SKILLSIQ

CAPABLE PEOPLE MAKE CLEVER BUSINESS

DRAFT

INDUSTRY SKILLS FORECAST

Executive Summary

To be completed once the document content is finalised.

Skills Forecast

Name of IRC: Aboriginal and Torres Strait Islander Health Worker

Name of SSO: SkillsIQ Limited

About SkillsIQ

SkillsIQ supports 17 Industry Reference Committees representing diverse 'people-facing' sectors. These sectors provide services to people in a variety of contexts such as customer, patient or client. The Industry Reference Committees are collectively responsible for overseeing the development and review of training products, including qualifications, serving the skills needs of almost 50 per cent of the Australian workforce.

Sector Overview

The 2016 Census reported that there were 649,200 Aboriginal and Torres Strait Islander people in Australia. This represents 2.8% of the total population[1]. The health and wellbeing of Aboriginal and Torres Strait Islander Australians is a significant concern for all Australian governments (COAG 2008). It is well documented that Aboriginal people experience a range of disparities in health outcomes and do not benefit equitably from health services. As with other colonised populations worldwide, Aboriginal and Torres Strait Islander Australians experience poorer health outcomes and shorter life expectancy compared with non-Indigenous Australians[2]. Providing equitable access to primary health care (PHC) is a continuing challenge, despite a universal health insurance scheme (Medicare) and the funding of community-controlled and government-managed health services specifically designed to meet the health needs of Aboriginal and Torres Strait Islander peoples. Potentially preventable chronic diseases are the greatest contributor to the difference in health status between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians[3].

The health needs of Aboriginal and Torres Strait Islander people are primarily met by Aboriginal and Torres Strait Islander Health Workers and Practitioners. The roles that they perform vary and are dependent on the needs of the community they serve. The types of roles can include clinical functions; liaison and cultural brokerage; health promotion; environmental health; community care; administration; management and control; and policy development and program planning[4].

---

[1] Australian Bureau of Statistics, Census 2016, http://www.abs.gov.au/ausstats/abs@.nsf/MediaRealesesByCatalogue/02D50FAA9987D6B7CA25814800087E03?OpenDocument viewed 12 December 2017

[2] Australian Institute of Health and Welfare. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147 ed. Canberra: AIHW; 2015. http://www.aihw.gov.au/publication-detail/ ?id=60129550168.

[3] Bailie et al. Globalization and Health (2017) 'Improving preventative health care in Aboriginal and Torres Strait Islander primary care settings'

[4] National Aboriginal and Torres Strait Islander Health Worker Association 2014, *Aboriginal and Torres Strait Islander Health Association Annual Report 2014*

Aboriginal and Torres Strait Islander Health Worker Qualifications – Current as at January 2018

The VET qualifications that cater to this sector include:

- *HLT20113 Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care*
- *HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care*
- *HLT40113 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care*
- *HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice**
- *HLT50113 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care*
- *HLT50213 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice*
- *HLT60113 Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care*

*Qualification required for registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia as an Aboriginal and/or Torres Strait Islander Health Practitioner.

Registered Training Organisations Using the Training Products

Table 1 indicates the number of Registered Training Providers (RTOs) with Aboriginal and Torres Strait Islander Health Worker qualifications on scope. This data is current as at 05 December 2017, per the listing on the National Register of VET (www.training.gov.au).

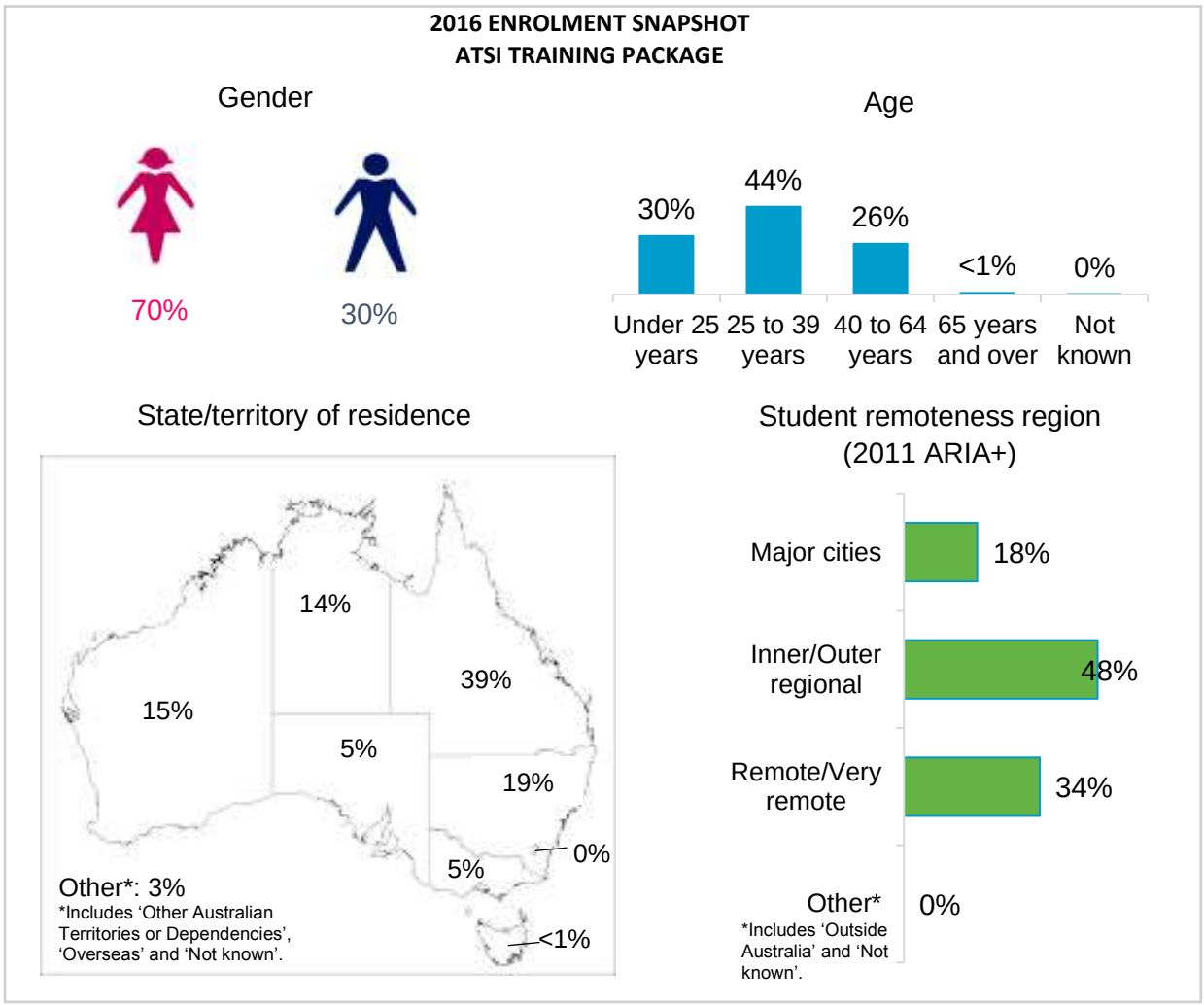
Table 1

Code	Qualification Name	No. of RTOs on Scope
HLT20113	Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care	14
HLT30113	Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care	20
HLT40113	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care	18
HLT40213	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice	19
HLT50113	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care	8
HLT60113	Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care	1
CHC81115	Graduate Diploma of Family Dispute Resolution	7
CHC81215	Graduate Certificate in Statutory Child Protection	2
CHC81315	Graduate Certificate in Career Development Practice	4
CHC82015	Graduate Certificate in Client Assessment and Case Management	10

Source: Training.gov.au. RTOs approved to deliver this qualification. Accessed 20th December 2017

General notes on statistics:

1. Enrolment and completion data is sourced from NCVER VOCSTATS (Program enrolments and completions 2014 – 2016), accessed October 2017.
2. It is important to note that not all training providers are currently required to submit enrolment and completion data therefore some figures presented may underrepresent the true count of enrolments and completions for a qualification. From 2018, all training providers will be required to submit data therefore current discrepancies noted in the national NCVER figures and actual attendance should be minimal in future releases. The data presented in this report is shown for indicative purposes.
3. Figures reflect public and private RTO data.
4. 'E' represents Enrolment.
5. 'C' represents Completion.
6. Completion data for 2016 represents preliminary outcomes (i.e. not a full year)
7. Superseded qualifications, and their respective enrolment data are not tabled, unless otherwise indicated.



Source: NCVER VOCSTATS (Program enrolments 2016 by various breakdowns) Base count n=4,597

Enrolment and Completion (E/C) Figures

The following section (**Table 2**) details enrolment and completion figures for the years 2014–2016. This data has been sourced from the National Centre for Vocational Education Research (NCVER).

Table 2

Qualification	E/C	2014	2015	2016	Total
HLT20113 Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care	E	479	435	254	1168
	C	73	56	69	198
HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care	E	236	318	275	829
	C	28	46	59	133
HLT40113 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care	E	72	161	220	453
	C	9	15	38	62
HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice	E	307	543	762	1612
	C	45	114	141	300
HLT50113 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care	E	38	56	44	138
	C	0	9	4	13
HLT50213 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice	E	26	54	60	140
	C	0	2	4	6
HLT60113 Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care	E	0	0	0	0
	C	0	0	0	0

Source: NCVER VOCSTATS, TVA program completions 2016, accessed November 2017

National Peak Bodies and Key Industry Players

The following list represents a range of organisations that perform a variety of key roles in this sector. These organisations and their networks are well placed to offer industry insights at the time of Training Package review.

- Government departments and agencies
  - State and territory health departments
- Peak and industry associations
  - National Aboriginal Community-Controlled Health Organisation
  - Aboriginal Health & Medical Research Council of NSW
  - Victorian Aboriginal Community-Controlled Health Organisation
  - Queensland Aboriginal and Islander Health Council
  - Aboriginal Health Council of Western Australia
  - Aboriginal Health Council of South Australia
  - Aboriginal Medical Services Alliance Northern Territory
  - Tasmanian Aboriginal Centre
  - Royal Australian College of General Practitioners
- Health Professionals' organisations
  - National Aboriginal and Torres Strait Islander Health Worker Association
- Employee associations

    - Health Services Union
    - United Voice
- Regulators
    - Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Large and small private employers across metropolitan, regional, rural and remote areas
- Registered training providers, both public and private.

Health Sector Overview

The health services sector in Australia includes a range of health services and facilities. Australia's age profile and private health insurance coverage are expected to continue rising over the next five years, which should strengthen demand for most health services.
Health expenditure statistics show:

- Total government health expenditure ($114.6 billion)—about two-thirds (67.3%) of all health expenditure—grew by 4.1% in real terms in 2015-16[5].
- In 2015-16, total direct government expenditure on Aboriginal and Torres Strait Islander Australians was estimated to be $33.4 billion, a real increase from $27.0 billion in 2008-09.
- From this approximately $6.3 billion was spent on health-related services for Aboriginal and Torres Strait Islander people[6].

The key driver of the demand for health services is demographic change. Australia, like most developed nations, is experiencing a long-term ageing of its population. The Intergenerational Report (IGR) shows that both the number and proportion of Australians aged 65–84 and 85 years and over are projected to grow substantially. In 2015, approximately three million people, or 13% of the population, were aged 65–84. With these changing demographics comes an increasing demand for, and use of, health services, particularly for the Aboriginal and Torres Strait Islander community. With this will come a need to increase the Aboriginal and Torres Strait Islander workforce and ensure it has the necessary skills to cope with future demand for services. The high influx of migrants coming to Australia each year, of whom 80% are of working age, will help to counteract Australia's ageing workforce and contribute to cultural diversity.

Aboriginal and Torres Strait Islanders' Health Overview

Aboriginal and Torres Strait Islanders experienced a burden of disease that was 2.3 times the rate of non-Indigenous Australians in 2011. The life expectancy of Aboriginal and Torres Strait Islanders has improved slightly in recent years but progress will need to accelerate if the 2020 Council of Australian Governments' (COAG) target to close the gap in life expectancy by 2031 is to be met[7]. At present mortality rates for Aboriginal and Torres Strait Islander people are much worse than for non-Indigenous people. **Figure 1** below highlights the disparity between Aboriginal and Torres Strait Islander and non-Indigenous Australians in terms of life expectancy at birth.

[5] Australian Government, Australian Institute of Health and Welfare, *Health expenditure Australia 2015-16*
[6] SCRGSP (Steering Committee for the Review of Government Service Provision) 2017, 2017 Indigenous Expenditure Report, Productivity Commission, Canberra.
[7] Australian Health Ministers' Advisory Council, 2017, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, AHMAC, Canberra.

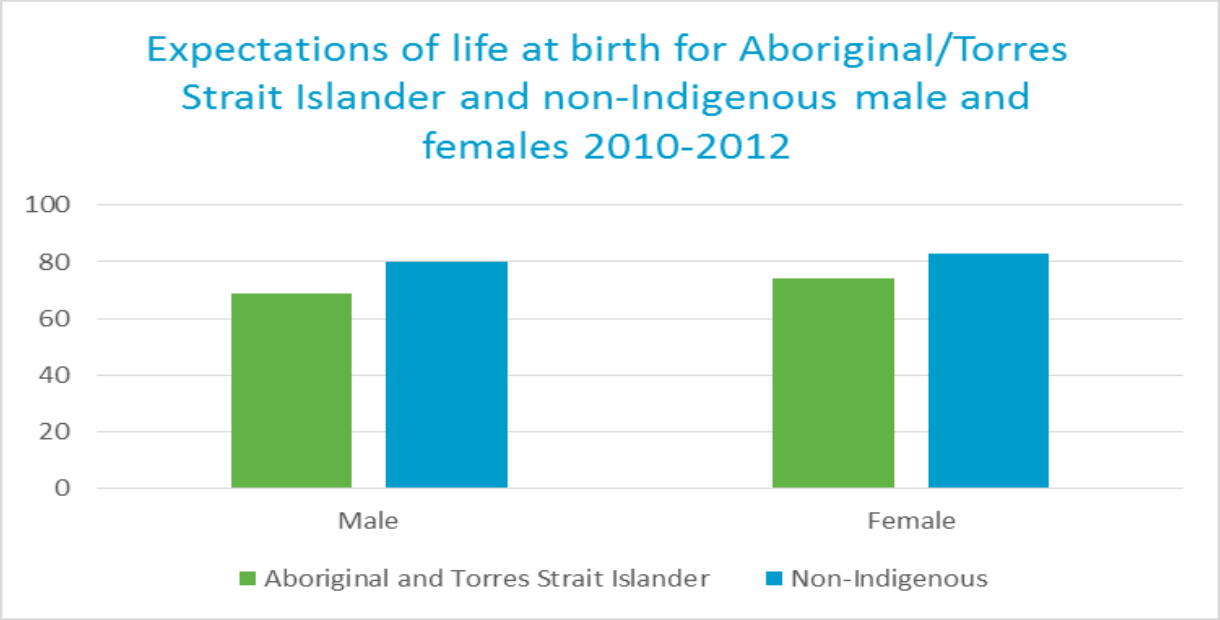


Figure 1.

Source: Australian Indigenous Health*InfoNet* (2017) *Summary of Aboriginal and Torres Strait Islander health,* 2016. Perth, WA: Australian Indigenous Health*InfoNet*

Many Aboriginal and Torres Strait Islander people are affected by cardiovascular disease (CVD). Around one in eight (13%) Aboriginal and Torres Strait Islander people reported in the *2012-2013 Australian Aboriginal and Torres Strait Islander Health Survey* (AATSIHS) that they had some form of CVD. One-in-twenty-five (4%) Aboriginal and Torres Strait Islander people reported having some form of heart, stroke and/or vascular disease. Around one-in-twenty (6%) Aboriginal and Torres Strait Islander people reported having high blood pressure. CVD was 1.2 times more common for Aboriginal and Torres Strait Islander people than for non-Indigenous people[8].

Aboriginal and Torres Strait Islander people are also more susceptible to die from cancer than non-Indigenous people. This could be due to the types of cancers they develop (such as cancers of the lung and liver) which are more likely to be fatal. Their cancer may also be more advanced by the time it is diagnosed (which is partly because Aboriginal and Torres Strait Islander people may visit their doctor later and/or may not participate in screening programs), and as such are less likely to receive adequate treatment[9].

Diabetes and kidney disease are also serious health problems for the Aboriginal and Torres Strait Islander community. The death rate among Aboriginal and Torres Strait Islander peoples for diabetes was five times higher and for kidney disease was three times higher than for the non-Indigenous community[10].

For Aboriginal and Torres Strait Islander people, 'health' is a holistic term as defined within the National Aboriginal Health Strategy (1989), meaning 'not just the physical wellbeing of an individual, but (also) the social, emotional and cultural wellbeing of the whole community in which each

[8] Australian Indigenous Health*InfoNet* (2017) *Summary of Aboriginal and Torres Strait Islander health,* 2016. Perth, WA: Australian Indigenous Health*InfoNet*
[9] Australian Indigenous Health*InfoNet* (2017) *Summary of Aboriginal and Torres Strait Islander health,* 2016. Perth, WA: Australian Indigenous Health*InfoNet*
[10] Australian Indigenous Health*InfoNet* (2017) *Summary of Aboriginal and Torres Strait Islander health,* 2016. Perth, WA: Australian Indigenous Health*InfoNet*

individual is able to achieve their potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life'[11]. Self-determination is also central to the provision of Aboriginal and Torres Strait Islander health services[12].

In 2012–13, 30% of Aboriginal and Torres Strait Islander peoples reported that they needed to, but didn't, go to a health care provider in the previous 12 months. This varied by type of service, with 21% not going to a dentist, 14% to a doctor, 9% to a counsellor, 9% to other health professionals and 6% to hospital when needed. Aboriginal and Torres Strait Islanders living in non-remote areas (32%) were more likely to report not seeking care when needed than those living in remote areas (22%). Selected potentially preventable hospitalisation rates for Aboriginal and Torres Strait Islander peoples were 3 times the non-Indigenous rate during the period July 2013 to June 2015. Aboriginal and Torres Strait Islander peoples had lower rates of hospitalisations with a procedure recorded (62%) compared with non-Indigenous Australians (81%). Aboriginal and Torres Strait Islander peoples also had lower rates of elective surgery and longer wait times. Aboriginal and Torres Strait Islander peoples discharge from hospital against medical advice was 7 times the rate of non-Indigenous Australians[13]. The challenge of health care visitation among the Aboriginal and Torres Strait Islander community is something that Aboriginal and Torres Strait Islander workers will need to overcome to enable better health outcomes.

The Aboriginal and Torres Strait Islander Health Worker

Australia's health system is facing significant challenges, including an ageing population and an ageing health workforce; the changing burden of disease, and in particular a growing level of chronic disease; and increased demand for health services with higher numbers of people requiring complex and long-term care. To face these challenges the health workforce needs planning for now and the future. This is especially critical in the Aboriginal and Torres Strait Islander health care sector. Culture and identity are central to Aboriginal and Torres Strait Islander perceptions of health. This has seen the Aboriginal and Torres Strait Islander Health Worker workforce evolve into a more culturally comprehensive service provider that meets the need to provide culturally safe clinical and primary health services to Aboriginal and Torres Strait Islander people whose health needs were not being met by mainstream services. Aboriginal and Torres Strait Islander Health Workers today are able to respond to local health needs and contexts and perform different tasks depending on the services needed. This is reflected in the wide degree of variation that exists in Aboriginal and Torres Strait Islander Health Worker roles, definitions, scopes of practice, education standards and career pathways[14]. According to the 2016 Census, 'health care and social assistance' was the primary employment industry of Aboriginal and Torres Strait Islander people aged 15 to 64 years in Australia (15%). This includes include doctors, nurses, dentists, physiotherapists, child care workers and aged care providers[15].

---

[11] Australian Government 2013, National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023, viewed 25 August 2016, http://www.health.gov.au/internet/main/publishing.nsf/content/ B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf.

[12] Encompass Family and Community 2014 Youth alcohol and drug practice guide 4: Learning from each other: Working with Aboriginal and Torres Strait Islander Young People. Brisbane. Dovetail.

[13] Australian Health Ministers' Advisory Council, 2017, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, AHMAC, Canberra.

[14] Health Workforce Australia 2014: Australia's Health Workforce Series – Aboriginal and Torres Strait Islander Health Workers / Practitioners in focus

[15] Australian Bureau of Statistics, Aboriginal and Torres Strait Islander Population, 2016 Census article, http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/2071.0Main+Features122016?OpenDocument viewed 12 December 2017

Generally Aboriginal and Torres Strait Islanders Health Workers provide culturally safe health care to Aboriginal and Torres Strait Islander people, such as advocating for Aboriginal and Torres Strait Islander clients in order to explain their cultural needs to other health professionals, and educating or advising other health professionals on the delivery of culturally safe health care; performing a comprehensive primary health care role, which includes, for example, clinical assessment, monitoring and intervention activities, and health promotion; and adapting the roles they perform in response to local health needs and contexts[16].

Mental Health and Substance Abuse Issues within the Aboriginal and Torres Strait Islander Community

Aboriginal and Torres Strait Islander people suffered profound negative impacts as a result of colonisation with the loss of traditional ways and culture, people and communities. These included disconnection from the land, from traditional food, and from native law, cultural practices and language. The dramatic impact of colonisation on family life for Aboriginal and Torres Strait Islander Australians resulted in 'traumatic distress, chronic anxiety, physical ill-health, mental distress including fear and depression, high levels of substance use problems and high rates of imprisonment'[17]. Aboriginal and Torres Strait Islander people experience higher rates of mental health issues than other Australians, with deaths from suicide twice as high; hospitalisation rates for intentional self-harm 2.7 times as high; and rates of high/very high psychological distress 2.6 times higher than other Australians. Social, historical and economic disadvantage (including institutionalised racism) have contributed to high rates of physical and mental health problems, high adult mortality, high suicide rates, child removals and incarceration rates, which in turn have led to higher rates of grief, loss and trauma[18]. Barriers to accessing mental health services include perceived potential for unwarranted intervention from government organisations, long wait times (more than one year), lack of inter-sectoral collaboration and the need for culturally competent approaches, including in diagnosis[19].

In terms of alcohol consumption Aboriginal and Torres Strait Islander people are less likely to drink alcohol than non-Indigenous people, but those who do drink are more likely to drink at harmful levels. Drinking too much alcohol is associated with health conditions like liver disease, diabetes, cardiovascular disease and some cancers; accidents and injury; and harm to families and communities[20]. These are health and safety issues of which to be mindful within the Aboriginal and Torres Strait Islander community.

Cigarette smoking is a leading contributor to the burden of morbidity and mortality among Aboriginal and Torres Strait Islander people. The health impacts of smoking vary by smoking duration and intensity, but it is well established that smoking causes a range of adverse health conditions. Although there have been marked smoking reductions in Australia, the prevalence of smoking among Aboriginal and Torres Strait Islander adults remains high, estimated at 41.4%, compared with 14.5% in the total Australian adult population[21]. Evidence indicates that there is

[16] Health Workforce Australia, 2011, Growing Our Future: the Aboriginal and Torres Strait Islander Health Worker Project Final Report
[17] Roche A., Trifonoff, A., Nicholas, R., Steenson, T., Bates, N., Thompson, M. (2013). Feeling Deadly: Working Deadly. A resource kit for Aboriginal & Torres Strait Islander alcohol and other drug workers and their managers and supervisors. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide SA
[18] Australian Health Ministers' Advisory Council, 2017, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, AHMAC, Canberra
[19] McGough, S, Wynaden, D & Wright, M 2017. Experience of providing cultural safety in mental health to Aboriginal patients: A grounded theory study, *International Journal of Mental Health Nursing,* doi10.1111/inm.12310.
[20] Australian Indigenous HealthInfoNet (2017) Summary of Aboriginal and Torres Strait Islander health, 2016. Perth, WA: Australian Indigenous HealthInfoNet
[21] Lovett R, Thurber KA, Wright A, Maddox R, Banks E. Deadly progress: changes in Australian Aboriginal and Torres Strait Islander adult daily smoking from 2004– 2015. Under review.

widespread awareness of tobacco-related health consequences among Aboriginal and Torres Strait Islander peoples, with variation by region and between specific health conditions[22]. However, this widespread awareness is not necessarily positively associated with an intention to quit or reduce smoking. As smoking is the leading contributor to the burden of disease among Aboriginal and Torres Strait Islander peoples, it is essential for strategies to emerge to reduce the prevalence of smoking as this will generate substantial health gains[23].

According to Aboriginal leaders, if better health outcomes are to be realised at a national level there must be an integrated, cross-discipline, cross-portfolio, Aboriginally-led initiative. This is the only way in which underlying issues can be identified and tackled. It is time to be innovative, considering options that fall outside 'western' health and medical models. This approach must take account of social, cultural, spiritual, economic and environmental determinants such as education, employment, safe housing, and culturally appropriate health practices and health promotion[24].

Some reforms to ensure higher participation in health services for Aboriginal and Torres Strait Islander people include:

- having Aboriginal and Torres Strait Islander Health Workers on staff
- increasing the number of Aboriginal and Torres Strait Islander people working in the health sector (doctors, dentists, nurses, etc.)
- designing health promotion campaigns especially targeted towards Aboriginal and Torres Strait Islander people
- having culturally competent non-Indigenous staff
- making important health services available in rural and remote locations (so Aboriginal and Torres Strait Islander people living in rural and remote areas do not have to travel to cities, away from the support of their friends and families)
- funding health services so they are affordable for Aboriginal and Torres Strait Islander people who might otherwise not be able to afford them[25].

Royal Commission into Family Violence (Victoria)

In 2015 the Victorian Government established a Royal Commission into Family Violence. The establishment of the Royal Commission was an acknowledgement of the seriousness of the issue. The Commission was tasked with identifying more effective ways to prevent family violence; improving early intervention so as to identify those at risk; supporting victims; making perpetrators accountable; developing and refining systemic responses to family violence; better coordinating community and government responses to family violence, and, finally, evaluating and measuring the success of strategies, frameworks, policies, programs and services introduced to prevent family violence.

Aboriginal and Torres Strait Islander peoples, especially women and children, are disproportionately affected by family violence. Not only are they more likely to be affected by family violence, but they

[22] Nicholson AK, Borland R, Couzos S, Stevens M, Thomas DP. Smoking-related knowledge and health risk beliefs in a national sample of Aboriginal and Torres Strait Islander people. Med J Aust. 2015; 202(10):S45–50.
[23] Lovett R, Thurber KA, Maddox R. The Aboriginal and Torres Strait Islander smoking epidemic: what stage are we at, and what does it mean? Public Health Res Pract. 2017:27(4):e2741733. https://doi.org/10.17061/phrp2741733
[24] Health Performance Council, Aboriginal health in South Australia: 2017 case study, Government of South Australia, Adelaide, 2017.
[25] Australian Indigenous Health*InfoNet* (2017) *Summary of Aboriginal and Torres Strait Islander health,* 2016. Perth, WA: Australian Indigenous Health*InfoNet*

also face unique barriers to obtaining assistance—whether from a mainstream or culturally appropriate service. It is clear that the injustices experienced by Aboriginal and Torres Strait Islander peoples, including the dispossession of their land and traditional culture, and the grief and trauma associated with policies leading to the wrongful removal of children from their families, have had a profound intergenerational impact on these communities. Family violence is a leading contributor to Aboriginal child removal, homelessness, poverty, poor physical and mental health, drug and alcohol misuse and incarceration[26].

Aboriginal and Torres Strait Islanders Health Workers are in a unique position to identify and respond to family violence. Some victims of family violence will not contemplate engaging with a specialist family violence service but will interact with health professionals at times of heightened risk for family violence—for example, during pregnancy or following childbirth—or seek treatment for injuries or medical conditions arising from violence they have experienced. Failing to identify signs of family violence or minimising the importance of disclosures by patients can have a profound impact on victims and deter them from seeking help in the future.

A range of health services interact with people experiencing family violence, and these include hospitals, general practitioners, maternal and child health services, mental health and drug and alcohol services, pharmacists and ambulance officers. There are many reasons for health professionals failing to inquire about family violence or lacking the confidence to respond to disclosures, including a lack of family violence training and awareness, inadequate referral options, and time pressures, which can all contribute to missing opportunities to intervene and offer support to victims[27].

Most people place considerable trust in health professionals' advice. Such advice can help victims come to recognise family violence, make safety plans and gain access to the services they need. The Commission makes a range of recommendations to improve health sector responses, through strengthened screening and risk assessment procedures, greater workforce training and development, and better coordination and information sharing between different parts of the health care system. This should be underpinned by clear political and professional leadership to ensure that awareness of, and the ability to respond to, family violence are central components of comprehensive patient care.

Regional and Remote Aboriginal and Torres Strait Islander Health

In both 2006 and 2011 the highest number of Aboriginal and Torres Strait Islander Health Workers were located in very remote areas – a total of 319 (33%) in 2006 and 316 (25%) in 2011. The highest concentration of Aboriginal and Torres Strait Islander Health Workers per 100,000 Aboriginal and Torres Strait Islander population was also in very remote areas in 2006 and 2011[28].
There is a discrepancy between the distribution of the Aboriginal and Torres Strait Islander Health Worker workforce and the distribution of the Aboriginal and Torres Strait Islander population. The 2016 Census showed approximately 35% of Aboriginal and Torres Strait Islander people lived in major cities, with 20% in remote or very remote areas[29]. However, the majority of Aboriginal and

[26] Victorian State Government 2016, Royal Commission into Family Violence, *Summary and recommendations*
[27] Victorian State Government 2016, Royal Commission into Family Violence, *Summary and recommendations*
[28] Health Workforce Australia 2014: Australia's Health Workforce Series – Aboriginal and Torres Strait Islander Health Workers / Practitioners in focus
[29] Australian Bureau of Statistics, Aboriginal and Torres Strait Islander Population, 2016 Census article, http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Aboriginal%20and%20Torres%20Strait%20Islander%20Population%20Article~12 viewed 12 December 2017

Torres Strait Islander Health Workers were located in remote and very remote areas, and the fewest in major cities. This likely reflects health service delivery models, such as remote health clinics, and accessibility to a wider range of health services in major cities[30]. The most significant issue for the rural and remote health workforce is not one of overall supply but, rather, workforce distribution associated with the availability and sustainability of local health services[31]. It has been reported through industry that there are significant challenges associated with the provision of training in remote areas. Community-based training is essential in terms of providing opportunities for Aboriginal and Torres Strait Islander people to develop the skills and knowledge required to work in this sector. However, there are ongoing difficulties in building adequate numbers of Aboriginal and Torres Strait Islander trainers and assessors, and this is especially difficult in remote areas. The government has implemented the Indigenous Employment Initiatives program which provides funding to Indigenous-specific aged care services to employ Aboriginal and Torres Strait Islander aged care workers in rural and remote areas. Over 100 participating aged care services receive funding specifically for employee wages and are able to allocate this funding to full or part-time personal aged care workers according to the workforce needs of individual health services[32].

State and Territory Jurisdictional Legislation

Each state and territory in Australia has its own jurisdictional legislation around working with medications including administration and management. Workers are bound by these restrictions when practising in that state/territory. There are significant variations between these legislative instruments, and some states restrict Aboriginal and Torres Strait Islander Health Practitioners registered under AHPRA in the ability to apply their skills and knowledge to parts of the job role.

Some jurisdictions (Queensland, for example) are currently developing a Health Drugs and Poisons Regulation (HDPR) to enable the workforce to fully practise in the scope of their role and support a workforce that is mobile and able to provide more effective, efficient and accessible/available service delivery.

Aboriginal and Torres Strait Islander Health Practitioners, where the Northern Territory is their principal place of practice, are identified in, and permitted to administer medication under, the Poisons and Dangerous Drugs Act[33].

Aboriginal and Torres Strait Islander Health Workers and Practitioners are in many cases unable to fully develop their scope of practice and, as a result, are faced with barriers to employment, service delivery and the ability to register with the Australian Health Practitioner Regulation Agency (AHPRA). To qualify for registration with AHPRA, a worker must complete the qualification *HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice* which includes the Unit *HLTAHW020 Administer medications as a core unit*. However, due to state and territory legislation, students are restricted in their ability to fully apply the knowledge and skills learned via this Unit and put them into practice. This is acknowledged in the Unit of Competency itself, which states that assessment should take place *in the workplace, unless state or territory legislation prevents practice in the workplace*. Where state or territory legislation prevents practice in the

[30] Health Workforce Australia 2014: Australia's Health Workforce Series – Aboriginal and Torres Strait Islander Health Workers / Practitioners in focus
[31] Australian Government 2017, The Department of Health, National Aboriginal and Torres Strait Islander Health Plan 2013–2023
[32] Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra.
[33] Northern Territory Repealed Acts, Poisons and Dangerous Drugs Act, Northern Territory of Australia, as in force at 1 July 2012

workplace, simulated assessment environments may be used in place of workplace assessment. All learners completing the qualification are required to be trained and assessed per the specifications of the Training Package.

Employment Skills and Outlook

Labour Force Data

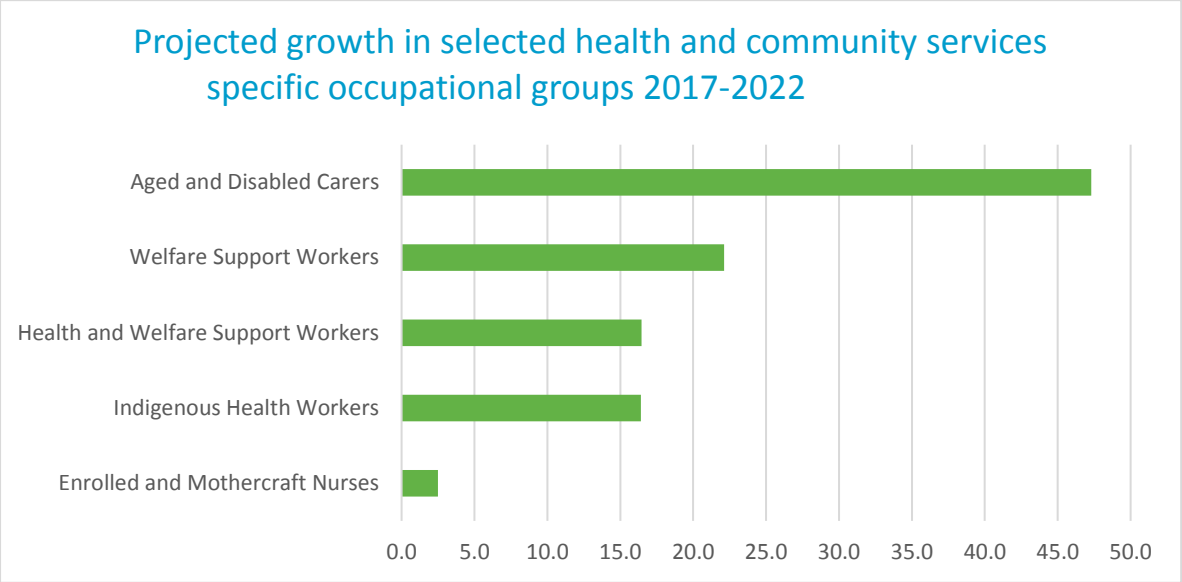


Figure 2

Figure 2, above, shows that, as in most health-related services, Aboriginal and Torres Strait Islander Health Workers are expected to grow in number over the next five years. The sector is therefore primed for growth as Aboriginal and Torres Strait Islander people will continue to need access to health-related services.

Aboriginal and Torres Strait Islander peoples are significantly under-represented in the health workforce. This potentially contributes to reduced access to health services for the broader Aboriginal and Torres Strait Islander Australian population. The Aboriginal and Torres Strait Islander workforce is integral to ensuring that the health system has the capacity to address the needs of Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander health professionals can align their unique technical and sociocultural skills to improve patient care, improve access to services and ensure culturally appropriate care in the services that they and their non-Indigenous colleagues deliver[34].

The number of registered Aboriginal and Torres Strait Islander Health Workers at September 2017 was 623 nationwide[35]. **Figure 3**, below, shows a breakdown of Registered Health Workers by state.

[34] Australian Health Ministers' Advisory Council, 2017, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, AHMAC, Canberra.
[35] Australian Health Practitioner Regulation Agency 2017, Aboriginal and Torres Strait Islander Health Practise Board of Australia, *Aboriginal and Torres Strait Islander Health Practice Board of Australia Registrant Data*

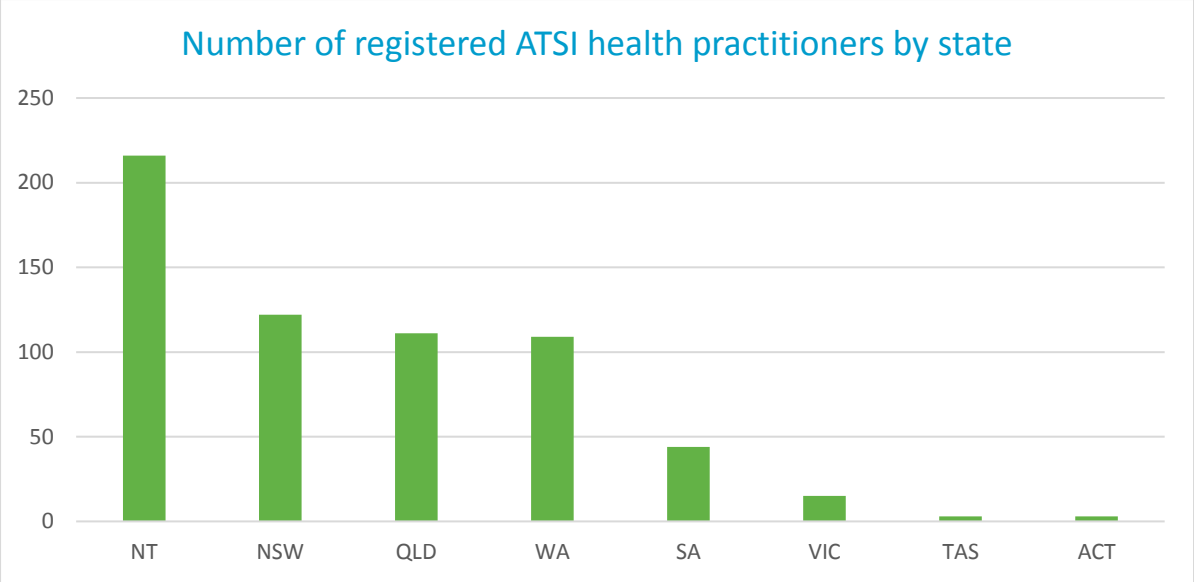


Figure 3

Source: *Aboriginal and Torres Strait Islander Health Practice Board of Australia Registrant Data, Reporting period: 1 July 2017 – 30 September 2017.*

The Aboriginal and Torres Strait Islander Health workforce is ageing. Most (52%) of the workers are over the age of 45. The biggest group of workers is aged 45-54 (30%). See **Figure 4**, below, for a breakdown by age of Aboriginal and Torres Strait Islander Health Workers.

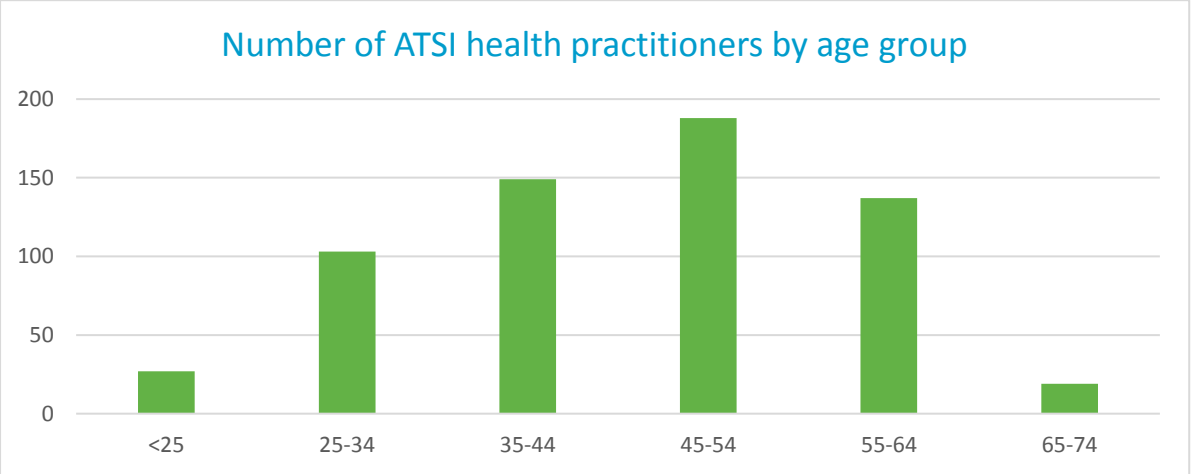


Figure 4

Source: *Aboriginal and Torres Strait Islander Health Practice Board of Australia Registrant Data, Reporting period: 1 July 2017 – 30 September 2017*

Females make up the majority of the Aboriginal and Torres Strait Islander health workforce (76%). **Figure 5** shows a breakdown of the gender split of Aboriginal and Torres Strait Islanders health workforce by state.

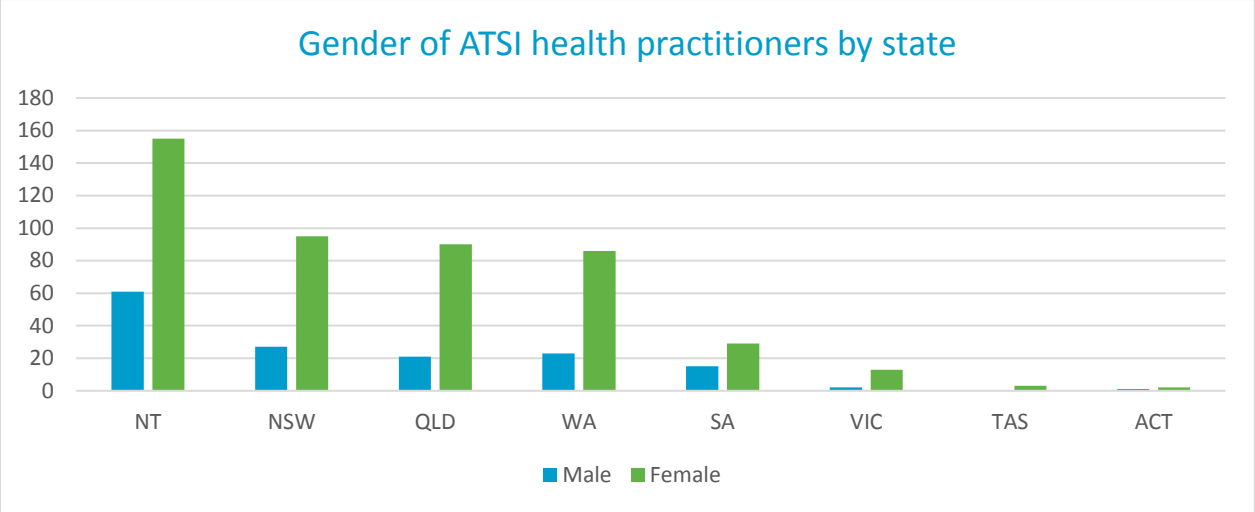


Figure 5

Source: *Aboriginal and Torres Strait Islander Health Practice Board of Australia Registrant Data, Reporting period: 1 July 2017 – 30 September 2017*

The lower number of males represented in the Aboriginal and Torres Strait Islander workforce has a detrimental effect on the number of Aboriginal and Torres Strait Islanders who seek health services[36]. It is essential that Aboriginal males be recruited and retained in order to fill the gaps in the sector to ensure that male Aboriginal and Torres Strait Islanders can seek and receive health care. The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2016–2023) provides a guide to assist in the planning, prioritising, target setting, monitoring and reporting of progress in building capacity within the Aboriginal and Torres Strait Islander health workforce. A key aim of the Framework is to improve recruitment and retention of Aboriginal and Torres Strait Islander health professionals in clinical and non-clinical roles across all health disciplines, including by ensuring that workplace environments are culturally safe for Aboriginal and Torres Strait Islander Health Workers. The Framework also suggests strategies for increasing the number of Aboriginal and Torres Strait Islander people studying and completing qualifications in health. These include:

- Developing and implementing communication strategies and awareness campaigns and delivering them at primary and secondary school health careers' initiatives.
- Offering extended learning opportunities to improve the preparedness of students entering higher education (both at the tertiary and Vocational Education and Training levels).
- Providing work experience and work readiness skills programs both in the health and wider sector settings where opportunities for health professionals exist, promoting a holistic approach to health and wellbeing.
- Offering and resourcing scholarships and expanding cadetship and graduate programs, traineeships and internships.

[36] Andrology Australia 2014, *Engaging Aboriginal and Torres Strait Islander men in primary care settings*

- Developing partnerships with Aboriginal and Torres Strait Islander organisations at local, regional and national levels in order to plan and implement activities to increase the number of Aboriginal and Torres Strait Islander students studying for qualifications in health[37].

The Commonwealth funds four Aboriginal and Torres Strait Islander health professional organisations to support the Aboriginal and Torres Strait Islander workforce and culturally appropriate health care services. This funding aims to improve retention rates of Aboriginal and Torres Strait Islander health professionals; increase the number of health care providers delivering culturally appropriate care; increase the number of Aboriginal and Torres Strait Islander students studying for qualifications in health, and improve completion rates for Aboriginal and Torres Strait Islander health students providing advice to government and other stakeholders on issues affecting the Aboriginal and Torres Strait Islander health workforce[38].

Indigenous Health Workers roles
Top Skills Areas

- ✓ Active Listening
- ✓ Social Perceptiveness
- ✓ Speaking
- ✓ Critical Thinking
- ✓ Coordination

Source: Australian Department of Employment, Job Outlook, ANZCO ID; 4115

In 2011, approximately two-thirds of all employed Aboriginal and Torres Strait Islander Health Workers (800, or 64%) worked in the private sector, which includes non-profit organisations and non-governmental organisations such as Aboriginal Community-Controlled Health Services. In terms of industry, most (1,111 or 88%) Aboriginal and Torres Strait Islander Health Workers were employed in the Health Care and Social Assistance industry. Within this, approximately one-third (337 or 30%) worked in hospitals. As Census data is self-reported, this may include people employed in hospital settings as Aboriginal Liaison Officers who identified their occupation in the census as being an Aboriginal and Torres Strait Islander Health Worker[39]. Historically Aboriginal and Torres Strait Islander Health Workers have not had a huge presence in the public health system in Southern jurisdictions, with the exception of Aboriginal Liaison Officers. However, in the current climate, there is acknowledgement of the need for broader Aboriginal and Torres Strait Islander Health Worker roles in hospitals, particularly in mental health, drugs and alcohol, maternal and infant care, and cancer care services.

The Aboriginal and Torres Strait Islander Health Workforce – Challenges and Issues

The current minimum qualification for employment entry in Aboriginal and Torres Strait Islander primary health care is a *Certificate III in Aboriginal and Torres Strait Islander Primary Health Care* or *Certificate II in Aboriginal and Torres Strait Islander Primary Health Care* as a Trainee Aboriginal and Torres Strait Islander Health Worker. To be eligible to register as an Aboriginal and Torres Strait Islander Health Practitioner, a person must hold a *Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice*, or equivalent (as determined by the Aboriginal and Torres Strait Islander Health Practice Board of Australia). However, there are several gaps in the education

[37] Australian Health Ministers Advisory Council, *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023*
[38] Australian Health Ministers' Advisory Council, 2017, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, AHMAC, Canberra.
[39] Health Workforce Australia 2014: *Australia's Health Workforce Series – Aboriginal and Torres Strait Islander Health Workers / Practitioners in focus*

of Aboriginal and Torres Strait Islander children. It is critical that there be a tangible commitment to working with Aboriginal and Torres Strait Islander communities to improve access to education services for Aboriginal and Torres Strait Islander children and to lift school attendance, which is a vital step on the road to improving educational outcomes for Aboriginal and Torres Strait Islander students and closing the gap between them and their non-Indigenous peers[40]. There remain literacy and numeracy gaps for Aboriginal and Torres Strait Health Workers. There are language, literacy and numeracy (LLN) requirements within the *Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice* which are challenging for some learners whose capabilities in this area do not meet those requirements. It's therefore important to ensure that there are opportunities to address these challenges in order to ensure equity in terms of access to training and jobs in the sector. Furthermore, to train in standard LLN skills there's a need for 'technical literacy' in order to provide the necessary skills to meet requirements that are specific to these qualifications and job roles.

Closing the gap in education is intrinsically linked to multiple aspects of socioeconomic disadvantage, including access to quality health; employment opportunities; incarceration rates, and housing. These combine to form the social determinants of educational success[41]. This is especially true in the Aboriginal and Torres Strait Islander communities where there is severe socioeconomic disadvantage which includes a lack of access to education. To increase the Aboriginal and Torres Strait Islander workforce there needs to be a transformation in access to education for this community. The COAG has implemented many strategies in order to close the gap on education and employment for Aboriginal and Torres Strait Islander people by 2018-2020[42].

Future Skills Needs

With the constant evolution of technology through automation, artificial intelligence (AI) and robots, the skills needed by the workforce today will be vastly different in the coming years. It is imperative that this be factored in to Training Packages that are being developed, adapted and updated. Technological disruption (as it has done in the past) will replace some industries, companies and workers, especially those that lack the flexibility to adapt.

Australians are generally welcoming of technology and most believe that innovation and new technology development is vital for Australia's future prosperity[43]. There are some claims that, due to technology, approximately 40% of the workforce will be replaced by computers in the next 10 to 15 years[44]. This does not take into account the fact that new technology also creates new jobs and often replaces inefficient processes. Rather than replacing a worker's role, the rise of technology and automation won't necessarily change what jobs workers do; rather, it will change the way in which workers perform their roles. Technological advancement has the ability not to simply impact low-skilled workers' roles by replacing menial tasks through automation, but also has the potential to

[40] Australian Education Union 2017, Submission to the independent review into regional, rural and remote education
[41] Stewart Riddle and Bill Fogarty (2015). 'Closing the Gap in education report card: needs improvement', *The Conversation*, 11 February 2015
[42] Queensland Audit Office 2017, *Education and employment outcomes for Aboriginal and Torres Strait Islander people*
[43] Australian Information Industry Association 2017, *Jobs for Tomorrow 2017*
[44] See for example http://adminpanel.ceda.com.au/FOLDERS/Service/Files/Documents/26792~Futureworkforce_June2015.pdf, https://startupaus.org/startups-and-tech-companiesare-the-engine-room-for-australias-future-workforce/ and http://reports.weforum.org/future-of-jobs-2016/chapter-1-the-future-of-jobs-and-skills/

impact highly skilled workers' jobs as a result of supplementary AI or even the replacement of cognitive tasks[45].

In order to succeed in the advent of automation and innovation many believe that STEM (Science, Technology, Engineering and Maths) skills are part of the solution when it comes to preparing workers for jobs of the future. The focus on STEM, while not new, is crucial to building a 21st century knowledge-based economy underpinned by data, digital technologies and innovation – which are essential for growth[46]. Digital literacy and being competent in the use of different technological platforms will also be essential skills in the future. Without basic digital competencies a person will not have the skills to negotiate the digitally connected world which has now become the norm[47]. Workers will need the ability to use digital technology in their jobs in order to access and use information and digital content; communicate and collaborate through digital technologies; manage their digital identity; develop digital content, and use and protect their digital devices, their personal and organisational data and their privacy[48]. This will be important for the Aboriginal and Torres Strait Islander workforce as, in the future, the delivery of health services and the collection of related data will involve technology and the knowledge of digital literacy.

While STEM skills are critical for future skill needs, other 'softer' skills are just as important. Soft skills include things like communication, teamwork, problem solving, emotional judgement, professional ethics and global citizenship. Deloitte Access Economics forecasts that two-thirds of jobs will be soft-skill intensive by 2030[49]. Businesses are aware of the importance of soft skills, and a survey conducted in 2015 of over 450 business managers and executives in Western Sydney cited teamwork, communication skills and time management as vital skills for job applicants (TAFE NSW 2015). Megatrends like technology advancement and globalisation will contribute to more demand for people with soft skills as geographical barriers fall away due to technology's ability to enabling connection between people and organisations across countries[50]. The need for soft skills is yet more prominent in leadership positions. A survey conducted by Deloitte found that soft skills were more important for determining the potential success of a leader than technical knowledge[51]. For decision-makers the ability to effectively communicate, problem solve and think critically is important for success. Credentials for soft skills are beginning to emerge. The benefits to businesses are twofold. Firstly, recruitment processes can be made more efficient as credentials allow recruiters to pre-screen potential candidates for the requisite soft skills. Secondly, more finely targeted recruitment of soft-skilled candidates allows businesses to make savings in training and developing their own workforce later on[52]. The development of soft skills in Aboriginal and Torres Strait Islander Health Workers is critical as Aboriginal and Torres Strait Islander populations have historically had problems accessing and seeking health services. It's important that Aboriginal and Torres Strait

[45] Australian Information Industry Association 2017, *Jobs for Tomorrow 2017*
[46] Australian Information Industry Association 2017, *Jobs for Tomorrow 2017*
[47] Australian Information Industry Association 2017, *Jobs for Tomorrow 2017*
[48] Australian Information Industry Association 2017, *Jobs for Tomorrow 2017*

[49] Deloitte Access Economics 2017, *Soft skills for business success, DeakinCo, May 2017*
[50] Deloitte Access Economics 2017, *Soft skills for business success, DeakinCo, May 2017*
[51] Deloitte Access Economics 2017, *Soft skills for business success, DeakinCo, May 2017*
[52] Deloitte Access Economics 2017, *Soft skills for business success, DeakinCo, May 2017*

Islander Health Workers establish connection and trust through the employment of soft skills within the communities they serve.

Generic Skills Ranking

1	LANGUAGE, LITERACY & NUMERACY (LLN)	Foundation skills of literacy and numeracy.
2	STEM Science, Technology, Engineering and Maths (STEM)	Sciences, mathematics and scientific literacy
3	COMMUNICATION / COLLABORATION / SOCIAL INTELLIGENCE	Ability to understand/apply principles of creating more value for customers and collaborative skills. Ability to critically assess and develop content with new media forms and persuasive communications. Ability to connect in a deep and direct way.
4	LEARNING AGILITY / INFORMATION LITERACY / INTELLECTUAL AUTONOMY	Ability to identify a need for information. Ability to identify, locate, evaluate, and effectively use and cite the information. Ability to develop a working knowledge of new systems. Ability to work without direct leadership and independently.
5	MANAGERIAL / LEADERSHIP	Ability to effectively communicate with all functional areas in the organisation. Ability to represent and develop tasks and processes for desired outcomes. Ability to oversee processes, guide initiatives and steer employees toward achievement of goals.
6	FINANCIAL	Ability to understand and apply core financial literacy concepts and metrics, streamlining processes such as budgeting, forecasting, and reporting, and stepping up compliance. Ability to manage costs and resources, and drive efficiency.
7	CUSTOMER SERVICE / MARKETING	Ability to interact with other people, whether helping them find, choose or buy something. Ability to supply customers' wants and needs. Ability to manage online sales and marketing. Ability to understand and manage digital products.
8	TECHNOLOGY AND APPLICATION	Ability to create/use technologies, understand their interrelation with life, society, and the environment. Ability to understand/apply scientific or industrial processes, inventions, methods. Ability to deal with mechanisation/automation /computerisation.
9	ENVIRONMENTAL / SUSTAINABILITY	Ability to focus on problem solving and the development of applied solutions to environmental issues and resource pressures at local, national and international levels.
10	DATA ANALYSIS	Ability to translate vast amounts of data into abstract concepts and understand data-based reasoning. Ability to use data effectively to improve programs, processes and business outcomes. Ability to work with large amounts of data.
11	DESIGN MINDSET/ THINKING CRITICALLY / SYSTEM THINKING / PROBLEM SOLVING	Ability to adapt products to rapidly shifting consumer tastes and trends. Ability to determine the deeper meaning or significance of what is being expressed via technology. Ability to understand how things that are regarded as systems influence one another within a complete entity, or larger system. Ability to think holistically.
12	ENTREPRENEURIAL	Ability to take any idea and turn that concept into reality/make it a viable product and/or service. Ability to focus on the next step/closer to the ultimate goal. Ability to sell ideas, products or services to customers, investors or employees etc.

Note: The 12 generic skills listed below, including the descriptors, were provided by the Department of Education and Training for the purpose of being ranked by industry representatives. For the 2018 ranking exercise, an 'Other' generic skill option was included in the list to capture any additional key skills for an industry. Please note that, in this case, no other generic skills were identified.

Key Drivers for Change and Proposed Responses

All seven qualifications under the remit of the IRC are currently the subject of a Case for Change, due to be provided to the AISC in May 2018. Until such time as this Case for Change has been considered, there is no further work being proposed by this IRC.

Proposed Schedule of Work

As above.

2018-19 Project Details

As above.

IRC Sign-off

The 2018 Industry Skills Forecast will be signed off by the IRC Chair prior to submission to the AISC.