me in implementing this important Framework. The employment of Aboriginal and Torres Strait Islander people at all levels and in all disciplines within Queensland Health's workforce is a fundamental enabler of closing the health gap in Queensland.

Queensland Health is committed to building a strong workforce to deliver a healthy future for Queensland's Aboriginal and Torres Strait Islander community.

Michael Walsh
Director-General
Queensland Health







Introduction

The Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026 aims to increase the Aboriginal and Torres Strait Islander workforce across all occupations and levels of employment within Queensland Health. This in turn will support the broader economic and social well-being of Aboriginal and Torres Strait Islander Queenslanders.

The Framework is a key enabler to achieving the key directions of *My health, Queensland's future: Advancing health 2026* through empowering our workforce to deliver the healthcare that Queenslanders need now and into the future. The Framework is a tool to guide the public health system in meeting the objectives to grow the Aboriginal and Torres Strait Islander workforce. It is built on key workforce principles and contains strategies that will ensure workforce targets are met within the required timeframe.

Queensland Health's commitment to the Aboriginal and Torres Strait Islander health workforce is based on the Queensland Public Service core values of:



Customers first



Ideas into action



Unleash potential



Be courageous



Empower people

Strengthening the Aboriginal and Torres Strait Islander workforce within the healthcare system also underpins other initiatives that fall under the Queensland Government's *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: investment strategy 2015–2018*.



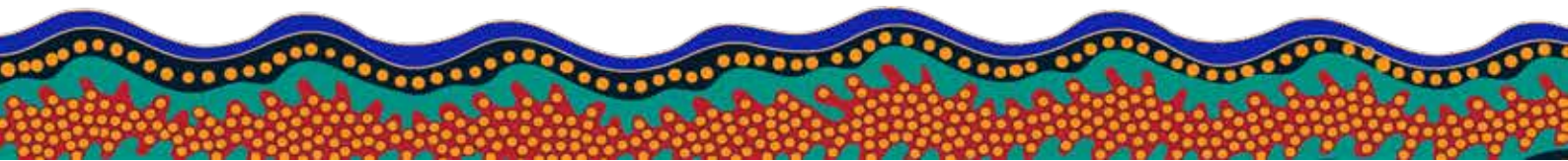
Key priorities of the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026 is for a health system that:

- » increases the number of Aboriginal and Torres Strait Islander employees working in Queensland Health—across all health professions and employment streams
- » builds partnerships between the health, education and training sectors to deliver real change for Aboriginal and Torres Strait Islander peoples who want to enter the health workforce and improve career pathways for existing Aboriginal and Torres Strait Islander staff
- » provides leadership and planning for Aboriginal and Torres Strait Islander workforce development
- » uses the increasing pool of Aboriginal and Torres Strait Islander university graduates who have completed health courses
- » creates a health workforce that underpins Queensland's efforts to close the gap between Aboriginal and Torres Strait Islander and the non-Indigenous population by providing culturally safe and competent health services.

At 11 October 2016¹, Aboriginal and Torres Strait Islander employees comprised 1.67 per cent of the total headcount of the Queensland Health workforce, including 1.09 per cent of the Department of Health workforce headcount and 1.66 per cent of the total Hospital and Health Service headcount. This is below the average rate of employment for the Queensland public sector. The Public Service Commission report *Inclusion and Diversity in the Public Sector 2015* report identified the percentage of Aboriginal and Torres Strait Islander employees in the Queensland public sector as 1.98 per cent at 30 June 2015.

Employment varies, however, across workforce streams with Aboriginal and Torres Strait employees comprising only 1.01 per cent of the clinical workforce, but 2.80 per cent of the non-clinical workforce.

¹Workforce Informatics Monthly Profile – EEO Participation Queensland Health September 2016



The Queensland Government is committed to providing a public sector workforce that recognises and values the benefits of a diverse workforce and provides equal employment opportunities for all employees. This commitment includes a basic principle that the Queensland public sector workforce should closely represent the diversity of the Queensland community it serves.

It is recognised that strategies to increase diversity and inclusion require a flexible approach and need to account for the existing workforce profile of each agency and the client base. Agencies retain responsibility for developing and implementing strategies to strengthen diversity and improve Aboriginal and Torres Strait Islander workforce participation within existing full-time equivalent (FTE) workforce numbers. A clear understanding of the labour market and the makeup of the available market will also influence local workforce planning initiatives.

The establishment of Aboriginal and Torres Strait Islander participation targets confirms Queensland Health's commitment to achieve strong Aboriginal and Torres Strait Islander workforce participation, drives effort for improvement and provides tangible performance indicators against which progress may be measured.

To increase the number of Aboriginal and Torres Strait Islander people working within Queensland Health, and move toward a level of participation that reflects the population profile of Aboriginal and Torres Strait Islander people living in Queensland, a statewide participation target of three per cent by 2022 is supported.

This target is consistent with the *Moving Ahead* strategy's three per cent whole-of-government participation target. In achieving this target, particular focus will be placed on increasing Aboriginal and Torres Strait Islander clinical workforce representation cross all workforce roles including:

- » medical practitioners
- » primary healthcare practitioners



- » nurses and midwives
- » allied health and oral health practitioners
- » service and health program managers
- » Aboriginal and Torres Strait Islander Health Practitioners
- » Aboriginal and Torres Strait Islander health workers
- » administrators
- » leaders and managers.

The health system in Queensland will work towards increasing the Aboriginal and Torres Strait Islander workforce to reflect our workforce participation aims in line with the Australian Bureau of Statistics (ABS) population projections.

To meet these aims, the Department of Health will collaborate with HHSs and other health organisations in Queensland to support the implementation of planned actions in the areas of:

- » recruitment
- » staff retention
- » education and training
- » workforce assessment and planning.

There is strong support for the provision of multi-disciplinary services that are culturally competent and safe to meet the needs of all Aboriginal and Torres Strait Islander people. Cultural competence encompasses awareness, knowledge, understanding of and sensitivity to Aboriginal and Torres Strait Islander people and their culture.



Key outcomes



Queensland Health has identified key priorities and actions to increase the Aboriginal and Torres Strait Islander workforce across the public health system. Implementation of these actions will lead to a number of key outcomes being achieved:

- » increase in workforce participation across Queensland Health to meet the statewide target of three per cent by December 2022
- » Aboriginal and Torres Strait Islander people are engaged and retained through the implementation of specifically designed Indigenous and/or targeted employment processes
- » increase in workforce access to ongoing professional development, education and training opportunities and clear career pathways
- » strong leadership and innovation to ensure the continuing growth and development of Queensland Health's Aboriginal and Torres Strait Islander workforces
- » Aboriginal and Torres Strait Islander workforce distribution is mapped against and reflects community and service need
- » Aboriginal and Torres Strait Islander Health Workforce Strategic Framework underpins action plans developed within each HHS and the Department of Health
- » more Aboriginal and Torres Strait Islander university graduates in health, health-related and other professions are employed across Queensland Health
- » all Queensland Health staff complete Aboriginal and Torres Strait Islander Cultural Capability Program training.

This Framework provides a guide to assist the planning, prioritisation, target setting, monitoring, and reporting of progress in increasing Aboriginal and Torres Strait Islander health workforce capacity and capability building. The Framework underpins the development of local action plans within the department and HHSs. The localised strategies will have Aboriginal and Torres Strait Islander workforce targets that are reflective of the populations in those communities.





Queensland Aboriginal and Torres Strait Islander workforce participation targets

In 2011, the ABS reported that an estimated 188,954² Aboriginal and Torres Strait Islander people were living in Queensland. This comprised 3.6 per cent of the total Queensland population and 28 per cent of the total Aboriginal and Torres Strait Islander population in Australia.

²Estimates of Aboriginal and Torres Strait Islander Australians June 2011 (ABS3238055001D000_201106)



While Queensland has the second largest Aboriginal and Torres Strait Island population, behind New South Wales, it is recognised that the Northern Territory has the highest proportion of Indigenous Australians—at 42 per cent.

Queensland's Aboriginal and Torres Strait Islander population is younger, with around 46 per cent under the age of 25 years. This is compared with 32 per cent of the non-Indigenous population. The proportion of the Aboriginal and Torres Strait Islander population in each population age group decreases with age. In the non-Indigenous population however, there is no decrease until after the age of 55 years. The proportion of the Indigenous population over the age of 65 years is 3.06 per cent, compared with 13.3 per cent in the non-Indigenous population.

The Aboriginal and Torres Strait Islander population in Queensland grew by 16 per cent between the 2006 and 2011 Censuses. Evidence suggests this increase is a 'natural' increase which can be explained by demographic factors (births) and other non-demographic factors, such as targeted promotion of census participation and improvements in census collection methods. Data noted that some people also identified as Aboriginal and/or Torres Strait Islander for the first time during this period, contributing to the growth.

The Queensland Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP) and Department of Communities have identified indicative projections for the Aboriginal and Torres Strait Islander population to increase from 188,945 in 2011 to approximately 210,000 by 2021.

Evidence³ suggests that the difference in life expectancy of Indigenous Queenslanders at birth is 10.8 years lower for Aboriginal and Torres Strait Islander males and 8.6 years lower for females, compared to the non-Indigenous population.

Mortality rates for Queensland children 0–4 years old are higher than for non-Aboriginal and Torres Strait Islander children (rate ratio of 1.7 times).

At 11 October 2016, Queensland Health had 1,522⁴ (headcount) Aboriginal and Torres Strait Islander employees with 58.7 per cent of this workforce in non-clinical streams and 41.3 per cent in clinical streams. Since 2009, there has been a marginal increase in the number of Indigenous employees across all clinical workforce streams.

There is an intrinsic link between employment addressing socio-economic issues and underpinning good health. The growth of the Aboriginal and Torres Strait Islander health workforce will assist in addressing this process.



³Queensland Health Closing the Gap Performance Report 2014.

⁴Queensland Health Workforce Informatics Data Monthly Profile, September 2016



Cultural capability— respect through knowledge

Culture and identity are central to Aboriginal and Torres Strait Islander perceptions of health. This perception and the social interaction that accompanies it impact on health workforce development, workforce practices, funding, purchasing and planning of services.



Managers and staff of health services are responsible for ensuring that their organisations consider the needs of the Aboriginal and Torres Strait Islander community by working towards closing the gap in health outcomes for the group.

Provision of cultural education and training programs specific to Aboriginal and Torres Strait Islander people is one element of undertaking change within health services to:

- » facilitate cultural shifts
- » overcome institutional racism
- » promote cultural safety.

To deliver our Aboriginal and Torres Strait Islander workforce aspirations, our efforts need to be underpinned by the understanding that delivering quality health services to Aboriginal and Torres Strait Islander people. It requires a culturally competent health workforce with appropriate leadership, management, clinical, engagement and community development skills.

To achieve this, the following principles are critical to identifying the priorities and actions of the Framework.

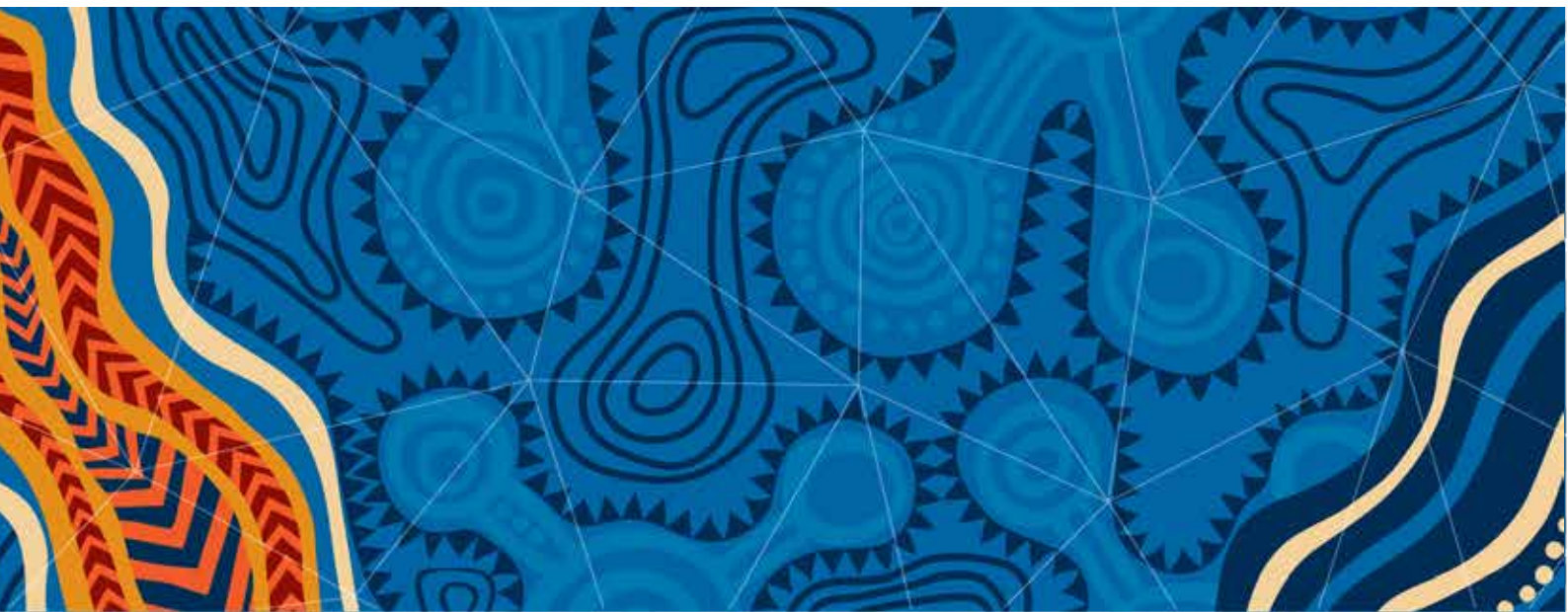




Principles

- 1. Cultural capability:** Ensuring the cultural diversity, rights, views, values and expectations of Aboriginal and Torres Strait Islander people are respected in the delivery of culturally appropriate health services.
- 2. Holistic approach:** Recognising the improvement in Aboriginal and Torres Strait Islander health status must include attention to physical, spiritual, cultural, emotional and social wellbeing, capacity and governance at both community and individual levels.
- 3. Health sector responsibility:** Improving the health status of Aboriginal and Torres Strait Islander people and communities is a core responsibility and a high priority for the entire health sector. It requires health authorities at all levels to be responsive to and inclusive of Aboriginal and Torres Strait Islander people in high level decision-making.
- 4. Supporting local decision-making:** Acknowledging and supporting engagement on decision-making about health needs and priorities through collaboration with the Aboriginal and Torres Strait Islander community-controlled health sector. This is in recognition of its demonstrated effectiveness in providing culturally appropriate and accessible health services.
- 5. Working in partnership:** Combining the efforts of government, non-government, community-controlled sector and private organisations inside and outside the health sector to ensure local Aboriginal and Torres Strait Islander communities drive decision-making about health needs and priorities. In partnership with the Aboriginal and Torres Strait Islander health sector, this will ensure that health needs will be met in a culturally appropriate way and provides the best opportunity to improve the broader determinants of health.
- 6. Promoting good health:** Recognising that health promotion and illness prevention are fundamental to comprehensive primary health care and must be core components of all health services for the community.
- 7. Building the capacity of health services:** Strengthening the delivery of health services and building community expertise to respond to health needs. This includes effectively equipping staff with appropriate cultural knowledge and clinical expertise, building physical, human and intellectual infrastructure and fostering leadership, good governance and financial management.
- 8. Partnerships and coordination in policy development, planning, implementation, monitoring and evaluation:** Recognising the critical importance of the coordinated effort required across all sectors of government, industry and health service delivery to achieve Aboriginal and Torres Strait Islander health workforce outcomes.
- 9. Reporting for accountability:** Ensuring that planning, prioritising, target setting and reporting are established and systematically undertaken by all relevant bodies at local and state levels. This is so that progress in addressing health workforce and health priorities is monitored and reported.





Key performance measures

Queensland Health will progress towards an Aboriginal and Torres Strait Islander health workforce reflective of the Aboriginal and Torres Strait Islander population in Queensland.

Queensland Health will monitor and report on the progress towards a statewide Aboriginal and Torres Strait Islander workforce target of three per cent by 2022, and on the following performance measures identified under the *Moving Ahead* strategy Evaluation and Reporting Framework:

	PERFORMANCE MEASURES
1	Proportion of the workforce who identify as Aboriginal and/or Torres Strait Islander
2	Proportion of the Aboriginal and Torres Strait Islander workforce by occupational stream and classification
3	Number and proportion of Aboriginal and Torres Strait Islander participants in incentivised programs (e.g. cadetships/scholarships/traineeships etc)
4	Number of staff completing Aboriginal and Torres Strait Islander cultural capability training





In addition, Queensland Health will collect data, monitor and annually report on the following:

	PERFORMANCE MEASURES
5	Percentage of the Aboriginal and Torres Strait Islander workforce by: <ul style="list-style-type: none"> • gender • age • employment status (permanent, temporary, casual, full-time, part-time) • geographical location
6	Percentage of Aboriginal and Torres Strait Islander positions by: <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander health programs • vacancy (positive identified)
7	Number of Aboriginal and Torres Strait Islander university graduates by: <ul style="list-style-type: none"> • occupation • geographical location
8	Rates of Aboriginal and Torres Strait Islander workforce attrition (entry and exit)
9	Number of Aboriginal and Torres Strait Islander workforce plans implemented



Key priorities, actions and outcomes





Key priority 1: Growth

Increase the representation of Aboriginal and Torres Strait Islander people employed by Queensland Health.

Outcome

Aboriginal and Torres Strait Islander participation in the Queensland Health workforce meets the statewide target of three per cent by the end of 2022.

The number and proportion of Aboriginal people and Torres Strait Islander people working across all health professions is increased through appropriate recruitment and retention strategies.

KEY PERFORMANCE MEASURES

1, 2, 3, 5, 6, 7, 8

PRINCIPLES

1, 2, 3, 4, 5, 6, 7, 8, 9

Actions

To increase the numbers of Aboriginal and Torres Strait Islander people entering and remaining in the health workforce across all levels, there is a need to:

- 1.1 Identify and implement initiatives that create sustainable long-term employment and optimise the retention of Aboriginal and Torres Strait Islander employees.
- 1.2 Monitor Aboriginal and Torres Strait Islander workforce recruitment approaches to support effective attraction, selection and induction into the workplace.
- 1.3 Support capacity for identified Aboriginal and Torres Strait Islander health workforce positions by filling existing vacancies in HHSs.
- 1.4 Support action to fill new positions aligned to Aboriginal and Torres Strait Islander health initiatives.
- 1.5 Identify opportunities in the mainstream health workforce for Aboriginal and Torres Strait Islander people.
- 1.6 Identify proven retention programs for Aboriginal and Torres Strait Islander employees, including mentoring and support, networking, employment conditions and re-entry programs when reconnecting with former Aboriginal and Torres Strait Islander staff.
- 1.7 Foster a coordinated approach to Aboriginal and Torres Strait Islander health workforce development.
- 1.8 Monitor, review and streamline employment policies and conditions for designated Aboriginal and Torres Strait Islander employment categories.





Key priority 2: Collaboration

Increase the representation of Aboriginal and Torres Strait Islander people working in all health professions.

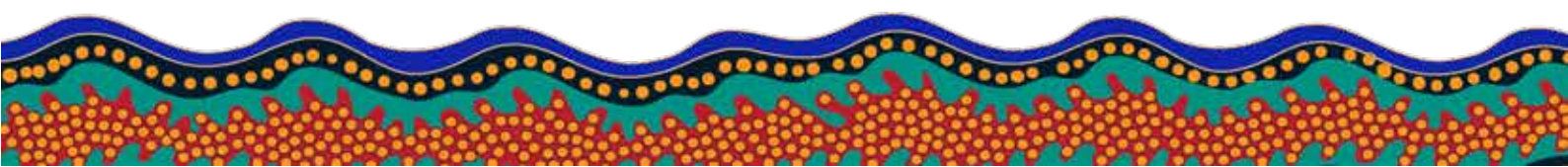
Outcome

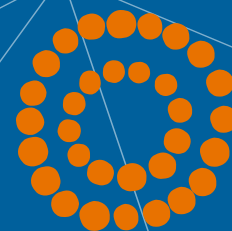
Aboriginal and Torres Strait Islander health workforce employees are employed and retained using specifically designed Aboriginal and Torres Strait Islander identified and/or targeted recruitment and retention processes.

KEY PERFORMANCE MEASURES	PRINCIPLES
1, 2, 3, 5, 6, 8	1, 2, 4, 5, 6, 7, 9

Actions

To increase the number of Aboriginal and Torres Strait Islander people working in all health professions, there is a need to:

- 2.1 Create sustainable long-term employment opportunities to optimise the retention of Aboriginal and Torres Strait Islander employees in the health workforce.
 - 2.2 Develop and implement flexible recruitment programs, such as cadetships and traineeships, to attract Aboriginal and Torres Strait Islander people to health careers and geographical locations to maximise health services for the community.
 - 2.3 Actively pursue and support the employment of Aboriginal and Torres Strait Islander people especially in the general health workforce, expanding services and the redesign of clinical services.
 - 2.4 Actively target new health graduates for employment in the Queensland public health system.
 - 2.5 Explore the options provided through the National Registration and Accreditation Scheme (NRAS) for Aboriginal and Torres Strait Islander Health Practitioners to review and transition the roles of Aboriginal and Torres Strait Islander health workers.
- 



Key priority 3: Partnerships

Develop partnerships between the health and education sectors to deliver real change for Aboriginal and Torres Strait Islander people wanting to enter the health workforce and improve career pathways for existing employees.

Outcome

The Aboriginal and Torres Strait Islander workforce has access to ongoing professional development, education and training opportunities, and clear career pathways.

KEY PERFORMANCE MEASURES

1, 2, 5, 6, 7, 8, 9

PRINCIPLES

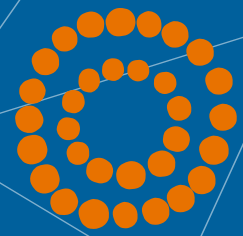
1, 3, 4, 5, 9

Actions

To improve career pathways for Aboriginal and Torres Strait Islander people into health professions, there is a need to:

- 3.1 Provide education and training to the potential and current health workforce that reflects current and accepted approaches to health service delivery for Aboriginal and Torres Strait Islander people.
- 3.2 Develop partnerships and networks with schools, vocational education and training organisations and universities to promote careers in health for Aboriginal and Torres Strait Islander students. This includes through traineeships, cadetships and apprenticeships.
- 3.3 Develop a secondary school's health education and career pathways program that identifies and supports students wishing to enter a pathway into a health career.
- 3.4 Foster career structures and pathways to a range of disciplines/professions which are linked to the relevant professional associations to provide access for Aboriginal and Torres Strait Islander people.
- 3.5 Utilise flexible education and training methods and resources to overcome access issues.
- 3.6 Identify existing funding and resources (local, state and national) to support effective training and education opportunities for Aboriginal and Torres Strait Islander employees.
- 3.7 Develop and link existing funded training programs that aim to strengthen Queensland Health's overall program delivery and support the development of career pathways for new and existing Aboriginal and Torres Strait Islander employees.





Key priority 4: Leadership and planning

Provide leadership and planning in Aboriginal and Torres Strait Islander workforce development.

Outcome

There is strong leadership and innovation to ensure the continuing growth and development of the Queensland Health Aboriginal and Torres Strait Islander workforce.

The Queensland Health Aboriginal and Torres Strait Islander Health Workforce Strategic Framework underpins and supports the development of local action plans within the Department of Health and each HHS.

KEY PERFORMANCE MEASURES

1, 2, 4, 5, 6, 8, 9

PRINCIPLES

1, 2, 3, 5, 6, 7, 8, 9

Actions

In providing leadership to ensure continuing growth and development of the Aboriginal and Torres Strait Islander workforce in the health system, there is a need to:

- 4.1 Build leadership capacity in the Aboriginal and Torres Strait Islander health workforce by identifying and actively targeting current and future Aboriginal and Torres Strait Islander managers and leaders for development opportunities, including leadership development programs.
- 4.2 Ensure clear lines of responsibility and accountability for the implementation of Aboriginal and Torres Strait Islander health workforce action plans and employment strategies.
- 4.3 Provide ongoing support to the Aboriginal and Torres Strait Islander health managers' network across HHSs and promote special measures for these positions.
- 4.4 Monitor the development of Aboriginal and Torres Strait Islander workforce action plans aligned to this Framework by each Hospital and Health Service and the Department of Health. This is in consultation with key stakeholders, which support Aboriginal and Torres Strait Islander people to drive the workforce growth process.
- 4.5 Actively strive for appropriate representation of the Aboriginal and Torres Strait Islander workforce in health service planning, development, implementation and evaluation.
- 4.6 Build partnerships between HHSs, the Aboriginal and Torres Strait Islander community-controlled health sector and other relevant stakeholders to assist in workforce planning and information sharing.
- 4.7 Identify available resources from existing funding to support agreed initiatives outlined in local Aboriginal and Torres Strait Islander workforce action plans.
- 4.8 Implement joint workforce planning and reporting mechanisms across the Department of Health and HHSs to identify priority workforce roles, set employment targets and monitor progress.



Key priority 5: University health graduates

Actively target attraction and recruitment efforts at the increasing pool of Aboriginal and Torres Strait Islander university students and graduates undertaking health and health-related courses.

Outcome

Aboriginal and Torres Strait Islander university graduates are employed across Queensland Health.

KEY PERFORMANCE MEASURES

1, 2, 3, 5, 6, 7

PRINCIPLES

1, 2, 4, 5, 8, 9

Actions

To maximise the number of Aboriginal and Torres Strait Islander university health graduates working in the public sector, there is a need to:

- 5.1 Provide education and training to the current and potential health workforce that reflects contemporary accepted approaches to health service delivery for Aboriginal and Torres Strait Islander people.
- 5.2 Strengthen existing links between Universities and Hospital and Health Services to actively promote employment opportunities to Aboriginal and Torres Strait Islander students in health programs.
- 5.3 Market frontline health profession vacancies to Aboriginal and Torres Strait Islander university graduates in Queensland.
- 5.4 Identify individual career pathways for all Aboriginal and Torres Strait Islander employees.
- 5.5 Develop promotional materials and information resources that target Aboriginal and Torres Strait Islander university students for careers in health.
- 5.6 Promote Queensland Health as the 'employer of choice' through an Employee Value Proposition for Aboriginal and Torres Strait Islander university students, coordinating the distribution of information resources and utilising the available technology.
- 5.7 Implement strategies to build gender equity, including specific approaches for male and female recruitment across health professions.
- 5.8 Provide Aboriginal and Torres Strait Islander medical, allied health and nursing students with a link to the Australian Indigenous Doctors' Association, Indigenous Allied Health Australia and Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. This will provide cultural support and mentorship for graduates to transition through their internship and gain registration as a medical doctor, nurse or allied health professional.



Key priority 6: Culturally safe and competent health services

Build a Queensland Health workforce that ‘closes the gap’ in health outcomes between Aboriginal and Torres Strait Islander people and non-Indigenous people by providing culturally safe and competent health services.

Outcome

All Queensland Health employees have completed Aboriginal and Torres Strait Islander Cultural Capability Program (CCP) training.

KEY PERFORMANCE MEASURES

1, 2, 4, 5

PRINCIPLES

1, 2, 3, 5, 6, 7, 8, 9

Actions

To provide culturally safe and competent health services and work environments, there is a need to:

- 6.1 Acknowledge the family and community responsibilities of Aboriginal and Torres Strait Islander people in employment arrangements to achieve an appropriate work/life balance.
- 6.2 Actively involve Aboriginal and Torres Strait Islander people in workforce planning, attraction, retention and workforce development.
- 6.3 Support Queensland Health staff with the opportunity to complete Aboriginal and Torres Strait Islander cultural capability training.
- 6.4 Develop structures and resources across Queensland Health to support implementation of the Aboriginal and Torres Strait Islander Workforce Strategic Framework 2016–2026.
- 6.5 Increase identification and engagement with Aboriginal and Torres Strait Islander employees by promoting Equal Employment Opportunity (EEO) self-identification.



Governance and monitoring

The Workforce Strategy Branch, Strategy Policy and Planning Division will:

- » oversee the implementation and monitoring of the Framework across the Department of Health and HHSs
- » oversee performance monitoring of the Framework
- » provide annual reports to the Director-General, Department of Health, Hospital and Health Services Boards, and Hospital and Health Services Chief Executives.

As the system leader, the Department of Health will:

- » report on the identified performance measures under the *Moving Ahead* strategy to the Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP)
- » report on Queensland Health's workforce performance under the COAG Close the Gap measures to National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC)
- » report on Queensland Health's workforce performance against the Indigenous Economic Participation targets under the whole-of-government *Moving Ahead* strategy to DATSIP
- » work in partnership with Hospital and Health Services to assist the development of local Aboriginal and Torres Strait Islander health workforce action plans to implement the Framework.



Evaluation

The Department of Health will undertake a review of this Framework in 2020, three years into implementation.

HHSs and Department of Health divisions and agencies will monitor and evaluate their local Aboriginal and Torres Strait Islander Workforce Action Plans to ensure satisfactory implementation and the achievement of key outcomes and targets. This is fundamental to the ongoing success of the Framework.

Evaluation may be undertaken in three key areas:

- » **Assessment of the key priorities**
Are the key priorities appropriate, comprehensive and relevant for the future?
- » **Evaluation of strategic program development and implementation**
Were the key priorities adequately implemented through comprehensive local action plans?
- » **Effectiveness**
Do key performance indicators reflect achievement of outcomes with regard to health workforce, service provision, health improvement and community empowerment?





Related policies and references

The Framework is informed by both state and national policy contexts within which Queensland Health operate. Some of the key national and state policies include:

National Indigenous Reform Agreement—Council of Australian Governments (COAG)

www.federalfinancialrelations.gov.au/content/npa/health/_archive/indigenous-reform/national-agreement_sept_12.pdf

National Partnership Agreement on Indigenous Economic Participation (2009)

www.federalfinancialrelations.gov.au/content/npa/skills/national-partnership/past/economic_participation_NP.pdf

Blueprint for Action—Pathways into the health workforce for Aboriginal and Torres Strait Islander People, National Indigenous Health Equality Council (2008)

www.limenetwork.net.au/files/lime/Blueprint%20for%20action.pdf

My health, Queensland's future: Advancing health 2026

www.health.qld.gov.au/publications/portal/health-strategies/vision-strat-healthy-qld.pdf

Moving Ahead – A strategic approach to increasing the participation of Aboriginal people and Torres Strait Islander people in Queensland's economy 2016–2022

www.datsip.qld.gov.au/resources/datsima/publications/corporate/moving-ahead-strategy.pdf

Closing the Gap—Statement of Intent, April 2008 (Queensland Government)

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Aboriginal and Torres
Strait Islander Health
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