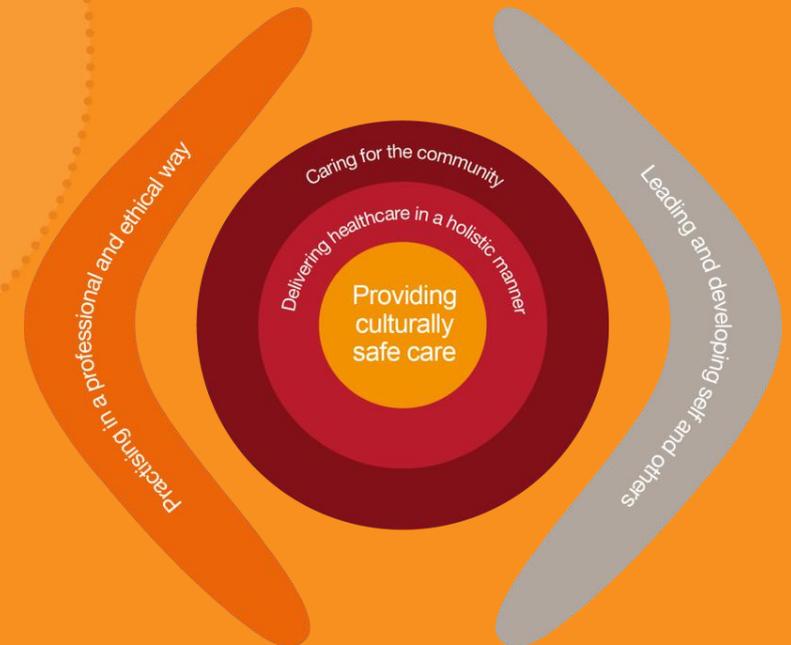




NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKER PROFESSIONAL PRACTICE FRAMEWORK

July 2012



CONTENTS

- 01 Introduction
- 02 Glossary
- 03 Structure of the Professional Practice Framework
- 04 Domain 1: Providing culturally safe health care
- 05 Domain 2: Delivering health care in a holistic way
- 06 Domain 3: Caring for the community
- 07 Domain 4: Leading and developing self and others
- 08 Domain 5: Practising in a professional and ethical way
- 09 Appendix A: Membership of the Technical Advisory Group

INTRODUCTION



This Professional Practice Framework for the Aboriginal and Torres Strait Islander Health Worker workforce has been developed in consultation with the Aboriginal and Torres Strait Islander Health sector. This was achieved through the Aboriginal and Torres Strait Islander Health Worker Project commissioned by Health Workforce Australia. The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) took carriage of the Framework in 2012. A consultation process took place with NATSIHWA members and stakeholders prior to endorsement by the NATSIHWA Board in June/July 2012.

Importance of the Health Worker workforce

It is important to provide context to the Aboriginal and Torres Strait Islander Health Worker (Health Worker) profession to better understand the importance of their role within the Australian health system and this Framework.

The Health Worker role is specific to the Aboriginal and Torres Strait Islander population and is vital in delivering care to the community in a culturally safe environment. It has been noted that for many years there has been an imbalance in the service availability and accessibility for Aboriginal and Torres Strait Islanders due to a number of barriers which are often cultural in nature. These include:

- cultural relevance and appropriateness of health services
- gender imbalance in the Health Worker workforce
- perceived and actual discrimination
- transport needs and the availability of locally delivered services
- cost of health care.

Whilst these barriers are not exclusive to Aboriginal and Torres Strait Islander health care, they are more significant in this context due to the unique cultural beliefs and practices of Aboriginal and Torres Strait Islander peoples. It is for these reasons that the Health Worker workforce has critical role in improving the accessibility of services by breaking down some of the above barriers. Their ability to do this is through their unique insights into their own culture and to deliver safe holistic health care in a primary care setting. Many of these Health Workers are also recognised to be a respected member of the community and as such provide a level of trust and security for the members of their community when seeking access to health care. Health Workers often have a better understanding of the health issues that members of their community face and are able to address them in a more culturally appropriate and holistic manner.

Some Health Workers have now become registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) as Aboriginal and/or Torres Strait Islander Health Practitioners under the national law. The Board will set the standards for this group but they are still considered Health Workers.

The Diversity of the Health Worker workforce

It is also important to recognise that Health Workers across Australia work in a variety of environments. While a large majority are employed in Aboriginal Community Controlled Health Organisations (ACCHOs) or the Government Health Sector, many also work within mainstream services such as general practices, acute hospitals and other non-government organisations.

Health Worker roles exist in metropolitan, regional and remote areas with the largest percentage of Health Workers practicing in regional areas.

There are a number of titles used to describe Health Workers. These titles vary significantly across Australia and may or may not describe the specialty of a Health Worker or their level of training. The large range of titles is illustrated below:

- Health Worker (Generalist)
- Aboriginal and/or Torres Strait Islander Health Practitioner
- Outreach Worker
- Mental Health Worker
- Family Health Worker
- Sexual Health Worker
- Education Officer
- Hospital Liaison Officer
- Oral/Dental Health Worker
- Chronic Disease Worker
- Drug and Alcohol Worker
- Environmental Health Worker
- Community Worker
- Healthy Living Worker
- Vascular Health Worker
- Pharmacy Health Worker
- Maternal and Perinatal Health Worker
- Otitis Media Health Worker
- Nutrition Health Worker

The Diversity of the Health Worker workforce (continued)

The following framework applies to Health Workers working under all these titles. The National Board has determined additional standards and requirements which apply to Health Practitioners registered under the national scheme.

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

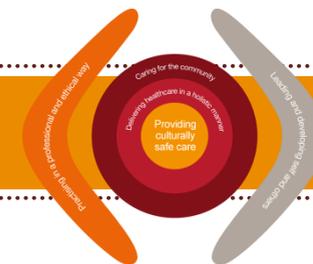
NATSIHWA is the peak professional organisation for Aboriginal and Torres Strait Islander Health Workers and Practitioners. Its role is to advocate and support the professional development of Health Workers. To this end NATSIHWA supports the use of this Framework to strengthen the profession and increase understanding of both the Health Worker and Health Practitioner role.

Overall aims of the Professional Practice Framework

The Professional Practice Framework has been developed as a guide for both Health Workers and those who work with them to describe the expectations of the Health Worker role. For Health Workers, the framework has been developed to provide guidance on what is expected of them on a day to day basis in their role. This includes outlining their professional and ethical responsibilities in addition to their clinical and/or practice responsibilities. This framework is intended to cover all Health Workers irrespective of their level of educational attainment. This framework also recognises that Health Workers work across a variety of settings and often may take on different areas of specialisation. It is for this reason that the framework has been left intentionally broad, however it outlines the minimum level of knowledge and behaviours expected of Health Workers to perform their role.

The Framework also considers the different levels of experience of Health Workers from those who are new to the profession as well as those with greater levels of experience and training and outlines the different expectations for each level. For those who work with Health Workers, this framework will assist in understanding what Health Workers do on a daily basis and what may be expected of them in their role, given their levels of experience.

INTRODUCTION



How to use this framework

It is envisaged that this framework can be used:

- To guide Health Workers, employers and other health professionals to better understand the Health Worker role particularly the unique cultural brokerage role Health Workers can play in the community
- To understand the different expectations of Health Workers as they develop and become more experienced in their profession and how they may be able to be more involved in mentoring and developing peers
- By Health Workers to communicate to other health professionals regarding the expectations of their role and their scope of practice

National qualifications for the Aboriginal and Torres Strait Islander Health Worker workforce

It is important to note that this Framework does not constitute an industry benchmark for training and assessment. The industry benchmark is established in the nationally endorsed competency standards contained in the Aboriginal and/or Torres Strait Islander health work qualifications.

The Community Services and Health Industry Skills Council (CS&HISC) is the nationally recognised body funded by the Australian Government to involve industry in the development of nationally applicable Vocational Education and Training (VET) qualifications.

There are a number of pathways to enter the Health Worker profession and these are supported by the following qualifications:

- Certificate II – Aboriginal and Torres Strait Islander Primary Health (HLT21307) (eg as may be delivered through a VET schools program)
- Certificate III – Aboriginal and Torres Strait Islander Primary Health (HLT33207)
- Certificate IV – Aboriginal and Torres Strait Islander Primary Health (Practice) HLT43907

- Certificate IV – Aboriginal and Torres Strait Islander Primary Health (Community Care) HLT44007
- Diploma of Aboriginal and Torres Strait Islander Primary Health (Practice) HLT52107
- Diploma of Aboriginal and Torres Strait Islander Primary Health (Community Care) HLT52207
- Advanced Diploma of Aboriginal and Torres Strait Islander Primary Health (Practice) HLT61207
- Advanced Diploma of Aboriginal and Torres Strait Islander Primary Health (Community Care) HLT61307

The Aboriginal and Torres Strait Islander Health Practice Board of Australia has set currently the minimum qualification for application for national registration as the Certificate IV – Aboriginal and Torres Strait Islander Primary Health (Practice)

In addition to these Aboriginal and/or Torres Strait Islander Health Worker qualifications, there are also 8 qualifications within the Public Health qualifications framework, which may be applicable to some workers.

Further information on any of the above qualifications can be found on the CS&HISC website, that is <http://www.cshisc.com.au/>

Many aspects of the Health Worker qualifications are included as part of this framework. Initial work has been undertaken to reference the framework to the national competency standards, however this Framework has not been comprehensively mapped to the national competencies. It is important to note the link to the competency standards is not an exhaustive list, rather there may be other competency standards which have not been documented that may touch on aspects of the principles.

CS&HISC undertake continuous improvement of the qualifications framework and invites feedback. Their contact details for feedback can also be found on the CS&HISC website.

GLOSSARY



There are a number of key terms that are critical to the understanding of Health Worker practice. They are listed below.

Holistic health

The concept of *holistic health* is central to the cultural belief system held by many Aboriginal and Torres Strait Islander peoples. Although Aboriginal and Torres Strait Islander peoples are culturally, linguistically and ethnically diverse, most share a holistic understanding of 'health'.

For Aboriginal and Torres Strait Islander people, health is more than the provision of care by Doctors and other health professionals to improve the physical well-being of an individual. "Health" to Aboriginal peoples is a matter of determining all aspects of their life, the physical, social, emotional and cultural well being of both the individual and the community, it encompasses justice, dignity and community self esteem.

Primary health care

Primary health care has two definitions: the narrow definition, referring to primary medical care; and the broader definition often described as *comprehensive primary health care* (Aboriginal Medical Services Alliance Northern Territory, 2010).

The Australian Government Department of Health and Ageing has defined primary health care for the Australian context

"Primary health care is the socially appropriate, universally accessible scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation."

(Australian Government Department of Health and Ageing, 2009)

Comprehensive primary health care builds upon the definitions above. According to the Aboriginal Medical Services Alliance Northern Territory (AMSANT), primary health care is just one part of *comprehensive primary health care*, which is defined as:

"...the broader, holistic approach to health problems. As well as primary medical care, comprehensive primary health care addresses a range of health concerns that have no specific medical intervention."

(Aboriginal Medical Services Alliance Northern Territory, 2010)

Aboriginal and Torres Strait Islander primary health care

The term 'Aboriginal and Torres Strait Islander primary health care services' reflects a holistic, comprehensive approach to primary health care. Embedded in the primary health care definition specific to Health Workers is both the idea of holistic health and a comprehensive primary health care approach.

This is reflected in the NACCHO definition of primary health care in the Aboriginal and Torres Strait Islander context, which is adapted from the DoHA definition above:

"'Primary Health Care' has always been a continuing integral aspect of our Aboriginal life, and is the collective effort of the local Aboriginal community to achieve and maintain its cultural well being. Primary health care is a holistic approach which incorporates body, mind, spirit, land, environment, custom and socio-economic status. Primary health care is an Aboriginal cultural construct that includes essential, integrated care based upon practical, scientifically sound and socially acceptable procedures and technology made accessible to Communities as close as possible to where they live through their full participation in the spirit of self-reliance and self-determination. The provision of this calibre of health care requires an intimate knowledge of the community and its health problems, with the community itself providing the most effective and appropriate way to address its main health problems, including promotive, preventative, curative and rehabilitative services."

(National Aboriginal Community Controlled Health Organisation, 2008)

It is further reiterated in NACCHO's definition of 'Aboriginal health-related services' below:

"'Aboriginal health related services' means those services covered by the Aboriginal holistic definition of health including, but not restricted to, such services as health promotions and disease prevention services, substance misuse, men's and women's health, specialised services to children and the aged, services for people with disabilities, mental health services, dental care, clinical and hospital services and those services addressing, as well as seeking the amelioration of, poverty within Aboriginal communities."

(National Aboriginal Community Controlled Health Organisation, 2006)

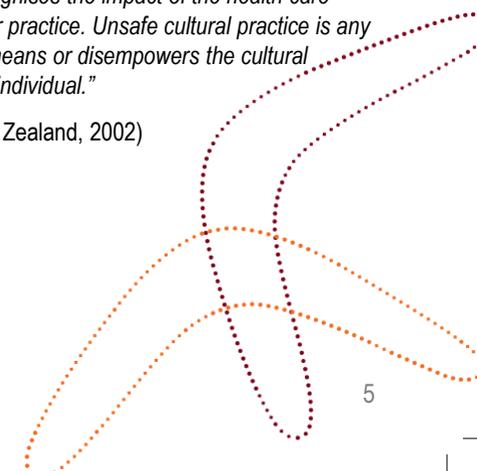
Cultural safety, security and respect

Terms like *cultural safety*, *cultural security* and *cultural respect* are often used interchangeably. Although this is often appropriate in certain contexts, there is slight variation in the meaning of these terms.

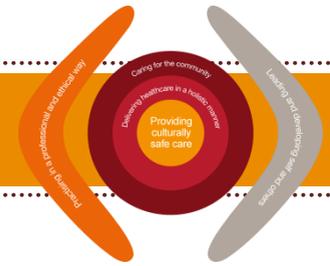
In the context of health care, *cultural safety* is defined as:

"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. Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual."

(The Nursing Council of New Zealand, 2002)



GLOSSARY



Culturally safe health care refers to the facilitation of health service delivery in a culturally safe way. For example, in the Aboriginal and Torres Strait Islander context, culturally safe health care should reflect the holistic conceptualisation of health defined above.

Cultural security is similar in meaning but implies a greater sense of permanence or longevity. More specifically, *cultural security* has been defined as:

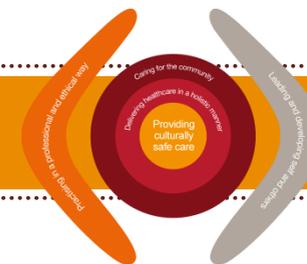
'...the capacity of a society to conserve its specific character in spite of changing conditions and real or virtual threats: more precisely, it involves the permanence of traditional schemas of language, culture, associations, identity and national or religious practices, allowing for changes that are judged to be acceptable.'

(Weaver et al., 1993)

Cultural respect is defined as the "recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander Peoples" (Australian Health Ministers' Advisory Council, 2004). Cultural respect is essential to the creation of culturally safe and culturally secure environments.

Definition developed by the Australian Health Care Research Institute for the ADGP Primary Health care Position Statement 2005, cited in Commonwealth of Australia, 2009, *Primary Health Care Reform in Australia*.

STRUCTURE OF THE PROFESSIONAL PRACTICE FRAMEWORK



The figure below illustrates the five domains and structure contained within this Professional Practice Framework.

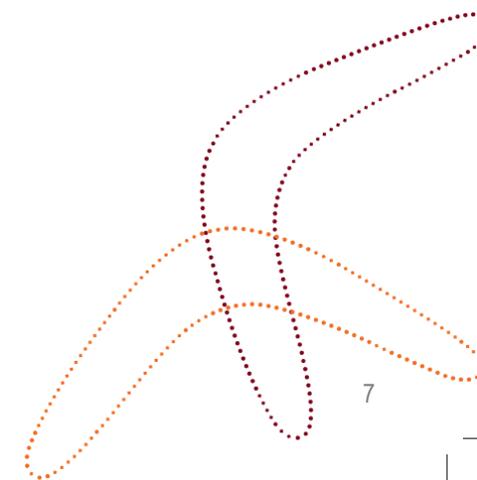
Figure 2: Domains of the Professional Practice Framework



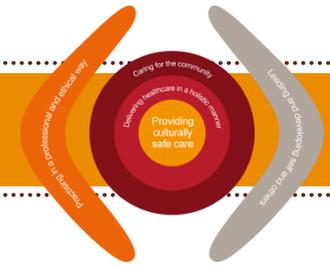
- Domain 1: Providing culturally safe health care
- Domain 2: Delivering health care in a holistic manner
- Domain 3: Caring for the community
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- Domain 5: Practising in a professional and ethical way

The Professional Practice Framework is divided into three levels, that is Domains (see Figure 2), supported by a number of Principles and Elements which are further subdivided into levels of experience. This is illustrated below.

| | |
|----------------------------|---|
| Level 1: Domains | As depicted in Figure 2, there are five domains in this Professional Practice framework which covers the broad areas of practice that all Health Workers will be likely required to work within. |
| Level 2: Principles | Underpinning each domain, there are up to five principles which relate specifically to each domain. It is likely that Health Workers will be working within most of the principles. |
| Level 3: Elements | Within each principle, core elements that are likely to be part of the Health Worker role have been articulated. These have also been divided to reflect the potential levels of experience a Health Worker may have, that is the levels of 'New', 'Experienced' and 'Advanced'. It is important to note that the list of elements underpinning each principle is not exhaustive, that is, a Health Worker may perform some or all of the elements and even additional ones which have not been described. This may be due to reasons such as their area of speciality or interest or the role they play within the health service. |



LEVELS OF EXPERIENCE

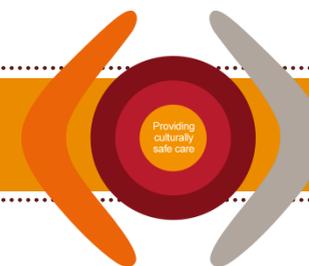


The table below provides a guide as to interpreting the 'levels of experience' in the Domains. In particular:

- It is important to note that the 'levels of experience' are not tied to specific qualification or education attainment, rather they are more indicative of the level of practical and on-the-job experience Health Workers may have.
- It is possible that a Health Worker may be performing at different levels across different domains at any given time as a result of the level of qualification or education attainment they have achieved, however, it is expected that Health Workers are able to perform the majority of activities that are required at the level of 'New' before progressing on to any subsequent level. That is, to be considered at any Domain/Principle at the 'Experienced' level, Health Workers must meet the expectations of the 'New' level first.

| LEVELS OF EXPERIENCE | DESCRIPTION |
|----------------------|---|
| New | <p>The broad characteristics of a Health Worker that may meet the definition of new includes:</p> <ul style="list-style-type: none"> • A Health worker who is newly entering the profession, generally upon completion of study or training, irrespective of the level of qualification attainment. • A Health Worker who has little to no practical experience in current setting • A Health Worker who may require significant to moderate levels of assistance, guidance and supervision when performing tasks |
| Experienced | <p>The broad characteristics of a Health Worker that may meet the definition of 'Experienced' includes:</p> <ul style="list-style-type: none"> • A Health Worker who successfully demonstrates they are able to perform all the activities at the 'New' Level • A Health Worker who has been performing the role for a number of years • A Health Worker who is able to undertake and participate in all required activities with no or limited supervision |
| Advanced | <p>The broad characteristics of a Health Worker that may meet the definition of 'Advanced' includes:</p> <ul style="list-style-type: none"> • A Health Worker who successfully demonstrates they are able to perform all the activities at the 'Experienced' Level • A Health worker who has sufficient years of experience to be able to educate, mentor and supervise peers in all required activities • A Health Worker who takes on a strategic role in the organisation and provides advice on how to promote and advance the profession/role |

DOMAIN 1: PROVIDING CULTURALLY SAFE HEALTH CARE

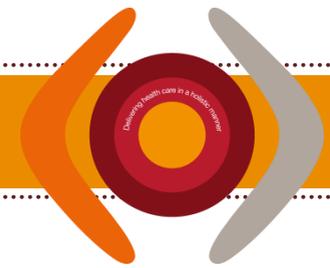


PRINCIPLES

ELEMENTS

| | NEW | EXPERIENCED / ADVANCED As per 'NEW' with the following additional elements | COMPETENCY STANDARD CODE* |
|---|---|---|------------------------------|
| 1. Knowing and respecting our history, context, culture and customs | <ul style="list-style-type: none"> a. Understand the context of local, regional, state, national as well as traditional and contemporary Aboriginal and Torres Strait Islander history b. Identify, consider and respect the local community values, beliefs, gender roles when providing health care to the Aboriginal and Torres Strait Islander people c. Understand the context of government policies, legislation on Aboriginal and Torres Strait Islander communities, families and individuals | <ul style="list-style-type: none"> a. Understand the context and identify the impact of government policies, legislation on Aboriginal and Torres Strait Islander communities, families and individuals | HLTAHW201B HLTAHW301B |
| 2. Engaging and consulting respectfully with the community and its elders | <ul style="list-style-type: none"> a. Identify the key community structures within the local context b. Identify the elders and other relevant stakeholders within the community | <ul style="list-style-type: none"> a. Identify and understand the key community structures within the local context and how it relates to individuals, groups or families. b. Engage and consult with elders and other relevant community stakeholders c. Participate in relevant community forums | CHCCD413D CHCCD514A |
| 3. Addressing local community health issues and needs | <ul style="list-style-type: none"> a. Identify areas of local health service need and potential growth b. Participate in strategies that seek to address community health issues and needs c. Participate in evaluating the strategies to ensure they are meeting community need d. Communicate the outcome of these strategies to the community to seek feedback | <ul style="list-style-type: none"> a. Develop and/or implement strategies that seek to address community health issues and needs b. Evaluate and monitor strategies to ensure they are meeting community need c. Report on the outcome of these strategies to enable continuous improvement and modification d. Develop and foster partnerships with other relevant organisations and community groups | HLTAHW307B |
| 4. Advocating for the rights and needs of the individual and the community | <ul style="list-style-type: none"> a. Understand the rights and needs of individuals, families and their communities b. Provide information on the rights and needs of individuals, families and communities | <ul style="list-style-type: none"> a. Provide information and facilitate understanding of the rights and needs of individuals, families and communities b. Assist individuals and/or their communities to identify and negotiate options c. Make appropriate referrals to assist individuals and/or communities to meet their needs d. Advocate for the individual and/or community when they are not able to represent their rights or needs e. Promote the rights and needs of the individual and/or communities to others | HLTAHW303B |
| 5. Promoting culturally safe health care | <ul style="list-style-type: none"> a. Raise awareness and promote local, regional, state and national cultural protocols to all relevant stakeholders (for example, raising awareness and promoting across the organisation cultural protocols relating to maintaining confidentiality, dignity, gender roles, family structures and engagement) b. Participate in the development of culturally safe work practices and policies | <ul style="list-style-type: none"> a. Provide advice on, support and educate all peers and relevant stakeholders how to communicate effectively (written, verbal and visual) in a culturally appropriate manner to individuals, their families and the community b. Assist the organisation to identify and develop culturally safe work practices and policies | HLTAHW405B |

DOMAIN 2: DELIVERING HEALTH CARE IN A HOLISTIC WAY



PRINCIPLES

ELEMENTS

| | NEW | EXPERIENCED / ADVANCED As per 'NEW' with the following additional elements | COMPETENCY STANDARD CODE* |
|--|---|---|---|
| 1. Knowing how natural and built environments affect health | <ul style="list-style-type: none"> a. Observe and identify potential environmental health hazards or risks that may impact on individual and/or community's health (eg accommodation, water, air, food) b. Understand the impact on individuals, communities and/or other relevant parties concerns or issues identified in relation to environmental health hazards or risks impacting on health c. Understand the impact on individuals and their families the importance of looking after country and the impact it has on healthy people, healthy country and healthy community | <ul style="list-style-type: none"> a. Understand the impact and communicate to individuals and their families the importance of looking after country and the impact it has on healthy people, healthy country and healthy community | HLTAHW408B HLTPOP307C |
| 2. Understanding the social, spiritual and cultural conditions which impact on emotional and physical wellbeing | <ul style="list-style-type: none"> a. Understand the impact of removal from country and the importance of return to country (stolen generation) on individuals, their families and the community b. Understand the impact of employment, family structures and social networks on individuals, their families and the community | <ul style="list-style-type: none"> a. Support individuals and their families to connect to social, emotional and cultural wellbeing b. Acknowledge the impact of social, emotional and cultural wellbeing has on physical wellbeing | HLTAHW408B |
| 3. Providing social and emotional support in a holistic manner | <ul style="list-style-type: none"> a. Consider the social, emotional, cultural and spiritual well being of both the individual and the community and understand their impact on physical well being when providing health care services b. Understand the different signs and symptoms of mental health, alcohol and other drug issues underpinning social and emotional state, particularly in relation to grief and trauma c. Understand indicators of harm, neglect, abuse or risk of harm for men, women and children d. Able to identify a person at risk of self harm and refer the person to other health providers as appropriate | <ul style="list-style-type: none"> a. Assess and evaluate individual's current social and/or emotional state. b. Accurately assess risk of self harm, puts in place active plans to protect the person and others and follows up as appropriate to ensure care delivered. c. Identify signs and symptoms of mental health issues, alcohol and other drug issues underpinning social and emotional state, particularly in relation to grief and trauma d. Identify indicators of harm, neglect, abuse or risk of harm for men, women and children e. Identify and make referrals where appropriate to address the social, emotional and cultural issues of the individual and community as part of the provision of health care services f. Contribute to the development of care plans by providing information on individual's social and/or emotional state | HLTAHW306B HLTAHW402B HLTAHW408B CHCCS422A |

DOMAIN 3: CARING FOR THE COMMUNITY



PRINCIPLES

ELEMENTS

| | NEW | EXPERIENCED As per 'NEW' with the following additional elements | ADVANCED As per 'NEW' and 'EXPERIENCED' with the following additional elements | COMPETENCY STANDARD CODE* |
|--|--|--|--|--|
| 1. Assessing, identifying and communicating health care needs considering community values, beliefs and protocols | <ul style="list-style-type: none"> a. Obtain basic health information and history from individuals b. Assist in conducting basic physical examinations c. Assist in conducting physical examinations in accordance to standard infection control and occupational health and safety requirements and procedures d. Collect individual findings to be placed on to client file e. Communicate findings to the individual and their family f. Refer to other health services/ professionals as required g. Report all notifiable diseases identified in accordance to organisational policy | <ul style="list-style-type: none"> a. Obtain accurate and detailed health information and history from individuals b. Conduct basic physical examinations c. Conduct physical examinations which may involve use of medical equipment in accordance to standard infection control and occupational health and safety requirements and procedures d. Collect and document individual findings on the client file e. Communicate findings and assess individual's understanding of findings f. Make assessments on appropriate referrals to other health services/ professionals for clients | <ul style="list-style-type: none"> a. Review health history and obtain new and detailed information on clients b. Plan, conduct and provide supervision on basic physical examinations c. Plan, conduct and supervise physical examinations involving the use of medical equipment in accordance to standard infection control and occupational health and safety requirements and procedures d. Collect and collate relevant client history and findings to be documented onto client file e. Comprehensively explain and communicate findings and assess individual's understanding of findings f. Action and facilitate appropriate referrals to other health services/professionals for clients g. Report all notifiable diseases identified in accordance to organisational policy | <ul style="list-style-type: none"> HLTAHW203B HLTAHW302B HLTAHW304B HLTAHW401B HLTAHW405B HLTAHW501B |
| 2. Implementing safe and appropriate care according to care planning principles | <ul style="list-style-type: none"> a. Assist in the development of individual care plans and provide advice on how the individual care plans can impact the family. | <ul style="list-style-type: none"> a. Develop individual care plans and provide advice on how the individual care plans can impact the family. | <ul style="list-style-type: none"> a. Develop an individual care plan and plan for the impacts of the care plans on the family and community . | <ul style="list-style-type: none"> HLTAHW305B HLTAHW403B HLTAHW405B CHCCM401D CHCCM402D |

DOMAIN 3: CARING FOR THE COMMUNITY



PRINCIPLES

ELEMENTS

| | NEW | EXPERIENCED As per 'NEW' with the following additional elements | ADVANCED As per 'NEW' and 'EXPERIENCED' with the following additional elements | COMPETENCY STANDARD CODE* |
|---|--|--|---|---|
| 3. Promoting self determination and self management | <ul style="list-style-type: none"> a. Understand the principles of self determination including how to empower individuals and encourage them to be involved in controlling their lives and making their own health care decisions b. Engage and assist individuals to understand the impacts of healthy lifestyle and behaviours on the physical wellbeing c. Understand the principles of self management, including motivational interview techniques particularly in the area of goal setting and self management with aim of empowering individuals to manage their health conditions. | <ul style="list-style-type: none"> a. Implement principles of self determination by provide individuals with information, knowledge and support to build their confidence to be involved in controlling their lives and making their own health care decisions b. Actively engage and comprehensively explain to individuals the impacts of healthy lifestyle and behaviours on physical well being c. Apply principles of self management including undertaking motivational interviews to assist individuals to set goals and objectives with the aim of empowering them to manage their health conditions. | <ul style="list-style-type: none"> a. Promote, educate and provide guidance to peers and other health professionals on the principles and importance of self determination for individuals and the community b. Educate and actively demonstrate the impacts of healthy lifestyle and behaviours on physical well being c. Promote, educate and provide guidance to peers and other health professionals on the principles and importance of self management d. Undertake and educate others on the techniques of motivation interviewing to set goals with the aim of empowering individuals to self manage their condition e. Support individuals as part of self management to monitor and manage signs and symptoms of their condition along with managing the impact of the condition on their physical, emotional and social life f. Actively manage individual's self management plans including the review and adjustment of goals along with managing signs and symptoms of their condition. | HLTAHW404B |
| 4. Implementing effective health promotion and prevention strategies | <ul style="list-style-type: none"> a. Participate in delivering health promotion programs and activities b. Seek feedback from the community on effectiveness of health promotion strategies and provide feedback to organisation on advice received about effectiveness of programs. | <ul style="list-style-type: none"> a. Identify and deliver health promotion strategies and activities b. Evaluate health promotion activities to assess relevance to individuals and the community. | <ul style="list-style-type: none"> a. Plan, identify, develop and deliver health promotion strategies and activities b. Evaluate, monitor, assess (including health outcomes) and report on the effectiveness of health promotion strategies and activities on individuals and communities.. | HLTAHW308B HLTAHW405B HLTAHW409B HLTAHW411B CHCPROM502B |

DOMAIN 4: LEADING AND DEVELOPING SELF AND OTHERS



PRINCIPLES

ELEMENTS

| | NEW | EXPERIENCED As per 'NEW' with the following additional elements | ADVANCED As per 'NEW' and 'EXPERIENCED' with the following additional elements | COMPETENCY STANDARD CODE* |
|--|--|---|---|--|
| 1. Promoting and advancing the Health Worker profession | <ul style="list-style-type: none"> a. Participate and work effectively within their own role. | <ul style="list-style-type: none"> a. Work effectively within their own role b. Act as role model for their peers c. Participate in peer support programs d. Act as a mentor to new Health Workers e. Communicate the role of Health Workers to peers and other health professionals | <ul style="list-style-type: none"> a. Develop and lead peer support and mentoring programs b. Assist organisation to identify programs and services that may be required to support the workforce and work with the organisation to develop and lead professional development programs. c. Develop strategies to attract others to the Health Worker profession | HLTAHW427B |
| 2. Reflecting on and developing own practice | <ul style="list-style-type: none"> a. Participate in performance appraisal process b. Commence developing performance appraisal agreements c. Understand limits of one's skillset and scope of practice and recognise when to seek assistance when practicing beyond skillset d. Work with others to identify gaps in knowledge and participates in opportunities for further training and education | <ul style="list-style-type: none"> a. Have in place a performance appraisal agreement which outlines skills, competencies and aspirations b. Actively reflect on own practice and undertake self assessments during performance appraisal process c. Identify gaps in knowledge/skills and actively seek out opportunities for further training and education d. Seek assistance when required to practice beyond skillset e. Recognise signs of fatigue and burnout and seek assistance | <ul style="list-style-type: none"> a. Have in place a detailed performance appraisal agreement which outlines skills, competencies and aspirations b. Continuously reviews and critically self assesses own practice and performance c. Work with the organisation to develop the performance appraisal process and align/incorporate training and education as part of the process d. Report instances of situations when required to practice beyond skillset and seek assistance e. Recognise signs of fatigue and burnout in oneself and other health workers and seek assistance and/or make appropriate referrals for assistance | BSBWOR202A HLTHIR301B HLTAHW427B |
| 3. Understanding and developing the workplace | <ul style="list-style-type: none"> a. Develop an understanding and awareness of all organisational policies and procedures b. Comply with organisational policies and procedures | <ul style="list-style-type: none"> a. Actively promote organisational policies and procedures b. Identify opportunities for improvements for service delivery and participate in implementation c. Identify breaches in organisational policies and procedures and respond appropriately | <ul style="list-style-type: none"> a. Comply with organisational policies and procedures b. Identify gaps in organisational policies and procedures and assist organisation to develop them c. Leads and contributes to the development of culturally safe policies and procedures and improve service delivery | CHCCPOL301B |

DOMAIN 4: LEADING AND DEVELOPING SELF AND OTHERS



PRINCIPLES

ELEMENTS

| | NEW | EXPERIENCED As per 'NEW' with the following additional elements | ADVANCED As per 'NEW' and 'EXPERIENCED' with the following additional elements | COMPETENCY STANDARD CODE* |
|---|---|---|---|------------------------------|
| 4. Sharing and creating knowledge | <ul style="list-style-type: none"> a. Actively share basic knowledge with peers informally b. Participate in quality improvement and research activities | <ul style="list-style-type: none"> a. Actively share knowledge and skills with peers b. Actively participate in developing and implementing quality improvement and research activities | <ul style="list-style-type: none"> a. Develop and implement communication models and protocols to enable the sharing of information both formally and informally b. Establish and/or organise professional development programs that foster knowledge and skill sharing for peers across organisation c. Identify quality improvement and research opportunities, participate in leading the development and implementation of quality improvement and research activities | CHCPOL403B |
| 5. Collaborating and communicating with other health professionals | <ul style="list-style-type: none"> a. Understand the variety of roles (other health professionals and non-health professionals) b. Understand the Health Worker role within a multidisciplinary team setting c. Develop effective working relationship with peers within the organisation d. Effectively communicate individual's health care information to other team members | <ul style="list-style-type: none"> a. Develop effective working relationship with peers within the organisation and with other health professionals outside the organisation b. Contribute effectively to the multidisciplinary team c. Actively participate communication and dissemination of individual's health care and referrals within the multidisciplinary team | <ul style="list-style-type: none"> a. Have an established network of peers and health professionals b. Work with the organisation to identify ways improving the effectiveness of the multidisciplinary team | HLTAHW302B HLTAHW501B |

DOMAIN 5: PRACTISING IN A PROFESSIONAL AND ETHICAL WAY



PRINCIPLES

ELEMENTS

| | NEW | EXPERIENCED / ADVANCED As per 'NEW' with the following additional elements | COMPETENCY STANDARD CODE* |
|---|---|---|--------------------------------------|
| 1. Practising ethically | <ul style="list-style-type: none"> a. Awareness of all relevant duty of care frameworks or ethical guidelines in which Health Workers work within b. Understand and practice within relevant duty of care and ethical guidelines | <ul style="list-style-type: none"> a. Promote appropriate behaviour in accordance with all duty of care and ethical guidelines b. Provide advice/counselling to peers on any issues or concerns arising in relation to duty of care, ethical behaviours or cultural protocols and responsibilities in the workplace c. Assist peers and/or the organisation to address and resolve any breaches of duty of care and/or ethical guidelines d. Monitor, identify and report any breach or non-adherence to duty of care or ethical guidelines to relevant personnel | HLTHIR301B CHCCS400B |
| 2. Understanding and practising within confidentiality guidelines | <ul style="list-style-type: none"> a. Maintain confidentiality of client information regardless of personal, family and community pressure or status b. Exhibit caution when communicating client information by oral and written means to ensure confidentiality c. Explains to the client/patient their rights for confidentiality d. Understand when to consult peers in relation to issues of client confidentiality and duty of care e. Works to ensure client/patient records are maintained in a secure and environment | <ul style="list-style-type: none"> a. Assist peers and/or the organisation to address and resolve any breaches of client confidentiality b. Monitor, identify and report any breach or non-adherence to client confidentiality to relevant personnel | HLTAHW201B CHCCS400B |
| 3. Understanding and practising within legislative frameworks and policies | <ul style="list-style-type: none"> a. Awareness of all legislative frameworks and policies including mandatory reporting requirements b. Practice within all legislative frameworks and policies and adhere to all mandatory reporting requirements | <ul style="list-style-type: none"> a. Understand and practice within all legislative frameworks and policies including mandatory reporting guidelines b. Promote awareness and appropriate behaviours in accordance with all legislative frameworks and policies including mandatory reporting guidelines c. Provide advice/counselling to peers on any issues or concerns arising in relation to legislative frameworks or mandatory reporting requirements in the workplace d. Identify and report any breach or non-adherence to legislative frameworks and policies including mandatory reporting guidelines e. Assist peers and/or the organisation to address and resolve any breaches to legislative frameworks or policies | HLTHIR301B CHCCS400B |
| 4. Understanding and professionally managing relationships with family & community | <ul style="list-style-type: none"> a. Understands professional responsibility to community and organisation b. Able to identify and set role boundaries particularly in relation to family, community and cultural responsibilities c. Identifies when ethically challenging relationships with family and/or community occur and consults peers | <ul style="list-style-type: none"> a. Able to identify and manage ethically challenging relationships, requirements and requests from peers, families and the community b. Able to identify and set role boundaries particularly in relation to family, community and cultural responsibilities and assists peers in doing so c. Ensures that quality care is provided particularly when cultural protocols and responsibilities limit the ability to provide care themselves d. Works to develop systems and relationships to foster positive family and community relationships | HLTHIR301B CHGCS419B CHCCS400B |

* This is not intended to be an exhaustive list and there may be other competency standards that may touch on aspects of the principles which have not been recorded here.

APPENDIX A



Membership of the Technical Advisory Group

The development of this framework was guided by a Technical Advisory Group convened through the Health Workforce Australia Aboriginal and Torres Strait Islander Health Worker Project. The membership of the group included representatives from various jurisdictions along with representation from relevant bodies. Those members were as follows:

- Mr. Robin Flynn – Community Services & Health Industry Skills Council
- Mr Craig Gear - PricewaterhouseCoopers
- Ms. Faye Law – Queensland Aboriginal and Torres Strait Islander Health Worker Education Program Aboriginal Corporation
- Ms Karen Lee - PricewaterhouseCoopers
- Ms. Anna Leditschke – Health Workforce Australia
- Mr. Warren Locke – Queensland Health
- Ms. Kate Milbourne – Australian Health Practitioner Regulation Authority
- Mr. Peter Pangquee – Northern Territory Health and Northern Territory Aboriginal Health Worker Registration Board
- Ms. Jenny Poelina - National Aboriginal and Torres Strait Islander Health Worker Association
- Mr. Clarke Scott – National Aboriginal and Torres Strait Islander Health Worker Association
- Ms. Renee Williams – National Aboriginal and Torres Strait Islander Community Controlled Health Organisations

The Framework was presented and reviewed by NATSIHWA members and stakeholders at the NATSIHWA AGM on 31st January 2012. The final version Framework was endorsed by the NATSIHWA Board in June 2012.

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

As the peak national professional association for Aboriginal and Torres Strait Islander Health Workers NATSIHWA's aims and objectives are to:

- Advocate on behalf of Aboriginal and Torres Strait Islander Health Workers to ensure input and engagement on various work force issues, including recruitment and retention strategies and career pathways and support
- Represent all Aboriginal and Torres Strait Islander Health Workers at peak regional, state and national forums
- Provide a range of communications resources to assist member's keep up to date with developments in their profession
- Facilitate the mentoring and the provision of support for Aboriginal and Torres Strait health workers
- Identify and pursue opportunities to provide advice and policy input into the national accreditation and registration process for Aboriginal and Torres Strait Islander health workers
- Promoting and facilitating cultural capability, safety and respect within the workplace of Aboriginal and Torres Strait Islander Health workers
- Protect the cultural integrity of Aboriginal and Torres Strait Islander Health Workers.

This Framework remains the property of NATSIHWA and may only be used following written permission. This Professional Practice Framework has been developed through the support of Health Workforce Australia. NATSIHWA receives funding from the Australian Government Department of Health and Ageing.

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NATSIHWA

**National Aboriginal and Torres Strait
Islander Health Worker Association**

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