



NAATSIHWP

National Association of Aboriginal and Torres
Strait Islander Health Workers and Practitioners

**NATIONAL ASSOCIATION
OF ABORIGINAL
AND TORRES STRAIT
ISLANDER HEALTH
WORKERS AND
PRACTITIONERS
ANNUAL REPORT 2021**



This report is dedicated to former Deputy Chair Robert Dann



After a private and courageous health battle, it was with deep sadness and a heavy heart that we shared the news of the passing of NAATSIHWP's Deputy Chairperson and South Australian Board Director, Robert Dann, on 19 March 2021.

A proud Yamatji man, Robert was connected to his community and committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples, both at home and around the country. Robert's impact is felt through the countless contributions he has made to local, regional and national initiatives, committees and boards. His life and career was truly dedicated to improving the lives of others.

A man of many passions, Robert was a dedicated family man with a love of cars, spending some of his early career in the auto industry. It was opportunities in Aboriginal health that saw him move to Adelaide where he spent the rest of his career, working to support mob to improve their health and wellbeing.

Robert held a number of significant roles within our organisation. He was a founding member, the inaugural Board Chairperson, the South Australian Board Director and most recently, Deputy Chairperson. His contribution to NAATSIHWP in all these roles has been critical to the work of our organisation. Robert helped to inform and guide some of our most significant pieces of work ranging from the development of the first constitution in the early days right up to NAATSIHWP's recent journey in the Fair Work Commission to achieve greater parity in working conditions for our workforce. As is often the case with trail blazers in our communities, Robert's journey and work will have an impact on generations of Aboriginal and Torres Strait Islander Health Workers and Practitioners to come as they walk their own paths in this sector.

Robert shared much of his other work with our membership through presentations, most notably the 'Understanding Stress and Staying Strong' project where he worked to create resources specifically for our workforce to keep well and engage in self-care. His passion for his work focused on the wellbeing of fellow Aboriginal and Torres Strait Islander Health Workers and Practitioners spoke to Robert's kind-hearted nature.

Kind, generous and larger than life, Robert will be dearly missed by all of us at NAATSIHWP.

His legacy lives on.





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



Welcome

In presenting our 2020–21 Annual Report, the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP, formerly the National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA)) acknowledges Traditional Custodians across Australia.

We value your wisdom, communities, cultures, and ongoing connections to the land and sea. In particular, we pay tribute to the Ngunnawal and Ngambri peoples on whose lands the NAATSIHWP office is situated. It is a privilege to conduct our business on the lands you have cared for and 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 hope you see us demonstrating this in the work we are undertaking. We will continue to support your aspirations and to promote more positive pathways for the years ahead.

OUR VISION

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

About NAATSIHWP

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

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 under representation of Aboriginal and Torres Strait Islander people working within Australia's health care system.

What we do

A key part of our role involves directly supporting a growing national membership network of well over 1000 Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. In this respect we endeavour to:

- > 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.

OUR LOGO

The NAATSIHWP 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.



OUR VALUES

Our values are consistent with those passed down from our Ancestors:

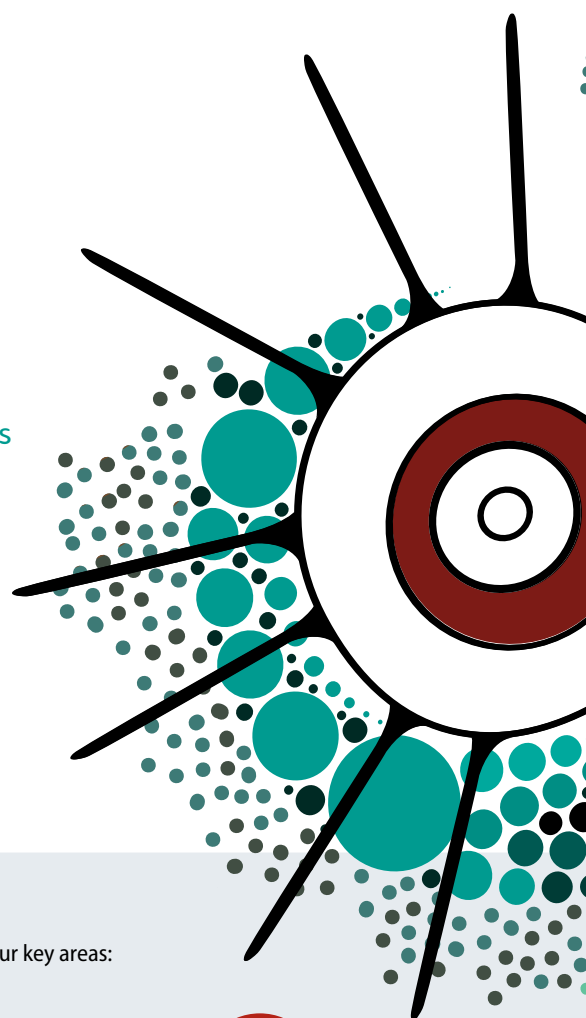
- > cultural integrity
- > cultural respect
- > the importance of connection to community
- > strong leadership
- > resilience and determination
- > honesty and transparency
- > dedication and passion
- > commitment to quality workforce and service delivery
- > diplomacy and sensitivity.

Strategic direction 2020–2023

The activities that NAATSIHWP deliver are currently guided by our fourth Strategic Plan launched in 2020. Over the next three years the overarching aim of this Plan is:

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



Achieving this will require effort and investment to be directed towards the following four key areas:

1

Scope of Practice for
the Workforce

Objective

.....

To increase the appropriate use of the full range 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.

2

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.

3

Representation and
Promotion of Workforce
Needs

Objective

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To increase our influence in the development and implementation of Aboriginal and Torres Strait Islander health policies and programs relevant to the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce.

4

Recruitment and
Retention of the
Workforce

Objective

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To increase our influence in the development and implementation of recruitment and retention strategies for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.



Achieving charity status

On 14 October 2020, NAATSIHWP was advised that its application to be recognised and registered as a Health Promotion Charity with the Australian Charities and Not for Profit Commission (ACNC) was successful. In assessing our application, the ACNC recognised that NAATSIHWP contributes to the following six charitable purposes: advancing health, education, social or public welfare, culture, reconciliation and public debate.

Becoming a charity is a completely new role and area of business for the organisation, and over the longer term we are hoping we will be able to diversify our income through fundraising activities, expand the range of activities we are able to deliver, and achieve greater autonomy and financial independence.

Being registered as a Health Promotion Charity also enabled us to be endorsed as a DGR by the Australian Taxation Office. This means we are now able to receive donations that are tax deductible.

If you would like to help us embed the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce as a vital, valued and professional component of Australia's health care system you can now donate through our website at: naatsihwp.org.au.

From the Chair

It is with pleasure that I launch the NAATSIHWP Annual Report for the year 2020–21. This year of big achievements is a testimony to the work and leadership of the Board and secretariat and a credit to the foundations laid by some pieces of work that have been years in the making.

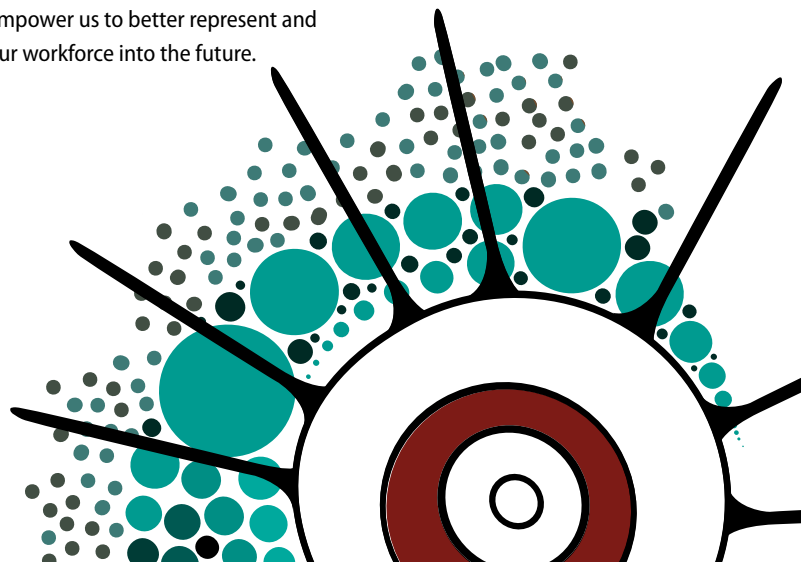


This is our first annual report since becoming a charity; it is also the first annual report our organisation will publish as the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP). The report details what has been a transformative 12 months for our organisation and highlights NAATSIHWP's ability to achieve outcomes during unprecedented times with added unfamiliar pressures.

Perhaps one of the most critical outcomes this year was the final determination of the Fair Work Commission on 12 March 2021 regarding the proper recognition of the Aboriginal and Torres Strait Islander Health Worker and Practitioner workforces in the Aboriginal Community Controlled Health Services Award 2010, and the expansion of the award into private practice. The modern award project has been in the works for four years and has required a significant time, energy and resource investment from the NAATSIHWP Board, staff and members who provided witness statements in support of this recognition. It is a significant win for our workforce and will go some way to bringing about parity in working conditions for NAATSIHWP members now and into the future. You can read about the outcomes of this determination further in the report.

Significantly, the organisation's change of name from *National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)* to *The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)* was made, as agreed by our members, to recognise the Aboriginal and Torres Strait Islander Health Practitioner role which was introduced in 2012. We are so pleased that our organisation's name now accurately represents our member workforces, a point of pride for all of us involved in the organisation.

Incredibly, NAATSIHWP passed the massive 1000 full-member milestone this year. This means we now represent over 1000 Aboriginal and Torres Strait Islander Health Workers and Health Practitioners around the country. While we know this is a conservative estimate of our workforce numbers nationally, it positions NAATSIHWP – and therefore our members – as owners of the largest and most comprehensive dataset regarding our workforce, to our knowledge. This is an area of our strategic focus in the coming years that we are looking to explore further through research, and will empower us to better represent and support our workforce into the future.





“We are so pleased that our organisation’s name now accurately represents our member workforces, a point of pride for all of us involved in the organisation.”

As we work guided by our 2020–2023 strategic plan our focus is on the following four key performance areas:

- > Area 1: Scope of Practice for the Workforce
- > Area 2: Professional Support and Development for Members
- > Area 3: Representation and Promotion of Workforce Needs
- > Area 4: Recruitment and Retention of the Workforce.

Given the success NAATSIHWP has found in raising the profile of our workforce within the wider health sector – which was our Focus Area 1 in the previous Annual Report, we have made the decision to redirect our future focus from this area to instead be channelled into our new key performance area, *Area 4: Recruitment and Retention of the Workforce*.

I would like to take this opportunity to thank the rest of the NAATSIHWP Board and the secretariat for their hard work and dedication this year. I am incredibly proud of the ways in which the organisation has continued to achieve in matters of core business in addition to the numerous ways that the pandemic has demanded our immediate contribution, patience and adjustment to new ways of working.

It has been a challenging 12 months, but the organisation’s ability to adapt and endure to ensure continued support for the Aboriginal

and Torres Strait Islander Health Worker and Health Practitioner workforce is a testimony to the legacy of our founding members and the resilience of our workforce.

It is important that I also take this opportunity to acknowledge the family of the late NAATSIHWP Deputy Chairperson Robert Dann. The loss of Rob has been felt deeply across the organisation and we continue to send our love and strength to his loved ones. With the support of his family, a dedication to this NAATSIHWP trailblazer has been included as the opening feature to this report.

To our members – thank you for your continued trust in us as an organisation to represent you and your needs as a workforce on a national level. The work of Aboriginal and Torres Strait Islander Health Workers and Practitioners has been central to the health and wellbeing of our communities in the last 18 months. I couldn’t feel prouder to represent such a determined and resilient membership.

David Follent
Chairperson

David has been the Chairperson of NAATSIHWP since October 2019

From the CEO

After celebrating a decade of NAATSIHWP in 2019, it is only fitting that 2020 was a year of transformation and growth for our organisation. Not only did we see the hard-earned outcomes of some long projects this year, we also welcomed a new strategic plan to continue our growth into the future.



Notably, on the morning of the 14 October 2020, NAATSIHWP was notified that we were successful in gaining registration under the Australian Charities and Not-for-profits Commission (ACNC) as a Health Promotions Charity (HPC). As a coincidence we were able to share this news in the 2021 Annual General Meeting (AGM) later that day. This has been something we have been working towards for a number of years and has proved challenging as rules regarding charities continue to change.

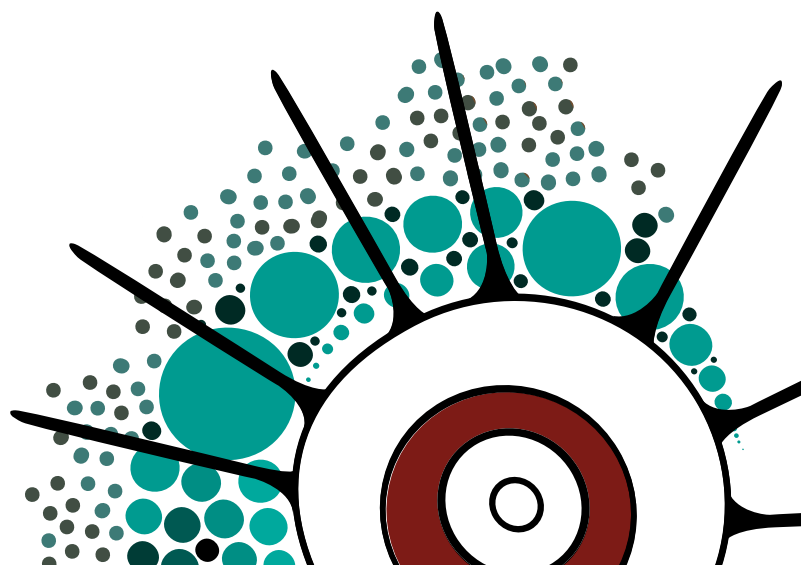
Our newfound charity status means the organisation now has Deductible Goods Recipient (DGR) and Public Benevolent Institution (PBI) status. This means that not only are we able to access schemes and programs as a charity that previously were unavailable to us, we are also able to accept charitable tax deductible donations from those who wish to support our work with workforce and national health policy.

We look forward to engaging in fundraising opportunities to grow our capacity to support as many members as possible in their work.

Last year I wrote about the implications of COVID-19 on our workforce, communities and the broader Australian public. While we all hoped that this year would not look the same, not only have the impacts of COVID-19 remained, the emergence of the delta strain has proved increasingly challenging.

Though many of our intended pieces of work to support our membership have had to be moved online or in some cases, postponed to a more appropriate time, we have been incredibly encouraged by the engagements we've had with Aboriginal and Torres Strait Islander Health Workers and Health Practitioners around the nation.

Further, the current pandemic has illuminated to the broader health system how critical our workforce is to protecting the health and wellbeing of our Aboriginal and Torres Strait Islander communities. This is a long-awaited indicator that more and more people every day are gaining awareness of our professions and it couldn't have come at a better time. With 7 August 2021 set to be our Inaugural National Day of Recognition for Aboriginal and Torres Strait Islander Health Workers and Practitioners as voted by our members at the 2020 AGM, we can't wait to see increased public attention on the value, importance and role of our workforce and give thanks to those in our communities and families that walked these career pathways before us, and whose legacies have brought us to where we are now.





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“...to our workforce – thank you for the work you have undertaken this year, in some incredibly challenging circumstances.”

I'd like to take this opportunity to acknowledge the NAATSIHWP Board and Secretariat who have had to stay flexible and focused as we navigated the ever-changing Public Health environments and restrictions. The 2020–2021 financial year was a huge one for us and we have been able to work together to bring to fruition some pieces of work years in the making. I am proud to be part of a team that has remained committed and steadfast in their support for our members and work towards some of our broader national policy contributions. This team not only stayed focused in stressful and unfamiliar times, but welcomed with open arms more staff members as the NAATSIHWP secretariat grew in numbers. We are well positioned now, perhaps the best positioned we've ever been, to continue the important work of this organisation because of this.

It would be remiss of me not to acknowledge that NAATSIHWP also sadly had a great loss this year in the passing of our Deputy Chairperson and South Australian Director Robert Dann – while you will read more about him later in this report, I personally want to send our continued love and support to Robert's family.

Finally, to our workforce – thank you for the work you have undertaken this year, in some incredibly challenging circumstances. It brings me much pride to know that our members have successfully worked on the front lines during this pandemic, acting with integrity and showing love for their communities even when through genuine fear and anxiety. You are making such a difference to the lives of mob around the country!



Karl Briscoe
CEO

Karl has been the CEO of NAATSIHWP since September 2016

About our workforce

To address the under-representation 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.

NAATSIHWP 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 below.

NAATSIHWP 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 (as shown in Table 2), 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).

What they do

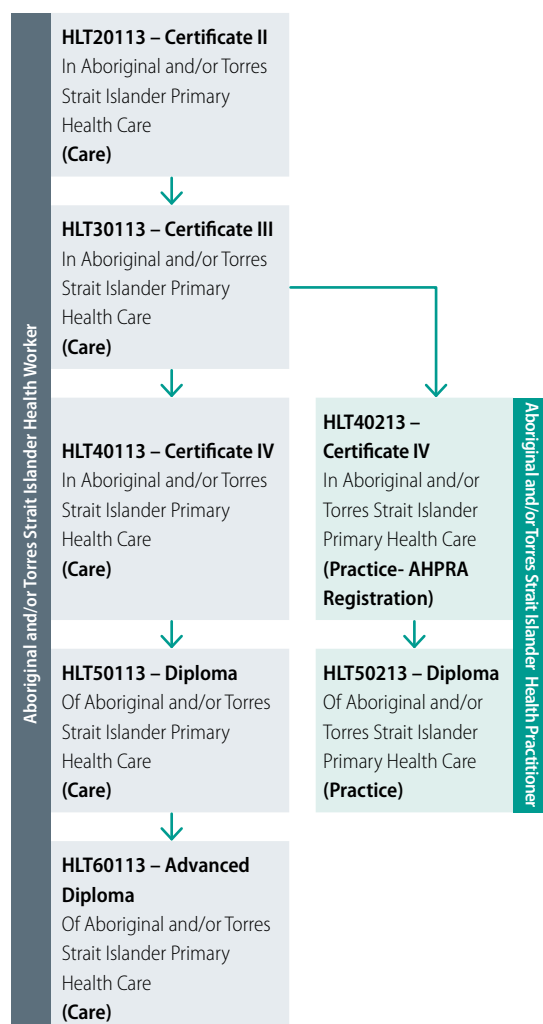
Aboriginal and Torres Strait Islander Health Workers and Health Practitioners undertake a wide variety of roles and deliver a broad range of services. They are trained to work autonomously or to be integrated as part of multidisciplinary health care teams and make valuable contributions in positions spanning generalist primary health care, community health promotion and prevention, early intervention and in specialty fields including 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.

A number of services our 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 with a minimum Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care and all Aboriginal and/or Torres Strait Islander Health Practitioners may be eligible to apply for a Medicare provider number.

Current Aboriginal and Torres Strait Islander Health Worker Training Package



Membership

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 Certificate II in Aboriginal and Torres Strait Islander Primary Health Care.

Full members have voting and speaking rights at the NAATSIHWP AGM following six months of continuous membership, plus access to the NAATSIHWP Member's Portal and tools for Continuing Professional Development (CPD) records and advice.

Associate

A person who:

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

Student

A person who:

- > identifies as an Aboriginal and/or Torres Strait Islander person
- > is currently undertaking study in an eligible Aboriginal and Torres Strait Islander Primary Health Care course. Proof of enrolment is required.

Friend

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

Membership applications are considered for approval by the NAATSIHWP Board and applicants are notified of the outcome. More information about becoming a member can be found on our website at: natsihwa.org.au/membership.

Become a member of our National Network. It's free!

Joining NAATSIHWP'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.

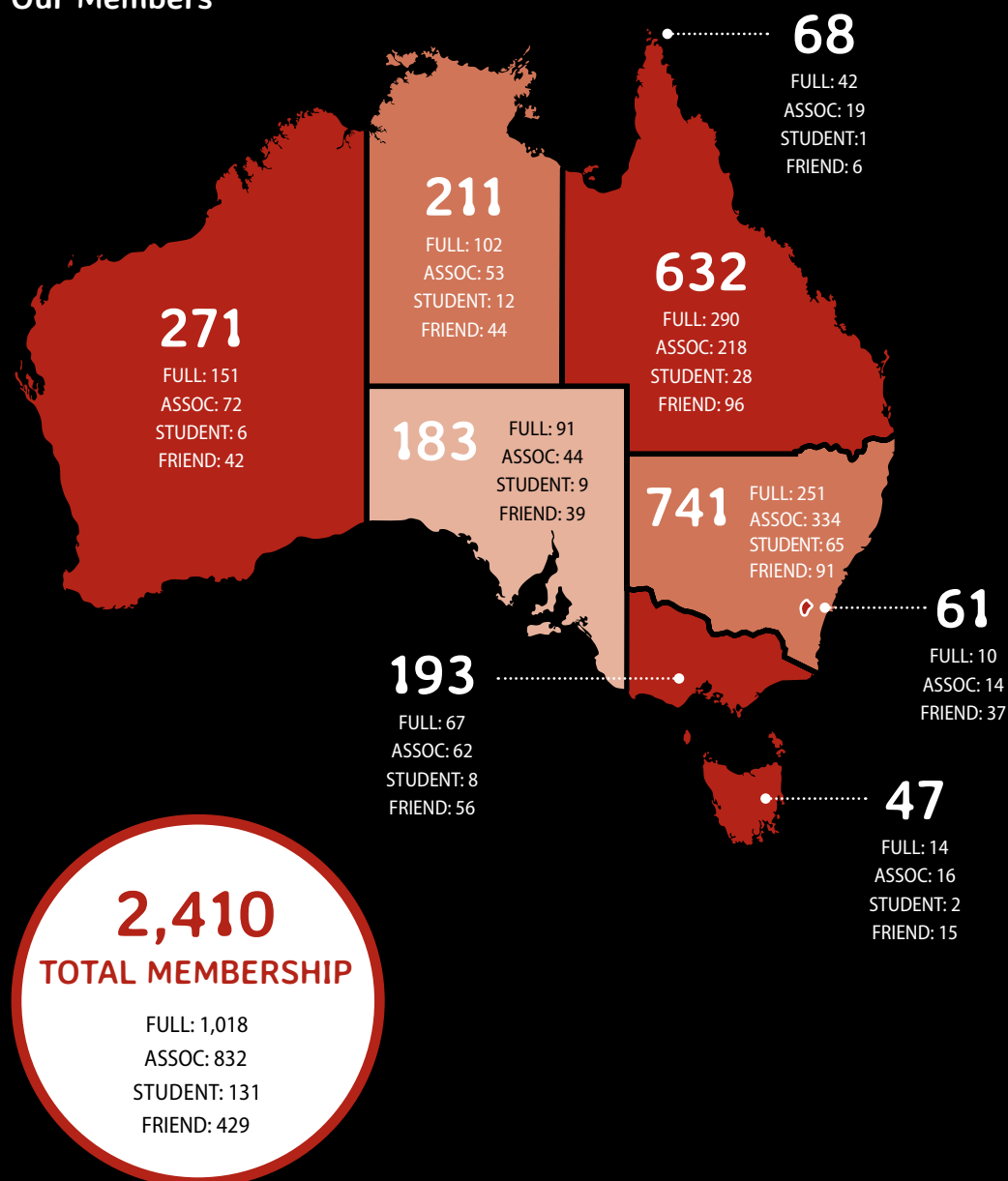
All Aboriginal and Torres Strait Islander Health Workers and Health Practitioners – past and present – can become members. We also encourage professional bodies and/or non-Indigenous friends to help by becoming a *Friend of NAATSIHWP*.



Members at NAATSIHWP's Ceduna Professional Development Forum

A Year at a Glance

Our Members





2,410

Membership
up 14% from 2019-20



1,018

Full members
up 6% from 2019-20



1,911

Facebook likes
up 20% from 2019-20



1,845

Twitter followers
up 33% from 2019-20



52

Newsletters



400+

Meetings



9

Forums



215

Member's Portal Access
up 21% from 2019-20

Scope of Practice of the Workforce

Objective

To increase the appropriate use of the full range 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

NAATSIHWP calls for the harmonisation of medicines authorities

With the COVID-19 delta variant proving hard to control and the focus of the national response to the COVID-19 pandemic shifting towards vaccination, NAATSIHWP actively promoted the need to ensure Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are included as a vital resource in the vaccine rollout to Aboriginal and Torres Strait Islander people.

From the outset NAATSIHWP understood that the success of the vaccination program would not only require a focus on logistics and infrastructure but would also demand a workforce with the capabilities to engage community members, combat the falsehoods circulating about the vaccine and ease the anxiety resulting from bad experiences with health research and care in the past.

In this respect, Aboriginal and Torres Strait Islander Health Practitioners have the skills and capabilities required to support the administration or delivery of vaccines while Aboriginal and Torres Strait Islander Health Workers are critical to engaging, informing and educating with regard to the importance of vaccine uptake.

However, although Aboriginal and Torres Strait Islander Health Practitioners have the skills necessary to administer vaccines, in some States and Territories they do not have the legal authority to do so. The rollout of the COVID-19 Vaccination Program to Aboriginal and Torres

Strait Islander people provided a significant opportunity to accelerate reform. NAATSIHWP therefore wrote to the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 to gain their support for the fast tracking of these arrangements.

Although the national harmonisation of medicines authorities has yet to be achieved, at the time of writing most States and Territories had introduced emergency orders enabling Aboriginal and Torres Strait Islander Health Practitioners to play a role in the rollout of COVID-19 vaccinations in their regions.

Model of care

We have continued to promote NAATSIHWP's exemplar model of care with the entry and exit of a client into an Aboriginal Community Controlled Health Organisation (ACCHO) for Health Assessments during the COVID-19 pandemic.

We have focused on each touch point of client contact with Aboriginal and Torres Strait Islander Health Workers and Health Practitioners as we believe this best demonstrates how central they are to client care.

The exemplar model includes MBS item numbers in relation to Health Assessment that could be claimed via tele or video conferencing in order to ensure both the safety of our workforce and that our communities are able to access ongoing healthcare during the pandemic.



Examples of developing an individual Scope of Practice

NAATSIHWP continues to update examples of how to use our *National Framework for Determining Scope of Practice for the Aboriginal & Torres Strait Islander Health Worker & Health Practitioner Workforce*. These examples are designed to assist our members to develop their own individual scope of practice. Our prepared examples are utilised during the Scope of Practice component of our Professional Development Forums and are also useful for those completing the framework outside of a NAATSIHWP workshop. We believe that this framework is the key to our workforce having effective discussions within their workplaces about their skills and training and how they can be utilised to their fullest potential in a health service delivery context.

Survey on CPD for Health Workers

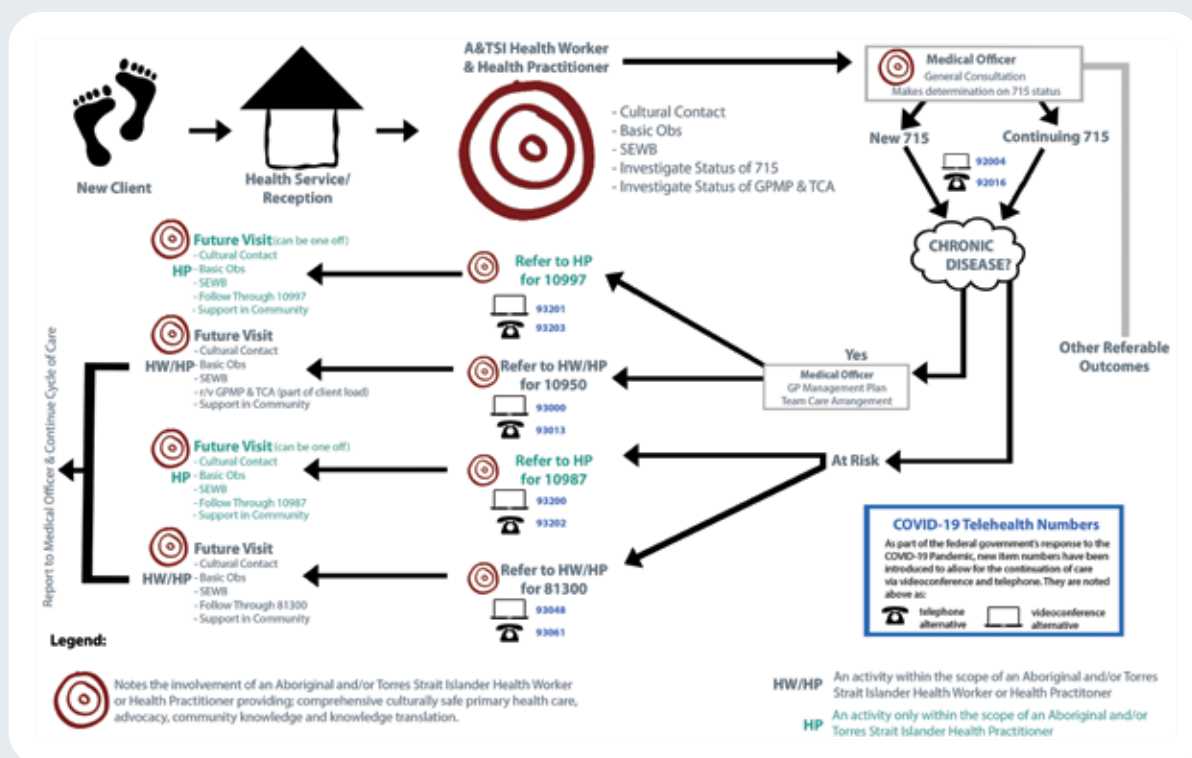
As part of our key deliverables for the year, the secretariat conducted a survey of our members to determine the appetite for whether or not the Aboriginal and Torres Strait Islander

Health Worker workforce would benefit from mandatory CPD requirements. These requirements would likely be similar to the arrangements currently in place for the Health Practitioner workforce. There was strong support for mandating CPD for the Aboriginal and Torres Strait Islander Health Worker workforce, with close to 90% of survey respondents indicating agreement.

NAATSIHWP considers that the provisional registration of Aboriginal and Torres Strait Islander Health Workers could be key to regulating any future CPD requirements. In particular NAATSIHWP supports that 'provisional registration' be considered for those studying a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care. The application of provisional registration to this group would strengthen career pathways and encourage further study and the transition to full registration.

As a consequence of the survey, NAATSIHWP is promoting and influencing the need for this reform and considers that the investment and effort required for this shift would be modest considering significant infrastructure is already in place through the Aboriginal and Torres Strait Islander Practice Board of Australia.

Aboriginal and Torres Strait Islander Health Worker & Health Practitioner Exemplar Health Assessment



AREA 2

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

Increase in Membership

With over 1000 Full members, NAATSIHWP's national network of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners continues to grow, demonstrating that the workforce see value in membership. There has been high take-up of professional development opportunities over the course of the year and the number of members accessing the Member's Portal continues to grow. We have welcomed over 100 new members across our membership categories in the 2020–21 year and have demonstrated our ability to stay connected, engaged and support all our members over a difficult year.

Professional Development Forums

This year NAATSIHWP delivered Professional Development Forums online and face-to-face, due to the COVID-19 pandemic.

Travel restrictions still in place around the country at the end of 2020 compelled NAATSIHWP to pivot to the delivery of online forums. During this period, virtual forums were delivered to Aboriginal and Torres Strait Health Workers and Health Practitioners in:

- > Central Queensland
- > Southeast Queensland
- > South Australia



- > Northern Territory
- > Western New South Wales
- > the Australian Capital Territory, Tasmania and Southern New South Wales
- > Victoria.

Consistent with member preferences, when restrictions eased at the start of 2021, NAATSIHWP recommenced the delivery of face-to-face forums. Prior to the reintroduction of restrictions, we were successful in delivering face-to-face forums in:

- > Ceduna on Wirangu Country
- > Bunbury on Wardandi Country
- > Geraldton on Yamatji Country.

All forums provided an opportunity to update members on workforce reforms, such as changes to the Modern Award and the review of the national training package, as well as on the projects NAATSIHWP are delivering including the National Mentoring Program and the CPD Endorsement Program.

During the forums, to assist members determine their own individual Scope of Practice, an interactive session on the *National Framework for Determining Scope of Practice for the Aboriginal & Torres Strait Islander Health Worker & Health Practitioner Workforce* was also delivered.

Importantly, the forums included a session on cultural considerations and how the many roles our workforce play in their personal, professional and community lives can impact on their health and wellbeing. Simple and practical exercises in self-care were also provided.

The forums also provided an opportunity to promote the benefits of becoming a NAATSIHWP Member and to demonstrate how to navigate the website and Member's Portal.



COVID-19 Webinars

As part of NAATSIHWP's ongoing response to the rapidly changing times of the pandemic, we collaborated with the other peak workforce bodies to provide professional development and support. Through this webinar project over 10 different sessions were made available to the Aboriginal and Torres Strait Islander health workforce.

As part of this project, NAATSIHWP led the following five sessions:

Cultural safety as a method of caring for ourselves and others – delivered June 2020

With Jayde Fuller & Eliza Collier

This session focused on how AHPRA is working towards ensuring culturally safe health service environments for ourselves and our clients and how we can report instances of racism.

Understanding stress and staying strong

With Robert Dann & Dr Anna Dawson

Provided an overview of the research undertaken under a Lowitja Institute funded partnership between AHCSEA and the Wardliparingga Aboriginal Health Research Theme at SAHMRI, that explored challenges faced by the health and human services' workforce and the individual and collective ways people stay strong in the presence of stressful working conditions.

By yarning with over 110 Aboriginal and Torres Strait Islander workers across metro, regional and remote locations across Australia, the research explored aspects that contribute to stressful working conditions, specific and unique challenges and the strategies that enables workforce to stay strong.

An introduction to Gayaa Dhuwi (Proud Spirit Australia)

With Tom Brideson

This presentation outlined the approaches Gayaa Dhuwi are taking to deliver on the tasks within their areas of responsibility. It highlighted the importance of collective excellence to inform their best of both worlds' decision making to improve outcomes for the mental health and wellbeing of Aboriginal and Torres Strait Islander Peoples across Australia and the achievement of the highest attainable standard beyond culture-blind approaches.

We all know we should be practicing self-care, but how do we do it?

With Charlie Giles

Provided the workforce with valuable sustainable self-care strategies that can help avoid feeling overwhelmed or burnt out.

In my GrandMother's and Mother's walking tracks

With Professor Roianne West

Professor West shared with us her 25-year journey so far in Aboriginal and Torres Strait Islander health where she commenced as an Aboriginal Health Worker, up to her appointment as CEO of Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, and everything in between.

Symposium

In another display of agility and flexibility, NAATSIHWP's Professional Development Symposium was shifted to an online platform to ensure that members still had access to worthwhile professional development opportunities during the pandemic. After consultation with our members about current and emerging topics of interest, the following sessions were held over 8–11 December 2020.

'Supporting people to live well with Asthma', by Michelle Daley and Clara Tait from Asthma Australia

'Otitis Media Matters', by Janette Brazel and Jean Tsemblis from EarTrain

'The Importance of the Aboriginal and Torres Strait Islander Health Workforce in ending RHD in Australia', by Vicki Wade and Diana Mosca from Rheumatic Heart Disease (RHD) Australia

'The Importance of Social and Emotional Wellbeing & Selfcare', by Clinton Schultz from Maramuli Consultations.

NAATSIHWP had a great level of interest in and feedback from this symposium and were glad to be able to provide another opportunity for our members to come together despite geographical distances. Though this was not how we had planned to gather in 2020, we know that the pandemic will mean that we will really appreciate face-to-face interactions and learning together when we return to some normality.

Mentoring Pilot

The development of NAATSIHWP's Mentor Training Program has been completed. We were due to pilot this program in Darwin during the last week of June 2021; however, due to COVID-19 outbreaks in the Northern Territory at the time we unfortunately had to postpone this event the week before the anticipated start. We look forward to being able to rollout this program in the near future.



CPD Program

Over the year our CPD program continued to gain traction and we now have upwards of 15 CPD opportunities with current endorsement available on the Member's Portal. These training opportunities cover a wide range of topics, including but not limited to:

- > kidney health
- > otitis media
- > cervical screening
- > nutrition support program
- > RHD and Acute Rheumatic Fever (ARF)
- > COVID-19 infection control
- > COVID-19 Indigenous health
- > sexual health
- > Hepatitis
- > Type 2 Diabetes
- > high blood pressure
- > asthma.

MEMBER PROFILE

Darren Braun

Darren Braun proud Ngalakan, Keytjetje and East/West Arrernte man. From the Roper River through the Neutral Junction and beyond. Born and raised in Katherine.

I attended school at Clyde Fenton Primary School. My younger brother and I would often be left in care with my mum's sister Aunty Rosie Birch (Hayes) who at the time was an Aboriginal Health Worker (AHW). We spent most of our afternoons within the settings of the Aboriginal Health Service Wurli-Wurlinjang based at Kalano Community before relocating to Third Street, in the township of Katherine.

Fond memories of doing outreach with my aunty was going to the nun's home (aged care facility) and visiting all the old people. I believe this where my inspiration stems from. Witnessing first-hand the amazing work AHWs provided and also ripple effects of positive impacts and quality care that was been given to our elders by our own people, which I just thought was incredible and held my aunty on a pedestal as she our cultural/traditional healer.

Doing outreach visits, this would also be an introduction to our family history lesson because you find out your family kinships, song line, cultural connection to country and other invaluable cultural history.

After the era and dream of performing centre stage came to an end, I was looking for a new direction in life, I found myself back in Katherine working in Administration at the StrongBala Men's Clinic. Being back in an Aboriginal Medical Centre setting reignited a flame inside and I found myself asking more questions about the clinical practices with my manager (clinic nurse) and the two male Aboriginal Health Practitioners (AHPs). Watching these two Aboriginal men hold their own in a fast pace demanding health service was inspiring

I was then lucky enough to secure a position in Sydney and went on to work in the public health sector at one of Aboriginal health's peak body organisations as a project officer at the Aboriginal Health Medical Research Council. From then moved on to Brisbane, working at Queensland Aboriginal Islander Health Council as a project officer.

It was during my time in the peak bodies that I realised I needed to be on the ground working in the communities at a grass roots level if I really wanted contribute to change and have a positive impact on my people, family and communities.

In 2017 when returning to the Northern Territory from Brisbane QLD, I applied for the Aboriginal Health Practitioner Traineeship through Danila Dilba Health Service (DDHS) and was successful. I commenced my traineeship in 2018 starting at DDHS and then attending block studies at the Batchelor Institute Indigenous Tertiary Education (BITTE). BITTE is a sacred and unique place of bilingual two-way learning education delivered on country.

I completed my course at the end of 2019 and became a Registered AHP in 2020. DDHS offered me a full-time permanent contract on completion of the traineeship. I worked in three locations across the Darwin region – Palmerston, Malak and Bagot clinics – each very unique in its own way with different experiences, encounters and health issues. Being an AHP is so empowering, rewarding and often challenging. The qualification brings stability and leads to full time employment. With the rates of men working in these professions so low, I wanted to shine a light on the career pathway and highlight the benefits and rewards given to you after completion of a Certificate IV. Cultural Brokers who are capable and have the skills and knowledge and expertise of high standards and quality with scope of practice being the same as a Registered Nurse. AHP are the link between two worlds, in providing a culturally safe health care, navigating safe passage through the health care system and are big contributors to closing the gap.

In my time of study I have been nominated for the Aboriginal/ Torres Strait Islander Health Worker Practitioner Excellence Awards

Winner – VET, Student of Year – Northern Territory Training Awards 2020

Finalist – VET, Student of the Year – Australian Training Awards 2020

Graduation – Certificate IV A&TSI PHC (Clinical Practice) at BITTE 2021 (2020 graduation postponed due to COVID-19)



AREA 3

Representation and Promotion of Workforce Needs

Objective

To increase our influence in the development and implementation of Aboriginal and Torres Strait Islander health policies and programs relevant to the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce

The Launch of the Partnership for Justice in Health

The Partnership for Justice in Health (P4JH) is an alliance of self-determining Aboriginal and Torres Strait Islander academics, legal experts, and national peak health and justice organisations committed to working together to improve Aboriginal and Torres Strait Islander health and justice outcomes through addressing racism at individual, institutional and systemic levels, specifically focusing on the health and justice systems.

It is our hope that the P4JH can achieve positive outcomes for Aboriginal and Torres Strait Islander people by exemplifying a collaborative approach that breaks down the traditional silos that see the health and justice systems act in isolation to each other, despite the ways they impact each other.

NAATSIHWP is one of the founding partners of the P4JH and currently plays a driving role through co-chairing and the provision of secretariat support.

It was with excitement that P4JH launched nationally over two events in April and May of 2021. The outcomes of this launch were:

- > a webinar featuring Rachael Hocking, Apryl Day, Chelsea Watego, George Newhouse, Janine Mohamed and Karl Briscoe
- > the publishing of *Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System* by Chelsea Watego, David Singh and Alissa Macoun
- > a website that will be expanded in the years to come.



The members of P4JH at the time of preparing this report are:



Professor Chelsea Watego



About the artwork

The artwork by Ngarrindjeri artist Jordan Lovegrove, represents The Partnership for Justice in Health (P4JH) and their vision "Aboriginal and Torres Strait Islander people enjoy health and wellbeing that is free of racism in the health and justice systems". P4JH is shown by the large two meeting places in the centre of the artwork; a healing hand to represent health while the person with the scales represents justice. The meeting places and pathways on the outside not only represent different people, families and communities but are also in the shape of the journey the Freedom Riders travelled to draw attention to injustice and discrimination against our First Peoples of Australia in 1965. The patterns within this shape are illustrative of the combined systems and connections working together to address racism, improving health and justice outcomes.

Final Determination on 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.

After four years supporting enhancements to the Aboriginal Community Controlled Health Services Award 2010 (the Modern Award), a final determination was handed down on 12 March 2021.

The new *Aboriginal and Torres Strait Islander Health Workers and Practitioners and Aboriginal Community Controlled Health Services Award 2020* came into effect on 1 January 2021 and pleasingly, many of the amendments that NAATSIHWP had promoted over the four-year period have been incorporated.

Importantly, the Award now covers Aboriginal and Torres Strait Islander Health Workers and Practitioners who work in private practice, as well as in community controlled organisations.

Other changes to the Award include:

- > a new Grade Classification structure (see Table 3) that ensures:
 - employees will be eligible for progression to the next level within their Grade Classification after demonstrating satisfactory performance at annual performance appraisals.
 - movement into higher Grades will occur by way of promotion or reclassification
 - clear guidance, remuneration and conditions for part time and casual employees
- > rest breaks for Aboriginal and Torres Strait Islander Health Workers and Practitioners working in extreme temperatures
- > provisions for Ceremonial Leave
- > a range of new allowances.

More detailed information about the changes to the Award are included on the following page.

Table 3. *Aboriginal and Torres Strait Islander Health Workers and Practitioners and Aboriginal Community Controlled Health Services Award 2020.*

Classification	Qualification Requirements
GRADE 1	
Level 1: \$22.03 p/h	Enrolled in Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care
Grade 2	
Level 1: \$23.61 p/h	Completed Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care or equivalent
Level 2: \$24.41 p/h	
GRADE 3	
Level 1: \$25.69 p/h	Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care or equivalent
Level 2: \$27.03 p/h	
Level 3: \$28.34 p/h	
GRADE 4	
Level 1: \$29.13 p/h	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care or equivalent OR Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Unregistered)
Level 2: \$29.92 p/h	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Registered as an Aboriginal Health Practitioner with AHPRA)
Level 3: \$30.61 p/h	
GRADE 5	
Level 1: \$31.34 p/h	Advanced Diploma / Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care or equivalent
Level 2: \$32.08 p/h	Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Registered as an Aboriginal Health Practitioner with AHPRA)
Level 3: \$32.85 p/h	

*Qualification titles are subject to change pending training package review.

Aboriginal and Torres Strait Islander Health Workers and Practitioners and Aboriginal Community Controlled Health Services Award 2020

The award now covers Aboriginal and Torres Strait Islander Health Workers and Practitioners who work in Private Medical Practice New Grade Classification structure.

New Grade Structure

- > Employees will be eligible for progression to the next level within their Grade Classification after demonstrating satisfactory performance at annual performance appraisals
- > Movement into higher Grades will occur by way of promotion or reclassification.

Recognition of Prior Service

Service as a part-time Aboriginal and/or Torres Strait Islander Health Worker will accrue on a pro rata basis according to the proportion of a full-time load worked in any year. Where the hours are more than 90% of a full-time load, service will count as a full-time year. For Casual employees, the equivalent of a full-time year of service is 200 casual days.

New Provisions

- > **Rest Breaks** for Aboriginal and Torres Strait Islander Health Workers and Practitioners working in extreme temperatures exceeding 46°C, noting that under these conditions employees are entitled to a 20 minute break every 2 hours without a deduction from pay.
- > **Ceremonial Leave:** Employees required by Indigenous Tradition to be absent from work for Aboriginal or Torres Strait Islander Ceremonial purposes, including bereavement related ceremonies and obligations will be entitled to up to 10 working days of unpaid leave in any one year with the approval of the employer.

New Allowances

- > **Telephone Allowance:** Where the employer requires the employee to be on-call, the employer will refund the installation costs and subsequent rental charges on production of receipted accounts. This will not apply where the employer provides the employee with a mobile telephone for the purpose of being on-call.
- > **Nauseous Work Allowance:** An allowance of \$0.49 per hour or part thereof will be paid to an employee in any classification if they are engaged in handling linen of a nauseous nature other than linen sealed in airtight containers and/or for work which is of an unusually dirty or offensive nature having regard to the duty normally performed by such employee in such classification. Employees entitled to this will be paid a minimum of \$2.64 for work performed in a week.
- > **Blood Count allowance:** Any employee exposed to radiation hazards in the course of their work will be entitled to a blood count as often as is considered necessary and will be reimbursed for any out-of-pocket expenses arising from such a test.
- > **Replacement, Cleaning or Repair to Damaged Clothing Allowance:** Where an employee, in the course of their employment, suffers any damage to or soiling of clothing or other personal effects, the employer will be liable for the replacement, repair or cleaning of such clothing or personal effects provided, where practicable, immediate notification is given to the employer of such soiling as soon as possible.
- > **Medication Administration Allowance:** Aboriginal and/or Torres Strait Islander Health Workers and Practitioners who are qualified and permitted under law to administer medications in the performance of their duties are entitled to an allowance of \$2.44 per week.

Representation and Influence

Our influence continues to grow. With over 400 instances of representing Members' interests during the year, NAATSIHWP is increasingly being asked to contribute to national and local-level initiatives. Our contributions range anywhere from health and social policies to service delivery and research. Additionally, NAATSIHWP is a part of a number of partnerships (such as P4JH, detailed above) and collaborates widely with other organisations nationally regarding issues of importance for the health and wellbeing of Aboriginal and Torres Strait Islander Peoples.

Policy Submissions

NAATSIHWP now has a dedicated submissions page on its website (natsihwa.org.au/our-publications/submissions) to provide members and the public with opportunities to view the public submissions it has prepared. These submissions respond to inquiries and reviews and provide an important opportunity to ensure the aspirations and views of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are considered as part of national policy and program reform.

In addition to those publicly available on the webpage, NAATSIHWP contributed a further current and confidential 12 policy submissions in the 2020–21 financial year.

Exhibition booths

For a short period of time at the start of 2021, NAATSIHWP's Professional Development team were able to attend and hold exhibition booths at CATSINaM's *Back to the Fire* conference series in the following locations:

Cairns on Yirrganydji and Yidinji Country

- > Darwin on Larrakia Country
- > Adelaide on Kaurna Country
- > Hobart on Nipaluna Country
- > Melbourne on Boon Wurrung and Woi Wurrung Country.





Recruitment and Retention of the Workforce

Objective

To increase our influence in the development and implementation of recruitment and retention strategies for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031

Over the 2020–21 financial year NAATSIHWP continued to participate on the Project Reference Group guiding the development of the new *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*.

Once agreed, this Plan will provide a cohesive approach for all governments to increase the representation of Aboriginal and Torres Strait Islander people working in all health roles and locations across Australia's healthcare system. It recognises that an Aboriginal and Torres Strait Islander health workforce delivers better outcomes for Aboriginal and Torres Strait Islander people and will result in improved leadership of jurisdictions in health workforce development.

Importantly, the Plan was developed in partnership with:

- > health leaders from Aboriginal and Torres Strait Islander peak bodies and the community-controlled health sector
- > Aboriginal consultants, health professionals and practitioners, Elders and community members, and
- > Aboriginal and Torres Strait Islander health officials from the Australian Government and state and territory governments.

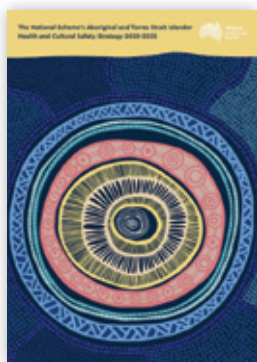
Through participation on the Project Reference Group, both the development of nationally consistent Scopes of Practice for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners and the harmonisation of medicines authorities for Aboriginal and/or Torres Strait Islander Health Practitioners have been earmarked for action over the coming years.

Virtual RTO Network

NAATSIHWP continued to coordinate the Virtual Registered Training Organisation (RTO) Network. This network is designed to bring RTOs together, encourage knowledge and resource sharing and promote conversations about broader issues in the training space. The network forms part of NAATSIHWP's commitment to increasing the recruitment and retention of workforce, and helps us to better understand the quality and availability of training options for prospective Aboriginal and Torres Strait Islander Health Workers and Health Practitioners.

During the year, Skills IQ were invited to attend the meeting to inform the RTOs about the process and progress of the review of the national Aboriginal and Torres Strait Islander Health Worker and Health Practitioner training package.

The Aboriginal and Torres Strait Islander Health Practice Board were also invited to participate to provide RTOs with the opportunity to hear and be provided with the most up-to-date information on Accreditation requirements for qualifications or registration.



AHPRA Cultural Safety Strategy Advisory Group

NAATSIHWP now Co-Chairs the Aboriginal and Torres Strait Islander Cultural Safety Strategy Advisory Group and Chairs the Aboriginal and Torres Strait Islander Cultural Safety Advisory Group Caucus within AHPRA. Both of these groups are driving the implementation of *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025* released in February 2020.

Importantly, this Strategy has the potential to impact across the over 800,000 health professionals and 193,000 students registered with AHPRA. It:

- > was developed (and is being implemented and monitored) with rights-based principles and regard to self-determination and leadership for Aboriginal and Torres Strait Islander Peoples
- > is endorsed by 42 organisations, academics and individuals, including the entities who set the education standards for students who are studying to become registered health practitioners and the regulators of Australia's registered practitioners, and
- > focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm and recognises that the elements of clinical and cultural safety are inextricably linked.



Growing a better understanding of the workforce

This year also saw NAATSIHWP look to the future with the scoping of a new research project to better understand the workforce. This research, commencing in the 2021–22 financial year, is intended to grow the available information on the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce and enable NAATSIHWP to better represent the interests and concerns of our membership, while exercising data sovereignty on behalf of our members. We encourage our members to participate in upcoming surveys over the coming years to assist with the rollout of this project.

Review of the National Training Package

NAATSIHWP participated in the review of the National Training Package through our role as a member of the Industry Reference Committee (IRC). The review, undertaken every five years, assesses the currency and relevancy of the training packages and brings them up to speed with current events, including scaling qualifications to the appropriate level. This process formally wraps up in the coming year and, if accepted by the Australian Industry Skills Council, includes changes that will see training undertaken through Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) transition into a diploma level qualification – a due recognition of the skills and capabilities of the Aboriginal and Torres Strait Islander Health Practitioner workforce. The Board are pleased to support the proposed changes as our workforces continue to strengthen and evolve.

Governance & Operations

About our Board

NAATSIHWP 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 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.

After the news that NAATSIHWP had received charity status with ACNC, the Board undertook training on 27 May 2021 targeted at understanding charities legislation and governance. This training, in partnership with NAATSIHWP's charities plan, will assist the Board and secretariat to transition into ways of working as a charity, which includes a shift in how and where NAATSIHWP reports its yearly business.

We acknowledge that serving on the Board takes a large commitment of time and energy. The NAATSIHWP Secretariat would like to thank all Members who served on the Board of Directors during 2020–21.

NAATSIHWP Board



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



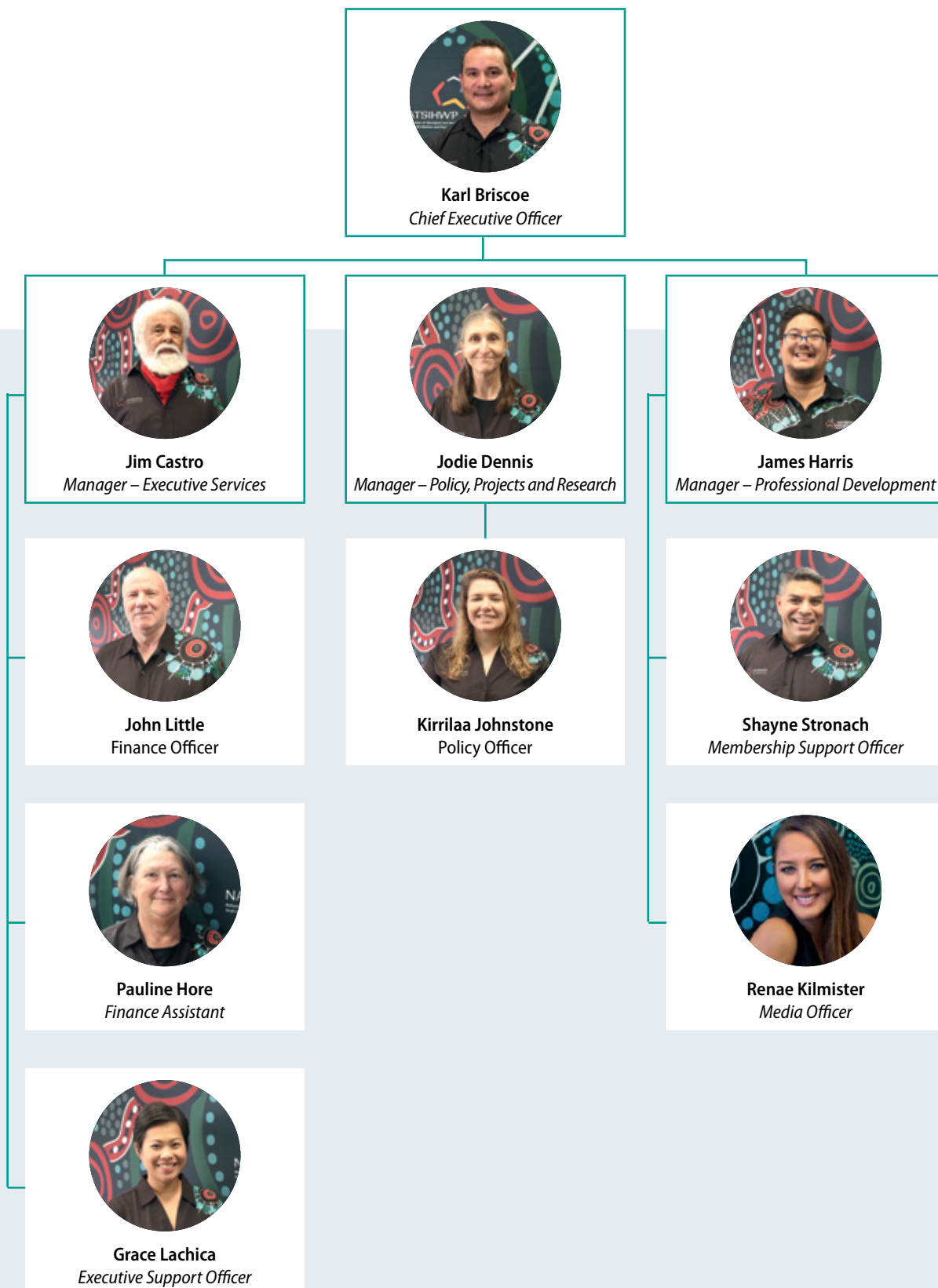
Yancy Laifoo
Director, Torres Strait



Raeylene McKenna
Director, Western Australia

NAATSIHWP Secretariat

In the 2020–21 financial year, the NAATSIHWP secretariat was restructured and expanded to help manage our growing responsibilities. Additionally, after several years of service, our finance officer John Little announced that he would be retiring. John has been a long-serving member of our team and will be sorely missed. We wish him well as he enjoys some well-earned relaxation. The following provides an overview of the NAATSIHWP team as at 30 June 2021:



The Future

As we have come to terms with the health and wellbeing implications of COVID-19, this year has been particularly challenging for everyone.

This crisis, however, has once again demonstrated the crucial role our highly skilled, resilient and dedicated workforce plays across the nation. This is reflected in the leadership roles Aboriginal and Torres Strait Islander Health Workers and Practitioners have undertaken to ensure our people are vaccinated and continued to stay connected to local health services.

With growing acknowledgement across the health sector of the importance of a strong and vibrant Aboriginal and Torres Strait Islander health workforce we look to the future with confidence, and are focused on ensuring that our national network of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners continue to play a pivotal role in improving the health outcomes of our people.

Our aim is to ensure we maximise the opportunities associated with the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*, particularly around a nationally consistent Scope of Practice and harmonisation of medicines authorities. Achieving these objectives will address long-term barriers impacting the growth and deployment of the workforce. This, coupled with the outcomes of the review of the National Training Package, will reinforce the high levels of skill and competency inherent within our professions, and help to embed Aboriginal and Torres Strait Islander Health Workers and Practitioners as a valuable and critical resource across all spheres of the healthcare system.

This year we also plan to invest in a research project that will help fill gaps in our understanding of the workforce and how the workforce is changing over time. We expect that over years to come this project will provide a better understanding of workforce trends, help us to develop and implement more targeted recruitment and retention strategies, and strategically position NAATSIHWP in a lead role with greater authority with regard to workforce data. Consistent with the self-determining nature of both NAATSIHWP and the workforce, this work is part of a concerted effort to ensure our Members hold data sovereignty and control critical information and data sources. It will also ensure NAATSIHWP can continue to develop the capabilities required to support the workforce going forward.

Lastly, with the largest professional membership base of all the Aboriginal and Torres Strait Islander peak health workforce organisations, our focus – as always – will be on expanding, promoting and supporting our workforce. As the only culturally-based health workforce underpinned by national training and registration in the world, we won't rest until it becomes recognised as a source of national pride.





National Association of Aboriginal and Torres Strait
Islander Health Workers and Practitioners

ABN 61 138 748 697

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

DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2021.

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) Up until 19 April 2021

Christine Ingram (Treasurer)

Thelma Weston

Yancy Laifoo

Raeylene McKenna

Natalie Pangquee

Suzanne Smith

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 increase the appropriate use of the full range 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

Objective 2: To improve the accessibility and quality of professional support and professional development opportunities for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners

Objective 3: To increase our influence in the development and implementation of Aboriginal and Torres Strait Islander health policies and programs relevant to the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce.

Objective 4: To increase our influence in the development and implementation of recruitment and retention strategies for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

IMPACT INDICATORS FOR THE OBJECTIVES

Objective 1:

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

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



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

DIRECTORS' REPORT (CONTINUED)

Objective 2:

Members report that National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Limited ('NAATSIHWP')s professional information and support, including the online portal, professional networking forums, conferences and symposiums:

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

Members report that NAATSIHWP'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 3:

Members report that NAATSIHWP's professional information and support, including the online Portal, NAATSIHWP advice and position statements are reflected in national and jurisdictional policy development and decision-making processes that impact on the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce and Aboriginal and Torres Strait Islander health services.

Objective 4:

Stakeholders from the vocational education and training (VET) sector and all sectors of the health system identify NAATSIHWP as a respected source of information and expertise on recruiting and retaining A&TSIHWs and A&TSIHPs.

Stakeholders from the VET sector and all sectors of the health system report they have acted on NAATSIHWP's advice and/ or implemented the learning gained from their participation in NAATSIHWP initiatives on recruitment and retention.

Principal Activity

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

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.

Effective 1 July 2020 the company was endorsed as a Health Promotion Charity with the following tax concessions: GST Concession, Income Tax Exemption and FBT Exemption. The Company has Deductible Gift (DGR) Recipient Status. As a consequence, the financial statements now must be prepared as required by the [ACNC Act and ACNC Regulations](#) and in accordance with the [Australian Accounting Standards](#) set by the Australian Accounting Standards Board (AASB)

On 22 October 2020, The Company changed its name from "National Aboriginal and Torres Strait Islander Health Workers Association" to National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Ltd".

NAATSIHWP is a party to a four year funding agreement with the Department of Health for the period 1 July 2018 to 30 June 2022. Under this agreement, NAATSIHWP has received funding of \$5,742,509 (excl GST) to 30 June 2021. Grant expenditure was \$5,747,255 to 30 June 2021.

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

DIRECTORS' REPORT (CONTINUED)

MEETINGS OF DIRECTORS

DIRECTORS	DIRECTORS' MEETINGS	
	Number eligible to attend	Number attended
David Follent (Chair)	4	4
Robert Dann (Deputy Chair)	3	2
Christine Ingram (Treasurer)	4	3
Thelma Weston	4	2
Yancy Laifoo	4	2
Raeylene McKenna	4	2
Natalie Pangquee (Secretary)	4	4
Suzanne Smith	4	4
Judith Parnham	4	4

CONTRIBUTIONS ON WIND UP

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to make a maximum contribution of \$10.00 towards meeting any outstanding obligations. At 30 June 2021, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$10,180 (2020: \$9,600).

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.



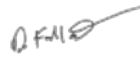
**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697**

DIRECTORS' REPORT (CONTINUED)

A copy of the auditor's independence declaration as required under the Australian Charities and Not-for-profits Commission Act 2012 is set out on page 8.

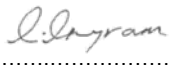
David Follent

Chair

 Dated this 23rd day of August 2021

Christine Ingram

Treasurer

 Dated this 23rd day of August 2021



RSM Australia Partners

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial report of National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Limited (the Company), which comprises the statement of financial position as at 30 June 2021, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Company has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2021 and of its financial performance and cash flows for the year ended on that date; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the 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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2021, but does not include the financial report and the auditor's report thereon.

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

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

THE POWER OF BEING UNDERSTOOD

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

Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

RSM Australia Partners

RODNEY MILLER
Partner

Canberra, Australian Capital Territory
Dated: 26 August 2021



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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Limited for the year ended 30 June 2021, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Australian Charities and Not-for-profit Act 2012* 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: 26 August 2021

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

DIRECTORS DECLARATION

In the director's opinion:

1. the attached financial statements and notes comply with the Australian Accounting Standards – Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standard Board ('AASB') and the *Australian Charities and Not for Profits Commission Act 2012*;
2. the attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2021 and of its performance for the financial year ended on that date; and
3. there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

On behalf of the directors

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

Chair: 

David Follent

Dated this 23rd day of August 2021

Treasurer: 

Christine Ingram

Dated this 23rd day of August 2021

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

**STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2021**

		2021	2020
	Note	\$	\$
Revenue	2	2,188,688	2,132,058
Expenditure	3	(1,800,608)	(2,125,703)
CURRENT YEAR SURPLUS		388,080	6,355
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME		388,080	6,355

The accompanying notes form part of this financial report.



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

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2021**

	Note	2021 \$	2020 \$
CURRENT ASSETS			
Cash and cash equivalents	12a	622,433	224,718
Trade and other receivables	4	83,540	20,916
Prepayments		77,391	24,130
Inventories	5	15,890	61,271
TOTAL CURRENT ASSETS		799,254	331,035
NON-CURRENT ASSETS			
Property, plant and equipment	6	130,009	96,808
Right of use assets	7	99,063	182,594
TOTAL NON-CURRENT ASSETS		229,072	279,402
TOTAL ASSETS		1,028,326	610,437
CURRENT LIABILITIES			
Trade and other payables	8	97,760	82,242
Lease liabilities	9	102,038	64,490
Deferred revenue	11	39,545	-
Provisions	10	128,824	89,850
TOTAL CURRENT LIABILITIES		368,167	236,582
NON-CURRENT LIABILITIES			
Lease liabilities	9	19,757	121,533
TOTAL NON-CURRENT LIABILITIES		19,757	121,533
TOTAL LIABILITIES		387,924	358,115
NET ASSETS		640,402	252,322
EQUITY			
Retained earnings		252,322	245,967
Current year earnings		388,080	6,355
TOTAL EQUITY		640,402	252,322

The accompanying notes form part of this financial report.

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

**STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2021**

	Retained Earnings
	\$
Balance at 1 July 2019	245,967
Surplus from operations	6,355
Balance at 30 June 2020	252,322
Surplus from operations	388,080
Balance at 30 June 2021	640,402

The accompanying notes form part of this financial report.

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

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2021**

	Note	2021 \$	2020 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Government grants received		2,134,224	2,244,498
National conference receipts		43,500	126,136
Sale of merchandise		4,525	11,388
Sundry receipts		219,686	99,788
Interest received		1,282	1,015
Payments to suppliers and employees		(1,831,069)	(2,439,269)
Net cash provided by operating activities	12b	<u>572,148</u>	<u>43,556</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Fixed asset purchases		(110,205)	(12,324)
Fixed asset disposals		-	-
Net cash used in investing activities		<u>(110,205)</u>	<u>(12,324)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Lease repayments		(64,228)	(54,916)
Net cash used in financing activities		<u>(64,228)</u>	<u>(54,916)</u>
Net (decrease) increase in cash held		397,715	(23,684)
Cash at beginning of year		224,718	248,402
Cash at end of year	12a	<u><u>622,433</u></u>	<u><u>224,718</u></u>

The accompanying notes form part of this financial report.

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

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

During the year the National Aboriginal and Torres Strait Islander Health Workers Association Limited changed its name to the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Limited. As of 1 July 2020 the company also became a registered charity in accordance with the requirements of the Australian Charities and Not-for-profits Commission Act 2012.

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

New or amended Accounting Standards and Interpretations adopted

National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Limited ('NAATSIHWP' or 'the company') has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

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

Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB'), the Australian Charities and Not-for-profits Commission Act 2012 and associated regulations, as appropriate for not-for-profit oriented entities.

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.

Revenue Recognition

NAATSIHWP 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.



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

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Grant revenue

Grant revenue is recognised in profit or loss when the incorporated association satisfies the performance obligations stated within the funding agreements.

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.

Income Tax

As the incorporated association is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

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.

Depreciation

Depreciation of computer equipment assets is calculated on a diminishing value basis over the asset's useful life. Depreciation of other fixed assets is calculated on a straight-line basis to write off the net cost of each asset. The depreciation rates used for each class of depreciable asset are:

<i>Class of plant and equipment</i>	<i>Depreciation Rate</i>
Fixtures & Fittings	10-25%
Office Equipment	10-25%
Computer Equipment	33-50%

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

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the incorporated association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

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

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

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.

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.

Inventories

Inventory is stated at the lower of cost and net realisable value.

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 the estimated costs necessary to make the sale.

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.

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.

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.



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

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Defined contribution superannuation expense

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

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.

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.

	2021 \$	2020 \$
NOTE 2: REVENUE		
Operating activities		
DoHA funding	1,940,204	1,915,305
National Conference income	-	114,669
Total operating activities	1,940,204	2,029,974
Interest received	1,282	1,015
Contract income	179,688	-
Sundry income	63,400	90,716
Merchandise income	4,114	10,353
Total revenue	2,188,688	2,132,058

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

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

	2021 \$	2020 \$
NOTE 3: PROFIT FROM OPERATIONS		
Profit from ordinary activities before income tax expenses has been determined after:		
Expenses:		
Administration and related		
- Merchandise related	46,853	6,636
- Depreciation and amortisation of property, plant and equipment	125,350	103,946
- Accommodation and office (including IT and Training)	156,887	107,062
- Disposal of assets	20,273	-
- Leasing interest	7,420	10,604
	<u>356,783</u>	<u>228,248</u>
Employee benefits		
- Administration	130,517	112,732
- Program	856,871	827,137
	<u>987,388</u>	<u>939,869</u>
Governance and related		
- Training	7,970	10,015
- Board meeting travel	23,428	59,956
- Insurance	12,629	12,437
- Legal	4,081	3,906
- Consultant	7,877	6,588
- Audit	10,825	14,338
- Others	18,216	20,224
	<u>85,026</u>	<u>127,464</u>
Member support and related (including cost of forums representation and support of members)		
- General program	77,214	292,746
- Marketing	56,446	110,237
- Research and Development	163,770	-
- Consulting	3,435	9,504
- Legal	-	209,415
- Travel related	70,546	208,220
	<u>371,411</u>	<u>830,122</u>
Total expenses	<u>1,800,608</u>	<u>2,125,703</u>

The Merchandise related expenses included the write-down of inventory balance of \$38,318 in the year ended 30 June 2021. In 2020, the write-down of inventory balance of \$3,880 was included in Marketing expenses.

Employee benefits – administration expenses included \$15,204 of annual leave cost in the year ended 30 June 2021. In 2020, the annual leave cost of \$19,857 was included in Accommodation and office.

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

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

	2021 \$	2020 \$
NOTE 4: TRADE AND OTHER RECEIVABLES		
Trade debtors	55,181	18,054
GST receivable	12,790	2,662
Cab charge bond	200	200
Rental bond	15,369	-
	<u>83,540</u>	<u>20,916</u>
NOTE 5: INVENTORIES		
Merchandises	15,890	61,271
	<u>15,890</u>	<u>61,271</u>
NOTE 6: PROPERTY, PLANT AND EQUIPMENT		
Fixtures and fittings – at cost	73,774	71,258
Less accumulated depreciation	(48,179)	(32,255)
	<u>25,595</u>	<u>39,003</u>
Computer equipment – at cost	119,292	113,594
Less accumulated depreciation	(29,000)	(70,488)
	<u>90,292</u>	<u>43,106</u>
Office equipment – at cost	42,295	36,015
Less accumulated depreciation	(28,173)	(21,316)
	<u>14,122</u>	<u>14,699</u>
	<u>130,009</u>	<u>96,808</u>

Movements in carrying amounts

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

	Fixtures and Fittings \$	Office Equipment \$	Computer Equipment \$	Total \$
Balance at 1 July 2019	53,110	17,882	54,125	125,117
Additions	-	3,545	7,814	11,359
Disposal	-	-	-	-
Depreciation expense	(14,107)	(6,728)	(18,833)	(39,668)
Balance at 30 June 2020	39,003	14,699	43,106	96,808
Additions	2,516	6,280	101,409	110,205
Disposal	-	-	(20,272)	(20,272)
Depreciation expense	(15,924)	(6,857)	(33,951)	(56,732)
Balance at 30 June 2021	25,595	14,122	90,292	130,009

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

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

	2021 \$	2020 \$
NOTE 7: RIGHT OF USE ASSETS		
Right of use assets – at cost	287,930	302,843
Less accumulated amortisation	(188,867)	(120,249)
	<u>99,063</u>	<u>182,594</u>
Balance at 1 July 2020		182,594
Amortisation expense		(68,618)
Reclassification		(14,913)
Balance at 30 June 2021		<u>99,063</u>
NOTE 8: TRADE AND OTHER PAYABLES		
Trade creditors	60,500	24,211
Accruals	12,584	11,363
Other payables	24,676	46,668
	<u>97,760</u>	<u>82,242</u>
NOTE 9: LEASE LIABILITIES		
Current	102,038	64,490
Non-current	19,757	121,533
	<u>121,795</u>	<u>186,023</u>
Lease liabilities relate to the lease of office space, office equipment and a motor vehicle		
NOTE 10: PROVISIONS		
Annual Leave	105,054	89,850
Long Service Leave	23,770	-
	<u>128,824</u>	<u>89,850</u>
NOTE 11: DEFERRED REVENUE		
National Conference	39,545	-
	<u>39,545</u>	<u>-</u>
NOTE 12: CASH FLOW INFORMATION		
a. Reconciliation of cash		
Cash on hand	1,251	924
Cash at bank	621,182	223,794
	<u>622,433</u>	<u>224,718</u>

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

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

	2021 \$	2020 \$
NOTE 12: CASH FLOW INFORMATION (CONTINUED)		
b. Reconciliation of cash flow from operating activities		
Surplus:	388,080	6,355
Non-cash flows in (deficit) / surplus from ordinary activities:		
Depreciation and amortisation	125,350	103,946
Disposal of assets	20,273	-
Reclassification	14,913	
Changes in assets and liabilities:		
(Increase)/decrease in receivables and prepayments	(115,886)	99,676
(Increase)/decrease in inventories	45,381	37,986
Increase/(decrease) in creditors	15,518	(188,810)
Increase/(decrease) in provisions	38,974	19,858
Increase/(decrease) in deferred revenue	39,545	(35,455)
Net cash provided by operating activities	572,148	43,556

NOTE 13. RELATED PARTIES TRANSACTIONS

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

Transactions with related parties:

	Salary & Fees \$	Short-term benefits Superannuation contributions \$	Total \$
Key Management Personnel Summary			
2021	378,310	34,831	413,141
Total compensation	378,310	34,831	413,141
2020	344,767	32,753	377,520
Total compensation	344,767	32,753	377,520

NOTE 14: DEPARTMENT OF HEALTH GRANT SPENDING

	Cumulative 2018 – 2021 \$	Cumulative 2018 – 2020 \$	Cumulative 2018 – 2019 \$
Department of Health grant received	5,742,509	3,802,305	1,887,000
Grant expenditure	5,747,255	4,133,982	2,014,917
(Overspent)	(4,746)	(331,677)	(127,917)

NAATSIHWP is a party to a four year funding agreement with the Department of Health for the period 1 July 2018 to 30 June 2022. Under this agreement, NAATSIHWP has received funding of \$5,742,509 (excl GST) to 30 June 2021. Grant expenditure was \$5,747,255 to 30 June 2021.

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

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**

NOTE 15. FINANCIAL INSTRUMENTS

Interest Rate Risk

NAATSIHWP'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 16. ECONOMIC DEPENDENCE

Economic dependence exists where the normal trading activities depends upon a significant volume of business. NAATSIHWP is dependent on grants from the Department of Health to carry out its normal activities. It is noted that NAATSIHWP has grant funding up to 30 June 2022 with an agreement executed on 26 July 2018.

NOTE 17. COMPANY DETAILS

The principal place of business of the Company is:

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

NOTE 18: EVENTS OCCURRING AFTER THE REPORTING DATE

No matter or circumstance has arisen since 30 June 2021 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.



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NOTE 19: 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 2021, the total maximum amount that members of the company are liable to contribute if the Company is wound up is \$10,180 (2020: \$9,600).

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.



Acronyms

ACCHO	Aboriginal Community Controlled Health Organisation
ACNC	Australian Charities and Not-for-profits Commission
AGM	Annual General Meeting
AHCSA	Aboriginal Health Council of South Australia
AHP	Aboriginal Health Practitioner
AHPRA	Australian Health Practitioner Regulation Agency
AHW	Aboriginal Health Worker
ARF	Acute Rheumatic Fever
BITTE	Batchelor Institute Indigenous Tertiary Education
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CEO	Chief Executive Officer
CPD	Continuing Professional Development
DDHA	Danila Dilba Health Service
DGR	Deductible Gift Recipient
HPC	Health Promotions Charity
MBS	Medicare Benefits Scheme
NAATSIHWP	National Association for Aboriginal and Torres Strait Islander Health Workers and Practitioners (formerly NATSIHWA)
NATSIHWA	National Aboriginal and Torres Strait Islander Health Workers Association
PBI	Public Benevolent Institution
P4JH	Partnership for Justice in Health
RHD	Rheumatic Heart Disease
RTO	Registered Training Organisation
SAHMRI	South Australian Health and Medical Research Institute



NAATSIHWP
National Association of Aboriginal and Torres
Strait Islander Health Workers and Practitioners

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

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