Implementing an Aboriginal cadetship program
A guide for public health services
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‘We acknowledge the Aboriginal and Torres Strait Islander people as traditional custodians of the land and pay our respect to Elders both past and present.’

About the cover artwork
The artwork on the front page was commissioned by Monash Health for the specific purpose of this guide.

The artist is Mandy Nicholson, an Indigenous artist. Born in 1975, Mandy was raised in Healesville and belongs to the Wurundjeri-willam (Wurundjeri-baluk patriline) clan of Melbourne and surrounds.

Mandy is a talented artist. Her style consists of traditional motifs of south-eastern Australia, blended with her own contemporary interpretation. The stories behind her designs all revolve around nature, animals, stories of her people, personal experience and family.

Mandy has undertaken work on several collaborative pieces and larger scale public artworks. These include the Manchester and Melbourne Commonwealth Games Opening and Closing Ceremonies respectively, Common Ground (Birrarung Man) and Kirip Wurrung Biik (Wyndham City Council) and In The Flow Community Mural (North Yarra Community Health Service).
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Throughout this document the term ‘Aboriginal’ is used to refer to both Aboriginal and Torres Strait Islander people.
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- the pilot Victorian Aboriginal Nursing and Midwifery Cadetship delivered during 2012–13 at St Vincent’s Hospital and the Royal Women’s Hospital
- the Aboriginal cadetship program established at Monash Health, delivered in 2013
- the Aboriginal Nursing, Midwifery and Allied Health Cadetship Program delivered during 2014–15 at Monash Health, St Vincent’s Hospital Melbourne, the Royal Women’s Hospital, Latrobe Regional Hospital, Bendigo Health and Echuca Regional Health.

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1. Introduction

1.1 Purpose of the document

This document has been developed by Monash Health in collaboration with St Vincent’s Hospital Melbourne, the Royal Women’s Hospital, Latrobe Regional Hospital, Bendigo Health and Echuca Regional Health and sponsored by the Department of Health & Human Services.

It provides a framework for public health services seeking to implement and deliver an effective Aboriginal cadetship program across nursing, midwifery and allied health workforces.

An Aboriginal cadetship program offers opportunities for health services to:

• increase Aboriginal employment
• develop a diverse cultural workforce
• become more culturally responsive
• improve their Aboriginal health status by providing stronger links to the Aboriginal community.

The guide draws on the experience of health services that have previously implemented Aboriginal cadetship programs within nursing, midwifery and allied health sectors, as well as a range of published materials from Australia, Canada and New Zealand. The guide outlines a proposed approach to implementing, delivering and evaluating a successful Aboriginal cadetship program.

1.2 Aboriginal cadets in health services

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. An Aboriginal cadet is able to work within a health service as part of the healthcare team, under the supervision of a health practitioner. An Aboriginal cadet is able to perform duties suitable to their position description during an eight to 12 weeks paid work placement. 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 supporting clinical procedures.

1.3 Policy context

The guide builds on both state and national policy regarding Aboriginal health and workforce planning.

The guide is supported by Koolin Balit: Victorian Government Aboriginal strategic directions for Aboriginal Health 2012–2022, with a specific aim to increase workforce access and participation for Aboriginal people. One of the key elements identified as essential to improving health outcomes for Aboriginal people is employment and access to quality culturally safe healthcare.


The Koolin Balit: Aboriginal health workforce plan 2014–17 was released in September 2014 and further identifies Victoria’s health workforce development priorities and the suite of initiatives that will ensure Aboriginal people have access to a range of career development and employment opportunities in health. Through this plan, Aboriginal people will have increased opportunities to enter or remain in the health workforce via a range of workforce development, recruitment and retention initiatives. Building on established partnerships with key stakeholders, including mainstream health service providers, Aboriginal community-controlled health organisations and tertiary
education providers, the plan seeks to continue to strategically increase opportunities for Aboriginal employment within the health sector. This includes providing training grants to increase the number of qualified Aboriginal health workers in Victoria and measures to: attract Aboriginal people into nursing, midwifery and allied health careers; support their career development; and retain them in the workplace.


The guide is further supported by Karreeta Yirramboi – Victorian Aboriginal public sector employment and career development action plan 2010–2015, which includes the goal to increase Aboriginal employment in the Victorian public sector workforce, including public hospitals.

For more information: <http://www.chpcp.org/resources/Karreeta%20Yirramboi.pdf>

The guide is also supported at the national policy level by the national COAG (Council of Australian Governments) integrated strategy for ‘closing the gap’ in Indigenous disadvantage. This further acknowledges the importance of Indigenous culture, engagement and positive relationships with Indigenous Australians in order to close the gap between Indigenous and non-Indigenous Australians. One of the targets described in this strategy is to halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade.


Cultural responsiveness is an important aspect in supporting all health services to increase the number of Aboriginal people working in the mainstream health workforce, as well as the capacity to meet the health needs of Aboriginal people in Victoria.

### 1.4 Benefits of an Aboriginal cadetship program

The benefits of an Aboriginal cadetship program are broad and varied. Participation in such a 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.

The benefits to the Aboriginal cadet undertaking a cadetship include:

- income while studying
- the opportunity to work in a chosen health service
- mentoring by Aboriginal and non-Aboriginal staff already working in the health service
- formation of professional networks
- personal and professional growth
- exposure to the work environment and workplace culture
- familiarisation with a potential future place of employment
- skill consolidation through practice.
The benefits to the health service in conducting an Aboriginal cadetship program include:

- supporting and enhancing the Aboriginal health workforce
- strengthening links to the Aboriginal community
- building a culturally rich workforce
- sharing cultural knowledge
- building an organisation that enables Aboriginal people to succeed and reach their full potential
- assisting health services to fulfil the commitments of their Aboriginal employment plans and reconciliation action plans.

The benefits to the Aboriginal community include:

- improved access to healthcare
- improved cultural safety in the healthcare environment
- better health outcomes.
2. Development of the guide

This guide has been developed based on a range of factors including Aboriginal cultural considerations, the reflections of Aboriginal students and consultation with key local and national stakeholders.

2.1 Literature review

A literature review was conducted to inform development of this guide. Its international focus included Canada and New Zealand because health workforce recruitment and retention strategies align closely with their Aboriginal populations. Literature from across Australia was also reviewed. The reviews highlighted the following factors when implementing an Aboriginal cadetship program:

- **cultural considerations** including
  - the impact of historical context
  - the educational attrition rates among Aboriginal populations
  - cultural perceptions across Aboriginal and non-Aboriginal communities
  - the benefits of delivering culturally appropriate programs

- **reflections of Aboriginal students** including
  - Aboriginal learning techniques including the eight Aboriginal ways of learning (Figure 1)
  - the value of connection to family and community
  - the importance of enabling access to Aboriginal role models and appropriate supervision.

Figure 1: The eight Aboriginal ways of learning

The literature refers to lower retention rates of Aboriginal students as being influenced by many of the factors referred to in Figure 1. It is necessary to be aware of these factors to ensure Aboriginal cadets are supported and encouraged within the organisation to work to their full capacity.

Historically and today, Aboriginal nurses work to overcome barriers in order to pursue their professional ambitions and to connect with their communities. Cultural safety and respect as standard practice must become commonplace so that issues such as racism and exclusion are no longer experienced (Milera 2013).
Aboriginal health practitioners have the ability to ensure health services are culturally safe and respectful of Aboriginal peoples’ needs. Building a well-educated Aboriginal health workforce is therefore imperative to addressing these needs and improving utilisation of services and Aboriginal wellbeing.

Aboriginal cadetship programs that include effective models of supervision as well as a flexible work–study balance for Aboriginal students while they complete an undergraduate qualification are encouraged.

By offering a customised cadetship, health services can support an Aboriginal student/employee who will ultimately meet the professional qualifications and skills to build and sustain a robust workforce.

2.2 Cultural consultation

To ensure the applicability of the guide across a wide range of locations, a series of stakeholder consultations occurred across Victoria and New South Wales during 2012–13.

Six health service providers that have delivered Aboriginal cadetship programs were consulted in Victoria including Monash Health, the Royal Women’s Hospital, St Vincent’s Hospital, Latrobe Regional Hospital, Bendigo Health, Echuca Regional Health and Ambulance Victoria.

Consultations also occurred with NSW Health and the Health Education Training Institute regarding Aboriginal cadetship programs in New South Wales.

Consultation has also occurred with local communities and relevant national key stakeholders including the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and Indigenous Allied Health Australia.
3. Health service preparation

The specific needs of Aboriginal cadets and the health service employer require consideration before an Aboriginal cadet is employed. In particular, it is useful to focus on ensuring the following factors are in place:

- executive support within the health service to deliver the Aboriginal cadetship program
- staff readiness to engage an Aboriginal cadet
- organisational capacity to engage/supervise the Aboriginal cadet accordingly
- evidence of cultural safety.

It is useful for health services to refer to their Aboriginal employment plan because this includes Aboriginal workforce development priorities established in response to Aboriginal staff. The Aboriginal employment plan supports 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.

Assessing the readiness of the health service to deliver the Aboriginal cadetship program, establishing links with Aboriginal community groups and organisations, developing a project plan, effective governance and a communication strategy are all important parts of ensuring a successful Aboriginal cadetship program.

3.1 Assessing readiness of the health service to deliver the Aboriginal cadetship program

The objectives of an assessment should include:

- determining areas within the health service where Aboriginal cadets could be located during their cadetship
- articulating the conditions required in each environment that ensure successful implementation of the Aboriginal cadetship program such as
  - existing staff profile
  - cultural safety training needs
  - identifying change champions
  - identifying appropriate clinical supervisors and Aboriginal mentors
- identifying areas that would not be considered safe environments for Aboriginal cadets (a risk assessment is beneficial to identify risks within the local health service environment).

Following the assessment, health services should be able to identify:

- a suitable supervisor
- where the Aboriginal cadets can be best placed
- cultural training needs required for existing staff before Aboriginal cadets begin work
- workforce issues to be addressed in moving towards implementation such as ward culture and skill mix, as well as the cadet’s employability skills and job readiness
- shared understanding of the role and tasks to be allocated to the Aboriginal cadet
- any risks associated with the cadet’s placement and management strategies for these.
3.2 Establishing links with Aboriginal community groups and organisations

It is important for both the cadet and the health service that links are made with the local Aboriginal community.

These links promote the Aboriginal cadetship program’s effectiveness in the community and strengthen ongoing relationships between the health service and its community.

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

3.3 Developing a project plan

In many Victorian health services, implementing an Aboriginal cadetship program is a new way of developing the Aboriginal workforce. The success of the program 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 cadetship program.

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

- 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 links to existing Aboriginal programs within the organisation to ensure cultural support for all involved.

3.4 Establishing effective program governance

Effective governance is an important part of ensuring the Aboriginal cadetship program is implemented successfully.

Program governance enables a link between the broader corporate and organisational context within the organisation and the project management activities of the Aboriginal cadetship program.

When establishing program governance the following considerations are important to consider:

- establishing a steering committee with membership that is inclusive of key stakeholders
- developing terms of reference that can include
  - a community consultation plan that enables input and engagement
  - engaging an Aboriginal health advisory committee or consumer-driven group
  - incorporating the health service’s Aboriginal employment plan and its links to the Aboriginal health workforce plan (Koolin Balit: Aboriginal health workforce plan 2014–17)
  - incorporating the local health service’s Aboriginal workforce strategy.
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.

The benefits of project governance include:

- ensuring strong links between the program and the health service's strategic priorities
- providing for clear ownership and leadership by senior management
- strengthening stakeholder engagement
- helping ensure adequate resources and skills are made available for project implementation.

3.5 Developing a communication strategy

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

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

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

- develop a communication strategy early in the project
- ensure culturally appropriate and therefore culturally safe language 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 steering committee
- hold weekly communication meetings with all relevant managers
- conduct regular meetings with all health service Aboriginal 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
  - ward-based meetings and staff forums
  - printed information sheets and newsletters
  - frequently asked question (FAQ) responses
  - intranet site (establish and maintain).
4. Preparing the workplace for Aboriginal cadets

4.1. Providing a culturally safe and respectful working environment

An Aboriginal cadet should feel welcome and culturally safe within their working environment at all times. Preparing the health service to welcome Aboriginal cadets is the first step in providing a culturally safe and respectful work environment.

Developing a quality relationship with a coordinator and mentor will contribute significantly to a successful outcome for the Aboriginal cadet. An Aboriginal cadet must feel comfortable in approaching and speaking with the coordinator/mentor about any issue. It is advisable that the coordinator/mentor has experience in working with Aboriginal communities, has attended cultural safety training and is actively working in a culturally safe manner.

4.2. Cultural safety training for staff working with cadets

Cultural safety training must be made available to staff working with Aboriginal cadets.


The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) provides cultural safety training modules available to individuals and groups.


The Koori Heritage Trust Inc. 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.

For further information: <http://www.kooriheritagetrust.com/cultural_education/building_aboriginal_cultural_competency>

4.3. Funding and financial assistance for health services and cadets

At the time of printing the document, funding and financial assistance is available for health services to conduct Aboriginal cadetships. This includes the Indigenous Cadetship Support program and ABSTUDY.

**Indigenous Cadetship Support program**

The Indigenous Cadetship Support program (ICS) is an Australian Government initiative that improves the professional employment prospects of Indigenous Australians. It links Indigenous tertiary students with employers in a cadetship arrangement involving full-time study and work placements. The ICS is part of the Australian Government’s Indigenous employment policy (IEP). The IEP aims to generate more employment opportunities for Indigenous Australians.
The ICS provides up to $7,050 per semester to employers to support cadets with a living allowance and study-related costs and to offset employer administration costs. Other forms of assistance, including travel assistance for cadets who are studying or undertaking their work placement away from home, are also available. Cadets are paid a wage by their employer during their work placement.

For further information: <www.ics.deewr.gov.au>

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.

5. Establishing workplace and supervision structures

In order to establish a framework for delegating tasks and activities and for providing effective supervision, there must be a shared understanding of the role the Aboriginal cadet plays within the team. A detailed position description incorporated within the recruitment process and circulated as part of the clinical unit preparation will assist in providing a shared understanding of the role and associated expectations.

Each Aboriginal cadet should be assigned a cadetship coordinator, a 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 regarding their employment and personal or welfare issues in order to optimise their experience of the cadetship program. 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.

Delegation and supervision is a critical component of the supervising health professional role. An effective delegation and supervision framework 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 a positive working environment
- ensuring all members of the team understand and are supported in their duties.

An effective delegation and supervision framework provides clarity about the roles and responsibilities of all members and a clearly defined structure for decision making and support. It plays an important role in achieving a well-functioning team, which in turn delivers good outcomes for the organisation, the patient and the cadet.

5.1 The role of the cadetship coordinator

The responsibilities of the Aboriginal cadetship 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 cadets regarding welfare issues.

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

5.2 The role of the supervisor on shift with the cadet

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

A cultural mentor’s responsibilities include ensuring the Aboriginal 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 cadetship programs, this role has been undertaken by the coordinator of the Aboriginal cadetship program. 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 cadetship programs in providing cultural support and a means of cultural peer supervision for Aboriginal cadets.

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. It is important for the cadet that the mentor, supervisor and coordinator have a cohesive approach. These roles may overlap at times (Figure 2) and as a result it is important that there is clear communication between the individuals in these roles.

The mentoring relationship should be discussed with the individual Aboriginal 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 cadet and to ensure the expectations of the Aboriginal cadet, the mentor and the employer are clearly understood. Where possible, it is valuable to have same-sex mentors for Aboriginal cadets.

Figure 2: The roles of the cadet coordinator, the supervisor and the mentor for the cadet
Other roles within the health service should also support the cadet (Figure 3).

Figure 3: Broader organisational support roles for the cadet

Note: ANMGP refers to the Aboriginal Nursing and Midwifery Graduate Program
5.4 Provision of cultural peer support networks

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

Cultural peer support provides benefits to Aboriginal cadets including increased feelings of engagement as a result of being part of a network and increased feelings of connection to community.

The practice of cultural and peer support is best facilitated where there is an Aboriginal cadetship coordinator role. Due to the often varying shift patterns of Aboriginal cadetship programs, it may be difficult for the Aboriginal cadets to meet at the same time. An important aspect of the coordinator's role includes providing group and peer support when possible. Communication between sessions is also valuable, and some facilities have found social media, such as a closed Facebook group, helpful in enabling this. Due to the nature of the cadet population, peer and group support should not undermine the need for flexibility regarding individual cadet support needs. For example, it may be that some individuals prefer to be supported on particular issues on a one-to-one basis, while others really thrive in a peer support environment.
6. Recruitment, employment and orientation

The recruitment, employment and orientation process is pivotal to the successful initiation of an Aboriginal cadetship program. Recruitment should not commence until the following have been confirmed:

- description of the role of the Aboriginal cadet (position description developed)
- shared knowledge 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 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 cadets within a health service. The intention is to complement and not replace the advice available from human resource professionals within your organisation.

6.1 Developing position descriptions

Position descriptions 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 1.

6.2 Understanding differences in Aboriginal communities

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

In order to effectively engage Aboriginal cadets, it is beneficial to understand the local Aboriginal community, and useful to consider the local supports available to the Aboriginal cadet. 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 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 an Aboriginal cadet may have increased levels of family and kinship obligations such as childcare and Elder care.
The effect of some or all of these cultural considerations is likely to impact on the cadet’s employment choices. 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 cadet’s responsibilities to the organisation by which they are employed.

6.3 Marketing and advertising the 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. A marketing strategy can contribute to enabling a health service to promote the benefits of working in such a setting. 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 when seeking to attract potential participants.

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 cadetship program. Possible places to advertise and promote the cadetship are:

- *Koori Mail*
- *Living Black* radio station
- *Deadly Vibe* online and magazine
- *National Indigenous Times*
- Aboriginal co-operative notice boards and newsletters
- Aboriginal conferences
- university and other education providers
- social media (Facebook, Twitter, LinkedIn).
6.4 Interview and employment

The interview process

It is important to recognise that many of the potential Aboriginal cadets are inexperienced at formal interview processes. In order to be culturally sensitive the following should be considered:

- provide the cadet with an interview guide where possible so they are familiar with the process
- have Aboriginal flags or artwork in the foyer to create a welcoming environment
- offer family members or Elders the option to attend with the interviewee
- include someone who is Aboriginal or who has experience in working with Aboriginal communities on the interview panel; this individual should ask the culturally specific questions
- 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 potential Aboriginal cadet by both mail and/or email and by telephone. If possible, a reminder sent the day before is often useful.

If the potential cadet is required to bring material to the interview it is important to give them 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.

The employment process

Following the interview process the successful applicants will need to be notified in writing and verbally. Again, email contact followed by a telephone call is appropriate. A letter of offer can be sent to the successful candidate. This letter should 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 immediately 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 Aboriginal cadet may require the assistance of the Aboriginal cadet coordinator to complete the paperwork and to ensure the correct documentation is returned to the health service human resources department.

In order to be culturally sensitive, it is useful to be aware of historical events that may have implications on the ability for the Aboriginal cadet to produce certain documents, such as birth certificates and proof of Aboriginality documentation.

6.5 The orientation process for the Aboriginal cadet

The Aboriginal cadet may not have worked in a professional environment prior to this experience and may need expectations explained more than once. The orientation process must be clear, structured and relevant. It is important that orientation is both culturally appropriate and respectful.

Preparation for orientation is essential. Orientation is the first opportunity for both the Aboriginal 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 the position description, leave requests, payroll, mentoring and supervision requirements. Orientation also provides an opportunity to provide and clarify information to Aboriginal cadets regarding their role, the broader health service and Aboriginal networks they may wish to engage with.

Given Aboriginal cadets are undergraduate students with academic responsibilities, orientation offerings need to be flexible to allow for the cadet’s study commitments and community obligations.

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

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

6.6 Rostering

Aboriginal cadets are students and therefore rostering needs to be flexible around commitments such as clinical placements and class times. Considerations should also 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.

The Aboriginal cadetship does not take the place of a university clinical placement. A cadet is not assessed as they would be as a university student undertaking a placement. As such, the cadet is not insured to carry out clinical tasks as they would be if they were a student. The hours that a cadet works are not set in the same way as students. 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.

6.7 Duties and scope of the Aboriginal cadet

Aboriginal cadets work as part of the healthcare team under the delegation of supervisors. Each health service must develop a robust Aboriginal cadetship position description that outlines the type of skills and activities required. The position descriptions will vary between health services and clinical area depending upon the area in which the cadet is employed. The Aboriginal cadet must only work within the parameters of the position description as determined by the employing health service. As a result, the Aboriginal cadet is able to become work ready and develop professional and clinical skills.
While cadets work within the role requirements of their position description, the role itself is flexible and can be tailored to suit the needs of the individual cadet and clinical area. The role can involve a mixture of direct patient care and other indirect activities that support the department, remembering the key purpose of the cadetship is for the cadet to learn soft skills for work-readiness.

Examples associated with direct patient care include:

- observing clinical staff undertaking clinical tasks
- assisting families and 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 patients
- recognising deteriorating patients and escalating accordingly
- comforting neonatal and paediatric patients such as cuddling and soothing
- packing and unpacking patients’ belongings.

Examples associated with indirect support include:

- assisting staff with making beds
- assisting with documentation – noting meals or toileting but excluding clinical/progress notes
- communicating with the multidisciplinary team, patients, families and support people
- keeping the environment and equipment clean.

6.8 Insurance implications

The role of the Aboriginal cadet should be flexible to suit the learning and personal needs of the individual cadet. The duties performed by the cadet should be determined in consultation with the cadet and employing department so that both parties are comfortable with the arrangement.

As mentioned previously, it is important to note that Aboriginal cadets are not employed as students and as such they are not covered by university insurance to undertake student tasks and activities while on paid employment. It is important that the cadet, cadet coordinator, supervisor and mentor are all aware of the cadet’s scope of practice and that the position description does not include undertaking any clinical tasks that would require insurance. The focus of the cadetship is for the cadet to learn the soft skills required for job-readiness. The delineation between students and cadets is important and should be clarified with all communications, staff education, advertising, recruitment and orientation.

6.9 Enhancing professional development

Involving Aboriginal cadets in local health service performance appraisal practices should allow Aboriginal cadets to identify their own learning needs and in turn allow supervisors to suggest appropriate learning activities and education sessions internal and external to the organisation.

Aboriginal cadets should be encouraged to attend and be involved in relevant clinical education sessions that are local to their ward and department and in the organisational setting.
7. Education and training

It may be necessary for Aboriginal 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 because cadets are employees, not students, these requirements apply to them. These mandatory training requirements should take place with corporate induction.

A cadet’s 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, cadets are required to follow the formal human resources processes for the health service. Again, because cadets are employees, the individual 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 duration of the cadetship program.
8. Future employment opportunities

8.1 Career pathways for Aboriginal cadets

This may vary according to the health service at which the Aboriginal cadetship has taken place. Completing an Aboriginal cadetship within an organisation puts the candidate in a good position to apply for the Aboriginal graduate program in that area on completion of their studies. Some institutions provide assistance with interview skills and curriculum vitae writing to Aboriginal cadets.

The benefits to the Aboriginal cadet in choosing to apply for a graduate position where they have completed an Aboriginal cadetship are:

- 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.

The benefits to the organisation of employing a cadet as a graduate include:

- building a culturally rich workforce
- the cadet is already familiar with the organisational expectations and work practices
- strengthening links to the Aboriginal community
- supporting and enhancing the Aboriginal health workforce
- sharing cultural knowledge
- building an organisation that enables Aboriginal people to succeed and reach their full potential.

It is in the health service’s interests to employ candidates who have completed the cadet program because the orientation and familiarisation with protocols should already be complete.

The employment pathway for Aboriginal cadets can include participating in a formal application process to secure a graduate role. This can include support from the Aboriginal cadet coordinator. The Aboriginal cadetship coordinator can assist where required with cover letter and resume writing as well as interview skill practice and computer-match orientation. It is helpful for health services to have either an Aboriginal representative or the Aboriginal cadetship coordinator participating on the interview panel to allow for familiarity and comfort for the Aboriginal cadet.
9. Reviewing cadetship outcomes

9.1 Evaluation strategies

Evaluation is key to improving Aboriginal cadetship programs. Formal evaluation of the program does not replace the review, supervision and appraisal that should take place regularly between mentor and cadet. An evaluation methodology for the health service cadetship program should include:

- considering the availability of resources to enable evaluation
- having an internal or external provider conduct the evaluation
- focusing on outcomes for cadets in comparison with other Aboriginal tertiary student outcomes
- involving local Aboriginal community and Aboriginal community-controlled health organisation (ACCHO) stakeholders
- scope to include Aboriginal consumer health outcomes pre and post implementation
- consultation with the local ACCHO.

There are a range of options for evaluating the Aboriginal cadetship program. 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 or employment following participation in the cadetship program
- conducting an electronic survey
- undertaking a comparison of Aboriginal student outcomes for cadets compared with non-cadets
- undertaking a 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
- surveying the teams working with Aboriginal cadets.

For example, if the health service’s aim in introducing a cadetship program was to increase the Aboriginal health workforce in that health service, then an appropriate evaluation measure may be how many cadets completed the program and progressed on to being employed as graduates or employees in that health service.
Appendix 1: Sample position description

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

1. 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.
2. Be respectful of the needs of patients, visitors and other staff, and maintain a professional approach to all interactions.

3. Ensure appropriate information and data management.

4. 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.

5. 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:

2. Australian Health Practitioner Regulation Agency (AHPRA)
3. Drugs, Poisons and Controlled Substances Regulations 2006
5. Freedom of Information Act 1982

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

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

2. Transport patients between wards and departments as required and directed.

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

4. 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.

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

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

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

8. 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.

1. The cadet contributes to departmental operational plans and accreditation outcomes.

2. 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.

3. 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 Manager/Coordinator cadetship program 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 cadetship 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

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

2. Demonstrates a professional demeanour

3. Exercises high-level customer service skills

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

4. Exercises the ability to prioritise and manage time
Key selection criteria
1. Studying undergraduate (bachelor) nursing and/or midwifery
2. Demonstrated satisfactory academic results/performance
3. Demonstrated knowledge and commitment to the social model of care
4. Demonstrated verbal, written and electronic communication skills
5. 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 Manager/Coordinator.

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 2: Weblinks to national cadetship programs

NSW Health Allied Health Aboriginal Cadetship Program 2011

NSW Aboriginal Nursing and Midwifery Cadetship Program

Nursing and midwifery in Western Australia

Queensland traineeships and cadetships

Northern Territory Indigenous cadets

South Australian Aboriginal health careers
<http://www.nursingsa.com/nursing_atsip.php>
# Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Aboriginal or Torres Strait Islander person</td>
<td>A person who is of Aboriginal or Torres Strait Islander descent, and who identifies as an Aboriginal or Torres Strait Islander person, and is accepted as such in the community in which the person lives or has lived. ‘Aboriginal and Torres Strait Islander’ has an equivalent meaning where reference is made to more than one person.</td>
</tr>
<tr>
<td>Cultural safety</td>
<td>Refers to ‘the effective care of a person/family from another culture by a health care provider who has undertaken a process of reflection on their own cultural identity and recognises the impact of the health care professional’s culture on their practice’. Nursing Council of New Zealand 2002 <a href="http://www.nursingcouncil.org.nz/">http://www.nursingcouncil.org.nz/</a></td>
</tr>
<tr>
<td>Cultural awareness</td>
<td>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.</td>
</tr>
<tr>
<td>Cultural sensitivity</td>
<td>Refers to knowing that cultural differences as well as similarities exist without assigning values, such as better or worse, right or wrong, to those cultural differences.</td>
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<tr>
<td>Cultural knowledge</td>
<td>Refers to familiarisation with selected cultural characteristics, history, values, belief systems and behaviours of the members of another ethnic group.</td>
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<tr>
<td>Cultural appropriateness</td>
<td>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.</td>
</tr>
</tbody>
</table>
References and further reading

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