



NATSIHWA

National Aboriginal and Torres Strait
Islander Health Worker Association



**ABORIGINAL AND
TORRES STRAIT
ISLANDER HEALTH
WORKER ASSOCIATION
ANNUAL REPORT 2018**



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Welcome

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) is the peak professional body for Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners in Australia.

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 population groups 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 report on the successful events we have held for members across the country in 2017–18. We provide updates on our projects, including the initiation of a new five-year Strategic Plan for NATSIHWA, the Modern Award negotiations and the official

launch of the National Framework for Determining Scope of Practice. This Report celebrates our successes and outlines our vision for the future for serving our members and collaborating with our partners.

NATSIHWA recommends readers visit our website natsihwa.org.au for additional and most up to date information. Back copies of our weekly electronic newsletter, a key avenue for keeping members informed, can be found on the website. We have also published Policy Position Statements, making clear our position on key areas of Aboriginal and Torres Strait Islander health.

NATSIHWA would also like to acknowledge the important work being undertaken by our partners to support our profession, including the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA). We would like to thank our members, Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, those in training, colleagues in other health professions, our friends and supporters of NATSIHWA who have contributed to our efforts in 2017–18. A special thank you to those who have shared their stories for this report.

Our Language

Aboriginal and/or Torres Strait Islander Health Practitioner

An Aboriginal and/or Torres Strait Islander person 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 II 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.



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.

From the Chair

It is with pleasure that I present my third Annual Report as Chairperson of the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA). I would like to thank my fellow Board Members for their contribution over the year.

At the end of 2017-18 our growing membership has just tipped 800, and our organisation is approaching its tenth anniversary. Our maturity is reflected in our major achievements of the past 12 months. The new Strategic Plan 2017-2020 will focus our efforts on advancing our profession in order to close the gap in health outcomes for Aboriginal and Torres Strait Islander Australians. We are proud of the progress that has already been made against the four strategic focus areas highlighted by the Strategic Plan.

For example, the launch of the National Framework for Determining Scope of Practice shone the spotlight on this vital practical guide for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners and their employers to identify how their unique skills and knowledge can be utilised to their full potential. The six Policy Position Statements now available on our website make clear NATSIHWA's stance on issues central to Aboriginal and Torres Strait Islander health. Our new Communication and Public Relations Strategy 2018-2020 will help us implement the Strategic Plan, ensuring we are holding true to our guiding principles and key messages.

We are enormously pleased with the level of support we can now provide members, helping them to develop their professional practice through our regional Professional Networking Forums, and the Members Web Portal. We pride ourselves on linking members to the very best in education and training, and helping them meet their continuing professional development (CPD) reporting requirements.

We were fortunate to secure funding for the next four years. This means we can pursue our strategic direction without the distraction of constantly casting our net for revenue. However, the Board remains vigilant in reviewing expenditure.

"Our members are primary agents of change for improving the health of their peoples, playing their part in achieving reconciliation"

The Future

We are excited to be embarking on new projects over the next year, developing leadership, expertise and strength within our profession. In particular, the NATSIHWA Mentor Program and our National Conference - with its Excellence Awards - will build our workforce's capacity to shape and deliver culturally-safe health care for our communities. Supporting the training of the students who will become our future members will also be a priority.

This is a critical time for Government to work with us and our partner organisations to close the gap in life expectancy. We need investment in Aboriginal and Torres Strait Islander-led solutions. We need investment in healthy homes. We need to redress the racism in our health system that makes people sick. Our members are primary agents of change for improving the health of their peoples, playing their part in achieving reconciliation.



They can be leaders in their communities and health services, taking ownership of their roles in addressing health problems and devising local culturally-appropriate solutions. In providing a strong voice for our members, NATSIHWA will continue to champion Aboriginal and Torres Strait Islander empowerment at a national level.



Josslyn Tully
Chairperson

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We are enormously pleased with the level of support we can now provide members, helping them to develop their professional practice through our regional Professional Networking Forums, and the Members Web Portal.

From the CEO

I was thrilled to have the opportunity to represent the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) at the United Nations Permanent Forum on Indigenous Issues in New York this year (see the report on page 22). The Permanent Forum is a high level advisory body that provides expert advice and recommendations to the United Nations Economic and Social Council. It also raises awareness and promotes the integration and coordination of activities related to Indigenous issues within the UN system.

At the Permanent Forum, I had the opportunity to meet Indigenous representatives from all around the world, where I found many of the underlying issues they were facing were the same—although I was often sobered by the challenges presented to Indigenous peoples in other countries.

The visit also helped me appreciate some of Australia's unique achievements in the area of Indigenous health. The Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in Australia are the only ethnic-based health professions in the world that have legislation and regulation, as well as a national training curriculum, to support them. We know this is important, as international research has shown that the involvement of Indigenous people in their own health achieves better outcomes.

However, we are still waiting for Article 3 of the UN Declaration on the Rights of Indigenous Peoples to come to pass in Australia. This is the right to self-determination: to freely determine our political status and freely pursue our economic, social and cultural development. This is a key factor in improving health outcomes for Aboriginal and Torres Strait Islander peoples. We need to be able to make the decisions and be involved in a lot of the decision-making especially when it affects our Aboriginal and Torres Strait Islander communities. I also noted that other developed countries such as Canada and New Zealand have recognised their Indigenous people through Treaties, which allows them to be involved in determining their own future. Imagine just for a minute if Australia recognised their Aboriginal and Torres Strait Islander peoples as the First Nations Voice in the Australian Constitution, and had a Makarrata Commission to supervise a process of agreement-making and truth-telling between governments and Aboriginal and Torres Strait Islander peoples. How different could the health of our people be, if we had something like that?

"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"

ETHOS

I am very proud of the hard work and achievements of the NATSIHWA Board and staff in 2017-18, which are outlined in this Annual Report. Working with our key partners, the Australian Indigenous Doctors Association (AIDA), Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and Indigenous Allied Health Association (IAHA), we have secured funding of around \$1.8million per year over the next 4 years. It has also been a joy to work with Minister Ken Wyatt, Australia's first Aboriginal Minister appointed to the front bench.

We have worked to lift the reputation of our profession within the Australian health sector. We have ramped up our representation on national health issues. We have continued to support our members with regional forums, the online portal for continuing professional development, and the National Framework for Determining Scope of Practice. We are planning ahead to meet our members' needs into the future. In 2019 we will be holding a celebration of 10 years of NATSIHWA, and we look forward to seeing you there!

When I commenced as an Aboriginal Health Worker in 2002, I came home to my mother and told her. She told me "I was one of those". I said, "No you weren't", as I had known her to be a stay at home housewife raising seven children.



Then she explained about the Aboriginal Health Program which was started by Doctor Musgrave (which Musgrave Park in South Brisbane is named after). She worked for Team 1 which consisted of a Doctor, Clinical Nurse, Public Health Nurse and an Aboriginal Health Assistant and trained other teams throughout Queensland in the role of the Aboriginal Health Assistant. From this story I have always held the notion that I was following in her footsteps. I hope someday people will remember me as a person who tried his best to increase the health and wellbeing of his people, and who took up the baton to carry on my mother's legacy.

Karl Briscoe
CEO

Karl has been the CEO of NATSIHWA since September 2016

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We need to be able to make the decisions and be involved in a lot of the decision-making especially when it effects our Aboriginal and Torres Strait Islander communities.



^ Karl at the United Nations Permanent Forum

Our organisation

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) is the national health professional association for Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners. It has been funded by the Australian Government Department of Health since its establishment in 2009.

The purpose of NATSIHWA is to promote, support and increase recognition for the vital roles that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners play in providing professional, effective and culturally respectful health services to Aboriginal and Torres Strait Islander individuals, families and communities across Australia.

The roles that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners undertake are critical to the efforts to close the gap in health outcomes so health equity is achieved for Aboriginal and Torres Strait Islander Australians.

Our vision

An association, founded on the cultural and spiritual teachings of our past and present leaders, which best serves our members in their important role in achieving physical, social, cultural and emotional wellbeing for all Aboriginal and Torres Strait Islander peoples.

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
- diplomacy and sensitivity.



Our purpose

The objectives of NATSIHWA are to:

- promote the prevention and control of disease in Aboriginal and Torres Strait Islander communities;
- improve health outcomes for Aboriginal and Torres Strait Islander people in pursuit of the objectives to 'Close the Gap' in life expectancy;
- address the impacts of disadvantage on the health of Aboriginal and Torres Strait Islander people;
- assist Health Workers and Health Practitioners in delivering holistic health care within Aboriginal and Torres Strait Islander communities in order to improve health outcomes for Aboriginal and Torres Strait Islander people; and
- to do all such lawful things as may be incidental or conducive to the attainment of the above objectives, and in pursuing the above objectives, NATSIHWA will:
 - encourage career support to facilitate a larger Health Worker and Health Practitioner workforce (including through recruitment, retention, networking, mentoring, information sharing and career pathways);
 - increase public awareness of and support for the contribution that Health Workers and Health Practitioners make in improving the health outcomes of Aboriginal and Torres Strait Islander people;
 - advocate for and represent Health Workers and Health Practitioners at peak regional, state and national forums;
 - advocate for and contribute to the development and maintenance of education, training and developmental needs of Health Workers and Health Practitioners to empower Aboriginal and Torres Strait Islander communities' self-determination;
 - promote and facilitate cultural capability, safety and respect within the health workplace, to better enable Health Workers and Health Practitioners to provide effective and appropriate care; and
 - ensure that NATSIHWA is efficiently managed, is financially and ethically accountable to members and funding bodies, and maintains high standards of excellence and innovation.

Our strategic direction and focus areas

Under our *Strategic Plan 2017-2020*, NATSIHWA will pursue this strategic direction:

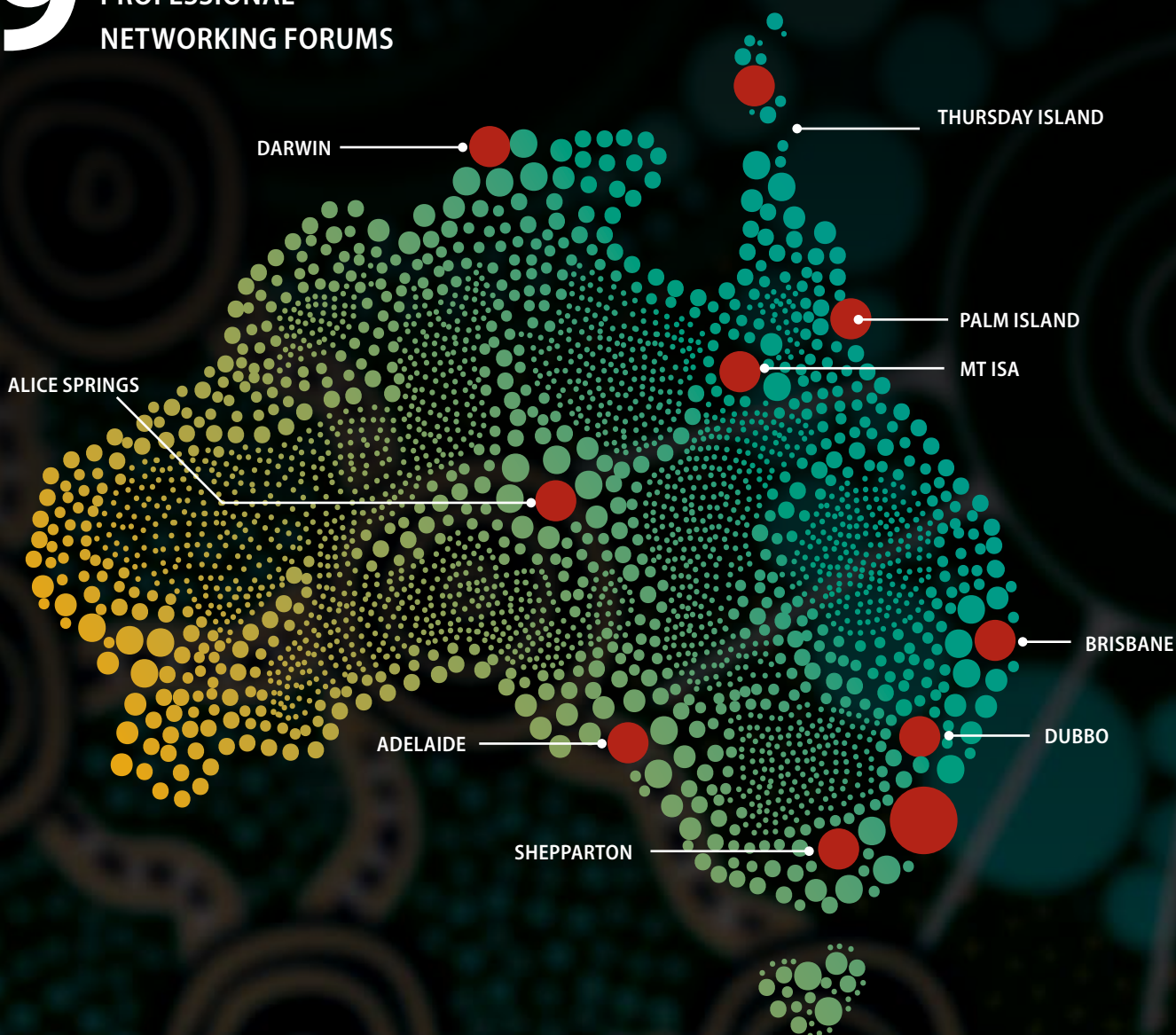
To improve understanding in the health system of the role, scope and effective deployment of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, as a vital and valued component of a strong professional Aboriginal and Torres Strait Islander health workforce needed to close the gap in health outcomes for Aboriginal and Torres Strait Islander Australians.

Our strategic focus areas:

1. Profile of NATSIHWA as a national health professional association
2. Use of skills and professional integration where members are employed
3. Professional support and development for members
4. Representation and promotion of workforce needs.

Highlights 2017-18

9 PROFESSIONAL NETWORKING FORUMS



INCREASED
MEMBERSHIP  **16%**
1539 MEMBERS
As at 30 June 2018



INTRODUCED A
WEEKLY E-NEWSLETTER



NEW MEMBERS PORTAL
OF CONTINUING
PROFESSIONAL
DEVELOPMENT

6

POLICY POSITION
STATEMENTS
NOW AVAILABLE ON WEBSITE



LAUNCHED **NATIONAL FRAMEWORK FOR DETERMINING SCOPE OF PRACTICE** FOR THE
ABORIGINAL AND/OR TORRES STRAIT ISLANDER HEALTH WORKER AND HEALTH PRACTITIONER

REPRESENTATION AT PEAK CONFERENCES AND ACTIVITIES

- » Yabun festival
- » Laura dance festival
- » Garma festival
- » IAHA Conference
- » Health Justice Partnership Conference
- » CATSINaM Conference
- » AIDA Annual conference
- » NACCHO Conference
- » AHC of WA Conference
- » Bowraville School
*Future Health Champions
Indigenous Health Workforce
Expo*



Member profile

Christopher O'Brien – Cultural Educator

Christopher is a Yorta Yorta man from Cummeroogunja across the Murray River of NSW and VIC and a father of four sons. He is a freshwater man who is a direct descendant of William Cooper a world-renowned Aboriginal activist who is the founding father of NAIDOC which lead the way forward for the 1967 Referendum.

Christopher follows in the 'foot-steps' of his great grandfather and grandmother in advocacy and holistic health. He has a strong passion for Aboriginal and Torres Strait Islander holistic health as an Aboriginal and Torres Strait Islander Health Practitioner with over 20 years' experience working in various Aboriginal and non-Aboriginal organisations.

He is a strong advocate for his people around social, physical, spiritual and emotional determinants. Christopher is the incoming president of the Aboriginal and Torres Strait Islander Health Practice Council NSW, holds the Aboriginal and Torres Strait Islander portfolio on a clinical council for PHN and the national leader for the QAAMS-Quality Assurance Aboriginal and Torres Strait Islander Medical Services program with over 13 years' experience in the ACCHS sector and management.



^ Christopher's 3rd Great Grandfather William Cooper and Grandmother Dianne O'Brien



^ Christopher's Grandmother Dianne O'Brien, NAIDOC 2018 *Because of Her, We can*

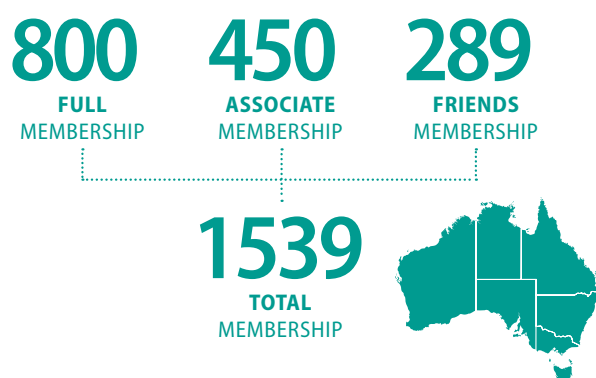
Membership

There are three membership categories:

- **Full Members:** All Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners are welcome to join as a Full Member of NATSIHWA if they hold a minimum Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care qualification (or equivalent), 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 or Health Practitioners, but are studying or working in the health field, can be Associate Members. This includes people studying to become an Aboriginal and/or Torres Strait Islander Health Worker or Aboriginal and/or Torres Strait Islander Health Practitioners.
- **Friends of NATSIHWA:** Any other individuals and organisations, who wish to support the work of NATSIHWA may become Friends of NATSIHWA.

Our 800th Full Member had joined us by the end of June 2018 and our total membership now exceeds 1500.

Member numbers at 30 June 2018



| STATE BREAKDOWN | FULL MEMBERS | ALL MEMBERS |
|-----------------|--------------|-------------|
| ACT | 12 | 41 |
| NSW | 185 | 399 |
| NT | 90 | 162 |
| QLD | 265 | 469 |
| SA | 63 | 119 |
| TAS | 12 | 22 |
| VIC | 55 | 132 |
| WA | 118 | 195 |
| TOTAL | 800 | 1539 |

CPD

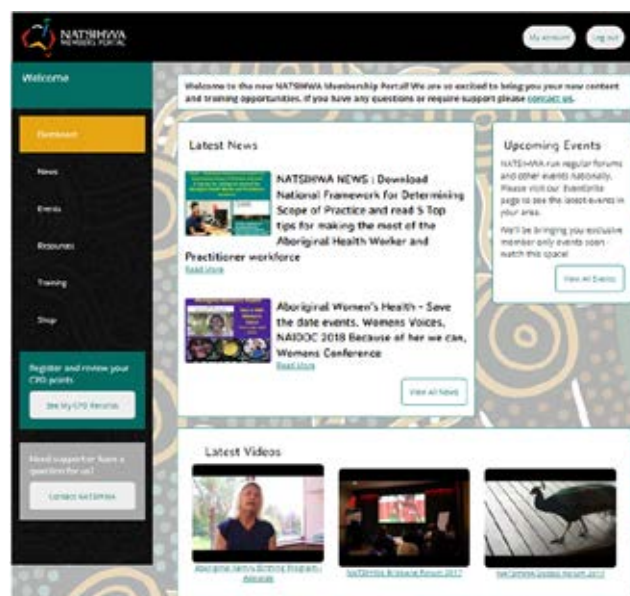
NATSIHWA's CPD Register

As part of our new Members Portal, we have developed an online tool for our members to personally record their continuing professional development (CPD) activities. This CPD tool offers the user a simple online form, which when filled out and saved becomes an electronic record of all CPD that has been completed. We then offer our members the opportunity to view these entries in a simple table format, in order to calculate the number of CPD hours completed by them to date. They also have the ability to print out a list of all their recorded data when necessary. The aim of our CPD Register is to assist our members in meeting their CPD requirements. We have worked to create a simple, user-friendly product, which is industry appropriate.

Launch of the Members Web Portal

NATSIHWA Full Members now have access to the Members Portal which provides members with professional development opportunities and tracking of CPD hours as an AHPRA requirement for Aboriginal and/or Torres Strait Islanders Health Practitioners. The latest news and professional information are easily accessible through this portal, with new resource links continually being added in order for members to keep improving their professional knowledge and skills relevant to their scope of practice.

Within the Members Portal we have a detailed list of training available, with links to webinars, videos, and other online resources. These training listings cover a wide range of topics relevant to our members, and present many different options for them to access these resources.



Professional Networking Forums

Our members asked for regional Professional Networking Forums, and we delivered. During 2017-18 NATSIHWA held nine forums, which aimed to provide a culturally-safe space for members to network on current workforce issues, and to receive professional development and skills training.



Dubbo – 26 July 2017

Participants received a warm Welcome to Country from Aunty Narrell Boys, then settled in to hear about White Ribbon Australia and Indigenous Business Australia (IBA). Aunty Flo Williams spoke to members about the Autism QLD Early Intervention Indigenous Liaison Officer (EI ILO) Program, followed by Janeen Foffani, who discussed the training opportunities provided by the Program of Experience in the Palliative Approach (PEPA).



Darwin – 16 August 2017

Participants received a warm welcome to Larrakia Country for the Darwin forum. A passionate and dedicated group of Aboriginal Health Practitioners who work in a variety of roles from education to management shared their experiences working in the Top End. They engaged with our guest presenters, who delivered some current education to assist them in their practice. Our members provided valuable historical insights into the Aboriginal Health Worker role and how they continue to work diligently to advance this valuable profession across the NT. The Aboriginal Medical Services Alliance NT (AMSANT) Leadership and Workforce Development Team presented an outstanding informative session.



Thursday Island – 9 August 2017

The NATSIHWA team visited Thursday Island to facilitate a forum on International Day of World Indigenous People. Landing in the remote geographical location of the Torres Strait, with the pristine waters, the warmth of the sun and the beautiful faces of such healthy children running barefoot in the parks, the team instantly knew the trip was going to be special. There was a fabulous turnout of Aboriginal and Torres Strait Islander health professionals. The cultural immersion and exchange was warm and welcoming and understanding the advanced skills and knowledge of the Torres Strait Islander Health Workers and Health Practitioners and how they care for their communities – *the Torres Strait Islander way* – was uplifting. Most noticeable was the participants' eagerness to learn and share. The day was full of NATSIHWA news and valuable education. There was also a focus testing session for a new resource being produced by Cancer Australia: *Gynaecological Cancers – A Handbook for Aboriginal and Torres Strait Islander Health Workers*, which was released later in the year.



Brisbane – 6 September 2017

Our Brisbane forum kicked off with a deadly Welcome to Turrbal Country from Songwoman Maroochy, a strong and inspirational woman, who sang a very moving welcome, filling the room with culture, tradition and warmth. We are so fortunate to have such people surround us, validating our culture and reminding us of what is important as Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners working tirelessly to help “close the gap” for our people. The Brisbane mob work extremely well in the urban environment, caring for and supporting their community with a passion and commitment to their clients who present at their clinics and hospitals. Uncles and Aunties, families and children are all catered for in culturally safe settings to ensure they receive the very best of care. Our agenda featured sessions from White Ribbon Australia, Menzies School of Health Research, Australian Hearing, Australasian Society for HIV Medicine (ASHM) & Hepatitis Qld, IBA, Hesta and Autism Qld. Participants were left inspired and motivated by a dynamic presentation by Renee Blackman, Director of Clinical Services at Brisbane’s Aboriginal & Torres Strait Islander Community Health Service, who is a dedicated leader and advocate for Health Workers and Health Practitioners.



Adelaide – 15 November 2017

Our Adelaide forum began with Allan Sumner’s sincere Welcome to Country. With the assistance of NATSIHWA’s State Representative, Robert Dann, the Aboriginal Health Council SA staff, and our fabulous guest presenters, our members were delighted with an informative agenda. Sessions included information and resources from Australian Health Practitioner Regulation Agency (AHPRA), White Ribbon Australia, IBA, Autism QLD EI ILO Program, ASHM & Hepatitis SA and Defence Force Recruiting.



Shepparton – 14 December 2017

We finished 2017 in the lovely town of Shepparton with a very lovely bunch of people. Uncle Lance James gave his fantastic Welcome to Country. Brilliant presentations were delivered by Sharon Johnston from HESTA, Stephen Duncan from IBA, Natalie Betts from Australian Hearing, Aunty Flo from Autism QLD EI ILO Program and Colin Mitchell from Diabetes VIC. All were very impressive!



Palm Island – 18 April 2018

The NATSIHWA team travelled to Palm Island to deliver a forum at the Joyce Palmer Health Service and were greeted by eager TAFE students who were studying their Certificates in Aboriginal and Torres Strait Islander Primary Health Care. The aim of the forum was to provide the students with information and tools to help them with their studies, particularly around developing their scope of practice, understanding CPE, and the new NATSIHWA Members Portal. When these students become full NATSIHWA members they will now know how to navigate the portal, access online training, resources, upload and record CPD, as well as exporting reports for AHPRA accreditation.

Chair of the NATSIHWA Board and QLD representative, Josslyn Tully, updated the students on the new changes to QLD Health legislation and the Health Practitioner role. Autism QLD EI ILO Stephen Thompson gave a presentation on the EI ILO Program, childhood disability, developmental red flags, pathways for diagnosis, the benefits of early intervention, and funding options for early intervention. We were also lucky to have on board the guys from the Rural and Remote Clinical Support Unit, Mary King, Sean Booth and Simon Costello. This team presented workshops around the Primary Clinical Care Manual 9th Edition, the Chronic Conditions Manual 1st Edition and the PARROT Online Education Modules.

You can watch a short video about this forum at www.natsihwa.org.au/natsihwa-palm-island-forum-2018

Mt Isa – 2 May 2018

After a warm welcome to country from Kalkadoon Elder and well known artist, Barbara Sam, the day kicked off with some fabulous discussion around the needs and challenges of today's workforce. This year's tone for our national professional development days was all about the Health Worker and Health Practitioner and how we could add value to their day. This means participants return to the workforce with a new level of confidence knowing what is happening in their profession and how we are supporting it.

The first morning session was all about the red flags of autism as presented by Stephen Thompson from Autism QLD. Straight after morning tea we dove head first into the importance of developing a scope of practice for participants' roles. We encouraged all Health Workers and Health Practitioners to use either the one their state has offered or the one that we have developed nationally. Rounding off the day was the lovely Kaye Smith from Gidgee Healing who shared with the success stories from the Deadly Choices program that resulted in an increased number of completed youth health checks. A big thank you to Gidgee Healing for allowing us to attend their Flu Shot Day on the Thursday morning. Dallas Leon, CEO, showed us how they encourage community to receive their flu shots with a fun day of raffles, music, community and a yummy BBQ steak sandwich afterwards.

Alice Springs – 21 June 2018

NATSIHWA forum crew would like to give a big round of applause to the attendees and presenters who made the effort to attend our Alice Springs forum. The day was not only filling to our bellies (thanks Mercure for an awesome feed), but filling to our minds and warming to our hearts.

The warm Welcome to Arrernte Country was from Elder Sabella Turner, who reminded us to get our kids into health education pathways because of the critical ageing workforce challenge. The day continued with a NATSIHWA update from our CEO Karl Briscoe, who explained our progress on current workforce issues, as well as what challenges we are still facing and how we plan to address them.

The amazing team from AMSANT provided a local update on career pathways and the vital role they are playing in collecting health career stories and how that will help our workforce. The ladies from Rheumatic Heart Disease (RHD) Australia showed us the Diagnostic App that can be used on phones anywhere. They shared stories that inspired us all to get the early diagnosis of acute rheumatic fever message out in our communities.

Stephen Thompson from Autism QLD gave us the latest update on changes in the National Disability Insurance Scheme (NDIS) and how that has affected Autism QLD. Tricia Eldridge from Diabetes Qld filled us in on the latest diabetes statistics and what we can do about it, from an education perspective as well as in terms of implementation into the workforce.

National Framework for Determining Scope of Practice

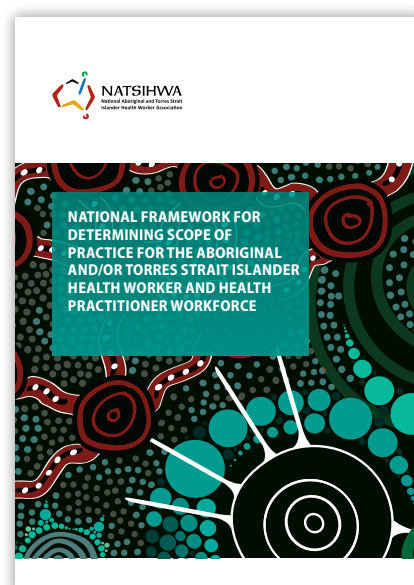
In February 2018, NATSIHWA officially launched the *National Framework for Determining Scope of Practice for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce*.

The document is designed to support employers and managers to work with their Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to establish and define their scope of practice. The document provides a template and a set of practical questions that need to be addressed when developing a scope of practice. State and Territory legislation and regulation affects the work an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner is authorised to undertake. The Framework helps to consider this, but also draws on the job's role and responsibilities, the service needs and an individual's training and qualifications.

The Framework will better enable and support employees in health services to reach their potential and utilise their skills and capabilities. A scope of practice supports better service delivery and improves workforces.

The launch was the result of a process initiated by NATSIHWA in April 2014, involving the support and contributions of the Aboriginal Community Controlled Health Sector, the State and Territory health agencies, the Australian Government Department of Health, Health Workforce Division and the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG).

The NATSIHWA website will continue to be updated to feature best practice examples of the Framework being used. To view our video on the Scope of Practice visit <https://www.natsihwa.org.au/natsihwa-scope-practice>



The scope of practice of a profession is the full spectrum of roles, functions, responsibilities, activities and decision-making capacities which individuals who make up the profession are educated, competent and authorised as part of that profession to perform.

The scope of practice of an individual is that which the individual is educated, authorised and competent to perform.

Census data

Census data reveals a profession that needs support to meet the growing needs of our communities.

In April 2018, NATSIHWA Policy Officer Alyson Wright analysed Census data from 2006, 2011 and 2016 to determine the age, sex and location of people categorised as an “Indigenous Health Worker” (IHW). These people may or may not have been members of NATSIHWA.

The results show a 33% rise in the number of IHWs nationally over the 10 year period (from 1009 to 1347 IHWs). However, this increase has not been enough to keep up with Aboriginal and Torres Strait Islander population growth (221 IHWs per 100,000 people in 2006 to 207 IHWs per 100,000 people in 2016, see Figure 1).

The analysis shows a retention of IHWs in the older age groups (45-54, 55-64, 65+). However, people aged 44 years are not entering the profession at a rate required to sustain the profession over the longer term. This may represent a lack of employment and training opportunities for this younger age group, or perhaps the attraction of other health professions.

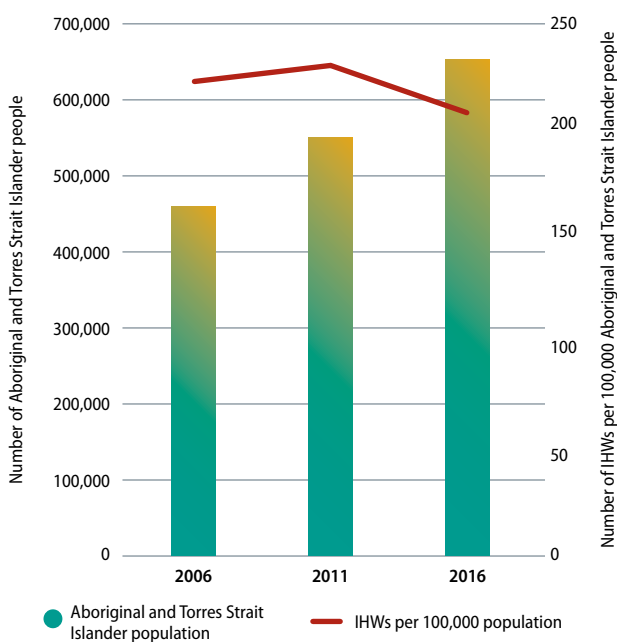


Figure 1. Number of Indigenous Health Workers (IHWs) per 100,000 Aboriginal and Torres Strait Islander people, Australian Bureau of Statistics Census data, 2006, 2011 and 2016.

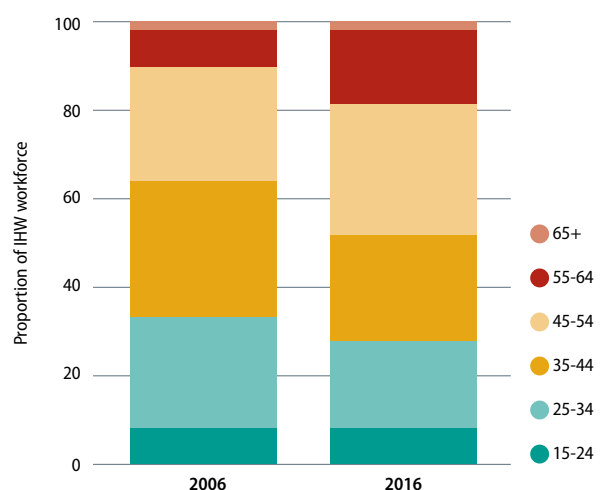


Figure 2. Proportion and number of Indigenous Health Workers in each age group, Australian Bureau of Statistics Census data 2006 and 2016.

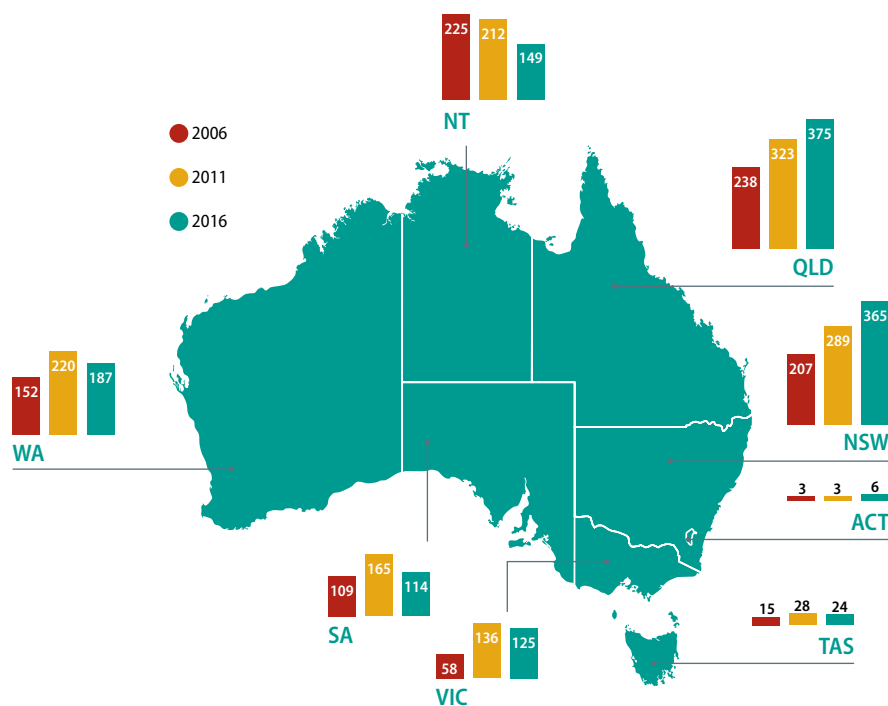


Figure 3. Total number of Indigenous Health Workers by State and Territory, Australian Bureau of Statistics Census data 2006–2016.

Queensland and NSW saw substantial increases in IHW numbers over the period, but elsewhere numbers were stagnant or declined (Figure 3). The loss of IHWs is particularly marked in the Northern Territory. There are nearly three times as many female as male IHWs, and this gap widened between 2006 and 2016 (Figure 4).

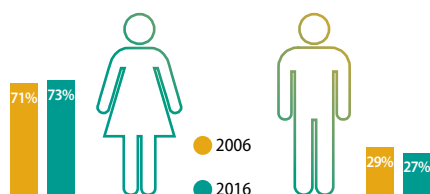


Figure 4. Total number of male and female Indigenous Health Workers by State and Territory, Australian Bureau of Statistics Census data 2006 and 2016.

By improving the data we collect about our growing membership, NATSIHWA hopes to gain further and more accurate insights into the changing workforce. However, this simple analysis of Census data shows that the small increase in the number of Indigenous Health Workers from 2006 to 2016 masks substantial issues in workforce growth, retention and recruitment. This data adds weight to the call for a National Indigenous Health Workforce Strategy and the need to address critical recommendations in the Australian Government's *Growing our Future* report.¹

1. Health Workforce Australia, 2011. *Growing Our Future: the Aboriginal and Torres Strait Islander Health Worker Project Final Report*. Adelaide. Available from <http://www.voced.edu.au/content/ngv%3A52970>

CEO represents at United Nations

NATSIHWA was represented on the world stage when CEO Karl Briscoe attended the United Nations Permanent Forum on Indigenous Issues (UNPFII) in New York in April. The theme for the Forum was “Indigenous peoples’ collective rights to lands, territories and resources”.

Immediately before the Forum, Karl participated in a three day intensive workshop, together with representatives of 20 different First Nations. Participants were trained in the history and content of the Declaration on the Rights of Indigenous Peoples, and on the mechanisms through which the Forum reports to the United Nations. Participants were also trained to prepare ‘interventions’ (speeches with specific recommendations) to be presented during the Forum. Karl also attended the Global Indigenous Caucus, working with other representatives from the Pacific to formulate an intervention.

Not only did he participate in the group’s intervention presentation, Karl also submitted an intervention which saw him appear on the speakers list. Due to time constraints, Karl narrowly missed out on presenting his intervention to the Forum. However, he did present to the UN Permanent Forum’s Pacific member Les Melzer and submitted it online.

Attending the Forum provided numerous networking opportunities, including breakfast with Gillian Bird, Ambassador and Permanent Representative of Australia to the United Nations.

There was substantial interest in our unique profession from Mexico, Nicaragua, New Zealand, Canada and the United Nations Voluntary Fund. A shared vision of a global network of Indigenous Health Worker peak bodies may yet come to fruition.

Karl’s travel was subsidised by a United Nations Voluntary Fund bursary.



What is the Forum?

The United Nations Permanent Forum on Indigenous Issues is a high-level advisory body to the Economic and Social Council. The Forum was established on 28 July 2000, with the mandate to deal with Indigenous issues related to economic and social development, culture, the environment, education, health and human rights.

More specifically, the Permanent Forum:

- provides expert advice and recommendations on Indigenous issues to the Council, as well as to programmes, funds and agencies of the United Nations
- raises awareness and promotes the integration and coordination of activities related to Indigenous issues within the UN system
- prepares and disseminates information on Indigenous issues.

NATSIHWA CEO’s recommendations to the Forum

1. We recommend to the Australian Government for the inclusion of Aboriginal and Torres Strait Islander people’s involvement in decisions relating to health and wellbeing priorities, including the allocation of funding to these priorities, with a particular viewpoint of self-determination as it relates to Article 3 of the Declaration.
2. We also recommend the Australian Government further support the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforces in order to improve Indigenous people’s health through economic and social conditions outlined in Article 21 of the Declaration.



NATSIHWA @NATSIHWA · 12/4/18

NATSIHWA CEO update on the first day of @Tribal_Link Access Program in NY. Great historical overviews with the beginnings of the Permanent Forum in 1977 then in 2007 the General Assembly adopted the UNPFII some 30 years later. Heavy going but great insights into UN @briscoe_karl

NATSIHWA @NATSIHWA · 13/4/18

Day 2 of @Tribal_Link training worked on an intervention to be presented at the UNPFII. Just finished at 11.30pm feeling tired however am absolutely enjoying the training. @briscoe_karl

NATSIHWA @NATSIHWA · 15/4/18

Final day Access Program training @Tribal_Link undertook simulated training on Interventions. Participants dressed in traditional regalia & explained its representation. Totally enjoyed the training and now have a deeper understanding of the UN processes. @briscoe_karl - at United Nations

NATSIHWA @NATSIHWA · 17/4/18

At the opening of the United Nations Permanent Forum 17th Session on Indigenous Issues in the General Assembly. 'Land Rights are critical to the survival of Indigenous Peoples' 'No one is left behind which includes Indigenous peoples' @NATSIHWA @NACCHOAustralia @briscoe_karl - at United Nations General Assembly

NATSIHWA @NATSIHWA · 6d

Following the opening of 17th PFII; followup recommendations discussed. Followed by feedback on the Implementation of the 6 mandated areas; Eco and Social Development, Culture, Environment, Education, Health, Human Rights. Followed by side events. @briscoe_karl @NACCHOAustralia

NATSIHWA @NATSIHWA · 5d

Early start with breakfast at the UN Australian Ambassador office and the Australian delegation. Was great to meet our mob being represented at the UNPFII. @briscoe_karl @NACCHOAustralia @congressmob @AIDAAustralia @CATSINaM @IAHA_National

NATSIHWA @NATSIHWA · 5d

Day 2 UNPFII started with training on Un processes followed by discussion on Indigenous peoples right to land, territories and resources with the Substantial Development goals tge day culminated in cultural reception. @NACCHOAustralia @congressmob - at United Nations

Member profile

Shaun Tatipata

I am a descendant of the Wuthathi people with family connections on my mother's side to the Narrendjerri nation. I was born and raised on Larrakia country in Darwin where I still reside today with my wife (Belinda) and two sons (Tavis and Kaleb).

In 2001, I trained to be an Aboriginal Health Worker at Danila Dilba Health Service where I then had the privilege of working alongside some of the most inspirational health workers for over ten years.

Prior to this I was working as a labourer, and although it was friends and family that encouraged me to apply for the training, it was the strength and the courage that my 3 year old niece Amelia (Mena) showed during her battle with Leukemia that really ignited my passion for helping others.

Upon graduating, my first job as an AHW was in Danila Dilba's Knuckey Street Clinic where my clinical and cultural education continued daily thanks to the generosity and guidance of my mentors. This instilled in me a strong desire to grow personally and professionally, and this attitude meant that I would seize opportunities as they were presented. This included applying for and winning the Eye Health Program Coordinator position where I then had the opportunity to travel to remote communities across the Top End of the NT.

This was my entry into eye health and to Program Management - both of which I thoroughly enjoyed doing. I remained in this role for 4 years and during this time I forged strong relationships throughout the eye health and vision care sector and I learnt the value of working in partnership with others to achieve greater outcomes.

Throughout my time at Danila Dilba there was a tremendous amount of support for AHWs and the value that was placed on these roles by the leadership of the organisation was very evident. This commitment is something that I attempt to emulate in the leadership positions I have held throughout my career, and something that I feel extremely proud of contributing to

in support of building our profession.

I am fortunate enough to continue this contribution in my current role as Manager of The Fred Hollows Foundation's Indigenous Australia Program where we work in partnership with Aboriginal Community Controlled Health Services to increase access to eye care for Aboriginal and Torres Strait Islander people.

Now, nearly 20 years into my career in health, I look back on those early defining moments that have helped shape the person and the health worker I am today. The obvious ones for me involve the people in my life including those I have had the privilege of working with or to be exposed to, and the support and encouragement that they have provided me along the way. Hearing those you hold in high regard tell you that they believe in you and that they expect great things from you in the future has had an enormous impact on me and my approach to pursuing my goals. My passion for helping people remains as does my desire to see the profession that has given me so much grow, and I am excited by what the future holds for us thanks to the great work of NATSIHWA.

Shaun Tatipata

*Manager, Indigenous Australia Program
The Fred Hollows Foundation*



Policy Position Statements

As a dedicated voice for Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners, NATSIHWA will continue to play a strong role in representing and promoting members' needs and priorities with groups and organisations who develop relevant policy and programs, make funding decisions, and design and/or deliver education and training.

As a cornerstone of our Communication Strategy, NATSIHWA released six Policy Position Statements in 2018. These statements are:

1 The importance of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in Australia's health system

NATSIHWA asserts that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are pivotal to delivery of culturally safe, and thus effective, health services and where this is not fully understood, NATSIHWA will devote its efforts to advance the professional standing of its members.

3 Health improvements through a Makarrata

The upstream determinants of health have to be addressed in order to see improvements in the health of Aboriginal and Torres Strait Islander peoples. Health services on their own are insufficient. They can however make an important contribution, not only for sick care, but for health and wellbeing development. Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are primary agents of change within the health system for improving the health of their peoples, playing their part in achieving reconciliation. They can be leaders in their communities, taking ownership of their roles in addressing health problems and devising local culturally appropriate solutions. They make an important contribution to empowering their peoples to take charge of their own health. Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners should be supported in their training, health system participation and careers.

5 Local measures of progress

Local work on targets and measures is important for local purposes. This effort is also important groundwork in the development of a national unifying approach for measuring and reporting progress. NATSIHWA's members are at the front line of comprehensive primary health care and as local community members understand the issues their communities face. They can participate through:

- consultation on what their communities value as progress
- collecting and managing data
- establishing rigour and reporting on data quality issues
- interpreting results and contributing to discussions
- providing feedback to community
- helping to make plans and changes
- sharing their experiences with others.

2 The centrality of culture

With cultural safety inseparable from high quality and effective care, health services for Aboriginal and Torres Strait Islander people should employ Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners and undertake the appropriate structural and system changes, and ongoing reflection on their cultural competence, to maximise the benefits.

4 The power of local data

Local data for program evaluations and research in local contexts are required. This work should be owned by Aboriginal and Torres Strait Islander people with local participation in which its members can play a significant role. NATSIHWA's members have the cultural and health services understanding to be pivotal to successful evaluation and research. Our members should not just be viewed as research participants or data collectors. They can act as expert participants and/or lead researchers with the appropriate training and opportunities. Training in data collection, analysis and use in evaluation in research should be part of their ongoing professional development. Our members are in the best place to link health program management with the community for investigations, in drawing on their lived experience for their own research questions and engage in collecting, analysing and interpreting the relevant data. NATSIHWA's members can use their voices.

6 The importance of primary health care

Comprehensive approaches to primary health care are essential to improving health outcomes for Aboriginal and Torres Strait Islander people. Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are operationalising the front line in primary health care and are strong advocates for their clients and communities.

With increased workforce development, aligned professional development and capacity building, and greater resources for positions across the health care system, our workforce could be operationalised and more utilised to work across the spectrum of health care and in delivery of health care services.

The statements and their respective background discussions are available on our website www.natsihwa.org.au/our-publications/position-statements

Budget announcement

2018 Budget announcement benefits Aboriginal and Torres Strait Islander workforce.

Important measures announced in the 2018 Australian Government budget signalled growth in funding for Aboriginal and Torres Strait Islander workforce organisations, including NATSIHWA, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), the Indigenous Allied Health Alliance (IAHA) and the Australia Indigenous Doctors Association (AIDA). The Government committed \$33.4 million over four years to support our organisations. This continued support will ensure the sustainability of NATSIHWA as we implement our Strategic Plan 2017-2020.

NATSIHWA also welcomes a number of other important measures for Aboriginal and Torres Strait Islander health announced in the Budget for, including

- an extra \$30 million for annual hearing assessments and follow-up treatment for children before they start school
- \$3 million for eye health, in addition to the \$31.3 million currently being provided
- a new Medicare Benefits Schedule item to support renal dialysis in remote areas
- \$25 million to Purple House for on-country dialysis and prevention program



NATSIHWA CEO Karl Briscoe was nominated to speak on behalf of the four Peak Organisations (NATSIHWA, AIDA, AIHA & CATSINaM) at the Budget Press Conference in the Senate Courtyard in Parliament House on Wednesday

- \$4.8 million for the elimination of crusted scabies in Aboriginal and Torres Strait Islander communities by 2022
- \$8 million to combat Human T-cell Lymphotropic Virus-1 (HTLV-1) and other emerging communicable diseases in remote communities.

Update on the review of the Modern Award

NATSIHWA has continued to actively pursue members' interests in the review of the Aboriginal Community Controlled Health Services Award 2010 ('the Modern Award'). This award was introduced by NACCHO in 2010 in recognition that there was no award specifically for Health Workers employed by community-controlled health services. NATSIHWA engaged the legal firm Kennedys (formerly EWL Ebsworth) to prepare and argue our case with the Fair Work Commission.

A final report was delivered to the Full Bench of the Commission in September 2017, which published its decision in March 2018. A number of substantive claims raised by NATSIHWA have not been agreed between the interested parties or resolved by the decision, and NATSIHWA intends to pursue these claims.

These claims include:

- changing the coverage of the Award to cover all Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners
- movement of Health Practitioners and Advanced Health Workers (with a Diploma of Aboriginal and/or Torres Strait Islander Health Care) to a new Grade 5
- introducing a new Grade 6 as an incentive to undertake advanced training
- a variation to the ceremonial leave clause to include leave for bereavement-related ceremonies and obligations
- introduction of allowances for occasional interpreting, heat, isolation and medication administration.

Those interested in following the case can view up to date reports at www.fwc.gov.au/awards-and-agreements/modern-award-reviews/4-yearly-review/award-stage/award-review-documents/MA000115?m=AM2014/250

Measuring our performance

NATSIHWA's goal is to improve understanding in the health system of the role, scope and effective deployment of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, as a vital and valued component of a strong professional Aboriginal and Torres Strait Islander health workforce needed to close the gap in health outcomes for Aboriginal and Torres Strait Islander Australians.

Under our 2017-2020 Strategic Plan, the work to address this goal is organised under four focus areas. Each has an objective, key strategies, 'impact' and 'process' indicators. Impact indicators are used to judge progress toward or achievement of objectives, and also focus on difference or change. Process indicators are used to judge the effectiveness and appropriateness of strategies, and focus on issues of satisfaction, quality, audience and reach.

NATSIHWA is committed to a nationally 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.

AREA 1: PROFILE OF NATSIHWA ACROSS ALL HEALTH SECTORS

Objective 1

To raise the profile of NATSIHWA across all health sectors.

Impact indicator 1.1

Members and stakeholders from all sectors of the health system value NATSIHWA's role, and hold a positive opinion about the nature and effectiveness of its work.

Impact indicator 1.2

The number of NATSIHWA Full Members exceeds 1,000 by 2020.

| STRATEGIES | PROCESS INDICATORS | PROGRESS IN 2017-18 |
|---|---|--|
| 1.1 Promote the full range of work that NATSIHWA undertakes, its progress in addressing and achieving priorities to members and stakeholders in all sectors of the health system. | Members and external stakeholders have an appreciation of NATSIHWA's full range of work and achievements. | <ul style="list-style-type: none"> 45 newsletters containing updates on the work of NATSIHWA, including reports from the CEO and Board. NATSIHWA presentations delivered at each of the nine regional Professional Networking Forums. Representation at: Yabun festival, Laura dance festival, Garma festival, IAHA Conference, Health Justice Partnership Conference, CATSINaM Conference, AIDA Annual conference, NACCHO Conference, AHC of WA Conference & Bowraville school – Future Health Champions Indigenous Health Workforce Expo. |
| 1.2 Implement NATSIHWA's Communication Strategy promoting key messages and employing a variety of communication mechanisms (also see Strategy 4.1) including publication of policy position statements on key issues on the NATSIHWA website. | NATSIHWA's Communication Strategy updated and available and its policy position statements are: <ul style="list-style-type: none"> easily available to members and external stakeholders are reviewed and, where required, updated on a biennial basis. | <ul style="list-style-type: none"> Communication Strategy updated to cover 2018-2020. Six Policy Position Statements endorsed and published on the NATSIHWA website. |
| 1.3 Refine the national membership recruitment campaign so it focuses on reaching health sectors and/or geographic locations with low representation in the membership. | There is a greater proportion of members from health sectors and/or geographic locations that were not well represented in the June 2017 membership figures. | <ul style="list-style-type: none"> Increase of membership in jurisdictions that were poorly represented: <ul style="list-style-type: none"> Tasmania: 37% increase South Australia: 20% increase ACT: 20% increase Victoria: 8% increase. Method of surveying Full Members improved to collect comprehensive data on health sector and geographical representation. |
| 1.4 Articulate and promote the benefits of being a NATSIHWA Member for all member categories. | Members have a clear understanding of the rights and benefits associated with their membership category. | <ul style="list-style-type: none"> Benefits of membership listed on website. 'Members benefits' brochure published and provided at forums and other events. Annual members survey found that most Full Members were aware of the forums and the eNewsletter: <ul style="list-style-type: none"> Proportion of full members aware of benefit: <ul style="list-style-type: none"> Access to Forums, Workshops, Dinners and networking activities across Australia 64% Regular NATSIHWA eNews Subscription 58% Access to NATSIHWA resources and support from the NATSIHWA Secretariat 37% Use of the NATSIHWA tool for CPD records and advice 35% Voting and speaking rights at the AGM 33% Formal membership certification 29% Course information and phone advice on professional development opportunities 24% Reduced registration costs for NATSIHWA events and award ceremonies 22% Input into NATSIHWA representation at local/State/Territory and Commonwealth levels 21% Individual career pathway advice 18%. |

AREA 2: SCOPE OF PRACTICE FOR THE WORKFORCE

Objective 2

To increase appropriate use of skills and integration of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners into health services across all sectors in the health system.

Impact indicator 2.1

Stakeholders from all sectors of the health system report high interest in, and improved ability to develop, a scope of practice for best employment of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

Impact indicator 2.2

Stakeholders from all sectors of the health system report both knowledge and use of the good practice models on the effective deployment of, and expanded career pathways for, Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

| STRATEGIES | PROCESS INDICATORS | PROGRESS IN 2017-18 |
|--|---|---|
| 2.1 Promote widely the use of <i>National Framework for Determining Scope of Practice for Aboriginal and/or Torres Strait Islander Health Worker/ Health Practitioner Workforce</i> among members and other stakeholders and publish worked examples. | Forums include sessions on the Framework with presentations of its use and with opportunities for feedback on any difficulties on use. Website publications of worked examples and possible improvements to the Framework. | <ul style="list-style-type: none"> Framework officially launched in February 2018. Available on NATSIHWA website. Scope of Practice sessions included in Palm Island and Mt Isa forums. Framework publicised in Croakey article www.croakey.org/tips-for-making-the-most-of-the-aboriginal-health-worker-and-practitioner-workforce One worked example published on NATSIHWA website. |
| 2.2 Explore opportunities with stakeholders to resource the identification, documentation and promotion of models of care that demonstrate practice integration of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners despite their diverse scopes of practice. | One or more external stakeholders collaborate with NATSIHWA to identify and document existing models of care that are good practice exemplars. Exemplars represent one or more jurisdictions, and different health sectors and contexts. | <ul style="list-style-type: none"> This work will be a focus for 2018-19. |
| 2.3 Continue to advance the desired changes to the Modern Award. | Keep members up to date with progress on the Modern Award and the implications. | <ul style="list-style-type: none"> NATSIHWA made a submission to the Commission to advance our claims to change the coverage of the Award in April 2018. Updates given through the newsletter. |
| 2.4 Promote and distribute good practice exemplars of effective deployment of and career pathways for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners across all health sectors and contexts. | The good practice exemplars are available on the NATSIHWA and other relevant websites, and promoted through NATSIHWA-led forums or invited presentations. | <ul style="list-style-type: none"> This work will be a focus for 2018-19. |

AREA 3: PROFESSIONAL SUPPORT AND DEVELOPMENT FOR MEMBERS

Objective 3

To improve the accessibility and quality of professional support and professional development opportunities for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

Impact indicator 3.1

Members report that NATSIHWA's professional information and support, including the online portal, professional networking forums and the Conference:

- are relevant to their professional needs and expectations
- are of high quality
- are offered in accessible formats and/or locations.

Impact indicator 3.2

Members report that NATSIHWA's information about professional development opportunities:

- is relevant to their professional needs and expectations
- offers them valuable options for skill development and new career pathways.

| STRATEGIES | PROCESS INDICATORS | PROGRESS IN 2017-18 |
|--|--|---|
| 3.1 Identify and provide relevant information on professional support and professional development opportunities for Members on a regular basis. | Members report that information on professional support and development opportunities is provided on a regular basis via the Portal and newsletters. | <ul style="list-style-type: none"> • 45 newsletters circulated by email and published on website, each providing information on professional support and development opportunities. • NATSIHWA Full Members now have access to the Members Portal. The latest news and professional information are easily accessible through this portal, with new resource links continually being added in order for members to keep improving their professional knowledge and skills relevant to their scope of practice. |
| 3.2 Establish and implement mechanisms for identifying and documenting Member's professional support and development needs and priorities on an annual basis, for use as a planning and monitoring tool. | Member's professional support and development needs and priorities are reviewed on an annual basis, and reflected in annual Activity Plans. | <ul style="list-style-type: none"> • NATSIHWA Full Members now have access to the Members Portal, which provides members with professional development opportunities and tracking of Continuous Professional Development (CPD) hours as an AHPRA requirement for Aboriginal and/or Torres Strait Islanders Health Practitioners. The latest news and professional information are easily accessible through this portal, with new resource links continually being added in order for members to keep improving their professional knowledge and skills relevant to their scope of practice. |
| 3.3 Provide NATSIHWA-led local professional forums in a variety of geographical locations for A&TSHWs and A&TSHIPs, in liaison with providers of relevant professional support and development, and employer groups. | NATSIHWA's locally-based professional forums are: <ul style="list-style-type: none"> • well attended by members • well supported by employer groups and professional development providers. | <ul style="list-style-type: none"> • Nine Professional forums held in five states (including in the Torres Strait) and the Northern Territory. • Forums attended by 116 members. |
| 3.4 Hold a biennial NATSIHWA Conference focused on professional support and development, profiling the scope of practice of A&TSHWs and A&TSHIPs, and interdisciplinary approaches. | The NATSIHWA Conference is: <ul style="list-style-type: none"> • well attended by members • attracts interest from other health workforce disciplines • well supported by employer groups and professional development providers. | <ul style="list-style-type: none"> • Planning for 2019 Conference commenced. |

AREA 4: REPRESENTATION AND PROMOTION OF WORKFORCE NEEDS

Objective 2

To extend our influence on national and jurisdictional policy development and decision-making that impacts on the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce.

Impact indicator 4.1

The Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce is enhanced to better care for Aboriginal and Torres Strait Islander peoples.

| STRATEGIES | PROCESS INDICATORS | PROGRESS IN 2017-18 |
|--|--|---|
| 4.1 Review, revise and expand NATSIHWA policy position statements, as a foundation for national representation and promotion (also see Strategy 1.2). | NATSIHWA policy position statements are available on the NATSIHWA website, and can be used in submissions, proposals, representation work and invited presentations. | <ul style="list-style-type: none"> Six Policy Position Statements now available on the NATSIHWA website. |
| 4.2 Determine national and jurisdictional representation priorities based on how well they relate to NATSIHWA priorities and policy positions. | All national and jurisdictional representation work has a direct relationship with NATSIHWA's Strategic Directions and policy positions. | <ul style="list-style-type: none"> Activity plan developed to align activities with Strategic Plan and Policy Position Statements. |
| 4.3 Represent the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce and promote this in national and, where appropriate, jurisdictional forums. | NATSIHWA members are highly satisfied with NATSIHWA's representation and promotion on their behalf at national and/or jurisdictional levels. | <ul style="list-style-type: none"> Representation on: National Health Leadership Forum, Close the Gap Committee, Rural Health Stakeholder Roundtable, MBS review – Indigenous Health Clinical Committee, National Rural Health Alliance & Health Worker Industry Reference Committee. Representations at: Yabun festival, Laura dance festival, Garma festival, IAHA Conference, Health Justice Partnership Conference, CATSINaM Conference, AIDA Annual conference, NACCHO Conference, AHC of WA Conference & Bowraville school – Future Health Champions Indigenous Health Workforce Expo. Annual Survey indicates most Full Members are satisfied with NATSIHWA's representation and promotion: <ul style="list-style-type: none"> Proportion of Full Members indicating that NATSIHWA's delivery on key issues is "good" or "very good": Promoting the role of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners 66% Supporting our profession and individuals to develop Scopes of Practice 60% Working with other key Aboriginal and Torres Strait Islander organisations to advance health outcomes for Aboriginal and Torres Strait Islander people 61% Promoting and supporting training and career pathways for Health Workers and Health Practitioners 59% Supporting members to record their continuing professional development hours 59% Providing information on professional support and development opportunities on a regular basis (via newsletters and/or the Members Portal) 63% Working with other organisations to develop and deliver continuing professional development opportunities 53% |
| 4.4 Engage in networking and outreach activities with stakeholders who both: <ul style="list-style-type: none"> lead or participate in work that is relevant to NATSIHWA priorities and policy positions can assist in addressing NATSIHWA priorities. | There is evidence of increased networking and outreach that results in NATSIHWA gaining direct support for addressing its priorities. | <ul style="list-style-type: none"> Substantial networking with: National Health Leadership Forum, Close the Gap steering committee, National Rural Health Alliance, National Congress of Australia's First People, Lowitja Institute for Aboriginal and Torres Strait Islander Health Research, National Heart Foundation, AHPRA Aboriginal and Torres Strait Islander Health Strategy Group, MBS Review Indigenous Health Clinical Committee, Industry Reference Committee, Australian Indigenous Governance Institute, CaTSINAM, AIDA & IAHA. |

Future activities

Training and mentoring

Over the next year we will develop and implement the NATSIHWA Mentor Program. Mentoring offers a great opportunity for both Mentors and Mentees to develop their skills, share key knowledge, encourage the formation of networks and work towards future goals. Under our program, Full Members will have access to NATSIHWA-accredited mentors who have completed a 12 week course.

From 2019, NATSIHWA will hold an annual national conference, featuring an international guest speaker. There will be a pre-conference workshop that includes training in leadership, governance, working with the media, and Mentor and Mentee relationships.

We will continue to work to promote and extend continuing professional development (CPD) opportunities for members, and support members' to maintain their CPD records.

Developing leadership

The NATSIHWA Excellence Awards will be an annual event associated with our national conference. Award recipients will be offered leadership development opportunities suitable to their current career stage and professional needs. This may include a leadership course, a study tour, training to become a mentor in NATSIHWA's Mentoring Program, being an invited speaker at a forum and/or the next national conference, co-presenting the subsequent Award in the category they won, and/or involvement in the Indigenous Allied Health Australia Team Fusion event.

Building upon the connections made by our CEO at the United Nations this year, NATSIHWA will develop and strengthen international engagement and relationships, with the potential to formalise an International Health Worker network. We aim for NATSIHWA to be represented at an international conference and meetings to promote the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner profession, support the development of international Community Health Workers, and to learn from their experience in other countries. We will also work towards establishing an international study tour or exchange for our members.

By undertaking succession planning and building the number, expertise and experience of Aboriginal and Torres Strait Islander staff, we will ensure NATSIHWA has the internal leadership capacity to thrive. There will be increased opportunities for professional development and shadowing of senior staff. There will also be trainee opportunities within NATSIHWA for members.

Strengthening cultural safety

We will review NATSIHWA's 2013 Cultural Safety Framework document and implementation. This will include developing a network with the vocational education and training (VET) sector to deliver cultural safety training based on the Framework. We will work with other workforce and community-controlled peak bodies to ensure a national approach to cultural safety and competence that has integrity, is coordinated and effective.

Engaging and supporting students

One of the ways our profession is unique is that many Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner students are already engaged in the workplace when they undertake their training. Our research (*see page 20 Census data*) indicates that to meet the needs of our communities, we need more Aboriginal and Torres Strait Islander people to enter the profession, and particularly younger people and men. Since the demise of the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIRTONN), there has been no national network of RTOs that deliver training for Aboriginal and Torres Strait Islander Health Workers and Practitioners. We aim to support students to enrol and complete their training, and will:

- form a national network of RTOs
- conduct a listening tour of RTOs, engaging with students and trainers to understand their experience
- undertake research on outcomes for students enrolled in the Aboriginal and Torres Strait Islander Primary Health Care courses.

Research and development

NATSIHWA will enhance our strategic alliances and partnerships with research organisations to progress opportunities to examine and understand workforce issues, with a particular focus on recruitment and retention issues.

We will promote the role of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in community-based health research, so that research priorities are influenced and driven by community priorities.

We commit to implementing an annual membership survey and audit of all membership categories.

Governance and Board

NATSIHWA Board

Josslyn Tully

Chair, Queensland

Jacob Prehn

Deputy Chair, Tasmania

Christine Ingram

Treasurer, Victoria

David Follent

Secretary, New South Wales

Thelma Weston

Australian Capital Territory

Yancy Laifoo

Torres Strait

Robert Dann

South Australia

Naomi Zaro

Western Australia

Natalie Pangquee

Northern Territory

To serve on the Board of NATSIHWA takes a commitment of time and energy. We thank all members who served on the Board of Directors during 2017-18.

Board activity in 2017–18

The Board of Directors met four times in 2017–2018. Key decisions and activities included:

- endorsement of a new Constitution
- endorsement of a new Strategic Plan 2017-2020
- Modern Award negotiations with the Fair Work Commission
- planning for a Professional Development Symposium for full members in 2018
- endorsement of six Policy Position Statements
- ongoing review of NATSIHWA policies and procedures
- endorsement the Flow Chart for MBS item numbers resource available via the Full Members Portal
- development of NATSIHWA's National Mentoring program
- funding of the Peak Aboriginal and Torres Strait Islander Workforce Organisations
- undertaking a Leadership and Team Building workshop, during which Directors addressed their leadership strengths, abilities and capabilities to reach higher levels of individual and team leadership performance.



Back row L–R: Robert Dann (SA), Jacob Prehn (Tas), David Follent (NSW), Josslyn Tully – Chairperson (Qld)

Front row L–R: Karl Briscoe – CEO, Christine Ingram (Vic), Aunty Thelma Weston (ACT), Naomi Zaro (WA), Yancy Laifoo (TSI), Natalie Pangquee (NT)

Financial Statements 2017–18

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Directors' report

Your directors present their report on the company for the financial year ended 30 June 2018.

DIRECTORS

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

Josslyn Tully – Chairperson

Christine Ingram – Treasurer

David Follent – Secretary (Appointed Secretary on 6 February 2018)

Yancy Laifoo

Jacob Prehn

Naomi Zaro

Robert Dann

Natalie Pangquee

Thelma Weston (retired as Secretary on 6 February 2018)

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 raise the profile of NATSIHWA across all health sectors.

Objective 2: To increase appropriate use of skills and integration of Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioners into health services across all sectors in the health system.

Objective 3: To improve the accessibility and quality of professional support and professional development opportunities for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

Objective 4: To extend our influence on national and jurisdictional policy development and decision-making that impacts on the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce.

STRATEGY FOR ACHIEVING THE OBJECTIVES

Objective1:

Members and stakeholders from all sectors of the health system value NATSIHWA's role and hold a positive opinion about the nature and effectiveness of its work.

The number of NATSIHWA Full Members exceeds 1,000 by 2020

Objective 2:

Stakeholders from all sectors of the health system report high interest in, and improved ability to develop, a scope of practice for best employment of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

Stakeholders from all sectors of the health system report both knowledge and use of the good practice models on the effective deployment of, and expanded career pathways for, A&TSIHWs and A&TSIHPs.

Objective 3:

Members report that NATSIHWA's professional information and support, including the online Portal, professional networking forums and the Conference:

- are relevant to their professional needs and expectations
- are of high quality
- are offered in accessible formats and/or locations.

Members report that NATSIHWA's information about professional development opportunities:

- is relevant to their professional needs and expectations
- offers them valuable options for skill development and new career pathways.

Objective 4:

The Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce is enhanced to better care for Aboriginal and Torres Strait Islander peoples.

Principal Activity

The principal activity of the company during the financial year was to improve understanding in the health system of the role, scope and effective deployment of Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioners, as a vital and valued component of a strong professional Aboriginal and Torres Strait Islander health workforce needed to close the gap in health outcomes for Aboriginal and Torres Strait Islander Australians.

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 |
|------------------|---------------------------|-----------------|
| Josslyn Tully | 4 | 4 |
| Christine Ingram | 4 | 3 |
| Thelma Weston | 4 | 4 |
| Yancy Laifoo | 4 | 3 |
| Jacob Prehn | 4 | 3 |
| Naomi Zaro | 4 | 4 |
| Robert Dann | 4 | 3 |
| Natalie Pangquee | 4 | 4 |
| David Follent | 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 2018, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$14,580 (2017: \$13,250).

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

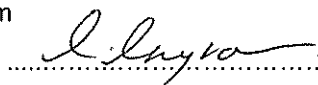
Director



Dated this 27th day of August 2018

Christine Ingram

Treasurer



Dated this 27th day of August 2018

Independent auditor's report



RSM Australia Partners

Equinox Building 4, Level 2, 70 Kent Street Deakin ACT 2600
GPO Box 200 Canberra ACT 2601

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INDEPENDENT AUDITOR'S REPORT

To the Members of National Aboriginal and Torres Strait Islander Health Worker Association Limited

Opinion

We have audited the financial report of National Aboriginal and Torres Strait Islander Health Worker Association Limited ("the Company"), which comprises the statement of financial position as at 30 June 2018, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Company 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 2018 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards and the Corporations Regulations 2001.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the Corporations Act 2001 and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor's report.

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

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2018, but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

THE POWER OF BEING UNDERSTOOD

AUDIT | TAX | CONSULTING

RSM Australia Partners is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

RSM Australia Partners ABN 36 965 185 036

Liability limited by a scheme approved under Professional Standards Legislation



If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors 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 gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the Company to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

A handwritten signature in dark ink, appearing to be 'RSM', written above the printed name.

RSM Australia Partners

A handwritten signature in dark ink, appearing to be 'Rodney Miller', written above the printed name.

RODNEY MILLER
Partner

Canberra, Australian Capital Territory
Dated: 27 August 2018

Independent auditor's declaration



RSM Australia Partners

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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 Worker Association Limited for the year ended 30 June 2018, 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

RODNEY MILLER
Partner

Canberra, Australian Capital Territory
Dated: 27 August 2018

THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING

RSM Australia Partners is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

RSM Australia Partners ABN 36 965 185 036

Liability limited by a scheme approved under Professional Standards Legislation

Director's declaration

In the director's opinion:

1. the attached financial statements and notes comply with the *Corporations Act 2001*, the Accounting Standards, the *Corporations Regulations 2001* and other mandatory professional reporting requirements;
2. the attached financial statements and notes comply with International Financial Reporting Standards as issued by the International Accounting Standards Board as described in Note 1 to the financial statements;
3. the attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2018 and of its performance for the financial year ended on that date; and
4. there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors made pursuant to section 295(5)(a) of the Corporations Act 2001.

On behalf of the directors

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

Director: 

Josslyn Tully

Dated this 27th day of August 2018

Treasurer: 

Christine Ingram

Dated this 27th day of August 2018

Statement of comprehensive income

FOR THE YEAR ENDED 30 JUNE 2018

| | | 2018 | 2017 |
|-----------------------------------|------|---------------|---------------|
| | Note | \$ | \$ |
| Revenue | 2 | 1,388,661 | 1,404,357 |
| Expenditure | 3 | (1,350,053) | (1,355,898) |
| CURRENT YEAR SURPLUS | | 38,608 | 48,459 |
| OTHER COMPREHENSIVE INCOME | | - | - |
| TOTAL COMPREHENSIVE INCOME | | 38,608 | 48,459 |

Statement of financial position

FOR THE YEAR ENDED 30 JUNE 2018

| | Note | 2018 | 2017 |
|----------------------------------|------|----------------|----------------|
| | | \$ | \$ |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 10a | 268,845 | 262,384 |
| Trade and other receivables | 5 | 48,032 | 122,387 |
| Inventories | 6 | 74,160 | - |
| TOTAL CURRENT ASSETS | | 391,037 | 384,771 |
| NON-CURRENT ASSETS | | | |
| Property, plant and equipment | 7 | 65,924 | 65,653 |
| TOTAL NON-CURRENT ASSETS | | 65,924 | 65,653 |
| TOTAL ASSETS | | 456,961 | 450,424 |
| CURRENT LIABILITIES | | | |
| Trade and other payables | 8 | 68,175 | 113,283 |
| Provisions | 9 | 59,856 | 46,819 |
| TOTAL CURRENT LIABILITIES | | 128,031 | 160,102 |
| TOTAL LIABILITIES | | 128,031 | 160,102 |
| NET ASSETS | | 328,930 | 290,322 |
| EQUITY | | | |
| Retained earnings | | 290,322 | 241,864 |
| Current year earnings | | 38,608 | 48,458 |
| TOTAL EQUITY | | 328,930 | 290,322 |

Statement of changes in equity

FOR THE YEAR ENDED 30 JUNE 2018

| | Retained Earnings | Total |
|-------------------------|----------------------|---------|
| | \$ | \$ |
| Balance at 1 July 2016 | 241,864 | 241,864 |
| Surplus from operations | 48,458 | 48,458 |
| Balance at 30 June 2017 | 290,322 | 290,322 |
| Surplus from operations | 38,608 | 38,608 |
| Balance at 30 June 2018 | 328,930 | 328,930 |

Statement of cash flows

FOR THE YEAR ENDED 30 JUNE 2018

| | Note | 2018 \$ | 2017 \$ |
|---|------|-------------|-------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Government grants received | | 1,480,518 | 1,480,518 |
| Sale of merchandise | | 16,060 | - |
| Sundry receipts | | 37,288 | 50,111 |
| Interest received | | 3,846 | 4,980 |
| Payments to suppliers and employees | | (1,506,953) | (1,491,853) |
| Net cash provided by operating activities | 10b | 30,759 | 43,756 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Fixed asset purchases | | (25,848) | (45,169) |
| Fixed asset disposals | | 1,550 | - |
| Net cash (used in) investing activities | | (24,298) | (45,169) |
| Net (decrease) increase in cash held | | 6,461 | (1,413) |
| Cash at beginning of year | | 262,384 | 263,797 |
| Cash at end of year | 10a | 268,845 | 262,384 |

Notes to the financial statement

FOR THE YEAR ENDED 30 JUNE 2018

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

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New or amended Accounting Standards and Interpretations adopted

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

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

Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB'), and the Corporations Act 2001, as appropriate for not-for-profit oriented entities. These financial statements also comply with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

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 diminishing value basis over the asset's useful life commencing from the time the asset is available for use as opposed to the straight line basis adopted in prior year. 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)**b. Property, plant and equipment (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 | 10-20% |
| Computer Equipment | 10-33% (2017: 10-25%) |

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

c. Financial instruments*Initial recognition and measurement*

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

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

Classification and subsequent measurement

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

i) *Loans and receivables*

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

ii) *Financial liabilities*

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

Impairment

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

Derecognition

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

d. Impairment of Assets

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. Inventories

Raw materials, work in progress and finished goods are stated at the lower of cost and net realisable value on a 'first in first out' basis. Cost comprises of direct materials and delivery costs, direct labour, import duties and other taxes, an appropriate proportion of variable and fixed overhead expenditure based on normal operating capacity, and, where applicable, transfers from cash flow hedging reserves in equity. Costs of purchased inventory are determined after deducting rebates and discounts received or receivable.

Stock in transit is stated at the lower of cost and net realisable value. Cost comprises of purchase and delivery costs, net of rebates and discounts received or receivable.

Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs of completion and the estimated costs necessary to make the sale.

i. 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.

j. 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.

k. 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 2018. 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 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 at 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.

AASB 1058 Income of Not-for-Profit Entities

This standard is applicable to annual reporting periods beginning on or after 1 January 2019. The standard replaces AASB 1004 Contributions and clarifies the treatment of the receipt of income by not-for-profit entities. Income received where there is an associated performance obligation should be recognised in line with the principles of AASB 15, whereas donations with no future obligation may be recognised immediately. In cases where assets or services that was received below market value, such assets or services should be recognised at fair value. When an entity receives volunteer services and can reliably measure the fair value of those services, the entity may elect to recognise the services as an asset (provided the relevant asset recognition criteria are met) or an expense. Local governments, government departments, general government sectors (GGSs) and whole of governments are required to recognise volunteer services if they would have been purchased if not provided voluntarily and the fair value of those services can be measured reliably. 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

| | 2018 \$ | 2017 \$ |
|-----------------------------------|------------------|------------------|
| Operating activities | | |
| DoHA funding | 1,345,925 | 1,345,925 |
| National Conference income | - | 27,192 |
| Total operating activities | 1,345,925 | 1,373,117 |
| Interest received | 3,846 | 4,980 |
| Sundry income | 24,290 | 26,260 |
| Merchandise income | 14,600 | - |
| Total revenue | 1,388,661 | 1,404,357 |

NOTE 3: PROFIT FROM OPERATIONS

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

Expenses:

| | | |
|--|------------------|------------------|
| Administration and related | | |
| - Merchandise related | 9,468 | - |
| - Depreciation of property, plant and equipment | 24,027 | 4,679 |
| - Accommodation and office (including Accounting, IT and Training) | 105,650 | 111,257 |
| - Operating lease payments | 33,060 | 31,065 |
| | <u>172,205</u> | <u>147,001</u> |
| Employee benefits | <u>704,638</u> | <u>588,064</u> |
| Governance and related | | |
| - Training | 24,644 | 29,402 |
| - Board meeting travel | 106,819 | 88,723 |
| | <u>131,463</u> | <u>118,125</u> |
| Member support and related (including cost of forums representation and support of members) | | |
| - General program | 78,748 | 191,210 |
| - Marketing | 25,749 | 29,164 |
| - Consulting | 44,642 | 14,390 |
| - Legal | 48,977 | 134,050 |
| - Travel related | 143,631 | 133,894 |
| | <u>341,747</u> | <u>502,708</u> |
| Total expenses | 1,350,053 | 1,355,898 |

NOTE 4: AUDITOR'S REMUNERATION

| | | |
|-------------------------------|---------------|---------------|
| Audit of the financial report | 13,340 | 13,054 |
| | <u>13,340</u> | <u>13,054</u> |

NOTE 5: TRADE AND OTHER RECEIVABLES

| | 2018 \$ | 2017 \$ |
|---------------------------|---------------|----------------|
| Trade debtors | 1,313 | - |
| GST receivable | 8,082 | 19,964 |
| Prepayments - Merchandise | - | 66,022 |
| Prepayments - Others | 38,437 | 36,201 |
| Bonds | 200 | 200 |
| | <u>48,032</u> | <u>122,387</u> |

NOTE 6: INVENTORIES

| | | |
|--------------|---------------|----------|
| Merchandises | 74,160 | - |
| | <u>74,160</u> | <u>-</u> |

NOTE 7: PROPERTY, PLANT AND EQUIPMENT

| | | |
|---------------------------------|---------------|---------------|
| Fixtures and fittings – at cost | 18,711 | 17,943 |
| Less accumulated depreciation | (6,876) | (4,005) |
| | <u>11,835</u> | <u>13,938</u> |
| Computer equipment – at cost | 79,814 | 67,677 |
| Less accumulated depreciation | (34,564) | (27,011) |
| | <u>45,250</u> | <u>40,666</u> |
| Office equipment – at cost | 20,029 | 20,029 |
| Less accumulated depreciation | (11,190) | (8,980) |
| | <u>8,839</u> | <u>11,049</u> |
| | <u>65,924</u> | <u>65,653</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.

| | Fixtures and Fittings \$ | Office Equipment \$ | Computer Equipment \$ | Total \$ |
|-------------------------|--------------------------------|---------------------------|-----------------------------|---------------|
| Balance at 1 July 2016 | 4,805 | 11,471 | 8,887 | 25,163 |
| Additions | 9,896 | 783 | 34,490 | 45,169 |
| Depreciation expense | (763) | (1,205) | (2,711) | (4,679) |
| Balance at 30 June 2017 | <u>13,938</u> | <u>11,049</u> | <u>40,666</u> | <u>65,653</u> |
| Additions | 767 | - | 25,081 | 25,848 |
| Disposal | - | - | (1,550) | (1,550) |
| Depreciation expense | (2,870) | (2,211) | (18,946) | (24,027) |
| Balance at 30 June 2018 | <u>11,835</u> | <u>8,838</u> | <u>45,251</u> | <u>65,924</u> |

NOTE 8: TRADE AND OTHER PAYABLES

| | | |
|-----------------|---------------|----------------|
| Trade creditors | 18,377 | 80,093 |
| Accruals | 27,698 | 10,750 |
| Other payables | 22,100 | 22,440 |
| | <u>68,175</u> | <u>113,283</u> |

NOTE 9: PROVISIONS

| | 2018 \$ | 2017 \$ |
|--------------|---------------|---------------|
| Annual Leave | 59,856 | 46,819 |
| | 59,856 | 46,819 |

NOTE 10: CASH FLOW INFORMATION**a. Reconciliation of cash**

| | | |
|--------------|----------------|----------------|
| Cash on hand | 802 | 500 |
| Cash at bank | 268,043 | 261,884 |
| | 268,845 | 262,384 |

b. Reconciliation of cash flow from operating activities

| | | |
|---|---------------|---------------|
| Surplus: | 38,608 | 48,458 |
| Non-cash flows in profit from ordinary activities: | | |
| Depreciation | 24,027 | 4,679 |
| Changes in assets and liabilities: | | |
| (Increase)/decrease in receivables | 74,355 | (98,194) |
| (Increase)/decrease in inventories | (74,160) | - |
| Increase/(decrease) in creditors | (45,108) | 71,690 |
| Increase/(decrease) in provisions | 13,037 | 17,123 |
| Net cash provided by operating activities | 30,759 | 43,756 |

NOTE 11: COMMITMENTS**Operating lease commitments payable:**

| | | |
|--|----------------|---------------|
| - not later than one year | 49,889 | 32,880 |
| - later than one year, but no later than 5 years | 52,739 | 9,690 |
| | 102,628 | 42,570 |

Operating lease commitments includes contracted amounts for offices and plant and equipment under non-cancellable operating leases expiring within five years with, in some cases, options to extend.

On renewal, the terms of the leases are renegotiated.

NOTE 12. 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 | | | |
| 2018 | 166,454 | 15,793 | 182,247 |
| Total compensation | 166,454 | 15,793 | 182,247 |
| 2017 | 159,100 | 15,115 | 174,215 |
| Total compensation | 159,100 | 15,115 | 174,215 |

NOTE 13. 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 exposed to certain market risks. The association is not exposed to 'interest rate risk', 'currency risk' or 'other price risk' other than what is stated above.

NOTE 14. 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 approval from the Department of Health for grant funding for an additional 4 year beyond 30 June 2018 with an agreement executed on 26 July 2018.

NOTE 15. ASSOCIATION DETAILS

The principal place of business of the Corporation is:
National Aboriginal and Torres Strait Islander Health Worker Association
Suite 2, Level 1, 31-37 Townshend Street
PHILLIP ACT 2606

NOTE 16: EVENTS OCCURRING AFTER THE REPORTING DATE

No matter or circumstance has arisen since 30 June 2018 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 17: 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 2018, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$14,580 (2017: \$13,250).





NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

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

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