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# Aboriginal and Torres Strait Islander Health Worker

**INDUSTRY REFERENCE COMMITTEE  
INDUSTRY SKILLS FORECAST**

Refreshed April 2017

## Contents

Executive summary	3
A. Administrative information	4
B. Sector overview	5
C. Employment	8
D. Skills outlook	13
E. Other relevant skills-related insights for this sector	16
F. Proposed Schedule of Work – 2016-17 – 2019-20	16
G. IRC sign-off	17
References	24

## Executive summary

Aboriginal and/or Torres Strait Islander Health Workers provide a range of services, both clinical and non-clinical, in mainstream services and the community-controlled sector.

The Aboriginal and Torres Strait Islander Industry Reference Committee (IRC) has responsibility over seven qualifications, packaged in the HLT Health Training Package, aligned to job roles in the following four types of Aboriginal Health Worker categories:

- Aboriginal Community Health Worker/Aboriginal Community Controlled Health Worker: This role provides access, liaison, health promotion and preventative health services to the Aboriginal community.
- Aboriginal Hospital Liaison Officer: This non-clinical role provides advocacy, support and liaison within an acute care health setting (for example, within hospitals) and multipurpose services.
- Principal Aboriginal Health Worker: This role provides relevant graduate tertiary-level clinical/professional services to the Aboriginal community.
- Aboriginal and Torres Strait Islander Health Practitioner; Aboriginal Health Practitioner; Torres Strait Islander Health Practitioner (protected titles): To operate in these roles a worker must be registered with the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia. These roles provide direct clinical services to the Aboriginal community and hold a Certificate IV Aboriginal Primary Health Care Practice qualification.

The Aboriginal and Torres Strait Islander Health Worker IRC commits to thorough and inclusive national consultation to ensure training package products under its remit are reflective of current industry skills needs and provide opportunities for workforce development that actively contributes to the variability and productivity of the sector/s. Recognition is given to the need for training package related decisions to be made based on appropriate levels of industry engagement and input.

Further, the IRC acknowledges the COAG Industry and Skills Ministers' priorities and will utilise consultation activities, through the support of SkillsIQ, to gain a national perspective on:

- opportunities to identify and remove obsolete training package products from the system
- industry expectations for training delivery and assessment to be documented within Implementation Guides
- opportunities to enhance portability of skills from one related occupation to another

- opportunities to remove unnecessary duplication within the system and create training package products that may have application to multiple industry sectors
- opportunities for the development of skill sets.

Where available the IRC will seek and maximise opportunities to work collaboratively with other IRCs.

Sector analysis and industry consultation have identified that funding, both in regard to health and community services and in relation to training delivery, is a key challenge impacting the sector. In addition, the sector has identified the following factors as having direct impact on the composition and skills needs of the workforce:

- Porous boundaries
- Diversified workforce
- Literacy and numeracy issues
- Training and employment pathways
- Workforce distribution and future training
- State and Territory jurisdictional legislation.

This Industry Skills Forecast identifies a number of international and national trends in workplace design that will impact the skills needs of the sector. This information, along with industry-identified skills priorities, will directly inform the coming review of relevant training package products.

Information contained within this Industry Skills Forecast has been sourced by a variety of methods, including:

- desktop research, to develop an understanding of existing research and views on skill requirements in the sector;
- an industry workforce survey, which was available to all stakeholders across all industries;
- validation from the IRC, in order to confirm that the information accurately reflects industry views.

The Industry Skills Forecast proposes a schedule for the ongoing review of relevant training package products, to inform the development of the four-year rolling National Schedule.

The training products allocated to this IRC were first endorsed on 1 July 2013. The training products in this sector have been scheduled for review in year two (2017-2018). This will allow further information to be collected on the usage of the current qualifications and the extent to which they meet industry needs, as well as identifying any implementation issues and the impacts of a review of the registration standards. It is envisaged that the above challenges and workforce skills needs will be taken into account when developing the Case for Change for this review.

## A. Administrative information

### Name of IRC

Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee

### Name of Skills Service Organisation (SSO)

SkillsIQ Limited (SkillsIQ)

This document details the Aboriginal and Torres Strait Islander Health Worker IRC four-year Industry Skills Forecast from 1 July 2016 to 30 June 2020.

This version of the Industry Skills Forecast was refreshed April 2017.

### About SkillsIQ

As an SSO, SkillsIQ is funded by the Department of Education and Training to support our allocated IRCs, which are responsible for the development and maintenance of the following training packages:

- Community Services
- Health
- Local Government
- Public Sector
- Floristry
- Hairdressing and Beauty Services
- Funeral Services
- Retail Services
- Sport, Fitness and Recreation
- Tourism, Travel and Hospitality.

## B. Sector overview

Aboriginal and Torres Strait Islander Australians have, on average, lower life expectancy than other Australians primarily because they experience higher levels of sickness than the broader Australian population.<sup>1</sup> Early presentation at health services can increase the chance of prevention, detection and successful management of acute and chronic conditions. Aboriginal and Torres Strait Islander Australians, however, generally perceive mainstream health services to be culturally unsafe environments and consequently do not seek medical attention at the initial onset of the condition.<sup>2</sup>

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 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.'*<sup>3</sup>

Aboriginal and Torres Strait Islander Health Workers are a vital part of the Indigenous health workforce. Although their roles vary across Australia and are largely dependent on the needs of their individual communities, they can include clinical function; liaison and cultural brokerage; health promotion; environmental health; community care; administration; management and control, and policy development and program planning.<sup>4</sup> Aboriginal and Torres Strait Islander Health Practitioners perform clinical roles within community-controlled and mainstream health organisations and must be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia<sup>5</sup>

The Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice is the qualification required for registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia as an Aboriginal and Torres Strait Islander Health Practitioner. As at December 2016 there were 630 Aboriginal and Torres Strait Islander Health Practitioners registered across Australia. The largest number of registered Aboriginal and Torres Strait Islander

Health Practitioners are in the Northern Territory, with 218 registrants nominating the NT as their principal place of practice (PPP). New South Wales hosts the second largest registrant base for this profession with 120 practitioners. This is followed by Queensland (114), Western Australia (109) and South Australia (53).<sup>6</sup> As at March 2017 there were 11 Registered Training Organisations (RTOs) approved by the National Board to deliver the Certificate IV training. Seven of the RTOs had been approved during or after September 2016. There is also steady, positive demand for people with this skill set. As the number of RTOs able to deliver accredited training increases, it is also likely that the number of registered Aboriginal and/or Torres Strait Islander Health Practitioners will increase.

### Training products for this IRC

The 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 Health Care.

\*Please note that, in order for a Practitioner to use, or be required by his or her employer to use, one of the following protected titles associated with the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, he or she must be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia. The protected titles are:

- Aboriginal and Torres Strait Islander Health Practitioner
- Aboriginal Health Practitioner, and
- Torres Strait Islander Health Practitioner.

A full list of the associated units of competency is set out in the attached IRC Proposed Schedule of Work.

## Registered Training Organisations using the training products

The table below indicates the number of Registered Training Organisations (RTOs) with this IRC's qualifications on scope (current as at 13 April 2017). The qualifications were last endorsed in 2013.

Code	Qualification name	No of RTO on scope
HLT20113	Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care	16
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	20
HLT40213	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice	18
HLT50113	Diploma of in Aboriginal and/or Torres Strait Islander Primary Health Care	8
HLT50213	Diploma of in Aboriginal and/or Torres Strait Islander Primary Health Care Practice	8
HLT60113	Advanced Diploma of Aboriginal and/or Torres Strait Islander Health Care	1

Source: Training.gov.au. RTOs approved to deliver this qualification. Accessed 13 April 2017

\* Notwithstanding the fact that 20 training providers have this qualification on scope, only 11 are accredited providers with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

## 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
  - The Aboriginal and Torres Strait Islander Health Worker Working Group (a cross-jurisdictional committee working under the Council of Australian Governments - COAG).
- 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.

### Challenges and opportunities in the sector

Research<sup>7</sup> carried out in this focus area highlights three key messages:

(1) There exists a vital need to focus on improving aspects of preventative care in which there are system-wide 'evidence-to-practice' gaps in care delivery. The focus needs to be not only on lifestyle disease-related gaps, such as ensuring absolute cardiovascular risk assessments, but also on issues associated with living conditions such as employment, housing, family relationships and substance use.

(2) Improving preventative care is symbiotically linked to strengthening staff capacity in the health workforce overall and in key areas such as rural communities and remote towns. This can be achieved through targeted recruitment, training and support, particularly with a focus on continuous quality improvement; strengthening teamwork; community engagement; and health literacy. It is noted that industry reports that there are sometimes significant challenges in providing community-based training, particularly in remote areas.

(3) Innovative strategies need to be developed to improve patient-centred care, self-management and teamwork. More Aboriginal and Torres Strait Islander Health Worker positions need to be created to support health literacy and client referral, as well as ensuring continuous quality control.

### Funding

Government spending in most community services and health sectors continues to increase. However, the overall rate of growth has declined in real terms.<sup>8</sup> The majority of services in this sector rely heavily on government funding at both a Commonwealth and State/Territory level. With a demand for increased services and reduced growth in funding, service providers and governments alike are looking for ways to deliver health and community services more efficiently.<sup>9</sup> This is likely to put added pressure on an otherwise already-stretched workforce to deliver services.

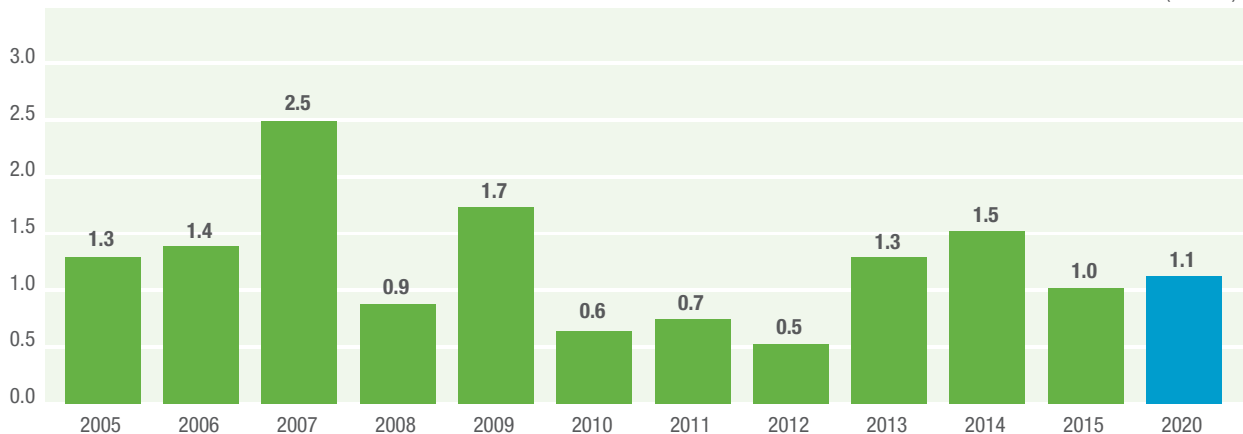
Accessing training and development in regional and remote communities raises significant challenges. Despite additional funding allowances in some States and Territories for remote training delivery, difficulties such as access and extensive travel requirements, lack of infrastructure and the existence of thin markets mean that the cost of delivery is proportionally substantially higher than delivery in metropolitan areas.

## C. Employment

The Aboriginal and Torres Strait Islander Health Worker workforce is relatively small - an estimated 1,000 workers in 2015. Employment for this occupation rose very strongly (in percentage terms) in the past five years and fell in the long-term (ten years). Looking forward, employment for Aboriginal and Torres Strait Islander Health Workers

to November 2020 is expected to grow strongly, as demand continues and constraints on accredited training opportunities are addressed.<sup>10</sup>

### PROJECTED ABORIGINAL AND/OR TORRES STRAIT ISLANDER HEALTH WORKER EMPLOYMENT LEVELS ('000s)



This data shows past and projected (to 2020) employment levels (thousands). Source: ABS Labour Force Survey, Department of Employment trend data to November 2015 and Department of Employment projections to 2020.

The Commonwealth Department of Health funds a range of programs to build the capacity of the Aboriginal and Torres Strait Islander health workforce. The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework is a mechanism to assist planning, prioritisation, target setting, monitoring and reporting progress in the building of capacity in the Aboriginal and Torres Strait Islander health workforce. It focuses

on partnerships and accountability between the Commonwealth, State and Territory governments and the Aboriginal community-controlled health sectors. The Framework was recently reviewed by the Aboriginal and Torres Strait Islander Health Workforce Working Group and is available on the Commonwealth Department of Health website.<sup>11</sup>



## Workforce supply-side challenges and opportunities

### Porous boundaries

Employment opportunities are increasingly being shaped by technological advancements and demand for higher skills. The demand for low skilled workers is diminishing. For people to secure employment and to adapt to changes in the labour market, they need skills that, ideally, can be applied across a range of settings.

There is a high level of demand for the skill sets held by Aboriginal and Torres Strait Islander Health Practitioners. These skills are projected to be among the most sought after in coming years, with high demand associated with growth in primary health care (especially in areas of workforce shortage), as well as in related sectors such as aged care and potentially in disability care and services. Research suggests students who come from and are trained in rural settings (including those who have rural and remote clinical placements) are more likely to take on or remain in health jobs. For Aboriginal and Torres Strait Islander Health Practitioners, especially those working in rural or remote Aboriginal and Torres Strait Islander communities, demand for their skills is extremely high and the profession offers an important opportunity for skilled employment in circumstances where alternative employment can be limited.

In its 2010 Aboriginal Health Worker Profession Review (the Review), the Northern Territory Department of Health and Families reported that the Aboriginal Health Worker workforce in the Northern Territory predominantly comprised ageing female workers, with 72.4% of the total Aboriginal Health Worker Workforce being female.<sup>12</sup> The Review reported that with the majority of health workers being women, some Aboriginal men were reluctant to access and utilise health services which were perceived as being 'women's and children's business'.<sup>13</sup>

The 2012 Aboriginal Health Workforce Survey (the Survey) similarly highlighted that across the NSW Health Industry, the Aboriginal and Torres Strait Islander workforce was predominantly female (75%), suggesting that Aboriginal

and Torres Strait Islander male employees need to be recruited to ensure that Aboriginal and Torres Strait Islander male clients receive appropriate care (In December 2016, just over 75% of ATSIHPs were female). The Survey also revealed a high proportion of long-term employees in higher age brackets, with the most common recorded age being 50-54 years (17%). This suggests that over the coming years there will be a significant reduction in the number of long-term Aboriginal and Torres Strait Islander employees within the health industry. Similarly, the Review also reported that almost half of the currently registered Aboriginal Health Workers<sup>14</sup> were between 40 and 49 years old and 76% were over 30 years old.<sup>15</sup> The ageing Aboriginal and Torres Strait Islander Health Worker workforce is likely to lead to a substantial loss of experienced workforce members in the next ten to fifteen years. Recent increases, and the increase in accredited training providers will help to offset this loss and increase the size of the profession overall.<sup>16</sup>

Fluidity across boundaries and challenging 'gendered-job' perceptions will become increasingly important for ensuring employability of Australians in the dynamic and rapidly changing employment market of the future. There is also a need to develop and promote tapered retirement models that can productively harness the skills of an aged population and ensure positions are available for younger labour market entrants.<sup>17</sup> Developing a strong engagement relationship with the education sector - through the establishment of middle- and senior-school scholarships and strategic participation in VET in Schools programs, for example - can help students develop a greater understanding of health care organisations, thereby encouraging young job seekers of the future to enter the Aboriginal and Torres Strait Islander workforce.<sup>18</sup>

### Diversified workforce

Overall Australia has an ageing population, with one in five Australians expected to be over 65 years old in 2035. The high influx of migrants coming to Australia each year, of whom 80% are of working age, helps counteract Australia's ageing workforce and contributes to cultural diversity.<sup>19</sup> In the future, an organisation's employee profile

is likely to contain more diverse age groups and more diverse cultural backgrounds. This change in profile should also see an increase in the following:

This change in profile should also see an increase in Aboriginal and/or Torres Strait Islander people employed in health care. Aboriginal and/or Torres Strait Islander people make up around 3 per cent of Australia's population but less than 1 per cent of the health workforce. In addition, the demographic profile of Aboriginal and Torres Strait Islander people is considerably younger than the broader population, and therefore important as a potential skilled workforce of the future. Further, as the life expectancy of Aboriginal and/or Torres Strait Islander increases (a key imperative under the Closing the Gap agenda) it will be critical that there is a skilled workforce able to provide skilled and culturally responsive care to meet their needs.

Building a sound understanding of Aboriginal and Torres Strait Islander culture is an essential part of respecting and integrating Aboriginal and Torres Strait Islander Health Workers and, where appropriate, Aboriginal and Torres Strait Islander Health Practitioners into the health care team.<sup>20</sup> There is evidence to suggest that Aboriginal and Torres Strait Islander Health Workers encounter stigma in workplaces dominated by non-Aboriginal and Torres Strait Islander staff members, which adversely impacts on levels of satisfaction and retention rates for Aboriginal and Torres Strait Islander workers. Consequently, this provides an essential argument for increasing cultural awareness training for non-Aboriginal and Torres Strait Islander Health Workers and incorporating it as a core requirement of service industry orientation programs.<sup>21</sup> Industry-gathered evidence suggests that enabling workplace environments to empower Aboriginal and Torres Strait Islander Health Workers can lead to their having a much more effective impact within their communities.<sup>22</sup>

Additionally, a review of the available literature on the development of the rural health workforce suggests that not only does the experience of Aboriginal and Torres Strait Islander people in the health workforce affect their engagement with education, training and employment, but the attitudes and behaviours of the workforce also have a direct effect on service delivery design and models

in Aboriginal and Torres Strait Islander people's health.<sup>23</sup> The review suggests that organisations need to implement evidence-based strategies to promote the engagement and retention of Aboriginal and Torres Strait Islander Health Workers as well as incorporate support for Non-Aboriginal and Torres Strait Islander Health Workers to ensure effective service delivery.<sup>24</sup>

### **Literacy and numeracy**

Industry notes that there remain literacy and numeracy issues in this sector. There are language, literacy and numeracy (LLN) requirements within the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice which can present challenges for some learners whose capabilities in this area do not meet those requirements. It is 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.

In addition to training in standard LLN skills, industry reports that there is a need for "technical literacy" in order to provide the necessary skills to meet requirements that are specific to these qualifications and job roles.

### **Training and employment pathways**

Employment of Aboriginal and Torres Strait Islander people within the health sector is growing and compares favourably with many other sectors. However, the health sector employs only a third of the number of Aboriginal and Torres Strait Islander people needed to be on par with their representation in the broader population. Further, of the Aboriginal and Torres Strait Islander people employed in the health sector, a disproportionately large number work in administrative roles when compared to those employed in clinical and senior positions. Increasing the size and representation of this workforce is a crucial strategy in addressing health inequalities, which is acknowledged through the growing demand for qualified Aboriginal and Torres Strait Islander health clinicians. Aboriginal and Torres Strait Islander Health

Workers (ATSIHW) and Aboriginal and Torres Strait Islander Health Practitioners (ATSIHP) make up a key component of the health workforce and in some cases act as a conduit into further skills development and professional practice – as nurses, midwives, allied health professionals and doctors. Facilitating entry to the ATSIHW and ATSIHP workforce (through LLN and other core skills training) is vital. So too is the valuable breadth of skills developed through ATSIHW and ATSIHP training and practice, and the articulation of and the articulation of skills into career pathways.

### **Workforce distribution and future training**

Creating a sustainable workforce in regional and remote communities raises different and additional challenges, including how best to support a workforce that generally has a lower qualification profile and greater difficulties accessing training and professional development, as well as the broader issues ranging from the higher cost of living to housing shortages. These challenges are especially felt by those in the Aboriginal and Torres Strait Islander health sector. Increasing the skills of workers from local communities would improve the shortage of health services available, especially within remote areas. However, people in these communities often have difficulty accessing training and education services to develop the necessary skills. The most significant issue for the rural and remote health workforce is not one of overall supply, but, workforce distribution associated with the availability and sustainability of local health services.<sup>25</sup>

Industry reports 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. This chronic shortage must be addressed if this problem is to be overcome.

In addition, funding for training delivery in remote areas is not seen to be sufficient to allow for satisfactory delivery

of training. Given that many remote communities rely heavily on government assistance, there is little capacity for self-funded training. While incentives are available in some states for regional and remote training delivery, this funding is rarely sufficient to meet the need, given the challenges in delivering to remote locations. This therefore exacerbates the challenges which are encountered in ensuring the provision of skilled workers in these locations.

A lack of appropriately identified and trained onsite preceptors and/or mentors also appears to restrict and inhibit the ongoing workplace education and training of many remote Aboriginal and Torres Strait Islander students.

Health Workforce Australia (2011) in its review recommended developing and implementing different options to improve accessibility and flexibility of Aboriginal and Torres Strait Islander Health Worker training delivery. In 2012, Health Workforce Australia, in collaboration with the Department of the Prime Minister and Cabinet, introduced the 'Train the Trainer: ATSI Health Worker Project' in response to the recommendation in the earlier report. Increasing the availability of service placements, as well as encouraging Aboriginal and Torres Strait Islander Health Workers to undertake a series of placements within diverse employer organisations, may improve both quality and accessibility to education.<sup>26</sup>

The training and up-skilling of Aboriginal and Torres Strait Islander Health Workers requires an adept understanding of the target region's diversity and complexity. Supporting pathways to health careers in Aboriginal and Torres Strait Islander people's health helps increase the education and economic participation of Aboriginal and Torres Strait Islander practitioners and Aboriginal and Torres Strait Islander Health Workers and also develops the cultural competency of services.<sup>27</sup> There is a need for clear 'articulation pathways' between Vocational Education and Training (VET) courses and tertiary qualifications to encourage Aboriginal and Torres Strait Islander Health Workers to pursue career development pathways both within their workforce and in other health professions.<sup>28</sup> In 2013 Health Workforce Australia, in partnership with a range of RTOs across Australia, successfully implemented the 'Aboriginal and Torres Strait Islander Health Worker Skills Recognition and Up-Skilling Project' to assist Health

Workers who had a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Community) to complete additional skill-set competencies, enabling them to become eligible for the Health Practitioner registration.<sup>29</sup>

they register with AHPRA. Some jurisdictions, for example Queensland, are currently trying to amend state legislation to enable this workforce to fully practice in the scope of their role. Ongoing requirements for Aboriginal and/or Torres Strait Islander health workers should consider these implications to support a workforce that is mobile and able to provide more effective, efficient and accessible/available service delivery.

### **State and Territory Jurisdictional Legislation**

As has been previously highlighted in this Industry Skills Forecast, the qualification requirement for registration under the Australian Health Practitioner Regulation Agency (AHPRA) is that an Aboriginal and/or Torres Strait Islander health worker complete HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice. A core unit of competency in this qualification is HLTAHW020 Administer medications, which covers the required skills and knowledge to administer medication to Aboriginal and/or Torres Strait Islander clients. The ability to fully apply the skills and knowledge of this unit into practice is limited in some states and territories due to the restrictions of jurisdictional legislation. This is acknowledged in the unit of competency 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 workplace, simulated assessment environments may only be used in place of workplace assessment.

All learners completing the qualification are required to be trained and assessed as per the specifications in the Training Package. However, with each State and Territory in Australia having its own legislation that determines an Aboriginal and/or Torres Strait Islander health worker's scope for working with medications, including administration and management, a worker is bound by these parameters when practicing in that state/territory. In some instances there are significant variations between jurisdictional legislation, as a result, a worker's ability to apply their skills and knowledge as part of the job role can be restricted. This makes it difficult to fully develop an Aboriginal and/or Torres Strait Islander health worker's scope of practice creating barriers for employment, service delivery access and restricts the workforce when

## D. Skills outlook

### International and national trends

#### Rise of enterprise skills

Jobs of the future will require Australians to be literate, numerate and digitally literate. Testing in recent years has demonstrated that Aboriginal and Torres Strait Islander students are more likely to be low performers in problem solving, with 50% students with of low socio-economic backgrounds and 62% of Aboriginal and Torres Strait Islander students recording low proficiency, with a similar trend being reported across digital literacy and financial literacy testing.<sup>30</sup>

The relatively weak performance of Aboriginal and Torres Strait Islander and low socio-economic students across these skills raises a serious equity challenge. Various organisations have taken an initiative to address the low performance of Aboriginal and Torres Strait Islander students across the key learning areas in school. For example, evaluations of the Cape York Aboriginal Australian Academy Initiative (Queensland), which is a pilot program operating in primary schools in Coen, Hope Vale and Aurukun, has reported positive outcomes and improvement in the literacy skills of Indigenous students.<sup>31</sup> Also, a 2012 evaluation of the national Australian Indigenous Mentoring Experience program (established in 2005) found that the program was effective in strengthening school and post-school aspirations and fostered a sense of engagement and a sense of identity, with outcomes for the mentored students being better than the national average.<sup>32</sup>

Most skills that are consistently required, like communication, teamwork, problem solving and digital literacy (collectively referred to as 'enterprise skills'), can be built into training systems at the grassroots level by:

- Redesigning the curriculum to explicitly embed enterprise skills;
- Introducing inquiry approaches and collaborative work teaching models. Examples include the incorporation of major group projects into assessment structures in which students not only design a project but also execute it, thereby contributing to the local or global community;

- Retraining educators and teachers in enquiry-based, collaborative and project-based learning models essential for organising sustained project work;
- Setting up partnerships with local businesses which facilitate learning in work-based environments through work placements or internships; and
- Utilising information available through live labour market data to guide career paths and make informed decisions.<sup>33</sup>

Demand for personal, interpersonal and organisational skills, as well as critical thinking and creativity (collectively referred to as 'soft skills'), has also risen.<sup>34</sup> Surveys of the upcoming generation of employees (Generation Z) indicate that they are likely to be comfortable with technology but may be missing key core 'soft skills'.<sup>35</sup> 'Soft skills development' is therefore likely to become a key component of education and training platforms for educators as well as for employers over the coming decades. Importantly, it is generally the 'soft skills' that Aboriginal and Torres Strait Islander health practitioners bring in providing care, but also in enabling people to access the care they need from across the health system. Competency in both enterprise skills and soft skills is essential for optimal performance in the role of an Aboriginal and Torres Strait Islander Health Worker.<sup>36</sup> Given the nature of roles in this sector, this may have significant implications for employers in terms of the provision of "on-the-job" training to allow for the acquisition and development of these skills.

#### Increased prevalence of chronic conditions

The health care needs of Aboriginal and Torres Strait Islander Australians are complex and need to be managed in a cross-cultural context. Aboriginal and Torres Strait Islander Health Workers assist in filling the gap between cultural health practices and Western health practices.<sup>37</sup> For Aboriginal and Torres Strait Islander Australians, social and emotional wellbeing, resulting from a network of relationships between the individual and the community, is the foundation of physical and mental health.<sup>38</sup> The relative socio-economic disadvantage experienced by Aboriginal and Torres Strait Islander

Australians compared to non-Aboriginal and Torres Strait Islander Australians makes them more likely to be exposed to behavioural as well as environmental health risk factors.<sup>39</sup>

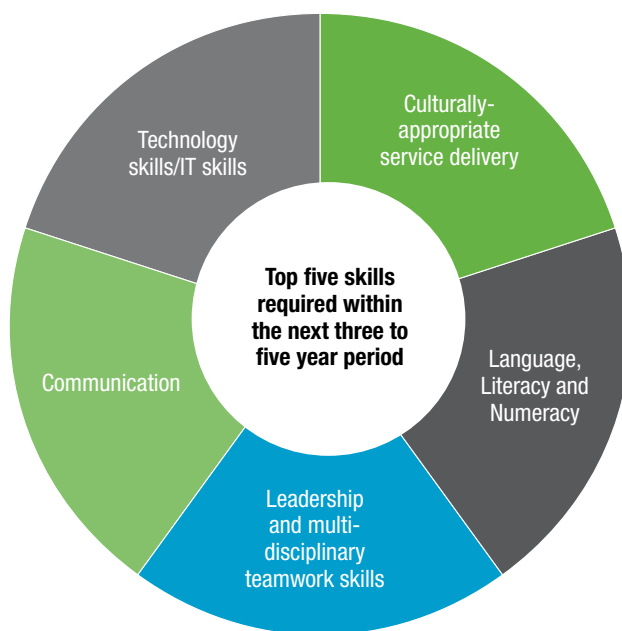
The increasing prevalence of chronic diseases, in particular, has implications for the number of health workers required in the future and also highlights the need to integrate skills and different models of care to ensure optimum treatment.<sup>40</sup> However, research into the effectiveness of Aboriginal and Torres Strait Islander Health Workers as chronic care coordinators, for example, suggests that the placement of skilled and dedicated Aboriginal and Torres Strait Islander Health Workers into communities is, in and of itself, insufficient to improve chronic disease outcomes and that a systematic service delivery system in tandem to this is also required.<sup>41</sup> Specifically, the research highlights the fact that there is a lack of understanding of the roles of Aboriginal and Torres Strait Islander Health Workers, including a lack of respect for the cultural aspects of, and training for, their roles; poor utilisation of the work space; ineffective teamwork (including ineffectiveness in the sharing of electronic patient records) and failure to follow chronic disease guidelines.<sup>42</sup>

### Equity-oriented care

Research from Canada has found that, like Australia, and despite a Government commitment to the provision of high quality primary health care services, there remain inequities in the delivery of these services to marginalised populations. The research has uncovered four key dimensions of equity-oriented primary health care services: namely, inequity-responsive care; trauma and violence-informed care; contextually tailored care; and culturally competent care.<sup>43</sup>

The research identifies ten strategies to enhance the capacity for equity oriented services, including the tailoring of care, programs and services to context and also to histories; and promoting community and patient-participatory engagement. These strategies build on the idea of patient-centred care and consider what adaptations can be made to the delivery of services to take into account the social and cultural contexts of local patients. The prioritisation of locally-relevant strategies has been seen to be paramount for optimum success.<sup>44</sup>

These same factors have been mentioned previously in this document and exemplify the need for better understanding of the Aboriginal and Torres Strait Islander Health Worker role on the part of other health professionals, as well as ensuring that Aboriginal and Torres Strait Islander Health Workers themselves have the requisite skills to implement and lead the delivery of services in local contexts, for optimal effectiveness.



The above skills were informed through a variety of methods. These included:

- desk-top research, to develop an understanding of existing research and views on skill requirements in the sector;
- an industry workforce survey, which was available to all stakeholders across all industries. The broad scope of the survey allowed a variety of responses from different industries, reflecting the wide-ranging use of these training package products;
- validation from the IRC, in order to confirm that the findings accurately reflected industry expectations on skill requirements within the next three to five-year period.

## GENERIC WORKFORCE SKILLS RANKED IN ORDER OF IMPORTANCE

Workforce Skill	Rank
Managerial/Leadership	1
Language, Literacy and Numeracy	2
Learning agility/Information literacy/Intellectual autonomy and Self-management	3
Design mindset/Thinking critically/System thinking/Solving problems	4
Communication/Virtual collaboration/Social intelligence	5
Customer service/Marketing	6
Technology	7
Data analysis	8
Science, Technology, Engineering and Mathematics (STEM)	9
Environmental and Sustainability	10
Financial	11
Entrepreneurial	12

When looking at the broad workforce skills outlined above, varying subjective interpretations and definitions are offered. Industry emphasises that a generic skill may have vastly different meaning, and application, to different individuals and organisations. Industry therefore cautions that a lack of consistent interpretation requires careful consideration when reviewing and determining industry skills priorities.

## E. Other relevant skills-related insights for this sector

The IRC has not identified any further issues to be addressed in this 'Industry Skills Forecast. However, further insight may be identified and considered when developing a Case for Change.

## F. Proposed Schedule of Work: 2016-17 – 2019-20

### Time-critical issues

These training products were last reviewed in 2012/13 and released on the national register (training.gov.au) on 1 July 2013. Since this first release there have been a number of subsequent releases. However, updates have been as a result of minor changes, and mostly to update imported units. The training products have been in the sector for a number of years. Due to the specific nature of the qualifications, however, additional time has been allowed to collect stakeholder feedback on implementation issues which will inform future training package development work.

It should also be noted that the Aboriginal and Torres Strait Islander Health Practice Board of Australia is about to review the Registration Standards. The review of these Standards may have an impact on the timeframe for reviewing specific units of competency. The review of the training products has therefore been scheduled for year two.

### Interdependencies

Aboriginal and Torres Strait Islander Health Worker qualifications will be impacted by the review of imported units of competency from the following training packages:

- Community Services Training Package
- Business Services Training Package
- Training and Education Training Package
- Retail Services Training Package.

### Where the IRC is advising that a training product would need to be reviewed more than once in the four-year period

The IRC notes that there may be instances of unforeseen change triggering a need to review training package products outside of where listed in the national schedule. Examples of unforeseen change include, but are not limited to, changes to legislation, regulation and industry licencing.

### Where the review of a training product is expected to be contentious or involve lengthy work

It is difficult to predict if review of these training products will be contentious or lengthy as the detail of proposed change has not yet been identified or considered by industry. At this time no significant issues have been detected, however the IRC notes that the very nature of training product review work will bring to light differing stakeholder views.

### Cross Sectoral Projects

The Aboriginal and Torres Strait Islander Health Worker IRC welcomes the strategic approach to cross-sector skills that has been adopted by the Australian Industry and Skills Committee (AISC) and supports the achievement of efficiencies in the product development process through the development of cross-industry skills standards.



SkillsIQ has been commissioned by the AISC to lead a project that will identify and address cross sectoral skills needs in 'Consumer Engagement through Social and Online Media'. This IRC has been identified as one of several IRCs who will be engaged to contribute to this work.

### Family Violence Royal Commission

In February 2015, a Royal Commission into Family Violence commenced in Victoria. The Royal Commission was established in recognition of the harm family violence causes, and the need to invest in family violence reforms to assure the future wellbeing and prosperity of all Victorians.

Recommendations of the Royal Commission into Family Violence stress the capacity for everyone working in the health and community services sectors to be able to identify clients affected by family violence, to recognise the impacts and to be able to confidently refer clients to appropriate specialist services. This is an important piece of work not only for Victoria but all jurisdictions to promote prevention as a tool to reduction in domestic and family violence as a national issue. It will likely have a significant and rapid impact on training for people in many community services and health VET qualifications.

## G. IRC sign-off

This Industry Skills Forecast and Proposed Schedule of Work was agreed to by:

Warren Locke, Chair of the Aboriginal and Torres Strait Islander Health Worker IRC

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Signature of Chair

Date:

# Aboriginal and Torres Strait Islander Health Worker IRC Proposed Schedule of Work 2016-17 to 2019-2020

Contact details: Warren Locke, Chair of the Aboriginal and Torres Strait Islander Health Worker IRC, Melinda Brown, General Manager, SkillsIQ Date submitted to Department of Education and Training: 28 April 2017.

The training products allocated to this IRC were first endorsed on 1 July 2013. The training products in this sector have been scheduled for review in year two (2017-2018). This will allow further information to be collected on the usage of the current qualifications and the extent to which they meet industry needs, as well as identifying any implementation issues and the impacts of a review of the registration standards.

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
<b>QUALIFICATIONS</b>						
Year 2 (2017-2018) Based on time since previous review	HLT	Health	HLT20113	Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care		
Year 2 (2017-2018) Based on time since previous review	HLT	Health	HLT30113	Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care		
Year 2 (2017-2018) Based on time since previous review	HLT	Health	HLT40113	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care		
Year 2 (2017-2018) Based on time since previous review	HLT	Health	HLT40213	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice		
Year 2 (2017-2018) Based on time since previous review	HLT	Health	HLT50113	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care		
Year 2 (2017-2018) Based on time since previous review	HLT	Health	HLT50213	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice		
Year 2 (2017-2018) Based on time since previous review	HLT	Health	HLT60113	Advanced Diploma of Aboriginal and/or Torres Strait Islander Health Care		
<b>SKILL SETS</b>						
Year 2 (2017-2018)	HLT	Health	HLTSS00028	Renal Care Skill Set for Aboriginal and/or Torres Strait Islander Primary Health Care Practice		
Year 2 (2017-2018)	HLT	Health	HLTSS00029	Ear and Hearing Health Skills Set for Aboriginal and/or Torres Strait Islander Primary Health Care		
Year 2 (2017-2018)	HLT	Health	HLTSS00030	Aboriginal and/or Torres Strait Islander Maternal and Infant Care Skill Set		

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 2 (2017-2018)	HLT	Health	HLTSS00031	Aboriginal and/or Torres Strait Islander Maternal and Infant Care Skill Set - Clinical		
Year 2 (2017-2018)	HLT	Health	HLTSS00032	Aboriginal and/or Torres Strait Islander Healthy Children Skill Set		
Year 2 (2017-2018)	HLT	Health	HLTSS00033	Aboriginal and/or Torres Strait Islander Family Health Skill Set		
Year 2 (2017-2018)	HLT	Health	HLTSS00034	Aboriginal and/or Torres Strait Islander Youth Health Skill Set		
Year 2 (2017-2018)	HLT	Health	HLTSS00035	Chronic Condition Self-management for Aboriginal and/or Torres Strait Islander Clients Skill Set		
Year 2 (2017-2018)	HLT	Health	HLTSS00036	Aboriginal and/or Torres Strait Islander Eye Health Coordinator Skill Set		
Year 2 (2017-2018)	HLT	Health	HLTSS00037	Advanced Practice for Aboriginal and/or Torres Strait Islander Health Workers Skill Set		
Year 2 (2017-2018)	HLT	Health	HLTSS00038	Aboriginal and/or Torres Strait Islander Disability Care Skill Set		
Year 2 (2017-2018)	HLT	Health	HLTSS00039	Aboriginal and/or Torres Strait Islander Aged Care Skill Set		
Year 2 (2017-2018)	HLT	Health	HLTSS00040	Smoking Cessation Skill Set		
Year 2 (2017-2018)	HLT	Health	HLTSS00041	Aboriginal and/or Torres Strait Islander Sexual Health Skill Set		
Year 2 (2017-2018)	HLT	Health	HLTSS00042	Aboriginal and/or Torres Strait Islander Men's Health Skill Set		
Year 2 (2017-2018)	HLT	Health	HLTSS00044	Nutrition Support Skill Set for Aboriginal and/or Torres Strait Islander Communities		
Year 2 (2017-2018)	HLT	Health	HLTSS00045	Aboriginal and/or Torres Strait Islander Community Nutrition and Food Security skill set		
Year 2 (2017-2018)	HLT	Health	HLTSS00050	Oral Health Care Skill Set for Aboriginal and/or Torres Strait Islander Health Workers		

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
<b>UNITS OF COMPETENCY</b>						
Year 2 (2017-2018)	HLT	Health			HLTAHW001	Work with Aboriginal and/or Torres Strait Islander clients and communities
Year 2 (2017-2018)	HLT	Health			HLTAHW002	Support clients to obtain access to health services
Year 2 (2017-2018)	HLT	Health			HLTAHW003	Provide basic health information to clients
Year 2 (2017-2018)	HLT	Health			HLTAHW004	Perform work role in the Aboriginal and/or Torres Strait Islander primary health care context
Year 2 (2017-2018)	HLT	Health			HLTAHW005	Work in Aboriginal and/or Torres Strait Islander primary health care context
Year 2 (2017-2018)	HLT	Health			HLTAHW006	Facilitate and advocate for the rights and needs of clients and community members
Year 2 (2017-2018)	HLT	Health			HLTAHW007	Undertake basic health assessments
Year 2 (2017-2018)	HLT	Health			HLTAHW008	Assist in planning and implementation of basic health care
Year 2 (2017-2018)	HLT	Health			HLTAHW009	Provide information about social and emotional support
Year 2 (2017-2018)	HLT	Health			HLTAHW010	Identify community health issues, needs and strategies
Year 2 (2017-2018)	HLT	Health			HLTAHW011	Assist with basic health screening, promotion and education services
Year 2 (2017-2018)	HLT	Health			HLTAHW012	Assist with the prevention and minimisation of substance misuse
Year 2 (2017-2018)	HLT	Health			HLTAHW013	Respond to emergencies
Year 2 (2017-2018)	HLT	Health			HLTAHW014	Work with Elders in Aboriginal and/or Torres Strait Islander communities
Year 2 (2017-2018)	HLT	Health			HLTAHW015	Work under instructions to support the safe use of medication
Year 2 (2017-2018)	HLT	Health			HLTAHW016	Assess client's physical wellbeing
Year 2 (2017-2018)	HLT	Health			HLTAHW017	Assess and support client's social and emotional wellbeing
Year 2 (2017-2018)	HLT	Health			HLTAHW018	Plan, implement and monitor health care in a primary health care context
Year 2 (2017-2018)	HLT	Health			HLTAHW019	Deliver primary health care programs for Aboriginal and/or Torres Strait Islander communities

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 2 (2017-2018)	HLT	Health			HLTAHW020	Administer medications
Year 2 (2017-2018)	HLT	Health			HLTAHW021	Provide nutrition guidance for specific health care
Year 2 (2017-2018)	HLT	Health			HLTAHW022	Address social determinants of Aboriginal and/or Torres Strait Islander health
Year 2 (2017-2018)	HLT	Health			HLTAHW023	Plan, develop and evaluate health promotion and community development programs
Year 2 (2017-2018)	HLT	Health			HLTAHW024	Work in alcohol and other drugs and mental health with Aboriginal and/or Torres Strait Islander communities
Year 2 (2017-2018)	HLT	Health			HLTAHW025	Provide information and strategies in health care
Year 2 (2017-2018)	HLT	Health			HLTAHW026	Provide information and strategies in sexual health for men
Year 2 (2017-2018)	HLT	Health			HLTAHW027	Provide information and strategies in sexual health for women
Year 2 (2017-2018)	HLT	Health			HLTAHW028	Provide information and strategies in chronic condition care
Year 2 (2017-2018)	HLT	Health			HLTAHW029	Provide information and strategies in maternal and infant health
Year 2 (2017-2018)	HLT	Health			HLTAHW030	Provide information and strategies in eye health
Year 2 (2017-2018)	HLT	Health			HLTAHW031	Provide information and strategies to enhance the capacities of Aboriginal and/or Torres Strait Islander families
Year 2 (2017-2018)	HLT	Health			HLTAHW032	Supervise individual workers
Year 2 (2017-2018)	HLT	Health			HLTAHW033	Maintain community health profile
Year 2 (2017-2018)	HLT	Health			HLTAHW034	Provide healthy lifestyle programs and advice
Year 2 (2017-2018)	HLT	Health			HLTAHW035	Provide information and support around cancer
Year 2 (2017-2018)	HLT	Health			HLTAHW036	Provide information and support to women with breast cancer
Year 2 (2017-2018)	HLT	Health			HLTAHW037	Support the safe use of medications
Year 2 (2017-2018)	HLT	Health			HLTAHW038	Assess and promote physical and emotional wellbeing of children
Year 2 (2017-2018)	HLT	Health			HLTAHW039	Monitor early childhood growth and development
Year 2 (2017-2018)	HLT	Health			HLTAHW040	Promote burns prevention in homes and the community

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 2 (2017-2018)	HLT	Health			HLTAHW041	Assess and manage emergency treatment of burns
Year 2 (2017-2018)	HLT	Health			HLTAHW042	Implement a burns rehabilitation care plan
Year 2 (2017-2018)	HLT	Health			HLTAHW043	Facilitate access to tertiary health services
Year 2 (2017-2018)	HLT	Health			HLTAHW044	Advocate on behalf of the community
Year 2 (2017-2018)	HLT	Health			HLTAHW045	Plan, develop and evaluate primary health care programs for Aboriginal and/or Torres Strait Islander communities
Year 2 (2017-2018)	HLT	Health			HLTAHW046	Apply advanced skills in primary health care
Year 2 (2017-2018)	HLT	Health			HLTAHW047	Support and promote social and emotional wellbeing of staff and clients
Year 2 (2017-2018)	HLT	Health			HLTAHW048	Apply a strategic approach to Aboriginal and/or Torres Strait Islander health
Year 2 (2017-2018)	HLT	Health			HLTAHW049	Work effectively in social and emotional wellbeing
Year 2 (2017-2018)	HLT	Health			HLTAHW050	Develop a healing framework for social and emotional wellbeing work
Year 2 (2017-2018)	HLT	Health			HLTAHW051	Respond to loss, grief and trauma
Year 2 (2017-2018)	HLT	Health			HLTAHW052	Deliver primary health care to Aboriginal and/or Torres Strait Islander clients in confinement
Year 2 (2017-2018)	HLT	Health			HLTAHW053	Address impact of food security on community health
Year 2 (2017-2018)	HLT	Health			HLTAHW054	Support renal dialysis clients in the community setting
Year 2 (2017-2018)	HLT	Health			HLTAHW055	Provide care to clients undertaking renal dialysis in the community setting
Year 2 (2017-2018)	HLT	Health			HLTAHW056	Provide sexual and reproductive health care
Year 2 (2017-2018)	HLT	Health			HLTAHW057	Provide antenatal health care
Year 2 (2017-2018)	HLT	Health			HLTAHW058	Prepare for and support childbirth
Year 2 (2017-2018)	HLT	Health			HLTAHW059	Provide postnatal and infant health care
Year 2 (2017-2018)	HLT	Health			HLTAHW060	Plan for medical emergencies
Year 2 (2017-2018)	HLT	Health			HLTAHW061	Engage in community health research

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 2 (2017-2018)	HLT	Health			HLTAHW062	Supervise health care team
Year 2 (2017-2018)	HLT	Health			HLTAHW063	Implement office systems
Year 2 (2017-2018)	HLT	Health			HLTAHW064	Manage budgets
Year 2 (2017-2018)	HLT	Health			HLTAHW065	Apply reflective practice in an Aboriginal and/or Torres Strait Islander primary health care setting
Year 2 (2017-2018)	HLT	Health			HLTAHW066	Manage the delivery of Aboriginal and/or Torres Strait Islander primary health care
Year 2 (2017-2018)	HLT	Health			HLTAHW067	Manage health education and promotion
Year 2 (2017-2018)	HLT	Health			HLTAHW068	Develop work plans
Year 2 (2017-2018)	HLT	Health			HLTAHW069	Develop health care policy
Year 2 (2017-2018)	HLT	Health			HLTAHW070	Manage human resources
Year 2 (2017-2018)	HLT	Health			HLTAHW071	Manage medicines in Aboriginal and/or Torres Strait Islander primary health care
Year 2 (2017-2018)	HLT	Health			HLTAHW072	Provide guidance in social and emotional wellbeing
Year 2 (2017-2018)	HLT	Health			HLTAHW073	Practise social and emotional wellbeing in a clinical setting
Year 2 (2017-2018)	HLT	Health			HLTAHW074	Provide closure on healing processes
Year 2 (2017-2018)	HLT	Health			HLTAHW075	Manage community health projects
Year 2 (2017-2018)	HLT	Health			HLTAHW076	Plan for community emergencies
Year 2 (2017-2018)	HLT	Health			HLTAHW077	Provide supervision for social and emotional wellbeing workers
Year 2 (2017-2018)	HLT	Health			HLTAHW078	Work with a narrative approach

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