Aboriginal Health Council
of Western Australia

WA Aboriginal Community Controlled Health Services Sector Workforce Strategy

2023-2028

We acknowledge the Whadjuk people of the Noongar nation as the custodians of the land that AHCWA is located on, and we pay our respects to all Elders, past, present and future.

WA ACCHS Workforce Strategy Artwork

"For our Future" - **Ashley Spratt,** *Whadjuk, Yued*

Growing up I have learned that you listen to the land and Elders, the piece starts with the lands, the wind and rain flows into the sea. The swirls and waves flowing are to attract your eyes and hold your attention. As the land is our best teacher, each line represents strength and the passage of time.

The green spirals represent cities, towns, communities that we as a people come from and following the tracks, for the ACCHS Workforce Strategy they both will lead you to the centre.

The centre is all about growth and collaboration and partnerships, the people around are gaining and sharing knowledge from one another for our future shown with the youth beside them who will then make the same journeys and repeat the cycle in hopes to have the best health outcomes for Aboriginal and Torres Strait Islander people.

Disclaimers:

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1 Foreword

In many parts of the state, workforce issues within the Aboriginal Community Controlled Health Services (ACCHS) sector have reached a crisis point, exacerbated by the COVID-19 pandemic and WA border closures. In a highly competitive labour environment, it has been difficult to recruit both Aboriginal and non-Aboriginal people to work in the sector, particularly with attractive remuneration offers in the private health, mainstream health and mining sectors.

How can the sector meet its workforce needs in this ever changing landscape? This situation is not unique to WA, but reflects a common experience across the nation. Our national peak, the National Aboriginal Community Controlled Health Organisation (NACCHO), is undertaking a number of key workforce initiatives to support the ACCHS sector to increase the Aboriginal workforce, as well as build the capacity of its education and training capabilities, particularly those ACCHS who are a Registered Training Organisation (RTO).

Given these challenges and the work being driven by NACCHO at a national level to address them, it was timely for AHCWA, its Member ACCHS and the Nous Group to develop this WA Aboriginal Community Controlled Health Services Workforce Strategy 2023-2028. As peaks, AHCWA and NACCHO can use this Strategy to support their Members by providing strong leadership and advocacy for traineeships and scholarships, expanded education and training options, optimal workforce processes and supports, and overall increased workforce funding to deliver health services to Aboriginal communities in Western Australia.

Through a number of focus groups, one-on-one interviews, and a face-to-face workshop, WA ACCHS have determined their short, medium and long term goals, ensuring the sector is proactive in preparing to meet its workforce needs over the next five years and beyond.

This Strategy outlines six focus areas to strengthen and grow the ACCHS workforce:

- → Promote a vibrant and positive ACCHS sector.
- → Support our existing workforce to develop and thrive.
- → Reinforce Aboriginal leadership of the sector.
- → Strengthen and expand training and education offering.
- → Deepened cultural knowledge of all staff.
- → Maintain strong partnerships within and outside the sector.

AHCWA will develop an Implementation Plan to ensure these focus areas are actioned over the next five years, in partnership with the AHCWA Members and partners. There needs to be a united, evidenced-based and planned approach to address the sector's workforce challenges.

As the second largest employer of Aboriginal people, the ACCHS sector has a critical role in both providing culturally appropriate health services for Aboriginal people and in ensuring there are employment opportunities and meaningful career pathways for the local community.

Alongside measures that address the broader social determinants of health, the ACCHS sector is key to closing the gap in life expectancy and ensuring better health and wellbeing outcomes for Aboriginal people. The future success of the ACCHS sector depends on a highly trained, passionate and well-supported workforce. Our sector's workforce does incredible work every day in this state – we plan to take action now to guarantee its success in the years ahead.

AHCWA would like to thank its partners who contributed to the development of this Strategy, including our Members, NACCHO, Rural Health West, Australian Government Department of Health, the WA Department of Health, WA Country Health Service, and the WA Primary Health Alliance. With the support of these partners – including the necessary investment from government – AHCWA and its Members can use the Strategy to lead the change required, as the sector has done for over 50 years – through self-determination, empowerment and Aboriginal-led solutions.

2 Strategy overview

About this strategy

This workforce strategy provides a common framework for developing and growing the Aboriginal Community Controlled Health Services (ACCHS) sector workforce in Western Australia (WA). It has been developed with input from AHCWA's Member Organisations, Registered Training Organisations (RTOs), and our stakeholders and partners across Australia including, the National Aboriginal Community Controlled Health Organisation (NACCHO), Rural Health West (RHW), the WA Country Health Service (WACHS), WA Primary Health Alliance (WAPHA), WA Department of Health, and the Australian Government Department of Health. Their contributions have helped to identify the key workforce-related challenges, future needs and required areas of focus that will strengthen WA's ACCHS workforce over the next five years.

A coordinated approach across the WA ACCHS sector recognises that we can achieve more if we collaborate, learn from, and share with each other, as well as with our key partners. This strategy provides a framework that will guide us in developing a workforce that can effectively deliver high-quality, culturally safe health care services to Aboriginal communities in WA.

Key workforce-related challenges and needs

Through our consultation and analysis, we have identified the following key challenges and future needs that this strategy aims to address, to strengthen and grow the ACCHS sector workforce:

→ While the ACCHS workforce is growing, there remains a small pool of qualified Aboriginal people to work in the sector, especially in clinical roles.

→ There is strong competition for talent from mainstream health and other sectors.

→ Isolation and working conditions can present a challenge for retention of the existing workforce.

→ There are not always clear pathways and easy access to development for the workforce.

→ The sector will need to plan for workforce growth to keep pace with increasing demand for services, particularly as the scope of services provided by the ACCHS sector continues to expand.

→ Shifts in service needs will call for new capabilities in the future.

→ Collaboration and partnerships will continue to play an important role in achieving the Priority Reforms and the socio-economic targets in the National Agreement on Closing the Gap.

Six focus areas to strengthen and grow the ACCHS workforce

Over the next five years, we will work to deliver actions under six key focus areas displayed in Figure 1 to address these workforce-related issues, in order to strengthen and grow the ACCHS workforce in WA.

Figure 1: Six focus areas to strengthen and grow the ACCHS workforce

Promote a vibrant and positive ACCHS sector
We will actively promote the sector amongst Aboriginal and non-Aboriginal talent pools to increase awareness, promote attractiveness of the sector, and grow the talent pipeline.

Support our existing workforce to develop and thrive
We will support and develop our existing workforce to improve retention and performance and develop capacity.

Reinforce Aboriginal leadership of the sector
We will strengthen governance and leadership capabillity and increase Aboriginal presence in leadership roles, to reinforce Aboriginal stewardship of the sector.

Strengthen and expand training and education offerings
We will strengthen our RTO sector through improved reach, accessibility and course offerings, to build supply and address future capability needs.

Deepen cultural knowledge of all our staff
We will deepen the cultural knowledge of our non-Aboriginal staff and Aboriginal staff not from the region, to ensure effective relationships and culturally safe service delivery.

Maintain strong partnerships within and outside the sector
We will maintain and strengthen partnerships with other sectors, advocate for appropriate funding, and collaborate within our sector to support shared outcomes in relation to Aboriginal health and employment.

These actions will be delivered in partnership by AHCWA and Members. AHCWA will lead and coordinate the overall delivery of this strategy and will deliver those actions that can be centrally managed. Our Members will also play an important role in bringing this strategy to life, through delivery of local actions, and through continuing to collaborate, learn from, and share with each other. Together we will continue to build a sustainable and thriving ACCHS sector workforce.

3 Overview of the ACCHS sector in WA

Improving the health and wellbeing of Aboriginal people in WA

There is a significant gap in health outcomes between Aboriginal and non-Aboriginal people in WA and across Australia.

→ In contrast to an ageing non-Aboriginal population, the Aboriginal population in WA has a young profile reflective of higher birth rates and shorter life expectancy[1].

→ Compared to a non-Aboriginal population, life expectancy in WA is 13.4 years lower for Aboriginal men and 12 years lower for Aboriginal women[2]. This is due in part to a higher incidence of chronic disease[3].

→ The infant mortality rate for Aboriginal children in WA was 3.5 times higher than non-Aboriginal children between 2011-2015[4].

→ The burden of disease for Aboriginal people is currently 2.3 times that of other Australians[5].

The ACCHS sector plays an integral role in addressing this gap through the provision of accessible, comprehensive and culturally secure primary health care services to Aboriginal people. The ACCHS Model of Care recognises strength in culture, Aboriginal community control and self-determination. It recognises the unique needs of Aboriginal people, and provides holistic care, going beyond conventional approaches to incorporate local responses that address a range of dimensions, including Country, language, family, and spirituality.

We see the benefits of this through superior health outcomes for Aboriginal people when engaging with ACCHS compared with mainstream services[6].

The diversity of services offered through ACCHS is growing, as is the demand for them. Financial investment in the sector is also rising but not at an equivalent pace to the increasing need.

[1]*Government of Western Australia Department of Health. (2015). WA Aboriginal Health and Wellbeing Framework 2015–2030.*
[2]*Australian Bureau of Statistics. Life expectancy estimates for Aboriginal and Torres Strait Islander people for Australia and Index of Socio-Economic Disadvantage 2015 - 2017 (2018)*
[3]*Government of Western Australia Department of Health. (2015). WA Aboriginal health and wellbeing framework 2015–2030.*
[4]*ibid*
[5]*Joint Council on Closing the Gap. (2021). Sector Strengthening Plan: Health*
[6]*Panaretto, K. S., Wenitong, M., Button, S., & Ring, I. T. (2014). Aboriginal community controlled health services: leading the way in primary care. Medical Journal of Australia, 200(11), 649-652.*

Closing the Gap and Health Reform Priorities

There is significant reform across government to address the gap in health (and other) outcomes between Aboriginal and non-Aboriginal people. Through the National Agreement on Closing the Gap (the National Agreement), all Australian governments and the Coalition of Peaks are committed to overcoming 'the entrenched inequality faced by too many Aboriginal and Torres Strait Islander people, so that their life outcomes are equal to all Australians', with a focus on achieving this objective via the implementation of four cross-government priority reforms. Under Priority Reform Two, parties to the National Agreement have committed to building formal Aboriginal community-controlled sectors to deliver services to support Closing the Gap, including via increased investment, with targets for an identified and dedicated Aboriginal workforce, the existence of Aboriginal Community Controlled Organisations (ACCOs), support by a peak body, and consistent funding models. In light of the importance of meeting workforce needs, the Closing the Gap Health Sector Strengthening Plan contains several actions that aim to support the ACCHS sector's workforce.

In WA, Closing the Gap strategies aim to increase the proportion of ACCO service delivery (including via transitioning services to Aboriginal community-control), which will be reliant on growing the ACCO workforce, including in the ACCHS sector. The National Agreement calls for workforce modelling in Aboriginal community-controlled organisations that considers community service needs, to support growth of the Aboriginal workforce in line with these needs[7].

Alongside Closing the Gap priorities, the WA Sustainable Health Review[8] recommends the strengthening of ACCHS through government partnerships and sustainable funding. The review reiterates the importance of a culturally competent health system to best support all Western Australians, in which ACCHS play a critical role.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 sets out an aim for Aboriginal and Torres Strait Islander people to represent 3.43% of the national health workforce by 2031. There are also multiple WA Government initiatives underway that aim to increase Aboriginal employment. However, significant additional efforts are needed if we are to meet the national target, as well as the WA public health system target of 3.2% by 2026. Moreover, increasing the Aboriginal health workforce in the public system will lead to greater competition with the ACCHS sector, unless activities are developed to grow the total number of Aboriginal people working in the health sector.

These reforms highlight the important role of the ACCHS sector, and of a capable Aboriginal health workforce, in improving health outcomes for Aboriginal people. They also make clear the need for renewed efforts aimed at growing the ACCHS sector workforce and the Aboriginal health workforce more generally.

[7]*Western Australia. Department of the Premier and Cabinet. (2021). Closing the Gap Jurisdictional Implementation Plan: Western Australia.*
[8]*Department of Health, Western Australia. (2019). Sustainable Health Review: Final Report to the Western Australian Government.*

The profile of ACCHS providers across WA

There are 23 ACCHS across WA, each delivering services that are tailored for its local Aboriginal community. Each ACCHS is run by a locally elected board of management and together they provide a comprehensive suite of health care services to Aboriginal communities across the state, as seen in Figure 2:

Figure 2: Services delivered by ACCHS

accident and emergency services	environmental health	immunisations
aged care	health assessments	school health
alcohol and other drugs	health education and promotion programs	screening and prevention
allied and specialist health visits	medication management and dispensary	sexual health
child and maternal health	men's health	smoking cessation
chronic disease management	patient journey and transport	social and emotional wellbeing
community outreach and re-integration	pharmacy	spiritual wellbeing
dental	population health programs	transport services
disability (including NDIS)	primary health	women's health

In line with their multi-dimensional and intersectional approach to health, ACCHS provide services that support physical, psychological, emotional, social, spiritual, and cultural wellbeing. They are particularly beneficial in areas where the effectiveness of services depends on the provider being seen as legitimate, trusted, culturally secure and able to understand their client's perspective.

Each year, WA ACCHS provide almost 500,000 episodes of care to over 50,000 Aboriginal and 10,000 non-Aboriginal patients around the state[9].

The map overleaf (Figure 3) illustrates the ACCHS providers and their spread across WA.

[9]ibid.

The map below (Figure 3) illustrates the ACCHS providers and their spread across WA.

Nindillingarri
Cultural Health Service

Ngnowar Aerwah
Aboriginal Corporation

Ord Valley Aboriginal
Health Service

Wyndam

Derby Aboriginal
Health Service

Kununurra

Ngullagunda   Nelson Station

Keep River

Beagle Bay Community
Health Service

Doon Doon   Glenn Hill

NIRRUMBUK

Kupungarri

Yulumbu

Nirrumbuk Aboriginal Corporation   Beagle Bay   Derby
Imintji
Mowanjim

Kimberley Aboriginal
Medical Services Council   Broome   Pandanas Park

Halls Creek

Milliya Rumurra
Aboriginal Corporation   Bidyadanga   Jarmadanka   Fitzroy Crossing   Ringer Soak

Billiluna

Broome Regional
Aboriginal Medical Service   Kimberley Region

Mulan   Balgo

Wirraka Maya Health Service
Aboriginal Corporation   Port Hedland   Bidyadanga Aboriginal
Community Health Service   Yura Yungi
Aboriginal Medical Service

Warralong

Mawarnkarra   Roebourne

Mawarnkarra Health Service
Aboriginal Corporation   Pilbara Region

Punmu

Pilbara Aboriginal
Health Alliance   Kunawarritji

PAHA   Parnngurr

Jigalong   Kiwirrkurra

PAMS   Puntukurnu Aboriginal
Medical Service   Newman

Ngaanyatjarra Health Service   Tjukurla
(Head Office located in Alice Springs)   Ngaanyatjarra
Patjarr

Carnarvon   Mungallah   Central Desert Region   Warrakurna
Wanarn

Burringurrah   Gascoyne Junction   Tjirrkarli   Jameson
Warburton   Blackstone
Kanpa   Wingellina

Karalundi

Murchison/Gascoyne
Region   Ngangganawili Aboriginal
Health Service

Meekatharra   Mulga Queen

Cue   Wiluna   Cosmo Newberry

Mount Magnet   Sandstone   Laverton

Leonora   Mount Margaret

Geraldton Regional
Aboriginal Medical Service   Kardaloo   Yalgoo   Menzies

Geraldton Regional
Aboriginal Medical
Service   Geraldton   Goldfields Region

DERBAL
YERRIGAN   Tjuntjuntjarra

Derbal Yerrigan Health Service
Aboriginal Corporation   Kalgoorlie   Bega
Garnbirringu

Moordiitj koort   Coolgardie   Bega Garnbirringu
Health Service

Perth Metro   Mirrabooka   Wheatbelt
Region   Midland

Moorditj
Koort   Maddington   Norseman   Spinifex Health Service

Brunswick

South West
AMS   Bunbury   Spinifex Health
Service

Collie   Esperance

South West Aboriginal
Medical Service   Busselton   South West

Manjimup

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About AHCWA

The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for the ACCHS sector in WA. We work to improve health outcomes for Aboriginal people and their communities with the vision for Aboriginal people to enjoy the same level of health and wellbeing as all Western Australians. We promote the ACCHS sector Model of Care (Figure 4), empowering Aboriginal people to achieve health equality in their communities.

To achieve this mission, we:

→ enhance and promote the ACCHS Model of Care as best practice primary health care for Aboriginal people and their communities;

→ support and strengthen our Member Services to achieve excellence in service delivery;

→ lead and influence the state and national Aboriginal health policy and research agenda as determined by our Member Services; and

→ grow and advance the capacity and capability of AHCWA and our Member Services for long term sustainability.

AHCWA's influential position and state-wide reach put us in a prime position to lead this workforce strategy, working in close partnership with our Members and partners.

A snapshot of the WA ACCHS workforce

Profile of the ACCHS workforce

The ACCHS sector is comprised of a diverse workforce, including both Aboriginal and non-Aboriginal people, with a range of positions that span across health and non-health roles that can be found in Figure 5.

The ACCHS sector offers fulfilling career pathways for a high number of Aboriginal people, and aspires to be the employer of choice for the local community. Notably, the ACCHS sector is the second-largest employer of Aboriginal individuals across the nation, with a wide range of roles that can be grouped into "health" and "other staff" positions. The groupings used as part of this strategy reflect the data used by the Australian Institute of Health and Welfare (AIHW) in its ATSI-specific primary health online service reports, which have been utilised to analyse the current workforce.

### Figure 5: Positions within the ACCHS sector[10]

Health staff positions

Aboriginal health workers/ practitioners	dental support workers	medication management and dispensary
general practitioners	sexual health workers	social and emotional wellbeing staff and counsellors
nurses and midwives	outreach workers	allied health professionals
substance misuse and drug and alcohol workers	Traditional Healers	health promotion or prevention workers
tobacco workers and coordinators	environmental health workers and officers	training or trainee health positions aged care, home care and disability workers
Medicare officers	medical specialists	aged care, home care & disability workers
dentists or dental therapists		other health workers (not reported elsewhere)

Other staff positions

CEOs	finance and accounting staff	cleaners, security and other support staff
managers and supervisors	administrative and clerical staff	administrative and support trainees
drivers and field officers	information technology (IT) and data management staff	

The need for a growing ACCHS workforce

The Aboriginal population across WA is growing, from 69,664 in 2011 to 88,693 in 2021, representing a 27% increase over the last decade[11]. A large proportion of this growth has come from the Perth and South-West regions, which have increased 53% and 36% respectively over the last decade[10]. With this population growth comes an increased need for ACCHS and a larger ACCHS workforce to ensure the Aboriginal population is well-supported.

In line with a growing Aboriginal population, the ACCHS workforce in WA, including both Aboriginal and non-Aboriginal staff, has increased from 848 people in 2014 to 1,249 in 2022 reflecting a 47% growth[12].

Figure 6: Size of the WA ACCHS workforce[11]
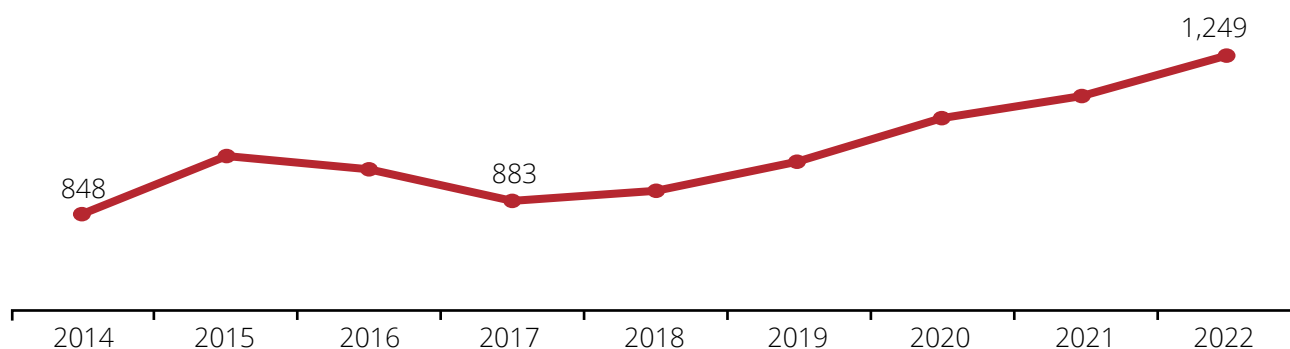
Despite a growing workforce, vacancies suggest this current rate of increase is not keeping pace with demand. As displayed in Figure 7, vacancies in both health staff and other staff in the WA ACCHS sector have been increasing, at a rate of 13% and 14% respectively[11] each year. It should also be noted that the current workforce is one that is ageing[13], potentially having an impact on the sustainability of workforce supply in the longer term.

Figure 7: Workforce vacancies in the WA ACCHS sector (FTE)[11]

ACCHS%   non-ACCHS%
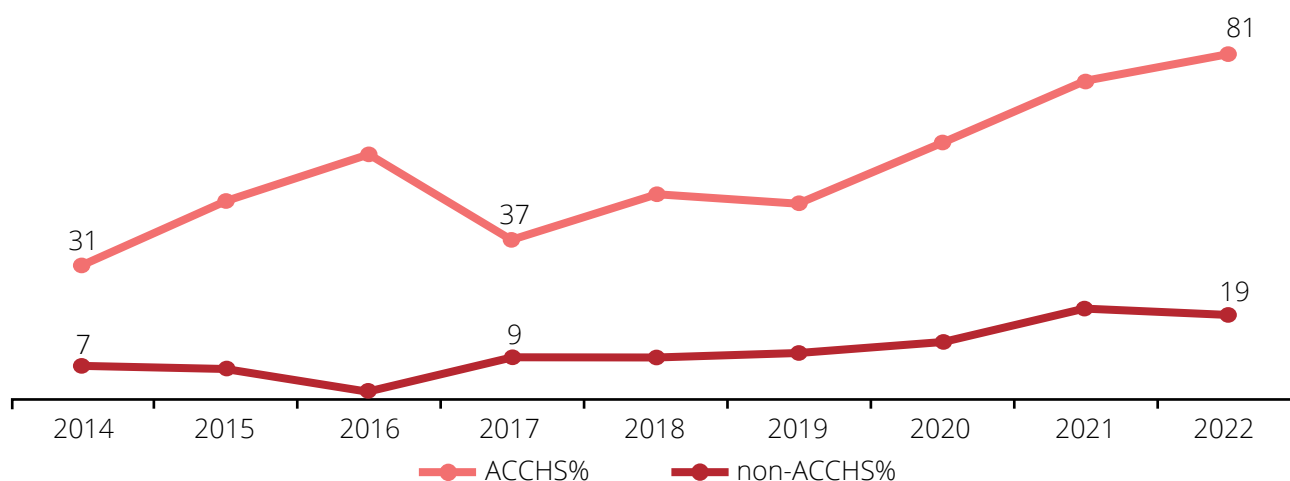
The WA ACCHS workforce is comprised of 55% non-Aboriginal staff, with 45% of the workforce being of Aboriginal heritage[11]. However, Figure 8 shows that Aboriginal representation in clinical positions is much lower, with non-Aboriginal staff making up the majority of doctors, nurses, midwifes and dental clinicians in the sector (although this does not factor in Aboriginal health workers and practitioners). While almost half of leadership positions are filled by Aboriginal people, there is a need to shift this balance to enhance true Aboriginal control and self-determination. Supporting roles such as administrative and clerical staff as well as drivers/field officers are typically Aboriginal identified positions and therefore mostly filled by Aboriginal staff[11].

[10]AIHW (2022). *Aboriginal and Torres Strait Islander specific primary health care: results from the OSR and nKPI collections - Supplementary OSR data tables—workforce*
[11]ABS (2021). *Census of Population and Housing – Counts of Aboriginal and Torres Strait Islander Australians, 2021*
[12]AIHW (2022). *Aboriginal and Torres Strait Islander specific primary health care: results from the OSR and nKPI collections - Supplementary OSR data tables—workforce*
[13]Australian Industry and Skills Committee (2022). *Aboriginal and Torres Strait Islander Health Workers – Industry insights*

Figure 8: Aboriginal vs non-Aboriginal split by position type, 2022[13]

Legend: ACCHS%, non-ACCHS%
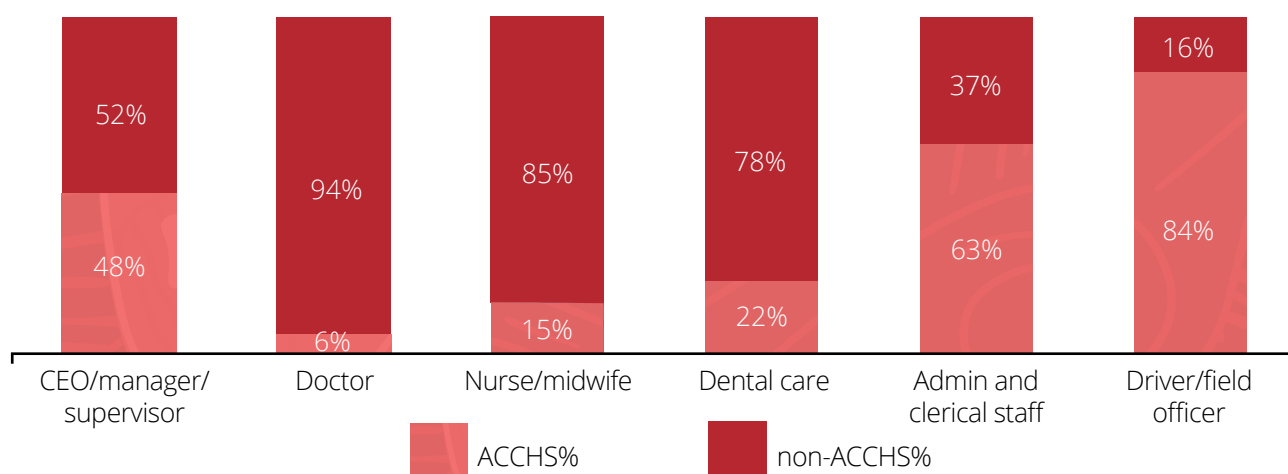
While the ACCHS workforce is growing, workforce data suggest that the number of Aboriginal health staff across a range of areas is still relatively low to service the population. Positions including dental care workers and several other allied health positions have less than 1 full-time equivalent (FTE) per 1,000 clients. There are respectively 106 and 115 doctors and Aboriginal health workers/practitioners, representing 1.3 and 1.4 FTE per 1,000 clients, and 239 nurses/midwives representing 3 FTE per 1,000 clients[14]. These figures are in comparison to a national average of 3.52 practising physicians per 1000 clients[15].

The RTO landscape in WA

The five major RTOs in the WA ACCHS sector include AHCWA and Marr Mooditj in Perth, Kimberley Aboriginal Medical Services (KAMS) in Broome, Bega Garnbarringu in Kalgoorlie, and Wirraka Maya in Port Hedland.

Marr Mooditj is the only RTO amongst these that is not related to an ACCHS. Regardless, Marr Mooditj and KAMS are recognised as the two RTOs that train most Aboriginal health workers in the ACCHS sector.

Figure 9 shows the courses offered at each of the RTOs that provide training to Aboriginal health workers in WA, with a Cert IV in Aboriginal and Torres Strait Islander Primary Health Care Practice being the only course available across the RTOs, not including AHCWA.

Figure 9: Courses offered by RTOs in the WA ACCHS sector

	Marr Mooditj	KAMS	Bega Garnbarringu	Wirraka Maya
Cert III in ATSI Primary Health Care	✗	✓	✓	✗
Cert IV in ATSI Primary Health Care	✗	✗	✓	✗
Cert IV in ATSI Primary Health Care Practice	✓	✓	✓	✓
Cert IV in Mental Health	✓	✓	✗	✗
Cert III in Pathology Collection	✓	✗	✗	✗
Diploma of Mental Health	✓	✗	✗	✗
Diploma of Nursing	✓	✗	✗	✗
Diploma of Alcohol and Other Drugs	✓	✗	✗	✗
Diploma of Counselling	✓	✗	✗	✗

5 Key workforce-related issues

Throughout our consultations and research, the strengths of the ACCHS workforce and historical success of the sector were acknowledged, while a range of current challenges and future needs were highlighted. The issues listed provide a platform for action, in order to build, attract, retain, support and develop a capable and sustainable workforce for the future. While these reflect common challenges, there are many examples of good practice that are included as case studies below; these demonstrate strategies that have been effective in addressing some of the following challenges.

Workforce scale and pipeline

While the ACCHS workforce is growing, there remains a small pool of qualified Aboriginal people to work in the sector, especially in clinical roles, in WA and nationally.

The size of the talent pool is constrained by several factors, including:

→ a relatively small work-ready Aboriginal population in general, which is in very high demand across a range of sectors all aiming to increase their employment of Aboriginal people;

→ some structural disincentives to employment including the potential loss of social housing and welfare as a result of undertaking study or employment;

→ an ageing workforce, despite the younger age profile of the Aboriginal population, creating succession problems and threatening future supply;

→ a shortage of qualified Aboriginal clinicians and of Aboriginal students entering into tertiary health disciplines, inhibiting Aboriginal stewardship of the sector; and

→ a skills shortage across the wider health sector, which impacts metropolitan, regional and remote areas.

As a result, the sector relies heavily on non-Aboriginal clinicians, who often don't possess cultural knowledge specific to the communities they are working in. While there are strong examples of initiatives to build cultural knowledge, this remains a challenge for many.

Case Study

Improving cultural knowledge - The Pilbara Aboriginal Health Alliance	The Pilbara Aboriginal Health Alliance (PAHA) has a list of training providers spread across the region which supply cultural training tailored to the local context. Other ACCHS could emulate this to ensure all staff are able to access cultural training relevant to the areas they service and integrate this training into their recruitment and onboarding process.

There is strong competition for talent from mainstream health, mining and other sectors.

The available talent pool is small and there is high demand for those in it. As a result, the ACCHS sector is competing, primarily with mainstream public health bodies (including those that fund it), private health services and resources companies, for Aboriginal talent. These employers have a greater ability to attract staff through higher remuneration, favourable working conditions, well-articulated employee value propositions (EVPs) and proactive recruitment strategies. These factors also make competition for non-Aboriginal talent a challenge for the ACCHS sector.

While RTOs in the sector train the majority of its Aboriginal workforce, a large number of those trained end up employed in other sectors, reducing the return on investment of that training, within already limited training and education budgets.

"We are competing in effect salary-wise with the people who fund us".

CEO, Kimberley-based ACCHO

The appeal of highly paid locum roles and/or temporary contracts also means it can be a challenge to attract people into permanent roles in the sector, which is important for retention of knowledge and continuity of care.

Case Study

Retaining trained talent - Geraldton Regional Aboriginal Medical Service	ACCHS recognise the importance of investing in their employees' training and development. To ensure this investment also benefits the service, Geraldton Regional Aboriginal Medical Service have used incentivised study agreements. By investing in the development of staff and ensuring they are supported to grow, GRAMS is able to build morale and staff commitment.

Retaining and supporting our existing workforce

Isolation and working conditions can present a challenge for retention of the existing workforce.

There are many positive and fulfilling aspects of working in the ACCHS sector, such as the richness of culture, connection to country and community, and rewarding outcomes. However, the ACCHS sector can be a challenging environment to work in. These challenges can be exacerbated for those working in very rural and remote communities. These challenges relate to:

→ a lack of critical infrastructure in remote communities such as housing, schools, recreational facilities, childcare services and healthcare, as well as access to fresh and affordable food and other household items that are required to support the workforce and their families that are not from the region. There are also security and safety concerns in certain areas;

→ professional isolation, with a lack of local peer network and clinical supervision to support decision-making, particularly in rural and remote communities;

→ burnout as a result of feeling 'always on the clock', with limited boundaries between work and home life in community, and a lack of staff coverage to provide relief opportunities;

→ vicarious trauma, as a result of the often confronting and chronic nature of conditions being treated, including a rise in poor social and emotional wellbeing; family, domestic and sexual violence; and alcohol and other drug issues; and

→ perceived inequity in employment conditions offered to Aboriginal people from community compared with those offered to people who are not from the region, for example paid housing.

> *"A 3-bedroom house can cost $1,000 per week in the Pilbara".*
>
> **CEO, Pilbara-based ACCHO**

Training, education and workforce development

There are not always clear pathways or easy access to development for the workforce.

Accessibility of training and education can be a major barrier for the existing workforce and prospective students to participate in formal learning. For many ACCHS there is no RTO or TAFE nearby, and the cost of travel can be prohibitive, as can a lack of backfill staff for those undertaking formal learning. Due to the small number of RTOs across large geographical areas, students are often required to travel off Country to complete their studies. These students have family, work and community obligations which can make extended time away from home practically and emotionally difficult. This especially impacts women who are not in a position to leave their families. These factors also impact completion rates, with instances of students failing to return after tuition break due to family and cultural commitments. Training and development budgets are thin for many ACCHS. Cultural accessibility can be another barrier to training and education, emphasising the importance of a strong ACCHS RTO sector, and a need to build cultural safety into tertiary education offerings.

Outside of formal training, while there are many examples of good practice around workforce development, the small scale of many ACCHS can inhibit the opportunities for workforce development and progression pathways. Clinical placements are limited in remote areas due to a lack of funding and supervisor availability, which negatively affects professional development. In some cases, clinicians report not being able to work to maintain their full scope of practice due to the unique and specific nature of health conditions treated in community.

> *"1% of our funding is allocated to training so we lean on AHCWA for a lot of training and development".*
>
> **CEO, ACCHS**

Case Study

Providing teaching support -	The Kimberley Aboriginal Medical Services (KAMS) is the second largest training provider of WA's Aboriginal Health Workers and Practitioners. Their dedicated support position, which provides targeted student support for those lacking literacy and numeracy skills, has yielded great success in improving student success.
Kimberley Aboriginal Medical Services	

Anticipating future needs

The sector will need to plan for workforce growth to keep pace with increasing demand for services, particularly as the scope of services provided by the ACCHS sector continues to expand.

Closing the Gap and related national and state health reform priorities highlight the importance of growing the ACCHS sector to improve health outcomes for Aboriginal people. The growing Aboriginal population in WA also points to a need to expand service delivery, requiring a larger workforce in future.

While the ACCHS workforce has grown steadily over the last decade, workforce vacancy WA ACCHS workforce will continue to grow, reaching ~1,600 staff by the year 2027[16]. Enrolments and completions of Vocational Education and Training (VET) Aboriginal Health qualifications have been relatively stable[17]. This indicates that, without intervention, the current rate of growth in the ACCHS workforce will not be sufficient to meet the increasing demand for services.

Coordinated, multi-sector workforce planning is called for through a range of cross-sector strategies, to plan for increasing service demand[18]. This recognises the importance of planning ahead for a larger ACCHS workforce in future.

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[16]*Nous projection using data from AIHW (2022). Aboriginal and Torres Strait Islander specific primary health care: results from the OSR and nKPI collections - Supplementary OSR data tables—workforce*
[17]*Australian Industry and Skills Committee (2022). Aboriginal and Torres Strait Islander Health Workers – Training trends*
[18]*National Workforce Plan Project Reference Group. (2022). National Aboriginal and Torres Strait Islander health workforce strategic framework and implementation plan 2021-2031.*

Shifts in service needs will call for new capabilities in the future.

There are a number of current and anticipated capability gaps in the ACCHS workforce that need to be addressed to support a sustainable workforce in future that can meet community healthcare needs.

There are known and anticipated shortages in a range of disciplines including GPs, nurses and mental health workers as well as renal specialists and Aboriginal health practitioners.

We are also seeing changing health needs across the population, crossing the boundaries of primary health, alcohol and other drugs support, disability, mental health and social care. Building on existing service delivery in these areas, disability and aged care reform continue to present opportunities for expanding service delivery (including through partnerships) in the future. These changes all present the need for new and growing workforce capabilities, including in the areas of social and emotional wellbeing (SEWB), NDIS, and Aged Care service delivery. Workforce adaptability is also becoming a key requirement in the evolving landscape.

New technology presents an opportunity for changing service delivery models, e.g. care closer to home, that need to be considered in future. Telehealth supports the convenient delivery of multiple services, and other communicative technologies can assist with professional isolation through virtual peer networks, events and supervision. Unfortunately, many remote and regional areas experience poorer connection quality and face prohibitive access costs. There is also a difference in acceptance / usability of these technologies between Aboriginal and non-Aboriginal people[19] which must be considered in how the ACCHS sector adopts these technologies in the future.

Beyond communication, digital health can enhance operational efficiencies through the use of electronic medical records and digital script management. We have seen promising results with the use of 'My Health Record' in Wirraka Maya Health Service in Port Hedland and will seek to further support ACCHS to realise the benefits of digital health technologies.

Case Study

Meeting shifting service needs - South West Aboriginal Medical Service	The South West Aboriginal Medical Service (SWAMS) has formed partnerships to provide and support a wider scope of services in their region. These partnerships include an alcohol and other drugs partnership with Palmerston, as well as a child health partnership with WACHS. Such partnerships can provide opportunities to share training costs and workload.

Collaboration and partnerships will continue to play an important role in achieving the Priority Reforms and the socio-economic targets in the National Agreement on Closing the Gap.

Closing the Gap Priority Reforms will require a united, collective effort. There are strong examples of partnerships already, including cross-sector working groups, aimed at working together to build a strong health and Aboriginal health sector, and Aboriginal health workforce. As we progress the delivery of Closing the Gap Priority Reforms, maintaining and strengthening these partnerships will remain critical.

Within the sector, we can be strongest when we work together. Collaboration amongst ACCHS in WA and nationally will increase our collective advocacy, impact and stewardship.

> "We can't do this alone. We need other sectors to engage with us to support a sustainable workforce".
>
> **CEO, ACCHS**

[19] *Good Things Australia Foundation & Save the Children (2021). Closing the digital divide for First Nations families and children. https://www.niaa.gov.au/sites/default/files/submissions/idip-sub-good-things-foundation-save-the-children.pdf*

6 Building the future ACCHS workforce

This strategy outlines six focus areas to address the workforce-related issues identified. Under each focus area are its key objectives, and a range of specific actions that will be undertaken by AHCWA, its Members and other stakeholders and partners over the next five years. Together, these focus areas and actions address the supply, attraction, retention, support and development of the ACCHS workforce.

Figure 11: Six strategic focus areas to strengthen and grow the ACCHS workforce

Promote a vibrant and positive ACCHS sector
We will actively promote the sector amongst Aboriginal and non-Aboriginal talent pools to increase awareness, promote attractiveness of the sector, and grow the talent pipeline.

Support our existing workforce to develop and thrive
We will support and develop our existing workforce to improve retention and performance and develop capacity.

Reinforce Aboriginal leadership of the sector
We will strengthen governance and leadership capabillity and increase Aboriginal presence in leadership roles, to reinforce Aboriginal stewardship of the sector.

Strengthen and expand training and education offerings
We will strengthen our RTO sector through improved reach, accessibility and course offerings, to build supply and address future capability needs.

Deepen cultural knowledge of all our staff
We will deepen the cultural knowledge of our non-Aboriginal staff and Aboriginal staff not from the region, to ensure effective relationships and culturally safe service delivery.

Maintain strong partnerships within and outside the sector
We will maintain and strengthen partnerships with other sectors, advocate for appropriate funding, and collaborate within our sector to support shared outcomes in relation to Aboriginal health and employment.

It is important to emphasise that many of the actions listed below in relation to the six strategic focus areas can only be carried out with strong government support, including government funding, and effective partnerships with other stakeholders in the wider health sector.

Promote a vibrant and positive ACCHS sector

There are many positive and rewarding aspects of working in the ACCHS sector. Stronger promotion of the sector to Aboriginal and non-Aboriginal populations can improve workforce supply through improved attraction amongst the existing talent pool, as well as a growing pipeline for the future.

Objective	Actions	Timeframe	Led by
Increase the awareness and attractiveness of the ACCHS sector	Develop a sector-wide brand and employee value proposition (EVP) inclusive of: ACCHS sector mission, nature and type of work, career opportunities, working conditions, people and culture, and reward and benefits.	First 12 months	AHCWA
	The EVP should use storytelling to articulate the history of the ACCHS sector, its unique Model of Care and cultural richness.	First 12 months	AHCWA and Members
	Create and share promotional and marketing materials including testimonials and videos celebrating sector successes (e.g. response to Cyclone Ellie) and profiles of those who have progressed in it.	Year 3-5	AHCWA and Members
Grow the workforce pipeline through early engagement	Engage in promotional events to increase awareness of the sector including at primary and secondary schools, road shows and expositions, and in Aboriginal communities. Sector-wide materials to be developed and tailored to individual community/regional contexts.	Year 2-3	AHCWA and Members
	Partner with AIDA, IAHA and CATSINAM to improve Aboriginal representation at tertiary education settings, particularly in medicine, nursing and allied health.	Year 2-3	AHCWA and Partners
	Partner with regional VET providers to promote training and placements in the ACCHS sector for high school students, focusing on AHP and other roles. Utilise support staff to build capability around general workplace behaviours and expectations.	Year 2-3	AHCWA and Partners
Engage in targeted and culturally secure recruitment strategies	Work with universities and other education providers to: • create placements in ACCHS as part of their curriculum; • engage with students studying relevant qualifications about careers in the ACCHS sector; and • ensure that learning environments and course delivery are accessible, culturally safe and supportive, including for regional and remote students.	Year 2-3	AHCWA and Partners
	Target local Members of the community (and their contextualised cultural knowledge) to work in the ACCHS sector by: • filling entry-level positions, with the intention to build skills and capacity overtime; and • undertaking job-ready activities and entry-level qualifications as a first step on an identified pathway to further educational attainment.	Year 2-3	AHCWA and Members
	Work with ACCHS and community leaders to encourage Aboriginal people to return to their communities to take up work in the ACCHS sector. Highlight benefits within the EVP and target this cohort in promotional/campaign materials.	Year 2-3	AHCWA and Members
	Collaborate with recruitment agency partners to encourage the use of cultural safety training, and to generally improve understanding of the ACCHS sector, its unique cultural components, and its distinct Model of Care.	Year 2-3	AHCWA, Members and Partners

Support our existing workforce to develop and thrive

Staff currently working in the ACCHS sector are key to continuing effective service delivery. There is an opportunity to strengthen how they are nurtured, managed, and supported to increase retention and further develop the sector. The principle of affirmative action will be applied where appropriate to focus actions on supporting and advancing Aboriginal staff, including through HR policies and procedures, recruitment and selection, professional development opportunities and initiatives to support the social and emotional wellbeing of staff.

Objective	Actions	Timeframe	Led by
Enhance processes and tools to support staff performance	Develop and share a suite of sector specific HR policies and processes to assist creating a safe, effective and productive work environment for Aboriginal and non-Aboriginal staff across regions and services.	Year 3-5	AHCWA
	Develop a best practice, culturally appropriate performance management framework and toolkit which sets out clear expectations on staff performance, organisational culture, and performance management mechanisms.	Year 2-3	AHCWA and Members
	Produce job description templates and KPIs to be used across the sector which align with organisational strategy and the above performance management framework.	Year 2-3	AHCWA
Create additional professional development opportunities	Create a sector-wide professional development catalogue inclusive of culturally safe and sector specific education and training opportunities. Create and share workforce development tools and templates to encourage upskilling of the workforce, track progress and evaluate growth.	Year 3-5	AHCWA
	Investigate opportunities to expand remote clinical supervision through communicative technologies.	Year 2-3	AHCWA, Members and Partners
	Establish/join regional professional health networks and communities of practice (virtual and in person) to increase staff learning and counter isolation.	First 12 months	AHCWA, Members and Partners
Support staff wellbeing	Support ACCHS to develop best practice organisational social and wellbeing frameworks.	Year 2-3	AHCWA and Partners
	Support ACCHS through the provision of workforce planning toolkits and policies to effectively manage employee workloads and wellbeing.	Year 3-5	AHCWA, Members
	Explore alternatives to traditional EAP providers, with a focus on culturally appropriate staff supports that meet the needs of the workforce.	Year 2-3	AHCWA and Partners
	Upskill staff in culturally appropriate mental health literacy and training (e.g. how to spot early indicators of mental ill health in yourself and others and seek help), train managers to have difficult conversations and invest in training mental health first aiders in the workforce.	Year 2-3	AHCWA, Members and Partners

Reinforce Aboriginal leadership of the sector

Aboriginal stewardship of the sector is critical to its development. We can reinforce this by strengthening leadership and governance capability across the sector, and through creating stronger pathways for Aboriginal staff to move into critical leadership roles. These opportunities apply to all roles including corporate roles, primary healthcare and allied health positions.

Objective	Actions	Timeframe	Led by
Engage in targeted workforce planning activities for Aboriginal staff	Support ACCHS with workforce planning activities that identify career pathways for Aboriginal people.	First 12 months	AHCWA and Members
	Support ACCHS to undertake workforce succession planning (focusing on leadership roles) via the development of resources and toolkits to increase the proportion of Aboriginal people in key positions and secure a sustainable talent pipeline.	Year 2-3	AHCWA and Members
	Identify and share specific Aboriginal workforce development initiatives including traineeships, rotations and secondments that support ACCHS workforce development.	Year 2-3	AHCWA, Members and Partners
Create pathways for Aboriginal staff to move into leadership roles	Explore the development of a state-wide Aboriginal specific mentoring / coaching program for clinical and corporate staff across the sector to transfer knowledge and support development.	Year 2-3	AHCWA and Members
	Develop a sustainable leadership development program, inclusive of a leadership capability framework, for emerging Aboriginal leaders.	Year 3-5	AHCWA, Members and Partners
	Develop existing Aboriginal leaders (and those with leadership potential) as role models in the community and to demonstrate the career pathways available to Aboriginal workers.	First 12 months	AHCWA and Members
	Support ACCHS to develop pathways for high performing / high potential staff (across corporate, primary, and allied health areas) into senior roles and support their development to become 'leader ready'.	Year 2-3	AHCWA and Members
Enhance the role and effectiveness of our leaders	Develop tools and resources to support leader onboarding and induction to help clarify expectations and role responsibilities.	First 12 months	AHCWA and Members
	Develop and/or share professional development opportunities around management, leadership and corporate governance to enhance leader effectiveness in critical strategic decision making.	First 12 months	AHCWA and Members
	Support leaders to act as ambassadors for the sector to increase workforce participation and recruitment.	Year 2-3	AHCWA and Members

Strengthen and expand training and education offerings

Effective and culturally safe training and education in the ACCHS sector is crucial in building a capable workforce that can meet service delivery needs. Aligning and expanding the training and education offering to meet sector needs and improving accessibility will support a capable workforce today and in the future.

Objective	Actions	Timeframe	Led by
Align training and education offering with sector needs	In alignment with the work NACCHO is undertaking, develop and maintain a current mapping of RTO and VET offerings to determine gaps in training and education, including skills gaps across the sector and gaps in offerings by region.	First 12 months	AHCWA, Members and Partners
	Partner with the VET and RTO sector to introduce new qualifications to address identified capability gaps and future needs of the sector, including in new service areas and technology-enabled service delivery.	Year 2-3	AHCWA and Partners
	Design and implement bridging programs that build readiness for support staff to enrol in certified training and education offerings to help transition between (e.g. AHP to RN) or into clinical positions while retaining key sector and cultural knowledge.	Year 3-5	AHCWA and Partners
	Work with education providers to influence course content to align with ACCHS service delivery needs including practical skills and knowledge across the ACCHS Model of Care.	Year 2-3	AHCWA and Partners
Improve accessibility of training and education	Explore options for greater flexibility in the methods of education and training delivery, including on Country delivery and online learning. Advocate to funding bodies to ensure agreements allow for this flexibility.	First 12 months	AHCWA and Partners
	Identify collaboration opportunities to leverage and work across the different RTOs in the sector.	Year 2-3	AHCWA, Members and Partners
	In partnership with NACCHO, advocate to government for increased funding to strengthen and expand the ACCHS RTO sector, and/or increase accountability of the non-ACCHS VET to link funding to Aboriginal student outcomes.	Year 3-5	AHCWA and Partners
Provide sufficient support for students enrolled in RTO programs	Advocate for funding to enable dedicated training and education support officer roles in each RTO to support student success, including with literacy and numeracy support, and technology understanding and use.	Year 2-3	AHCWA and Members
	Explore opportunities to provide a SEWB officer in RTOs to provide appropriate support for students with trauma and other SEWB challenges.	Year 2-3	AHCWA and Members

Deepen cultural knowledge of all our staff

Deep cultural knowledge across the ACCHS workforce is central to the ACCHS Model of Care in enabling culturally safe service delivery. It is also necessary to ensure staff members feel safe and supported in their place of work. There is a need to reinforce cultural knowledge of our non-Aboriginal workforce and of Aboriginal people from different regions, recognising the uniqueness of culture across all communities.

Objective	Actions	Timeframe	Led by
Improve cultural safety and competence in the workforce	Support the development and implementation of mandatory Aboriginal cultural awareness and/or safety training when recruiting and onboarding new staff.	First 12 months	AHCWA and Members
	Support the development and integration of region and community specific cultural training to be delivered on Country.	Year 2-3	Members
Establish cultural accountability	Explore existing Cultural Advisor roles in the ACCHS and the broader ACCO sector, and consider options for and the feasibility of deploying this role more widely.	Year 3-5	AHCWA and Members
	Develop and disseminate cultural audit templates that can be adapted to the local context.	Year 3-5	AHCWA and Members
Demonstrate and reinforce culturally safe behaviours	Support the development of culturally safe leadership and behavioural programs to assist non-Aboriginal people to lead in a culturally safe and responsive manner.	Year 2-3	AHCWA and Members
	Support ACCHS to integrate cultural competency into performance assessment frameworks and treat as important as broader role outcomes.	Year 2-3	Members

Maintain strong partnerships within and outside of the sector

Strong partnerships within and outside of the sector can allow us and our partners to share resources, expertise and knowledge, and pool our efforts to achieve common goals. It can also lead to more effective service delivery as organisations work together to coordinate care, reduce duplication of effort and improve the overall health outcomes of Aboriginal people. We will maintain and build on our existing partnerships, support mobility of talent between sectors and advocate to government for funding to support the development and growth of our workforce.

Objective	Actions	Timeframe	Led by
Reinforce existing and create new partnerships with government and other sectors	Map out key workforce, education and training relationships across the ACCHS sector and identify any gaps or opportunities to leverage these relationships to address workforce challenges.	First 12 months	AHCWA and Members
	Document and, where absent, establish formal mechanisms that support dialogue and collaboration with key stakeholders, including in government, industry and ACCHS nationally.	First 12 months	AHCWA
Maintain and reinforce collaboration mechanisms within the ACCHS sector	Document and, where absent, establish formal mechanisms between ACCHS to enable opportunities for workforce mobility, sharing of resources, and communities of practice across the sector.	First 12 months	AHCWA and Members
	Establish partnerships between RTOs, training providers and other remote ACCHS to facilitate learning closer to home.	Year 2-3	AHCWA and Members
Advocate for funding required to strengthen and grow the ACCHS workforce	Ensure dedicated resources within AHCWA to monitor government funding and advocate for adequate representation of the ACCHS sector in major funding packages.	First 12 months	AHCWA
	Conduct a cost analysis for delivering services and training to send to government to establish business case for increased funding.	Year 2-3	AHCWA and Members
	Engage with key senior government stakeholders to improve allocation of funding across the sector.	Year 3-5	AHCWA