

WORKFORCE & RECRUITMENT

Aboriginal Maternal and Infant Health Service

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1. Introduction

This document supports the AMIHS Service Delivery Model (SDM) and should be implemented with reference to that document.

The Aboriginal Maternal and Infant Health Service (AMIHS) Workforce and Recruitment Plan sets out the attributes and skills sets required by AMIHS staff to deliver the Service Delivery Model. It also outlines a recruitment and orientation process to 'fast track' staff into the AMIHS programs and identifies the workforce's ongoing professional development needs.

2. The AMIHS Workforce

The AMIHS model consists of a midwife and Aboriginal Health Worker working in partnership with Aboriginal women in a flexible and non-judgemental manner. Sensitivity to the underlying social and economic circumstances that have an impact on the lives of Aboriginal people is at the core of AMIHS services. The AMIHS teams provide community-based midwifery care in pregnancy and the early postnatal period and are also involved in community development initiatives that promote healthy lifestyle choices. The purpose of antenatal care is to monitor the health of both the mother and baby in order to promote early recognition of antenatal complications, and to provide appropriate and timely intervention to optimise outcomes for both mother and baby. Postnatal care in community settings or at home will provide clinical, psychological and educational support as well as enhance the seamless transition to child and family health services and collaboration where necessary to other agencies.

To deliver this service, the AMIHS workforce must demonstrate specific skills and knowledge associated with the AHW/AHEO or midwife position plus general attributes consistent with the philosophy, values and guiding principles of the AMIHS program and experience working in a small team, in partnerships and on community development projects. The AMIHS Training and Support Unit (TSU) aims to provide the workforce with education, training and the support required to meet these challenges.

2.1. The AMIHS Training and Support Unit

In 2000, the AMIHS Training and Support Unit (TSU) was established as a statewide service to support the implementation of AMIHS. The aim was to break down isolation and to develop networks of support for AMIHS workers through the provision of professional training and support. The 2005 AMIHS evaluation found that the training and support program was a vital component of the AMIHS and questioned whether the achievements and successes would have been possible without the level of support offered by the Training and Support program. This is reflected in the high workforce retention rates that the AMIHS program has achieved, including 72% for midwives and 45% for Aboriginal Health Workers from the Service's establishment to 2006.

The TSU should promote collaboration and partnerships between AMIHS services. This should include support for the development of AHSs' AMIHS Networks and the provision of locally based training within these networks. The TSU also has a role in promoting and distributing educational and community development resources that support the aims and objectives of the AMIHS. This includes organising statewide AMIHS conferences, and AMIHS AHS Network conferences.

The following section discusses the required knowledge, skills and attributes in detail.

2.2. AHW/AHEO – knowledge and skills

At a national level, there are several relevant qualifications ranging from the Certificate II to the Advanced Diploma level in a number of streams of Aboriginal health.

To fulfil their role AMIHS AHW/AHEO workers must be able to:

- engage with Aboriginal families in the community to ensure the program is widely known and understood
- link women to the AMIHS program and to mainstream services
- be an advocate for Aboriginal women in mainstream services and agencies
- be able to work effectively in a small team respecting and understanding each team member's role and contribution
- provide antenatal and postnatal education and support in collaboration with the midwife/midwives
- provide social support to women and families
- take a lead role with women's reference groups or other forms of community consultation
- take a lead role in initiating and carrying out community development and health promotion initiatives
- Work with acute maternity services to provide culturally appropriate services
- represent the voice of Aboriginal families on local and Area-wide committees.

2.3. Midwives

The midwife must be registered as a midwife with the NSW Nurses and Midwives Board and able to practice according to the National Competencies for the Midwife as articulated by the Australian Nursing and Midwifery Council. The midwife must be able to fulfil the four domains of these national competency standards:

1. Legal and professional practice
2. Midwifery knowledge and practice
3. Midwifery as primary health care
4. Reflective and ethical practice.

In particular, in order to work in the role as determined by the AMIHS, the midwife must have:

- highly developed clinical skills
- the ability to build relationships, to consult, listen to and work with the community
- ability to work in partnership with AHW/AHEO
- excellent communication, advocacy and team work skills
- be able to work effectively in a small team respecting and understanding each team member's role and contribution
- respect for Aboriginal women and workers
- the ability to encourage others to be self-determining.

2.4. General attributes required by the AMIHS team

In general, each member of the team needs to have knowledge of the philosophy, values and guiding principles of AHIMS and an understanding of how their roles relate to meeting these aspirations. The AMIHS philosophy, values and guiding principles are outlined in the AMIHS Service Delivery Model.

A number of other attributes are also important including ability to:

- Be non-judgemental
- Be committed and motivated
- Be enthusiastic
- Have an understanding of personal boundaries and professional obligations
- Have integrity and be able to maintain confidentiality
- Be adaptable and flexible
- Have an ability to work under pressure and to deal with change
- Have positive self-esteem
- Demonstrate a commitment to ongoing education and lifelong learning
- Have emotional intelligence¹

Knowledge in a number of areas related to effective maternity care and support is necessary including:

- The need to promote good pregnancy care and healthy lifestyle choices
- The importance of starting pregnancy care early (i.e. booking in for antenatal care preferable before 16 weeks but at least before 20 weeks of pregnancy)
- An understanding of the range of pregnancy, child and family health and community services that are provided locally
- The need for pregnant women to take care of themselves to give their baby the best start to life
- The role of the AHW/AHEO and the midwife
- The need for care and support to be based in the community.

¹ Emotional intelligence includes the ability to work effectively in teams, the ability to recognize and respond appropriately to one's own and others' feelings and the ability to motivate oneself and others (Source: Cadman C.;Brewer J. [Journal of Nursing Management](#), 9 (6), 2001: 321-324(4).

2.5. Community Development Experience

Community development initiatives are important yet have created challenges for AMIHS programs in the past. This is likely because this is a relatively new concept to the team members so they may initially lack skills and resources in the planning, implementation and evaluation of community development projects.

The skills, knowledge and attributes necessary to achieve success in community development includes:

- An ability to understand and canvass the needs of women in the community and to develop community-driven approaches that will enhance positive outcomes for women and babies
- An ability to ensure that community development projects have an outcome, for example, linking women to other services or groups
- Capacity to engage all members of the family, especially grandparents and fathers
- The development of effective partnerships with other service and education providers and non-government organisations (NGO) including Brighter Futures, TAFE, community art programs and broader health promotion initiatives (e.g. smoking cessation)
- An understanding of the principles of health promotion.

2.6. Partnership Experience

The ability to develop and maintain effective partnerships is an essential skill of the AMIHS team. Partnerships with the Aboriginal community will ensure that the needs and expertise of the Aboriginal community is brought to the health care processes. Partnerships between Area Health Services (AHS) and the Local Aboriginal Community Controlled Health Services (ACCHS) are essential to the success of AMIHS. Other partnerships that are necessary include Brighter Futures, child and family health services and other government and non-government organisations.

Skills and knowledge needed to build effective partnerships includes:

- Understanding and respecting the skills and expertise that different groups and agencies bring
- Understanding the role of different organisations
- Communication skills that enable effective transmission of information and foster collaborative skills.

It is essential that AMIHS teams have time to develop partnerships with groups and agencies. It is often difficult to do this once the program is fully functional and operational.

2.7. Additional skills

Additional generic skills, knowledge and attributes include:

- A willingness to work in a small team (AHW/AHEO and midwife) and as part of a wider team within the health service
- An ability to be reflective on practice issues and be involved with ongoing clinical supervision, either as a group or individually
- A willingness to engage with continuing professional development and life long learning opportunities
- An understanding of the need for capacity building of one another (e.g. support for one another to attend training and development opportunities)
- A commitment to ongoing improvement of the AMIHS program through participation in evaluation.

2.8. Key Selection Criteria – AHW/AHEO

Skills and Attributes

- Aboriginal woman with demonstrated understanding of Aboriginal culture
- Able to engage and link women to the AMIHS program and mainstream services (This involves advocating for Aboriginal women in mainstream services and agencies)
- Able to take a leading role in initiating and carrying out community development activities and engaging with Aboriginal families and the community through women's reference groups or other consultative forums
- Demonstrated capacity to work in partnership with a midwife or midwives in the AMIHS program to create a cohesive culturally appropriate environment that can achieve the objectives of AMIHS
- Able to provide social support to women and families and link women to appropriate services
- Able to provide antenatal and postnatal education in collaboration with the midwife and other relevant groups
- Capacity to be non-judgemental enthusiastic, consistent, reliable with the ability to build relationships, to consult, listen to, and work with, the community
- In collaboration with the midwife, ensure that the data collection processes are undertaken
- Able to exercise sound judgement and discretion to matters of confidentiality and sensitivity
- Ability to identify appropriate referral pathways.

Knowledge

- Understand the guiding principles of AMIHS
- Understand issues in pregnancy, labour and birth and the postnatal period, including health promotion activities
- Appreciate the unique challenges involved in Aboriginal maternal and infant health
- Recognise the importance of cultural respect and sensitivity
- Understand the relevant policy and procedures within the NSW Department of Health, Area Health Service and the AMIHS program.

Qualifications

- Recognised formal training or experience in Aboriginal Health
- Completed or undertaking the Aboriginal Maternal Health Workers Course or evidence of equivalent competences.

Experience required

- Experience in working in Aboriginal Communities
- Experience in working with a diverse range of people
- Experience of maintaining confidentiality
- Ability to work under pressure and in sensitive situations

2.9. Key Selection Criteria – Midwife

Skills and Attributes

- Able to practice according to the National Competencies for the Midwife as articulated by the Australian Nursing and Midwifery Council (2006)
- Able to engage and link women to the AMIHS program and mainstream services (This involves advocating for Aboriginal families in mainstream services and outside agencies and community services)
- Demonstrated capacity to provide community-based midwifery continuity of care to women in AMIHS. This will mostly be antenatal and postnatal care. Some programs provide opportunities for care during labour and birth
- Able to work in partnership with the AHW/AHEO in the AMIHS program to create a cohesive team and provide a culturally appropriate environment that can achieve the objectives of the AMIHS
- Able to provide social support to women and families
- Able to provide antenatal and postnatal education in collaboration with the AHW/AHEO and other relevant groups
- Capacity to be non-judgemental enthusiastic, consistent, reliable with the ability to build relationships, to consult, to listen and work with the community
- Able to exercise sound judgement and discretion to matters of confidentiality and sensitivity
- In collaboration with the AHW/AHEO ensure that the data collection processes are undertaken
- Possess excellent communication, advocacy and team work skills
- Demonstrate respect and understanding for Aboriginal families and the communities in which they live.

Knowledge

- Understand the guiding principles of AMIHS
- Demonstrate a high level of knowledge of midwifery care in pregnancy, labour and birth and the postnatal period, including health promotion activities.
- Understand the unique medical, physical, social and emotional issues in Aboriginal maternal and infant health
- Understanding of the importance of cultural respect and sensitivity
- Understanding of the relevant policy and procedures within the NSW Department of Health, the Area Health Service and the AMIHS program

Qualifications

- Registered Midwife in NSW

Experience required

- Experience in antenatal, intrapartum and postnatal care
- Experience in working with a diverse range of people including Aboriginal peoples

3. Orientation and Training for New AMIHS Staff

The process to fast track midwives and AHW/AHEOs for program readiness will depend on their previous knowledge and experience. Initially, a process of listening and understanding the skills and knowledge that staff brings to the AMIHS program is essential. This strengths-based philosophy ensures that orientation and training process builds on the skills base already accomplished by the AMIHS staff.

3.1. Gap analysis

A preliminary gap analysis of the skills, knowledge and attributes of the AMIHS workers should be undertaken on day one before the AHW/AHEO and midwife commence their duties. This is to ensure that the orientation program is tailored to meet the needs of both the individual and the team. The midwives should complete the Australian College of Midwives' Practice Development Inventory. This inventory builds on a skills inventory and is designed for midwives working in continuity of care models. While some of the components of the inventory may not be relevant (i.e. care in labour and birth) the overall philosophy is woman centred, takes a primary health care approach and addresses social and emotional aspects of practice. This inventory will be useful for midwives to highlight areas in which they need specific education, information or support in order to gain confidence. A similar inventory could be developed for AHW/AHEOs through the Training and Support Unit bearing in mind the national relevant units of competencies for each qualification. These inventories will identify particular skills and knowledge that are required and will enable an orientation program to build on existing skills and capacity.

In particular a gap analysis that considers the AMIHS workers experience and skills in cultural awareness and respect; working in the health sector, especially hospitals, working in Aboriginal communities; clinical experience and capacity; social and emotional wellbeing; clinical supervision and health literacy and antenatal and postnatal issues should be instigated.

It is likely that new staff will require some degree of support and development in these areas and it is recommended that the Training and Support Unit (TSU) take a lead role in providing the baseline education and training needs for the midwives and the AHW/AHEO.

3.2. The AMIHS orientation program

A universal orientation program is recommended for midwives and AHW/AHEOs who are recruited to AMIHS. It is recommended that the midwife and AHW/AHEO commence employment together and undertake this program together.

The AMIHS-specific orientation program is over and above the usual orientation programs established and mandated in the AHS. This will vary but is likely to include fire and safety, occupational health, waste management, manual handling, CPR (adult and neonatal/infant), other maternity emergencies (where relevant) and child protection training.

A dedicated cultural awareness training workshop is required. This should be made available to all employees within the AHS but it is particularly important for new AMIHS staff. Cultural awareness training must be incorporated into the AMIHS-specific orientation.

Initially, **one week specific orientation** to the service and the local community is required. The exact composition of this week depends on the entering skills, attributes and knowledge of the AHW/AHEO and midwife and their experience within the community. The 'skills inventories' are essential for the midwife and the AHW/AHEO to complete so that the specific needs can be addressed (for example, if the midwife has not undertaken antenatal or postnatal care recently then time working in the maternity service with midwives and doctors to build these skills must be included over and above the specific orientation program). While some of this week includes orientation to the AMIHS service, other time is allocated to developing an understanding of the local Aboriginal community, child and family health nurses and other key stakeholders (e.g. midwives and doctors in the local maternity unit, Aboriginal Community Controlled Health Services, GPs, DoCS and Brighter Futures teams). The line managers of the AMIHS staff will be responsible for this initial orientation.

The **second week of the orientation program** could be delivered through a series of modules that could be developed by the TSU. Modules could be provided in face to face delivery mode or as an on-line program with access to support through telephone, email or video-conferencing (or through Skype-like mediums where these are feasible). These could also be suitable for others in the AHS, including midwives from the local maternity unit and child and family health nurses and Aboriginal workers from local community controlled organisations. There are significant benefits from a shared program in terms of building relationships with other workers in this area. Building relationships and maintaining networks is important in AMIHS services and sharing education will facilitate this process. While, the second week of orientation could be delivered by the TSU, the program needs to be developed in collaboration with the line manager.

3.2.1. Core local orientation program

Week 1

Day 1	<p>Introduction to the AMIHS program</p> <ul style="list-style-type: none"> ○ Description of the model of care • Self assessment of skills, knowledge and attributes <ul style="list-style-type: none"> ○ Midwives complete ACM's Practice Development Inventory ○ AHW/AHEOs complete a similar inventory (to be developed by the TSU) <ul style="list-style-type: none"> ▪ These inventories identify particular skills and knowledge that are needed and will enable the orientation program to build on existing skills and capacity • Communication and networking <ul style="list-style-type: none"> ○ Set up email networks and communication links with AMIHS services in other areas
Day 2	<p>Introduction to the Aboriginal community</p> <ul style="list-style-type: none"> • Orientation day at local Aboriginal community controlled organisation
Day 3	<p>Meetings with key stakeholders – GPs, maternity unit staff, Brighter Futures staff, DoCS case workers and managers</p>
Day 4	<p>Day with local child and family health nurse team</p>
Day 5	<p>Community placement day</p> <ul style="list-style-type: none"> • Includes government and non-government services and should be broader than health-related services.

Week 2

Day 1-2	Cultural awareness training (minimum of 2 days)
Day 3-4	<p>Modules (could be delivered on line or through remote access)</p> <ul style="list-style-type: none"> • Assessment of social and emotional wellbeing <ul style="list-style-type: none"> ○ perinatal mental health ○ family violence issues • Supporting healthy life styles <ul style="list-style-type: none"> ○ smoking cessation ○ drug and alcohol use ○ obesity in pregnancy ○ nutrition • Working with families in challenging situations <ul style="list-style-type: none"> ○ Working with young people ○ Child protection issues and responsibilities ○ Housing and legal issues • Supporting reflective practice <ul style="list-style-type: none"> ○ Reflective practice and clinical supervision ○ Providing support and mentoring skills to one another ○ Looking after yourself ○ Planning your own ongoing professional development
Day 5	Orientation to Brighter Futures

Note: These modules could be shared with midwives from the local maternity unit and child and family health nurses and Aboriginal workers from local community controlled organisations

Within the first 2 months

2 day	<ul style="list-style-type: none"> • Community development workshop
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Within the first 12 months

5 days	Family Partnership Training
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3.3. AMIHS Training

A number of professional development modules must be developed by the Training and Support Unit. It is essential that both the midwife and the AHW/AHEO undertake the selected modules together as part of their orientation and ongoing professional development. These modules should be undertaken as soon as possible after recruitment. Work time needs to be allocated to ensure that midwives and AHW/AHEOs can undertake the modules prior to booking caseload clients.

A commitment by management to the ongoing development of the midwifery Aboriginal health workforces is also essential.

1. ASSESSMENT OF SOCIAL AND EMOTIONAL WELLBEING

The aim of this module is to provide information about a range of issues relating to social and emotional well being including perinatal mental health, family and intimate partner violence. The module will provide practical strategies to ensure that these issues are addressed in the care of mothers and babies. The module will include opportunities to practice undertaking effective assessments using videotaping and reflective feedback in a supported and safe environment.

2. SUPPORTING HEALTHY LIFESTYLES

The aim of this module is to address a range of lifestyle and other issues that are known to impact on the health of pregnant women and their babies and ultimately, their families. Topics to be included include the impact of obesity in pregnancy and early childhood, smoking, drugs and alcohol in pregnancy, nutrition, breastfeeding and infections in pregnancy. Practical examples and strategies will be used to engage participants. Participants will also have an opportunity to use their own experiences and expertise and assist others to build on their skills and knowledge.

3. WORKING WITH FAMILIES IN CHALLENGING SITUATIONS

This module will provide knowledge and skills in working with families who are experiencing challenges. The families will include those experiencing violence, child protection issues, difficulties with housing or legal matters. The particular issues facing young parents will also be addressed in this module. The responsibilities that health workers have in relation to legal issues especially mandatory child protection reporting will also be covered. As in other modules, experiential approaches will be used to ensure that participants have practical experiences that can assist them in practice. Online methods will be used to support learning in rural settings.

4. SUPPORTING REFLECTIVE PRACTICE

This module will explore the potential benefits of effective reflective practice for health professionals. Real life scenarios will be used to demonstrate effective techniques and strategies. The module will also provide opportunities to practice reflecting on practice and providing support and mentoring skills to one another. The module will also provide strategies to ensure that AMIHS staff look after themselves as well as one another, taking into account the challenges for staff in rural and remote areas. An outcome of the module will be that each AMIHS worker develops an individual plan for their own ongoing professional development.

5. COMMUNITY DEVELOPMENT WORKSHOP

Within the first two (2) months of staff commencing employment in the AMIHS, a two (2) day workshop on community development should be undertaken. This should be developed as an educational module by the TSU and could be available to other staff in the maternity unit, Brighter Futures or local non-government organisations. This workshop will be developed and delivered in collaboration with experts in community development and Aboriginal health.

It is recommended that the workshop be undertaken within the first two (2) months rather than at initial commencement. This is because the large amount of information, skills and knowledge that are required initially to work in the AMIHS service may detract from participants gaining benefit from a community development workshop if it were held too early.

It would be beneficial, as a team building exercise, for all AMIHS staff (AHW/AHEOs and midwives) in each AHS to undertake the Community Development Workshop together.

6. FAMILY PARTNERSHIP TRAINING

It is a requirement that all AMIHS staff undertake Family Partnership Training within the first 12 months of commencing with the service. There are recognised Family Partnership trainers in each AHS. A local program in each AHS can therefore be arranged for the AMIHS staff. It would be beneficial, again as a team building exercise, for all AMIHS staff (midwives and AHW/AHEOs) in each AHS to undertake the five (5) day Family Partnership training together.

4. AMIHS Recruitment

4.1. Maximising exposure of recruitment effort

This section identifies how to maximise exposure of recruitment effort. In particular the section concentrates on:

- Key messages
- Engaging the Aboriginal communities
- Using key messages linking to the AMIHS Communication strategy

4.1.1. Key messages

Key messages have been developed through the *AMIHS Communications Strategy*. These messages were developed for consumers and service providers and emphasise the services available to Aboriginal women and Aboriginal families and the opportunities for midwives and Aboriginal Health Workers.

A number of these messages could be used in advertising for midwives (Figure 1) and potential or current AHW/AHEOs (Figure 2).

Figure 1: Key messages from the AMIHS Communication strategy for midwives

Are you interested in being part of the strong women, strong babies program in NSW?

Do you want to provide midwifery care from the community?

Do you want flexibility and a varied work life?

Here is an opportunity to be part of an exciting initiative to assist Aboriginal women and families have strong and healthy babies.

The Aboriginal Maternal and Infant Health Service is in place across NSW to provide support for Aboriginal babies and their mothers. AMIHS provides community-based midwifery care in pregnancy and the early postnatal period and are also involved in community development initiatives that promote healthy lifestyle choices.

This includes:

- Providing community-based midwifery care in pregnancy and the early postnatal period
- Working together in partnership with a Aboriginal Health Worker
- A chance to be part of community projects and community consultation
- Collaborating with child and family health nurses
- Linking with the Brighter Futures Program and other support services for families

This is a unique opportunity to be involved in a high quality and exciting program for pregnant Aboriginal women and their babies in the community.

The key messages for current or potential AHW/AHEOs are slightly different from those for midwives. This recognises the different role as well as the opportunity to recruit potential AHWs into the positions.

Figure 2: Key messages from the AMIHS Communication strategy for AHW/AHEOs

Are you interested in working with women right from their first visit in pregnancy until they've settled in with their new baby?

Are you interested in providing support for women and their families in your community including encouraging women to attend appointments with their midwife or doctor, advice about what's going on with their body and their growing baby, and help with the changes that come with a new baby?

Here is an opportunity to be part of an exciting initiative to help Aboriginal women and families have strong and healthy babies.

The Aboriginal Maternal and Infant Health Service is in place across NSW to provide support for Aboriginal babies and their mothers. AMIHS provides community-based midwifery care in pregnancy and the early postnatal period and are also involved in community development initiatives that promote healthy lifestyle choices.

This includes:

- Providing community-based support and education in pregnancy and the early postnatal period
- Working together in partnership with a midwife
- A chance to be part of community projects and community consultation
- Collaborating with child and family health nurses
- Linking with the Brighter Futures Program and other support services for families

This is a unique opportunity to provide high quality continuity of care for pregnant Aboriginal women and their babies in the community.

4.1.2. Engaging Aboriginal communities

A number of strategies are recommended including:

- Consultation with the Aboriginal Health Branch to ensure appropriate engagement occurs
- Consultation with the Aboriginal Health and Medical Research Council of NSW (AHMRC), the peak body for Aboriginal Community Controlled Health Services in NSW and the National Aboriginal Community Controlled Health Organisation (NACCHO) the national peak Aboriginal health body representing Aboriginal Community Controlled Health Services throughout Australia, should occur. This will include providing information about AMIHS, the expanded program sites and the recruitment processes.
- In areas where Aboriginal Women's Reference Groups have been established, these groups should be consulted to ensure that any strategies developed are appropriate and respectful of the community
- The use of Aboriginal motifs and designs on brochures and advertising material (e.g. those in the NSW Aboriginal Nursing and Midwifery strategy 2007-2010 have been reported to be appropriate and successful).
- Having an Aboriginal spokeswoman (midwife or AHW/AHEO) who can create real life pictures for the AMIHS programs. This means having a real person on the brochures or publicly available materials for the recruitment processes.

- The telling of 'real life' stories in the Aboriginal press and rural newspapers. This may be from both women and families as well as the staff perspectives in AMIHS programs.

4.1.3. How and where to advertise

A number of strategies are proposed to maximise recruitment effort through advertising.

Widespread advertising in mainstream newspapers is costly and seems to have limited success. Internet advertising may be more cost effective than mainstream newspapers. Other opportunities or options are highlighted in Appendix C.

The target audiences are

- Midwives and AHW/AHEOs
- Women undertaking Aboriginal Health Worker training and student midwives
- Aboriginal women who may be considering a career in health
- Registered nurses who might be considering undertaking a midwifery program
- Midwives who are currently not working and who may want to rejoin the midwifery workforce

It is essential that any advertising or information to potential applicants also includes information on the career opportunities and scholarships available to successful applicants. The opportunity of continuing professional development for both AHW/AHEOs and midwives is a positive factor that should be visible in any recruitment process.

5. Bringing it all together: the recruitment & orientation process

The following recommendations are made in relation to methods to fast track recruits into AMIHS programs.

It is recommended that

1. Where possible, the AHW/AHEO and the midwives **commence employment together** and undertake the initial orientation program and ongoing professional development modules together.
2. The orientation program should:
 - take a **strengths-based** philosophy using the guiding principles for AMIHS to guide the preparatory needs.
 - include an initial self **assessment of skills, knowledge and attributes** when the AHW/AHEO and midwife commence employment so that the universal orientation program can be tailored to meet the individual and team needs.
 - ensure the midwife & AHW/AHEO understand that AMIHS is a maternity service
 - ensure that the midwife and AHW/AHEO develop knowledge **of the community and the services and programs** available. This must include the development of networks and relationship with elders in the Aboriginal community. Meeting and relationship building with the local maternity service and general practitioners is also an essential part of knowing the community.
 - include knowledge of the **Department of Community Services (DoCS) and the Brighter Futures** program, including the Brighter Future's orientation day.
 - ensure that staff develop a strong **understanding of the role of child and family health nurses** and the effective transition that women make from maternity to child health services
 - include **cultural awareness training**. AHW/AHEOs and Midwives should undertake this training together and if possible it should be based close to their community.
 - include **skills in community development approaches**. In the initial orientation program, this needs to be at an introductory level. Ongoing training and support in community development is needed as this is likely to be an area of high need.
 - include skills and knowledge in the **assessment of social and emotional wellbeing** and issues such as **smoking cessation, drug and alcohol, family violence and complex family situations**.

- include **planning ongoing professional development** for midwives and AHW/AHEOs
 - consider the **unique needs of those in rural areas**. Training delivered through multiformat packages, with paper based and DVD material are a convenient means of accessing education without impacting on service delivery or a worker's personal time. Developing ongoing professional development opportunities where the trainer visits sites rather than the staff being released for education away from home is advantageous.
 - include process for ongoing effective **communication and networking**. New AMIHS staff need to be networked with other AMIHS program in the AHS through an email list server. The new AMIHS staff also need to feel part of a wider team within their town or area and be linked into the maternity unit and/or community health service. Scheduling regular meetings with this wider team and relevant managers for communication and shared training is needed to build a wider team.
3. The **Training and Support Unit take a lead role** in providing the education and training needs of the midwives and the AHW/AHEO locally including the development and delivery of the professional development modules.
 4. A number of **professional development modules** should be developed by the TSU. It is important that both the midwife and the AHW/AHEO undertake the selected modules locally and together as part of their orientation and ongoing professional development. These modules should be undertaken as soon as possible after recruitment. Work time needs to be allocated to ensure that AHW/AHEOs and midwives can undertake the modules.
 5. **Family Partnership Training** through NSW Health should be undertaken by both the AHW/AHEO and the midwife within the first 12 months of commencement with the AMIHS.
 6. Resources need to be made available within the AHS for AMIHS staff to have **access to ongoing professional development and opportunities**.
 7. **Reflective Practice** needs to be facilitated for all midwives and AHW/AHEOs working in the AMIHS programs. This could be on a one to one basis or as a group. Appropriate facilitation may need to be sourced from outside the AHS.
 8. **Succession planning** must occur in all AMIHS programs. This may include opportunities for exchange between AMIHS and the maternity unit, community health or an Aboriginal Medical Service. These exchanges may assist AMIHS staff to take annual leave and to experience other opportunities. In addition, supporting outside staff to have time working within the AMIHS program will build relationships and help other workers understand the challenges working within the AMIHS.

Appendix A: How and where to advertise: Strategies and requirements

Strategies	Requirements
<p>1. Coordinated approach across area health services</p>	<ul style="list-style-type: none"> ▪ Central point of reference for coordination through Primary Health and Community Partnerships Branch. ▪ Consistent advertisements and job descriptions ▪ Applicants directed to HR Divisions in each AHS ▪ Personal contact must be made in relation to the positions either from NSW Health or current programs.
<p>2. Use of networks – emails lists through NaMO, Aboriginal Health and professional groups</p>	<ul style="list-style-type: none"> ▪ Advertisements to be communicated through other branches, e.g. NaMO, Aboriginal Health. ▪ Ask the Chief Nurse and Midwife to distribute information regarding midwifery roles through the Area Directors of Nursing and Midwifery and through other networks (midwifery educators, midwifery workforce forum groups). ▪ E-newsletters/list servers be utilised through Pregnancy and Newborn Services Network and the Australian College of Midwives and the NSW Midwives Association ▪ NSW Aboriginal Health Branch asked to distribute information on the AHW/AHEO roles through local networks and groups including Aboriginal Community Controlled Health Services. ▪ Australian Indigenous <i>HealthInfoNet</i> has a notice board facility that can carry job vacancy information and an e-message stick capacity that is extensive email service for Aboriginal workers.
<p>3. Recruitment page on the NaMO and Aboriginal Branch websites for midwives and AHW/AHEOs.</p>	<ul style="list-style-type: none"> ▪ Recruitment page to have links to the relevant AHS ▪ Recruitment enquiries should have a person available to provide information at the end of the phone or email. ▪ Link to Midwifery Connect program through NaMO
<p>4. Electronic advertising using job search sites</p>	<p>Midwives could be recruited through the following job search sites or services:</p> <ul style="list-style-type: none"> ▪ www.SEEK.com ▪ www.MyCareer.com ▪ healthstaffrecruitment.com.au ▪ CRANA Job Searcher:

	<p>http://www.crana.org.au/js_js.php</p> <p>AHW/AHEOs may be advertised through community service sites such as:</p> <ul style="list-style-type: none"> ▪ http://www.communityactivecareers.com.au/ ▪ Vibe Worker which is the only job search engine specifically for Indigenous Australian job seekers, and employers seeking Aboriginal and Torres Strait Islander staff. http://www.vibe.com.au/
5. Print advertising in professional newsletters or journals	<p>A number of newsletters/journals should be targeted for advertising including:</p> <ul style="list-style-type: none"> ▪ Midwifery Matters, Australian Midwifery News (Australian College of Midwives) ▪ The Lamp (NSW Nurses Association) ▪ Nursing Review ▪ Rural Nurse (Newsletter of the Australian Rural Nurses and Midwives) ▪ Outback Flyer (CRANA)
6. Video advertising using new media opportunities	<p>A video could be developed that would target midwives and potential Aboriginal health workers. This could be similar to the one developed for YouTube by NaMO to recruit midwives to Australia from the UK (http://www.youtube.com/watch?v=cRFQ4EgtE9E)</p>
7. Advertise during the NaMO Workforce Day	<p>NaMO is holding a forum prior to the annual conference of the NSW Midwives Association.</p> <p>It is suggested that AMIHS be presented at this forum as a means to highlight the programs, provide information and be available for possible recruitment opportunities. The Training and Support Unit should take a lead role in this activity.</p>
8. Travelling 'road show' to provide more information and recruit staff in a number of sites –	<p>A forum could be an opportunity to provide midwives and AHWs with information about AMIHS and recruit staff. It is suggested that three sites be explored: Coffs Harbour (at the time of the NSW Midwives Association Conference in October 2008) and two other sites (e.g. Dubbo, Wagga Wagga or Queanbeyan). The Training and Support Unit should take a lead role in these information sessions.</p>

<p>9. Recruitment of registered nurses and the provision of scholarships to undertake midwifery education</p>	<p>Advertising to RNs (possibly through email networks or professional or industrial newsletters (e.g. The Lamp, College of Nursing).</p> <p>Scholarships need to target to RNs interested in becoming midwives and carry criteria in relation to working in AMIHS after graduation.</p> <ul style="list-style-type: none"> ▪ Priority could be given to Aboriginal nurses and RNs in rural areas.
<p>10. Recruitment through work experience for high school students.</p>	<p>This is a long term strategy that aims to encourage school leavers to undertake higher education to become a nurse or a midwife (Bachelor of Nursing or Bachelor of Midwifery). Support for work experience needs to occur through management of the AMIHS programs and through the midwives and AHW/AHEOs themselves.</p>