IAHA Indigenous Allied Health Australia

Workforce Development Strategy

2018 - 2020

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Indigenous Allied Health Australia Strategic Intent

LEADERSHIP STATEMENT

As a national Aboriginal and Torres Strait Islander organisation with a broad membership, we are committed to leading in the allied health sector and, working closely with Aboriginal and Torres Strait Islander Peoples and communities. We view our leadership roles through a unique and diverse lens that supports:

Aboriginal and Torres Strait Islander Peoples, cultures and knowledges are central to achieving our vision. We believe that Aboriginal and Torres Strait Islander ways of knowing, being and doing can influence and transform systems through collective action and partnership. We will collaborate with integrity, find strength in and value diversity, and will seek and support Aboriginal and Torres Strait Islander led strategies to meet local needs.

We will work closely with each other and our communities to assert Indigenous rights, to have ownership over their own health and wellbeing and improve access to allied health services. IAHA will support our communities with strong, culturally-informed health leadership.

We have a sense of responsibility to continue the work of those who have come before us. We thank them for their perseverance, resilience and foresight in paving the way for us. We will nurture this spirit of resistance and learn from our experiences to inspire and create sustainable change for generations to come.

VISION

All Aboriginal and Torres Strait Islander people, and future generations, are; healthy, strong, thriving and self-determined.

PURPOSE

We will collectively transform the allied health sector, led by the Aboriginal and Torres Strait Islander workforce to improve health and wellbeing outcomes.

SHARED VALUES

We value and respect Aboriginal and Torres Strait Islander:

- Cultures and identity
- Knowledges and perspectives
- Sharing and relationships.

PRINCIPLES

Our work is underpinned by five principles:

- Culture is central to Aboriginal and Torres Strait Islander health and wellbeing
- Aboriginal and Torres Strait Islander leadership and self-determination
- Culturally-informed, strengths-based practice
- Partnership and Collaboration
- Accountability and Responsibility.

OUR MEMBERS

Our members provide the strength, skills and effort to deliver our Vision and Purpose. We must continue to advocate for and with them and support their personal and professional growth, leadership and development.

This IAHA Workforce Development Strategy is for our current and future workforce and the people who will benefit from and have a right to their care.

Background and purpose

This Strategy is about achieving two key and interconnected outcomes:

- Aboriginal and Torres Strait Islander allied health workforce success and sustainability and
- Improving access to allied health services for Aboriginal and Torres Strait Islander people.

WHO IS IAHA AND WHAT DOES IAHA DO?

Unpacking our 'strategic intent', Indigenous Allied Health Australia (IAHA), is a national not-for-profit, member based Aboriginal and Torres Strait Islander allied health organisation. IAHA acknowledges and respects the critical role that allied health professionals, across registered and self-regulated professions, play in improving the health system and health outcomes for all Australians, particularly Aboriginal and Torres Strait Islander peoples.

Improving Indigenous health means having more Aboriginal and Torres Strait Islander people encouraged to consider, pursue and succeed in allied health careers.

Allied health professionals make up over a quarter of the health workforce. IAHA's unique point of difference is that it brings together and collectively supports Aboriginal and Torres Strait Islander peoples across 28 allied health professions (with full members represented in 24 professions) and is the only organisation that:

- promotes genuine inter-professional care, collaboration and a holistic approach:
- provides targeted networking, development and support opportunities for Aboriginal and Torres Strait Islander allied health professionals and students;
- focuses specifically on building and sustaining a strong Aboriginal and Torres Strait Islander allied health workforce;

- provides national leadership, advocacy, expert advice, and policy direction on allied health issues within an Aboriginal and Torres Strait Islander context and on issues that impact the health and wellbeing of Aboriginal and Torres Strait Islander peoples and communities;
- supports Aboriginal and Torres Strait Islander Peoples through promoting allied health careers and facilitating pathways into and through allied health roles along their professional journey; and
- advocates for culturally safe and responsive allied and system-wide health care, and for this to be recognised as being essential to optimising health and wellbeing while preventing ill health in our communities.

IAHA is growing. In the three years to 2017:

- Full members – Indigenous allied health graduates and students – grew by 37% per annum;
- Indigenous student members grew by 50% per annum; and
- Total members grew by 28% per annum.

IAHA Student members
- over **90%** University retention

Compares with (2014):
- **71%** Indigenous University Student Retention overall
- **47%** commencing 2006 students completing by 2014

Aboriginal and Torres Strait Islander Student members
- up **50%** pa

Full members
Indigenous Allied Health graduates and students - up **37%** pa

Total members
- up **28%** pa

2014   2015   2016   2017
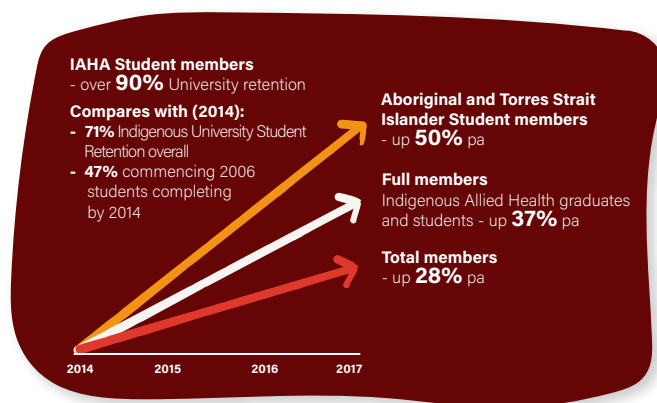
The Aboriginal and Torres Strait Islander allied health workforce must continue to grow in all disciplines.

Compared with non-Indigenous Australians, employed Aboriginal and Torres Strait Islander Australians are 1.5 times more likely to work in the health and social assistance sector. However, Aboriginal and Torres Strait Islander people remain greatly under-represented among health professionals, especially those requiring university qualifications. Aboriginal and Torres Strait Islander Australians make up 2.8 per cent of Australia's population but less than 0.5% of the allied health workforce.

Growth in Indigenous allied health is needed

2,000
As at 2015 (estimate)

15,000
Needed by 2026

8-10x increase to reach population parity
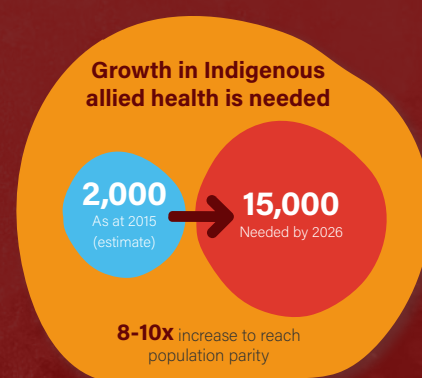
THE IAHA STRATEGIC PLAN — ALIGNMENT

This Workforce Development Strategy is aligned with and designed to help deliver on the IAHA Strategic Plan 2017-2020, which has four key strategic priority areas. They are:

SUPPORT

Support and engage our membership in advocacy, leadership capability and professional developments so that members are a strong, culturally-informed allied health workforce.

GROW

Grow and to support sustainable development of the Aboriginal and Torres Strait Islander allied health sector.

TRANSFORM

Transform and contribute to the broader health system to ensure culturally safe and responsive care is embedded in creating sustainable change led by Aboriginal and Torres Strait Islander peoples.

LEAD

Lead through strong, sustainable allied health leadership and promoting the voice of our members.

Workforce development is central to this transformation. It underpins access to quality services and better health and wellbeing outcomes for Aboriginal and Torres Strait Islander people.

OUR WORKFORCE DEVELOPMENT STRATEGY IN CONTEXT

Our Workforce Development Strategy has been developed in the context of:

- challenges Aboriginal and Torres Strait Islander people face in achieving acceptable levels of health and wellbeing;
- challenges accessing allied health services to meet complex health and wellbeing needs;
- social, cultural, economic, technological and environmental factors; and
- the need for culturally safe and responsive health and education systems and services that support workforce and leadership development required to transform Aboriginal and Torres Strait Islander peoples' lives.

Against this backdrop, Aboriginal and Torres Strait Islander people continue to face:

- A life expectancy which is on average 10 years less than that of other Australians;
- An overall burden of disease and illness which is 2.3 times that of non-Indigenous Australians;
- A situation where two-thirds of Aboriginal and Torres Strait Islander people people report (2012/13) having at least one chronic health condition and one-third report having three or more – which they start to experience at a much younger age;
- Hospitalisations for preventable disease at three times the rate of other Australians;
- A higher ratio of hospital-based to MBS funded medical services – at 6:1 for Indigenous and 2:1 for non-Indigenous Australians. This reflects problems in gaining access to appropriate and timely care among other things;
- Only half the average 'spend' per person on medications under the Pharmaceutical Benefits Scheme (PBS);
- Disease and trauma rates markedly higher than other Australians, including:
    - 3 times the rate of diabetes;
    - 2.6 times the rate of serious psychological distress;
    - Twice the rate of suicide;
    - 2.9 times the rates of hearing impairment among children;
    - 3 times the rate of vision impairment;
    - Vastly higher rates of amputation – well over 30 times in some areas and age groups;
    - and more.

Aboriginal and Torres Strait Islander Australians are a young and growing population. The 2016 Census reported around 650,000 (2.8%) of the Australian population identified as Aboriginal and/or Torres Strait Islander. The median age of Indigenous Australians is 23, compared with 38 for non-Indigenous Australians.

The relative youth of Aboriginal and Torres Strait Islander people makes it even more important to empower their futures for generations to come. That means tackling the causes of disease and addressing social determinants. We know, for example, that Indigenous university graduates are as likely to be employed as non-Indigenous graduates and this carries through to better income, housing and health outcomes. Overcoming disadvantage is essential, but it cannot be achieved by ignoring disadvantage, its causes and effects or the trauma that too often underlies it.

Governments continue to search for ways to work effectively with Aboriginal and Torres Strait Islander people and communities. More often Aboriginal and Torres Strait Islander leaders call for empowering Aboriginal and Torres Strait Islander people and communities who will develop local strategies, solutions and therefore culturally safe and responsive informed decisions. Empowerment must be driven by Aboriginal and Torres Strait Islander people, whose leadership is essential in transforming the allied health workforce, services, organisations and institutions. This knowledge guides IAHAs approach.

Education and employment lead to better health, so IAHA is focused on better education and employment outcomes - for our members and Aboriginal and Torres Strait Islander people. This connection reflects Aboriginal and Torres Strait Islander peoples' understanding and knowledge that holistic approaches are critical to attain, maintain and improve health and wellbeing. It also explains why IAHA focuses on social and cultural determinants, and our advocacy for coherent and integrated policy and programs rather than the dissection of people, families and communities that comes with siloed thinking and approaches.

IAHA takes a strengths-based approach, knowing Aboriginal and Torres Strait Islander people have the strength and resilience, the knowledge and capacity to drive and lead the changes needed to lift our health and wellbeing. Those changes will be promoted by:

- Working with partners committed to invest in and develop the workforce to be the health professionals and leaders needed to transform attitudes, behaviour and systems;

- Growing the Aboriginal and Torres Strait Islander allied and other health professionals – with specialist and generalist capabilities;

- Culturally safe and responsive care – for practitioners and the individuals, families and the communities they care for;

- Better coordinated (and holistic) care for individuals and integrated care across the health system as a whole, with allied health recognised as essential services;

- A shift in health system emphasis, from a deficits-based illness model to a strengths-based health system - and recognising this is also key to long-term system sustainability;

- Arrangements that facilitate person-centred practice, continuity of care and transitions through and across the health and related care systems.

"INCREASING THE SIZE OF THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE IS FUNDAMENTAL TO CLOSING THE GAP IN INDIGENOUS LIFE EXPECTANCY."

— ATSIHWWG Annual Report 2015 (page 5)

DESIGNING THE IAHA WORKFORCE DEVELOPMENT STRATEGY

WHY?

IAHA developed the Workforce Development Strategy because we need a clear plan for how to bring everyone together to grow, develop and value the essential contribution of our Aboriginal and Torres Strait Islander allied health workforce.

We need to build our workforce, but to do this effectively we need a long-term action-based strategy that informs people about what allied health professions are, the difference they make, how to become one, what opportunities exist, how to get there, to graduate, grow, develop and sustain themselves and their practice.

We sought to find out and plan what we need to act on to:

- reduce barriers and increase opportunities that make becoming an Aboriginal and Torres Strait Islander allied health professional a reality; and
- overcome barriers, and enable Aboriginal and Torres Strait Islander people to realise their potential, succeed, lead and help make the difference to health and well-being for all Australians but specifically Aboriginal and Torres Strait Islander peoples.

The Strategy is designed to cover all allied health professions – both registered and self-regulated – that make up the IAHA membership. We discuss these groups in sections 2 and 3.

HOW?

The IAHA Workforce Development Strategy was developed through:

- a desktop review of literature on the value and need for Aboriginal and Torres Strait Islander allied health professionals and the evidence base for specific workforce strategies;
- a national online survey with contributions received from 188 IAHA graduates, students, associates and other interested stakeholders; and
- consultation interviews with 34 IAHA members, allied health professional associations, allied health academics and health workforce stakeholders.

We thank our members for contributing their time and expertise and our colleagues in government and non-government organisations for sharing their insights and advice. An outline of the steps taken in obtaining member and key stakeholder input to the Strategy is at Appendix A.

DRIVERS THAT REINFORCE THE NEED FOR AN IAHA WORKFORCE DEVELOPMENT STRATEGY

In addition to supporting the IAHA Strategic Plan 2017–2020, the IAHA Workforce Development Strategy has been shaped by member feedback. It also reflects key stakeholder feedback and has been influenced by and is aligned with several national and state and territory strategies, including the:

- **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023** (prepared for the Australian Health Ministers' Advisory Council (AHMAC);
- **Cultural Respect Framework 2016 – 2026 for Aboriginal and Torres Strait Islander Health** prepared for the Australian Health Ministers' Advisory Council (AHMAC) by the National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC);
- **National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 and 2013 – 2023 Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan**;
- **Aboriginal and Torres Strait Islander Health Performance Framework 2017**;
- State and territory government Aboriginal and Torres Strait Islander health workforce plans; and
- **National Strategic Framework for Chronic Conditions** (COAG Health Council, 2017).

IAHA's Workforce Development Strategy also complements and recognises the potential to leverage and contribute to the objectives of:

The Universities Australia Indigenous Strategy 2017-2020 (to substantially increase the intake and retention of Aboriginal and Torres Strait Islander students and graduates);

The Aboriginal and Torres Strait Islander Health Curriculum Framework (2015); and, importantly, the continuing development and/or roll-out, effectiveness and sustainability of the:

- **disability workforce and the National Disability Insurance Scheme**;
- **growth and developments in the aged care sector**; and
- **chronic care workforce, initiatives such as health care homes, and many more**.

All of these must contribute to increasing the capacity for Aboriginal and Torres Strait Islander and other people to access allied health services that are of high quality, safe and culturally responsive.

Further, employment projections by the Australian Government Department of Employment, suggest the high overall growth in allied health service and workforce demand of the past two decades will continue. It is estimated that a further 250,000 jobs will be created in the Health Care and Social Assistance sector between 2017 and 2022 (an increase of 16 per cent). The projections include equal or higher growth across allied health professions.

Increasingly, public, community controlled, private health and social support providers and employers are looking to increase both their Aboriginal and Torres Strait Islander and allied health workforce and service capacity.

Allied health services, and mechanisms to support them, are also likely to grow as more evidence of the effectiveness of allied health interventions/practice on health outcomes becomes available. IAHA will continue to advocate for research that translates to improved health services and access, including better ways of demonstrating impact on peoples' health.

IAHA'S APPROACH

The IAHA Workforce Development Strategy outlines how and where IAHA will focus its efforts over the next three years: responding to need, promoting the interests of IAHA members and growing a strong, valued, responsive and sustainable Aboriginal and Torres Strait Islander allied health workforce, represented across the registered and self-regulated allied health professions.

The Strategy has multiple audiences:

- **our members and future members** - to highlight the work we have been doing and the important work we will focus our efforts on
- **our partners** - to encourage continued collaboration, responsibility and accountability, and
- **our funders and supporters** - to guide future investment, commitment and action.

The Strategy is pragmatic. We recognise that not all of the work identified will be feasible within IAHA's existing scope and budget. Consequently, we identify a range of actions that promote our objectives and prioritise them to identify the high-impact initiatives most needed to secure continued funding and future-proof our workforce.

Our emphasis on partnerships also acknowledges that government, education providers, employers, allied health and other Aboriginal and Torres Strait Islander health professional organisations make essential contributions to growing the Aboriginal and Torres Strait Islander allied health workforce. Our workforce must grow to meet need. Increased commitment, coordinated and reliable investment and sustained action are essential.

Improving the health of Aboriginal and Torres Strait Islander peoples, means our workforce must increase.

IAHA's Strategic Plan commits us to pursuing the policy, structural and cultural change needed to support and engage Aboriginal and Torres Strait Islander health professionals and the communities they care for. This must include identifying and reducing all forms of racism including systemic racism, while increasing cultural safety and responsiveness in the health and education systems.

For these reasons, IAHA will continue to work in partnership and at systemic, profession and community levels.

STRUCTURE OF IAHA'S WORKFORCE DEVELOPMENT STRATEGY

The IAHA Workforce Development Strategy is framed around five domains to support the long-term growth of the Aboriginal and Torres Strait Islander allied health workforce. The domains represent the allied health career journey. The initiatives contained within the domains:

- Are evidence-based and high impact: they include and build on IAHA's existing work and actions which have proven to be beneficial and effective;
- Reflect the breadth of IAHA activities and how IAHA works to develop the Aboriginal and Torres Strait Islander allied health workforce – in collaborative partnership with its members, Aboriginal and Torres Strait Islander communities, other allied health professional associations, health employers, education providers, and governments; and
- Highlight our collective leadership and responsibility to effect change.

The five domains include:

1. Pathways into allied health
2. Student support and engagement
3. Transition to early careers for our graduates
4. Allied health career development and support
5. Enable future workforce development.

The framework of the strategy is organised around these five domains. However, feedback from our survey and interviews very strongly identified three critical success factors. These are important enablers that wrap around everything we do:

- **Mentoring** at all stages of the career journey;
- **Cultural responsiveness** and inclusion; and
- **Leadership development** to support allied health professionals to become health leaders and drive change.

The critical success factors are IAHA's core business and the essence of what we do. For an overview of some of our key achievements to date see Appendix B. We will build on our achievements to progress the critical success factors within this strategy and our overall IAHA Strategic Plan 2017 – 2020.

The domains and critical success factors are addressed in detail in section 4.

IMPLEMENTATION AND MONITORING

The IAHA Workforce Development Strategy will be built into IAHA's annual operational plans, and will include measuring, monitoring and reporting on progress. Achievements against this strategy will be reviewed every 12 months to the end of 2020. The outcomes identified across domains are a collective responsibility and cannot be achieved by IAHA in isolation.

Success will depend on the collaborative effort of IAHA's members and staff and many colleagues and partners across government, professions and the community. Success will mean effective actions and outcomes.

IAHA will work in collaboration with partners wherever necessary and consistent with our objectives, to:

- initiate, leverage and drive transformation in the health, education and related systems; and
- achieve structural improvements in the access and quality of health care for Aboriginal and Torres Strait Islander peoples to achieve comparable health outcomes to the rest of the Australian population.

In the end, we need at least parity – of outcomes and a workforce capable of delivering it.

IAHAs Workforce Development Strategy aligns with the system-wide, sustained and pathways-oriented development of a broader Aboriginal and Torres Strait Islander health workforce, as articulated by peak Indigenous health workforce leaders and governments in the **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2016-2023)** (AHMAC 2016). The Key Strategies of that Framework are included at Appendix C.
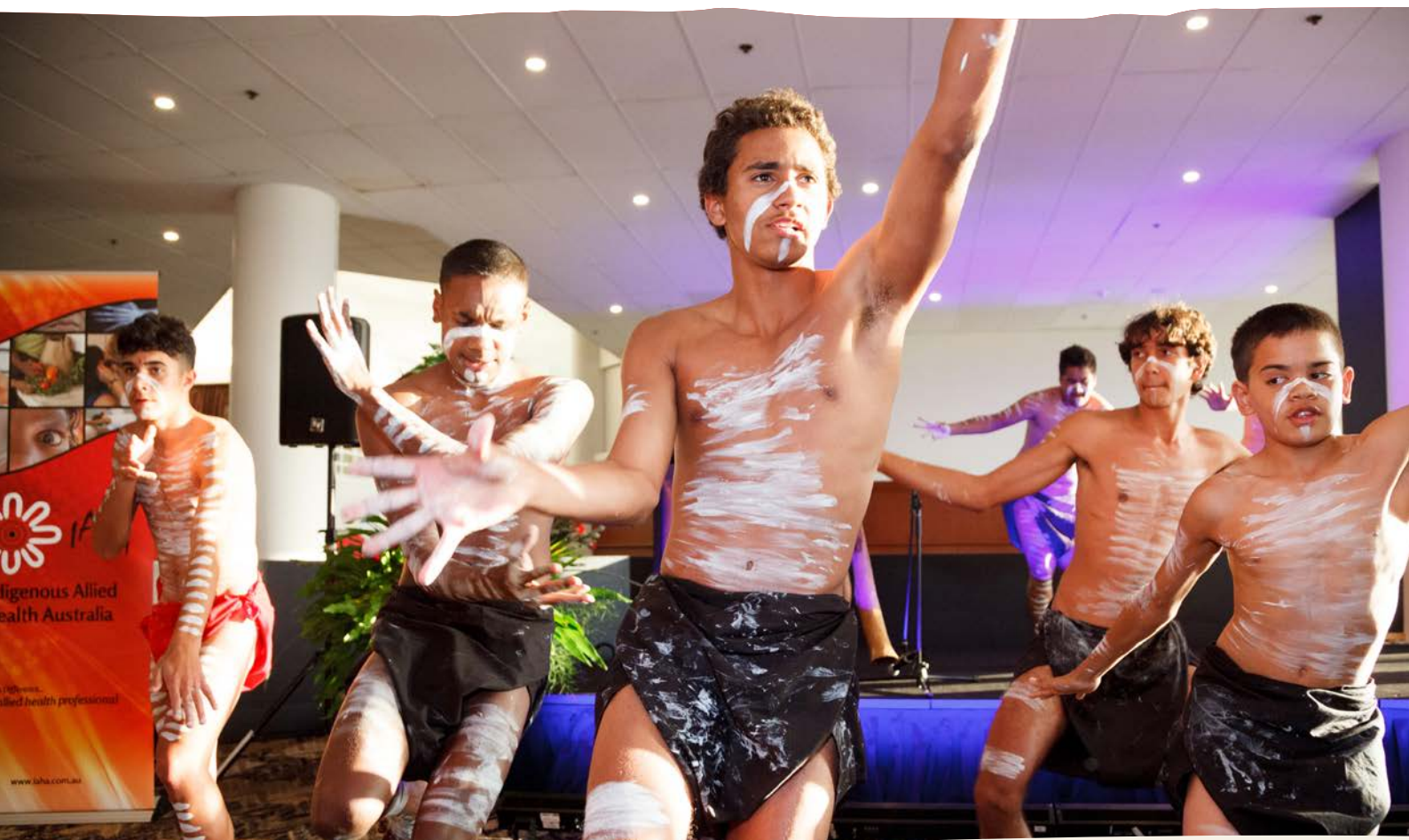
The value and contribution of Aboriginal and Torres Strait Islander allied health professionals

2

ALLIED HEALTH PROFESSIONALS ARE A DIVERSE GROUP OF CLINICAL PROFESSIONALS AND A VITAL PART OF THE AUSTRALIAN HEALTH AND SOCIAL SERVICES SYSTEMS. ALLIED HEALTH PROFESSIONALS PROVIDE PREVENTION, EARLY INTERVENTION, ASSESSMENT AND CLINICAL INTERVENTIONS THAT REDUCE THE IMPACT AND SYMPTOMS OF ACUTE ILLNESS, AND IMPROVE QUALITY OF LIFE, MEDICATION MANAGEMENT, PHYSICAL FITNESS, MENTAL HEALTH, COMMUNICATION, MOBILITY, FUNCTION, NUTRITIONAL STATUS AND PAIN.

IAHA defines allied health as a collective term used to refer to a variety of healthcare disciplines that contribute to a person's physical, sensory, psychological, cognitive, social, emotional and cultural wellbeing. Allied health functions include but are not limited to, services related to the identification, evaluation, management and prevention of disease and disorders; dietary and nutritional services; and rehabilitation services.

Collectively, allied health professionals contribute to improved health outcomes through:

- delivery of a high quality specialist patient-centred service along complex and care pathways[1];
- promoting a healthy lifestyle, improving social determinants of health, and reducing the risk of developing chronic diseases[2];
- reducing the need for medical and surgical interventions, resulting in significant savings to the health budget[3];
- leading change and service transformation to achieve better outcomes.

Increasing numbers of people are living with chronic and complex conditions, reflecting the shifting burden of disease and increased demand for chronic disease management, preventive and rehabilitative care.

Allied health practice is vital for the effectiveness and sustainability of future health care, and the provision of services for healthy ageing, disability support and enablement: areas of growing demand but potential cost containment. **Investing in the right allied health services at the right time can be instrumental in improving the trajectory of an individual's health, wellbeing and opportunity, as well as future service demand and cost burden on our support systems.**

In addition, Aboriginal and Torres Strait Islander allied health professionals contribute to improved health outcomes for Aboriginal and Torres Strait Islander peoples through:

- providing a unique cultural lens, cultural expertise, and culturally responsive person-centred care. Paying particular attention to social and cultural factors in managing therapeutic encounters with Aboriginal and Torres Strait Islander patients;
- increasing health access and compliance through the delivery of culturally responsive health care[4];
- improving pre-hospital and inpatient health plan compliance (e.g. cardiac care for remote patients)[4];
- improving communication related to health issues and continuity of care[5];
- crossing boundaries between care systems, pathways and locations including facilitating links to other social support and care such as in education, justice, family support and local government environments. This improves continuity of care and removes barriers to mental health, alcohol and other drug assessments and support services in complex situations (such as youth detention and prison)[6]; and
- increasing the impact and cost effectiveness of chronic disease prevention and management programs for Aboriginal and Torres Strait Islander people in mainstream and through Aboriginal Community Controlled Health services (ACCHS)[7].

The impact and value of allied health professionals will increase if service systems are developed to support practice across settings, especially in rural and remote areas[8].

IAHA recognises and supports the role allied health professionals play in and across:

- hospital and acute care settings;
- primary health care – community controlled and mainstream;
- community services (such as family support and justice);
- mental health;
- social and emotional well-being;
- aged care;
- disability support;
- rehabilitation and enablement;
- education and more.

To this end, IAHA will work to increase the availability of Aboriginal and Torres Strait Islander allied health professionals and the cultural capability and responsiveness of the allied health workforce.

IAHA will also work to ensure that workplaces and support systems are better able to recognise, value, utilise and support the skills and practice of Aboriginal and Torres Strait Islander allied health professionals.

"Allied health is such an important sector to complement and support the whole of health, because we do things in a very holistic way, in a comprehensive way, and we work with the whole person which is so important."
— Professor Tom Calma AO, IAHA Patron

The current Aboriginal and Torres Strait Islander allied health workforce

3

Aboriginal and Torres Strait Islander peoples are under-represented in the health professions. The 2016 Census reported 2.8 per cent of the Australian population identified as being Aboriginal or Torres Strait Islander[9], however the proportion of health practitioners who are Aboriginal and Torres Strait Islander is much lower. *Employment and occupations* data from the 2016 Census shows that Aboriginal and Torres Strait Islander people made up 0.94 per cent of people identified under the Health Professional Occupation category. This is a marked increase from 0.75% in 2011.[10]

Despite significant increases in recent years, Aboriginal and Torres Strait Islander Australians remain under-represented among the university-qualified health professions especially. For instance, only 0.4 per cent of the allied health professionals registered under the National Registration and Accreditation Scheme (NRAS) in 2017 identified as Aboriginal and Torres Strait Islander[11].

Data limitations mean it is not currently possible to obtain a precise count of the allied health workforce in Australia, or a profile of the Aboriginal and Torres Strait Islander allied health workforce. Nonetheless, it is clear from available data that allied health continues to be among the health professions with the largest gap between Indigenous and non-Indigenous professionals.

0.42%
of total registered allied health professionals

The shortage of Aboriginal and Torres Strait Islander people working as health professionals has been linked to lower rates of Aboriginal and Torres Strait Islander people accessing health services compared with non–Aboriginal and Torres Strait Islander people[12].

Yet, Aboriginal and Torres Strait Islander people who are employed are *more* likely than non-Indigenous Australians to be working in the health and social assistance sector (1.5 times). Aboriginal and Torres Strait Islander people are strongly engaged in health care provision, but not sufficiently as university qualified professionals.

The allied health workforce consists of two groups:

- registered professions (known as registered practitioners) and
- self-regulated professions.

Registered professions are regulated through the National Registration and Accreditation Scheme (NRAS) administered by the Australian Health Practitioner Regulation Agency (AHPRA). Self-regulated professions are generally supported by a professional association that outlines professional standards and codes of conduct for members to adhere to and some professions have specific accreditation schemes.

Generally, more information is available about the workforce profile, distribution and role of registered allied health professions. For self-regulated professions, their roles and value may be less well understood, including among policy makers with a less direct relationship in terms of regulation, employment (such as in hospitals) or in administering payments, such as through the MBS. Nonetheless, self-regulated professions and registered professions have vital roles in working with Aboriginal and Torres Strait Islander peoples. Investment in these professions is often inadequate to deliver the health gains that could be expected if access was improved.

Many Aboriginal and Torres Strait Islander allied health practitioners are among the self-regulated professions.

The Mason *Review of Australian Government Health Workforce Programs* (2013) noted the significant data limitations in relation to the allied health workforce. Without accurate and available data, investment in allied health; particularly self-regulated professions will continue to be sub-optimal and have a grave impact on the health needs of Aboriginal and Torres Strait Islander peoples. The broader implications of having inadequate data on the workforce, service aspects, efficacy and impact of allied health interventions are serious for the health system as a whole.

There has been little improvement in the data available around allied health since 2013.

Data and evidence tends to reinforce the significance of what is already collected. Consequently, the inadequacy of available data systems regarding allied health practice and need 'understates' their actual and potential impact and deprives policy, program and funding decision-makers of the evidence they need to guide system and service reform. This partly explains the slow progress in shifting the health system from an illness and event driven framework to a more health enabling and preventive model.

Addressing these and related data limitations (for workforce and health impact) has become a consistent theme across health strategy, planning and policy development processes, including in the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

However, the need for better data collection and analysis capacity around the entire health workforce appears to have been recognised by some government, service, education and community organisations. IAHA will actively support and engage in processes that help to identify the impact of allied health interventions on the health and wellbeing of Aboriginal and Torres Strait Islander people, in particular.

REGISTERED ALLIED HEALTH PRACTITIONER WORKFORCE SIZE AND MAKE UP

In 2017, 737 allied health practitioners self-identified as Aboriginal and / or Torres Strait Islander when renewing or applying for registration with their respective National Board. This represents an increase of 49 over the year (or 7 per cent).

Figure 1 shows growth rates in previous years.

Allied health professionals work in a range of settings. Among registered allied health professions, in 2015:

- "24% of employed practitioners worked in Group private practice;
- 17% worked in Solo private practice;
- 16% worked in Hospitals;
- 5% in a Community Pharmacy;
- 4% worked in a Government department or agency;
- 4% in an Aboriginal health service; and
- remaining 30% of practitioners worked across a range of public and private sector job settings."[13]

2015 — 1.5% → 10.4% 689

2014 — 3.5% ← 2.9% → 20.5% 624

2013 — 3.7% ← 4.2% → 518

% did not renew registration

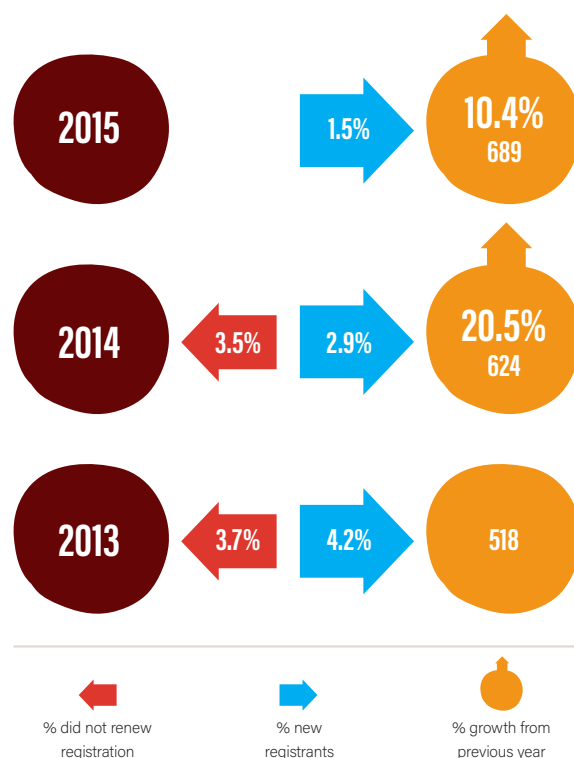% new registrants

% growth from previous year

Figure 1. Annual change in registered Aboriginal and Torres Strait Islander allied health professionals (Department of Health Workforce Department National Health workforce Dataset 2015)

Despite the growth in registered Aboriginal and Torres Strait Islander allied health professionals, Aboriginal and Torres Strait Islander people remain significantly under-represented across allied health professions compared with non-Indigenous Australians.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015) adopted the target set out by the National Partnership Agreement on Indigenous Economic Participation that by 2015, Aboriginal and Torres Strait Islander peoples would make-up 2.6% of the Australian health workforce with representation across all health disciplines matching the proportional composition of the total population[14].

Analysis of the registered professions from 2015 identified that an additional 3651 Aboriginal and Torres Strait Islander registered allied health professionals would have been needed to achieve the 2.6% target set by the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015): Table 1 refers.

This highlights the need to substantial increase and sustained rate of growth in Aboriginal and Torres Strait Islander allied health professionals[15].

Note: Such projections need also to take account of the relative growth in Aboriginal and Torres Strait Islander population compared with the overall population, which in 2016 was estimated to be 2.8 per cent.

Of the Aboriginal and Torres Strait Islander allied health professionals registered in 2016/17, the top four professions were:

- psychologists (26%);
- physiotherapists (21%);
- dental practitioners (11%), which included dental hygienists, dental prosthetists, dental therapists, dentists, and oral health therapists; and
- occupational therapists (10%).

Almost 90% of registered practitioners are employed, with the majority working primarily in a clinician role.

Female practitioners outnumber males in all age groups up to 55 years of age.

Around two-thirds are based in major cities.

Registered profession	2015 registrations identified as Aboriginal and / or Torres Strait Islander (no.)	% Aboriginal and Torres Strait Islander against total 2015 registrations for profession	Addition required for 2.6% target (no.) based on 2015 data[11]
Chinese medicine practitioners	19	0.4%	101
Chiropractors	70	0.3%	115
Dental practitioners	74	0.3%	493
Medical radiation practitioners	64	0.4%	328
Occupational therapists	76	0.4%	386
Optometrists	16	0.3%	115
Osteopaths	16	0.8%	38
Pharmacists	68	0.2%	696
Physiotherapists	142	0.5%	591
Podiatrists	30	0.7%	88
Psychologists	167	0.5%	700

Table 1. Registered Aboriginal and Torres Strait Islander allied health professionals by profession and estimated additional to reach 2.6%

SELF-REGULATED ALLIED HEALTH PROFESSIONALS WORKFORCE SIZE AND SHAPE

At present, the only publicly available, collated data for self-regulated allied health professions comes from the Australian Bureau of Statistics Census data.

While Aboriginal and Torres Strait Islander allied health self-regulated professions are growing it is clear that, like registered professions, in the main they are far short of proportional representation. During the interview and survey process for the development of this Strategy, the majority of self-regulated professional groups acknowledged there is still a long way to go to reach proportional parity within these essential professions. Improving the rigour around data collection is crucial.

IAHA ALLIED HEALTH DISCIPLINES

optometry
podiatry
pharmacy
allied health social welfare
osteopathy
exercise science & physiology
chiropractic
sonography
audiology
THINK OUTSIDE THE SQUARE
oral health therapy
mental health
dentistry
speech pathology
dietetics & nutrition
radiography
paramedics
public health
prosthetics & orthotics
counselling
psychology
social work
physiotherapy
occupational therapy
orthoptics

Self regulated profession	2016 Identified as Aboriginal and Torres Strait Islander practitioners from 2011 (%)	Increase in Aboriginal and Torres Strait Islander practitioners from 2011 (%)	% Profession identified as Aboriginal and/or Torres Strait Islander - 2016
Ambulance Officers and Paramedics	291	36.0%	2.1%
Social Work	706	52.1%	3.2%
Speech Professionals and Audiologists	31	72.2%	0.3%
Dietitians/Nutrition	22	10.0%	0.5%

Table 2. Aboriginal and Torres Strait Islander members by a selection of self-regulated allied professions
Source: ABS Census 2011 and 2016.

Table 2 illustrates the growth in Aboriginal and Torres Strait Islander professionals in a sample of self-regulated allied health professions. Social work, an area of relatively established and strong representation, continues to grow. Paramedicine[16] is also an area of comparatively strong representation. Other professions, notably speech and audiology professionals, are growing rapidly (at over 70% between 2011 and 2016, but from such a low base that in 2016, only 0.3% of this profession were Aboriginal and Torres Strait Islander. This is similar to most regulated allied health professions.

The majority of IAHA Full member graduates are in the self-regulated allied health professions.

35% REGISTERED

65% SELF-REGULATED

STUDENTS — GROWTH AND RETENTION

Aboriginal and Torres Strait Islander peoples are also under-represented in training for various health professions, including allied health[17].

We need to encourage and support Aboriginal and Torres Strait Islander people to study for an allied (or other) health career.   But that is not enough, and may be counter-productive if not part of a holistic approach to increase our workforce. We also need to support them to meet the particular challenges they often face to continue to study once they get in, to graduate and to practice and lead in environments that are more able to recognise and value the mix of cultural, professional and collaborative skills they bring.

Available universities completions data suggests that the number of Aboriginal and Torres Strait Islander students completing allied health courses grew by around 30 per cent between 2011 and 2015. We also know Aboriginal and Torres Strait Islander people enrolling in a university health course tend to be older, with a much greater proportion of enrolments above age 35. Many will have family, community and other responsibilities.

Retention and completion is crucial. Of all the Aboriginal and Torres Strait Islander students commencing university level bachelor degrees in 2006, only 47% had graduated by 2014 (compared with 74% for non-Indigenous students). However, university commencement and completion rates are both improving – faster than for non-Indigenous students, but from a very low base.

- In 2015, Aboriginal and Torres Strait Islander students made up only 1.6% of domestic university students, but around 3.5% of the total population aged between 15 and 34.

Health is a key enrolment growth area. Of the growing number of Aboriginal and Torres Strait Islander students enrolling and completing university, more are studying health degrees – increasing from 16.1% in 2004 to 22.6% in 2015.

Retention in health courses tends to be better than for other disciplines. Nonetheless, in 2015, the overall 'success' rate for Aboriginal and Torres Strait Islander university students studying health related courses in 2015 was 81% compared with 92% for non-Indigenous students.

In 2016 IAHA student members' retention rate was over 90% - a rate we aim to maintain and build on through this Strategy.

The feedback obtained in developing this Strategy reinforced other areas that need to be acted on to build our workforce.

Recognition and inclusion of compulsory cultural content in health course curricula (building on and pushing for implementation of important work undertaken to date);

- In undergraduate, post-graduate and CPD course material; and
- Culturally safe and responsive education and practice environments.

IAHAs challenge is to develop strategic approaches that progress these objectives across:

- the thousands of service settings in which our current and future members learn and practice;
- in the more than 1000 allied health university courses offered in Australia; and
- in the other educational, regulatory and operational matters they deal with.

Ultimately, demand for a culturally responsive allied health workforce is not simply a matter of population parity. The high burden of disease, especially chronic disease and the importance of preventing the continuation of these levels of disease among Aboriginal and Torres Strait Islander people suggest value in an Aboriginal and Torres Strait Islander health workforce that goes beyond the level of population parity.

IAHA Workforce Development Strategy - Critical Success Factors and Domains

4

IAHAs Workforce Development Strategy is structured around:

- **Three critical success** factors which underpin and wrap around everything we do. We recognise collective impact – the need to work together across sectors and agencies - is required to achieve the critical success factors.
- The **five domains** of the IAHA Workforce Development Strategy represent the allied health career journey – and each underpin the initiatives described in each Domain.

The priorities and structure of our Workforce Development Strategy has been informed and shaped by the extensive input of IAHA members, partners and informed stakeholders. (Refer Appendix A)

CRITICAL SUCCESS FACTORS

Three Critical Success Factors underpin every domain outlined in this strategy:

1. mentoring at all stages of the career journey
2. cultural responsiveness and inclusion
3. leadership development of allied health professionals and students.

These are our core business and are embedded in everything we do.

1. Mentoring at all stages of the career journey

Mentoring is a learning and empowerment process that assists individuals reflect on their experiences, problem-solve, guide their personal and professional journey and achieve their goals. Mentoring is needed from the beginning of the career journey, prior to and at university and throughout to build, and reinforce the strengths of individuals and their prospects of success in the current or future workforce.

New students and graduates at all stages of their career benefit from mentoring. IAHA has been a leader in student, graduate and early career mentoring. The success of this strategy is built on the need to expand and embed mentoring by and for IAHA members as the key mechanism to develop and support our current and future Aboriginal and Torres Strait Islander allied health clinicians and leaders.

2. Cultural responsiveness and inclusion

Our Cultural Responsiveness in Action: An IAHA Framework, launched in 2015, provides strengths based and action orientated approaches to achieve Aboriginal and Torres Strait Islander cultural safety and health equality. The Framework works on six capabilities:

- respect for centrality of culture;
- self-awareness;
- proactivity;
- inclusive engagement;
- leadership; and
- responsibility and accountability.

These capabilities are essential for individuals, organisations and systems in order to improve their capability to meet the often complex health and wellbeing needs of Aboriginal and Torres Strait Islander peoples, particularly ensuring that social and cultural factors are respected and valued as part of person-centred care.

We embed this Framework through everything we do. In particular, we believe there is a need to embed culturally responsive curricula in every health and social sciences undergraduate and postgraduate course. We will continue to advocate for full and effective implementation of culturally responsive curricula.

IAHA focuses on the multiple layers of responsibility to ensure that Aboriginal and Torres Strait Islander people receive culturally responsive healthcare. It is the responsibility of health education providers to ensure their graduates attain the necessary skills, knowledge and attitudes to enable them to deliver culturally responsive care. This includes providing clinical experiences that expose them to the unique needs of Aboriginal and Torres Strait Islander populations.

It is the responsibility of health service providers to demonstrate culturally responsive leadership, and build governance structures and environments that ensure health professionals are encouraged, expected and able to respond to the needs of Aboriginal and Torres Strait Islander peoples effectively.

Processes and supportive structures around health service delivery are as important as actual health outcome measures when determining the overall effectiveness of health service delivery.

It is the responsibility of the health professional to deliver culturally responsive healthcare. Being culturally responsive places the onus back on the health professional to appropriately respond to the unique attributes of the person, family and/or community with whom they are working.

Providing training and development for all members is critical in building a culturally safe workforce, working environment, health services and in supporting the professional growth and successful career progression for Aboriginal and Torres Strait Islander allied health students and professionals.

Transforming training and education

through collaboration and networking with education providers such as Registered Training Organisations, schools, and Australian universities. This collaboration will result in: improved Aboriginal and Torres Strait Islander tertiary education, research and labour force development; increased recruitment and retention of Aboriginal and Torres Strait Islander staff and students into health and wellbeing programs; and curriculum reform to enhance cultural responsiveness of the current and future allied health workforce.

Transforming access to healthcare

by contributing to a culturally responsive workforce supporting the wellbeing of Aboriginal and Torres Strait Islander Australians. IAHA establishes networks and partnerships with professional associations, education providers, employers and the corporate sector, to promote and deliver professional development opportunities in building Indigenous leadership capabilities and cultural responsiveness capabilities.

Transforming relationships

between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by providing safe environments for discussions and dialogue, cultural responsiveness training, opportunities for cross-cultural mentoring, networks and partnerships.

3. Leadership development of allied health professionals and students

Allied health leaders are needed at every stage of a career journey and within Aboriginal and Torres Strait Islander communities - from student leaders, clinical leaders, supervisors and community leaders. It is critical that managers and senior executives demonstrate leadership capacity and capabilities in influencing the transformation and behaviour change required I systems and services while supporting, empowering and inspiring individuals to succeed and achieve a shared vision. Focused, culturally responsive, intentional support and development of current and future allied health leaders is critical to ensuring a strong and capable allied health workforce to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

IAHA will continue to embed and implement leadership development throughout our professional development opportunities. These initiatives will meet our members' needs across health and related sectors. However, developing and showing leadership is also a crucial responsibility of employers, professions, health services, individuals and communities. IAHA will continue to advise and advocate for culturally responsive leadership development as a critical success factor in transforming the health system, and claiming a place at the table, wherever leadership development opportunities exist, and to advance better health for Aboriginal and Torres Strait Islander people.

These critical success factors are closely aligned and mutually reinforcing. This is highlighted throughout the Strategy – with the symbols identified in **Box 1** used in outlining domain initiatives to highlight this interface.

Critical Success Factor symbols

M Mentoring   **CR** Cultural responsiveness   **LD** Leadership development

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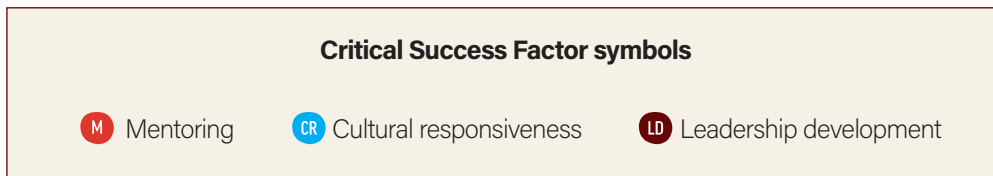
Box 1 - critical success factor symbols

OVERVIEW OF THE 'DOMAINS'

The five domains in this Strategy cover the journey into and through allied health:

1. Pathways into allied health
2. Student support and engagement
3. Transition to early careers for our graduates
4. Allied health career development and support
5. Enable future workforce development.

Each domain is outlined in detail in the following pages. Material is included against each domain which describes:
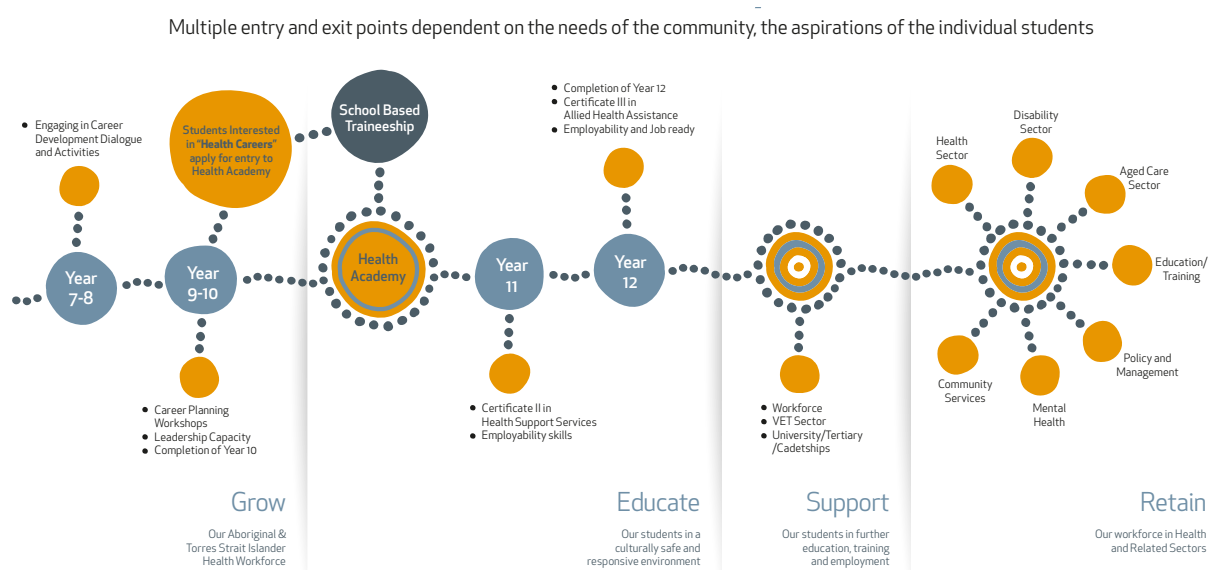
- **intended outcomes** by the end of 2020 - the outcomes of each domain are a collective responsibility of IAHA and our partners and require concerned effort and action across all domain initiatives.
- **IAHA action to date** - specifically IAHA's key achievements and the groundwork laid to support the initiatives outlined within the domain.
- **initiatives to be progressed over the next three years** – which have been grouped into:
  o *Key initiatives for focus by IAHA* – IAHA will be directly responsible for managing these initiatives. Many will be inclusive of and build on IAHA's current work and the things that have proven to be beneficial and effective;
  o *Leadership and collaboration* – initiatives that IAHA will lead and influence but others are responsible for supporting, delivering and/or managing; and
  o *Opportunities for further investment* – high impact initiatives that are not possible within IAHA's existing resources but provide direction for future funding opportunities;
- **case studies and journeys from our members** to describe the importance of the domain and initiatives through meaningful stories demonstrating outcomes.

DOMAIN 1: OUR PATHWAYS INTO ALLIED HEALTH

Increasing Aboriginal and Torres Strait Islander peoples' knowledge and understanding of the role and value of allied health professionals and making it easier for people to enter allied health professions.

We know there are many pathways into and through a career in allied health. Regardless of the precise entry path or where it leads, IAHA – informed by our members, informants, key stakeholders and experience – believes the critical success factors and domains identified in this Strategy provide the best possible framework for success.

The following diagram provides a generalised overview of the stages, links and supports along the pathway. It illustrates a model pathway for people entering allied (or other) health careers. It is important to note that pathways into health can be facilitated by the experiences and options available to people early in high school. This early exposure can be crucial. However for others the pathway into a health profession may be less straight forward. To grow the Aboriginal and Torres Strait Islander health workforce we need to make sure that pathways, such as the relatively linear path presented here, are identified and open to many more people than they have been. However, it is also important to acknowledge that for many people, who have or will become excellent health professionals, the pathway will be different and may involve non-school experiences and mature age education and entry into a profession. IAHAs role in facilitating access, connection and support across all pathways and throughout Members' careers, through continuing professional development (CPD) and other supports, is core to our purpose.

Multiple entry and exit points dependent on the needs of the community, the aspirations of the individual students

Successful pathways come from and are underpinned by:

- Aboriginal and Torres Strait Islander community driven and led solutions across education and health and workforce development;
- The centrality of culture;
- Wrap-around supports that meet the needs of individuals and community with cultural and social determinants addressed;
- Collaboration and partnerships;
- Capacity building at all stages of the allied health career pathway;
- Strong leadership capacity across the allied health and Indigenous health sectors; and
- Strengths based and culturally safe and responsive approaches to improved standards, curricula, programs and policies.

Domain 1 currently represents the most challenging aspect of increasing the Aboriginal and Torres Strait Islander allied health workforce.

INTENDED OUTCOMES

1.1 Increased number of Aboriginal and Torres Strait Islander high school graduates and mature age students entering allied health courses

1.2 Increased number of allied health professions and education providers establishing, supporting and/ or utilising alternate entry and exit points to allied health courses and careers

IAHA ACTION TO DATE

IAHA has undertaken a range of activities to capture and promote journeys into allied health for Aboriginal and Torres Strait Islander people, including development and dissemination of an allied health careers information booklet, attendance at high school career expos across the country and local and national career forums. IAHA has provided, facilitated and supported Members to provide direct mentoring and support across Australia to high school students considering an allied health career. IAHA has investigated and worked on developing mentoring models for high school students as part of integrated and supported pathways into allied health, including access to role models, school based traineeships or VET training models. IAHA continues to attend career and community expos and events to promote allied health careers and services.

KEY ENABLERS

- IAHA Members – graduates, students and networks.
- Public policy and stakeholder commitments to improve Indigenous education, employment and health outcomes.
- IAHA developing additional culturally responsive information to increasing access to and dissemination of resources and other tools.
- Partner organisations and stakeholders – national, community based and other.
- Key workforce support and policy advocacy through reviews, advisories and committees.

KEY INITIATIVES FOR ACTION BY IAHA

1.1. Progress the development and implementation of the Northern Territory Aboriginal Health Academy partnership model to promote and encourage allied health and broader health careers: Refine and document progress during implementation; Identify and progress opportunities for adaptation and roll-out of the model in other communities across Australia; Investigate, develop and coordinate the necessary buy-in, in-kind support and oversight from partners to secure essential school based traineeships or VET in School program with wrap-around support services, local engagement and brokerage; Engagement with local Aboriginal and Torres Strait Islander communities, families, health professional bodies, education bodies, and health employers will be essential to ensure the model is effective for each community. **LD** **M** **CR**

1.2. Actively identify and promote allied health applicable traineeships, cadetships and scholarships with support from public, community and private entities: Increase the opportunities and number of participants able to benefit from these; Identify a) the factors that contribute to their success b) their impact on participants' further development and opportunities and c) impediments to members and others not applying for, accepting or being able to continue to meet scholarship conditions. **LD** **CR**

1.3. Develop, implement and evaluate an Aboriginal and Torres Strait Islander allied health champions program and communication strategy to highlight the value and contribution of Aboriginal and Torres Strait Islander allied health professionals to Aboriginal and Torres Strait Islander communities. **LD** **M** **CR**

LEADERSHIP AND COLLABORATION

1.1. Continue to work with allied health peak bodies, employers and education providers (VET and Higher Education) to a) increase knowledge about allied health career options b) identify and develop the range of pathways into allied health careers and the supports available to facilitate entry c) actively promote interest and availability of allied health assistant training and programs, as well as alternate entry and exit points into and through tertiary education. **LD** **M** **CR**

1.2. Advocate with education providers (high schools, departments of education and broader community stakeholders) for expansion of VET in school programs in jurisdictions and locations with large Aboriginal and Torres Strait Islander communities. **LD** **CR**

1.3. Engage with Commonwealth government officials to identify opportunities and promote articulated programs or other engagement and transition mechanisms involving schools and VET providers to facilitate pathways into culturally safe and responsive health education and training. **M** **CR**

OPPORTUNITIES FOR FURTHER INVESTMENT

1.1. Expand the health academy model to promote and encourage allied health careers within local communities to other states and territories (beyond NT). This should be achieved through co-delivering courses, programs, and communications with state and territory health and education departments with key stakeholders. **LD** **M** **CR**

1.2. Partner with and support high school student career development programs to increase the exposure of high school students to allied health care practice, professions and role models. Assess and, where possible, identify and progress opportunities at the national, local or other levels to encourage and facilitate an increase in participation in relevant school and related activities. **M** **LD**

1.3 Investigate opportunities to increase culturally appropriate information for Aboriginal and Torres Strait Islander school students on the existing and emerging allied health and related opportunities that exist around:

- Employment growth and demand trends;

- Health, NDIS-related, aged care, chronic care and related workforce roles; and

Funding and resource development opportunities to promote these options in schools and communities. **CR** **LD**

Elly Wone

EXERCISE PHYSIOLOGY, FULL MEMBER (STUDENT)

Elly Wone is a Waribarra, Mamu, Jirrbal woman living in Cairns, Queensland. Elly was born in Innisfail and grew up just outside of Innisfail on her Waribarra clan area. There she spent a lot of time outdoors learning about the rainforest.

Doing the IAHA national conference was really encouraging, because I had been really unsure about what kind of degree I wanted to do. After being at the conference I went back and finished my enrolment for university. I was really encouraged by seeing so many people and how much they enjoyed it, you could see that they were really happy to be at the conference. It is great knowing that I could do my degree and know that I'd have people there to support me as well. A lot of people at the conference said you know when you finish your degree, even during, you can come down and do some experience with us. Creating those networks was also great, and it helped me to know about places where I can go. I think that's the most important thing is, where are you going to work."

Gari Watson

DENTISTRY,
FULL MEMBER (GRADUATE)

Gari Watson is a Goreng, Gangulu and Biri Gubba man who grew up in Brisbane.

"

I knew from the age of 12 when I got braces that I wanted to be a dentist. In all the years of visiting the Aboriginal Medical Service and going to the dentist I'd never met an Aboriginal dentist... I was inspired and I knew that's what I wanted to do with my life."

"I wasn't the top of my class but I was really interested in biology and health so I got serious and finally finished year 12. The application process to get into Dentistry was pretty intense and included interviews where I was able to demonstrate my commitment to, and passion for, being a dentist, having done the Cert III in Dental Assisting also showed my commitment, and gave me valuable experiences that helped me realise I was on the right track."

Eventually Gari was offered a position in the Indigenous Health Career Access Program at JCU, which meant he could study the first year of dentistry over 2 years and receive mentoring and guidance during this time to facilitate his success.

DOMAIN 2: OUR STUDENT SUPPORT AND ENGAGEMENT

Ensuring Aboriginal and Torres Strait Islander allied health students receive the appropriate and ongoing support they need while at university, understand the value of and to develop as allied health professionals and making it easier for people to enter allied health professions.

INTENDED OUTCOMES

1.1. Year on year increases in Aboriginal and Torres Strait Islander allied health student enrolments in universities.

1.2. Year on year increases in IAHA student membership numbers.

1.3. Broader representation of Aboriginal and Torres Strait Islander students among the allied health professions.

1.4. IAHA student members are supported during their university education.

1.5. Increased retention and graduation of Aboriginal and Torres Strait Islander students in allied health courses.

1.6. Increased numbers of student members transitioning into graduate membership.

1.7. IAHA student members report improvements in the levels of cultural safety at university.

KEY ENABLERS

- IAHA Members – graduates, students.
- the IAHA Student Representative Committee and networks.
- IAHA mentors.
- Government commitments to improve Aboriginal and Torres Strait Islander education and employment and health outcomes.
- Universities' commitments to increase the enrolment, retention and successful completion of university degrees of Aboriginal and Torres Strait Islander people. (For example, the Universities Australia Indigenous Strategy 2017-2020).
- The Aboriginal and Torres Strait Islander Health Curriculum Framework and related curricula developments, including the IAHA MOU with the Australian Council of Deans of Health Sciences (ACDHS) and others.
- IAHAs Cultural Responsiveness Framework and the capacity required to deliver it in universities and clinical training settings.
- Partner organisations and stakeholders – national, community based and other.

IAHA ACTION TO DATE

The IAHA Student Representative Committee (SRC) has been established, is operating and meets regularly to discuss student specific challenges and solutions. SRC members receive training and mentoring in relation to resilience, advocacy and strategic planning which aims to build the skills of the next generation of leaders. SRC actively promotes the benefits of student membership to non-members; and provides regular communications to student members to keep them informed. IAHA offers all student members networking and professional development opportunities and scholarships including unique inter-professional education through the IAHA HealthFusion Team Challenge. The IAHA student bursary fund was established in 2014/15 providing annual bursaries to assist with study related expenses. IAHA has established relationships with university Indigenous support units and faculties of health sciences to communicate with non-members and has a Collaboration Agreement with the Australian Council of Deans of Health Sciences to promote greater culturally safe and responsive support mechanisms.

KEY INITIATIVES FOR ACTION BY IAHA

1.1. Continue to maintain and grow IAHA student focused initiatives, including promotion and delivery of the annual HealthFusion Team Challenge, student bursaries and scholarships. (M) (CR)

1.2. Continue to support, develop and grow the Student Representative Committee. Provide support for the IAHA Board to maintain a strategic focus and to address student concerns and interests and to respond and initiate additional action when required. (LD) (M)

1.3. Continue to build and maintain relationships with universities to promote IAHA student membership and supports. Including promotion of IAHA on campus and through Indigenous higher education units. (LD) (M) (CR)

1.4 Increased numbers of students receiving mentoring support. (M)

LEADERSHIP AND COLLABORATION

1.1 Lead and identify partnerships for clinical placement support and build culturally safe and responsive environments to support Aboriginal and Torres Strait Islander health students. **M** **CR**

1.2. Lead the development and promotion of best practice frameworks in Aboriginal and Torres Strait Islander health student support. **M** **CR**

1.3. Advocate that all Aboriginal and Torres Strait Islander allied health students have access to best practice tutoring throughout their undergraduate education. **M**

1.4. Continue to support and promote culturally safe and responsive health curriculum development and implementation focused on Aboriginal and Torres Strait Islander perspectives in allied health undergraduate courses. **CR**

OPPORTUNITIES FOR FURTHER INVESTMENT

1.1. Support activities to align student support units, academic units and faculty to achieve greater shared interest in, acknowledgment of success and accountability for improved student outcomes. Promote the uptake and sharing of performance and accountability measures, and reporting, across universities with regards to Aboriginal and Torres Strait Islander student enrolments, retention and completions. **CR**

1.2. Work with members and education stakeholders to review existing parameters and advocate for enhanced clinical placement opportunities, which identify and address the support needs and incentives required for Aboriginal and Torres Strait Islander allied health students to undertake clinical placements in their local, regional, rural and remote communities as well as other appropriate settings. **CR**

1.3. Work with education and key stakeholders to increase the number of and support for research and postgraduate study opportunities for Aboriginal and Torres Strait Islander allied health students. **LD**

Tracy Hardy

NUTRITION/DIETETICS, FULL MEMBER (STUDENT)

Tracy Hardy is a Kamilaroi woman with ancestral connections to the north-western NSW Barwon River region, born and raised in Kooma country in a small, remote town in south-west Queensland.

" I received great mentoring support …. This guidance and support was critical in providing me with the confidence to overcome these obstacles and face these challenges, thus ensuring my continuation in the Honours research pathway.

"Having been a mentee and realising the importance and value of having a mentor, I have since put my hand up to be a mentor myself. I am passionate about sharing the knowledge and experience I have gained through my mentoring experience and want to now give back by being a mentor myself, and help ensure our members achieve their goals."

Celeste Brand

SOCIAL WORK, FULL MEMBER (GRADUATE)

Celeste Brand is an Arabana woman who was born and raised on Arrernte country in Alice Springs. She joined IAHA in 2014 as a second year Social Work student studying a Bachelor of Social Work. Celeste participated in multiple professional development opportunities and was a member of the IAHA Student Representative Committee in 2015 until the end of 2016 when she graduated. She is now working as a social worker in Alice Springs.

"Being a member (elected as vice-chair) of the IAHA Student Representative Council (SRC) for two years provided me with leadership, governance, networking, negotiation and communication skills. I nominated myself as I felt completely inspired and energised after attending my first HealthFusion Team Challenge in Canberra in 2014, and wanted to contribute and stay involved with IAHA as much as I could.

I attended three HealthFusion Team Challenges during my time as a student. I believe the HFTC has benefited me personally, professionally and culturally. The HFTC provided me with knowledge of other Allied Health disciplines, as well as providing knowledge of my own, and taught me the importance of teamwork in patient-centred care - which assist my work as a Hospital Social Worker upon graduating. Being a member of the winning team in 2014, our team was fortunate enough to be invited to attend the National HFTC in 2015 where our team was able to apply our cultural and professional knowledge to non-Indigenous case study.

There have been many unexpected positive outcomes, particularly around skill development. Attending and co-presenting with IAHA CEO at the Lowitja International Conference is one of these. This opportunity allowed me to reflect on my experience AND 'boost' my public speaking skills.

Being involved with IAHA reduced my feeling/s of isolation through meaningful relationships I formed with my now friends, sisters, brothers, mentors and leaders. I feel I have been able to share some of my cultural beliefs, values, understandings, struggles and successes with the relationships I have formed and have felt incredibly supported and safe doing so."

Nicola Barker

SOCIAL WORKER (STUDENT)

Nicola Barker is a Ngemba Murriwarri woman from Brewarrina, far west New South Wales studying social work at the Australian Catholic University.

"I found the support of my community and family got me through high school. At the time of my HSC I was working two jobs and supporting my family. I was overwhelmed with trying to find balance. I failed my HSC but this did not deter me from continuing to work hard to gain entry to university. After I had finished year 12 I took six months off to work so I could save for Uni. I moved to Canberra and began my university life completing a bridging course so I could gain entry into my Health Science degree."

"Moving away from my family to study has been my most difficult challenge. I am the second eldest of eight children and I struggled immensely with leaving my siblings and dad. .... I think any Aboriginal or Torres Strait Islander person that leaves their families, community and homelands to better their opportunities for education or work will find it a challenge. We just have to remember we need this time away at university so we can go home and give back. I think it is important that people from rural and remote areas that need to relocate for study know that Australia needs educated Aboriginal people in the community to make change and start that conversation that will result in supporting our peoples."

As a student member of IAHA, Nicola believes IAHA has played a significant role in supporting her journey. "I was invited to the IAHA student leadership workshop in Alice Springs at the start of 2015.

DOMAIN 3: TRANSITION TO EARLY CAREERS FOR OUR GRADUATES

Providing support as we recognise the time when Aboriginal and Torres Strait Islander allied health students move from university to paid work in their chosen allied health career can be stressful and challenging.

INTENDED OUTCOMES

1.1. Increased number of final year students and new graduates receiving mentoring support.

1.2. IAHA student members are prepared and make the transition into the paid allied health workforce, related work or further study.

1.3. IAHA student members are supported and resilient in their new graduate and early career phase and remain in the allied health sector.

1.4. IAHA student members remain in and contribute as IAHA Members post-graduation.

KEY ENABLERS

- High levels of (unmet) need and growing demand for Aboriginal and Torres Strait Islander allied health professionals.

- The cultural safety and responsiveness of health employers and service environments.

- The quality of education and support provided to promote student experience, capability and resilience through a) universities b) workplace settings and b) IAHA mentoring, membership, networks and other support.

- An increase in the number of health departments and other workforce strategies and plans (e.g. ACCHOs, NDIS, aged care etc.) identifying need, demand and targets for growing the number of Aboriginal and Torres Strait Islander (allied) health professionals employed in clinical and other roles.

IAHA ACTION TO DATE

The IAHA mentoring program has supported new graduates across the country to transition into employment. As part of the broader mentoring and support program, IAHA has conducted a number of workshops for students and graduates to become workplace ready, including resilience skills development, inter-professional education and practice and leadership development workshops. IAHA continues to monitor uptake of the program and grow mentoring relationships. IAHA also offers Cultural Responsiveness training and development to key stakeholders, including employers, to build individual and organizational cultural capabilities to support graduates in a culturally safe and responsive environment.

KEY INITIATIVES FOR ACTION BY IAHA

1.1. Investigate the reasons new graduate and early career graduates choose to continue to engage with IAHA or not, their specific support needs and the rationale for decreased levels of engagement in the first 3 years of their career. **LD M CR**

1.2. Develop a specific action plan to address the issues raised through the investigation identified in relation to the above point 1.1. **LD M CR**

1.3. Develop resources to assist new and early career graduates in managing cultural, professional and personal responsibilities both in the workplace and in community. **M CR**

1.4. Develop a 'job ready' information package to prepare graduating students for employment, including: how to develop a portfolio, responding to cultural and other transition challenges, application and interview preparation, and professional registrations / memberships. **M**

1.5 Provide 'transition to work' workshops and other resources to complement existing IAHA programs that prepare and support new graduates in navigating the health system. **M**

1.6. Continue to promote and grow the IAHA mentoring program, professional development scholarship program and cultural responsiveness training with students, graduates and stakeholders. **LD M CR**

LEADERSHIP AND COLLABORATION

1.1. Advocate for state and territory health agencies, jurisdictions and other employers to maintain and increase cadetship programs for Aboriginal and Torres Strait Islander allied health students and graduates. **CR LD M**

1.2. Work with jurisdictions and other health employers to promote and deliver on affirmative, culturally responsive recruitment actions and to promote and report on performance against Aboriginal and Torres Strait Islander workforce targets for allied health positions. **CR**

1.3. Advocate for appropriate and sustainable workforce models that support new Aboriginal and Torres Strait Islander allied health graduates to work in rural and remote Australia where access to such services is low. **CR M**

OPPORTUNITIES FOR FURTHER INVESTMENT

1.1. Develop a 'job ready' support scheme for Aboriginal and Torres Strait Islander allied health professionals entering graduate programs and new starter programs. The support scheme would support both employees and employers. **M CR**

1.2. Investigate opportunities to partner with allied health professional associations and key employer groups to develop discipline and allied health specific support streams for Aboriginal and Torres Strait Islander transitioning students. **M CR**

1.3. Develop partnerships with employers and other stakeholders to extend and embed the IAHA Mentoring Program and Cultural Responsiveness training into their workforce development and support strategies. **M CR**

Di Bakon

OCCUPATIONAL THERAPY, FULL MEMBER (GRADUATE)

Originally from NSW, Di Bakon is a Kamilaroi woman with origins in the Narrabri area. Di joined IAHA in 2012 as a mature aged second year student and went on to complete her Occupational Therapy degree in 2015 at James Cook University in Townsville.

"Being part of an organisation like IAHA, that is full of strong, smart and passionate Aboriginal and Torres Strait Islander allied health students and graduates, has given me access to meaningful networking, mentoring and learning opportunities that have supported my professional, personal and cultural journeys. The relationships and connections that I have made through IAHA have sustained and strengthened me, during my studies and eventual transition into the workforce in 2016. Through and with IAHA, I have grown as a person and as a leader."

"Throughout my student life I kept a photo journal of important moments in time throughout my tertiary education, and I must say that the events at IAHA have dominated many of these memorable times. I believe it was the support networks I have developed within IAHA which has helped me to overcome some of the hurdles I have experienced during my studies - both personally and professionally. I have said it many times…. I probably would not have made it without IAHA and its members. For this, I am forever grateful to the many members over the years who spent the time and effort to get to know me, support me and mentor me through these times. For someone who went to 18 different schools growing up, this support has meant the world to me. This experience has shaped me in a way that I would like to 'pass it on' and do the same for others in our membership."

Sophie L'Estrange

ORAL HEALTH (GRADUATE)

"…for me – transitioning from a student to an employed health professional was never going to be the easiest task; but I've learnt more about myself than I had ever anticipated."

"For me, getting a job meant moving away from country. I know this is a hurdle that many people have to face when they first decide to go to university, but I was lucky enough to study on country and close to family. So starting in a fresh location was intimidating."

"I love my job! When I was job-hunting last year I made it very clear to all potential employers that I needed a role that was supportive and had time to dedicate to my learning and growth. I think this was one of the most important factors in choosing a position. …. I have so much support in the role and I feel that there is a huge understanding for new graduates."

Stevie Raymond

NUTRITION AND DIETETICS (GRADUATE)

Stevie Raymond is from Wingham, NSW. She graduated from Wollongong University midway through 2014 with a Bachelor of Nutrition and Dietetics. In November of 2014 in recognition of Stevie's leadership capabilities, commitment to her studies and leadership journey, she was awarded the Future Leader in Indigenous Allied Health Award at the second annual National Indigenous Allied Health Awards. Stevie was supported by IAHA to attend the Fourth Annual Critical Dietetics Conference held in Chicago, USA in 2014 where she presented as part of a 3-part symposium themed 'Presence of Aboriginal and Torres Strait Islander dieticians in the Australian dietetics workforce.'

"As well as family and friends, I sought extra support through my university's Indigenous centre and through external avenues such as IAHA," said Stevie. "All of this helped me to not only do university but to stay until I had completed my degree. I can happily say in mid-2014 I finally graduated."

"I think it's helpful to be aware that university isn't easy, as I would have found University much less overwhelming if I had more of an idea what to expect when I started," said Stevie. "Often you have to move away from home to study and you need to learn to work independently. Unlike high school there is no one there to tell you to do your work and you need to be organised. And I also didn't realise how much textbooks, printing and stationary etc. would cost."

"BUT there are many things you can do to stop these things from becoming issues and stressing you out," said Stevie. "Firstly, you should be aware of what different scholarships you may be entitled to… This can help reduce the financial burden of moving away from home and buying text books and such things."

DOMAIN 4: ALLIED HEALTH CAREER DEVELOPMENT AND SUPPORT

Supporting Aboriginal and Torres Strait Islander allied health professionals to grow and develop in their chosen allied health career including clinical, non-clinical and management careers ensuring they are successful, valued and respected.

INTENDED OUTCOMES

1.1. Increased clinical and non-clinical professional development opportunities for Aboriginal and Torres Strait Islander allied health professionals.

1.2. Year-on-year growth in the numbers of Aboriginal and Torres Strait Islander people commencing and remaining in allied health professions.

1.3. IAHA members are aware of and able to access mainstream and Aboriginal and Torres Strait Islander specific management and leadership development programs

1.4. Increased numbers of IAHA members in management, leadership and other senior decision-making positions.

1.5. Greater recognition of and long-term investment in the Aboriginal and Torres Strait Islander allied health workforce, reflected in continued and increasing resourcing to support this growth.

KEY ENABLERS

- The level of IAHA funding, resource capacity, engagement and support by decision-makers and key stakeholders.

- IAHA Membership breadth, numbers and engagement levels.

- Culturally safe and responsive health and education environments.

- An increase in the number of workforce strategies and plans (e.g. in health departments, ACCHOs, NDIS, aged care etc.) identifying the need, demand and targets for growth in Aboriginal and Torres Strait Islander (allied) health professionals employed in clinical and other roles.

IAHA ACTION TO DATE

The IAHA Professional Development Program provides support for members to address their own professional development needs, this includes supporting attendance at national and international allied health related conferences; participating in and celebrating achievements at our Annual Indigenous Allied Health Awards; and facilitating national annual IAHA professional development events to promote inter-professional learning and networking. The mentoring program has provided allied health professionals with career and leadership development opportunities and support. The IAHA Cultural Responsiveness Framework training has been promoted to employers and workplaces employing Aboriginal and Torres Strait Islander allied health professionals to improve their cultural capabilities around knowing, being and doing.

IAHAs advocacy has contributed to the development of numerous government strategies and plans to support and enable an increase in the Aboriginal and Torres Strait Islander allied health workforce. IAHAs broader advocacy has contributed significantly to a) greater recognition of the role allied health plays in improving the health and wellbeing of people, notably Indigenous Australians b) IAHA being consulted on developments in the health and related sectors c) ensuring Aboriginal and Torres Strait Islander health remains prominent in public and policy debates and is presented coherently and in partnership from multiple perspectives and d) the breadth of allied health roles and their importance to both direct health care and the social and cultural determinants of health are better understood and promoted.

KEY INITIATIVES FOR ACTION BY IAHA

1.1. Investigate workplace understanding of the uniqueness and value of Aboriginal and Torres Strait Islander allied health professionals' contribution to cultural brokerage and health outcomes for Aboriginal and Torres Strait Islander people. (CR)

1.2. Identify and promote culturally safe and responsive leadership and management development programs. (LD) (CR)

1.3. Continue to promote and grow the IAHA mentoring program with members. (M)

1.4. Develop an Aboriginal and Torres Strait Islander Health Leadership Framework to support leadership development of Aboriginal and Torres Strait Islander allied health professionals. (LD) (M)

LEADERSHIP AND COLLABORATION

1.1. Advocate and promote targets in recruiting and retaining Aboriginal and Torres Strait Islander allied health professionals across academic, senior clinical, senior management and executive roles. Embed accountability frameworks for measuring performance toward targets. (LD)

1.2. Advocate for health professional stakeholders to recognise cultural expertise and skills delivered by Aboriginal and Torres Strait Islander allied health professionals within their continuing professional development programs. (CR)

1.3. Work with jurisdictions and health providers to identify leadership and career development aspirations among Aboriginal and Torres Strait Islander allied health professionals and facilitate their access to programs to support those aspirations. (LD)

OPPORTUNITIES FOR FURTHER INVESTMENT

1.1. Assist, recognise and profile organisations employing Aboriginal and Torres Strait Islander allied health professionals and build cultural responsiveness into their organisational strategies, workforce development and career development programs. (CR)

1.2. Work with education providers and employers to promote the further development and expansion of generalist / cross-discipline allied health roles, including to increase the viability and availability of allied health positions in rural and remote communities and to improve service reach, especially for Aboriginal and Torres Strait Islander people and communities. (LD) (CR)

1.3. Work with jurisdictions, community controlled health services and other health providers to build and support allied health workforce models that are essential to improving access and health outcomes for Aboriginal and Torres Strait Islander peoples. (CR)

Aaron Percival

PHYSIOTHERAPIST (GRADUATE)

Aaron Percival is a proud Gamilaroi man from Coonabarabran in north west NSW. Aaron says IAHA has supported his professional development from his time as a student and into a practising physiotherapist.

"The support from IAHA has enabled me to improve my knowledge for Aboriginal and Torres Strait Islander health in general, as well as different management strategies for global improvement for Indigenous health. The partnerships that IAHA has created supported me to attend the IAHA national professional development events which has contributed to my ongoing learning journey".

"I feel that IAHA has been supportive when I have needed it. IAHA has been a good network for me in terms of broadening my health horizons. It helps to have positive connections with people in and around the country for bouncing ideas off, even if it's physiotherapy or not. I have found this type of inter-professional collaboration to be useful for even general disease management"

Trevor-Tirritpa Ritchie

OCCUPATION THERAPY, FULL MEMBER (GRADUATE)

Trevor Ritchie is a Kaurna man who joined IAHA in 2013 during the final year of his Bachelor of Applied Science (Occupational Therapy) and was the first Aboriginal person to graduate from the University of South Australia with this degree. Trevor has been an IAHA Board Director since November 2014 and was elected as Deputy Chairperson in 2016 and is a strong advocate for the IAHA mentoring Program, a comprehensive and holistic package designed to support our members' personal and professional journeys.

"I chose to study Occupational Therapy (OT) because many of the core values aligned with my own sense of equality, social justice and a holistic approach to health. "However my journey was a bit different to many of the other people who I studied my degree with. I did not complete year 12. I went straight into work and TAFE study after I finished with high school. My family and friends have been a great source of support and inspiration throughout my degree. I've also had some really good mentors through IAHA, both professional and cultural mentors, who have helped me immensely."

Trevor is both a mentor and a mentee in the IAHA Mentoring Program, which aims to assist individuals to reflect on their own experience and make informed decisions to solve problems and achieve their goals. "I've had informal mentors all my life, but participating in the IAHA Mentoring Program has given me that extra confidence to lead and be an active participant in the mentoring process. Listening and learning from my mentors has helped me grow as a person in all aspects of my life including professionally, personally and culturally. It's a two-way relationship and we inevitably both grow as people."

DOMAIN 5: ENABLE FUTURE WORKFORCE DEVELOPMENT

Ensuring future planning and workforce projection models consider and incorporate the vital work and need for a major increase in the number of Aboriginal and Torres Strait Islander allied health professionals.

INTENDED OUTCOMES

1.1. Key data is published annually on the number of Aboriginal and Torres Strait Islander people entering, continuing, leaving and completing a program of study in an allied health university course and this enables monitoring at the discipline and university level.

1.2. Systems are developed and integrated to enable the ongoing monitoring of the trends and pathways in Aboriginal and Torres Strait Islander allied health professionals in registered and self-regulated professions.

1.3. Appropriate (de-identified) data is available to track the size, spread, distribution (sector and location) and seniority of the Aboriginal and Torres Strait Islander allied health workforce (including self-regulated professions).

KEY ENABLERS

- Government (AHPRA, Department of Health, ABS & AIHW), State and Territory agencies, allied health professional organisations, employer workforce datasets – both existing and under development.
- IAHAs membership database and developing systems capability.
- Research organisations and funding opportunities (e.g. Lowitja, the NHMRC etc.).

IAHA ACTION TO DATE

IAHA is actively working with jurisdictions and stakeholders on partnerships, including on pathways developments, data and related research; policy development and advocacy with governments; professional body and stakeholder collaboration; and participating in international knowledge sharing on Indigenous and First Nations Health and Wellbeing.

IAHA is working collaboratively with governments to improve the allied health workforce data collection and analysis with a specific focus on Aboriginal and Torres Strait Islander identifiers.

Working with our partners and stakeholders, IAHA is actively advocating for research to be undertaken to investigate the impact on the health outcomes for Aboriginal and Torres Strait Islander and non-Indigenous people of:

- Allied health interventions;
- The impact of Aboriginal and Torres Strait Islander allied health engagement in providing health care to Aboriginal and Torres Strait Islander peoples; and
- The implications of these in and across sectors including health, disability, aged care and mental health.

In the main, IAHA advocates from a collective perspective on allied health policy and workforce development strategies rather than in relation to individual professions. This helps ensure there is an appropriate, holistic multidisciplinary approach to meeting the needs of Aboriginal and Torres Strait Islander peoples. Where required, IAHA contributes to issues that arise in relation to specific disciplines, noting that IAHAs contributions are geared toward progressing the overarching objectives and priorities outlined in this Strategy and the IAHA Strategic Plan.

KEY INITIATIVES FOR ACTION BY IAHA

1.1. Refine and repeat the IAHA Workforce Development Survey to identify member workforce characteristics and workforce development needs; and to supplement this Strategy and develop actions to address issues identified. **LD** **M** **CR**

1.2. Work with relevant agencies to develop a more complete and deeper statistical profile of the Aboriginal and Torres Strait Islander allied health workforce and students, including trends and cohort-based career trajectories. **LD** **CR**

1.3. Continue to build and monitor IAHAs partnerships with stakeholders to ensure better collection of data and analysis within their specific responsibilities. **LD** **CR**

LEADERSHIP AND COLLABORATION

1.1. Advocate for universities to publish annual university enrolment, retention and graduation statistics for Aboriginal and Torres Strait Islander students in allied health courses. **LD**

1.2. Advocate through advisory committees, Aboriginal and Torres Strait Islander health and other policy forums for better collection mechanisms and access to allied health data and statistics, including addressing existing barriers and limitations, particularly for self-regulated allied health professions. **LD**

1.3. Work with jurisdictions' health departments, allied health professional organisations, Aboriginal Community Controlled Health Organisations and Primary Health Networks and other employers to understand allied health profession attraction and retention needs, particularly for the self-regulating allied health professions. **LD** **M** **CR**

OPPORTUNITIES FOR FURTHER INVESTMENT

1.1. Assist Primary Health Networks, health services, and other employers of allied health professionals to identify the need for and to develop of allied health workforce and business models that support community identified needs, especially for Aboriginal and Torres Strait Islander people. **LD** **CR**

1.2. Promote, support and invest in research that investigates and demonstrates the collective value of allied health professions and interventions on health outcomes, wellbeing and system sustainability. **LD** **CR**

1.3. Develop and promote Communities of Practice to increase the body of knowledge and improve Aboriginal and Torres Strait Islander allied health practice. **M** **LD** **CR**

Kylie Stothers

SOCIAL WORKER (GRADUATE)

Kylie Stothers is a Jawoyn woman born and raised in Katherine, Northern Territory. Kylie was a previous Deputy Chairperson of IAHA and is IAHAs Workforce Development Office, and continues to be based in Katherine. In 1995 Kylie moved from Katherine to Darwin to start her social work degree at Northern Territory University (now known as Charles Darwin University).

In 1999 Kylie was one of the first Aboriginal cadets to graduate in the Northern Territory. "I got through the first 3 years of study with the assistance of Abstudy and working in the holidays, but it was tough and I thought I might have to drop out so that I could support myself, "But in my fourth year I got a cadetship with the NT Government which meant that I had a living allowance, the support of a fantastic mentor and work experience."

"The cadetship gave me purpose and I knew that I would have a job at the end of my studies and within one week of finishing my studies I was working fulltime at Royal Darwin Hospital."

Kylie spent the next 14 years working throughout the Northern Territory in the areas of child protection, hospitals and Aboriginal community controlled health services, moving back to her home town of Katherine in 2004.

"There is also a strong sense of interdisciplinary collaboration when you live and work remote. The strong relationships that are built between health professionals are both enlightening and rewarding. Everyone seems more open and willing to share their professional skills and knowledge which leads to greater respect for each other's unique professional lens."

"The high turnover of staff and the fly in fly out nature of some health professions can lead to professional isolation at times. I set up an informal network for all social workers in Katherine so that no matter where you work or how long you've been here you can access support. It's sometimes disappointing when you put in so much effort to support staff and then they leave."
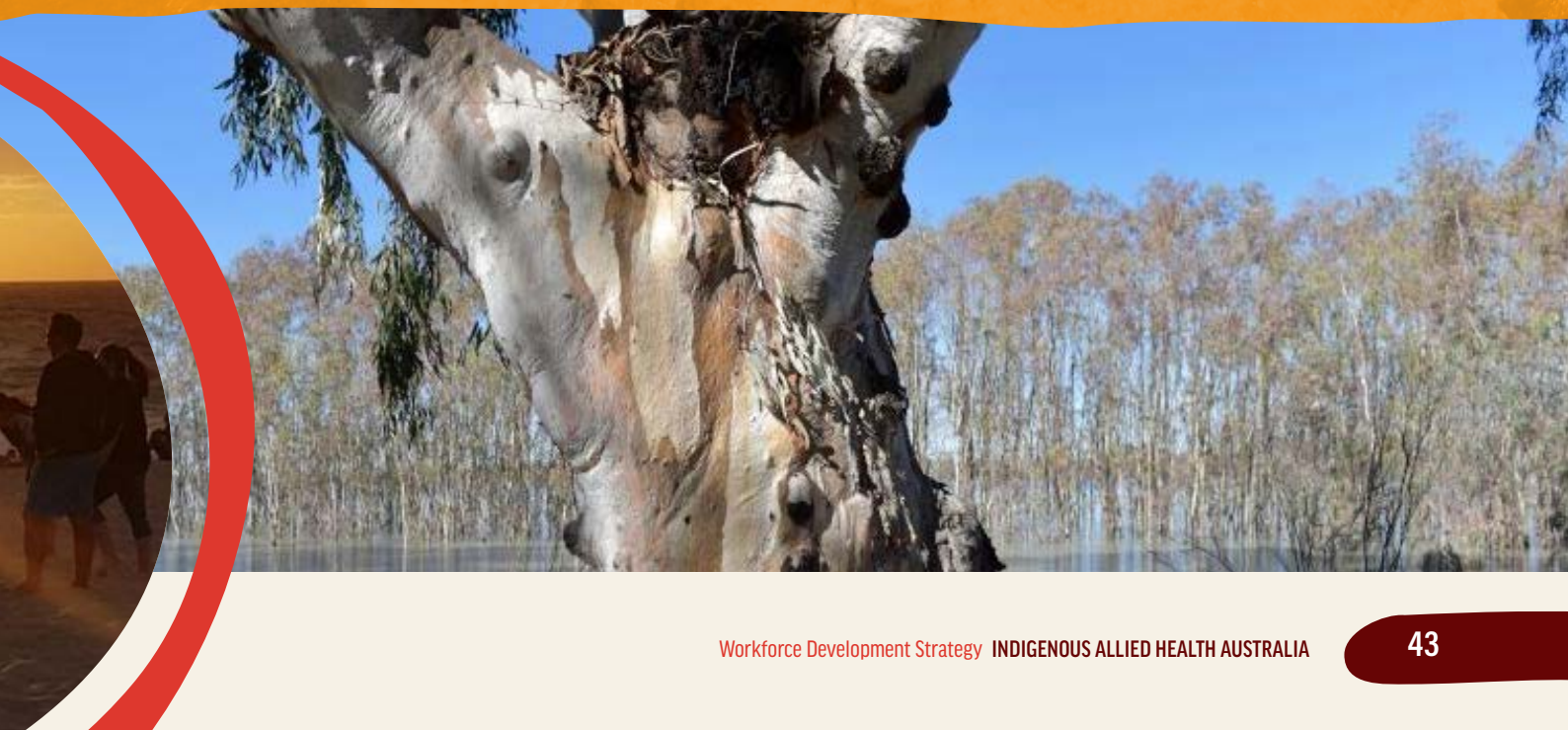
Appendix A

PROCESS FOR OBTAINING IAHA MEMBER AND STAKEHOLDER INPUT

In developing the IAHA Workforce Development Strategy IAHA undertook an extensive and iterative process of Board, membership and key stakeholder engagement. This process occurred over an extended period during which major change was occurring in health and education policy and service delivery environments, and the make-up of IAHA's membership and stakeholder engagements continued to expand rapidly.

As the first IAHA Workforce Development Strategy it has been vital to ensure the document reflects the knowledge, issues of key importance to, and insights of, members and partners in building a strong and sustainable workforce. The key methods used to obtain input and a summary of the information gathered at each stage is outlined below.

METHOD: Online Member Survey (August 2015)

SUMMARY: An initial on-line survey of IAHA Members was conducted in August 2015. The survey received responses from 43 respondents, including Aboriginal and Torres Strait Islander Member Graduates and Students (around 60%) and Associate Members. This survey was used to inform the development of the subsequent, more detailed engagement strategy.

METHOD: Desktop literature Review

SUMMARY: In late 2016, IAHA commissioned a desktop review of policy, research, data and literature on the value and need for Aboriginal and Torres Strait Islander allied health professionals and the evidence base for specific workforce strategies, including:

- current Aboriginal and Torres Strait Islander health, allied health and workforce strategies (nationally); and the
- 'current state' of the Aboriginal and Torres Strait Islander allied health workforce.

The desktop review found (in summary) that in addition to the improved health outcomes attributable to the allied health workforce as a whole, an Aboriginal and Torres Strait Islander Allied Health workforce has specific benefits and impacts, which include:

- improved the quality of health engagement and outcomes for Aboriginal and Torres Strait Islander people;
- increased primary care access, referrals to and the appropriateness of health care professions/skills engaged;
- improved access to and impact of services to manage chronic disease; and
- improved the culture safety and responsiveness of care.

Further, the review described the:

- severe shortage of Aboriginal and Torres Strait Islander allied health professionals, despite emerging growth trends;
- shortage of information available on the Aboriginal and Torres Strait Islander allied health workforce for workforce planning and policy development purposes, especially for self-regulated professions;
- need for pathways into health careers, support for transitions in education, to work, and resourcing to support these;
- successful approaches that have enabled transitions between school and university and into health careers;
- impact of workforce shortages having impeded progress on some Close the Gap initiatives;
- value of scholarships, cadetships, graduate programs and similar supported by funding, workplace coordination and cultural mentorship in addressing these issues.

Consistent themes emerged in the review (which mirrored the issues and strategies identified in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2016-2023):

- mentoring and support programs need to occur along the entire educational pathway and continue into the workforce and throughout careers;
- building and retaining workforce and providing career pathways (in targeted and/or mainstream positions) is enhanced by valuing the unique skill set of Aboriginal and Torres Strait Islander health professionals and enabling them to practice in culturally safe and responsive environments;
- improving cultural understanding, safety and responsiveness across the entire health system and workforce; and
- strengthening Indigenous leadership capability across the education and health sectors, enabling opportunities and actively identifying and targeting current and future leaders.

METHOD: **2016 IAHA National Forum – November 2016**

SUMMARY: IAHA Members discussed development of the IAHA Workforce Development Strategy and planned on-line survey at the IAHA National Forum in November 2016. Feedback was sought, obtained and incorporated on key survey questions and draft documents. Discussion included:

- how to attract and grow the pool of Aboriginal and Torres Strait Islander Allied Health professionals;
- providing the right supports to students;
- supporting the transition to early careers;
- growing Allied Health careers and retaining Aboriginal and Torres Strait Islander Allied Health professionals mid-career, and the supports required;
- developing Aboriginal and Torres Strait Islander Allied Health leaders;
- embedding culture into safe workplaces; and
- enabling future workforce development & knowledge.

METHOD: **National online survey of IAHA members**

SUMMARY: An on-line survey was conducted from 14 December 2016 through 3 February 2017. Responses were received from 188 IAHA graduates, students, associates and key stakeholders. Full Graduate and Student Members accounted for 43 per cent of responses; 69 per cent of all respondents identified as Aboriginal and Torres Strait Islander. Responses came from a range of professions/disciplines. A summary of key response themes includes:

- developing strategies to address and overcome racism/discrimination;
- the importance of mentor development, support and facilitation across the entire career pathway, through transitions, across disciplines and locations, including remote settings;
- developing leadership, resilience and cultural responsiveness;
- cultural safety in education, placement and employment spaces;
- improving employer and workplace cultural awareness and responsiveness (including factors that may impact on retention);
- facilitating networks and linkages between mentors/mentees, peers and professional and cultural support groups;
- career development and supports – to assist at key transition points - e.g. in schools, into university, orientation, transition to post-graduate study; into work; and registration (where appropriate);
- increasing Indigenous content in curricula;
- strengthening IAHA presence and engagement with universities, Aboriginal engagement offices, students directly and communities;

- student oriented input and support mechanisms: student representation; HFTC; on-the-job placements, cultural safety exposure and support;
- graduates – professional development and support; recent graduates supports; linkages and networking; face-to-face events; support in CPD, for communities of practice, local, regional and remote, allied health and profession specific;
- support for: remote practice and exposure - education/training opportunities and ongoing support; and for specialised work types;
- scholarships and other financial support- across career pathways;
- enabling career commencement and progression – e.g. identifying employment opportunities, application and CV development, interview preparation; web-based and other forums; on-line resources; references acknowledging active members/event participants;
- partnership development and advocacy - for internships/placements and subsequent employment;
- celebrating and promoting Aboriginal and Torres Strait Islander achievement, bolstering the capacity to handle threats and risks;
- strengthening links to other Indigenous organisations and supports; and
- strong, effective advocacy.

METHOD: **Consultation interviews with key external stakeholders**

SUMMARY: Through early 2017, 34 one-on-one Consultation interviews were conducted with key individuals/ representatives, including from allied health professional associations, allied health academia, government and other key health workforce stakeholder bodies. Interviews sought to identify strategic workforce development opportunities, including opportunities for stakeholders to contribute to/invest in IAHA-led workforce development strategies. Many of the themes identified in responses to the on-line survey were re-iterated in interviews. In addition, major issues raised by interviewees included:

- the need for strategies to prevent burn-out (recognising the particular demands on the existing cohort of Aboriginal and Torres Strait Islander allied health professionals);
- practical issues relating to promoting good, stable employment opportunities; and
- enabling graduates to work to their full scope of practice and to secure career and leadership opportunities – as allied health professionals, and specifically as Aboriginal and Torres Strait Islander allied health professionals.

METHOD: **Case studies / member journeys**

SUMMARY: During the development of the Workforce Development Strategy, more than 20 IAHA Members have shared their personal journeys into and as allied health professionals. These have further informed development of the Strategy and provide a resource for other IAHA members, health professionals and people considering a career in allied health.

METHOD: **Continuing environmental scanning and review**

SUMMARY: The Workforce Development Strategy includes policy and statistical content and analysis current to the end of 2017.

Appendix B

IAHA ACHIEVEMENTS AGAINST CRITICAL SUCCESS FACTORS

The table below provides a summary outline of IAHA's key achievements to date against our 3 critical success factors.

METHOD: **Mentoring at all stages of the career journey**

SUMMARY: In 2012, IAHA developed the IAHA Online Mentoring program. In 2016, it was reviewed and updated to the IAHA Mentoring Program with over 65 mentors on the database with diverse professional and personal skills and expertise. In 2016 IAHA also developed a webinar series on mentoring, enhancing the process for members joining the program with relevant information and helpful tips.

IAHA holds mentoring workshops at least annually at the IAHA National events for current mentoring participants and potential participants to gain additional skills and knowledges on effective mentoring relationships. This has resulted in an increase in mentoring relationships and engagement over 2016-17. In 2016-17 there was an increase of 77% and we continue to support both mentors and mentees.

In 2017 IAHA has developed relationships with educational institutions and other key stakeholders on discussions in expanding the IAHA Mentoring program into the future.

IAHA also supports Aboriginal and Torres Strait Islander students undertaking the annual IAHA Student HealthFusion Team Challenge through a team of mentors from range of diverse health and medical disciplines who spend two days with the participants to provide clinical and cultural mentoring throughout the challenge and their attendance at the event.

METHOD: **Cultural responsiveness and inclusion**

SUMMARY: IAHA launched the Cultural Responsiveness in Action: An IAHA Framework in 2015, which was developed in response to our key priorities in building culturally safe and responsive education and health systems including culturally safe and responsive health services.

The Framework is designed to equip people and systems to make the changes needed in everyday practice to transform those systems and improve the circumstances and lives of Aboriginal and Torres Strait Islander people.

During the two years 2015-17, IAHA reach a total estimated 1200 people through training and development working with universities, health service providers, governments and individual health professionals. In addition, IAHA continues to deliver presentations and talks at regional, national and international conferences and webinars. Partner and stakeholder demand to work with IAHA on building cultural capabilities with the Cultural Responsiveness Framework continues to grow across the health and education sectors. In 2017-18 IAHA is working on the development of a more advanced training program including mentoring and leadership to lead the work in eliminating racism from our education and health systems to improve the health and wellbeing of Aboriginal and Torres Strait Islander people, families and communities.

METHOD: Leadership development to support allied health professions to become health leaders and drive change

SUMMARY: In 2013 IAHA held the first IAHA Student leadership workshop in Sydney with full member students attending working on individual leadership development. Student members designed and collaborated on establishing the Student Representative Committee and student engagement strategy leading to student specific development and support strategies.

Following the success of the first student workshop IAHA held a national Aboriginal and Torres Strait Islander leadership workshop in Alice Springs held in Alice Springs. Members' feedback clearly stated the need for targeted leadership development in the health and related sectors particularly in addressing institutional racism and career development strategies. IAHA continues to provide leadership development at the IAHA annual national events complimenting the Cultural Responsiveness IAHA Framework and the IAHA Mentoring Program.

Appendix C

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE STRATEGIC FRAMEWORK (2016–2023) – KEY STRATEGIES*

The IAHA Workforce Development Strategy 2018-2020 is an action oriented plan to increase the size and capability of the Aboriginal and Torres Strait Islander allied health workforce. It also aims to improve the cultural responsiveness of the health workforce as a whole and of the health service systems they work in. These are crucial if we are to improve the health and well-being of Aboriginal and Torres Strait Islander people. This is recognised by governments in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2016-2023), the Strategies of which are reproduced below.

STRATEGY 1:

Improve recruitment and retention of Aboriginal and Torres Strait Islander health professionals in clinical and non-clinical roles across all health disciplines

Suggested mechanisms:

- Develop and implement communication strategies and community awareness campaigns to promote health careers.
- Develop and implement flexible, innovative and culturally-safe recruitment strategies that target Aboriginal and Torres Strait Islander people.
- Use measures intended to achieve equity and increase the representation of Aboriginal and Torres Strait Islander peoples in the health workforce.
- Develop and implement succession plans and clear career pathways, along with associated resources in both targeted and mainstream positions.
- Create supportive and culturally-safe workplaces.
- Develop and implement mentoring programs.
- Where possible, ensure that Aboriginal and Torres Strait Islander health professionals are given the opportunity to work to their full scope of practice.
- Ensure that the role of Aboriginal and Torres Strait Islander Health Workers and Practitioners is understood and valued.
- Support ongoing professional development in strengthening both clinical and non-clinical skills and capabilities of Aboriginal and Torres Strait Islander health professionals.

STRATEGY 2:

Improve the skills and capacity of the Aboriginal and Torres Strait Islander health workforce in clinical and non-clinical roles across all health disciplines

Suggested mechanisms:

- Provide culturally-appropriate clinical supervision.
- Provide professional development opportunities for Aboriginal and Torres Strait Islander health staff that are tailored to local needs and build inter professional collaboration and networks.
- Provide opportunities for the development of leadership capability, at all levels; from entry to leadership positions, which includes access to ongoing training and work-based experience.
- Provide and resource professional development of both clinical and non-clinical skills of Aboriginal and Torres Strait Islander health professionals.
- Ensure that Aboriginal and Torres Strait Islander people are able to participate in management, decision making and governance activities.

STRATEGY 3:

Health and related sectors be supported to provide culturally-safe and responsive workplace environments for the Aboriginal and Torres Strait Islander workforce.

Suggested mechanisms:

- Ensure health service staff at all levels receive ongoing cultural safety training and embed completion of cultural safety training into performance management and/or professional development requirements.
- Provide and resource appropriate cultural mentoring for non-Indigenous health professionals.
- Provide clinical placements in Aboriginal community-controlled health services and in appropriate mainstream settings for both Aboriginal and Torres Strait Islander and non-Indigenous students.
- Embed the Aboriginal and Torres Strait Islander Health Curriculum Framework into higher education health courses in partnership with Aboriginal and Torres Strait Islander peoples.
- Identify and remunerate cultural professionals (cultural brokers, liaison officers etc.) to assist in understanding health beliefs and practices of Aboriginal and Torres Strait Islander peoples in the service area.
- Work with local Aboriginal and Torres Strait Islander communities to co-design and co-deliver workforce programs and initiatives.

STRATEGY 4:

Increase the number of Aboriginal and Torres Strait Islander students studying for qualifications in health.

Suggested mechanisms:

- Develop and implement communication strategies and awareness campaigns and deliver these at primary and secondary school health careers initiatives.
- Offer extended learning opportunities to improve the preparedness of students entering higher education (both at the tertiary and vocational Education and Training levels).
- Provide work experience and work readiness skills programs in the health and wider sector settings where opportunities for health professionals exist, promoting the holistic approach to health and wellbeing.
- Offer and resource scholarships, expanded cadetship and graduate programs, traineeships and internships.
- Develop partnerships with Aboriginal and Torres Strait Islander organisations at local, regional and national levels in planning and implementing activities to increase the number of Aboriginal and Torres Strait Islander students studying for qualifications in health.

STRATEGY 5:

Improve completion/graduation and employment rates for Aboriginal and Torres Strait Islander health students.

Suggested mechanisms:

- Develop, resource and implement mentoring programs that are available from the first year of health studies.
- Maintain scholarship programs that are fair and equitable across health disciplines.
- Develop articulated career pathways.
- Facilitate health services working with education providers at the local level to match training to employer needs and available jobs.
- Work with local Aboriginal and Torres Strait Islander communities to co-design and co-deliver workforce programs.
- Develop relevant and appropriate place-based workforce models to meet the needs of Aboriginal and Torres Strait Islander people.

STRATEGY 6:

Improve information for health workforce planning and policy development.

Suggested mechanisms:

- Create a systematic approach and best-practice guidelines for the establishment, collection, recording, usage, definitions and interpretation of data about and for the Aboriginal and Torres Strait Islander health workforce.
- Data collection capacity and mandated performance indicators to ensure cultural safety targets are being achieved and service delivery is improving.
- Collaborate with Aboriginal and Torres Strait Islander health professionals to develop and maintain these best-practice guidelines.
- Ensure that the perspectives, aspirations and needs of Aboriginal and Torres Strait Islander health professionals are embedded in these guidelines and reflected in their usage.
- Develop partnerships with Aboriginal and Torres Strait Islander organisations to lead community-driven workforce models and policy initiatives.

* Excerpt from pages 9-10:

https://www.health.gov.au/internet/main/publishing.nsf/Content/4A716747859075FFCA257BF0001C9608/$File/National-Aboriginal-and-Torres-Strait-Islander-Health-Workforce-Strategic-Framework.pdf

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[7] Holman, D., 2014, *A Promising Future: WA Aboriginal Health Programs.* WA Government Department of Health: Perth

[8] Allied health professions, more than others, are likely to practice in small, private practice settings, which are often not viable in rural and remote settings.

[9] 2016 Census - http://www.abs.gov.au/ausstats/abs@.nsf/

[10] Various reports have cited the 2011 Census as indicating Aboriginal and Torres Strait Islander people made up 1.6 per cent of the national health-related workforce. This appears to reflect a broad definition of health workforce that includes care and support workers. This is an important workforce, but the figure is bolstered by inclusion of the higher proportion of Aboriginal and Torres Strait Islander people in non-professional care and support roles.

[11] The NRAS data may overstate the number of Aboriginal and Torres Strait Islander practitioners, due to issues such as the interpretation of the term "Indigenous" by some respondents born overseas. Work continues to refine the National Health Workforce Data Set (NHWDS), managed by the Australian Department of Health.

[12] Mason, J., 2013, *Review of Australian Government Health Workforce Programs*

[13] See http://data.hwa.gov.au/publications.html#alliedh

[14] Australian Health Ministers' Advisory Council, 2011, *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-2015*, AHMAC, Canberra

[15] Data taken from AHPRA Annual Report 2015/16: the data for non-Aboriginal and Torres Strait Islander people refers to both 2014/15 and 2015/16 while for Aboriginal and Torres Strait Islander people it refers only to 2015. As a result this data but may be over a different time periods. Therefore 2014/15 & 2015/16 has been averaged for the above calculations.

[16] At December 2017, Paramedicine was in the process of becoming a registered health profession under the National Registration and Accreditation Scheme.

[17] Australian Health Ministers' Advisory Council, 2015, *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report*, AHMAC, Canberra

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