



NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

**ABORIGINAL AND
TORRES STRAIT
ISLANDER HEALTH
WORKER ASSOCIATION
ANNUAL REPORT 2014**

WELCOME TO THE 2013 - 2014 ANNUAL REPORT

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



The NATSIHWA logo represents Aboriginal and Torres Strait Islander people coming from all parts of the country to form the association, and uses colours that reinforce our cultural identity - who we are. The U shape represents all Aboriginal and Torres Strait Islander peoples of our country. The small boomerangs represent our people's toughness and resilience to handle all situations. The bigger boomerangs are windbreaks and shields that provide safety, stability, education, guidance and vision towards the future.

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OUR ACHIEVEMENTS OVER 2013 - 2014



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 ATSIHWs AND ATSIHPs ON THE GROUND FROM ACROSS THE COUNTRY IS REALLY IMPORTANT..."

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 to 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 (ATSIHPBA), 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, and 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 in 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.

WELCOME TO THE NEW CEO



ZELL DODD, CEO

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

WHERE ARE YOU FROM ZELL?

"I am a descendant of the Ngarrindjeri (my dad's people) and Kurna/Narrunga (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".

HOW DID YOU GET FROM NARACOORTE TO BEING CEO OF NATSIHWA?

"At the age of 18 I travelled to WA, I wanted to see my cousin who was working in the shearing sheds around Perth. We pulled into Esperance and booked into the local caravan park for 3 days - 10 years later I left with my son (Shannon) who was born there, and went back home to be closer to my family, in particular mum and dad.

I did a lot of travelling when I was young and held many different types of jobs, which meant I met all walks of life, and I say to this day this has helped shape the person I am today. I picked grapes, worked in Woolworths, shearing sheds, a newspaper printing company, mowing lawns, and worked as a bar person. You name it, I've just about done it!

My health career journey started when I knew in myself I could do better than labouring type jobs, but recognised I had to go back and study, if I really wanted to better myself and provide for my family. I initially started my journey in the aged care sector, which gave me a

very solid grounding to go into the government sector, and the skills I learnt there were fantastic and I realised they could be applied anywhere. I have since worked in various positions in the federal and state governments. But my real passion is the NGO sector so NATSIHWA is where I can live my passion and hopefully make a real difference".

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 is really important to them.

Mentoring support and cultural safety go hand in glove and are two big issues on my radar. We will be planning to work closely with jurisdictions and our peak colleagues to build on the great work they are already doing in this space, and in partnership with them determine how we can consolidate this and get the cultural safety framework out there and making a difference.... And we'll be looking at ways that NATSIHWA can work with our existing partners to build a network of peer mentors for our Young Warriors."

WHAT'S 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 or dream that I'm still a pretty mean pitcher!"

HIGHLIGHTS OF 2013 – 2014

WITH THE HELP ATSIHW
AND ATSIHP, GOVERNMENT,
AND NON-FOR-PROFIT
ORGANISATIONS...
WE DEVELOPED THE **CARING
FOR OUR MOB CULTURAL
SAFETY FRAMEWORK**

**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 BUILT MANY
SUCCESSFUL PARTNERSHIPS –
**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

5 PROFESSIONAL
NETWORKING FORUMS
WERE HELD IN ADELAIDE,
CAIRNS, DARWIN, PERTH,
AND COFFS HARBOUR
MARCH TO JUNE 2014

**WE DELIVERED
ON OUR SHARED
COMMITMENT TO
GROWING OUR
FUTURE**

**HAPPY 5TH
BIRTHDAY
NATSIHWA!**

OUR ORGANISATION

OUR REASON FOR BEING

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 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:

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

“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 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.

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;

- 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.



FROM LEFT TO RIGHT KEN LAZA,
JAMES MARI, AL FORDE,
AND ELISE APPO IN CLINIC

STORIES FROM OUR MEMBERS



CHARLIE KNIGHT,
SENIOR HEALTH
WORKER, BENDIGO &
DISTRICT ABORIGINAL
COOPERATIVE, BENDIGO
VICTORIA



“My journey started many years ago in South Australia. I was born in 1956, and in 1958 I was taken from parents and placed in various foster homes all of my childhood into manhood. I lost my culture, dignity, and my identity and (nomawi) family siblings. My journey brought me to Victoria in 1982, and I made Jaara Jaara/ Dja Dja Wrung land my home. Last year I visited my home country, and had a reunion with my lost family members. My journey has been a long and emotional experience for me. But now I have found myself and who I really am.”

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 B&DAC. The CEO phoned me to say thank you for your application we would like to offer you a position as an Aboriginal Health Worker (AHW). 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 12-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 4 females and 2 males; they are ambitious with 3 studying higher qualifications in nursing and health science, and 1 studying a Certificate IV to become an ATSIHP.

You are in the process of applying for Aboriginal and/or Torres Strait Islander Health Practitioner registration, why is this important to you?

I want to have my skills and knowledge recognised so that I can continue to share my knowledge and experience with the next generation of ATSIHW and ATSIHP. It’s important for me to pass on my knowledge so that when I retire the knowledge is not lost. It is my belief that every

“ I HAVE FOUND MYSELF AND WHO I REALLY AM. BUT THE JOURNEY IS NOT OVER, IT JUST KEEPS CONTINUING”

ATSIHW should become an ATSIHP within their community. As it gives greater opportunity to do more and engage more with the community and that is the most important thing. I am halfway through the registration process, which has been mind-boggling.

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

SUPPORTING YOU

OUTCOMES AND IMPACT AT THE NATIONAL LEVEL

OUR COMMITMENT TO GROWING OUR FUTURE

NATSIHWA is committed to a national coordinated approach to Aboriginal and Torres Strait Islander health workforce reform and remains committed to the implementation of the recommendations in the *Growing our Future: Final Report of the Aboriginal and Torres Strait Islander Health Worker Project*, which was completed in December 2011 and launched in 2012. The Report called out 27 recommendations in the pursuit of five target outcomes. Whilst there is shared responsibility for addressing these recommendations, NATSIHWA is motivated to not only promote the need for action, but directly support work that acts on these recommendations.

The chart below demonstrates how we have been able to support in 2013 – 2014.

GROWING OUR FUTURE TARGET OUTCOME	NATSIHWA DELIVERED
A clearly defined, understood and recognised ATSIHW workforce.	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 will be used as the basis of consultation across the country (in 2014 – 2015). This work is an extension of the <i>Professional Practice Framework for ATSIHWs</i> that was produced by NATSIHWA in collaboration with HWA. A national scope of practice will broaden out the consistency of the role of the profession and ensure that our profession is recognised as an important component of the health system.
Clearly structured and accessible education and career pathways for ATSIHWs.	Through the five <i>Professional Networking Forums</i> conducted in 2013 - 2014 NATSIHWA engaged members and non-member ATSIHW 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.
Workplace and community environments that enable and support ATSIHW.	NATSIHWA will launch the <i>NATSIHWA Caring For Our Mob Cultural Safety Framework</i> 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



CLOSE THE GAP CAMPAIGN
STEERING COMMITTEE,
FEBRUARY 2014

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 at a 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 Symposiums* 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 to access education and training to increase their qualifications to meet the requirements of registration as Practitioners, developing cultural competency curricula for the education of all health professionals and increasing training positions for Aboriginal and Torres Strait Islander Health Workers wishing to become Practitioners.

Providing scholarships through the Puggy Hunter Memorial Scholarship Scheme is also important to support access to training. We will also be working with the Aboriginal community controlled health sector to explore opportunities for expanding clinical placements for Aboriginal and Torres Strait Islander Health Workers.

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.

What do you think is needed to grow and sustain the Aboriginal and Torres Strait Islander Health Worker and Practitioner 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 15). 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.

STORIES FROM OUR MEMBERS



FROM LEFT TO RIGHT
BRIAN O'SHANE,
CHARLENE BADHAM, AND
DEANNE JOHNSTONE

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

In response to the national registration of ATSIHPs and recommendations of *Growing Our Future*, the Community Services and Health Industry Skills Council (CS&HISC) 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 ATSIHW 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 (Community Care) to HLT40213 through completion of five 'Practice Skill Set Training Units' (cohort of 35 – 40); and **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.

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's 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



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

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 (HHSs). 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.

"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

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



PETER PANGQUEE
CHAIR OF THE
ABORIGINAL AND
TORRES STRAIT
ISLANDER BOARD
OF AUSTRALIA
(ATSIHPBA)

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

NATSIHWA 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.

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-skilling 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’re 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 NATSIHWA and all of us need to focus on in the coming years.

We also need to support those the current workforce’ through continuing professional development (CPD); mentoring support; and streamlined education pathways if people want to apply to register as an ATSIHP. Good quality CPD which is nationally recognised keeps developing the profession and people’s skills. NATSIHWA is key to CPD and the ongoing development of our profession.

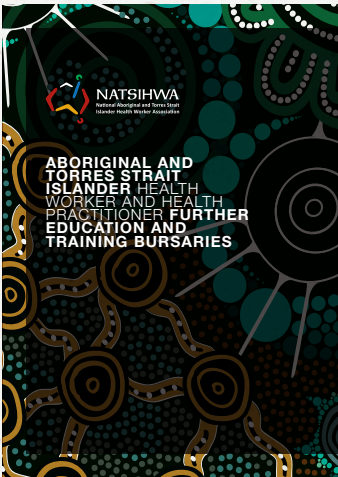
For more information on national registration go to:
atsihealthpracticeboard.gov.au

HELP AVAILABLE TO YOU

THE NATSIHWA FURTHER EDUCATION AND TRAINING BURSARY

NATSIHWA is keen to support members to take the next step in their careers. 2014 has seen the launch of the NATSIHWA 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:
natsihwa.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). NATSIHWA 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..



ACHIEVEMENT BY INDIGENOUS
ARTIST MARK HUDDLESTON

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 (AH&MRC) 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 AH&MRC has been delivering and assessing the nationally recognised TAE40110 Certificate IV in Training and Assessment.

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 &/or Torres Strait Islander Health Workers qualified in Certificate IV in Training and Assessment. It is anticipated that a further 12 Aboriginal &/or Torres Strait Islander Health Workers Health Workers are expected 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.

SUPPORTING YOU – EDUCATION AND CAREER PATHWAYS

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.

A STORY FROM OUR STUDENTS IN ALICE SPRINGS



NT STUDENTS EDWARD, BRENTLEY, AND MARITA HOPE EDUCATION & TRAINING MANAGER CONGRESS



NT STUDENTS EDWARD MCGILL (LEFT), JOHN PARFITT AHP TRAINEE FROM SANTA TERESA, KATHY ROBINSON (CLINICAL EDUCATOR)

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 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?"

Brentley & Edward: Education and promotion of the profession

- We need to overcome the stigma attached to the profession. Traditionally the health side of things has been more to do with women. Men are concerned that they are "doing a woman's job". It is about showing Aboriginal men that they can do the job and are capable. But getting more men involved will not be easy in the NT. There is still significant stigma attached the indigenous males as a result of the intervention. We can change this cycle us indigenous men ourselves through education and support.



NT STUDENTS EDWARD MCGILL (LEFT) BRENTLEY AUSTIN (RIGHT)

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.

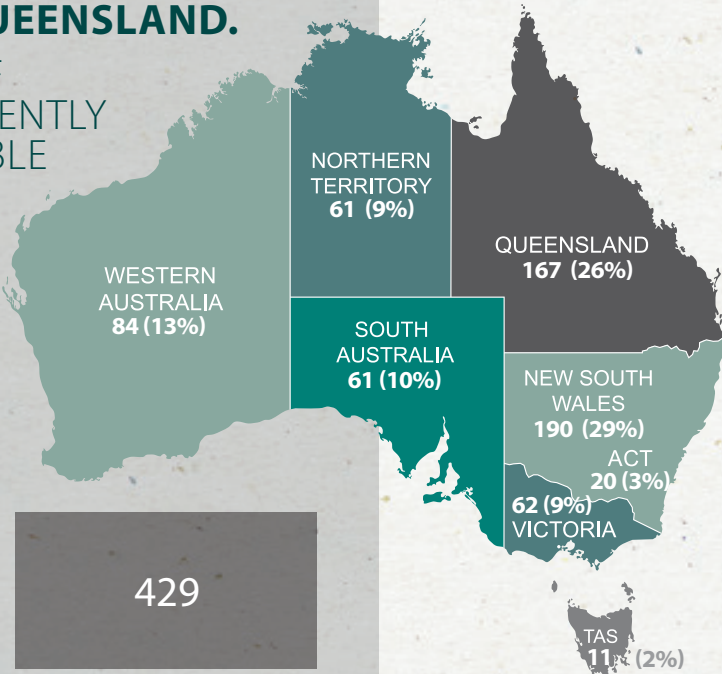
A JURISDICTIONAL BREAKDOWN OF WHERE ATSIHW ARE BASED IS CURRENTLY NOT AVAILABLE SO IT IS NOT POSSIBLE TO COMPARE THE DISTRIBUTION OF MEMBERS TO TOTAL ATSIHW. HOPEFULLY THIS WILL BE POSSIBLE IN THE FUTURE AS MORE SOPHISTICATED TOOLS ARE IMPLEMENTED.

GROWTH IN NATSIHWA NATIONAL MEMBERSHIP 1 July 2013 to 30 June 2014



DISTRIBUTION OF TOTAL MEMBERS

Our goal is to have 800 full members by 2017



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.

OUR MEMBERS

PROFESSIONAL NETWORKING WITH YOUR PEERS



COFFS HARBOUR
FORUM PARTICIPANTS

In late 2013, NATSIHWA launched its new approach to providing regular jurisdictional networking forums for Members, Professional Networking Forums.

Every forum had a focus on unpacking career pathways for ATSIHWs and gathering professional development needs. Of the 94 attendees, 68% (n=64) completed an evaluation survey. When participants were asked what they most liked about the forums the consistent threads were that the forums provided an opportunity for profession-specific networking with other ATSIHWs and ATSIHPs, and the learning gained about different topics

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 ATSIHW and ATSIHP 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 ATSIHW;
- Succession planning and recruitment of new ATSIHWs and ATSIHPs into the workforce ;
- Education of mainstream services regarding cultural safety for ATSIHWs and ATSIHPs; 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/or will take carriage of.

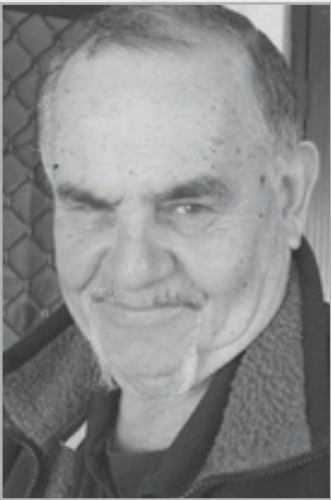
LOCATION	DATE	PARTICIPANTS
Adelaide, SA	13 March 2014	8
Cairns, QLD	2 April 2014	35
Darwin, NT	14 May 2014	17
Perth, WAa	29 May 2014	16
Coffs Harbour, NSW	12 June 2014	18
Total Participants		94

DOING MORE FOR YOU
INTRODUCING OUR CUSTOMER RELATION MANAGEMENT SYSTEM

NATSIHWA has been working to develop a Customer Relation Management System (CRM) that will be accessible through the NATSIHWA website. All members will be given an account, and this will provide a confidential place to store qualifications and professional development details. It will also enable two-way communication between members and NATSIHWA. The CRM will benefit both the membership and secretariat by streamlining the way NATSIHWA communicates

to its members and stores their information. The NATSIHWA Secretariat look forward to interacting closely with our members through the CRM as we continue to advocate and represent on a variety of national matters that lead to greater recognition of our Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners. The launch is imminent.

STORIES FROM OUR MEMBERS



ARTHUR DOUGHTY
ABORIGINAL HEALTH
WORKER, BEGA
GARNBIRRINGU HEALTH
SERVICE, KALGOORLIE,
WESTERN AUSTRALIA

Where did you grow up/ who is your mob?

I grew up in Noongar Country' and my people are the Minderrra people.

What was your journey to becoming an Aboriginal and/or Torres Strait Islander Health Worker?

I was working in the mines in Kalgoorlie and then starting driving the bus for Bega Garnbirringu Health Service. From there I did the Aboriginal Health Worker and started doing a lot of practical work in the clinic, taking blood sugar levels and checking the urine and kidneys. I saw that people were dying like flies and I thought I could help this mob. So I went to Curtin University and studied a science degree in Aboriginal Health specialising in remote health. I did placements in a number of remote clinics before returning to Bega

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 diabetic tests including blood sugars, kidneys, and eye tests with the retinal camera. I work really 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.



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.

June 2014 and July 2013]

NATSIHWA remains concerned that there has only been a 20% increase in registrations nationally since 1 July 2012 and a 12% decrease in NT in the same period. We need to increase the numbers of ATSIHW and ATSIHP if we are to meet the health needs of

our communities and to Close the Gap of health inequality. NATSIHWA will work with jurisdictions, the community controlled health sector and the ATSIHPBA to look at ways of growing pathways and increasing roles for both ATSIHW and ATSIHP over the next 12 months.

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	
Jun '14	2	31	223	35	11	1	8	19	330
Apr '13	1	21	228	31	4	1	7	7	300
Jul '12	2	2	253	6	2	1	3	2	276

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 AHWs 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.

Her qualifications include: Advanced Diploma in Aboriginal &/or Torres Strait Islander Primary Health Care (Practice) and a Certificate IV in Training & Assessment.



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 III in Aboriginal Primary Health Care (VACCHO)
- Diploma of Practice Management (VACCHO)

She was the recipient of a Dental Health Services Victoria Public Oral Healthcare Award in 2011



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 National Indigenous Drug & Alcohol Committee.



JENNIFER KETCHELL
QUEENSLAND

My name is Jennifer Ketchell a Bwgcolman 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. Fulfillment came at a small price; I had to leave home to find work on the mainland in Townsville. With vivid memories of coldhearted and insensitive treatment of Bwgcolman people, my job choices evolved out of my instinctive desire to reach out and care for people. I decided on a career with the Qld 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 Bwgcolman 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 Peninsular Area, she also worked with Qld Health in theatre and A&E.

She is active in supporting and encouraging other health workers to achieve and to gain higher qualifications. Yancy herself has an Advanced Diploma in Primary Health Care,

Cert 1V Workplace Training & Assessing and a Degree in Community Development. In her spare time and coming from a large family of 24 plus extended family she enjoys getting everyone together and going fishing, and teaching kinship and culture to younger family members. She likes to ensure children are involved in sports and healthy activities.



THELMA WESTON
AUSTRALIAN CAPITOL 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 Foundation to study Aboriginal and Torres Strait Islander health graduating with an Advance Certificate and a Diploma and an award for excellence in Diabetes Education Prevention and Control, Medication Certificate School of Pharmacy at Curtin University. The students were fortunate to accompany two doctors one an eye specialist on a Trachoma Survey visiting the communities of Meekatharra, Wiluna, Jigalong, Newman, Laverton and Kalgoorlie

and Certificate in Trachoma Screening.

While a student at Marr Mooditj Thelma was fortunate to be selected to go to the USA and spent time touring the Navajo Lands in New Mexico and Arizona and also toured Alberta Canada. Thelma was employed by Derbarl Yerrigan Aboriginal Health Service and while there worked in many positions as a Senior Health Worker and also as Manager of one of the outer branches of Derbarl Yerrigan. Thelma relocated to Canberra and is now employed by Winnunga Nimmityjah 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 Narrungga 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 as an Aboriginal Health Care Worker and Enrolled Nurse within Aboriginal Community Control sector and Government Health Care systems Teresa demonstrates her proven ability to consult and engage with

communities, gain funding for new initiatives, successfully implement short and long term programs that achieve all identified program and community outcomes.

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



DWAYNE PEARCE
NORTHERN TERRITORY

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

Dwayne commenced his journey as a health worker with Remote Health Alice Spring 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 Aboriginal Health Practitioner research collaborator with Baker IDI. Dwayne has been a Board member since October 2013.

MANAGEMENT & ACCOUNTABILITY

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

FOCUS AREA	OBJECTIVE	OUR OUTCOME AND IMPACT
Awareness of NATSIHWA as a peak body	To increase awareness of NATSIHWA as the peak body for the ATSIHW profession	<p>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%.</p> <p>The 11 external organisations interviewed all understood NATSIHWA’s role and purpose.</p>
Professional support for members	To strengthen the quality and effectiveness of professional support for members	<p>28% of members interviewed developed ‘skills’ as a result of NATSIHWA’s Professional Networking forums.</p>
External stakeholder relationships	To strengthen the effectiveness of our relationships with external stakeholders	<p>External stakeholder interviewed gained the following benefits from working with NATSIHWA:</p> <ul style="list-style-type: none">- 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 <p>‘Friends of NATSIHWA’ grew from 30 at 30 June 2013 to 114 at June 2014.</p>
Advocacy and representation	To strengthen our leadership in advocating on behalf of ATSIHWS	<p>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.</p> <p>Members interviewed who felt they were in a position to rate their satisfaction with NATSIHWA indicated they were either ‘very’ or ‘extremely’ satisfied.</p> <p>Almost every external stakeholder interviewed confirmed that they viewed NATSIHWA as a ‘first port of call’ for matters important to ATSIHW.</p>

OUR TEAM



ZELL DODD
CEO



SENIOR POLICY OFFICER
TRICIA ELARDE



CORPORATE SERVICES MANAGER
HELEN HEWETT



PARTNERSHIPS AND INNOVATION PROJECT OFFICER
CURRENTLY RECRUITING



MEMBERSHIP SUPPORT OFFICER
NIGAL JOHNSON



OFFICE MANAGER
LYNETTE GOODWIN



EXECUTIVE / COMMUNICATIONS ASSISTANT
VACANT (EXTERNAL)

TRAINEE RECEPTIONIST
CONNOR DAVY

NATSIHWA SECRETARIAT

The NATSIHWA Secretariat has worked tirelessly through 2013 – 14 to ensure NATSIHWA remained a strong and effective organisation during the transition of a new leader and a new government.

A WORD ON OUR NEW WEBSITE

We launched our new website on 13 June 2014. The redesign is more user-friendly and more informative for members, employers, and the public. We have seen a consistent increase in the bounce rate since this time.



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



CHRIS SADDLER
ABORIGINAL HEALTH
PRACTITIONER,
WINNUNGA NIMMITYJAH
ABORIGINAL HEALTH
SERVICE, CANBERRA
AUSTRALIAN CAPITAL
TERRITORY

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 blitzed 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 had the opportunity to do a Certificate IV in Primary Healthcare Practice. This was a great opportunity to gain clinical skills.

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 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

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

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.

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

More resources are needed for our people that want to do this. There needs to be more opportunity for career advancement and salary classification, as I think this would encourage more people to take-up the role.

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

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.

SOME MAJOR INITIATIVES THAT WE WILL FOCUS ON IN THE YEAR AHEAD INCLUDE:

- Agreement and national endorsement of a national Scope of Practice
- Progression on the industrial award debate
- Promotion and implementation of the NATSIHWA Caring for Our Mob Cultural Safety Framework nationally and within workplaces
- Mentoring and leadership development
- Development of Career pathways, including school based apprenticeships and Certificate II
- A focus on the male workforce
- Increasing membership towards our goal of 800 members
- Collecting and sharing information on the Aboriginal and Torres Strait Islander Health Worker workforce.
- Continue involvement in national health workforce planning initiatives through the Aboriginal and Torres Strait Islander Health Workforce Working Group, NACCHO and jurisdictional partners
- Promoting scholarships, NATSIHWA bursaries, and other supports to increase access to training
- Working with training and employer partners to increase innovation accessibility and flexibility of Aboriginal and Torres Strait Islander Health Worker training.



NATSIHWA STRATEGIC PLAN 2014/ 2015

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.



LOOKING FORWARD TO 2015 AND BEYOND

WE ASKED THREE JURISDICTIONS ABOUT WHAT THEY ARE DOING TO SUPPORT ATSIHW AND ATSIHP AND WHAT THEY THINK IS NEEDED TO GROW AND SUSTAIN THE PROFESSION.

Thank you for candidly sharing your thoughts:

Robyn Burley, Director, Workforce Planning & Development, Ministry of Health, NSW

Wendy Ah Chin, Executive Director, Office of Aboriginal Health Policy & Engagement, Department of Health, NT

Vickie Dodd, Manager & Cindy Shen, Principal Advisor, Aboriginal Health Workforce Improvement, Department for Health and Ageing, SA



VICKIE DODD



CINDY SHEN

JURISDICTION PERSPECTIVES

What is your organisation currently doing to support the ATSIHW and ATSIHP profession?

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 services (Aboriginal community controlled organisations) to July 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.

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 Australia Rotary Health 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 2.6% 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 speciality 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 ATSIHW 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 will 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. It would be ideal to focus



TREVOR RITCHIE

on developing a national industrial award that includes ongoing funded professional development to support the growth and sustainability of the profession. Lastly we must 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:

Bradley Freeburn	Christine Ingram	Jennifer Ketchell
Jennifer Poelina	Yancy Laifoo	Candy Bartlett (resigned 30/10/2013)
Thelma Weston (appointed 30/10/2013)	Dwayne Pearce (appointed 30/10/2013)	Teresa Onorato (appointed 30/10/2013)
		Clarke Scott Secretary (resigned 30/10/13)

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

Objective1:

Promote public understanding of the definition of a NATSIHW 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.

- Explore the viability of establishing state and territory branches of NATSIHWA.
- Facilitate professional networking among members 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 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		
DIRECTORS	Number eligible to attend	Number attended
Bradley Freeburn	5	4
Christine Ingram	5	5
Jennifer Ketchell	5	5
Jennifer Poelina	5	5
Yancy Laifoo	5	5
Candy Bartlett	3	2
Thelma Weston	2	2
Dwayne Pearce	2	2
Teresa Onorato	2	1

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

Director	Treasurer
Jennifer Poelina	Christine Ingram
Dated: 10th October 2014	


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	Jennifer Poelina
Dated this 10th day of October2014	
Director	Christine Ingram
Dated this 10th day of October2014	



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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.


Liability limited by a
scheme approved under
Professional Standards
Legislation

Major Offices in:
Perth, Sydney, Melbourne,
Adelaide and Canberra
ABN 36 965 185 036

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practises in its own right. The RSM network is not itself a separate legal entity
in any jurisdiction.



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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:

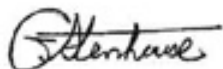
- (i) giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

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.

RSM Bird Cameron Partners


RSM Bird Cameron Partners



G M STENHOUSE
Partner

Canberra, Australian Capital Territory
Dated: 10 October 2014

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AUDITOR'S INDEPENDENCE DECLARATION


As lead auditor for the audit of the financial report of National Aboriginal and Torres Strait Islander Health Workers Association Limited for the year ended 30 June 2014, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

(i) the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and

(ii) any applicable code of professional conduct in relation to the audit.



RSM Bird Cameron Partners



G M STENHOUSE
Partner


Canberra, Australian Capital Territory
Dated: 10 October 2014

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

NATSIHWA FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2014 | 35

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014			
	Note	2014 \$	2013 \$
Revenue	2	1,361,401	1,328,593
Employee benefits expense		(664,250)	(458,435)
Depreciation and amortisation expenses	3	(8,397)	(9,867)
Travel		(171,705)	(218,677)
Consultants		(167,482)	(305,607)
Rent		(44,978)	(52,243)
Membership		-	(83,296)
Accounting		(26,200)	(55,050)
Marketing and media		(41,010)	(11,357)
IT		(25,303)	(13,441)
Subcontractors		(48,571)	(24,566)
Promotions		(35,650)	(11,609)
Other expenses		(127,855)	(84,445)
CURRENT YEAR SURPLUS		-	-
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME		-	-

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2014			
	Note	2014 \$	2013 \$
CURRENT ASSETS			
Cash and cash equivalents	9a	382,818	268,897
Trade and other receivables	5	79,559	43,790
TOTAL CURRENT ASSETS		462,377	312,687
NON-CURRENT ASSETS			
Property, plant and equipment	6	27,949	31,750
TOTAL NON-CURRENT ASSETS		27,949	31,750
TOTAL ASSETS		490,326	344,437
CURRENT LIABILITIES			
Trade and other payables	7	58,900	122,491
Provisions	8	32,478	36,771
Grants in advance		365,945	152,172
TOTAL CURRENT LIABILITIES		457,323	311,434
TOTAL LIABILITIES		457,323	311,434
NET ASSETS		33,003	33,003
EQUITY			
Retained earnings		33,003	33,003
TOTAL EQUITY		33,003	33,003

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		
	Retained Earnings \$	Total \$
Balance at 1 July 2012	33,003	33,003
Surplus from operations	-	-
Balance at 30 June 2013	33,003	33,003
Surplus from operations	-	-
Balance at 30 June 2014	33,003	33,003

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2014			
	Note	2014 \$	2013 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Grants Received		1,321,900	1,114,385
Cultural safety framework		-	109,256
Payments to suppliers and employees		(1,204,893)	(1,157,304)
Interest Received		1,510	462
Net cash (used in) operating activities	9b	118,517	66,799
CASH FLOWS FROM INVESTING ACTIVITIES			
Fixed asset purchases		(4,596)	(1,900)
Net cash (used in) investing activities		(4,596)	(1,900)
CASH FLOWS FROM FINANCING ACTIVITIES			
Net (decrease) in cash held		113,921	64,899
Cash at beginning of year		268,897	203,998
Cash at end of year	9a	382,818	268,897
Cash at end of year	9a	268,897	203,998

The financial statements cover National Aboriginal and Torres Strait Islander Health Workers Association as an individual entity. National Aboriginal and Torres Strait Islander Health Workers Association is a company incorporated under the Corporations Act 2001.

NOTE 1:
STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial statements. These financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the Corporations Act 2001. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the Corporations Act 2001 and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with those of previous years unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise. The amounts presented in the financial statements have been rounded to the nearest dollar.

Going Concern

NATSIHWA operations are funded by the Department of Health (Health) through the execution of funding agreements each year. NATSIHWA has a funding agreement with Health which covers funding of operations from 1 July 2014 to 30 June 2015. At the date of this report the company does not have a funding agreement in place beyond 30 June 2015. In the absence of a new funding agreement in place beyond30 June 2015, there is significant uncertainty whether the company would be able to continue as a going concern.

NATSIHWA is currently negotiating longer term funding with Health and the directors believe there are reasonable grounds to believe that the company will be able to negotiate funding past 30 June 2015.

The financial report does not include any adjustments relating to the amounts or classification of recorded assets or liabilities that might be necessary if the company does not continue as a going concern.

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.

Subsequent costs are included in the asset’s carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised in profit or loss during the financial period in which they are incurred.

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:

CLASS OF FIXED ASSET	DEPRECIATION RATE
Fixtures & Fittings	10-20%
Office Equipment	10-15%
Computer Equipment	10-25%

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 an 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 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 incurrence 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

REF.	TITLE	SUMMARY	APPLICATION DATE (FINANCIAL YEARS BEGINNING)	EXPECTED IMPACT
AASB 9	Financial Instruments	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.	1 January 2015 (Changed to 1 January 2017 by AASB 2013-9C)	Minimal impact
2009-11	Amendments to Australian Accounting Standards arising from AASB 9	Amends AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 and 12 as a result of the issuance of AASB 9.	1 January 2015	Minimal impact
2010-7	Amendments to Australian Accounting Standards arising from AASB 9 (December 2010)	Amends AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127 for amendments to AASB 9 in December 2010	1 January 2015	Minimal impact
2011-7	Amendments to Australian Accounting Standards arising from AASB 10,11,12,127,128	Amends AASB 1,2,3,5,7,9,2009-11,101,107,112,118,121,124,132,133,136,138,139,1023 & 1038 and Interpretations 5,9,16 & 17 as a result of the issuance of AASB 10, 11, 12, 127 and 128	1 January 2014	Minimal impact
2014-1A	Amendments to Australian Accounting Standards	Part A of 2014-1 amends various standards as a result of the annual improvements process	1 July 2014	Minimal impact
2014-1B	Amendments to Australian Accounting Standards	Part B 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.	1 July 2014	Minimal impact
AASB 1031	Materiality	Re-issuance of AASB 1031	1 January 2014	Minimal impact

	2014 \$	2013 \$
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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	1,510	462
Sundry income	1,765	-
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
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NOTE 5: TRADE AND OTHER RECEIVABLES

Trade debtors	-	8,150
GST	38,589	-
Prepayments	24,682	19,354
Bonds	16,288	16,286
	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)
	4,126	4,850
Office equipment – at cost	15,409	15,409
Less accumulated depreciation	(4,498)	(2,357)
	10,911	13,052
Computer equipment – at cost	26,141	21,545
Less accumulated depreciation	(13,229)	(7,697)
	12,912	13,848
	27,949	31,750

a. Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year

	FURNITURE AND FITTINGS \$	OFFICE EQUIPMENT \$	COMPUTER EQUIPMENT \$	TOTAL \$
Balance at the 1 July 2012	11,419	15,568	22,965	49,952
Additions	-	1,900	-	1,900
Transfer to statement of comprehensive income	(5,253)	(2,275)	(2,707)	(10,235)
Depreciation expense	(1,316)	(2,141)	(6,410)	(9,867)
Balance at the 30 June 2013	4,850	13,052	13,848	31,750
Additions	-	-	4,596	4,596
Depreciation expense	(724)	(2,141)	(5,532)	(8,397)
Balance at the 30 June 2014	4,126	10,911	12,912	27,949

	2014 \$	2013 \$
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NOTE 7: TRADE AND OTHER PAYABLES

Trade Creditors	28,458	96,971
Accruals	15,394	9,500
Other Payables	15,048	16,020
	58,900	122,491

NOTE 8: PROVISIONS

Annual Leave	32,478	36,771
	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
	382,818	268,897

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

Surplus:	-	-
Non-cash flows in profit from ordinary activities:		
Depreciation	8,397	9,867
Other non-cash items	-	10,235
Changes in assets and liabilities:		
(Increase)/Decrease in receivables	2,820	(5,195)
Increase/(Decrease) in creditors	(102,081)	100,389
Increase/(Decrease) in Provisions	(4,293)	23,804
Increase/(Decrease) in grants in advance	213,674	(72,301)
Net cash provided by operating activities	118,517	66,799

	2014 \$	2013 \$
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		TOTAL \$
	SALARY & FEES \$	SUPERANNUATION CONTRIBUTIONS \$	
<i>i. Key Management Personnel</i>			
2014	127,007	11,748	138,755
Total compensation	127,007	11,748	138,755
2013	131,050	11,794	142,844
Total compensation	131,050	11,794	142,844

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:

	WEIGHTED AVERAGE EFFECTIVE INTEREST RATE		FLOATING INTEREST RATE		NON-INTEREST BEARING		TOTAL	
	2014 %	2013 %	2014 \$	2013 \$	2014 \$	2013 \$	2014 \$	2013 \$
Financial Assets								
Cash	0.1	0.1	382,318	268,397	500	500	382,818	268,897
Receivables & others	3.6	3.6	16,088	16,086	24,682	27,704	40,970	43,790
Total financial assets			398,406	284,483	25,182	28,204	423,588	312,687
Financial Liabilities								
Payables	-	-	-	-	419,595	311,434	419,595	311,434
Total financial liabilities			-	-	419,595	311,434	419,595	311,434

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 expose it 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.



NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

If you would like to know more about NATSIHWA's activities please visit our website:

www.natsihwa.org.au

1800 200 800

**National Aboriginal and Torres Strait Islander
Health Workers Association Limited**

Suite 2, Level 1, 31-37 Townshend Street

PHILLIP ACT 2606

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