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8 September 2011

Dear CEOs and Managers,

RE: Aboriginal and Torres Strait Islander Outreach Worker Workshop Report

We would like to thank you firstly for allowing your staff members to participate in the recently held first, National Aboriginal and Torres Strait Islander Outreach Worker Workshop held in Sydney 21& 22 June 2011.

Throughout the two days of the workshop we were able to compile a very comprehensive report that reflects the discussion and view points of the participants.

There have been 7 key considerations that have arisen out to the workshop which you will find highlighted with further information in the report, the particular considerations are:

1. Outreach Worker Roles
2. National guidelines on Policies and Procedures
3. Access to resources and equipment
4. Training for role
5. A 'work read' workforce
6. A national network
7. Long term planning

We envisage that this report will provide a lot of information to the Department of Health and Ageing along with both sectors for considerations.

If you have any inquiries please feel free to contact the Acting WIPO, Renee Williams email: renee@naccho.org.au or 026248 0644.

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Yours sincerely,

Donna Ah Chee

Aboriginal and Torres Strait Islander Outreach Workers National Workshop Report

June 21-22nd 2011: Final Draft

Coordinated and facilitated by the National Aboriginal
Community Controlled Health Organisation

Funded by the Aboriginal and Torres Strait Islander Health
Workforce Section, Department of Health and Ageing



NATIONAL ABORIGINAL COMMUNITY
CONTROLLED HEALTH ORGANISATION

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1: Overview

1.1 The COAG Workforce Expansion and Training Measure

In 2009, the Coalition of Australian Governments (COAG) announced funding increases to expand and strengthen the Aboriginal and Torres Strait Islander health workforce. The 'Workforce Expansion and Training Measure' would create new workforce positions – up to 160 Indigenous Outreach Workers (IOWs), which have since become known as Aboriginal and Torres Strait Islander Outreach Workers (ATSIOWs), as well as 100 Health Lifestyle Workers, 171 Tobacco Action Workers and 57 Tobacco Coordinators. This measure was one of COAG's 'Closing the Gap' initiatives.

Funds were also available to support the ongoing professional development, education, training and learning needs for the existing Aboriginal and Torres Strait Islander health workforce, in particular, Aboriginal and Torres Strait Islander Health Workers. The national workshop and the focus of this report are on ATSIOWs only.

The ATSIOW workforce has grown steadily since early-mid 2010, when positions started to be filled across Australia in Aboriginal Community Controlled Health (ACCH) Services, Aboriginal Medical Services and Divisions of General Practice within the GP Network (GPN). While not all positions are in place, by 2011 there were ATSIOW positions in all states and territories. Currently available information on the anticipated allocation of ATSIOW positions is shown in Table 1; these positions do not reach the maximum number of anticipated ATSIOW positions and not all are filled as yet.

Table 1: Allocation of ATSIOW positions across jurisdictions, June 2011

State/Territory	Number	GPN (%)	ACCHS (%)
ACT	2	1 (50%)	1 (50%)
NT	9	3 (33%)	6 (66%)
TAS	4-5	3 (66%)	1.5 (33%)
NSW	34	26 (76%)	8 (24%)
QLD	32	23 (72%)	9 (28%)
SA	11	9 (82%)	2 (18%)
VIC	13	8 (62%)	5 (38%)
WA	22	13 (59%)	9 (41%)

1.2 The national workshop

In 2011, NACCHO put a proposal to the Aboriginal and Torres Strait Islander Health Workforce Section in the Department of Health and Ageing (DoHA) to vary their funding contract for that year in order to hold a national workshop for ATSIOWs. While some jurisdictions had held workshops for ATSIOWs, there had not been a national gathering of ATSIOWs that focused on their roles, training and career pathways.

Four objectives were identified for the national workshop:

1. To create a national networking opportunity for Aboriginal and Torres Strait Islander Outreach Workers.
2. To improve mutual understanding about the roles of Aboriginal and Torres Strait Islander Outreach Workers.
3. To ensure Aboriginal and Torres Strait Islander Outreach Workers have clear and consistent information on orientation, training and career pathway options.
4. To establish a shared understanding of responsibilities and options for addressing Aboriginal and Torres Strait Islander Outreach Workers' support needs.

The workshop was attended by 121 participants in total, 29% of whom were from the Aboriginal Community Controlled Health Sector (ACCH Services and NACCHO Affiliates) with 71% from the GP Network (GPN) across Australia (GP State-based Organisations and Divisions of GP). The breakdown of the group is provided in Table 2 by role, including the number and percentage of participants in these roles who were from the GP Network and the ACCH Sector. A further ten representatives from NACCHO (5), the Australian General Practice Network (1) and Department of Health and Ageing (4) attended the workshop.

Table 2: Workshop participants

Role	Number	GPN (%)	ACCHS (%)
Outreach Workers	87	59 (68%)	28 (32%)
Indigenous Health Project Officers These positions are based in NACCHO Affiliates or Divisions of GP	14	8 (57%)	6 (43%)
Other Project Officers	17	17 (100%)	
Other positions	2	1 (50%)	1 (50%)

Over the two days participants were involved in five presentations, five break-out workshops, three feedback sessions and a final summary session that, in

combination, met the workshop objectives. The workshop agenda is provided in Appendix A.

1.3 Setting a context for the workshop

The national workshop began with three plenary presentations in order to set a context for the participants, and acknowledge their role and work – see Appendix A. This is a summary of the main points for each presentation.

The importance of ATSIOWs in our work to ‘Close the Gap’

Following a brief introduction on NACCHO, the ACCH Sector and comprehensive primary health care, Donna Ah Chee, the Chief Executive Officer of NACCHO spoke on this topic. NACCHO was a founding member of the coalition of Aboriginal and non-government organisations that launched the campaign called ‘Close the Gap’ in 2006. The campaign focused on how government could plan and act to close gap in health outcomes between Aboriginal and Torres Strait Islander Australians, and non-Aboriginal Australians over a generation, i.e. by 2030.

A central component of achieving this is ensuring that Aboriginal and Torres Strait Islander Australians are actively involved in the design, delivery and control of health services, through a national partnership with governments. NACCHO proposes that well-resourced, strategic Aboriginal Health Authority led by Aboriginal Peoples to monitor, advocate and plan for a healthy future is needed to support the process. This is in line with the 2009 National Health and Hospital Reform Commission report. In order to “close the gap” we need to be able to “track the gap” and know where the money goes.

As workforce and a shortage of staff is always a huge area for the our Sector, NACCHO welcomes ATSIOWs as new members of our Sector, as well as the GP Network, and recognises how important ATSIOWs are to closing the gap. The cultural skills and knowledge ATSIOWs bring are invaluable in ACCH Services and Aboriginal and Torres Strait Islander communities. NACCHO believes ATSIOWs will help build a healthier future for Aboriginal and Torres Strait Islander individuals, families and communities.

The role and responsibility of General Practice in our work to ‘Close the Gap’

In leading into this topic, Travern Lea, Special Advisor: Close the Gap for the Australian General Practice Network (AGPN), provided an overview of the objective, scope and focus of the AGPN and General Practices across Australia. The work required in closing the gap needs to incorporate education, housing, employment health and social inclusion. As it is ‘everybody’s business’, then the AGPN and Divisions of GP have an important role to play in improving Aboriginal people’s access to primary health care.

Through COAG, specific funding has flowed into the AGPN and Divisions of GP to do this, leading to the establishment of at least 80 FTE ATSIOWs and 80 FTE

Indigenous Health Project Officers. The main role that the AGPN has been tasked with is to increase access to primary health care services, as one of the primary health care providers that Aboriginal and Torres Strait Islander Australian can choose to see. This involves ensuring that Aboriginal and Torres Strait Islander Australians:

- ⊗ have accurate information about health services and what is available through General Practices
- ⊗ are registered with Medicare
- ⊗ have services and medications that are affordable and geographically accessible
- ⊗ know and understand their choices for ongoing management of the health issues they face.

To date, one third of all General Practices across Australia have signed on to the Indigenous Practice Incentive Payment (~2,200) as part of the COAG initiative. This has resulted in over 450,000 scripts being filled with 72,000 Aboriginal and Torres Strait Islander Australians participating. The most common scripts relate to chronic disease, cardio-vascular disease and diabetes.

'Close the Gap' and 'Closing the gap': Culturally safe practice in working in Aboriginal health

Justin Mohamed, the Chairperson of NACCHO, built on the introduction provided by Donna Ah Chee, the NACCHO CEO, and also shared aspects of his personal story in arriving at his current role. The 'Close the Gap' campaign was initiated in 2006 and led by a coalition of Aboriginal and non-government organisations, with NACCHO playing a central role. It highlighted that while the life expectancy of First Nations people was nationally and internationally unacceptable, Aboriginal and Torres Strait Islander Australians had the poorest life expectancy of all First Nations peoples.

The Close the Gap campaign lobbied the Australian Government for funding in Aboriginal Health, including for workforce expansion to meet health needs and priorities. The Australian Government responded formally to the campaign in 2008, which resulted in the current 'Closing the Gap' policy and targets being addressed through COAG. While informed by the original 'Close the Gap' strategies and targets, the Australian Government's 'Closing the Gap' initiatives and targets are different.

The COAG Workforce Expansion initiative led to creating several new positions, including ATSIOWs, Indigenous Health Project Officers, Healthy Lifestyle Workers and Tobacco Action Workers. As all health systems need to be responsive to Aboriginal and Torres Strait Islander clients and their Aboriginal and Torres Strait Islander workforce, ATSIOW positions were placed within both the ACCH Sector and General Practice Network.

Seventy per cent of the workforce in the ACCH Sector is Aboriginal people, so we have much to share regarding cultural safety in the workplace. This includes recruitment processes, workforce retention strategies, and providing services that

reflect and respect cultural values and practices – in other words culturally safe services. Support and debriefing are paramount when working in Aboriginal Health, as the matters you deal with can be challenging, particularly when your role as ATSIOWs is about navigating a mainstream system that is not responsive to Aboriginal and Torres Strait Islander Australians and our health needs. Many of you would have had first-hand experience by now about how difficult that can be. That is why events such as this workshop are important – to:

- ⌚ form your support networks
- ⌚ assist you in identifying and clarifying your role
- ⌚ create a space to consider your future opportunities in relation to your career.

We have worked with the AGPN and Aboriginal and Torres Strait Islander Workforce Section of DoHA to develop an agenda that that we hope gives you those opportunities, and look forward to possibly doing this again in the future.

1.4 Purpose of this report

The purpose of this report is to represent the outcomes across all break-out workshops and feedback sessions for the following three areas:

- ⌚ the roles of Outreach Workers – see Section 2
- ⌚ orientation, training and career pathways for Outreach Workers – see Section 3
- ⌚ the support needs of Outreach Workers – see Section 4.

Section 5 integrates the learning and issues that were raised across these three areas, and identifies what considerations are required for moving forward so the effectiveness of Outreach Workers in contributing to the overall COAG Closing the Gap initiatives can be strengthened.

2: The roles of Outreach Workers

The ATSIOWs participated in three workshops that specifically focused on their roles. This section is structured to reflect the outcomes of each workshop, which were designed to build on each other.

2.1 What are Outreach Workers doing? What could or should they be doing?

Workshop 1 was a small group discussion where ATSIOWs had the opportunity to start networking by sharing stories of their work as Outreach Workers; this occurred in groups of approximately ten together with a facilitator. Groups then worked together to develop a summary of the roles they undertake. They reviewed these roles in two ways – in terms of: 1) What are we currently doing?, and 2) What could or should we be doing?

For both questions, ATSIOWs came to an agreement about how much of the time they were or could/should be undertaking these roles using the following ratings:

- Green – we do this work a lot of the time
- Yellow – we do this work some of the time
- Red – we do this work only occasionally.

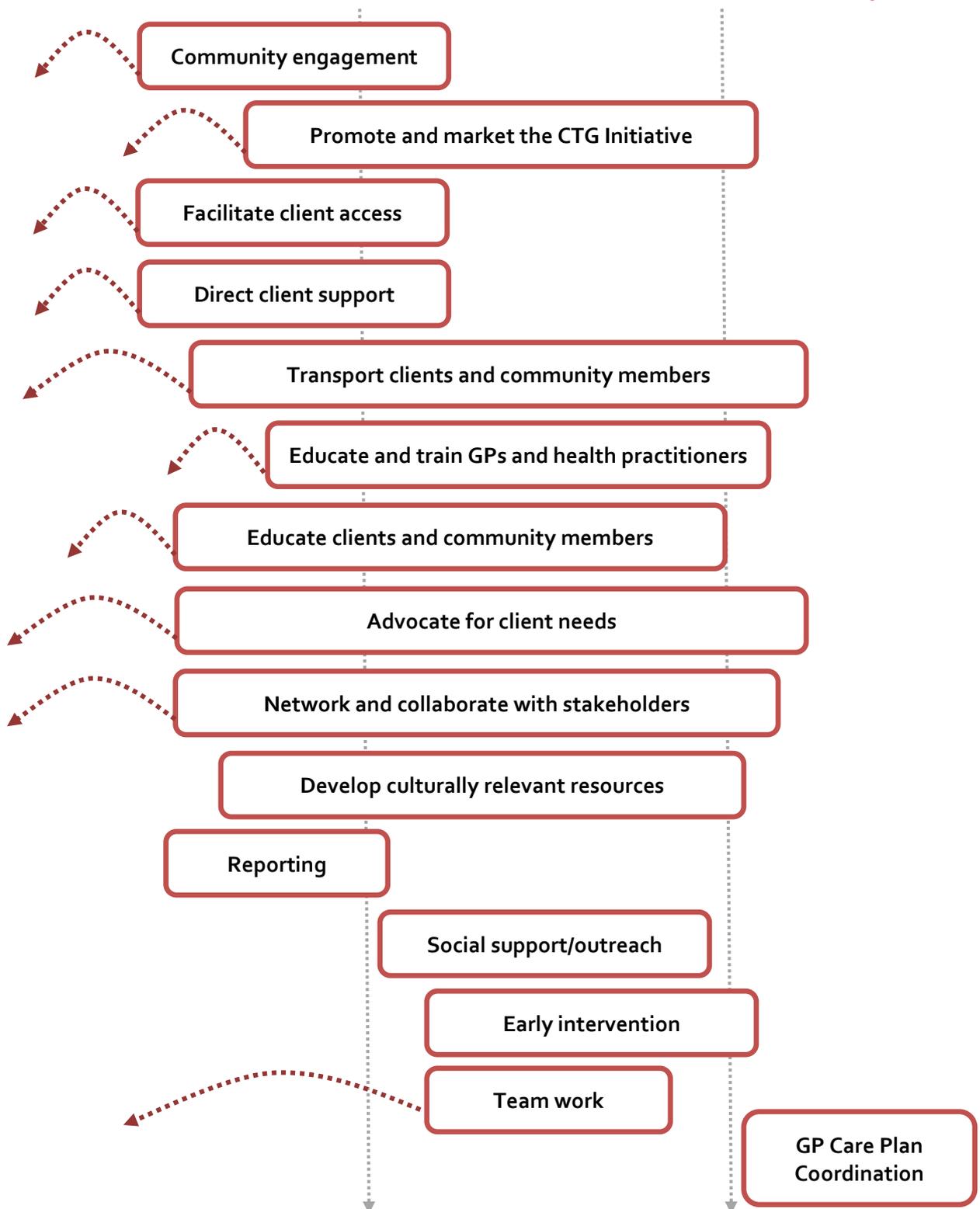
This indicated whether the focus of their role and the balance of time spent undertaking different aspects of their role was right. The outcomes are shown in Figure 1 using a 'shorthand' description of the main roles, while the list of these roles with an extended description is provided here:

- ⊗ **Community engagement:** All activities ATSIOWs undertake to build relationships between the community and the program, including community consultation, attending community events, accessing cultural mentors and/or developing a community reference group. This helps to build relationships between themselves as workers, as well as other staff involved in the program.
- ⊗ **Promote and market the CTG initiative:** This promotion was aimed at a range of stakeholders, including community members, GP clinics, health practitioners and other involved agencies so there was shared knowledge and understanding of the initiative and how it worked. It appeared that Outreach Workers viewed this as a role that IHPOs need to share with them.
- ⊗ **Facilitate client access:** While aligned with the above role, access is facilitated by promoting self-identification amongst community members so they are eligible for the program, signing community members up as clients with CTG registered practices, ensuring identity documents are up to date (e.g. Medicare cards), having consent forms in place, developing and reinforcing confidentiality processes, and exploring and addressing other barriers to service.

Figure 1: Current and recommended role focus and time priorities

The current situation reported by Outreach Workers for each role and the time priority it receives is shown in the ochre boxes and where they are positioned on the continuum from 'a lot of the time' through to 'occasionally'. If there was strong variation in time priorities, then the box extends all relevant places on the continuum. If the current situation fits with what Outreach Workers believed they should be doing, the boxes are left where they are. If Outreach Workers believed the time priority needs to change, the position it needs to change to is indicated by the ochre dotted lines.

A lot of the time----->**Some of the time**----->**Occasionally**



- ⊗ **Direct client support:** Support ranges from personal visits, including home visits, accompanying clients to GP or health practitioner visits, referring clients to relevant services, coordinating appointments (with GPs, specialists and allied health providers) assisting clients to fill their scripts and access required medication, and follow-up contact (in-person or by phone) with clients and community members.
- ⊗ **Transport clients and community members:** This meant providing or arranging transport for clients and community members to ensure they can participate in relevant activities and attend health appointments.
- ⊗ **Educate and train GPs and health practitioners:** This focused on formal and informal education and training of GPs, GP practice staff and health practitioners, particularly to increase engagement, improve cultural awareness, create culturally safe environments and provide culturally safe services.
- ⊗ **Educate clients and community members:** Education occurs on a group or individual basis, and is focused on healthy practices in general, as well as self-management of chronic disease and medication.
- ⊗ **Advocate for client needs:** At every step of the process ATSIOWs believe that they need to advocate for clients' needs, and that this should be a priority role that they are supported to undertake at all times it is needed.
- ⊗ **Network and collaborate with stakeholders:** Networking aimed to build or strength relationships and shared understanding of the initiative and Outreach Worker roles with a broad range of stakeholders so they work together in achieving better coordinated, collaborative and respectful services.
- ⊗ **Develop culturally relevant resources:** Resources are aimed to assist with access and self-identification of community members so they are eligible for the program, and promote health checks among community members. ATSIOWs were happy with maintaining the variation of response here, which may reflect local needs and priorities, although they did not think they should spend much time on developing policies.
- ⊗ **Reporting activity and progress:** This role needed to occur on a continual basis and no change was recommended for it.
- ⊗ **Social support and outreach programs:** For example, this may involve running and/or supporting elders' programs or child maternal health programs. The current time priorities being given to this work, where it occurs, were seen as appropriate.
- ⊗ **Early intervention programs:** For example, this may involve working with schools and other locations where young people are easily accessed in groups.
- ⊗ **Team work:** This involved working closely and effectively with immediate team members, which ATSIOWs believed needed to occur more often.
- ⊗ **GP Care Plan coordination:** This is not something ATSIOWs believed they should do often, particularly as it is a priority role for GPs to undertake.

Overall, Figure 1 indicates that while there is commonality in the nature of roles that Outreach Workers undertake across the country, at present, there is considerable variation in the time priorities that are given to different aspects. Almost all roles listed were seen as priorities that ATSIOWs should do a lot of the time. Areas where a stronger change of time priority was needed included:

- facilitate client access
- direct support for clients
- transport for clients and community members
- advocate for client needs
- network and collaborate with stakeholders
- team work.

The outcomes of this workshop are also useful to contrast with the roles outlined in 'Appendix B: Initial description of the Outreach Worker role'. While it is evident that ATSIOWs are undertaking all activities described in Appendix B, they have extended on these activities in order to ensure that they are effective. Therefore, the education and advocacy aspects of their work appear to be crucial, along with networking and collaborating with stakeholders in assisting clients to achieve better health outcomes.

2.2 Highlights, enablers, barriers and strategies

During Workshop 2, ATSIOWs worked in four larger groups with a facilitator to reflect critically on their roles in order to develop greater shared understanding of the reality of being an Outreach Worker and what Indigenous Health Project Officers (IHPOs) need to think about in supporting ATSIOWs in the role. Specifically, they were asked to identify the:

- highlights of working as an Outreach Worker
- barriers and enablers faced in the role
- strategies for addressing barriers.

The role of IHPOs through this workshop was to listen, learn and take notes on what emerged, not to participate in the discussions. The information they gained from listening would inform their participation in an IHPO specific workshop (during Workshop 3), where they would reflect on their support responsibilities and options for addressing ATSIOW support needs.

2.2.1 What are the highlights of being an Outreach Worker?

The highlights of being an ATSIOW consistently grouped into the following seven themes, several of which overlap with how ATSIOWs described their roles above.

- community engagement

- making a difference for my community
- personal growth and development
- educating health service staff
- facilitating better interagency collaboration
- networking with other ATSIOWs
- positive teamwork.

Each theme is described below in greater detail. While many ATSIOWs named these areas, particularly the first six themes, not all experienced them as highlights. This becomes evident based on the barriers that ATSIOWs identified (see Section 2.2.3).

Community Engagement

The opportunity to work with the community they know, build trust and strengthen connections, relationships and partnerships with Aboriginal communities in their location was repeatedly identified as an important highlight. ATSIOWs valued being at the 'forefront on engaging our Mob' by creating or identifying opportunities to develop, support and/or facilitate community events that catered across community's age range.

Making a difference for my community

A strong motivating factor and highlight for ATSIOWs was doing a job that was making a difference for their communities. They believed their roles addressed barriers to and facilitated access, increased health service choices, empowered the health decision making of individual clients, encouraged greater engagement with health services and contributed to improved health outcomes. The feedback they received from clients and community members, as well as formal statistics, indicated that the work and advocacy ATSIOWs was being effective in this regard.

ATSIOWs enjoyed promoting the CTG initiative with GP clinics and community members that increased participation for both, and led to greater education about the need for this initiative as well as health literacy. They also believed their roles offered the community a real opportunity to access health programs based on community requests and advice about how they should be designed.

Another important aspect of this was ATSIOWs being positive role models within their communities from both a health and employment perspective.

Personal growth and development

ATSIOWs also described the personal growth and development they were experiencing in their jobs. They appreciated the depth of personal learning and improved understanding about the community and variety of services available, and the experience of gaining confidence in their role. Further, in some instances ATSIOWs experienced personal recognition from their communities regarding the importance of their role, or from their workplace when they were treated as a valued team member.

ATSIOWs also gained opportunities to learn from a range of people, including Elders, community members and health service providers, as well as access formal training opportunities that could help advance their careers.

Educating health service staff

Education of the broad range of health staff involved in strengthening their cultural awareness and developing culturally safe environments and practices was another common highlight. This included the education of GPs, GP practice, pharmacy and other agency's staff, and supporting them to make changes in their work environments.

Facilitating better interagency collaboration

Networking, relationship-building and coordination with GP clinics, ACCH Services and other agencies were also highlights for many ATSIOWs. The intention was to achieve better interagency collaboration by "pooling our efforts" that would contribute to improved health outcomes for their communities.

Networking with other ATSIOWs

ATSIOWs who had previously had the opportunity to network with other ATSIOWs at regional or state levels emphasised the value of this and described this as another highlight of their experiences to date. They were important opportunities to provide peer support and share learning, strategies and resources, particularly when outreach Workers operated in isolation from each other and, at times, other support staff. Those who had not yet had this experience reinforced how this national meeting was a highlight for them, as it was "good to just be with Outreach Workers".

Good teamwork within their organisation

This was not the case for all ATSIOWs, but where this had occurred this was described as a highlight. The critical aspects of this were developing good relationships with fellow team members, and the recognition of the value of their role within their organisation.

2.2.2 What enables Outreach Workers to do their job effectively?

The factors that enable ATSIOWs to do their job effectively fell into six main areas, which are outlined below:

- management and team support
- knowledge of and relationships with community
- access to resources and equipment
- networking with Outreach Workers and others in CTG Initiatives
- personal experience, commitment and motivation.

While there were ATSIOWs who directly experienced these enablers, their absence resulted in barriers and frustrations to effectively undertake their role.

Management and team support

Having supportive management and team members who understood their role and acknowledged its importance was a critical enabler for ATSIOWs. This was evident to ATSIOWs in a number of ways, for example:

- trust in and respect for ATSIOW's knowledge and ability to undertake their role
- team members playing complementary roles, e.g. facilitating access to mainstream GP practices
- genuine interest and commitment from staff to make change
- open communication between team members.

Knowledge of and relationships with community

Knowledge of the local community, a good understanding of cultural responsibilities and having existing (or building) positive relationships with the community were vital enablers for ATSIOWs. This created trust and credibility to work in the community, and provided them with community support, both to undertake the role and in their personal journey.

Access to equipment and resources

The word 'outreach' in the job title means that having access to equipment and resources are crucial in ATSIOWs being able to work effectively. There were significant variations in experience in this regard (see Section 2.2.3), however where this occurred it made a substantial difference to ATSIOWs, both professionally and personally.

Relevant equipment for consideration included: vehicle, fuel card, transport officers or resources (health service bus, cab vouchers), mobile phone, computer/laptop and Internet connection. Other valuable resources included a 'Resource Officer' in the organisation for developing promotion and health literacy resources, and training and development.

Networking with Outreach Workers and others in CTG Initiatives

The opportunity to network with Outreach Workers and other related staff in CTG initiatives across different sectors was identified as more than a highlight, it was also an enabler. A phrase shared by one group was about using these opportunities to "steal shamelessly and share generously", referring to gaining and distributing information that supports their work.

Personal experience, commitment and motivation

ATSIOWs recognised the importance of personal experience, commitment and motivation as an enabler to being an effective worker. Their experiences, and those of their family and community members, were resources for guiding their work.

They demonstrated commitment and motivation through gaining family support for their work, believing in the program and being flexible in finding different ways of achieving the desired outcomes. At times, they needed to take a risk to do this, which requires personal initiative and confidence.

2.2.3 What are the barriers faced and strategies used to address them?

As would be expected, ATSIOWs also faced barriers in undertaking their roles. They were identified in this workshop, along with any strategies that ATSIOWs had developed in order to manage them, and are presented in Table 3. This was designed to share strategies amongst ATSIOWs, or identify reasons why strategies in some situations were not viable in others.

These barriers have subsequently been coded to indicate where the responsibility sits for addressing them, as it is not always possible or appropriate for ATSIOWs to do this, particularly when they do not have authority over the relevant matters. Several matters are shared responsibilities, as they require action and commitment by more than one level of the system. The following categories have been used, with the shorthand term used in Table 3 shown in brackets for each category:

- ATSIOWs (OW)
- IHPOs (IHPO)
- Employers (EMP)
- Jurisdictional peak bodies, i.e. SBOs and NACCHO Affiliates (JUR)
- National peak bodies, i.e. AGPN and NACCHO (NAT)
- Department of Health and Ageing (DoHA)

This coding is provided as a starting point, as agreement would need to emerge from further conversations with the relevant stakeholders in seeking to address these barriers. Such a process at the jurisdictional and national level is proposed in Section 5.

Table 3: An ATSIOW assessment of the barriers faced by ATSIOWs, responsibility to address them and current strategies ATSIOWs use

Barriers	Responsibility						Strategies currently used by ATSIOWs
	OW	IHPO	EMP	JUR	NAT	DoHA	
1: Management and Team Support							
Lack of clarity about job role/definition							
Wages equity between employers							
Lack of management support							<ul style="list-style-type: none"> ▪ Resign so you look after yourself ▪ Make a complaint ▪ Develop and use your support network ▪ Participate in network teleconferences
Disrespect of role and ability by management/team: <i>e.g. seen as "in the community too much", not recognising cultural knowledge and skills and racism</i>							<ul style="list-style-type: none"> ▪ Advocacy for social justice: by oneself or a mentor ▪ Educate team about role and how to do it, and persist in role ▪ Put in incident reports ▪ Access debriefing and/or counselling services ▪ Establish support for role through partnerships
Occupational Health and Safety Issues							<ul style="list-style-type: none"> ▪ Access training ▪ Advocate for issues to be addressed
2: Shared clarity on role, scope and tasks							
Lack of a shared position on the scope and interpretation of the role among key stakeholders: <i>i.e. can workers use all skills they bring to the job, is it clinical or non-clinical, does it have limits or is it a "one stop shop"?</i>							<ul style="list-style-type: none"> ▪ Gain advice and discuss with CEO or senior staff ▪ Access guidelines on the role ▪ Advocate for and empower yourself ▪ Develop and distribute flyers/pamphlets and promote to community and other agencies

Barriers	Responsibility						Strategies currently used by ATSIOWs
	OW	IHPO	EMP	JUR	NAT	DoHA	
3: Access to equipment and resources, including transport							
Access to transport as workers : <i>i.e. no vehicle access or no designated vehicle</i>							<ul style="list-style-type: none"> Balance your time between areas and coordinate your contact with clients Support to get license Funding agreements provide funds for vehicles
Appropriate transport for clients: <i>i.e. not allowed to transport clients, restrictive policies on number of people or distance you can transport them, limited funding for transport costs, the Patient Assistance and Transport Scheme working poorly</i>							<ul style="list-style-type: none"> Lobby for change in employer policies Prioritise clients for transport access M40 Taxi vouchers Use transport resources in local organisations, including volunteer drivers or transport officers, e.g. Red Cross, HACC, community aged care packages, Angel Flight, St Vincent de Paul, Salvation Army, or community buses.
A wide geographical area to cover							<ul style="list-style-type: none"> Establish outreach clinics to outlying locations
No office/workspace and poor infrastructure funding							
Lack of information regarding other programs, e.g. housing, finance							<ul style="list-style-type: none"> Undertake research and network to build knowledge of community and existing services Develop a database of local services Create flyers/brochures to educate community
Clients lack income and housing							<ul style="list-style-type: none"> Provide support for clients with housing agencies Assist with income management and job search Coordinate with other agencies that can help

Barriers	Responsibility						Strategies currently used by ATSIOWs
	OW	IHPO	EMP	JUR	NAT	DoHA	
4: Cultural awareness and culturally safe practices of management and staff							
Knowledge of cultural protocols : <i>i.e. gender, cultural identity, location or boundary issues</i>							<ul style="list-style-type: none"> Educate management and staff
Use of appropriate language							<ul style="list-style-type: none"> Educate management and staff Break down and interpret so patient understands Utilise interpreter services Develop and distribute relevant flyers/brochures
Identifying clients as Aboriginal people							<ul style="list-style-type: none"> Educate management and staff on how to ask Promote value of being identified in community Encourage and reassure community members it's OK to be Aboriginal
IHPOs not committed or connecting with community							
5: Effective collaboration with GPs and other stakeholders							
Lack of a shared understanding of the CTG initiative for key stakeholders							<ul style="list-style-type: none"> Develop and distribute promotional material Attend community and health events to promote and talk with stakeholders
Bulk-billing by GPs and specialists							<ul style="list-style-type: none"> Develop a plan to get GP's to bulk bill, including educating GPs on the impact of bulk billing Advertise practices that bulk bill and work with Aboriginal patients in general Place CTG notices in GP clinics
Poor availability and engagement of GPs							<ul style="list-style-type: none"> Develop an engagement strategy with IHPO

Barriers	Responsibility						Strategies currently used by ATSIOWs
	OW	IHPO	EMP	JUR	NAT	DoHA	
Hospitals' role in the initiative: <i>i.e. knowledge of how funding works, discharging without transport, poor follow-up of clients and role of Aboriginal Hospital Liaison Officers</i>							<ul style="list-style-type: none"> Build relationship and work with Aboriginal Hospital Liaison Officers Advocate for CTG to be available in hospitals
Pre-existing poor relationship with stakeholders							
Employers not using resources well							
6: Government and funding							
Lack of understanding of what position should be and reality on the ground							
Lack of national and jurisdictional co-ordination of funding allocations for services							
Medicare "Indigenous Line" not a thoughtful and friendly process							<ul style="list-style-type: none"> Utilise the Medicare contact person if available
State of uncertainty about change implications with Medicare locals							
7: Personal barriers for clients							
Clients maintaining personal pride and managing shame							<ul style="list-style-type: none"> Provide reassurance Give examples Locate or offer men's groups Discuss how it is not normal to be unhealthy

2.3 Issues and questions remaining about roles

In Workshop 5, ATSIOWs reflected on the conversations held about their roles and identified if there were further issues and questions that needed to be addressed. While some of these converge with concerns raised in Sections 2.1 and 2.2, they are brought together here to guide ongoing discussion and strategy development so that they can be resolved and/or answered.

ATSIOWs had the opportunity to share and learn from each other in relation to strategies they do and can use to address concerns, and they also gained some answers to questions through the workshops and plenary sessions. Despite this, access to consistent, accessible and broadly distributed information will be important, particularly as the workshop may have had good attendance by ATSIOWs, but this still represented just over 54% of ATSIOW positions nationally.

It is important to note that, on occasions, questions were relevant to specific employment situations, which indicates there is inconsistency in employment or organisational arrangements that need to be addressed by jurisdictional peak bodies (SBOs and NACCHO Affiliates) to ensure that equitable and appropriate employment arrangements are in place.

2.3.1 Role definition and clarity of stakeholders about roles

- ⊗ Will a clear position definition and focus be developed? The question was based on having no job and person description or contract with related KPIs.
- ⊗ Will DoHA expand the guidelines to fit with the current roles of ATSIOWs (i.e. as outlined in Section 2.1), as they currently do not adequately reflect the importance of community engagement?
- ⊗ Will the job description be better focused and tightened so ATSIOWs are not expected to do anything and everything (there is a danger of burn-out), while also ensuring it is locally relevant and also holistic?
- ⊗ Is the role open to clinical areas, or is it non-clinical only (even if the Division is supporting my role to undertake clinical tasks)?
- ⊗ Could ATSIOWs have different 'areas' of focus, e.g. a social, youth and/or a prevention focus?
- ⊗ Are SBOs aware of all roles and how they relate to each other, e.g. ATSIOWs, IHPOs and Indigenous Care Coordinators?
- ⊗ Why are IHPOs not an identified position, i.e. affirmative action to recruit Aboriginal Torres Strait Islander people to the role as occurs for ATSIOW roles?
- ⊗ As we are far enough into the program now, it would be beneficial to have a national survey on the definition of ATSIOW roles (that builds on workshop outcomes) – is this possible?

2.3.2 Cultural safety, respect and support

- ⦿ How will ATSIOWs be supported to deal with their managers and colleagues who do not understand the true nature of the role, and question the amount of time that is spent in the field, i.e. doing 'outreach'?
- ⦿ Will DoHA mandate employers to undertake cultural safety training and provide a culturally safe working environment as a contractual obligation?
- ⦿ What capacity is there to address the Cultural Respect Framework in order to have more male workers employed?

2.3.3 Cultural and professional support

- ⦿ How can ATSIOWs access mentoring and coaching when their manager has no cultural knowledge?
- ⦿ Can we create a national listserv as a network for ATSIOWs?
- ⦿ Health workers can be the most 'burnt out' in any industry – what professional support is there going to be for ATSIOWs?
- ⦿ Can or will there be further national workshops for ATSIOWs?

2.3.4 Line management and relationship with IHPOs

- ⦿ Who has more say over ATSIOW roles – IHPO or the CEO? Who do you listen to?
- ⦿ IHPOs are taking on the management role of ATSIOWs – is this the purpose of their role? If so, then they are a project manager rather than project officer?
- ⦿ We need clearly defined communication flow between ATSIOWs and IHPOs.
- ⦿ If the IHPO and ATSIOW are working as a team and the roles become blurred, why can't the positions be amalgamated into similar positions?

2.3.5 Expansion of ATSIOW workforce

- ⦿ It is not possible for an ATSIOW to cover a whole Division, particularly in wide geographical regions; is there an intention to fund an expansion of the workforce to meet the need?
- ⦿ Is there any potential for DoHA to increase the FTE status of ATSIOWs in order to cover the whole region/Division to which they are assigned?
- ⦿ Is there any intention to expand the locations where ATSIOWs can work, e.g. hospitals and schools?

2.3.5 Transport and equipment

- ⊗ Why is there such inconsistency in access to transport/vehicles for ATSIOWs, as some people get it with their jobs while others do not?
- ⊗ Why does ATSIOW funding not have funds for resources such as a vehicle, mobile phone, and laptop computer?
- ⊗ Can there be a clearly defined minimum equipment list for ATSIOWs, e.g. having a mobile phone, laptop, Internet access and a vehicle included into contract agreements for ATSIOWs?

2.3.6 Resources and tools to support the work

- ⊗ Can we have generic or standardised reporting forms and software, e.g. templates?
- ⊗ What resources are or should be available to ATSIOWs to undertake their role, e.g. promotional materials, health information, funds to run events and meetings?
- ⊗ We need to extend policies and procedures to reflect ATSIOW's duty of care.

2.3.7 Employment conditions

- ⊗ What is the right pay scale for ATSIOWs? Can there be an indication of wages to achieve greater national consistency?
- ⊗ Can ATSIOW positions be moved to a different employer if they are not being effectively used and supported with their current employer?
- ⊗ Are Divisions of GP the best fund distributor and employer as their core business practices often conflict with what ATSIOWs are trying to achieve, e.g. not being allowed to inform the community about who is a PIP registered practice?
- ⊗ How do ATSIOWs achieve outcomes when there is a lack of GPs two years into the program?

2.3.8 Change management with continued health reform

- ⊗ What will be the impact of Medicare Locals on ATSIOWs? Can the impact on ATSIOWs be considered and discussed with ATSIOWs?
- ⊗ What is happening post-June 30, 2012 when current contracts end?

3: Orientation, training and career pathways for Outreach Workers

When the COAG Workforce Expansion Initiative was initially announced, from a workforce pathway perspective the original intention was that ATSIOW positions could be regarded as an entry level position to the health workforce for Aboriginal and Torres Strait Islander peoples. Further, it was expected that ATSIOWs would be drawn from the local community and are not expected to have particular qualifications. Therefore, required training would be provided.

An orientation, education and training needs analysis for the new and existing Aboriginal and Torres Strait Islander workforce was commissioned by DoHA, which was undertaken by the Aboriginal and Torres Strait Islander RTO National Network in late 2009 (ATSIHRTONN). This made a series of recommendations about what would be needed to orient and train ATSIOWs, based on the initial conceptions of their role (see Appendix B) and expectations of them as entry level positions, as described immediately above.

The needs analysis outcomes were subsequently discussed and developed further through a series of national workshops coordinated by NACCHO in 2010 at DoHA's request. A final integrated report on the outcomes of these workshops was provided to DoHA in November 2010. Since this time, orientation and training has been developed at a jurisdictional level, which reflects the outcomes of jurisdictional workshops and the national picture. Each jurisdiction is at a different stage due to the timing of the position rollout and developing jurisdictional agreements about the best way to proceed

The ATSIOWs participated in two workshops specifically focused on training and career pathways. This section is structured to reflect outcomes from each workshop.

3.1 Current qualifications and aspirations of the existing workforce

In Workshop 3, ATSIOWs worked in three larger groups with a facilitator to share information about their current qualifications and training for the role, discuss their aspirations for future training and career pathways, and gain information about current training options and career pathways that could support their aspirations. Information about their current qualifications and their future aspirations was recorded.

3.1.1 Current qualifications of the existing workforce

The 87 ATSIOWs attending the workshop provided information about the nature of any qualifications and/or accredited training they had achieved – either prior to or since becoming an ATSIOW. The qualification level (including non-accredited

orientation training), type and number of people holding it was recorded. Table 4 provides a summary of qualification levels, remembering that one person may have had more than one qualification or both a qualification and undertaken orientation training.

Table 4: Qualification levels of ATSIOW workshop participants (n = 87)

Qualification level	Number	(%)
Orientation training for ATSIOWs	24	24.1%
Certificate II	3	3.4%
Certificate III	38	43.7%
Certificate IV	23	26.4%
Diploma	4	4.6%
Degree or higher	4	4.6%

- ⊗ **Orientation training for ATSIOWs:** Almost a quarter of ATSIOWs had undertaken formal orientation training to date, in part due to the different stage that each jurisdiction is at with developing and/or providing it.
- ⊗ **Certificate II:** Of the three ATSIOWs reporting this qualification level, it was in ATSIOW, Family Health and Wellbeing or Conflict Management.
- ⊗ **Certificate III:** The majority of this group of ATSIOWs (53%) had a Certificate III in Aboriginal Primary Health Care, i.e. were trained as Aboriginal Health Workers. Other qualifications were in areas such as: First Aid (26%), Business Administration (5%) and Aged Care (5), as well as Social Housing, Mental Health and Nursing Assistant.
- ⊗ **Certificate IV:** Most of this group of ATSIOWs (70%) had a Certificate IV in Aboriginal Primary Health Care, i.e. were trained as Senior Aboriginal Health Workers, while three others had qualifications in Business Administration, two in Community Services Coordination, and one each in Mental Health and Governance.
- ⊗ **Diploma:** Of the three ATSIOWs reporting this qualification level, it was in Mental Health, Community Services Coordination, Indigenous Governance or Social Science.
- ⊗ **Degree or higher:** Three ATSIOWs had degrees, one in health Science, one in Indigenous Community Management and the other in Psychology, while a fourth ATSIOW had a Post-Graduate Diploma in Primary Health Care Research.

In addition to or instead of complete qualifications, ATSIOWs had often completed accredited training that represented either a skill set or unit of competency; 46 or 52.9% of ATSIOWs were in this position. The most common was First Aid, followed

by Suicide Prevention, QUIT Smoking Health Promotion, Training and Assessment and Mental Health First Aid. Then there was a huge variation of topics, including child abuse, Good Medicines Better Health, understanding dementia, nursing, administration and fire training.

ATSIOWs also reported undertaking a range of non-accredited training that covered areas such as: counselling, dementia, protective behaviours, chronic disease self-management and other areas of personal development.

In summary, it became quickly apparent that many ATSIOWs were well or over-qualified for their roles, even though they had not yet received (although many wanted) formal orientation training. A major contributing factor raised during the workshop was the disparity between the higher salary for ATSIOWs being offered (particularly in DoGP) compared with the award on which Aboriginal Health Workers are paid.

3.1.2 Aspirations of the existing workforce

ATSIOWs' aspirations for future training and career pathways including both accredited and non-accredited training options, with interest in achieving higher level qualifications than they currently had – from Certificate III through to university degrees. They fell into five broad topic areas that provide a clear indication of the breadth of directions that this workforce hoped to take, all of which are relevant to and required within the health sector. Where relevant, ATSIOW aspirations are categorised as specific professions, specialisations (often based on having a specific profession), and specific skill sets that 'value-add' to a job role and/or profession.

Health services

- ⊗ **Specific professions:** Aboriginal Health Worker, Nursing, Midwifery, Aged Care, Nutritionist, Health Promotion Officer
- ⊗ **Specialisations:** Preventive Health Care, Health Science, Maternal & Child Health, Neonatal, New Fathers, Indigenous Chronic Disease Management, Rehabilitation, Sexual Health, Nutrition, Disability, Immunisation, Natural Medicines, Diabetes Education, Palliative Care
- ⊗ **Specific skill sets:** First Aid, Hygiene, UTI's, QUIT (smoking cessation), Child Safety

Social-emotional Wellbeing and Mental Health services

- ⊗ **Specific professions:** Psychology, Counselling, Social Work, Youth Work
- ⊗ **Specialisations:** Suicide Prevention, Domestic Violence, Family Mediation
- ⊗ **Specific skill sets:** Motivational Interviewing, Music Therapy, Art Therapy, Grief and Loss, Aromatherapy, Mental Health First Aid

Administration

- ⌚ **Specific professions:** Business Administration
- ⌚ **Specific skill sets:** Information Management, Occupational Health & Safety Budgeting, Information Technology

Management

- ⌚ **Specific skill sets:** Leadership, Policy Development, Conflict Resolution, Health Service Management, including all of the above within an Aboriginal context.

Other professions and skills

- ⌚ Community Worker
- ⌚ Correctional Services
- ⌚ Sport and Recreation
- ⌚ Mentoring
- ⌚ Defensive Driving

The information reported here about aspirations is indicative only and needs to be explored further at a jurisdiction level, building on what information gathering has occurred to date in each jurisdiction. For example, jurisdictions could explore what could be provided and through which training organisations, and undertake a formal 'expression of interest' or 'needs analysis' to ascertain numbers and viability of providing specific training for specific skill sets and possibly specialisations. They could also explore how they provide a coordinated approach to information and guidance for ATSIOWs pursuing career aspirations in particular professions.

3.2 Issues and questions remaining about training and career pathways

In Workshop 5, ATSIOWs reflected on conversations held and information provided about training and career pathways, and identified further issues and questions that needed to be addressed. While some of these converge with concerns raised in Sections 2.1 and 2.2, they are brought together here to guide ongoing discussion and strategy development so that they can be resolved and/or answered.

ATSIOWs had the opportunity to gain answers through workshops and plenary sessions, including a direct response plenary session held immediately after Workshop 5. For example, DoHA confirmed there was no minimum qualification requirement for the ATSIOW role, although the position that emerged from the series of national workshops about the new positions under the COAG Workforce Expansion measure in 2010 (described above) resulted in a recommendation of a

minimum Certificate II in Aboriginal Primary Health Care and First Aid. Participants also queried how community needs would be reflected in ATSIOW training, and how training is designed in the VET sector in relation to industry and community needs, which was subsequently explained.

While these discussions and responses were valuable, access to consistent, accessible and broadly distributed information will be important. The national workshop had good attendance by ATSIOWs, but the participants still represented just over 54% of ATSIOW positions nationally.

3.2.1 Orientation

- ⊗ Orientation is required for many ATSIOWs – how long do new ATSIOWs have to wait for orientation and how regularly will it be offered?
- ⊗ Is any orientation training available for IHPOs?
- ⊗ Is there the capacity to do a national orientation for Managers and CEOs of the organisations in which ATSIOWs work?
- ⊗ Will participants be funded to attend orientation when there is a limited number of ATSIOWs in a jurisdiction?

3.2.2 Training and career pathways

- ⊗ How do participants know what career pathways are available for ATSIOWs (although more knowledge was certainly gained through this conference)?
- ⊗ How do organisations know what career pathways are available to ATSIOWs?
- ⊗ Is it possible to collate a list of all possible training and professional development opportunities? Would a national website or email listserv be valuable to provide or distribute this information?
- ⊗ Where do you go for training if you already have a higher qualification than Certificate IV?

3.2.3 Relationship between role, skills and qualifications

- ⊗ Is it possible to indicate and circulate a minimum set of skill sets for the role?
- ⊗ How do you get role definition when someone has a qualification but is told they cannot do their role, as the role had grown past the qualification?

3.2.4 Further suggestions to consider

- ⊗ The orientation for Indigenous Care Coordinator roles is not clear, they also need support induct them into the workplace.
- ⊗ Training achievements could be included within our KPIs.

4: Support needs of Outreach Workers

4.1 Support needs and current strategies

During the Workshop 3 timeslot, Indigenous Health Project Officers participated in an IHPO-specific workshop that focused on their support responsibilities and options for addressing ATSIOW support needs. Participants included the 14 IHPOs in attendance at the national workshop, as well as 17 other project officers who worked with or line managed IHPO positions in Divisions of GP. For convenience, this whole group will be referred to as IHPOs in this section.

This workshop drew upon the 'listening and learning' role that IHPOs had played during Workshop 1 and 2 when ATSIOWs discussed and analysed their roles. For example, during Workshop 2 IHPOs were asked to note what they thought was important for IHPOs to be considering in relation to the following two questions:

- ⊗ What are your support responsibilities?
- ⊗ What are the options for addressing ATSIOW support needs?

They were asked to draw on the shared and unique experiences of ATSIOWs in their group, regardless of whether or not they came from the same jurisdiction, and take note of things that may not have come up in their role to date, but could occur down the track for one or more of the ATSIOWs they support.

In Workshop 3, IHPOs shared what they learned with other IHPOs in two ways. First, they developed a summary of the support needs that ATSIOWs have. Second, they shared any current strategies being implemented to address these needs, and, if relevant described any 'in development' or recommended strategies to ensure that appropriate support is provided. The focus was on strategies that were the responsibility of IHPOs to implement, influence or advocate within their organisations, or support ATSIOWs to implement.

The process was designed to facilitate peer learning by sharing strategies amongst IHPOs, so that they could leave the workshop with further ideas about what they could or needed to do so they provided better targeted, responsive and valuable support to ATSIOWs. It was also acknowledged that ATSIOWs work in different contexts, so some strategies are more viable than others in certain circumstances.

The outcomes of this workshop are provided in Table 5, with the support needs grouped into logical categories; some mirror the barriers identified by ATSIOWs in Workshop 2 that were categorised in Table in Section 2.2.3. As it was not possible to complete the discussion regarding strategies within the time allocated during the national workshop, these workshop participants were invited to provide further input following the workshop so that a more comprehensive response could be represented in the report. A few workshop participants took up this opportunity. Therefore, it is acknowledged there could be other strategies being developed or implemented, so the information here is *indicative* rather than *comprehensive*.

Table 5: An IHPO assessment of the support needs of ATSIOWs, current strategies to address them

Support needs	Current strategies implemented by IHPOs	Strategies being developed/recommended
1: Management and Team Support and culturally safe practice		
Manager/CEO understanding of ATSIOW roles	<ul style="list-style-type: none"> ▪ Access cultural awareness training ▪ Provide cultural competency training packages ▪ Address in team meetings with IHPO present ▪ Create a positive team environment and office ▪ Have regular contact with the ATSIOW, have discussions about change required and provide feedback on progress ▪ Get Division to develop and implement a Reconciliation Action Plan 	<ul style="list-style-type: none"> ▪ Funding application to do a comprehensive promotion to all GP services
Addressing disrespect from colleagues and workplaces	<ul style="list-style-type: none"> ▪ Work towards greater clarity in ATSIOW job descriptions ▪ Educate organisation on role they need to play in the community (particularly in order to CTG) 	
Reducing high levels of surveillance and recording of the movement/whereabouts of ATSIOWs	<ul style="list-style-type: none"> ▪ Weekly work sheets setting out current appointments 	
Imbalance between staffing/FTE level and the workload, including geographical area to cover		
Wages equity between employers		
2: Shared clarity on role, scope and tasks		
Clarity on difference between the ATSIOW and Indigenous Care Coordinator roles		

Support needs	Current strategies implemented by IHPOs	Strategies being developed/recommended
Different role specifications in contracts with employers		
Agreeing on job role when ATSIOWs have clinical skills, which differs from DoHA expectations and guidelines on the ATSIOW role		
3: Access to equipment and resources, including transport		
Transport for ATSIOWs	<ul style="list-style-type: none"> ▪ Organise/advocate for ATSIOW to have a vehicle ▪ Partner with other Aboriginal organisations to use their vehicles 	<ul style="list-style-type: none"> ▪ Create a shared vehicle pool for both ATSIOWs and other Aboriginal workers from several organisations in the region to book and use
Transport for clients	<ul style="list-style-type: none"> ▪ Use community transport services ▪ Provide taxi vouchers ▪ Offer home visiting 	
Equipment access (computer, Internet, mobile)	<ul style="list-style-type: none"> ▪ Provide mobile phones and allow clients to contact ATSIOWs on them ▪ Provide a laptop and Internet connection that is hooked into the organisation's IT structure 	
4: Collaboration with GPs and other stakeholders		
GPs who do not bulk bill for clients	<ul style="list-style-type: none"> ▪ Negotiate agreements with GPs to bulk-bill for clients registered under the Indigenous PIP ▪ Promote the names of GPs registered under the Indigenous PIP who bulk bill to community ▪ Educate reception staff on bulk billing 	
How to establish and maintain partnerships	<ul style="list-style-type: none"> ▪ Facilitate interagency participation at a local level 	

Support needs	Current strategies implemented by IHPOs	Strategies being developed
Pharmacies that do not honour the CTG script	<ul style="list-style-type: none"> ▪ Invite the pharmacist to CTG events ▪ Advocacy to pharmacies about DTG ▪ Provide education through the Pharmacy Guild, including the newsletter and helpline ▪ Direct education and liaison with pharmacies ▪ 'Swapping' the script at an ACCH Service ▪ Gain a direct refund on the script through Medicare ▪ Organise articles on CTG in local media ▪ Promote the use of available software solutions for GPs to code the script in the system and make it automatic (this software can be rapidly upgraded e.g. Medical Director 3.11.7 and higher) 	
Knowledge of the service provider network and available resources	<ul style="list-style-type: none"> ▪ Allow ATSIOW to network on a regular basis, e.g. attend local Interagency meetings to meet with other agency workers and gain a greater understanding of what they offer clients. 	
How to use the service provider network effectively	<ul style="list-style-type: none"> ▪ If a waiver of privacy is obtained from clients, the ATSIOW can then liaise with other agencies to obtain better outcomes for the client. 	
5: Cultural and professional support		
Isolation and lack of cultural support	<ul style="list-style-type: none"> ▪ Organise access to mentoring, i.e. from a community member or Aboriginal colleague ▪ Hold quarterly meetings with Division of GP and ACCH Sector employers to discuss concerns and develop strategies ▪ Encourage ATSIOW involvement in statewide networks for ATSIOWs and/or IHPOs 	<ul style="list-style-type: none"> ▪ Hold a CEO workshop to discuss and address workplace issues in supporting ATSIOWs effectively ▪ Educate workplaces on cultural obligations and implications for workplace policies (i.e. so they are humane, friendly and culturally safe)

Managing gender protocols when only one person is in the ATSIOW role		
Support needs	Current strategies implemented by IHPOs	Strategies being developed
Lack of networks with other ATSIOWs	<ul style="list-style-type: none"> ▪ Use or advocate for regional and state networks ▪ Set up/participate in ATSIOW-specific listservs (also valuable for IHPOs) ▪ Participate in monthly teleconferences with ATSIOWs in the jurisdiction ▪ Implement a communication strategy that is reviewed at regional/state networks 	<ul style="list-style-type: none"> ▪ Need a national network to broaden the connections across the country (and build on this national workshop)
6: Government and funding		
Managing the divide between Australian Government and State/Territory Government funded programs		
7: Career pathways		
Knowledge of career pathways		

4.2 Feedback from IHPOs to ATSIOWs

At the end of the IHPO workshop, participants reflected on their conversations about ATSIOW support needs and their responsibilities to provide support as IHPOs. They identified the messages that they wanted to send back to ATSIOWs as a group of IHPOs about what they had learned from the day and believed was their responsibility to address. The following message was delivered by two IHPOs on behalf of the whole group in the final plenary session on Day 1.

As IHPOs we recognise the commonality in ATSIOW support needs despite the diversity in where people are located and what they are experiencing. Many of these issues are not new, but they are also not yet resolved. This is a 'work in progress'. We have to keep chipping away at the issues.

You are a respected and valued member of our teams, not a subordinate. This is a strong position that we will and want to advocate for in our organisations. We recognise that you advocate every day for your clients – our job as IHPOs is to advocate for you.

We realise that we won't always get the outcomes that both you and we want to achieve, but we intend to persist in our role because we know it is a long journey.

We want to also hold our colleagues, who are not here, accountable about having and living out similar commitments.

5: Considerations and possibilities for moving forward

5.1 Considerations for the future

The outcomes of the National Workshop has highlighted seven areas where further discussion and consideration would be highly beneficial for strengthening the effectiveness of Outreach Workers in contributing to the overall COAG Closing the Gap initiatives.

Consideration 1 – Outreach Worker roles: It is evident that greater clarity, direction and shared understanding are needed about the Outreach Worker role. The information in Section 2 of this report will be instructive in this regard. Such exploration would need to incorporate the relationship between Outreach Workers and IHPOs, i.e. how the roles can be distinct while being complementary and mutually supportive, and the supervisory/line management arrangements.

Consideration 2 – National Guidelines on Policies and Procedures: The workshop participants sent a strong message that they are spending time developing policies and procedures, a process that could be streamlined if a set of national guidelines with associated templates were developed and distributed. These guidelines could also provide direction in relation to other areas, e.g. cultural considerations and human resource matters. If aligned with further work to clarify Outreach Worker roles, this could provide high mutual benefit to all involved in the initiative and enable Outreach Workers to spend more time undertaking priority tasks, i.e. doing 'outreach' to the community, and less time on administrative matters.

Consideration 3 – Access to resources and equipment: By definition, a priority focus for Outreach Workers is undertaking 'outreach' to the community and GP clinics. It was apparent that Outreach Workers are not equitably resourced to undertake this outreach role by having access to required resources and equipment, due to significant variation in what employers have provided to them. This needs to be further explored, preferably at both a national and jurisdictional level so expectations and/or guidelines can be provided to employers on how to resource Outreach Workers so they can undertake their role effectively; this could include how such expectations could be made contractual .

Consideration 4 – Training for the role: Information and discussion regarding training and career pathways was valued by Outreach Workers, and further work was requested to address this area. The development and distribution of consistent messages regarding minimum training expectations and available training options would be important to provide to Outreach Workers. While SBOs and NACCHO Affiliates can certainly address this on a jurisdictional basis, it would be valuable for a national discussion to be maintained to ensure there is national consistency, even though there may be jurisdictional variations on what is provided and how. It will also be important to gain feedback from course participants about training in terms

of its relevance, appropriateness and quality of delivery, so training can be refined and is responsive to changing health needs.

Consideration 5 – A ‘work ready’ workforce: In contrast to the initial expectation about who would become an Outreach Worker, a large proportion of the current workforce are well-qualified and ‘work ready’. While this has provided significant advantages in establishing and undertaking the role, it has also been challenging and frustrating when people are qualified to do more than the expected role of Outreach Workers and there is a high need to undertake such work. It would be worthwhile considering what opportunities there are for existing and suitably-qualified Outreach Workers to move into other relevant roles in Aboriginal Health that utilise their full range of skills, e.g. such as clinical or health promotion roles. Having good access to career advice and associated support to pursue career options also needs to be considered.

Consideration 6 – A national network: While jurisdictions have varied in how they have set up state/territory networks, a strong and consistent message emerged from the workshop regarding the value of Outreach Workers being part of a national network. This network could contribute work on several levels: coordinate national workshops (as there was a strong desire for future workshops to be held), facilitate resource sharing to reduce duplication and promote innovation, and play a role in developing the above national guidelines on policies and procedures.

Consideration 7 – Long-term planning: While Outreach Workers were familiar with recording information against KPIs within their role to track progress, there was a keen interest in the long-term planning for both Closing the Gap and workforce development.

- ⊗ *Closing the Gap:* This included what will happen once the initial Outreach Worker funding contracts expire and ongoing intentions to address the factors impacting on the health outcomes of Aboriginal peoples.
- ⊗ *Workforce development:* This related to: mapping health needs and the skills required for addressing them; matching training to agreed role definition and requirements and ensuring training is available; career pathways that expand options, retain experienced people in the Aboriginal health workforce, and enable entry points for less experienced or qualified people to join the workforce as ATSIOWs.

5.2 Possibilities for moving forward

In order to move forward, it will be important for the above considerations to inform future discussion and decision-making about this aspect of the COAG Workforce Expansion Measure. The key stakeholders to be involved in these discussions and decisions are relevant sections of the Department of Health and Ageing, NACCHO and its Affiliates, and the AGPN and its State-Based Organisations (SBOs).

This raises the following possibilities – they are not exclusive, as both possibilities could be acted upon.

Possibility 1: It would be valuable for these stakeholders to meet in the near future to explore the above considerations on a national basis. This would involve:

- ⊗ identifying what is currently being addressed and ensure the people involved in these processes have access to this report and the relevant considerations
- ⊗ developing agreements on what else will be addressed, how this will happen and who to involve.

Possibility 2: It would be valuable if NACCHO Affiliates and SBOs hold jurisdictional meetings in the near future, together wherever possible, to reflect on the outcomes of the report and work through those barriers they can address through viable strategies. This will assist in providing more immediate responses to some of the issues faced by Outreach Workers in undertaking their work. Such strategies will range from things that need to occur at a local level and may be specific to a particular organisation or location, through to regional and state/territory levels. These meetings already existing in some jurisdictions and could be utilised, while other jurisdictions may need to convene such meetings.

Appendix A: National workshop agenda

DAY 1: Tuesday, June 21st

Plenary	Welcome and Opening	Presenters
10:00 - 10:30	Welcome to country Opening ceremony Housekeeping	Eora Elder (TBC) Thulli Dancers (TBC) Kathleen Stacey
Plenary	Introductory presentations	Presenters
10:30 – 11:10	The importance of the Aboriginal and Torres Strait Islander Workforce in our work to Close the Gap The role and responsibility of General Practice in our work to Close the Gap	Donna Ah Chee, NACCHO CEO Traven Lea, Special Advisor: CtG, AGPN
Morning Tea: 11:10 – 11:25		
Plenary	Introductory presentations	Presenters
11:30 – 12:00	'Close the Gap' and 'Closing the gap' - culturally safe practice in working in Aboriginal Health	Justin Mohamed, NACCHO Chairperson
Workshop 1	What we do as Outreach Workers	Presenters
12:00 - 1:00	Small group discussions on 'Sharing stories of our work as Outreach Workers': <ul style="list-style-type: none"> ▪ What are we currently doing? ▪ What could or should we be doing? 	Kathleen Stacey and additional facilitators
Lunch: 1:00 – 1:40		
Workshop 2	Reflecting on our work	Presenters
1:45 - 3:00	Group workshops on: <ul style="list-style-type: none"> ▪ Highlights of working as an Outreach Worker ▪ Barriers and enablers faced in the role ▪ Strategies for addressing barriers 	Gp 1: Jann Offer Gp 2: James Porter Gp 3: Sharon Bushby Gp 4: Kathleen Stacey
Afternoon Tea: 3:00 – 3:15		
Workshop 3	Career pathways and ATSIOW Support	Presenters
3:20 - 4:30	Three groups for ATSIOWs on 'Aspirations, training and career options': <ul style="list-style-type: none"> ▪ Current options: Training for your role ▪ Looking ahead: what else you can do or may want 	Gp 1: Janine Engelhardt & Renee Williams

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	<p>to do</p> <p>A group for Indigenous Health Project Officers on:</p> <ul style="list-style-type: none"> Support responsibilities and options for addressing ATSIOW support needs 	<p>Gp 2: James Porter</p> <p>Gp 3: Sharon Bushby</p> <p>IHPO Gp: Kathleen Stacey</p>
Plenary	Feedback to ATSIOWs	Presenters
4:30 - 5:00	Feedback from the Indigenous Health Project Officers Group to ATSIOWs on addressing their support needs	Kathleen Stacey and IHPO representatives
Day 1 Close: 5:00		

DAY 2: Wednesday, June 22nd

Plenary	Duty of Care and Risk Management	Presenters
9:05 – 9:20	A brief overview of duty of care and risk management	Janine Engelhardt
Workshop 4	Making it real - learning into practice	Presenters
9:25 – 10:35	'How would you deal with this?' – a problem-solving exercise in workshop groups for possible scenarios that ATSIOWs will face	<p>Gp 1: Jann Offer</p> <p>Gp 2: James Porter</p> <p>Gp 3: Sharon Bushby</p> <p>Gp 4: Kathleen Stacey</p>
Morning Tea: 10:35 – 11:00		
Plenary	Feedback on 'making it real' exercise	Presenters
11:05 – 11:25	What learning came out of the 'making it real': Feedback from each workshop group	Kathleen Stacey and group representatives
Plenary	Orientation and training support	Presenters
11:25 – 11:50	Orientation, training support and career pathways for Outreach Workers	Bernadette Walker, DoHA, Aboriginal & Torres Strait Islander Health Workforce
Workshop 5	Revisiting our roles and training support	Presenters
11:50 – 12:30	Small group discussions of Day 1 and Day 2	Kathleen Stacey and

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	<p>information on roles and training support:</p> <p>Topic 1: Reflecting on ATSIOW roles</p> <ul style="list-style-type: none"> ▪ Are your roles clear? ▪ Is the focus right? ▪ What else needs to happen to assist you perform your roles? <p>Topic 2: Reflecting on orientation, training and career pathways</p> <ul style="list-style-type: none"> ▪ Are orientation and training options clear? ▪ Are there other questions about career pathways? 	additional facilitators
Lunch: 12:30 – 1:10		
Plenary	Responses to questions	Presenters
1:15 – 1:30	Responses to questions raised in the 'Revisiting our roles and training support' workshops	Kathleen Stacey and previous presenters/facilitators
Plenary	Where to from here	Presenters
1:30 – 2:00	Workshop reflections and suggestions on next steps in supporting ATSIOWs in the workplace	Kathleen Stacey
Day 2 Close: 2:00		

Appendix B: Initial description of the Outreach Worker role

The initial COAG announcements and documents outlined that the role of an ATSIOW was expected to involve the following activities:

- encouraging and assisting people to make first contact with the primary health care services in their region (AMSS and private GPs)
- escorting people to appointments and assisting them in interpreting instructions from reception staff
- following up with patients to encourage them to return to the primary health care service for follow up appointments
- assisting people to fill prescriptions and follow up where prescriptions are not being filled to identify the issue and work with primary care services and pharmacists to solve issues
- encouraging and assisting people to attend follow up specialist care services
- providing information to people about how to access available services, particularly in relation to chronic disease (i.e. tobacco programs, health and wellbeing programs).

Appendix C: Learning gained from the 'Making it real' workshop

Workshop 4 was an integrative workshop that brought together ATSIOW discussions on their role, training and scope of practice, and duty of care matters. ATSIOWs identified the learning that they gained through this, which focused on the importance of the following six areas.

Understanding the community and cultural context

Knowledge and understanding of their community and cultural context was considered fundamental to ATSIOW, and was repeatedly highlighted as they worked through the scenarios in Workshop 4. This included knowing community members, cultural boundaries and the local environment, as this would assist them to build trust, rapport and relationships with clients. In particular, it was critical to know Elders and follow their advice. They emphasised the importance of confidentiality and consent, and managing this with family and community members in a sensitive and respectful manner so they maintained their duty of care to clients and family members. Paying attention to cultural/personal versus ATSIOW responsibilities also needed to be balanced. Collectively, this contributed to culturally secure and safe services.

Knowledge and expectations of role

The need for well-articulated policies, protocols and procedures that are based on clear and shared understanding of the scope of their role was another critical area of learning. A stand-out area in this related to occupational health and safety, including transport of clients and community members. ATSIOWs also needed to be aware of pertinent legislation and their reporting responsibilities, so they ensured that all relevant information was documented.

ATSIOWs need to know their boundaries and when to call in help, i.e. their scope of practice. Ensuring that they knew available services was relevant here, as it may not always be an ATSIOWs job to do something, but to find who should do it and get it in place. They also need to identify and proactively manage possible risks, and have contingency plans in place, including follow-up processes with clients. Skills (and support) in managing workloads was important so ATSIOWs could prioritise situations, identify needed resources and have them available when needed.

Personal commitment and motivation

ATSIOWs emphasised how their personal commitment and motivation could not be under-estimated. They needed to be persistent, creative and accepting of others, and be wary of assumptions. They needed to know their limits and have self-care strategies in place, including debriefing processes.

Management and Team Support

ATSIOWs raised the importance of management and team support where they are recognised as individuals with a valuable role that is understood by their colleagues, particularly the recognition of the importance of their role in frequently being a “first point of contact” for clients/families. They need access to support so they are not operating alone, which may be as simple as having other colleagues as “sounding boards” or people who take on a formal mentoring role (and possibly training to assist them with this). It was vital that their IHPO was in the loop about what they were doing, and collaborated effectively with them. Ethical and legal workplace frameworks also needed to be in place.

ATSIOWs recognised that more effective management and team support could be facilitated by cultural safety training for their organisations, and the practices and related services involved in the Close the Gap Initiative.

Networking with all in the Close the Gap Initiative

Support structures must extend beyond the immediate team and organisation. The value of peer support through connections to other ATSIOWs was underlined – both those in the ACCH Sector and GP Network, whether that occurs through local, jurisdictional and/or national networks. This provides access to peer learning and problem solving support to shared or similar concerns. It enables ATSIOWs to share information

Effective collaboration and communication

Effective collaboration and communication with all relevant services ensures that ATSIOWs can be effective in assisting clients to gain the health services and support they need. ATSIOWs indicated that this started with open consultation and good communication with the ATSIOW’s team, the client/family and involved GP.

Having good connections to and communication with other services directly or indirectly linked into the CTG initiative was also noted, particularly in sharing information, agreeing to locate or provide needed services and providing feedback to each other about progress (on an individual client/family basis and on their ongoing relationship in general).

Appendix D: Evaluation feedback

Participants were invited to provide feedback by focusing on what was useful about their experience and what could be improved for any future conferences. They wrote this feedback on individual post-it notes and coded each post-it as either U for useful or I for improvement. In addition some of the notes had suggestions for broader consideration. The feedback shared is summarised under these headings below, and reflect the range of feedback given by ATSIOWs, IHPOs and other Division of GP project officer staff.

What was useful about this experience?

Organisation

The workshop was described as well-organised by many participants, with a good overall atmosphere. Having the conference held at the same place as the accommodation was also appreciated.

Facilitation

Participants expressed their appreciation of the facilitation, both the main facilitator and separate workshop facilitators. They found the facilitation clear, engaging, respectful and inclusive.

Content and process

Several aspects of the content and process were identified as useful, including the nature and extent of information provided, opportunities for good discussions, quality speakers, and well-organised and productive breakout sessions/workshops to work in smaller groups. Information was provided in a clear and concise manner, and the session/workshop handouts provided for participants and facilitators were appreciated.

The opportunity to have IHPOs and ATSIOWs together in interactive groups was valued, although there was high appreciation that ATSIOWs had space to discuss their experience and issues. Others reported that it was great to get a high level of government feedback and direction in the workshop, while others appreciated the advocacy opportunities by having DOHA present to put faces to names, raise important questions and gain direct responses.

Knowledge and understanding gained

There were consistent reports that the knowledge and understanding gained through the workshop was very useful. This included learning more about ATSIOW roles and issues faced when doing the job, and how ATSIOWs and IHPOs in both Divisions of GP and ACCH Services all experience the same issues. In fact, some participants commented that it was useful to learn about differences in participants' access to equipment and resources e.g. transport, mobile phones, general support – they intended to push harder to get similar access in their organisation.

ATSIOWs intended to take other ATSIOW experiences and knowledge and put some of it into practice in their workplace, including adapting their learning to Indigenous Care Coordinators involved in CTG. They also planned to have further conversations about their role. For example, one person commented “it has empowered me to go back to my CEO to discuss my specific role” Two other explained that they gained “reinforcement that I am doing the right thing in our Division” and “greater confidence in the ATSIOW role”.

Other areas of knowledge that ATSIOWs gained included learning about training opportunities, the history of NACCHO, and being able to reflect on the full scope of the health problems faced by their communities.

Networking and information sharing

There was a repeated and strong message that the workshop was a valuable opportunity on a range of levels, but certainly for networking on a national level. Participants gained good exposure to the diversity across the ATSIOW workforce, and liked meeting a broad range of ATSIOWs in terms of age, experience, gender, locations and jurisdictions, as well as IHPOs.

The peer learning this enabled was highly valued as they gained “significant input from so many colleagues” - ATSIOWs shared ideas, knowledge and experiences, and provided support and guidance within and across jurisdictions.

What could be improved for future conferences?

Organisation and communication

A few participants believed the workshop could have been better coordinated, i.e. earlier confirmation of flights and accommodation, better flight connections, easier access to travel allowance/assistance, and earlier information about food and requests for special needs. Others wanted better initial and ongoing communication about the workshop to reduce confusion on focus and attendees. Others thought that all IHPOs and CEOs should have attended, and more consultation with the ACCH Sector and SBOs would have been valuable.

There were two requests for holding the workshop at either a “warmer time” or “warmer location” in future, and one request for “participation t-shirts”, which does occur for other national conferences. There was also some disappointment with the quality of food provided for lunch.

Length

A frequent request was for a longer conference in future, i.e. 3 days. The extra day could be used to spend more intensive time with DoHA and NACCHO staff to gain more information about their role and responsibility, e.g. how can NACCHO help ATSIOWs? A longer conference would also make it possible to include a dinner or social night for participants, possibly a tour or sight-seeing opportunity for people who were not local, which would also strengthen the networking capacity.

Content and process

Several suggestions were provided on how to improve the content and process. For example, a copy of PowerPoint presentations and speeches; this report should assist with providing some of this information. While most participants liked the workshop sessions, some felt it was repetitive even though workshops were designed to build on each other, or they felt that most role issues were about individual organisations not the “actual program”. There were requests for a “motivation session” or team-building, and to have more role-play scenarios (as was used in Workshop 4).

Specific suggestions for future conferences were that they could provide clear guidelines for workshops on showing courtesy for speakers and others in the same group (there was some disrespect shown in one breakout workshop) and include showcasing opportunities for ATSIOW's doing great work. It could also utilise the knowledge of IHPO's and other Division staff more (even though the focus of this workshop was on ATSIOWs). On the other hand, one participant commented that there was still too much project officer involvement, and not enough contribution and empowerment of ATSIOWs.

It was rare, but there were one or two reports that the workshop was a disappointing experience and of limited use.

Networking and relationship building

Suggestions here included providing a list of names and addresses of other ATSIOWs who attended to support networking, and a GP Network contact list of all states and territories. There were several requests to create opportunities for participants to meet and spend time in state groups, as well as more activities to interact and get to know people.

Other suggestions

Within the notes on what was useful or could be improved, there were also other suggestions on what ATSIOWs needed. They are reproduced below as they were expressed by participants.

Networking

- ⊗ Provide more and ongoing national networking opportunities for ATSIOWs
- ⊗ Have a statewide conference six monthly to “keep in touch”
- ⊗ National network forum needed on NCN website with all SBO's and affiliates and AOW's

Training

- ⊗ Orientation should have been a national approach

Information and support

- ⊗ Regular updates on issues, workshop and training

- ⌚ Resources and written information on the Departments and services.
- ⌚ A national body to support all CTG workers
- ⌚ Information and resources for patients outlining benefits of CTG.
- ⌚ Information about rural health people who work in missions and NSW/Qld border issues.

Workshop report

- ⌚ Will we individually get a copy of the report?