



NATSIHWA

National Aboriginal and Torres Strait
Islander Health Worker Association

**ABORIGINAL AND
TORRES STRAIT
ISLANDER HEALTH
WORKER ASSOCIATION
ANNUAL REPORT 2016**





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Disclaimer: Aboriginal and/or Torres Strait Islander persons are advised that this report may contain images of deceased persons.



WELCOME TO THE 2015–16 ANNUAL REPORT

THE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKER ASSOCIATION (NATSIHWA) IS THE PEAK PROFESSIONAL BODY FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS (ATSIHW) AND ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTITIONERS (ATSIHP) IN AUSTRALIA.



The NATSIHWA logo represents Aboriginal and Torres Strait Islander people coming from all parts of the country to form the association.

It 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.

NATSIHWA promotes, supports and gains recognition for the vital role that our workforce plays in providing professional, effective, culturally respectful and comprehensive primary health services to Aboriginal and Torres Strait Islander individuals, families and communities across Australia. NATSIHWA supports its members across the range of employment settings and specialisations in which they work, assisting in quality practice, standards, learning and growth across the sector.

NATSIHWA acknowledges 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 the privilege to leave our footprints on your country. We would like to acknowledge all 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 also want to acknowledge our developing and future leaders. We hope we can help ensure they have the future they deserve and stay strong.

In this Annual Report we included views of other health professionals that highlight the interface between Aboriginal and Torres Strait Islander Health Workers and Health Practitioners and the value they bring to the health sector. We also note the key projects that have been progressed,

which include:

Regional Professional Development Forums;
National Scope of Practice; Continuing Professional Development (CPD) program; supporting the Enhancement of Career Pathways through VET; the Modern Award; preparations for our next National Conference.

NATSIHWA has focused its effort on keeping members informed and up-to-date with information which is pertinent to them and the health sector. A key avenue for keeping members informed is our weekly electronic newsletter that is available to all members.

NATSIHWA would also like to acknowledge the important work also being undertaken by our partners to support our profession, including the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) and Greater Northern Australia Regional Training Network (GNARTN). We would like to thank our members, ATSIHW, ATSIHP, those in training, colleagues in other health professions, our friends and supporters of NATSIHWA who have contributed to our efforts in 2015–16. A special thank you to those who have shared their stories for this report.

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.

Our Language

Aboriginal and/or Torres Strait Islander Health Practitioner

An Aboriginal and/or Torres Strait Islander Health Worker who has gained a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, and has successfully applied for and been registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

Aboriginal and/or Torres Strait Islander Health Worker

An Aboriginal and/or Torres Strait Islander person who has gained a Certificate III or higher qualification in Aboriginal and/or Torres Strait Islander Primary Health Care from the Aboriginal and/or Torres Strait Islander Primary Health Care training package.

FROM THE CHAIR



Josslyn Tully
Chairperson

IT IS MY PLEASURE TO PRESENT MY FIRST ANNUAL REPORT AS CHAIRPERSON OF THE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKER ASSOCIATION (NATSIHWA). THE RESPONSIBILITIES OF THE BOARD EXTEND TO OVERSEEING THE STRATEGIC DIRECTIONS OF THE ORGANISATION ALONG WITH ENSURING WE MEET THE COMPLIANCE REQUIREMENTS OF OUR ASSOCIATION.

I would like to thank Craig Dukes for his time in the role of NATSIHWA CEO and his achievements during his tenure and to welcome aboard Karl Briscoe who we look forward to working with as Acting CEO. I would like to acknowledge the staff of NATSIHWA who ensured the operations of the organisations continued throughout the year. A special thanks to Dwayne Pearce for his contribution as Chairperson over the past year also and to all NATSIHWA Board members for their support and commitment throughout the year.

Looking back over the past 12 months, what have been NATSIHWA's greatest achievements?

During the past twelve months NATSIHWA has embarked on holding Professional Development Regional Forums throughout the country, recognizing that many of our members find it difficult to access major cities. These forums have proven to be successful and a valuable source of information not only for the participants but also for the NATSIHWA Board and staff members. We thank all of our members and others who made the effort to attend one of the Regional Forums. We will continue to hold Regional Forums, build on and learn from them. I would like to acknowledge the efforts of some key people in NATSIHWA who contributed to the success of the Regional forums, including:

- Professional Development Officer – Charlie Hunter
- Membership Officers – Renae Kilmister
- Senior Administration Officer – Laura Wong

The continuing partnership with the Greater Northern Australia Regional Training Network (GNARTN), has enabled NATSIHWA to provide the “GNARTN tool” so our Full Members can plan and keep up to date records of their CPD points, which need to be maintained for registration purposes under AHPRA. Thanks goes to Dr Scott Davis (Director, GNARTN) who has been instrumental in this work.


We have further developed and consulted on our draft National Scope of Practice. This extensive development and national consultation process (across all jurisdictions) is expected to be completed in coming months. Thank you to everyone for their input, time and effort.

We have continued to increase our number of full members. We now have 718!

Last year we secured three years of funding, to 2018, and this will help us to continue to grow in strength and numbers.

What's NATSIHWA's strategic direction over the next few years?

The NATSIHWA Board has overseen the implementation of our second strategic plan and with it due to expire in 2017 we will shortly be looking to develop our next strategic plan. The Board will be seeking the knowledge and input of members in this process. The finalisation of the Modern Award, like the National Scope of Practice, is a key project that is due to be completed over the next 12 months. NATSIHWA will continue to develop Continuing Professional Development resources and guidance. This is a very important body of work, as is the further roll out of the



Regional Forums. These key projects are vital to strengthening NATSIHWA as a professional organisation, will help us to make progress on the objectives of our strategic plan and build our influence in shaping the health system to better meet the needs of Aboriginal and Torres Strait Islander people.

What's important for the profession?

A key ingredient in any organisation is communication. This involves the Board, NATSIHWA Secretariat and ATSIHWs ATSIHPs on the ground. NATSIHWA continues to maintain a high level of communication with members and key stakeholders. The introduction of a weekly newsletter ensures NATSIHWA is disseminating information to its members and key stakeholders in order to keep them informed of the activities and events from a national perspective.

The continuation of Regional Forums has and will enable ATSIHWs and ATSIHPs access to face-to-face professional development, make strong professional connections and to help build the capacity of our workforce. Conducting face-to-face forums allows information to be shared by members, but also for our members to network as a profession and have greater opportunity for professional development and learning.

NATSIHWA's major role is to represent its members and advocate on behalf of their profession. Our journey to date has seen the strengthening of our relationships with our peer associations such as AIDA, CATSINaM and IAHA. Together we play a crucial role in promoting healthcare that is better suited to the needs of Aboriginal and Torres Strait Islander people. We will continue to grow these relationships and raise the profile of our members in primary healthcare and across the wider health system. We will highlight the direct health care and interface role ATSIHWs and ATSIHPs play in delivering professional health care to Aboriginal and Torres Strait Islander people.

What is the future of NATSIHWA?

NATSIHWA has a vital role in supporting ATSIHWs and ATSIHPs into the future. We are making progress and establishing a strong strategic direction for our organisation, but there is still much to do to support members and help them contribute to achieving health equality. Our priorities, and the opportunities to improve health outcomes, may change over time. We continue to advocate for recognition of our members within the mainstream health services whilst strengthening the ATSIHP role. The National Scope of Practice will assist in highlighting the value add of ATSIHWs and ATSIHPs within the primary healthcare sector nationally and at a state and territory level. As the National Scope of Practice is in the final stages of consultation and once supported by the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) and Health Workforce Principal Committee (HWPC) only then it can be embedded into policy and legislation. We look forward to working with officials and Health Ministers in progressing the National Scope of Practice in 2017.



INTRODUCING NATSIHWA'S CEO



Karl Briscoe

Acting CEO

Karl was appointed as the NATSIHWA Acting CEO in September 2016

**"TO ENSURE
ABORIGINAL AND
TORRES STRAIT
ISLANDER PEOPLE
ENJOY A HEALTHY LIFE
EQUAL TO THAT OF THE
GENERAL POPULATION
THAT IS ENRICHED
BY A STRONG LIVING
CULTURE, DIGNITY AND
JUSTICE."**

What should we know about NATSIHWA's new Acting CEO?

I am a proud Kuku Yalanji man from the Mossman/ Daintree area in Far North Queensland, before I commenced my career in health I began an apprenticeship as a tiler, in which I gained my trade qualification. I have followed in my mother's footsteps into the health arena where I later learnt she was the first Aboriginal Health Assistant which was part of Queensland's Aboriginal Health Program (AHP) led by Dr Musgrave which Musgrave Park in Brisbane is named after. I am the eldest of seven children and we all are one year apart. I am married and have a son.

What has been your professional journey?

I commenced my career in the public service as an Aboriginal Health Worker in 2002 with Queensland Health where I undertook studies in VET and University levels. I then moved within Queensland Health to the policy arena and subsequently took on the role of Executive Director Indigenous Health and Outreach Services for Cape York. More recently I was employed as the Clinical Services Manager at Galambila Aboriginal Health Service in Coffs Harbour.

What is your vision for the profession?

My vision is for the widespread recognition of ATSIHWs and ATSIHPs and the vital role they undertake in the delivery of health services to Aboriginal and Torres Strait Islander people. The anecdotal evidence exists in the way of narratives of the crucial interface ATSIHWs and ATSIHPs provide between the community and health services, ensuring access to quality health care. We need to add to this understanding and build the evidence base to help others identify how effective our members are so they can receive the appropriate level of recognition.

What is your vision for NATSIHWA?

An organisation that is supported by a strong Board, leadership that sets the strategic intent for NATSIHWA whilst ensuring accountability for its development, including the implementation of key projects, into the future: To maintain a robust compliance and accountability framework that enables our organisation to be enriched by healthy governance structures: For NATSIHWA to be a lead organisation that government and non-government bodies access for strategic advice, whilst advocating for the rights of ATSIHWs and ATSIHPs.

How do you think we will get there?

We need to fill vacancies and maintain strong representation on our Board; we need to make sure we have a strong team in the office, with the right staff who have the skills to do their jobs well. A team that is committed to doing their best to support NATSIHWA members who do such an important job improving the health and wellbeing of Aboriginal and Torres Strait Islander people. We need to continue to engage with, listen to and learn from our growing membership base. They have important stories to tell. When those stories are properly heard and understood we will have a better health system. We must continue to work closely with our colleagues in CATSINaM, IAHA, AIDA, NACCHO and the affiliates, as well as other health professionals who recognise Aboriginal and Torres Strait Islander health is a priority. Importantly, we need to be there when decision-makers think about developing or changing policies or services and inform their decisions. We'll collaborate when change is likely to benefit our people and work to argue for alternatives when it is not. The work we'll do, in our core activities and priority projects will be shaped by this approach.



Craig Dukes, NATSIHWA CEO appointed by the NATSIHWA Board July 2015 – May 2016

For most of 2015–16 Mr Craig Dukes held the NATSIHWA CEO position, before moving to take up the CEO role with the Australian Indigenous Doctors' Association (AIDA). Craig is a proud Mara and Jingili man and was raised in Emu Plains, NSW. He was also the inaugural CEO of Indigenous Allied Health Australia (IAHA). Craig shares a vision that many in NATSIHWA have of ensuring ATSIHWs and ATSIHPs are recognised and valued for the crucial role they play in delivering health services to Aboriginal and Torres Strait Islander peoples. Craig brought experience and commitment to the role and we look forward to continuing to work with Craig and our AIDA colleagues in delivering better health for Aboriginal and Torres Strait Islander people. We wish him well.



OUR ORGANISATION

Our Reason for Being

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) is the health professional association and peak body for Aboriginal and Torres Strait Islander Health Workers including Health Practitioners. It was 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' initiatives.

The purpose of NATSIHWA is to promote, support and gain recognition for the vital role that Aboriginal and Torres Strait Islander Health Workers 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 Workers are employed across the Government, the Aboriginal Community Controlled Health and private sectors.

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.

Our Values


Our values are consistent with those passed on to us by our Ancestors:

- Cultural integrity
- Cultural respect
- The importance of connection to community
- Strong leadership
- Resilience and determination
- Honesty and transparency
- Dedication and passion
- Commitment to quality workforce and service delivery.

Our Objectives

NATSIHWA's goal is to achieve recognition of ATSIHWs and ATSIHPs as a vital and valued component of a strong professional Aboriginal and Torres Strait Islander health workforce. We aim to achieve this by:

- Assisting ATSIHWs and ATSIHPs to develop as a workforce and address issues including recruitment, retention, career pathways, support and expansion of the Aboriginal and Torres Strait Islander health workforce;
- Providing direct services and advocacy in representing ATSIHWs and ATSIHPs at peak regional, state and national forums;
- Providing services that enable networking, information sharing, mentoring and support for ATSIHWs and ATSIHPs;
- Contributing to the understanding of accreditation and registration of ATSIHPs 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 ATSIHWs and ATSIHPs to empower Aboriginal and/or Torres Strait Islander communities towards self-determination; and
- Promoting and facilitating cultural safety, respect and responsiveness within the health workplace to protect the cultural integrity of ATSIHWs and ATSIHPs.

A large fire is burning brightly in a metal fire pit. The fire pit is made of corrugated metal and has a decorative floral pattern on its side. The fire is made of dry sticks and branches. In the background, several people are standing, some wearing white shirts with black patterns. The scene is outdoors on a grassy area.

*A strong, credible and viable National Association
that is widely recognised for its cultural and
professional integrity, and commitment to
support and gain recognition for both current and
future generations of Aboriginal and Torres Strait
Islander Health Workers.*

OUR VISION

8 PROFESSIONAL NETWORKING FORUMS

- Brisbane
- Darwin
- Townsville
- Adelaide
- Newcastle
- Thursday Island
- Cairns
- Nhulunbuy

INCREASED
MEMBERSHIP  **38%**
718 FULL MEMBERS
As at 30 June 2016



NEW WEBSITE LAUNCHED

Members can engage and share their stories and experiences



COMMUNICATIONS & PUBLIC RELATIONS STRATEGY DEVELOPED



STRENGTHEN PARTNERSHIPS

With education and training organisations, health professional organisations and government



NATIONAL SCOPE OF PRACTICE FRAMEWORK

Is expected to be endorsed by the NATSIHWA Board and supported by ATSIHWWG in the near future

2015 HIGHLIGHTS

2015-16 HIGHLIGHTS



NATSIHWA'S POLICIES & PROCEDURES
REVIEWED AND UPDATED



**CUSTOMER RELATIONS
MANAGER (CRM)
IMPLEMENTED**

Improved the quality of NATSIHWA information and operating systems and making it easier for members to communicate



**WORKED WITH
PEAK BODIES**

Advocating for commitment to improve Aboriginal and Torres Strait Islander peoples' health and opportunities



**NATSIHWA + ATSIHPB
IDENTIFIED & ADDRESSED ISSUES**

Regarding the availability of Approved Programs of Study for the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, required to register as an ATSIHP with AHPRA

**ACCREDITED RTO
CERTIFICATE IV**

NATSIHWA has committed to work with ATSIHPB, government and other stakeholders to increase the access and availability of accredited courses of study beyond the 5 accredited RTOs in 2015-16



**NATSIHWA
CONSTITUTION
REVIEWED & UPDATED**

OUR MEMBERS

NATSIHWA'S MEMBERSHIP CONTINUES TO GROW AND AS IT DOES SO WILL ACCESS TO HEALTH CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE. IN MORE THAN ONE WAY, WE HAVE STRENGTH IN NUMBERS.

During 2015–16 NATSIHWA grew by 38 per cent to 1,389 members in total at 30 June 2016.

This continues the strong growth we had in 2014–15 – when the total number of NATSIHWA members increased by 63 per cent. NATSIHWA now has more than three times the total number of members we had only three years ago, in June 2013 (429).

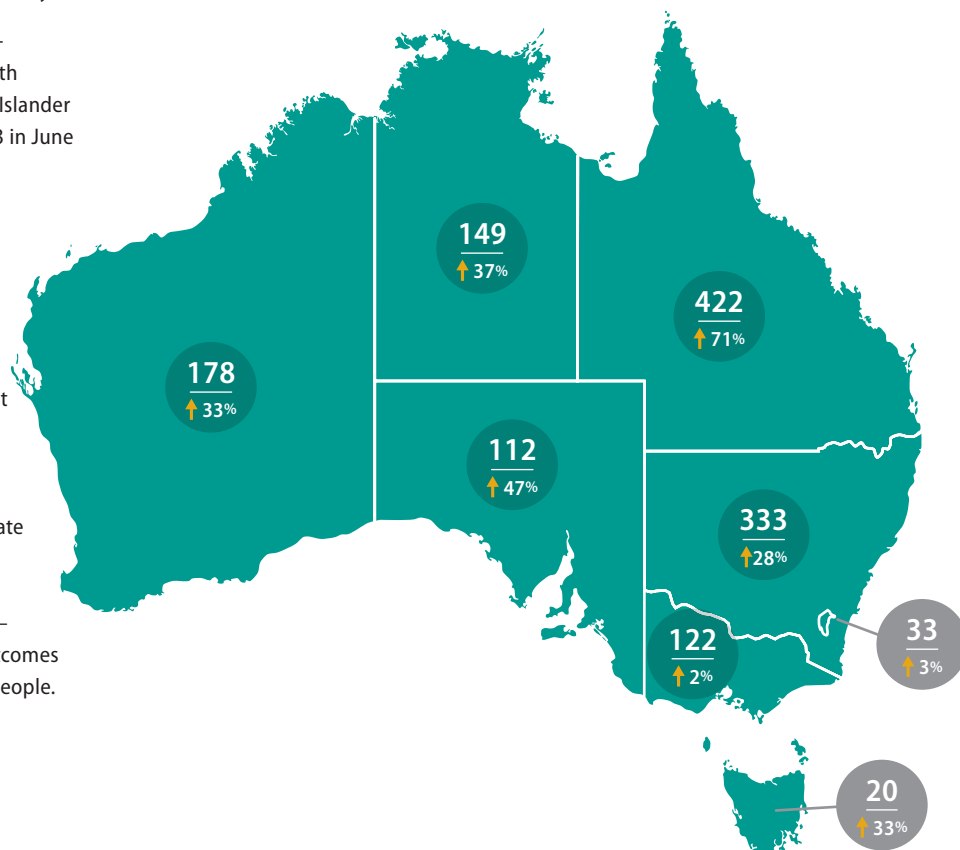
We are seeing growth in all membership categories and across every State and Territory.

The number of NATSIHWA Full Members - Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners – increased from 573 in June 2015 to 718 in June 2016.

One of NATSIHWA's goals is have 800 full members by 2017. We are well on the way to reaching this goal.

Our other members – Associates (including students) and Friends are also growing strongly. They are important members of NATSIHWA. Some are future Full Members, others are health professionals, organisations or individual community members. They all demonstrate that they value and support the practical difference NATSIHWA's Full Members – Health Workers and Health Practitioners – make in improving health access and outcomes for Aboriginal and Torres Strait Islander people.

DISTRIBUTION OF TOTAL MEMBERS AND INCREASE FROM 30 JUNE 2015



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.

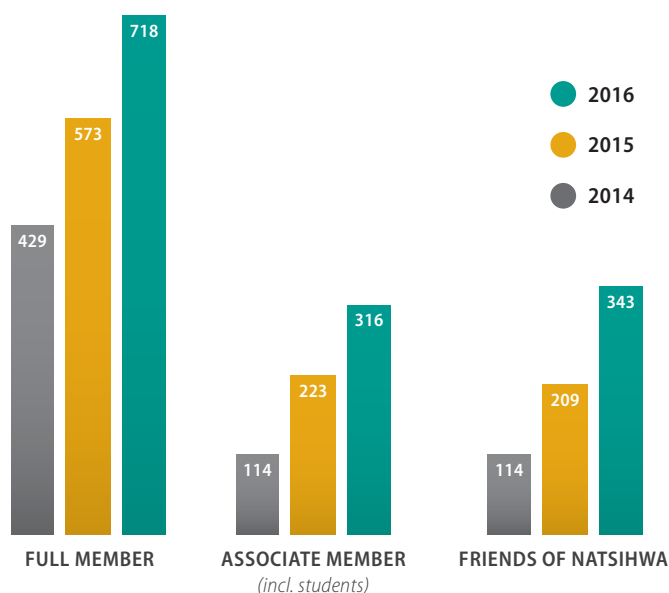
ASSOCIATE MEMBERS

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.

GROWTH IN NATSIHWA MEMBERSHIPS ACROSS ALL CATEGORIES



Dual membership

NATSIHWA celebrates the mix of workforce backgrounds in our membership.

As well as nurturing the ATSIHW and ATSIHP workforce as a profession, NATSIHWA recognises that for health workers this profession is also a pathway into other occupations. Therefore, NATSIHWA acknowledge those Aboriginal and/or Torres Strait Islander allied health professionals, doctors, nurses and midwives who commenced their role in the health workforce by starting out as an ATSIHW and or ATSIHP.

Dual membership with NATSIHWA and other professional bodies such as Indigenous Allied Health Australia, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, or the Australian Indigenous Doctors Association is warmly welcomed. Dual membership is a simple process of submitting an (amended) membership application, which goes before the NATSIHWA Board for approval.

PROFESSIONAL NETWORKING FORUMS

IN 2015–16 NATSIHWA CONTINUED TO BUILD ON THE PROGRAM OF FORUMS TO REACH AND OFFER PROFESSIONAL SUPPORT TO OUR MEMBERS ACROSS AUSTRALIA, INCLUDING TO REGIONAL AND REMOTE AREAS. IN 2015–16 NATSIHWA HELD EIGHT FORUMS.

Forums are proving valuable not only for members to access professional networking and development opportunities, but also for NATSIHWA staff and the Board to stay in touch with what matters most to members and how we can work to make headway on those issues. NATSIHWA is committed to continuing to hold forums around Australia and is looking to further increase the number and spread of forums in 2016–17 and beyond.

During 2015–16 NATSIHWA held forums in:

- | | |
|-----------------------------------|-----------------------------------|
| • Brisbane
16–17 July 2015 | • Adelaide
6–7 April 2016 |
| • Townsville
11–12 August 2015 | • Thursday Island
4–6 May 2016 |
| • Newcastle
8–9 September 2015 | • Cairns
9–11 May 2016 |
| • Darwin
7–8 October 2015 | • Nhulunbuy
21–23 June 2016 |

These events offered the opportunity for ATSIHWA and ATSIHPs to yarn about their work, the workforce and workplace issues and opportunities. The forums also provides development in training and education in various areas of health care such as palliative care, heart disease, diabetes, cancer and chronic disease.



Key issues for our members

NATSIHWA listened to the key issues for members. Collectively some of the most common issues were:

- Accessing accredited CPD and CPD points
- Information regarding the National Scope of Practice and where things are up to
- Workforce planning, where we fit and the need to improve understanding about the role and value of ATSIHWs and ATSIHPs – locally and where we are heading as a profession at the national level
- The importance of nationally accredited cultural awareness training
- Beliefs and values as a central element of care
- Social and emotional well-being and understanding and helping the need to deal with the social determinants of health
- Clarifying the registration process with AHPRA, including how to obtain registration, finding training providers that offer the upgrade to Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care
- Increasing the availability of approved Programs of Study for the Cert IV, and dealing with RTOs who have not accredited courses with the Aboriginal and Torres Strait Islander Health Practice Board (ATSIHPB)
- Clarifying issues around the use of MBS items
- Keeping everyone informed more regularly and knowing about the progress NATSIHWA is making
- Clarifying what is happening with the Modern Award
- Building trust with members and the future of NATSIHWA
- Positive feedback about the forums as being an enjoyable way of networking and engaging with colleagues and a good way to gain knowledge and perspectives.


NATSIHWA has been working to address these issues through our priority projects and activities identified elsewhere in the Annual Report.



MEASURING OUR PERFORMANCE

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 launched in 2012. NATSIHWA's current Strategic Plan 2014 – 2017 is guided by these recommendations and aligned with government priorities. The 2014 – 2017 Strategic Plan is structured around five areas and sets nine impact indicators. This is our second year of reporting against this plan.

AREA	IMPACT INDICATOR/S	PROGRESS IN 2015–16
1. Reputation of NATSIHWA as a national peak body	<p>1.1. All relevant stakeholders respect NATSIHWA's role and hold a positive opinion about the nature and effectiveness of its work</p> <p>1.2. The number of NATSIHWA members exceeds 800 by 2017</p>	<p>NATSIHWA continued to engage constructively with relevant government and professional stakeholder bodies, including other national peaks.</p> <p>Our membership grew by 38% in 2015–16. At 30 June 2016, there were 1389 members in total, with:</p> <ul style="list-style-type: none"> • 718 Full Members • 316 Associate Members • 343 Friends of NATSIHWA.
2. Reputation of NATSIHWA professional support for members	<p>2.1. NATSIHWA members report that professional information provided by NATSIHWA:</p> <ul style="list-style-type: none"> • reflects their professional needs and expectations • is not easily available through other sources <p>2.2. NATSIHWA members report that professional networking provided by NATSIHWA:</p> <ul style="list-style-type: none"> • reflects their professional needs and expectations • contributes to their skill development • is not easily available through other sources 	<p>Professional development and networking forums were held across the country and were well attended and received. The forums help identify issues of importance to members, facilitate their professional networks and enable NATSIHWA to respond and develop trust. Feedback from forums is frank and generally positive. The reputation and value of NATSIHWA to the profession is best reflected in growing membership numbers, interest in events and subscription to the NATSIHWA newsletter.</p>
3. Workforce expansion and development	<p>3.1. NATSIHWA members report that professional development opportunities promoted or provided by NATSIHWA:</p> <ul style="list-style-type: none"> • contribute to their skill development • support them in developing specialisations and/or facilitate their career pathways • are not easily available through other sources <p>3.2. There is evidence that NATSIHWA initiatives contribute to improved recruitment and retention of Aboriginal and Torres Strait Islander Australians within the ATSIHW and ATSIHP workforce</p>	<ul style="list-style-type: none"> • NATSIHWA member numbers continue to increase strongly, as do the number of ATSI Health Practitioners registered with the Aboriginal and Torres Strait Islander Health Practice Board (ATSIHPB). • Engagement with NATSIHWA communications tools, such as the new NATSIHWA website and social media have been well received. • NATSIHWA is working to improve access to CPD, building on the of launch the final CPD Framework and Program at the national symposium in Adelaide in June 2015 • NATSIHWA continues to develop the National Scope of Practice framework, is progressing work on the Modern Award, working with members and the Aboriginal and Torres Strait Islander Health Practice Board to address concerns about RTO accreditation.



AREA	IMPACT INDICATOR/S	PROGRESS IN 2015–16
4. External stakeholder relationships	<p>4.1. Relationships and partnerships with external stakeholders result in meaningful outcomes for NATSIHWA and ATSIHWs and ATSIHPs that address priority issues</p> <p>4.2. There is a steady increase in the number and type of collaborative projects with external stakeholders that reflect NATSIHWA priorities</p>	<ul style="list-style-type: none"> NATSIHWA continued to lead a Steering Group with representatives from all jurisdictions, both state health and ACCH sectors, to oversee development of the National Scope of Practice Framework NATSIHWA engages with many national health organisations focusing on training, education, partnerships and other support for members, including with (by way of example only) the Lowitja Institute, the RACGP, Australian Diabetes Education Australia, the Program of Excellence in the Palliative Approach (PEPA), GNARTN, HealthInfoNet. NATSIHWA is an active member of ATSIHWWG, the Closing the Gap Committee, the National Health Leadership Forum, the National Rural Health Alliance and a panel member of the Puggy Hunter Memorial Scholarship Scheme. NATSIHWA has constructive working relationships with AIDA, CATSINaM, IAHA and NACCHO.
5. Representation and promotion of workforce needs	<p>5.1. NATSIHWA policy positions and priorities are clearly reflected in national and jurisdictional policy development and decision-making processes that impact on the ATSIHW and ATSIHP workforce</p>	<ul style="list-style-type: none"> NATSIHWA is an active member of ATSIHWWG and contributes to other policy setting agendas nationally as well as through regional engagement, such as forums, where members can highlight issues that affect them locally and draw on the knowledge and expertise of colleagues. NATSIHWA has a constructive relationship with the ATSIHPB and participates in consultative forums such as the Australian Health Practitioner Regulation Agency (AHPRA) Professions Reference Group. NATSIHWA continues to work on issues of direct relevance to members, including the development of a national consultation on the scope of practice for ATSIHWs and ATSIHPs, progressing work on the Modern Award and working to improve access to quality, accredited and accessible CPD.

NATIONAL SCOPE OF PRACTICE FRAMEWORK

OVER RECENT YEARS, NATSIHWA HAS TAKEN LEADERSHIP IN DEVELOPING A NATIONAL SCOPE OF PRACTICE.

With work commencing in April 2014, a Steering Committee comprised of representatives from state health departments and Aboriginal Community Controlled Health Organisations (ACCHO) oversaw a substantial consultation process across jurisdictions. The resulting National Scope of Practice was taken to the NATSIHWA national symposium in Adelaide in June 2015. Members and the NATSIHWA Board endorsed the National Scope of Practice, however further work has been required to ensure the commitment of all key stakeholders in the process.

While NATSIHWA has led the development of the National Scope of Practice initiative, it is crucial that we have the input, endorsement and committed support of those who will need to play a significant role in its implementation. This includes the Commonwealth Government, state and territory governments, the ACCHO sector and Primary Health Networks.

Further work has been done over 2015–16 consulting and refining the National Scope of Practice. Final input and comment is being sought ahead of finalising the document. Following incorporation of feedback and the final agreement of the NATSIHWA Board, the National Scope of Practice will be provided to the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) – an official committee that reports to Health Ministers under the Council of Australian Governments (COAG).

While progress has been hard fought at times, this is important work and must continue. A national agreement on the ATSIHW and ATSIHP workforce scope of practice will have multiple benefits for workers, employers, funding bodies and workforce planners. Some of the benefits of a National Scope of Practice include:

- Assisting workforce mobility, that is having the choice to move between states in line with other health professionals;
- Employers will have a clear understanding of the full range of skills of their ATSIHW and ATSIHP workforce, and be better informed to deploy this workforce effectively. This has the potential to offer greater job satisfaction and encourage retention of the workforce;
- It is envisaged that funding bodies will fund organisations appropriately for the roles that need to be undertaken by suitable staff. Workforce planners will have a clearer idea about which workforce groups are needed in which locations, based on their range of skills/abilities and what is needed in particular services and locations; and
- Harmonisation of the workforce. This term has recently emerged in discussions about the health workforce in Australia, although it is borrowed from other sectors. It is defined as “actions or processes that through matching and blending bring about agreement, reconciliation or standardisation”.



The lack of nationally consistent scope of practice for ATSIHWs and ATSIHPs has been a high concern for members over the years. There are marked differences in scopes of practice (where they exist), job descriptions and interpretations of job descriptions in each jurisdiction, and between the different sectors of Aboriginal Community Controlled Health Services (ACCHS), government-run primary health services and Primary Health Networks (previously Medicare Locals). Having a clear and agreed framework for a National Scope of Practice will greatly assist in understanding and fully utilising ATSIHW and ATSIHP skills and knowledge, as well as increasing their professional recognition and encouraging effective inter-professional relationships. A key finding in the *Growing Our Future* report was that ATSIHWs were not able to work to their full scope of practice. The National Scope of Practice will break this nexus. It will also assist with the ongoing efforts to achieve equitable and better remuneration, and work conditions, and increase the capacity and retention of the ATSIHW and ATSIHP workforce.

NATSIHWA recognises that implementing the National Scope of Practice will involve challenges. However developing a framework is a starting point and NATSIHWA will continue to progress matters toward agreement, endorsement by key stakeholders and implementation during 2016–17 and beyond. We look forward to reporting further progress to members during 2016–17.

AN UPDATE ON NATIONAL REGISTRATION

EACH OF THE 14 HEALTH PROFESSIONS INCLUDED IN THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME HAS A HEALTH-MINISTER-APPOINTED NATIONAL BOARD MADE UP OF PRACTITIONER MEMBERS AND COMMUNITY MEMBERS.

The primary role of the National Board is to protect the public through regulating Aboriginal and Torres Strait Islander health practitioners.

The functions of the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) include:

- registering Aboriginal and Torres Strait Islander Health Practitioners and students
- developing standards, codes and guidelines for the Aboriginal and Torres Strait Islander health practice profession
- handling notifications, complaints, investigations and disciplinary hearings, and
- approving accreditation standards and accredited courses of study.

The ATSIHPBA and NATSIHWA have a good working relationship, which we look forward to building on to strengthen the capacity and supports available to help increase and ensure the skills of our workforce.

Current registration figures

The Board collects and analyses data about Aboriginal and Torres Strait Islander Health Practitioner registrations and shares this

information each quarter. This includes a break down by state and territory.

Table 1 shows that by the end of March 2016 there were 570 registered Aboriginal and Torres Strait Islander Health Practitioners in Australia.

The largest number of registered Aboriginal and Torres Strait Islander Health Practitioners are in the Northern Territory, with 208 registrants nominating the NT as their principal place of practice (PPP). This represents just over 36 per cent of the registered profession. There has been strong growth in registrations over the past year with major growth in NSW, Queensland, Western Australia and South Australia in particular, where registration numbers more than doubled.

Nationally, 76 per cent of registered ATSIHPs are women and 24 per cent are men.

More information on the ATSIHPBA, including news and information about registration, accreditation, CPD requirements, consultation processes relating to issues that affect Aboriginal and Torres Strait Islander Health Practitioners, Approved Programs of Study and more can be found at the Board's webpage www.ahpra.gov.au.

TABLE 1. REGISTERED ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTITIONERS IN AUSTRALIA

STATE	REGISTERED PRACTITIONERS
ACT	4
NSW	103
NT	208
QLD	94
SA	51
TAS	3
VIC	10
WA	97
TOTAL	570

A reminder that the Grandparenting Standard has expired

As noted in our 2014–15 Annual Report, the arrangements that allowed some ATSIHWs to become registered ATSIHPs under the National Registration and Accreditation Scheme, Grandparenting Standards expired on 1 July 2015. This means the only way to become registered is to meet the Board's registration standards, which includes holding a qualification from an approved program of study. Approved programs of study are published on the Board's website at www.ahpra.gov.au/Education.

CONTINUING PROFESSIONAL DEVELOPMENT

UNDER NATIONAL LAW, ALL REGISTERED ATSIHPS MUST UNDERTAKE CONTINUING PROFESSIONAL DEVELOPMENT (CPD) AS A CONDITION OF REGISTRATION.

CPD is a mandatory requirement for registered ATSIHPS. While CPD is not a mandatory requirement for ATSIHWs, CPD is a way in which all health professionals can maintain and develop their knowledge, skills and competence (or clinical practice) to achieve improved health outcomes for the community. Supporting both ATSIHWs and ATSIHPS to access relevant CPD is a central task of NATSIHWA.

CPD is important. However, we recognise that it can often be difficult for members to access appropriate CPD. We understand that CPD is a priority for the Australian Health Practitioner Regulation Agency (AHPRA) and the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) and will be a focus of their work in coming years. NATSIHWA will work with the ATSIHPBA and members to help ensure CPD requirements are clear and to help improve access to quality CPD opportunities.

There are tools available to members to assist in planning and recording CPD. NATSIHWA commenced developing a CPD program in 2014–15 to encompass all relevant areas for the ATSIHPS and ATSIHWs workforce. That work continues, including investigating use of the NATSIHWA CRM online portal for members to access CPD materials, track their CPD, and upload CPD learning plans and documentation related to CPD activities. The NATSIHWA CPD program and training is only available to full members of NATSIHWA.

In 2014 the Greater Northern Australia Regional Training Network (GNARTN) in partnership with NATSIHWA and a range of government and non-government organisations across Northern Australia worked collectively to develop a suite of resources to support organisations and individuals (ATSIHWs and ATSIHPS) to develop a culture of CPD within their work practice, and tools to support individuals plan and record CPD undertaken.

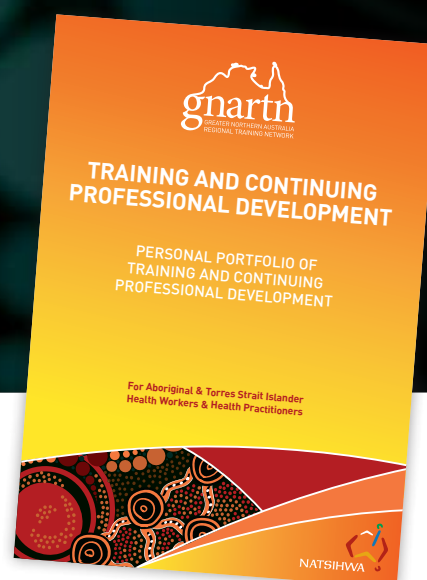
Two key products have been developed:

Product 1: Self Directed **Personal Portfolio** for Training and CPD, currently available on thumb drive but the future plan is to integrate this into the portal.

Product 2: Training and CPD **Group Training Package** – designed as a 1 day workshop based on the Personal Portfolio. This is designed to assist registered training organisations to develop and deliver CPD courses and workshops.

To obtain the CPD program self-directed portfolio, please contact the NATSIHWA Professional Development Officer at pdo@natsihwa.org.au or go to the GNARTN publications page at: www.gnartn.org.au

The Training and CPD Group Training Package is available for purchase: please contact admin@natsihwa.org.au



GNARTN is a cross-jurisdiction network that has been established to address a range of clinical workforce issues and clinical education and training needs in rural and remote regions of northern Australia across Western Australia, Northern Territory and Queensland. A key objective of the GNARTN is to enable better coordination, communication, collaboration and consistency of clinical training and placement activity across the greater northern Australia area.

NATIONAL CONFERENCE

NATSIHWA PLANS TO HOLD A NATIONAL CONFERENCE EVERY TWO YEARS.



The 2014 NATSIHWA National Conference

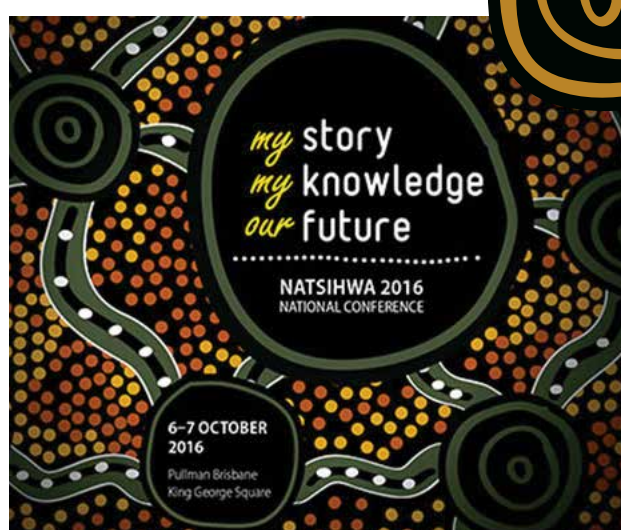
Our last NATSIHWA National Conference took place in Canberra on 30 and 31 October 2014. The theme was:

"Where to from here? - the future of the Aboriginal and Torres Strait Islander workforce"

It was the first dedicated conference for ATSIHWs and ATSIHPs for over ten years, and provided both professional development opportunities and an opportunity to network with peers. The conference offered seven plenary sessions with 35 individual speakers (including presentations and panels), two workshop sessions with 10 speakers, and three concurrent sessions with 22 speakers.

The conference evaluation feedback was very positive, with a strong desire for future national conferences to occur for the professions. A 'gathering wisdom team' brought together key messages through speaker presentations, participant questions and comments, and workshop discussion. The key messages fell into five categories:

1. Valuing the ATSIHW and ATSIHP profession
2. Australian Government commitments
3. Recognition and harmonisation of the workforce
4. Recruitment and retention in study and workplace
5. We need to achieve critical mass in our workforce



The 2016 NATSIHWA National Conference

The next NATSIHWA National Conference is being held in Brisbane on 6 and 7 October 2016. The conference will be the largest event dedicated to Aboriginal and Torres Strait Islander health workers and health practitioners nationally.

The theme will be:

"My story, my knowledge, our future"

my story – health workers and health practitioners sharing their stories about why they came into this profession, what they do in their professional capacity and what inspires them.

my knowledge – being able to gain new knowledge and passing knowledge onto others by sharing and networking.

our future – using stories and knowledge to shape their future and the future of their communities.

The 2016 National Conference will bring together a large contingent of health workers and health practitioners from across the country. We look forward to a productive and enjoyable event.

NATSIHWA LEGENDS

At each NATSIHWA Conference we showcase and celebrate the people and organisations that contribute to the development of the profession and the delivery of primary health care to Aboriginal and Torres Strait Islander communities. These are our legends.

Our Conference is held every two years. Our most recent Conference was held in Canberra on the 29th and 30th of October 2014. As we reported in our 2014–15 Annual Report it is important to celebrate our champions. As a reminder, our 2014 winners are shown here.

Our next national Conference will be held in Brisbane on the 6th and 7th of October. It is never easy to pick which legends to showcase and celebrate but we look forward to announcing them in October 2016 and reporting on our 2016 Legends in our 2016–17 Annual Report.

NATSIHWA Legend

ATSIHWs and ATSIHPs who have been around a while and lead the way in caring for their people.



2014 WINNER
James Brockman

NATSIHWA Young Warrior

The future Legends... Young ATSIHWs and ATSIHPs who have passion, enthusiasm and a commitment to make a difference!



2014 WINNER
Kale Moore

NATSIHWA Individual Champion

Any person who has been influential in the development and support of the ATSIHW and ATSIHP profession.



2014 winner
Peter Pangquee

NATSIHWA Health Service Legend

Health services that provide a positive, safe and supportive work environment for their ATSIHWs and ATSIHPs to be able to provide exceptional primary health care to their communities.



2014 winner
Aboriginal Medical Service Alliance Northern Territory (AMSANT)

COMMUNICATIONS AND WEBSITE UPDATE

NATSIHWA has made improving communication with members a high priority in 2015–16. During the year NATSIHWA developed its *2015–16 Communications and Public Relations Strategy and Action Plan*. The Plan is being reviewed and will be updated to ensure we keep effective communication with members and other key stakeholders at the core of what we do. As NATSIHWA reviews and refines the *Communications and Public Relations Strategy and Action Plan* in 2016–17 we will be taken directed by the following:

Guiding principles for communications and public relations

- ATSIHWs and ATSIHPs have a right to provide input into decisions or actions that affect them – a ground-up approach to policy and project development and implementation;
- Aboriginal cultural integrity is fostered and maintained through participation, contribution and collaboration;
- Communication is authentic, consistent, integrated, transparent and safe;

- Messages have meaning to the target audiences;
- Images and language is context appropriate and won't be offensive or inappropriate to the audience;
- Act promptly to address any negative messages in a professional manner.

Over-arching communications and public relations objectives

- Build the reputation of NATSIHWA as the national health association for the Aboriginal and Torres Strait Islander Health Worker workforce profession;
- Promote public understanding of the role and responsibilities of NATSIHWA as the national health association, and the ATSIHW workforce who we support;
- Strengthen external stakeholder relations and partnerships and their alignment with NATSIHWA priorities;
- Influence national and jurisdictional policy development and decision-making that impacts on the Aboriginal and Torres Strait Islander Health Worker workforce.

NATSIHWA Newsletter

We have increased the frequency of the electronic newsletter provided to members and other stakeholders. It is now issued weekly on Fridays. At the end of June 2016 the newsletter had more than 1,150 subscribers, and growing.

Social media

NATSIHWAs social media presence is growing, through both Facebook and Twitter. Our Facebook page is receiving an increasing number of hits and “likes” increased from 43 at the end of March 2016 to almost 190 by the end of June 2016.

There are links to our Facebook page on the NATSIHWA website and in our newsletters. NATSIHWAs Twitter feeds are also picking up followers, increasing from 27 in February 2016 to 83 in May 2016 and growing.

During 2016–17 NATSIHWA will be looking to make the website a more valuable resource to members.

New NATSIHWA website

On 6 May 2016 we launched the new NATSIHWA website. The new website, reflecting feedback from Members at Forums and elsewhere, is fresher, easier to navigate and includes images and video content that is more engaging for our members. It is designed to inform and support as well as promote the work ATSIHWs and ATSIHPs do in delivering better health outcomes for Aboriginal and Torres Strait Islander people.

The launch of the new website means members can join online, download printable forms and have access to

NATSIHWA publications and other valuable resources. Together with the introduction of NATSIHWAs new Customer Relationship Management (CRM) system, the website has helped to speed up membership processing – an improvement suggested by members during Forums held in 2015. NATSIHWA membership processing has been brought up-to-date and membership applications are now being processed more quickly, with the CRM and website enabling quicker and more reliable communication with individual members. A practical demonstration of the value



of the CRM is, for example, during Forums, attendees are able to check their membership status, update their details on the spot and sign up for the NATSIHWA newsletter.

BOARD MEMBER PROFILE



Thelma Weston
Board Director, ACT

Aunty Thelma Weston pictured with the NAIDOC Award she received in 2015 from ACT Health

"JUST GET ON WITH IT!"

Thelma completed 2 years Nursing Training at Royal Brisbane Hospital before spending 2 years in the Army Nursing Corps. After completing a number of courses including a Diploma in Aboriginal Torres Strait Islander Health at Marr Mooditj Foundation in Perth, Thelma spent 15 years working in the Aged Care sector. Thelma has also received an Award for Excellence in the Diabetes Education, Prevention and Control Program, completed her Certificate in Maternal Health with Marr Mooditj Foundation and Medication Certificate School of Pharmacy at Curtin University. In 2015, Thelma received a NAIDOC Award.

A mother, grandmother, and great grandmother Thelma still finds time to work at Winnunga Nimmityjah Aboriginal Health Service.

Thelma has been the ACT representative on the Board of NATSIHWA since October 2013.

What should we know about you?

I was born on the Island of Mer in the Torres Strait. The family were evacuated because of the threat of invasion by the Japanese Army. We sailed from Mer on the lugger, the "Pearl", captained by my father. My mother, sister, brother and I disembarked in Cairns and our father, with his crew, sailed down the east coast of Queensland to Brisbane. Mother and my siblings and I came by train to Brisbane. The family lived on the "Pearl" at Bulimba on the Brisbane River. It was really dangerous as the American patrol boats would be on the river and there was a blackout after dark.

The family lived on the "Pearl" until we found a house to rent and my brother and I were enrolled at the Breakfast Creek School. Our sister got work as a domestic. My brother and I could not speak English so we would have to attend elocution lessons.

Tell us about your professional journey?

I started making party hats, baskets etc. When I was 15 years old I got a job in a laundry and attended night classes to learn shorthand and typing.

When I was 17 years old I applied to the Brisbane General Hospital to train as a nurse. I was two years into my training when my mother got ill and I had to resign to look after Mum and my four younger brothers. It was six months before Mum got well again.

After that I had to look for work so I joined the Army Nursing Corps. I met my future husband in the Army and got married and moved to Perth. We raised five children and I went back to nursing and did night duty while my children were at school.

In 1994 I decided to apply to do Aboriginal and Torres Strait Islander Health studies. After graduating with an Advanced Certificate and a Diploma in Aboriginal and Torres Strait Islander Health I was employed by Derbarl Yerrigan Health. When my husband and I retired we relocated to Canberra in 2004. My husband passed away five years ago and we were married for 54 years.

I was employed by Winnunga in 2007 and I am the Admin Receptionist and manage the needle exchange program.

Describe your role on the Board of NATSIHWA

My main role on the Board is to represent the interests of members. That is why we are here.

Why is your role on the Board important?

To make sure our governance and the organisation is strong. We need to make sure we support the work of our members, and report to them. We need to make sure we have meaningful Strategic and Business Plans and that NATSIHWA puts effort where it counts.

What have you got planned over the coming year?

To continue to work on the NATSIHWA Board and to help shape our next Strategic Plan.

PERSPECTIVES ON THE VALUE OF OUR PROFESSION

We know that ATSIHWs and ATSIHPs play a crucial role in delivering health care to individuals, families and communities. Our roles are often complex, providing care directly, linking people to services and supporting them to stay connected, working with other professionals to help them deliver the best, most appropriate care they can. Our members are about caring for the person, and so are many of our colleagues in the field. We asked some of your colleagues – people who work with and see the impact of ATSIHWs and ATSIHPs on the ground - what they thought about the value of the profession. Thank you to Dr Victor Pillay, Shona Lynch and Matthew West for sharing your thoughts.

The value of Aboriginal Health Workers/Practitioners and how they assist you in your role as a GP in addressing the Health needs of Aboriginal People.

The health needs of Aboriginal people is a complex dynamic that cannot be enumerated in a linear thread. It is a fabric woven together by history, loss of land and traditional hunting grounds, cultural imperatives and cultural shock, poverty and poor nutrition, restricted mobility and access to traditional food, introduced illness and disease, adaptation to changing lifestyles, language and communication and the intrusion and manifest dominance of western scientific medicine. In remote communities in Australia, folklore and traditional medicine are still operative, due to immense trust in a system that has supported the original inhabitants in the harshest and most austere of environments over 60,000 years, as opposed to the narrative of introduced disease and the conspicuous presence of visiting health workers sent to fix the problem.

The gulf between traditional and western medicine is amplified by “outsiders”, as represented by non-Aboriginal doctors, nurses and allied health practitioners who will have a diverse range of motives for being in traditional Aboriginal lands. No doubt excellent care is provided by all these health professionals, but there is a near universal lack of understanding of the “shock” that Aboriginal communities have felt since the arrival of colonial settlers. The prevailing tendency is to blame Aboriginal people for their neglect and lack of acceptance of modern medical care.

This is where the need for Aboriginal health workers is paramount.

1. Overwhelmingly, a sense of belonging is the strongest pillar of trust. Belonging comes from a range of factors
2. Identifying and understanding the paradigm that is the fabric of the community
3. Having respect for the cultural wealth that the community possesses
4. Sharing the struggle and economic disadvantage of the community
5. Mutually understanding the shock and trauma that the community has endured
6. Having culturally appropriate sensitivity and awareness
7. Living within the community as opposed to visiting on schedule
8. Talking the same language or dialect as the community

My experience as a GP working in Aboriginal communities has allowed me insight into the role of Aboriginal Health Workers. I have always relied on the advice and guidance of AHWs where necessary prior to an interaction with ailing Aboriginal persons of all ages. For all the reasons discussed earlier, AHWs have insights, understanding and awareness of a dimension that visiting health professionals will find it hard to attain. Some exceptional AHWs get to know every member of a community, and also get to know details of the background when a particular member of the community falls ill or gets injured.



Dr Victor Pillay, Principal GP at Galambila Aboriginal Health Service, Coffs Harbour, NSW

Hence I believe that committed AHWs are the most valuable resource in health care and delivery. They ought to be the face and heart of the medical system, and there should be an ongoing and intensive programme of encouraging and generating AHWs.

Much of the current infrastructure and administration cost in providing health care to Aboriginal people will then be diverted to the prevention of illness and disease. Community involvement, education and engagement by embedded AHWs who “belong” will be parallel to health care provided by outside or visiting health professionals.

PERSPECTIVES ON THE VALUE OF OUR PROFESSION *(continued)*



Shona Lynch – Registered Nurse and Nurse Practitioner

I am a Registered Nurse and Nurse Practitioner. I have worked for Torres and Cape Hospital and Health Service for the past ten years. My role originally started in the Torres Strait Islands where I worked with an Indigenous Health Worker, Laura Seru.

We provided outreach clinical care to people on Thursday Island and the outer islands of the Torres Strait. Laura had family ties throughout the islands and had lived in many of the communities where we worked. Laura had developed lasting relationships with the community and various government and non-government agencies. These ties to the communities and the networks she had developed provided us with a real sense of what is going on and what is needed at a grassroots level.

Over the years I have worked in all of the Cape York remote Indigenous communities and believe that working with Indigenous Health Workers allows for an opportunity to participate in holistic health care planned by the community.

Working in primary health care in the community involves working with multidisciplinary teams. Over the years I have seen a significant number of Indigenous Health Workers struggle with the restrictions of mainstream health services. This can be due to a variety of reasons such as cultural responsibilities, family/clan conflict, burn out, community expectations and lack of knowledge by other professionals as to the capacity of the role that Indigenous Health Worker can perform.

Indigenous Health Workers are an invaluable member of multidisciplinary health service teams and I believe that there needs to be greater flexibility by our health services to assist in the promotion, recognition, recruitment and retention of Indigenous Health Workers.



Matthew West – Podiatrist

Matthew West is a Wiradjuri man, currently living and working on the central coast of NSW. Matthew's family comes from Wellington NSW and originally he and his younger brother and sister went to school at Fairfield, Sydney NSW.

The role of Aboriginal Health Workers (AHW's) is by necessity a broad and diverse one. AHWs serve as a versatile and dynamic yet constant presence across all the diverse fields of health, anchoring the individual and community in varied health care settings.

The design and structure of the Australian health system is largely imported and therefore alien to the Indigenous culture whose concept of health is a holistic one encompassing; land, spirit, body and community. It therefore stands to reason that the concepts of western medicine being alien and historically largely ignorant of Indigenous culture and its people has failed to attain health equality between Aboriginal and Torres Strait Islander Australians and the broader Australian community.

A way to improve current health system design to better cater to the needs of Aboriginal and Torres Strait Islander people, is to increase the number of Aboriginal and Torres Strait Islander people responsible for providing healthcare directly to their own communities. This means increasing Aboriginal and Torres Strait Islander participation in clinically relevant roles where they can utilise their cultural identity, understanding of community and health knowledge to improve the health of their own community. Creating a workforce directly invested in improving their own health inevitably creates a health environment more conducive to universally improving the health of the Aboriginal Torres Strait Islander community.

This is inherent in the AHW role which exemplifies the ideals of reconciliation, in what is a workforce solution to a national health problem. AHWs introduce a cultural understanding of health and community expectation, which can easily be absent from health institutions and reconcile it with the vast capabilities of the western scientific understanding of health and medicine. This is made more potent when considering that individuals who become AHWs from the communities they are a part of then become directly and actively involved in improving health standards of their own people.

As the poor health of Australia's Aboriginal and Torres Strait Islander population continues all health professionals share in the responsibility of 'closing the gap'. The challenge seems insurmountable when examined as a whole, but this understanding serves largely to undermine the grass roots success that individuals achieve. AHWs have the potential to greatly improve and increase such success. AHWs have a cultural understanding that cannot be taught and the ability to learn and practice within the diverse health fields. The capacity which exists in this growing health profession has a distinct role to play in Aboriginal and Torres Strait Islander people attaining health equality in Australia.

LOOKING TO THE FUTURE

NATSIHWAs Strategic Direction

NATSIHWAs current Strategic Plan covers the period 2014–17. This means that during the 2016–17 financial year we will need to make progress against our current Strategic Plan but also prepare to develop NATSIHWAs next Strategic Plan, commencing in 2018. In this process, the NATSIHWA Board is keen to ensure that our priorities are shaped by an extensive understanding of the priorities of members and a strong understanding of the pressures, policy and operating environments in which our members work. This will help us to engage with the agendas and stakeholders to deliver the most traction for our members.

With this in mind, the NATSIHWA Board will be reviewing the current Strategic Plan and the Activity Plan 2016–17, and ensuring that our activities align with and feed into key developments across the sector. This includes the development of Government responses to the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023*, released in late 2015. Similarly, we need to be in a position to contribute to and have our voices heard, such as in the process of Government engagement with Aboriginal and Torres Strait Islander people and peak organisations following the 2016 Redfern Statement (discussed below).

We are keen to ensure NATSIHWA directs effort toward those things that are likely to have most impact for members and the health of Aboriginal and Torres Strait Islander people.

Progress in Closing the Gap

There is a long way to go to achieve Health Equality for Aboriginal and Torres Strait Islander people by 2030.

Each year the Prime Minister releases the *Closing the Gap: Prime Minister's Report*. In the 2016 Report, then new Prime Minister, Malcolm Turnbull acknowledged in his introductory comments to the report that “progress against targets has been variable, and that a more concerted effort is needed.” The Prime Minister went on to say that “It is the responsibility of government to ensure that we truly partner with Indigenous Australians to address the disparity that still exists” and that while Closing the Gap is challenging and complex it is a national responsibility and these difficulties should strengthen our commitment to address them. The 2016 Report can be found at: <http://closingthegap.dpmc.gov.au>

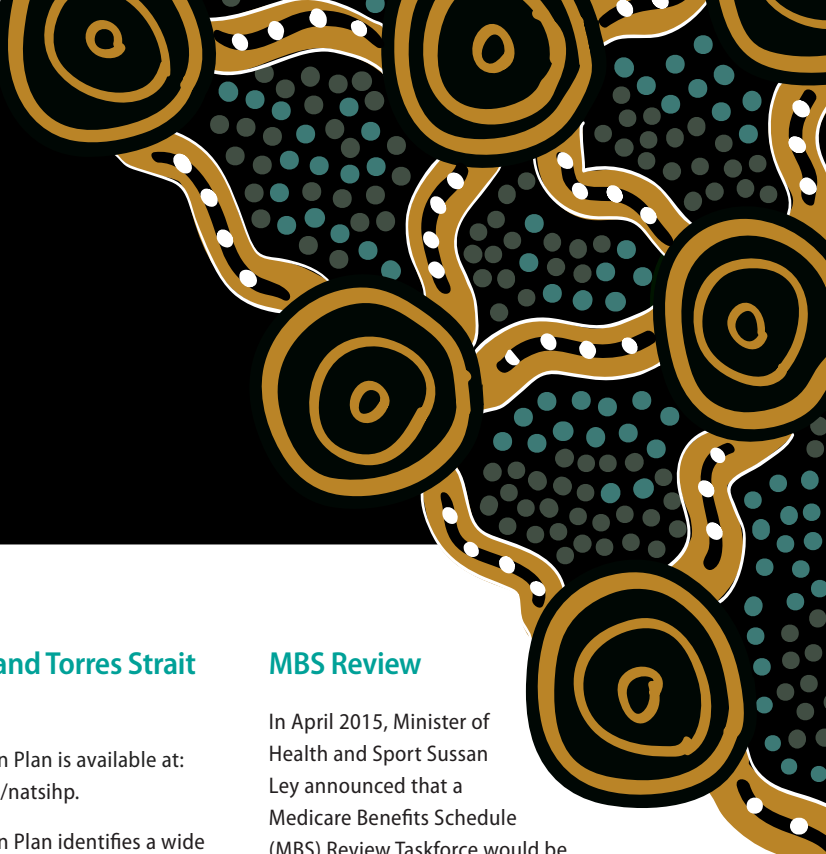
Another Report outlining progress while emphasising the absolute and continuing need to commit resources and effort if Health Equality is to be achieved is the *Progress and priorities report 2016*, released by the Close the Gap Campaign Steering Committee in February 2016. The report cautions against any reduction in effort on this front but also against possible perceptions that the Closing the Gap Campaign might be ineffective. The report notes that results, such as real and relative increases in life expectancy take time. But the report also identifies reasons for optimism, such as increased health “inputs” such as the increase in the number of health checks being reported and increased access to medicines. There are improvements in infant and child health outcomes. ATSIHWs and ATSIHPs are making a tangible difference here, and in other areas. NATSIHWA is a member of the Close the Gap Campaign. The 2016 report can be found at: www.humanrights.gov.au

The Redfern Statement

On 9 June 2016, during the Federal Election campaign, a united coalition of Aboriginal and Torres Strait Islander groups, including NATSIHWA, released “the Redfern statement” reminding all political parties contesting the election that serious action needs to be taken to address disadvantage in health, justice, education, employment and others areas that commitments need to be honoured. Joined by AIDA, CATSINaM, IAHA, NACCHO and many other peak bodies, the Redfern Statement put these issues on the agenda, when the major parties had given them too little attention. With regard to Health Priorities, the Redfern Statement called on governments to act on the following:

1. Restoration of funding.
2. Fund the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (2013–2023).
3. Make Aboriginal Community Controlled Services (ACCHS) the preferred providers.
4. Create guidelines for Primary Health Networks.
5. Resume indexation of the Medicare rebate, to relieve profound pressure on ACCHS.
6. Reform of the Indigenous Advancement Strategy.
7. Fund an Implementation Plan for the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.
8. Develop a long-term National Aboriginal and Torres Strait Islander Social Determinants of Health Strategy.

Indications post-election suggest that the new Coalition Government is responding to the Redfern Statement, and the unity and persistence of signatory bodies on these important matters. NATSIHWA and other signatory bodies look forward to maintaining a serious and active dialogue with Ministers and Oppositions across Australia during 2016–17.



Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (2013–2023)

In November 2015, the Australian Government released the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023* (the Implementation Plan). The Implementation Plan “outlines the actions to be taken by the Australian Government, the Aboriginal community controlled health sector, and other key stakeholders to give effect to the vision, principles, priorities and strategies of the National Aboriginal and Torres Strait Islander Health Plan 2013–2023”.

The implementation Plan is likely to be one of the key reference points guiding Commonwealth Government action and funding for much of the next decade. Funding the Implementation Plan is a priority identified in the Redfern Statement.

The Government and National Health Leadership Forum (NHLF), of which NATSIHWA is a member, negotiated extensively in developing the Implementation Plan. The NHLF is the national representative body for all Aboriginal and Torres Strait Islander health peak bodies. As such the Implementation Plan makes a strong statement about where the Commonwealth and the NHLF believe joint effort needs to be concentrated in order to deliver lasting real improvement in the health and lives of Aboriginal and Torres Strait Islander people.

The Implementation Plan is available at: www.health.gov.au/natsihp.

The Implementation Plan identifies a wide ranging and detailed set of Strategies, Actions and Deliverables to improve Aboriginal and Torres Strait Islander peoples’ health. Each Action listed in the Implementation Plan identifies:

- Deliverables to be met by 2018 and
- Deliverables to be met by 2023.

During 2016–17 NATSIHWA will engage, independently and in concert with partner peak bodies, to identify priority areas where we can work together on the Implementation Plan and deliver real health gains for Aboriginal and Torres Strait Islander people. These considerations will help inform the development of the next NATSIHWA Strategic Plan.

MBS Review

In April 2015, Minister of Health and Sport Sussan Ley announced that a Medicare Benefits Schedule (MBS) Review Taskforce would be established, to consider how the more than 5,700 items on the MBS could align better with contemporary clinical evidence and practice and improve health outcomes for patients. This is an extensive program of work.

The extension of MBS items to Aboriginal and Torres Strait Islander Health Practitioners (and other health professionals) in recent years has helped to improve access to quality, safe and culturally responsive primary health care. In light of the continuing challenge to close the gap in health and other outcomes between Indigenous and other Australians, NATSIHWA is advocating it is essential the MBS Review Taskforce consider how the MBS might be further leveraged as an effective and efficient mechanism to reduce health disadvantage. The MBS Review Taskforce is being supported by a number of Clinical Committees, which are being established progressively. This includes an Indigenous Health Clinical Committee which is expected to be established in late 2016. It is to consider relevant MBS items specifically as well as broader issues around Indigenous health across the MBS. NATSIHWA will be seeking to engage closely with this work and advocate for changes to MBS that facilitate greater access to appropriate and timely health services for Aboriginal and Torres Strait Islander people.

LOOKING TO THE FUTURE *(continued)*

Supporting our workforce

Retaining and growing the Aboriginal and Torres Strait Islander Health Worker workforce (including ATSIHs) is a priority for NATSIHWA. The workforce is predominately female and older with limited career pathways within the profession. NATSIHWA's focus is on recruitment, retention, recognition, professional development and career pathways within the profession. Over the next 12 months NATSIHWA will continue to advance projects that put in place the pillars of a robust profession. These projects include those outlined below:

NATSIHWA Cultural Safety Framework

In 2016–17 NATSIHWA will continue to progress implementation with employers across the country.

National Scope of Practice Framework for ATSIHWs and ATSIHs

NATSIHWA will progress endorsement of the National Scope of Practice Framework including incorporating the input of Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) members. Once NATSIHWA has completed this process, before the end of 2016, implementation will commence across the country.

NATSIHWA Continuing Professional Development (CPD) program

The NATSIHWA Professional Development Officer will continue to develop this program in 2016–17, including investigation into an online professional portfolio, as well as suitable courses that can be accessed online for members. The capacity to support this work and facilitate access to members will be substantially improved by the development in 2015–16 to NATSIHWAs Customer Relationship Management (CRM) systems and website enhancements.

2016 National ATSIHW Conference

NATSIHWA aims to deliver a National Conference every two years. Planning is advanced and we are about to hold our 2016 National Conference in Brisbane on the 6th and 7th of October.

Contribute to research and engagement on the review of the Modern Award

During 2015–16, NATSIHWA continued to engage with the Fair Work Commission (FWC) and stakeholders around the *Modern Award Review of the Aboriginal Community Controlled Health Services Award* (2010) – the ACCHS Award. The review of the ACCHS Award is part of a broader review of Awards being conducted by the FWC, with the review work being split into four Groups. The ACCHS Award is being considered as part of Group 4. While work commenced on Groups 1 and 2 in 2014, there have been significant delays in legal Proceedings around these cases, including contentious issues such as penalty rates in some larger employment sectors.

Nonetheless, the FWC continues to seek input, including submissions, on issues as the work on the Modern Award goes forward, and NATSIHWA will contribute, working closely with our legal advisers, HWL Ebsworth lawyers.

NATSIHWA will also continue to engage in and work with the industrial associations, jurisdictions, and other employer groups to highlight the recruitment and retention benefits of improved wages and the employment conditions for the Aboriginal and Torres Strait Islander Health Worker workforce; and highlight where employment conditions pose a barrier to recruitment, retention and recognition of the profession.

Enhancing Career Pathways

NATSIHWA recognises that there are high percentages of Aboriginal and Torres Strait Islander youth and young adults who are not making an easy transition from school to work, in addition to knowing that there are low numbers of youth and young adults within the Aboriginal and Torres Strait Islander Health Worker workforce. The *Promoting Education, Mentoring and Supporting Pathways into Employment* (PEMSPE) program will ensure that the ATSIHW and ATSIHP workforce is increased and sustained through establishing local succession planning processes that encourage and support our youth and young adults to enter the profession.

The program will focus on working with high school students, youth, and young adults, including those who are imprisoned, who are interested in returning to education by supporting them to undertake the Certificate II in Aboriginal and Torres Strait Islander Primary Health Care and obtain a position as a trainee Aboriginal and Torres Strait Islander Health Worker.

A unique aspect of the approach is to build a formal mentoring process into the program, to assist with supporting the students and retaining them in their studies so they achieve a formal qualification and enter the workforce.

In 2015–16, NATSIHWA continued to work with Education providers and RTOs (Kirwan High Townsville, VACCHO, AHCWA, Bachelor, AH&MRC and various NSW TAFE facilities) who have the teaching scope of Certificate II in Aboriginal and Torres Strait Islander Primary Health Care. These include the entry pathways of an Aboriginal and/or Torres Strait Islander Health Worker /Health Practitioner profession. It is important that ATSIHWs and ATSIHPs have the same opportunities as other health professionals to move into management and leadership positions. NATSIHWA will work with jurisdictions and NACCHO and Affiliates to look at how we can grow ATSIHW and ATSIHP capabilities in management and leadership and establish supported pathways into these areas.



GOVERNANCE AND THE BOARD



NATSIHWA Board

At time of writing this report, a number of vacancies exist on the NATSIHWA Board and election processes are underway to fill vacancies.

Current members of the NATSIHWA Board at 30 June 2016 included

- Josslyn Tully (Chair from May 2016), Queensland
- Christine Ingram, Treasurer, Victoria
- Yancy Laifoo, Torres Strait Islands
- Thelma Weston, Australian Capital Territory
- Emma Robertson, Tasmania
- Karl Briscoe, New South Wales

During 2015–16 other members who served on the NATSIHWA Board included

- Jenny Poelina, (Chair until August 2015), Western Australia
- Dwayne Pearce, (Chair from August 2015 to May 2016) Northern Territory
- Jennifer Ketchell, Queensland
- Teresa Onorato, South Australia
- John Bolt, New South Wales

To serve on the Board of NATSIHWA takes a commitment of time and energy. We thank all members who served on the NATSIHWA Board during 2015–16.

Board activity in 2015–16

In 2015–16, the NATSIHWA Board held four official meetings, and made key decisions on:

- Committing to an ongoing program of Membership Forums to be held across the country and to enable better access for members, and to participate wherever possible
- Improving communication options available to members
- The 2016 National Conference – planning and content development
- Oversighting the sound financial performance and sustainability of NATSIHWA
- National Scope of Practice Framework – recognising the importance of the Scope of Practice, the Board decided to support a further round of national consultation and development with key stakeholders
- NATSIHWA Constitution – reviewed and updated.
- NATSIHWA Policies and Procedures – reviewed and updated.

The NATSIHWA Board considered progress against NATSIHWA's second strategic plan (2014 – 2017) and considered the NATSIHWA Business Plan 2016–17. Key stakeholders and partnerships continued to be reviewed to ensure the time and energy invested in relationships will bring positive return for our members and the ATSIHW and ATSIHP workforce.



FINANCIAL STATEMENTS 2015–16

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DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2016.

DIRECTORS

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

Christine Ingram	Josslyn Tully (appointed Sept Board Meeting 2015)	Jennifer Ketchell (resigned Sept Board Meeting 2015)
Thelma Weston	Emma Robertson (appointed Sept Board Meeting 2015)	John Bolt (removed from Board May Board Meeting 2016)
Yancy Laifoo	Teresa Onorato (resigned 29/01/2016)	Jennifer Poelina (resigned August Board Meeting 2015)
Dwayne Pearce (resigned 13/05/2016)		

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
Jennifer Poelina	5	0
Christine Ingram	5	5
Jennifer Ketchell	5	2
Thelma Weston	5	4
Dwayne Pearce	5	4
Teresa Onorato	5	2
Yancy Laifoo	5	3
John Bolt	5	2
Josslyn Tully	4	4
Emma Robertson	4	4

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 2016, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$11,760.

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 8.

Josslyn Tully / YANCY LAIFOO 
a/cso / Director Dated this 31st day of AUGUST 2016

Christine Ingram
Treasurer  Dated this 31st day of AUGUST 2016

INDEPENDENT AUDITOR'S REPORT



RSM Australia Partners

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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 ("the company"), which comprises the statement of financial position as at 30 June 2016, 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, would be in the same terms if given to the directors as at the time of this auditor's report.

THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING

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Opinion

In our opinion the financial report of National Aboriginal and Torres Strait Islander Health Workers Association 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 2016 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

Rsm Australia Partners

RSM Australia Partners

A handwritten signature in black ink, appearing to be 'Rodney Miller', written over a light blue rectangular background.

RODNEY MILLER
Partner

Canberra, Australian Capital Territory
Dated: 1 September 2016

INDEPENDENT AUDITOR'S DECLARATION



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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 2016, 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 Australia Partners

RSM Australia Partners

A handwritten signature in black ink, appearing to be 'Rodney Miller', with a long horizontal stroke extending to the right.

Canberra, Australian Capital Territory
Dated: 1 September 2016

RODNEY MILLER
Partner

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DIRECTOR'S DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 8 to 19 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 2016 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 Josslyn Tully

.....

Dated this 31st day of AUGUST 2016

Treasurer Christine Ingram

.....

Dated this 31st day of AUGUST 2016

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2016

		2016	2015
	Note	\$	\$
Revenue	2	1,357,956	1,795,360
Employee benefits		(615,186)	(684,366)
Depreciation	3	(8,511)	(7,395)
Travel		(219,462)	(297,364)
Program related		(80,454)	(264,207)
Rent		(29,640)	(29,640)
Accounting		(15,346)	(11,300)
Marketing and media		(30,181)	(73,177)
IT		(26,080)	(23,281)
Subcontractors		(8,663)	(37,069)
Consultancy fees		(51,247)	(59,935)
Legal		(17,177)	(73,647)
Other expenses		(128,621)	(152,507)
CURRENT YEAR SURPLUS		127,389	81,472
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME		127,389	81,472

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2016

	Note	2016 \$	2015 \$
CURRENT ASSETS			
Cash and cash equivalents	9a	263,797	108,298
Trade and other receivables	5	24,193	62,190
TOTAL CURRENT ASSETS		287,990	170,488
NON-CURRENT ASSETS			
Property, plant and equipment	6	25,163	27,602
TOTAL NON-CURRENT ASSETS		25,163	27,602
TOTAL ASSETS		313,153	198,090
CURRENT LIABILITIES			
Trade and other payables	7	41,593	76,248
Provisions	8	29,696	7,367
TOTAL CURRENT LIABILITIES		71,289	83,615
TOTAL LIABILITIES		71,289	83,615
NET ASSETS		241,864	114,475
EQUITY			
Retained earnings		114,475	33,003
Current year earnings		127,389	81,472
TOTAL EQUITY		241,864	114,475

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2016

	Retained Earnings \$	Total \$
Balance at 1 July 2014	33,003	33,003
Surplus from operations	81,472	81,472
Balance at 30 June 2015	114,475	114,475
Surplus from operations	127,389	127,389
Balance at 30 June 2016	241,864	241,864

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 \$	2015 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Government grants received		1,480,518	1,517,113
Sundry receipts		46,999	103,225
Interest received		3,848	5,438
Payments to suppliers and employees		(1,369,793)	(1,893,248)
Net cash provided by (used in) operating activities	9b	<u>161,571</u>	<u>(267,472)</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Fixed asset purchases		(6,072)	(7,048)
Net cash (used in) investing activities		<u>(6,072)</u>	<u>(7,048)</u>
Net (decrease) in cash held		155,499	(274,520)
Cash at beginning of year		108,298	382,818
Cash at end of year	9a	<u>263,797</u>	<u>108,298</u>

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2016

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 financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, (including Australian Accounting Interpretations) and the *Corporations Act 2001*.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

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.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

<i>Class of Fixed Asset</i>	<i>Depreciation Rate</i>
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.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

d. *Impairment of Assets*

At the end of each reporting period, the association assesses whether there is any indication that an asset may be impaired. The assessment will consider both external and internal sources of information. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of that asset, being the higher of the asset's fair value less costs to sell and its value-in-use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is immediately 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.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

j. New standards and interpretations issued but not yet effective

New, revised or amending Accounting Standards and Interpretations adopted

The company has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

New Accounting Standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the company for the annual reporting period ended 30 June 2016. The company's assessment of the impact of these new or amended Accounting Standards and Interpretations, most relevant to the company, are set out below.

AASB 9 Financial Instruments

This standard is applicable to annual reporting periods beginning on or after 1 January 2018. The standard replaces all previous versions of AASB 9 and completes the project to replace IAS 39 'Financial Instruments: Recognition and Measurement'. AASB 9 introduces new classification and measurement models for financial assets. A financial asset shall be measured at amortised cost, if it is held within a business model whose objective is to hold assets in order to collect contractual cash flows, which arise on specified dates and solely principal and interest. All other financial instrument assets are to be classified and measured at fair value through profit or loss unless the entity makes an irrevocable election on initial recognition to present gains and losses on equity instruments (that are not held-for-trading) in other comprehensive income ('OCI'). For financial liabilities, the standard requires the portion of the change in fair value that relates to the entity's own credit risk to be presented in OCI (unless it would create an accounting mismatch). New simpler hedge accounting requirements are intended to more closely align the accounting treatment with the risk management activities of the entity. New impairment requirements will use an 'expected credit loss' ('ECL') model to recognise an allowance. Impairment will be measured under a 12-month ECL method unless the credit risk on a financial instrument has increased significantly since initial recognition in which case the lifetime ECL method is adopted. The standard introduces additional new disclosures. The company will adopt this standard from 1 July 2018 but the impact of its adoption is yet to be assessed by the company.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

AASB 15 Revenue from Contracts with Customers

This standard is applicable to annual reporting periods beginning on or after 1 January 2018. The standard provides a single standard for revenue recognition. The core principle of the standard is that an entity will recognise revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard will require: contracts (either written, verbal or implied) to be identified, together with the separate performance obligations within the contract; determine the transaction price, adjusted for the time value of money excluding credit risk; allocation of the transaction price to the separate performance obligations on a basis of relative stand-alone selling price of each distinct good or service, or estimation approach if no distinct observable prices exist; and recognition of revenue when each performance obligation is satisfied. Credit risk will be presented separately as an expense rather than adjusted to revenue. For goods, the performance obligation would be satisfied when the customer obtains control of the goods. For services, the performance obligation is satisfied when the service has been provided, typically for promises to transfer services to customers. For performance obligations satisfied over time, an entity would select an appropriate measure of progress to determine how much revenue should be recognised as the performance obligation is satisfied. Contracts with customers will be presented in an entity's statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment. Sufficient quantitative and qualitative disclosure is required to enable users to understand the contracts with customers; the significant judgments made in applying the guidance to those contracts; and any assets recognised from the costs to obtain or fulfil a contract with a customer. The company will adopt this standard from 1 July 2018 but the impact of its adoption is yet to be assessed by the company.

AASB 16 Leases

This standard is applicable to annual reporting periods beginning on or after 1 January 2019. The standard replaces AASB 117 'Leases' and for lessees will eliminate the classifications of operating leases and finance leases. Subject to exceptions, a 'right-of-use' asset will be capitalised in the statement of financial position, measured as the present value of the unavoidable future lease payments to be made over the lease term. The exceptions relate to short-term leases of 12 months or less and leases of low-value assets (such as personal computers and small office furniture) where an accounting policy choice exists whereby either a 'right-of-use' asset is recognised or lease payments are expensed to profit or loss as incurred. A liability corresponding to the capitalised lease will also be recognised, adjusted for lease prepayments, lease incentives received, initial direct costs incurred and an estimate of any future restoration, removal or dismantling costs. Straight-line operating lease expense recognition will be replaced with a depreciation charge for the leased asset (included in operating costs) and an interest expense on the recognised lease liability (included in finance costs). In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared to lease expenses under AASB 117. For classification within the statement of cash flows, the lease payments will be separated into both a principal (financing activities) and interest (either operating or financing activities) component. For lessor accounting, the standard does not substantially change how a lessor accounts for leases. The company will adopt this standard from 1 July 2019 but the impact of its adoption is yet to be assessed by the company.

NOTE 2. REVENUE

	2016	2015
	\$	\$
Operating activities		
DoHA funding	1,345,925	1,711,871
National Conference income	-	68,809
Total operating activities	1,345,925	1,780,680
Interest received	3,848	5,438
Sundry income	8,183	9,242
Total revenue	1,357,956	1,795,360

NOTE 3. PROFIT FROM OPERATIONS

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

Expenses:		
Depreciation of property, plant and equipment	8,511	7,395
Operating lease payments	32,796	32,368
	41,307	39,763

NOTE 4. AUDITOR'S REMUNERATION

Remuneration of the auditor for:

Audit of the financial report	10,750	10,300
	10,750	10,300

NOTE 5. TRADE AND OTHER RECEIVABLES

Trade debtors	-	3,156
GST receivable	11,278	20,756
Prepayments	12,715	9,674
Bonds	200	16,288
Credit card	-	12,316
	24,193	62,190

NOTE 6. PROPERTY, PLANT AND EQUIPMENT

	2016	2015
	\$	\$
Fixtures and fittings – at cost	8,047	5,790
Less accumulated depreciation	(3,242)	(2,388)
	<u>4,805</u>	<u>3,402</u>
Computer equipment – at cost	33,187	15,409
Less accumulated depreciation	(24,300)	(6,038)
	<u>8,887</u>	<u>9,371</u>
Office equipment – at cost	19,246	33,189
Less accumulated depreciation	(7,775)	(18,360)
	<u>11,471</u>	<u>14,829</u>
	<u>25,163</u>	<u>27,602</u>

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 2014	4,126	10,911	12,912	27,949
Additions	-	-	7,048	7,048
Depreciation expense	(724)	(1,540)	(5,131)	(7,395)
Balance at the 30 June 2015	<u>3,402</u>	<u>9,371</u>	<u>14,829</u>	<u>27,602</u>
Additions	2,257	3,815	-	6,072
Depreciation expense	(854)	(1,715)	(5,942)	(8,511)
Balance at the 30 June 2016	<u>4,805</u>	<u>11,471</u>	<u>8,887</u>	<u>25,163</u>

NOTE 7. TRADE AND OTHER PAYABLES

Trade Creditors	10,010	36,483
Accruals	15,623	19,066
Deferred Revenue	2,727	-
Other Payables	13,233	20,699
	<u>41,593</u>	<u>76,248</u>

NOTE 8. PROVISIONS

	2016	2015
	\$	\$
Annual Leave	29,696	7,367
	<u>29,696</u>	<u>7,367</u>

NOTE 9. CASH FLOW INFORMATION

a. Reconciliation of cash

Cash on hand	500	500
Cash at bank	263,297	107,798
	<u>263,797</u>	<u>108,298</u>

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

Surplus:	127,389	81,472
Non-cash flows in profit from ordinary activities:		
Depreciation	8,511	7,395
Other non-cash items	-	-
Changes in assets and liabilities:		
(Increase)/Decrease in receivables	37,997	17,369
Increase/(Decrease) in creditors	(34,655)	17,348
Increase/(Decrease) in provisions	22,329	(25,111)
Increase/(Decrease) in grants in advance	-	(365,945)
Net cash provided by operating activities	<u>161,571</u>	<u>(267,472)</u>

NOTE 10. COMMITMENTS

Operating lease commitments payable:

- not later than one year	-	24,700
- later than one year, but no later than 5 years	-	-
Total operating lease liability	<u>-</u>	<u>24,700</u>

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:

	Salary & Fees	Short-term benefits Superannuation contributions	Total
	\$	\$	\$
Key Management Personnel Summary			
2016	140,000	13,300	153,300
Total compensation	<u>140,000</u>	<u>13,300</u>	<u>153,300</u>
2015	127,007	11,748	138,755
Total compensation	<u>127,007</u>	<u>11,748</u>	<u>138,755</u>

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:

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. NATSIHWA is dependent on grants from the Department of Health to carry out its normal activities.

It is noted that NATSIHWA has received in-principle approval from the Department of Health for grant funding for an additional 2 years beyond 30 June 2016 with an agreement executed 1 October 2015.

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 2016 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.

NOTE 16: CONTRIBUTION ON WINDING 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 2016, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$11,760





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
ABN 61 138 748 697

