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Charlie Knight
NATSIHWA is the professional body for Aboriginal and/or Torres Strait Islander Health Workers (ATSIHW) and Aboriginal and/or Torres Strait Islander Health Practitioners (ATSIHP). We promote and support continuing and respected professional pathways for ATSIHW and ATSIHP. We represent this unique and vital profession at the national level to maximise health outcomes and close the gap of health inequity for Aboriginal and Torres Strait Islander people.

NATSIHWA acknowledge the fact that there are different groups all across Australia. We would like to show our appreciation to each and every group for allowing our organisation and our representatives for the privilege to leave our footprints on your country. We would like to acknowledge all the respective elders past and present, who have walked before and with us and thank you all for assisting us on our journey to achieve our objectives.

We would like to thank our members, ATSIHW, ATSIHP, and those in training, our partners in the jurisdictions and Commonwealth, and friends of NATSIHWA for taking the time to share their stories through our Annual Report.

This Annual Report is different from most. We report on the activities and performance of NATSIHWA as an organisation which is standard practice. But we have also brought together information that is pertinent to our members, highlighting the work being undertaken to support our profession. Importantly we also highlight the important work and career journeys of people working in our profession.

Explanatory note: Throughout this report we refer to Aboriginal and/or Torres Strait Islander Health Workers as ATSIHW and Aboriginal and/or Torres Strait Islander Health Practitioners as ATSIHP. This abbreviation is used only for the purposes of readability and we pay respect to the full names and titles of our members and the profession.

“I CAN SEE THIS PROFESSION ACTUALLY DISAPPEARING IF WE DON’T ACT NOW”
NORTHERN TERRITORY MINISTER FOR HEALTH ROBYN LAMBLEY SAID IN THE MEDIA RELEASE FOR ‘BACK ON TRACK’ ON 30 JULY 2014

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OUR ACHIEVEMENTS OVER 2013 - 2014

On behalf of the NATSIHWA board, I am proud of the development of the NATSIHWA Cultural Safety Framework. NATSIHWA began this project as a direct response to member concerns that workplaces are unable, unwilling, or simply do not know how to provide a level of healthcare service, programs, and an environment that is culturally safe and responsive to the needs and aspirations of Aboriginal and Torres Strait Islander peoples. The framework was informed by the feedback received during the Caring For Our Mob forums, attended by non-government organisations (including the Aboriginal Community Controlled Health Organisations), government, and ATSIHWs and ATSIHPs. The delivery of the cultural safety framework demonstrates NATSIHWA's commitment to the implementation of the recommendations outlined in the Growing Our Future report.

In October 2014, NATSIHWA will host the first National ATSIHW and ATSIHP conference in 11 years. NATSIHWA has worked tirelessly through 2013 – 14 to see this come to fruition.

THE GREATEST CHANGES SINCE OUR INAUGURATION

NATSIHWA has really grown over the past four years, in organisational capacity stabilising our internal workforce, and in our membership. Our increased capacity has enabled more engagement with our members and more engagement with our stakeholders, an example is our strong partnership with the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia (ATSIHPB), we support each other.

We completed our first strategic plan and the release of our second strategic plan for 2014 – 2017 is imminent.

OUR DIRECTION 2014 – 2017

NATSIHWA will focus on continuing professional development (CPD) and supporting ATSIHW and ATSIHP to do CPD. We have worked with Alzheimer’s Australia to develop units of competence and this highlights a good example of the work we would like to progress further. There is currently no clear direction from the Australian Health Practitioner Regulation Agency (AHPRA) as to what counts for CPD so we will work closely with AHPRA to define and support.

We will continue to address the issues and recommendations in the Growing Our Future report. We hope to take a lead role in the implementation of the NATSIHWA Cultural Safety Framework in the workplaces of ATSIHWs and ATSIHPs. The second major issue for our members and outlined through the Growing Our Futures consultation is parity in income, roles and responsibilities. NATSIHWA has engaged a team of Industrial Lawyers who will work with the unions on NATSIHWA's behalf to address this issue. We are working on a national scope of practice and the development of roles and responsibilities against each qualification. This will improve understanding between workers and employers and support mobility across jurisdictions.

OUR PROFESSION / OUR FUTURE

NATSIHWA will continue to grow a strong Aboriginal and Torres Strait Islander health workforce, and there will be strength in numbers. There is strong alignment with primary health and nursing and so we are working closely with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) to promote and increase Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care at high schools to give young people a taste for health and wellbeing.

On behalf of the NATSIHWA board, I look forward to a strong 2014 – 15, and working with NATSIHWA’s new CEO Zell Dodd to progress your key issues, through advocacy, policy change, and professional development support, so that you can do your job on the ground with greater ease, ability, and pride.

WHERE ARE YOU FROM ZELL?

“I am a descendant of the Ngarindjeri (my dad’s people) and Kaurna/Narungga (my mum’s people) of South Australia. I was born and grew up in Naracoorte, a pretty small country town which is in the south east of SA. There were only a couple of Aboriginal families living there, so we were all very close.”

AS CEO OF NATSIHWA WHAT WILL YOU BE WORKING ON OVER THE NEXT 12 MONTHS?

“I’m so excited to be coming into NATSIHWA at this time as CEO. I believe NATSIHWA is in a prime position to set the benchmark for innovation and pave the way in workforce development activities in partnership with our key stakeholders and mutual colleagues. Crucial to this is developing and sustaining new relationships and partnerships. It is vital Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners professions are fully recognised and integrated into health care systems. Implementing our strategic plan will help this and is my main focus. Some of this includes getting a clear understanding of the national scope of practice, promoting apprenticeships to school leavers and encouraging more of our males into this unique profession. I also want to look at ways of expanding our secretariat team in Canberra – their dedication and hard work has strongly influenced how we support and grow our members, without them we wouldn’t exist and wouldn’t be in a position to advocate on behalf of our members and improve the key things that really matter to them. That’s why connecting our health workforce to our Professional Networking Forums, and getting further education and training information out to NATSIHWA members is a priority for us, and is a great way of engaging and hearing what people really care.”

ZELL DODD, CEO

Zell Dodd was appointed by the NATSIHWA Board as CEO in July 2014. Let’s get to know Zell a little better...

WHAT’S YOUR ONE THING PEOPLE MAY NOT KNOW ABOUT YOU?

“Softball was my favourite sport that I started in grade 5 and played for many years to come, it taught me how to be a team player and step up to the plate (literally) when I needed to lead the team … I still like to think I’m still a pretty mean pitcher!”

JENNY POELINA, CHAIRPERSON

“NATSIHWA HAS REALLY GROWN OVER THE PAST FOUR YEARS. OUR INCREASED CAPACITY HAS ENABLED MORE ENGAGEMENT WITH OUR MEMBERS TO HEAR THE VOICE OF ATSIHWAS AND ATSIHPs ON THE GROUND FROM ACROSS THE COUNTRY IS REALLY IMPORTANT…”

WELCOME TO THE NEW CEO
NATSIHWA is the peak body for ATSIHW and ATSIHP in Australia. We were established in 2009 following the Australian Government’s announcement of funding to strengthen the Aboriginal and Torres Strait Islander health workforce as part of its ‘Closing the Gap’ initiative. The purpose of NATSIHWA is to promote, support and gain recognition for the vital role that ATSIHW and ATSIHP play in providing professional, effective and culturally respectful health services to Aboriginal and Torres Strait Islander individuals, families and communities across Australia. Aboriginal and Torres Strait Islander Health Practitioners are employed across the Government, Aboriginal Community Controlled Health and non-government sectors, including in Medicare Locals.

OUR REASON FOR BEING

NATSIHWA is the peak body for ATSIHW and ATSIHP, Government, and non-for-profit organisations. We developed the Carrying for Our Mob Cultural Safety Framework. We launched our new website designed to allow our members easier access to information. We grew by 53%! NATSIHWA now has 657 members. We delivered on our shared commitment to growing our future. We built many successful partnerships with ATSIHPBA, CATSINam, IAHA, AIDA, NACCHO, Palliative Care Australia, Diabetes Australia, Australian Sexual Health Medicine, Andrology Australia, Cancer Australia, CTG Committee, and the National Health Leadership Forum that delivered important opportunities to ATSIHW and ATSIHP.

HIGHLIGHTS OF 2013 – 2014

WE LAUNCHED OUR NEW WEBSITE DESIGNED TO ALLOW OUR MEMBERS EASIER ACCESS TO INFORMATION JUNE 2014

WE GREW BY 53%! NATSIHWA NOW HAS 657 MEMBERS

WE DELIVERED ON OUR SHARED COMMITMENT TO GROWING OUR FUTURE

HAPPY 5TH BIRTHDAY NATSIHWA!

WHAT WE VALUE
We value cultural integrity, cultural respect, the importance of connection to community, strong leadership, resilience, and determination, honesty, and transparency, dedication and passion, and commitment to quality workforce and service delivery. Our values are consistent with those passed on to us by our Ancestors.

WHAT WE DO
- Providing services that enable networking, information sharing, mentoring and support for ATSIHW and ATSIHP
- Contributing to the understanding of accreditation and registration of ATSIHW to ensure better health outcomes for Aboriginal and/or Torres Strait Islander peoples;
- Advocating for and contributing to the development and maintenance of education, training and development needs of ATSIHW and ATSIHP to empower Aboriginal and/or Torres Strait Islander communities towards self-determination; and
- Promoting and facilitating cultural safety and respect within the health workplace to protect the cultural integrity of ATSIHW and ATSIHP.

OUR VISION
NATSIHWA acknowledges all of our past and present leaders in the Aboriginal and Torres Strait Islander health sector who have provided us with the cultural and spiritual foundations and teachings that guide us on our path. They inspire us to pursue the following vision:

“A STRONG, CREDIBLE AND VIABLE NATIONAL ASSOCIATION THAT IS WIDELY RECOGNISED FOR ITS CULTURAL AND PROFESSIONAL INTEGRITY, AND COMMITMENT TO ADVOCATE FOR AND SUPPORT BOTH CURRENT AND FUTURE GENERATIONS OF ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS.”

WHAT WE DO
NATSIHWA’s goal is to achieve recognition of ATSIHW and ATSIHP as a vital and valued component of a strong professional Aboriginal and Torres Strait Islander health workforce. We aim to achieve this by:

- Assisting ATSIHW and ATSIHP to address the disadvantage in the health workforce including recruitment, retention, career pathways, support and expansion of the Aboriginal and Torres Strait Islander health workforce;
- Providing direct services and advocacy in representing ATSIHW and ATSIHP at peak regional, state and national forums;...
What was your journey to becoming an Aboriginal Health Worker?

In 2004 I helped Bendigo and District Aboriginal Cooperative (BDAC) prepare the young men’s dancing group for the Commonwealth Youth Games that were held in Bendigo. Not long after, I applied for a Medical driver position at BDAC. The CEO phoned me to say thank you for your application. I was a bit confused and replied, “What does an AHW do?” The CEO replied, “You look after your community.” I started the next day and within 10 months I was a trained and qualified AHW. In 2007 I completed a Diploma of Practice Management and was then promoted to a Senior Health Worker.

What do you like most about your job?

Working with my own people, particularly the educational side. I educate people in relation to healthy lifestyle, and breakdown the medical jargon and put it into terms Aboriginal people understand and resonate with. Aboriginal people are skeptical about going into hospital. As a Senior AHW I love mentoring the young AHWs. I manage a team of four females and two males; they are ambitious with 3 studying higher qualifications in nursing and health science, and I studying a Certificate IV to become an ATSIHP.

What do you think is needed to grow and sustain the ATSIHW and ATSIHP profession?

I believe that every Aboriginal and/or Torres Strait Islander Health Worker should have the chance to engage and learn from other organisations both mainstream and community controlled through placements. The exchange of knowledge and training and different ways of working with Aboriginal and/or Torres Strait Islander communities would be invaluable. There is still a long way to go with the mainstream sector in terms of understanding of the value of Aboriginal Health Workers. I see Cultural Awareness training in mainstream services as an avenue for employment.

The work of NATSIHWA is very important in growing and sustaining the profession; the strength is in the national representation and support provided to all ATSIHW and ATSIHP.

In April 2014, NATSIHWA and Health Workforce Australia (HWA) held a roundtable with jurisdictional representatives to garner support and commitment for NATSIHWA to lead on the development of a national scope of practice for ATSIHW and ATSIHP. NATSIHWA has worked to develop a draft national scope of practice document that was produced by NATSIHWA in collaboration with HWA. A national scope of practice will broaden out the consistency and understanding of the value of Aboriginal Health Workers.

Clearly structured and accessible education and career pathways for ATSIHWS.

NATSIHWA has designed a new Customer Relationship Management (CRM) system. This will enable NATSIHWA to become more sophisticated in analysing workforce trends and needs.

A clearly defined, understood and recognised ATSIHW workforce.

In 2014, NATSIHWA and Health Workforce Australia (HWA) held a roundtable with jurisdictional representatives to garner support and commitment for NATSIHWA to lead on the development of a national scope of practice for ATSIHW and ATSIHP. NATSIHWA has worked to develop a draft national scope of practice document that was produced by NATSIHWA in collaboration with HWA. A national scope of practice will broaden out the consistency and understanding of the value of Aboriginal Health Workers.

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Through the five Professional Networking Forums conducted in 2013 – 2014 NATSIHWA engaged members and non-member ATSIHWS and ATSIHPs about their needs, wants, and demands, for career pathway development, and education. NATSIHWA now has a clear understanding and will progress career pathway development further in 2014 – 2015.

A more strategic approach to planning and growing the ATSIHW in response to health service needs.

NATSIHWA developed its second Strategic Plan (2014 – 2017). Two of five areas (Workforce Expansion and Development, and Representation and Promotion of Workforce Needs) are dedicated to planning and growing the workforce nationally.

NATSIHWA will launch the NATSIHWA Caring For Our Mob Cultural Safety Framework at the National Conference in October 2014.

Better ways of collecting and sharing information relevant to the ATSIHW workforce.

NATSIHWA has designed a new Customer Relationship Management (CRM) system. This will enable NATSIHWA to become more sophisticated in analysing workforce trends and needs.
SUPPORTING YOU
THE NATIONAL VOICE ON BIG POLICY ISSUES

NATSIHWA is a member of the Close The Gap Campaign Steering Committee and the National Health Leadership Forum, and supports the work that is currently happening in this space. Both the Close The Gap Campaign Steering Committee and the National Health Leadership Forum drive active involvement of Aboriginal and Torres Strait Islander communities in health policy and national level. NATSIHWA was heavily involved in the consultation for the development of the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023, and when released on 23 July 2013, NATSIHWA provided support for the priorities and vision.

CREATING VALUABLE AND SUSTAINABLE PARTNERSHIPS

We have built many strong partnerships over the year that directly benefits our members. We actively provide advice and support to our partners in relation to resource development, professional development training for ATSIHW and ATSIHP; and models of care. Our partners 2013 – 2014 include: Cancer Australia, Palliative Care Australia, Diabetes Australia, Australian Sexual Health Medicine (ASHM), and Heart Foundation. Examples of our collaborative efforts:

• Development of viral hepatitis education with ASHM;
• Development of lung cancer training for ATSIHW with Cancer Australia;
• Support with the Program of Experience in Palliative Care Approach, and with Palliative Care Australia;
• Development of models of care to be inclusive of ATSIHW and ATSIHP with Diabetes Australia and the National Heart Foundation.

CARING FOR OUR MOB – ENABLING A CULTURALLY SAFE WORKPLACE

Discussions with NATSIHWA members through 2011 – 2012 highlighted the difficulties they face delivering culturally safe healthcare when they do not work within a culturally safe environment. In response NATSIHWA undertook a series of Caring For Our Mob – Cultural Safety Symposia in 2012 – 2013 to design a cultural safety framework aimed at employers.

The Cultural Safety Framework has been endorsed by the Board, and will be launched at the NATSIHWA National Conference in October 2014. Here is a sneak peak of the Framework and its 8 Domains:

A NATIONAL PERSPECTIVE

We spoke to our national workforce partners Penny Shakespeare, First Assistant Secretary – Workforce Division, Australian Government Department of Health and Denise Burdett, Workforce Information Policy Officer NACCHO for their views on our profession.

Why is the work of Aboriginal and Torres Strait Islander Health Worker and Practitioner professions important?

Penny Increasing the number of Aboriginal and Torres Strait Islander health professionals is key to ensuring that health services are being delivered in a culturally appropriate way. Aboriginal and Torres Strait Islander Health Workers and Practitioners have an important role in this. The Health Workforce Division is working collaboratively with state and territory counterparts, universities, professional colleges, other departments (education and employment), health professional boards, and health professional peak bodies to grow this workforce.

Denise General Practitioners across Australia tell us they can’t work without ATSIHWs and ATSIHPs – they are key to engaging and working with our communities. They are the first point of call for health and medical advice in lots of locations. But there needs to be a better understanding of how varied and different the roles can be, depending on their location. Our affiliates, and members have been on the advisory committee for the NATSIHWA Scope of Practice Project. This is a really important project to get a shared understanding of what this workforce can do.

What are the priorities for 2015 and beyond?

Penny Projects from Health Workforce Australia are now being managed by the Department of Health. Several of these projects have a focus on Aboriginal and Torres Strait Islander Health Workers and Practitioners. The Department has a section with specific focus on Aboriginal and Torres Strait Islander health workforce. The section will manage policy projects to assist Aboriginal and Torres Strait Islander Health Workers and Practitioners. The Department will also work on the consultation for the development of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011 – 2015).

What do you think is needed to grow and sustain the Aboriginal and Torres Strait Islander Health Worker and Practitioners professions?

Penny Committed leadership from governments, employers, including the community controlled health sector, and educators will always be important. The Aboriginal and Torres Strait Islander Health Workforce Working Group has an important role in providing leadership and promoting the objectives of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011 – 2015). NATSIHWA’s continued representation on ATSIHWWG contributes to this.

Continued work is required to communicate the roles and responsibilities of Aboriginal and Torres Strait Islander Health Workers and Practitioners to other health professions and employers. NATSIHWA and other stakeholders can work with the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia to address issues related to registration; for example, to streamline the application process and to consider possible scope of practice endorsements.

Denise Aboriginal and Torres Strait Islander Health Practitioners are now a registered profession, with a defined clinical role. However this does not negate the need for acknowledging, appreciating and using ATSIHWs and ATSIHPs to their full extent. This workforce needs to be better utilised – clarity on the scope of practice may enhance understanding of the role right across the nation. It will assist people to move across positions, employers and jurisdictions. The NATSIHWA Scope of Practice project is an essential part of this work.

Access to training for ATSIHWs is a huge need. Capacity building within our RTOs is needed to deliver that training. If RTOs had greater capacity, we could deliver training for a wider scope of practice and more specialised roles for ATSIHWs and ATSIHPs. There are opportunities to broaden the scope of practice of ATSIHWs if we can get the training in place.

Denise NACCHO will continue its role in supporting and advocating for improving the completion rates for ATSIHWs and ATSIHPs. We will also be working with government stakeholders to raise the importance of the ATSIHW profession in undertaking health checks and other health promotion and health delivery roles. Viable access to Medicare, as has occurred to date, is vital to grow and sustain the profession. NACCHO will continue to advocate for greater access to claim items under the Medicare Benefits Schedule delivered by ATSIHWs and ATSIHPs.
STORIES FROM OUR MEMBERS

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKER SKILLS RECOGNITION AND UPSKILLING PROJECT – JAMES COOK UNIVERSITY (JCU) STORY

In response to the national registration of ATSIHWs and recommendations of Growing Our Future, the Community Services and Health Industry Skills Council (CSHISC) undertook a review of the registration qualification to ensure alignment with industry expectations. NATSIHWA played an important role in the governance and advisory of this project, which resulted in the new HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice. The Health Workforce Australia (HWA) Skills Recognition and Upskilling Project was announced in 2013 to help ATSIHWA to meet the requirement of HLT40213 through prior learning or further education. NATSIHWA was on the panel that designed the project and selected the successful providers.

ONE OF THE SUCCESSFUL PROVIDERS – JAMES COOK UNIVERSITY (JCU) SHARES THEIR EXPERIENCE.

Interview with Kristy Hill, Project Officer, JCU; Norma Tranby, Teacher of Aboriginal and/or Torres Strait Islander Primary Health Care, TAFE North Queensland; and Colleen Nielson, Advanced Health Worker, Oral Health Outreach Team, Torres and Cape Hospital and Health Service.

"I enjoy delivering the Primary Health Care program as it gives me the opportunity to impart what I have learnt over the years to our students" - Norma Tranby.

The initial part of the project required providers to conduct a training needs analysis. What were the key findings from your analysis?

Kristy: The Training Needs Analysis (TNA) created an important opportunity for discussion about who is out there, what their clinical skills are like, and the different models of care and scope of practice of ATSIHW amongst government health services and Aboriginal and/or Torres Strait Islander community controlled health services. We had an overwhelming response to our Expression of Interest receiving 150 responses from ATSIHWs across North Queensland. To manage this demand in the face of available funding we applied a clinical criteria analysis to prioritise applicants. This process identified 97 ATSIHWs who perform a clinical role.

How did these findings inform your project?

Kristy: We identified three training scenarios and pathways into the new HLT40213 Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice. Scenario 1: ATSIHWs with experience or older qualifications requiring Skills Assessment and Recognition of Prior Learning (cohort of 23); Scenario 2: Upgrading from Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (cohort of 32); Scenario 3: Full HLT40213 Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice (cohort of 32).

What are the benefits of the upskilling training for ATSIHWs?

Norma: There is much more scope to broaden the skill set of ATSIHWs, including ability to perform more clinical tasks.

JCU conducted the first round of training in Townsville on 23rd June to 4th July. What worked well?

Kristy: The students were all very keen to improve their clinical skills, so they loved the opportunity to have access to the JCU clinical skills team. Every afternoon they were given the opportunity to practise their skills with the clinicians from JCU.

Norma: The JCU clinical team and TAFE teachers worked in partnership to deliver the training. The program worked well as it allowed participants the opportunity to receive intensive support, partake in hands-on clinical skills training including simulations using the OSCE framework designed for medical students. The clinical instructions from the JCU clinical team and the subsequent practice sessions enabled the acquisition of new clinical skills and/or improved clinical skills.

Colleen: There were ATSIHWs with so much knowledge - they had a lot to share. I found the training hard but very rewarding. I liked working in a team and the support from JCU was very professional.

Kristy: Having a responsive and collaborative advisory group to share tools and information has been a critical success factor. The advisory group has representation from QLD Health, Aboriginal and Torres Strait Islander community controlled health organisations (Apunipima Cape York Health Council, Townsville Aboriginal and Islanders Health Services, and Queensland Aboriginal and Islander Health Council), JCU, Mount Isa Centre for Rural and Remote Health, and Tropical North Queensland TAFE. The Greater Northern Australia Regional Training Network is also very supportive of the project.

Scenario 2:

The two-week block training was very intense and units selected for training had to be delivered as a skill set, therefore, preparation of resources had to be mapped covering the 5 core units. For the next training group, we have sent pre-reading clearer understanding of the assessments that need to be completed.

Kristy: The big challenge that remains for the students that went through the training is to complete their clinical hours and log book. The 800 hours is a huge challenge and we are currently exploring how we can support employers and ATSIHWs to complete these hours. One organisation that is attempting to address this barrier is Cairns Hospital and Health Services (HHS). Norma Lukies, Cluster Coordinator, is in the process of establishing an arrangement with the Cairns Emergency Department to offer students participating in the up-skilling training the chance to do clinical placement.

What difference has the training made in your day-to-day job?

Colleen: Acknowledgement from my work colleagues. They are more receptive as there is an increased understanding of my clinical skills and abilities.

What were the challenges and key learnings?

Norma: There was significant content to cover in the residential period and it did create some uneasiness amongst students. We learnt that the students participating in up-skilling training had very different knowledge levels and a diversity of learning styles. For the next group we will ensure we tailor the training to individual needs, and allow additional time, and tutoring support to complete the assessments.

Kristy: With a handful of organisations we are the first to deliver the new training package - therefore this in itself has been challenging and has been a huge learning curve. Because a lot of this work is new this project would benefit from more opportunities to share learnings across consortia nationally.

Norma: The two-week block training was very intense and units selected for training had to be delivered as a skill set, therefore, preparation of resources had to be mapped covering the 5 core units. For the next training group, we have sent pre-reading

"TAFE NORTH INTENDS TO BECOME A LEADER IN THE AREAS OF INDIGENOUS PRIMARY HEALTH CARE AND ENVIRONMENTAL HEALTH TRAINING" STEVE COOPER, CO-ORDINATOR – ABORIGINAL AND TORRES STRAIT ISLANDER PRIMARY HEALTH CARE

CLASS PHOTO OF THE 1ST COHORT – JUNE/ JULY 2014

What were the challenges and key learnings?

Norma: There was significant content to cover in the residential period and it did create some uneasiness and the clinical logbooks in advance to help students prepare and gather evidence from their workplace. A study plan has been developed so that students have a
SUPPORTING YOU

AN UPDATE ON NATIONAL REGISTRATION OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER HEALTH PRACTITIONERS

NATSHWA spoke with Peter Pangquee, Chair of the Aboriginal and Torres Strait Islander Board of Australia (ATSIHPBA) about the work of the ATSIHPBA and achievements for the profession in 2014.

Why is the Board and national registration important?

If we want our health profession to be on an equal footing to other health professions then we need standards and guidelines that can work right across Australia. We have to protect the public and give good quality and safe care – that’s really what the ATSIHPBA is about. If the public see an ATSIHP then they know they are going to receive safe and quality care. In doing that we also raise the awareness and respect of the profession in the eyes of both the public and the wider health profession. It’s about workforce mobility too – trying to make sure that the base level is there so that national mobility, choice of roles, or work location is possible.

I love working with the national board – it’s ground breaking. It’s an opportunity to promote the ATSIHW and ATSIHP nationally. I was involved as chair of the NT Board for a long time and it is great to see this as an extension of that work. While people have been doing this work or similar work for a long time, the work of the national board is a new way of doing things for our profession.

Have a look at how ATSIHPB national registration is progressing on page 21.

What has the ATSIHPBA been doing in 2013/14?

Getting a set of standards and guidelines in place and getting them known out there. This was important also for RTOs as they move to providing ATSIHPBA accredited training – so people up-skill can get quality training across Australia.

We’ve been out and about working to influence employers and potential employers to actually embrace our profession. It’s about growing our profession in both government and non-government health services – first there was negativity about our profession – who we were and what we could do – now organisations are looking at how the ATSIHWs and ATSIHPs can be incorporated into the health team. We’ve come a long way!

In 2013/2014 we have held public forums right across Australia. We’ve reached a lot of people and promoted the profession across workers, potential ATSIHPs and employers. We’re in a unique position compared to other professions and national boards. For other national boards it has just been about registration – we’ve also helping people understand what the profession is and what it does. We’ve seen our numbers increase in last 12 months – a steady increase.

What is needed to continue to grow our profession?

I’m a strong advocate for Certificate II and pathways into the profession – for example a Certificate II which can help high school kids start their journey. This is something NATSHWA and all of us need to focus on in the coming years.

We also need to support those who are working to influence employers and streamline education pathways, if people want to apply to register as an ATSIHP. Good quality CPD which is nationally recognised keeps our numbers up.

NATSHWA is keen to support the current workforce through continuing professional development (CPD); mentoring support, and streamlining education pathways if people want to apply to register as an ATSIHP. Good quality CPD which is nationally recognised keeps our numbers up.

NATSHWA is keen to support the current workforce through continuing professional development (CPD); mentoring support, and streamlining education pathways if people want to apply to register as an ATSIHP. Good quality CPD which is nationally recognised keeps our numbers up.

The initiative has strengthened the Aboriginal Community Controlled Health sector capacity by equipping workers to undertake the role of trainers and assessors in the workplace.

Participants have been overwhelmingly positive about the opportunity to obtain this qualification, and many have encouraged their co-workers and peers to also pursue this training.

The first round of education commenced in Kalgoorlie in January 2013, and the project completed its national rollout on time and on budget on 30th September 2014. Over 150 participants enrolled in the course, with over 80 participants achieving completion.

This project demonstrates what can be achieved through collaborative achieve quality educational outcomes. Despite the logistical challenges of such a large national project, success was achieved due to the high level cooperation and diligence of the team.

As a result of this project there are now over 80 Aboriginal & Torres Strait Islander Health Workers qualified in Certificate IV in Training and Assessment. It is anticipated that a further 12 Aboriginal & Torres Strait Islander Health Workers will become qualified in 2015, with a further 20 due to graduate in the very near future. This projects helps to build the workforce of the future and to enable Health Worker Registration of the existing workforce.

HELP AVAILABLE TO YOU

THE NATSHWA FURTHER EDUCATION AND TRAINING BURSARY

NATSHWA is keen to support members to take the next step in their careers. 2014 has seen the launch of the NATSHWA further education and training bursary. This is an amount of up to $2,000 to help ATSIHWs and ATSIHPs meet some of the cost of further education and training. Termed a bursary the money is provided to ATSIHWs and ATSIHPs who are planning to undertake additional training and education.

Check out the details and application process at: natshwa.org.au

THE PUGGY HUNTER MEMORIAL SCHOLARSHIP

The Puggy Hunter Memorial Scholarship for ‘Achievement’ was established by the Australian Government Department of Health in 2002 in recognition of Dr Arnold “Puggy” Hunter’s significant contribution to Aboriginal and Torres Strait Islander health and his role as the Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO). NATSHWA is part of the Working Party and wishes to congratulate the 16 students that received scholarships in 2014. The selection review committee will meet on 29 October and announcement of the 2015 scholarships will be made soon afterwards.

GROWING OUR SUPERVISORS AND MENTORS...

Historically there has been a low number of qualified trainers for the number of students undertaking Aboriginal and Torres Strait Islander primary healthcare courses which impacts upon the flexibility and accessibility of training for Aboriginal and Torres Strait Islander Health Workers.

Following the Growing Our Futures report Health Workforce Australia contracted the Aboriginal Health & Medical Research Council of NSW – Aboriginal Health College (AHAMRC) via the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN) to nationally deliver and assess this qualification. Over the past eighteen months the AHAMRC has been delivering and assessing the nationally recognised TAE40110 Certificate IV in Training and Assessment.

have a look at how ATSIHPB national registration is progressing on page 21

HAVE A LOOK AT HOW ATSIHPB NATIONAL REGISTRATION IS PROGRESSING ON PAGE 21
STARTING THE ATSIHW JOURNEY IN HIGH SCHOOL
In partnership with CATSINaM, NATSIHWA explored a number of options to deliver the
Primary Health Care Certificate II to year 11 and 12 students.

PATHWAYS FROM HIGH SCHOOL
NATSIHWA was involved in the Murra Mullangari – "Pathways Alive and Well" youth development program auspiced by the Australian Indigenous Doctors Association (AIDA) – 4 students selected for the program were interested in becoming an ATSIHW.

ENTERING THE ATSIHW WORKFORCE
NATSIHWA worked closely with HWA and the Commonwealth Department of Health in 2013 – 14 on a number of initiatives supporting Aboriginal and Torres Strait Islander peoples to join the ATSIHW workforce. These include:
- Aboriginal and Torres Strait Islander primary healthcare training package
- Training programmes to enhance rural and remote workforce including the Puggy Hunter Scholarship programme
- Representation on the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG).

SUPPORTING THE CURRENT WORKFORCE
In 2013 – 14 five Professional Networking Forums were held around the country.
We grew our partnerships with important national organisations and co-designed and delivered professional development training for ATSIHW and ATSIHP.
NATSIHWA worked with HWA on the Train The Trainer: Aboriginal and Torres Strait Islander Health Workers project, supporting up to 100 ATSIHW and ATSIHP to become accredited trainers.
A draft national scope of practice document has been developed for consultation in 2014 – 2015.

UP-SKILLING AND OBTAINING ATSIHP REGISTRATION
We co-designed and co-selected providers to deliver the Skills Recognition and Up-skilling of Aboriginal and Torres Strait Islander Health Workers project to help ATSIHW meet the minimum qualification requirements for ATSIHP registration.

MANAGEMENT, LEADERSHIP & OTHER PATHWAYS
NATSIHWA has been building partnerships with peak Aboriginal and Torres Strait Islander health professional bodies – AIDA, CATSINaM, and IAHA, to understand pathways into other health professional streams for ATSIHW and ATSIHP.
It is important that career progression opportunities are available for ATSIHW and ATSIHP to move into senior management and leadership positions. NATSIHWA will focus attention in this area in 2014 - 2015.

SUPPORTING YOU – EDUCATION AND CAREER PATHWAYS

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A STORY FROM OUR STUDENTS IN ALICE SPRINGS

Central Australian Aboriginal Congress delivers the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice. Students Brentley Austin and Edward McGill share their stories and thoughts on the profession.

Why do you want to become an ATSIHP?

Brentley: The health of the community is bad, particularly in relation to alcohol abuse and chronic disease. I want to be able to help the local community and be a role model for my children.

Edward: There are a lot of issues here in the local Alice Springs community. I want to be a good role model and work for a cause I believe in. It is difficult to attract good quality medical staff to Alice because of its remote location and high cost of living.

How are you finding the training?

Brentley & Edward: The content is difficult, but we are finding it okay because of the way it’s delivered and the environment it’s delivered in - we get very good support from our educators. The most difficult part about it is that there is no money for Traineeships, which means that we are not paid while we are in training and this can be stressful.

Edward: I have a Puggy Hunter Scholarship, which has helped but it is not enough to support a family.

What do you think is needed to grow and sustain the profession?

Brentley & Edward: Financial support through Traineeships and full-scholarships – The ATSIHP qualification needs to be made more attractive to young school leavers to attract quality people into the profession. Offering full scholarships and traineeships would make the profession much more attractive as well as an appropriate remuneration package. Without these types of incentives very young males will continue to go out to the mines.

“STUDENTS WORK VERY HARD TO GET AHEAD AND TO WHERE THEY WANT TO BE BUT THEY DO NOT GET THE FINANCIAL SUPPORT”

Marita Hope, Education and Training Manager, Congress

where they can make a decent salary. Young men need to be encouraged so they can aspire for greater achievements in higher education, for example, rather than just having football as a way to a better life. These values need to be instilled in our young people. There are programs such as “Clontarf” for football, but what about traineeships for health training?"

Our members

We exist because of our members. During 2013 – 2014 NATSIHWA grew its total member base by 53%, from 429 to 657, and full members by 26%, from 340 full members at 1 July 2013 to 429 at 30 June 2014. NATSIHWA exceeded its target of 400 full members by end June 2014.

NATSIHWA’s largest membership base is in NSW, closely followed by Queensland.

A jurisdictional breakdown of where ATSIHW are based is currently not available so it is not possible to compare the distribution of members to total ATSIHW. Hopefully this will be possible in the future as more sophisticated tools are implemented.

Growth in NATSIHWA national membership

1 July 2013 to 30 June 2014

<table>
<thead>
<tr>
<th></th>
<th>July 2013</th>
<th>December 2013</th>
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<tbody>
<tr>
<td>Full Members</td>
<td>363</td>
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<tr>
<td>Associate</td>
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<td>190</td>
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<tr>
<td>Friends of</td>
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</tr>
<tr>
<td>NATSIHWA</td>
<td>595</td>
<td>635</td>
<td>663</td>
</tr>
</tbody>
</table>

Changes to membership

At the October 2013 NATSIHWA Board meeting, the Directors reviewed the categories of membership. There are now three membership categories:

Full members: All Aboriginal and Torres Strait Islander Health Workers, including Aboriginal and Torres Strait Islander Health Practitioners, are welcome to join as a Full Member of NATSIHWA if they meet the minimum qualification requirements, regardless of where they work.

Associate members: Other Aboriginal and Torres Strait Islander peoples who are not Aboriginal and/or Torres Strait Islander Health Workers, but are studying or working in the health field, can be Associate Members. This includes people studying to become an ATSIHW.

Friends of NATSIHWA: Individuals and organisations, whether Aboriginal and/or Torres Strait Islander or Non-Aboriginal and/or Torres Strait Islander, who wish to support the work of NATSIHWA may become Friends of NATSIHWA.
From a range of speakers which they could then share with colleagues who could not.

Respondents requested greater consideration for where professional networking forums are held, so as to improve the access for ATSIHWs and ATSIHP living and working in rural and remote locations. NATSIHWA has taken this important feedback on board for 2014 – 2015.

Forum participants identified the following priorities for NATSIHWA:

- Advocacy on better wages and conditions, and equity across jurisdictions;
- Consistency on the ATSH-W and ATSHP scope of practice across jurisdictions;
- Recognition of the health worker in clinical teams. While there are many models of care that support the role of the health worker, there are many that does not recognise the qualifications of the ATSH-Ws;
- Succession planning and recruitment of new ATSH-Ws and ATSHPs into the workforce;
- Education of mainstream services regarding cultural safety for ATSH-Ws and ATSHPs; and
- Introduction of a National Aboriginal and Torres Strait Islander Health Worker Day.

All of these topics are linked to current or future pieces NATSIHWA is/o will take care of.

LOCATION | DATE | PARTICIPANTS
--- | --- | ---
Adelaide, SA | 13 March 2014 | 8
Cairns, QLD | 2 April 2014 | 35
Darwin, NT | 14 May 2014 | 17
Perth, WA | 29 May 2014 | 16
Coffs Harbour, NSW | 12 June 2014 | 18
Total Participants | 94

ATSIHP NUMBERS SLOWLY GROW...

Have a look at how national registration is progressing in the graphs below. The table below shows that by the end of May 2014 there were 330 registered Aboriginal and Torres Strait Islander health practitioners in Australia.

The overwhelming majority of registered Aboriginal and Torres Strait Islander health practitioners are in the Northern Territory, with 217 registrants nominating the NT as their principal place of practice (PPP). This represents 68% of the profession. As the number of the registered Aboriginal and Torres Strait Islander health practitioners grows in other states and territories, the NT’s proportion of this profession gradually declines. Queensland hosts the second largest registrant base for this profession, with 11%.

This is followed by New South Wales (9%), Western Australia (6%) and South Australia (3%).

[Reference: Aboriginal and Torres Strait Islander Health Practitioner Board of Australia]

What do you love most about your job and why do you do it?

I love screening and taking bloods, I do all of the diabetics testing including blood sugars, kidneys, and eye tests with the retinal camera. I work really well with all of the Specialists and this learning is like gold. The most important thing is that I am saving lives – if these people were not screened they would be on dialysis or in the cemetery. Our clinics are always full and we always have to double book.

What do you think is needed to grow and sustain the Aboriginal and/or Torres Strait Islander Health Worker and/or Aboriginal and/or Torres Strait Islander Health Practitioner profession?

We need more Aboriginal Health Workers and more male Aboriginal Health Workers, particularly where I am working. It is very difficult to retain young Aboriginal Health Workers, as they prefer to work in the mines for more money. It is very important to have male Aboriginal Health Workers, as Aboriginal men are uncomfortable talking about men’s business like issues with the prostate with women.

How important is it to have a peak body like NATSIHWA?

It is very important to have a peak body for Aboriginal and Torres Strait Islander Health Workers; without NATSIHWA we would not be where we are.

Garnbirringu Health Service where I have been for 17 years. What do you love most about your job and why do you do it? I love screening and taking bloods, I do all of the diabetics testing including blood sugars, kidneys, and eye tests with the retinal camera. I work really well with all of the Specialists and this learning is like gold. The most important thing is that I am saving lives – if these people were not screened they would be on dialysis or in the cemetery. Our clinics are always full and we always have to double book.

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**MANAGEMENT & ACCOUNTABILITY**

**ORGANISATION DEVELOPMENT OBJECTIVE:**

“TO CONSOLIDATE AND STRENGTHEN THE QUALITY AND EFFECTIVENESS OF THE NATSIHWA SECRETARIAT AND BOARD.”

**GOVERNANCE AND THE BOARD**

NATSIHWA has increased the breadth of its representation with members from all locations (including Torres Strait). The Tasmania position is currently vacant. The Board made a number of key decisions in 2013 – 14 about membership, strategic direction with the development of the 2014 – 2017 Strategic Plan, and sustainability of the profession. The NATSIHWA Board has been working on governance changes to come more in line with the direction of NATSIHWA as a professional development association – these changes have been discussed with legal consultants over several board meetings. The proposed changes to the constitution will be presented to NATSIHWA members at a workshop prior to the AGM for voting at the AGM.

**MEET THE BOARD**

**JENNY POELINA**

**CHAIR WESTERN AUSTRALIA**

Jenny Poelina, born in Derby, Western Australia is a Nykina woman who has 3 daughters and lives in Broome, WA. Jenny has worked in Aboriginal Health since the mid 70’s first in the acute arena then in Primary Health Care since 1986. She worked in clinics and program areas and co-ordinated remote area clinics under Kimberley Aboriginal Medical Services Council Inc (KAMSC).

She has been involved in training Al-Ms since 1987. Jenny was previously employed by the Kimberley Aboriginal Medical Services Council Inc as the Senior Manager for the Centre for Aboriginal Primary Health Care Training, Education & Research Unit. The unit consists of AHW training, Medical student training (UWA/NDU Rural Clinical School), GP training, Advanced Skills GP training and research.

**CHRISTINE INGRAM**

**TREASURER VICTORIA**

Christine Ingram is a Yidinjdji Women from Far North Queensland, one of three children, who grew up in Melbourne Victoria.

Christine has worked in Aboriginal Health for the past 24 years. She began her career as a trainee dental health worker and to date is the Deputy CEO with the Victorian Aboriginal Health Service.

Christine has completed the following training:

- Cert III in Dental Assisting (Australian Dental Association)
- Cert II in Aboriginal Primary Health Care (VACCHO)
- Diploma of Practice Management (VACCHO)

She was the recipient of a Advanced Diploma in Aboriginal & Torres Islander Primary Health Care (Practice) and a Certificate IV in Training & Assessment.

**BRAD FREEBURN**

**NEW SOUTH WALES**

Bradley James Freeburn is a Bundjalung man from the north coast of NSW. He has been an Aboriginal health worker for nearly 20 years with the Aboriginal Medical Service in Redfern. His specialist area is in Drug & Alcohol. He is the Coordinator for the Aboriginal Medical Service Drug & Alcohol Unit in Redfern. Brad is also on a number of regional, state and national committees including: Aboriginal Drug & Alcohol Network (ADAN) and National Indigenous Drug & Alcohol Committee.

**JENNIFER KETCHELL**

**QUEENSLAND**

My name is Jennifer Ketchell a Boigwoolman woman, I was born and raised by both parents on Great Palm Island. My mother and father nurtured and enriched my childhood aspiration that is to be educated and get a job. Fulltimethings came at a small price, I had to leave home to find work in the mainland in Townsville. With vivid memories of calvedhearted and insensitive treatment of Boigwoolman people, my job choices evolved out of my instinctive desire to reach out and care for people I decided, on a career with the Old Health Dept as an Aboriginal and Islander Health Assistant Trainee in 1982, I progressed through the levels and took a few years break to work in schools and later returned to health and finished at senior management as Manager Health Worker Services in 2012. Due to health reform and redundancy I moved back home in 2014 to work as an Aboriginal and/or Torres Strait Islander Health Worker at Joyce Palmer Health Service. I bring back to my community a wealth of experience, knowledge and skills to support Biwgwoolman community, clients and staff at Joyce Palmer Health Service.

Last but not least I would like to pass on a message to all Aboriginal and/or Torres Strait Islander Health Workers: stand tall in unity and pride, as we are the only professional body in the health sector with unique skills and knowledge, and also we are the most appropriate people to advocate for our clients and community within our respective service area.

**YANCY LAIFOO**

**TORRES STRAIT ISLANDS**

NATSIHWA representative for the Torres Strait Islands and from Badu Island, Yancy has been a Health Worker for over 19 years and Board Members since 2012. Currently the Manager for Health Programs in a Primary Health Care she is overseeing the Child and Maternal Health Program throughout the Torres Strait Islands and Northern Peninsula Area, she also worked with Old Health in theatre and A&E.

She is active in supporting our community outcomes. All identified program and term programs that achieve new initiatives, successfully gain funding for communities, gain funding for new initiatives, successfully implement short and long term programs that achieve all identified program and community outcomes.

As Working as Aboriginal Palliative Care Project Officer with Palliative Care Council SA Yancy has been a Board member since October 2013.

**THELMA WESTON**

**AUSTRALIAN CAPITAL TERRITORY**

A Torres Strait Islander born on Mer Island, Thelma grew up in Brisbane. She completed 2 years General Nursing Training at Brisbane General Hospital and then spent 2 years in the Army Nursing Corps then married and relocated to Perth and raised 5 children. Thelma worked as a nurse in AGed Care for fifteen years.

Thelma applied to Marr Mooditj Community Nursing and was then employed by Derbarl Yerrigan Aboriginal Health Service as the Administration Receptionist and Manager of the NSP program. Thelma has been the ACT representative on the Board of NATSIHWA since October 2013.

**TERESA ONORATO**

**SOUTH AUSTRALIA**

A proud Narungga and Ngarrindjeri woman who enjoys nothing better than ‘going to our home station and fishing for our totem food, Butterfish, and sitting around the fire listening to the Elders tell their stories.”

With over 15 years experience in Health and social work she is now employed as a Community Health Worker.

Springfield, a Board Member for NATSIHWA since October 2013.

**DWAYNE PEARCE**

**NORTHERN TERRITORY**

Dwayne was born and raised in Launceston, Tasmania before moving back to his mother’s country, the Arette people of Central Australia.

Dwayne commenced his journey as a health worker with Remote Health Alice Springs in 2007 as an Apprentice Aboriginal Health Worker before going on to complete his Certificate IV in Primary Health Care and registering as a Clinical Health Practitioner. Since March 2009 Dwayne worked with NT Health in the Alice Springs Hospital Intensive Care unit and of recent times has taken up an opportunity as an Aboriginal Health Practitioner research collaborator with Baker IDI. Dwayne has been a Board member since October 2013.
MEASURING OUR PERFORMANCE

To assess how well NATSIHWA implemented the strategies outlined in the 2011 – 2014 Strategic Plan and progressed towards its four objectives and goal an external evaluator was engaged. The evaluator interviewed 16 members representing six jurisdictions, one government body, and non-government organisations as part of the evaluation.

“ALMOST EVERY MEMBER EXPLAINED THAT THERE WAS A STRONG NEED FOR A NATIONAL BODY TO REPRESENT AND ADVOCATE FOR ATSIHWS AND ATSIHPs THAT IS RECOGNISED BY GOVERNMENT. OVER HALF INDICATED THAT THEY CAN DRAW ON NATSIHWA’S POSITIONS AND ACTIONS AT A LOCAL LEVEL BECAUSE IT ADDS “WEIGHT” TO WHAT THEY MAY BE TRYING TO ACHIEVE LOCALLY WHERE IT IS MUCH MORE DIFFICULT TO HAVE A VOICE.”

NATSIHWA EVALUATION REPORT, JUNE 2014

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>OBJECTIVE</th>
<th>OUR OUTCOME AND IMPACT</th>
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<tbody>
<tr>
<td>Awareness of NATSIHWA as a peak body</td>
<td>To increase awareness of NATSIHWA as the peak body for the ATSIHW profession</td>
<td>In 2013 NATSIHWA formalised its approach to communication and engagement activities through an overarching Communications Strategy. This helped NATSIHWA to define its priorities, refine its activities, and implement the new Professional Networking Forums. As a result of promotion and delivery of these forums NATSIHWA grew its member base by the end of 2013 - 2014 financial year by 53%. The 11 external organisations interviewed all understood NATSIHWA’s role and purpose.</td>
</tr>
<tr>
<td>Professional support for members</td>
<td>To strengthen the quality and effectiveness of professional support for members</td>
<td>28% of members interviewed developed ‘skills’ as a result of NATSIHWA’s Professional Networking forums.</td>
</tr>
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</table>
| External stakeholder relationships | To strengthen the effectiveness of our relationships with external stakeholders | External stakeholder interviewed gained the following benefits from working with NATSIHWA:  

- Support for initiatives  
- Professional and cultural advice and expertise on ATSIHW and ATSIHP needs  
- Improved resource and training quality  
- Coordinated cooperation regarding key policy issues  
- Collegial support around shared work  

‘Friends of NATSIHWA’ grew from 30 at 30 June 2013 to 114 at June 2014. |

| Advocacy and representation | To strengthen our leadership in advocating on behalf of ATSIHWS | In 2013 – 2014 NATSIHWA was contacted 98 times by external stakeholders, 32% were requests for NATSIHWA to participate in an external event, committee, or reference group. Members interviewed who felt they were in a position to rate their satisfaction with NATSIHWA indicated they were either ‘very’ or ‘extremely’ satisfied. Almost every external stakeholder interviewed confirmed that they viewed NATSIHWA as a ‘first port of call’ for matters important to ATSIHW |

NEW FINANCE PROCESSES FOR NATSIHWA

We want to give members ongoing confidence that your professional body is being run well with good financial governance. In 2014 we transitioned all financial processes in house and have developed a financial operations procedure manual to which all staff adhere. Our 2013/14 external audit provides an outside check on what we are doing and to make sure we are meeting the standards and requirements of the Australian Securities and Investment Commission’s requirements for running the company.
STORIES FROM OUR MEMBERS

What was your journey to becoming a Health Practitioner?

My journey commenced in 2011 at Awabakal Newcastle Aboriginal Co-operative Ltd. I had my family young and raised my two children on my own so I did not have time to pursue a career. I always wanted to work in Aboriginal Health, so I started my studies at TAFE in my early fifties, a Certificate IV in Community Services. To begin with I was very quiet as I didn’t want to shame myself, but then, I grew in confidence and binned it! Before I finished, the course I was offered a position as an Outreach Worker for Chronic Disease through the Closing the Gap program. I loved this role, and in 2012 I have been at Winnunga Nimmityjah Aboriginal Health Service.

What do you think are the benefits of becoming a registered Practitioner and up-skilling for Health Workers?

For me becoming a registered Practitioner has changed my whole career, it has opened up many opportunities within my service and provided a much broader scope of work. For example I now have better access to the community where I conduct and follow-up on health assessments, this would normally have had to be fulfilled by a Registered Nurse. Being clinically qualified, you provide both clinical and social and emotional wellbeing, and you see the better outcomes this has.

How long have you been working at Winnunga Nimmityjah Aboriginal Health Service?

I have been at Winnunga for 19 months, initially as Drug & Alcohol Worker but since I registered in December 2013 I am now involved in lots of clinical work, such as running a monthly diabetes clinic, conducting Health Assessments and following up these assessments in the community and coordinating team care.

What do you like most about your job?

The team here at Winnunga is amazing. Management and my peers support me very well, including our CEO right at the top. They have all taken me on board and give me the support and guidance to do my role most effectively. I have many mentors, the Registered Nurses, Doctors and the Social Health Manager.

What do you think is the best way to support Aboriginal and Torres Strait Islander Health Practitioner profession?

I personally believe that an exchange program to different services across different states and territories would really benefit skills development. To go into a different community would give such a different perspective and understanding of different language and culture. This is important because Aboriginal and/or Torres Strait Islander people are mobile and travel across country. At Winnunga we regularly have people arrive from NT and they speak in different language. We are sometimes limited in our understanding and communication and I think this affects our ability to provide good quality care. To step into a service and community and team would be such a wonderful opportunity.

“I FEEL SO HONOURED AND PRIVILEGED TO BE WHERE I AM IN MY JOURNEY TODAY.”

LOOKING FORWARD TO 2015 AND BEYOND

NATSIHWA is proud to announce the release of our Strategic Plan 2014 – 2017. This plan was developed through significant planning taking into account member feedback and learnings described in the NATSIHWA Evaluation Report: Progress against the 2011 – 2014 Strategic Plan. While the tenets of the new strategic plan have not changed from the old, the new plan reflects our progress, maturity as an organisation, and changing external environment.

MENTORING AND LEADERSHIP – WHAT ARE WE DOING?

Having a good mentor is vital for your health career – whether you’re just starting out or looking to move to a higher level. NATSIHWA sees the importance of Aboriginal and Torres Strait Islander Health Workers mentoring our own. We will be investigating options and models for professional mentoring over the next year. Any program will need to be well developed, meet the needs of both mentors and mentees and be sustainable into the future. NATSIHWA will consult with its members in the design of any mentoring program and what will best meet new and progressing ATSIHW and ATSIHP needs.

OUR FIRST NATIONAL CONFERENCE IN 11 YEARS!

“WHERE TO FROM HERE – THE FUTURE OF THE ABORIGINAL AND/OR TORRES STRAIT ISLANDER HEALTH WORKER INCLUDING ABORIGINAL AND/OR TORRES STRAIT ISLANDER HEALTH PRACTITIONER WORKFORCE.”

The NATSIHWA National Conference is on 29 and 30 October in Canberra. The first conference in 11 years makes this a milestone for NATSIHWA and the profession. Our aim is to bring together as many ATSIHW and ATSIHP from across Australia to network, learn and share their experiences, their challenges and their success stories.
What is your organisation currently doing to support the ATSIHW and ATSIHP professional development?

South Australia
The Department for Health and Ageing has renewed the Equal Opportunity employment exemption for the recruitment of Aboriginal and/or Torres Strait Islander people only to Aboriginal Health Worker and Health Practitioner positions. The exemption also covers Aboriginal Health Council of South Australia’s member organisations (Aboriginal community controlled organisations) to June 2016.

Following on from the Health Workforce Australia Growing Our Futures report and the commencement of national registration SA Health Portfolio Executive endorsed the Aboriginal Health Practitioner project that aims to provide the structure for SA Health to develop the Aboriginal Health Practitioner workforce for SA Health. We have provided information sessions to various existing Aboriginal staff forums about registration and are happy to advise that we have management support with some managers assisting staff to apply for their registration.

The project consists of key components, including development of an SA Health Scope of Practice document, a professional structure including work level definitions; a Clinical Governance Framework, and Career Pathways. We are working towards June 2015 delivery of SA Health is proud of its long-standing Aboriginal Health Scholarship partnership with Australian Rotary Health. The scholarship began in 1998 when Australian Rotary Health raised money for one young man to go to university and approached the department for co-investment. This is a prestigious full-fee scholarship that is awarded by the Minister for Health to young Aboriginal and/or Torres Strait Islander peoples embarking on University Health courses every year. The scholarship not only offers monetary support but a high-quality mentoring program, where students are connected with club members who are senior healthcare professionals. This model has expanded into a national program through the National Aboriginal Research Foundation.

New South Wales
The NSW Ministry of Health has a strong commitment to Aboriginal Health Workers. They are significant part of NSW Health’s multidisciplinary health promotion and education workforce. Local Health Districts couldn’t deliver culturally appropriate health care to Aboriginal communities without them.

The NSW Ministry of Health has undertaken a significant project on the role of both ATSIHW and ATSIHP - The Aboriginal Health Worker Guidelines for NSW Health. These Guidelines are an action in the NSW Health Aboriginal Health Workforce Strategic Framework 2011 – 2015 and assist managers to scope roles through clarifying what the profession can safely do which may also increase an Aboriginal Health Worker’s contribution to health delivery. We have a strong commitment to growing Aboriginal and Torres Strait Islander people in our health system with a 2% recruitment target embedded in the service agreements of all Local Health Districts and statewide Networks.

In 2012 NSW Health launched Respecting the Difference: An Aboriginal Cultural Training Framework which is being implemented across all 17 Local Health Districts and our specialty networks (called Respecting the Difference). This is the first time ever a cultural awareness program has been implemented across such a large health workforce with the aim that all NSW Health staff complete the program in the next 5 years.

Building a good understanding of Aboriginal culture is an essential part of respecting and integrating Aboriginal Health Workers, and where appropriate Aboriginal Health Practitioners, into the health care team.

What are the priorities in 2015 and beyond?
Northern Territory
In July 2014, the NT Minister for Health announced the Back on Track initiative. The initiative is a staged 5-year approach to increase the numbers of Aboriginal Health Practitioners and trainees in the NT. We are working collaboratively with AMSANT to achieve the targets. The Minister has announced a Ministerial Taskforce to provide high level leadership to this initiative.

South Australia
Our Aboriginal Workforce Reform Strategy expired last year and renewing the strategy is a priority this year. Despite a state-wide target of 2 percent for the employment of Aboriginal people into the Public Sector we have seen a significant decline in Aboriginal Leadership positions over the past 5 years, these are huge shifts that are becoming very visible. We are taking a different approach for 2014 and beyond, by engaging with all key staff in the Department for Health and Ageing that have Aboriginal workforce responsibilities, including the Directors of Workforce and Aboriginal health leads, as well as Chief Executive Officers of Local Health Networks in an effort to garner firm commitment.

Implementation of the Aboriginal Health Practitioner project is a primary focus. To date we have 2 Aboriginal Health Practitioners registered with the Australian Health Practitioner Regulation Agency in SA Health, although this may not sound like many we are very proud of this step forward and envisage this number to grow considerably.

New South Wales
Like other jurisdictions NSW wants to grow the size of the Aboriginal Health Worker Workforce and get more Practitioners in place. We will be working with Local Health Districts and statewide Networks to grow the size of the workforce and recruit more ‘ATIHW and ATSIHP’. The rollout of the Aboriginal Health Worker Guidelines will provide a framework for defining, implementing and supporting Aboriginal Health Worker roles in NSW Health. Implementation of the framework is a key focus for this year along with the next stages of the Respecting the Difference cultural awareness program.

What do you think is needed to grow and sustain the Aboriginal and Torres Strait Islander Health Worker and Practitioner professions?
Northern Territory
In the NT, the problems are complex and there are some significant historical challenges around literacy and numeracy that cannot be underestimated. For example, school attendance rates in the NT are low and many of our remote students have limited numeracy and literacy skills. As part of this new initiative, we aim to increase the number of Aboriginal Health Practitioners and traineeships by about 10% each year. We need to continue to build on our collaboration to identify real strategies and opportunities through the ‘Back on Track’ initiative. We also need to work closely with our partners in the Aboriginal community controlled sector and education to achieve sustainable outcomes.

It is critical, both in the NT and nationally, to be strategic in our approach. It is critical for NATSIHWA to provide leadership and work collaboratively with jurisdictions in relation to identifying and strengthening entry pathways for Aboriginal & Torres Strait Islander people.

We need to focus on how we can build the capacity and capability of our Aboriginal workforce and to forge opportunities and pathways for Aboriginal & Torres Strait Islander people to take a lead role in Aboriginal primary health care service delivery and planning.

South Australia
We need to ensure that the recommendations of the Growing Our Future report are implemented with national and state government commitment and accountability. This includes, defining scopes of practice for both clinical and non-clinical Aboriginal and/or Torres Strait Islander Health Workers. Supporting Practitioners to get registration would be ideal to focus on developing a national industrial award that includes ongoing funded professional development to support the growth and sustainability of the profession. Lastly we will continue to take a national approach, working together across jurisdictions.

New South Wales
High quality professional development, tailored to the work environment, will be essential to sustain the profession and build the future workforce. Increasing Aboriginal leaders especially for leadership role in NSW Health is priority for the evolving of the profession. We need to grow Aboriginal Health Worker’s capabilities in management and provide pathways into the leadership roles. They need to be working alongside and influencing their health professional colleagues. That’s a role for everyone but particularly NATSIHWA.
DIRECTORS’ REPORT

Your directors present their report on the company for the financial year ended 30 June 2014.

DIRECTORS

The names of the directors in office at any time during or since the end of the financial year are:

<table>
<thead>
<tr>
<th>Bradley Freeburn</th>
<th>Christine Ingram</th>
<th>Jennifer Ketchell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Poelina</td>
<td>Yancy Laifoo</td>
<td>Candy Bartlett</td>
</tr>
<tr>
<td>Thelma Weston</td>
<td>Dwayne Pearce</td>
<td>Teresa Onorato</td>
</tr>
<tr>
<td>(appointed 30/10/2013)</td>
<td>(appointed 30/10/2013)</td>
<td>(appointed 30/10/2013)</td>
</tr>
<tr>
<td>Clarke Scott</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(appointed 30/10/13)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

OBJECTIVES

Objective 1: To increase awareness of NATSIHWA as the peak body for the ATSIHW profession.

Objective 2: To strength the quality and effectiveness of professional support for members.

Objective 3: To strength the effectiveness of our relationships with external stakeholders.

Objective 4: To strength our leadership in advocating on behalf of ATSIHWs.

STRATEGY FOR ACHIEVING THE OBJECTIVES

Objective 1:

- Promote public understanding of the definition of a NATSIHWA and NATSIHWA member eligibility.
- Develop and implement a national membership recruitment campaign.

Objective 2:

- Provide up to date and relevant professional information through a variety of formats on a consistent basis, including matters such as:
  - NATSIHWA activities
  - Current national policy and initiatives
  - National registration and accreditation
  - Scope of practice
  - Provide input into educational events, resources and learning opportunities for ATSIHWs that contribute to their professional development
  - Encourage and support the development of discipline-specific networking for ATSIHWs in liaison with other key stakeholders.

Objective 3:

- Develop and implement a public relations strategy aimed at a broad range of external stakeholders that:
  - Markets NATSIHWA’s identity and role.
  - Fosters regular, transparent and respectful communication with external stakeholders.
  - Enables NATSIHWA participation in external stakeholder activities.
  - Facilitates mutual support and shared visions for the ATSIHW profession.
  - Identify and create opportunities for cooperation and collaboration with relevant stakeholders who support NATSIHWA initiatives.

Objective 4:

- Collaborate with relevant stakeholders in articulating and promoting the scope of practice of ATSIHWs (noting jurisdictional implications)
- Promote the benefits of employing and supporting ATSIHWs across the health sectors.
- Represent and participate in policy and planning committees and working groups addressing ATSIHW workforce business.
- Advocate for appropriate ATSIHW education, training and professional development.
- Represent and participate in reviews of ATSIHW’s education and training.

PRINCIPAL ACTIVITY

The principal activity of the company during the financial year was to promote and develop Aboriginal and Torres Strait Islander Health Workers through advocacy on workforce issues including recruitment and retention strategies, accreditation and registration and appropriate education. Training and development needs.

No significant change in the nature of these activities occurred during the year.

MEETINGS OF DIRECTORS

DIRECTORS MEETINGS

<table>
<thead>
<tr>
<th>DIRECTORS</th>
<th>Number eligible to attend</th>
<th>Number attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bradley Freeburn</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Christine Ingram</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Jennifer Ketchell</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Jennifer Poelina</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Yancy Laifoo</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Candy Bartlett</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Thelma Weston</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dwayne Pearce</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Teresa Onorato</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

CONTRIBUTIONS ON WIND UP

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to make a maximum contribution of $10.00 towards meeting any outstanding obligations. At 30 June 2014, the total maximum amount that members of the company are liable to contribute if the company is wound up is $7,030.

A copy of the auditor’s independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 34.

DIRECTORS DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 35 - 43 is in accordance with the Corporations Act 2001 and:
   a. comply with Accounting Standards; and
   b. give a true and fair view of the company’s financial position as at 30 June 2014 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.

2. In the directors’ opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Director.

Director Dated this 10th day of October 2014

Jennifer Poelina

Director Dated this 10th day of October 2014

Christine Ingram

CONTRIBUTIONS ON WIND UP

Director Dated: 10th October 2014

Treasurer

Jennifer Poelina

Christine Ingram
INDEPENDENT AUDITOR’S REPORT
TO THE MEMBERS OF
NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED

We have audited the accompanying financial report of National Aboriginal and Torres Strait Islander Health Workers Association Limited ("the company"), which comprises the statement of financial position as at 30 June 2014, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the directors’ declaration.

Directors’ Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of National Aboriginal and Torres Strait Islander Health Workers Association Limited, would be in the same terms if given to the directors as at the time of this auditor’s report.

Opinion

In our opinion the financial report of National Aboriginal and Torres Strait Islander Health Workers Association Limited is in accordance with the Corporations Act 2001, including:

(i) giving a true and fair view of the company’s financial position as at 30 June 2014 and of its performance for the year ended that date; and

(ii) complying with Australian Accounting Standards and the Corporations Regulations 2001.

Emphasis of Matter

Without qualifying our opinion, we draw attention to Note 1 in the financial report, which indicates that National Aboriginal and Torres Strait Islander Health Workers Association Limited does not have a funding agreement in place beyond 30 June 2015. This condition, as set forth in Note 1, indicates the existence of a material uncertainty which may cast significant doubt about National Aboriginal and Torres Strait Islander Health Workers Association Limited’s ability to continue as a going concern and therefore, National Aboriginal and Torres Strait Islander Health Workers Association Limited may be unable to realise its assets and discharge its liabilities in the normal course of business.

Canberra, Australian Capital Territory
Dated: 10 October 2014

RSM Bird Cameron Partners

G M STENHOUSE
Partner
### STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>1,361,401</td>
<td>1,328,593</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(664,250)</td>
<td>(458,435)</td>
</tr>
<tr>
<td>Depreciation and amortisation expenses</td>
<td>(8,397)</td>
<td>(9,867)</td>
</tr>
<tr>
<td>Travel</td>
<td>(171,705)</td>
<td>(218,677)</td>
</tr>
<tr>
<td>Consultants</td>
<td>(167,482)</td>
<td>(305,607)</td>
</tr>
<tr>
<td>Rent</td>
<td>(44,976)</td>
<td>(52,248)</td>
</tr>
<tr>
<td>Membership</td>
<td>-</td>
<td>(83,296)</td>
</tr>
<tr>
<td>Accounting</td>
<td>(26,200)</td>
<td>(55,650)</td>
</tr>
<tr>
<td>Marketing and media</td>
<td>(41,010)</td>
<td>(11,357)</td>
</tr>
<tr>
<td>IT</td>
<td>(23,303)</td>
<td>(13,441)</td>
</tr>
<tr>
<td>Subcontractors</td>
<td>(48,571)</td>
<td>(24,566)</td>
</tr>
<tr>
<td>Promotions</td>
<td>(53,650)</td>
<td>(11,609)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(127,855)</td>
<td>(84,440)</td>
</tr>
</tbody>
</table>

**CURRENT YEAR SURPLUS**

**OTHER COMPREHENSIVE INCOME**

**TOTAL COMPREHENSIVE INCOME**

### STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2014

<table>
<thead>
<tr>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>382,818</td>
<td>268,897</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>79,559</td>
<td>43,790</td>
</tr>
</tbody>
</table>

**TOTAL CURRENT ASSETS**

**NON-CURRENT ASSETS**

| Property, plant and equipment | 27,949 | 31,750 |

**TOTAL NON-CURRENT ASSETS**

**TOTAL ASSETS**

**CURRENT LIABILITIES**

| Trade and other payables | 58,000 | 122,491 |

**Provisions**

| Grants in advance | 365,945 | 152,172 |

**TOTAL CURRENT LIABILITIES**

**TOTAL LIABILITIES**

**NET ASSETS**

**EQUITY**

| Retained earnings | 33,003 | 33,003 |

**TOTAL EQUITY**

**TOTAL EQUITY**

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*RSM Bird Cameron Partners*

Canberra, Australian Capital Territory

Dated: 10 October 2014

AUSTRALIAN CAPITAL TERRITORY

6

| Liability listed on the balance sheet in accordance with Australian Accounting Standards and Regulations. |

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NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED ABN 61 138 748 697

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED ABN 61 138 748 697
### STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained Earnings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July 2012</td>
<td>33,003</td>
<td>33,003</td>
</tr>
<tr>
<td>Surplus from operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 30 June 2013</td>
<td>33,003</td>
<td>33,003</td>
</tr>
<tr>
<td>Surplus from operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 30 June 2014</td>
<td>33,003</td>
<td>33,003</td>
</tr>
</tbody>
</table>

### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th>Description</th>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASH FLOWS FROM OPERATING ACTIVITIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants Received</td>
<td>9b</td>
<td>118,517</td>
<td>66,799</td>
</tr>
<tr>
<td>Cultural safety framework</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest Received</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash (used in) operating activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash at beginning of year</td>
<td>9a</td>
<td>268,897</td>
<td>203,998</td>
</tr>
<tr>
<td>Cash at end of year</td>
<td>9a</td>
<td>268,897</td>
<td>203,998</td>
</tr>
</tbody>
</table>

### Accounting Policies

#### a. Income Tax
The Corporation is exempt from income tax under subdivision 50-B of the Income Tax Assessment Act 1997.

#### b. Property, Plant and Equipment
Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

#### Plant and Equipment
Plant and equipment is measured on the cost basis and is therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount.

#### Depreciation
The depreciable amount of all fixed assets, including buildings and capitalised lease assets, is depreciated on a straight-line basis over the asset’s useful life commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable asset are:

<table>
<thead>
<tr>
<th>CLASS OF FIXED ASSET</th>
<th>DEPRECIATION RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixtures &amp; Fittings</td>
<td>10-20%</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>10-15%</td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>10-25%</td>
</tr>
</tbody>
</table>

The assets’ residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period. Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.
c. Financial instruments

Initial recognition and measurement
Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the association commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified at fair value through profit or loss, in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement
Financial instruments are subsequently measured at fair value, amortised cost using the effective interest rate method, or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in a active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

(i) Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

(ii) Financial liabilities
Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

Impairment
At the end of each reporting period, the association assesses whether there is objective evidence that a financial instrument has been impaired.

Derecognition
Financial assets are derecognised where the contractual right to receipt of cash flows expires or the asset is transferred to another party, whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

d. Impairment of Assets
Financial assets are derecognised where the contractual right to receipt of cash flows expires or the asset is transferred to another party, whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

e. Employee Benefits
Provision is made for the association’s liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

f. Cash and Cash Equivalents
Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid, other investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities in the statement of financial position.

g. Revenue
Revenue from the rendering of a service is recognised upon the delivery of the service to the customers. Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established. Grant revenue is recognised upon the occurrence of the obligation to meet an expense to which the purpose of the grant relates.

All revenue is stated net of the amount of goods and services tax (GST).

h. Goods and Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

i. Comparative Figures
When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Where the company has retrospectively applied an accounting policy, made a retrospective restatement or reclassified items in its financial statements, an additional statement of financial position as at the beginning of the earliest comparative period will be disclosed.

j. New standards and interpretations issued but not yet effective

<table>
<thead>
<tr>
<th>REF.</th>
<th>TITLE</th>
<th>SUMMARY</th>
<th>APPLICATION DATE</th>
<th>EXPECTED IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASB 9</td>
<td>Financial Instruments</td>
<td>Replaces the requirements of AASB 139 for the classification and measurement of financial assets. This is the result of the first part of Phase 1 of the IASB's project to replace IAS 39.</td>
<td>1 January 2015 (Changed to 1 January 2017 by AASB 2013-9C)</td>
<td>Minimal impact</td>
</tr>
<tr>
<td>2009-11</td>
<td>Amendments to Australian Accounting Standards arising from AASB 9</td>
<td>Amends AASB 1, 3, 4, 5, 7, 101, 102, 105, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 &amp; 1038 and Interpretations 10 and 12 as a result of the issuance of AASB 9.</td>
<td>1 January 2015</td>
<td>Minimal impact</td>
</tr>
<tr>
<td>2010-7</td>
<td>Amendments to Australian Accounting Standards arising from AASB 9 (December 2010)</td>
<td>Amends AASB 1, 3, 4, 5, 7, 101, 102, 105, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 &amp; 1038 and Interpretations 2, 5, 10, 12, 19 &amp; 17 for amendments to AASB 9 in December 2010</td>
<td>1 January 2015</td>
<td>Minimal impact</td>
</tr>
<tr>
<td>2011-7</td>
<td>Amendments to Australian Accounting Standards arising from AASB 10, 11, 12, 127, 28</td>
<td>Amends AASB 1, 2, 3, 5, 7, 9, 2009, 11, 110, 107, 112, 118, 121, 124, 132, 133, 136, 138, 139, 1023 &amp; 1038 and Interpretations 5, 9, 16 &amp; 17 as a result of the issuance of AASB 10, 11, 12, 127 &amp; 128.</td>
<td>1 January 2014</td>
<td>Minimal impact</td>
</tr>
<tr>
<td>2014-1A</td>
<td>Amendments to Australian Accounting Standards</td>
<td>Part 4 of 2014-1 amends various standards as a result of the annual improvements process.</td>
<td>1 July 2014</td>
<td>Minimal impact</td>
</tr>
<tr>
<td>2014-1B</td>
<td>Amendments to Australian Accounting Standards</td>
<td>Part 8 of AASB 2014-1 makes amendments to AASB 119 Employee Benefits in relation to the requirements for contributions from employees or third parties that are linked to service.</td>
<td>1 July 2014</td>
<td>Minimal impact</td>
</tr>
<tr>
<td>AASB 1031</td>
<td>Materiality</td>
<td>Re-issuance of AASB 1031</td>
<td>1 January 2014</td>
<td>Minimal impact</td>
</tr>
</tbody>
</table>
NOTE 2: REVENUE

Operating activities

DoHA Funding
1,358,126
1,217,495

Cultural safety framework
-110,636

Total operating activities
1,358,126
1,328,131

Interest received
1,765
-62

Sundry income
1,510
462

Total revenue
1,361,401
1,328,593

NOTE 3: PROFIT FROM OPERATIONS

Profit from ordinary activities before income tax expense has been determined after.

Expenses:
Depreciation of property, plant and equipment
8,397
9,867

Operating lease payments
31,664
31,641

NOTE 4: AUDITORS’ REMUNERATION

Remuneration of the auditor for:
Audit or reviewing the financial report
10,000
7,000

NOTE 5: TRADE AND OTHER RECEIVABLES

Trade debtors
-8,150

GST
38,589

Prepayments
24,682
19,354

Bonds
16,288
16,286

Total
79,559
43,790

NOTE 6: PROPERTY, PLANT AND EQUIPMENT

Fixtures and fittings – at cost
5,790
5,790

Less accumulated depreciation
(1,664)
(940)

Office equipment – at cost
15,409
15,409

Less accumulated depreciation
(4,498)
(2,357)

Computer equipment – at cost
26,141
21,545

Less accumulated depreciation
(13,229)
(7,697)

Total
12,912
13,848

2014
2013

2014 $  2013 $

FURNITURE AND FITTINGS
11,419
15,568

OFFICE EQUIPMENT
22,965
21,035

COMPUTER EQUIPMENT
49,952
10,235

TOTAL
83,356
41,835

Balance at the 1 July 2012
11,419
15,568

Additions
(5,253)
(2,275)

Transfer to statement of comprehensive income
(1,316)
(6,410)

Depreciation expense
4,850
10,235

Balance at the 30 June 2013
13,052
13,848

Additions
(724)
(5,332)

Depreciation expense
10,911
27,949

Balance at the 30 June 2014
13,848
31,750

NOTE 7: TRADE AND OTHER PAYABLES

Trade Creditors
28,458
96,971

Accruals
15,984
16,820

Other Payables
58,900
122,491

NOTE 8: PROVISIONS

Annual Leave
32,478
36,771

NOTE 9: CASH FLOW INFORMATION

a. Reconciliation of Cash
Cash on hand
500
500

Cash at bank
382,318
268,397

b. Reconciliation of cash flow from by Operating Activities with current year surplus.

Surplus:
Depreciation
8,397
9,867

Other non-cash items
10,235

Changes in assets and liabilities:
(Decrease)/Increase in receivables
2,820
(5,195)

(Decrease)/Increase in creditors
(102,081)
100,389

(Decrease)/Increase in Provisions
(4,293)
23,804

(Decrease)/Increase in grants in advance
213,674
(72,301)

Net cash provided by operating activities
118,517
268,897

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED
ABN 61 138 748 697

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED
ABN 61 138 748 697
NOTE 10: COMMITMENTS

Operating lease commitments payable
- not later than one year 32,610 32,610
- later than one year, but no later than 5 years 24,458 57,363
Total operating lease liability 57,068 89,973

NOTE 11: RELATED PARTIES TRANSACTIONS

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

Transactions with related parties:

### SHORT-TERM BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>Salary &amp; Fees $</th>
<th>Superannuation Contributions $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Management Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>127,007</td>
<td>11,748</td>
<td>138,755</td>
</tr>
<tr>
<td>Total</td>
<td>127,007</td>
<td>11,748</td>
<td>138,755</td>
</tr>
<tr>
<td>2013</td>
<td>131,050</td>
<td>11,794</td>
<td>142,844</td>
</tr>
<tr>
<td>Total</td>
<td>131,050</td>
<td>11,794</td>
<td>142,844</td>
</tr>
</tbody>
</table>

NOTE 12: FINANCIAL INSTRUMENTS

Interest Rate Risk
The association’s exposure to interest rate risk, which is the risk that a financial instrument’s value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on those financial assets and financial liabilities is as follows:

<table>
<thead>
<tr>
<th></th>
<th>Weighted Average Effective Interest Rate</th>
<th>Floating Interest Rate</th>
<th>Non-Interest Bearing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Financial Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>0.1</td>
<td>0.1</td>
<td>382,318</td>
<td>268,397</td>
</tr>
<tr>
<td>Receivables &amp; others</td>
<td>3.6</td>
<td>3.6</td>
<td>16,088</td>
<td>16,086</td>
</tr>
<tr>
<td>Total financial assets</td>
<td>398,406</td>
<td>284,483</td>
<td>25,182</td>
<td>28,204</td>
</tr>
<tr>
<td>Financial Liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td></td>
<td></td>
<td>419,596</td>
<td>311,434</td>
</tr>
<tr>
<td>Total financial liabilities</td>
<td></td>
<td></td>
<td>419,596</td>
<td>311,434</td>
</tr>
</tbody>
</table>

Credit Risk
The association is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk at reporting date in relation to each class of recognised financial assets is the carrying amount of those assets as indicated in the Balance Sheet.

Liquidity Risk
The association’s financial liabilities are trade and other creditors. The exposure to liquidity risk is based on the notion that the association will encounter difficulty in meeting its obligations associated with financial liabilities. This is highly unlikely due to the nature of the business and sufficient cash reserves.

Market Risk
The association holds basic financial instruments that are not exposed to certain market risks. The association is not exposed to ‘interest rate risk,’ ‘currency risk’ or ‘other price risk’ other than what is stated above.

NOTE 13: ECONOMIC DEPENDENCE

Economic dependence exists where the normal trading activities of a company depends upon a significant volume of business. The National Aboriginal and Torres Strait Islander Health Workers Association Limited is dependent on grants from the Department of Health and Aging to carry out its normal activities. See note 1 regarding funding future.

NOTE 14: ASSOCIATION DETAILS

The principal place of business of the Corporation is:

National Aboriginal and Torres Strait Islander Health Workers Association

Suite 2, Level 1, 31-37 Townshend Street

PHILLIP ACT 2606

NOTE 15: EVENTS OCCURRING AFTER THE REPORTING DATE

No matter or circumstance has arisen since 30 June 2014 that has significantly affected, or may significantly affect the company’s operations, the results of those operations, or the company’s state of affairs in future financial years.