Victorian Aboriginal Health and Wellbeing Workforce Strategy:

# An implementation tool for organisations in Melbourne's north and west 2023 - 2026

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NORTH WESTERN MELBOURNE

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**Acknowledgment**

# Contents

# Executive summary

In 2022, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) released the Victorian Aboriginal Health and Wellbeing Workforce Strategy. This strategy recognises the fundamental importance of workforce in supporting Aboriginal and Torres Strait Islander peoples to achieve equitable health outcomes.

The strategy acknowledges the history of the Aboriginal community-controlled health sector and its role in providing culturally safe, community-led health and wellbeing services to Aboriginal people across Victoria.

To develop the strategy VACCHO completed a rapid desktop review, analysing recent strategy and policy publications from peak bodies and government, as well as peer-reviewed publications.

They then engaged a third party, Indigenous Allied Health Australia (IAHA), to complete consultations with other health organisations in Victoria controlled by Aboriginal communities, as well as health care workers and employees of the health care sector.

In response to the conceptualisation of the strategy, North Western Melbourne Primary Health Network (NWMPHN) commissioned VACCHO to develop a document exploring how mainstream organisations in the north and west of Melbourne might refine their structures and processes to better support culturally appropriate and safe practices.

This result forms the basis of this implementation tool, to be available as a resource for all health services organisations across our region and beyond.

Following its preparation, NWMPHN reflected deeply on its suggestions and the concepts that underpinned them. We then further developed the implementation tool to align with our workplace and the workplaces of our networks. This document is a joint effort but has been driven, led and informed by Aboriginal peoples from across the NWMPHN region.
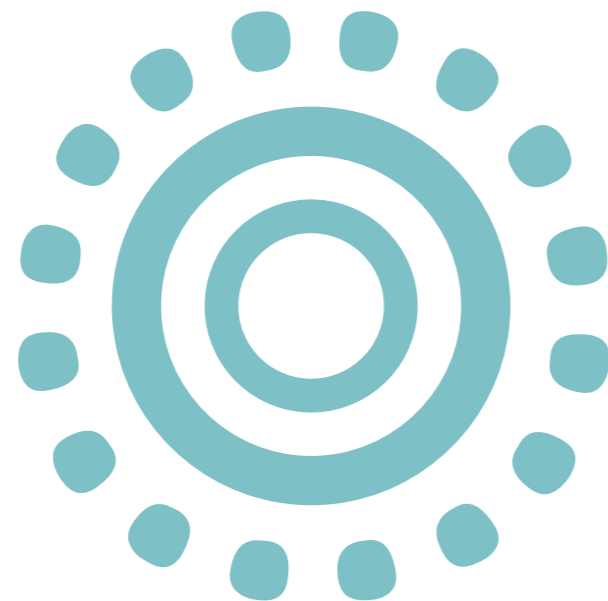
The NWMPHN catchment spans most of central, western and northern metropolitan Melbourne, as well as adjacent peri-urban areas. The 2021 Australian census found that more than 13,770 people of Aboriginal or Torres Strait Islander descent lived in the region. This is approximately 25 per cent of the entire Victorian Aboriginal population and likely a conservative estimate.

Through consultation, the importance of the strong Aboriginal community-controlled organisations (ACCO) sector across the region was consistently reported. As was the importance of the non-Aboriginal health and wellbeing sector in providing care for Aboriginal people across the northern and western suburbs of Melbourne.

For these reasons, this plan outlines a range of actions that individuals and organisations can undertake to recognise their role and responsibility in supporting a strong and vibrant Aboriginal health and wellbeing workforce. Through this they can better support Closing the Gap for Aboriginal people.

As a region, we have collective and individual responsibility to ensure that Aboriginal people can access culturally safe, holistic, and responsive health and wellbeing services, wherever they choose. We thank VACCHO and IAHA for all their work and hope this plan honours their skill, compassion and insight.

**Aboriginal and Torres Strait Islander people continue to be underrepresented across all professions, roles, and functions in health and related sectors.**

Increasing the Aboriginal health and wellbeing workforce is a key strategy to develop more culturally safe services, and to ensure that Aboriginal peoples benefit equitably from the health sector, including from a social determinants of health perspective with respect to education, training, and employment.

This implementation tool explores ways in which organisations can improve engagement, recruitment and retention of Aboriginal people in ways that are culturally appropriate and safe.

## The Victorian Aboriginal Health and Wellbeing Workforce Strategy

VACCHO's Victorian Aboriginal Health and Wellbeing Workforce Strategy provides a coordinated framework to address the recruitment, retention and development of the state's Aboriginal health and wellbeing workforce. It takes a broad view of the health workforce, including clinical and non-clinical employment across all levels, roles, and functions.

It further recognises the importance of this workforce, which is a key pillar of VACCHO's strategic plan, On Solid Ground: Strength, Sustainability and Innovation for Generational Change. The workforce strategy was co-designed with, and owned by, the Victorian Aboriginal community controlled health sector. It identifies 10 priorities organised under 3 themes: workforce development, cultural strength, and self-determination.

In 2020, NWMPHN commissioned VACCHO to work with it to develop an implementation plan for their strategy, for use by NWMPHN and their networks. VACCHO and NWMPHN recognised the importance of ensuring the principles and recommendations from the VACCHO strategy could be implemented across mainstream organisations, to increase and support the Aboriginal workforce across the region. Hence, the Implementation Tool for the North Western Melbourne Region of Melbourne 2023-2026 was born.

# The 10 strategic priorities are:

## Workforce development

1. Grow our own: Increase numbers of Aboriginal people across the workforce and across all levels, roles, and functions.

2. Create the environment: Establish the conditions for workers to thrive and fulfil their potential.

3. Equip allies: Increase the capability of non-Indigenous people to provide effective, culturally safe services.

4. Invest for success: Provide appropriate and sustainable funding.

5. Work together: Undertake data-informed workforce development in genuine partnership under Aboriginal leadership.

## Cultural strength

6. Value our knowledge: Value Aboriginal Ways of Knowing, Being and Doing.

7. Recognise our holistic approach: Enable the sector to work holistically and collaboratively.

8. Draw strength through culture: Embed Aboriginal cultures within health and wellbeing services.

## Self-determination

9. Our choice, our way: Enable Aboriginal people to own our health and wellbeing.

10. Create targeted and regional solutions: Support targeted and localised workforce planning.

## NWMPHN's catchment population profile

The NWMPHN catchment covers most of central, western and northern Melbourne, including several of the fastest-growing municipalities in Victoria. It stretches 3,212 square kilometres, from inner-suburban Richmond just east of the CBD to beyond Bacchus Marsh in the west, from Werribee South in the southwest to Lancefield and beyond in the peri-urban north.

The region encompasses the Traditional Lands of the Wathaurong, Wurundjeri Woi-Wurrung and Boon Wurrung peoples, and has an estimated 13,770 Aboriginal and Torres Strait Islander people living across the region. This number (likely a conservative estimate) accounts for 0.7 percent of the catchment population, and 25 per cent of the Victorian population who identify as either Aboriginal, Torres Strait Islander or both.

Aboriginal and Torres Strait Islander people in the region are demographically younger that the broader population. Nearly half are aged 25 years or younger. They are therefore likely to be a growing cohort within the region, in numbers and proportionally.

Most importantly, it must be acknowledged that Aboriginal people within the region and nationally continue to experience a greater burden of ill health and disease because of the ongoing impacts of colonisation, racism, intergenerational trauma, and the continuing inequities across the social determinants of health.
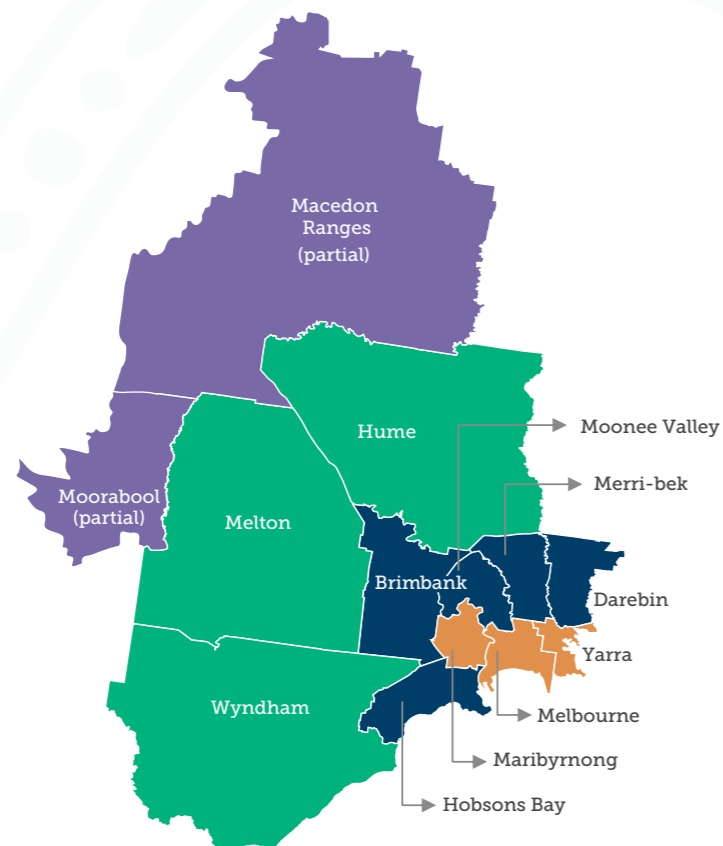


Figure 1: North Western Melbourne Primary Health Network Region

## NWMPHN's catchment service landscape

The service landscape and interactions between services and settings were other key considerations during the co-design of this implementation tool. In addition to the essential role of the Aboriginal community-controlled organisations in the region, the service landscape includes public and tertiary services, private settings of varying sizes, non-government and non-profit organisations, community health services, local government, and others. It is important to note that within NWMPHN's catchment there is only one Aboriginal Medical Service, the Victorian Aboriginal Health Service (VAHS). VAHS is a leading ACCHO across the state, with a strong footprint in Melbourne's inner and outer north. It has been providing services for 50 years.

Aboriginal people often require access to multiple interacting services to address health and wellbeing needs. This results in a complex patient journey which can be difficult to navigate. Supportive transitions within the system and region are needed to ensure continuing and multidisciplinary care which responds to the holistic needs of the individual and their family.

Challenges accessing primary care, including after-hours services, are also issues in this broader service context. Insufficient access to care results in higher numbers of presentations to emergency department services and increased rates and lengths of hospitalisation. Delayed access to treatment results in greater severity when it is eventually accessed.

## Methodology

The development of the implementation tool built upon the consultations undertaken to develop the Victorian Aboriginal Health and Wellbeing Workforce Strategy, leveraging the insights and knowledge of the sector. Notably, 3 additional workshops were conducted with stakeholders from NWMPHN's networks to inform the plan from both a mainstream and north west Melbourne context.

26 participants contributed to the additional online discussions, with representatives spanning VACCHO member organisations, Aboriginal organisations, community health organisations and services, local government stakeholders, and private practice. This was supported by 2 workshops with NWMPHN staff from all areas of the organisation and facilitated by IAHA. In total, 37 stakeholder representatives participated in the development of this tool.

Discussions focused on contextualising VACCHO's 10 strategic priorities to the needs and priorities of stakeholders in the NWMPHN catchment. They were framed around 3 main questions:

1. What are the specific considerations within the catchment?

2. What actions will be needed to implement the strategy in the catchment?

3. What are some of the enablers or barriers to implementation in the catchment?

## Key themes arising from the workshops

### Aboriginal governance

Aboriginal governance and leadership in health are essential, but there is also a significant role for mainstream organisations to play in providing culturally appropriate care to Aboriginal and Torres Strait Islander people. For mainstream organisations to play this role, it would be valuable for them to understand the history of the region, including the establishment of the Aboriginal community-controlled sector as an ongoing act of self-determination.

In addition, it is important for mainstream organisations to understand how the Aboriginal workforce, community and services are intrinsically linked across the region, and the importance of strong, supported and thriving ACCHOs.

### Cultural safety in mainstream services

The population growth across the NWMPHN catchment means access and proximity to services are key barriers, making it challenging for people to access the care and supports they need. While services such as VAHS are addressing this through establishing or expanding services in the west, it brings funding, logistical and workforce challenges.

In addition, the expansion of services to meet additional demand has seen rapid uptake by community. It was seen as the collective responsibility of ACCHO and mainstream services across the region to ensure there is no wrong door for Aboriginal consumers or the workforce when it comes to heath.

Attendees reflected that mainstream service providers are at varying starting points of their cultural safety and reconciliation journeys, and the type of support needed to progress these differs for each. Practical and action-orientated strategies were valued, with the need for these to support and empower stakeholders to lead change in their spheres of influence.

There is opportunity to strengthen relationships across the region. Strong, mutually beneficial relationships between the ACCHO sector and mainstream services supports and promotes cultural safety and culturally appropriate care. Knowledge-sharing and two-way learning opportunities can contribute to staff development, provide opportunities for the Aboriginal workforce to develop additional skills in other settings, and for non-Indigenous staff to exchange knowledge and learn from Aboriginal community-controlled settings.

## Building workforce

There is a need for supportive pathways into education, training, and employment, with a focus on periods of transition. Human resources practices were identified as potential barriers for Aboriginal people's employment within the health sector. This is particularly so for Aboriginal people with intersectional identities such as LGBTIQ+, or those living with disability.

In addition, there was a desire for more scholarships that support Aboriginal people to pursue education, training and development throughout different stages of life, including those involving caring for family.

Challenges recruiting could be addressed by collaborative approaches, in which needs across multiple organisations might align and be addressed through innovative employment arrangements.

For these to be more attractive to the workforce, collaboration should ensure seamless experiences or promote greater opportunities for dual roles, such as clinician researchers. Learning and development across professions and between sectors could be delivered in other identified areas of need, such as leadership and business skills, to support greater opportunities for Aboriginal leaders and business, including through the development of peer networks locally.

Opportunities for mutual learning across professions and sectors are avenues to increase understanding of the roles and availability of other practitioners and services across the system, thus encouraging warmer, culturally safe referrals and more holistic care.

## Emerging pressures and after-hours care

Access to culturally safe and responsive after-hours services in NWMPHN's catchment was identified as another important area that needs addressing. Stakeholders were concerned that other emerging demands for after-hours services – such as those identified by the Royal Commission into Victoria's Mental Health System, could generate competition for workforce and thus exacerbate existing shortages and increase pressure on those already working in the space.

More emphasis and resourcing is needed to understand the after-hours priorities for the Aboriginal communities living in the NWMPHN region, and to grow the after-hours workforce.

In addition the consultations identified a needs for better systems to identify and support Aboriginal and Torres Strait Islander people accessing after-hours care and for mainstream healthcare staff to be trained in culturally safe and trauma informed care.

## Implementation actions

Many actions can be taken, individually and collectively to implement the Victorian Aboriginal Health and Wellbeing Workforce Strategy in mainstream organisations.

The goal of the strategy is to support a strong and able workforce across the sector, delivering holistic health and wellbeing services to Aboriginal people. This in turn is expected to improve health and wellbeing outcomes and health equity.

Many of the actions identified in the following pages serve as enablers, reinforce actions and advance actions in other areas.

Implementation of the strategy across the region will pursue these outcomes:

1.  Improved attraction, recruitment, retention and development

2.  Increased Aboriginal health and wellbeing workforce skills in identified areas of need

3.  Increased number and proportion of Aboriginal people across all levels and roles

4.  Improved cultural safety for Aboriginal staff and community

The implementation table outlines recommended actions, indicators and examples of success. It is intended for organisations to use this as a guide to develop implementation and monitoring plans to best suit their business needs, or to support other internal activities such as Reconciliation Actions Plans. NWMPHN advises organisations to ensure that any activities related to this tool are undertaken in collaboration or partnership with local Aboriginal organisations and/or community members.

**Key actions are highlighted green with this symbol.**

Panels coloured green represent key actions within the strategy. All others are ancillary actions identified through consultations by VACCHO to support their implementation.

## Strategic Priority 1.

Grow our Own: Increase numbers of Aboriginal people across the workforce and across all levels, roles, and functions

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| **Create pathways:**<br><br>Develop accessible, local education, training and employment pathways, multiple entry points into the workforce, including tailored opportunities for people at different life stages.<br><br>**Timeframe**<br><br>Medium-long term<br><br>**Responsibility**<br><br>Education and health stakeholders. | • Aboriginal people at different life stages and life experiences (such as young people, people seeking a career change, people with a disability) have access to education, work experience opportunities, traineeships, and placements with a commitment to employment outcomes.<br><br>• Supportive pathways into employment across all levels, roles and functions in the health and wellbeing sector are visible and accessible.<br><br>• Aboriginal-identified roles sit across the organisation in various levels, roles, and functions, not just in areas relevant to Aboriginal health.<br><br>Consider you or your organisation's contribution to growing the Aboriginal health and wellbeing workforce and creating pathways, whether through funding roles or opportunities for Aboriginal people, or facilitating placement or work experience opportunities.<br><br>In doing so, consider your organisational capacity and capability to provide a culturally safe and supportive work environment. The recommended actions outlined under Strategic Priority 3 are an important first step. Through partnership approaches, some of the logistical barriers reported by stakeholders, such as being able to remunerate work experience participants and appropriate insurances may be overcome, with schools, universities and education departments able to work more collaboratively to facilitate placement opportunities, particularly within Aboriginal community controlled services which can offer employment upon completion. | An increase in the number and proportion of Aboriginal people who enter, return to, or remain in the health workforce across all levels, roles, and functions, including the number and proportion with disability, and members of the LGBTIQ+ community. To complete this a baseline must first be established. |

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| **Support learners:**<br><br>Develop and implement culturally relevant strategies to support those enrolled in education and training, including relationships with universities to facilitate culturally safe clinical and other placement opportunities.<br><br>**Timeframe**<br><br>Medium-long term<br><br>**Responsibility**<br><br>Employers and education providers. | • Aboriginal people undertaking placements, traineeships, or employment opportunities are provided with cultural supervision and mentorship.<br><br>• Organisational policies embed cultural supervision as a requirement for all staff with management duties.<br><br>Consider engaging external, where possible, local Aboriginal expertise to provide cultural support and mentorship. It is important that all stakeholders including education providers demonstrate leadership, ensuring that students are placed in culturally safe environments for clinical experience. | An increase in the number and proportion of Aboriginal people enrolled in and completing education, training and development programs in region. To complete this a baseline must first be established. |
| Develop and promote scholarship opportunities.<br><br>**Timeframe**<br><br>Medium term<br><br>**Responsibility**<br><br>Education and training providers, medium-large organisations, NWMPHN, local government and philanthropic organisations. | • Aboriginal people at different life stages and with different life experiences (such as young people, people seeking a career change, people with a disability) have access to scholarships to support education, training, and continuing development.<br><br>• Scholarships provide appropriate levels of support for students to be retained and to complete education and training.<br><br>Larger organisations may have the capacity to fund scholarships or traineeships for Aboriginal people, while smaller ones could provide in-kind support through backfill or paid study leave. | An increase in the number of Aboriginal people who feel supported across the social and cultural determinants of health during their education, training, and employment pathways. To complete this a baseline must first be established. |
| Promote health career pathways to the future Aboriginal workforce.<br><br>**Timeframe**<br><br>Short term and periodic<br><br>**Responsibility**<br><br>All organisations, including mainstream education and health service stakeholders, and the Aboriginal Community Controlled Sector, including Weenthunga Health Network and the national Aboriginal health workforce peak organisations. | • Aboriginal people have a full and detailed understanding of the breadth of opportunities available in the health and wellbeing workforce, the pathways to pursue them, and the supports available for their success.<br><br>• Learning environments operate from a place of strength and consider Aboriginal success the norm.<br><br>Consider opportunities to promote the diversity of health careers, pathways, and opportunities locally, with participation from stakeholders across the health and wellbeing sector. Career promotion is needed to support people to identify interests, aspirations and pathways into the Aboriginal health and wellbeing workforce. In promoting career opportunities, strategies should engage Aboriginal role models wherever possible, to increase connection and relatability with lived experiences and journeys. | An increase in the number and proportion of Aboriginal people who return to and remain in the health workforce, including increase diversity of professional background. To complete this a baseline must first be established. |

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| **Build Aboriginal leaders:**<br><br>Support Aboriginal staff at all levels to undertake leadership development opportunities.<br><br>**Timeframe**<br><br>Ongoing<br><br>**Responsibility**<br><br>All organisations. | • Aboriginal leadership and governance opportunities are embedded within organisations. These vary depending on size and available resources, but may include:<br><br>  • Identified board positions or observer roles.<br><br>  • Identified positions within the executive and senior leadership of the organisation, or strategies to recruit Aboriginal people to leadership roles.<br><br>  • Establishment of Aboriginal advisory committees, at an appropriate level of reporting and with influence over an appropriate scope of work.<br><br>  • Leadership development strategies for Aboriginal employees, including acting opportunities and succession planning.<br><br>Small or lean organisations, for example those with limited executive or senior staff and low turnover at leadership level, should consider innovative approaches to governance and leadership at all levels, strengthening opportunities for feedback and engagement with the community, including mentoring for leaders and community open days. | An increase in the number and proportion of Aboriginal people appointed to leadership, governance and advisory positions across the NWMPHN catchment. To complete this a baseline must first be established. |
| **Recruit thoughtfully:**<br><br>Implement culturally safe recruitment processes suitable for Aboriginal applicants – including those with lived experiences and which recognise intersectionality – and which looks to internal capacity and development first.<br><br>**Timeframe**<br><br>Short-medium term<br><br>**Responsibility**<br><br>All employers. | • Organisations recruit purposefully and are committed to attracting, retaining, and developing Aboriginal people.<br><br>• Aboriginal people are encouraged to apply for vacancies within all organisations, program areas and roles.<br><br>Consider opportunities to attract, recruit, retain, and develop the Aboriginal workforce across all levels, roles and functions, through the implementation of culturally safe practices in recruitment and human resources. Organisations with scope to develop and share policies or examples of good practice with others might support more timely and consistent action across the region.<br><br>For further guidance, see **Appendix 1.** | An increase in the number of Aboriginal people applying for jobs, progressing to interview, and being appointed to roles across all levels, roles and functions. To complete this a baseline must first be established. |

**Strategic Priority 2.**

Create the environment: Establish the conditions for workers to thrive and fulfil their potential.

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| Embed cultural safety, cultural learning and reflection in professional development, performance management and supervision policies and procedures.<br><br>**Timeframe**<br><br>Short-medium term and ongoing.<br><br>**Responsibility**<br><br>All stakeholders and all staff within organisations. | • All employees in the health and wellbeing sector, at all levels, roles, and functions, have cultural safety embedded within their professional development, performance management and supervision policies and procedures, ensuring that cultural training and development is identified, planned, and actioned.<br><br>• The clinical workforce demonstrates cultural safety alongside clinical safety.<br><br>To reinforce the commitment to cultural safety as an area of lifelong development, organisations should consider opportunities to embed it, together with cultural development, in regular practices. These include policies and procedures related to staff orientation performance management, continuing professional development and supervision. At an organisational level, consider facilitating access to regular cultural safety training. Consider also reviewing education and learning programs to ensure that Aboriginal and Torres Strait Islander health, wellbeing and knowledges are embedded in a culturally safe and strengths-based manner. | An increase in the proportion of clinical staff meeting CPD requirements for cultural safety and the number of organisations with established policies and procedures for cultural development. To complete this a baseline must first be established. |
| Develop communities of practice and leadership networks to enhance collaboration and shared advocacy.<br><br>**Timeframe**<br><br>Short-medium term<br><br>**Responsibility**<br><br>NWMPHN<br>Other interested stakeholders. | • Communities of practice are established, supporting the workforce to connect with peers with shared interests. The communities should reflect diversity of professional, cultural and sectoral backgrounds, knowledges, and experiences.<br><br>• Leadership forums and networks promote knowledge-sharing between organisations, to enhance collaboration, increase efficiency, and identify areas of collective interest.<br><br>The establishment or expansion of communities of practice across the region, and leadership networks, provides opportunities to share lessons and to collaborate on areas of shared responsibility and interests. It could also provide an opportunity for shared advocacy in the space of primary care and the gaps or concerns identified, to be pursued collectively. | Communities of practice and leadership forums are established, well attended and valued among the Aboriginal health and wellbeing workforce in the region. |

## Strategic Priority 3.

Equip allies: Increase the capability of non-Indigenous people to provide effective, culturally safe services.

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| Demonstrate individual and organisational commitments to action.<br><br>**Timeframe**<br><br>Short-term and ongoing<br><br>**Responsibility**<br><br>All stakeholders. | • Organisations demonstrate authentic commitment to creating a culturally safe work environment and health service for Aboriginal people.<br><br>• Individuals demonstrate authentic and sustainable commitment to creating a culturally safe work environment and services for Aboriginal people.<br><br>Organisations should consider public commitments to cultural safety for the Aboriginal workforce and for Aboriginal and Torres Strait Islander people, families and communities accessing services. To increase accountability, these should be communicated throughout the organisation to develop personal and shared responsibilities, and supported through resources, actions, and behaviours to turn commitments into action. | An increase in the number and proportion of organisations reporting resourced initiatives to increase cultural safety. To complete this a baseline must first be established. |
| **Expand cultural safety training:**<br><br>Ensure ongoing cultural safety and responsiveness training is undertaken by all staff working in health and related sectors, with support to contextualise learning to local cultural contexts. Cultural safety training should be delivered by an appropriately resourced provider, and not be an additional responsibility for the Aboriginal clinical workforce.<br><br>**Timeframe**<br><br>Short-medium term and ongoing<br><br>**Responsibility**<br><br>All stakeholders and all staff within organisations. | • Aboriginal people can access culturally safe health and wellbeing services across the region.<br><br>Larger organisations should seek to engage Aboriginal organisations to deliver cultural safety training to all staff while smaller organisation may be able to access training options held elsewhere. Cultural safety development should be accompanied by commitments to action and to alter practices to be more responsive to the needs of Aboriginal people.<br><br>Further information about cultural safety, see **Appendix 2.** | Increased service utilisation by Aboriginal people, and positive reports from patients with respect to cultural safety. To complete this a baseline must first be established |

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| Adopt cultural safety accreditation and self-reflection.<br><br>**Timeframe**<br><br>Medium term and periodic<br><br>**Responsibility**<br><br>All stakeholders. | • Cultural safety is a shared priority for health and wellbeing organisations and stakeholders across the region, leveraging the leadership of VACCHO in the development of an accreditation process.<br><br>• Self-reflective practice is embedded to govern cultural safety.<br><br>To support a no-wrong-door approach to services in the region, and to communicate with the community about expectations for and the availability of culturally safe services, high uptake of cultural safety accreditation will be beneficial. Organisations undertaking accreditation might also support services to co-design guided self-reflection and self-assessment of cultural safety, supported by work to understand the collection and interpretation of patient reported experience measures. | High levels of uptake of the VACCHO cultural safety accreditation.<br><br>Note: Cultural safety accreditation framework is still in progress within VACCHO. |
| Develop public positions on key issues and embed in daily practice.<br><br>**Timeframe**<br><br>Short-medium term and ongoing.<br><br>**Responsibility**<br><br>All stakeholders. | • Organisations have clearly articulated positions on key issues relevant to the health and wellbeing of Aboriginal people in the region. Examples include racism and health, cultural safety, and the social and cultural determinants of health.<br><br>• Organisations and staff clearly communicate their position on key issues and how it relates to their organisational purpose and daily practice.<br><br>• Organisations elevate and raise the voices of Aboriginal people in their work.<br><br>Organisations should consider these issues influence the needs of Aboriginal people, and their relationships to the work and services provided. A collective position statement regarding the importance of the Aboriginal workforce – to which stakeholders can add their support – might be an initial step to support the implementation of this plan more broadly. | An increase in the number of organisations with positions on and commitment to matters related to Aboriginal health. To complete this a baseline must first be established. |
| Lead and influence others.<br><br>**Timeframe**<br><br>Ongoing<br><br>**Responsibility**<br><br>All stakeholders. | • The North Western Melbourne region is recognised as a leader in cultural safety and shares examples of good practice to influence the broader Australian health care system.<br><br>The Implementation Tool and the strength of collaborative relationships in the region was identified as a shared leadership opportunity. Stakeholder in the region should consider opportunities, through forums, conferences, networks and other groups, to share challenges, successes, good practice and to influence change elsewhere, to the benefit of all. | Stakeholders are committed to accountability and share lessons widely. |

## Strategic Priority 4.

Invest for success with appropriate and sustainable funding

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| Commissioning and funding organisations support self-determination of the Victorian Aboriginal community.<br><br>**Timeframe**<br><br>Medium term<br><br>**Responsibility**<br><br>All organisations with commissioning or funding functions. | • Commissioning practices value and embed Aboriginal ways of knowing, being and doing.<br><br>• Commissioning organisations engage Aboriginal-owned and led organisations to do Aboriginal business.<br><br>• Organisations with commissioning practices require funding recipients to:<br>  • report on service provision to Aboriginal people and associated outcomes.<br>  • demonstrate co-design, partnerships, and meaningful relationships with Aboriginal organisations and community in the design and delivery of services.<br>  • embed oral reporting or yarning in place of written reports, where appropriate.<br>  • demonstrate whether funding will contribute to employment of Aboriginal peoples.<br>  • provide cultural safety training for all staff.<br>  • have documented policies and procedures on managing racism and discrimination.<br><br>Organisations should consider the principles, policies and procedures required to collaborate in genuine partnership and in a way which supports the self-determination of the Victorian Aboriginal community, expressed through Aboriginal organisations. | Increases in funding allocated to ACCOs, both in real terms and as a percentage of overall health and wellbeing funding over time, and an increase in service satisfaction with procurement, contract management and reporting processes. |
| Funding for Aboriginal service delivery and programs are community-led.<br><br>**Timeframe**<br><br>Medium-long term<br><br>**Responsibility**<br><br>Commissioning agencies/funding bodies | • Aboriginal organisations are appropriately resourced to design and deliver health and wellbeing services, programs and initiatives, including infrastructure, on-costs and other needs, and for all programs with a specific focus on the Aboriginal community.<br><br>For some organisations receiving funding for Aboriginal programs, this may include the need to transition certain services or program delivery to Aboriginal-led and governed organisations. Alternatively non-Aboriginal organisations can develop meaningful and trusted partnerships with Aboriginal organisations. | Increases in funding allocated to ACCOs, both in real terms and as a percentage of overall health and wellbeing funding over time, including that directed through non-health portfolios. |

## Strategic Priority 5.

Undertake workforce development in genuine partnership under Aboriginal leadership

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| Recognise Indigenous data sovereignty and collect meaningful data and respond accordingly.<br><br>**Timeframe**<br><br>Medium-long term<br><br>**Responsibility**<br><br>All services and organisations. | • Organisational data management policies and procedures recognise Indigenous data sovereignty, and Aboriginal people are involved throughout the data cycle.<br><br>• Aboriginal communities in the NWMPHN catchment have access to service and workforce data which support nation-building.<br><br>Organisations should consider Aboriginal people's participation in data collection, storage, analysis, reporting and uses. In addition, the concepts of Indigenous data sovereignty and Indigenous data governance should be considered, including how relevant data can be made available to support the decision-making of the Aboriginal community and organisation, through a nation-building lens.<br><br>For more information on Indigenous data sovereignty and governance, please see **Appendix 3**. | Policies and procedures are widely in place with respect to the use and management of data related to Aboriginal people. |

## Strategic Priority 6.

Value Aboriginal ways of knowing, being and doing

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| Education and training incorporate Aboriginal history, knowledge and culture, cultural safety and strength-based approaches.<br><br>**Timeframe**<br><br>Medium term<br><br>**Responsibility**<br><br>Organisations, education and training providers. | • Organisations embed Aboriginal ways of knowing, being and doing into all health education and training.<br><br>The recommended actions outlined under Strategic Priority 3 are an important first step. All stakeholders should consider these principles in the training and development opportunities developed, delivered, or commissioned by their organisations. The implementation guidelines of the Aboriginal and Torres Strait Islander Health Curriculum Framework assists organisations to ensure training development is aligned with good practice principles, and to evaluate training offerings.<br><br>For further detail on cultural safety in education and training, please see **Appendix 4.** | All education and training environments are culturally safe and teach Aboriginal ways of knowing, being and doing. |

## Strategic Priority 7.

Enable the sector to work holistically and collaboratively

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| Facilitate opportunities for learning across sectors and between professions. **Timeframe** Medium term **Responsibility** NWMPHN, education and training stakeholders, and employers. | • The Aboriginal health and wellbeing workforce have opportunities to learn in collaborative environments and settings. • Professions are understood, valued appropriately, and utilised effectively, including through appropriate referrals within and outside the organisation. Organisations should consider opportunities to develop interprofessional, interagency and cross-sector understanding, to increase awareness of the value and impact of involving different professions, particularly culturally informed roles such as Aboriginal health workers, Aboriginal health practitioners and Aboriginal liaison officers. | An increase in workforce reported satisfaction about being able to operate at full scope of practice, to utilise cultural knowledges effectively in their work and to work in collaboration. To complete this a baseline must first be established. |

## Strategic Priority 8.

Draw strength through culture: Embed Aboriginal cultures within health and wellbeing services.

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| **Value cultural ways of working:** Understand and address the impact of resourcing on service orientation and clinical tools, to support a greater focus on cultural ways of working and their contribution to relationships, health and wellbeing, alongside more common metrics such as occasions of care. **Timeframe** Short-medium term **Responsibility** Health service providers. | • Clinical tools, systems and workflows support culturally informed and safe ways of working. These include:   • scheduling longer appointments for Aboriginal clients to provide appropriate time to develop rapport and to consider and address holistic health and wellbeing needs.   • investigating culturally validated assessment tools and utilising approaches such as clinical yarning.   • establishing relationships with Aboriginal services and professionals from diverse sectors, to support culturally safe referral pathways.   • developing a compendium of the services available in the region to support Aboriginal people access relevant care in health and related sectors. The recommended actions outlined under Strategic Priority 3 are important first steps. Organisations may wish to consider the experiences of both the health workforce and service users in assessing whether ways of working empower the workforce to develop report and delivery culturally safe and relevant services. | Increased access to holistic and culturally informed care, including increased referral between organisations, and improved patient reported experiences. |

## Strategic Priority 9.

Enable Aboriginal people to own our health and wellbeing

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| Review existing programs and services for effectiveness and contributions to health, wellbeing, and workforce development.<br><br>**Timeframe**<br><br>Short-medium term<br><br>**Responsibility**<br><br>NWMPHN, service providers, education and training providers, and local government. | • Aboriginal workforce and Aboriginal health and wellbeing are embedded in all programs, services, and investment in the region.<br><br>• Programs are accountable and clearly demonstrate their contributions to Aboriginal health, wellbeing, and workforce development.<br><br>In addition to new actions and initiatives to address needs, including through this implementation tool, existing programs and services should be reviewed, with the aim of implementing findings through a continuous quality improvement approach. | Increased equity of health and wellbeing outcomes and across the social determinants of health. To complete this a baseline must first be established. |

## Strategic Priority 10.

Support targeted and localised workforce planning

| Recommended action | What does success look like? | Draft indicator |
|---|---|---|
| Value and strengthen relationships with the ACCO sector.<br><br>**Timeframe**<br><br>Short term and ongoing<br><br>**Responsibility**<br><br>All organisations and stakeholders. | • Mainstream organisations, services, and workforce have strong relationships with the Aboriginal community controlled sector based on cultural safety, respect, and reciprocity.<br><br>Trust and relationships are incredibly important for the Aboriginal sector and community. All organisations and stakeholders should invest in developing and nurturing relationships based on principles of cultural safety, respect, and reciprocity. The recommended actions outlined under Strategic Priority 3 are important first steps. | Increased collaboration and other agreements between stakeholders within the region. |
| Innovate in recruitment and create opportunities for knowledge exchange.<br><br>**Timeframe**<br><br>Medium-long term<br><br>**Responsibility**<br><br>Service stakeholders. | • The health and wellbeing workforce are supported to champion knowledge exchange between services.<br><br>• Services find innovative solutions and models to address workforce and service needs.<br><br>Two-way learning between the Aboriginal community-controlled sector and mainstream organisations could be further enhanced through opportunities for professional exchange, also providing a valuable opportunity for skill development for the workforce. Organisations with sufficient capacity and capability might wish to initiate a pilot in the region, with lessons helping to inform wider uptake of these arrangements, noting challenges such as service continuity, backfill and logistical considerations. | Increased availability and uptake of acting, secondment, or co-resourced positions within the NWMPHN catchment. |
| Further investigate opportunity to grow after-hours services.<br><br>**Timeframe**<br><br>Short term<br><br>**Responsibility**<br><br>NWMPHN<br>Service providers. | • Aboriginal people can access culturally safe and responsive health and wellbeing services, including after-hours.<br><br>• Growth and support of the Aboriginal and broader health and wellbeing workforce underpins strategies to address service needs.<br><br>A workforce-focused forum of key stakeholders could be a welcome next step, with an opportunity to consider after-hours service provision and additional upcoming workforce challenges. For further information about potential next steps, please refer to the section 'For further investigation – emerging pressures and after-hours care' on page 6 above. | Dedicated actions for increasing access to culturally safe after-hours care are developed, informed by stakeholders in the NWMPHN catchment. |

## Monitoring

### All stakeholders

This implementation tool is intended to be a commitment to action and outcomes. It is important to monitor progress with respect to Aboriginal health, wellbeing, and workforce.

Potential indicators have been identified against each action in the table, noting that these will need further workshopping through the development of program logics. Whilst the strategy outlines key actions and identified success, it is up to organisations to ensure that implementation is actioned effectively to suit the needs of their business, and that implementation is appropriately monitored.

### NWMPHN

While all stakeholders should collect and utilise data to improve service provision and outcomes for the Victorian Aboriginal community, NWMPHN is uniquely positioned to take a strategic, high-level view of the region. This could be through embedding relevant measures within the regular needs assessments undertaken through funding from the Commonwealth, or through running a dedicated evaluation approach to capture indicators related to the Implementation Tool.

In doing so, NWMPHN and others need to ensure appropriate policies and procedures are in place with respect to Indigenous data governance and sovereignty. It is also incumbent on stakeholders to participate in good faith, with an understanding that data is intended to support ongoing quality improvement in the region.

## Conclusion

The Victorian Aboriginal Health and Wellbeing Workforce Strategy outlines 10 strategic priorities to guide action to strengthen the Aboriginal health and wellbeing workforce. The implementation tool outlines 23 actions to make that happen.

NWMPHN recognises and acknowledges the leadership, efforts and outcomes produced by the Aboriginal community-controlled sector.

Consultation revealed a strong emphasis on the need for non-Aboriginal organisations and stakeholders to demonstrate commitment to Aboriginal workforce strengthening, and to improving the health and wellbeing outcomes for Aboriginal people across the region.

Non-Aboriginal organisations should reflect on the role, scope and ability to empower and invest in the Aboriginal health and wellbeing workforce, to ensure that the responsibility for transformational change is not left to Aboriginal people, organisations and workforce. A coordinated approach to workforce development requires long-term, trusted relationships and generational thinking.

# Appendix 1: Recruit thoughtfully

It is important to implement culturally safe recruitment processes for Aboriginal applicants. These should include recognition of lived experience and intersectionality. They should also look first to developing internal capacity.

Here are some approaches designed to realise these aims.

- Health careers are advertised to Aboriginal people through appropriate local, state and national avenues, developing understanding of the variety of roles in the health and wellbeing workforce, their impact on the health and wellbeing of the community, and the pathways to pursue them.

- Organisations review current platforms and methods for advertising positions, and whether they are likely to reach and encourage applications from Aboriginal people.

- Organisational recruitment practices are culturally safe and include specific measures to attract Aboriginal candidates.

- Recruitment processes, position descriptions and job advertisements value Aboriginal knowledge, experiences, language and relationships, and provide the opportunity for candidates to demonstrate this.

- Aboriginal people are involved in recruitment processes to enable storytelling and yarning, making the experience less reliant on westernised application, interview, and referee practices.

- Organisations ask candidates questions within interviews to ascertain cultural knowledge, cultural competency, and capacity to reflect and learn.

- Induction processes value Aboriginal history and culture, and share the history of the region, of the community-controlled sector in the region, and important leaders and advocates.

- Organisational human resources policies recognise Aboriginal ways of knowing, being and doing and enable cultural leave – for instance, for Sorry Business.

- Organisations recognise the impact of cultural load on Aboriginal staff and establish clear and accessible supports.

- Organisations have clear policies and procedures to address racism and discrimination.

# Appendix 2: Cultural safety training

Organisations and individuals should seek to undertake cultural safety training and embed it within individual and organisational practices, policies and service delivery. Cultural safety training should be delivered by an appropriately resourced provider and not be regarded as an additional responsibility for the Aboriginal clinical workforce.

Cultural safety is recognised to have a direct impact on accessibility of services and outcomes, including contributing to the attraction, recruitment, and retention of the Aboriginal health and wellbeing workforce.

Cultural safety is an area of lifelong learning, so while immediate steps are needed, it also requires ongoing commitment and leadership.

While there are different definitions and understandings of cultural safety, effective training provides individuals and organisations with the knowledge, skills, and behaviours to be more culturally safe. This includes a focus on understanding one's own self and culture and their impact on practice, and how to adjust practice to meet individual needs.

While cultural safety can include things such as establishing an environment which includes Aboriginal cultures through, for example, flags, artwork and Acknowledgement of Country, it is important to note that without action on cultural safety, these actions can be perceived as tokenistic.

Aphra's National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy, identifies that in order to be culturally safe practitioners must:

a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;

b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;

c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;

d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Cultural safety training should be through an appropriately resourced provider and not considered an additional responsibility for the Aboriginal workforce or Aboriginal staff within your organisation.

# Appendix 3: Indigenous data governance and data sovereignty

This issue was expertly summed up by author Mayi Kuwayu and colleagues in their paper National study of Aboriginal and Torres Strait Islander Wellbeing, published by the Australian National University in 2021.

"Indigenous Data Sovereignty in Australia refers to Aboriginal and Torres Strait Islander peoples' inherent right to govern their communities, resources, and Country (including lands, waters and sky). It is the right of Aboriginal and Torres Strait Islander peoples to exercise ownership over Indigenous data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and reuse of Indigenous data.

These are the right of Aboriginal and Torres Strait Islander people to:

1. Exercise control of the data ecosystem including creation, development, stewardship, analysis, dissemination and infrastructure.

2. Data that is contextual and disaggregated.

3. Data that is relevant and empowers sustainable self-determination and effective self-governance.

4. Data structures that are accountable to Indigenous peoples and First Nations.

5. Data that is protective and respects our individual and collective interests."

# Appendix 4: Social and cultural determinants of health in education and training

**Aboriginal health and wellbeing should feature within all programs.**

It is important that health and wellbeing are contextualised in terms of the social and cultural determinants of health and the ongoing impacts of colonisation, racism, and intergenerational trauma.

Equally, Aboriginal knowledges and worldviews must be reflected, such as holistic understandings of health and wellbeing that include relationships with family, community, and country.

Case studies which provide opportunities to challenge practitioners to think differently, and question assumptions and biases can be effective learning tools. These can encourage them to tailor their approach to work with the strengths of individuals, families, and culture, in providing effective and culturally safe care.

In addition to influencing practice of non-Indigenous stakeholders through the ability to apply appropriately contextualised knowledge to their practice, this approach to education and training provides more culturally safe learning environments for the Aboriginal health and wellbeing workforce.

## About VACCHO

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is the peak body for Aboriginal health and wellbeing in Victoria, providing leadership in Community-control and health equity for Aboriginal and Torres Strait Islander communities and organisations. VACCHO is a centre of expertise, policy advice, training and innovation in Aboriginal and Torres Strait Islander health and wellbeing. VACCHO advocates for the health equity and optimum holistic health of all Aboriginal and Torres Strait Islander people in Victoria. It provides education, support and advocates with and for its 32 member Aboriginal Community Controlled Organisations (ACCOs) across Victoria.

ACCOs deliver a suite of culturally safe frontline health and community care services for Aboriginal and Torres Strait Islander communities. ACCOs have a proud, long history as sustainable, grassroots organisations that assist in building Community capacity for Aboriginal and Torres Strait Islander self-determination.

VACCHO members are at the heart of Community-controlled health and wellbeing work in Victoria. Members lead the way when it comes to prioritising culture and cultural identities. Culture is a source of strength, central to ways of working and success.

Strength in culture empowers the workforce, improves health care access and inclusion, and leads to better health and wellbeing outcomes.

Nationally, VACCHO represents the controlled health sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO). State and Federal Governments formally recognise VACCHO as the peak body for Aboriginal and Torres Strait Islander health and wellbeing in Victoria.

VACCHO's vision is for vibrant, healthy, self-determining Aboriginal and Torres Strait Islander communities. As outlined in their Strategic Plan 'On Solid Ground: Strategic Plan 2021- 2026' it wants:

- to work in partnership with stakeholders to Close the Gap on Aboriginal and Torres Strait Islander health and wellbeing outcomes within a generation

- VACCHO members to be thriving, locally based cultural hubs with wrap-around services from Birth to Dreamtime

- to secure sustainable, long-term growth and independence according to the needs and aspirations of Community

More information about VACCHO and their members can be found on the VACCHO website.

# About the artwork

The central circle depicts North Western Melbourne Primary Health Network's commitment to health and well-being outcomes for Aboriginal and Torres Strait Islander communities and coming together to share, learn and talk about Aboriginal culture, history and stories.

The 4 intersections represent the diverse communities, families, clans and service providers across the various regions in which the organisation operates/services.

The various circles represent different communities.

The black and white hands and feet represent both Indigenous and non-Indigenous people coming together to walk in Reconciliation.

Elders are the knowledge keepers and they are depicted as the 'U' shaped symbols. The boomerangs represent returning to cultural values and principles that guide the Reconciliation journey. The message sticks depict communication and listening.

The gum leaves represent 'Welcome to Country' and understanding the environments we find ourselves in.

The ripples resonate out, honouring the good outcomes when we come together to listen and understand.

Artist: Dixon Patten (Bitja)
Tribes: Gunnai, Yorta Yorta
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