



# FIRST NATIONS HEALTH EQUITY

## SEQ First Nations Health Equity Workforce Strategy 2023-2031



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# 1. Acknowledgements

We honour the many Goori Tribal Nations whose territories we work across within South East Queensland.

We honour the legacy and the vision of those who paved the way and those who continue to guide us.

We also pay homage to the Torres Strait Islander Nations who have walked this journey with us.

We honour our future generations by maintaining the vision with focused determination.

## Definitions

In this document:

- the terms *Aboriginal and Torres Strait Islander*, *First Nations* and *Indigenous* are used interchangeably with respect.
- the term *Hospital and Health Service (HHS)* is used as a collective term referring to the 16 Hospital and Health Services of Queensland's Public Health System. In SEQ, HHS refers to Children's Health Queensland, the Gold Coast HHS, the Metro North HHS, the Metro South HHS, and the West Moreton HHS.
- the term *Partnership Organisation* is used as a collective term for the HHS (defined as above), the Aboriginal and Torres Strait Islander Community Controlled Health Services that comprise the Institute for Urban Indigenous Health Network, Mater Health Service, and the Primary Health Networks located in South East Queensland (Brisbane North, Brisbane South, Gold Coast, and the Darling Downs and West Moreton PHNs).

## 2. Executive Summary

In 2021, Queensland Health and the Queensland Aboriginal and Islander Health Council (QAIHC) released *Making Tracks Together - Queensland's Aboriginal and Torres Strait Islander Health Equity Framework* to support Hospital and Health Services (HHS) to develop and implement Health Equity Strategies. The strategies outline the actions each HHS will deliver to achieve health equity, actively eliminate racial discrimination and institutional racism, and influence the social, cultural and economic determinants of health by working with Aboriginal and Torres Strait Islander organisations, health services, communities, consumers and Traditional Owners. A cornerstone of the First Nations Health Equity agenda is the legislative requirement passed by the Queensland Parliament for HHS to co-develop and co-implement Health Equity Strategies.

For the first time, a commitment to working in partnership with prescribed Aboriginal and Torres Strait Islander stakeholders is embedded in the legal framework guiding the public health system in Queensland, requiring HHS to:

- achieve health equity and improve Aboriginal and Torres Strait Islander outcomes,
- eliminate institutional racism and racial discrimination from the public health sector, and
- strengthen decision-making and power-sharing arrangements with Aboriginal and Torres Strait Islander peoples.

At the national level, the 2020 *National Agreement on Closing the Gap* commits both the Australian Government and the Queensland Government to close the gap in Aboriginal and Torres Strait Islander disadvantage by 2031. Under the agreement all governments committed to:

- shared decision-making to accelerate progress on closing the gap through formal partnership arrangements.
- building Aboriginal Community Controlled Organisations to meet the needs of Aboriginal and Torres Strait Islander people.
- improving mainstream institutions that are culturally safe and responsive including through the services they fund.
- First Nations-led and locally-relevant data and information for priority setting, planning and monitoring efforts.

In November 2021, the HHS and Primary Health Networks (PHNs) of South East Queensland (SEQ), the Mater Misericordiae Ltd, Children's Health Queensland (CHQ) and the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs) that comprise the Institute for Urban Indigenous Health (IUIH) regional network committed to a SEQ approach to accelerating the First Nations Health Equity and Close the Gap agendas. Under the *South East Queensland First Nations Health Equity Strategy 2021-31* (SEQ FNHE Strategy), the partners are collaborating on a systems-focused and networked approach to achieving health equity in the SEQ region under the auspices of the SEQ First Nations Health Equity (FNHE) Governance Committee and its sub-committees and working groups.

The development of the SEQ First Nations Health Equity Workforce Strategy (the Workforce Strategy) is a deliverable under the SEQ FNHE Strategy: Key Result Area (KRA) 6 – A Strong and Capable Workforce. The SEQ FNHE Workforce Development Sub-Committee (Sub-Committee) has brought together leaders with diverse knowledge and expertise to provide strategic oversight of the development and implementation of the Workforce Strategy. While the Sub-Committee focuses on achieving KRA 6, a strengthened First Nations health workforce will enable progress on other interconnected KRAs in the SEQ FNHE Strategy. The Workforce Strategy is critically important to increase the First Nations workforce across the whole health sector in a climate of workforce shortages, increased service demand, rapid population growth and cost of living pressures.

The Workforce Strategy acknowledges that by strengthening supports, employment and education pathways at a systems-level, we also address the social determinants of health. The Workforce Strategy aims to build a workforce for current and future workforce requirements by strengthening the recruitment, retention, support, and development of Aboriginal and/or Torres Strait Islander people into health and related employment opportunities.

The Workforce Strategy is informed by robust consultation processes:

- SEQ FNHE Workforce Sub-Committee meetings,
- community voices and Yarn It Up community engagement methods,
- FNHE partner stakeholder feedback and input,
- facilitated workshops at the inaugural FNHE in Action Conference in November 2022, and
- facilitated workshops at the SEQ FNHE Workforce Symposium in March 2023.

Although First Nations health employment targets are in place, urgent action is needed to operationalise these and grow a health workforce that is capable to deliver culturally responsive care to Aboriginal and Torres Strait Islander people. In building this workforce, the health system will also contribute to meeting Closing the Gap education, training, and employment targets by 2031. It is critical we work together across Partner Organisations to meet First Nations Health Equity reform imperatives to build a strong and capable First Nations health workforce in SEQ.

Our collective regional context of low unemployment, exponential population growth, staff shortages and post-pandemic fatigue indicates that there has never been a more important time to plan and execute a First Nations health workforce Strategy in SEQ.

The SEQ FNHE Workforce Strategy asks all FNHE stakeholders across all levels of operations to be leaders of change, to build on the strengths of our organisations, leverage expertise and capability, and identify opportunities for sharing people, processes, and systems. The Workforce Strategy reflects the intent of the SEQ FNHE Strategy which sets-out our collective commitment and agreed principles to system reform and accelerated action.

The SEQ FNHE Workforce Strategy will be reviewed and updated every three years to ensure the actions are current and reflect emerging community needs and priorities.



### 3. Introduction

#### Shared Objectives of this Strategy

The delivery of culturally safe care is dependent on valuing, investing in and growing a strong and capable SEQ First Nations health workforce that is culturally and clinically responsive.

The SEQ FNHE Workforce Strategy guides the implementation of actions to address the commitments under Key Result Area Six: A Strong Capable Workforce. The SEQ FNHE Workforce Strategy outlines reforms which also pave the way to influence and impact on our ability to achieve the other aspects of the broader SEQ FNHE Strategy.<sup>1</sup>

The Workforce Strategy activities will directly contribute to improving the following Closing the Gap health and socio-economic outcomes:

- Everyone enjoys long and healthy lives.
- Students achieve their full learning potential.
- Students reach their full potential through further education pathways.
- Youth are engaged in employment or education.
- Strong economic participation and development of people and their communities.
- People enjoy high levels of social and emotional wellbeing.
- People have access to information and services enabling participation in informed decision-making regarding their own lives.



1. SEQ First Nations Health Equity Strategy: A regional and systems focused approach to Closing the Gap by 2031.

Available here: <https://www.iuih.org.au/strategic-documents/corporate-documents/south-east-queensland-first-nations-health-equity-strategy/>

### First Nations Workforce Pipeline

The SEQ FNHE Workforce Sub-Committee has agreed upon a Coordinated Training and Employment 'Pipeline' model (the Pipeline). It represents a fit-for-purpose, flexible and comprehensive wrap-around support and mentoring approach to facilitate Indigenous jobseekers, trainees and their families throughout the training and employment pathway. The Pipeline is a best practice model and a critical driver behind the proposed SEQ FNHE Workforce Strategy. It re-aligns the system and available supports to better enable Aboriginal and/or Torres Strait Islander people to find, enter and progress their career in health while also overcoming individual and systemic barriers to Indigenous employment.

An ongoing collective commitment to the Pipeline by all SEQ FNHE Partner Organisations and collaborators will enable increased access to culturally responsive healthcare services and strengthen recruitment, retention and on-the-job support planning, allowing the FNHE shared vision of strengthening a culturally responsive workforce system-wide (see Figure 1).

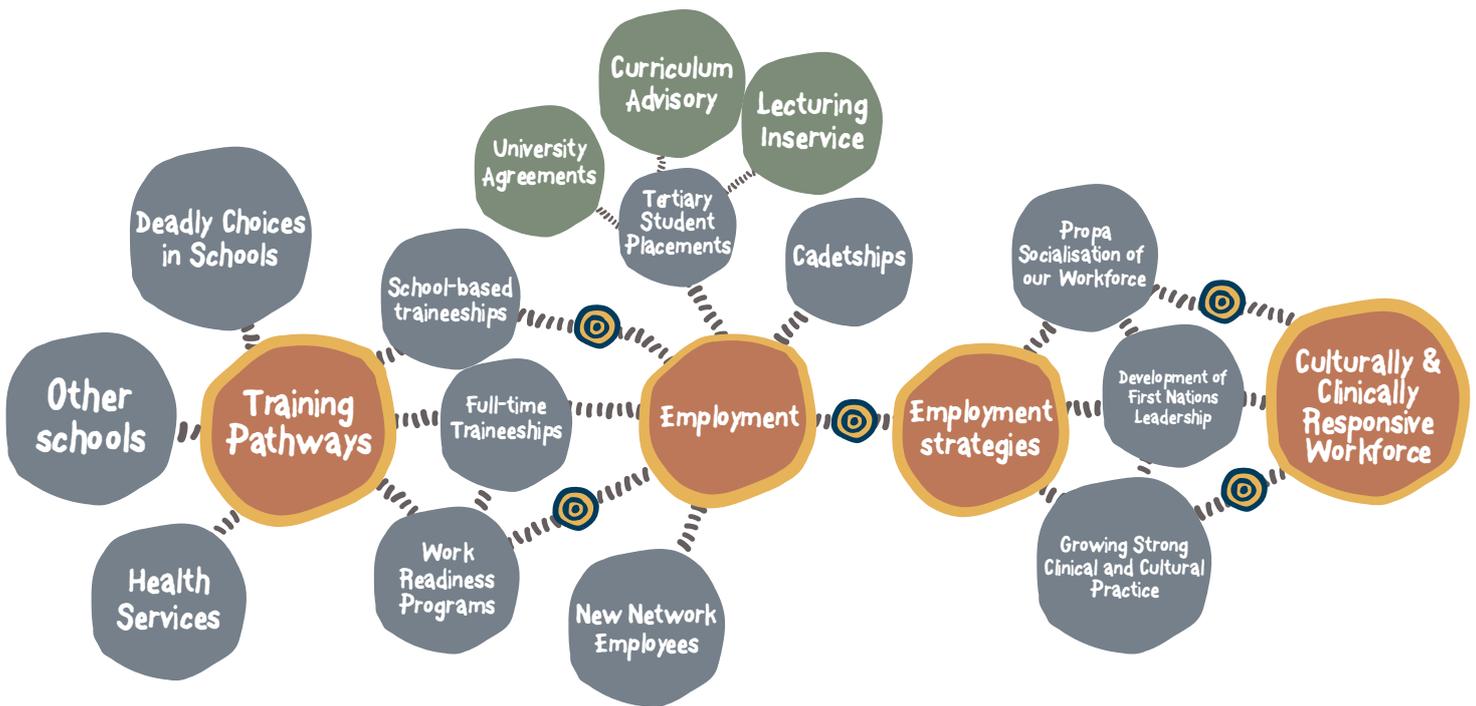


Figure 1: Coordinated Training and Employment Pipeline Model<sup>2</sup>

2. IUIH copyright 2023

## Shared Principles and Values

To achieve First Nations health equity in SEQ by 2031, we commit to an urgent and rapid acceleration of action, that:

- Takes a whole of health system approach that effectively harnesses the respective strengths of HHSs, PHNs and ACCHOs, where we work together to:
  - Deliver safe, accessible, and sustainable health services for Aboriginal and Torres Strait Islander people
  - Identify and co-design Aboriginal and Torres Strait Islander health service priorities to be addressed over the next ten years
  - Co-design and jointly implement a collective and systematic approach to engaging Aboriginal and Torres Strait Islander people into training and employment pathways across South East Queensland
  - Reorient local health systems to maximise available resources, identify and fill service gaps, and minimise duplication
  - Develop a set of performance measures and a monitoring framework to guide efforts to achieve equity of outcomes in South East Queensland by 2031
  - Strengthen the service interface and collaboration between Hospital and Health Services, Primary Health Networks and Community Controlled Health Services
  - Undertake joint health service planning, including consideration of system pressures that could be alleviated by utilising the capability of the Community Controlled Health Services Sector and identifying areas that could be transitioned to community controlled organisations.

The SEQ FNHE Workforce Strategy provides a clear roadmap to collectively developing opportunities for integrated, whole-of-system and one-stop-shop approaches to training and employment. Recognising the imperative to do things differently, the Strategy commits SEQ FNHE Partner Organisations to:

- Facilitate First Nations leadership development at all levels of employment
- Engage with tenacity to overcome barriers
- Endorse and operationalise the training and employment pipeline
- Develop an integrated whole-of-sector approach.

## Governance

The SEQ FNHE Workforce Sub-Committee has carriage of this SEQ FNHE Workforce Strategy under the auspices of the SEQ FNHE Governance Committee and the overarching SEQ FNHE Strategy.

## Review

The SEQ First Nations Health Equity Workforce strategy will be reviewed every three years, with the first review in 2025 and subsequent review in 2028.

## 4. Policy landscape

The SEQ FNHE Workforce Strategy is informed by the relevant workforce strategies and frameworks at the national and state level (see below). There is evidence of growing momentum and acknowledgement across all levels of Commonwealth and State government departments, including in both the health and employment, education and training portfolios, of the critical workforce shortages in the health and community services sector locally and globally.

The Strategy is aligned with state and national policy imperatives to increase education and employment outcomes for Aboriginal and Torres Strait Islander people. Intrinsic to the intent of this workforce strategy is the fundamental recognition that self-determination is the key to addressing the needs of Aboriginal and Torres Strait Islander people and that programs need to be designed and delivered from Aboriginal terms of reference, including accountability to our communities.



These policy documents outline shared principles in achieving outcomes including:

- shared decision-making to accelerate policy and place-based progress through formal and ongoing partnership arrangements,
- building the CCHS sector and delivery of high-quality services to meet the needs of Aboriginal and Torres Strait Islander people,
- improving mainstream institutions to be more culturally safe and responsive,
- development of First Nations-led and locally relevant data to inform priorities, and
- implement and monitor actions aimed to support the retention, career development and progression of current Aboriginal and Torres Strait Islander health workforces.

## 5.Data snapshot

The combined context of critical workforce shortages in the health and social services sectors with rapid population growth of Aboriginal and Torres Strait Islanders living in SEQ and escalating service demand are critical drivers for the SEQ FNHE Workforce Strategy.

At the time of publishing, the World Health Organisation projects that by 2030, there will be a shortfall of 10 million health workers globally.

The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2021- 2031* has set a target for Aboriginal and/or Torres Strait Islander people to represent **3.43% of the national health workforce by 2031** (parity with the proportion of the working-age population). However, in 2016, Aboriginal and/or Torres Strait Islander people represented only 1.8% of the national health workforce, despite being 3.1% of the working-age population.

In addition, Jobs Queensland predicts that by 2025, the healthcare and social assistance industry in SEQ will grow by 17%, requiring an additional 40,659 jobs.

Many of these jobs could be filled by trained Aboriginal and Torres Strait Islander people to grow a place-based Aboriginal and Torres Strait Islander health workforce. A key part of developing pathways is exposure to culturally safe, and real work experiences within a variety of job roles within the health and community sector, in conjunction with relational and supportive career guidance.

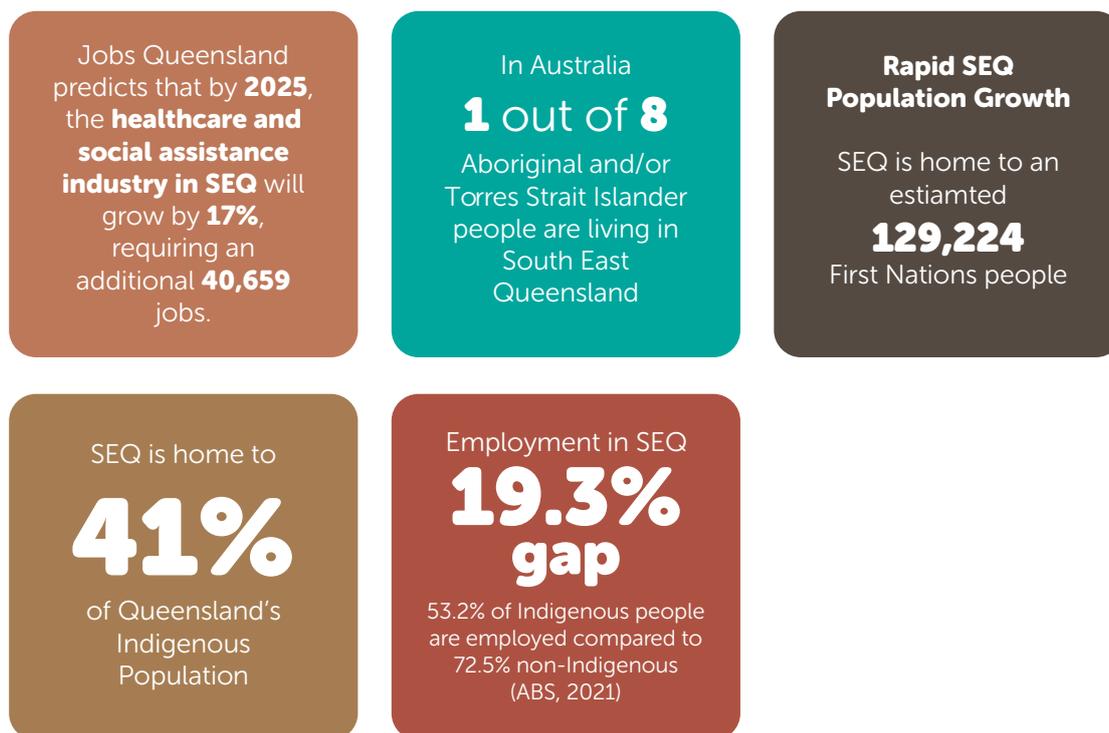
Our SEQ region represents one of the largest and fastest growing Aboriginal and Torres Strait Islander populations in Australia and is home to 41% of Queensland's and nearly 12% of Australia's Indigenous population. One (1) in eight (8) Aboriginal and Torres Strait Islander Australians live in SEQ, with an estimated population of 129,224 in 2023.<sup>3</sup>

The IUIH regional network provides care to around 40,000 regular Indigenous clients through 19 community-controlled clinics operated by IUIH Network Members in SEQ.



3. IUIH estimated population projections based on 2021 Census data for the IUIH catchment.

In Queensland, the gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians in terms of workforce engagement and education remains significant. At the same time, the health and social services industries face workforce shortages and increasing demand due to rapid population growth.



The National Agreement on Closing the Gap emphasises the importance of community-controlled organisations in achieving education, training, and employment targets for Aboriginal and Torres Strait Islander people. Despite improvements, the latest data shows that the Closing the Gap targets for vocational education and training are not on track to be met by 2031.

According to the latest Productivity Commission data<sup>4</sup>, the Closing the Gap targets relating to vocational education and training for Aboriginal and Torres Strait Islander people are improving but are not on track to be met by 2031:

- In 2021, only 58.1% of Aboriginal and Torres Strait Islander individuals aged 15-24 years in Queensland were fully engaged in employment, education, or training, while 77.9% of non-Indigenous young people were in the same category.
- Among Aboriginal and Torres Strait Islander young people aged 15-24 years in Queensland, approximately 3 times as many were not looking for work (unemployed, not in the labor force) compared to non-Indigenous young people of the same age (21.8% and 6.9%, respectively).
- For Indigenous adults aged 25-64 years in Queensland, the employment rate stood at 57.2%, in contrast to 78.5% for non-Indigenous individuals in the same age group.
- According to the 2021 Census, over 2,900 young Indigenous Australians aged 18-24 years were currently engaging in education through "other educational institutions," which includes vocational education and training.
- In Queensland, only 47.2% of Indigenous people aged 25 to 34 years have completed an AQF Certificate III level or above.

4. Australian Government, Productivity Commission. Closing the Gap Information Repository, Dashboard. Available here: <https://www.pc.gov.au/closing-the-gap-data/dashboard> (accessed 21/01/2024)

## Priority Reforms are fully implemented

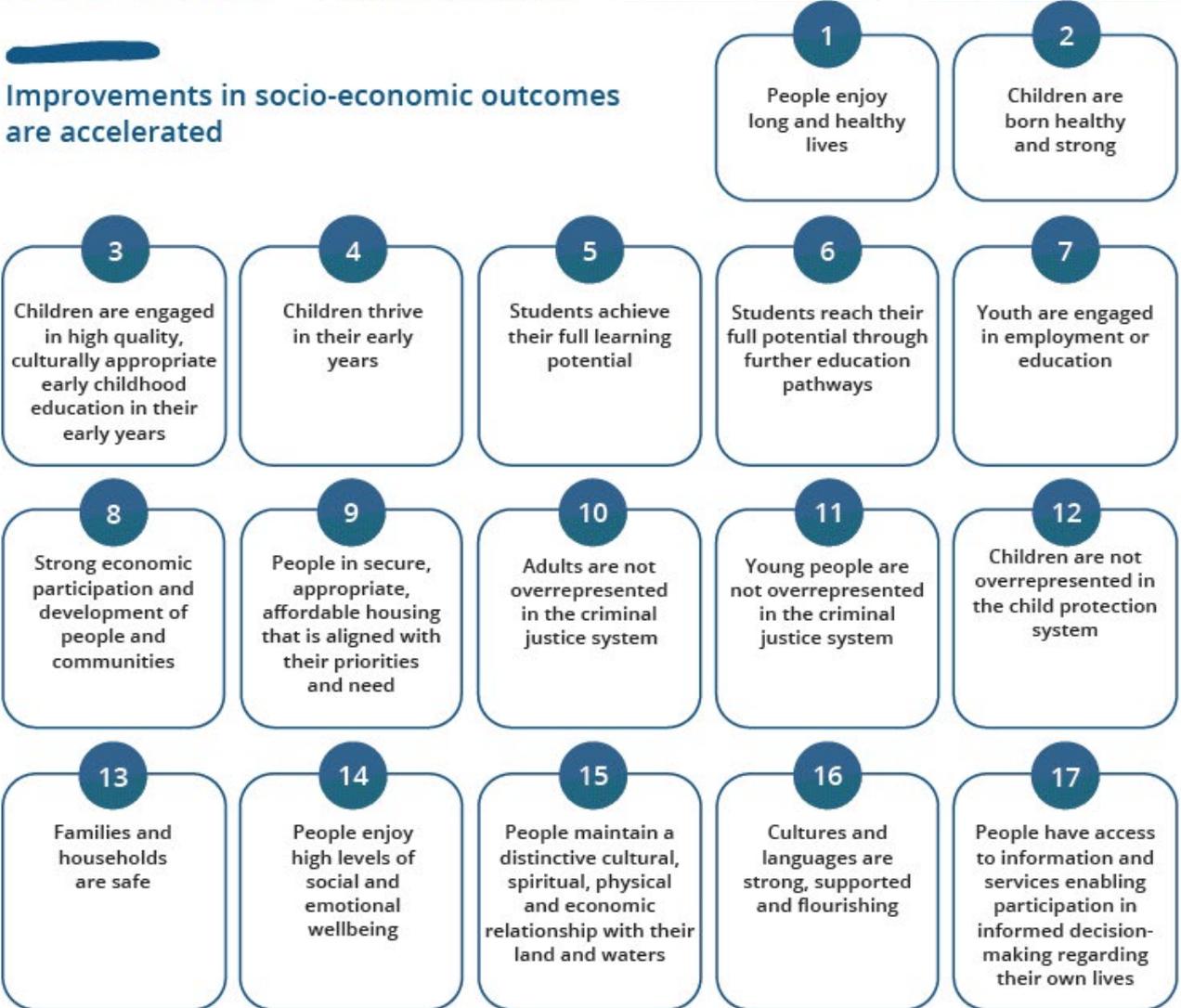
**Priority Reform 1**  
Formal partnerships and shared decision-making

**Priority Reform 2**  
Building the community-controlled sector

**Priority Reform 3**  
Transforming government organisations

**Priority Reform 4**  
Shared access to data and information at a regional level

## Improvements in socio-economic outcomes are accelerated



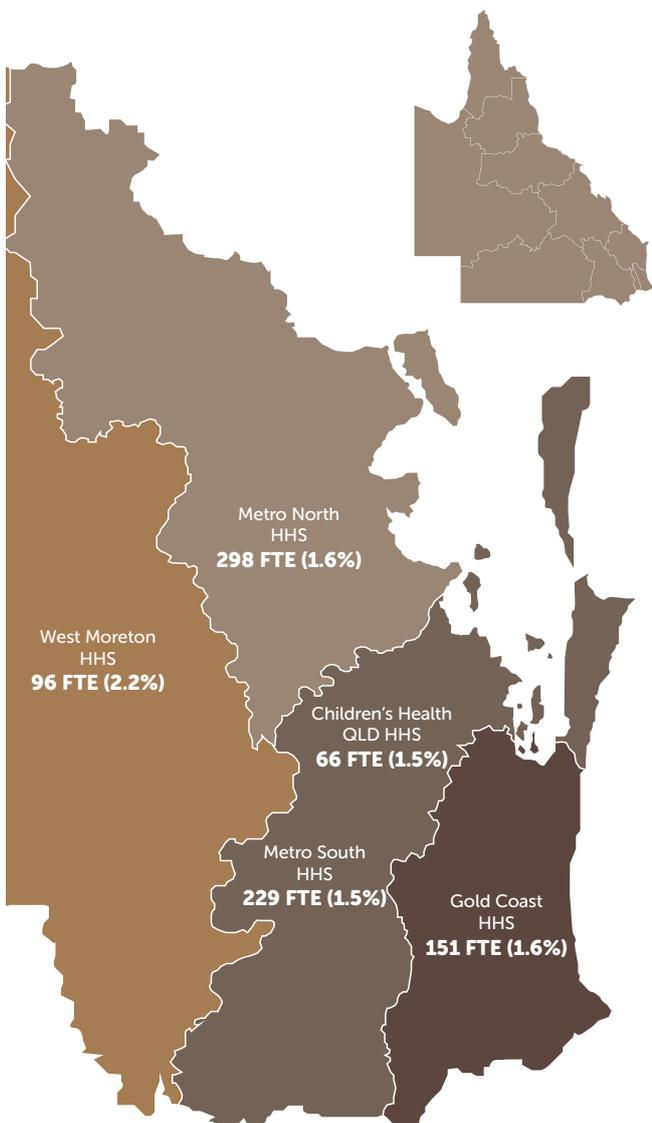
## Objective is achieved

To overcome the entrenched inequality faced by too many Aboriginal and Torres Strait Islander people so that their life outcomes are equal to all Australians

Queensland Health has identified a number of contextual workforce challenges:

1. **Under representation:** not enough Aboriginal and/or Torres Strait Islander peoples working across the health system and a lack of systematic approach to recruitment of Aboriginal and/or Torres Strait Islander people.
2. **Not working to full scope:** Aboriginal and Torres Strait Islander Health staff not always working to full scope of practice.
3. **No clear pathways:** Aboriginal and Torres Strait Islander Health staff don't have clear pathways into leadership positions.
4. **Lack of regional workforce planning:** limited regional health workforce planning undertaken between healthcare providers competing for small talent pool.
5. **Not achieving targets:** Queensland Health had a First Nations workforce target of 3% by 2022 (set in 2016). Despite First Nations people comprising 4.7% of Queensland's population, as at January 2023, only 2.37% of Queensland Health's workforce was First Nations. The highest proportion of First Nations workforce achieved by Queensland Health was 2.53% in 2005.
6. **Lack of investment** in growing the pipeline: Need to grow and invest in the workforce supply pipeline from training to employment so that there is not an untapped pool of qualified workers waiting for jobs.

See Queensland Health figures 1 & 2 below, which show the number and proportion of First Nations workers by HHS, and some of the actions that Queensland Health is undertaking to increase its First Nations workforce.



Queensland Health Figure 1

Examples of some of the ways we are responding

<p><b>Digital Passport</b></p> <hr/> <p>To improve staff mobility and reduce admin</p>	<p><b>School Based Trainees</b></p> <hr/> <p>Increase the pipeline of talent and nurture through to employment expanding deadly starts</p>
<p><b>New roles</b></p> <hr/> <p>Students in... Assistants in... Increase top of licence work</p>	<p><b>Partnerships</b></p> <hr/> <p>Increase the pipeline of university graduates Collaborate at scale with partners</p>
<p><b>Workforce Models</b></p> <hr/> <p>Creating models to build capacity</p>	<p><b>Community Carers</b></p> <hr/> <p>Developing and assisting the care community</p>

Queensland Health Figure 2

## Opportunities and Risks matrix

There is a risk that if we continue on the current trajectory, we will end up competing with one another, 'robbing Peter to pay Paul' with finite resources. We also risk disadvantaging the clients and communities we are trying to serve. This poses the real risk of fragmentation and duplication of efforts in the face of critical need. While the latest Productivity Commission data indicates that the Closing the Gap targets relating to vocational education and training for Aboriginal and Torres Strait Islander people are improving, they are still not on track to be met by 2031. Simultaneously, there is clear evidence of increasing demand in the sector for health professionals, who are culturally and clinically responsive.

### Opportunities

- Build community trust and respect in the workforce as part of building trust with community accessing services.
- Increase support for new health workforce graduates to be work ready. The more experience on the floor during studies will assist with translating cultural safety theory into practice.
- Harness the momentum around systems change and use methods and models to practice, test and evaluate what works to achieve our goals.
- Scale up and evaluate partnership models that include a shared workforce.
- Integrate principled community -led design solutions and community engagement methods.
- Overcome the barriers by investing in growing our trainees, which must include intensive case management and wrap around supports.
- Maximise existing pipelines and the expertise and cultural safety in different parts of the health sector. We need to continue to commit to and embed system wide collaboration and partnerships with existing programs to expand placement opportunities and job readiness for trainees.
- Promote training and employment pathways in schools.
- Maximise opportunities for community members returning to the workplace who may require upskilling and or supported education pathways.
- Learn from the ACCHO sector about how to recruit and retain Aboriginal and/ or Torres Strait Islander workforce – they have over 50% Aboriginal and/ or Torres Strait Islander workforce.

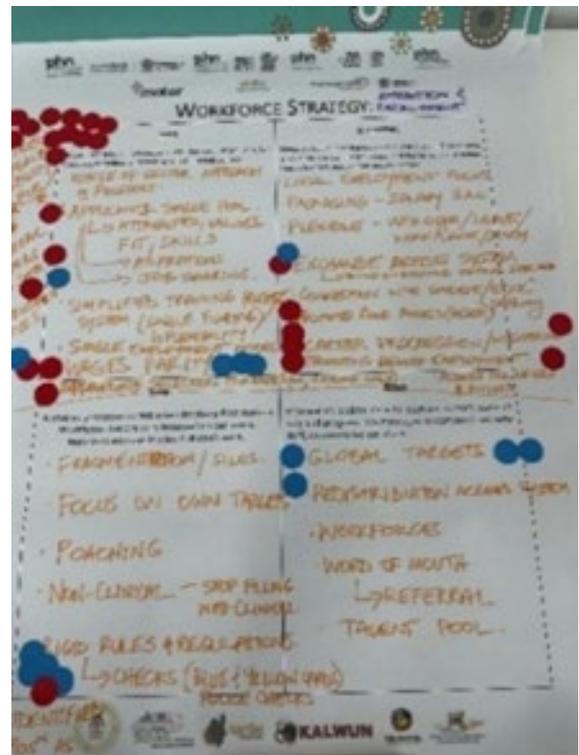
### Threats/Risks

- Barriers to accessing training and employment for Aboriginal and/ or Torres Strait Islander people can include available and affordable place-based housing, a driver's license and identification documentation, low-income levels to access training opportunities, and racism.
- Cultural fatigue of and for Aboriginal and/ or Torres Strait Islander healthcare sector workers.
- Competition for same resources if we work in isolation.
- Rapid Aboriginal and Torres Strait Islander population growth compromises health system capacity to address need.
- Silos disrupt continuity of care and regional cohesion.
- Individuals and systems impede meaningful service delivery partnerships.
- Bias towards funding whole of population programs challenges delivery of culturally responsive care.
- Funding and workforce are inadequate to meet community needs.
- Health system leaders are unable to harness reform aimed at closing the gap in key social determinant areas.
- 'Protecting your patch' mentalities that produce unconscious bias and can reinforce siloed ways of working.
- The change coming from the top without harnessing middle management engagement within HHSs.
- Dispersed responsibility and accountability (QH, HHSs, DESBT, NIAA) and a lack of coordination and integration of Aboriginal and Torres Strait Islander led approaches, resulting in a failure to capitalise on the opportunities and expertise across the sector.
- Salary Parity.
- Continuing to do things separately., like:
  - Traineeships
  - Student Placements/ Work Integrated Learning
  - Cadetships
  - Medical Education
  - Leadership Development
  - Direct Employment
  - Attempts at developing a culturally responsive workforce.

Figure 2: Opportunities and Risk Matrix developed at the SEQ FNHE Workforce Symposium, March 2023.

## 6. First Nations Health Equity Key Result and Priority Areas

- KRA1: Cultural Safety - Actively eliminating racial discrimination and institutional racism within services.
- KRA2: Access - Increasing access to healthcare services.
- KRA3: Determinants - Influencing the social, cultural, and economic determinants of health.
- KRA4: Delivering Quality Healthcare - Delivering sustainable, culturally safe, and responsive healthcare services.
- KRA5: Service Delivery Partnerships - Working with First Nations people, communities, and organisations to design, deliver, monitor, and review health services.
- KRA6: A Strong Capable Workforce - Strengthening the First Nations Health workforce.



## 7. SEQ FNHE Workforce Strategy

This strategy acknowledges the overall vision of the SEQ FNHE strategy and the interconnected relationships across the sector/ system and therefore across all SEQ FNHE Key Result Areas. The focus of this plan is on KRA 6: A Strong Capable Workforce - Strengthening the First Nations Health workforce.

<b>Strategy 1:</b> Jointly develop a SEQ regional health workforce strategy that incorporates culturally appropriate governance			
Action	Timeframe	Measures of success	Accountability/Lead
1.1 Co-design a workforce strategy with SEQ FNHE partners	July 2023	Strategy co-designed and finalised	Sub- committee
1.2 Establish data sets which capture Aboriginal and Torres Strait Islander workforce / workforce culture.	July 2024	Data set established and reported annually including: <ul style="list-style-type: none"> <li>• Number and proportion of the workforce that identifies as Aboriginal and/or Torres Strait Islander people</li> <li>• Proportion of Aboriginal and/or Torres Strait Islander people at: entry level, professional level, middle management, senior management and executive levels of each organisation</li> </ul>	Sub-committee
1.3 Develop a submission to the Commonwealth and State governments regarding wage parity across ACCHOs and Queensland Health	July 2024	Submission completed	Sub-committee

**Strategy 2:**

Develop a culturally appropriate regional workforce training and employment pipeline for First Nations people, to 'grow our own' workforce of First Nations people with health and social service qualifications and skills, to strengthen health system responsiveness and improve employment outcomes for First Nations people

Action	Timeframe	Measures of success	Accountability/Lead
2.1 Establish a regional approach to traineeship pathways	June 2024 June 2024	Regional approach articulated, documented and endorsed  POWA and Deadly Start participant numbers / completion numbers/	Working group comprising POWA and Deadly Start
2.2 Explore and progress the feasibility of a coordinated approach to Program awareness strategies (school and community engagement) and an accessible and coordinated joint intake process between POWA (IUIH), Deadly Start (MNHHS), and other Partners.	July 2024  October 2024	Joint intake process designed and implemented  Report on outcomes from joint intake reported to subcommittee	POWA and Deadly Start
2.3 Establish transition pathways into employment and further study for school-based trainees	Annually commencing December 2024	Report on outcomes into employment/study for participants	POWA and Deadly Start
2.4 Establish a community-controlled Registered Training Organisation (RTO)	July 2024	RTO established and operational	IUIH with QH support
2.5 Increase Aboriginal and Torres Strait Islander people gaining VET sector health qualifications	Annual report commencing July 2025	Number and qualifications of RTO completions	IUIH Mater Education QAS

**Strategy 3:**

Develop strategies to recruit, retain, and provide career progression for, First Nations people at all HHS workforce levels

Action	Timeframe	Measures of success	Accountability/Lead
3.1 Create opportunities for secondment of emerging Aboriginal and Torres Strait Islander leaders into leadership positions	June 2024 July 2024	Opportunities created and documented  Evidence of shadowing, mentoring, leadership roles reported annually	Sub-committee
3.2 FNHE partners develop a cross-sector approach to leadership program development- leadership and professional development.  3.3 Scope what programs can be shared. Establish infrastructure for enabling access to leadership programs and opportunities/exchanges.  3.4 Investigate learning platforms	July 2024  December 2024	Opportunities created and documented.  Number of participants in leadership offerings by type, role, organisation	Sub-committee
3.5 Address barriers to shared workforce, including: <ul style="list-style-type: none"> <li>Implement cross-employment partnerships across the system e.g. rotational internships or traineeships, secondment arrangements.</li> <li>Develop program logic and evaluation framework to measure the success of coordinated models and pilots.</li> <li>Capture learning / evaluate existing collaborative service delivery models / methods that rely on staffing partnerships or shared workforce arrangements (Identify key stakeholders, project methodology / large scale, duplicate / grow and improve).</li> </ul>	July 2025	Number of new and innovative partnership programs developed and evaluated for and by community for impact	Sub-committee
3.6 Identify partnerships and promote – tool kits for partnerships	July 2025		
3.7 Provide whole of sector cadetship support and coordination	June 2024 and annually	Joint cadetship pathway established  Number of cadets by organisation and degree	IUIH and QH
3.8 Expand existing talent pool portal to enable access to all FNHE partners	July 2024	All FNHE partner organisations can access portal and community benefits from opportunities identified across whole system that match aspirations / meet Workforce staffing need	CHQ
3.9 Use and expand existing career promotion campaigns and health role models (Indigenous GPs, RNs, AHWs, etc)	July 2024	Number of campaigns/initiatives implemented across schools reported annually. Number of roles filled through the Talent Pool reported annually	Subcommittee with input from Check-Up

**Strategy 4:**

Develop a culturally and clinically responsive First Nations Health workforce

Action	Timeframe	Measures of success	Accountability/Lead
4.1 Explore ICT mechanisms to facilitate cross-sector communication about professional development opportunities. E.g. IUIH Network could access clinical specialist clinical training. HHSs could access IUIH Network training on Cultural Integrity or trauma informed practice	July 2025	Visibility of training and position descriptions across system  Training calendars shared  Attendance rates across sector	Working group to report up to Sub - committee
4.2 Create infrastructure for Graduate exchanges/rotational opportunities: <ul style="list-style-type: none"> <li>• Junior Residency Community Placements</li> <li>• Nursing graduate rotations</li> </ul>	July 2025	Rotations established.	FNHE partners
4.3 Map and share position descriptions, opportunities and knowledge/skills	June 2024	Number of rotations completed by profession and Indigeneity	FNHE partners
4.4 IUIH to lead the development of a regional anti-racism campaign	June 2024	Evidence of HHSs having cultural safety programs and practices in place that were co-designed with Aboriginal and/or Torres Strait Islander people and aimed to reduce institutional biases and racism and promote inclusivity and equity  Evidence of HHSs having cultural safety programs and practices in place that were co-designed with Aboriginal and/or Torres Strait Islander people and aimed to reduce institutional biases and racism and promote inclusivity and equity	IUIH
4.5 HHSs to implement a regional anti-racism campaign.	June 2024		HHS

## 8. Performance Measures

### Strategies to track performance:

1. The SEQ FNHE Workforce Strategy will be subject to triennial reviews and incorporated into the annual reporting structures of key partners;
2. Findings will be reported to the SEQ FNHE Governance Committee and the Boards of SEQ FNHE partners and the FNHE In Action conference;
3. A scorecard summary will be developed and communicated to staff and communities annually and included in the partners' annual reports
4. Good Practice Workforce Case Studies and Stories will be included to illustrate ways in which these initiatives have impacted people across SEQ.

SEQ FNHE Performance Measures (Process and social determinants)
<b>Workforce</b> Number and proportion of the workforce that identifies as Aboriginal and/or Torres Strait Islander.
<b>Cultural Safety</b> <ul style="list-style-type: none"><li>• Evidence of culturally capable practice embedded into models of care that are co-designed with Aboriginal and/or Torres Strait Islander people</li><li>• Evidence of HHSs having cultural safety programs and practices in place that were co-designed with Aboriginal and/or Torres Strait Islander people and aimed to reduce institutional biases and racism and promote inclusivity and equity</li></ul>
<b>Education, Training and Employment</b> The Workforce Strategy aims to positively impact the National CTG Agreement Education, Training and Employment measures noting that, while they are largely outside the influence and direct accountabilities of the health sector, they impact significantly on health outcomes. <ul style="list-style-type: none"><li>• Participation and completion rates in Pathways our Way Academy (POWA)/ Deadly Start</li></ul>

