

CASE STUDY

Stan Grant Indigenous Employment 2018 Award

WINNER: Danila Dilba Health Service

Indigenous Employment and Career Pathways

Origins and principles

Danila Dilba Health Service (DDHS) in the Northern Territory is an Aboriginal community controlled health organisation (ACCHO).

In recent years, DDHS has undergone a period of significant growth and service expansion, and now operates seven clinics that serve the primary health care needs of some 70% of the Aboriginal and Torres Strait Islander community in the Greater Darwin region. DDHS delivers culturally appropriate comprehensive primary health care, including care coordination for many clients with highly complex health care needs. The organisation's vision is that Aboriginal and Torres Strait Islander peoples' health, well-being and quality of life will equal that of non-Indigenous Australians.

As a community based and controlled organisation, there are member and community expectations that to the greatest extent possible, all roles should be filled by Indigenous staff. DDHS aims to maximise employment and retention of a strong Aboriginal and Torres Strait Islander workforce and build a strong learning culture that promotes professional development for all staff.

DDHS's commitment to recruit, develop and retain Aboriginal staff was identified as a priority in the DDHS Strategic Plan 2014-2016 and five year Strategic Plan 2017-2022. In 2017, DDHS formulated an Indigenous Employment and Career Pathways Plan as part of its HR Strategy.

DDHS has faced a number of challenges in attracting and retaining Aboriginal staff, including:

- the need to maintain high quality clinical services that are both culturally appropriate and ensure continuity of care to clients,
- maintaining the proportion of Indigenous staff in the overall staff population,
- the need to build the Aboriginal work force across the whole of service and to recruit Aboriginal staff across all levels at DDHS,
- limited availability of local experienced Indigenous candidates to fill positions at DDHS,
- reliance on temporary clinical staff with consequent impacts on health services, including continuity of care to clients,
- a need to build a high performance culture to address internal staffing issues such as absenteeism and staff turnover,
- a requirement to build and develop an internal talent pool for leadership and management roles,
- the need to retain leaders and succession candidates long enough to ensure that key positions will be successfully filled according to plan,
- cultural awareness training requirement for all staff to understand Indigenous cultures and provide culturally appropriate service, and
- a shortage of Aboriginal clinical staff to provide culturally appropriate service and especially to fulfil the 'Aboriginal Health Practitioner (AHP) first' policy, where clients see an AHP before they see a General Practitioner at DDHS clinics.



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Implementation

The DDHS HR Strategy is committed to recruiting, training and developing the skills and capabilities of Indigenous personnel across all levels and work units of the organisation, including leadership and management roles. This initiative is to ensure that DDHS continues to operate on a stable, sustainable basis. The DDHS Strategic Plan 2017-2022 establishes Priority 2 as building organisational capacity and strength, and in line with this and with DDHS's Indigenous Employment and Career Pathways Strategy, DDHS introduced a new HR Strategy in 2017 based on three key elements – Talent Management, Engagement, and Learning and Development. Within these three elements, a number of diverse initiatives were rolled out across 2017 and 2018.

To meet the shortage of Aboriginal and Torres Strait Islander Primary Health Care Practitioners (AHPs), in November 2017, DDHS created four AHP traineeships. These are paid full time positions which require trainees to complete HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice at Batchelor Institute (RTO 0383) and whilst not in training blocks, undertake on the job training in the clinic to consolidate knowledge, skills and attitudes developed for the health sector.

In December 2017, DDHS created five full time Safety and Community Liaison Officer positions. These roles were initiated to create a friendlier interface for clients and provide assistance to clinic administration staff in the front office, as well as occasional assistance with transport. These replaced the previous third party security contract and created employment and training opportunities for local Indigenous people. The position requires training in CPP20212 - Certificate II in Security Operations which is provided by Eagle Training Services NT (RTO 70049).

To improve career pathways, DDHS developed a formal mentoring program for Indigenous staff members in partnership with PwC Indigenous Consulting, funded by an "Employer of Choice Grant" from NT Government. This pilot project aimed to establish an Aboriginal and Torres Strait Islander Mentoring Service in the Northern Territory.

Following the insights gained from staff surveys, DDHS established a partnership with recruitment consulting firm Employment Office, to work towards creating a strong employer brand. The purpose was to create an employee value proposition (EVP) framework to strengthen the employer brand and align DDHS's recruitment marketing strategy to attract quality candidates. DDHS also promoted managerial /research positions internally as part of Indigenous staff career development, advertising Team Leader/Managerial positions internally first to promote career pathways for DDHS staff. DDHS also partnered with the Northern Territory Department of Education to offer student placements for Indigenous students.

DDHS introduced a Staff Development, Education and Learning Policy in 2017. This outlines a '70:20:10' ratio for training and professional development. That is, 70% of professional development is learning on the job in the employment role, 20% occurs through interaction with colleagues and other members of DDHS staff in group training sessions, team meetings and debriefs, and 10% is allocated to off the job training, including internal courses or external training and education. This policy also outlines the framework for the organisational training calendar, including in-service training for clinic and services staff, providing for five hours of training or professional development within work hours every month for each full-time employee. DDHS contracted Aboriginal Medical Service Education 24/7 (AMSED) to provide E-learning continuing professional development. AMSED provides opportunities for 70 DDHS health professional staff to engage at opportunistic times, to develop further skills and knowledge within a culturally appropriate source.



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In recognition of DDHS's cultural obligations to its staff, new provisions were introduced in the enterprise agreement for 2015-18, including family violence and work leave, ceremonial leave, religious/cultural leave and a post graduate qualification allowance.

Cultural awareness training became part of the onboarding process and was made mandatory for all new DDHS staff. It includes a full day cultural awareness workshop run by Northern Territory General Practice Education. DDHS commenced development of a cultural competency framework in 2018 and is further developing cultural competency levels that recognise the cultural skills of Indigenous staff while further developing content for future delivery of in house cultural training.

The DDHS leadership framework outlines the behaviours required of team members at every level, from Chief Executive to drivers. The framework is comprised of five levels, based on five capabilities. It provides a common language to support consistent whole-of-organisation leadership development to ensure the capabilities and behaviours needed to meet future challenges.

Benefits and Outcomes

The Indigenous Employment and Career Pathways strategy has achieved a number of key outcomes for DDHS. As of 2018 all Clinic Managers and Clinical General Managers are Indigenous, as are all staff employed in the Australian Nurse Family Partnership Program (ANFPP) – the only all-Aboriginal ANFPP team nationally. As a result of the Staff Survey Action Plan 2016 and staff consultation through focus groups, the 2017 annual staff survey reflected high staff satisfaction and engagement. The survey achieved a staff response rate of 94%, with 90% of DDHS staff positively engaged. Staff turnover has reduced from 36% in 2015-16 to 22% in 2016-17 and absenteeism has also been reduced, with the average absence rate per employee (sick leave or unexplained absence) at -3.47.

Following a revamp of the DDHS website, including Indigenous staff profiles and video stories, and an enhanced social media platform, DDHS received 437 applications for 41 positions advertised externally. Seven former staff members returned to DDHS in 2016-17. Three AHP trainees completed their training in 2017 to become fully qualified Aboriginal Health Practitioners. DDHS successfully recruited four AHP trainees and four Indigenous staff as Safety and Liaison Officers in 2018. Three Safety Officers were supported to complete training in CPP20212 Certificate II in Security Operations. Five managerial positions were filled internally with Indigenous staff.

A number of learning and development goals were also achieved through the strategy. Corporate Governance training for managers commenced in 2017 and Clinical Governance training commenced in 2018. In 2018, seven frontline staff completed Medical Receptionist training, three Indigenous managers were completing the Diploma of Practice Management and two Indigenous employees were completing Certificate IV in Health Administration.

More broadly, 2016-2017 saw an increase of 20% in clients attending DDHS services. DDHS now publishes a quarterly community newsletter to share updates and positive stories to local Indigenous communities. A cost benefit analysis done by Deloitte Economics in 2016 found that each dollar invested in DDHS provides \$4.18 of benefits to society.

Summary

DDHS had been expanding its services in the greater Darwin region and was faced with the challenge of recruiting and retaining Indigenous staff. The key challenge was unavailability of experienced Aboriginal Health Practitioners (AHPs) and qualified Indigenous candidates to fill managerial, nursing, outreach and administration support positions. With the introduction of the Indigenous Employment and Career Pathways initiative, DDHS achieved 50% Indigenous employment by attracting and



