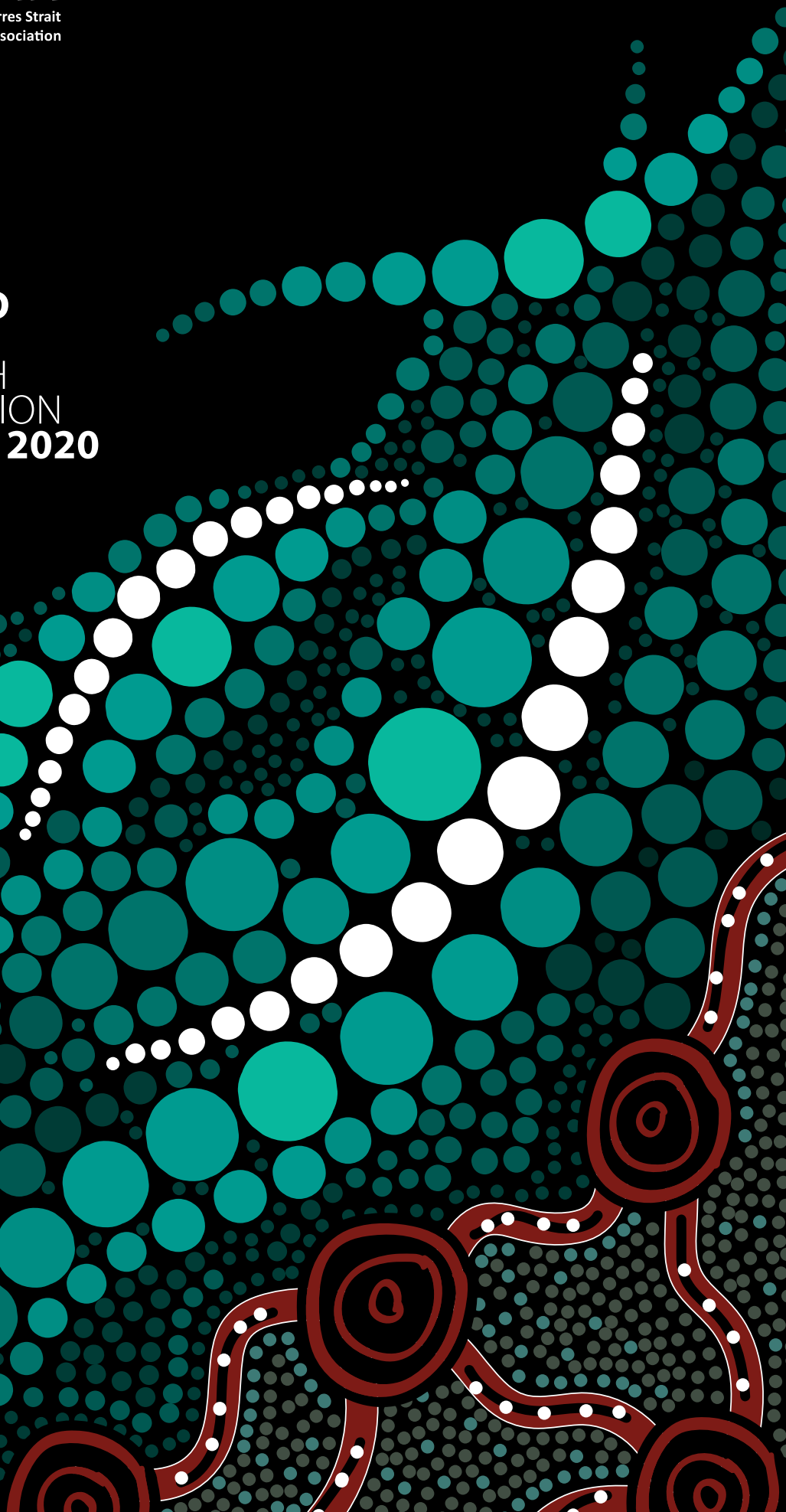
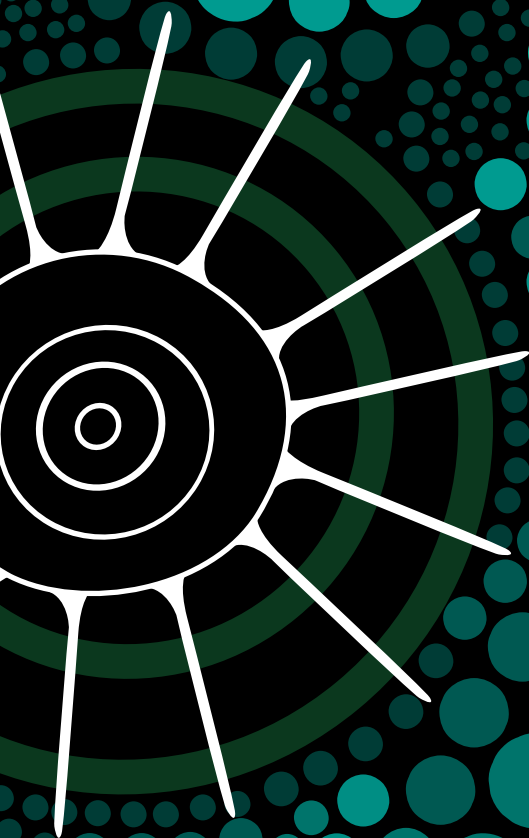




**NATSIHWA**

National Aboriginal and Torres Strait  
Islander Health Worker Association

**NATIONAL  
ABORIGINAL AND  
TORRES STRAIT  
ISLANDER HEALTH  
WORKER ASSOCIATION  
ANNUAL REPORT 2020**



## ABBREVIATIONS

AGM	Annual General Meeting
AHPRA	Australian Health Practitioner Regulation Agency
ASHM	Australasian Society for HIV Medicine
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CEO	Chief Executive Officer
COAG	Council of Australian Governments
COVID-19	Coronavirus disease of 2019
CPD	Continuing Professional Development
MBS	Medicare Benefits Scheme
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIHWA	National Aboriginal and Torres Strait Islander Health Worker Association
RTO	Registered Training Organisation
VET	Vocational Education and Training



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# Welcome

In presenting our 2019–20 Annual Report the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) acknowledges Traditional Custodians across Australia. We value your wisdom, communities, cultures, and ongoing connections to the land and sea. In particular we would like to pay tribute to the Ngunnawal and Ngambri peoples. It is a privilege to conduct our business on the lands you have occupied for thousands of years.

To the past and present Elders who have welcomed us onto the Countries we have visited. Thank you for walking with us and allowing our footprints to grace your land.

To our developing and future leaders, we are committed to a more truthful, just and equitable future. We will continue to support your aspirations and to promote more positive pathways for the years ahead.

# About

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) is a national peak workforce association committed to ensuring Australia's health care system meets the needs of Aboriginal and Torres Strait Islander People.

## Our logo

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.







We have been funded by the Australian Government since establishment in August 2009 to:

- promote the prevention and control of disease and other health conditions in Aboriginal and Torres Strait Islander communities
- improve the health outcomes of Aboriginal and Torres Strait Islander people
- address the impacts of Aboriginal and Torres Strait Islander disadvantage, and
- address the underrepresentation of Aboriginal and Torres Strait Islander people working within Australia's health care system.



We achieve this by:

- delivering and collaborating on initiatives to promote, professionalise and expand the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce
- recognising, addressing and promoting the social and cultural determinants of health
- establishing and maintaining networks, partnerships and alliances with key government agencies, other Aboriginal and Torres Strait Islander organisations, researchers, academic institutions, and other national health bodies
- participating in a range of key strategic initiatives to influence the design and delivery of policies, programs and services
- role modelling the benefits of community control and self-determination, and
- implementing rights-based best practice principles and approaches.



A key part of our role involves directly supporting a national membership network of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. In this respect we:

- support and promote policies to ensure the effective utilisation and professional integration of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce
- provide support, training and resources to improve the prevention, diagnosis, treatment and management of disease and chronic health conditions
- deliver professional development forums, conferences and symposiums
- liaise with regulators, training authorities and employers to ensure the recruitment and retention of a skilled and competent workforce, and
- actively promote education and career pathways.

## NATSIHWA Values

Our values are consistent with those passed down from 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

# From the Chair

I am pleased to be launching this year's annual report. As I reflect on the past year, I am proud of my relationship with this small and dynamic organisation.

Amidst the disturbing impacts of climate change and the global COVID-19 pandemic, NATSIHWA's commitment to ensuring Australia's health care system meets the needs of Aboriginal and Torres Strait Islander people has been steadfast and resolute. By maintaining effective operation through the shutdown period it has also proven to be agile, and responsive.

This report highlights that over the past 12 months NATSIHWA has consolidated its role as a national peak workforce body and demonstrated considerable influence through increasing representation at national and local levels. By delivering and collaborating on initiatives to strengthen the capacity and capability of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforces, NATSIHWA consistently plays a positive role in improving health, education and employment outcomes for our people.

Throughout the year NATSIHWA has influenced and participated in a range of key strategic initiatives, continued to expand and support a national network of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners, and ensured the voices, perspectives and aspirations of this workforce are incorporated into the delivery of more effective health, social and workforce initiatives.

It has played a valuable role in:

- providing career pathways and addressing the underrepresentation of Aboriginal and Torres Strait Islander people employed within Australia's health care system
- supporting the ongoing professional development of a growing national network of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners, and
- promoting the most effective evidence-based models of health care for Aboriginal and Torres Strait Islander people.

With our peoples' frustration, hurt and exasperation being brought to the fore and expressed through the recent Black Lives Matter protests, I am also pleased to be associated with an organisation leading and collaborating to address racism and discrimination. The harmful and enduring impacts of racism on our health and wellbeing should not be underestimated.

Over the past year NATSIHWA has proven to be an organisation dedicated to promoting cultural safety and partnering with others to address the individual, institutional and systemic racism entrenched within the broader mainstream culture. Going forward, leaders from across all spheres of our society must unite to inform, influence and empower others to affect change.

Part of this work is ensuring that the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce is rightly valued and integrated within health care teams and in this respect I am also confident that NATSIHWA will continue innovating and guiding positive reform.

Although it has been proven that Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are critical to closing the gap in health outcomes, and are a vital component of Australia's health care system, there is currently no consistent national scope of practice to guide their effective utilisation or deployment. Jurisdictional variations in legislation (including Drugs and Poisons Acts), regulations and workplace policies continue to present significant barriers to recruitment, retention and recognition and frequently limit the scope of what the workforce can do. With a growing national influence and reputation, NATSIHWA is well positioned to promote these issues and improve the utilisation and integration of the workforce nationally. Into the future, supporting the achievement of legislative uniformity would certainly contribute to NATSIHWAs positive impact as well as leave an enduring legacy.

NATSIHWA's ongoing achievements show that Aboriginal and Torres Strait Islander leadership, governance and the valuing of our cultures are key to improved outcomes for our people. I am privileged to be guiding and steering an organisation that actively demonstrates the benefits of self-determination and am looking forward to supporting NATSIHWA to build on this year's achievements.

Lastly, I would like to thank the Board for its work and, on their behalf, thank the CEO and staff for their dedication to leading change and supporting the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce. Together, our efforts are helping to ensure culturally safe and responsive care is embedded across the national health care system.



**David Follent**  
Chairperson

*David has been the Chairperson of NATSIHWA since October 2019*



*"Jurisdictional variations in legislation regulations and workplace policies continue to present significant barriers to the recruitment, retention and recognition of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce."*

# About our workforce

Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are the unsung heroes of Australia's health care system. From our understanding they are the only culturally based health professions with national training and registration in the world.

Across mainstream Australia few would know, understand or recognise Aboriginal and Torres Strait Islander Health Workers and Health Practitioners as stand-alone professions. Yet, within our communities, or across Aboriginal and Torres Strait Islander Australia, this workforce is renowned as a vital and reliable community resource critical to the health and wellbeing of our people. Working on the frontline they are rarely part of the fly in fly out workforce but instead live and work in the communities they serve.

Together the professions play a vital role in connecting Aboriginal and Torres Strait Islander people to health care filling a critical gap in Australia's health care system. With a combination of clinical, cultural, and community development skills Aboriginal and Torres Strait Islander Health Workers and Health Practitioners act as cultural brokers, health system navigators and provide a high standard of culturally safe and responsive care. Evidence directly connects their roles to improved health outcomes across the life course. Their lived experience and deep understanding of the communities they serve deliver an engagement capability and reach that sets them apart from other professionals in the health care system.

In comparison to Allied Health Professionals who are university trained in specific disciplines of practice, the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce receive practical comprehensive Primary Health Care training through the vocational education and training system<sup>1</sup>. Importantly, this is designed to provide Aboriginal and Torres Strait Islander people with vital entrance level pathways for careers in the health sector, as well as access to culturally safe care. Within this report we showcase the successful journeys of people who have commenced their careers as part of this workforce.

Of the two professions, Aboriginal and Torres Strait Islander Health Practitioners in particular have a high level of clinical skills and are trained to work autonomously. To recognise this, they have been required to meet practice standards and register under the Australian Health Practitioner Regulation Agency (AHPRA) national registration and accreditation scheme with the Aboriginal and Torres Strait Islander Health Practice Board since 2012.

Continuing to recognise the workforce as a distinct component of Australia's health care system ensures an ongoing focus on strengthening the capacity and capability of the professions and that Australia's health care system meets the needs of Aboriginal and Torres Strait Islander people.

## Who they are

To address the underrepresentation of Aboriginal and Torres Strait Islander people working in the health care system and ensure it meets the needs of Aboriginal and Torres Strait Islander people there is a genuine occupational requirement to ensure this workforce comprises only Aboriginal and/or Torres Strait Islander people.

NATSIHWA defines an **Aboriginal and/or Torres Strait Islander Health Worker** as:

An Aboriginal and/or Torres Strait Islander person who has gained a Certificate II or higher qualification in Aboriginal and/or Torres Strait Islander Primary Health Care from one of the health training packages listed in the table below.

Course Number	Title
HLT20113	Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care (Care)
HLT30113	Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (Care)
HLT40113	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Care)
HLT50113	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Care)
HLT60113	Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Care)

1. It is important to note that whilst Allied Health Assistants are also VET trained, their courses are focused on specific disciplines of practice.





^ Participants during our 10 year anniversary conference in Alice Springs

#### NATSIHWA defines an **Aboriginal and/or Torres Strait Islander Health Practitioner** as:

An Aboriginal and/or Torres Strait Islander person who has gained a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice or higher qualification (as outlined below), and has successfully applied for and been registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia through the Australian Health Practitioner Regulation Agency (AHPRA).

Course Number	Title
HLT40213	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)
HLT50213	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)

### What they do

Aboriginal and Torres Strait Islander Health Workers and Health Practitioners undertake a wide variety of roles and deliver a broad range of services across the health care system with educational qualifications in Primary Health Care. They are trained to work autonomously or to be integrated as part of multidisciplinary health care teams and make valuable contributions in positions spanning generalist primary health care, community health promotion and prevention, and in specialty fields including but not limited to: maternal and child health, substance misuse, justice health, and social and emotional wellbeing.

Depending upon the work setting and individual scope of practice they are able to provide:

- clinical services such as the assessment and screening of physical health and social emotional wellbeing and providing care in line with care plans and/or treatment protocols
- planning, delivering and evaluating preventative health programs
- community engagement and facilitating communication including interpreting and translating language
- education, training and the provision of support and advice on providing culturally-safe health services to other health professionals, policy makers, researchers and educators
- management activities including staff supervision and mentoring, business and financial management and quality improvement

Given their critical professional role, it is important to note, that a number of the services the workforce provide are recognised under Australia's Medicare Benefits Scheme (MBS), and if working for an eligible employer, Aboriginal and Torres Strait Islander Health Workers and Health Practitioners with a minimum Certificate III and IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) are eligible to apply for a Medicare provider number which allows access to Medicare Item Numbers under the MBS through the Commonwealth's Department of Health.

## Snapshot of history

To our knowledge, formal research into the history of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce has never been undertaken. Unofficially accounts and narratives indicate that these professions started to emerge close to a century ago.

- 1930s** Aboriginal nursing assistants in Northern Territory hospitals
- 1940s** Aboriginal hygiene workers, Northern Territory
- 1950s** Aboriginal leprosarium assistants, Northern Territory
- 1970s** Aboriginal Health Assistants, Queensland
- 1977** Aboriginal Health Worker basic skills training course developed, Northern Territory  
First issue of the *Aboriginal and Torres Strait Islander Health Worker Journal*
- 1985** Northern Territory Aboriginal Health Worker registration
- 1991** Queensland Aboriginal Health Worker Education Program
- 1997** National Aboriginal Health Worker competency standards released
- 2008** National primary health care training
- 2009** NATSIHWA established
- 2012** Introduction of national registration for Aboriginal and Torres Strait Islander Health Practitioners under AHPRA's National Registration and Accreditation Scheme





# From the CEO

As CEO, the most notable achievements for me over the past year serve to remind us of the collective power we have and how unity – the small connected actions of each of us working together towards a common goal – can make a large difference.



The way our organisations, our communities and our people are meeting the challenges associated with COVID-19 provides a great example of this. From the very start of the pandemic we exercised leadership and worked collaboratively to understand the risks, develop responses, mobilise our networks and harness support. At the national level Aboriginal and Torres Strait Islander health representatives partnered with governments to develop culturally informed strategies, while leaders at the local level coordinated actions and engaged communities. So far we have managed to keep our vulnerable community members and the elderly safe, reinforcing that the health and wellbeing of our people is contingent upon policies and programs being design and informed by our voices, our choices and our cultures.

Over the year I was also privileged to have seen Aboriginal and Torres Strait Islander people come together to progress common goals through participation in a number of national policy initiatives. This work included supporting the Coalition of the Peaks on the development of the new National Agreement on Closing the Gap. This Agreement signifies a major shift to the way governments have previously worked, and for the first time Aboriginal and Torres Strait Islander people have been recognised as essential agents of change, with a shared role in designing, implementing and monitoring the whole-of-government Closing the Gap policy framework. While this way of doing business is long overdue the new agreement represents an important opportunity. The positive implications of a 'nothing about us, without us' approach that provides a driving role and ensures legitimate decision-making power over our own lives should not be underestimated. Seeing our organisations coming together with a shared determination to affect change is emblematic of our strength and sense of common purpose.

NATSIHWA's strong performance over the year was also a collaborative effort and a testament to the dedication and expertise of our Board and team. This report demonstrates that, despite a number of challenges, we have effectively delivered against each our strategic focus areas and continued to increase our impact. In this respect it is an honour being part of a team that understands the complex and interrelated circumstances affecting the health and wellbeing of Aboriginal and Torres Strait Islander people, and that the prevention and control of disease requires a focus on both the social and cultural determinants. This means that over the course of the year, as well as supporting a growing national network of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners, we have also established and maintained a wide range of partnerships and alliances and influenced and strengthened the delivery of policies, programs and services impacting beyond health into social policy, education, culture and reconciliation.

Finally, to our workforce, we are proud of the work that you do. You play an invaluable role in delivering culturally safe care and connecting our people to the health care system. Your contribution should not be underestimated. Through your individual efforts and our collective influence we are making a difference nationally!

**Karl Briscoe**  
CEO

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

*"The challenges impacting upon Aboriginal and Torres Strait Islander people don't exist in isolation, and nor do their solutions."*

# About this report

NATSIHWA is committed to addressing Aboriginal and Torres Strait Islander health inequity and inequality. We promote the prevention and control of disease through a focus on the social and cultural determinants of health. This holistic approach recognises that the issues impacting upon the health and wellbeing of our people don't exist in isolation and that the many causes of poor health are interrelated and often lie outside the direct responsibility of the health sector.

Understanding health and wellbeing in this way has allowed us to participate in the development of collaborative inter-sectoral initiatives and to continue expanding and amplifying our role as a national peak organisation. Our 2019–20 Annual Report highlights that NATSIHWA contributes to and supports the achievement of improved outcomes relating to health as well as education, culture, reconciliation, social policy and justice. The activities we deliver include:

- supporting the ongoing professional development of a national network of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners through:
  - the provision of support, training and resources to improve the prevention, diagnosis, treatment and management of diseases and chronic health conditions
  - the delivery of forums, conferences and symposiums
  - liaison with regulators, training authorities and employers
- facilitating the growth and professional integration of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce
- actively promoting education and employment pathways for careers in the health sector
- establishing and maintaining networks, partnerships and alliances with key government agencies, other Aboriginal and Torres Strait Islander organisations, researchers, academic institutions, and other national health bodies

- promoting the most effective evidence-based best practice models of health care for Aboriginal and Torres Strait Islander people
- sharing knowledge and insights to strengthen the capability of non-Indigenous organisations to deliver more effective initiatives to Aboriginal and Torres Strait Islander people
- promoting the centrality of culture and fostering an awareness of and interest in Aboriginal and Torres Strait Islander cultures and histories
- listening to and representing our networks to influence policy change and reform across both the health sector and the portfolio of Indigenous Affairs more broadly, and
- working to address racism and discrimination.

NATSIHWA's ability to deliver is underpinned by sound governance and a commitment to accountable, transparent business practices. In this respect all of the activities we deliver are guided by and aligned to our Strategic Plan. As this is our last Annual Report against our 2017–2020 Strategic Plan it provides a detailed account of our performance over the 2019–20 financial year as well as a snapshot of our major achievements over the entire three-year course of the Strategic Plan.



## Priority areas of focus

### 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.*

The report demonstrates that for a small organisation NATSIHWA makes a large impact. Of course this would not be possible without the support and assistance of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce, our partners, colleagues, and friends. We thank you for working with us. Together we are leading the way and establishing a better future – one founded on Aboriginal and Torres Strait Islander aspirations, decisions and the valuing of our cultures.

During 2019–20 NATSIHWA also completed the development of a new Strategic Plan. This report therefore also provides a snapshot of what you can expect from us through to 2023. Our new Strategic Plan builds on our achievements to date and is strengthened and shaped by the expertise, reflections, and knowledge of our national network of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners.



^ Like other organisations across Australia NATSIHWA had to demonstrate their agility during the COVID-19 pandemic. Here is the team embracing zoom during work from home restrictions.

# Performance highlights 2017–2020

## NATSIHWA's Strategic purpose

*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 disparities for Aboriginal and Torres Strait Islander Australians.*

### AREA 1

Profile of NATSIHWA  
across all health  
sectors

**2,246** **1,326**  
Total Membership 2020 Total Membership 2017

**960** **737**  
Full members 2020 Full members 2017

Current members identifying as Aboriginal and/or  
Torres Strait Islander – 1,859 or 83%

**156** weekly newsletters

**29+** **57+**  
exhibition booths presentations/panel  
discussions

**26+** Professional Development Forums  
(both face-to-face and online)

 **LIKES**

**1,658**  
30 June 2020

**409**  
30 June 2017

 **FOLLOWERS**

**1,391**  
30 June 2020

**349**  
30 June 2017

Collaborated with over 60 organisations

### AREA 2

Scope of practice for  
workforce

Launched the National Framework for  
Determining Scope of Practice for the  
Aboriginal and/or Torres Strait Islander Health  
Worker and Health Practitioner Workforce

Published one journal article  
and four opinion pieces

Sought to improve workforce  
recognition by supporting  
changes to the Modern Award

Distributed best practice  
exemplars relevant to the  
utilisation of the workforce

Promoted and influenced a  
nationally consistent  
scope of practice

Invested in research to provide  
increased understanding  
of workforce trends

Analysed jurisdictional  
difference



### AREA 3

Professional support  
and development for  
members

Delivered  
National Conference

Delivered  
National Symposium

Launched  
CPD endorsement program

Endorsed  
nine CPD training programs

Developed online CPD register

Showcased excellence through Awards Program

Established RTO network

Developed, launched and refined Member's Portal

Supported emergency response to COVID-19

Delivered Professional Development  
Forums, Yarning Sessions and Webinars

Secured four-year funding agreement

### AREA 4

Representation and  
promotion of  
workforce needs

CEO represented NATSIWA  
at the United Nations

Membership on over 30 Boards,  
Steering Committees, Roundtables

Increased our communications  
and public relations profile

Developed strategic alliances

Published six Policy Position Statements

Contributed submissions  
to public inquiries

Input to the design, development  
and evaluation of national  
policies, programs and evaluations

Supported mainstream organisations to  
tailor initiatives to our workforces needs

Demonstrated the benefits of  
community control, self-determination  
and the delivery of Indigenous led  
programs and initiatives

# Performance report

## AREA 1

Profile of NATSIHWA  
across all health  
sectors

### AT A GLANCE

#### MEMBERSHIP

**2,246** 30 June 2020  
**1,943** 30 June 2019

**14** exhibition booths  
**16** presentations/  
panel discussions

**52**  
newsletters per year to around  
2,500 subscribers

**f** **LIKES**  
**1,658** 30 June 2020  
**1,129** 30 June 2019

**t** **FOLLOWERS**  
**1,391** 30 June 2020  
**960** 30 June 2019

**16**  
COVID-19 updates

Influenced the work of over  
50 external organisations

Ambassadors Program  
under development

Improved ability to monitor, analyse  
and report publicly on our  
membership network

## FOCUS AREA 1

### Profile of NATSIHWA across all health sectors

**Objective:** To raise the profile of NATSIHWA across all health sectors | **ACHIEVED**

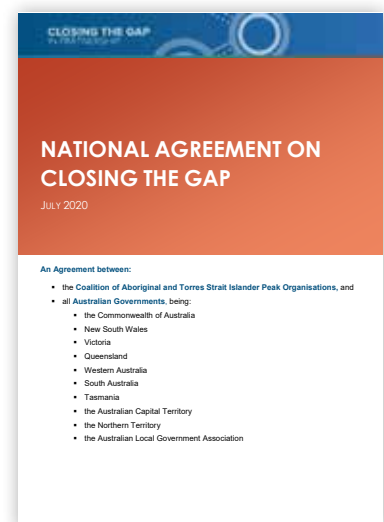
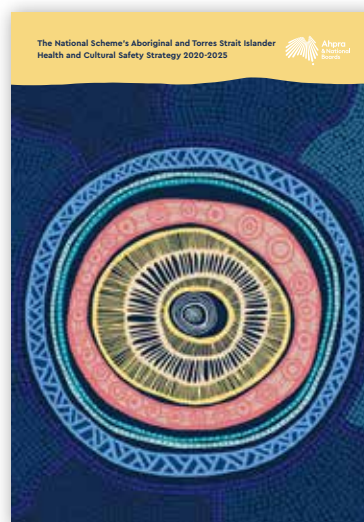
By increasing our collaboration, communication and outreach over the 2019–2020 financial year we succeeded in raising NATSIHWA's profile, promoting the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce and ensuring that the aspirations and perspectives of Aboriginal and Torres Strait Islander people are taken into consideration in the design and delivery of policies, programs and services.

### Engagement

As one of four national Aboriginal and Torres Strait Islander peak health workforce bodies we are now routinely called upon to contribute our knowledge and expertise to the design, development, implementation and evaluation of initiatives focused on improving the health and wellbeing of our communities.

Over the year this work ranged from supporting the co-design of national initiatives including the National Aboriginal and Torres Strait Islander Health Workforce Plan, the AHPRA Cultural Safety Strategy and the Closing the Gap refresh. We also supported organisations such as Cancer Australia and the Heart Foundation to ensure work on the prevention and control of disease and other health conditions directly meets the needs of our workforce and communities.

During 2019–2020 we influenced the work of around 50 external organisations extending our networks, partnerships and alliances across government agencies (both Commonwealth and state/territory), other national health bodies, Aboriginal and Torres Strait Islander organisations, academic institutions and vocational education and training providers.





## Communication

To raise the profile of NATSIHWA we directed considerable effort into increasing and improving our communication activities. We continued to develop and distribute our weekly newsletter, reviewed and updated our communication and public relations strategy, strengthened our online and social media presence and responded to the evolving situation of the COVID-19 pandemic.

In strengthening our online presence we made significant changes to our website. This included upgrading the support and services we offer through our Member's Portal. In this regard we expanded our video library, and built on the 2018–19 introduction of the CPD (Continuing Professional Development) Endorsement Program to ensure quick access to appropriate training. We also developed an automated register to assist Aboriginal and Torres Strait Islander Health Practitioners manage and report on their CPD activities as part of their registration requirements. Close to 30% of our full members are regularly accessing the resources available through the Member's Portal.

The onset of the COVID-19 pandemic presented significant risks to our communities and demanded the provision of timely accurate information and a focus on communication. An important element of our response involved the regular distribution of COVID-19 updates providing advice on infection control, the prevalence of outbreaks, quick links to trusted sources of information, as well as developments with regard to national policies and programs impacting on Aboriginal and Torres Strait Islander communities. In total, 16 updates were distributed between 18 March and 12 June 2020 – proving to be a valued resource for our national membership network.

During this period we also focused on sharing information across our social media platforms.

As part of this work we engaged our Ambassador Dr Mark Bin Barker to develop a series of short videos to create an awareness of infection control and prevention. This combined with other promotions implemented across the year helped to strengthen our profile as evidenced by a 40% increase in Twitter followers and a 43% improvement in Facebook likes.

## Outreach

During the first half of the year, when travel was still permitted, we held 14 exhibition booths in locations across the country and delivered face-to-face professional development and networking forums in Darwin, Ballarat, Broken Hill and Tasmania.

Restrictions imposed in response to the pandemic compelled NATSIHWA to innovate with regard to outreach. Professional development forums were quickly moved online and, given the frontline role our workforce plays, we extended activities to include yarnning sessions and webinars targeting self-care and wellbeing.

Over this period online professional development forums were delivered to members in Western Australia, New South Wales, far north Queensland and South Australia. Similar to those delivered face-to-face they were designed to provide an overview of NATSIHWA's role, guidance on how to negotiate and develop an individual scope of practice and encourage access to the support and services we provide.

Outreach through the delivery of face-to-face and online presentations also increased, with CEO Karl Briscoe increasingly being called upon to deliver keynote speeches and participate in panel discussions.



^ Some of the outreach undertaken over the first half of the financial year

### National Membership Network Update

The work undertaken to raise NATSHIWA's profile over the year culminated in a 16% increase in our national membership network, contributing to a 69% growth in membership (920) members over the three-year life of the strategic plan. Over the 2019–20 financial year membership increased in all jurisdictions, except in the ACT which remained the same (see Table 1).

Across the year we also increased our ability to monitor, analyse and report publicly on our membership network. Our website now features an interactive map providing a breakdown of membership across states and territories. By upgrading our customer relations management system, we have also been able to include the Torres Strait Islands/Northern Peninsula Area as a distinct membership region for the first time. While the membership in this region has been included in the total Queensland count in this year's report, next year when comparisons are available it will be reported on separately.

# 2,246

2020 membership

# 1,326

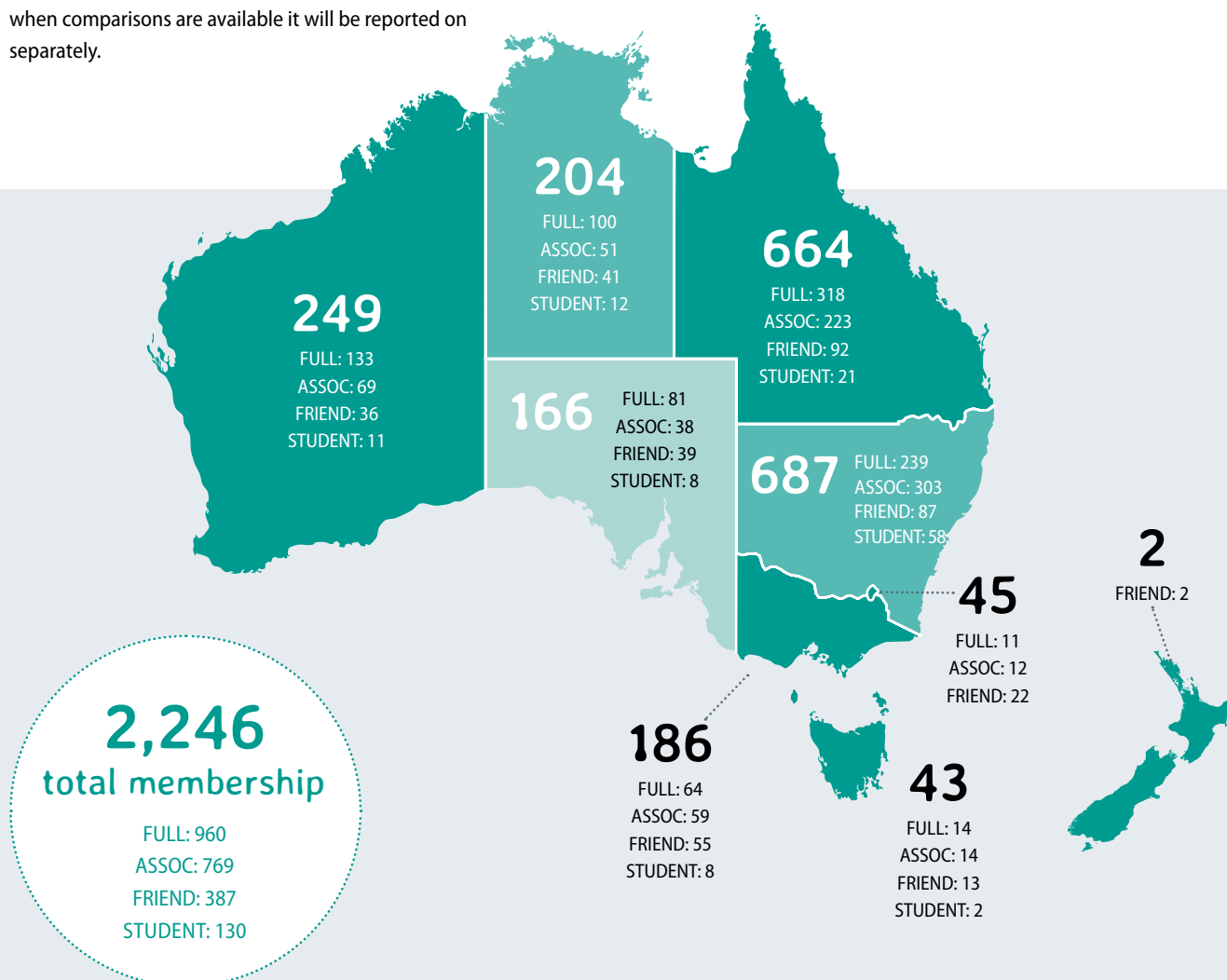
2017 membership

↑ 69%

Of our membership

# 83%

identify as Aboriginal and/or Torres Strait Islander descent



## IN THE SPOT LIGHT

### Dr Janine Mohamed

#### CEO, Lowitja Institute

I am a proud Narrunga Kurna woman from Point Pearce in South Australia. When growing up there on that beautiful country, I became interested in health and in wanting to work to improve our people's health and wellbeing. After training as an Aboriginal Health Worker, I went on to become a nurse.

I really don't know how I would have survived when I was nursing at the Women's and Children's Hospital in Adelaide, if not for the Aboriginal Liaison Officers. During my breaks, I'd always end up in the liaison officer's room. It was the Aboriginal Health Workers at that hospital who taught me how to do my job better. I am sure many nurses, doctors and other health professionals could say the same.

Some of the most treasured times in my career have been when I have had the great privilege to work with Aboriginal Health Workers. I learnt so much from my Health Worker colleagues about what Aboriginal people need when accessing health services. I learnt that looking after our people is about much more than providing a clinical service.

At a personal level, one of the reasons that I was always drawn to the Health Workers' office is because it was a safe space. They recognised and valued my cultural knowledge and identity.

I've also had the good fortune to work with Aboriginal Health Workers in other settings; in the early 2000s I ran the Aboriginal Health Worker Forum in South Australia. I am proud that I was also a part of the technical writing group for the Aboriginal Health Worker qualifications and that I was a director on NATSIHWA's inaugural Board.

I have so much admiration for Aboriginal Health Workers and your unique position in primary health care. You are the true primary health care experts and innovators. The rest of the health system, in Australia and globally, has so much to learn from you.



Whether I was working at the National Aboriginal Community Controlled Health Organisation (NACCHO), the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) or now as CEO of the Lowitja Institute, I have always loved talking to Aboriginal Health Workers about primary health care because of your understanding that it is founded in self-determination: that it is about primary health care services that we design, deliver and evaluate.

*"...one of the reasons that I was always drawn to the Health Workers' office is because it was a safe space. They recognised and valued my cultural knowledge and identity."*

I am constantly inspired and uplifted by your commitment to working for our people and your deep love for your communities. Personally I feel very privileged to have made friends for life from my work with Aboriginal Health Workers. I am so glad about the decisions that I made, as a young girl back at Point Pearce, to follow a career pathway through the health sector.

# Performance report

## AREA 2

Scope of practice for workforce

### AT A GLANCE

Reviewed and provided guidance on how to use the National Scope of Practice Framework

Distribution of Best Practice Exemplars

Consolidated analysis of jurisdictional differences

Invested in research

Gained greater understanding of workforce trends

Pursued greater professional recognition through support for the Modern Award

Publicised the need for a national scope of practice through Croakey Opinion Piece

Promoted career pathways

Influencing the National Aboriginal and Torres Strait Islander Health Workforce Plan

Promoted and encouraged the development of cultural safety frameworks

## FOCUS AREA 2

### Increasing the professional integration of 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 | **ACHIEVED**

It is widely acknowledged that addressing the underrepresentation of Aboriginal and Torres Strait Islander people working in clinical and non-clinical roles across the health sector is key to accelerating efforts to tackle the disparity in health outcomes.<sup>1</sup>

In this respect Aboriginal and Torres Strait Islander Health Workers and Health Practitioners fill a critical gap in Australia's health care system. By acting as cultural brokers and health system navigators they play an invaluable role in connecting people to care and fostering sustained improvements in health and wellbeing outcomes. Their vocational education and training also provide alternative education and employment pathways for careers in the health sector.

Supporting the effective deployment and integration of these professions across the health care system therefore works to ensure the availability of culturally safe and responsive care, as well as to facilitate improvements in education and employment outcomes.

Although evidence reinforces the importance of this workforce, jurisdictional variations in legislation, regulations and workplace policies continues to limit the scope of what the workforce can do, creating significant role variation across states and territories. This presents substantial barriers to recruitment, retention and recognition and as a consequence, the workforce is not growing at a rate consistent with the health needs of the Aboriginal and Torres Strait Islander population.<sup>2</sup>

Addressing these issues requires national reform and over the course of the year NATSIHWA continued promoting the development of policies and implementing measures to achieve greater national consistency in legislation, regulations and workplace roles and responsibilities.

1. The Australian Health Ministers' Advisory Council (2016), National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023. Prepared for by the Aboriginal and Torres Strait Islander Health Workforce Working Group, Commonwealth Department of Health retrieved from: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/4A716747859075FFCA257BF0001C9608/\\$File/National-Aboriginal-and-Torres-Strait-Islander-Health-Workforce-Strategic-Framework.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/4A716747859075FFCA257BF0001C9608/$File/National-Aboriginal-and-Torres-Strait-Islander-Health-Workforce-Strategic-Framework.pdf)

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) retrieved from: <https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12864>





## The Modern Award

Achieving parity in remuneration and workplace conditions is critical to the professional recognition, integration and expansion of the Aboriginal and Torres Strait Islander Health Worker and Health practitioner workforce.

The Modern Award was introduced by the National Aboriginal Community Controlled Health Organisation (NACCHO) in 2010 for Aboriginal and/or Torres Strait Islander Health Workers employed by community-controlled health services. While this was an important development, their place in the health system remains under-valued and is neither reflective of their level of clinical primary health care training, nor commensurate with similar professions within the health care system.

In 2019–20 NATSIHWA continued its journey in supporting enhancements to the Aboriginal Community Controlled Health Services Award 2010 (the Modern Award).

Building on three years of consultation, NATSIHWA, the United Voice Union and the Health Services Union participated in Fair Work Commission hearings to argue in support of amending the Award to facilitate the integration of the profession and the recognition of professional qualifications of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners beyond community control and into other health care settings.

Although this process is ongoing, at completion of the Hearing and Conferencing phase of the process agreement on the following has been reached:

- the definition Aboriginal Health Worker and Aboriginal Health Practitioner to be changed to 'Aboriginal and/or Torres Strait Islander Health Worker' and 'Aboriginal and/or Torres Strait Islander Health Practitioner'
- NATSIHWA's proposed new progression, recognition of prior service clause and evidence of qualifications clause
- NATSIHWA's proposed damaged clothing allowance
- NATSIHWA's proposed blood check allowance
- NATSIHWA's proposed telephone allowance
- NATSIHWA's proposed nauseous work allowance.

It is anticipated that the Fair Work Commission's final determinations will be handed down in the second half of the 2020 calendar year.

# Become a member of our national network

**It's  
free to  
join!**

Joining NATSIHWA's national membership network helps to increase the profile of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce and to progress the health and wellbeing aspirations of Aboriginal and Torres Strait Islander people.

Together we can improve the understanding of what Aboriginal and Torres Strait Islander Health Workers and Health Practitioners do and help to ensure this workforce is embedded as a vital, valued and professional component of Australia's health care system. Evidence directly connects their roles to better health outcomes.

All Aboriginal and Torres Strait Islander Health Workers and Health Practitioners – past and present – can become members. We also encourage professional bodies and/or non-Indigenous friends to help by becoming a *Friend of NATSIHWA*.

## Our Membership Categories

### FULL

A person who:

- identifies as an Aboriginal/or 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 a Certificate II in Aboriginal and Torres Strait Islander Primary Health Care.

Full members have voting and speaking rights at the NATSIHWA Annual General Meeting (AGM) following six months of continuous membership, and access to the NATSIHWA's Members Portal which contains tools for Continuing Professional Development (CPD) records, training, advice, information and resources.

### ASSOCIATE

- identifies as an Aboriginal and/or Torres Strait Islander person, and
- works in the health field but is not an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner.

### STUDENT

- identifies as an Aboriginal and/or Torres Strait Islander person, and
- currently undertaking study in an eligible Aboriginal and Torres Strait Islander Primary Health Care course (noting proof of enrolment is required).

### FRIEND

- any other individual or organisations wishing to support the work of NATSIHWA may become a Friend of NATSIHWA
- organisations will have their logo and website link published on our website.

Membership applications are approved by the NATSIHWA Board.

More information about becoming a member can be found on our website at: [www.natsihwa.org.au/membership](http://www.natsihwa.org.au/membership)

# Performance report

## AREA 3

Professional support and development for our members

### AT A GLANCE

Developed online CPD register

Nine CPD courses endorsed

Surveyed our members

Delivered nine Professional Development Forums

Led development of COVID-19 Resource Kit

COVID-19 webinars and yarning sessions

Partnered with Rural Doctors network bursaries to New South Wales students

10 Year Anniversary Conference in Alice Springs

National Awards program

Established Registered Training Organisation (RTO) Network

Influencing Skills IQ 5 Year Review

Implementing mentoring program

### FOCUS AREA 3

## Professional support and development for our 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 | **ACHIEVED**

NATSIWHA is committed to supporting Aboriginal and Torres Islander Health Workers and Health Practitioners across Australia. Their professional development is key to the delivery of a high standard of culturally safe care to our people. Across the year we delivered a range of initiatives to improve the accessibility and quality of professional development opportunities tailored to meet the needs of the workforce. Under our approach to continuous improvement we routinely survey members and incorporate their feedback to ensure our professional development opportunities are relevant and appropriate. In line with survey results, our professional development forums were revised to give greater emphasis to how the tools we develop can be practically applied by members in their roles and workplaces. This includes demonstrating how:

- individual scopes of practice can be negotiated
- tailored information, tools and training can be accessed through our Member's Portal, and
- to broach conversations about and support a greater level of cultural safety in the workplace.

With feedback indicating high rates of worker fatigue and burnout within the workforce, we also introduced workshops, yarning sessions and webinars focusing on self-care. These were critical and in high demand after the onset of the COVID-19 pandemic.



## Ongoing Professionalisation of the Workforce

As part of our national role we continued working to strengthen the professional standards and qualifications of Health Workers and Health Practitioners. Throughout the year we:

- established a network of RTOs across Australia to gain a better understanding of the factors impacting on course take-up and completion.
- participated in the Skills IQ 5 Year Review of the Aboriginal and Torres Strait Islander Health Worker Training Package to guide and shape course design
- continued our ongoing involvement with the Aboriginal and Torres Strait Islander Health Practice Board of Australia of AHPRA to support the regulation of Aboriginal and Torres Strait Islanders Health Practitioners and the development of the AHPRA Cultural Safety Strategy that aims to eliminate racism from the health system
- started exploring the potential for introducing mandatory CPD requirements for health workers, with plans for further work to occur in 2020–21.

While last year we launched the National CPD Endorsement Program to ensure training products designed for our workforce are assessed for cultural safety, relevance and alignment to AHPRA registration requirements. This year we endorsed nine CPD courses, provided access to these through our Member's Portal and developed an online register to assist the workforce report on the CPD undertaken.

Across the year we also worked in partnership with other organisations such as Cancer Australia, Diabetes Australia, the Australasian Society for HIV Medicine (ASHM) and ISISTAQUIT to tailor courses to the distinct needs of our professions and developed a course for mentors as a first step toward the implementation of a mentoring program

More information about the professional development opportunities NATSIHWA provides can be found on our website at: [www.natsihwa.org.au](http://www.natsihwa.org.au)



## A Decade of Footprints, Driving Recognition – 10 Year Anniversary Conference

A cornerstone of our professional development was the convening of the 10 Year Anniversary Conference. The conference themed *A Decade of Footprints, Driving Recognition* was held in Alice Springs over 9–10 October 2019 and provided an important opportunity to:

- reflect on the achievements of NATSHIWA since its establishment in 2009
- promote the valuable work and achievements of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners across Australia
- consider workforce aspirations and opportunities for the future, and
- foster the development of networks.

Over the two days of the conference participants learnt from health sector leaders, talked about their own experiences and celebrated the positive impacts the workforce has on the health and wellbeing of Aboriginal and Torres Strait Islander people and communities. The program included keynote addresses from Karl Briscoe, Donna Ah Chee, Dr Chelsea Bond, Jennifer Poelina, and Isaiah Dawe, panel discussions on systemic racism and the creation of NATSIHWA, as well as presentations by Jeannie Campbell and Robert Dann.

The conference ended with an Anniversary Gala dinner and awards ceremony to recognise the career accomplishments of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. During the ceremony NATSIHWA Lifetime Achievement Awards were presented by the board to Dr Janine Mohamad and Dr Chelsea Bond.

We would like to thank all those involved and congratulate all the 2019 Award winners!





## Supporting the Emergency Response to COVID-19

NATSIHWA is one of a number of Aboriginal and Torres Strait Islander national peak bodies working to ensure Australia's health care system meets the needs of Aboriginal and Torres Strait Islander people. While each organisation holds responsibility for different professions, service components and jurisdictions within the system, we all work together to promote improved outcomes through a focus on the social and cultural determinants of health in policy and program design.

This made us well placed to respond to the challenges of the pandemic. We knew that our communities were vulnerable and at elevated risk of serious COVID-19 infection and mortality.

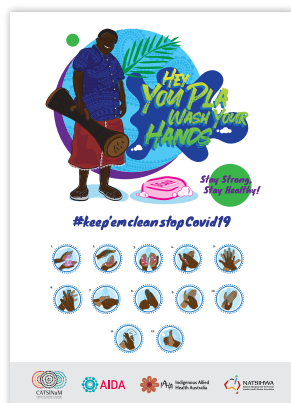
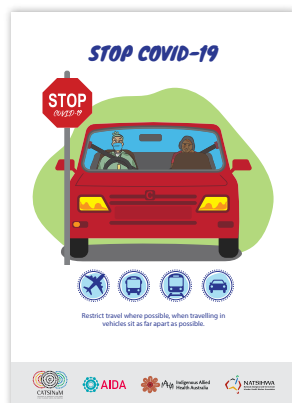
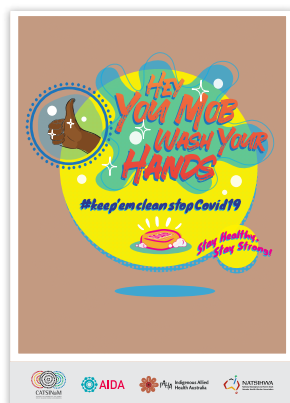
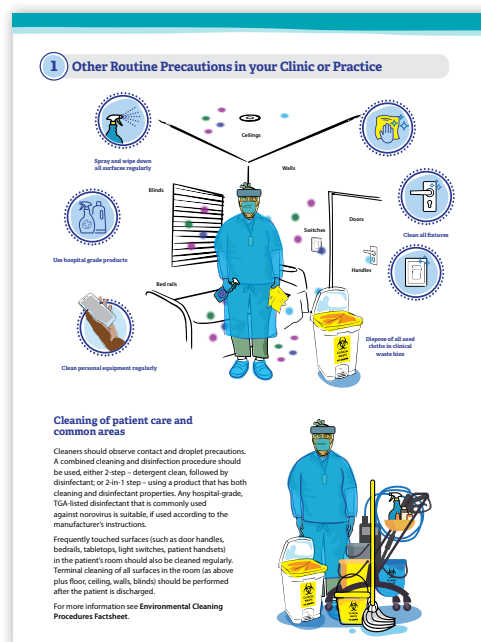
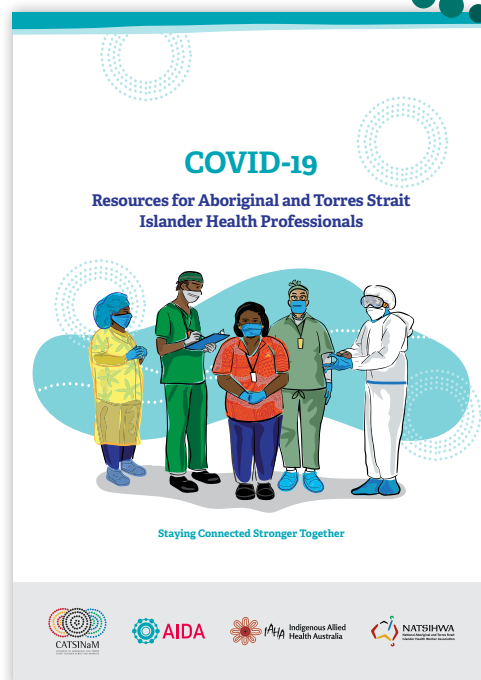
From the very start of the pandemic the Aboriginal and Torres Strait Islander health sector worked to mitigate these risks by exercising our leadership and working collaboratively to develop responses, mobilise our networks and harness support. At the national level Aboriginal and Torres Strait Islander health representatives partnered with governments to develop culturally informed strategies, while leaders at the local level coordinated actions and engaged communities.

Within NATSIHWA we understood that our workforce needed to be equipped with tailored support.

In this respect we:

- led the other workforce organisations to produce a toolkit and community resources on infection control and specifically targeting the needs of all Aboriginal and Torres Strait Islander health professionals
- recognised that in caring for our communities our workforce often carries additional burdens and therefore need to practice ongoing self-care and provided resources and held yarning sessions with our national network of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners so we could elevate issues to governments as required
- distributed regular COVID-19 updates providing advice on infection control, the prevalence of outbreaks, and quick access to trusted sources of information, and
- sought to ensure the diverse needs of both the workforce and Aboriginal and Torres Strait Islander people were considered as part of the ongoing national response.

Our work represents just one part of a much larger coordinated response. So far, we have managed to keep our vulnerable communities safe, reinforcing that the health and wellbeing of our people is contingent upon policies and programs being designed and informed by our voices, our choices and our cultures.



# Performance report

## AREA 4

Representation and promotion of workforce needs

### AT A GLANCE

Working to ensure the needs and aspirations of Aboriginal and Torres Strait Islander people are addressed through the health care, social and Indigenous policy systems

Determined strategic areas for engagement

Extended our networks, partnerships and alliances with government agencies, other national health bodies, Aboriginal and Torres Strait Islander organisations, academic institutions and vocational education and training providers

Ongoing membership across over 20 boards, steering committees, working groups and roundtables

Published position statements

Increased communication activities across our networks, website and social media

Met with Ministers from across Commonwealth and state and territory governments

Influencing key national initiatives

Supported rights-based best practice approaches

Sharing knowledge and insights to strengthen the capability of non-Indigenous organisations to deliver more effective initiatives to Aboriginal and Torres Strait Islander people

## FOCUS AREA 4

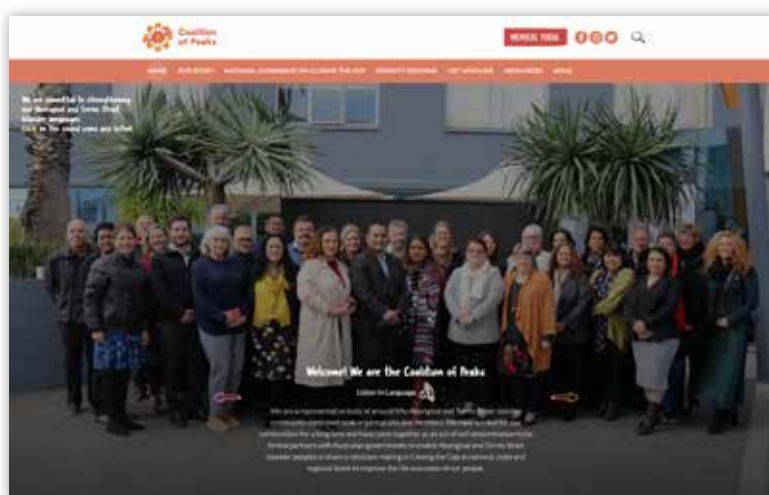
### Representation and promotion of workforce needs

**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 | **ACHIEVED**

As a national peak workforce body NATSIHWA works to ensure that the perspectives of our national network of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners and communities more broadly are incorporated into the delivery of more effective health and social policies.

We now give voice to our workforce through ongoing membership across over 20 boards, steering committees, working groups and roundtables. This representation has enabled NATSIHWA to influence a number of key national initiatives including:

- implementation of the National Aboriginal and Torres Strait Islander Health Plan 2013–2023
- development of the new National Aboriginal and Torres Strait Islander Health Workforce Plan
- the evaluation of the national Indigenous Australians' Health Programme
- the Productivity Commission's Indigenous Evaluation Strategy
- AHPRA cultural Safety Strategy
- MBS Review
- Skills IQ 5 Year Review of the Aboriginal and Torres Strait Islander Health Worker Training Package
- Close the Gap Campaign
- National Rural Health Commissioners' Report into improving access, quality and distribution of Allied Health Services in Regional, Rural and Remote Australia.



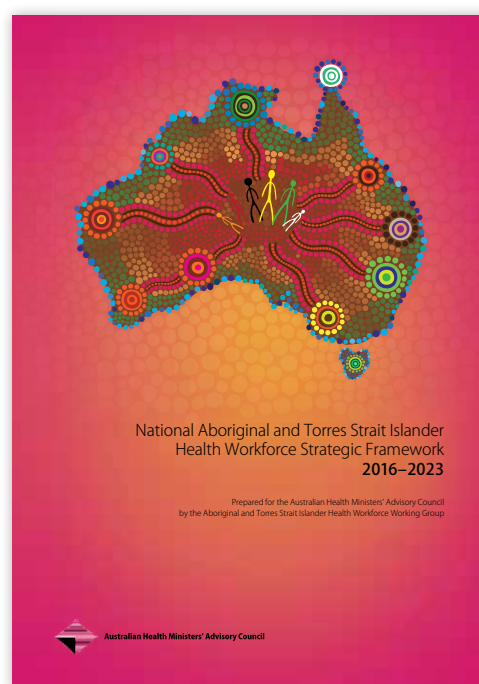
In progressing this work we have successfully promoted the need for:

- investment in Indigenous specific employment and education pathways from schools to VET and on to tertiary studies, including the increase and expansion of trainee and cadetships
- a national scope of practice including greater the jurisdictional standardisation of legislation, regulation and workplace conditions
- investment in data and research to better understand workforce trends and how the workforce can be expanded
- Aboriginal and Torres Strait Islander-led evaluation capability to be strengthened
- rights- and evidence-based best practice approaches to be embedded in the design of policies, programs and services
- a greater focus on a more holistic approach to health and wellbeing based on the incorporation of the social and cultural determinants and
- the introduction of initiatives to address systemic and institutionalised racism across the health care system.



Alongside representation, in seeking to ensure that policies, programs and services take appropriate account of the role of our workforce and address the needs of Aboriginal and Torres Strait Islander people, we develop and contribute to a wide range of position papers and submissions. Over the course of the year this included:

- contributing to the Cancer Australia public consultation process on the roll out of a national lung cancer screening program
- publishing position statements on the importance of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners in the health system and on health improvements that could be gained through Makarrata
- providing commentary to the Coalition of the Peaks engagement process supporting the design of the new national agreement on Closing the Gap
- proposing professional capabilities for Aboriginal and Torres Strait Islander health practice as part of the Aboriginal and Torres Strait Islander Health Practice Board of Australia's Accreditation Committee public consultation
- providing feedback and suggested amendments to the National Stillbirth Action and Implementation Plan.





## The Coalition of the Peaks and the new National Agreement on Closing the Gap

Arguably, the most transformative initiative we sought to influence over the course of the year was the development of the new National Agreement on Closing the Gap. This was achieved through our membership on the Coalition of the Peaks, a representative body comprising around 50 Aboriginal and Torres Strait Islander community-controlled organisations that came together to change the way governments work through the refresh of the overarching whole of government Closing the Gap policy framework.

The Coalition was successful in convincing government that:

- when Aboriginal and Torres Strait Islander people are included and have a real say in the design and delivery of services that impact on them, the outcomes are far better
- Aboriginal and Torres Strait Islander people need to be at the centre of Closing the Gap policy – the gap won't close without our full involvement
- Australian governments cannot expect people to work constructively with them if they are excluded from decision making.

This resulted in a major shift in how government decision-makers work with Aboriginal and Torres Strait Islander people and for the first time in history the National Closing the Gap Agreement was developed in partnership. Under this arrangement all governments (Commonwealth, state and local) have agreed to share responsibility for decisions about the policies, programs and services impacting upon Aboriginal and Torres Strait Islander people.

The National Agreement, signed on 30 July 2020, provides the first refresh of the Closing the Gap targets since their introduction in 2008 and includes commitment to tangible reform by all governments. Significantly, under the Agreement all governments have committed to changing the way they work with Aboriginal and Torres Strait Islander people through the implementation of the following four priority reform areas:

- developing and strengthening structures to ensure the full involvement of Aboriginal and Torres Strait Islander peoples in shared decision making at the national, state and local or regional level and embedding their ownership, responsibility and expertise to close the gap



- building the formal Aboriginal and Torres Strait Islander community-controlled services sector to deliver Closing the Gap services and programs in agreed focus areas
- ensuring all mainstream government agencies and institutions undertake systemic and structural reform to contribute to Closing the Gap, this includes addressing institutional racism, promoting cultural safety and improving mechanisms to capture and publicly report on reforms taking place
- ensuring Aboriginal and Torres Strait Islander people have access to, and the capability to use, locally relevant data and information to monitor the implementation of the Priority Reforms, the Closing the Gap targets and drive local priorities.

Going forward, ensuring the effective implementation of these areas will be critical to achieving any targets set. As the precursors for long term sustainable improvements in outcomes, embedding these reforms are likely to have the greatest impact on the lives of Aboriginal and Torres Strait Islander people across the country. More information on the Coalition of the Peaks and the new National Agreement on Closing the Gap can be found at: [coalitionofpeaks.org.au](https://coalitionofpeaks.org.au).



## IN THE SPOT LIGHT

### Janet Stajic

#### Aboriginal Health Worker Academic

I am a Yidinji Jirrbal woman of Far North Queensland and grew up in Brisbane. I am an Aboriginal Health Worker currently undertaking a Doctor in Philosophy (PhD) at the University of Queensland.

I had previously worked in Indigenous community development and human services but my enduring interest in health and a strong desire to improve the lives of Aboriginal and Torres Strait Islander people motivated me to become an Aboriginal Health Worker. In 2008, I completed a Traineeship through Queensland Health and a Certificate III in Aboriginal and Torres Strait Islander Primary Health Care. Over the next few years I worked in health service delivery, program development and management for both Queensland Health and a Medicare Local and completed a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care.

In 2013, I took up a position as a Research Officer and learned that research can be used as a valuable advocacy tool, which can give a voice to our people and I felt a responsibility to try to make a difference. I then worked on various research projects relating to Indigenous research priorities, mental health, cancer, health services and evaluations across the Aboriginal Community Controlled, public, not-for-profit, and university sectors and completed my first university degree, a Graduate Certificate in Public Health.

In 2018, I worked for University of Queensland as a Research Officer on an Indigenous health workforce project which sparked a particular interest in me. By 2019, I had worked at the Research Officer level for seven years and decided to further my career as I wanted to become involved in research design, so I enrolled in a PhD.

The title of my PhD research is "Recognition of the 'work' and understanding concepts of 'health' and 'health care' of Aboriginal and/or Torres Strait Islander Health Workers and Practitioners in urban South East Queensland". My interest in this topic stems from my own experiences as an Aboriginal Health Worker.



Unfortunately, we still hear of the under-recognition and undervaluing of this workforce due to lack of understanding by non-Indigenous health staff and systemic issues despite the diverse skills, unique expertise and knowledge Aboriginal and Torres Strait Islander Health Worker and Health Practitioners bring to the health system.

*"...research can be used as a valuable advocacy tool, which can give a voice to our people and I felt a responsibility to try to make a difference."*

The aims of this research are to better understand the diverse work of Aboriginal and Torres Strait Islander Health Worker and Health Practitioners; Indigenous concepts of 'health' and 'health care'; recognise the transformative contributions of this workforce; and identify workplace environments that empower Aboriginal and Torres Strait Islander Health Worker and Health Practitioners to thrive. I will yarn with Aboriginal and Torres Strait Islander Health Worker and Health Practitioners to capture their stories, centring them as the experts, and privileging their voices. The findings will enable better understandings, inform workforce development and culturally responsive health services, and highlight the transformative contributions this workforce makes on the health system.

# NATSIHWA 2019–2020 Award winners

The NATSIHWA 10 Year Anniversary Conference, *A Decade of Footprints, Driving* showcased the difference our workforce makes to the health and wellbeing of our communities. Our 2019 Award winners demonstrate the dedication, commitment and talent that exists across our workforce.



## Young Warrior Award

### Esha Nona

The Young Warrior Award recognises and rewards young Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners who have passion, enthusiasm and a commitment to making a difference. The 2019 Young Warrior award was presented to Esha Nona.

Esha is an Indigenous Health Worker at the newly established Nurse Navigator Service on Thursday Island. The service provides coordination and assistance to patients through the often complex and disconnected services across the Torres Strait and Cape York through to the tertiary centres of Cairns, Townsville and Brisbane.



## Individual Champion Award

### Stevie-Lee Ryan

The Individual Champion Award is designed to recognise Aboriginal and/or Torres Strait Islander Health Workers or Health Practitioners who are uniquely influential in the development and support of the profession. The 2019 Award was presented to Stevie-Lee Ryan, an Aboriginal Health Practitioner working in a new health service in Melbourne. Stevie-Lee developed a culturally safe and trauma-informed system of care that built the reputation of the health service and enabled her to support 80% of clients with 715 health checks, making a significant difference to the physical and mental wellbeing of her community and demonstrating the critical role the professions play within the health care system.



## Workforce Legend Award

### Georgie Taylor

The NATSIHWA Workforce Legend Award recognises Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners who have played a dedicated role in caring for their communities. In 2019 this Award was presented to Georgie Taylor.

Georgie has worked for the Gunditjmara Aboriginal Cooperation Health Service for 19 years. Starting as a Reception Assistant she studied hard and worked her way up to become Gunditjmara's first Aboriginal Health Practitioner. She is currently in charge of the diabetic clients, works with the doctors in the treatment room, and undertakes health checks and other duties when called upon. Georgie has displayed unwavering dedication and commitment to providing high levels of culturally safe care across her career and is a valued member of her community.



## Lifetime Achievement Award

### Associate Professor Dr Chelsea Bond and Dr Janine Mohamed

Lifetime Achievement Awards were presented by the Board for the first time in 2019. These Awards are designed to recognise the outstanding careers of people whose professional journeys commenced as Aboriginal and/or Torres Strait Islander Health Workers or Health Practitioners and have gone on to demonstrate exceptional leadership, influence and eminence in their chosen field. Awards were presented to Dr Chelsea Bond and Dr Janine Mohamed.

Chelsea worked as an Aboriginal Health Worker and is now an acclaimed academic and researcher renowned for her work exploring the role of Aboriginal health workers, the narratives of Indigeneity produced within public health, and how race and racism continue to operate across the health system.

Janine, on the other hand, has had a remarkable career working, leading and influencing improvements in Aboriginal and Torres Strait Islander health at state, national and international levels. While you can read more about Janine's career on p. XX, she has successfully undertaken roles in nursing, management, project management, and workforce and health policy and is currently the CEO of the Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research.



# Governance

## About our Board

NATSIHWA is an Aboriginal and Torres Strait Islander led and managed organisation. Our board provides representation from across each state and territory and the Torres Strait Islands. All Board members have direct experience as Aboriginal and/or Torres Strait Islander Health Workers and/or Health Practitioners and understand the unique strengths of our workforce.

Together they provide strong leadership and representation and are committed to demonstrating the benefits of community control, self-determination and the delivery of Indigenous led programs and initiatives.



**David Follent**  
*Chairperson, New South Wales*



**Robert Dann**  
*Deputy Chair, South Australia*



**Christine Ingram**  
*Treasurer, Victoria*



**Natalie Pangquee**  
*Secretary, Northern Territory*



**Suzanne Smith**  
*Director, Tasmania*



**Judith Parnham**  
*Director, Queensland*



**Thelma Weston**  
*Director, Australian Capital Territory*



**Yancy Laifoo**  
*Director, Torres Strait*



**Raeylene McKenna**  
*Director, Western Australia*

## Board Activities

Throughout the year the Board continued to meet regularly to provide sound governance, leadership and guide NATSIHWA's activities. This included:

- updating the internal administrative policies for Human Resources, finance, occupational health and safety, membership and quality assurance
- approving the programs and services delivered by NATSIHWA including championing our 10 Year Anniversary Conference and our response to the changing environment arising from COVID-19, and
- the design of the next phase of our operations as outlined in the 2020–2023 Strategic Plan

To ensure the Board continues to meet its obligations effectively, a three-day Board development workshop was delivered in early December 2019. Through external support, the workshop provided the opportunity for the Board to explore ways to:

- enhance the reputation of NATSIHWA
- increase opportunities to partner with other well governed organisations
- attract additional financial support, and
- assure the sustainability of the organisation through fostering high performance and succession planning.

During the workshop Board members received financial training and updated the NATSIHWA Board Governance Handbook and Delegations Manual. The workshop also finalised a review of NATSIHWA's constitution which was subsequently accepted by the Australian Securities and Investment Commission.

Serving on the Board takes a large commitment of time and energy. We thank all members who served on the Board during 2019–20.

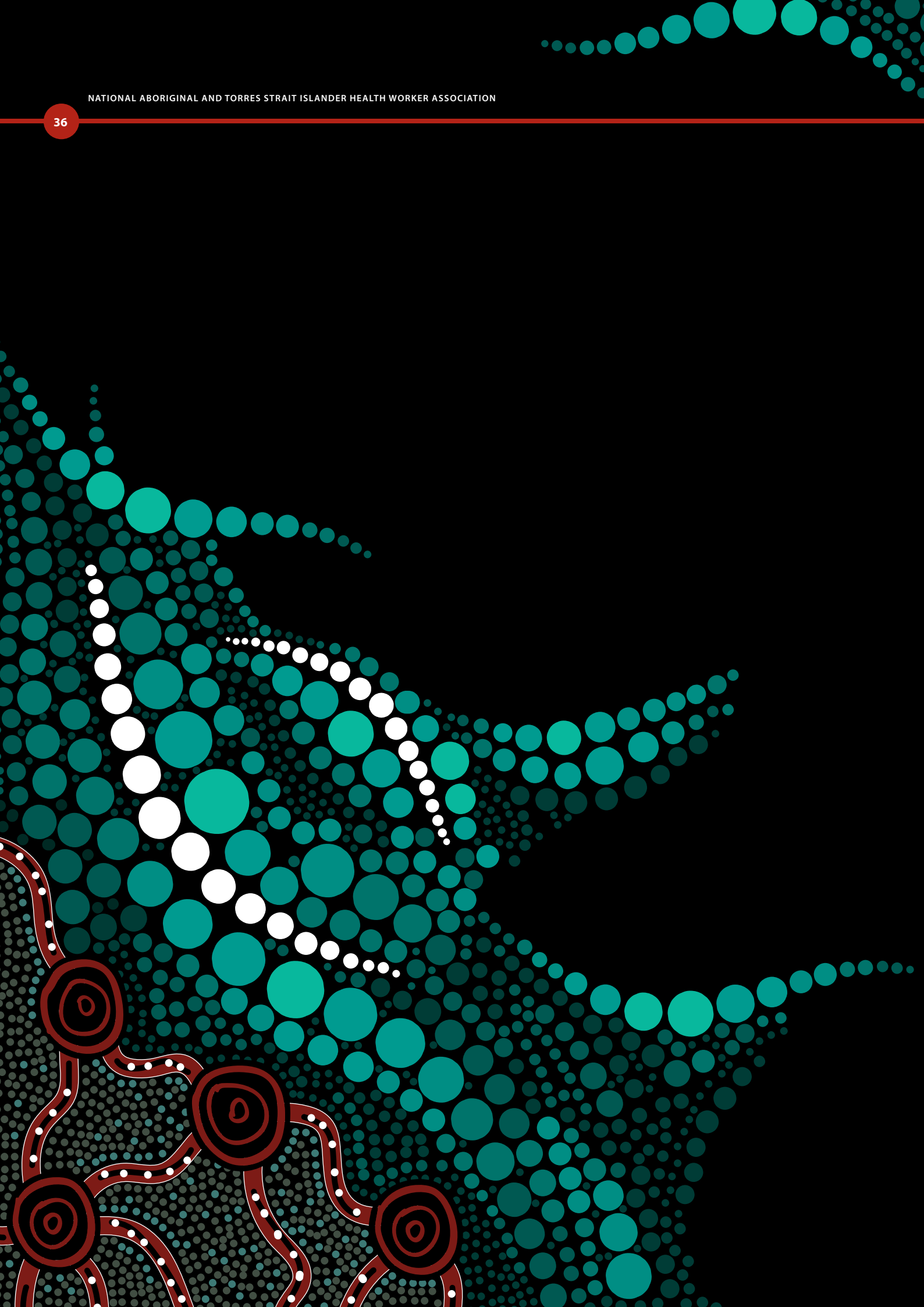
## The Future

To address the disparity in health and wellbeing outcomes our goal is to ensure that the health system meets the needs of Aboriginal and Torres Strait Islander people. In achieving this, the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce must be recognised as a vital and valued component of the health care system.

Over the last decade, NATSIHWA has worked to strengthen the capacity, capability and profile of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce. We actively support a national network of close to 2,200 members and are positioned to represent the voices and aspirations of the workforce at the highest levels.

Our mission remains as relevant today as it was at our establishment. Our new Strategic Plan, developed during 2019–20, builds on our achievements to date and is strengthened and shaped by the expertise, reflections, and knowledge of our national network of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners.

To guide future activities, the new Strategic Plan sets out our areas of focus. Going forward, with a new national Aboriginal and Torres Strait Islander Health Workforce plan under development, it will be critical to continue our efforts to influence and promote the introduction of a nationally consistent scope of practice. As part of achieving this we must continue to tailor professional support and development for the unique needs of our workforce. High levels of skill and competency across the workforce will need to be assured. Our representation and promotion of the workforce must also continue. Addressing the underrepresentation of Aboriginal and Torres Strait Islander people working in the health system by increasing our focus on workforce recruitment, retention and recognition, and on measures to support the establishment of culturally safe workplaces will also be crucial.



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

# Financial Statements 2019–20

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

**DIRECTORS' REPORT**

Your directors present their report on the company for the financial year ended 30 June 2020.

**DIRECTORS' REPORT**

Your directors present their report on the company for the financial year ended 30 June 2020.

**DIRECTORS**

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

David Follent (Chair)	
Robert Dann (Deputy Chair)	
Christine Ingram (Treasurer)	
Thelma Weston	
Yancy Laifoo	
Jacob Prehn	Retired in October 2019
Naomi Zaro (Former Chair)	Retired in October 2019
Raeylene McKenna	Appointed October 2019
Natalie Pangquee	
Suzanne Smith	Appointed in October 2019
Judith Parnham	

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.

**IMPACT INDICATORS FOR 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.

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

**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 apart from the impact of the Covid 19 Pandemic. Although there has been no impact on revenue, the company refocused its program delivery activities from a physical to a virtual delivery approach. The company continues to deliver its full program using on line technology.

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

**DIRECTORS' REPORT (CONTNUED)**

**MEETINGS OF DIRECTORS**

<b>DIRECTORS</b>	<b>DIRECTORS' MEETINGS</b>	
	<b>Number eligible to attend</b>	<b>Number attended</b>
David Follent (Chair)	4	3
Robert Dann (Deputy Chair)	4	4
Christine Ingram Treasurer)	4	4
Thelma Weston	4	3
Yancy Laifoo	4	3
Jacob Prehn (retired Oct 2019)	1	0
Naomi Zaro (Former Chair) (retired Oct 2019)	1	1
Raeylene McKenna (Appointed Oct 2019)	3	1
Natalie Pangquee	4	3
Suzanne Smith (appointed Oct 2019)	3	3
Judith Parnham	4	3

**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 2020, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$9,600 (2019: \$19,350).

Due to a change in membership definitions (Categories) the maximum amount that members of the company are liable to contribute if the company is wound up is now calculated for Full Members only.


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

**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.


David Follent

Chair

 Dated this 10th day of September 2020

Christine Ingram

Treasurer

 Dated this 10th day of September 2020



**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 2020, 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 Group is in accordance with the Corporations Act 2001, including:

- (i) giving a true and fair view of the Group's financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements 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 Group 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 Group's annual report for the year ended 30 June 2020, 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.

**THE POWER OF BEING UNDERSTOOD**

AUDIT | TAX | CONSULTING

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

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 – Reduced Disclosure Requirements 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 Group 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 Group 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](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.

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

**RSM Australia Partners**

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

**RODNEY MILLER**  
Partner

Canberra, Australian Capital Territory  
Dated: 10 September 2020



**RSM Australia Partners**

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**AUDITOR'S INDEPENDENCE DECLARATION**

As lead auditor for the audit of the financial report of National Aboriginal and Torres Strait Islander Health Worker Association Limited for the year ended 30 June 2020, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

**RSM Australia Partners**

**RODNEY MILLER**  
Partner

Canberra, Australian Capital Territory  
Dated: 10 September 2020

**THE POWER OF BEING UNDERSTOOD**  
**AUDIT | TAX | CONSULTING**

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

**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 2020 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:  .....

David Follent

Dated this 10th ..... day of September ..... 2020

Treasurer:  .....

Christine Ingram

Dated this 10th ..... day of September ..... 2020



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

**STATEMENT OF COMPREHENSIVE INCOME**  
**FOR THE YEAR ENDED 30 JUNE 2020**

	2020	2019
	\$	\$
Revenue	2,132,058	1,939,047
Expenditure	(2,125,703)	(2,022,010)
<b>CURRENT YEAR (DEFICIT) / SURPLUS</b>	<b>6,355</b>	<b>(82,963)</b>
<b>OTHER COMPREHENSIVE INCOME</b>	<b>-</b>	<b>-</b>
<b>TOTAL COMPREHENSIVE INCOME</b>	<b>6,355</b>	<b>(82,963)</b>

The accompanying notes form part of this financial report.

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

**STATEMENT OF FINANCIAL POSITION**  
**AS AT 30 JUNE 2020**

	Note	2020 \$	2019 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	11a	224,718	248,402
Trade and other receivables	4	20,916	45,147
Prepayments		24,130	99,575
Inventories	5	61,271	99,257
<b>TOTAL CURRENT ASSETS</b>		<b>331,035</b>	<b>492,381</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	6	96,808	125,117
Right of use assets	7	182,594	245,907
<b>TOTAL NON-CURRENT ASSETS</b>		<b>279,402</b>	<b>371,024</b>
<b>TOTAL ASSETS</b>		<b>610,437</b>	<b>863,405</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	8	82,242	271,052
Lease liabilities	9	64,490	55,074
Deferred revenue		-	35,455
Provisions	10	89,850	69,992
<b>TOTAL CURRENT LIABILITIES</b>		<b>236,582</b>	<b>431,573</b>
<b>NON-CURRENT LIABILITIES</b>			
Lease liabilities	9	121,533	185,865
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>121,533</b>	<b>185,865</b>
<b>TOTAL LIABILITIES</b>		<b>358,115</b>	<b>617,438</b>
<b>NET ASSETS</b>		<b>252,322</b>	<b>245,967</b>
<b>EQUITY</b>			
Retained earnings		245,967	328,930
Current year earnings		6,355	(82,963)
<b>TOTAL EQUITY</b>		<b>252,322</b>	<b>245,967</b>

The accompanying notes form part of this financial report.

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

**STATEMENT OF CHANGES IN EQUITY**  
**FOR THE YEAR ENDED 30 JUNE 2020**

	<b>Retained Earnings</b>
	<b>\$</b>
<b>Balance at 1 July 2018</b>	<b>328,930</b>
Surplus from operations	(82,963)
<b>Balance at 30 June 2019</b>	<b>245,967</b>
Deficit from operations	6,355
<b>Balance at 30 June 2020</b>	<b>252,322</b>

The accompanying notes form part of this financial report.

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

**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 30 JUNE 2020**

	Note	2020 \$	2019 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Government grants received		2,244,498	2,041,171
National conference receipts		126,136	38,559
Sale of merchandise		11,388	9,391
Sundry receipts		99,788	5,187
Interest received		1,015	3,741
Payments to suppliers and employees		(2,439,268)	(1,970,056)
<b>Net cash provided by operating activities</b>	11b	<b>43,556</b>	<b>127,993</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Fixed asset purchases		(12,324)	(92,089)
Fixed asset disposals		-	1,608
<b>Net cash used in investing activities</b>		<b>(12,324)</b>	<b>(90,481)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Finance lease repayments		(54,916)	(57,955)
<b>Net cash used in financing activities</b>		<b>(54,916)</b>	<b>(57,955)</b>
Net (decrease) increase in cash held		(23,684)	(20,443)
Cash at beginning of year		248,402	268,845
<b>Cash at end of year</b>	11a	<b>224,718</b>	<b>248,402</b>

The accompanying notes form part of this financial report.



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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2020**

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.

**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.

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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2020**

**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><b>Class of plant and equipment</b></i>	<i><b>Depreciation Rate</b></i>
Fixtures & Fittings	10-25%
Office Equipment	10-25%
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.

**b. 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.

**c. 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.

**d. 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.

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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2020**

**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.

**e. 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.

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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2020**

**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.



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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2020**

	<b>2020</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
<b>NOTE 2: REVENUE</b>		
Operating activities		
DoHA funding	1,915,305	1,887,000
National Conference income	114,669	35,054
<b>Total operating activities</b>	<b><u>2,029,974</u></b>	<b><u>1,922,054</u></b>
Interest received	1,015	3,741
Sundry income	90,716	4,715
Merchandise income	10,353	8,537
<b>Total revenue</b>	<b><u>2,132,058</u></b>	<b><u>1,939,047</u></b>

**NOTE 3: PROFIT FROM OPERATIONS**

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

Expenses:

Administration and related		
- Merchandise related	6,636	7,093
- Depreciation of property, plant and equipment	103,946	87,258
- Accommodation and office (including IT and Training)	107,062	99,928
- Leasing costs	10,604	20,506
	<u>228,248</u>	<u>214,785</u>
Employee benefits		
- Administration	112,732	148,348
- Program	827,137	622,914
	<u>939,869</u>	<u>771,262</u>

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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2020**

	<b>2020</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
<b>NOTE 3: PROFIT FROM OPERATIONS (CONTINUED)</b>		
Governance and related		
- Training	10,015	15,653
- Board meeting travel	59,956	99,784
- Insurance	12,437	11,908
- Legal	3,906	32,261
- Consultant	6,588	23,261
- Audit	14,338	11,910
- Others	20,224	23,190
	<u>127,464</u>	<u>217,967</u>
Member support and related (including cost of forums representation and support of members)		
- General program	292,746	191,441
- Marketing	110,237	48,703
- Consulting	9,504	17,355
- Legal	209,415	357,502
- Travel related	208,220	202,995
	<u>830,122</u>	<u>817,996</u>
<b>Total expenses</b>	<u><b>2,125,703</b></u>	<u><b>2,022,010</b></u>
<b>NOTE 4: TRADE AND OTHER RECEIVABLES</b>		
Trade debtors	18,054	4,089
GST receivable	2,662	40,858
Cab charge bond	200	200
	<u><b>20,916</b></u>	<u><b>45,147</b></u>
<b>NOTE 5: INVENTORIES</b>		
Merchandises	<u>61,271</u>	<u>99,257</u>
	<u><b>61,271</b></u>	<u><b>99,257</b></u>

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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2020**

	<b>2020</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
<b>NOTE 6: PROPERTY, PLANT AND EQUIPMENT</b>		
Fixtures and fittings – at cost	71,258	71,258
Less accumulated depreciation	<u>(32,255)</u>	<u>(18,148)</u>
	<b>39,003</b>	<b>53,110</b>
Computer equipment – at cost	113,594	105,780
Less accumulated depreciation	<u>(70,488)</u>	<u>(51,655)</u>
	<b>43,106</b>	<b>54,125</b>
Office equipment – at cost	36,015	32,470
Less accumulated depreciation	<u>(21,316)</u>	<u>(14,588)</u>
	<b>14,699</b>	<b>17,882</b>
	<b>96,808</b>	<b>125,117</b>

*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.

	<b>Fixtures and Fittings</b>	<b>Office Equipment</b>	<b>Computer Equipment</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Balance at 1 July 2018</b>	<b>11,835</b>	<b>8,838</b>	<b>45,251</b>	<b>65,924</b>
Additions	52,547	11,370	28,171	92,088
Disposal	-	-	(1,608)	(1,608)
Depreciation expense	<u>(11,272)</u>	<u>(2,326)</u>	<u>(17,689)</u>	<u>(31,287)</u>
<b>Balance at 30 June 2019</b>	<b>53,110</b>	<b>17,882</b>	<b>54,125</b>	<b>125,117</b>
Additions		3,545	7,814	11,359
Disposal				-
Depreciation expense	<u>(14,107)</u>	<u>(6,728)</u>	<u>(18,833)</u>	<u>(39,668)</u>
<b>Balance at 30 June 2020</b>	<b>39,003</b>	<b>14,699</b>	<b>43,106</b>	<b>96,808</b>

	<b>2020</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
<b>NOTE 7: RIGHT OF USE ASSETS</b>		
Right of use assets – at cost	302,843	301,878
Less accumulated depreciation	<u>(120,249)</u>	<u>(55,971)</u>
	<b>182,594</b>	<b>245,907</b>

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

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2020

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.

	\$
<b>Balance at 1 July 2019</b>	<b>245,907</b>
Additions	965
Disposal	-
Depreciation expense	(64,278)
<b>Balance at 30 June 2020</b>	<b>182,594</b>

NOTE 8: TRADE AND OTHER PAYABLES

	2020 \$	2019 \$
Trade creditors	24,211	52,498
Accruals	11,363	170,470
Other payables	46,668	48,084
	<b>82,242</b>	<b>271,052</b>

NOTE 9: LEASE LIABILITIES

Current	64,490	55,074
Non-current	121,533	185,865
	<b>186,023</b>	<b>240,939</b>

NOTE 10: PROVISIONS

Annual Leave	89,850	69,992
	<b>89,850</b>	<b>69,992</b>

NOTE 11: CASH FLOW INFORMATION

a. Reconciliation of cash

Cash on hand	924	1,512
Cash at bank	223,794	246,890
	<b>224,718</b>	<b>248,402</b>



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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2020**

	<b>2020</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
<b>NOTE 11: CASH FLOW INFORMATION (CONTINUED)</b>		
b. Reconciliation of cash flow from operating activities		
<b>Surplus:</b>	6,355	(82,963)
<b>Non-cash flows in (deficit) / surplus from ordinary activities:</b>		
Depreciation	103,946	87,258
<b>Changes in assets and liabilities:</b>		
(Increase)/decrease in receivables and prepayments	99,676	(99,673)
(Increase)/decrease in inventories	37,986	(25,097)
Increase/(decrease) in creditors	(188,810)	202,877
Increase/(decrease) in provisions	19,858	10,136
Increase/(decrease) in deferred revenue	(35,455)	35,455
<b>Net cash provided by operating activities</b>	<b>43,556</b>	<b>127,993</b>

**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:

	<b>Salary &amp; Fees</b>	<b>Short-term benefits Superannuation contributions</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Key Management Personnel Summary</b>			
2020	344,767	32,753	377,520
Total compensation	<b>344,767</b>	<b>32,753</b>	<b>377,520</b>
2019	184,042	17,484	201,526
Total compensation	<b>184,042</b>	<b>17,484</b>	<b>201,526</b>

**NOTE 13. FINANCIAL INSTRUMENTS**

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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2020**

**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

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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2020**

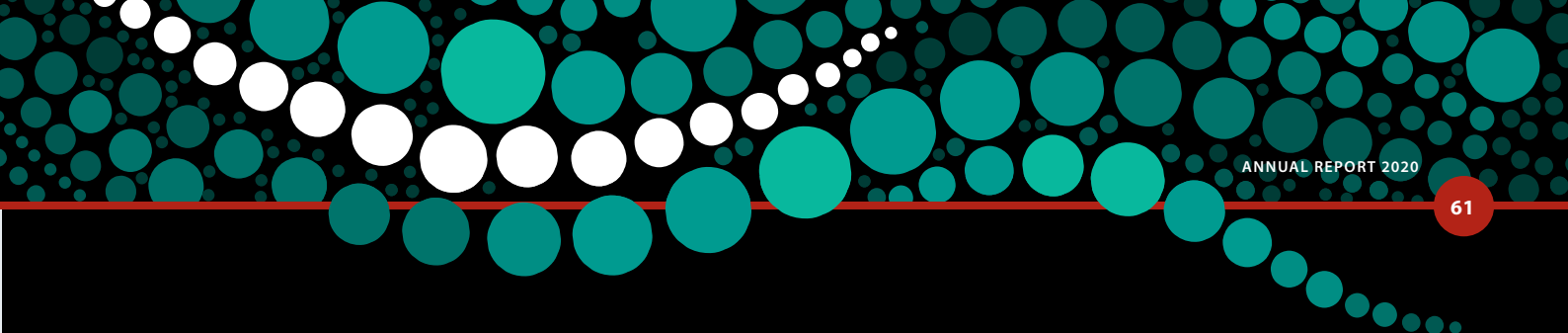
**NOTE 16: EVENTS OCCURRING AFTER THE REPORTING DATE**

No matter or circumstance has arisen since 30 June 2020 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 2020, the total maximum amount that members of the company are liable to contribute if the Company is wound up is \$9,600 (2019: \$19,350).

Due to a change in membership definitions (Categories) the maximum amount that members of the company are liable to contribute if the company is wound up is now calculated for Full Members only.





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

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31–37 Townshend Street      [www.natsihwa.org.au](http://www.natsihwa.org.au)  
PHILLIP ACT 2606  
ABN 61 138 748 697

