



South Australia's Rural Aboriginal Health Workforce Plan 2021–26

Part of South Australia's Rural Health Workforce Strategy



Statement of acknowledgment

We acknowledge and respect Aboriginal people as the state's first people and nations, and recognise Aboriginal people as traditional owners and occupants of South Australian land and waters. We acknowledge the spiritual, social, cultural and economic practices of Aboriginal and Torres Strait Islander peoples who come from their traditional lands and waters, and that they maintain their cultural and heritage beliefs, languages and laws which are of ongoing importance for all Aboriginal and Torres Strait Islander peoples today. We pay respects to the cultural authority of Aboriginal people and to the Elders past, present and emerging.

Aboriginal readers are advised that this publication may contain images and names of deceased persons.

Please note throughout this document the term Aboriginal is used to include all people of Aboriginal and/or Torres Strait Islander descent in South Australia. It is also used interchangeably with the term Aboriginal and/or Torres Strait Islander.

This plan is written with respect for Aboriginal people and Aboriginal organisations who have been involved in consultation for the development of the strategies and actions within this plan.



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Stephanie Bates (Aboriginal Maternal and Infant
Care Practitioner) AMIC at the Murray Bridge
Soldiers' Memorial Hospital, Riverland Mallee
Coorong Local Health Network





Message from the Minister

In 2018 the Marshall Liberal Government made an election commitment to develop and implement a Rural Health Workforce Strategy. One of the priority areas was a commitment to grow the rural Aboriginal health workforce. In rural South Australia, as in other parts of Australia, the health outcomes for Aboriginal people are significantly poorer than those for non-Aboriginal people. One important way we can close the gap in health outcomes is through engaging more Aboriginal people within the health workforce. This is particularly important in rural South Australia, as approximately half of South Australia's Aboriginal community currently live outside of metropolitan Adelaide.

To implement the Rural Health Workforce Strategy, comprehensive workforce plans are being developed and implemented for rural health professions, in close consultation with the rural health workforce. To date the Rural Health Workforce Strategy has overseen the release of the following plans: the SA Rural Medical Workforce Plan 2019–2024, the Rural SA Ambulance Service (SAAS) Workforce Plan 2020–25, the SA Rural Nursing and Midwifery Plan 2021–26 and the SA Rural Allied and Scientific Health Workforce Plan 2021–26.

I am now delighted to release South Australia's Rural Aboriginal Health Workforce Plan 2021–26 as the next step in our strategy. The plan outlines how we will grow and strengthen the regional, rural and remote Aboriginal health workforce by:

- providing culturally safe workplaces
- growing the Aboriginal health workforce
- enhancing Aboriginal leadership and engagement in health services
- developing a collaborative and coordinated health system.

The SA Rural Aboriginal Health Workforce Plan has been developed by the SA Rural Aboriginal Health Working Group, under the leadership of the Rural Health Workforce Strategy Steering Committee. The plan has been developed in engagement and consultation with the rural Aboriginal health workforce, regional communities, the Aboriginal Health Council of South Australia (AHCSA), regional local health networks, universities, peak bodies and a range of stakeholders through focus groups, a major workshop, face to face meetings with the regional Aboriginal health workforce, individual stakeholder meetings and broader consultation sessions.

I would like to acknowledge and thank the Aboriginal leadership, Aboriginal staff and community members who developed, contributed to and shaped this plan. I thank all regional local health network directors of Aboriginal health who provided their expertise and I would particularly like to acknowledge Sharon Perkins, Director of Aboriginal Health, Riverland Mallee Coorong Local Health Network, for her leadership in the development of the plan. SA Health is fortunate to have access to high-quality advice from its Aboriginal leadership.

I look forward to working closely with the rural Aboriginal health workforce and communities as we implement this plan. I am committed to meaningfully increasing, strengthening and developing our Aboriginal health workforce, to addressing institutional racism and to ensuring cultural safety both for our health workforce and for Aboriginal consumers and communities. I look forward to the positive outcomes this plan will bring for everyone who accesses health services in regional and rural South Australia.



Hon Stephen Wade MLC
Minister for Health and Wellbeing



*Alana Gunter (Aboriginal Patient Pathways Officer)
at Ceduna Hospital and Health Service,
Eyre and Far North Local Health Network*

Introduction – Chairperson, Rural Health Workforce Steering Committee

The SA Rural Aboriginal Health Workforce Plan sets the direction for Aboriginal health workforce planning across regional, rural and remote South Australia for the next five years, from 2021–2026. This plan recognises that we need significant action to increase the recruitment, retention, training, development and support needs of the current and future Aboriginal health workforce.

This plan has been developed under the cultural guidance of the Aboriginal Health Working Group, chaired by Sharon Perkins, Director of Aboriginal Health, Riverland Mallee Coorong Local Health Network, and in close consultation with the rural Aboriginal health workforce, AHCSA, Department for Health and Wellbeing (DHW), National Rural Health Commissioner, peak bodies and professional associations.

Following the release of the consultation draft in August 2021, the Rural Health Workforce Strategy Team undertook a series of face to face and virtual consultations across regional local health networks. Separate sessions were held for the Aboriginal health workforce, communities and Elders to ensure cultural safety was upheld. Further opportunities were provided for written feedback.

During the consultations we had the privilege of hearing from many passionate and inspirational Aboriginal people, communities, Elders and rural workforce who are dedicated to providing a culturally responsive service to Aboriginal communities and are seeking true change, commitment and accountability to ensure that the strategies and actions in this plan are delivered. Overall, 378 people attended the consultation sessions and 18 written feedback responses were received. I would like to personally thank everyone who attended a consultation session or provided written feedback – each of your contributions have been critical to developing this plan.

In the consultation sessions we heard about the central role of the Aboriginal health workforce in improving health outcomes for Aboriginal communities and about the importance of Aboriginal cultural knowledge and how it complements clinical and professional practice. We heard about the benefits of developing innovative entry points and targeted career pathways, particularly to provide pathways to leadership roles for Aboriginal people. Finally, one of the most important recommendations was how fundamental culturally safe workplaces are to increasing the recruitment and retention of Aboriginal staff.

I would further like to acknowledge, as the non-Aboriginal Chair of the Rural Health Workforce Strategy Steering Committee, that Aboriginal health is everyone's business and that the whole rural health workforce needs to be part of the implementation of this plan. We all need to make an individual commitment and contribution to ensuring cultural safety for the rural Aboriginal health workforce and the communities we serve.

I would like to thank the Minister for Health and Wellbeing, the Hon Stephen Wade MLC, and Dr Chris McGowan, Chief Executive, for their leadership and support on this significant piece of work. I would particularly like to thank Sharon Perkins, Chair, Aboriginal Health Working Group, the regional directors of Aboriginal health for leadership and cultural guidance, the Rural Health Workforce Strategy Steering Committee and the project team, especially Simone Hurley, Senior Aboriginal Project Officer, Rural Support Service, and Skye Hayes, Senior Project Officer, Rural Support Service, who led the development of this plan.



Dr Hendrika Meyer

MBChB FACEM AFRACMA GC Mtgt GAICD



The process to develop the plan has involved extensive consultation with the Aboriginal and non-Aboriginal workforce from all disciplines.

Left to right: Sharon Campbell (Registered Nurse), Jessica Couzner (Administrative Officer), Nina Oughton (Aboriginal Project Officer), Vincent Buckskin (Aboriginal Cultural Advisor), Donna Vigor (Aboriginal Maternal and Infant Care Practitioner) at Gawler Health Service, Barossa Hills Fleurieu Local Health Network

Introduction – Regional Directors of Aboriginal Health

Improving the health and wellbeing of our Aboriginal communities and providing services that are proactive in Closing the Gap, culturally responsive and free from racism, is paramount. To respond to the growing health needs of our communities, the representation of the Aboriginal health workforce within rural local health networks must increase.

The Aboriginal health workforce is significantly underrepresented across all health professions. The plan outlines strategies to support the recruitment, retention, training and development of the current and future Aboriginal health workforce. Partnering and providing innovative training and development opportunities while working towards strengthening the cultural safety of our Aboriginal workforce, is a vital step forward in supporting, increasing and retaining the current and future Aboriginal health workforce.

We acknowledge the essential and critical role the Aboriginal health workforce play in providing culturally responsive services to our Aboriginal communities. We further acknowledge their unique skill set and the value and impact they hold within the diverse Aboriginal communities we service in regional South Australia. We recognise the fundamental role the directors of Aboriginal health hold for community accountability, personally and professionally, in progressing this important work. We emphasise the importance of the non-Aboriginal and executive workforce in advocating, addressing and implementing culturally safe workplaces and actioning their commitment and accountability for progressing this plan and the local health networks Reconciliation Action Plans.

The lack of structure within Aboriginal health limits the career progression of the Aboriginal workforce. We want to build up our workforce and offer aspirational opportunities. To do this, we need to have a clear structure, develop models of succession planning, provide support and resource training and development opportunities for our local Aboriginal health workforce.

Numerous consultations have been undertaken for the purpose of ensuring that the voices of our Aboriginal workforce are heard within this plan and that the plan delivers culturally informed strategies.

We would like to thank the Minister for Health and Wellbeing, Hon Stephen Wade MLC, and Chief Clinical Advisor, Rural Support Services, Dr Hendrika Meyer for their support in developing this important plan. We would also like to acknowledge the dedication and commitment of Aboriginal Health Working Group Chair, Sharon Perkins, for being the lead in voicing the passions and commitment towards the Aboriginal health workforce of the regional directors of Aboriginal health, Simone Hurley, Senior Aboriginal Project Officer, Rural Support Service, and Skye Hayes, Senior Project Officer, Rural Support Service, in leading the development of the SA Rural Aboriginal Health Workforce Plan. We look forward to working in partnership with our executive teams and the Aboriginal health workforce and communities to achieve the vision set out in this plan.



Sharon Perkins
Chair, Rural Health Workforce Strategy
Aboriginal Health Working Group
and Director
Aboriginal Health,
Riverland Mallee
Coorong Local
Health Network



Sharon Bilney
Director
Aboriginal Health,
Eyre and Far
North Local Health
Network



Glenise Coulthard
Director
Aboriginal Health,
Flinders and Upper
North Local Health
Network



Kathryn Edwards
Director
Aboriginal Health,
Limestone Coast
Local Health
Network



Patrick Kinnear
Director
Aboriginal Health,
Yorke and Northern
Local Health
Network



Peter Taylor
Director
Aboriginal Health,
Barossa Hills
Fleurieu Local
Health Network



Blue Lake, Mount Gambier



Executive summary

The SA Rural Aboriginal Health Workforce Plan 2021–26 has been developed to meet the government's commitment to develop and implement 'a plan to recruit, train and develop the health professionals needed to deliver country health services', as outlined in the government's 'Rural Health Workforce Strategy' 2018 election commitment.

The SA Rural Aboriginal Health Workforce Plan outlines specific and culturally informed strategies to attract, retain, grow and support the Aboriginal health workforce within regional local health networks. Improving health and employment outcomes for Aboriginal people is everyone's business. All regional local health networks are accountable for implementation of the strategies within this plan and will drive changes to support the current and future Aboriginal health workforce at the local level. This plan will contribute to developing a South Australian health workforce that is representative of the populations it serves and work to deliver culturally safe and responsive health services for Aboriginal people.

The plan has been co-developed under the leadership of the Rural Health Workforce Strategy Steering Committee and the cultural guidance and authority of the Aboriginal Health Working Group. We acknowledge the expertise and contributions of the Aboriginal health workforce who have provided crucial, culturally informed input throughout consultations. This plan follows the release of the SA Rural Medical Workforce Plan 2019–24 in December 2019, the Rural SAAS Workforce Plan 2020–25 in August 2020, the SA Rural Nursing and Midwifery Workforce Plan 2021–26 in May 2021 and the SA Rural Allied and Scientific Health Workforce Plan 2021–26 in June 2021. The SA Rural Oral Health Workforce Plan is currently under development with release scheduled for late 2021.

It is a priority for the voices of Aboriginal people to be heard throughout the development, implementation, monitoring and evaluation of this plan. The process to develop this plan involved extensive consultations with the Aboriginal and non-Aboriginal rural workforce from all disciplines throughout regional South Australia. This included holding multiple focus groups with workforce, peak bodies and professional associations and the AHCSA, as well as a solution focused workshop on 29 April 2021 involving key stakeholders from across Australia. To ensure this plan is culturally informed, a third layer of regional face to face consultation with the Aboriginal health workforce was undertaken in May and June 2021. The strategies and actions outlined in this plan are a culmination of these consultations.

On 19 August 2021, a consultation draft of the SA Rural Aboriginal Health Workforce Plan was released to seek feedback from the regional Aboriginal health workforce, non-Aboriginal workforce, community, professional and peak bodies on the content and prioritisation of the identified strategies and actions. From mid-August to late October 2021, extensive in-person consultations were undertaken across regional local health networks and with key stakeholders. There was also the opportunity to provide written feedback. All feedback received has shaped the development of this final plan.

The SA Rural Aboriginal Health Workforce Plan aims to ensure a sustainable rural Aboriginal health workforce through delivery of the following themes and objectives:

Theme one – Culturally safe workplaces

- Objective 1a – Provide a culturally safe workplace, free from racism
- Objective 1b – Acknowledge and value the skills, experience and cultural knowledge of the Aboriginal workforce

Theme two – Growing the Aboriginal health workforce

- Objective 2a – Improve recruitment practices and processes for the rural Aboriginal health workforce
- Objective 2b – Increase education and training opportunities
- Objective 2c – Address and increase Aboriginal retention across all health professions

Theme three – Enhance Aboriginal leadership and engagement in health services

- Objective 3a – Ensure Aboriginal representation in the leadership and governance of health services
- Objective 3b – Develop sustainable Aboriginal health workforce models
- Objective 3c – Develop and implement strategic, responsive and proactive workforce planning to increase the representation of Aboriginal people within health services

Theme four – Developing a collaborative and coordinated health system

- Objective 4a – Share the responsibility for Aboriginal health outcomes and workforce requirements across the state
- Objective 4b – Collaborate to support a culturally safe, responsive and sustainable Aboriginal workforce

Background

Objective

The SA Rural Aboriginal Health Workforce Plan contributes to the Rural Health Workforce Strategy objective ‘to deliver a plan to recruit, train and develop the health professionals ... needed to deliver country health services’.

Vision

To have a thriving and skilled rural Aboriginal health workforce, with greater opportunities for career aspiration, working within services that are culturally responsive and free from racism.

The Rural Health Workforce Strategy

The Government of South Australia committed \$20 million over four years, from 2018–19 to 2021–22, to develop and implement a Rural Health Workforce Strategy. Details of this strategy were outlined in the government’s ‘Rural Health Workforce Strategy’ 2018 election commitment. The Rural Health Workforce Strategy includes a commitment to develop ‘a plan to recruit, train and develop the health professionals ... needed to deliver country health services’.

Implementation of the Rural Health Workforce Strategy includes the development of workforce plans for all health professions. This workforce plan focuses on the rural South Australian Aboriginal health workforce and follows the release of the SA Rural Medical Workforce Plan 2019–24, the Rural SAAS Workforce Plan 2020–25, the SA Rural Nursing and Midwifery Workforce Plan 2021–26 and the SA Rural Allied and Scientific Health Workforce Plan 2021–26. The SA Rural Oral Health Workforce Plan is in development and will be reviewed after its release for alignment with this plan.

The Rural Health Workforce Strategy is governed by the Rural Health Workforce Strategy Steering Committee, which reports to the Minister for Health and Wellbeing through the Chief Executive, Department for Health and Wellbeing (DHW).

The purpose of the Rural Health Workforce Strategy Steering Committee is to provide high-level oversight and governance of the Rural Health Workforce Strategy. The steering committee strives to achieve the government’s vision to ensure country health services are sustainable and to address the shortage of health practitioners with advanced skills in regional areas.

Rural Health Workforce Strategy Steering Committee

Member	Position/organisation
Dr Hendrika Meyer – Chair	Chief Clinical Advisor, Rural Support Service
Dr Jason Bament	Regional Emergency Department Clinical Director, Barossa Hills Fleurieu Local Health Network
Dr Mike Beckoff	Rural Generalist, Australian College of Rural and Remote Medicine
Ms Stephanie Clota	Chief Executive Officer, GPEx
Mr Michael Eades	Executive Director, Nursing and Midwifery, Yorke and Northern Local Health Network
Mr Kim Hosking	Chief Executive Officer, Country SA Primary Health Network
Mr Dean Johnson	Mayor, District Council of Kimba
Dr Scott Lewis	Vice President, Rural Doctors Association of South Australia
Dr Nes Lian-Lloyd	Executive Director, Medical Services, Flinders and Upper North Local Health Network
Professor Esther May	Dean, Academic and Clinical Education, Division of Health Sciences, University of South Australia
Ms Marian McAllister (from 22/6/21)	Nutrition Lecturer, Flinders University
Dr Matthew McConnell	Public Health Physician, Rural Support Service
Dr Brian McKenny	Clinical Director, Mental Health, Barossa Hills Fleurieu Local Health Network
Dr Samantha Mead (from 1/9/21)	Chief Executive Officer, Australian Medical Association (South Australia)
Dr Gary Misan PhD (from 4/1/21)	Consumer Representative
Mr Shane Mohor (from 25/6/20)	Chief Executive Officer, Aboriginal Health Council of South Australia
Ms Julianne O'Connor	Principal Consultant, Allied Health, Rural Support Service
Ms Mandy Palumbo	Executive Director, People and Culture, Barossa Hills Fleurieu Local Health Network
Ms Verity Paterson	Chief Executive Officer, Eyre and Far North Local Health Network
Ms Lyn Poole	Chief Executive Officer, Rural Doctors Workforce Agency
Professor Ruth Stewart (from 7/7/20)	National Rural Health Commissioner
Mr Peter Taylor (from 23/7/21)	Director Aboriginal Health, Barossa Hills Fleurieu Local Health Network

Member	Position/organisation
Mr Rob Tolson (from 22/7/21)	Acting Executive Director, Operations (Country) and Rescue Retrieval and Aviation Services, SA Ambulance Service
Dr Lucie Walters	Director, Adelaide Rural Clinical School, University of Adelaide
Dr Ken Wanguhu	Rural Censor, Rural Faculty of the Royal Australian College of General Practitioners
Previous steering committee members	Position/organisation
Dr Simon Lockwood (from 7/11/19 to 26/8/21)	Councillor, Australian Medical Association (South Australia)
Ms Julia Waddington-Powell (from 2/8/19 to 22/7/21)	Executive Director, Operations (Country), SA Ambulance Service
Associate Professor Susanne Pearce (from 28/11/19 to 22/6/21)	Teaching Specialist (Clinical/Practitioner), College of Nursing and Health Sciences, Flinders University
Mr Bevan Francis (from 5/10/18 to 21/2/20 and from 16/10/20)	Governing Board Chair, Flinders and Upper North Local Health Network
Dr Peter Joyner (from 21/2/20 to 15/10/20)	Governing Board Chair, Riverland Mallee Coorong Local Health Network
Ms Julia Overton (from 5/10/18 to 22/7/20)	Chief Executive, Health Consumers Alliance of South Australia
Emeritus Professor Paul Worley (from 5/10/18 to 30/6/20)	National Rural Health Commissioner

Rural Health Workforce Strategy Aboriginal Working Group

Member	Position/organisation
Ms Sharon Perkins – Chair	Director Aboriginal Health, Riverland Mallee Coorong Local Health Network
Ms Sharon Bilney	Director Aboriginal Health, Eyre and Far North Local Health Network
Ms Glenise Coulthard	Director Aboriginal Health, Flinders and Upper North Local Health Network
Ms Kathryn Edwards	Director Aboriginal Health, Limestone Coast Local Health Network
Mr James Harris	Manager Professional Development, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
Mr Ian James	Principal Aboriginal Mental Health Advisor, Office of the Chief Psychiatrist
Mr Patrick Kinnear	Director Aboriginal Health, Yorke and Northern Local Health Network
Associate Professor Dr Faye McMillan AM	Deputy National Rural Health Commissioner, Office of the National Rural Health Commissioner
Ms Cindy Paardekooper	Principal Advisor, Aboriginal Workforce, Department of Health and Wellbeing
Ms Lyn Poole	Chief Executive Officer, Rural Doctors Workforce Agency
Mr Peter Taylor	Director Aboriginal Health, Barossa Hills Fleurieu Local Health Network
Mr Trent Wingard	Aboriginal Health Workforce Coordinator, Aboriginal Health Council of South Australia
Dr Robyn Anderson	Principal Clinical Policy Officer, Rural Support Service
Ms Simone Hurley	Senior Aboriginal Project Officer, Rural Health Workforce Strategy
Ms Skye Hayes	Senior Project Officer, Rural Health Workforce Strategy

Development of the SA Rural Aboriginal Health Workforce Plan

Development of the SA Rural Aboriginal Health Workforce Plan commenced in January 2021. It has been co-designed and co-led by the Rural Health Workforce Strategy Steering Committee, chaired by Dr Hendrika Meyer, Chief Clinical Advisor, Rural Support Service, and the regional directors of Aboriginal health, with support from the Rural Health Workforce Strategy project team. We acknowledge the cultural and professional expertise provided by the directors of Aboriginal health to ensure this plan is culturally informed.


Due to the complexity and diversity of the Aboriginal health workforce in regional South Australia, a Rural Health Workforce Strategy Aboriginal Working Group was formed to provide advice, expertise and guidance for the development of the SA Rural Aboriginal Workforce Plan. The working group is chaired by Sharon Perkins, Director, Aboriginal Health, Riverland Mallee Coorong Local Health Network. The working group provides expert advice and cultural direction on current challenges, barriers and priorities for the Aboriginal health workforce, and Aboriginal health more broadly, in regional South Australia.

While this plan is targeted towards addressing the Aboriginal health workforce across all professions, each workforce plan within the Rural Health Workforce Strategy should be referred to for profession-specific strategies and actions.

The objectives and strategies in the plan were developed following a broad range of stakeholder engagement forums:

- An understanding of current regional Aboriginal health workforce issues was developed through conducting multiple focus groups that included representation from regional Aboriginal health workforce, LHN executives, Department for Health and Wellbeing, the education sector, peak bodies and professional associations.
- A solution-focused workshop was held on 29 April 2021 with key stakeholders from across Australia invited to explore and discuss strategies intended to form the SA Rural Aboriginal Health Workforce Plan.
- To ensure broad Aboriginal input into this plan, a third consultation process was undertaken to seek the vital expert opinion of the Aboriginal health workforce. This was undertaken face to face across the six local health networks to ensure contributions could be provided within a culturally safe space. This included the option for written input.
- The recommendations provided by focus groups, workshop attendees and through regional consultations were further analysed and explored by the working group and were used to form the strategies outlined in the Consultation Draft SA Rural Aboriginal Health Workforce Plan. This was released by the Minister for Health and Wellbeing on 19 August 2021.
- From mid-August 2021 to late October 2021, in-person and virtual consultations were held across all regional local health networks to seek feedback on the content of the Consultation Draft SA Rural Aboriginal Health Workforce Plan, with opportunities for written feedback also provided. A total of 36 consultation sessions were held, as detailed in Appendix A. In addition, 18 written submissions were received, as outlined in Appendix B. The feedback received has shaped the development of this final workforce plan, which includes important actions to build, support and strengthen the Aboriginal health workforce.

Undertaking these consultations gave a greater understanding of the issues and challenges associated with recruitment, retention, training and development of the Aboriginal health workforce. Further, the consultations emphasised the need for accountability of, and commitment to, the actions and funding strategies outlined in this plan.

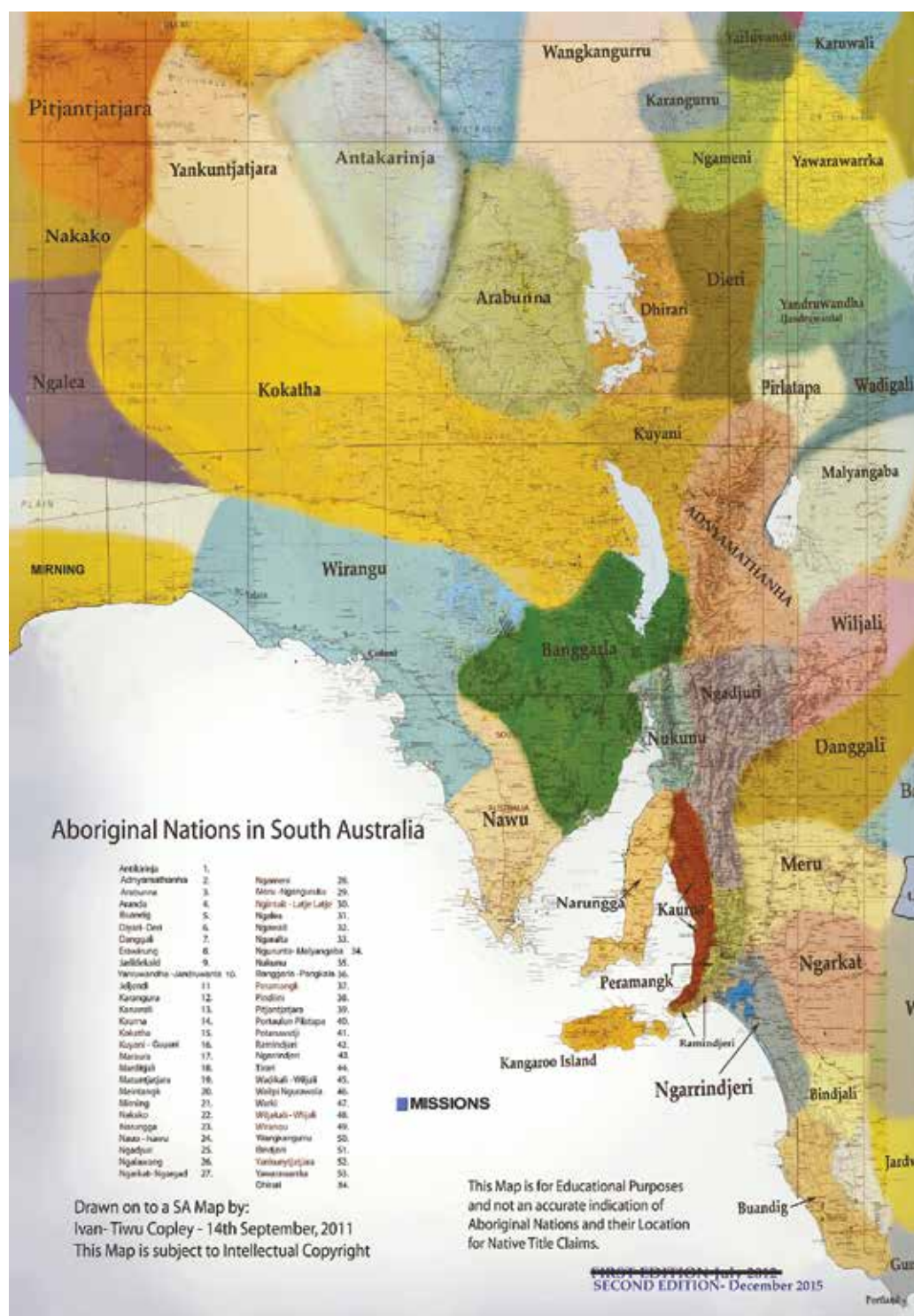


In addition to the multiple stakeholder consultations, a comprehensive literature scan was conducted for interventions to support recruitment and retention of the rural Aboriginal health workforce. South Australia acknowledges that no single strategy alone will contain all solutions. Therefore the plan has been guided by, and is aligned with, various national and state strategies including:

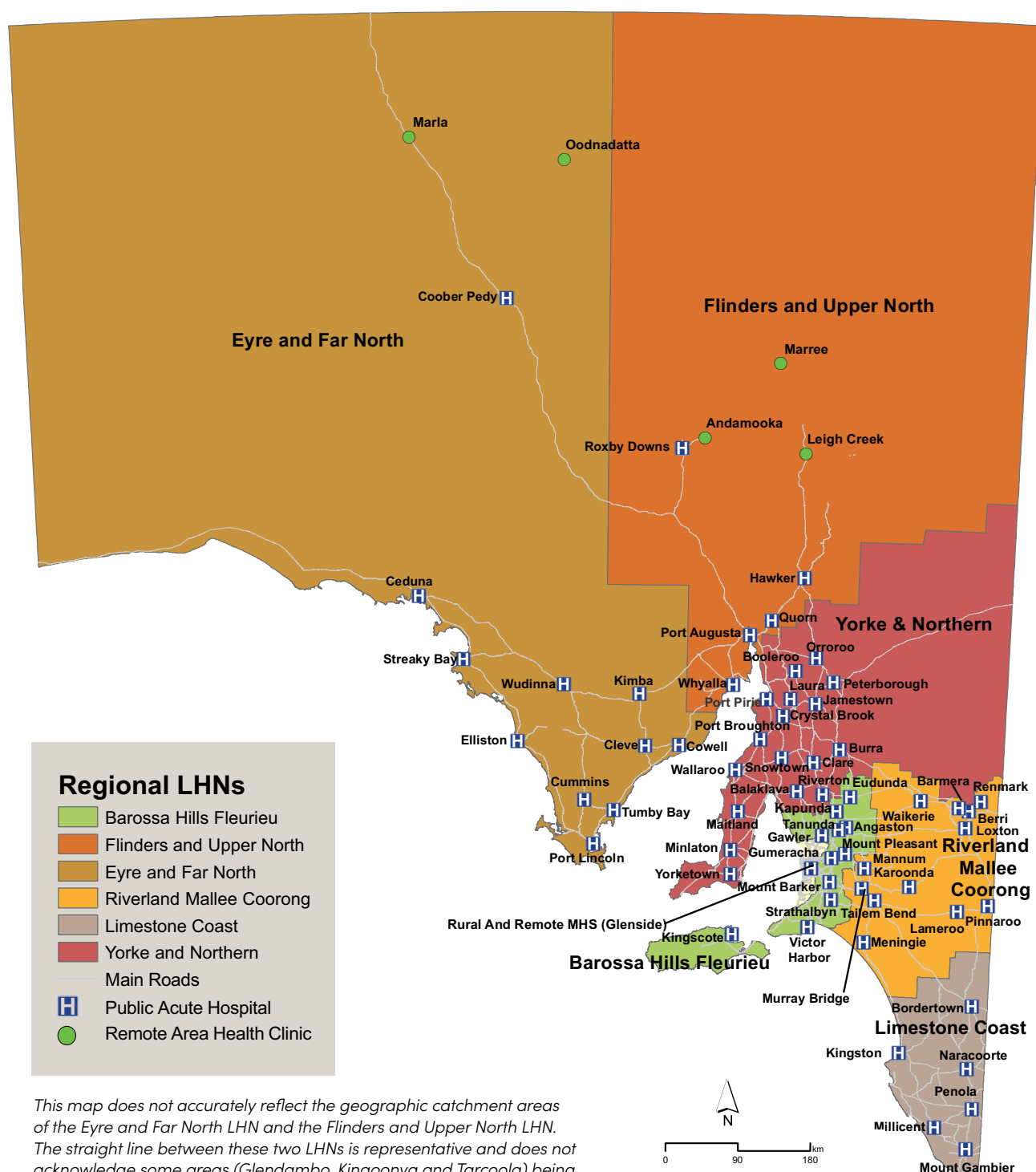
- Institutional Racism – Audit of South Australian’s Local Health Networks, September 2020
- Draft National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031
- National Aboriginal and Torres Strait Islander Health Plan 2013–2023
- National Agreement on Closing the Gap 2020
- National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026
- National Safety and Quality Health Service Standards
- SA Health Aboriginal Workforce Framework 2017–2022
- SA Health Aboriginal Cultural Learning Framework
- SA Implementation Plan for the National Agreement on Closing the Gap (SA CTG)
- SA Health and Wellbeing Strategy 2020–25
- SA Aboriginal Chronic Disease Consortium Road Map
- Career Pathways Project Report – We are working for our people: Growing and strengthening the Aboriginal and Torres Strait Islander health workforce
- AHPRA – The National Scheme’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025
- Indigenous Allied Health Australia Workforce Development Strategy 2018–2020
- Aboriginal and Torres Strait Islander Health Curriculum Framework.

Current status

The map below provides a general representation of the Aboriginal Nations within South Australia.



Public health services in rural South Australia are provided by the six regional local health networks shown below.



This map does not accurately reflect the geographic catchment areas of the Eyre and Far North LHN and the Flinders and Upper North LHN. The straight line between these two LHNs is representative and does not acknowledge some areas (Glendambo, Kingoonya and Tarcoola) being included in the Flinders and Upper North LHN geographic catchment, which are large pastoral geographic areas and mostly unpopulated.

Sharina Gibbons (Registered Nurse)
at Port Pirie Regional Health Service,
Yorke and Northern Local Health Network





Description of services

The six regional local health networks collectively cover 983,482 square kilometres. Of the 34,184 Aboriginal people residing in South Australia, 17,035 live in rural South Australia.ⁱ A comprehensive range of health services are delivered across 61 hospitals and additional community settings, including residential aged care, according to population needs.

Health care services provided by the six regional local health networks are structured to include one or more larger hospitals (activity base-funded) and several smaller hospital sites (grant-funded). Many of the smaller sites are joint Commonwealth and state-funded multi-purpose service (MPS) sites, combining emergency, acute inpatient, aged care and primary health services in the one facility.

Services provided include Aboriginal health, emergency medical, inpatient, intermediate and acute care, perioperative and surgical, maternal and neonatal, rehabilitation, palliative care, renal dialysis, cardiac care and diagnostic pathology. Within the local communities and surrounding districts, community and allied health services are integral to supporting clients to achieve improved health outcomes.

As the South Australian population demographic changes, and there is increasing requirement for coordinated and accessible health service provision, our regional health services must invest in building a workforce that is dynamic, innovative and responsive to meet the needs of the community members it serves. Culturally safe, responsive and appropriate models of care are strengthened when Aboriginal people are employed within these areas.

Community and primary health care

Community health services are provided across rural and regional South Australia by both public and private providers. In regional communities, primary health care can be provided in the home or in community-based settings such as general practices, other private medical practices, community health centres and local government and non-government services settings, such as Aboriginal Community-Controlled Health Organisations (ACCHOs). Many people associate primary health care with their local general practitioner (GP). While general practice is often viewed as the cornerstone of primary care in Australia, primary care can also include care provided through nurses (such as general practice nurses, community nurses and nurse practitioners), allied health professionals, midwives, dentists and Aboriginal health workers.ⁱⁱ Both public and private providers are responsible for health care for those in regional correctional services.

Across regional South Australia, ACCHOs offer health care services to the local Aboriginal community. Within the six local health networks, five have at least one ACCHO within their region.

Barossa Hills Fleurieu Local Health Network:

- Mount Barker/ Victor Harbor/ Kangaroo Island – Moorundi Aboriginal Community Controlled Health Service Ltd

Eyre and Far North Local Health Network:

- Port Lincoln – Port Lincoln Aboriginal Health Service Aboriginal Corporation
- Ceduna – Yadu Health Aboriginal Corporation
- Coober Pedy – Umoona Tjutagku Health Service Aboriginal Corporation
- Anangu Pitjantjatjara Yankunytjatjara Lands (Anangu Lands) – Nganampa Health Council Inc
- Oak Valley – Oak Valley Health Service Inc
- Yalata – Tullawon Health Service Inc

Flinders and Upper North Local Health Network:

- Port Augusta – Pika Wiya Health Service Aboriginal Corporation
- Whyalla – Nunyara Aboriginal Health Service Inc

Limestone Coast Local Health Network:

- Mount Gambier – Pangula Mannamurna Inc

Riverland Mallee Coorong Local Health Network:

- Murray Bridge – Moorundi Aboriginal Community Controlled Health Service Ltd

In regional local health networks Country Health Connect provides health and wellbeing support and services, both in home and community based, as well as supporting access to residential aged care. Country Health Connect services are structured for older people, people with disability, children and carers across regional South Australia through a multi-disciplinary approach. The services support consumers and their loved ones to stay well, active and independent in their own homes and on country within their communities.

Aged care and disability services

Many regional local health networks deliver aged care and disability services in addition to hospital care. It is important to note the life expectancy of Aboriginal people is lower when compared to the national average life expectancy. These services are designed to address this disparity by being available to Aboriginal people at an earlier age. Aged care services in rural hospitals are provided either in specifically funded residential aged care facilities, state-funded beds within rural hospitals or as part of an MPS site. MPS sites provide integrated health, residential aged care and community care services using pooled state and Commonwealth government funds.

Mental health

Inpatient and community-based mental health services are provided in all regional local health networks. Integrated mental health inpatient units are located at the Riverland General Hospital, Whyalla Hospital and Mount Gambier and Districts Health Service.

Regional local health network services are supported through core services based in the Barossa Hills Fleurieu Local Health Network, including the Rural and Remote Mental Health Service, which hold 23 beds and priority is given to Aboriginal mental health consumers, and the Distance Consultation and Liaison Service, which includes the Emergency Triage and Liaison Service, Older Persons Consultation Liaison Service and Tele-Psychiatry Service. The Statewide Borderline Personality Disorder Centre of Excellence is also hosted by the Barossa Hills Fleurieu Local Health Network. Aboriginal mental health is a specialist field and expert cultural guidance from an Aboriginal mental health worker is crucial to ensure consideration of cultural issues and traditional treatment is sought appropriately.



Barossa Hills Fleurieu Local Health Network

- Covers the Adelaide Hills, Barossa Valley, Fleurieu Peninsula and Kangaroo Island.
- In 2019, the estimated resident population was 208,589 people, with the Aboriginal population at 2,347 (1.13%).
- Five activity base-funded hospitals:ⁱⁱⁱ
 - Angaston District Hospital
 - Gawler Health Service
 - Mount Barker District Soldiers' Memorial Hospital
 - Southern Fleurieu Health Service (Victor Harbor)
 - Tanunda War Memorial Hospital.
- Six grant-funded sites:ⁱⁱ
 - Eudunda Hospital
 - Gumeracha District Soldiers' Memorial Hospital
 - Kapunda Hospital
 - Kangaroo Island Health Service
 - Mount Pleasant District Hospital
 - Strathalbyn and District Health Service.

Eyre and Far North Local Health Network

- Covers Eyre Peninsula and the western part of South Australia.
- In 2019, the estimated resident population was 40,806 people, with the Aboriginal population at 4,478 (10.97%)
- One activity base-funded hospital:ⁱⁱ
 - Port Lincoln Hospital and Health Service.
- Ten grant-funded sites:ⁱⁱ
 - Coober Pedy Hospital and Health Service
 - Ceduna District Health
 - Elliston Hospital
 - Streaky Bay Hospital
 - Cleve District Hospital and Aged Care
 - Cowell District Hospital and Aged Care
 - Kimba District Hospital and Aged Care
 - Tumby Bay Hospital and Health Services
 - Cummins and District Memorial Hospital
 - Wudinna Hospital.

Flinders and Upper North Local Health Network

- Covers the north-east of the state, from the Spencer Gulf to the Northern Territory.
- In 2019, the estimated resident population was 43,024 people, with the Aboriginal population at 4,247 (9.87%).
- Two activity base-funded hospitals:ⁱⁱ
 - Whyalla Hospital and Health Service
 - Port Augusta Hospital and Regional Health Service.
- Four smaller grant-funded sites:ⁱⁱ
 - Hawker Memorial Hospital
 - Leigh Creek Health Service
 - Quorn Health Service
 - Roxby Downs Health Service.

Riverland Mallee Coorong Local Health Network

- Covers the journey of the Murray River from the Coorong through the Riverland to the Victorian border, as well as the Mallee.
- In 2019, the estimated resident population was 69,301 people, with the Aboriginal population at 2,730 (3.94%).
- Two activity base-funded hospitals:ⁱⁱ
 - Riverland General Hospital
 - Murray Bridge Soldiers' Memorial Hospital.
- Ten smaller grant-funded sites:ⁱⁱ
 - Barmera Health Service
 - Karoonda and District Soldiers' Memorial Hospital
 - Lameroo District Health Service
 - Loxton Hospital Complex
 - Mannum District Hospital
 - Meningie and Districts Memorial Hospital and Health Services
 - Pinnaroo Soldiers' Memorial Hospital
 - Renmark Paringa District Hospital
 - Tailem Bend District Hospital
 - Waikerie Health Service.



Limestone Coast Local Health Network

- Covers the south-east of the state, from the coast to the Victorian border.
- In 2019, the estimated resident population was 67,092 people, with the Aboriginal population at 1,225 (1.83%).
- Three activity base-funded hospitals:ⁱⁱ
 - Mount Gambier and Districts Health Service
 - Millicent and Districts Hospital and Health Service
 - Naracoorte Health Service.
- Three smaller grant-funded sites:ⁱⁱ
 - Bordertown Memorial Hospital
 - Kingston Soldiers' Memorial Hospital
 - Penola War Memorial Hospital.

Yorke and Northern Local Health Network

- Covers the Yorke Peninsula, Southern Flinders, Lower North and Mid North.
- In 2019, the estimated resident population was 75,529 people, with the Aboriginal population at 2,008 (2.66%).
- Three activity base-funded hospitals:ⁱⁱ
 - Port Pirie Regional Health Service
 - Clare Hospital and Health Services
 - Northern Yorke Peninsula Health Service (Wallaroo).
- 13 smaller grant-funded sites:ⁱⁱ
 - Balaklava Soldiers' Memorial District Hospital
 - Booleroo Centre District Hospital and Health Services
 - Burra Hospital
 - Central Yorke Peninsula Hospital (Maitland)
 - Crystal Brook and District Hospital
 - Jamestown Hospital and Health Service
 - Laura and District Hospital
 - Minalton Health Centre
 - Orroroo and District Health Service
 - Peterborough Soldiers' Memorial Hospital
 - Port Broughton and District Hospital and Health Service
 - Riverton District Soldiers' Memorial Hospital
 - Snowtown Hospital and Health Service
 - Southern Yorke Peninsula Health Service (Yorketown).



Snapshot Aboriginal population as of 2016

Aboriginal population across regional local health networks

Barossa Hills Fleurieu
Local Health Network

1.13%
2,347 people



Riverland Mallee Coorong
Local Health Network

3.94%
2,730 people



Yorke and Northern
Local Health Network

2.66%
2,008 people



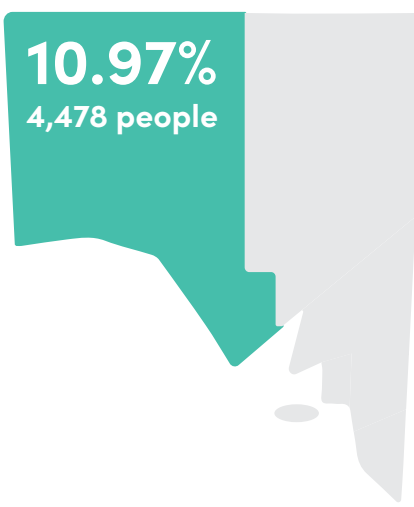
Flinders and Upper North
Local Health Network

9.87%
4,247 people



Eyre and Far North
Local Health Network

10.97%
4,478 people



Limestone Coast
Local Health Network

1.83%
1,225 people



SA rural Aboriginal health workforce

The Aboriginal health workforce in rural and remote South Australia is pivotal to providing culturally responsive health service delivery to our Aboriginal communities. The Aboriginal health workforce plays an important role in improving the health and wellbeing of the Aboriginal community, in preventative health care, recovery, rehabilitation and chronic disease management and in Closing the Gap.

Aboriginal culture is diverse and is fundamental to the health and wellbeing of Aboriginal people. Acknowledging, respecting and recognising Aboriginal people's connection to country including the diverse language groups, family and kinship systems and incorporating a holistic view of health (encompassing the physical, spiritual, cultural, emotional and social wellbeing), is vital in providing a culturally responsive health service for the Aboriginal health workforce and to the Aboriginal community.

Unique challenges exist for the Aboriginal health workforce across rural and remote South Australia. Culturally safe and responsive workplaces are essential to ensuring health services become an employer of choice for Aboriginal people. This includes the need for ongoing cultural supports at all levels and sharing the responsibility to deliver culturally responsive health services to the Aboriginal community.


Culturally responsive workforce planning encompassing the unique skills, knowledge and expertise of the Aboriginal workforce is essential to increasing the Aboriginal health workforce in regional South Australia. As regional workforce attraction, recruitment and retention challenges are identified, it is vital that regional local health networks consider contemporary and innovative approaches to recruit, retain and support the future growth and sustainability of the Aboriginal health workforce to meet community needs.

The Aboriginal community experiences significantly different health outcomes to non-Aboriginal people, with a higher incidence of chronic diseases and mental illness. These health care needs, along with challenges related to cultural safety and racism, and geographical distance and isolation, mean regional communities can have difficulties accessing adequate quality health care services locally. The SA Health Aboriginal Workforce Framework 2017–2022 notes that a key enabler in reducing the health inequalities experienced by the Aboriginal community is increasing and building the capacity and capability of the Aboriginal workforce to deliver care to the Aboriginal community. The Rural Health Workforce Strategy recognises that these factors need to be addressed by targeted strategies. A strong, sustainable and culturally safe Aboriginal workforce working in partnership with consumers and their families is a key component in the provision of effective and appropriate health care.

The Aboriginal health workforce play an integral role in improving the health and wellbeing of regional South Australians. However, the Aboriginal health workforce is underrepresented across all health professions in rural SA. To support improvement in closing the gap in health outcomes for the Aboriginal community, the Aboriginal health workforce needs to be increased in both overall numbers, as well as representation throughout all professions and at all levels of health services. This plan aims to address the recruitment, training and development of the Aboriginal health workforce to build capacity and capability of the workforce and address this underrepresentation.

The Aboriginal health workforce is not specific to one profession. It consists of Aboriginal workers from all areas of health services including both clinical and non-clinical. Aboriginal health services in rural and remote South Australia are also provided in multiple settings including by regional local health networks in hospital and community settings, local ACCHOs and by non-government organisations (NGOs). Within this plan we recognise both Aboriginal identified positions where the role is specific to Aboriginal consumers, as well as the Aboriginal workforce working within the variety of mainstream settings that provide services to the broader rural and regional community.

The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) is the peak body for Aboriginal health workers (AHWs) and Aboriginal health practitioners (AHPs) in Australia. It was established in 2009, following the Commonwealth Government's announcement of funding to strengthen the Aboriginal and Torres Strait Islander health workforce as part of its Closing the Gap initiative. This plan is intended to work in parallel with work undertaken by NAATSIHWP.



While this plan focuses on building the capability and capacity of our rural Aboriginal health workforce, it is also noted that the DHW and AHCSA are undertaking Aboriginal health workforce planning. As these plans become available, strategies from these important documents should also be used to inform workforce planning in regional and rural communities.

Although this plan is focused on the Aboriginal health workforce, it is important to note that high-quality health services and improvements in patient outcomes do not happen in isolation. The opportunities for inter-professional collaborative practice should be considered where they result in improved health outcomes, innovation, increased job satisfaction and retention of the Aboriginal health workforce.

Identified Aboriginal positions

The SA Health Exemption under the *Equal Opportunity Act 1984* (SA)^{iv} enables SA Health to have ‘identified’ Aboriginal health roles. Under sections 30(1), 52(1), 103 of the *Equal Opportunity Act 1984* (SA), the exemption enables SA Health and AHCSA to advertise for, and to prefer, Aboriginal and Torres Strait Islander applicants for ‘Aboriginal and/or Torres Strait Islander Health Worker’ roles.

Application of the current exemption provides allowance for SA Health to advertise for an ‘Aboriginal and/or Torres Strait Islander Health Worker’ of a specific gender and to prefer Aboriginal and Torres Strait Islander applicants.

A summary of ‘identified’ Aboriginal health worker roles that must only be undertaken by Aboriginal and Torres Strait Islander people is provided in Appendix C.

State and national Aboriginal health workforce targets

Noting that the SA Health Aboriginal Workforce Framework 2017–2022 is currently under review, the framework referenced a 2% employment target for Aboriginal and Torres Strait Islander people in the health workforce, which was included in the previous SA Health Strategic Plan. There is also a KPI in the SA Health Performance Framework for an employment target of 4% Aboriginal people in the workforce.

At a national level, the Draft National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 is under development and will be progressed to government for endorsement at the end of 2021. This framework will set targets for representation of Aboriginal and Torres Strait Islander people in the national health workforce.

Aboriginal health leadership

As noted in the Draft National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 having Aboriginal and Torres Strait Islander leadership at the senior management and executive levels is essential to planning, designing, and implementing respectful and culturally safe health care services for Aboriginal and Torres Strait Islander people. It is recognised that regional local health networks are working collaboratively with community to grow and strengthen Aboriginal leadership in health services.

There is continued underrepresentation of Aboriginal people in leadership roles within regional local health networks, with only 1.45% Aboriginal representation on boards and committees, and 1.46% representation in executive roles.^v This plan seeks to address inequalities in current leadership structures for Aboriginal health across the regional local health networks.






Snapshot of the Aboriginal health workforce in regional Local Health Networks by occupation as at May 2021








*As at 31 May 2021. There are currently three vacancies for Aboriginal LHN Board Members. the executive occupation data does not factor in certain profession specific executive e.g. EDNM. Workforce identified as Aboriginal and/or Torres Strait Islander is based on data entered against employees in CHRIS21.

Snapshot of the Aboriginal health workforce within regional Local Health Networks and the Rural Support Service as at May 2021

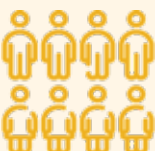




Yorke and Northern Local Health Network

Aboriginal Workforce	Gender Stats	Employment Status
1.07% (19) Aboriginal 	78.95% Females  21.05% Males 	47.37% Ongoing/ Permanent  52.64% Casual/ Temp  12.16 contract FTE

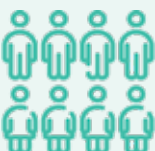




Limestone Coast Local Health Network

Aboriginal Workforce	Gender Stats	Employment Status
1.59% (24) Aboriginal 	87.5% Females  12.5% Males 	62.5% Ongoing/ Permanent  37.5% Casual/ Temp  10.55 contract FTE






Barossa Hills Fleurieu Local Health Network

Aboriginal Workforce	Gender Stats	Employment Status
1.78% (41) Aboriginal 	78.05% Females  21.95% Males 	46.34% Ongoing/ Permanent  53.67% Casual/ Temp  21.63 contract FTE

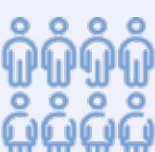




Eyre and Far North Local Health Network

Aboriginal Workforce	Gender Stats	Employment Status
3.56% (42) Aboriginal 	76.19% Females  23.81% Males 	26.19% Ongoing/ Permanent  73.81% Casual/ Temp  19.89 contract FTE

Flinders and Upper North Local Health Network

Aboriginal Workforce	Gender Stats	Employment Status
4.14% (42) Aboriginal 	85.71% Females  14.29% Males 	26.19% Ongoing/ Permanent  73.81% Casual/ Temp  27 contract FTE

Riverland Mallee Coorong Local Health Network

Aboriginal Workforce	Gender Stats	Employment Status
2.06% (35) Aboriginal 	85.71% Females  14.29% Males 	37.14% Ongoing/ Permanent  62.86% Casual/ Temp  10.55 contract FTE

Rural Support Service

Aboriginal Workforce	Gender Stats	Employment Status
1.11% (3) Aboriginal 	100% Females  0% Males 	0% Ongoing/ Permanent  100% Casual/ Temp  2.30 contract FTE



This plan outlines strategies to address the underrepresentation of Aboriginal people in all health professions.

Left to right – Sharon Perkins (Director of Aboriginal Health) and Professor Paul Worley (Executive Director Clinical Innovation) at Murray Bridge, Riverland Mallee Coorong Local Health Network



Principles

Key principles underlying the workforce plan strategies are as follows:

- There is no 'one size fits all' solution to ensure a sustainable rural Aboriginal health workforce. The Aboriginal health workforce in rural SA works in multiple service settings and is underrepresented. Multiple, overlapping, integrated, coherent and culturally appropriate strategies that meet local requirements and resources are needed. The strategies outlined in this plan will need to be considered for all Aboriginal people working in the health system and implemented in regional local health networks and state-wide clinical support services.
- Institutional racism needs to be addressed in all rural health services by shaping processes, attitudes and behaviours to enable Aboriginal workforce and consumers to feel culturally safe and respected.
- All local health networks and state-wide clinical support services are accountable for the implementation of strategies within this plan, the SA Health Aboriginal Cultural Learning Framework and associated state and national workforce plans.
- Provision of a culturally safe and respectful health system for the Aboriginal community and the Aboriginal workforce is a priority, ensuring that cultural diversity, rights, views, values and expectations of Aboriginal people are respected, with culture embedded across the entire health service.
- Building the capacity and capability of the Aboriginal workforce should be supported as part of the regional local health networks' core business. The rural Aboriginal health workforce needs to be supported through career pathway strategies and opportunities for career progression to develop, upskill and train the current and future Aboriginal workforce to develop specialist or advanced skills, relevant to service and population needs.
- The rural Aboriginal health workforce delivers high quality care in conjunction with well-trained and accessible medical practitioners, nursing and midwifery staff, allied health professionals, paramedics and ancillary staff. Many workforce solutions need a multi-disciplinary, culturally appropriate approach.
- Collaboration is required between state and Commonwealth governments on all issues relating to rural Aboriginal health workforce, prioritising the inclusion of Aboriginal people at all levels of decision making.
- Collaboration with the Aboriginal community-controlled sector must continue to be a priority, to ensure coordinated workforce planning across rural South Australia to meet the needs of Aboriginal communities and consumers.
- Collaboration with local governments, NGOs and regional Aboriginal communities is required to address the unique challenges facing rural communities, recognising that the social and economic wellbeing of the community is paramount.
- Rural health workforce challenges must be shared and require solutions through collaboration and input of the whole state, including metropolitan hospitals, regional health networks, state-wide clinical networks, primary health networks, private providers, universities and professional associations.
- Advances in digital health need to be leveraged wherever possible to complement Aboriginal health services to provide benefits to the consumer and additional support to the rural Aboriginal health workforce.
- Needs-based modelling informed by reliable, local needs assessment, including unmet and unidentified needs, should underpin future Aboriginal health workforce planning. This will ensure the workforce is innovative and responsive to both local needs and increases in demand across the health continuum.
- Aboriginal health consumers and communities are critical stakeholders in the development of workforce plans, as they bear the consequences of decisions made regarding health service provision. A co-design framework should be used to engage local communities in the development of Aboriginal health services throughout all levels of decision making.
- National and local Aboriginal health leadership need to be incorporated into SA's rural Aboriginal health workforce planning to improve access, equity and equality, ensuring that the cultural determinants of health are recognised and enhance service quality.
- Effective contribution to health service outcomes requires Aboriginal health leadership representation at all levels of the system. Governance structures must ensure that leadership development and succession planning are embedded into all health services to support and grow new Aboriginal health leaders, with each organisation being accountable for its policies and outcomes.
- Opportunities and additional support structures are required for our emerging, new and existing Aboriginal health professionals to facilitate provision of evidence-based health care delivery that meets the needs of rural communities.

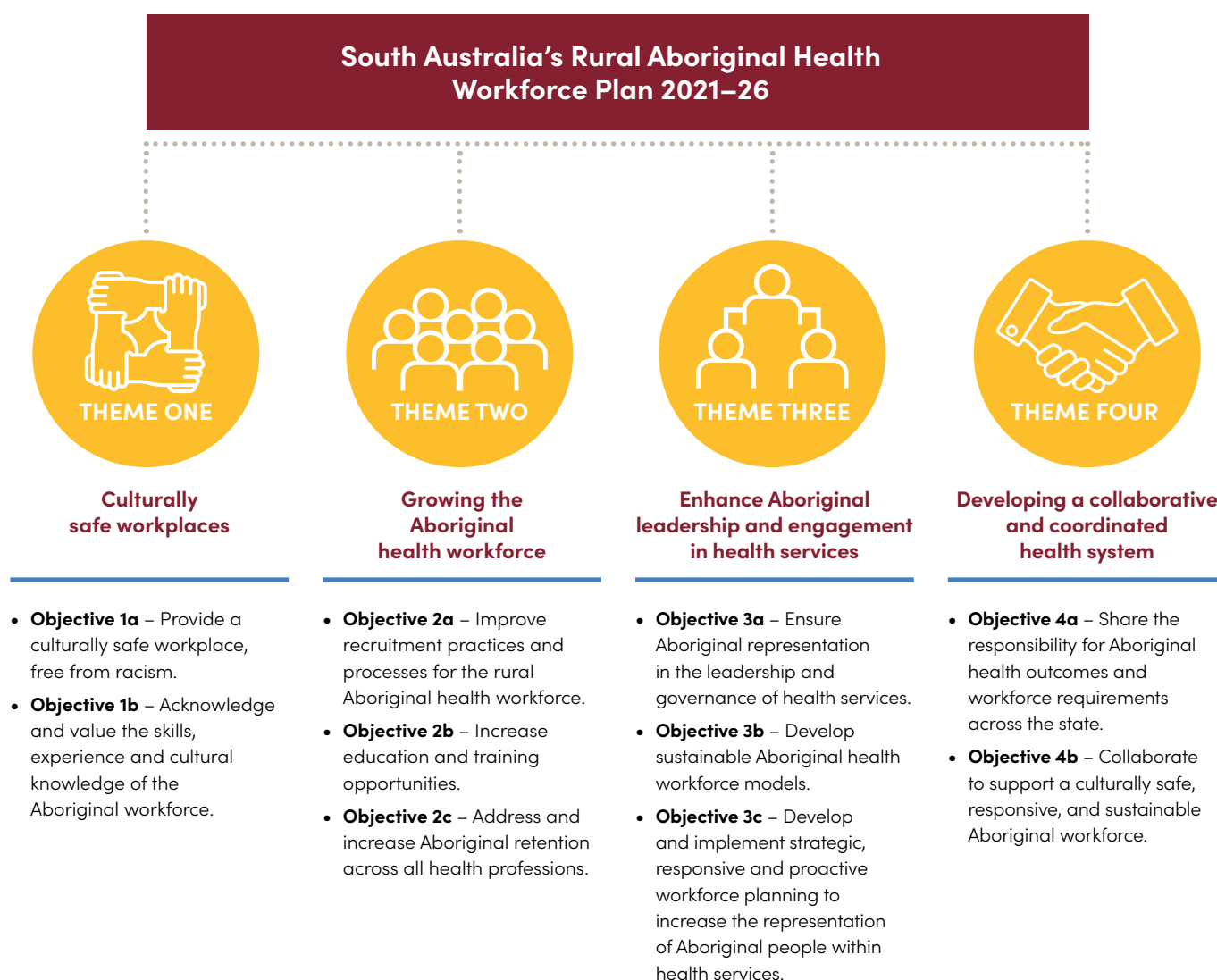


It is a priority for
Aboriginal voices to
be heard throughout
the development,
implementation,
monitoring and
evaluation of this plan.

Left to right – Tony Ratzmann (Aboriginal Health and Wellbeing Worker), Duane Woods (Male Health Worker), Anne-Marie Dodd (Community Support Worker), Patrick Kinnear (Director of Aboriginal Health), Lynore Lawrie (Senior Aboriginal Health Worker), Lena Lawrie (Client Support Officer), Deborah Lawrie (Child & Maternal Aboriginal Health Worker) and Sharina Gibbons (Registered Nurse) at Pt Pirie Memorial Park, Yorke and Northern Local Health Network

Themes and objectives

The following themes and objectives have been developed through multiple engagement forums and form the core of the SA Rural Aboriginal Health Workforce Plan 2021–26:





Unique challenges exist for the Aboriginal health workforce across rural and remote South Australia.

Left to right – Katherine Reid (Pharmacist) and Roslyn Trott (Respiratory Nurse) at Country Health Connect, at Port Augusta Hospital, Flinders and Upper North Local Health Network

Strategies

In all strategies, the Aboriginal health workforce, community and consumers are key stakeholders and partners.


The strategies within this plan seek to acknowledge and value both the clinical/professional and cultural knowledge of the Aboriginal health workforce.



Theme 1 - Culturally safe workplaces


NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 1a) Provide a culturally safe workplace, free from racism				
1.1	Ensure cultural capability frameworks within health services are implemented and provide culturally safe and responsive workplaces	Regional Local Health Networks (LHNs)	Department for Health and Wellbeing (DHW) Aboriginal communities	<ol style="list-style-type: none"> Use the SA Health Cultural Learning Framework and the National Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health to develop, implement, evaluate and review cultural awareness and cultural learning strategies. Work with local Aboriginal communities and Aboriginal workforce to codesign culturally safe and responsive learning frameworks that are contextualised to local cultural and community issues. <ol style="list-style-type: none"> Determine workforce training content and design, and assessment of cultural understanding, in co-design with local Aboriginal communities, ensuring: <ol style="list-style-type: none"> timeframes for completing training requirements, including ongoing training, are met prioritisation of processes, attitudes and behaviours that promote organisations that are free from institutional racism prioritisation of culturally responsive and evidence-based methods of delivery. Develop and implement a cultural capability measurement toolkit encompassing individual, system and organisational controls for monitoring and evaluation of current and future workforce learning frameworks. <ol style="list-style-type: none"> Engage Aboriginal consumers and community in measuring health service cultural safety and responsiveness through culturally responsive mechanisms including yarning circles, surveys or feedback from community representatives (e.g. Elders groups, youth and experts by experience). Incorporate mechanisms for evaluation of cultural learning with a focus on reflective practice.

NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
1.2	<p>Review and address recommendations and actions from the:</p> <p>a) Health Performance Council's Report Institutional racism: Audit of South Australia's Local Health Networks</p> <p>b) National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan, or its successor</p> <p>c) SA Health Aboriginal Workforce Framework 2017-2022, or its successor</p>	Regional LHNs	<p>Aboriginal communities</p> <p>DHW</p> <p>Rural Support Service (RSS)</p>	<ol style="list-style-type: none"> Engage with key stakeholders to address, action and implement recommendations. Develop monitoring mechanisms to implement and evaluate progression of actions.



NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
1.3	Support cultural wellbeing for the Aboriginal health workforce	Regional LHNs	<p>Aboriginal communities</p> <p>Wellbeing SA</p> <p>Commission on Excellence and Innovation in Health (CEIH)</p> <p>Local government</p> <p>Community networks</p> <p>ACCHOs</p> <p>Indigenous Allied Health Australia (IAHA)</p> <p>Australian Indigenous Doctors Association (AIDA)</p> <p>Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)</p> <p>National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)</p> <p>Australian Health Practitioner Regulation Agency (AHPRA)</p>	<ol style="list-style-type: none"> Ensure the Cultural Capability Framework provides identified cultural support to Aboriginal employees in regional LHNs. <ol style="list-style-type: none"> Identify and provide culturally supportive buddies/mentors to improve onboarding processes and provide ongoing support and mentoring for Aboriginal employees throughout their employment. Offer mentors financially supported and protected allocation of time to enable optimal mentoring opportunities. Ensure managers and supervisors support Aboriginal employees to access cultural mentoring and support. Ensure senior Aboriginal staff are enabled to meet and welcome new employees and embed the principles of a culturally safe workplace. Identify local Aboriginal and non-Aboriginal champions, both internal and external, to promote cultural wellbeing and safety within health services. Promote and celebrate Aboriginal culture within the health system through recognition of individuals and organisations who strive to create culturally safe and respectful workplaces. Promote awareness of Aboriginal-focused Employee Assistance Program providers. Promote, support and resource opportunities for all Aboriginal employees in workforce network programs (e.g. SA Health Aboriginal Workforce Network program, Young Professionals Group or other networks). <ol style="list-style-type: none"> Support engagement in region-specific Aboriginal workforce networks. Develop organisational pathways that enable Aboriginal employees to access Ngangkari (Traditional Aboriginal Healers) and Elder support for cultural wellbeing.

NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
1.4	Ensure the health workforce, at all levels, receives ongoing cultural learning and embeds their knowledge into everyday practice	Regional LHNs	Aboriginal communities RSS Private providers Regional LHN boards Health advisory councils	<ol style="list-style-type: none"> 1. Ensure all employees working in regional LHNs undertake ongoing culturally safe and responsive learning, which is adapted to the local context. This includes: <ol style="list-style-type: none"> 1.1 regional LHN Board members, executives, managers, clinical and support staff 1.2 private health service providers working in SA Health services 1.3 Health Advisory Council members. 2. Ensure cultural learning is guided by the 3-tiered approach outlined in the SA Health Aboriginal Cultural Learning Framework. 3. Ensure managers and supervisors have an understanding of policies that support the Aboriginal workforce to uphold cultural obligations.
1.5	Provide cultural coaching and mentoring for the non-Aboriginal workforce to promote self-reflection, learning and respect of Aboriginal culture ^{vi}	Regional LHNs	Aboriginal communities RSS	<ol style="list-style-type: none"> 1. Incorporate the defined cultural safety measures in professional development processes to promote cultural self-awareness, culturally respectful work practices and culturally responsive services. 2. Embed cultural coaching and mentoring for the non-Aboriginal workforce using internal and local community resources, such as Elders.



NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 1b) Acknowledge and value the skills, experience and cultural knowledge of the Aboriginal workforce				
1.6	Incorporate the cultural skills and experience of the Aboriginal workforce into SA Health role descriptions to recognise the value these elements bring to high quality service provision and workplace culture	Regional LHNs	DHW RSS	<ol style="list-style-type: none"> 1. Update all role descriptions with desirable skills/ experience to acknowledge Aboriginal workers and respect the unique skill sets their lived experience brings to an organisation. 2. Ensure all Aboriginal-identified role descriptions incorporate essential skills and experience relating to Aboriginal culture and align to the <i>Equal Opportunity Act 1984</i> (SA) exemptions.
1.7	Explore opportunities to showcase success stories of the Aboriginal workforce and services in rural South Australia	Regional LHNs	Aboriginal Communities DHW RSS	<ol style="list-style-type: none"> 1. Link with and develop local award opportunities to recognise Aboriginal workforce and programs including but not limited to NAIDOC awards, LHN awards, SA Health awards and local government awards. 2. Utilise existing staff forums to highlight achievements. 3. Seek guidance and inspiration from influential members of local Aboriginal communities (e.g. Elders and young people) to empower the current and future workforce.




Umpherston Sinkhole, Limestone Coast

Theme 2 - Growing and retaining the Aboriginal health workforce




NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 2a) Improve recruitment practices and processes for the rural Aboriginal health workforce				
2.1	Identify innovative and creative ways to attract Aboriginal workforce to the health service	Regional LHNs	<p>Aboriginal communities</p> <p>RSS</p> <p>DHW</p> <p>AHCSA</p> <p>Universities</p> <p>Vocational education and training (VET) providers</p> <p>Schools</p> <p>Department for Education (DfE)</p> <p>Industry skills councils</p> <p>GPEX</p> <p>IAHA</p> <p>AIDA</p> <p>CATSINaM</p> <p>CountrySA</p> <p>Primary Health Network (CSAPHN)</p> <p>CRANaplus</p> <p>Services for Australian Rural and Remote Allied Health (SARRAH)</p> <p>Australian Nursing and Midwifery Federation (ANMF)</p> <p>Registered training organisations (RTOs)</p>	<ol style="list-style-type: none"> Explore examples of best practice for culturally respectful supportive employment opportunities. <ol style="list-style-type: none"> Review successful training and support programs from other sectors. Create recruitment resources that are community-friendly and accessible in a variety of formats. Develop and implement local communications strategies that involve and promote the Aboriginal workforce. <ol style="list-style-type: none"> Promote recruitment opportunities widely across communities through multiple mediums including: <ol style="list-style-type: none"> social media notice boards in community career expos and open days community and network meetings Nunga grapevine. Engage with local organisations and key stakeholders including but not limited to: <ol style="list-style-type: none"> Aboriginal community networks local community networks Aboriginal health teams schools through connection with ACEOs and other education institutions mature entry students youth through existing programs (e.g. SAASTA, Clontarf) other sectors (e.g. justice system, job networks). Utilise Aboriginal and non-Aboriginal employees to promote regional LHNs as culturally safe workplaces within communication strategies. Utilise Flexible Industry Pathways programs to attract Aboriginal secondary students into the health workforce. Identify entry points for Aboriginal secondary and tertiary students in rural and remote regions to pursue health careers. <p><i>cont.</i></p>

NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
2.1				<p><i>cont.</i></p> <ol style="list-style-type: none"> 7. Collaborate with universities/VET and other RTOs to investigate challenges in the attraction and recruitment of Aboriginal people into the health industry and develop strategies to address these challenges. <ol style="list-style-type: none"> 7.1 Establish flexible programs to support Aboriginal participation in higher education with consideration for: <ol style="list-style-type: none"> a) curriculum development and design, bringing Aboriginal knowledge into teaching b) cultural safety c) strengths-based approaches to health and wellbeing. 8. Address issues that deter Aboriginal people from entering the health industry, including: <ol style="list-style-type: none"> 8.1 access to education and training that allows students to stay on country to undertake study 8.2 establish mechanisms to support Aboriginal workforce experiencing cultural isolation 8.3 foster cultural safety by offering multiple positions and on the job training initiatives. 9. Review and provide ongoing support of financial incentives to attract and retain skilled Aboriginal employees in regional areas.
2.2	Increase Aboriginal recruitment across all health professions	Regional LHNs	Aboriginal communities RSS DHW AHCSA Universities Vocational education and training (VET) providers Schools Department for Education (DfE) Industry skills councils	<ol style="list-style-type: none"> 1. Develop innovative and culturally supportive pathways and opportunities to encourage Aboriginal people to enter the workforce including: <ol style="list-style-type: none"> 1.1 volunteering in health services 1.2 work experience and work readiness skills programs in clinical and non-clinical streams 1.3 Aboriginal-identified tertiary student placements 1.4 Partnerships with local employment agencies. 2. Strengthen and embed clear career pathways for the current and future Aboriginal workforce. <ol style="list-style-type: none"> 2.1 Increase ongoing employment opportunities with consideration to health needs of the local community. 2.2 Target and prioritise recruitment of Aboriginal people into pathways to clinical and non-clinical mainstream positions. Promote and support training opportunities for this career progression.




NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
2.2			<i>cont.</i> GPEX IAHA AIDA CATSINaM CountrySA PHN (CSAPHN) CRANaPlus Services for Australian Rural and Remote Allied Health (SARRAH) Australian Nursing and Midwifery Federation (ANMF) Registered training organisations (RTOs)	<i>cont.</i> 2.3 Investigate opportunities for Aboriginal-identified positions, particularly those identified as being of critical importance to Closing the Gap in health outcomes. 2.4 Explore innovative models and pathways for the Aboriginal workforce in the community and aged care sectors, including use of Aboriginal employment agencies (from SA Rural Nursing and Midwifery Workforce Plan 1.10). 2.5 Develop a strategy designed to target recruitment of Aboriginal and Torres Strait Islander students to the Graduated Paramedic Pathway (from Rural SA Ambulance Service Workforce Plan 1.13). 2.6 Explore opportunities within existing programs and funding initiatives, such as Skilling SA, to develop pathways into the health sector. 2.7 Develop pathways for recognition of prior learning and life experience to be validated and utilised as entry points into the workforce. 2.8 Identify models that support specialty graduate programs for Aboriginal students that provide a continuity approach to nursing and midwifery practice for Aboriginal people (from SA Rural Nursing and Midwifery Workforce Plan 1.10). 2.9 Offer support for employment opportunities off country. 3. Implement innovative and flexible Aboriginal cadet and trainee programs with ongoing employment opportunities upon completion, including but not limited to: 3.1 Aboriginal health practitioners 3.2 enrolled nursing (from SA Rural Nursing and Midwifery Workforce Plan 1.10) 3.3 allied and scientific health (from SA Rural Allied and Scientific Health Workforce Plan 3.3). 4. Support student readiness through early interaction with the workforce by offering local work experience programs within all areas of health services. 5. Provide individualised, financially sustained placements and work opportunities with collegial support, education scaffolding and other incentives.

NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
2.2				<p><i>cont.</i></p> <ol style="list-style-type: none"> 6. Embed Aboriginal-identified roles to rural communities as an education and career pathway and utilise these to facilitate clinical and cultural integration into new and emerging models of care. 7. Utilise the Aboriginal health worker role as an entry point into the health workforce with an identified education and career pathway. 8. Identify clear pathways from Aboriginal health worker to Aboriginal health practitioner. 9. Develop and promote clear pathways for Aboriginal health practitioners including, but not limited to, specialised fields of practice for chronic conditions aligned to the Chronic Disease Roadmap. 10. Provide Aboriginal medical graduates with targeted options and support to enter Rural Generalist training in South Australia through the Rural Generalist Program South Australia.^{vii} 11. Utilise existing Commonwealth funding to target recruitment of Aboriginal allied health professionals and allied health assistants, through supporting entry to training programs such as the Allied Health Rural Generalist Pathway and allied health assistant training opportunities.^{viii}
2.3	Develop and embed recruitment practices which are culturally safe and prioritise growth of the Aboriginal health workforce in rural South Australia	Regional LHNs	Aboriginal communities RSS DHW Office of the Commissioner for Public Sector Employment (OCPSE)	<ol style="list-style-type: none"> 1. Identify Aboriginal workforce recruitment challenges. <ol style="list-style-type: none"> 1.1 Identify strategies to link with and progress implementation of this plan by providing resources to RSS and Regional LHNs (refer 2.8.2 and 2.8.3 of this plan). 1.2 Establish a regional LHN working group to look at best practice research, and identify required actions, including development of culturally responsive recruitment resources to support a, grow your own, philosophy. 2. Examine the current use of Aboriginal employment programs, and identify any barriers experienced by potential applicants and employers. <ol style="list-style-type: none"> 2.1 Determine opportunities to raise the profile of Aboriginal employment programs and strategies. 2.2 Explore constraints to utilisation of Aboriginal employment programs for potential applicants and potential employers. 2.3 Promote and embed utilisation of Aboriginal employment programs in recruitment processes to enable greater uptake.



NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
2.3				<p><i>cont.</i></p> <ol style="list-style-type: none"> 3. Implement recruitment processes which strengthen cultural safety. <ol style="list-style-type: none"> 3.1 Develop streamlined recruitment processes that are transparent. 3.2 Include Aboriginal panel members on selection panels: <ol style="list-style-type: none"> a) offer mentoring and cultural support to Aboriginal applicants to navigate through the entire recruitment process (e.g. pre-employment declaration, application, background screening, interview process, induction and onboarding) b) develop interview practices for Aboriginal applicants to demonstrate cultural skills and knowledge c) actively involve local Aboriginal community representation on interview panels, either through individuals or community consumer groups, including panel training and opportunity to provide input to the interview process d) utilise cultural approaches to conduct interviews, considering alternative models such as yarning circles and informal interviews. 4. Support all selection panel members in their cultural learning journey to ensure they have a clearer understanding of Aboriginal culture and are equipped to undertake culturally safe and supportive recruitment processes. 5. Consider suitable applicants for other employment opportunities across the organisation or other government departments..

NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 2b) Increase education and training opportunities				
2.4	Strengthen and support training opportunities for the current and future Aboriginal workforce	RSS	Aboriginal communities Regional LHNs DHW AHCSA Universities VET Schools DfE Employment agencies Industry skills councils IAHA CRANaplus RTOs CSAPHN SARRAH ANMF	<ol style="list-style-type: none"> 1. Create opportunities to develop cross organisation and cross profession training programs to extend skill sets and exposure to opportunities in health services. 2. Partner with the education sector to offer professional education in a local setting on country, with placements offered locally and including pathways to ongoing local employment. 3. Partner with DHW chief professional leads for each health profession to identify and implement training opportunities for the Aboriginal workforce. 4. Use alternative methods and models of on the job training and tertiary-based education and learning, focusing on the relationship between culture and learning. 5. Provide specific support to initiatives to expand rural medical training designed around Aboriginal communities and students, in particular the Australian Remote Medicine Academy concept. 6. Work with RTOs to create opportunities for specialisation across diverse areas, including management and leadership, such as HLT50213 – Diploma of Aboriginal and Torres Strait Islander Primary Health Care Practice. 7. Partner with the higher education sector and ACCHOs to introduce supportive and community-led alternative entry pathways into allied and scientific health courses (from SA Rural Allied and Scientific Health Workforce Plan 3.3).
Objective 2c) Address and increase Aboriginal retention across all health professions				
2.5	Develop retention strategies that support the Aboriginal workforce	Regional LHNs	Aboriginal communities RSS DHW ACCHOs AHCSA CSAPHN RDWA ANMF	<ol style="list-style-type: none"> 1. Evaluate the retention of Aboriginal staff within health services and use this data to develop and implement innovative retention strategies. 2. Ensure members of the Aboriginal workforce are given opportunities to support each other, through dedicated regular meetings and/or Aboriginal forums. 3. Review current flexible workplace guidelines to ensure they encompass family, community and cultural obligations. 4. Ensure all managers have an understanding of, and support for, application of the cultural leave policy. 5. Undertake culturally safe and responsive exit interviews with all Aboriginal employees.



NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
2.6	Ensure all Aboriginal staff have access to ongoing professional development, education, training and support in planning and pursuing their health career aspirations	Regional LHNs	Aboriginal communities RSS RTOs AHCSA ACCHOs CRANaplus	<ol style="list-style-type: none"> 1. Strengthen performance review and development processes to offer a flexible approach that identifies and supports Aboriginal staff capability, aspiration and professional development needs in a culturally safe setting. 2. Include Aboriginal staff in mentoring and supportive succession planning for future Aboriginal and non-Aboriginal leadership roles. 3. Advocate for sustainable funding to support Aboriginal employees to upskill and address gaps that restrict their career progression/mobility. 4. Provide and support secondment opportunities for Aboriginal employees across LHNs and other organisations (e.g. ACCHOs), noting short term contracts as a potential barrier. 5. Advocate for and support career development opportunities for Aboriginal employees. <ol style="list-style-type: none"> 5.1 Utilise Aboriginal employment programs to identify employee skills and capabilities and provide an opportunity for future employment and career growth. 5.2 Offer profession specific positions to current Aboriginal workforce who undertake and complete AHP/ AMIC AHPRA registered training. 5.3 Promote study assistance programs to support and enable professional growth for Aboriginal nurses and midwives (e.g. SA Health Study Assistance Program for nurses and midwives).^{ix} 5.4 Provide new Aboriginal allied health professionals and allied health assistants with targeted options and support to enter training programs such as the Allied Health Rural Generalist Pathway and allied health tertiary training. 5.5 Develop work shadowing models to support the upskilling of the Aboriginal workforce. 6. Work with professional bodies to recognise SA Health Aboriginal workforce networking and development opportunities as continuing professional development (CPD) activities.

*Selenia Mahoney (Residential Care Worker) at Miroma Place
Hostel, Eyre and Far North Local Health Network*




Theme 3 - Enhance Aboriginal leadership and engagement in health services




NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 3a) Ensure Aboriginal representation in the leadership and governance of health services				
3.1	Empower Aboriginal people to be well represented on governing bodies, committees and groups that are responsible for advising on and overseeing health services	Regional LHNs	Aboriginal communities DHW Regional LHN boards and committees	<ol style="list-style-type: none"> 1. Support the Aboriginal workforce across all health professions to sit on committees and boards across SA Health. 2. Review functions and governance of all regional LHN committees and boards to foster cultural safety. 3. Provide cultural safety by ensuring there is multiple Aboriginal representation on committees and boards, with consideration for gender-specific positions, where appropriate.
3.2	Increase opportunities for Aboriginal employees to become leaders in positions of influence for policy development and service delivery	Regional LHNs	Aboriginal communities RSS DHW	<ol style="list-style-type: none"> 1. Provide pathways to support career progression, leadership development and succession planning through secondment, job shadowing, mentoring and backfilling opportunities across services. <ol style="list-style-type: none"> 1.1 Develop an executive sponsorship program linking executive with Aboriginal workforce to build leadership capability. 2. Offer and support the Aboriginal workforce to sit alongside directors of Aboriginal health at executive level meetings for upskilling, work shadowing, and to link with succession planning as part of a leadership pathway. 3. Support and facilitate opportunities for Aboriginal staff to participate in executive leadership training and development programs (e.g. Governor's Leadership Foundation Program, regional leadership programs). <ol style="list-style-type: none"> 3.1 Provide support and guidance to build and strengthen the Aboriginal workforce capacity and capability to successfully participate in these programs. 4. Include Aboriginal voices in all decision making including, but not limited to: <ol style="list-style-type: none"> 4.1 early opportunities to build understanding of decision-making processes 4.2 support to be influential, with direction and guidance from senior leaders.

NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 3b) Develop sustainable Aboriginal health workforce models				
3.3	Develop, build and fund specific workforce models centered around the Aboriginal workforce delivering services to Aboriginal consumers	RSS	Aboriginal communities Regional LHNs DHW CATSINaM Australian College of Midwives Australian College of Nursing CRANaplus ANMF	<ol style="list-style-type: none"> Research best practice workforce models around targeted health needs that incorporate cultural understanding, for potential implementation across local health networks. <ol style="list-style-type: none"> Consider service needs and consumer pathways across each region. Ensure positions are sufficiently resourced to improve consumer outcomes. Ensure workforce models value lived experience and embed Aboriginal cultural knowledge, skills and expertise. Consider cultural protocols in workforce planning (e.g. men's and women's business). Support rural Aboriginal health workforce service delivery models by partnering with directors of Aboriginal health and other key stakeholders to utilise grant and other commissioning funding processes. Provide sustainable funding for Aboriginal specific health services, with an evidence base for improving Aboriginal health outcomes. Identify creative solutions to support allocation of more ongoing positions for the Aboriginal health workforce. Determine key positions across health services eligible to be identified Aboriginal workforce roles by utilising the <i>Equal Opportunity Act 1984</i> (SA) exemptions. Increase opportunities for support worker role/s to work collaboratively with nursing and midwifery, including but not limited to AMIC workers, Aboriginal health workers and Aboriginal mental health workers in both acute and community settings (from SA Rural Nursing and Midwifery Workforce Plan 1.10, 2.8). Explore service models that allow allied and scientific health clinicians to collaborate with Aboriginal health practitioners and Aboriginal health workers (from SA Rural Allied and Scientific Health Workforce Plan 3.4). Explore the possibility of using different disciplines to provide ambulance response. This could include, but is not limited to, paramedic/Aboriginal health worker (from Rural SA Ambulance Service Workforce Plan 2.6).



NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
3.4	Plan to address legislative, regulatory and other barriers, including advocacy where required, that limit the opportunities for Aboriginal health practitioner (AHP) and Aboriginal health worker (AHW) models of practice	RSS	Regional LHNs DHW NAATSIHWP AHPRA AHCSA ACCHOs RDWA ANMF CATSINaM	<ol style="list-style-type: none"> Explore new funding models to support a sustainable AHP and AHW workforce. Explore strategies to support AHP and AHW to practise effectively including, but not limited to, review of legislative constraints to clinical scope of practice. Build and strengthen partnerships with RTOs (e.g. AHCSA) to develop innovative models of practice for AHP and AHW. Investigate organisational barriers in scope of practice for AHP in comparison to ACCHO, including clinical and non-clinical areas to identify and analyse gaps and develop actions to address them. Explore opportunities for AHW and AMIC qualifications to be recognised as suitable for other roles across health services (e.g. allied health assistant, assistants in nursing).
3.5	Increase opportunities for Aboriginal health practitioners and Aboriginal health workers to develop and utilise specialist practice skills and knowledge to meet the requirements of new models of care	RSS	Regional LHNs DHW NAATSIHWP AHPRA CATSINaM ANMF	<ol style="list-style-type: none"> Work with key stakeholders to identify successful examples of specialist roles of AHP and AHW in health services and assess them for sustainability, scalability and transferability across other rural and remote settings. Work with regional health services to identify where specialist AHP and AHW would improve service delivery and community health outcomes. Explore opportunities that enable AHP and AHW to work to their full scope of practice. <ol style="list-style-type: none"> Ensure local health networks hold a clear understanding of scope of practice and capability of the AHW, AMIC and AHP roles. Clearly identify the capability for AMIC practitioners who work in Aboriginal Family Birthing Programs. Incorporate AMIC workers into midwifery models of care in acute and community health settings. Better utilise the AHW role in delivering services to complement activities undertaken by AHP.

NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 3c) Develop and implement strategic, responsive and proactive workforce planning to increase the representation of Aboriginal people within health services				
3.6	Develop systems for better collection of, and access to, Aboriginal health workforce data and statistics, including addressing existing barriers and limitations	RSS	DHW Regional LHNs Industry skills councils Universities DfE RTOs GPEx OCPSE CSAPHN RDWA AHCSA ACCHOs	<ol style="list-style-type: none"> 1. Improve access to, and availability of, comprehensive Aboriginal health workforce data to respond to emerging rural health priorities and support the development of innovative and responsive Aboriginal health workforce models. <ol style="list-style-type: none"> 1.1 Analyse local data, including but not limited to: <ul style="list-style-type: none"> • population • workforce distribution • patient journey • local hospital presentations (% Aboriginal client base) • service gaps • capacity for specialist services • secondary and tertiary retention and completion rates • Aboriginal employment and retention in health services • pay levels and job types to track career progression. 1.2 Investigate connections between acute presentations and primary health care activities to align workforce planning and investment with hospital avoidance strategies. 2. Streamline records management tools and processes to allow for consistent data collection of Aboriginal workforce representation in health services. 3. Collaborate with key industry stakeholders in the education sector to analyse student and health workforce data to inform future education planning.



NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
3.7	Establish standardised Aboriginal health workforce structures to enable consistency across rural health services, with flexibility for local context	RSS	Regional LHNs Professional associations Unions DHW	<ol style="list-style-type: none"> Collaborate with regional LHN chief executive officers and other key stakeholders to identify and develop innovative Aboriginal-specific workforce structures that incorporate cultural elements including, but not limited to: <ul style="list-style-type: none"> supervision and mentoring cultural support succession planning. Address the barriers that exist to ensure the continued development, expansion and support for Aboriginal-identified roles, including but not limited to: <ol style="list-style-type: none"> Aboriginal liaison and patient pathway workforce Aboriginal mental health workforce. Establish a designated Aboriginal health team based in the RSS to provide overarching support to regional LHNs for implementation of the Rural Aboriginal Health Workforce Plan, with a focus on sustainable outcomes. Establish an Aboriginal workforce position in each regional LHN to support future workforce planning and drive implementation of the Rural Aboriginal Health Workforce Plan.




Bool Lagoon, Naracoorte

Theme 4 – Developing a collaborative and coordinated health system



NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 4a) Share the responsibility for Aboriginal health outcomes and workforce requirements across the state				
4.1	Develop a monitoring and evaluation framework to measure implementation and impact of the SA Rural Aboriginal Health Workforce Plan	RSS	Aboriginal communities Aboriginal consumers Regional LHNs DHW	<ol style="list-style-type: none"> 1. Work with stakeholders to co-design and implement mechanisms to measure outcomes of the SA Rural Aboriginal Health Workforce Plan. 2. Review and update actions within the SA Rural Aboriginal Health Workforce Plan annually. 3. Align targets and KPIs to key strategic plans and reports including, but not limited to: <ol style="list-style-type: none"> 3.1 Health Performance Council's Report Institutional racism: Audit of South Australia's Local Health Networks 3.2 National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 3.3 National Aboriginal and Torres Strait Islander Health Plan 2013–2023 3.4 National Agreement on Closing the Gap 3.5 National Safety and Quality Health Service Standards 3.6 SA Implementation Plan for the National Agreement on Closing the Gap 3.7 SA Health Aboriginal Workforce Framework 2017–2022 3.8 LHN Reconciliation Action Plans 3.9 LHN strategic plans. 4. Link with current consumer engagement strategies in each LHN to inform consumers about progress and implementation of the SA Rural Aboriginal Workforce Plan.
4.2	Develop partnerships with Aboriginal organisations to lead community-driven and culturally responsive workforce models that encompass a holistic view of health	Regional LHNs	Aboriginal communities AHCSA RSS ACCHOs Aboriginal community groups IAHA	<ol style="list-style-type: none"> 1. Identify peak bodies, Elders and community leaders to establish and formalise partnerships with SA Health delivered services. 2. Implement mechanisms for forming and maintaining strategic partnerships with Aboriginal communities and representative organisations to support greater collaboration and enhance care for Aboriginal people. 3. Partner with IAHA and Aboriginal communities to implement the recommendations from the National Rural Health Commissioner's report on establishing a National Aboriginal and Torres Strait Islander Health Academy in SA (from SA Rural Allied and Scientific Health Workforce Plan 3.3).

NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
4.3	Develop Aboriginal health workforce implementation plans within each regional local health network, aligned to the strategy in consultation with key Aboriginal stakeholders	RSS Regional LHNs	Aboriginal communities AHCSA DHW ACCHOs	<ol style="list-style-type: none"> 1. Convene an Aboriginal Rural Working Group to support development of plans and assessment of local implementation requirements. 2. Advocate for sufficient funding and resources to support agreed initiatives outlined in local Aboriginal workforce implementation plans. 3. Develop and promote Communities of Practice which connect the Aboriginal health workforce, provide professional support, raise the profile of Aboriginal health roles and improve health practice. 4. Identify opportunities for collaboration between Aboriginal and mainstream health services to address Closing the Gap objectives and Aboriginal health priorities. 5. Align implementation of the SA Rural Aboriginal Health Workforce Plan with Regional LHN Reconciliation Action Plans and service level agreements.
4.4	Strengthen links with key stakeholders across health education, training and service delivery	Regional LHNs	Aboriginal communities AHCSA RSS ACCHOs Industry skills council Metropolitan LHNs DHW RTOs Universities GPEx CRANaplus Professional associations Commonwealth Government Private service providers OCPSE CSAPHN RDWA ANMF DfE	<ol style="list-style-type: none"> 1. Establish and promote opportunities for collaboration between regional and metropolitan LHNs, the private sector, ACCHOs and other key health providers, including but not limited to general practice, aged care and disability support providers. 2. Partner with industry skills councils to offer collaborative local training opportunities in rural areas. 3. Investigate opportunities for shared service delivery throughout the patient journey (e.g. patient discharge).



NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 4b) Collaborate to support a culturally safe, responsive, and sustainable Aboriginal workforce				
4.5	Work with AHCSA, ACCHOs and other health services to maintain and increase skill development opportunities for the Aboriginal health workforce	Regional LHNs	Aboriginal communities AHCSA ACCHO RSS Universities Australian Rural Health and Education Network (ARHEN) CRANaplus CSAPHN RDWA	<ol style="list-style-type: none"> Explore potential shared employment models between ACCHOs and regional LHNs. Explore opportunities for clinical placements and career progression between ACCHOs and regional LHNs.
4.6	Partner with the education sector to develop and implement innovative training opportunities and career pathways into health services	RSS	Aboriginal communities Regional LHNs AHCSA ACCHOs DHW DfE Universities TAFE Training providers Aboriginal land councils Industry skills councils RDWA GPEx Regional LHNs Rural Trainee Medical Officer Unit	<ol style="list-style-type: none"> Work with relevant stakeholders to implement strategies to increase learner uptake of careers within the health field. <ol style="list-style-type: none"> Explore opportunities for implementation of the Aboriginal Mental Health Worker Training Program in SA. Collaborate with TAFE and other RTOs to create flexible study options for EN cadetship students. Support South Australian medical schools to implement quotas for Aboriginal and Torres Strait Islander students (from SA Rural Medical Workforce Plan 1.13). Increase the number of targeted allied and scientific health university scholarship positions for rural students, through partnerships with universities, health, ACCHOs, industry and the Commonwealth (from SA Rural Allied and Scientific Health Workforce Plan 1.8). Increase the number of Aboriginal and Torres Strait Islander people participating in allied and scientific health courses through introductions of university sub-quotas (from SA Rural Allied and Scientific Health Workforce Plan 3.3). Collaborate with the Department for Education to implement the Flexible Industry Pathways Program. Partner with the higher education sector and ACCHOs to introduce supportive and community-led alternative entry pathways into health service streams.

NO.	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
4.6			<i>cont.</i> Chief Allied and Scientific Health Officer Chief Nurse and Midwifery Officer CSAPHN Commonwealth government Professional associations Accreditation bodies ANMF Office of the Chief Psychiatrist	
4.7	Partner with local Aboriginal communities and organisations to provide training and capacity building opportunities at a local level	LHN	Aboriginal communities AHCSA ACCHO RSS Private Aboriginal consultancy providers	<ol style="list-style-type: none"> 1. Partner with local Aboriginal communities and organisations to 'grow your own' local trainers to support greater engagement in and uptake of higher education and employment opportunities. 2. Work with local Aboriginal communities and organisations to explore other opportunities to expand the Aboriginal health workforce.

Rebecca Kimlin (Team Leader, Aboriginal Health) at Gawler Health Service, Barossa Hills Fleurieu Local Health Network







Implementation

Ongoing measurement of the deliverables within this plan is critical to ensuring growth of the rural Aboriginal health workforce remains a priority for local health networks and the Rural Support Service. The key lead with responsibility for the implementation of each strategy has been outlined within the plan, and suggested timelines for the delivery of each strategy are outlined below. Responsibility for monitoring and evaluating the implementation of the SA Rural Aboriginal Health Workforce Plan lies with the Rural Health Workforce Strategy Steering Committee.

The table below also provides a guide for alignment to key Aboriginal-focused actions and targets from the following documents:

- Health Performance Council's Report Institutional racism: Audit of South Australia's Local Health Networks (HPC)
- Draft National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 (NATSIHWSFI)
- National Safety and Quality Health Service Standards (NSQHSS)
 - Alignment to NSQHSS is focused on the six actions specific to meeting the needs of Aboriginal and Torres Strait Islander people
- National Agreement on Closing the Gap (CTG)
- SA Implementation Plan for the National Agreement on Closing the Gap (SA CTG)
- SA Health Aboriginal Workforce Framework 2017–2022 (SAHAWF).


It is noted that further detailed alignment to all actions and targets relating to this plan will occur with the development of a Monitoring and Evaluation Framework (see Strategy 4.1 of the plan).

Implementation of the plan will be undertaken using the consultative and collaborative approach demonstrated throughout the development of this plan. All strategies will be delivered under the leadership of regional local health networks with involvement from Aboriginal communities, rural workforce and other key stakeholders.



Theme 1 – Culturally safe workplaces

NO.	STRATEGY	KEY LEAD	TIME-FRAME	HPC REC.	SA CTG PRIORITY REFORM	CTG TARGET	NATSIHWSFI	SAHAWF	NSQHSS
Objective 1a) Provide a culturally safe workplace free from racism									
1.1	Ensure cultural capability frameworks within health services are implemented and provide culturally safe and responsive workplaces	Regional LHNs	1 year	1, 6, 7	1, 3	14	3.1	Pride Evaluate	1.1e 1.2 1.21 2.14 2.8 2.13
1.2	Review and address recommendations and actions from the: a) Health Performance Council's Report Institutional racism: Audit of South Australia's Local Health Networks b) National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan, or its successor c) SA Health Aboriginal Workforce Framework 2017–2022, or its successor	Regional LHNs	1 year	1, 6, 7	1, 3	14	3.1	Pride Evaluate	1.2 1.21 2.8 2.13
1.3	Support cultural wellbeing for the Aboriginal health workforce	Regional LHNs	1 year	1, 6	3	14	1.5 1.6 1.9 3.6 5.1	Pride Develop Evaluate	1.2 1.21 2.13




NO.	STRATEGY	KEY LEAD	TIME-FRAME	HPC REC.	SA CTG PRIORITY REFORM	CTG TARGET	NATSIHWSFI	SAHAWF	NSQHSS
1.4	Ensure the health workforce, at all levels, receives ongoing cultural learning and embeds their knowledge in everyday practice	Regional LHNs	2 years	1, 6	3	14		Pride Evaluate	1.2 1.21 2.13
1.5	Provide cultural coaching and mentoring for the non-Aboriginal workforce to promote self-reflection and learning and respect of Aboriginal culture*	Regional LHNs	2 years	1, 6	3	14		Pride Evaluate	1.2 1.21 2.13
Objective 1b) Acknowledge and value the skills, experience and cultural knowledge of the Aboriginal workforce									
1.6	Incorporate the cultural skills and experience of the Aboriginal workforce to SA Health role descriptions to recognise the value these elements bring to high quality service provision and workplace culture	Regional LHNs	2 years	1, 6	3			Pride Recognise	1.21
1.7	Explore opportunities to showcase success stories of the Aboriginal workforce and services in rural South Australia	Regional LHNs	2 years	1, 6	3			Pride Recognise	1.21 2.13

Theme 2 – Growing and retaining the Aboriginal health workforce



NO.	STRATEGY	KEY LEAD	TIME-FRAME	HPC REC.	SA CTG PRIORITY REFORM	CTG TARGET	NATSIHWSFI	SAHAWF	NSQHSS
Objective 2a) Improve recruitment practices and processes for the rural Aboriginal health workforce									
2.1	Identify innovative and creative ways to attract Aboriginal workforce into the health service	Regional LHNs	2 years	6	2	6, 7, 8	1.3 1.4 1.6 4.1 4.2 4.4 5.1 5.2 5.3	Recognise Involve	1.21 2.8 2.9 2.13
2.2	Increase Aboriginal recruitment across all health professions	Regional LHNs	5 years	6	2	6, 7, 8	1.3 4.3 4.4 5.2 5.3	Recognise Involve	1.21 2.8 2.13
2.3	Develop and embed recruitment practices which are culturally safe and prioritise the growth of the Aboriginal health workforce in rural South Australia	Regional LHNs	2 years	6	3	7, 8	1.5 1.6	Pride Involve	1.21 2.8 2.9 2.13
Objective 2b) Increase education and training opportunities									
2.4	Strengthen, support and fund training opportunities for current and future Aboriginal workforce	RSS	5 years	6	2	6	1.4	Involve Develop	1.21 2.13




NO.	STRATEGY	KEY LEAD	TIME-FRAME	HPC REC.	SA CTG PRIORITY REFORM	CTG TARGET	NATSIHWSFI	SAHAWF	NSQHSS
Objective 2c) Address and increase Aboriginal retention across all health professions									
2.5	Develop retention strategies that support the Aboriginal workforce	Regional LHNs	5 years	6	2	7, 8	1.4 1.6	Pride Involve Develop	1.21 2.13
2.6	Ensure all Aboriginal staff have access to ongoing professional development, education, training and support in planning and pursuing their health career aspirations	Regional LHNs	1 year	6	2	6	1.5 1.6 3.6	Recognise Involve Develop	1.21 2.13

Theme 3 - Enhance Aboriginal leadership and engagement in health services



NO.	STRATEGY	KEY LEAD	TIME-FRAME	HPC REC.	SA CTG PRIORITY REFORM	CTG TARGET	NATSIHWSFI	SAHAWF	NSQHSS
Objective 3a) Ensure Aboriginal representation in the leadership and governance of health services									
3.1	Empower Aboriginal people to be well represented on governing bodies, committees and groups that are responsible for advising on and overseeing health services	Regional LHNs	1 year	1, 6	1, 3	7, 8	1.6	Pride Recognise Involve Develop	1.2 1.21 2.9 2.11a 2.11b 2.12 2.13
3.2	Increase opportunities for Aboriginal employees to become leaders in positions of influence for policy development and service delivery	Regional LHNs	2 years	1, 6	2	7, 8	1.5 1.6	Pride Recognise Involve Develop	1.2 1.21 2.11a 2.11b 2.12 2.13
Objective 3b) Develop sustainable Aboriginal health workforce models									
3.3	Develop, build and fund specific workforce models centered around the Aboriginal workforce delivering services to Aboriginal consumers	RSS	5 years	6	1, 2	7, 8, 17	1.7 2.2 6.3	Recognise Involve	1.1c 1.1e 1.15b 1.2 1.33 1.4 2.11a 2.11b 2.12 2.13




NO.	STRATEGY	KEY LEAD	TIME-FRAME	HPC REC.	SA CTG PRIORITY REFORM	CTG TARGET	NATSIHWSFI	SAHAWF	NSQHSS
3.4	Plan to address legislative, regulatory and other barriers, including advocacy where required, that limit the opportunities for Aboriginal health practitioner and Aboriginal health worker	RSS	2 years	6	2		1.1 1.2	Recognise Develop	1.1e 1.2 2.13
3.5	Increase opportunities for Aboriginal health practitioners and Aboriginal health workers to develop and utilise specialist practice skills and knowledge to meet the requirements of new models of care	RSS	2 years	6	2		1.1	Recognise Develop	1.1e 1.2 2.13
Objective 3c) Develop and implement strategic, responsive and proactive workforce planning to increase the representation of Aboriginal people within health services									
3.6	Develop systems for better collection of, and access to, Aboriginal health workforce data and statistics, including addressing existing barriers and limitations	RSS	5 years	3, 6, 7	1, 4		6.1 6.2 6.3	Involve Evaluate	1.13c 1.15b 1.2 1.4 2.11a 2.11b 2.13
3.7	Establish standardised Aboriginal health workforce structures to enable consistency across rural health services, with flexibility for local context	RSS	2 years	6	2	7, 8	3.7	Pride Recognise Develop	1.1e 1.2 2.13

Theme 4 – Developing a collaborative and coordinated health system



NO.	STRATEGY	KEY LEAD	TIME-FRAME	HPC REC.	SA CTG PRIORITY REFORM	CTG TARGET	NATSIHWSFI	SAHAWF	NSQHSS
Objective 4a) Share the responsibility for Aboriginal health outcomes and workforce requirements across the state									
4.1	Develop a monitoring and evaluation framework to measure implementation and impact of the SA Rural Aboriginal Workforce Plan	RSS	1 year	3, 5, 6, 7	1, 4		2.1 6.1	Involve Evaluate	1.1g 1.13c 1.15b 1.2 1.4 2.11a 2.11b 2.13
4.2	Develop partnerships with Aboriginal organisations to lead community-driven and culturally responsive workforce models that encompass a holistic view of health	Regional LHNs	2 years	6	1, 2		2.2	Recognise Involve	1.2 2.11a 2.11b 2.13
4.3	Develop Aboriginal health workforce implementation plans within each regional local health network, aligned to the Strategy in consultation with key Aboriginal stakeholders	RSS Regional LHNs	1 year	2, 6	1	17	1.7 2.1 2.2 6.3	Pride Recognise Involve Evaluate	1.2 2.11a 2.11b 2.13
4.4	Strengthen links with key stakeholders across health education, training and service delivery	Regional LHNs	5 years	6		1	5.2 5.3	Involve	2.13



NO.	STRATEGY	KEY LEAD	TIME-FRAME	HPC REC.	SA CTG PRIORITY REFORM	CTG TARGET	NATSIHWSFI	SAHAWF	NSQHSS
Objective 4b) Collaborate to support a culturally safe, responsive, and sustainable Aboriginal workforce									
4.5	Work with AHCSA, ACCHOs and other health services to maintain and increase skill development opportunities for the Aboriginal health workforce	Regional LHNs	5 years	6	1, 2	6, 7	4.2	Involve Develop	2.11a 2.11b 2.13
4.6	Partner with the education sector to develop and implement innovative training opportunities and career pathways into health services	RSS	5 years	6	1, 2	6, 7	1.3 1.10 4.1 4.2 5.2 5.3	Involve	2.11a 2.11b 2.13
4.7	Partner with local Aboriginal communities and organisations to provide training and capacity building opportunities at a local level	LHN	5 years	6	1, 2	6, 7	1.3 5.3	Involve	2.13

Glossary

ACCHO	Aboriginal community controlled health organisation
ACEO	Aboriginal community education officers
AHCSA	Aboriginal Health Council of South Australia
AHP	Aboriginal health practitioner
AHPRA	Australian Health Practitioner Regulation Agency
AHW	Aboriginal health worker
AIDA	Australian Indigenous Doctors Agency
AMIC	Aboriginal Maternal and Infant Care
ANMF	Australian Nursing and Midwifery Association
ARHEN	Australian Rural Health and Education Network
ATSIHPBA	Aboriginal and Torres Strait Islander Health Practitioner Board Australia
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CEIH	Commission on Excellence and Innovation in Health
CPD	Continuing professional development
CSAPHN	Country SA Primary Health Network
CTG	Closing the Gap
DfE	Department for Education
DHW	Department for Health and Wellbeing
GP	General practitioner
HPC	Health Performance Council
IAHA	Indigenous Allied Health Australia
KPI	key performance indicator
LHN	Local Health Network
MPS	multi-purpose service
NATSIHWSFI	National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan
NAATSIHWP	National Association for Aboriginal and Torres Strait Islander Health Workers and Practitioners



NGO	Non-government organisation
NSQHSS	National Safety and Quality Health Service Standards
OCPSE	Office of the Commissioner for Public Sector Employment
RAP	Reconciliation Action Plan
RSS	Rural Support Service
RDWA	Rural Doctors Workforce Agency
RTOs	Registered training organisations
SAAS	South Australian Ambulance Service
SAASTA	South Australian Aboriginal Training Academy
SAHAWF	SA Health Aboriginal Workforce Framework
SARRAH	Services for Australian Rural and Remote Allied Health
VET	Vocational education and training



Culturally safe and responsive workplaces are essential to ensuring health services become an employer of choice for Aboriginal people.

Debra Miller (Aboriginal Maternal and Infant Care Practitioner) at Ceduna Hospital and Health Service, Eyre and Far North Local Health Network

Appendix A – SA Rural Aboriginal Health Workforce Plan regional consultation

NO.	DATE	ORGANISATION/LOCATION	AUDIENCE	NO. OF PARTICIPANTS
1	11 August 2021	Barossa Hills Fleurieu LHN – Gawler	Aboriginal workforce	8
2	21 August 2021	Eyre and Far North LHN – MS Teams	ACCHOs CEOs	3
3	1 September 2021	Barossa Hills Fleurieu LHN – MS Teams	Executive	13
4	7 September 2021	Limestone Coast LHN – Mount Gambier	Aboriginal workforce	0
5	7 September 2021	Limestone Coast LHN – Mount Gambier	ACCHO	6
6	8 September 2021	Limestone Coast LHN – Mount Gambier	Executive	18
7	8 September 2021	Limestone Coast LHN – Mount Gambier	All of staff	0
8	9 September 2021	NAATSIHWP – MS Teams	CEO	1
9	13 September 2021	Senior Officer Aboriginal Health – Adelaide	Executive	10
10	13 September 2021	Barossa Hills Fleurieu LHN – Mount Barker	Aboriginal community	6
11	15 September 2021	Yorke and Northern LHN – Wallaroo, Narungga Health Assembly meeting	Aboriginal community	3
12	17 September 2021	Barossa Hills Fleurieu LHN – Gawler	Aboriginal community	8
13	21 September 2021	Barossa Hills Fleurieu LHN – Kangaroo Island	Aboriginal community	5
14	22 September 2021	Flinders Upper North LHN – Port Augusta	Aboriginal workforce	5
15	22 September 2021	Flinders Upper North LHN – Port Augusta	All of staff	4
16	23 September 2021	Flinders Upper North LHN – Whyalla	Aboriginal workforce	1
17	23 September 2021	Flinders Upper North LHN – Whyalla	All of Staff	2
18	27 September 2021	Flinders Upper North LHN – MS Teams	Executive	17
19	30 September 2021	Barossa Hills Fleurieu LHN – MS Teams	All Staff Forum	100
20	1 October 2021	Clinical Advisory Forum	Medical	25
21	7 October 2021	Riverland Mallee Coorong LHN – Loxton	Executive	15
22	11 October 2021	Eyre and Far North LHN – Ceduna	Aboriginal workforce	8
23	11 October 2021	Eyre and Far North LHN – Ceduna	Young professionals forum	5

NO.	DATE	ORGANISATION/LOCATION	AUDIENCE	NO. OF PARTICIPANTS
24	13 October 2021	Aboriginal Health Council of South Australia	CEO	2
25	13 October 2021	Eyre and Far North LHN – Port Lincoln	Executive	12
26	13 October 2021	Eyre and Far North LHN – Port Lincoln	Aboriginal community	5
27	15 October 2021	Riverland Mallee Coorong LHN – Karoonda	Aboriginal workforce	17
28	15 October 2021	Office of the Chief Psychiatrist	Aboriginal consultant	1
29	18 October 2021	Barossa Hills Fleurieu LHN – Victor Harbor	Aboriginal community	9
30	19 October 2021	Yorke and Northern LHN – Maitland	Aboriginal workforce	3
31	20 October 2021	Flinders Upper North LHN – Leigh Creek	Aboriginal community	15
32	21 October 2021	Yorke and Northern LHN – Clare	Aboriginal workforce / community	12
33	22 October 2021	Yorke and Northern LHN – Port Pirie	Executive	4
34	22 October 2021	Yorke and Northern LHN – Port Pirie	All of staff	18
35	26 October 2021	Eyre and Far North LHN – Coober Pedy	Aboriginal workforce	3
36	28 October 2021	Riverland Mallee Coorong LHN – Berri	Aboriginal community	14

Appendix B – Written responses to the Consultation Draft SA Rural Aboriginal Health Workforce Plan

NO.	NAME OF RESPONDER	ORGANISATION
1	Jenny Hurley	Department for Health and Wellbeing
2	Nadine Blair	National Aboriginal Community Controlled Organisation
3	Jodie May	Rural Support Service
4	Cindy Paardekooper	Department for Health and Wellbeing
5	Ann Screen	Port Augusta, Roxby Downs and Woomera Health Advisory Council
6	Fiona Turner	Women's and Children's Health Network
7	Dr Ingrid Lensink BSc(Hons) PhD HGSA CHIA AIDH	Department for Health and Wellbeing
8	Paul Gibson	Indigenous Allied Health Australia
9	Sundara Rengasamy	SA Oral Health Plan Governance Group
10	Adj Associate Professor Elizabeth Dabars AM	Australian Nursing and Midwifery Federation
11	Leanne Boase	Australian College of Nurse Practitioners
12	Dr Mark Morphet	Australian College for Emergency Medicine
13	Dr Michelle Atchison	Australian Medical Association
14	Anthia Kemp / Jessica Scott	PHN Country SA
15	Brad Birleson	Riverland Mallee Coorong LHN
16	Dr Nes Lian-Lloyd	Flinders and Upper North LHN
17	Lisa Catt	Eyre and Far North LHN
18	Sharon Lewis	Rural Support Service

Appendix C – Aboriginal Identified Roles

Roles subject to exemption under the *Equal Opportunity Act 1984* (SA)^{xi}

Director of Aboriginal Health

Directors of Aboriginal health provide leadership on Aboriginal issues, on strategic Aboriginal policy development and responses; and service improvement initiatives that ensure Aboriginal outcomes across the local health network. Directors of Aboriginal health ensure appropriate models of community consultation are developed and internal/external relationships are enhanced to further improve health outcomes for the community.

Directors of Aboriginal health manage and provide expert analysis of diverse data sources and undertake research in order to develop policies, plans, structures and projects that impact on service delivery within rural and remote South Australia, and are accountable for meeting agreed performance outcomes and objectives of strategic directions.

Manager/Team Leader of Aboriginal Health

Aboriginal health managers and team leaders develop and maintain welcoming, coordinated and responsive health and wellbeing services, including chronic disease programs, and lifestyle programs that increase access and improve health outcomes for Aboriginal people in the region. Based on the best available evidence and relevant standards, these will be developed in partnership with the Aboriginal community and relevant organisations within government and other sectors. The role takes a primary health care focus undertaking operational management of the service including planning and monitoring of service provision, data collection and service evaluation.

Aboriginal health managers and team leaders ensure that program and service delivery meet the objectives and KPIs of the relevant funding agreements and policy directions, in a culturally safe environment. They proactively identify opportunities to provide enhanced services into the future and actively promote the service within the organisation and community.

Aboriginal Health Practitioner (AHP)^{xii}

Aboriginal health practitioners are registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) and deliver high quality, culturally appropriate clinical care to Aboriginal people and communities and undertake clinical assessment, disease prevention and health promotion and clinical procedures along with providing specific health care programs.

In South Australia AHP training courses are available through the Aboriginal Health Council of SA as a registered training provider. Aboriginal and Torres Strait Islander people can find registered and recognised AHP Registered Training Organisations outside of South Australia through AHPRA's approved programs of study section of their website.

Aboriginal Health Worker (AHW)^{xiii}

Aboriginal health workers provide clinical and/or primary, social and emotional wellbeing or other health care for individuals, families and community groups. The AHW provides advocacy and links the consumer into health and other community-based services including ACCHO and other NGO services. The AHW promotes self-management and can be a liaison between the doctor and patient as well as providing informal education to health workers about Aboriginal culture.

Aboriginal Liaison Officer^{xiv}

Aboriginal liaison officers assist patients to communicate with health care professionals, government agencies and other services while they are in hospital. They assist health professionals and their clients in discharge planning to ensure continuity of care for clients returning home. They provide emotional, social and cultural support to Aboriginal consumers and their families who access our hospitals, working to ensure Aboriginal and Torres Strait Islander consumers and their families have access to mainstream health services and culturally sensitive and safe service is being provided.



Aboriginal Maternal and Infant Care Practitioner (AMIC)^{xv}

AMIC practitioners provide clinical care within a cultural paradigm, being aware of key social determinants of health within the Aboriginal and/or Torres Strait Islander community setting. The provision of health care in this setting requires the AMIC practitioner to work in partnership with a midwife to liaise with a broad spectrum of health care, advocate for clients, and provide care alongside other health care professionals to provide culturally safe health care for Aboriginal clients and their families.

Aboriginal Mental Health Consultant

Aboriginal mental health consultants contribute to the development and implementation of a range of interventions and prevention strategies which promote positive mental health and social and emotional wellbeing outcomes for Aboriginal people. This is achieved through collaboration with workers other Aboriginal and non-Aboriginal services in the development and implementation of culturally responsive and competent models of practice, which include community development, mental health promotion, prevention, early identification, and clinical levels of intervention.

Other Aboriginal identified positions

Aboriginal Mental Health Worker

Aboriginal mental health workers support staff in the delivery of a comprehensive and integrated range of evidenced based, recovery-oriented services across multi-disciplinary local health network mental health services appropriate to the needs of the consumer and the local community. Aboriginal mental health workers support the delivery of culturally relevant, integrated, accessible and equitable mental health care for Aboriginal consumers across community, acute and rehabilitation service settings.

Aboriginal Environmental Health Worker

Aboriginal environmental health workers develop, regulate, enforce and monitor laws and regulations governing public health, building, and environmental management, in order to promote good health, hygiene and environmental practices.

Aboriginal Social and Emotional Wellbeing Officer

Aboriginal social and emotional wellbeing officers provide Aboriginal people and their families with holistic and culturally responsive grief, loss and bereavement services, with a focus on social and emotional wellbeing, mental health and community connectedness.

Aboriginal Cultural Consultant

Aboriginal cultural consultants contribute to improving the health outcomes for Aboriginal children and families that are participating in various health related programs such as the transitioning of patients from hospital to home.

Aboriginal Project/Program Officer

Aboriginal project and program officers work closely with members of the Aboriginal community, consumers and carers and partner with regional directors and Aboriginal health leads on activities to improve Aboriginal health outcomes. Aboriginal project and program officers undertake project and policy, development and implementation work to contribute to the development of Aboriginal health intelligence and prepare recommendations for actions.

Aboriginal Patient Pathways Officer

Aboriginal patient pathways officers are a central contact within health units to assist in the transition care for Aboriginal and Torres Strait Islander people from country SA who are embarking on patient journeys. The position coordinates a consistent level of support, planning and monitoring of the patient journey from country and then back home. Acting as a cultural broker assisting Aboriginal patients to access culturally responsive transition care within mainstream and the Aboriginal community controlled sector.

Other roles that must only be undertaken by Aboriginal and Torres Strait Islander people

Aboriginal Family Resource Worker

Aboriginal family resource workers provide support, advocacy and services to Aboriginal families. Aboriginal family resource workers develop programs that are responsive to Aboriginal family and community needs based upon needs analysis that contribute to enhancing the holistic development and wellness of Aboriginal people living in the area serviced by the Aboriginal Health Team.

Aboriginal Health Services Coordinator

Aboriginal health service coordinators maintain networks and support Aboriginal health workers, health unit staff, general practitioners and other primary health care providers to ensure a coordinated and collaborative approach to health and allied service delivery for Aboriginal people. Aboriginal health service coordinators work with health and allied services to maximise Aboriginal people, access to the broad range of health and allied services and to assist Aboriginal people to navigate the health service systems. Aboriginal health service coordinators work within a primary health care framework and promote the delivery of culturally appropriate services.

Aboriginal Mental Health Nurse Practitioner

Aboriginal mental health nurse practitioners are an integral part of the multidisciplinary clinical team caring for Aboriginal consumers and supporting family and community.



Notes

ⁱAustralian Bureau of Statistics, 2016 Census data [Accessed 7 May 2021] Retrieved from <https://sagov.sharepoint.com/sites/CHSA/business/Reporting/PopulationData/Pages/Population-and-demographics.aspx>

ⁱⁱAustralian Government Department of Health (2018) Fact Sheet: Primary Health Care [Accessed 7 May 2021] Retrieved from <https://www1.health.gov.au/internet/main/publishing.nsf/Content/Fact-Sheet-Primary-Health-Care#:~:text=Primary%20health%20care%20can%20be,Aboriginal%20Community%20Controlled%20Health%20Services>

ⁱⁱⁱRegional hospitals are generally classified into two groups: larger activity base-funded hospitals and smaller grant-funded hospitals. This is a funding classification, with larger hospitals having adequate volume and complexity of activity to be funded under national activity-based funding rules. Smaller rural hospitals need to be grant-funded to ensure they can meet minimum staffing and service provision requirements

^{iv}South Australian Government, The South Australian Government Gazette No.53, page 3752, 07/11/2019

^vAs at May 2021, workforce identified as Aboriginal and/or Torres Strait Islander is based on data entered against employees in CHRIS21

^{vi}We are working for our people – Growing and strengthening the Aboriginal and Torres Strait Islander Health Workforce, Career Pathways Project Report (2020), Lowitja Institute, Aboriginal Medical Services Alliance Northern Territory, UNSW Sydney

^{vii}SA Rural Generalist Program, <https://www.ruralgeneralist.sa.gov.au/>

^{viii}Allied Health Rural Generalist Program, <https://www.sarrah.org.au/our-work/ahrgpathway>

^{ix}<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+governance+and+leadership/nursing+and+midwifery+office/nursing+and+midwifery+education%2C+learning+and+development/sa+health+study+assistance+program+for+nurses+and+midwives>

^xWe are working for our people – Growing and strengthening the Aboriginal and Torres Strait Islander Health Workforce, Career Pathways Project Report (2020), Lowitja Institute, Aboriginal Medical Services Alliance Northern Territory, UNSW Sydney

^{xi}South Australian Government, The South Australian Government Gazette No.53, page 3752, 07/11/2019

^{xii}Aboriginal and Torres Strait Islander Proposed Career Structure, 2017

^{xiii}Definition obtained June 2021 from <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/health+services+for/aboriginal+health+services/aboriginal+health+workers>

^{xiv}Definition obtained June 2021 from <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/hospitals/flinders+medical+centre/services+and+clinics+at+flinders+medical+centre/services+at+flinders+medical+centre/aboriginal+hospital+liaison+unit+at+flinders+medical+centre#:~:text=The%20Aboriginal%20Hospital%20Liaison%20Officers,families%20who%20access%20our%20hospitals.&text=Ensure%20Aboriginal%20and%20Torres%20Strait%20Islander%20patients%2C%20their%20escorts%20and,medical%20procedures%20and%20hospital%20routines.>

^{xv}Draft AMIC Scope of Practice, Regional Aboriginal Family Birthing Program, 2021

Aboriginal culture is diverse and is fundamental to the health and wellbeing of Aboriginal people. Acknowledging, respecting and recognising Aboriginal people's connection to country including the diverse language groups, family and kinship systems and incorporating a holistic view of health (encompassing the physical, spiritual, cultural, emotional and social wellbeing), is vital in providing a culturally responsive health service for the Aboriginal health workforce and to the Aboriginal community.







For more information

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