



**NACCHO**

National Aboriginal Community  
Controlled Health Organisation  
*Aboriginal health in Aboriginal hands*

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# Care Workforce Labour Market Study

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Survey response to the  
National Skills Commission

July 2021

## ABOUT NACCHO

**NACCHO** is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focused on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs. Our members provide about three million episodes of care per year for about 350,000 people across Australia, including about one million episodes of care in very remote regions.

**Sector Support Organisations, also known as affiliates**, are State based and represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their members including advocacy, governance and the delivery of state, territory and national primary health care policies.

**ACCHOs** range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers/Practitioners and/or nurses to provide the bulk of primary health care services, often with a preventive, health education focus. Our 143 ACCHOs operate approximately 700 facilities, including about 450 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support.

Collectively, we employ about 6,000 staff, 56 per cent of whom are Indigenous, making us the second largest employer of Aboriginal and Torres Strait Islander people in the country.

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## Workforce observations

The expertise of the Aboriginal Community Controlled Health Organisation (ACCHO) workforce plays a central role in the provision of culturally safe, trauma-informed care primary health care for Aboriginal and Torres Strait Islander communities. The ACCHO health workforce deliver holistic models of care as part of an integrated, multidisciplinary team, an approach which is widely accepted as delivering strong health outcomes for Aboriginal and Torres Strait Islander communities.

The Australian Institute of Health and Welfare (AIHW) note that Aboriginal and Torres Strait Islander health staff can help improve access to and interactions with the health system which can result in better care and improved health outcomes for Aboriginal and Torres Strait Islander clients.

However, the identified lack of Aboriginal and Torres Strait Islander health and care workers across the sector ([AIHW Indigenous HPF 3.12](#)) contributes to reduced access to health and care services for Aboriginal and Torres Strait Islander people in ACCHOs, and in mainstream primary and allied health sectors more broadly.

### *Declining workforce*

Aboriginal and Torres Strait Islander Health Workers (ATSIHWs) play a key role in the provision of culturally safe care in ACCHOs. However, the ATSIHW workforce is not growing as fast as the Aboriginal and Torres Strait Islander population. AIHW note, growth in the number of Indigenous health workers has been concentrated in older workers (aged 45 and over), while there has been a decline in the number of workers ages 44 and under ([AIHW Indigenous HPF 3.22](#)). Without increased support and investment in new and younger graduates entering the workforce, the number of ATSIHWs is likely to decline rapidly.

In addition, as the Aboriginal and Torres Strait Islander population grows and ages, there will be an increasing need for Aboriginal and Torres Strait Islander social and emotional wellbeing support workers (SEWB), mental health workers, aged care and disability support and palliative care workers.

Targeted initiatives are required to increase the size of these workforces, particularly in ACCHOs, to ensure access to these services is not hampered by inadequate staffing. Such initiatives will reflect priorities outlined in the National Agreement on Closing the Gap, the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 (Health Plan) and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 (Health Workforce Plan).

### *Cultural safety*

Aboriginal and Torres Strait Islander people access health and care services at far lower rates than other Australians, due in large part to systemic barriers which include a lack of cultural safety. There is an urgent need to increase the Aboriginal and Torres Strait Islander care workforce and improve the cultural safety and accessibility of mainstream education and workplace settings.

To enhance cultural safety for their clients, ACCHOs often engage local community members as part of their workforce. This workforce includes community and family support workers who often have no formal qualification, but are essential to help bridge the gap between health professionals and families. Some equity issues arise in these situations, particularly in terms of remuneration. These workers are often paid less than qualified workers, but can experience enormous emotional strain as they may work and live among their clients and are unofficially on call 24 hours a day.

### *Pathways*

A lack of strong education and training pathways will further contribute to a likely decline in the Aboriginal and Torres Strait Islander care workforce in coming years.

Access to qualifications is a barrier for expanding the care workforce, and completing placement requirements in residential facilities away from Country can be an additional barrier for Aboriginal and Torres Strait Islander students.

Interest in health careers is evident in Aboriginal and Torres Strait Islander student enrolment numbers, however, completion rates in both higher education and VET programs continue to lag behind that of other Australians.

There is a need for strong pathways and additional support for Aboriginal and Torres Strait Islander students to help improve course completion rates and transition into the workforce. These have been identified as key strategies in the Health Workforce Plan.

ATSIHWs, and specifically Aboriginal and Torres Strait Islander Health Practitioners (ATSIHP), are essential to providing support to families navigating complex care requirements and have a central role in ACCHO multidisciplinary primary health care teams, both in clinical practice and in illness prevention and health promotion. There is opportunity in the current ATSIHW training package to expand the career pathway options for the ATSIHW and ATSIHP roles to include dedicated health promotion and clinical streams.

### *Support for Aboriginal community-controlled RTO sector*

Many Aboriginal and Torres Strait Islander students and workers prefer to receive their education through an Aboriginal community controlled Registered Training Organisation (ACCRTO), these are usually small organisations with limited additional resources. ACCRTOs require additional resourcing and support to ensure targeted training can be delivered to help build multidisciplinary skilled teams within ACCHOs.

The prioritisation of additional funding for the ACCRTO sector to help build the Aboriginal and Torres Strait Islander health workforce would contribute to Priority Reform 2 of the National Agreement.

## Workforce attraction, retention and development

For Aboriginal and Torres Strait Islander workers, AIHW have identified that the cultural safety of the workplace is critical to recruitment and retention ([AIHW Indigenous HPE 3.22](#)).

In addition to building supportive workplaces that embed cultural orientation and recognition of cultural practices, clearly documenting and communicating roles, scope of practice and responsibilities, and ensuring that employees are appropriately supported and remunerated will contribute to retention of staff (Lai et al, <https://doi.org/10.3390/ijerph15050914>).

ATSIHWs are particularly important given the often high turnover of non-Aboriginal staff in some areas. Particularly in remote areas, ATSIHWs often offer continuity of care for clients while non-Aboriginal health professionals change regularly. Conte et al note that ATSIHWs often experience inflated role expectations that can contribute to unmanageable workloads and stress, reduced job satisfaction, and barriers to integration with other members of the health workforce (Conte et al, <https://doi.org/10.1093/heapro/daz035>).

A 2019 study recommended several strategies to improve retention in remote health settings, including prioritising remote and Indigenous students, maximising training in remote areas; ensuring a good 'fit' between individual staff and the community (especially with regard to cultural skills); optimising co-ordination and management of services that empower staff and create positive practice environments; and prioritising community participation and employment of locals (Wakerman et al, <https://doi.org/10.1186/s12960-019-0432-y>).

Employment, support and development of local residents has been effective in many NACCHO Member services, increasing the Aboriginal and Torres Strait Islander workforce, contributing positively to cultural safety for clients and colleagues and building community trust in the service.

The Royal Australian College of General Practitioners (RACGP), in their [submission to the Health Workforce Plan](#), recommend providing supporting and capacity building for the ACCHO sector to provide more training opportunities across all health professions. This would not only build the capability of the ACCHO sector, but also of the Aboriginal and Torres Strait Islander and non-Aboriginal workforces.

The ability to access accredited skills based extension (micro-credentialling) to support transferability and skills enhancement would enhance workforce mobility and retention. Having to retrain or undergo an arduous process to gain recognition of prior learning is a barrier to mobility and career development for many Aboriginal and Torres Strait Islander workers.

## System settings

### *Building the community controlled sector*

Through the National Agreement on Closing the Gap 2020, Australian Governments have committed to Building the Community-Controlled Sector (Priority Reform 2).

This means funding ACCHOs directly to deliver care services, rather than through Public Health Networks which favour commissioning mainstream services to deliver services to Aboriginal and Torres Strait Islander communities. This often results in poor quality of care or services that are not culturally safe for local Aboriginal and Torres Strait Islander communities.

The Health Workforce Plan commits to ensuring funding for service delivery to Aboriginal and Torres Strait Islander communities is prioritized through ACCHOs in the first instance.

Further, providing additional support to the community controlled RTO sector to deliver flexible training and build the Aboriginal and Torres Strait Islander health workforce is essential. Having to train off Country and the lack of block training options by mainstream RTOs are significant barriers for Aboriginal and Torres Strait Islander students and workers. More flexible training options are essential to support students to stay close to family and community while they learn, particularly in the current pandemic environment. However, IT infrastructure and connectivity issues continue to limit training opportunities, particularly in remote, rural and regional areas.

### *Eliminating racism and ensuring culturally safe practice*

Priorities in the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 and the National Aboriginal and Torres Strait Islander Health Workforce Plan 2021-2031 commit to eliminating racism from mainstream health services and ensuring mainstream services provide culturally competent care to local Aboriginal and Torres Strait Islander people.

The importance of culturally safe workplaces for Aboriginal and Torres Strait Islander health workers cannot be underestimated. AIHW note that consultations on the Health Workforce Plan found a culturally safe health and education sector is essential to improving the recruitment and retention of Aboriginal and Torres Strait Islander workers ([AIHW Indigenous HPF 3.22](#)).

The Health Workforce Plan contains specific strategies to ensure education and training builds the cultural competence and cultural awareness of Australia's health care workforce through undergraduate, postgraduate, vocational and continuing professional education.

The co-design work taking place in Queensland for [Health Equity](#) provides an excellent example of structural initiatives to eliminate racism in the health system.

## Thin markets

Aboriginal and Torres Strait Islander communities constitute 'thin markets' in urban, regional and remote areas. Thin markets require additional support from government, however simply incentivising the market to provide required services often results in poor service provision for Aboriginal and Torres Strait Islander communities (eg: digital only services), or the extension of mainstream services which do not provide a culturally safe environment for Aboriginal and Torres Strait Islander communities.

In addition, almost 50 per cent of Aboriginal and Torres Strait Islander people access mainstream health services, highlighting the importance of ensuring mainstream services provide culturally appropriate care for local communities.

Embedding care facilities in ACCHO services, or other existing services has been shown to support increased access by Aboriginal and Torres Strait Islander clients. However, ACCHOs must be adequately funded to provide these services, including infrastructure and equipment upgrades and ongoing training and recruitment of staff.

## Technology

It is essential that in seeking to 'optimise delivery of care' we do not simply outsource care to technology. While technology can support and even enhance face to face care, it cannot replace it. Care is an essential, human-centred activity - face to face interaction is critical to build trusting relationships with care providers, this is particularly important for Aboriginal and Torres Strait Islander clients, and is central to the work of ATSIHWs and ACCHOs.

We have seen through the COVID-19 pandemic how ACCHOs have successfully used technology such as telehealth to provide continuity of care for their communities and to mitigate the transmission of disease. [Spinifex](#) and [Wirraka Maya](#), highlighted by the Digital Health Agency (DHA), are strong examples of the effective use of technology to support face to face services and continuity of care for Aboriginal and Torres Strait Islander communities in remote areas.

Telehealth has the potential to improve access for Aboriginal and Torres Strait Islander people to specialist services and improve continuity of care, however this requires sustained investment. The technology access gap for Aboriginal and Torres Strait Islander people in regional and remote communities remains and without explicit measures to address this, there is the potential that the health divide between Aboriginal and Torres Strait Islander people and other Australians will increase.

It is well documented that ageing IT infrastructure presents ongoing barriers to more effective provision of care, particularly for regional, rural and remote communities.

Adult literacy levels also present barriers for both worker and client use of technology in many Aboriginal and Torres Strait Islander communities (refer [Literacy for Life Foundation](#)).

Please also refer to the Digital Health Workforce Capability Action Plan currently in development by DHA.

In the workforce training space, there are opportunities to provide ongoing support for students using technology, including virtual communities of practice. Virtual simulations and assessment using technology as simple as video-conferencing are also effective, and have been used successfully in VET training during the pandemic (eg: skills assessment facilitated by students videoing themselves for lecturers to assess remotely).

## Monitoring framework

Ensure the monitoring framework, and in particular measures relating to Aboriginal and Torres Strait Islander workforce align to the following plans and strategies:

- National Aboriginal and Torres Strait Islander Health Workforce Plan 2021-2031
- National Aboriginal and Torres Strait Islander Health Plan 2021-2031
- NDIS National Workforce Plan 2021-2025
- Digital Health Workforce Capability Action Plan

## Data gaps

It must be acknowledged that for Aboriginal and Torres Strait Islander people, governments have committed, through Priority Reform 4 of the National Agreement, to particular approaches to data collection, including prioritising data sovereignty which ensures data is made available and accessible for use by those affected. It is important then to ensure that access to meaningful data is prioritised for workers, organisations and communities to help inform local decision-making.

Refer also to the implementation strategies relating to enhanced data collection under Strategic Direction 6 of the National Aboriginal and Torres Strait Islander Health Workforce Plan 2021-2031.

## Other information

Coordination of government action across and with Departments is essential, yet despite Australian governments' commitment to the National Agreement on Closing the Gap, this remains a concern. NACCHO continues to see effort from government in which departments fail to communicate with each other or within the same Department.

For example, the Aboriginal and Torres Strait Islander Health Worker training package is currently under review through the Australian Industry and Skills Committee (AISC), and a key recommendation, to raise the qualification for accreditation from Certificate IV to Diploma and delete the Cert IV qualification, is likely to see a sharp decline in the number of ATSIHWs across the country. A previous restructure of the Aboriginal health workforce in 2000 saw a large number of ATSIHWs excluded from the workforce as they could not achieve the new baseline credentials.

The loss of more ATSIHWs would be a critical loss to the sector and is in sharp contrast to the commitments made through the National Agreement, the Aboriginal and Torres Strait Islander Health Plan and Health Workforce Plan. Efforts to grow and enhance the Aboriginal and Torres Strait Islander health workforce must be more effectively aligned across departments and governments.

A whole of government response to Aboriginal and Torres Strait Islander workforce plans is also required. This must incorporate an integrated care model that delivers a holistic, person-centred response across primary health care, disability and aged care services, and SEWB and mental health supports.

It is further noted that this study is taking place after substantial health workforce plans have been developed or launched, including the National Aboriginal and Torres Strait Islander Health Workforce Plan, the Digital Health Workforce Capability Action Plan and the NDIS National Workforce Plan 2021-2025.