



NATSIHWA

National Aboriginal and Torres Strait
Islander Health Worker Association

**ABORIGINAL AND
TORRES STRAIT
ISLANDER HEALTH
WORKER ASSOCIATION
ANNUAL REPORT 2019**



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



Contents

Welcome	4
From the Chair	6
From the CEO	8
Our Organisation	10
Raising Our Profile: Highlights 2018–19	12
Raising Our Profile: Membership Update	13
Promoting Scope of Practice: Who we are and what we do	14
Promoting Scope of Practice: National Awareness Raising	16
Providing Professional Support: Professional Support and Development	17
Providing Professional Support: Professional Development and Networking Forums	18
Providing Professional Support: Looking Ahead – NATSIHWA 10 Year Anniversary Conference	20
Representing and promoting our workforce needs: Internationally	21
Representing and promoting our workforce needs: Nationally	22
Representing and promoting our workforce needs: The Modern Award Update	22
Measuring Our Performance	24
Future Activities	26
Governance & Board	28
Financial Statements 2018–19	29



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.

In presenting our 2018–19 Annual Report we wish to acknowledge the traditional custodians of the countries we have visited throughout Australia and pay our respects to their continuing cultures, communities and connections to the land. We thank you for the privilege of allowing our organisation and representatives to leave footprints on your country. We would also like to acknowledge the traditional custodians of the land on which the NATSIHWA Secretariat is based, the Ngunnawal and Ngambri peoples. We are privileged to meet and conduct our business on these lands surrounded by beautiful mountains and amongst pristine waterways where Aboriginal people have remained for thousands of years.

We also acknowledge all elders past and present who have walked before us and with us on the lands we visit to achieve our organisational objectives. Furthermore, we recognise our developing and future leaders: we seek to support their endeavours and play a positive role in contributing to their strong and healthy futures.

NATSIHWA is the only national professional body dedicated to Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners. Since 2009, NATSIHWA has met the need for a national organisation for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners whose roles are critical to the achievement of culturally safe health services. NATSIHWA is funded by the Australian Government to contribute to improvements in workforce recruitment and retention, to support workforce capacity and to promote greater national consistency within the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce. NATSIHWA's membership is steadily growing and its reputation as a leading organisation is now well-established.

In celebration of a successful year, our 2018–19 Annual Report highlights the work NATSIHWA has undertaken in progressing our *Strategic Plan 2017–2020*. Our Strategic Plan drives all our planning and decision making by setting out our Vision, Values and Purpose and the Strategic Focus Areas for advancing our profession.



“In celebration of a successful year, our 2018–19 Annual Report highlights the work NATSIHWA has undertaken in progressing our Strategic Plan 2017–2020.”

The following **Focus Areas** and associated **Objectives** guide all our activities and frame this year's Annual Report:

AREA 1

Profile of NATSIHWA across all health sectors

Objective

To raise the profile of NATSIHWA across all health sectors.

AREA 2

Scope of practice for workforce

Objective

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.

AREA 3

Professional support and development for members

Objective

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.

AREA 4

Representation and promotion of workforce needs

Objective

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.

Representation and stakeholder engagement formed a significant part of NATSIHWA's work agenda over 2018–19 and we therefore acknowledge the important roles our partners have played in recognising and supporting our profession.

Importantly, we offer our profound thanks to all our members, other Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners and students, our professional colleagues and supporters and our Aboriginal and Torres Strait Islander primary health care community.

Finally, we are always proud to showcase the exceptional careers of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners and extend a special thank you to our colleagues for sharing their stories this year.

Our Language

Aboriginal and/or Torres Strait Islander Health Worker

An Aboriginal and 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 Health (HLT) training package.

Aboriginal and/or Torres Strait Islander Health Practitioner

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



From the Chair

In my first year as NATSIHWA Chairperson, I am extremely pleased to present the *National Aboriginal and Torres Strait Islander Health Worker Association Annual Report 2019* (the Report).

The Report highlights our many achievements over the 2018–19 financial year which are the result of the ongoing hard work and dedication of the NATSIHWA Board, Secretariat and membership as well as that of our colleagues and partners. I would like to express my appreciation to all those who contributed to our successes and for supporting our future directions.

The NATSIHWA vision to be *'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'* remained at the heart of our work over the reporting period and is clearly reflected in our activities and outcomes. Our *Strategic Plan 2017–2020* continued to guide our agenda as NATSIHWA stayed on track to improve understanding, recognition and valuing of the roles, scopes of practice and effective deployment of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners across the health sector. Throughout the year, NATSIHWA persistently provided an influential voice for our profession on a broad range of matters seeking to close the gap in health care experiences and outcomes for Aboriginal and Torres Strait Islander people and communities.

The 2018–19 financial year reflected 12 months of organisational of groundwork and growth. The NATSIHWA membership grew to 1,944 as we moved closer to our 10 year anniversary in October 2019. We are now engaging with and reaching more Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners than ever before. In July 2018, NATSIHWA's reputation as a significant and essential

national voice for our profession was acknowledged through the signing of a four-year agreement with the Australian Government Department of Health ensuring our viability and capacity to represent our members moving forward.

NATSIHWA moved to new premises in mid-2018 in order to accommodate our expanding staff and program agenda. Key activity outcomes in 2018–19 included effective membership and broader health sector engagement through NATSIHWA's well-attended National Symposium held in Alice Springs and the delivery of Professional Development and Networking Forums reaching members across the country. We expanded our Secretariat to support the design, planning and implementation of new initiatives including the roll-out of the NATSIHWA Continuing Professional Development (CPD) Endorsement Program.

What's next?

The wheels are in motion and anticipation is building in the lead up to NATSIHWA's 10 Year Anniversary Conference 9–10 October 2019, *A Decade of Footprints, Driving Recognition*. The NATSIHWA Vision statement provides inspiration for the conference which will bring together the profession's past and emerging leaders to share knowledge, experience and learnings. The conference will also showcase exceptional careers and models of service delivery as well as provide a platform to share the views and expertise of other health professionals and influencers striving for improvements in health care experiences and outcomes for Aboriginal and Torres Strait Islander people.



Planning is well underway for the delivery of NATSIHWA's Professional Development and Networking Forums throughout 2019–20, with a new and improved format and program. NATSIHWA has also prioritised members' interests through continuing to influence the review of the Aboriginal Community Controlled Health Services Award 2010 (the Modern Award) with preparatory work being undertaken in the lead up to a Fair Work Commission public hearing set for early in the 2019–20 financial year. NATSIHWA will present claims for improved recognition of our profession.

NATSIHWA's presence and influence at the national level also continues to promote and strengthen the capacity of our workforce as we remain fully committed to the broad promotion of the unique and unmatched roles of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners; driving improved utilisation of our comprehensive primary health care skills and scope of practice; providing support and professional development to our members; and persistently representing and promoting our workforce needs.

Naomi Zaro
Chairperson

Naomi has been Chairperson of NATSIHWA since October 2018

"I would like to express my appreciation to all those who contributed to our successes and for supporting our future directions."



From the CEO

At the end of 2018–19, we look back on a year of organisational consolidation and growth achieved through an expansion of our team, a focus on continually improving our existing programs and by making rapid strides towards delivering new programs and initiatives.

Looking across NATSIHWA's Strategic Focus Areas, this report highlights our many areas of success over the past year as we moved to ensure our ongoing capacity to comprehensively and effectively support and represent our members. We have expanded our membership, renewed our professional development activities, progressed action to improve working conditions for our members and strengthened our professional engagement efforts.

Throughout the year we committed to a significant representation agenda enabling NATSIHWA to influence health care and health workforce policy development across a broad range of sector deliberations. Of noteworthy importance, we acted on opportunities to further embed NATSIHWA's influence at the national level in supporting our workforce and to ensure our profession is well positioned for the future.

We were one of a small number of organisations to be invited to participate in key national level engagements including the Council of Australian Governments (COAG) Health Council Indigenous Roundtable on 1 August 2018, the Indigenous Health Workforce Roundtable on 23 January 2019 convened and facilitated by the Hon Ken Wyatt MP, then Minister for Indigenous Health, and the representatives of the Coalition of Peaks meeting with the Minister for Indigenous Australians, Hon Ken Wyatt, 12 June 2019.

NATSIHWA's strong performance over 2018–19 was a collective effort. I would like to acknowledge and sincerely thank the NATSIHWA Board for their ongoing and passionate commitment to steering our small but dynamic organisation. Effective governance oversight by Aboriginal and Torres Strait Islander leaders who generously share their cultural knowledge and health systems skills and experience is paramount to the success of our organisation. Our values remain consistent with those passed on to us by our Ancestors, and through the Board's stewardship we remain connected with and dedicated to our workforce and our communities.

I would also like to express my full appreciation to the NATSIHWA staff. I am very aware of the great satisfaction as well as challenges associated with working in a small team and believe the Secretariat has made an enormous contribution this year.

These efforts are only made possible through the support and participation of our members as we work together to ensure the unmatched roles of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are recognised, valued and supported. Thank you to all our members for getting behind NATSIHWA this past year, and we hope you continue to walk alongside us, in our different roles, as we promote the prevention and control of disease in Aboriginal and Torres Strait Islander communities and seek to improve the health outcomes and experience of our people.

Finally, I would like to thank our partners and colleagues, both in Australia and Internationally, for your passion and expertise in pursuit of our shared commitment to address the impacts of disadvantage on Aboriginal and Torres Strait Islander people.

Karl Briscoe
CEO

*Karl has been the CEO of NATSIHWA
since September 2016*



“Our values remain consistent with those passed on to us by our Ancestors, and through the Board’s stewardship we remain connected with and dedicated to our workforce and our communities.”



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. We have been funded by the Australian Government Department of Health since establishment in 2009.

A snapshot our history

Support for establishing a national professional association for Aboriginal and/or Torres Strait Islander Health Workers began in the 1970s with a formal recommendation being made in a 2008 paper published by the National Aboriginal and Torres Strait Islander Health Council, *A blueprint for action: Pathways into the health workforce for Aboriginal and Torres Strait Islander people*. The paper recommended that 'The Health Workforce Principal Committee and relevant partners to undertake consultations for the development of a professional body for Aboriginal Health Workers. Sustainable funding to be allocated for the operation of the professional body' (Recommendation 19).² After 12 months of foundational work with strong support from the Aboriginal Community Controlled Health sector the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) held its first Annual General Meeting in December 2010 at which time our first Board was elected and its constitution was ratified. NATSIHWA's *Strategic Plan 2011–2014* was subsequently developed establishing the organisations first vision and goals.

NATSIHWA today

The NATSIHWA *Strategic Plan 2017–2020* sets out our current strategic direction and focus areas, underpinned by NATSIHWA's purpose, vision and values.

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 promote the:

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.

2. National Aboriginal and Torres Strait Islander Health Council, (2008). *A blueprint for action: Pathways into the health workforce for Aboriginal and Torres Strait Islander people*, Commonwealth of Australia, page 45. Retrieved July 12, 2019, from file:///M:/03_Corporate/Annual%20Reports/2018-2019/References/A%20blueprint%20for%20action%202008.pdf



Our purpose

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 logo

As we approach NATSIHWA's 10 Year Anniversary it is timely to reflect our organisation logo and remind our membership of what it means and how it brings us together as both a workforce and community.



The NATSIHWA logo represents Aboriginal and Torres Strait Islander people coming from all parts of the country to form the association, and uses colours that reinforce our cultural identity – who we are. The U shape represents all Aboriginal and Torres Strait Islander peoples of our country.

The small boomerangs represent our people's toughness and resilience to handle all situations. The bigger boomerangs are windbreaks and shields that provide safety, stability, education, guidance and vision towards the future.

RAISING OUR PROFILE

Highlights 2018–19

4

YEARS OF FUNDING SECURED

guaranteeing ongoing professional representation and support



1,944

MEMBERS

↑ 405

52

WEEKLY eNEWSLETTERS



reached an audience of more than 3,200

890

FULL

709

ASSOCIATE

345

FRIENDS

18

PRESENTATIONS

delivered to national and international audience



LAUNCHED

the NATSIHWA
Continuing Professional
Development (CPD)
Endorsement Program

9

PROFESSIONAL DEVELOPMENT AND NETWORKING FORUMS

- » Alice Springs
- » Roma
- » Adelaide
- » Broome
- » Tamworth
- » Nambour
- » Nowra
- » Cairns
- » Port Augusta



1,129
FOLLOWERS

↑ 469



960
FOLLOWERS

↑ 292

130

REPRESENTATIONS

undertaken at peak conferences, key meetings, workshops and forums

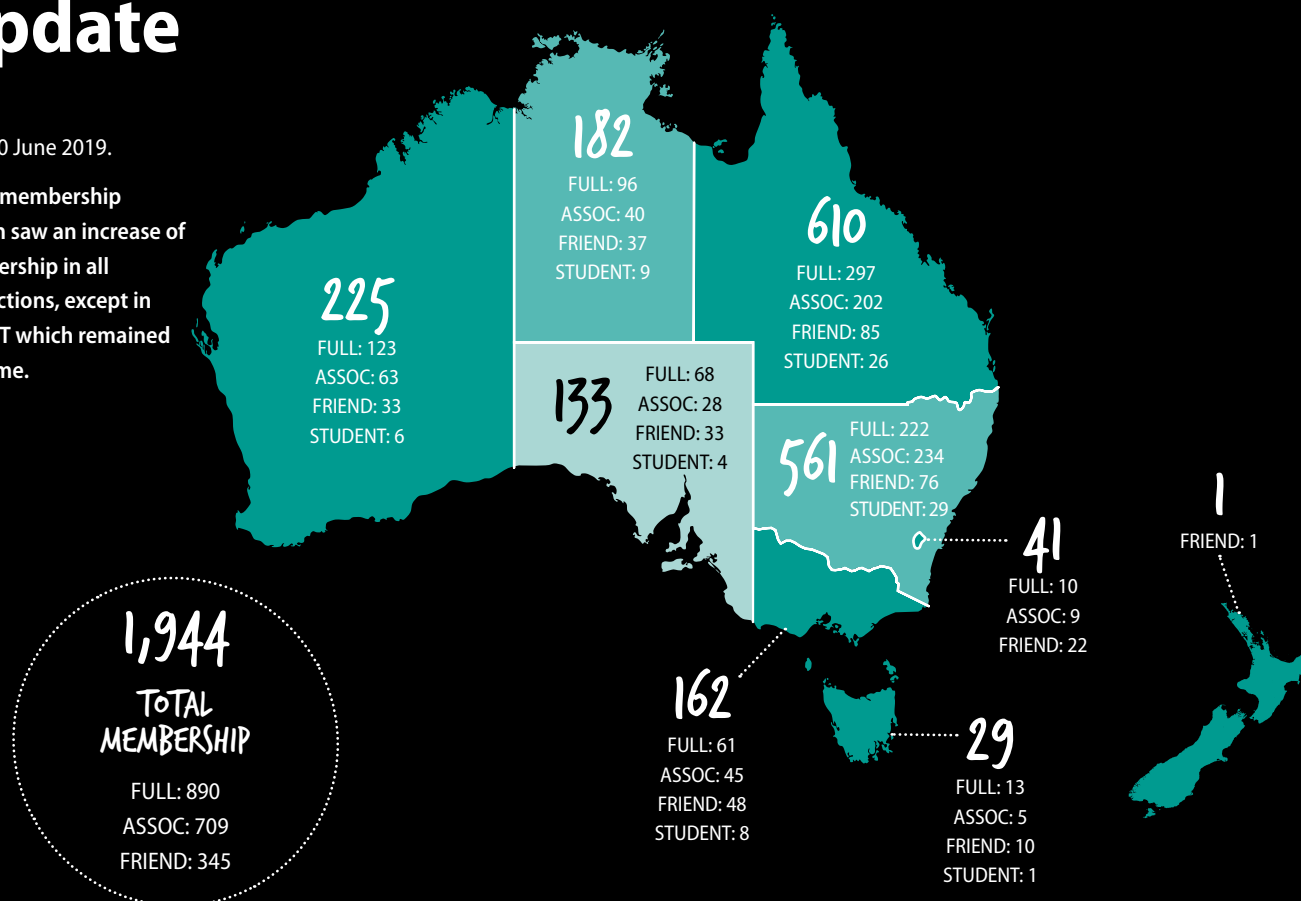


RAISING OUR PROFILE

Membership Update

As at 30 June 2019.

Yearly membership growth saw an increase of membership in all jurisdictions, except in the ACT which remained the same.



Full Member

- Identifies as an Aboriginal and Torres Strait Islander person.
- Is qualified as an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner
- Has completed a minimum qualification of Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care

Associate/Student Member

- Identifies as an Aboriginal and Torres Strait Islander person.
- Work, study or do both in the health field but are not an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner, or
- Is currently studying to become an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner

Friend of NATSIHWA

A person or organisation, who wish to support the work of NATSIHWA may become a Friend of NATSIHWA.

RAISING OUR PROFILE

Who we are and what we do

NATSIHWA's objectives include working to increase the 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 Australian health system. Broad health sector understanding of who Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are and what they do is central to achieving greater appreciation, recognition, utilisation and effective deployment of the workforce.



Over 2018–19, NATSIHWA expanded our suite of promotional materials, continuing to steadfastly promote **WHO WE ARE AND WHAT WE DO**. We now have webpage dedicated to 'What We Do' at: www.natsihwa.org.au/what-we-do

We work with

Aboriginal and Torres Strait Islander communities, families, and individuals of all ages. We work autonomously and in teams with other health professionals, including medical doctors, registered nurses and midwives, dentists, psychologists, allied health professionals, and with policy makers, educators and researchers.

We work across australia

- Urban, regional, rural and remote settings
- Aboriginal community controlled health services
- Public sector health services, including:
 - Primary health care services
 - Community health/ambulatory care services
 - Mental health settings
 - Acute and rehabilitation hospitals
- Private health services
- Vocational Education and Training settings
- Universities and research institutions
- Not-for-profit organisations
- Policy and program settings

We provide a range of health services

depending upon our work setting and individual scope of practice. These may include, but are not limited to:

- clinical services such as:
 - assessment and screening of physical health and social emotional wellbeing:
 - taking a health and medication history
 - initiating and interpreting a range of clinical tests, assessments and screening tools
 - specimen collection (including blood)
 - identifying a range of common conditions
- health promotion for risk factors (e.g. tobacco, healthy eating)
- providing health care in line with care plans and/or treatment protocols
- administering and supplying medications
- supporting clients in self-management, including the safe use of traditional and Western medications
- planning, delivering and evaluating population health programs
- advocating for clients, including interpreting and translating language
- providing advice, support and training on providing culturally-safe health services to other health professionals, policy makers, researchers and educators
- management activities, such as
 - staff supervision and mentoring
 - business and financial management
 - quality improvement
- education and training of Health Workers and other health professionals.

PROFESSIONAL PROFILE

Renee Owen

Program Manager Aboriginal Health

I am a proud Yorta Yorta and Taungurung woman born, raised and educated on Wadawurrung country in Geelong, Victoria. After completing Year 12, I worked for a year at the Institute of Koorie Education at Deakin University, then after a brief stint at University I returned to Geelong and got my foot in the door at the Wathaurong Aboriginal Co-operative as Receptionist of the Health House. My family have a rich and long standing history with the Wathaurong Aboriginal Co-operative in Geelong and the local Aboriginal community, my parents are both founding members and still maintain active involvement and participation. I acknowledge the strong sense of culture and values my parents instilled in me, they have and continue to support my journey.

My becoming an Aboriginal Health Worker was unplanned. One minute I was the receptionist and next minute I was being offered the opportunity to step up and be the Aboriginal Health Worker. At the time my organisation did not have a clinical environment – there were no doctors or nurses. The main focus was health promotion and education. I then commenced training at VACCHO (Victorian Aboriginal Community Controlled Health Organisation) and went on to complete the Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care and Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).

I went on to spend almost 20 years working in community controlled health holding various roles including Womens Aboriginal Health Worker, Aboriginal Maternity Health Worker, Clinical Team Leader and finally Health Services Manager with

oversight of the entire Primary Health team of over 30 individuals.

It was during this time that I became aware of and engaged in the work being done towards National Registration of the Aboriginal Health Worker profession. I was appointed as the Victorian Practitioner member of the inaugural Aboriginal and Torres Strait Islander Health Practice Board of Australia with the Australian Health Practitioner Regulation Agency (AHPRA) and was re-appointed for a second term in 2016, and appointed in my third term as the National Chair.

I am currently the Program Manager of the Aboriginal Health Unit at Barwon Health at University Hospital in Geelong. Although I am no longer in the Aboriginal community controlled health sector I maintain a strong sense of commitment to Aboriginal health. I believe this can be done no matter where you work or what role you hold. Aboriginal health is everyone's business.

The roles of Aboriginal Health Workers and Practitioners in any setting is fundamental to the success of engaging Aboriginal and Torres Strait Islander patients in their health care. We bring existing community knowledge, trust and rapport with our communities. We possess a unique skill set that cannot be taught in the classroom. At the end of the day if we can use all of this to assist and support the health and wellbeing of our mob we know we're making a difference.



PROMOTING SCOPE OF PRACTICE

National Awareness Raising

Scope of Practice

Throughout 2018–19, NATSIHWA prioritised its call for greater appreciation of the link between recognition of the roles and scopes of practice of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners and improved utilisation of the workforce. During national and jurisdictional health sector deliberations and at key forums and events, NATSIHWA explained the pivotal and unmatched roles of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in the delivery of culturally safe and effective health and wellbeing services to Aboriginal and Torres Strait Islander people across the health system.

As part of this, NATSIHWA highlighted that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners possess deep sociocultural knowledge of the communities they work within and that these community connections, coupled with their comprehensive primary health care training, inform their unique health care insights, skills and practice. Despite this, fragmented health systems and health workforce planning have contributed to wide-ranging role variation and act as barriers to the development and broader establishment of Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner roles. These barriers need to be addressed through national reform to support workforce expansion, utilisation, role development and reach as well as to secure a sustainable workforce pipeline – particularly as workforce growth is not keeping pace with population health needs.²

As an important initial reform opportunity, NATSIHWA argued for a minimum National Scope of Practice for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners (National SoP) benchmarked off Medicare Benefits Schedule (MBS) Item 715, the *Adult Health Check*. The National SoP would provide a nationally standardised minimum baseline for Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner practice, and

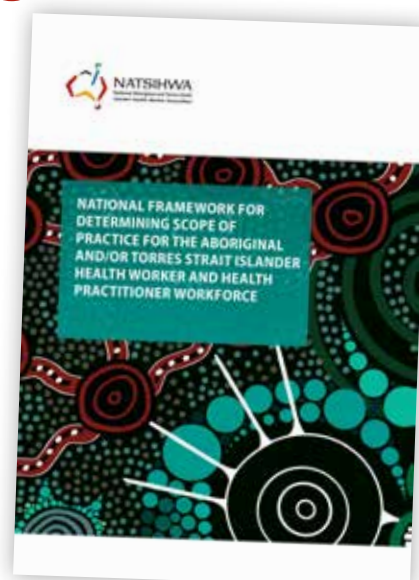
support confidence within health systems around how to incorporate and develop the workforce across diverse service settings. NATSIHWA raised this proposal with influence at forums including at the COAG Health Council Indigenous Roundtable on 1 August 2018.

Official launch

In October 2018, NATSIHWA held the National Professional Development Symposium where we officially launched and further promoted our *National Framework for Determining Scope of Practice for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce*. The Framework is designed to help identify and document the scope of practice of an individual Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner.

The Framework recognises that what an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner does can vary depending on the job and situation they work in. The Framework is designed to help health professionals and their employers to work through these issues and develop and define individual scopes of practice.

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 being used. To view our video on the Scope of Practice visit www.natsihwa.org.au/natsihwa-scope-practice



2. A. Wright, K. Briscoe, R. Lovett, (2019), A national profile of Aboriginal and Torres Strait Islander Health Workers 2006–2016, *Australian and New Zealand Journal of Public Health*, 43 (1) available at <https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12864>

PROVIDING PROFESSIONAL SUPPORT

Professional Support and Development

National CPD Endorsement Program launch

In May 2019 the NATSIHWA National Continuing Professional Development (CPD) Endorsement Program was launched.

The NATSIHWA goal is to achieve recognition of, and to provide support to Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners as a vital and valued component of a strong Aboriginal and Torres Strait Islander primary health workforce. Strengthening CPD for all NATSIHWA members

is an important part of this. The more culturally safe and high quality professional development opportunities available to our membership, the better our workforce continues to become.

In recognising the large number of professional development opportunities available in the health sector, NATSIHWA has launched a National CPD

Endorsement Program for the endorsement of training activities by NATSIHWA. This program provides members

direct links to training opportunities that have specifically been measured for cultural safety and relevance to our workforce. In doing this we aim to make accessing culturally safe CPD that aligns with AHPRA reporting standards as easy as possible for our members.

Endorsement may be awarded to a number of different types of CPD activities including workshops, courses, seminars or conferences or informal activities such as short educational videos. These CPD activities may involve varying timeframes, ranging between a few hours to two years in duration.

In the application process applicants are not only required to provide statements outlining how the CPD activity improves the professional knowledge and skill sets of participants but also rationalise their knowledge sharing methods against questions of cultural safety. This rationale is especially vital to gaining NATSIHWA endorsement as it contributes to both the provision of culturally safe opportunities and to NATSIHWA's goal of increasing the capability of the healthcare system to deliver culturally safe and responsive health and wellbeing services to Aboriginal and Torres Strait Islander peoples.

It is NATSIHWA's hope that not only will this program provide for more opportunities for our members, but also that it will set a standard for developing CPD programs that consider all sectors of the Aboriginal and Torres Strait Islander health workforce and our communities in the design and delivery of health education.

If you would like more information on the CPD Endorsement Program please contact us or access the information booklet available on our website.



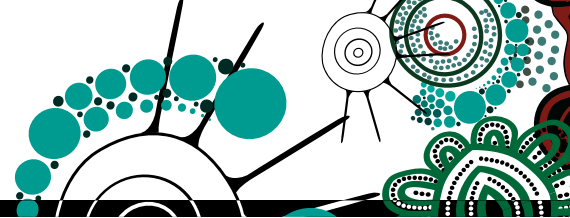
2018 National Professional Development Symposium

On 3–4 October 2018, NATSIHWA held a resoundingly successful National Professional Development Symposium in Alice Springs. The Symposium provided an opportunity for 100 Full Members to attend a series of topical workshops with a practical orientation and to hear perspectives on health issues from national, state and local health sector representatives. Keynote speaker, Kristine Garrett (CEO Galambila Health Service, Coffs Harbour) provided an inspiring presentation on the Galambila Model of Care; and the Hon Ken Wyatt (then Minister for Indigenous Health) and Professor Ian Anderson AO (Deputy Secretary for Indigenous Affairs, Department of the Prime Minister and Cabinet) reached out with supportive and informative video addresses.

The well attended and received workshop program included:

- the Institute for Urban Indigenous Health (IUIH) model of care and how elements could be implemented into an individual's community
- a Diabetes Victoria practical workshop demonstration on how Felt man, pregnant women and child (teaching tool), is used in health promotion and education on diabetes
- an Autism Queensland workshop on signs of Autism versus signs and symptoms of Attention Deficit Hyperactivity Disorder (ADHD)
- Ninti One workshopped an appropriate model for smoking cessation
- Rheumatic Heart Disease Australia workshop on the sign and symptoms, treatment and prevention of RHD in communities
- a site visit to Purple House provided participants with a model for treating dialysis patients in community, that was developed from the community.

The Symposium evaluations by participants highlighted the Purple House site visit as particularly informative and acknowledged the effectiveness of the workshop-style professional development program.



PROVIDING PROFESSIONAL SUPPORT

Professional Development and Networking Forums

NATSIHWA rolled-out the 2018-19 Professional Development and Networking Forum program delivering Forums across the country. For the first part of the year, Forums were delivered to provide a culturally safe space for participants to network on current workforce issues and to receive targeted professional development training. The second half of the year brought the introduction of a new and refreshed Forum format. All NATSIHWA's forums included a Welcome to Country delivered by local elders which were very much appreciated by all attendees. NATSIHWA took Forums to **Roma, Adelaide, Broome, Tamworth, Nambour, Nowra, Cairns** and **Port Augusta**.

2018 Forums

On 18 July, 2018 NATSIHWA held the first Forum in the inviting town of **Roma, QLD** hosting a Forum for a friendly and welcoming group of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners who had the opportunity to learn more about a range of health programs including the Program of Experience in the Palliative Approach. Then on 9 August 2018, NATSIHWA headed to **Adelaide, SA** where participants came together to share ideas, meet colleagues and learn new skills designed to meet the particular needs of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in working the region. The Forum program covered a range of topics such as rheumatic heart disease, autism and continence.

A Forum was then held in **Broome, WA** on 22 August 2018 with participants from around town and the region coming to receive a well-rounded program including presentations on the Australian Hearing Project and the Light House Project. The Broome Forum delivered a particular focus on what professional and personal challenges are faced by participants on a daily basis. **Tamworth, NSW** was next, when on 12 September 2018 the Forum included information and tools to support participants in their workplaces and with their studies, particularly around developing their Scope of Practice and understanding CPD. NATSIHWA hosted the last Forum for 2018 in **Nambour, QLD** on 14 November. Queensland Health Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners were provided with a set of highly informative presentations including on the Queensland Health Worker Career Structure review now incorporating the Aboriginal and/or Torres Strait Islander Health Practitioner.

2019 New Format Forums

Forums that ran from early 2019 were presented in a newly designed format informed by extensive Forum evaluation feedback. These Forums were structured in an engaging workshop style allowing for more interactive group discussions on topics of relevance to the current workforce. For example, workshops provided participants with step-by-step guidance on defining and documenting their individual scope of practice.

The NATSIHWA team travelled to provide Forums in the new interactive workshop format in **Nowra, NSW** (10 April 2019), **Cairns, QLD** (14 May 2019) and **Port Augusta, SA** (29 May 2019). The NATSIHWA new Forum format included:

- Update from NATSIHWA – A presentation on NATSIHWA programs and projects to keep participants up to date with how NATSIHWA is promoting and supporting our workforce nationally.
- Scope of practice – A step-by-step workshop applying the NATSIHWA tool for determining Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner individual scope of practice.
- Members Portal – Workshop on the use the valuable NATSIHWA Members Portal tool.
- Cultural considerations – Workshop around cultural safety and how it affects us all in the workplace.
- Self care promotion – A workshop focused on participants taking care of own well-being addressing ways we can incorporate self-care into our very busy lives.

NATSIHWA's new Forum format was very well received with participants providing us with valuable feedback on the day. Participants walked away with new knowledge and skills as well as a greater understanding about the work NATSIHWA undertakes to increase the recognition of the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce across the country.



BROOME



NOWRA



CAIRNS



ROMA

PROVIDING PROFESSIONAL SUPPORT

Looking Ahead: NATSIHWA 10 Year Anniversary Conference

During early 2019 planning has been underway for the NATSIHWA 10 Year Anniversary Conference (the 10 Year Conference) themed 'A Decade of Footprints, Driving Recognition'. To be held 9–10 October 2019 in Alice Springs, the National Conference will celebrate the founding of NATSIHWA through reflecting on its past, present and future.

The 10 Year Conference will provide a unique opportunity to promote and support the essential primary health care roles of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners throughout Australia. The conference will explore the history and knowledge exchange of the past, today's evidence based practice and envision what the future has to offer for all Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

Over the two days we will learn from leaders in the sector, yarn about our own experiences and share meals in celebration of the positive impact our workforce leaves on the health outcomes of Aboriginal and Torres Strait Islander people and communities.

The NATSIHWA 10 Year Anniversary Conference will conclude with the Gala Award Dinner to be held at the base of the West MacDonnell Ranges under the desert stars. Here we will reflect on the two day conference and show case our award winners for 2019.

As part of the 10 Year celebration, NATSIHWA will recognise the career accomplishments of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners through NATSIHWA Awards. This year will be the first award for an inaugural NATSIHWA Lifetime Achievement Award. This award recipient will be elected by NATSIHWA Board Members.



REPRESENTING AND PROMOTING OUR WORKFORCE NEEDS

Internationally

CEO Karl Briscoe Attends 2019 United Nations Forum on Indigenous Issues

The 18th Session of the United Nations Permanent Forum on Indigenous Issues took place in New York on 22 April–3 May 2019 with the theme *Traditional knowledge: Generation, transmission and protection*. The forum attracted 1,000 Indigenous participants in what was the largest contingent of delegates to attend a Permanent Forum on Indigenous Issues session since its inception 18 years ago.

NATSIHWA CEO Karl Briscoe was selected for one of the 43 United Nations Voluntary Fund Scholarships, from over 2,000 applicants. This enabled his participation at the forum and in the Tribal Link Foundations Project Access training, a capacity-building training program supporting Indigenous Peoples' participation in multi-stakeholder forums. Mr Briscoe also had the rare and much coveted opportunity to develop two speeches (termed 'interventions') and to present one of them on behalf of NATSIHWA (see below). Karl's speech can be accessed on our website.



^ Workshopping 3 minute group Intervention on Youth Suicide with other Project Access training delegates at the United Nations Permanent Forum on Indigenous Issues



^ Project Access training delegates

The Intervention: United Nations Permanent Forum on Indigenous Issues, Eighteenth Session

New York, 22 April to 3 May 2019 | Items 4, Indigenous Peoples: Implementation of the six mandated areas of the Permanent Forum (Education, Culture, Human Rights, Environment, Development, Health)

I would like to start by acknowledging the Traditional Owners where we are meeting today and pay my respects to elders past present and future. I am a proud Kuku Yalanji (Aboriginal) man from the Mossman/Daintree area in Australia and the Chief Executive Officer of the National Aboriginal and Torres Strait Islander Health Worker Association which is the only Indigenous health profession in the world that has national training curriculum and legislation to support our membership of over 900 Aboriginal and Torres Strait Islander Health Workers and Health Practitioners in Australia.

I am a recipient of the United National Voluntary fund and recently participated in the Tribal Links Project Access Capacity Training Workshop, which included Indigenous Peoples from seven regions of the world, (Africa, Asia, Latin America and the Caribbean, North America, Pacific, Eastern Europe, Arctic) exchanging experiences about the many challenges we are facing, including the health and

wellbeing of our Indigenous Peoples.

It has been a disheartening five years in Indigenous Affairs in Australia with no real progress being made on constitutional recognition and self-determination. However, we welcome the Australian Governments recently agreed New Partnership Agreement on Closing the Gap to share decision making which provides an opportunity to reaffirm article 23 of the Declaration for the right to determine and develop priorities and strategies for exercising our right to development. As well as having the right to be actively involved in developing and determining health programs and where possible administration of these programs.

The Australian Governments New Partnership Agreement involving Indigenous Peoples also embeds article 29 of the Declaration for effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of Indigenous peoples are developed and implemented by

Indigenous peoples. Accordingly alignment to article 3 of the Declaration it mentions Indigenous States peoples having the right of self-determination.

Recommendations:

1. Mister Chair we recommend to the Australian Government to focus its efforts in progressing constitutional recognition and self-determination with the inclusion of Indigenous peoples in the decision making processes including the allocation of funding to priorities with a particular viewpoint of self-determination as it relates to article 3 of the Declaration.
2. We also recommend to the Australian Government for continual support and expansion of Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforces to gain marked improvements of our Indigenous people's health and wellbeing through economic and social conditions outlined in article 21 of the Declaration.

REPRESENTING AND PROMOTING OUR WORKFORCE NEEDS

Nationally

NATSIHWA prioritised efforts to represent and promote the role and workforce needs of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners across all health sectors to ensure their comprehensive primary health care education, skills, knowledge and experience are recognised, valued and effectively utilised.

In addition to an extensive range of regular as well as one-off representation engagements, the 2018–19 reporting period included several milestone opportunities to represent the national Aboriginal and Torres Strait Islander health workforce, at which NATSIHWA had a seat at the table. Key national level engagements included:

- COAG Health Council Indigenous Roundtable, 1 August 2018.
The key outcome was Ministers agreed to work with Indigenous leaders to develop a National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan.
- Indigenous Health Workforce Roundtable, 23 January 2019.
Convened and facilitated by the then Hon Ken Wyatt, MP Minister for Indigenous Health, the discussion included providing input on practical ways to attract, train and retain Aboriginal and Torres Strait Islander people to become a fundamental part of local health care.

The Modern Award Update

In 2018–19 NATSIHWA continued to make progress in the pursuit of further amendments in the review of the Aboriginal Community Controlled Health Services Award 2010 (the Modern Award).

The Modern Award was introduced by the National Aboriginal Community Controlled Health Organisation (NACCHO) in 2010 in recognition that there was no award specifically for Aboriginal and/or Torres Strait Islander Health Workers employed by community-controlled health services. NATSIHWA engaged the legal firm Kennedys (formally EWL Ebsworth) to prepare and argue our case in the Fair Work Commission.

NATSIHWA has undertaken three years of consultations in order to support the professional recognition of the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner profession within the Aboriginal Community Controlled Health Services Award 2010. A hearing in the Fair Work Commission is scheduled for July 2019. This hearing will mark the culmination of all our work and the final step in our pursuit of fair amendments.



^ Representatives of the Coalition of Peaks meeting with the Minister for Indigenous Australians: Cindy Berwick, Katrina Fanning, Karl Briscoe, Hon Ken Wyatt, Donnella Mills, Rachel Dunn, Muriel Bamblett

- Close the Gap Refresh meeting convened by the Department of Prime Minister and Cabinet, 20 February. Discussion on progress towards formalising the historic Closing the Gap Partnership Agreement which was ultimately signed on 22 March 2019.
- Representatives of the Coalition of Peaks meeting with the Minister for Indigenous Australians, Hon Ken Wyatt, 12 June 2019. Positive discussions to inform the progress of the Closing the Gap refresh.



The below timeline is a high level overview and depicts the work to date.



Modern Award, the ask

NATSIHWA will be seeking further amendments when we go before the Fair Work Commission on 25–26 July 2019. Below are the outstanding amendments from the consultation phase and subsequent full bench decision on 7 August 2018:

- The NATSIHWA proposal to extend coverage of the Award, as this is the only national award, to cover all Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in both Aboriginal Community Controlled Health Organisations and Private Practices within Australia.
- The NATSIHWA proposed new 'Grade 6' classification structure (please see chart below) in order to recognise the professional qualifications within the Aboriginal Community Controlled Health Services Award 2010. The changes involved are:
 - Current **Grade 1** (red) will be split into New '**Grade 1 and 2**' (trainees start at grade 1 and once completion of Cert II automatic upgrade to grade 2)
 - Current **Grade 2** (red) will become New '**Grade 3**' (green)
 - Current **Grade 3** (red) will become New '**Grade 4**' (green)
 - Current **Grade 4** (red) will become New '**Grade 5**' (green)
 - Current **Grade 5** (red) will become New '**Grade 6**' (green).

What is worth noting from the table below is that the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) (that is, an Aboriginal and/or Torres Strait Islander Health Practitioner) is the qualification to be registered with The Aboriginal and Torres Strait Islander Health Practice Board of Australia (A&TSIHPBA) and this qualification is not currently recognised within the Award. Our members believe the additional responsibilities and

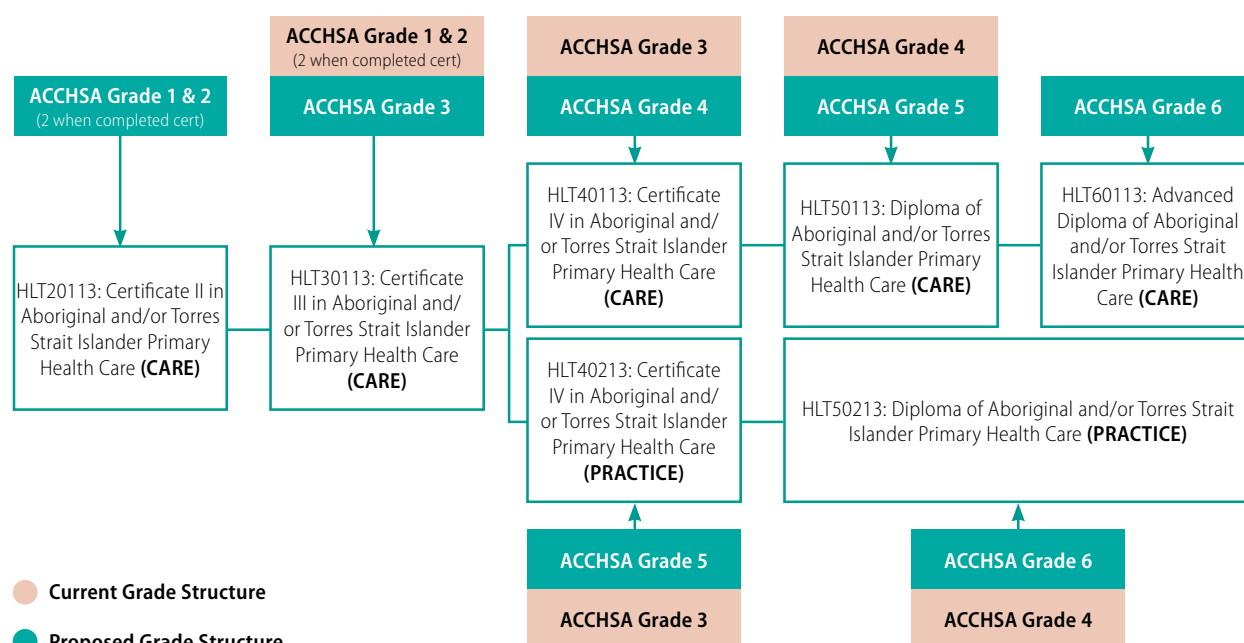
accountabilities around the registration requirements, including fulfilling CPD for the role, should be a grade above the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Care) (that is, Aboriginal and/or Torres Strait Islander Health Worker).

- The NATSIHWA proposal for the introduction of the following allowances:
 - An occasional interpreting allowance in order to recognise and remunerate the cultural brokerage that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are required to undertake.
 - A heat allowance for when Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are required to undertake their work in locations where the temperature is between 46° and 54°.
 - A medication administration allowance.
- The NATSIHWA proposal to amend Ceremonial Leave to entitle Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to take this leave (currently 10 days unpaid).

In May 2019 NATSIHWA called out for members to assist with the Fair Work Commission hearing by providing witness statements. With the wonderful support from members who submitted witness statements and through the tireless work of our lawyers, NATSIHWA finished this financial year in a strong position ready for arbitration in the Fair Work Commission in July 2019. NATSIHWA looks forward to providing members with an update on the outcome in the coming year.

For more detailed information please visit www.fwc.gov.au/awards-and-agreements/modern-award-reviews/4-yearly-review/award-stage/award-review-documents/MA000115?m=AM2014/250

Current and proposed wage grade recognising the 'Care' and 'Practice'
Aboriginal Community Controlled Health Services Award (ACCHSA)



Measuring Our Performance

The NATSIHWA *Strategic Plan 2017–20* focuses on four key areas that work towards our goal of increasing understanding and recognition across the health system around the role and scopes of practice of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners. NATSIHWA is committed to continually measuring our performance to ensure we are effectively supporting the work of our workforce that is critical to improving the health outcomes of Aboriginal and Torres Strait Islander communities.

Summary of key highlights

AREA 1: Profile of NATSIHWA across all health sectors

OBJECTIVE: To raise the profile of NATSIHWA across all health sectors

Raising the profile of NATSIHWA is a core objective that underpinned most of our activities. Key performance highlights included, but were not limited to:

- The preparation and distribution of over 52 eNewsletters containing updates on the work of NATSIHWA, including reports from the CEO and the NATSIHWA Board.
- The delivery of eight NATSIHWA Professional Development and Networking Forums and 1 National Symposium.
- The profiling of NATSIHWA with the Australian Government Department of Health through involvement in the Indigenous Australians Health Program (IAHP) evaluation committee and the Workforce Incentive Program (WIP) to improve patient access to quality medical, nursing and allied health services in regional, rural and remote to improve access to culturally responsive and holistic health care services.
- NATSIHWA's continued and strengthened engagement with NACCHO and State and Territory Affiliates through the Coalition of Peaks Partnership.
- The delivery of 18 NATSIHWA presentations to a broad range of sector stakeholders including government and non-government health services and committees, universities, conferences and workforce forums.
- NATSIHWA and the Australian National University published a journal article on *A national profile of Aboriginal and Torres Strait Islander Health Workers, 2006–2016*, an analysis of the Aboriginal and Torres Strait Islander Health Worker workforce to quantify the changes from 2006–2016. The article received wide media coverage.
- NATSIHWA's exhibition booths reached approximately 3550 people.

AREA 2: Scope of practice for the workforce

OBJECTIVE: 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.

Promoting the increased and appropriate utilisation of the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce was actively pursued by NATSIHWA throughout the year. Key performance highlights included, but were not limited to:

- NATSIHWA restructured the Scope of Practice (SOP) workshops for delivery at Professional Development and Networking Forums so that participants are guided through the use of the resource to maximise benefit for both the individual and their service provider.
- The development and NATSIHWA website publication of 'Example Use of Framework for Scope of Practice' templates relating to the following roles: Health Worker (General); Health Practitioner NT; Health Worker (Child and Maternal Health); and the initial development of example templates for the Health Worker (Alcohol and other Drugs) and the Health Worker (Health Promotion).
- The official launch of the NATSIHWA *National Framework for Determining Scope of Practice for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce* at the NATSIHWA Professional Development Symposium in October.
- NATSIHWA's significant body of work, including the direct engagement of members in the building of evidence, to present to the Fair Work Commission in ongoing efforts to recognise Certificates and Diplomas within the Modern Award for the Aboriginal Community Controlled Health Services Award 2010.
- The development and wide promotion and distribution of the NATSIHWA *Who We Are and What We Do* brochure on the roles and work of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

AREA 3: Professional support and development for members

OBJECTIVE: 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.

NATSIHWA continued to place high priority on improving the accessibility and quality of professional support and development opportunities available for our workforce. Key performance highlights included, but were not limited to:

- NATSIHWA established the CPD Endorsement Program for reviewing and endorsing continuing professional development. The program provides a NATSIHWA endorsement of CPD hours for resources, conferences, and forums, training etc.
- The delivery of 8 NATSIHWA-led Professional Development and Networking Forums attended by 236 participants. Forums were held in a variety of geographical locations informed by member feedback received in NATSIHWA's Annual Members Survey.
- The NATSIHWA Professional Development and Networking Forum structure was revised and a new workshop-style program implemented to support skills development relevant to work environments. The new format included: a NATSIHWA update; a scope of practice workshop; an introduction to the Full Members Portal; and cultural considerations and self-care promotion.
- The NATSIHWA Professional Development Symposium held in October 2018 in Alice Springs. The Symposium was capped at 100 Full Members and delivered a comprehensive workshop program on issues of direct professional relevance to the scopes of practice of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.
- The distribution of over 52 NATSIHWA eNewsletters reached an audience of more than 3,200 by email and were published on the website, Facebook and Twitter each providing information on professional support and development opportunities. The newsletter has proven to be a valuable source of knowledge transfer amongst the sector with organisations promoting their professional development opportunities for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.
- The issuing of regular Full Member reminders about access to the NATSIHWA Full Members Portal for access to professional development information and new resource links.
- NATSIHWA consultation with members through Professional Development and Networking Forums and through the Full Members survey on high priority topics for discipline-specific networking. In August 2018, over 170 responses provided valuable insight on topics of interest to members.

AREA 4: Representation and promotion of workforce needs

OBJECTIVE: 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.

Throughout the year, NATSIHWA continued to extend our presence and strengthened our influence in health policy development and decision-making domains relevant to our workforce. Key performance highlights included, but were not limited to:

- In August 2018, NATSIHWA presented at the COAG Health Council meeting with Aboriginal and Torres Strait Islander health leaders (the Indigenous Roundtable). NATSIHWA took the important opportunity to table the proposal to develop a minimum national scope of practice for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.
- NATSIHWA continued identification of new opportunities to discuss the implications of jurisdictional inconsistency in legislation, regulation and industrial conditions for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners and to facilitate action at national or jurisdictional levels such as, in relation to medication administration and prescribing. For example, NATSIHWA participated in a high-level Ministerial workforce roundtable in January 2019.
- NATSIHWA represented workforce interests in a range of other sector forums examples include: National Health Leadership Forum; the Close the Gap Steering Committee; the MBS review – Indigenous Health Clinical Committee; the National Rural Health Alliance and the Health Worker Industry Reference Committee.
- NATSIHWA represented the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce through providing written submissions to a range of key sector consultations, for example:
 - (October 2018) Australian Health Practitioner Regulation Agency: The Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine and Medical Radiation Practice Accreditation Committees (Accreditation Committees) on the *Consultation Paper: Draft revised accreditation standards for Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine and Medical Radiation Practice*.
 - (October 2018) COAG Health Council on the *Regulation of Australia's health professions: keeping the National Law up to date and fit for purpose*.
 - (November 2018) Health Professions Accreditation Collaborative Forum on the *Discussion Paper: Framework for accreditation requirements for the safe and effective use of medicines, October 2018*.
 - (March 2019): COAG Health Council on the *Consultation on Australia's Health Workforce: strengthening the education foundation*.



Future Activities

Workforce professional development

- We are in the late stages of developing a **NATSIHWA Mentoring 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 comprehensive training program.
- Planning is underway for a diverse program for our **10 Year Anniversary Conference**, full of opportunities to reflect, learn and grow. We will continue providing these opportunities through future annual national conferences and symposiums.
- We will continue to work to promote and extend **CPD opportunities** for members, and support members to maintain their CPD records. This work will be particularly enhanced by the **National CPD Endorsement Program** through which we measure CPD opportunities for quality and cultural safety.
- NATSIHWA will continue to host **Professional Development and Networking Forums** around the country to provide our members and their colleagues with workforce specific professional development opportunities.

Engaging and supporting students

In recognising the ageing nature of our workforce, NATSIHWA is in the early stages of developing a **National Registered Training Organisation (RTO) Virtual Network**. The aim of this platform is to encourage knowledge and resource sharing and collaboration between RTOs, and to create a support structure around our workforce as they study.

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 workforce pipeline 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.
- NATSIHWA commits to timely reviews of our **position statements** and organisational policies to reflect the current realities of the workforce and wider sector.
- We commit to implementing an **annual membership survey and audit of all membership categories**.

National leadership

- The **NATSIHWA Excellence Awards** will be an annual event associated with our national conference. The award will recognise the leadership shown by individuals within the workforce and provide opportunities for representation and professional development that reflect the winner's career stage.
- In July, after three years of preparation and dedication, NATSIHWA will meet with the **Fair Work Commission** to put forward a proposal for long overdue changes to the Modern Award. It is NATSIHWA's hope that the Commission's determination will recognise the unique and critical work of our workforce.
- NATSIHWA is committed to giving our workforce a **voice in national deliberations**. In 2019 we have continued to represent our workforce's interests through a number of submissions to consultations such as the MBS review and by continuing our collaborative national leadership through groups such as the Coalition of Peaks and other key platforms.
- NATSIHWA has committed to developing and implementing a **National Minimum Scope of Practice** for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners. NATSIHWA believes that establishing an overarching National Minimum Scope of Practice will increase the recognition of the full capabilities of our workforce. This project has been noted on national platforms such as the COAG Health Council and was included as a consideration in the National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan.
- NATSIHWA is anticipating a 2020 launch of a **National Ambassadors Program** which will utilise a group of diverse voices to raise the profile of our profession and provide a voice outside of Board and secretariat to speak to workforce successes and barriers. We are aiming to utilise both the voices of celebrities and the experience of our established workforce to raise the profile of the profession. As part of this, we will be identifying both up and coming workforce heroes as well as celebrities that appeal to the youth demographic for future workforce recruitment.

PROFESSIONAL PROFILE

Naomi Zaro

Clinical Educator/Health Practitioner

I live in Kalgoorlie, Western Australia. My father is a Torres Strait Islander, from Mer (Murray) Island, who came over to the mainland in the 1960s working for Queensland Rail. He made his way over to Western Australia and met my mother who was working at an Aboriginal Mission 10 kilometres west of Kalgoorlie. I had my children here and now my grandchildren have been born here.

My health worker journey is really a fortunate one...

In 2011, I saw an advertisement in the local newspaper to study Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care. My cousin was working at the Registered Training Organisation (RTO) and encouraged me to enrol when I asked her about it. I did placement at the Aboriginal Community Controlled Health Service in Kalgoorlie and met some great people. I enjoyed it so much that I enrolled to do Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care the following year. It was during placement that the Clinic Manager asked me for my resume. I met with the CEO and became employed by Bega Garnbirringu Health Service and was supported to complete my training.

Fast forward to 2019... I've had an amazing ride!!!

In eight years I have experienced many aspects of clinical, social and emotional care including Child and Maternal Health, Chronic Health, working on the Mobile Clinic, Suicide Intervention, Breakfast Clinics and in the on-site Dispensary. I am also an AHPRA registered Health Practitioner.

My role within the organisation has evolved to my current position as the Clinical Educator, delivering HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice to adult learners of varied ages, experience and backgrounds. Being able to support upcoming Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners is extremely rewarding. I enjoy being able to share my knowledge and experiences with students.

I use myself as an example of what the students can achieve. I tell them that it wasn't all that long ago that I was a student myself sitting right where they are, now look at me. I've worked in the clinic. I'm teaching and I'm also a Board Member of a national organisation! I let them know that if I can do it, they can too.





Governance & Board

Board Activity in 2018–19

The Board of Directors met four times in 2018–19. Key decisions and activities included:

- The securing of funding over the next four years, which will see additional support provided to our Full Members such as development of the Members Portal as well as a National Mentoring Program.
- Modern Award negotiations with the Fair Work Commission.
- Planning for the 10 Year Anniversary National Conference in 2019, including funding for Full Member and Student Member bursaries.
- Approval and launch of the National CPD Endorsement Program.
- Review of the Delegations Manual including the Board governance handbook.
- Ongoing review of NATSIHWA policies and procedures.
- Development of the NATSIHWA National Mentoring program – in progress.
- Funding of the Peak Aboriginal and Torres Strait Islander Workforce Organisations.
- Feedback on the 360 degree evaluation of the Board was provided by Effective Governance.
- Discussion on the role and educational requirements of other international Indigenous-specific health professions.
- Concept approval for the National Ambassadors program.

Current NATSIHWA Board of Directors

Naomi Zaro

Chair, Western Australia

Robert Dann

Deputy Chair, South Australia

Christine Ingram

Treasurer, Victoria

Natalie Pangquee

Secretary, Northern Territory

David Follent

New South Wales

Judith Parnham

Queensland

Thelma Weston

Australian Capital Territory

Yancy Laifoo

Torres Strait

Jacob Prehn

Tasmania

We acknowledge that serving on the Board takes a large commitment of time and energy. The NATSIHWA Secretariat would like to thank all members who served on the Board of Directors during 2018–19.



National Aboriginal and Torres Strait Islander
Health Worker Association Limited
ABN 61 138 748 697

Financial Statements 2018–19

Directors' report	30
Independent auditor's report	33
Auditor's independence declaration	35
Director's declaration	36
Statement of comprehensive income	37
Statement of financial position	38
Statement of changes in equity	39
Statement of cash flows	40
Notes to the financial statements	41



DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2019.

DIRECTORS

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

Josslyn Tully Retired in October 2018

Christine Ingram

Thelma Weston

Yancy Laifoo

Jacob Prehn

Naomi Zaro (Chair)

Robert Dann (Deputy Chair)

Natalie Pangquee

David Follent

Judith Parnham Appointed in October 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 Worker 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

Objective 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.

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 Worker 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.

DIRECTORS' REPORT (CONTNUED)

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.

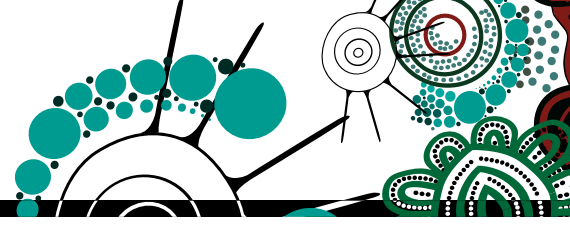
MEETINGS OF DIRECTORS

DIRECTORS' MEETINGS

DIRECTORS	Number eligible to attend	Number attended
Josslyn Tully (Retired Oct 2018)	1	1
Christine Ingram	5	4
Thelma Weston	5	5
Yancy Laifoo	5	4
Jacob Prehn	5	3
Naomi Zaro (Chair)	5	5
Robert Dann (Deputy Chair)	5	5
Natalie Pangquee	5	4
David Follent	5	5
Judith Parnham (Appointed Oct 2018)	4	4

CONTRIBUTIONS ON WIND UP

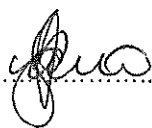
The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to make a maximum contribution of \$10.00 towards meeting any outstanding obligations. At 30 June 2019, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$19,350 (2018: \$14,580).

**DIRECTORS' REPORT (CONTNUED)**

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

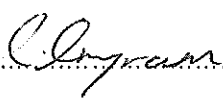
Naomi Zaro

Chair

.....  Dated this..... 21st day of..... August 2019

Christine Ingram

Treasurer

.....  Dated this..... 21st day of..... August 2019

**RSM Australia Partners**

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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 2019, 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 2019 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 2019, 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**

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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 black ink, appearing to read 'RSM' or similar, positioned above the printed name of the partner.

RSM Australia Partners

A handwritten signature in black ink, appearing to read 'Rodney Miller', positioned above the printed name of the partner.

RODNEY MILLER
Partner

Canberra, Australian Capital Territory
Dated: 21 August 2019

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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 2019, 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.

A stylized handwritten signature in black ink, appearing to read 'RSM'.

RSM Australia Partners

A handwritten signature in black ink, appearing to read 'Rodney Miller'.

RODNEY MILLER
Partner

Canberra, Australian Capital Territory
Dated: 21 August 2019

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DIRECTORS 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 2019 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.

Chair: 

Naomi Zaro

Dated this 21st day of August 2019

Treasurer: 

Christine Ingram

Dated this 21st day of August 2019

**STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2019**

		2019	2018
	Note	\$	\$
Revenue	2	1,939,047	1,388,661
Expenditure	3	(2,022,010)	(1,350,053)
CURRENT YEAR (DEFICIT) / SURPLUS		(82,963)	38,608
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME		(82,963)	38,608

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019**

	Note	2019 \$	2018 \$
CURRENT ASSETS			
Cash and cash equivalents	11a	248,402	268,845
Trade and other receivables	4	45,147	9,595
Prepayments		99,575	38,437
Inventories	5	99,257	74,160
TOTAL CURRENT ASSETS		492,381	391,037
NON-CURRENT ASSETS			
Property, plant and equipment	6	125,117	65,924
Right of use assets	7	245,907	-
TOTAL NON-CURRENT ASSETS		371,024	65,924
TOTAL ASSETS		863,405	456,961
CURRENT LIABILITIES			
Trade and other payables	8	271,052	68,175
Lease liabilities	9	55,074	-
Deferred revenue		35,455	-
Provisions	10	69,992	59,856
TOTAL CURRENT LIABILITIES		431,573	128,031
NON-CURRENT LIABILITIES			
Lease liabilities	9	185,865	-
TOTAL NON-CURRENT LIABILITIES		185,865	-
TOTAL LIABILITIES		617,438	128,031
NET ASSETS		245,967	328,930
EQUITY			
Retained earnings		328,930	290,322
Current year earnings		(82,963)	38,608
TOTAL EQUITY		245,967	328,930



**STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2019**

	Retained Earnings
	\$
Balance at 1 July 2017	290,322
Surplus from operations	38,608
Balance at 30 June 2018	328,930
Deficit from operations	(82,963)
Balance at 30 June 2019	245,967

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2019**

	Note	2019 \$	2018 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Government grants received		2,041,171	1,480,518
National conference receipts		38,559	-
Sale of merchandise		9,391	16,060
Sundry receipts		5,187	37,288
Interest received		3,741	3,846
Payments to suppliers and employees		(1,970,056)	(1,506,953)
Net cash provided by operating activities	11b	127,993	30,759
CASH FLOWS FROM INVESTING ACTIVITIES			
Fixed asset purchases		(92,089)	(25,848)
Fixed asset disposals		1,608	1,550
Net cash used in investing activities		(90,481)	(24,298)
CASH FLOWS FROM FINANCING ACTIVITIES			
Finance lease repayments		(57,955)	-
Net cash used in financing activities		(57,955)	-
Net (decrease) increase in cash held		(20,443)	6,461
Cash at beginning of year		268,845	262,384
Cash at end of year	11a	248,403	268,845

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

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.

The company has early adopted the following new Accounting Standards issued by the Australian Accounting Standards Board ('AASB'):

- *AASB 15 Revenue from Contracts with Customers; and*
- *AASB 16 Leases.*

The following new Accounting Standards and Interpretations are most relevant to the company:

AASB 9 Financial Instruments

The company has adopted AASB 9 from 1 July 2018. The standard introduced new classification and measurement models for financial assets. A financial asset shall be measured at amortised cost if it is held within a business model whose objective is to hold assets in order to collect contractual cash flows which arise on specified dates and that are solely principal and interest. A debt investment shall be measured at fair value through other comprehensive income if it is held within a business model whose objective is to both hold assets in order to collect contractual cash flows which arise on specified dates that are solely principal and interest as well as selling the asset on the basis of its fair value. All other financial assets are classified and measured at fair value through profit or loss unless the entity makes an irrevocable election on initial recognition to present gains and losses on equity instruments (that are not held-for-trading or contingent consideration recognised in a business combination) in other comprehensive income ('OCI'). Despite these requirements, a financial asset may be irrevocably designated as measured at fair value through profit or loss to reduce the effect of, or eliminate, an accounting mismatch. For financial liabilities designated at fair value through profit or loss, the standard requires the portion of the change in fair value that relates to the entity's own credit risk to be presented in OCI (unless it would create an accounting mismatch). New simpler hedge accounting requirements are intended to more closely align the accounting treatment with the risk management activities of the entity. New impairment requirements use an 'expected credit loss' ('ECL') model to recognise an allowance. Impairment is measured using a 12-month ECL method unless the credit risk on a financial instrument has increased significantly since initial recognition in which case the lifetime ECL method is adopted. For receivables, a simplified approach to measuring expected credit losses using a lifetime expected loss allowance is available.

AASB 15 Revenue from Contracts with Customers

The company has adopted AASB 15 from 1 July 2018. The standard provides a single comprehensive model for revenue recognition. The core principle of the standard is that an entity shall recognise revenue to depict the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard introduced a new contract-based revenue recognition model with a measurement approach that is based on an allocation of the transaction price. This is described further in the accounting policies below. Credit risk is presented separately as an expense rather than adjusted against revenue. Contracts with customers are presented in an entity's statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment. Customer acquisition costs and costs to fulfil a contract can, subject to certain criteria, be capitalised as an asset and amortised over the contract period. The impact of adoption on opening retained profits as at 1 July 2018 is not material.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

New or amended Accounting Standards and Interpretations adopted (continued)

AASB 16 Leases

The company has adopted AASB 9 from 1 July 2018. 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. However, EBITDA (Earnings Before Interest, Tax, Depreciation and Amortisation) results will be improved as the operating expense is replaced by interest expense and depreciation in profit or loss under AASB 16. 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 impact of adoption on opening retained profits as at 1 July 2018 is not material.

Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements 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 company is exempt from income tax under subdivision 50.10 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 company 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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounting Policies (continued)

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.

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

<i>Class of plant and equipment</i>	<i>Depreciation Rate</i>
Fixtures & Fittings	10-20%
Office Equipment	10-20%
Computer Equipment	10-33%

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. Trade and other receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any allowance for expected credit losses. Trade receivables are generally due for settlement within 30 days.

The company has applied the simplified approach to measuring expected credit losses, which uses a lifetime expected loss allowance. To measure the expected credit losses, trade receivables have been grouped based on days overdue.

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

d. Impairment of Assets

At the end of each reporting period, the company 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

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounting Policies (continued)

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on corporate bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

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. 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.

h. Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounting Policies (continued)

j. Revenue Recognition

The company recognises revenue as follows:

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the company is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the company: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are initially recognised as deferred revenue in the form of a separate refund liability.

Grant revenue

Grant revenue is recognised upon the incurrence of the obligation to meet an expense to which the purpose of the grant relates.

Sale of goods

Revenue from the sale of goods is recognised at the point in time when the customer obtains control of the goods, which is generally at the time of delivery.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

k. 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.



**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

	2019 \$	2018 \$
NOTE 2: REVENUE		
Operating activities		
DoHA funding	1,887,000	1,345,925
National Conference income	35,054	-
Total operating activities	<u>1,922,054</u>	<u>1,345,925</u>
Interest received	3,741	3,846
Sundry income	4,715	24,290
Merchandise income	8,537	14,600
Total revenue	<u>1,939,047</u>	<u>1,388,661</u>

NOTE 3: PROFIT FROM OPERATIONS

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

Expenses:

Administration and related

- Merchandise related	7,093	9,468
- Depreciation of property, plant and equipment	87,258	24,027
- Accommodation and office (including IT and Training)	99,928	75,246
- Operating lease payments	-	33,060
- Leasing costs	20,506	-
	<u>214,785</u>	<u>141,801</u>

Employee benefits

- Administration	148,348	211,363
- Program	622,914	480,238
	<u>771,262</u>	<u>691,601</u>

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

	2019 \$	2018 \$
NOTE 3: PROFIT FROM OPERATIONS (CONTINUED)		
Governance and related		
- Training	15,653	23,818
- Board meeting travel	99,784	106,819
- Insurance	11,908	10,976
- Legal	32,261	48,977
- Consultant	23,261	-
- Audit	11,910	13,340
- Others	23,190	4,344
	<u>217,967</u>	<u>208,274</u>
Member support and related (including cost of forums representation and support of members)		
- General program	191,441	94,355
- Marketing	48,703	25,749
- Consulting	17,355	44,642
- Legal: Modern Award	357,502	-
- Travel related	202,995	143,631
	<u>817,996</u>	<u>308,377</u>
Total expenses	<u>2,022,010</u>	<u>1,350,053</u>
NOTE 4: TRADE AND OTHER RECEIVABLES		
Trade debtors	4,089	1,313
GST receivable	40,858	8,082
Cab charge bond	200	200
	<u>45,147</u>	<u>9,595</u>
NOTE 5: INVENTORIES		
Merchandises	99,257	74,160
	<u>99,257</u>	<u>74,160</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

	2019 \$	2018 \$
NOTE 6: PROPERTY, PLANT AND EQUIPMENT		
Fixtures and fittings – at cost	71,258	18,711
Less accumulated depreciation	(18,148)	(6,876)
	53,110	11,835
Computer equipment – at cost	105,780	79,814
Less accumulated depreciation	(51,655)	(34,564)
	54,125	45,250
Office equipment – at cost	32,470	20,029
Less accumulated depreciation	(14,588)	(11,190)
	17,882	8,839
	125,117	65,924

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 2017	13,938	11,049	40,666	65,653
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	11,835	8,838	45,251	65,924
Additions	52,548	11,370	28,171	92,089
Disposal	-	-	(1,608)	(1,608)
Depreciation expense	(11,272)	(2,326)	(17,689)	(31,287)
Balance at 30 June 2019	53,110	17,882	54,125	125,117

	2019 \$	2018 \$
NOTE 7: RIGHT OF USE ASSETS		
Right of use assets – at cost	301,878	-
Less accumulated depreciation	(55,971)	-
	245,907	-

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 7: RIGHT OF USE ASSETS (CONTINUED)

Movements in carrying amounts

Movement in the carrying amounts for the right of use assets between the beginning and the end of the current financial year.

	\$
Balance at 1 July 2018	-
Additions	301,878
Disposal	-
Depreciation expense	(55,971)
Balance at 30 June 2019	245,907

	2019 \$	2018 \$
NOTE 8: TRADE AND OTHER PAYABLES		
Trade creditors	52,498	18,377
Accruals	170,470	27,698
Other payables	48,084	22,100
	271,052	68,175

NOTE 9: LEASE LIABILITIES

Current	55,074	-
Non-current	185,865	-
	240,939	-

NOTE 10: PROVISIONS

Annual Leave	69,992	59,856
	69,992	59,856

NOTE 11: CASH FLOW INFORMATION

a. Reconciliation of cash

Cash on hand	1,512	802
Cash at bank	246,890	268,043
	248,402	268,845

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

	2019 \$	2018 \$
NOTE 11: CASH FLOW INFORMATION (CONTINUED)		
b. Reconciliation of cash flow from operating activities		
Surplus:	(82,963)	38,608
Non-cash flows in (deficit) / surplus from ordinary activities:		
Depreciation	87,258	24,027
Changes in assets and liabilities:		
(Increase)/decrease in receivables and prepayments	(99,673)	74,355
(Increase)/decrease in inventories	(25,097)	(74,160)
Increase/(decrease) in creditors	202,877	(45,108)
Increase/(decrease) in provisions	10,136	13,037
Increase/(decrease) in deferred revenue	35,455	-
Net cash provided by operating activities	127,993	30,759

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			
2019	184,042	17,484	201,526
Total compensation	184,042	17,484	201,526
2018	166,454	15,793	182,247
Total compensation	166,454	15,793	182,247

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 13. FINANCIAL INSTRUMENTS

Interest Rate Risk

The company'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

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in financial loss to the company. The company has a strict code of credit, including obtaining agency credit information, confirming references and setting appropriate credit limits. The company obtains guarantees where appropriate to mitigate credit risk. The maximum exposure to credit risk at the reporting date to recognised financial assets is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the statement of financial position and notes to the financial statements. The company does not hold any collateral.

The company has adopted a lifetime expected loss allowance in estimating expected credit losses to trade receivables through the use of a provisions matrix using fixed rates of credit loss provisioning. These provisions are considered representative across all customers of the company based on recent sales experience, historical collection rates and forward-looking information that is available.

Generally, trade receivables are written off when there is no reasonable expectation of recovery. Indicators of this include the failure of a debtor to engage in a repayment plan, no active enforcement activity and a failure to make contractual payments for a period greater than 1 year.

Liquidity Risk

The company's financial liabilities are trade and other creditors. The exposure to liquidity risk is based on the notion that the company 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 company holds basic financial instruments that are not exposed to certain market risks. The company 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 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. COMPANY DETAILS

The principal place of business of the Company is:

National Aboriginal and Torres Strait Islander Health Worker Association
Ground Floor, 31-37 Townshend Street
PHILLIP ACT 2606



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 16: EVENTS OCCURRING AFTER THE REPORTING DATE

No matter or circumstance has arisen since 30 June 2019 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 2019, the total maximum amount that members of the company are liable to contribute if the Company is wound up is \$19,350 (2018: \$14,580).

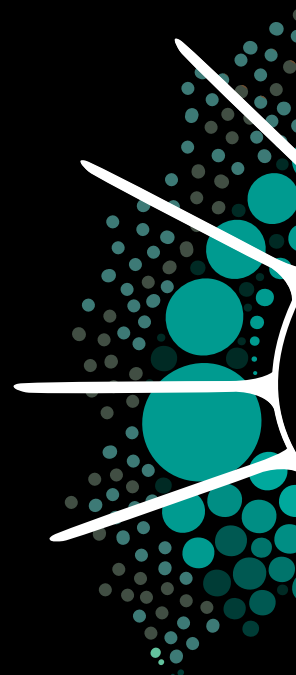


Notes

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For Information Brochures on NATSIHWA and Our Workforce go to
www.natsihwa.org.au





NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

**National Aboriginal and Torres Strait Islander Health
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