

BRIEFING PAPER: Increased Aboriginal Workforce in Cancer Services

Cancer Council NSW acknowledges the traditional custodians, both past and present, of the lands on which we live and work. The Aboriginal population, both Aboriginal and Torres Strait Islander People, are referred to in this document as 'Aboriginal' in recognition of the fact that Aboriginal people are the original inhabitants of NSW.

Goal

When Aboriginal people go to a cancer service in NSW they have access to Aboriginal staff for clinical care, and support, if they choose.

Problem

Aboriginal people are more likely to have their cancer diagnosed later, receive less active treatment and have poorer long term outcomes compared to non-Aboriginal people.^{1;2;3;4} In NSW Aboriginal people may be reluctant to access a cancer service, and complete their treatment, because of a lack of cultural safety, inadequate support and an unwelcoming environment.⁵

As with other parts of the public service, Aboriginal people are not represented proportionally in all classifications and salary bands across the NSW Health workforce, with the majority of Aboriginal people still employed at lower levels of the structure.⁶ As there is no information publicly available about the number, classification or location of Aboriginal staff working in NSW cancer services it is unclear whether the overall picture of the Aboriginal workforce in NSW Health is reflected in cancer services.

Aboriginal Health Workers who are already employed within NSW Health say they need to overcome significant problems such as a lack of recognition and support, a lack of career development opportunities and competing demands.⁷ This indicates that there may be problems with systems related to recruitment and retention, cultural safety and career development of Aboriginal health staff within NSW Health.

Policy context

Australia-wide, the *National Aboriginal and Torres Strait Islander Cancer Framework 2015* aims to ensure culturally appropriate treatment, services, and supportive and palliative care. It recommends that Aboriginal and Torres Strait Islander people have more opportunities to work in cancer-related services and more opportunities for professional development.⁸

In NSW, the *NSW Public Sector Aboriginal Employment Strategy 2014-2017* includes a target of 1.8% Aboriginal staff in each classification and salary band by 2021.⁶

The *NSW Aboriginal Health Plan 2013-2023* highlights the importance of having Aboriginal people working in NSW Health.⁹ *'Good Health – Great Jobs' NSW Health Aboriginal Workforce Strategic Framework 2016-2020* includes targets to increase the Aboriginal workforce across all roles (clinical and non-clinical), and at all levels including management and executive level. These targets are in line with the NSW Public Sector Aboriginal Strategy described above. Local health districts are required to

report against these targets. With the aim of growing the Aboriginal workforce the framework includes an action about recruiting more Aboriginal people in identified and targeted positions in specific health services identified as being of critical importance in “Closing the Gap” in health outcomes (e.g. cancer). However, there are no specific workforce targets set for cancer services in the framework.¹⁰

NSW Health has policies to provide career development support to Aboriginal employees, for example, the Aboriginal Medical Workforce Pathway and the NSW Aboriginal Nursing and Midwifery cadetship program.^{11:12} Aboriginal staff who are eligible for a scholarship under the Commonwealth Government’s Breadwinners’ Programme can also receive further support from NSW Health to do undergraduate studies that are relevant to the work of NSW Health.¹³

Solution

Strengthening the Aboriginal health workforce across all health professions is critical to improving services and closing the gap in health outcomes between Aboriginal and non-Aboriginal people. Culturally safe services and a culturally competent workforce that is able to address the needs of Aboriginal people are core requirements for improving cancer outcomes.⁸ Consultations undertaken with Aboriginal cancer patients and their families in NSW have emphasised that this is more likely when trustful relationships are created with Aboriginal health staff.¹⁴

Cancer control includes cancer prevention, screening and early detection, diagnosis and treatment, palliative care and survivorship. Aboriginal health staff are needed across this whole continuum. Most cancer treatments are provided in hospital-based cancer services where Aboriginal staff are needed to provide clinical care, supportive care and liaison to Aboriginal cancer patients and their families. Multidisciplinary teams, that include cultural as well as clinical expertise, support quality cancer care for Aboriginal patients, particularly in rural and remote areas.⁸ Aboriginal staff may be in the team as a: surgeon, medical oncologist, radiation oncologist, radiologist, pathologist, cancer care coordinator, oncology nurse, social worker or Aboriginal Health Worker (AHW).*

One way to increase the Aboriginal health workforce in cancer services is to develop specific targets for the employment of Aboriginal people in cancer services and to improve recruitment, retention and career development processes. Increasing the cultural competency of the non-Aboriginal workforce to create a culturally safe workplace is also essential. A partnership approach with Aboriginal elders and community members, Aboriginal Community Controlled Health Services and other stakeholders will be essential in planning, implementing and evaluating strategies to ensure that the process is holistic and guided by the principles of self-determination, equal partnership and mutual respect.

Actions

Cancer Council NSW recommends that the NSW Government increase the Aboriginal health workforce in cancer services, to match Aboriginal community cancer needs, by:

- Mapping the Aboriginal health workforce in NSW cancer services by occupation, salary level, location and classification, to establish a baseline
- Setting targets for the employment of Aboriginal people in cancer services.
- Ensuring that recruitment, retention and career development strategies are developed in a partnership approach and that cultural safety is ensured for Aboriginal staff.

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* AHW roles in NSW Health come under five categories including: Aboriginal Community Health Worker; Aboriginal Hospital Liaison Officer; Principal Aboriginal Health Worker; Senior Aboriginal Health Worker and Aboriginal Health Practitioner. They provide community liaison and engagement, advocacy, health promotion and education, culturally safe services, cultural education and brokerage, community development, and disease prevention.¹⁰

References

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