

2019

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKER

INDUSTRY REFERENCE COMMITTEE INDUSTRY SKILLS FORECAST



SKILLSIQ

CAPABLE PEOPLE MAKE CLEVER BUSINESS

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WARNING: Aboriginal and Torres Strait Islander readers are warned that this document may contain images of deceased persons and we respectfully acknowledge the consent of the person and family for the use of their image.

SkillsIQ would like to respectfully acknowledge the Traditional Owners of the land and sea throughout Australia and extend that respect to Elders past and present. SkillsIQ also recognises those whose ongoing effort to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future Elders and leaders.

We recognise that information contained in this document was provided by individuals and the community. We honour and respect this input and will use it to advance Aboriginal and Torres Strait Islander peoples.

We gratefully acknowledge images in this document supplied by Qld Health.

Executive Summary

Aboriginal and Torres Strait Islander Health Workers and Practitioners play a significant role in meeting the health needs of Aboriginal and Torres Strait Islander communities. The roles that they perform vary and are dependent on the needs of the community they serve, and they often work in collaboration with a range of clinical health practitioners, allied health practitioners and many other types of workers across the health sector to ensure the needs of individuals are adequately met. The job role titles of workers can vary from Aboriginal and Torres Strait Islander Health Practitioner to Aboriginal Health Practitioner or Torres Strait Islander Health Practitioner. Please note these titles are protected under the *Health Practitioner Regulation National Law* and a person cannot use any of these titles unless they are registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSHPBA).

The Aboriginal and Torres Strait Islander Health Worker Training Package Products represent seven qualifications that support pathways to employment in multi-levelled and multi-skilled roles within the health sector. The current national workforce data available from the Department of Jobs and Small Business shows that in 2018, there were approximately 1,600 Indigenous Health Workers employed across the country. These Training Package Products, however, can also be used to support the skills of a wide range of health care roles, including carers for

the aged and carers for individuals with a disability (who have a combined workforce size of 175,800 workers); health and welfare support workers (119,200 workers); and welfare support workers (46,700 workers).

The health care environment in which Aboriginal and Torres Strait Islander Health Workers work has been experiencing several challenges which are impacting workforce skill requirements and which, in summary, include:

- A lack of career progression opportunities
- Government policy and legislation changes. A number of national and state/territory-based Royal Commissions into areas of relevance for the sector (i.e. family violence, etc.) have released key recommendations impacting workforce practices
- Skills and workforce supply shortages and the need to increase the number of entrants to the sector.

There is no Training Package development work proposed for 2019–2020, as the skills needs and challenges above are currently being addressed through the current Training Package development project which involves the update of seven qualifications, 78 Units of Competency and 18 skill sets.

Note: The National Schedule details the Training Package update and development work commissioned by the Australian Industry and Skills Committee (AISC). The National Schedule is informed by this Industry Skills Forecast, which outlines the proposed timing for the update of existing Training Package Products. This Forecast has been compiled using a number of information sources, including academic literature, statistical data, Industry Reference Committee (IRC) member input and expertise, feedback received via public consultation, SkillsIQ's 2019 *Future Skills Survey*, and an industry analysis of both new and emerging workforce skills needs overseen by the Aboriginal and Torres Strait Islander Health Worker IRC.

Administrative Information

Industry Reference Committee (IRC)

Aboriginal and Torres Strait Islander Health Worker

This IRC provides the industry engagement mechanism at the centre of Training Package Product development for the Aboriginal and Torres Strait Islander Health Worker sector. The Committee is comprised of industry representatives with expertise from a cross-section of the sector, and its primary purpose is to provide advice to the Australian Industry and Skills Committee (AISC) about the skills needs of the sector.

Skills Service Organisation (SSO)

SkillsIQ Limited

SkillsIQ supports 19 IRCs representing diverse 'people-facing' sectors. These sectors provide services to people in a variety of contexts such as customer, patient or client. The IRCs are collectively responsible for overseeing the development and review of Training Package Products, including qualifications, serving the skills needs of sectors comprising almost 50 per cent of the Australian workforce.

SkillsIQ's Industry Reference Committees (IRCs)

- Aboriginal and Torres Strait Islander Health Worker
- Aged Services
- Ambulance and Paramedic
- Children's Education and Care
- Client Services
- Community Sector and Development
- Complementary Health
- Dental
- Direct Client Care and Support
- Disability Support
- Enrolled Nursing
- First Aid
- Local Government
- Personal Services
- Public Sector
- Sport and Recreation
- Technicians Support Services
- Tourism, Travel and Hospitality
- Wholesale and Retail Services.

“ It takes skill to make a difference. We will only get skilled, valued and rounded workers when training provider, employee and employer are connected in their views on continuous learning. ”

SkillsIQ's Cross-sector Skills Committee

IRC Sign-off

Sign-off of this Industry Skills Forecast and Proposed Schedule of Work has been confirmed by the Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee.

Warren Locke,
Chair

A. Skills Forecast

A.1 Sector Overview

Introduction

There are approximately 798,400 Aboriginal and Torres Strait Islander people in Australia, i.e. 3.3% of the total Australian population.¹ It is widely reported that Aboriginal peoples do not benefit equitably from health services and can experience disparate health outcomes. As with other colonised populations worldwide, Aboriginal and Torres Strait Islander Australians experience poorer health outcomes and a shorter life expectancy compared to non-Indigenous Australians.² The greatest contributor to disparate health outcomes between Indigenous and non-Indigenous Australians is potentially-preventable chronic diseases.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 communities they serve. Queensland Health defines an Aboriginal and Torres Strait Islander Health Practitioner as:⁴

“... a primary health care professional providing high-quality, culturally-safe, clinical care services to Aboriginal and Torres Strait Islander people and communities.

Aboriginal and Torres Strait Islander Health Practitioners are independent practitioners who work alongside and collaboratively with other clinicians including doctors, nurses, midwives, allied health and oral health practitioners in a range of settings.

They may have a broad individual clinical scope of practice or work in a more specialised role, depending on a range of factors including the individual’s qualification and competence, practice location, practice setting, level of supervision, and community need. They can assess, diagnose, treat, educate, and use scheduled medicines depending on their approved individual scope of practice outlined in a practice plan.”

An Aboriginal and Torres Strait Islander Health Practitioner can also be known as an Aboriginal Health Practitioner or a Torres Strait Islander Health Practitioner. These titles are protected under the *Health Practitioner Regulation National Law*. A person cannot use any of these titles unless they are registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSHPBA).⁵

In 2018, the Australian Health Practitioner Regulation Agency (AHPRA) launched the National Registration and Accreditation Scheme (‘the National Scheme’).⁶ The National Scheme ensures all regulated health professionals work according to consistent, high quality and national professional standards, and can practise across state and territory borders without being required to re-register in each jurisdiction.⁷ The National Scheme will assist the commitment to close the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians by 2031.

The following list outlines the varying roles that qualifications in Aboriginal and/or Torres Strait Islander Primary Health Care can advance, including, but not limited to:⁸

- Health Practitioner
- Health Worker (Generalist)
- Outreach Worker
- Immuniser
- Oral Health Worker
- Mental Health Worker
- Family Health Worker
- Sexual Health Worker
- Renal Health Worker
- Education Officer
- Hospital Liaison Officer
- Drug and Alcohol Worker
- Environmental Health Worker
- Community Worker
- Healthy Living Worker
- Vascular Health Worker
- Pharmacy Health Worker
- Maternal and Perinatal Health Worker

- Women's Health Worker
- Men's Health Worker
- Child and Youth Health Worker
- Otitis Media Health Worker
- Nutrition Health Worker
- Eye Care Coordinator
- Health Promotion Worker
- Chronic Care Worker
- Primary Health Care Practice Manager⁹
- Primary Health Care Coordinator
- Senior Health Worker
- Advanced Health Worker
- Trainee Health Worker.

The current minimum qualifications for entry to employment in Aboriginal and Torres Strait Islander primary health care are:

- *Certificate II in Aboriginal and Torres Strait Islander Primary Health Care* as a Trainee Aboriginal and Torres Strait Islander Health Worker
- *Certificate III in Aboriginal and Torres Strait Islander Primary Health Care* as an 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 the equivalent (as determined by the Aboriginal and Torres Strait Islander Health Practice Board of Australia).

Businesses Involved

Businesses operating in the service areas outlined above include a range of public and private, small, medium and large enterprises, spread across the country. Some examples and counts of relevant business types involved in hiring workers supported by the Aboriginal and Torres Strait Islander Health Worker Training Package across Australia include:

- 695 public hospitals (2016–17) and 630 private hospitals (2015–16)¹⁰
- 1,833 aged care residential services¹¹
- 2,296 disability support service agencies¹²
- 14,948 dental service businesses¹³
- 134 public community mental health organisations¹⁴

- 143 Aboriginal Community Controlled Health Services (ACCHSs)¹⁵
- 836 Alcohol and Other Drugs (AOD) treatment services¹⁶
- 42,057 general practice medical services¹⁷
- 16,490 specialist medical services¹⁸
- 231 government-funded primary health care clinics.¹⁹

Stakeholders

Key stakeholders represent a range of organisations that perform a variety of strategic, regulatory and operational roles in the Aboriginal and Torres Strait Islander Health Worker sectors within the wider health and social assistance industry. Stakeholders play an important role during Training Package reviews by supplying industry insights to ensure updates are in line with industry needs. Examples of stakeholder organisations include:

- Government departments and agencies (Commonwealth and state/territory-based)
- Peak bodies and industry associations (i.e. across the sectors listed earlier)
- Employee associations
- Registered Training Organisations (RTOs) both public and private and their representative bodies
- Small, medium and large-sized private and public employers across metropolitan, regional, rural and remote areas, including for-profit and not-for-profit organisations.

Challenges and Opportunities

Note: The findings are based on desk research and SkillsIQ's 2019 *Future Skills Survey* (conducted between November 2018 and January 2019) which have been filtered to include stakeholders from the Aboriginal and Torres Strait Islander Health Worker sector only. Insights and advice from IRC members and public consultation have also been used to compile and validate the information provided.

Lack of career progression

The absence of a robust career progression framework for Aboriginal and Torres Strait Islander Health Worker roles is shifting Aboriginal and Torres Strait Islander Health Workers towards job opportunities outside the health sector, where there are perceived greater career progression



opportunities.²⁰ Currently, the tertiary education system structure is inflexible for Aboriginal and Torres Strait Islander Health Workers to easily transition into formally accredited health professions.²¹ For instance, Aboriginal and Torres Strait Islander Health Workers report frustration regarding a lack of Recognition of Prior Learning (RPL), which inhibits qualifying for certain courses or gaining Unit exemptions for certain degrees.²² A lack of professional development incentives is also an issue impeding career progression (and retention) across the sector. Putting in place mechanisms to enable more flexible career pathways for Aboriginal and Torres Strait Islander Health Workers at the tertiary education stage and onwards can create better job prospects and assist with the retention of Aboriginal and Torres Strait Islander Health Workers within the health sector.

Government policy / legislation changes

Royal Commission into Family Violence (Victoria)

In 2015 the Victorian Government established a Royal Commission into Family Violence. The Commission

was tasked with identifying more effective ways to prevent family violence; improving early intervention to identify those at risk; supporting victim-survivors; 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 and face unique barriers to obtaining assistance. Family violence is a leading contributor to Aboriginal and Torres Strait Islander child removal, homelessness, poverty, poor physical and mental health, drug and alcohol misuse and incarceration.²³

Aboriginal and Torres Strait Islander Health Workers are in a unique position to identify and respond to family violence. Some victim-survivors of family violence will not engage 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 that have arisen as a result of violence that they have experienced. Failing to identify signs of family violence or minimising the importance of disclosures by patients can have a profound impact on victim-survivors and deter them from seeking help in the future. The Commission made 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 professional leadership to ensure that awareness of, and the ability to respond to, family violence are central components of comprehensive patient care.

A number of other Royal Commissions conducted and/or recently announced, such as the South Australian *Child Protection Systems Royal Commission* (established in 2014), the *Royal Commission into Aged Care Quality and Safety* (established in October 2018)²⁴ and the *Royal Commission into Victoria's Mental Health System* (established in February 2019)²⁵ may also bring about changes which will impact Aboriginal and Torres Strait Islander Health Workers, especially those working in mental health care and/or aged care facilities.

State and Territory Jurisdictional Legislation

Each Australian state and territory holds its own legislation regarding working with medication, including administration and management. Workers are bound by this legislation when working in the respective state or territory. There are significant variations between these pieces of legislation that can restrict Aboriginal and Torres Strait Islander Health Practitioners from developing the full scope of practice. For instance, to qualify for registration as an Aboriginal and Torres Strait Islander Health Practitioner with AHPRA, a person must complete the qualification *HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice*, which includes the core Unit *HLTAHWO20 Administer medications*. Due to varying state and territory legislation, this core Unit acknowledges 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 workplace, simulated assessment environments may be used in lieu. Due to these varying legislative requirements, not all Aboriginal and Torres Strait Islander Health Practitioners are able to develop the full scope of practice in a workplace setting, and as a result are faced with barriers to registration with AHPRA as well as to employment and service delivery. It is important to establish opportunities in which Aboriginal and Torres Strait Islander Health Worker students/graduates can develop the full scope of their practice in a workplace setting.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) provides an individualised approach to fund and connect individuals who have a permanent and significant disability to services that will support them in their daily life and assist them in achieving their goals. The NDIS is currently in the final stages of rolling out over a three-year period, from 2016 to 2019.²⁶ Its release included a specific *Rural and Remote Strategy 2016–2019*, to ensure that the NDIS is responsive and well-suited to meet the needs of individuals in rural and remote communities, and particularly those communities with high proportions of Aboriginal and Torres Strait Islander peoples.²⁷ To implement the strategy, an *Aboriginal and Torres Strait Islander Engagement Strategy* was developed to ensure Aboriginal and Torres Strait Islander communities were at the heart of driving processes and service delivery outcomes that best meet the needs of individuals with a disability, their families and carers. Aboriginal and Torres Strait Islander Health Workers play a significant role in these communities, and the continued roll-out of the NDIS across the country will impact the ways in which workers engage with and support the complex and multi-levelled needs of individuals.

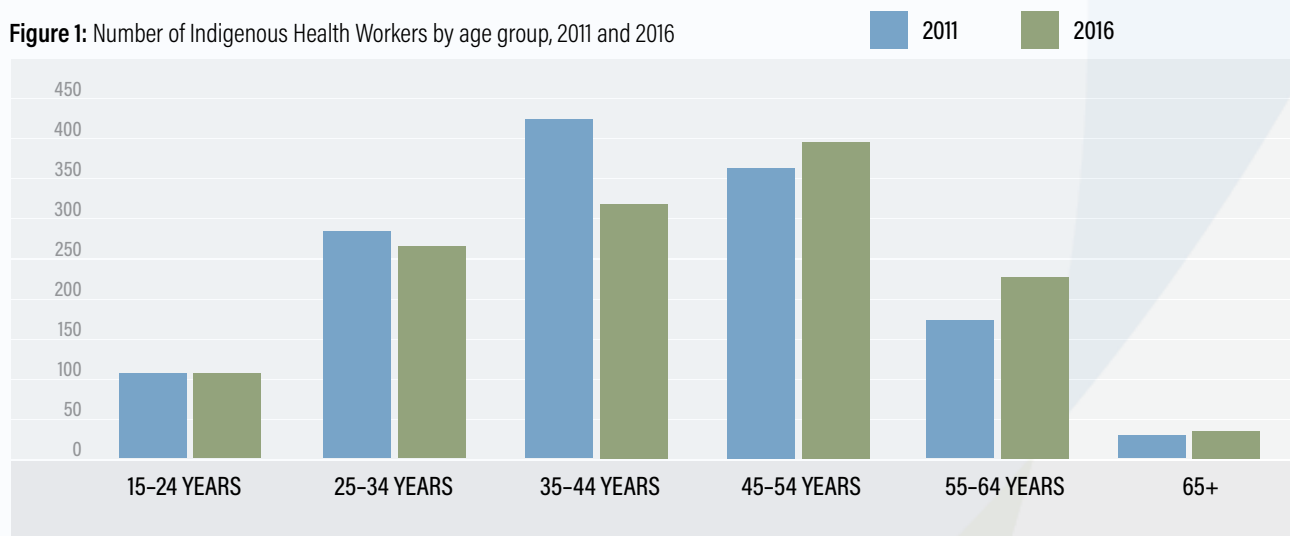
Skills and workforce supply shortages

Australia's health care system is facing significant challenges, including an ageing population and health workforce (see Figure 1); a growing burden of chronic disease; people experiencing a disability; and an

increased demand for health services, particularly for complex and long-term care. To face these challenges, it is especially critical for the Aboriginal and Torres Strait Islander health care workforce to plan both for now and the future. Skills shortages are particularly challenging in regional locations, where the skills and the supply of workers are not meeting current demand. If this shortage continues, further issues across the sector may arise, compromising its ability to support and treat Aboriginal and Torres Strait Islander patients in the community and the ability to maximise patient outcomes. There is a low uptake of Vocational and Education and Training (VET) qualifications in this field which is a contributing factor to the supply shortages across the country. The latest VET

qualification data released by NCVET highlights relatively low levels of enrolments and completions for the Aboriginal and Torres Strait Islander Health Worker Training Package Products. For example, in 2017, 135 enrolments were registered for the *Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care* and 46 for the *Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice* (see Table 2 in the next section of this document). To address these issues, a Case for Change has been approved to update the Training Package Products for the Aboriginal and Torres Strait Islander Health Worker workforce, which will examine skills needs as well as avenues to increase the completion of training and encourage new entrants to the sector.

Figure 1: Number of Indigenous Health Workers by age group, 2011 and 2016



Source: ABS Census 2011, 2016. Analysis conducted by Alyson Wright (2018), National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)

Note: ABS uses the term Indigenous Health Workers, although the IRC preference is Aboriginal and Torres Strait Islander Health Workers

Furthermore, to support development of a capable Aboriginal and Torres Strait Islander Health Worker workforce, consideration of increased language, literacy and numeracy (LLN) skills will be of benefit for current and future students. As part of the *Aboriginal & Torres Strait Islander Health Worker Skills Recognition & Up-Skilling Project*, it was recognised that most students in a cohort had LLN skills below the requisite required to complete a *HLT40213 Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice)*.²⁸ To address the LLN skills gap, additional support was provided to these students over the two weeks of training. The additional support was particularly helpful for students completing training for the *'Administer medications'* Unit, of which drug calculations are a large component. Upon conclusion of the program, it was recommended that LLN assessment and the provision of necessary support should be conducted before the start of any future program.

Vocational Education and Training (VET) Qualifications Supporting Industry

The nationally recognised VET qualifications that cater to this sector are:

- 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.

Note: *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.

Table 1: Number of Registered Training Organisations (RTOs) by nationally recognised Aboriginal and Torres Strait Islander Health Worker qualifications on scope – Aboriginal and Torres Strait Islander Health Worker Training Package Products

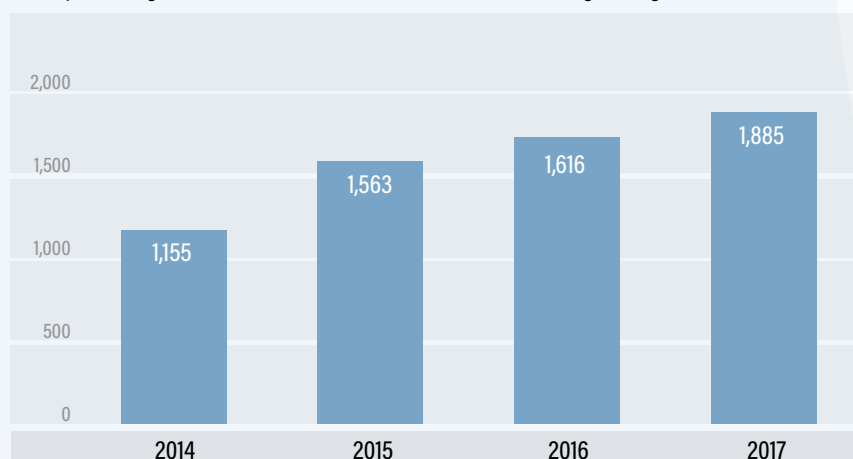
Qualification code	Qualification title	No. of RTOs with Qualification on Scope
HLT20113	Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care	6
HLT30113	Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care	16
HLT40113	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care	13
HLT40213	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice	14
HLT50113	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care	3
HLT50213	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice	3
HLT60113	Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care	0

Source: Training.gov.au, accessed 23 April 2019.

Enrolments and Completions

In 2017, there were **1,885 enrolments** across all VET qualifications catered for by the Aboriginal and Torres Strait Islander Health Worker Training Package Products. This represents an increase of 16.6% (equivalent to 269 enrolments) from 2016 (see Figure 2).

Figure 2: Total number of enrolments (Total VET Activity [TVA]) by nationally recognised qualifications on scope - Aboriginal and Torres Strait Islander Health Worker Training Package Products - 2014 to 2017



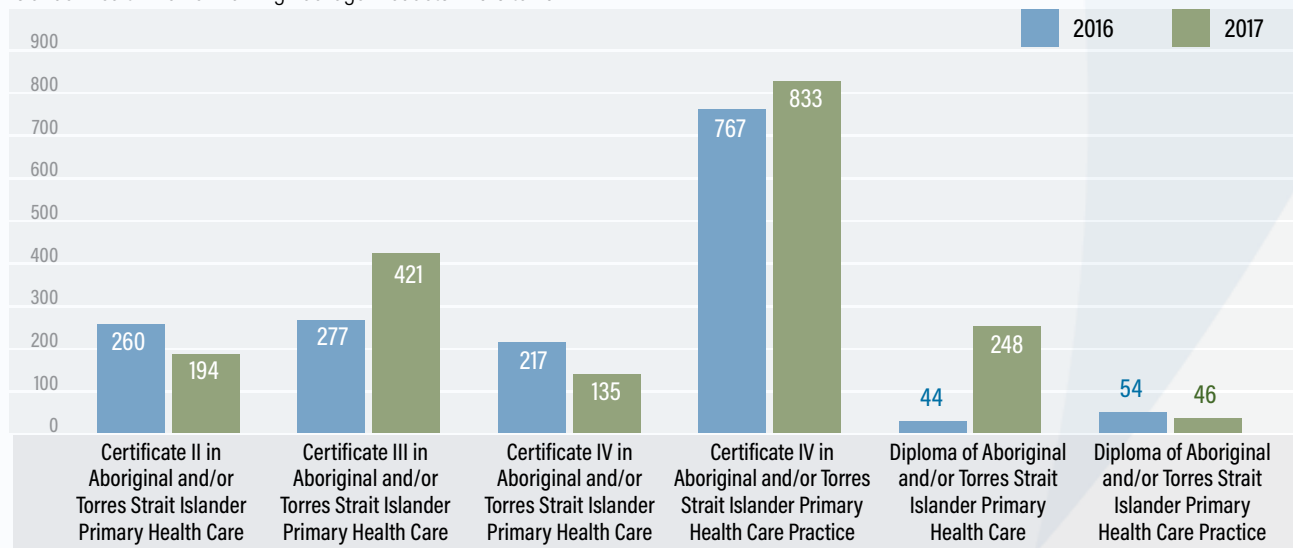
Source: NCVET VOCSTATS. Program enrolments 2014-2017

The most popular qualifications in 2017 were:

- HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (833 enrolments)
- HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (421 enrolments).

A comparison of enrolments between 2016 and 2017 for individual qualifications is provided (see Figure 3), followed by an overview of key traits of the *HLT Aboriginal and Torres Strait Islander Health Worker Training Package* enrolments for 2017.

Figure 3: Total number of enrolments (Total VET Activity [TVA]) by nationally recognised qualifications on scope – Aboriginal and Torres Strait Islander Health Worker Training Package Products - 2016 to 2017



Source: NCVET VOCSTATS, accessed August 2018.

Note: HLT60113 Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care was not listed in the NCVET data at the time of reporting.

The specialised nature of the Aboriginal and Torres Strait Islander Health Worker sector means that numbers of enrolments can be limited in some qualifications. However, the importance of these roles to Aboriginal and Torres Strait Islander communities is paramount in terms of addressing the health needs of Aboriginal and Torres Strait Islander peoples in a culturally sensitive and appropriate manner.

A breakdown of enrolments and completions for individual qualifications is provided in Table 2 and Table 3. Please note that the 2017 completion data reflects preliminary data for the year, and caution is advised when interpreting trends across multiple years.

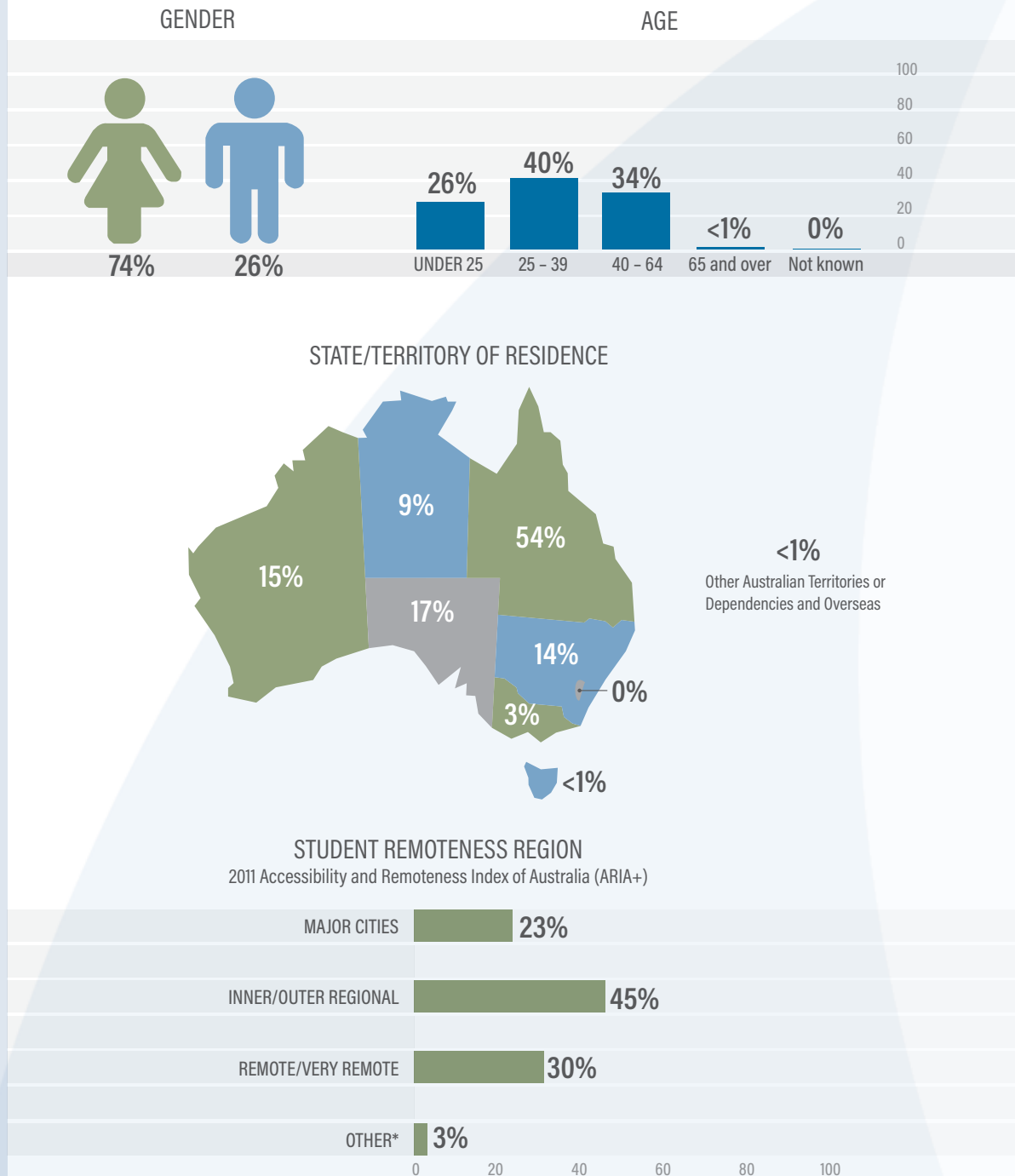
General notes on statistics:

1. Enrolment and completion data is sourced from NCVER VOCSTATS (program enrolments and completions, 2014–2017), accessed August 2018.
2. It is important to note that not all training providers were required to submit enrolment and completion data at the time of collection, and some figures presented may therefore under-represent the true count of enrolments and completions for a qualification. From 2018, **all** training providers were required to submit data, and current discrepancies noted in the national NCVER figures versus actual attendance should therefore 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. Completion data for 2017 represents preliminary outcomes (i.e. not a full year).
5. Superseded qualifications and their respective enrolment data are not tabled, unless otherwise indicated.
6. ‘-’ symbol indicates the qualification was not listed in NCVER data at the time of reporting.

A snapshot of key traits of the *HLT Training Package - Aboriginal and Torres Strait Islander Health Worker* enrolments for 2017 is provided below, followed by a breakdown of enrolments and completions for individual qualifications (see Table 2 and Table 3).

2017 ENROLMENT SNAPSHOT

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKER TRAINING PACKAGE PRODUCTS



Source: NCVER VOCSTATS (Program enrolments 2017 by various breakdowns)

*Includes 'Outside Australia' and 'Not known'.

Table 2: Total number of enrolments (Total VET Activity [TVA]) by nationally recognised qualifications on scope - Aboriginal and Torres Strait Islander Health Worker Training Package Products, 2014–2017

Qualification	2014	2015	2016	2017	TOTAL
HLT20113 Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care	473	439	260	194	1,368
HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care	240	319	277	421	1,258
HLT40113 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care	71	165	217	135	587
HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice	307	539	767	833	2,447
HLT50113 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care	37	53	44	248	385
HLT50213 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice	28	58	54	46	187
HLT60113 Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care*	-	-	-	-	-

Source: NCVET VOCSTATS, accessed August 2018.

Note: *The IRC is in the process of updating all the Aboriginal and Torres Strait Islander Health Worker qualifications in order to bring them up to date in meeting the needs of the current and future workforce. It is the view of the IRC that these updates will likely restore uptake of the Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care.

Table 3: Total number of completions (Total VET Activity [TVA]) by nationally recognised qualifications on scope - Aboriginal and Torres Strait Islander Health Worker Training Package Products, 2014–2017

Qualification	2014	2015	2016	2017	TOTAL
HLT20113 Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care	72	55	84	43	254
HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care	34	48	67	65	214
HLT40113 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care	14	18	43	21	96
HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice	50	108	150	178	486
HLT50113 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care	0	7	1	7	15
HLT50213 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice	0	0	1	13	14
HLT60113 Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care*	-	-	-	-	-

Source: NCVET VOCSTATS, accessed August 2018.

Note: *The IRC is in the process of updating all the Aboriginal and Torres Strait Islander Health Worker qualifications in order to bring them up to date in meeting the needs of the current and future workforce. It is the view of the IRC that these updates will likely restore uptake of the Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care.

A.2 Employment and Skills Outlook Overview

Employment – Current and Projected

Note: The principal data source that provides workforce data and trends regarding roles of relevance to this Training Package at a national level is Census data collected by the Australian Bureau of Statistics (ABS) and the Department of Jobs and Small Business. The workforce statistics and projections presented in this section are based on Census collections, and are reported according to prescribed Australian and New Zealand Standard Industrial Classification (ANZSIC) and Australian and New Zealand Standard Classification of Occupations classifications (ANZSCO).

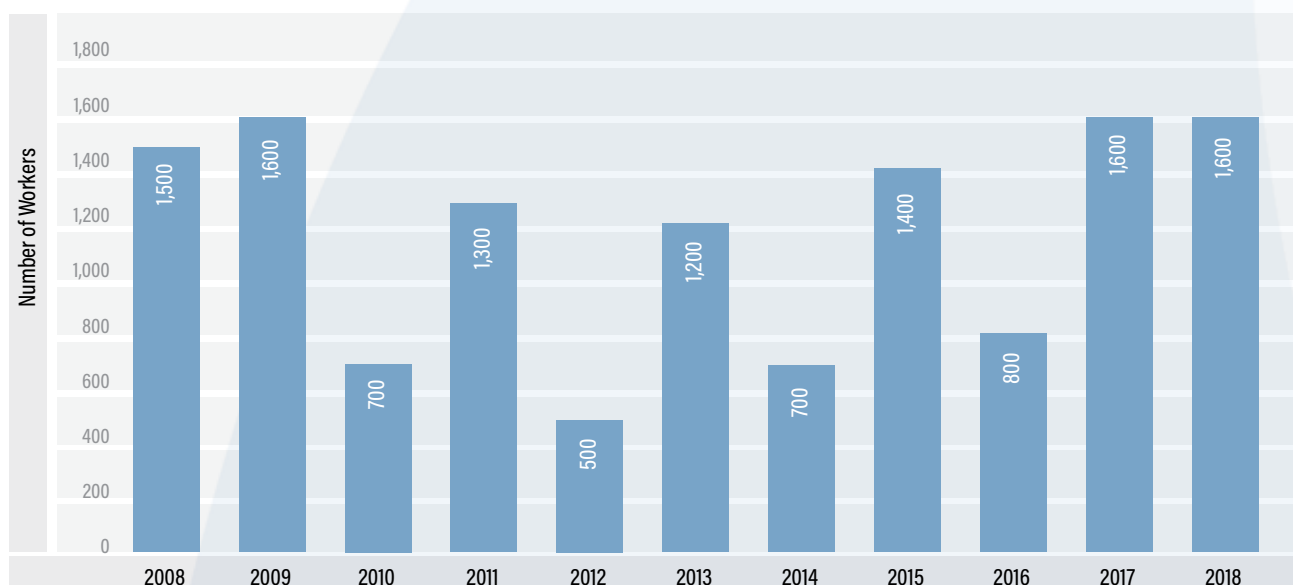
The current definitions, and the labelling used for some ANZSIC and ANZSCO codes, as well as the aggregation of roles across codes, can be limited in providing a true picture of some sectors' workforces. Sectors can host a multitude of job functions, and consequently are comprised of job titles which go beyond the categories listed in ANZSCO. The statistics in this section are provided as an indicative overview of the sector only.

Job roles covered by the Aboriginal and Torres Strait Islander Health Worker Training Package Products are captured across the following ANZSCO category:

- ANZSCO 4115 **Indigenous Health Workers** – representing in aggregate Aboriginal and Torres Strait Islander Health Worker and Kaiawhina (Hauora) (Maori Health Assistant).

The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023* was established within the context of the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*. The strategic framework aims to build a health workforce that is more inclusive of Aboriginal and Torres Strait Islanders, to provide culturally-safe and responsive health care to Aboriginal and Torres Strait Islander clients.²⁹ The strategies within the strategic framework contribute to increasing the level of employment of Indigenous Health Workers. Over the past decade, there have been mixed trends in the level of employment of Indigenous Health Workers, with an overall 6.7% growth rate registered since 2008 (see Figure 4).

Figure 4: Employment level of Indigenous Health Workers (ANZSCO 4115) - 2008 to 2018



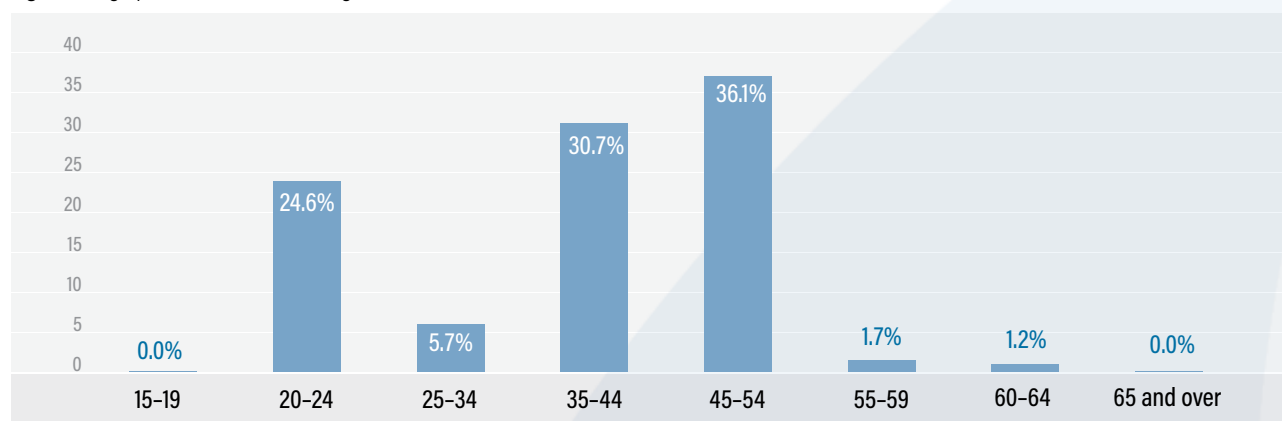
Source: Department of Jobs and Small Business Job Outlook - Indigenous Health Workers ANZSCO 4115, accessed 20 November 2018



Of the population who are Indigenous Health Workers, 86% of workers are female (which is higher than the average female proportion across the wider health care and social assistance workforce of 79%).³⁰ The average age of Indigenous Health Workers is 42 years, with most workers within the 45–54, 35–44 and 20–24 age

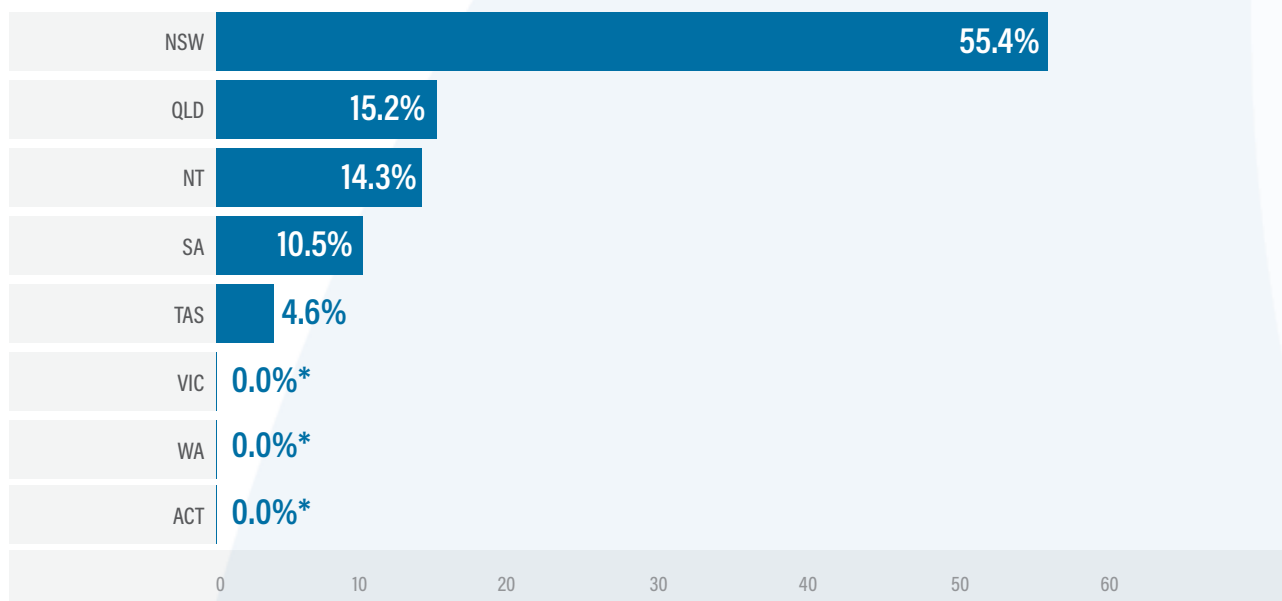
brackets (at 36.1%, 30.7% and 24.6% respectively) (see Figure 5). Indigenous Health Workers are prominent in New South Wales (NSW), with NSW encompassing 55.4% of the Indigenous Health Worker employment distribution (see Figure 6).

Figure 5: Age profile (% share) of Indigenous Health Workers - 2017



Source: Department of Jobs and Small Business Job Outlook - Indigenous Health Workers ANZSCO 4115, accessed 20 November 2018

Figure 6: Indigenous Health Worker employment by state and territory (% share) - 2017



Source: Department of Jobs and Small Business Job Outlook - Indigenous Health Workers ANZSCO 4115, accessed 20 November 2018

Note:* Employment levels from Department of Jobs and Small Business – Job Outlook are derived from the ABS Labour Force Survey. Surveys by their nature are subject to sampling errors, and can produce variable results, particularly in occupations with relatively small workforces, or when data is presented at a more granular level.

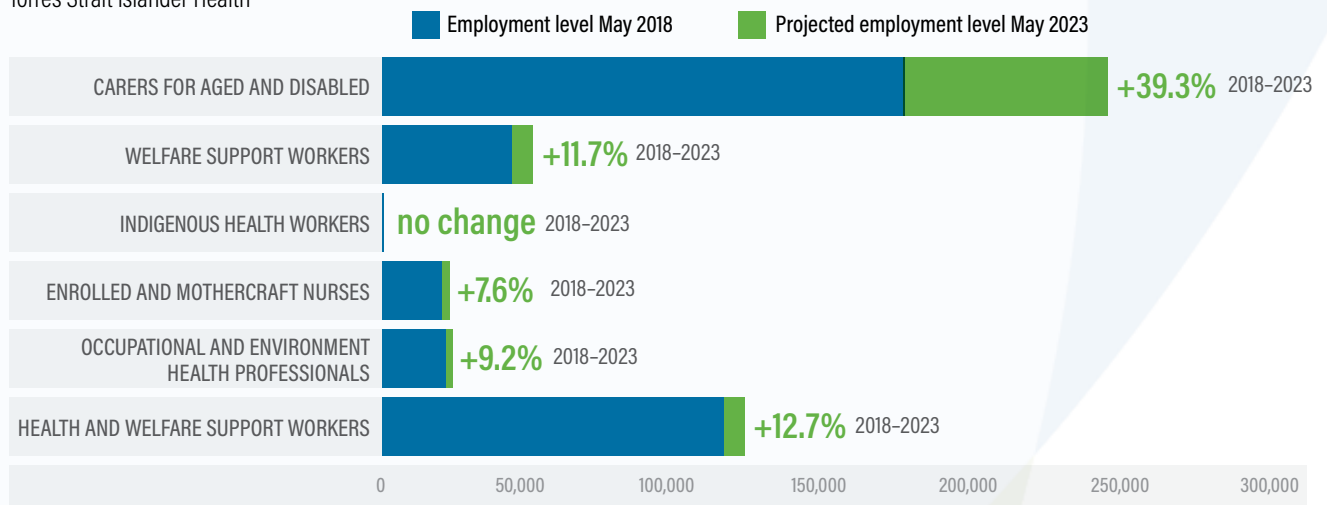
To supplement the trends provided above, an overview of the **Aboriginal and Torres Strait Islander Health Practitioner registration data** from ATSIHPBA is provided below. From 1 July 2012, all Aboriginal and Torres Strait Islander health practitioners have needed to be registered by ATSIHPBA to practise in Australia. According to the data which reflected the last reported quarter, namely October–December 2018, the key traits of registered Aboriginal and Torres Strait Islander Health Workers were as follows:³¹

- **Registration:** There were 707 registered Aboriginal and Torres Strait Islander Practitioners
- **Age:** Almost one-third (29.8%) were aged between 45–54 years

- **Gender:** 76.4% were female
- **Location:** 32.81% workers were located in the Northern Territory, 19.80% in New South Wales, 18.10% in Queensland, 17.68% in Western Australia, 7.21% in South Australia, 3.54% in Victoria, 0.42% in the Australian Capital Territory and 0.42% in Tasmania.

Indigenous Health Workers can contribute their skills to a wide range of health care roles. Below are employment growth projections over the next five years for some of the key occupations that will contribute to providing health care services to Indigenous peoples (see Figure 7).

Figure 7: Employment levels (May 2018 and May 2023) and forecasted % growth to May 2023 for selected occupations related to Aboriginal and Torres Strait Islander Health



Source: Department of Jobs and Small Business, 2018 Occupational Projections – five years to May 2023, accessed October 2018

Future Skills

Note: These findings are based on desk research as well as SkillsIQ's *2019 Future Skills Survey* (conducted between November 2018 and January 2019) which have been filtered to include stakeholders from the Aboriginal and Torres Strait Islander Health Worker sector only. Insights and advice from IRC members and public consultation have also been used to compile and validate the information provided.

The work environment across all industries is continuously evolving to adapt to external and internal industry trends. Technology, automation, Artificial Intelligence (AI),

globalisation, an ageing population, shifts in workforce demographics and industry (i.e. the transition from manufacturing and production to a largely service-based economy)³² are just some of the ongoing trends driving change.

The Aboriginal and Torres Strait Islander Health Worker sector, like others, has been impacted by these trends and, as a result, so too have the skills needs of the workforce. Whilst technical skills to perform job tasks are imperative, employers in the short-to-medium future will be looking beyond these and have indicated that it will be important for workers in their organisations to be **equipped with key soft skills:**



TEAMWORK AND
COMMUNICATION



PROBLEM
SOLVING



RESILIENCE, STRESS
TOLERANCE AND
FLEXIBILITY



TECHNICAL /
JOB-SPECIFIC SKILLS



SELF-
MANAGEMENT

These results are in line with wider studies, including the World Economic Forum and its *Future of Jobs Survey 2018* which indicates that the top 10 demand for skills in 2022 will include **analytical thinking** and **innovation, creativity, originality** and **initiative, critical thinking, complex problem-solving, leadership** and **emotional intelligence**.³³

The VET system plays a pivotal role in supporting employers and employees in adapting to technologies and changes in the workplace. Its role in skilling the workforce with current and emerging skills needs will only grow more strongly in the future as it continues to support individuals entering the workplace or transitioning into different roles.³⁴

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 2019 ranking exercise, an 'Other' generic skill option was included in the list to capture any additional key skills considered important for an industry. Please note that, in this case, no other generic skills were identified.

Key Generic Skills – Ranked in Order of Importance

1	Language, Literacy and Numeracy (LLN) - Foundation skills of literacy and numeracy.
2	Science, Technology, Engineering and Maths (STEM) - Sciences, mathematics and scientific literacy.
3	Communication / Collaboration including virtual collaboration/ Social intelligence - Ability to understand and apply the principles of creating more value for customers with fewer resources (lean manufacturing) and collaborative skills. Ability to critically assess and develop content that uses new media forms and leverage these media for persuasive communications. Ability to connect to others in a deep and direct way, to sense and stimulate reactions and desired interactions.
4	Learning agility / Information literacy / Intellectual autonomy and self-management - Ability to identify a need for information. Ability to identify, locate, evaluate, and effectively use and cite the information. Ability to discriminate and filter information for importance. Ability to do more with less. Ability to quickly develop a working knowledge of new systems to fulfil the expectations of a job.
5	Managerial / Leadership - Ability to effectively communicate with all functional areas in the organisation. Ability to represent and develop tasks and work processes for desired outcomes. Ability to oversee processes, guide initiatives and steer employees toward achievement of goals.
6	Technology use and application skills - Ability to create and/or use technical means, understand their interrelation with life, society, and the environment. Ability to understand and apply scientific or industrial processes, inventions, methods, etc. Ability to deal with increasing mechanisation and automation and computerisation. Ability to do work from mobile devices rather than from paper.
7	Environmental and 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.
8	Customer service / Marketing - Ability to interact with other human beings, whether helping them find, choose or buy something. Ability to supply customers' wants and needs both via face-to-face interactions or digital technology. Ability to manage online sales and marketing. Ability to understand and manage digital products.
9	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.
10	Data analysis skills - 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: facts, figures, number crunching, analysing results.
11	Design mindset / Thinking critically / System thinking / Solving problems - 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, whether it be a product and/or service, and turn that concept into reality and not only bring it to market, but make it a viable product and/or service. Ability to focus on the very next step to get closer to the ultimate goal.



A.3 Key Drivers for Change and Proposed Responses Overview

Key Drivers

There is no Training Package Product development work proposed for 2019–2020.

Current Work in Progress

The following Aboriginal and Torres Strait Islander Health Worker-related Training Package Products are currently being updated:

- 7 qualifications
- 78 Units of Competency
- 18 skill sets.

A.4 Consultation Undertaken

A widespread **multi-channel consultation** involving the following stakeholders has been conducted to identify and substantiate the key skills gaps and training needs of the sector, and to determine whether or not there is a need to update the respective Training Package Products:

- All Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee (IRC) members representing the following key bodies:
 - Aboriginal and Torres Strait Islander Workforce, Queensland Health
 - Department of Health, Western Australia
 - Health Policy Unit, ACT Health
 - Office of Aboriginal Health Policy and Engagement, Department of Health, Northern Territory
 - Queensland Aboriginal and Islander Health Council
 - Apunipima Cape York Health Council
 - Aboriginal Medical Services Alliance, Northern Territory
 - National Aboriginal Community Controlled Health Organisation
 - National Aboriginal and Torres Strait Islander Health Worker Association
 - Marr Mooditj Training
 - Health Services Union
 - Australian Nursing and Midwifery Federation
 - Australian Government Department of Health and Ageing.
- Networks of the Aboriginal and Torres Strait Islander Health Worker IRC members
- A national online survey (*2019 Future Skills Survey*) was distributed via the SkillsIQ database between November 2018 and January 2019 which sought to identify top skills needs and priority industry issues
- Public consultation on the draft Industry Skills Forecast took place in early 2019, and notifications of this were distributed by email to over 17,000 stakeholders registered in SkillsIQ's database network
- The Industry Skills Forecast, including the Proposed Schedule of Work, was promoted to stakeholders and made available via SkillsIQ's website.

B. Proposed Schedule of Work

2020-21

YEAR	PROJECT TITLE AND DESCRIPTOR
2020-21	No projects proposed

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STAKEHOLDERS



OUTCOMES



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BOLDNESS



TEAMWORK



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