Outdoor Health Australia

Strategic Plan

2026–2030

Outdoor Health Australia

Advancing nature-based health and healing for all Australians



ACKNOWLEDGEMENT

Acknowledgement of Country



Indigenous ways of knowing and being hold continuing wisdom about health. They also show how deeply we depend on the natural world.

Outdoor Health Australia acknowledges Aboriginal and Torres Strait Islander peoples as the first peoples of the lands now called Australia. We acknowledge the Traditional Custodians of the lands where we live, learn and work.



CONTENTS

What's in this plan

1	**Our plan at a glance**	Our vision, mission, principles and five pillars on one page
2	**Where we are now**	What outdoor health is, how the sector is changing, our strengths and challenges, our stakeholders and risks
3	**Our directions**	Our mission, vision and guiding principles
4	**Our five priority pillars**	The outcome, objective and strategies for each pillar
5	**Delivering the plan**	Our roadmap and how we will measure success and impact
A	**Appendices**	Our approach to stakeholder engagement
G	**Words we use**	Plain explanations of terms used in this plan



SECTION 1

Our plan at a glance

OUR VISION

By 2030 nature-based health and therapeutic services are recognised as a vital pillar of Australia's health system.

OUR MISSION

To advance health, wellbeing and healing by championing evidence-informed, nature-based services that improve Australians' physical, mental and social health.

OUR FIVE PRIORITY PILLARS

1 Community & Engagement	2 Practice & Quality	3 Policy & Advocacy	4 Research & Evidence	5 A Sustainable Organisation
OUTCOME People in the community can more easily find, use and get support from quality nature-based health services.	**OUTCOME** Outdoor health services are safe, inclusive, evidence-informed, high quality and value lived and living experience.	**OUTCOME** Outdoor health services are recognised, supported and funded, and are part of mainstream health care.	**OUTCOME** The best available evidence and knowledge guide outdoor health services and practice.	**OUTCOME** OHA is an innovative, financially sustainable organisation that values its members and volunteers.
3-YEAR OBJECTIVE To build a diverse, inclusive, connected and thriving outdoor health community that values lived and living experience, shares knowledge and works together for greater impact.	**3-YEAR OBJECTIVE** To build excellence, credibility, quality and innovation across outdoor health practice, with a skilled and capable workforce.	**3-YEAR OBJECTIVE** To be a trusted, influential voice and a recognised leader in shaping outdoor health and wellbeing policy.	**3-YEAR OBJECTIVE** To create, translate, share and use evidence and knowledge to improve policy, practice and outcomes.	**3-YEAR OBJECTIVE** To be a well-run, financially sustainable organisation with the skills and resources for long-term impact.

OUR GUIDING PRINCIPLES

1	First Nations cultures hold vital knowledge about health and wellbeing through connection to Country.
2	Human health and healthy natural environments depend on each other.
3	Nature-based health brings together biological, psychological, cultural and ecological health.
4	Outdoor health outcomes can be delivered through nature-based therapies, outdoor and environmental education, outdoor recreation and other forms of nature connection.
5	Time in nature helps prevent illness and supports wellbeing at every stage of life.
6	Targeted, evidence-informed nature-based therapies can be effective interventions to improve physical and mental health.
7	Evidence-informed practice draws on research, lived and living experience, practitioner expertise and local knowledge.
8	Everyone should be able to access nature-based health and wellbeing benefits including people with diverse needs and those who have difficulty engaging and participating in indoor or clinical settings.

WHAT HELPS US SUCCEED (ENABLERS)

Cross-sector collaboration	Strong governance	Sustainable funding	Digital systems	Streamlined access agreements

SECTION 2

Context – Where we are now

KEY POINTS

- Outdoor health is a broad field that brings a wide range of professions and practices under a common purpose.
- Nature-based health interventions are transitioning from “niche” to mainstream in Australia and worldwide.
- Our work supports many national, state and territory government priorities but is under-recognised.
- As a relatively new organisation, OHA is emerging from its establishment phase with strong foundations for its sector leadership role.
- Quality assurance and funding of outdoor health services are major challenges that need to be addressed.

Who we are

Outdoor Health Australia is a national, member-based peak body that promotes evidence-informed, nature-based health, wellbeing and therapy services across Australia. Established in 2024 we evolved from the former Australian Association of Bush Adventure Therapy.

Outdoor health is diverse

Outdoor health is a broad field with many kinds of practice and practitioners that use nature and outdoor settings for intentional goals. It combines the benefits of connecting with nature and the outdoors with evidence-informed approaches, including drawing on the knowledge of people with lived and living experience, to support health, wellbeing and healing.

EXAMPLE TYPES OF PRACTICE

Adventure-based experiential therapies	Psychology
Counselling and psychotherapy	Occupational therapy
Social work	Youth work
Nature play therapies	Outdoor and environmental education
Forest therapy	Indigenous healing practice
Animal-assisted therapies	Therapeutic horticulture
Nature-based social prescribing	Exercise physiology and physiotherapy
Post-hospital rehabilitation	Recreational therapy

WHO IS INVOLVED

- Allied health professions
- Outdoor recreation professionals and workers
- General practitioners and specialists
- Outdoor and environmental education providers including schools and the wider education sector
- Providers of other nature-based therapies
- First Nations
- Disability and community services
- Land and sea managers
- Government policymakers
- Researchers and academics

The evidence for action

The evidence base for outdoor health benefits has been growing rapidly with many published evidence reviews. Across a wide range of nature-based therapies, outdoor education, nature-based social prescribing and other modalities, the promising available evidence points to the combined benefits of contact with nature, experiential outdoor activities and social connection within a therapeutic framework and support.

But more work is needed, and OHA is well positioned to work with partners to fill key information gaps and to translate available evidence and knowledge.





The sector is changing

Chronic illness is rising. In response, nature-based interventions that are grounded in evidence are gaining policy support around the world. More and more, they are seen as a legitimate and credible tool in maintaining and improving health and wellbeing.

Healthcare is using nature settings more

- Healthcare systems are incorporating nature-based services because they are cost-effective and impactful.
- Nature-based health services can apply across all of health care, from self-care and prevention to targeted individualised treatment.
- Practitioners are increasingly working in teams that mix disciplines, skills and settings.

People want different approaches to maximise their health and wellbeing

- A shift from one-off services to building lifelong habits and resilience.
- More demand for 'micro-adventures' and easy-to-access nature-based health and education.
- A move away from bootcamp style programs to trauma-informed, collaborative care.
- Young people expect real-world experiences in managing their health and learning.

Emerging sector trends

- Growing awareness that loss of nature and climate change are detrimental to health and wellbeing.
- Expectation to measure results and the right 'dose' of nature.
- More use of digital and blended (online plus in-person) services.
- Greater need for quality assurance, risk management and safeguarding systems.

How we support government priorities

Outdoor and nature-based health and education programs help governments meet many social and environmental goals. Our work links to these national and state or territory plans.

NATIONAL PRIORITIES

- National Preventive Health Strategy 2021–2030
- National Health and Climate Strategy 2023
- National Agreement on Closing the Gap
- Australia's Strategy for Nature 2019–2030
- Australia's Disability Strategy 2021–2031
- The Australian Curriculum (Version 9.0) - Outdoor Learning Curriculum Connection [1]
- National Strategy for Volunteering 2023–2033
- National Mental Health and Suicide Prevention Agreement

STATE AND TERRITORY PRIORITIES

- Health and wellbeing plans
- Education plans
- Biodiversity and nature conservation plans
- Aboriginal health and wellbeing plans
- Disability, inclusion and diversity plans
- Volunteering plans
- Climate change plans

[1] Outdoor Learning Curriculum Connection - https://www.australiancurriculum.edu.au/curriculum-information/understand-this-curriculum-connection/outdoor-learning

Our strengths, opportunities and challenges

OHA is a relatively new national body. We need to build on our strong foundations and take up new opportunities to connect, lead and shape policy and practice standards. We also need to reduce practical barriers for our members and the community in providing and using outdoor health services.

STRENGTHS AND OPPORTUNITIES

- ✓ We have built strong foundations: networks, governance, standards, policies and directories.
- ✓ Our work aligns well with national, state and territory health and community service policies, strategies and priorities.
- ✓ We are well positioned to be part of the global shift of nature-based health from “niche” into mainstream.
- ✓ Nature-based services are increasingly recognised as part of social prescribing policies and frameworks globally.
- ✓ Many health professionals want to get their clients active in nature.
- ✓ Our members come from many disciplines. This puts us in a good position to unite a diverse workforce, including people with lived and living experience.
- ✓ Communities and governments want innovation and cost-effective approaches in areas such as youth justice and mental health.

GAPS AND CHALLENGES

- ! There is currently limited awareness of OHA, what we do, or how we fit within the health and outdoor sectors.
- ! Many mainstream health practitioners and bodies still have limited recognition of the effectiveness of nature-based health services.
- ! Outdoor health sits in a regulatory grey zone in which outdoor health standards are mostly voluntary, and the recognised standards of some professional peak health bodies do not yet include clinical practice in outdoor settings.
- ! Insurance and risk management are complex and costly for practitioners and providers.
- ! Outdoor health services are often not recognised under Medicare and other mainstream funding.
- ! There are still gaps in standard ways to measure and evaluate outcomes.
- ! As NDIS funding faces growing budget and policy limits, outdoor-based supports are becoming more restricted.
- ! Government funding is moving away from community and family supports toward individualised, medical services.



Our stakeholders

We seek to work with many different groups to improve outdoor health outcomes.



Our strategic risks

To be a well-run and thriving NGO, OHA needs to manage and respond to a range of risks.

#	Risk area	The risk is that…
1	**Compliance and regulation**	We do not meet our legal and compliance duties as an NGO.
2	**Financial**	Our income does not cover our costs.
3	**Health and safety**	OHA people or members are harmed physically, culturally or psychologically.
4	**Business and IT systems**	Our business and IT systems are compromised or do not meet our needs.
5	**People (human resources)**	Our Board, volunteers and members do not have enough capacity to deliver our goals.
6	**Value proposition**	The health sector and others do not understand or recognise our purpose and role.
7	**Political**	Our priorities and strategies do not line up with government priorities.
8	**Reputation**	People see OHA as an untrustworthy or unreliable partner.
9	**Environmental and cultural**	Activities by OHA or our members harm environmental or cultural values.
10	**Climate change**	We fail to respond to changing conditions caused by climate change.

SECTION 3

Our directions

OUR VISION

By 2030 nature-based health and therapeutic services are recognised as a vital pillar of Australia's health system.

OUR MISSION

To advance health, wellbeing and healing by championing evidence-informed, nature-based services that improve Australians' physical, mental and social health.

To deliver our mission, we:

Connect	Bring together practitioners, health professionals, outdoor educators, service providers, policymakers, First Nations peoples, researchers, people with lived and living experience, and others with an interest in outdoor health.
Build skills and practice standards	Build sector capability through quality assurance, standards for safe and effective practice, and training pathways.
Influence	Advocate for policy, standards and funding that support evidence-informed outdoor-based health outcomes.
Share evidence and knowledge	Support, translate and share joint research and evidence on the benefits of outdoor and nature-based health.
Protect	Advocate for healthy, sustainable outdoor places that support fair and accessible nature-based health.

Our guiding principles

1	First Nations cultures hold vital knowledge about health and wellbeing through connection to Country.
2	Human health and healthy natural environments depend on each other.
3	Nature-based health brings together biological, psychological, cultural and ecological health.
4	Outdoor health outcomes can be delivered through nature-based therapies, outdoor and environmental education, outdoor recreation and other forms of nature connection.
5	Time in nature helps prevent illness and supports wellbeing at every stage of life.
6	Targeted, evidence-informed nature-based therapies can be effective interventions to improve physical and mental health.
7	Evidence-informed practice draws on research, lived and living experience, practitioner expertise and local knowledge.
8	Everyone should be able to access nature-based health and wellbeing benefits including people with diverse needs and those who have difficulty engaging and participating in indoor or clinical settings.

WHAT "EVIDENCE-INFORMED" MEANS

When we say evidence-informed, we mean practice that draws on four kinds of knowledge: research evidence, lived and living experience, practitioner expertise and local knowledge.

SECTION 4

Our five priority pillars

Our strategic plan has five pillars. Each pillar has a long-term outcome, a three-year objective and a set of strategies.

	Pillar	Long-term outcome
1	Community and Engagement	People in the community can more easily find, use and get support from quality nature-based health services.
2	Practice and Quality	Outdoor health services are safe, inclusive, evidence-informed, high quality and value lived and living experience.
3	Policy and Advocacy	Outdoor health services are recognised, supported and funded, and are part of mainstream health care.
4	Research and Evidence	The best available evidence and knowledge guide outdoor health services and practice.
5	A Sustainable Organisation	OHA is an innovative, financially sustainable organisation that values its members and volunteers.

ENABLERS

Five factors help us deliver across all five pillars:

- **cross-sector collaboration**
- **strong governance**
- **sustainable funding**
- **functional and secure digital systems**
- **streamlined access agreements**.

1

PILLAR 1

Community and Engagement

OUTCOME

People in the community can more easily find, use and get support from quality nature-based health services.

THREE-YEAR OBJECTIVE

To build a diverse, inclusive, connected and thriving outdoor health community that values lived and living experience, shares knowledge and works together for greater impact.

OUR STRATEGIES

1.1	Raise awareness of OHA, what we do and why it matters, and the benefits of outdoor health.
1.2	Build partnerships and collaborations with aligned organisations in the health, community, education, recreation, environment and research sectors.
1.3	Actively share information with the outdoor health sector and the wider community.
1.4	Partner with like-minded organisations on projects that improve health through nature connection.
1.5	Develop partnerships that strengthen nature connection through family, community and caring relationships, supporting people to nurture connection in themselves and others.
1.6	Inspire more outdoor health practitioners and supporters to become active OHA members.
1.7	Provide OHA members with services and benefits based on their needs.

2 PILLAR 2
Practice and Quality

OUTCOME

Outdoor health services are safe, inclusive, evidence-informed, high quality and value lived and living experience

THREE-YEAR OBJECTIVE

To build excellence, credibility, quality and innovation across outdoor health practice, with a skilled and capable workforce.

OUR STRATEGIES

2.1	Establish national frameworks and standards for quality assurance, accreditation and good practice, based on the OHA Quality Framework and Ethical Practice Principles[2].
2.2	Build workforce skills through training, professional development, events and career pathways.
2.3	Tackle the main barriers for practitioners, including insurance and risk management.
2.4	Reward innovative and effective practice in outdoor health.
2.5	Respond to, and lead, emerging sector trends including nature-based social prescribing.

[2] https://outdoorhealth.org.au/quality-framework/

3

PILLAR 3

Policy and Advocacy

OUTCOME

Outdoor health services are recognised, supported and funded, and are part of mainstream health care.

THREE-YEAR OBJECTIVE

To be a trusted, influential voice and a recognised leader in shaping outdoor health and wellbeing policy.

OUR STRATEGIES

3.1	Champion the role of nature-based services for health and wellbeing within government policy and programs.
3.2	Influence government policy on key issues that affect access to, and delivery of, outdoor health services, especially for those with diverse needs and those who have difficulty engaging and participating in indoor or clinical settings.
3.3	Promote the benefits of more inclusive access to outdoor health and educational services and programs, shaped by people with lived and living experience.
3.4	Advocate for healthy, inclusive and accessible natural spaces as critical settings for outdoor health services.

4 PILLAR 4
Research and Evidence

OUTCOME

The best available evidence and knowledge guide outdoor health services and practice.

THREE-YEAR OBJECTIVE

To create, translate, share and use evidence and knowledge to improve policy, practice and outcomes.

OUR STRATEGIES

4.1	Identify evidence gaps in outdoor and nature-based health practice.
4.2	Build local and international research and knowledge partnerships that fill key evidence gaps and benefit practitioners and users of outdoor health services.
4.3	Explain the evidence and benefits of outdoor health practices in ways that suit different audiences.
4.4	Demonstrate and communicate the impact of effective outdoor health policy, practice and services, through data and stories.

5

PILLAR 5

A Sustainable Organisation

OUTCOME

OHA is an innovative, financially sustainable organisation that values its members and volunteers.

THREE-YEAR OBJECTIVE

To be a well-run, financially sustainable organisation with the skills and resources for long-term impact.

OUR STRATEGIES

5.1	Strengthen governance and risk management capability, including support for volunteers.
5.2	Grow and diversify our income sources.
5.3	Build and futureproof organisational systems, including digital transition and cybersecurity.
5.4	Be an inclusive organisation that supports people from diverse backgrounds and experiences, including people with lived and living experience.

SECTION 5

Delivering the plan

Our roadmap

From its foundational roots, OHA is transitioning into a sector leader over the period of this plan.

Awareness ▶ | Recognition ▶ | Advocacy ▶ | Influence ▶ | Leadership

ESTABLISH
2023–2025

- Set up OHA as a national body with a clear identity and governance systems.
- Build core foundations: directories, policies, practice standards and accreditation pathways.
- Bring together earlier alliances and networks.
- Share information and start advocating on key issues.

ACTIVATE
2026–2027

- Build awareness and credibility.
- Show our value to members, government, peak bodies and investors.
- Grow partnerships and build a cross-sector outdoor health coalition.
- Increase our policy influence and advocacy.
- Grow membership and member services.
- Develop more, and more varied, funding.
- Grow members' skills and capability.

LEAD
2028–2030

- Strengthen national recognition and sector leadership.
- Shape policy, sector standards and services.
- Secure long-term funding agreements.
- Partner on key national projects in evidence, policy and standards.
- Be clear on OHA's role in accreditation and sector regulation, with a roadmap to get there.

Measuring success

We will track 11 indicators. Each has a practical measure and a target by 2030.

Pillar	Indicator	What we measure	Target by Year 3
1	**Membership growth**	Number of individual and organisational members (Year 1 is the baseline)	250 individual and 100 organisational members
1	**Partnerships**	Number of active formal partnerships and MOUs	10 formal partnerships
1	**Communications**	Number of social media posts and impressions	40 posts/yr
2	**Adoption of standards**	Number or percentage of practitioners using OHA standards	Framework finalised in Year 2. 100 practitioners using it by Year 3
2	**Workforce skills**	Number of practitioners who complete OHA training or professional development each year	100 completions
3	**Policy influence**	Number of submissions, consultations and advisory roles	20 submissions or consultations
3	**Recognition and funding**	Number of government programs or funding streams that recognise outdoor health	3 programs or funding streams

Pillar	Indicator	What we measure	Target by Year 3
4	**Knowledge outputs**	Number of evidence summaries, case studies and resources	12
4	**Research partnerships**	Number of active formal research partnerships	5 active partnerships
5	**Financial sustainability**	Share of income from any one source	No single source provides more than 40% of income
5	**Governance, workforce and inclusion**	Board and volunteer retention; Board training; accessibility review; people with lived and living experience on the Board or Leadership Team	Inclusion of people from di verse background and lived and living experience on the leadership team

Measuring our impact

Outdoor health creates benefits in five areas. These are examples of how we could measure them.

Physical and mental health	• More time spent outdoors • Less anxiety, depression and loneliness • Better emotional and social wellbeing • Better physical health • Stronger social connection • Relational and somatic benefits
Social	• Less antisocial behaviour • Better social development • Better education results
Economic	• Lower or avoided health care costs • Better job prospects
Environmental	• Stronger connection to nature • More active conservation, such as joining a volunteer group
Cultural	• Stronger connection to Country, such as identity, sharing knowledge, community wellbeing, and caring for land and sea

Further information

For more information about Outdoor Health Australia, the scope and practices involved in outdoor health, and resources for policymakers, practitioners and others, please go to https://outdoorhealth.org.au/.

APPENDICES

Appendix 1: OHA's approach to stakeholder engagement

Our commitments to stakeholders

When we work with our diverse stakeholders, we will be:

INCLUSIVE We value diverse views, including lived and living experience, and make sure everyone has a voice.	**PURPOSEFUL** We engage with a clear purpose and shared goals.	**RESPECTFUL** We listen to, value and acknowledge the contributions of others.
CULTURALLY AWARE We recognise and respect cultures, histories and knowledge.	**INTERACTIVE** We create two-way conversations and build real relationships.	**TRANSPARENT** We communicate openly, clearly and honestly.
AUTHENTIC We show up genuinely and build trust through what we do.	**ETHICAL** We act with integrity and keep the highest ethical standards.	**PRAGMATIC** We focus on solutions and aim for practical, achievable results.
COLLABORATIVE We work together to get better outcomes for all.	**CONSISTENT** We engage regularly and follow through on our commitments.	**EVIDENCE-INFORMED** We base our decisions and discussions on the best available evidence and knowledge.

What we want from stakeholder engagement

Working together to advance outdoor health, wellbeing and connection to Country.

ENGAGEMENT OBJECTIVES

- Build awareness and support across sectors for OHA's goals and services.
- Reach and connect with more, and more diverse, stakeholders with shared interests, including people with lived and living experience.
- Share more knowledge about the evidence and benefits of outdoor and nature-based health.
- Gather stakeholder insights to guide priorities and decisions in outdoor health.
- Find and address members' concerns, roadblocks and risks to the sector's success.
- Make OHA a more sustainable organisation.
- Influence how outdoor health services are delivered, at system, sector, service and individual levels.
- As a member-based NGO, build the sector's capacity and skills.
- Find solutions and respond to current social and environmental issues.

ENGAGEMENT OUTCOMES

✓ Trusted relationships built on shared goals and values

✓ Strong, effective partnerships that benefit everyone

✓ Decisions and priorities that reflect what stakeholders and members need

✓ A collaborative, innovative cross-sector network

✓ Better access to quality outdoor health services with shared benefits

GLOSSARY

Words we use

We have tried to keep this plan free of jargon. These terms still come up, so here is what we mean by them.

Outdoor health	Health, wellbeing, therapeutic and education services that use nature and outdoor settings for intentional goals.
Nature-based interventions (NBIs)	Planned activities or therapies in nature that aim to improve health. In this plan we mostly call them nature-based health programs.
Evidence-informed	Practice that draws on research evidence, practitioner expertise and local knowledge. It also centres the knowledge of people with lived or living experience who access outdoor health services.
Lived and living experience	Knowledge that comes from personal experience, either past (lived) or current (living). For example, experience of a health condition, disability, disadvantage or using services, including as a carer or family member.
Nature-based social prescribing	When a health professional refers someone to nature-based activities to support their health. This can include peer, family, and community-led support.
Connection to Country	The deep relationship First Nations peoples have with their lands, waters, culture and community.
Peak body	An organisation that represents a sector, industry or profession.
NGO	Non-government organisation.
PHNs	Primary Health Networks. Regional organisations that plan and fund local primary health care.
NDIS	National Disability Insurance Scheme.
MOU	Memorandum of understanding. A formal written agreement to work together.
AAAS	Australian Adventure Activity Standards.
KPI	Key performance indicator. A measure of success.