

Aboriginal graduate and cadetship programs:

An implementation guide for Victorian public health services

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Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This publication may contain images of deceased Aboriginal and Torres Strait Islander peoples.

Where the term ‘Aboriginal’ is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

Aboriginal Organisations and Aboriginal Community-Controlled Organisations (ACCOs) are used interchangeably. A definition is provided in the glossary.

Available at [Department of Health and Human Services web page](https://www2.health.vic.gov.au/health-workforce/nursing-and-midwifery/aboriginal-cadetship) <<https://www2.health.vic.gov.au/health-workforce/nursing-and-midwifery/>>

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# Foreword

Victorian health services have been working to build access to culturally safe health services that will improve outcomes for Aboriginal and Torres Strait Islander people.

In considering actions for improvement, of central importance is a dedicated and supported Aboriginal and Torres Strait Islander workforce. A strong and sustainable Aboriginal health workforce will support in the development of future directions and the provision of culturally safe care.

The *Aboriginal graduate and cadetship programs – An implementation guide for Victorian public health services* (the guide) is a resource that has been developed to guide health services staff in their work with Aboriginal and Torres Strait Islander graduates and cadets.

The guide provides an understanding of effective attraction and recruitment strategies for Aboriginal nurses, midwives, allied health practitioners and other health services staff. The guide considers the need for collaboration across all levels of the health service, it supports social and emotional wellbeing for all health service staff, and acknowledges that culturally responsive practice will involve families, carers, Aboriginal and other community workers to help and guide practice.

The guide draws on the experiences of health services that have previously implemented Aboriginal graduate and cadetship programs and includes reflections from previous and current Aboriginal graduates and cadets who have participated in the programs.

Aboriginal and Torres Strait Islander communities are diverse and consist of different cultural groups and languages. It remains important that health services continue to work with Aboriginal staff and community as the guide cannot provide all answers.

The guide provides a starting point for all health services workforce. It is available on the internet to facilitate access to other health services workers who can apply the resource as they continue to offer programs that support better care for Aboriginal and Torres Strait Islander peoples. Together we can achieve great outcomes.

**Nicole McCartney**
Chief Aboriginal Health Adviser
Health and Wellbeing Division
Department of Health and Human Services

# Acknowledgment of Aboriginal Victoria

The Victorian Government proudly acknowledges Victoria’s Aboriginal communities and their rich culture and pays respect to their Elders past and present. We acknowledge Aboriginal people as Australia’s first peoples and as the Traditional Owners and custodians of the land and water on which we live, work and play. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches our society more broadly. We embrace the spirit of self-determination and reconciliation, working towards equality of outcomes and ensuring an equitable voice.

Victorian Aboriginal communities and peoples are culturally diverse, with rich and varied heritages and histories both pre and post-invasion. The impacts of colonisation – while having devastating effects on the traditional life of Aboriginal Nations – have not diminished Aboriginal people’s connection to country, culture or community. Aboriginal Nations continue to strengthen and grow with the resurgence of language, lore and cultural knowledge. These rich and varied histories need to be understood and acknowledged by all Victorians, to truly understand the resilience and strength of previous generations, as well as the history of the fight for survival, justice and country that has taken place across Victoria and around Australia.

As we work together to ensure Victorian Aboriginal communities continue to thrive, the government acknowledges the invaluable contributions of generations of Aboriginal warriors that have come before us, who have fought tirelessly for the rights of their people and communities towards Aboriginal self-determination. We are now honoured to be part of that vision.

# Introduction

## Purpose of the Guide

The Aboriginal graduate and cadetship programs – An implementation guide for health services (the Guide) provides a framework for public health services seeking to implement and deliver effective Aboriginal graduate and/or cadetship programs for nursing, midwifery and allied health workforces.

The Guide can also be used more broadly to consider effective attraction and recruitment strategies for boosting Aboriginal workforces in health services including and Aboriginal Health Practitioners and Aboriginal Health Liaison Officers.

The Aboriginal graduate and cadetship programs described in the Guide, include four key components:

* supported applications processes
* culturally safe professional support
* peer support and learning activities
* professional affiliations and career pathways.

## Development of the guide

The guide draws on the experience of health services that have previously implemented Aboriginal graduate and cadetship programs, with reflections from previous and current Aboriginal cadets and graduates also considered.

The Guide also acknowledges the work undertaken in 2018 by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Australian Indigenous Doctors Association (AIDA), Indigenous Allied Health Australia (IAHA) and National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) to bring together the vision and principles of recent national Aboriginal and/ or Torres Strait Islander health documents through their membership of the National Health Leadership Forum.

## Aboriginal cadetship programs

An Aboriginal cadetship program offers opportunities for health services to increase Aboriginal employment opportunities for undergraduate students, develop a diverse cultural workforce, become more culturally responsive and improve Aboriginal health status by providing stronger links to the Aboriginal community.

An Aboriginal cadet refers to an individual who identifies as an Aboriginal and/or Torres Strait Islander person and who is enrolled in a course of study that will lead to a certified qualification. Aboriginal cadets must be enrolled in a Bachelor-degree in nursing and/or midwifery, or a Bachelor-degree or Masters-level entry degree in an Allied Health discipline, have progressed beyond the first year of their studies, and be maintaining a pass grade in all subjects.

The Aboriginal cadetship program for nursing, midwifery and allied health students aims to include delivery of supportive structures within the organisation and a minimum of eight weeks (40 shifts) equivalent full-time paid work placement component. In a hospital setting, the role can include tasks such as assisting with patients’ activities of daily living, providing wellbeing support through communication, helping maintain a safe and clean environment and observing clinical procedures and therapeutic interventions.

## Aboriginal graduate programs

An Aboriginal graduate program is a specialised transition to practice program for graduates in their first year of professional practice, designed to consolidate knowledge and skills and build confident, safe and accountable professionals.

An Aboriginal graduate refers to an individual who identifies as an Aboriginal and/or Torres Strait Islander person who has completed their course of study and is eligible for registration as a fully qualified health professional. The graduate program is usually a structured one-year program designed to support new health professionals in their first year of practice. The Aboriginal graduate program aims to strengthen the Aboriginal health and human services workforce by supporting Aboriginal nursing, midwifery and allied health graduates to transition from student to independent practitioner.

## Nursing and Midwifery

Registered nurse (RN) practice is person-centred and evidence-based with preventative, curative, formative, supportive, restorative and palliative elements. Registered Nurses work in therapeutic and professional relationships with individuals, as well as with families, groups and communities. These people may be healthy and with a range of abilities or have health issues related to physical or mental illness and/or health challenges. These challenges may be posed by physical, psychiatric, developmental and/or intellectual disabilities.

Midwifery is a profession grounded in woman-centred and evidence-based maternal health care for the woman. Midwifery is provided through professional relationships and respectful partnerships. The midwife is educated, competent and authorised to provide safe, effective delivery of quality services that promote health and wellbeing for pregnancy, birth, the postnatal period and transition to parenting.

## Allied health

Allied health is a collective term that covers a wide range of professions. In Victoria, allied health incorporates 27 professions. A simple classification of professions into Allied Health: Therapy or Allied Health: Science improves understanding and engagement[[1]](#footnote-1).

**Table 1** shows the disciplines according to the Victorian classification as Allied Health: Therapy and Allied Health: Science.

Table 1 Allied health disciplines

|  |  |
| --- | --- |
| Therapy Discipline | Science Discipline |
| Allied Health Assistants\*, Art Therapy, Chiropractic, Dietetics, Exercise Physiology, Music Therapy, Occupational Therapy, Oral Health (not dentistry), Osteopathy, Orthotics and Prosthetics, Physiotherapy, Podiatry, Psychology, Social Work, Speech Therapy. | Audiology, Biomedical Science, Diagnostic Imaging, Medical Laboratory Science, Nuclear Medicine, Optometry, Orthoptics, Pharmacy, Radiation Oncology, Radiation Therapy, Radiography, Sonography.  |

\* Work under supervision of some allied health professions in single or multidisciplinary roles

# Glossary of key terms

The Guide includes a glossary, at [**Appendix 1**](#_Appendix_1:_Glossary), that contains key words that are likely to appear frequently when considering Aboriginal graduate and/or cadetship programs.

The purpose of the glossary is to assist health services to understand contexts and communicate effectively with Aboriginal graduates and cadets, Aboriginal communities and organisations, Aboriginal patients and their families and health service staff.

When learning about Aboriginal culture there are many unfamiliar words. The glossary of Australian Aboriginal terms explains them.

Health service staff are encouraged to use the glossary to support and better understand Aboriginal perspectives.

# Policy context

The guide takes into account the Victorian Government’s commitment to self-determination, cultural safety and other key policies, strategies and reforms focused on improving the quality of life for Aboriginal people, their families and their communities.

Supporting Aboriginal people to achieve career and education goals is a platform for economic growth, not only for individuals but also for the broader community. By increasing Aboriginal employment, individuals and families enjoy greater economic security and the social fabric of Aboriginal communities is improved through the provision of role models and leaders. Aboriginal employees are central to the provision of culturally responsive services, which are proven to result in stronger outcomes for Aboriginal people.[[2]](#footnote-2)

A summary of relevant Victorian and National policies, strategies and reforms is provided at [**Appendix 2**](#_Appendix_2:_Policy).

# Benefits of Aboriginal graduate and cadetship programs

The benefits of delivering Aboriginal graduate and cadetship programs are broad and varied. Participation in an Aboriginal cadetship program can improve professional employment prospects for Aboriginal people. It can also link Aboriginal tertiary students with potential employers. Participation as a cadet enables Aboriginal students to gain professional qualifications together with practical experience.

Graduate programs for Aboriginal nurses, midwives and allied health professionals enable support during the early stages of practice as registered health professionals. The Aboriginal graduate program provides a culturally safe, supportive environment where graduates can consolidate and build on their knowledge, skills and confidence. Aboriginal graduate programs provide a platform for developing safe, confident and accountable professionals.

**Table 2** is a summary of the benefits of Aboriginal graduate and cadetship programs for cadets, graduates, health services and community.

Table 2 Summary of the benefits of Aboriginal graduate and cadetship programs

|  |  |  |  |
| --- | --- | --- | --- |
| Cadets | Graduates | Health Service | Community |
| income while studyingthe opportunity to work in a chosen health serviceexposure to the work environment and workplace culturefamiliarisation with a potential future place of employmentskill consolidation through practicementoring by Aboriginal and non-Aboriginal staff already working in the health serviceformation of professional networksbuild personal and professional growth and confidencebuild career confidence and opportunities | structured and culturally safe support to develop and consolidate personal, professional skillsbuild and consolidate leadership skillsstrengthen interprofessional linksadvance clinical skills and knowledgeworking as part of a team opportunity to practice safely and ask questionsgain exposure to specific areas in health servicepathway to employment opportunitiesexposure to career opportunities and specialisations  | supporting and enhancing Aboriginal health workforce representationretaining the Aboriginal health workforce developing career pathways for Aboriginal health workforcebuilding a culturally safe workforcesharing and improving cultural knowledge in the organisationbuilding an organisation that enables a strong, skilled and growing Aboriginal health workforceassisting health services to fulfil the commitments of their Aboriginal employment plans and reconciliation action plans. | improved health and safety outcomes for Aboriginal peoplestrengthening access and links for the Aboriginal communityimproved cultural safety in healthcare  |

# Health service preparation

## Assessing readiness of the health service to deliver Aboriginal graduate and cadetship programs

The specific needs of Aboriginal graduates and cadets and the health service requires careful consideration and planning before an Aboriginal graduate or cadet is employed.

It is useful for health services to refer to their Health Service Aboriginal Employment Plan as this includes Aboriginal workforce development priorities established in response to Aboriginal staff feedback. The Health Service Aboriginal Employment Plan is developed with the objective to increase employment participation of Aboriginal people at the health service. The Health Service Aboriginal Employment Plan also encourages focus on enabling access to a range of career development and employment opportunities within the health service, as well as increased opportunities for Aboriginal people to enter or remain in the health workforce via a range of workforce development, recruitment and retention initiatives.

A health service should ensure the following factors are in place before implementing a graduate and/or cadetship program to facilitate cultural responsiveness and safety:

demonstrated commitment to establishing an Aboriginal graduate and/or cadetship program

communication to all staff about the Aboriginal graduate and/or cadetship programs

confirmed a strong supportive culture of training and professional development for staff

established governance structures and arrangements required to support an Aboriginal graduate and/or cadetship program

developed relationships with the local Aboriginal community and Aboriginal organisations

identified and engaged relevant stakeholders required to support an Aboriginal graduate and/or cadetship program

working to ensure that cultural safety is a priority in building the capacity of the workforce and health service that will be supporting the Aboriginal cadet or graduate

providing appropriate staffing to support the delivery of the Aboriginal graduate and/or cadetship programs

identified an evaluation strategy for the program.

**Table 3** in [**Appendix 3**](#_Appendix_3:_Health) is a Health Service readiness checklist. This checklist is a tool to assist health services to determine organisational readiness and capacity to provide an Aboriginal graduate and/or cadetship program.

Developing a project plan, effective governance and a communication strategy are all important components of ensuring effective Aboriginal graduate and cadetship programs.

## Establishing links with Aboriginal community groups and organisations

It is important for the graduates, cadets and the health service that links are made with local Aboriginal communities and Aboriginal organisations.

These links enrich the effectiveness of the Aboriginal graduate and cadetship programs through strengthened connection and engagement between the health service staff, program participants and community. Strong connections with Aboriginal communities and Aboriginal organisations will also support open dialogue to ensure that Aboriginal knowledge and expertise can be incorporated in the design and development of graduate and cadetship programs.

Aboriginal graduates and/or cadets may be working away from their families and communities. Building new relationships with the local Aboriginal community can be helpful when assisting Aboriginal graduates and cadets to manage possible feelings of separation and to build stronger support networks while undertaking the program.

## Establishing links with Aboriginal Community Controlled Health Organisations

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) represents Aboriginal Community Controlled Health Organisations (ACCHOs) – which are community health organisations, initiated by and based in local Aboriginal communities. ACCHOs deliver holistic, culturally appropriate health services to local Aboriginal communities. This includes workforce development activities that aim to empower the Victorian Aboriginal community and partners to provide high quality health services through strengthened Aboriginal health workforce participation, leadership, support and advocacy.

Health services are encouraged to work together with ACCHOs to support Aboriginal nursing, midwifery and allied health graduates to transition from student to independent practitioner.

Read more about [VACCHO](https://www.vaccho.org.au/) <https://www.vaccho.org.au/>.

## Developing a project plan

In many Victorian health services, implementing an Aboriginal graduate and/or cadetship program is a new way of developing the Aboriginal workforce. The success of the programs will depend on the staff involved and their capacity to work together effectively and efficiently. This can be supported initially by developing a project plan.

The project plan is the basis for communicating with all stakeholders when seeking to provide information and to gain support to implement the Aboriginal graduate and/or cadetship program.

When implementing an Aboriginal graduate and/or cadetship program it is essential that the following components are considered in the project plan:

a strategy to ensure that all staff can live and work in a culturally safe manner

a communication strategy for stakeholders within the health service and for external stakeholders including Aboriginal communities

an engagement strategy for executive or senior management

## Establishing effective program governance

Effective governance is an important part of ensuring the Aboriginal graduate and/or cadetship program is implemented successfully.

Program governance enables a link between the broader corporate and organisational context within the health service and the project management activities of the Aboriginal graduate and/or cadetship programs.

Many people within the organisation and community will have an interest in or responsibility for the success of an Aboriginal graduate and/or cadetship program. Executive support is essential to the success of a program and a key executive should be responsible for the program.

An Aboriginal graduate and/or cadetship program should be embedded in existing governance structures applicable to human resources, affiliated organisations, Aboriginal health units and community engagement. Broad consultation across multiple stakeholders in the establishment phase of the programs can contribute to the cultural responsiveness of the program, its integration into the organisation and its positive reputation amongst Aboriginal communities.

Active involvement of the Aboriginal community in all aspects of program development and delivery is essential for program success and sustainability ([Osborne et al, 2013](#_ENREF_16)). Aboriginal community advice and support for the programs should be sought through existing links and communication methods, such as:

Aboriginal health service staff, and Aboriginal graduates and cadets (past and present) can also be invited to participate in the development of the programs. However, Aboriginal health service staff can often be the only Aboriginal employee at a health service and be overloaded with expectations and responsibilities as a result.

Program Advisory/Steering Committees that include

* + - Review of matters pertaining to program design and delivery, quality and safety, program evaluation and Aboriginal engagement
		- representatives such as health service staff from clinical, leadership, coordination, training and development, human resources, and Aboriginal liaison
		- community representation such as Aboriginal Elders
		- terms of reference
		- a community consultation plan that enables input and engagement
		- consumer driven perspective and focus
		- incorporates the Aboriginal employment plan and its links to the Aboriginal health workforce plan
		- focus on the health service Aboriginal workforce strategy.

Aboriginal community-controlled organisations with which the health service has regular contact and communication, such as the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Indigenous Allied Health Australia and the Victorian Aboriginal Health Service (VAHS).

University Aboriginal student support units.

When operating effectively, governance will provide the health service with:

direction, ownership and sponsorship

a mechanism for reviewing and monitoring project management functions

a forum for reporting and accountability, including consulting with stakeholders.

strengthened links between the program and the health service’s strategic priorities

a mechanism that provides ownership and support from senior management

strengthened stakeholder engagement

identification of strategies to deliver appropriate resources and skills for program implementation.

## Developing a communication plan

A communication strategy is essential to communicate the program’s purpose to all key stakeholders and to gain support.

**Table 4** in[**Appendix 4**](#_Table_4_Template) is a template for a communication plan.

A coordinated and comprehensive communication plan should include key stakeholders involved in the scoping and planning, as well as the implementation process.

Key elements of the communication plan could include the following considerations:

Develop a communication plan early in the project.

Ensure culturally appropriate and therefore culturally safe language and imagery is used.

Develop a one-page information flyer for all staff, external stakeholders and the local Aboriginal community

Engage the local community when planning, recruiting, implementing and evaluating

Engage the health service board and executive

Schedule monthly meetings of the program advisory/steering committee group

Hold weekly communication meetings with all relevant managers

Conduct regular meetings with all health service Aboriginal graduates and cadets

Engage with education providers and university Indigenous liaison officers

Provide regular briefings to the board, executive and local community

Ensure service-wide communication via the intranet

Use different types and forms of communication, such as

* + - ward-based meetings and staff forums
		- printed information sheets and newsletters
		- visual information including posters and diagram that reflect the art of local Aboriginal communities
		- frequently asked question (FAQ) responses
		- intranet site (establish and maintain).

# Preparing the workplace for Aboriginal graduates and cadets

## Providing a culturally safe and responsive working environment

An Aboriginal graduate or cadet should feel welcome and culturally safe in the working environment. Preparing the health service to welcome Aboriginal graduates and/or cadets is the first step in providing a culturally safe and respectful work environment.

Developing a quality relationship between the program coordinator, clinical supervisor and cultural mentor will contribute significantly to a successful outcome for the Aboriginal graduate and/or cadet.

Ensuring a cultural safe workplace for the Aboriginal graduates and cadets is also enhanced by ensuring that line managers and co-workers have also engaged in learning about cultural safety. This is a positive experience for all parties and provides a safe space to dispel any myths and address concerns prior to the cadet/graduate commencing.

An Aboriginal graduate and/or cadet must feel comfortable when approaching and speaking with their program coordinator, clinical supervisor and/or cultural mentor about any issue. It is advisable that the program coordinator, clinical supervisor and/or cultural mentor has experience in working with Aboriginal communities, has attended cultural safety and awareness training and is actively working in a culturally safe manner.

## Understanding cultural safety

A range of documents highlight the importance of health services providing a culturally safe workplace for Aboriginal staff, patients, their families and community.

Aboriginal and Torres Strait Islander cultural safety framework for the Victorian health, human and community services sector (Department of Health and Human Services, 2019)

The National Safety and Quality Health Service (NSQHS) Standards, 2017

Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health (Australian Health Ministers Advisory Council 2016).

Aboriginal and Torres Strait Islander cultural safety is defined as an environment that is safe for Aboriginal people and Torres Strait Islanders, where there is no assault, challenge or denial of their identity or experience (Williams 2008).[[3]](#footnote-3)

Cultural safety is also included within program accreditation standards for health professional curriculum, and in health professional registration standards, codes of conduct and practice standards.

CATSINaM[[4]](#footnote-4) defines cultural safety:

Cultural safety has its roots in nursing education and health care in Aotearoa based on the work of Ramsden (2002) and others but has since become more broadly theorised and accepted in Australia as a way to work towards social justice and better health outcomes for those experiencing health inequity.

Cultural safety is a philosophy of practice that is about how a health professional does something, not what they do, in order to not engage in unsafe cultural practice that ‘… diminishes, demeans or disempowers the cultural identity and wellbeing of an individual’ (Nursing Council of New Zealand 2011, p 7). It is about how people are treated in society, not about their diversity as such, so its focus is on systemic and structural issues and on the social determinants of health.

Cultural safety represents a key philosophical shift from providing care regardless of difference to care that takes account of peoples’ unique needs. It requires nurses and midwives to undertake an ongoing process of self-reflection and cultural self-awareness, and an acknowledgement of how a nurse’s/midwife’s personal culture impacts on care.

Cultural safety uses a broad definition of culture that does not reduce it to ethnicity, but includes age/generation, sexual orientation, socio-economic status, religious or spiritual belief, ethnic origin, gender and ability. It also recognises that professions and workplaces have cultures, and cultural safety is as applicable to working with colleagues in providing health care as it is when working with health service users. (p. 11)

## Cultural safety training for staff working with graduates and cadets

Cultural safety training must be made available to staff working with Aboriginal graduates and cadets. There are other providers of cultural safety training.

As the peak body for Victorian health organisations, VACCHO provides cultural safety training modules available to individuals and groups.

Read more about [cultural safety training modules at VACCHO](file:///C%3A%5CUsers%5Cslus1011%5CAppData%5CLocal%5CTemp%5CnotesFA0FFF%5C%3Chttp%3A%5Cwww.vaccho.org.au%5Ceducational%5Ccs%5C%3E) <http://www.vaccho.org.au/educational/cs/>.

Rural Workforce Agency Victoria (RWAV) has collaborated with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to facilitate six Cultural Safety Workshops across rural Victoria.

Read more about [Cultural Safety Workshops available across rural Victoria](https://www.rwav.com.au/vicoutreach/cultural-safety-training/) <https://www.rwav.com.au/vicoutreach/cultural-safety-training/>.

The Koori Heritage Trust is one of the lead organisations in Victoria providing Aboriginal cultural competency or Indigenous cultural awareness training programs to public sector and corporate organisations. Their facilitators are experts in the field of cross-cultural awareness training.

Read more about [cultural education at the Koori Heritage Trust](http://koorieheritagetrust.com.au/cultural-education/building-cultural-safety/) <http://koorieheritagetrust.com.au/cultural-education/building-cultural-safety/>.

CATSINaM includes an introduction to the concept of culturally safe health care, with the aim to assist participants to develop their understanding and practice of cultural respect and cultural safety through identifying professional considerations and self-reflection practices for working with Aboriginal and Torres Strait Islander Australians.

Read more about [cultural safety training programs at CATSINaM](https://www.catsinam.org.au/catsinam-programs) <https://www.catsinam.org.au/catsinam-programs>.

Services for Australian Rural and Remote Allied Health (SARRAH) offers an online cultural safety learning module and other useful resources.

Read more about [cultural safety training at SARRAH](https://sarrah.org.au/content/cultural-safety) <https://sarrah.org.au/content/cultural-safety>.

## Funding and financial assistance for health services and cadets

At the time of writing the document, funding and financial assistance is available for health services to conduct Aboriginal cadetships, with links to further information provided below:

#### Commonwealth Department of Prime Minister and Cabinet - Tailored Assistance Employment Grants

Tailored Assistance Employment Grants are available to provide funding to connect working age Aboriginal and Torres Strait Islander peoples with real and sustainable jobs, as well as support Indigenous school student’s transition from education to sustainable employment.

Read more about [Tailored Assistance Employment Grants](https://www.niaa.gov.au/indigenous-affairs/employment/tailored-assistance-employment-grants) <https://www.niaa.gov.au/indigenous-affairs/employment/tailored-assistance-employment-grants>.

#### Indigenous Allied Health Australia - Aboriginal scholarships and cadetships funding

Indigenous Allied Health Australia encourages all Aboriginal and Torres Strait Islander people who are interested in a career in allied health to investigate the support options available to them.

The links below provide you with the tools to find a scholarship or grant that best suits your needs.  It is important to explore available support options to move towards achieving a career in allied health.

Read more about [Aboriginal scholarships and cadetships funding](https://iaha.com.au/allied-health-careers/scholarships/) <https://iaha.com.au/allied-health-careers/scholarships/>.

#### Australian Indigenous HealthInfoNet - Promote and practice funding

The Australian Indigenous HealthInfoNet is a useful resource that provides the knowledge and other information needed for practitioners and policy makers to make informed decisions in their work. This site also includes links to available funding and scholarships that support health workforce development.

Read more about [available funding and scholarships that support health workforce development](https://healthinfonet.ecu.edu.au/key-resources/funding/) <https://healthinfonet.ecu.edu.au/key-resources/funding/>.

#### [Aurora Education Foundation](http://www.auroraeducationfoundation.org.au/) - Indigenous Scholarships portal

The Indigenous Scholarships Portal, delivered by the [Aurora Education Foundation](http://www.auroraeducationfoundation.org.au/),  is a list of scholarships available for Aboriginal and/ or Torres Strait Islander students of, or currently studying at, universities, TAFEs or registered training organisations (RTO’s).

Read more about [scholarships via the Indigenous Scholarships Portal](https://indigenousscholarships.com.au/#/nav/landing-page) <https://indigenousscholarships.com.au/#/nav/landing-page>.

#### Commonwealth Department of Human Services - ABSTUDY

ABSTUDY is a government subsidy provided to eligible Aboriginal students. Depending on the set-up of the Aboriginal cadetship, cadets may or may not be eligible for this subsidy during their cadetship.

Read more about [ABSTUDY](https://www.humanservices.gov.au/individuals/services/centrelink/abstudy) <https://www.humanservices.gov.au/individuals/services/centrelink/abstudy>.

# Establishing workplace and supervision structures for graduates and cadets

Each Aboriginal cadet and/or graduate should be assigned a coordinator, a clinical supervisor and a cultural mentor. These three roles may be undertaken by the same individual, but it is important to distinguish between the duties of each.

The aim is to provide support to each Aboriginal cadet and/or graduate regarding their employment and personal or welfare issues to optimise their experience of the graduate and/or cadetship program.

## The program coordinator

The responsibilities of the program coordinator should include undertaking formal performance reviews, approving and coordinating requests for leave and other entitlements, establishing training and development plans as well as providing support to Aboriginal graduates and/or cadets regarding welfare issues.

The program coordinator may not be the staff member responsible for delegating and supervising clinical care.

## The clinical supervisor

The clinical supervisor should take responsibility for organising the shift workload of the Aboriginal graduate and/or cadet and ensure the tasks allocated are as described in the position description. This is particularly important if more than one member of staff in the team is authorised to delegate and supervise tasks to the graduate and/or cadet.

The selection of an appropriate clinical supervisor is crucial to ensuring a successful outcome. At a minimum, any clinical supervisor should have received basic clinical supervision (or preceptorship) training, internally or externally to the organisation, and cultural safety training.

Supervision and delegation are a critical component of the supervising health professional role. An effective framework for delegation and supervision includes a focus on:

ensuring patient safety and security

providing timely and effective care

making best use of the different skills available within the healthcare team

promoting the professional development and wellbeing of health professionals

promoting a positive working environment

ensuring all members of the team understand and are supported in their duties.

An effective framework for delegation and supervision ensures clarity about the roles and responsibilities of all members and a clearly defined structure for decision making and support. A framework contributes to achieving a well-functioning team, which in turn delivers good outcomes for the organisation, the patient and the graduate and/or cadet.

## The cultural mentor

The cultural mentor’s responsibilities include ensuring the Aboriginal graduate and/or cadet feels culturally safe and supported and is linked in with other relevant programs within the health service and the community. They need not be matched in terms of professional background. The analogy for this type of mentoring is ‘by the waterhole’. It forms a part of the culturally appropriate supervision model because it brings together:

‘looking after myself’

‘my role in the organisation’

‘working within community’

‘working with clients’

At several health services with existing Aboriginal graduate and/or cadetship programs, this role has been undertaken by the coordinator of the Aboriginal programs. Other health services have sought out a local community member to fill this role. This role has been shown to be key in ensuring the success of Aboriginal graduate and/or cadetship programs in providing cultural support and a means of cultural peer supervision for Aboriginal graduates and cadets.

The mentoring relationship should be discussed with the Aboriginal graduate and/or cadet to ensure it meets their needs. This conversation should occur at the beginning of the program as a part of orientation to ensure optimal support for the Aboriginal graduate and/or cadet and to ensure the expectations of everyone involved are clearly understood. Should cultural mentoring be difficult to source internally within the health service, it is possible to seek this element of mentoring from the local Aboriginal community.

## Provision of cultural peer support networks

Cultural peer support is the connection between members of the Aboriginal workforce. This may include several Aboriginal graduates and/or cadets meeting together or Aboriginal graduates and/or cadets meeting with Aboriginal graduates or other Aboriginal staff depending on the health service structure.

Cultural peer support provides benefits to Aboriginal graduates and/or cadets including increased feelings of engagement through being part of a network and increased feelings of connection to community.

If they do not exist, organisations are encouraged to establish cultural peer support networks within the health service as well as across health services.

**Table 5** is a summary of the roles as described above, including program coordinator, clinical supervisor and cultural mentor.

#### Table 5 Summary of the following roles – program coordinator, clinical supervisor and cultural mentor

|  |  |  |
| --- | --- | --- |
| Program coordinator | Clinical supervisor | Cultural mentor |
| program managementcoordinate placementliaise with clinical supervisors, cultural mentors and universitiespromote culturally safe work environmentsperformance review of program participantsapprove and coordinate leave requests and other entitlementscoordinate peer support structurescoordinate training and developmentsupport the welfare of participants and develop strategies to balance their work with personal obligations and challenges | organise shifts for participantsdelegate tasks in line with participant position descriptionssupport professional developmentprovide advice about aspects of these tasksensure work team understand role and scope of participantsensure work team provide appropriate support to participantsmodel and foster a culturally safe work environmentidentify and address issues that prevent cultural safety | ensure participant feels culturally safesupport participants to address cultural safety issues with relevant partiesprovide cultural and personal supportprovide advice on cultural considerations in working with clientshelp participants access other cultural support networks and links within the health service and community |

Source: Congress of Aboriginal and Torres Strait Islander Nurses and Midwives 2018, p. 15

The range of roles within the health service as described in Table 4, that are likely to impact on the Aboriginal graduates and cadets are provided in **Figure 1**.

Professional affiliations

There exists a range of professional affiliations that provide scope for Aboriginal graduates and/or cadets to examine matters such as cultural identification, racism in health and competing priorities, and how they might impact on practice. Links to further information is provided below:

#### Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)

The peak body for Aboriginal nurses and midwives is CATSINaM. This organisation provides advocacy and support for members, and conducts an annual conference addressing professional issues. Within the organisation, mentors and role models are provided. Non-Aboriginal nurses and midwives are eligible for membership and many attend the conferences.

#### Read more about the [Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)](https://www.catsinam.org.au/catsinam-programs) <https://www.catsinam.org.au/>.

#### Indigenous Allied Health Australia (IAHA)

The peak body for Aboriginal allied health practitioners is IAHA, a national not for profit, member based Aboriginal and Torres Strait Islander allied health organisation and endorsed charitable institution. As a peak body IAHA:

provides support and advocacy on behalf of Indigenous allied health professionals and students at the local, regional and national level.

builds strong leadership capacity across the allied health and Indigenous health sectors.

works closely with organisations, universities and other related sectors to improve health curricula, address allied health workforce issues, and promote allied health careers to Aboriginal and Torres Strait Islander peoples.

provides expert advice to governments, allied health professional bodies, educational institutions and the health sector in relation to health policy and issues.

develops and maintains strong networks and connections to Indigenous communities to ensure IAHA core objectives are meeting their needs and aspirations.

works closely with the health sector and communities to improve access to allied health services.

#### Read more about [Indigenous Allied Health Australia (IAHA)](https://iaha.com.au/allied-health-careers/scholarships/) <https://iaha.com.au/>.

#### National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) is the peak body for Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners in Australia. It was established in 2009, following the Australian Government’s announcement of funding to strengthen the Aboriginal and Torres Strait Islander health workforce as part of its ‘Closing the Gap’ initiative.

NATSIHWA’s goal is to promote the ongoing recognition of Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners as a vital and valued component of a strong professional Aboriginal health workforce to obtain better health outcomes for Aboriginal and Torres Strait Islander people.

#### Read more about the [National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)](http://www.natsihwa.org.au) <www.natsihwa.org.au>.

## Support career aspirations

Consideration of Aboriginal and Torres Strait Islander graduates’ career aspirations can enhance long-term retention in the profession and the workforce, even if not the organisation. Career aspirations can be supported through choice of ward and unit rotations and facilitation of community contacts. Conversely, it should not be assumed that all Aboriginal graduates will have ambitions to work in Aboriginal organisations or remote communities.

# Recruitment, employment and orientation

A sound recruitment, employment and orientation strategy is fundamental to the successful development and implementation of an Aboriginal graduate and/or cadetship program. Recruitment should not commence until the following have been confirmed:

available position description of the role of the Aboriginal graduate and/or cadet

shared knowledge in the organisation of the supervision arrangements

agreed terms of employment and funding arrangements.

It is necessary to engage the support of the human resources department to ensure accurate advice regarding Aboriginal recruitment and employment strategies. Working with the human resources department will ensure the recruitment and employment processes undertaken will meet all legal and industrial requirements. It is also beneficial to engage the health service Aboriginal workforce committee and/or a local Aboriginal community member to ensure cultural respect is upheld.

This section includes suggestions to guide the recruitment and employment of Aboriginal graduates and/or cadets within a health service. The intention is to complement and not replace the advice available from human resource professionals within your organisation and graduate handbooks etc.

## Understanding different perspectives in Aboriginal communities

Many Aboriginal people will have varying cultural backgrounds and connections to culture, community and family and may not have grown up in the local catchment area of the health service in which they are located.

To effectively engage Aboriginal graduates and/or cadets, it is beneficial to understand the local Aboriginal community, and useful to consider the local supports available to the Aboriginal graduates and/or cadets. This is likely to contribute to enhancing recruitment and sustained retention as well as reducing feelings of homesickness and isolation for the cadet.

Many Aboriginal graduates and/or cadets have strong cultural and spiritual connections to country, which means they may want to stay close to their own community and only choose employment opportunities within that community. It is also likely that Aboriginal graduates and/or cadets may have increased levels of family and kinship obligations such as childcare and Elder care.

The effect of cultural considerations is likely to impact on employment choices for the graduates and/or cadets. By understanding these considerations and their impacts, employers can take measures in workforce planning and be flexible in workplace arrangements to ensure a positive recruitment and retention experience. This flexibility must be balanced with the graduate’s and/or cadet’s responsibilities to the organisation by which they are employed.

## Marketing and advertising

#### Aboriginal cadetship program

In all marketing the aim is to encourage Aboriginal nursing, midwifery and allied health students to apply for an Aboriginal cadetship within health services. Suggested points for inclusion include a description of the:

available support and work experience to be gained while completing undergraduate studies

increased potential for career development opportunities

possible future paid employment opportunities.

‘Word of mouth’ is often considered to be an effective way of attracting potential Aboriginal cadets. If Aboriginal people engage either positively or negatively with an organisation, then they are likely to share this experience with their community.

Successful engagement with the Aboriginal community requires a relationship built on trust and integrity. Liaising with local Victorian Aboriginal Community Controlled Health Organisations and co-operatives regarding the availability of an Aboriginal cadetship program will assist significantly to attract potential participants.

Undertaking contact with local secondary schools and Registered Training Organisations to encourage Aboriginal students to consider a career in health is a useful approach. This contact can include information sessions or structured site visits to the health service.

#### Aboriginal graduate program

Multiple strategies can be utilised to recruit participants to an Aboriginal graduate program. Contacts with local universities, identification of Aboriginal undergraduates on clinical placement, and participation in the Aboriginal Cadetship Program, are all strategies that have been successfully adopted. Long-term strategies such as establishing prioritised student placements for Aboriginal undergraduates can be considered.

#### Media sources

Engaging a variety of media sources and local community organisations will build the health service’s profile within the Aboriginal community and assist in advertising the Aboriginal graduate and cadetship programs. Possible places to advertise and promote the programs are:

[Koori Mail](http://www.koorimail.com/)

NITV and NITV Radio

Kool ‘n’ Deadly Radio (3KND)

Living Black Radio Station

[Deadly Vibe](http://www.deadlyvibe.com.au/about/our-work/deadly-vibe-magazine/) online and magazine

[National Indigenous Times](http://www.nit.com.au/)

Aboriginal organisations notice boards and newsletters

Aboriginal conferences

University and educational institutions

Social media (Facebook, Twitter, LinkedIn)

## Developing position descriptions for the Aboriginal cadetship program

Position descriptions for the Aboriginal cadetship program must outline the position details, qualification requirements, key functions and list of duties.

As the Aboriginal cadetship program may be a new initiative within the organisation, staff throughout the health service and the Aboriginal cadets will be looking to the position description to fully understand what the role is and how it will work in the context of the receiving department.

The position description is a key reference point in describing how the role of the Aboriginal cadet relates to other positions within the organisation. It needs to allow for differences between cadets and flexibility must be inbuilt.

The position description should form the starting point for recruitment and then inform a conversation on induction with the cadet in conjunction with individual learning needs and goals. A sample position description is at [**Appendix 5**](#_Appendix_5:_Sample)**.**

## Aboriginal graduate application process

Two principles inform the supported application process for Aboriginal graduates. The first is that all Aboriginal applicants are offered support with their application and interview. The second is that Aboriginal graduates are offered places on merit.

There are two main ways to apply to the Aboriginal nursing and midwifery graduate program. The [Postgraduate Medical Council of Victoria (PMCV) - Graduate Nursing and Midwifery Program (GNMP) Computer Matching Service](https://computermatching.pmcv.com.au/) <https://computermatching.pmcv.com.au/>, is the online matching service that most public health services and some private employers use for their initial offers.

Aboriginal students can also apply directly to employers. Employers that do not use the GNMP Match may advertise their programs on their websites or through local media. For example, some private hospitals and aged care not-for-profit services advertise this way.

Aboriginal applicants are encouraged to participate in the GNMP Match but can also contact health services of interest directly, where staff in the Education or Practice Development Unit can be available to provide guidance through the application process and provide information regarding Aboriginal nurse or midwife graduate programs.

If Aboriginal candidates accept an offer through an Aboriginal Graduate Program, they must notify the Postgraduate Medical Council of Victoria (PMCV) to be removed from the GNMP Match.

Aboriginal nursing and midwifery graduates must be offered places on merit. Although this may seem obvious, it is vital that staff across the health service and the graduate know that they have been offered a place based on their own achievements and having met selection requirements. From the health service perspective, safety and quality considerations mandate selecting candidates able to perform as required.

## Selection and interview processes for Aboriginal graduates and cadets

It is important to recognise that many of the applicants, particularly Aboriginal cadets, are inexperienced at formal interview processes. To ensure cultural sensitivity, the following should be considered:

Provide the applicants with an interview guide where possible so they are familiar with the process

Have Aboriginal flags or artwork in the foyer and interview room to create a welcoming environment

Offer family members or Elders the option to attend with the applicant

It is highly recommended that the interview panel include at least one Aboriginal person.

All members of the interview panel should undergo cultural safety training prior to the interview process.

It is also important that the interview details be communicated clearly to the applicants by both mail and/or email and by telephone. If possible, a reminder sent the day before is often useful.

If the applicant is required to bring material to the interview, it is important to give the applicant plenty of notice and to explain the reason for the required documents. For example, the applicant might be asked to bring 100 points of identification to satisfy the requirements of the Fit to Work form.

Selection and interview panel members should have received cultural training and demonstrate an understanding of the social and cultural factors that might impact on Aboriginal applicants’ interview performance. Of importance is clear separation between the people providing application support, and those who are responsible for applicant selections.

Formal offers should be made in writing to ensure clarity and safety for applicants. Candidates both successful and unsuccessful should be notified of their application outcome at the same time. All unsuccessful candidates should receive feedback on their performance.

## Employment processes for Aboriginal graduates and cadets

Following the interview process the successful applicants should be notified in writing and verbally. Email contact followed by a telephone call is appropriate. A letter of offer should be sent to the successful candidate. This letter could be followed up by a phone call to confirm the details. When the applicant has accepted the position, the local recruitment process can be completed. This will result in human resources generating a contract for the successful cadet.

Unsuccessful applicants must also be contacted on the same day as the successful applicant and notified both in writing and verbally. It is recommended that unsuccessful applicants be offered both written and verbal feedback on why they were unsuccessful.

The successful applicant may require the assistance of the program coordinator to complete paperwork and to ensure the correct documentation is returned to the health service human resources department.

To ensure cultural sensitivity, it is useful to be aware of historical events that may have implications on the ability for the Aboriginal graduate and/or cadet to produce documents, such as birth certificates and proof of Aboriginality documentation.

The [Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)](https://aiatsis.gov.au/research/finding-your-family/before-you-start/proof-aboriginality), <https://aiatsis.gov.au/research/finding-your-family/before-you-start/proof-aboriginality>, is a research, collections and publishing organisation, that promotes knowledge and understanding of Aboriginal and Torres Strait Islander cultures, traditions, languages and stories, past and present. The includes access to researching Indigenous family history and this includes steps towards obtaining proof of Aboriginality. Collections have information about Aboriginal and Torres Strait Islander individuals, families, communities and places.

## Health service orientation for Aboriginal graduates and cadets

The Aboriginal graduates and cadets may not have worked in a professional environment prior to this experience. The orientation process must be clear, structured and relevant. It is important that orientation is both culturally appropriate and respectful.

Health service preparation for orientation for both Aboriginal graduates and/or cadets is essential. Orientation is likely to be the first opportunity for the Aboriginal graduate and/or cadet and the health service to begin to develop a shared understanding of what to expect.

Orientation is the time to set clear expectations regarding roles, leave requests, payroll, mentoring and supervision requirements. Orientation also provides an opportunity to provide and clarify information to Aboriginal graduates and/or cadets regarding their role, the broader health service and the Aboriginal networks they may wish to engage with.

While formal everyday orientation to local work environment and processes is essential and should follow local procedures, the program coordinator’s role becomes important when seeking to facilitate a smooth transition for both Aboriginal graduates and/or cadets into the workplace. Some of the formal orientation regarding payroll and information technology requirements may require reiteration and support from the program coordinator. The program coordinator may also be helpful in providing clarification and advice regarding the expectations as described above.

Traditional welcoming ceremonies should be considered to mark the beginning or completion of the Aboriginal graduate and/or cadetship program.

Aboriginal graduates will benefit from tailored support which complements the mainstream graduate programs.

It is important to remember that Aboriginal cadets are undergraduate students with academic and cultural/community responsibilities, therefore orientation offerings need to be flexible to allow for the cadet’s study commitments and community obligations.

## Considerations when rostering

Considerations for Aboriginal graduates and/or cadets should be made regarding attendance at family commitments and events within the Aboriginal community such as cultural and ceremonial leave to cover ceremony, celebration and Sorry Business. These considerations must align with the enterprise bargaining agreement (EBA) requirements.

Aboriginal cadets are students and rostering needs to be flexible to accommodate additional commitments such as clinical placements and class times. An Aboriginal cadetship does not take the place of a university clinical placement. Rostering should occur in consultation with the cadet and the Aboriginal cadet coordinator. The coordinator is responsible for communicating with each clinical area to ensure relevant staff are aware of the Aboriginal cadet’s roster.

## Duties and scope of the Aboriginal graduate and cadetship programs

#### Aboriginal graduates

As an Aboriginal health professional, graduates have the potential to directly impact the health and well-being of Aboriginal community. This is an opportunity for the health service to offer an Aboriginal Graduate program which complements their mainstream Graduate Programs.

Health services should identify placement or rotation options, and this includes determining location and duration of each placement/rotation throughout the graduate year.

Additional supports can also be offered to Aboriginal participants including culturally appropriate support and access to professional and peer development activities. It is important to ensure that the Aboriginal graduate program links to the Aboriginal employment planning process at the health service.

#### Aboriginal cadets

Aboriginal cadets are offered the opportunity to work as part of the healthcare team under the delegation of clinical supervisors.

Each health service must develop a robust Aboriginal cadetship position description that outlines the type of skills and activities required. As discussed previously, the position description is the recommended starting point for recruitment and for informing a conversation with the cadet about induction and individual learning needs and goals.

The position descriptions should remain consistent across health services but also allow for variation depending upon the area in which the cadet is employed, as well as the skill set or scope of practice of the individual cadet. The Aboriginal cadet must only work within the parameters of the position description as determined by the employing health service, with the aim to become work ready and develop professional skills.

The role of the cadet can involve a mixture of direct patient care (non-clinical) and indirect patient care that supports the provision of clinical services and the operation of the professional department. It is important to remember that the key purpose of the cadetship is for the cadet to learn skills for work-readiness.

**Table 6** includes examples associated with direct patient support.

#### Table 6 Examples associated with direct patient support

|  |
| --- |
| Direct patient care |
| observing clinical staff undertaking clinical tasksobserving clinical staff completing clinical assessments and/or providing therapeutic interventionsengaging in therapeutic interventions as an assistant (for example, collecting required resources and materials)scheduling outpatient bookings for patientsassisting patients with activities of daily living* + - hygiene and personal grooming
		- bathing and sponging
		- nutritional needs
		- mobility, transfers and comfort positioning
		- advocacy
		- interpersonal support
		- supervising children at play

escorting patientsrecognising distressed or deteriorating patients and escalating accordinglycomforting neonatal and paediatric patients (such as cuddling and soothing)packing and unpacking patients’ belongings. |

**Table 7** includes examples associated with indirect patient support.

#### Table 7 Examples associated with indirect patient support

|  |
| --- |
| Indirect patient care |
| assisting staff with making bedsassisting with documentation – noting meals or toileting but excluding clinical/progress noteskeeping the environment and equipment clean.setting-up the therapeutic environmentmaintaining therapy resources and equipmentordering consumablesprinting and collation of patient education materials |

## Insurance implications

Cadets are not covered by university insurance and health services should ensure their insurance policies cover off the employment and scope of practice of the cadet.

## Professional development for Aboriginal graduates and cadets

Aboriginal graduate and cadetship programs should include professional development pathways, and the opportunity for consolidation of theory and refinement of clinical skills.

The Aboriginal graduate and cadetship programs prepare graduates and cadets for future employment opportunities. This includes planned and supported professional development activities followed by a period of clinical skill consolidation for Aboriginal graduates.

Professional development provides the skills to deliver excellence in person-centred care, and a platform to develop into safe, confident and accountable health professionals.

Aboriginal graduates and cadets should be encouraged to attend and be involved in relevant clinical education sessions that are local to their ward and department and the organisational setting. Professional development sessions that focus on Aboriginal models of care and provision of culturally appropriate service to Aboriginal patients should also be encouraged if graduated and cadets are engaged in activities of providing care to the Aboriginal community.

Enabling Aboriginal graduates and cadets to link with peers through peer support networks, shared study days, and visits with Elders is an excellent way to ensure culturally safe professional development opportunities.

## Education and training for Aboriginal graduates and cadets

It may be necessary for Aboriginal graduates and cadets to undertake local mandatory health service training such as Basic Life Support, fire and evacuation training and hand hygiene. This can be determined as per the individual health service requirements. Each health service will have varying mandatory training requirements. However, it is important to remember that in the case of cadets, they are employees, not students, and these requirements apply to them.

Access to further education and training should be discussed with the coordinator and planned accordingly.

Ongoing education and training requirements may also be monitored through the performance appraisal process. As for all employees, Aboriginal graduates and cadets are required to follow the formal human resources processes for the health service. As Aboriginal cadets are defined as employees for the duration of their program participation, health service policy regarding performance enhancement applies. Performance enhancement is a formal process of career monitoring and development, underpinned by ongoing informal feedback throughout the year.

# Future employment opportunities

## Career pathways

Career opportunities will vary across health services. It is important for health services to consider the opportunities available to Aboriginal graduates and cadets. This should be undertaken in context of Aboriginal Employment Plans and as part of ongoing workforce planning and approaches to developing career pathways and growth for the Aboriginal health workforce for the sector.

Completing an Aboriginal graduate or cadetship program within an organisation enables the candidate to consolidate skills and progress further. This is an opportunity for the health service to contribute to increasing Aboriginal health workforce representation.

Following completion of an Aboriginal cadetship program, the Aboriginal cadet may choose to apply for a graduate ‘transition to practice’ position. The benefits include:

improved opportunity to work in a chosen health service

effective mentoring opportunities with Aboriginal and non-Aboriginal staff already working in the health service

further formation of professional networks

further personal and professional growth

familiarity of the work environment.

# Program evaluation

## Evaluation strategies

Evaluation of Aboriginal graduate and cadetship programs is key to continuous improvement and ensuring that the programs are continuing to meet changing community and workforce needs.

Considerations for designing an evaluation methodology for the Aboriginal graduate and cadetship programs should include:

availability of resources to enable evaluation

availability of an internal or external provider conduct the evaluation

outcomes for graduates and cadets in comparison with other Aboriginal graduate and tertiary student outcomes

involvement of local ACCHO stakeholders

scope to include Aboriginal consumer health outcomes pre and post implementation

consultation with the local ACCHO.

There are a range of evaluation methodologies suited to the Aboriginal graduate and cadetship programs. Suggested approaches include:

a yarning circle (this is a traditional approach to running a culturally appropriate focus group)

conducting an audit from one year to the next regarding the proportion of Aboriginal cadets that have moved into graduate roles following participation in the cadetship program

conducting an audit regarding the proportion of Aboriginal graduates progressing to ongoing employment at the health service or a different health service

conducting surveys.

Outcome measures within an evaluation program will vary depending on the objectives of the individual health service and may include:

the proportion of Aboriginal cadets that have moved into graduate roles following participation in the cadetship program

the proportion of Aboriginal graduates progressing to ongoing employment at the health service or a different health service

comparison of Aboriginal student outcomes for cadets compared with non-cadets

comparison of Aboriginal consumer health outcomes pre and post implementation as well as Aboriginal consumer health service access pre and post implementation

comparing Aboriginal consumer satisfaction pre and post implementation

workforce satisfaction.

Commitment to the development of evidence-based programs and the ongoing review and evaluation requires understanding and articulation of how the program is intended to work by linking activities with outputs, impacts and longer-term outcomes. A program logic supports this process and aims to show the intended causal links for a program and will support the development of program evaluation.

Ideally, program logic should be developed in the program planning stage. This allows stakeholders to articulate the desired program impacts and outcomes and clarify how the intervention will achieve these. Note that program logic does not replace a program plan, but rather informs it. A program plan generally has more detailed steps and tasks.

**Table 8** in [**Appendix 6**](#_Appendix_6:_A) provides guidance on how to populate the program logic template.

Read more about [developing program logic](https://www.health.nsw.gov.au/research/Publications/developing-program-logic.pdf) <<https://www.health.nsw.gov.au/research/Publications/developing-program-logic.pdf>>.

# Appendix 1: Glossary of key terms

The following is a snapshot of words associated with Australian Aboriginal culture or used to describe Aboriginal people.

#### Aboriginal organisation

An Aboriginal organisation is one that:

that guarantees control of the body by Aboriginal people and guarantees that the body will function under the principle of self-determination

is initiated by and for a local Aboriginal community

is based in a local Aboriginal community

is governed by an Aboriginal body which is elected by the local Aboriginal community

delivers holistic and culturally appropriate services and supports to the community which controls it[[5]](#footnote-5).

Aboriginal organisations are also referred to as Aboriginal Community-Controlled Organisations (ACCOs). Aboriginal organisations that provide health services can be referred to as Aboriginal Community-Controlled Health Organisations (ACCHOs).

#### Aboriginality

Sometimes used to refer to Aboriginal people's identity, or the combination of cultural heritage, spirituality and relationship with the land.

#### ATSI

Aboriginal and Torres Strait Islanders. Note that this abbreviation is not liked by many Aboriginal people due to its use in discriminating contexts.

#### Community

Important elements of a community are country, family ties and shared experience. Community is about connection and belonging and is central to Aboriginality. Aboriginal people may belong to more than one community.

#### Corroboree

Corroboree is an Eora word that has become part of Australia's identity. It describes a place of ceremony and creative expression, a transformative gathering.

#### Country

A term used by Aboriginal people to refer to the land to which they belong and their place of Dreaming. Aboriginal language usage of the word 'country' is much broader than standard English.

#### Cultural appropriateness

Refers to the accepted and traditionally patterned ways of behaving and a set of common understandings shared by members of a group or community. Includes land, language, ways of living and working, artistic expression, relationships and identity.

#### Cultural awareness

Refers to developing sensitivity and understanding of another ethnic group. This usually involves internal changes in terms of attitudes and values. Cultural awareness also refers to the qualities of openness and flexibility that people develop in relation to others.

#### Cultural knowledge

Refers to familiarisation with selected cultural characteristics, history, values, belief systems and behaviours of the members of another ethic group.

#### Cultural responsiveness

Refers to cultural knowledge to make learning, supervision and the workplace more appropriate and effective. More information is available at <http://www.health.vic.gov.au/cald/cultural-responsiveness-framework>

#### Culture

The accepted and traditionally patterned ways of behaving, and a set of common understandings shared by members of a group or community. Includes land, language, spirituality, ways of living and working, artistic expression, relationships and identity.

#### Custodian

A person charged with maintaining and passing on elements of cultural significance such as knowledge, stories, songs, dances, language, ritual and imagery.

#### Customary law

Also referred to as 'lore', customary laws are based on traditions and customs of a group in a specific region.

#### Discrimination

Unfair treatment in response to perceived differences between people.

#### Dreaming

The Dreaming has different meanings for different Aboriginal groups. The Dreaming is an embodiment of Aboriginal creation which gives meaning to everything. It establishes the rules governing relationships between the people, the land and all things for Aboriginal people.

#### Elder

Key go-to person within Aboriginal communities who is respected and consulted due to their experience, wisdom, knowledge, background and insight. Often described as the "custodians of knowledge" or the "libraries" of a community. Elder does not necessarily equate with age.

#### First Peoples

The term First Peoples is often used synonymously for Aboriginal people or Indigenous people.

#### Heritage

That which comes or belongs to one by reason of birth, sometimes also understood as 'descent' when talking about identity.

#### Homeland

Homelands are located on Aboriginal ancestral lands with cultural and spiritual significance to the Aboriginal people who live there. Complex connections to land include cultural, spiritual and environmental obligations, including obligations for the protection of sacred sites.

#### Indigenous

Native to a place or area, originating in and characterising a particular region or country.

#### Indigenous Australians

Term used to refer to the original inhabitants of Australia; always capitalised. Includes Aboriginal and Torres Strait Islander peoples. Many Aboriginal people [don't like to be referred to with this term](https://www.creativespirits.info/aboriginalculture/people/how-to-name-aboriginal-people).

#### Kinship

Kinship includes the importance of all relationships, and of being related to and belonging to the land.

#### Land rights

The struggle by Aboriginal people to gain acknowledgement of prior ownership of this land both legally and morally and allowing all the accompanying rights and obligations which stem from this association.

#### Land use

The way land and water are used and maintained both physically and spiritually. Modern land use can include non-Aboriginal parties.

#### Language group

Language is linked to geographical areas. The term 'language group' is often used in preference to the term 'tribe', and many Aboriginal people identify themselves through their language group.

#### Mob

Colloquial term used by Aboriginal people to refer to a group of people they belong to, for example: "That is my mob over there." or "My mob comes from La Perouse."

#### NAIDOC

Stands for National Aborigines and Islanders Day Observance Committee.

#### Nation

A nation is a group of Aboriginal people who share the same language and area of land, river and sea that is their traditional land.

#### Proof of Aboriginality[[6]](#footnote-6)

A formal requirement that requires proof or confirmation of identity as an Indigenous person when applying for Indigenous-specific services or programs.

#### Racism

Discrimination on the basis of perceived racial differences. Racism takes on many forms, e.g. attitudinal, institutional or cultural.

#### Reconciliation

A Commonwealth initiative to promote reconciliation between Aboriginal people and the wider community and to redress Aboriginal disadvantage.

#### Self-determination

When Aboriginal people determine their affairs themselves, including decision making, interacting with non-Aboriginal parties and creating the solution to a problem.

#### Site

Aboriginal sites are places of importance and significance to Aboriginal people because they provide a link to former or current traditions, people or practices.

#### Torres Strait Islanders

Refers to the First Peoples of the Torres Strait region (as compared to the mainland Aboriginal people).

#### Traditional custodians / owners

A group of Aboriginal people who belong to a certain area of land ('country') and have the cultural obligation to maintain it. 'Custodians' considers that in Aboriginal culture the land owns its people (and not vice versa), while 'owners' gives credit to the fact that it is Aboriginal land (both terms are in use).

#### Yarning circle

A yarning circle is a traditional approach to running a culturally appropriate focus group to learn from a collective group, build respectful relationships, and to preserve and pass on cultural knowledge[[7]](#footnote-7).

**Source**: The [Glossary of Aboriginal Australian terms - Creative Spirits](https://www.creativespirits.info/aboriginalculture/glossary-of-aboriginal-australian-terms) web page <https://www.creativespirits.info/aboriginalculture/glossary-of-aboriginal-australian-terms>.

# Appendix 2: Policy Context

The guide builds on the Victorian Government’s commitment to self-determination and other key policies, strategies and reforms focused on improving the quality of life for Aboriginal people, their families and their communities.

#### Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027

The guide is supported by Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 (Korin Korin Balit-Djak), the department’s 10-year strategic plan for Aboriginal health, wellbeing and safety, with the specific aim to build a strong and sustainable Aboriginal health workforce. One of the key elements identified as essential to improving health outcomes for Aboriginal people is employment and access to quality culturally safe healthcare.

Read more about the [department’s 10-year strategic plan for Aboriginal health, wellbeing and safety](https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak) <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>.

#### Aboriginal and Torres Strait Islander cultural safety framework

The Aboriginal and Torres Strait Islander cultural safety framework has been developed to help mainstream Victorian health, human and community services and the department to create culturally safe environments, services and workplaces.

The Aboriginal and Torres Strait Islander cultural safety framework provides a continuous quality improvement model to strengthen the cultural safety of individuals and organisations, and it aims to help the department and mainstream health, human and community services to strengthen their cultural safety by participating in an ongoing learning journey.

#### For more information about the Aboriginal and Torres Strait Islander cultural safety framework, please email the department <cultural.safety@dhhs.vic.gov.au>

#### Advancing the treaty process with Aboriginal Victorians Act 2018

In February 2016, Aboriginal people in Victoria called on the Victorian Government to negotiate a treaty. Since then, the treaty process has been creating a new relationship between the Victorian Government and Aboriginal communities. The government’s commitment to the treaty process is part of the broader government commitment to self-determination with a view to negotiating a treaty or treaties over time.

In August 2018, the Advancing the Treaty Process with Aboriginal Victorians Act 2018 (Treaty Act) became law, having passed through both houses of the Victorian Parliament in June 2018. The Treaty Act is Australia's first ever treaty law. The Treaty Act is the result of the work of over 7,000 Aboriginal Victorians who have worked with government to progress Treaty since 2016.

#### Read more about [Advancing the treaty process with Aboriginal Victorians Act 2018](https://www.aboriginalvictoria.vic.gov.au/treaty) <https://www.aboriginalvictoria.vic.gov.au/treaty>

#### Victorian Aboriginal Affairs Framework 2018–2023

The Victorian Aboriginal Affairs Framework 2018-2023 (the VAAF) is the Victorian Government’s overarching framework for working with Aboriginal Victorians, organisations and the wider community to drive action and improve outcomes.

The VAAF sets a clear direction for how government will ‘Plan’, ‘Act’, ‘Measure’ and ‘Evaluate’ to progress change across government, address inequity and deliver stronger outcomes for and with Aboriginal Victorians.

Read more about the [Victorian Aboriginal Affairs Framework 2018-2023](https://www.aboriginalvictoria.vic.gov.au/victorian-aboriginal-affairs-framework-2018-2023) <https://www.aboriginalvictoria.vic.gov.au/victorian-aboriginal-affairs-framework-2018-2023>

#### Health 2040: Advancing health, access and care

Health 2040 is the Victorian Government’s vision for the health and wellbeing of Victorians and for the Victorian health care system in 2040.

#### Read more about [Health 2040: Advancing health, access and care](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Health-2040-advancing-health-access-and-care) <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Health-2040-advancing-health-access-and-care>

#### Victoria’s 10-year mental health plan

The government has committed to creating a healthier, fairer and more inclusive society through Victoria’s 10-year mental health plan. This means good mental health for everyone, particularly those who are disadvantaged and vulnerable. Balit Marrup: Aboriginal social and emotional wellbeing framework has been developed in response to this plan.

Read more about [Victoria’s 10-year mental health plan](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorias-10-year-mental-health-plan) <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorias-10-year-mental-health-plan>

#### Aboriginal Employment Plans

Previous Victorian government policy; Kareeta Yirramboi and Koolin Balit Aboriginal Health Workforce Plan 2014-2017 saw the funding and implementation of Aboriginal Employment Plans in Victorian public health services with more than 500 individuals employed. These plans continue to be embedded in Victorian public health services and provide a strategic approach to Aboriginal employment in health services. Any Aboriginal nursing or midwifery graduate program should be planned and implemented with reference to the health service’s Aboriginal Employment Plan.

#### Reconciliation Action Plans

The Reconciliation Action Plan (RAP) program by Reconciliation Australia assists organisations to improve their Aboriginal cultural responsiveness. Organisations are provided with tools and advice to develop and implement a RAP. The RAP documents an organisation’s commitments to build respectful relationships and create opportunities for Aboriginal people. Strategies include addressing the attitudes and behaviours of staff, reviewing human resource practises to be more inclusive of Aboriginal candidates and employees and building and enhancing relationships with Aboriginal communities. RAPs can provide a framework and impetus through which programs, such as an Aboriginal graduate program, can develop.

National

The Guide also builds on national commitment to addressing Aboriginal workforce inequity. The Guide acknowledges that real change will come through community-led, place-based solutions that engage Aboriginal and Torres Strait Islander peoples to pursue their own visions of what makes for a good life, to be healthy, prosperous, and secure.

#### Council of Australian Governments

In 2008, the Council of Australian Governments (COAG) set targets aimed at eliminating the gap in outcomes between Indigenous and non-Indigenous Australians.

In December 2018, COAG committed to forming a genuine formal partnership with Indigenous Australians to finalise the Closing the Gap Refresh and provide a forum for ongoing engagement throughout implementation of the new agenda. The partnership will be based on mutual respect between parties and an acceptance that direct engagement and negotiation is the preferred pathway to productive and effective outcomes.

During 2019, the refreshed Closing Gap framework and associated draft targets will be agreed through the formal partnership between the Commonwealth, state and territory governments and Indigenous Australians through their representatives for endorsement by COAG.

One of the targets described in the strategy is to halve the gap in employment outcomes between Indigenous and non-Indigenous Australians.

Progress against targets set in 2008 is outlined in annual Closing the Gap reports. The [2019 Closing the Gap](http://ctgreport.pmc.gov.au/) report marks the final report against the Closing the Gap framework established in 2008.

Read more about the [refreshed Closing Gap framework](https://pmc.gov.au/indigenous-affairs/closing-gap)  <https://pmc.gov.au/indigenous-affairs/closing-gap>

As part of COAG’s approach to Closing the Gap in Indigenous disadvantage, the [National Aboriginal and Torres Strait Islander Health Plan 2013-2023](https://www1.health.gov.au/internet/main/publishing.nsf/Content/natsih-plan) <https://www1.health.gov.au/internet/main/publishing.nsf/Content/natsih-plan> was developed to guide investment and effort to improve Aboriginal and Torres Strait Islander health and achieve a health system that delivers clinically appropriate and cultural safe care.

Within this policy framework, the [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023](https://www1.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-natsihwsf) <https://www1.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-natsihwsf> was developed as a mechanism to guide Aboriginal and Torres Strait Islander health workforce policy and planning. The Framework aims to build a strong and supported health workforce and will assist in contributing to the needs of the Aboriginal and Torres Strait Islander health workforce across all service delivery areas.

The commonwealth is currently engaged in the development of the National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan as a mechanism to supplement the Framework and will focus on address the challenges relating to attracting, training and retaining the Aboriginal and Torres Strait Islander health workforce.

#### The Redfern Statement

The Redfern Statement is an Aboriginal community blueprint to address the disadvantage and inequality still besetting Aboriginal communities today. The Redfern Statement comprehensively sets out Aboriginal communities’ expectations at the national level for engagement and progress by Australian governments. The statement includes Aboriginal self-determined priorities for meaningful engagement, health, justice, preventing violence, early childhood and disability.

# Appendix 3: Health Service readiness checklist

**Table 3** is a Health Service readiness checklist. This checklist is a tool to assist health services to identify and review their status and monitor progress against the criteria to determine readiness and capacity to provide Aboriginal graduate and/or cadetship programs.

#### Table 3 Health service readiness checklist

|  |  |  |  |
| --- | --- | --- | --- |
| The health service is committed to establishing an Aboriginal graduate and/or cadetship program. | Yes | No | Notes |
| The health service has executive and organisation-wide support for the programs are essential.  |  |  |  |
| The health service has allocated Aboriginal employment as an executive portfolio to ensure profile, commitment and action. |  |  |  |
| The health service has appointed an Aboriginal Employment Officer. |  |  |  |
| The health service has documented the development, implementation and evaluation of an Aboriginal Employment Plan. |  |  |  |
| The health service has communicated to all staff about the Aboriginal graduate and/or cadetship programs. | Yes | No | Notes |
| The health service has documented and communicated to all staff, the purpose, structure and processes of the Aboriginal graduate and/or cadetship programs.  |  |  |  |
| The health service has documented and communicated to all staff about the areas in the health service where Aboriginal graduates will be located during their graduate year, and where Aboriginal cadets will be located during participation in the cadetship program. |  |  |  |
| The health service has a strong supportive culture of training and professional development for staff. | Yes | No | Notes |
| All staff should undertake Aboriginal cultural awareness training delivered by an Aboriginal provider.  |  |  |  |
| All staff supporting graduates and cadets should receive training in mentoring and other support strategies.  |  |  |  |
| The health service has a strong supportive culture of training and professional development for Aboriginal graduates and cadets. | Yes | No | Notes |
| The health service provides ongoing training and professional development and appraisal of the competence of graduates and cadets following training and professional development. |  |  |  |
| The health service has established governance structures and arrangements required to support an Aboriginal graduate and/or cadetship program. | Yes | No | Notes |
| The health service has a clear process for establishing an advisory committee that includes Aboriginal representatives, and will- Oversee the quality and safety of the programs- Oversee the graduate programs in terms of clinical placements, peer support activities, training and development- Oversee the cadetship programs in terms of placements, peer support activities- Review the programs and obtain data on the outcomes of the programs |  |  |  |
| The health service has identified and engaged relevant stakeholders required to support an Aboriginal graduate and/or cadetship program. | Yes | No | Notes |
| The health service has a documented plan that outlines arrangements for engaging and maintaining stakeholder involvement including Aboriginal community, in the establishment and operation of the programs. |  |  |  |
| The health service provides appropriate cultural support for Aboriginal graduates and cadets. | Yes | No | Notes |
| The health service has documented policies about Aboriginal cultural leave allowances for attending funerals and other community responsibilities and observances. |  |  |  |
| The health service has established a culturally safe space for graduates and cadets to meet other Aboriginal staff. |  |  |  |
| The health service has completed and documented a risk assessment to ensure culturally safe environments for Aboriginal graduates and/or cadets. |  |  |  |
| The health service provides appropriate staffing to support the delivery of the Aboriginal graduate and/or cadetship programs. | Yes | No | Notes |
| The health service has an appointed program coordinator, and supervisor.  |  |  |  |
| The health service has identified appropriate clinical supervisors and Aboriginal mentors. |  |  |  |
| The health service has an evaluation strategy. | Yes | No | Notes |
| The health service can provide dedicated time to data analysis and reporting.  |  |  |  |
| The health service has a clear process for obtaining informed consent from program participants (as required). |  |  |  |

# Appendix 4: Communication Plan template

**Table 4** is a template for a communication plan. This is a tool to assist health services to articulate key messages about the Aboriginal graduate and/or cadetship programs.

A range of stakeholders may be interested in your program, and you will need to determine:

who they are;

what to tell them;

how to tell them;

who is going to tell them; and

when to tell them.

#### Table 4 Template for a communication plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Target Audience | Key messages | Communication  | Task allocation | Timeline | Completion |
| Who do we want to inform? | What do we want to tell them? | How are we going to tell them? | Who is responsible for doing it? | When does this need to happen? | Date completed |
| Health service executive leadership  |  |  |  |  |  |
| Health Service staff |  |  |  |  |  |
| Aboriginal graduates and cadets |  |  |  |  |  |
| Patients |  |  |  |  |  |
| Aboriginal communities and organisations |  |  |  |  |  |
| General public |  |  |  |  |  |

# Appendix 5: Sample Cadetship position description

The sample position description below, has been developed based on the Royal Women’s Hospital Aboriginal Nursing and Midwifery position description.

## Sample position description

#### About the health service

[Health services can include a brief organisational description here.]

#### The role of the cadet

The purpose of this position is to provide the cadet with pre-graduation professional experience. The position works under the direction of a registered nurse or registered midwife or other departmental manager and supports the team in providing patient care. The cadetship program and departmental rotations will be matched to the needs of individual cadets. The cadet will provide basic direct care activities and assist the registered nurse/midwife in accordance with the plan of care and under the supervision of a registered nurse or registered midwife or relevant departmental head.

The cadet position is a collaborative relationship between candidates studying for and in their second or third year of the Bachelor of Midwifery and/or Bachelor of Nursing course and relevant services at the health service who provide placements for cadets as part of the Victorian Aboriginal Nursing and Midwifery Cadetship Pilot.

In the initial phases the cadet will be rostered only Monday–Friday morning shifts. Other hours of work including afternoon and weekend shifts may be required after the initial phases and will be negotiated on an individual basis with each cadet.

The cadet helps provide patient-centred, family-oriented, evidence-based care within a multidisciplinary team environment, working collegially with other health professionals and under the direct supervision of a registered nurse and/or registered midwife to achieve the best possible outcomes for mothers and infants in their care. The cadet provides care that is consistent with the objectives and philosophies of the health service’s model of healthcare.

#### Organisational responsibilities of the cadet

Be aware of and work in accordance with hospital policies and procedures including:

code of conduct

confidentiality

data accountability

infection control

occupational health and safety

patient safety

performance development management

respectful workplace behaviours

risk management.

Be respectful of the needs of patients, visitors and other staff, and maintain a professional approach to all interactions.

Ensure appropriate information and data management.

Agree to provide evidence of a valid Working with Children Check and provide the necessary details for the health service to undertake a National Police Check.

Undertake other duties as directed that meet relevant standards and recognised practice.

#### Statutory responsibilities to be aware of

The cadet must be aware of and work in accordance with the following legislation:

Health Practitioner Regulation National Law Act 2009

Australian Health Practitioner Regulation Agency (AHPRA)

Drugs, Poisons and Controlled Substances Regulations 2006

Occupational Health and Safety Act 2004

Freedom of Information Act 1982

Code of conduct for Victorian public sector employees.

#### Scope of practice

The cadet works within a plan of care under the direct supervision and direction of a registered nurse or registered midwife or other senior professional and within the limits of the cadet position description.

#### Responsibilities and major activities

Responsibilities and major activities can include:

Help collect accurate healthcare information and maintain accurate healthcare documentation as required.

Transport patients between wards and departments as required and directed.

Communicate effectively with patients, their families and other healthcare team members.

Assist the registered nurse/midwife to support patients with basic activities of daily living needs including, for example, showering and personal hygiene needs, supervised ambulation and nutrition.

Provide supportive care as directed by the registered nurse/midwife.

Re-stock or collect equipment or supplies as directed by the registered nurse/midwife.

Assist the registered nurse/midwife with discharge of the patient including transportation.

Undertake any duties within the scope of practice of the cadet under the direction and supervision of a registered midwife/nurse.

#### Key performance indicators

Key performance indicators are how the cadet will be measured as meeting the responsibilities of the position listed above. These will be set in collaboration with the cadet as part of a performance development plan within the first six months of your appointment to the position.

The cadet contributes to departmental operational plans and accreditation outcomes.

The cadet demonstrates excellent customer services. The cadet is often the ‘face of the organisation’ – dealing with internal and external customers alike. As such, a high standard of customer service should be met. The cadet agrees that customer service performance forms part of annual appraisal.

The cadet participates in community activities at the request of, or as directed by, the registered nurse/midwife. The cadet understands the organisation’s key role in educating health professionals and promotes a friendly, respectful and supportive environment for student/trainees of all disciplines.

#### Professional development

The cadet is actively encouraged to attend continuing education provided to nurses and midwives throughout the hospital and acknowledges the right of the hospital to designate certain education sessions as compulsory. Reflective practice is encouraged, and to this end the Aboriginal Women’s Health Business Unit (AWHBU) midwifery team leaders/unit manager/service managers/educators/facilitators, Clinical Education Program educators and the Project Officer Victorian Aboriginal Nursing and Midwifery Cadetship Pilot are available to act as mentors to provide debriefing, workplace guidance and support as required.

[Please note that this is an example and will vary across health services.]

#### Performance evaluation

The cadet recognises that the hospital will formally evaluate their performance as an employee after one month, and at the conclusion of the Victorian Aboriginal Nursing and Midwifery Cadetship Pilot Program.

The cadet also understands that performance management strategies may be initiated as required following relevant consultation at any stage of the contract period.

#### Evaluation

The cadet agrees to participate in evaluating the pilot cadetship program.

#### Cadet attributes

Embodies the values of courage, passion, discovery and respect [values are likely to be specific to the health service]

Demonstrates a professional demeanour

Exercises high-level customer service skills

Demonstrated ability to balance sometimes competing and conflicting priorities and complex environments

Exercises the ability to prioritise and manage time

#### Key selection criteria

Studying undergraduate (bachelor) nursing and/or midwifery

Demonstrated satisfactory academic results/performance

Demonstrated knowledge and commitment to the social model of care

Demonstrated verbal, written and electronic communication skills

Demonstrated commitment to professionalism in helping to provide care for patients throughout their stay

#### Organisational relationships

As a member of relevant teams and departments the cadet must maintain effective relationships and communication with the relevant team members, the Project Officer Victorian Nursing and Midwifery Cadetship Pilot and the Aboriginal Health Business Unit.

The cadet must recognise, however, that he/she is part of a dynamic organisation and is therefore required to interact with a wide range of health professionals and members of the public on a daily basis.

# Appendix 6: A Program Logic Template

Program logic aims to show the intended causal links for a program.

**Table 8** provides guidance on how to populate the program logic template (**Table 9**) located on the following page.

#### Table 8 How to populate the Program logic template

| Element | Description  |
| --- | --- |
| Situation | Describe the context and critical issues that the program intends to address. |
| Inputs | List all the resources (e.g. time, finances, partnerships, equipment and facilities) that are required to implement the program. |
| Activities | List the particular actions or activities the program intends to undertake. E.g. develop skills training, deliver counselling sessions, provision of health advice. To ensure the activities link to the outputs it might help to ask ‘what activities need to be undertaken to deliver the desired outputs?’ |
| Outputs | Quantify how many actions or activities plan to be delivered by the program (e.g. 10 skills training sessions delivered) and identify all stakeholders the program plans to engage (e.g. 14 mental health partnerships formed or 20 mental health community organisations engaged). To ensure the outputs link to the short-term outcomes it might help to ask ‘what products, services and engagement need to be delivered to achieve the short-term outcomes?’ |
| Short-term outcomes | Enter the outcomes or changes that are expected to occur over the short (weeks - months) as a result of the program. To ensure short-term outcomes link to medium-term outcomes it might help to ask ‘what short-term outcomes are required to achieve the medium-term outcomes?’ Consider the use of ‘SMART’ criteria to ensure outcomes described are:SpecificMeasurableAchievable and attributableRelevant and realisticTime bound and able to be tracked |
| Medium-term outcomes | Enter the outcomes or changes that are expected to occur over the medium (months - years) as a result of the program. To ensure medium-term outcomes link to long-term outcomes it might help to ask ‘what medium-term outcomes are required to achieve the long-term outcomes?’  |
| Long-term outcomes  | Enter the outcomes or changes that are expected to occur over the long-term (years - decades) as a result of the program. |

**Source:** NSW Department of Health, Evidence and Evaluation Guidance Series Population and Public Health Division 2017

#### Program title

The name of the program to be evaluated

#### Program goal

The overarching goal of the program to be evaluated

#### Program objectives

The objectives of the program. These should link with an action or activity

**Table 9** is a program logic template.

#### Table 9 Program logic template

| Situation | Inputs | Activities | Outputs  | Short-term outcomes | Medium-term outcomes | Long-term outcomes |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

#### Assumptions

List and describe the assumptions associated with the ‘theory of change.’ A theory of change is a conceptual representation of how change will occur. It is often based on well-known theories from literature, research and practical experience.

#### External factors

List and describe the areas of influence external to the organisation that effect outcomes for example the social, economic and political factors.

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7. <https://www.qcaa.qld.edu.au/about/k-12-policies/aboriginal-torres-strait-islander-perspectives/resources/yarning-circles> [↑](#footnote-ref-7)