



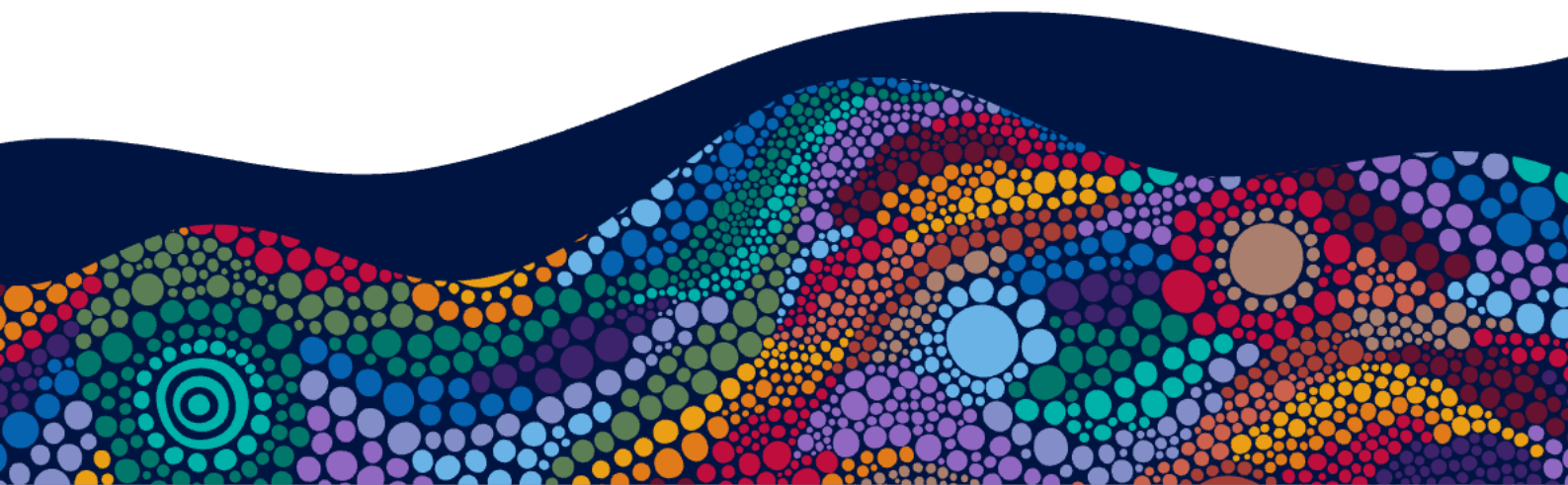
NACCHO

National Aboriginal Community
Controlled Health Organisation

OSCA 2027 Update Consultation

Submission to the Australian Bureau of
Statistics

April 2026



About NACCHO

NACCHO is the national peak body representing 148 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

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 practitioners and/or nurses to provide the bulk of primary health care services. Our 148 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive 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. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Recommendations

NACCHO recommends:

- 1 Any interventions relating to the Occupational Standard Classification for Australia align with the National Agreement and its four Priority Reform Areas.
- 2 Adding Aboriginal and Torres Strait Islander Environmental Health Workers to the OSCA, as a sub-category of 2693 Environmental Health and Health Promotion Officers
- 3 Adding Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Workers to the OSCA, as a sub-category of 4413 *Mental Health Workers*.
- 4 Increasing the skill level classifications for 441931 Aboriginal and Torres Strait Islander Health Practitioner and 441932 Aboriginal and Torres Strait Islander Health Worker occupations.
- 5 Re-categorising the 441931 Aboriginal and Torres Strait Islander Health Practitioner occupation to sit under Sub-major Group 26 Health Professionals.
- 6 'Aboriginal and Torres Strait Islander Disability Navigator' is added as a specialisation under 422131 *Disability Services Officer*.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Australian Bureau of Statistics, on the OSCA 2027 Update. NACCHO would like to thank Kimberley Aboriginal Medical Services and Community Skills WA for their input. NACCHO also supports the submissions to this consultation made by NACCHO Members and Affiliates (including Kimberley Aboriginal Medical Services), as well as that made by Community Skills WA.

National Agreement on Closing the Gap

Advocating for and securing the National Agreement on Closing the Gap was an historically significant act of Aboriginal and Torres Strait Islander self-determination. The National Agreement is evidence of a new era of engagement by and with Aboriginal and Torres Strait Islander people. It commits Australia to a new direction and is a pledge from all governments to fundamentally change the way they work with Aboriginal and Torres Strait Islander communities and organisations – to support self-determination and build the capacity of the community-control sector.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term.

The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians. Governments at all levels have committed to the implementation of the National Agreement's four Priority Reform Areas, which offer a roadmap to meaningfully impact structural drivers of poor health and social outcomes for Aboriginal and Torres Strait Islander people:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments, and to accelerate policy making that centres Aboriginal and Torres Strait Islander voices.

Priority Reform Area 2 – Building the community-controlled sector

Recognising that community-controlled services achieve better outcomes, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services, this Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of government organisations to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform Area 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to regional data and information to inform local-decision making and support achievement of the first three Priority Reforms. This Priority Reform supports principles of Indigenous Data Sovereignty.

Despite some progress, the need for fundamental systemic reform remains evident. In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not

adequately delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, governments need to relinquish some control, share decision making and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. Aboriginal Community Controlled Organisations must be treated as critical partners rather than passive funding recipients, and trusted to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution’¹

NACCHO recommends any interventions relating to the Occupational Standard Classification for Australia align with the National Agreement and its four Priority Reform Areas.

Background

We know that the identified lack of Aboriginal and Torres Strait Islander health and care workers contributes to reduced access to health and care services for Aboriginal and Torres Strait Islander people in ACCHOs, mainstream primary and the allied health sector more broadly. This is particularly critical in regional, rural and remote areas where there is higher Aboriginal and Torres Strait Islander unemployment and substantial workforce shortages.

Growing the Aboriginal and Torres Strait Islander health workforce is key to achieving Closing the Gap socio-economic targets:

- **Target 1:** Close the Gap in life expectancy within a generation, by 2031.
- **Target 2:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.
- **Target 6:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-34 years who have completed a tertiary qualification (Certificate III and above) to 70 per cent.
- **Target 7:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education or training to 67 per cent.
- **Target 8:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-64 who are employed to 62 per cent.

The Aboriginal and Torres Strait Islander community controlled health sector is currently facing critical workforce shortages, which are exacerbated in remote areas. Data from services funded under the Indigenous Australians' Health Programme shows that at 30 June 2025 there were 782.8 FTE Aboriginal Health Worker (AHW)/Aboriginal Health Practitioner (AHP) positions in ACCHOs in Australia.² This number has increased over time due to the success of programs such as the First Nations Health Worker

¹ Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024 <https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report>.

² Australian Institute of Health and Welfare (AIHW), Aboriginal and Torres Strait Islander specific primary health care: results from the OSR and nKPI collections, Jan 2026, <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/contents/osr-staff-fte>.

Traineeship Program, however it still only equates to 1.7 FTE AHW/AHPs per 1,000 ACCHO clients.³ Unfortunately this publication does not provide separate numbers of AHWs and AHPs.

The First Nations Health Worker Traineeship Program

Funded by the Department of Health, Disability and Ageing and led by NACCHO the First Nations Health Worker Traineeship Program aims to support up to 500 new Aboriginal and Torres Strait Islander people to become an Aboriginal Health Worker or Practitioner.

The program aims not only to re-establish a strong and sustainable Health Worker/Practitioner Workforce but also to address ACCHO workforce development challenges and support the sustainable growth of the Aboriginal Community Controlled Registered Training Organisation sector.

To ensure successful program outcomes, strong training and career pathways and additional support are embedded into the program to improve course completion rates and support transition for new, work ready graduates into the workforce.

There have been over 500 enrolments and almost 200 trainees have completed their qualifications. Over 70% of these enrolments and completions are in regional and remote settings. By the end of the program, it will have increased the AHP workforce by 25%.

Australia needs a significantly larger Aboriginal and Torres Strait Islander health workforce to meet communities' current and future health care needs. The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31* (Health Workforce Plan) aims for Aboriginal and Torres Strait Islander people to represent 3.43% of the national health workforce by 2031.⁴ While in some locations the workforce is growing, the current rate of growth is not fast enough to meet demand. This is particularly true for skilled and job ready AHWs and AHPs.

Unique occupation: Aboriginal and Torres Strait Islander Environmental Health Workers

The need to grow an Aboriginal and Torres Strait Islander Environmental Health workforce has been identified as a critical component in the *Health Sector Strengthening Plan* adopted under Clause 49 of the National Agreement.⁵ It is also identified in priority seven of the *National Aboriginal and Torres Strait Islander Health Plan (2021-2031)*.⁶

Environmentally attributable diseases drive significant, avoidable costs across the health system. Addressing the environmental determinants of health is a responsible investment that reduces long-term demand on hospitals and primary care services. This inequity is not inevitable; it is the direct result of underinvestment and environmental health services that do not meet the needs of Aboriginal and Torres Strait Islander people.

Analysis conducted by Equity Economics suggests that:

- Nationally, environmentally attributable hospitalisations for Aboriginal and Torres Strait Islander people are estimated to cost between \$360 million and \$710 million a year.

³ AIHW, Aboriginal and Torres Strait Islander specific primary health care: results from the OSR and nKPI collections, Jan 2026, <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/contents/osr-staff-fte>.

⁴ Department of Health, National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. [Online] 2022. <https://www.health.gov.au/sites/default/files/documents/2022/03/nationalaboriginal-and-torres-strait-islander-healthworkforce-strategic-framework-and-implementation-plan-2021-2031.pdf>.

⁵ Sector Strengthening Plans, Coalition of Peaks, Priority Reform 2, <https://www.coalitionofpeaks.org.au/priority-reform-two>.

⁶ National Aboriginal and Torres Strait Islander Health Plan 2021-2031, <https://www.health.gov.au/sites/default/files/documents/2022/06/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031.pdf>.

- Closing the gap in environmentally attributable hospitalisation rates between Aboriginal and Torres Strait Islander people and other Australians could save the hospital system between \$185 and \$330 million per year — significantly more than the cost of the investment.⁷

NACCHO's *Core Services and Outcomes Framework*⁸ (CSOF) outlines the model by which the ACCHO sector delivers comprehensive primary health care across Australia. The CSOF acknowledges the vital importance of people, culture, community control, cultural authority, and Aboriginal and Torres Strait Islander leadership to the success of the ACCHO sector, with needs assessments identifying priorities for action and strong evaluation processes monitoring outcomes. On page 30, the CSOF defines the role of ACCHOs when providing environmental health services to:

- Assess the burden of preventable illness in the community due to environmental conditions.
- Respond to environmental threats and mobilise communities.
- Inform community decisions about environmental determinants with data and technical expertise.
- Organise environmental health education and sustained family-centred support for behavioural change in the home to reduce disease transmission.
- Ensure environmental health workforce is supervised by credentialed experts in environmental health to reduce preventable disease rates.
- As with all services provided by ACCHOs, the scope of environmental health services delivered and supervision required will vary based on the needs of each community.

Case study: Uwankara Palyanku Kanyintjaku

The Healthhabitat program was successful in improving living environments and health outcomes for Aboriginal people living on the Anangu Pitjantjatjara Lands. The project's mission of 'stop people getting sick', or in the local language 'Uwankara Palyanku Kanyintjaku' (UPK), was underpinned by nine Healthy Living Practices and a local Aboriginal workforce to support communities to achieve these practices for all households.

These healthy living practices were: Washing people; Washing clothes/bedding; Waste removal; Nutrition; Reduce crowding; Separation of dogs and children; Dust control; Temperature control; Reduce trauma.⁹

Between 1987 and 1990, UPK was regarded nationally as a yardstick for environmental health interventions in Aboriginal and Torres Strait Islander communities. One of the main reasons for the program's success was the involvement and liaison work of local Aboriginal teams.¹⁰

The Aboriginal and Torres Strait Islander Environmental Health Worker (AEHW) occupation is distinct from OSCA definition of 269331 *Environmental Health Officers*, which often sit under local councils and have a legislative compliance remit. According to their OSCA listing, a 269331 *Environmental Health Officer* "develops, enforces and evaluates environmental health policies, programs and strategies to improve health

⁷ NACCHO, Summary document: Growing the Aboriginal and Torres Strait Islander Health Workforce, March 2026, https://www.naccho.org.au/wp-content/uploads/2026/03/NCO001_Design-of-Aboriginal-and-Torres-Strait-Islander-Environmental-Health-Workforce-Roadmap_Summary_A4-4pp_digital_FA.pdf.

⁸ NACCHO, Core Services and Outcomes Framework: the model of Aboriginal and Torres Strait Islander community controlled comprehensive primary health care, June 2021, <https://csof.naccho.org.au/wp-content/uploads/2022/10/Core-Services-Outcomes-Framework-full-document.pdf>.

⁹ Healthhabitat, Report of Uwankara Palyanyku Kanyintjaku - An Environmental and Public Health Review within the Anangu Pitjantjatjara Lands, December 1987, <https://www.healthhabitat.com/wp-content/uploads/2025/04/UPK-Report.pdf>.

¹⁰ National Indigenous Australians Agency, National Strategy for Food Security in Remote Aboriginal and Torres Strait Islander Communities 2025 – 2035, published 2025, https://www.niaa.gov.au/sites/default/files/documents/2025-03/National-Strategy-for-Food-Security-in-Remote-Aboriginal-and-Torres-Strait-Islander-communities_0.pdf.

outcomes, and oversees the implementation and monitoring of environmental health legislation.”¹¹ This differs from the AEHW’ remit which focusses on person-level environmental health, including safe housing and food handling/storage.

Feedback from our sector indicates a critical need for a separate AEHW occupation. The lack of an AEHW role in OCSA has meant that it is not possible to determine the scale of the current workforce, or advocate for further workforce development opportunities. This change would also support Strategic Direction 6 of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement).¹²

Suggested OCSA entry: Aboriginal and Torres Strait Islander Environmental Health Workers (AEHWs)

Title	Aboriginal and Torres Strait Islander Environmental Health Worker (AEHW)
List of main tasks	• Provide health education on the environmental determinants of health • Lead community engagement activities • Conduct community environmental health needs assessments • Develop work plans • Conduct household assessments, including identifying environmental health hazards and malfunctioning health hardware • Monitor and maintain rubbish collection systems • Conduct audits of the quality and availability of housing in a community • Identify and support dog health treatment programs (e.g. parasite control) • Assist with dog population management • Identify pest breeding sites • Monitor pest levels and identify pest infestations • Support pest control operations • Educate and encourage safe food hygiene practices • Collaborate with health professionals to assist in the delivery of comprehensive primary health care • Respond to environmental health referrals • Identify and implement WHS procedures and work instructions.
Relationship to other occupations	As mentioned above, there are similarities between AEHWs and 269331 <i>Environmental Health Officer</i>. As such they both belong under the Unit Group 2693 <i>Environmental Health and Health Promotion Officers</i>. Both roles require tertiary qualifications, however AEHWs would be an entry level role, with a supporting qualification to be at Cert II with clear progression to Cert III and IV level. The Environmental Health Officer role requires a bachelor degree. It is important to note, Environmental Health Officers may support AEHWs by providing technical expertise and advice.

¹¹ Australian Bureau of Statistics (ABS), OCSA 2024, Version 1.0: 269331 Environmental Health Officer, Dec 2024, <https://www.abs.gov.au/statistics/classifications/osca-occupation-standard-classification-australia/2024-version-1-0/browse-classification/2/26/269/2693/269331>.

¹² Department of Health, National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031, 2022, <https://www.health.gov.au/sites/default/files/documents/2022/03/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031.pdf>.

	AEHWs also have a similar job description to Aboriginal Health Workers (AHWs), who provide culturally safe non-clinical services such as patient advocacy, support and case coordination, liaison, and health promotion. However, AEHWs have a narrower scope, focussing on environmental health. They also have differing qualification requirements. An AHW has to undertake, or be willing to undertake, a minimum Certificate III Aboriginal or Torres Strait Islander Primary Health Care (HLT30121). On the other hand, Aboriginal and Torres Strait Islander Environmental Health Workers require at base a Certificate II in Indigenous Environmental Health (HLT26120).
Registration or licensing requirements	Nil
Education and experience requirements	Certificate II in Indigenous Environmental Health (HLT26120). AEHWs must be Aboriginal and/or Torres Strait Islander. Long before colonisation, Aboriginal and Torres Strait Islander peoples maintained sophisticated systems of knowledge and practice that safeguarded environmental health. These traditional ways of knowing, doing, and being ensured that environmental health risks were mitigated for Aboriginal and Torres Strait Islander people and communities. The modern discipline of Aboriginal and Torres Strait Islander environmental health integrates cultural knowledge, obligations and principles of cultural safety with Western scientific approaches, creating a holistic community led model for primordial prevention.
Skill level	4 This is to account for their Certificate II qualification as well as the community connections, knowledge of local environments and issues, and cultural knowledge that is brought to the role. Advice from experts have also noted the importance of this being an entry level role, and as such, skill level 4 is a suitable compromise.
Relevant specialisations	Nil
Indicative occupation numbers	Across Australia over an eight-year period (2016-2023), 221 people graduated with the Certificate II in Indigenous Environmental Health, and 15 people graduated with Certificate III in Indigenous Environmental Health. It is uncertain how many of these now work as Aboriginal and Torres Strait Islander Environmental Health Workers (AEHWs). However, as part of NACCHO's <i>Aboriginal and Torres Strait Islander Environmental Health Workforce Roadmap</i>¹³, activities are taking place to increase the workforce through creating jobs, increasing the number of Registered Training Organisations (RTOs) providing the relevant qualifications. NACCHO modelling estimates that ~500 AEHWs would be required to meet the need of current ACCHO clients. It is not a population-based model, so the real need

¹³ NACCHO, Growing an Aboriginal and Torres Strait Islander Environmental Health Workforce: A Roadmap to establish a permanent, highly skilled and nationally credentialed Aboriginal and Torres Strait Islander Environmental Health Workforce, December 2025, <https://www.naccho.org.au/wp-content/uploads/2025/12/Aboriginal-and-Torres-Strait-Islander-Environmental-Health-Workforce-Roadmap.pdf>.

over time may be greater if/when the roles are also considered for ACCOs or other communities where there is not an ACCHO.

Within the OSCA structure, NACCHO recommends Aboriginal and Torres Strait Islander Environmental Health Workers (AEHWs) sit with the 269331 *Environmental Health Officer* occupation, as below:

26 Health Professionals
269 Miscellaneous Health Professionals
2693 Environmental Health and Health Promotion Officers
2693XX Aboriginal and Torres Strait Islander Environmental Health Workers

For further information on the Aboriginal and Torres Strait Islander Environmental Health Workforce, see:

- [Growing an Aboriginal and Torres Strait Islander Environmental Health Workforce](#) - A Roadmap to establish a permanent, highly skilled and nationally credentialed Aboriginal and Torres Strait Islander Environmental Health Workforce
- [Aboriginal and Torres Strait Islander Environmental Health Workforce Framework](#) - A functional overview.

NACCHO recommends adding Aboriginal and Torres Strait Islander Environmental Health Workers to the OSCA, as a sub-category of 2693 *Environmental Health and Health Promotion Officers*

Unique occupation: Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Worker

Social and emotional wellbeing (SEWB) is a concept that was developed by Aboriginal and Torres Strait Islander people to describe the holistic wellbeing of a person.¹⁴ It is a strengths-based concept that encapsulates social, historical, political and cultural determinants – as well as connection to culture, Country, self, community, spirituality and ancestors. This is outlined in the figure below.

¹⁴ Dudgeon, P., Gibson, C., Walker, R., Bray, A., Agung-Igusti, R., Derry, K., Gray, P., McPhee, R., Sutherland, S. & Gee, G. 2025. Social and Emotional Wellbeing: a Review, Lowitja Institute, DOI: 10.48455/4f9e-3v29, https://www.lowitja.org.au/wp-content/uploads/2025/02/SocialandEmotionalWellbeing_aReview.pdf

Conceptualisation of Social and Emotional Wellbeing



Source: Gee, G., Dudgeon, P., Schultz, C., Hart, A., and Kelly, K., adapted in the Agreement to Implement the Social and Emotional Wellbeing Policy Partnership.¹⁵

In the words of Graham Gee, Pat Dudgeon, Clinton Schultz, Amanda Hart and Kerrie Kelly:

“the term SEWB signifies an Aboriginal and Torres Strait Islander concept of wellbeing that differs in important ways to Western concepts of mental health. We suggest that, within the Aboriginal and Torres Strait Islander SEWB and mental health landscape, SEWB signifies a relatively distinct set of wellbeing domains and principles, and an increasingly documented set of culturally informed practices that differ in important ways with how the term is understood and used within Western health discourse”¹⁶

SEWB workers were first federally funded following the 1998 Bringing Them Home Report’s recommendations relating to the mental health and wellbeing needs of the Stolen Generation and their families.¹⁷ The roles of these SEWB workers included counselling, case work and alcohol and other drugs treatment. Training in mental health, counselling and social and emotional wellbeing was the most common high-priority training need identified by 66% of ACCHOs that responded to NACCHO’s 2024 workforce census.

¹⁵ Joint Council on Closing the Gap, Agreement to Implement the Social and Emotional Wellbeing Policy Partnership, June 2023, https://www.health.gov.au/sites/default/files/2023-06/agreement-to-implement-the-social-and-emotional-wellbeing-policy-partnership_0.pdf.

¹⁶ Gee, G., Dudgeon, P., Schultz, C., Hart, A., and Kelly, K., Chapter 4: Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, in Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing, (eds Dudgeon, P., Milroy, H. and Walker, R.), 2014, <https://www.thekids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf>.

¹⁷ Reilly L (2019). Developing client information systems for social and emotional wellbeing workers. *Australian Indigenous Health Bulletin* 19(2), <https://healthbulletin.org.au/articles/developing-client-information-systems-for-social-and-emotional-wellbeing-workers/>.

SEWB is an area of current policy priority. Outcome area 14 of the National Agreement on Closing the Gap is that people enjoy high levels of social and emotional wellbeing – measured through significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

The SEWB Policy Partnership, including representatives from the Coalition of Peaks, independent Aboriginal and Torres Strait Islander representatives and jurisdictional and federal government representatives, was established in 2023. The SEWB Policy Partnership approaches SEWB from a comprehensive and holistic perspective, including prevention, protective factors, mental health, mental health complexities, and suicide prevention/postvention.¹⁸

Suggested OSCA entry: Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Worker (SEWB worker)

Title	Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Worker (SEWB worker)
List of main tasks	An Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Worker is difficult to define as it can include a number of tasks and/or specialisations. Overall, SEWB workers are responsible for supporting Aboriginal and Torres Strait Islander people and communities through capacity building, advocacy and brief interventions. The Aboriginal Health & Medical Research Council of NSW has outlined the role of SEWB worker to include: • Individual counselling, SEWB support and group therapy • Case management and referral • Cultural healing, including healing camps • Community engagement, outreach • Promotion, advocacy and partnerships • Family tracing, research and reunions • SEWB support and/or counselling • Outreach support, referral and liaison • Alcohol and other drug residential and non-residential rehabilitation services.¹⁹
Relationship to other occupations	SEWB workers have similarities with to <i>441331 Mental Health Worker</i> , but the role is less clinical, and much more holistic – incorporating local culture and community.
Registration or licensing requirements	Nil
Education and experience requirements	Aboriginal SEWB workers must be Aboriginal and/or Torres Strait Islander. As such, they should have a strong understanding of culture, community, spirit and Country. ²⁰

¹⁸ Joint Council on Closing the Gap, Agreement to Implement the Social and Emotional Wellbeing Policy Partnership, June 2023, https://www.health.gov.au/sites/default/files/2023-06/agreement-to-implement-the-social-and-emotional-wellbeing-policy-partnership_0.pdf.

¹⁹ Aboriginal Health and Medical Research Council of NSW, Health Programs: Social and Emotional Wellbeing – SEWB, <https://www.ahmrc.org.au/health-program/sewb/>.

²⁰ Transforming Indigenous Mental Health and Wellbeing, Fact Sheet: Social and Emotional Wellbeing, April 2021, <https://timhwb.org.au/wp-content/uploads/2021/04/SEWB-fact-sheet.pdf>.

	There is currently no nationally mandated educational requirement for Aboriginal Social and Emotional Wellbeing roles. Sector-led work is underway to strengthen entry-level training and explore the development of Certificate-level pathways. These are intended to support progression to further study, including the nationally recognised 11227NAT Diploma of Narrative Approaches for Aboriginal People (Counselling, Group and Community Work) and, where appropriate, higher degree qualifications.
Skill level	The Conceptual model ²¹ notes that, for Skill Level 3, at least three years of relevant experience may substitute for the formal qualification. Aboriginal and Torres Strait Islander SEWB Workers must be Aboriginal and/or Torres Strait Islander. They bring a lifetime of cultural and community knowledge.
Relevant specialisations	Nil
Indicative occupation numbers	According to the Online Services Report, which collates data from services funded under the Indigenous Australians' Health Programme, at 30 June 2025 there were 744 FTE SEWB workers – 693 FTE of which worked in ACCHOs. ²² NACCHO's 2024 workforce census indicated that ACCHO mental health and SEWB teams have widespread coverage in all jurisdictions. It is the most common program in most jurisdictions (except Victoria, South Australia and the Northern Territory) and in all remoteness areas except very remote (MM7). In addition, approximately 105 FTE are engaged under NACCHO's suicide prevention program, Culture Care Connect, who are considered SEWB workers.

Within the OSCA structure, NACCHO recommends a new subcategory called Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Worker sit with the *4413 Mental Health Workers* Unit Group, as below:

- 44 Health Support Workers and Assistants
 - 441 Health Support Workers
 - 4413 Mental Health Workers
 - 4413XX Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Worker

NACCHO recommends adding Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Workers to the OSCA, as a sub-category of *4413 Mental Health Workers*.

Other unique occupations

NACCHO supports the suggestions by Community Skills WA and Kimberley Aboriginal Medical Services for unique occupations for:

- A new Elder Care Support / Elder Care Connector subcategory under 4212 Community Aged Care Support Workers, at skill level 4.

²¹ ABS, OSCA – Occupation Standard Classification for Australia 2024, Version 1: Conceptual model. December 2024, <https://www.abs.gov.au/statistics/classifications/osca-occupation-standard-classification-australia/2024-version-1-0/conceptual-model> .

²² AIHW, Aboriginal and Torres Strait Islander specific primary health care: results from OSR and nKPI collections: Data, January 2026, <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/data> .

- A new Elder Care Coordination subcategory under 4211 Aged Care Coordinators and Team Leaders, aligned with 421131 Aged Care Coordinator, at skill level 3.

Adjustments to existing OSCA occupations

Skill level

Aboriginal and Torres Strait Islander Health Workers (AHWs) and Aboriginal and Torres Strait Islander Health Practitioners (AHPs) are the very heart of the ACCHO workforce. They play a central role in ACCHO multidisciplinary primary health care teams, in clinical practice, illness prevention and health promotion. Importantly, they provide critical continuity of care for clients, which is central to the ACCHO holistic model of care.²³ It is NACCHO's view that the skill level classification and location within the skills taxonomy should reflect the critical importance of AHWs and AHPs.

AHPs and AHWs are central to the delivery of culturally safe, responsive, and effective health services, drawing on their deep understanding of community, culture, and the ongoing impacts of colonisation, racism, and intergenerational trauma on health and wellbeing. Culturally safe health care is fundamental to achieving the objectives of the National Agreement on Closing the Gap and is a critical component to ensure patient safety and quality care. Cultural safety must be defined by Aboriginal and Torres Strait Islander people and is intrinsically linked to self-determination and community control.

Consistent with Priority Reform One, the expertise of AHPs and AHWs reflects Aboriginal and Torres Strait Islander leadership within the health system; however, this expertise is not equitably recognised or remunerated. AHPs and AHWs are often paid less than non-Indigenous health professionals with comparable qualifications and responsibilities, contributing to workforce disparities that undermine Priority Reform Two and the development of a strong and sustainable Aboriginal and Torres Strait Islander health workforce.

AHPs and AHWs also carry a significant social and emotional wellbeing burden, often described as cultural load, stemming from their dual roles as health professionals and community members. Many live and work within the same communities they serve and are frequently called upon outside formal employment arrangements, effectively being on call at all times. This additional, often unrecognised labour has cumulative impacts on wellbeing, workforce retention, and service sustainability.

As outlined by Conte et al., AHWs experience inflated and poorly defined role expectations, leading to unmanageable workloads, increased stress, reduced job satisfaction, and barriers to effective integration within multidisciplinary teams. Addressing these structural issues through clear role definition, appropriate remuneration, culturally safe workplaces, and strengthened career pathways is essential to advancing Priority Reforms Two and Four, supporting workforce sustainability, and ensuring the health system contributes to better life outcomes for Aboriginal and Torres Strait Islander people. Jumbunna Institute for Indigenous Education and Research and UTS Business School produced a literature review as part of the Fair Work Commission's analysis of gender undervaluation. They found that AHWs and AHPs workers play a complex and multifaceted role that spans across health promotion, clinical service and cultural brokerage, shaped by a strength-based model of Indigenous knowing, being and doing that can be brought to bear on specific situations in the healthcare context.²⁴

The undervaluation of Aboriginal and Torres Strait Islander health workers can be seen as a paradox given the importance placed on them in meeting the 'Closing the Gap' objectives²⁵

²³ NACCHO, Core Services and Outcomes Framework, June 2021, <https://www.naccho.org.au/wp-content/uploads/2024/10/Core-Services-Outcomes-Framework-full-document.pdf>.

²⁴ Young, N., Sherwood, J., Anthony, C., Gilbert, J., Gray, K., and McEwen, C., A Hidden History of Aboriginal Women's Work in the Community Controlled Health Sector, Jumbunna Institute for Indigenous Education and Research, 2024, <https://www.fwc.gov.au/documents/sites/am2024-19/am202422-lit-review-191124.pdf>.

²⁵ Ibid.

In acknowledgement of the cultural skills and community knowledge that they bring to the role, AHWs and AHPs should be classed as higher skill levels.

OSCA occupation (current)	Current skill level	Suggested skill level	Justification
441931 Aboriginal and Torres Strait Islander Health Practitioner	3	2	The Conceptual model²⁶ notes that, for Skill Level 2, at least three years of relevant experience may substitute for the formal qualification. Aboriginal and Torres Strait Islander Health Practitioners must be Aboriginal and/or Torres Strait Islander. They bring a lifetime of cultural and community knowledge. To be classified as an Aboriginal Health Practitioner requires the following: completion of the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Practice and ongoing registration with AHPRA.
441932 Aboriginal and Torres Strait Islander Health Worker	4	3	The Conceptual model²⁷ notes that, for Skill Level 3, at least three years of relevant experience may substitute for the formal qualification. Aboriginal and Torres Strait Islander Health Workers must be Aboriginal and/or Torres Strait Islander. They bring a lifetime of cultural and community knowledge. Certificate II in Aboriginal and Torres Strait Islander Primary Health Care is the entry level qualification. This is also the base qualification for membership with the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP).

NACCHO recommends increasing the skill level classifications for *441931 Aboriginal and Torres Strait Islander Health Practitioner* and *441932 Aboriginal and Torres Strait Islander Health Worker* occupations.

Skills taxonomy classifications

In the previous OSCA revision, Aboriginal and Torres Strait Islander Health Practitioners (AHPs) were given a separate occupation to Aboriginal and Torres Strait Islander Health Workers (AHWs). However, their location in the OSCA structure requires consideration. This is particularly pertinent given their AHPRA Registration requirements.

²⁶ ABS, OSCA – Occupation Standard Classification for Australia 2024, Version 1: Conceptual model. December 2024, <https://www.abs.gov.au/statistics/classifications/osca-occupation-standard-classification-australia/2024-version-1-0/conceptual-model> .

²⁷ Ibid.

The Sub-major Group *44 Health Support Workers and Assistants* is an appropriate place for AHWs and should be retained for that occupation. However, it is NACCHO's view that this is not an appropriate position in the classification for AHPs, who:

- Have clinical qualifications
- Are an AHPRA registered profession, and
- Work as part of multidisciplinary primary health care teams.

As such, NACCHO recommends that AHPs are added under the Sub-major Group *26 Health Professionals*, Minor Group *269 Miscellaneous Health Professionals*, as below.

26 Health Professionals
269 Miscellaneous Health Professionals
2699 Other Health Professionals
269XXX Aboriginal and Torres Strait Islander Health Practitioners

In order to accommodate this change, and assuming above suggested changes to occupation skill levels, the Sub-major Group *26 Health Professionals* will have to also include Skill Level 2 occupations (in addition to Skill Level 1).

NACCHO recommends re-categorising the *441931 Aboriginal and Torres Strait Islander Health Practitioner* occupation to sit under Sub-major Group *26 Health Professionals*, and include Skill Level 2 occupations under this Sub-Major Group in order to accommodate them.

Specialisations

The following role identified by our sector, but did not meet the requirements for a separate occupation (due to small numbers, and the program-related nature of the roles). As such, it would be well placed to be a specialisation.

Aboriginal and Torres Strait Islander Disability Navigator

Out of necessity, ACCHOs have been offering navigation/liaison/connector-type supports to ensure Aboriginal and Torres Strait Islander people with disability in their communities receive adequate and culturally safe supports. Many ACCHOs do this as an extension of their comprehensive primary health care approach, while others are funded through targeted NDIS programs such as the Aboriginal Disability Liaison Officers (ADLO); Remote Community Connector (RCC) workers; Evidence, Access and Coordination of Planning (EACP); and Remote Early Childhood Services (RECS).

Through the ADLO program, dedicated support is provided to Aboriginal and Torres Strait Islander people with disability in urban and rural areas to access the NDIS and use their plans. ADLOs are generally members of the communities they work in, understand the culture and often speak the local languages. The insights of ADLOs can contribute to co-design initiatives to improve the way NDIS works with Aboriginal and Torres Strait Islander communities.

The Remote Community Connector program, whereby there are community-based National Disability Insurance Agency representatives that support culturally appropriate service delivery of the NDIS provides similar service.

NACCHO recommends 'Aboriginal and Torres Strait Islander Disability Navigator' is added as a specialisation under *422131 Disability Services Officer*.