



Government
of South Australia

SA Health

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

Part of South Australia's Rural Health Workforce Strategy



Statement of acknowledgment

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

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

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

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

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Executive summary

This consultation draft outlines the strategies intended to form the South Australian (SA) Rural Aboriginal Health Workforce Plan. The consultation draft has been developed to help meet the government's commitment to develop and implement 'a plan to recruit, train and develop the health professionals needed to deliver country health services', as outlined in the government's 'Rural Health Workforce Strategy' 2018 election commitment.

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

The consultation draft has been developed under the leadership of the Rural Health Workforce Strategy Steering Committee and follows the release of the SA Rural Medical Workforce Plan 2019–24 in December 2019, the Rural SAAS Workforce Plan 2020–25 in August 2020, the SA Rural Nursing and Midwifery Workforce Plan 2021–26 in May 2021 and the SA Rural Allied and Scientific Health Workforce Plan 2021-26 in June 2021.

The consultation draft has been prepared to seek feedback from Aboriginal communities, the Aboriginal health workforce, regional local health network leads, consumers, professional bodies and leading Aboriginal health organisations on the content and prioritisation of the strategies. Consultation opportunities will be provided across the state in mid to late 2021.

It is a priority for the voices of Aboriginal people to be heard throughout the development of this plan. The project team has sought to do this in the development stages by conducting extensive consultation with the Aboriginal workforce from all disciplines, through yarning with the local Aboriginal workforce in each regional local health network. In addition, multiple focus group sessions have been held with workforce groups, peak bodies, professional associations and the Aboriginal Health Council of South Australia. The strategies and actions outlined in this plan were also informed by the solutions-focused workshop held on 29 April 2021, involving key stakeholders from across rural and metropolitan South Australia.

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

Theme one – Culturally safe workplaces

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

Theme two – Growing the Aboriginal health workforce

- Objective 2a – Improve recruitment practices and processes for the rural Aboriginal health workforce
- Objective 2b - Increase education and training opportunities
- Objective 2c – Develop and implement strategic, responsive and proactive workforce planning to increase the representation of Aboriginal people within health services
- Objective 2d - Address and increase Aboriginal retention across all health professions

Theme three – Enhance Aboriginal leadership and engagement in health services

- Objective 3a – Ensure Aboriginal representation in the leadership and governance of health services
- Objective 3b - Develop sustainable Aboriginal health workforce models

Theme four – Developing a collaborative and coordinated health service

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

Theme five – Building the Aboriginal workforce across health professions

- Objective 5a – Increase and support employment of Aboriginal people in clinical professions

Note: Theme five is a composition of Aboriginal-specific strategies and actions from the SA Rural Medical Workforce Plan 2019–24, Rural SAAS Workforce Plan 2020–25, SA Rural Nursing and Midwifery Workforce Plan 2021–26 and the SA Rural Allied and Scientific Health Workforce Plan 2021-26. This aligns the important profession-specific work with the outcomes of the SA Rural Aboriginal Health Workforce Plan.

Background

Objective

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

The Rural Health Workforce Strategy

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

Implementation of the Rural Health Workforce Strategy includes the development of workforce plans for all health professions. This workforce plan focuses on the rural South Australian Aboriginal health workforce and follows the release of the SA Rural Medical Workforce Plan 2019–24, Rural SAAS Workforce Plan 2020–25, SA Rural Nursing and Midwifery Workforce Plan 2021–26 and the SA Rural Allied and Scientific Health Workforce Plan 2021-26.

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

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

Rural Health Workforce Strategy Steering Committee

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

Member	Position/organisation
Professor Ruth Stewart (from 7/7/20)	National Rural Health Commissioner
Mr Peter Taylor (from 23/7/21)	Director Aboriginal Health, Barossa Hills Fleurieu Local Health Network
Dr Lucie Walters	Director, Adelaide Rural Clinical School, University of Adelaide
Dr Ken Wanguhu	Rural Censor, Rural Faculty of the Royal Australian College of General Practitioners

Previous steering committee members	Position/organisation
Mr Bevan Francis (from 5/10/18 to 21/2/20 and from 16/10/20)	Governing Board Chair, Flinders and Upper North Local Health Network
Dr Peter Joyner (from 21/2/20 to 15/10/20)	Governing Board Chair, Riverland Mallee Coorong Local Health Network
Ms Julia Overton (from 5/10/18 to 22/7/20)	Chief Executive, Health Consumers Alliance of South Australia
Emeritus Professor Paul Worley (from 5/10/18 to 30/6/20)	National Rural Health Commissioner
Associate Professor Susanne Pearce	Teaching Specialist (Clinical/Practitioner), College of Nursing and Health Sciences, Flinders University

Rural Health Workforce Strategy Aboriginal Working Group

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

Development of the Consultation Draft: SA Rural Aboriginal Health Workforce Plan

The development of the SA Rural Aboriginal Health Workforce Plan commenced in January 2021, led by the Rural Health Workforce Strategy Steering Committee chaired by Dr Hendrika Meyer, Chief Clinical Advisor, Rural Support Service, and supported by the Rural Health Workforce Strategy project team.

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


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

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

- An understanding of current regional Aboriginal health workforce issues was developed through conducting multiple focus groups that included representation from regional Aboriginal health workforce, LHN executives, Department for Health and Wellbeing Aboriginal representatives, Education sector, peak bodies, and professional associations.
- A solution-focused workshop was held on 29 April 2021 with key stakeholders from across Australia invited to explore and discuss strategies intended to form the SA Rural Aboriginal Health Workforce Plan.
- To ensure broad Aboriginal input into this plan, a third consultation process was undertaken to seek the vital expert opinion of the Aboriginal health workforce. This was undertaken face-to-face across the six Local Health Networks to ensure input was able to be provided within a culturally safe space. This included the option of written input.
- The recommendations provided by focus groups, workshop attendees and through regional consultations were further analysed and explored by the Working Group and have been used to form the strategies outlined in this plan.

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

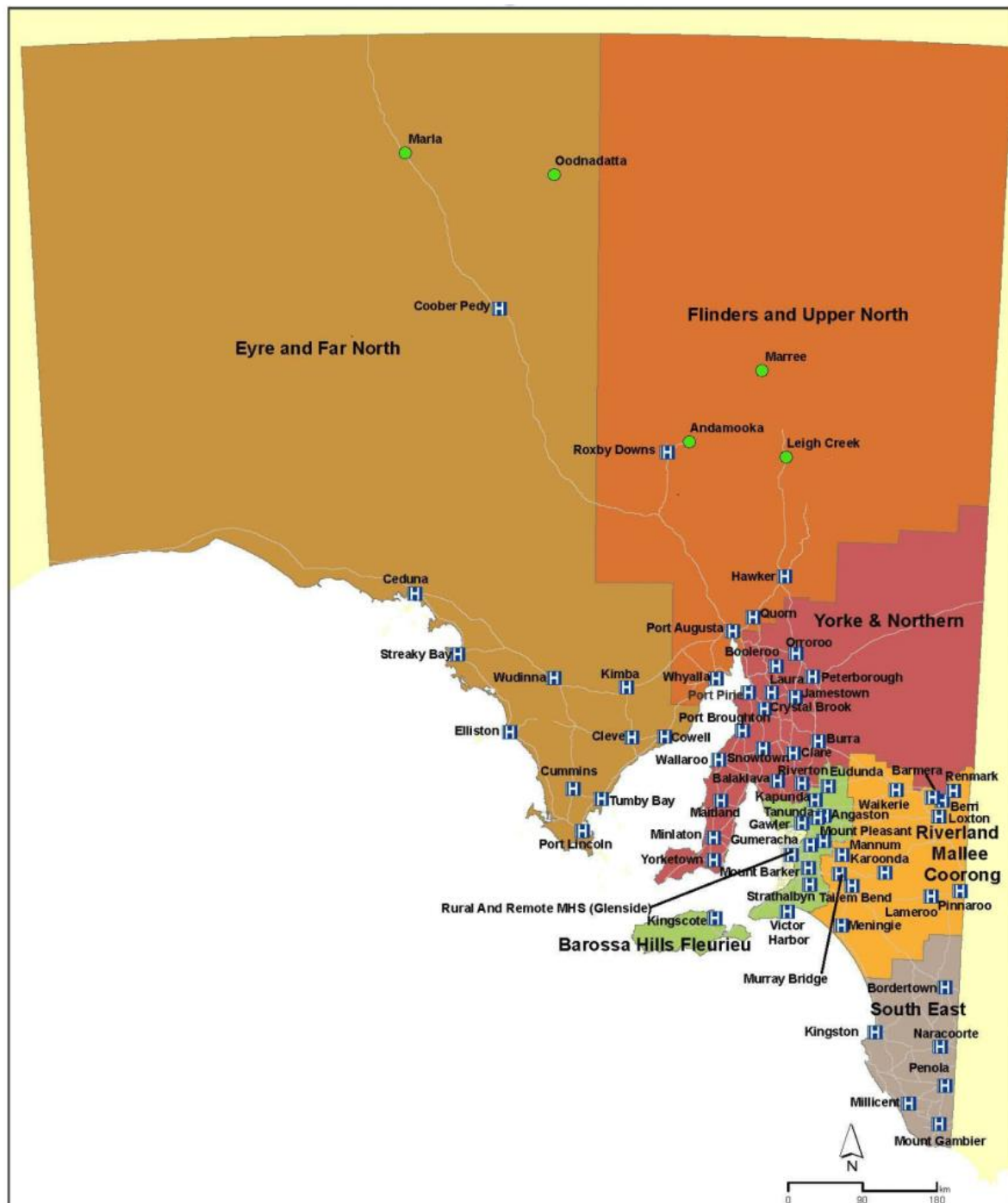
- Draft National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021- 2031
- National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023
- National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016 - 2026
- SA Health Aboriginal Workforce Framework 2017 – 2022
- SA Health Aboriginal Cultural Learning Framework
- Institutional Racism – Audit of South Australian’s Local Health Networks, September 2020
- National Agreement on Closing the Gap 2020
- Career Pathways Project Report – We are working for our people, Growing and strengthening the Aboriginal and Torres Strait Islander health workforce

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- AHPRA – The National Scheme’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025
 - Indigenous Allied Health Australia Workforce Development Strategy 2018–2020
 - Aboriginal and Torres Strait Islander Health Curriculum Framework
 - SA Health and Wellbeing Strategy 2020-25
 - SA Aboriginal Chronic Disease Consortium Road Map

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Current status

Public health services in rural South Australia are provided by the six regional local health networks shown below. An updated map, including legend, Aboriginal land groups and ACCHOs will be included in final plan.



Description of services

The six regional local health networks collectively cover 983,482 square kilometres. Of the 34,184 Aboriginal people residing in South Australia, 17,035 live in rural South Australia¹. A comprehensive range of health services are delivered across 61 hospitals, and additional community settings, including residential aged care, according to population needs.

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

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

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

Community and primary health care

Community health services are provided across rural and regional South Australia by both public and private providers. In regional communities, primary health care can be provided in the home or in community-based settings such as general practices, other private medical practices, community health centres, local government and non-government services settings, such as Aboriginal Community-Controlled Health Services. Many people associate primary health care with their local General Practitioners (GP). While general practice is often viewed as the cornerstone of primary care in Australia, primary care can also include care provided through nurses (such as general practice nurses, community nurses and nurse practitioners), allied health professionals, midwives, dentists, and Aboriginal health workers.² Both public and private providers are responsible for health care for those in regional correctional services.

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

- Barossa Hills Fleurieu Local Health Network: Mount Barker/ Victor Harbor/ Kangaroo Island – Moorundi health Service
- Eyre and Far North Local Health Network:
 - Port Lincoln – Port Lincoln Aboriginal health service
 - Ceduna – Yadu Aboriginal health corporation

¹ Australian Bureau of Statistics, 2016 Census data [Accessed 7 May 2021] Retrieved from <https://sagov.sharepoint.com/sites/CHSA/business/Reporting/PopulationData/Pages/Population-and-demographics.aspx>

² Australian Government Department of Health (2018) Fact Sheet: Primary Health Care [Accessed 7 May 2021] Retrieved from <https://www1.health.gov.au/internet/main/publishing.nsf/Content/Fact-Sheet-Primary-Health-Care#:~:text=Primary%20health%20care%20can%20be,Aboriginal%20Community%20Controlled%20Health%20Services.>

- Coober Pedy – Umoona Tjutagku health service Aboriginal corporation
- Anangu Pitjantjatjara Yankunytjatjara Lands (Anangu Lands) - Nganampa health council
- Oak Valley – Oak Valley health service
- Yalata – Tullawon health service
- Flinders and Upper North Local Health Network:
 - Port Augusta – Pika Wiya health service Aboriginal corporation
 - Whyalla – Nuryara Aboriginal health service
- Limestone Coast Local Health Network: Mount Gambier – Pangula Mannamuma Aboriginal corporation
- Riverland Mallee Coorong Local Health Network: Murray Bridge – Moorundi Aboriginal community controlled health service

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

Aged care and disability services

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

Mental health

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

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

Barossa Hills Fleurieu Local Health Network

- Covers the Adelaide Hills, Barossa Valley, Fleurieu Peninsula and Kangaroo Island.
- In 2019, the estimated resident population was 208,589 people, with the Aboriginal population at 2,347 (1.13%)

- Five activity base–funded³ hospitals:
 - Angaston District Hospital
 - Gawler Health Service
 - Mount Barker District Soldiers’ Memorial Hospital
 - Southern Fleurieu Health Service (Victor Harbor)
 - Tanunda War Memorial Hospital.
- Six grant-funded² sites:
 - Eudunda Hospital
 - Gumeracha District Soldiers’ Memorial Hospital
 - Kapunda Hospital
 - Kangaroo Island Health Service
 - Mount Pleasant District Hospital
 - Strathalbyn and District Health Service.

Eyre and Far North Local Health Network

- Covers Eyre Peninsula and the western part of South Australia.
- In 2019, the estimated resident population was 40,806 people, with the Aboriginal population at 4,478 (10.97%)
- One activity base–funded² hospital:
 - Port Lincoln Hospital and Health Service.
- Ten grant-funded² sites:
 - Coober Pedy Hospital and Health Service
 - Ceduna District Health
 - Elliston Hospital
 - Streaky Bay Hospital
 - Cleve District Hospital and Aged Care
 - Cowell District Hospital and Aged Care
 - Kimba District Hospital and Aged Care
 - Tumby Bay Hospital and Health Services
 - Cummins and District Memorial Hospital

³ Regional hospitals are generally classified into two groups: larger activity base–funded hospitals and smaller grant-funded hospitals. This is a funding classification, with larger hospitals having adequate volume and complexity of activity to be funded under national activity-based funding rules. Smaller rural hospitals need to be grant-funded to ensure they can meet minimum staffing and service provision requirements.

- Wudinna Hospital.

Flinders and Upper North Local Health Network

- Covers the north-east of the state, from the Spencer Gulf to the Northern Territory.
- In 2019, the estimated resident population was 43,024 people, with the Aboriginal population at 4,247 (9.87%)
- Two activity base-funded² hospitals:
 - Whyalla Hospital and Health Service
 - Port Augusta Hospital and Regional Health Service.
- Three smaller grant-funded² sites:
 - Hawker Memorial Hospital
 - Quorn Health Service
 - Roxby Downs Health Service.

Riverland Mallee Coorong Local Health Network

- Covers the journey of the Murray River from the Coorong through the Riverland to the Victorian border, as well as the Mallee.
- In 2019, the estimated resident population was 69,301 people, with the Aboriginal population at 2,730 (3.94%)
- Two activity base-funded² hospitals:
 - Riverland General Hospital
 - Murray Bridge Soldiers' Memorial Hospital.
- Ten smaller grant-funded² sites:
 - Barmera Health Service
 - Karoonda and District Soldiers' Memorial Hospital
 - Lameroo District Health Service
 - Loxton Hospital Complex
 - Mannum District Hospital
 - Meningie and Districts Memorial Hospital and Health Services
 - Pinnaroo Soldiers' Memorial Hospital
 - Renmark Paringa District Hospital
 - Tailem Bend District Hospital
 - Waikerie Health Service.

Limestone Coast Local Health Network

- Covers the south-east of the state, from the coast to the Victorian border.
- In 2019, the estimated resident population was 67,092 people, with the Aboriginal population at 1,225 (1.83%)
- Three activity base-funded² hospitals:

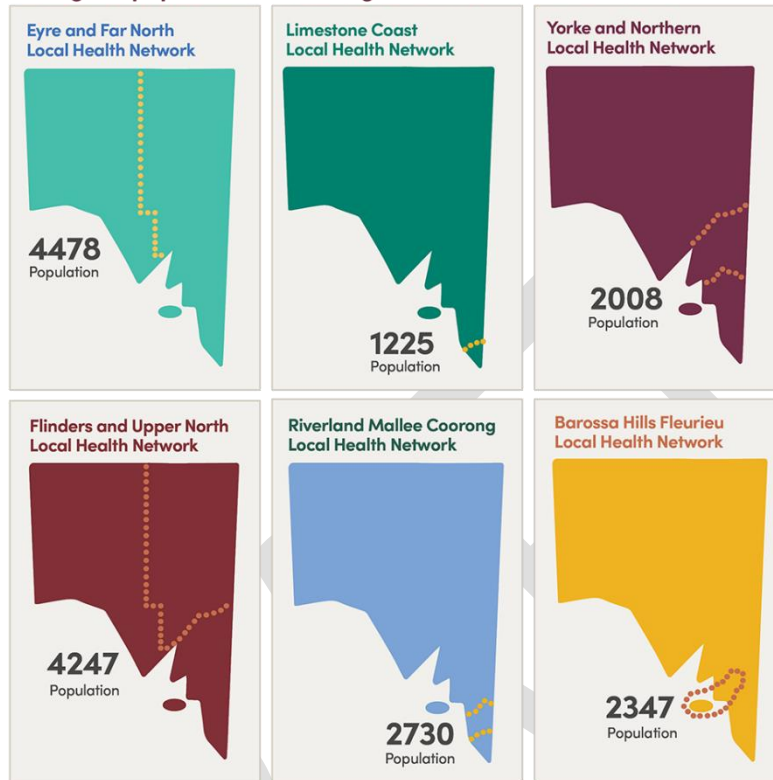
- Mount Gambier and Districts Health Service
- Millicent and Districts Hospital and Health Service
- Naracoorte Health Service.
- Three smaller grant-funded² sites:
 - Bordertown Memorial Hospital
 - Kingston Soldiers' Memorial Hospital
 - Penola War Memorial Hospital.

Yorke and Northern Local Health Network

- Covers the Yorke Peninsula, Southern Flinders, Lower North and Mid North.
- In 2019, the estimated resident population was 75,529 people, with the Aboriginal population at 2,008 (2.66%)
- Three activity base-funded² hospitals:
 - Port Pirie Regional Health Service
 - Clare Hospital and Health Services
 - Northern Yorke Peninsula Health Service (Wallaroo).
- 13 smaller grant-funded² sites:
 - Balaklava Soldiers' Memorial District Hospital
 - Booleroo Centre District Hospital and Health Services
 - Burra Hospital
 - Central Yorke Peninsula Hospital (Maitland)
 - Crystal Brook and District Hospital
 - Jamestown Hospital and Health Service
 - Laura and District Hospital
 - Minalton Health Centre
 - Orroroo and District Health Service
 - Peterborough Soldiers' Memorial Hospital
 - Port Broughton and District Hospital and Health Service
 - Riverton District Soldiers' Memorial Hospital
 - Snowtown Hospital and Health Service
 - Southern Yorke Peninsula Health Service (Yorketown).

Snapshot Aboriginal population as of 2016

Aboriginal population across regional local health networks



SA rural Aboriginal health workforce

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

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

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

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

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

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

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

The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) is the peak body for Aboriginal Health Workers (AHWs) and Aboriginal Health Practitioners (AHPs) in Australia. It was established in 2009, following the Australian Government's announcement of funding to strengthen the

Aboriginal and Torres Strait Islander health workforce as part of its 'Closing the Gap'. This plan is intended to work in parallel with work undertaken by NAATSIHWP.

While this plan focuses on addressing building the capability and capacity of our rural Aboriginal health workforce, it is also noted that the Department for Health and Wellbeing and the Aboriginal Health Council of South Australia (ACHSA) are undertaking Aboriginal health workforce planning. As these plans become available, strategies from these important documents should also be used to inform workforce planning in regional and rural communities.

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

Aboriginal Health Practitioner (AHP)⁴

An AHP is an Aboriginal person who is recognised by their community, holds a minimum HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) or equivalent and is registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA). The AHP delivers high quality, culturally appropriate clinical care to Aboriginal people and communities and undertakes clinical assessment, disease prevention and health promotion and clinical procedures along with providing specific health care programs.

In South Australia AHP training courses are available through the Aboriginal Health Council of SA as a registered training provider. Aboriginal people can undertake registered and recognised AHP training outside of South Australia through Darwin University.

Aboriginal Health Worker (AHW)⁵

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

Aboriginal Hospital Liaison Officer⁶

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

⁴ Aboriginal and Torres Strait Islander Proposed Career Structure, 2017

⁵ Definition obtained June 2021 from

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/health+services+for/aboriginal+health+services/aboriginal+health+workers>

⁶ Definition obtained June 2021 from

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

Aboriginal Maternal Infant Care Worker⁷

Aboriginal Maternal Infant Care (AMIC) Practitioners have specific qualifications to deliver aspects of clinical maternity care and to support the social determinants of health that are culturally safe for Aboriginal women or non-Aboriginal women carrying an Aboriginal baby. This is in response to Community's request for Aboriginal women to care for Aboriginal women during pregnancy, birth and to 8 weeks postnatally. AMIC Practitioners work within a multidisciplinary team and through developing positive relationships with each woman the AMIC Practitioner leads the cultural engagement and cultural care, advocating for Aboriginal women's needs where necessary.

Aboriginal Environmental Health Worker

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

Aboriginal Social and Emotional Wellbeing Officer

Aboriginal Social and Emotional Wellbeing (SEWB) Officers provides Aboriginal people and their families with a holistic and culturally responsive grief, loss and bereavement services, with a focus on social and emotional wellbeing, mental health and community connectedness.

Aboriginal Cultural Consultant

Aboriginal Cultural Consultant (ACC) contributes to improving the health outcomes for Aboriginal children and families that are participating in various health related programs such as the transitioning of patients from hospital to home.

Other Aboriginal Identified Positions

- Aboriginal Mental Health Worker
- Aboriginal Mental Health Workers and Consultant
- Aboriginal Family Support Worker
- Aboriginal Patient Pathway Officers
- Director Aboriginal Health
- Manager Aboriginal Health
- Aboriginal Project Officer
- Aboriginal Program Officer

⁷ Unpublished internal document, Regional Aboriginal Family Birthing Program, 2021

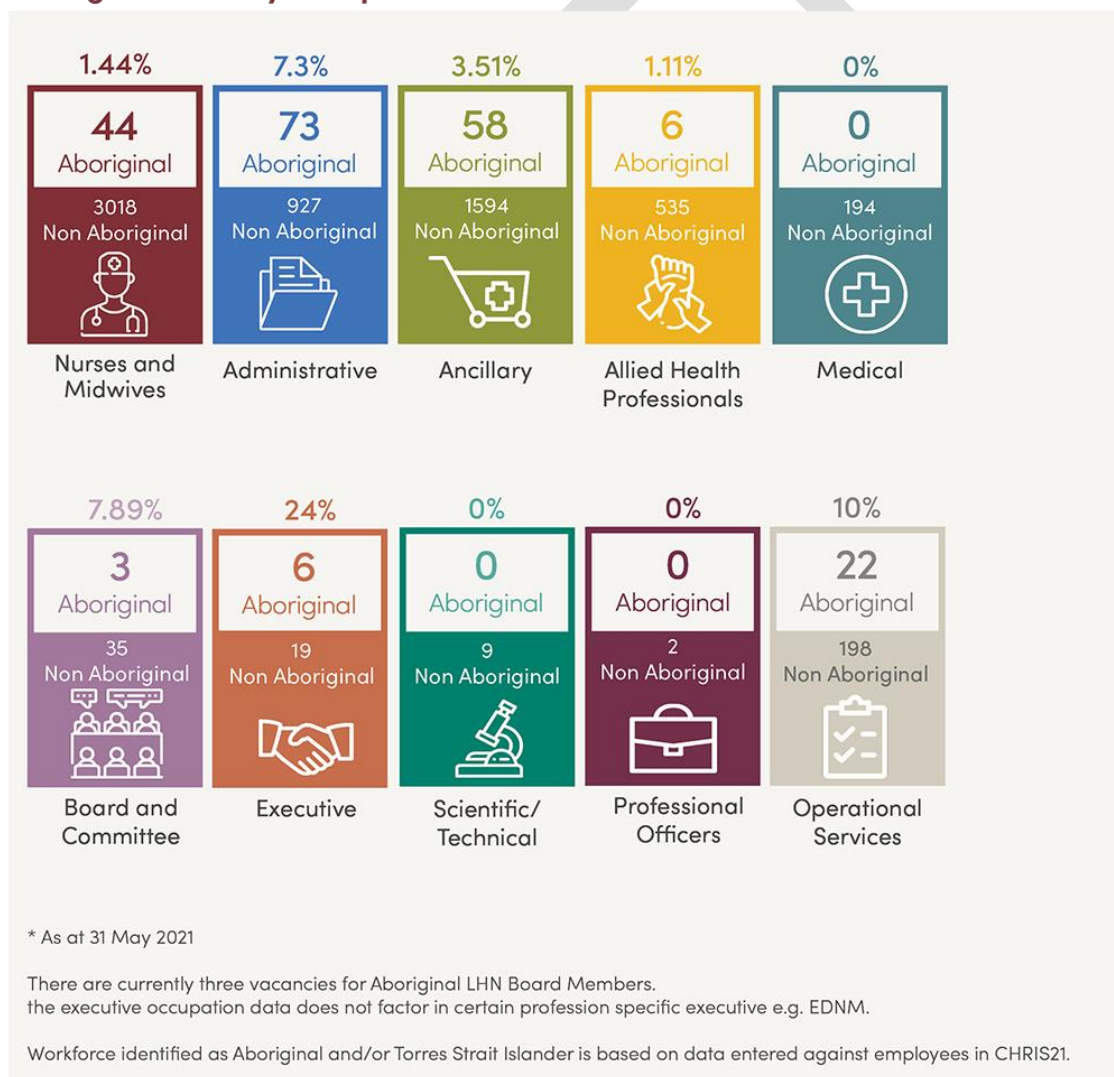
State and National Aboriginal Health Workforce Targets

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

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

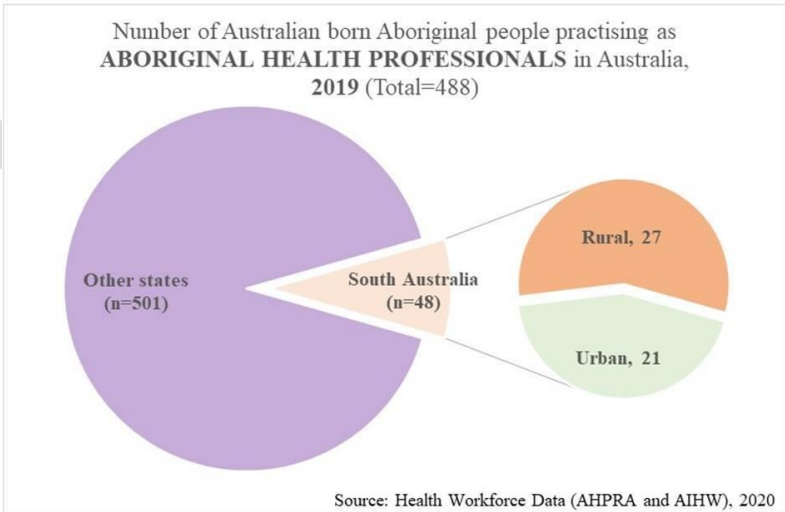
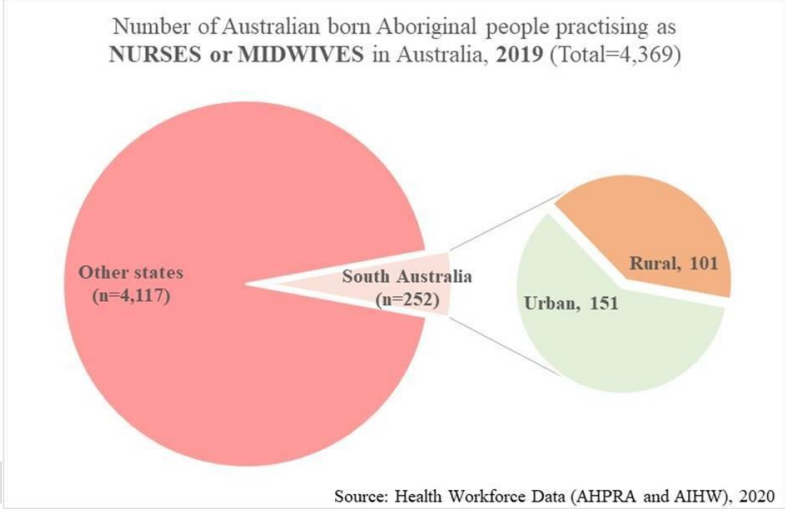
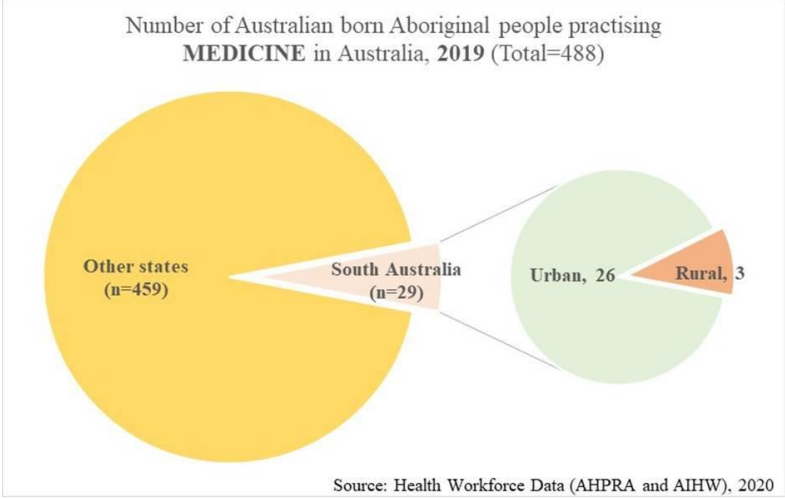
Snapshot of the Aboriginal health workforce in regional Local Health Networks by occupation as at May 2021

Aboriginal staff by occupation



Distribution of Aboriginal health workforce in regional Local Health Networks across professions as at May 2021

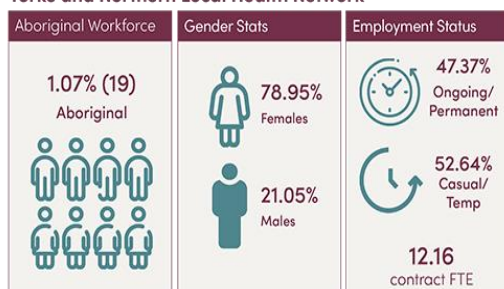




Note: Health Workforce Data (AHPRA and AIHW), 2020, includes numbers of current registered practitioners only

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

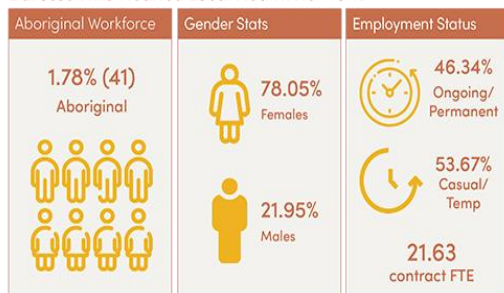
Yorke and Northern Local Health Network



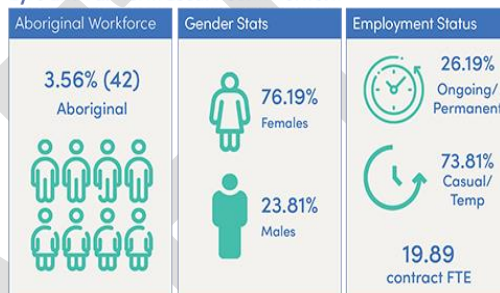
Limestone Coast Local Health Network



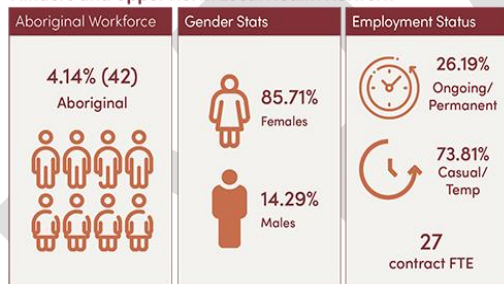
Barossa Hills Fleurieu Local Health Network



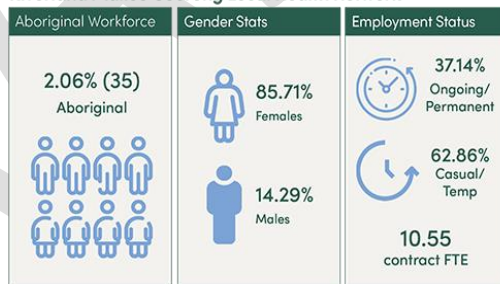
Eyre and Far North Local Health Network



Flinders and Upper North Local Health Network



Riverland Mallee Coorong Local Health Network



Rural Support Service



Under-representation of the Aboriginal workforce in regional local health networks compared to the non-Aboriginal workforce is clearly demonstrated in the diagrams above. Health workforce data plays a pivotal role in workforce decision making and has a significant influence on health care policy. Adequate workforce planning is reliant on access to accurate and comprehensive workforce datasets, and this area is addressed within this plan.



Aboriginal health leadership

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

There is continued underrepresentation of Aboriginal people in leadership roles within regional local health networks, with only 1.45% Aboriginal representation on boards and committees, and 1.46% representation in executive roles.⁸ This plan seeks to address inequalities in current leadership structures for Aboriginal health across the regional local health networks.


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⁸ As at May 2021, workforce identified as Aboriginal and/or Torres Strait Islander is based on data entered against employees in CHRIS21

Principles

Key principles underlying the workforce plan strategies are as follows:

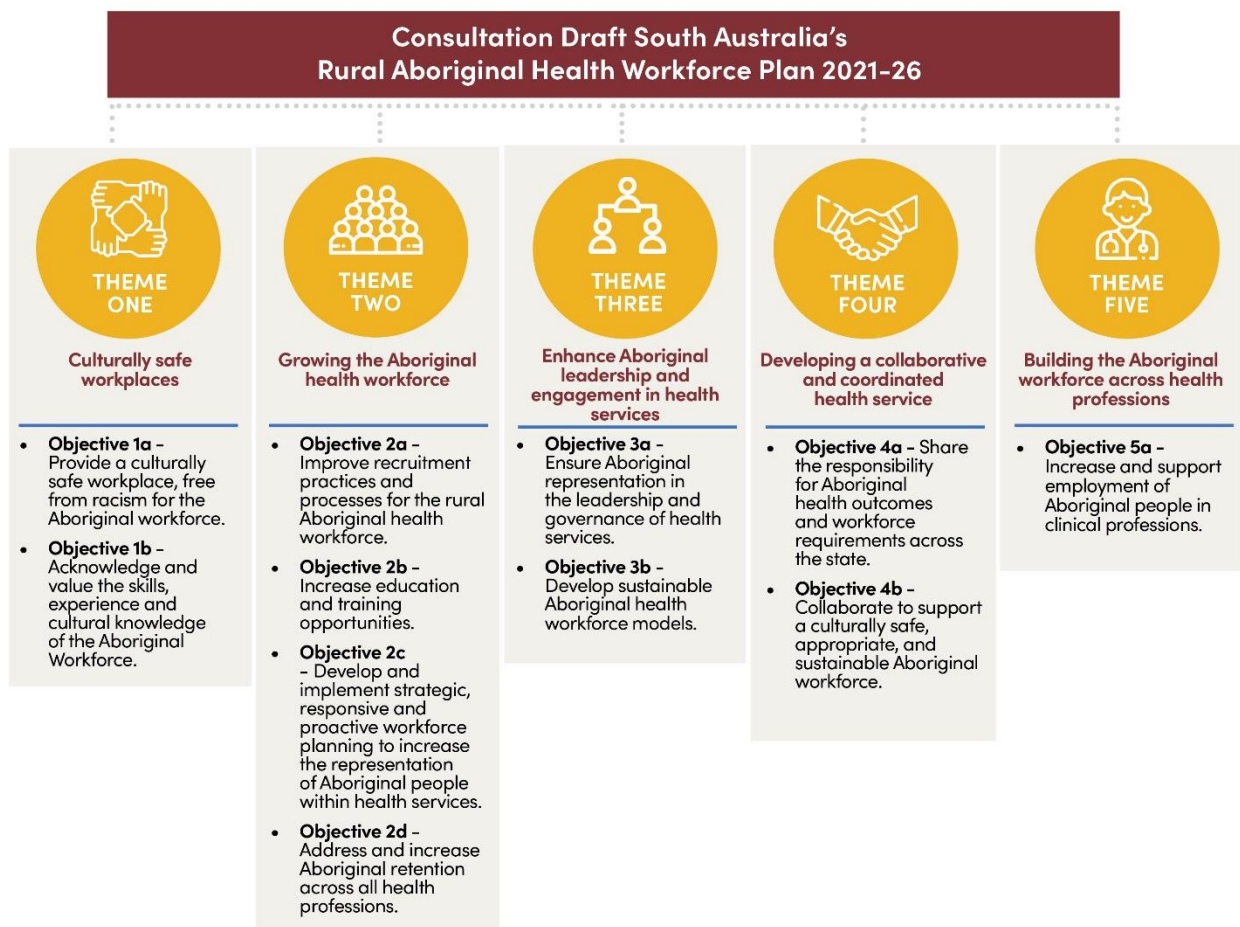
- There is no 'one size fits all' solution to ensure a sustainable rural Aboriginal health workforce. The Aboriginal health workforce in rural SA works in multiple service settings and is under-represented. Multiple, overlapping, integrated, coherent, and culturally appropriate strategies that meet local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

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- National and local Aboriginal health leadership need to be incorporated into SA's rural Aboriginal health workforce planning to improve access, equity and equality, ensure that the cultural determinants of health are recognised and enhance service quality.
 - Effective contribution to health service outcomes requires Aboriginal health leadership representation at all levels of the system. Governance structures must ensure that leadership development and succession planning are embedded into all health services to support and grow new Aboriginal health leaders, and that each organisation ensures accountability for the policies and outcomes of the organisation.
 - Opportunities and additional support structures are required for our emerging, new and existing Aboriginal health professionals to ensure provision of evidence-based health care delivery that meets the needs of rural communities.

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Themes and objectives

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



Strategies

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

THEME 1 - CULTURALLY SAFE WORKPLACES				
NO	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 1a) Provide a culturally safe workplace free from racism for the Aboriginal workforce, where skills, experience and cultural knowledge are acknowledged and respected				
1.1	Ensure cultural capability frameworks within health services are implemented and provide culturally safe and responsive workplaces	Regional LHNs	DHW Aboriginal communities	<ol style="list-style-type: none"> 1. Use the SA Health Cultural Learning Framework and the National Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health to develop, implement, evaluate and review cultural awareness and cultural learning strategies. 2. Work with local Aboriginal community(s) and Aboriginal workforce to codesign culturally safe and responsive learning frameworks that are inclusive of local cultural issues. <ol style="list-style-type: none"> 2.1. Determine workforce training content and design, and assessment of cultural understanding, in co-design with local Aboriginal communities, ensuring: <ol style="list-style-type: none"> a) Timebound actions for completion of training, requirements for ongoing training b) A focus on addressing processes, attitudes and behaviors that enable institutional racism to occur in health services c) Consideration is given to culturally responsive and evidence-based methods of delivery. 3. Develop and implement a cultural capability measurement tool kit encompassing individual, system and organisational measures for monitoring and evaluation of current and future workforce learning frameworks.

				<p>3.1. Seek Aboriginal community input into cultural capability measurement through culturally responsive mechanisms such as yarning circles, surveys or feedback from community representatives (Elders groups, AHAC, experts by experience) to measure the cultural safety and responsiveness of health services.</p>
1.2	<p>Review and address recommendations and actions from the:</p> <p>a) Health Performance Council's Report <i>Institutional racism: Audit of South Australia's Local Health Networks</i></p> <p>b) National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan</p>	Regional LHNs	<p>Aboriginal communities</p> <p>DHW</p> <p>RSS</p>	<ol style="list-style-type: none"> 1. Engage with key stakeholders to address, action and implement. 2. Develop monitoring mechanisms to evaluate and map out ongoing progress.
1.3	Support cultural wellbeing for the Aboriginal health workforce	Regional LHNs	<p>Aboriginal communities</p> <p>Wellbeing SA</p> <p>CEIH</p>	<ol style="list-style-type: none"> 1. Develop and implement a Cultural Supervision Framework to support all Aboriginal staff across regional local health networks, with cultural supports at every level. <ol style="list-style-type: none"> 1.1. Provide all new Aboriginal employees with a 'buddy' to ensure they are culturally supported throughout onboarding and provided ongoing opportunities for mentoring and support. 2. Establish a cultural component to the performance review and development process for the Aboriginal workforce to provide an opportunity for cultural guidance within performance development. 3. Support Aboriginal staff to utilise Traditional Aboriginal Healers for cultural wellbeing. 4. Identify and support change champions who promote cultural wellbeing to embed changes across each health service, and across all levels of management. They

				<p>must include both Aboriginal and non-Aboriginal employees.</p> <ol style="list-style-type: none"> Promote and celebrate Aboriginal culture within the health system through recognition of individuals and organisations who strive to create culturally safe and respectful workplaces. Promote awareness of Aboriginal-focused Employee Assistance Program providers. Promote and support attendance and participation of all Aboriginal staff in the SA Health Aboriginal Workforce Network program.
1.4	Ensure the health workforce, at all levels, receives ongoing cultural learning and embeds their knowledge in everyday practice	Regional LHNs	<p>Aboriginal communities</p> <p>RSS</p> <p>Private providers</p> <p>Health Advisory Councils</p>	<ol style="list-style-type: none"> Ensure all regional Local Health Network staff, from board members and CEO down, undertake ongoing culturally safe and responsive learning. Ensure all private health service providers working within public health services have undertaken localised cultural learning (where appropriate, utilising regional LHN culturally safe and responsive framework) and are offered local cultural supports. Ensure all Health Advisory Council (HAC) members undertake locally designed cultural learning. Ensure all cultural learning is in line with the SA Health Aboriginal Cultural Learning Framework 3 level approach.
1.5	Provide access to cultural coaching and mentoring for the non-Aboriginal workforce to promote continued self-reflection on their current practices and support their learning and understanding of Aboriginal culture ⁹ .	Regional LHNs	<p>Aboriginal communities</p> <p>RSS</p>	<ol style="list-style-type: none"> Incorporate cultural safety measures in all performance review and development processes to increase cultural self-awareness, work practices and culturally responsive services at an organisational level. Create structural supports in regional LHNs to embed cultural coaching and mentoring for the non-Aboriginal workforce using both internal and local community resources. Ensure this

⁹ We are working for our people – Growing and strengthening the Aboriginal and Torres Strait Islander Health Workforce, Career Pathways Project Report (2020), Lowitja Institute, Aboriginal Medical Services Alliance Northern Territory, UNSW Sydney

				includes managers who are in acting positions.
Objective 1b) Acknowledge and value the skills, experience and cultural knowledge of the Aboriginal Workforce				
1.6	Incorporate the cultural skills and experience of the Aboriginal workforce in SA Health role descriptions to recognise the value these elements bring to high quality service provision and workplace culture	Regional LHNs	DHW RSS	<ol style="list-style-type: none"> 1. Update all role descriptions with desirable skills/experience to acknowledge Aboriginal workers and respect the unique skill sets they bring to an organisation. 2. Ensure all Aboriginal-specific role descriptions incorporate essential skills and experience relating to Aboriginal culture.
1.7	Explore opportunities to showcase success stories of the Aboriginal workforce and services in rural South Australia	Regional LHNs	Aboriginal Communities DHW RSS	<ol style="list-style-type: none"> 1. Link with and develop local award opportunities to recognise Aboriginal workforce and programs including, but not limited to NAIDOC awards, SA Health awards and local government awards. 2. Utilise existing staff forums to highlight achievements.

THEME 2 - GROWING AND RETAINING THE ABORIGINAL HEALTH WORKFORCE

NO	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 2a) Improve recruitment practices and processes for the rural Aboriginal health workforce				
2.1	Identify innovative and creative ways to attract Aboriginal workforce into the health service	Regional LHNs	Aboriginal communities RSS DHW AHCSA Universities Vocational education and training (VET) providers Aboriginal Employment Register Schools Department for Education Industry Skills Council GPEx Indigenous Allied Health Australia (IAHA) Indigenous Doctors Association Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) CountrySA PHN	<ol style="list-style-type: none"> 1. Develop and implement local communication strategies and awareness campaigns that involve and promote the Aboriginal workforce and deliver these campaigns locally through social media, local Aboriginal organisations and the local Aboriginal community including: <ol style="list-style-type: none"> 1.1. Schools through connection with ACETOs and other education institutions 1.2. Mature entry students 1.3. Disengaged youth through existing programs (e.g. FLO, CLONTAR) 1.4. Local Aboriginal community networks 1.5. Career expos. 2. Develop workforce attraction models aligned with the Industry Immersion Program to enhance education in health careers and as an avenue to attract Aboriginal secondary students into the health workforce. 3. Develop a target-driven strategy to identify entry points to connect with and identify opportunities for Aboriginal secondary and tertiary students in rural and remote regions to pursue health careers. 4. Advertise key vacancies through Aboriginal networks and the Aboriginal Employment Register. 5. Embed and promote a culturally safe workplace (by addressing Strategy 1) as part of communication strategies, promoted by both Aboriginal and non-Aboriginal staff. 6. Collaborate with universities/VET and other RTO to investigate challenges in the attraction and recruitment of Aboriginal people into the health

				<p>workforce and develop strategies to address them.</p> <p>6.1. Establish programs that support Aboriginal participation into higher education that incorporate cultural learning practices.</p> <p>7. Develop attraction approaches that address issues that deter Aboriginal people from entering the health workforce:</p> <p>7.1. Access to education and training that allows students to stay on country to undertake study</p> <p>7.2. Establish mechanisms to support Aboriginal workforce experiencing cultural isolation.</p>
2.2	Increase Aboriginal recruitment across all health professions	Regional LHNs	<p>Aboriginal communities</p> <p>RSS</p> <p>DHW</p> <p>Universities</p> <p>Vocational education and training (VET) providers</p> <p>Aboriginal Employment Register</p> <p>Schools</p> <p>Department for Education</p> <p>Employment agencies</p> <p>Industry Skills Council</p> <p>GPEX</p> <p>Rural Doctors Workforce Agency (RDWA)</p>	<p>1. Identify Aboriginal workforce recruitment challenges.</p> <p>1.1. Identify strategies to link with and progress implementation of this Plan by providing resources to RSS and Regional LHNs (refer 2.8.2 and 2.8.3 of this plan).</p> <p>1.2. Establish a regional LHN working group to look at best practice research, and identify required actions, including development of culturally appropriate recruitment resources to support a grow your own philosophy.</p> <p>2. Develop innovative pathways and opportunities to support Aboriginal people to enter the workforce.</p> <p>2.1. Explore opportunities for pathways to employment with an Aboriginal support structure through:</p> <p>a) volunteering in health service settings</p> <p>b) work experience and work readiness skills programs in clinical and non-clinical streams</p> <p>c) Aboriginal-identified tertiary student placements.</p>

			<p>Indigenous Allied Health Australia (IAHA)</p> <p>Australian Indigenous Doctors Association</p> <p>Services for Australian Rural and Remote Allied Health (SARRAH)</p> <p>Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)</p> <p>Country SA PHN</p>	<p>2.2. Strengthen and embed clear career pathways for the current and future Aboriginal workforce.</p> <ul style="list-style-type: none"> a) Improve long term employment opportunities with consideration to ongoing health needs of the local community. b) Target and prioritise recruitment of Aboriginal people into pathways to clinical and non-clinical mainstream positions and promote, and support training opportunities for this career progression. c) Investigate opportunities for Aboriginal-identified positions, recruitment programs and pathways in all service streams, particularly those identified as being of critical importance in “Closing the Gap” in health outcomes. d) Work with local employment agencies to create pathways and entry points into the health system. e) Explore opportunities within existing programs and funding initiatives, such as Skilling SA, to develop pathways into the health system. f) Offer financial and cultural supports for employment opportunities off country. <p>2.3 Collaborate with TAFE and other RTO to embed cultural considerations into learnings that support the increase in successful completion of program courses.</p> <p>3. Embed Aboriginal-identified roles in rural communities as an education and career pathway and utilise these to facilitate clinical and cultural integration into new and emerging models of care.</p> <p>3.1. Utilise the Aboriginal Health Worker role as an entry point into the health workforce with an identified educational and career pathway.</p>
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				<p>3.2. Identify clear pathways from Aboriginal Health Worker to Aboriginal Health Practitioner.</p> <p>3.3. Develop and promote clear pathways for Aboriginal Health Practitioners including but not limited to specialised fields of practice for chronic conditions.</p> <p>a) Collaborate with ACCHOs to formalise opportunities for career progression and models of care across services.</p> <p>3.4. Develop and implement cadet programs for Aboriginal Health Worker positions with the opportunity for employment upon completion of the program.</p> <p>a) Investigate successful models from other states and jurisdictions.</p> <p>b) Promote these opportunities broadly both within current Aboriginal workforce and Aboriginal community.</p> <p>4. Examine the current use of the Aboriginal Employment Register, and identify any barriers experienced by potential applicants and employers.</p> <p>4.1 Determine opportunities to raise the profile of the Aboriginal Employment Register.</p> <p>4.2 Explore constraints to utilisation of the Aboriginal Employment Register for potential applicants and potential employers.</p> <p>4.3 Embed utilisation of the Aboriginal Employment Register in recruitment processes to enable greater uptake of the resource.</p> <p>5. Provide Aboriginal medical graduates with targeted options and support to enter Rural Generalist training in South</p>
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				<p>Australia through the Rural Generalist Program South Australia¹⁰.</p> <p>6. Utilise existing Commonwealth funding to target recruitment of Aboriginal allied health professionals, through supporting entry to training programs such as the Allied Health Rural Generalist Pathway¹¹.</p>
2.3	Develop culturally safe recruitment strategies that are flexible and innovative and highlight the benefits of working in rural South Australia	Regional LHNs	Aboriginal communities RSS	<p>1. Explore new practices for recruitment within but not limited to HR procedures, including:</p> <p>1.1. Inclusion of Aboriginal representation on selection panels when assessing applicants' response to role description criteria</p> <p>a) Develop interview practices for Aboriginal applicants including opportunities to demonstrate cultural skills and knowledge.</p> <p>b) Utilise cultural approaches to conducting interviews, considering alternative models such as yarning circle style.</p> <p>c) Actively involve local Aboriginal community representation on interview panels, including opportunity to provide input to the interview process.</p> <p>d) Offer cultural support to Aboriginal applicants to navigate through the entire recruitment process (e.g. application, interview, induction)</p> <p>e) Provide a welcome process and introduction package for new Aboriginal employees at all levels:</p> <ul style="list-style-type: none"> • to be initiated and driven by line managers and in consultation with senior Aboriginal staff, if appropriate

¹⁰ SA Rural Generalist Program, <https://www.ruralgeneralist.sa.gov.au/>

¹¹ Allied Health Rural Generalist Program, <https://www.sarrah.org.au/our-work/ahrgpathway>

				<ul style="list-style-type: none"> • ensuring senior Aboriginal staff have the opportunity to meet and welcome new staff to create a culturally safe workplace. <p>f) Use the recruitment process to assess where all prospective health staff are in their cultural learning journey.</p> <p>2. Support all panel members in their cultural learning journey to ensure they have a clear understanding of Aboriginal culture and are equipped to undertake culturally safe and supportive recruitment processes.</p>
2.4	Implement Aboriginal staff talent register to enable more efficient and effective recruitment outcomes for Aboriginal people	RSS	Aboriginal communities Regional LHNs	<p>1. Strengthen PRD processes to offer a flexible approach that identifies and supports Aboriginal staff capability, aspiration and professional development needs in a culturally safe setting in order to improve Aboriginal workforce development and planning at an LHN level.</p> <p>2. Utilise the Aboriginal Employment Register to identify staff skills and capabilities and provide an opportunity for future employment and career growth.</p>

Objective 2b) Increase education and training opportunities

2.5	Strengthen and support training opportunities for current and future Aboriginal workforce	RSS	<p>Aboriginal communities</p> <p>Regional LHNs</p> <p>DHW</p> <p>AHCSA</p> <p>Universities</p> <p>Vocational education and training (VET) providers</p> <p>Schools</p> <p>Department for Education</p> <p>Employment agencies</p> <p>Industry Skills Council</p> <p>Indigenous Allied Health Australia (IAHA)</p>	<ol style="list-style-type: none"> 1. Advocate for learning opportunities to improve the preparedness of Aboriginal students entering higher education (both at the tertiary and vocational education and training levels). 2. Investigate opportunities to develop cross organisation and profession training programs to extend skill sets and exposure to pathway opportunities in health services. 3. Partner with the education sector to offer professional education in a local setting on country, with placements offered locally and including pathways to ongoing local employment. 4. Partner with DHW Chief Officers for each health profession to identify and implement training opportunities for the Aboriginal workforce. 5. Use alternative methods and models of on the job training and tertiary-based education and learning, focussing on the relationship between culture and learning. 6. Provide specific support to initiatives to expand rural medical training designed around Aboriginal communities and students, in particular the Australian Remote Medicine Academy concept. 7. Offer, resource and expand cadetships, internships, scholarships and traineeship opportunities. <ol style="list-style-type: none"> 7.1. Support student readiness through early interaction with the workforce by offering local work experience programs within all areas of health services. 7.2. Provide individualised, financially sustained placements and work opportunities with collegial support, education scaffolding and other incentives. 7.3. Explore examples of best practice for culturally respectful supported employment opportunities.
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2.6	Ensure all Aboriginal staff have access to ongoing professional development, education, training and support in planning and pursuing their career pathways	Regional LHNs	Aboriginal communities RSS Registered Training Organisations (RTOs) Aboriginal Health Council of South Australia (AHCSA) Aboriginal Community Controlled Health Organisations (ACCHOs)	<ol style="list-style-type: none"> 1. Develop tools as an extension of performance review and development to gauge the current workforce interest in career progression and offer and support training opportunities for upskilling. 2. Consider redesigning relevant performance review and development templates to better reflect Aboriginal workforce needs. 3. Include Aboriginal staff in succession planning for future Aboriginal and non-Aboriginal leadership roles. 4. Support Aboriginal staff to upskill and address gaps that restrict their career progression/mobility. 5. Provide and support secondment opportunities across LHNs and other organisations (e.g. ACCHOs), noting short term contracts as a potential barrier.
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Objective 2c) Develop and implement strategic, responsive and proactive workforce planning to increase the representation of Aboriginal people within health services

2.7	Develop systems for better collection of, and access to, Aboriginal health workforce data and statistics, including addressing existing barriers and limitations	RSS	DHW Regional LHNs Industry Skills Council Universities DfE RTOs GPEx	<ol style="list-style-type: none"> 1. Improve access to and availability of comprehensive Aboriginal health workforce data to respond to emerging rural health priorities and to support the development of innovative and responsive Aboriginal health workforce models. <ol style="list-style-type: none"> 1.1. Analyse local data, including but not limited to: <ul style="list-style-type: none"> • population • local hospital presentations (% Aboriginal client base) • tertiary retention and completion rates • pay levels and job types to track career progression. 1.2. Investigate connections between acute presentations and primary health care activities to align workforce planning and investment with hospital avoidance strategies. 1.3. Utilise grant and other funding opportunities and commissioning processes in collaboration with Directors of Aboriginal Health and other key stakeholders, to specifically support service delivery by the rural Aboriginal Health workforce. 2. Streamline records management tools and processes to allow for consistent capture of Aboriginal workforce representation in health services. 3. Collaborate with key industry stakeholders in the education sector to analyse student and health workforce data to inform future education planning.
2.8	Establish standardised Aboriginal health workforce structures to enable consistency	RSS	Regional LHNs	<ol style="list-style-type: none"> 1. Collaborate with regional LHN People and Culture representatives and other key stakeholders to identify and develop innovative Aboriginal-specific

	across rural health services, with flexibility for local context			<p>workforce structures that incorporate cultural elements, including but not limited to:</p> <ul style="list-style-type: none"> • Supervision and mentoring • Cultural support • Succession planning. <p>2. Establish an Aboriginal health team based in the RSS to provide overarching support to regional LHNs for implementation of the Rural Aboriginal Health Workforce Plan with a focus on sustainable outcomes.</p> <p>3. Establish an Aboriginal workforce position in each regional LHN to support future workforce planning and drive implementation of the Rural Aboriginal Health Workforce Plan.</p>
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Objective 2d) Address and increase Aboriginal retention across all health professions

2.9	Develop retention strategies that support the Aboriginal workforce	Regional LHNs	Aboriginal communities RSS DHW	<ol style="list-style-type: none"> 1. Develop models to evaluate the retention of Aboriginal staff within health services and use this data to develop and implement innovative retention strategies. 2. Embed opportunities for networking and support of the Aboriginal Health workforce. <ol style="list-style-type: none"> 2.1. Facilitate networking for Aboriginal allied health professionals undertaking the Allied Health Rural Generalist Pathway, across regional LHNs and ACCHOs. 3. Ensure members of the Aboriginal workforce are given opportunities to support each other, through dedicated regular meetings and/or Aboriginal forums. 4. When creating on the job training initiatives, consider offering multiple positions to decrease isolation and ensure staff do not feel culturally unsafe. 5. Offer more permanent positions to the current and future Aboriginal health workforce.
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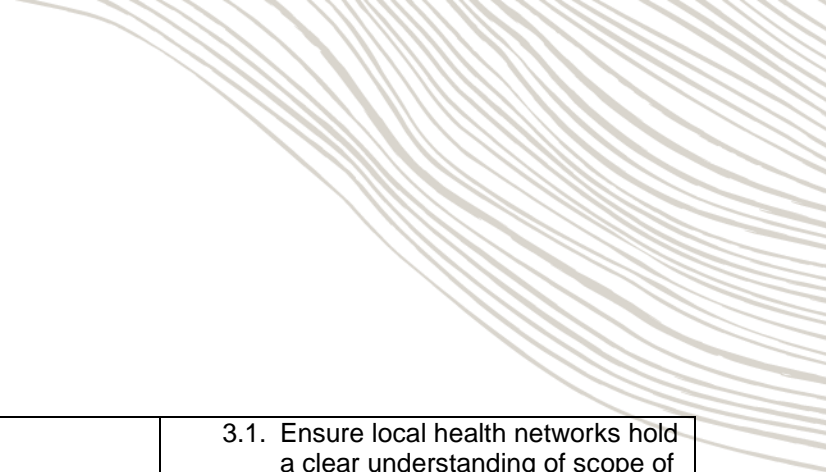
				<p>6. Offer and support career development opportunities.</p> <p>6.1. Offer profession specific positions to current Aboriginal workforce who undertake and complete AHP/ AMIC, AHPRA registered training.</p> <p>6.2. Provide early career Aboriginal allied health professionals with targeted options and support to enter training programs such as the Allied Health Rural Generalist Pathway.</p> <p>6.3. Develop work shadowing models to support the upskilling of the Aboriginal workforce.</p> <p>7. Review current flexible workplace guidelines to ensure they encompass family, community and cultural obligations.</p> <p>7.1. Ensure all managers have an understanding of cultural leave requirements and support staff to access their entitlements.</p> <p>8. Develop workforce models that value and embed Aboriginal cultural knowledge, skills and expertise.</p> <p>9. Undertake culturally safe and responsive exit interviews with all Aboriginal staff.</p>
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THEME 3 - ENHANCE ABORIGINAL LEADERSHIP AND ENGAGEMENT IN HEALTH SERVICES

NO	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 3a) Ensure Aboriginal representation in the leadership and governance of health services				
3.1	Ensure Aboriginal people are well represented on governing bodies, committees and groups that are responsible for advising on and overseeing health services	Regional LHNs	Aboriginal communities DHW	<ol style="list-style-type: none"> 1. Support the Aboriginal workforce across all health professions to sit on committees, boards across SA Health <ol style="list-style-type: none"> 1.1. Ensure there is multiple Aboriginal representation to ensure cultural safety when sitting on committees and boards. 2. Offer and support the Aboriginal workforce to sit alongside Directors of Aboriginal Health at executive level meetings for upskilling, work shadowing, and to link with succession planning.
3.2	Increase employment opportunities for Aboriginal leaders where they can directly influence policy development and service delivery	Regional LHNs	Aboriginal communities RSS DHW	<ol style="list-style-type: none"> 1. Provide opportunities for and support career progression and leadership development through secondment, job shadowing, mentoring and backfilling opportunities across service streams. 2. Support and facilitate opportunities for Aboriginal staff to participate in leadership training and development programs. <ol style="list-style-type: none"> 1.1. Provide supports and guidance to build and strengthen the Aboriginal workforce capacity and capability to successfully participate in these programs. 2. Include Aboriginal voices in all decision making including, but not limited to: <ol style="list-style-type: none"> 2.1. early opportunities to build understanding of decision-making processes 2.2. support to be influential with direction and guidance from senior leaders.

Objective 3b) Develop sustainable Aboriginal health workforce models

3.3	Develop, build and fund specific workforce models centered around the Aboriginal workforce delivering services to Aboriginal consumers	RSS	Regional LHNs DHW	<ol style="list-style-type: none"> 1. Research best practice workforce models around targeted health needs that incorporate cultural understanding, for potential implementation across local health networks. 2. Consider providing additional specific financial grants or other resources alongside activity-based funding, for Aboriginal specific health services with an evidence base for ongoing community demand.
3.4	Plan to address legislative, regulatory and other barriers that limit the opportunities for Aboriginal Health Practitioner (AHP) and Aboriginal Health Worker (AHW) models of practice	RSS	Regional LHNs DHW National Association for Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) Australian Health Practitioner Regulation Agency (AHPRA) AHCSA ACCHOs	<ol style="list-style-type: none"> 1. Explore new funding models to support a sustainable AHP and AHW workforce. 2. Identify barriers and explore strategies to support AHP and AHW to practice effectively including, but not limited to, review of legislative constraints to clinical scope of practice. 3. Build and strengthen partnerships with RTO's e.g. AHCSA to develop innovative models of practice for AHP and AHW. 4. Investigate organisational barriers in scope of practice for AHP in comparison to ACCHO, including clinical and non-clinical areas to identify and analyse gaps, and develop actions to address them.
3.5	Increase opportunities for Aboriginal Health Practitioners and Aboriginal Health Workers to develop and utilise specialist practice skills and knowledge to meet the requirements of new models of care	RSS	Regional LHNs DHW National Association for Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) Australian Health Practitioner Regulation Agency (AHPRA)	<ol style="list-style-type: none"> 1. Work with key stakeholders to identify successful examples of specialist roles of AHP and AHW in health services and assess them for sustainability, scalability and transferability across other rural and remote settings. 2. Work with regional health services to consider where specialist AHP and AHW would improve service delivery and community health outcomes. 3. Explore opportunities that enable AHP and AHW to work to their full scope of practice.



				<p>3.1. Ensure local health networks hold a clear understanding of scope of practice and capability of the Aboriginal Health Worker, Aboriginal Maternal Infant Worker and Aboriginal Health Practitioner roles.</p> <p>4. Better utilise the AHW role in delivering services to complement activities undertaken by AHP.</p>
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THEME 4 – DEVELOPING A COLLABORATIVE AND COORDINATED HEALTH SYSTEM

NO	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 4a) Share the responsibility for Aboriginal health outcomes and workforce requirements across the state				
4.1	Develop partnerships with Aboriginal organisations to lead community-driven workforce models and policy initiatives that encompass a holistic view of health	Regional LHNs	Aboriginal communities AHCSA RSS	<ol style="list-style-type: none"> 1. Identify peak bodies, Elders and community leaders to establish and formalise partnerships with SA Health delivered services. 2. Implement mechanisms for forming and maintaining partnerships with Aboriginal and Torres Strait Islander communities and representative organisations.
4.2	Develop Aboriginal health workforce implementation plans within each regional Local Health Network, aligned to the Strategy in consultation with key Aboriginal stakeholders	RSS Regional LHNs	Aboriginal communities AHCSA DHW	<ol style="list-style-type: none"> 1. Convene an Aboriginal Rural Working Group to support development of plans and assessment of local implementation requirements. 2. Advocate for sufficient resources to support agreed initiatives outlined in local Aboriginal workforce implementation plans. 3. Develop and promote Communities of Practice to raise the profile of Aboriginal health roles and improve health practice.
4.3	Strengthen links with key stakeholders across health education, training and service delivery	Regional LHNs	Aboriginal communities AHCSA RSS Industry skills council Metropolitan LHN DHW RTOs Universities GPEx	<ol style="list-style-type: none"> 1. Establish and use collaborative opportunities between regional and metropolitan LHNs, private sector, ACCHOs and other key health providers, including but not limited to general practice, aged care and disability support providers. 2. Partner with industry skills councils to offer collaborative local training opportunities in rural areas.

Objective 4b) Collaborate to support a culturally safe, appropriate, and sustainable Aboriginal workforce

4.4	Work with ACHSA, ACCHOs and other health services to maintain and increase skill development opportunities for the Aboriginal health workforce	Regional LHNs	Aboriginal communities AHCSA ACCHO RSS Universities Australian Rural Health and Education Network (ARHEN)	<ol style="list-style-type: none"> 1. Explore potential shared employment models between ACCHOs and regional LHNs. 2. Explore opportunities for clinical placements and career progression between ACCHOs and regional LHNs.
4.5	Partner with the education sector to develop and implement innovative training opportunities and career pathways into health services (reference flexible pathways policy)	RSS	Aboriginal communities AHCSA ACCHO RSS DHW DfE Universities Training providers Aboriginal Land Councils Industry Skills Council	<ol style="list-style-type: none"> 1. Work with relevant stakeholders to implement strategies to increase learner uptake of careers within the health field. 2. Collaborate with Department for Education in implementing the Industry and Employer Immersion Program. 3. Partner with higher education sector and ACCHOs to introduce supportive and community-led alternative entry pathways into health service streams. 4. Work with RTOs to develop and strengthen culturally safe training and learning environments for Aboriginal people.
4.6	Partner with local Aboriginal communities and organisations to provide training and capacity building opportunities at a local level	LHN	Aboriginal communities AHCSA ACCHO RSS Private Aboriginal consultancy providers	<ol style="list-style-type: none"> 1. Partner with local Aboriginal communities and organisations to 'grow your own' local trainers to support greater engagement in and uptake of higher education and employment opportunities. 2. Work with local Aboriginal communities and organisations to explore other opportunities to expand the Aboriginal health workforce.

THEME 5 – BUILDING THE ABORIGINAL WORKFORCE ACROSS HEALTH PROFESSIONS

NO	STRATEGY	KEY LEAD	STAKEHOLDERS AND PARTNERS	ACTIONS
Objective 5a) Increase and support employment of Aboriginal people in clinical professions				
5.1	Support an increase in Aboriginal and Torres Strait Islander students entering medical school and postgraduate medical training and practice in rural areas (as per the SA Rural Medical Workforce Plan)	Rural Trainee Medical Officer Unit	Universities RDWA AHCSA Regional LHNs DHW	1. Support South Australian medical schools to implement quotas for Aboriginal and Torres Strait Islander students (as per SA Rural Medical Workforce Plan 1.13).
5.2	Develop and implement a best practice mentoring and support framework for rural SA nurses and midwives (as per Nursing and Midwifery plan 1.9)	RSS	Regional LHNs Regional service providers Metropolitan LHNs CEIH AHCSA CRANaplus Other relevant professional bodies	1. Ensure cultural training that includes cultural safety, local knowledge and experience is supported and accessible.
5.3	Increase the numbers and representation of the Aboriginal and Torres Strait Islander nursing and midwifery workforce (as per Nursing and Midwifery plan 1.10)	Regional LHNs	RSS Education providers VET sector Universities CATSINaM AHCSA ACCHOs Other relevant professional bodies Metropolitan LHNs	1. Target and prioritise recruitment of Aboriginal and Torres Strait Islander students into pathways to nursing and midwifery. <ul style="list-style-type: none"> 1.1. Partner with Aboriginal communities and ACCHOs to facilitate early engagement with Aboriginal people to provide pathways to nursing and midwifery careers. 1.2. Expand support for Aboriginal students in the Enrolled Nursing Cadet Program including opportunities for flexible and innovative study options. 1.3. Explore innovative models and pathways for Aboriginal and

				<p>Torres Strait Islander workforce in the community and aged care sectors, including use of Aboriginal employment agencies.</p> <ol style="list-style-type: none"> Increase opportunities for support worker role/s, which can flexibly support nursing and midwifery, including AMIC workers, Aboriginal health 5.4workers, and Aboriginal mental health workers in both acute and community settings. Collaborate with the education sector (VET and university) to ensure pathways and clinical placement opportunities meet the needs of Aboriginal and Torres Strait Islander students, including identification of support mechanisms to enhance successful training outcomes. <p>Identify models that support specialty graduate programs for Aboriginal students that provide a continuity approach to nursing practice for Aboriginal people.</p>
5.4	Identify opportunities to improve Aboriginal and Torres Strait Islander health outcomes (as per Nursing and Midwifery plan 2.8)	Regional LHNs	<p>RSS AHCSA CATSINaM Aboriginal Family Birthing Program representatives ACCHOs ACM ACN CRANaplus ANMF</p>	<ol style="list-style-type: none"> Consider opportunities for the development of Aboriginal and Torres Strait Islander specific services (such as those seen in the Northern Adelaide Local Health Network and Women's and Children's Health Network) in regional LHNs. Work with the regional LHN Aboriginal health directors and key stakeholders/professional bodies to understand and embed key requirements for culturally safe practice. Develop opportunities for models that utilise support roles such as Aboriginal health workers, AMIC workers and Aboriginal mental health cultural workers to work in collaboration with the nursing and midwifery workforce.
5.5	Develop and implement a comprehensive recruitment and retention strategy that promotes SA regional allied and	RSS Regional LHNs	<p>Regional LHNs DHW SCSS</p>	<ol style="list-style-type: none"> Partner with IAHA, ACCHOs and local Aboriginal communities to promote SA regional allied and scientific health careers.

	scientific health positions and rural living (as per SA Rural Allied and Scientific Health Workforce Plan 1.1)		Universities University rural student associations Professional associations SARRAH CSAPHN RDWA IAHA ACCHOS	
5.6	Establish structures and pathways to support rural students to undertake allied and scientific health training closer to home (as per SA Rural Allied and Scientific Health Workforce Plan 1.8)	ASHO RSS	Regional LHNs DHW SCSS Universities Commonwealth Government Professional associations ACCHOs	1. Increase the number of targeted allied and scientific health university scholarship positions for rural students, through partnerships with university, health, ACCHOs, industry and the Commonwealth.
5.7	Embed innovative rural placement models that enhance the student experience and maximise exposure to rural practice (as per SA Rural Allied and Scientific Health Workforce Plan 1.9)	RSS	Regional LHNs SCSS ASHO DHW Universities Local government ACCHOs CSAPHN	1. Establish clinical placements that are longitudinal to allow students to gain a deeper exposure to rural practice by: 1.1. ensuring greater engagement with Aboriginal communities in rural areas.
5.8	Advocate for opportunities to expand digital infrastructure and resources to regional communities to improve consumers access to technology (as per SA Rural Allied and Scientific Health Workforce Plan 2.1)	DHW	Local government ACCHOs Commonwealth government Regional LHNs RSS CSAPHN	1. Explore opportunities to provide consumers with adequate internet and other digital health technologies, while maintaining their privacy and confidentiality, through existing community centres in ACCHOs or other local government spaces.

			National Rural Health Alliance	
5.9	Improve the capture, reporting and the analysis of allied and scientific health workforce data and trends to enhance service planning and future modelling (as per SA Rural Allied and Scientific Health Workforce Plan 2.8)	RSS Regional LHNs	ASHO SCSS CSAPHN Universities Professional associations Commonwealth government VET providers Private Health Insurance Administration Council Private aged care providers Metropolitan LHNs ACCHOs Disability service providers OCPSE	1. Collaborate with universities, VET providers, CSAPHN, private sector, metropolitan LHNs and ACCHOs, where relevant, during service planning to support future workforce projections and service needs through targeted allied and scientific health training pipelines.
5.10	Increase and improve representation of Aboriginal and Torres Strait Islander allied and scientific health professionals working in regional areas (as per SA Rural Allied and Scientific Health Workforce Plan 3.3)	Regional LHNs	RSS ACCHOs SCSS DHW Universities CSAPHN IAHA SARRAH	<ol style="list-style-type: none"> 1. Implement key strategic priorities of the <i>SA Health Aboriginal Workforce Framework 2017–2022</i> and the <i>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023</i> and subsequent national strategies. 2. Explore opportunities to partner with and develop formalised partnerships with universities, high schools and Aboriginal communities for early engagement with younger Aboriginal students through: <ol style="list-style-type: none"> 2.1. targeted work experience opportunities 2.2. mentorship opportunities. 3. Partner with higher education sector and ACCHOs to introduce supportive and community-led alternative entry

				<p>pathways to allied and scientific health courses.</p> <ol style="list-style-type: none"> 4. Partner with IAHA and Aboriginal communities to implement the recommendations from the National Rural Health Commissioner's report on establishing a National Aboriginal and Torres Strait Islander Health Academy in SA. 5. Increase the number of Aboriginal and Torres Strait Islander people participating in allied and scientific health courses through introductions of university sub-quotas. 6. Collaborate with Aboriginal communities to support adequate Aboriginal representation and planning of health services in regional areas. 7. Co-design and establish an Aboriginal allied and scientific health training network, to support the development of Aboriginal allied and scientific health clinicians. 8. Explore Aboriginal allied and scientific health traineeship opportunities and employment offers in regional areas. <ol style="list-style-type: none"> 8.1. Investigate opportunities to establish an SA Health Aboriginal Allied and Scientific Health Cadetship Program that provides support, assistance and ongoing employment opportunities to Aboriginal students on completion of an allied and scientific health course.
5.11	Build a culturally responsive allied and scientific health workforce to ensure services are culturally safe and achieve improvement in Aboriginal health outcomes (as per SA Rural Allied and Scientific Health Workforce Plan 3.4)	ASHO	<p>RSS ACCHOs Regional LHNs SCSS DHW CSAPHN IAHA SARRAH AHPRA</p>	<ol style="list-style-type: none"> 1. Ensure allied and scientific health education and further training includes evidence-based cultural responsiveness training, including access to experiential learning. <ol style="list-style-type: none"> 1.1. Ensure Aboriginal cultural responsiveness training is delivered face-to-face, is country specific and is aligned with AHPRA and professional associations practitioner standards.

			Universities Professional associations Accreditation bodies	<ol style="list-style-type: none"> 2. Identify opportunities for greater collaboration with Aboriginal communities and ACCHOs. <ol style="list-style-type: none"> 2.1. Investigate opportunities to formalise relationships with ACCHOs to support greater clinical collaboration and enhance care for Aboriginal people. 2.2. Develop and embed sustainable culturally specific roles/positions that allow clinicians to access mentors and work across regional LHNs and ACCHOs. 3. Explore service models that allow allied and scientific health clinicians to collaborate with Aboriginal health practitioners and Aboriginal health workers.
5.12	Target Aboriginal populations considering culturally competent volunteer recruitment strategies (as per Rural SAAS Workforce Plan 1.3)	SAAS	AHCSA NACCHO SAAS Corporate Communications	<ol style="list-style-type: none"> 1. Collaborate with ACHSA and NACCHO to establish optimum volunteer recruitment strategy. 2. Apply principles within a targeted volunteer recruitment strategy.
5.13	Establish Graduated Paramedic Pathway places for targeted recruitment (as per Rural SAAS Workforce Plan 1.13)	SAAS	SAAS Workforce Services AHCSA Ambulance Employees Association (AEA)	<ol style="list-style-type: none"> 1. Develop a strategy designed to target recruitment of Aboriginal and Torres Strait Islander students to the Graduated Paramedic Pathway. 2. Determine a suitable percentage of available placements to be prioritised for merit selected volunteer workforce.
5.14	Consider co-crewed ambulance models (as per Rural SAAS Workforce Plan (2.6)	SAAS	SAAS Country Operations AEA	<ol style="list-style-type: none"> 1. Explore the possibility of using different disciplines to provide ambulance response. This could include, but is not limited to, volunteer/nurse, paramedic/allied health professional for falls, paramedic/mental health professional/mental health peer worker or paramedic/Aboriginal health worker.

Consultation Process

The South Australian Rural Aboriginal Health Workforce Plan Consultation Draft is presented for feedback. Strategies in the Consultation Draft should be assessed against their ability to *recruit, train and develop* the rural Aboriginal health workforce to provide sustainable health services to regional communities.

Statewide consultation will occur across all local health networks during 2021, with a range of in person and virtual consultation sessions and opportunities planned. Written feedback is further invited from any individual or organisation with an interest in the topics covered by the plan. Note that throughout the consultation there will be a defined focus on listening to the voices of Aboriginal people, Aboriginal communities and Aboriginal health staff.

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