



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

**ABORIGINAL AND  
TORRES STRAIT  
ISLANDER HEALTH  
WORKER ASSOCIATION  
ANNUAL REPORT 2015**

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# WELCOME TO THE 2014 - 2015 ANNUAL REPORT

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) is the peak professional body for Aboriginal and Torres Strait Islander Health Workers (ATSIHWs) and Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs) in Australia. NATSIHWA promotes, supports and gains recognition for the vital role that this workforce plays in providing professional, effective, and culturally respectful comprehensive primary health services to Aboriginal and Torres Strait Islander individuals, families and communities across Australia. NATSIHWA supports its members across the range of employment settings and specialisations in which they work, assisting in quality practice, standards, learning and growth across the sector.

NATSIHWA acknowledges that there are different groups all across Australia. We would like to show our appreciation to each and every group for allowing our organisation and our representatives for the privilege to leave our footprints on your country. We would like to acknowledge all the elders past and present, who have walked before and with us and thank you all for assisting us on our journey to achieve our objectives.

In this Annual Report we have brought together information that is pertinent to our members and our sector, specifically, work that is being undertaken nationally by NATSIHWA, including core activity and key projects that will put in place the pillars of a robust self-regulating profession.

## These projects are:

- Cultural Safety Framework implementation;
- National Scope of Practice Framework;
- Continuing Professional Development (CPD) program;
- Contribute to research and engagement on the review of the Modern Award;
- 2016 National ATSIHW and ATSIHP Conference;
- Mentoring Program;
- Enhance Career Pathways into the profession through VET, and into management.

Along with important work that is being undertaken by our partners to support our profession, including that of the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) and Greater

Northern Australia Regional Training Network (GNARTN).

We also showcase a jurisdiction perspective, this year from Western Australia, and the career journeys of people working in our profession. We would like to thank our members, ATSIHW, ATSIHP, and those in training, our partners, and friends of NATSIHWA for a good 2014 – 15, and a special thank you to those that shared their stories for this report.

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Explanatory note: Throughout this report we refer to Aboriginal and/or Torres Strait Islander Health Workers as ATSIHW and Aboriginal and/or Torres Strait Islander Health Practitioners as ATSIHP. This abbreviation is used only for the purposes of readability and we pay respect to the full names and titles of our members and the profession.

## Our Language:

### ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTITIONER:

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

### ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKER:

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



## MESSAGE FROM THE CHAIR



JENNY POELINA,  
CHAIRPERSON

I would like to thank Zell Dodd for her time in the role of NATSIHWA CEO and her achievements during that time. On behalf of the NATSIHWA I welcome Craig Dukes as the new CEO. I would also like to acknowledge Helen Hewitt and Lynette Goodwin who have remained a consistent support in the operations of NATSIHWA over a number of years, particularly during times of transition. Thank you to NATSIHWA board members for their incredible support and commitment to NATSIHWA.

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

Over the past twelve months, one of the things NATSIHWA is most proud of was the delivery of the National Conference – 'Where to from here? - the future of the Aboriginal and Torres Strait Islander workforce' in October 2014. This was the first national conference for health workers (ATSIHW and ATSIHP) in eleven years, and a large number of health workers from across the country attended despite funding constraints. This was truly an amazing to experience.

Over the past twelve months, we gained momentum with professional development and networking forums. We now have a Professional Development Officer, and we are very excited that we have secured this position. Over the coming twelve months we should see more support for ATSIHPs to meet their continuing professional

development requirements, and provision of a network of professional development opportunities. The work with the Greater Northern Australia Regional Training Network (GNARTN), has helped to set-up our continuing professional development program – thank you to Scott Davis who was instrumental in this work.

### ***What's important for the profession?***

The key is communication, at all levels, the Board, NATSIHWA as an organisation, and for ATSIHWs ATSIHPs on the ground. NATSIHWA must maintain a high level of communication with members and key stakeholders and wherever possible in a face-

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**"WE DELIVERED THE FIRST NATIONAL CONFERENCE FOR ATSIHWs AND ATSIHPs IN ELEVEN YEARS... THIS WAS A TRULY AMAZING EXPERIENCE."**

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We have developed a draft National Scope of Practice Framework that involved significant national consultation across all jurisdictions. Thank you to everyone for their input, time, and effort.

We have continued to increase our number of full members, we now have 573! Securing three years of funding to 2018 will help us to continue to grow in strength and numbers.

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

The NATSIHWA Board developed and endorsed NATSIHWA's second strategic plan to 2017. The Modern Award, National Scope of Practice Framework, and Continuing Professional Development program are very important bodies of work that we will continue to progress this year and into the future. They will strengthen NATSIHWA as a professional organisation and enable us to fulfil our strategic plan.

to-face capacity. Face-to-face is so important; ATSIHWs and ATSIHPs are strong in an organisation when there are multiple ATSIHWs and ATSIHPs, as they are side-by-side nurturing one another, increasing their strength. It is important for the profession to network and have opportunities for professional development and learning with peers.

NATSIHWA's major job is to represent members and advocating on behalf of the profession. We have come a long way but there is still a long way to go for the profession and for Aboriginal and Torres Strait Islander peoples. We need to work together with our peer associations (AIDA, CATSINaM, and IAHA) and support one another, we need to raise the profile of the primary healthcare model and the important role ATSIHWs and ATSIHPs have in this.



### **What is the future of NATSIHWA?**

NATSIHWA will need to be around for a good while as things won't change overnight. Our core business may change direction over time as we achieve the strategies set out in our strategic plan, but we will be guided by our members over time. There is still not enough recognition of the profession in mainstream health services and circles, and there is still much more work to do around the ATSIHP

profession. Currently ATSIHPs are not being recognised, there is no financial recognition, and they are not feeling culturally safe working besides other health professionals. The National Scope of Practice and the Cultural Safety Framework will assist. However, funding and support for implementation is needed and support from each state and territory. The next step for the National Scope of Practice is endorsement by ATSIHWWG and the Aboriginal and Torres

Strait Islander Health Workforce Working Group (ATSIHWWG) and Health Workforce Principal Committee (HWPC), and then be embedded in policy and legislation. If each Health Minister believes in it then progress will flow.



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

THE NATSIHWA LOGO REPRESENTS ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE COMING FROM ALL PARTS OF THE COUNTRY TO FORM THE ASSOCIATION.

IT USES COLOURS THAT REINFORCE OUR CULTURAL IDENTITY - WHO WE ARE.

THE U SHAPE REPRESENTS ALL ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES OF OUR COUNTRY.

THE SMALL BOOMERANGS REPRESENT OUR PEOPLE'S TOUGHNESS AND RESILIENCE TO HANDLE ALL SITUATIONS.

THE BIGGER BOOMERANGS ARE WINDBREAKS AND SHIELDS THAT PROVIDE SAFETY, STABILITY, EDUCATION, GUIDANCE AND VISION TOWARDS THE FUTURE.



## INTRODUCING NATSIHWA'S CEO



CRAIG DUKES

### CRAIG DUKES, NATSIHWA CEO APPOINTED BY THE NATSIHWA BOARD JULY 2015

Craig Dukes is an Aboriginal man who has had a long involvement in the Aboriginal community in the Australian Capital Territory. A descendant of the Mara and Jingili people from the Northern Territory, he has worked at the local, state and national level, and has also formed alliances with international organisations.

Previous to this role he was the Director of the Ngannawal Indigenous Higher Education

"CRAIG'S VISION FOR NATSIHWA IS TO ENSURE THAT ATSIHW AND ATSIHP ARE RECOGNISED AND VALUED FOR THE CRUCIAL ROLE THEY PLAY IN DELIVERING HEALTH SERVICES TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE."

Centre at the University of Canberra. In this role Craig supported Aboriginal and Torres Strait Islander students in a range of areas including tutorial assistance and pastoral support. He was an active member of the University of Canberra in a

range of areas including being a member of the Academic Board, the Reconciliation Action Plan Advisory Committee and Implementation Committee, various course advisory committees and the Human Research Ethics Committee.

Craig's vision for NATSIHWA is to ensure that ATSIHW and ATSIHP are recognised and valued for the crucial role they play in delivering health services to Aboriginal and Torres Strait Islander people. His vision is to build on and strengthen what people have done in the past (both staff and the Board), create an organisation that is strong in governance and

accountability structures, as well as playing a key role at the national level in advocating for ATSIHWs and ATSIHPs.

A major priority is to recruit a strong team and get the right staff on board to implement the strategies outlined in the

Strategic Plan. It will also be important to build strong relationships with colleagues such as CATSINaM, IAHA, AIDA, NACCHO and the affiliates.

Craig has been a leader in the Aboriginal and Torres Strait Islander health sector for over 12 years, having worked at Winnunga Nimmityjah Aboriginal Health Service, the National Aboriginal Community Controlled Health Organisation, the Department of Health and Ageing and most recently the inaugural Chief Executive Officer of Indigenous Allied Health Australia (IAHA). Craig was the inaugural Co-Chair of Health Workforce Australia's Aboriginal and Torres Strait Islander Stakeholder Advisory Committee, a position he held for three years.

The Chair, Board and Staff of NATSIHWA welcome Craig and his dynamic experience to the organisation and look forward to growing and developing NATSIHWA into the future.



# OUR ORGANISATION

## OUR REASON FOR BEING

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) is the health professional association and peak body for Aboriginal and Torres Strait Islander Health Workers including Health Practitioners. It was established in 2009, following the Australian Government's announcement of funding to strengthen the Aboriginal and Torres Strait Islander health workforce as part of its 'Closing the Gap' initiatives.

The purpose of NATSIHWA is to promote, support and gain recognition for the vital role that Aboriginal and Torres Strait Islander Health Workers play in providing professional, effective and culturally respectful health services to Aboriginal and Torres Strait Islander individuals, families and communities across Australia. Aboriginal and Torres Strait Islander Health Workers are employed across the Government, the Aboriginal Community Controlled Health and private sectors.

## OUR VISION

NATSIHWA acknowledges all of our past and present leaders in the Aboriginal and Torres Strait Islander health sector who have provided us with the cultural and spiritual foundations and teachings that guide us on our path. They inspire us to pursue the following vision:

A STRONG, CREDIBLE AND VIABLE NATIONAL ASSOCIATION THAT IS WIDELY RECOGNISED FOR ITS CULTURAL AND PROFESSIONAL INTEGRITY, AND COMMITMENT TO SUPPORT AND GAIN RECOGNITION FOR BOTH CURRENT AND FUTURE GENERATIONS OF ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS.

## OUR VALUES

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

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

## OUR OBJECTIVES

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

- Assisting ATSIHWs and ATSIHPs to address the disadvantage in the health workforce including recruitment, retention, career pathways, support and expansion of the Aboriginal and Torres Strait Islander health workforce;
- Providing direct services and advocacy in representing ATSIHWs and ATSIHPs at peak regional, state and national forums;
- Providing services that enable networking, information sharing, mentoring and support for ATSIHWs and ATSIHPs;
- Contributing to the understanding of accreditation and registration of ATSIHPs to ensure better health outcomes for Aboriginal and/or Torres Strait Islander peoples;
- Advocating for and contributing to the development and maintenance of education, training and development needs of ATSIHWs and ATSIHPs to empower Aboriginal and/or Torres Strait Islander communities towards self-determination; and
- Promoting and facilitating cultural safety and respect within the health workplace to protect the cultural integrity of ATSIHWs and ATSIHPs.



## HIGHLIGHTS OF 2014 – 15

**WE HELD A NATIONAL  
CONFERENCE FOR  
NATSIHWA MEMBERS AND  
ATSIHWs AND ATSIHPs  
ACROSS AUSTRALIA  
29 – 30 OCTOBER 2014 AND  
NATIONAL SYMPOSIUM IN  
ADELAIDE IN JUNE 2015**

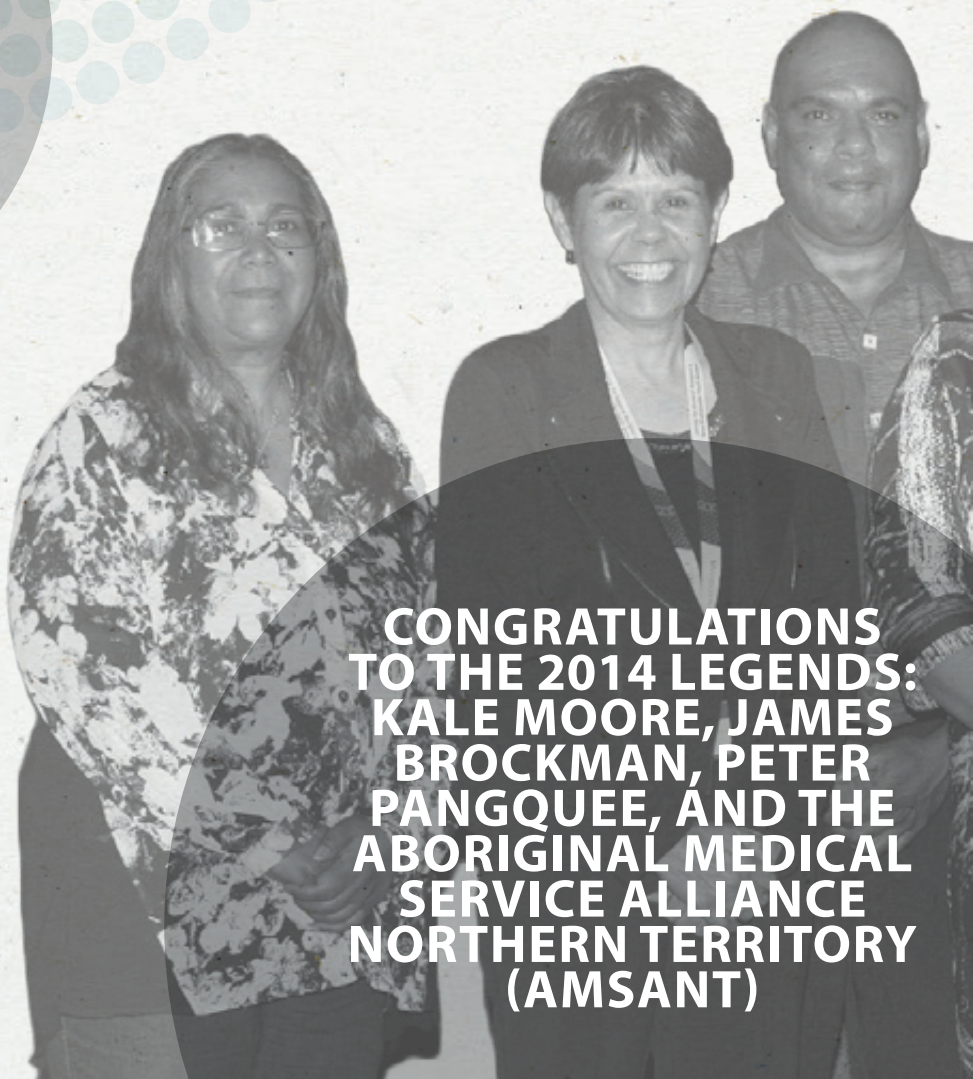
WE HELD  
11 PROFESSIONAL  
NETWORKING FORUMS IN  
MELBOURNE, NHULUNBUY,  
ALICE SPRINGS, HORN  
ISLAND, TAMWORTH,  
TOOWOOMBA, ALBURY,  
BENDIGO, BROOME,  
MANDURAH, AND  
ROCKHAMPTON

**THE NATIONAL SCOPE OF  
PRACTICE FRAMEWORK  
WAS ENDORSED BY THE  
NATSIHWA BOARD**

THE NATSIHWA  
CUSTOMER RELATIONS  
MANAGER (CRM) WAS  
LAUNCHED. THIS WILL ALLOW  
MEMBERS TO COMMUNICATE  
WITH NATSIHWA AND  
RECEIVE INFORMATION MORE  
CONVENIENTLY

WE SECURED 3 YEARS  
OF FUNDING FROM  
THE COMMONWEALTH  
GOVERNMENT. THIS  
WILL ENABLE US TO  
CONTINUE TO DELIVER  
OUR CENTRAL ACTIVITY  
AND PROGRESS OUR  
PRIORITY PROJECTS.

A NEW NATSIHWA  
COMMUNICATIONS  
AND PUBLIC RELATIONS  
STRATEGY AND ACTION  
PLAN WAS DEVELOPED



**CONGRATULATIONS  
TO THE 2014 LEGENDS:  
KALE MOORE, JAMES  
BROCKMAN, PETER  
PANGQUEE, AND THE  
ABORIGINAL MEDICAL  
SERVICE ALLIANCE  
NORTHERN TERRITORY  
(AMSANT)**



WE GREW OUR  
MEMBERSHIP BY 63%

THE SECOND  
NATSIHWA  
STRATEGIC PLAN  
WAS RELEASED  
FOR 2014 - 2017

WE INVESTIGATED  
PATHWAYS THROUGH HIGH  
SCHOOL INTO CERTIFICATE II  
IN ABORIGINAL AND TORRES  
STRAIT ISLANDER PRIMARY  
HEALTH CARE, AND WILL  
CONTINUE THIS WORK  
IN 2015 - 2016

THE NATSIHWA  
CONTINUING  
PROFESSIONAL  
DEVELOPMENT (CPD)  
PROGRAM WAS  
DEVELOPED

We strengthened our  
partnerships with  
education and training  
organisations and  
health professional  
organisations that deliver  
training relevant to  
ATSIHWs and ATSIHPs

THE NATSIHWA  
CULTURAL SAFETY  
FRAMEWORK WAS  
LAUNCHED AND  
IMPLEMENTATION  
HAS COMMENCED

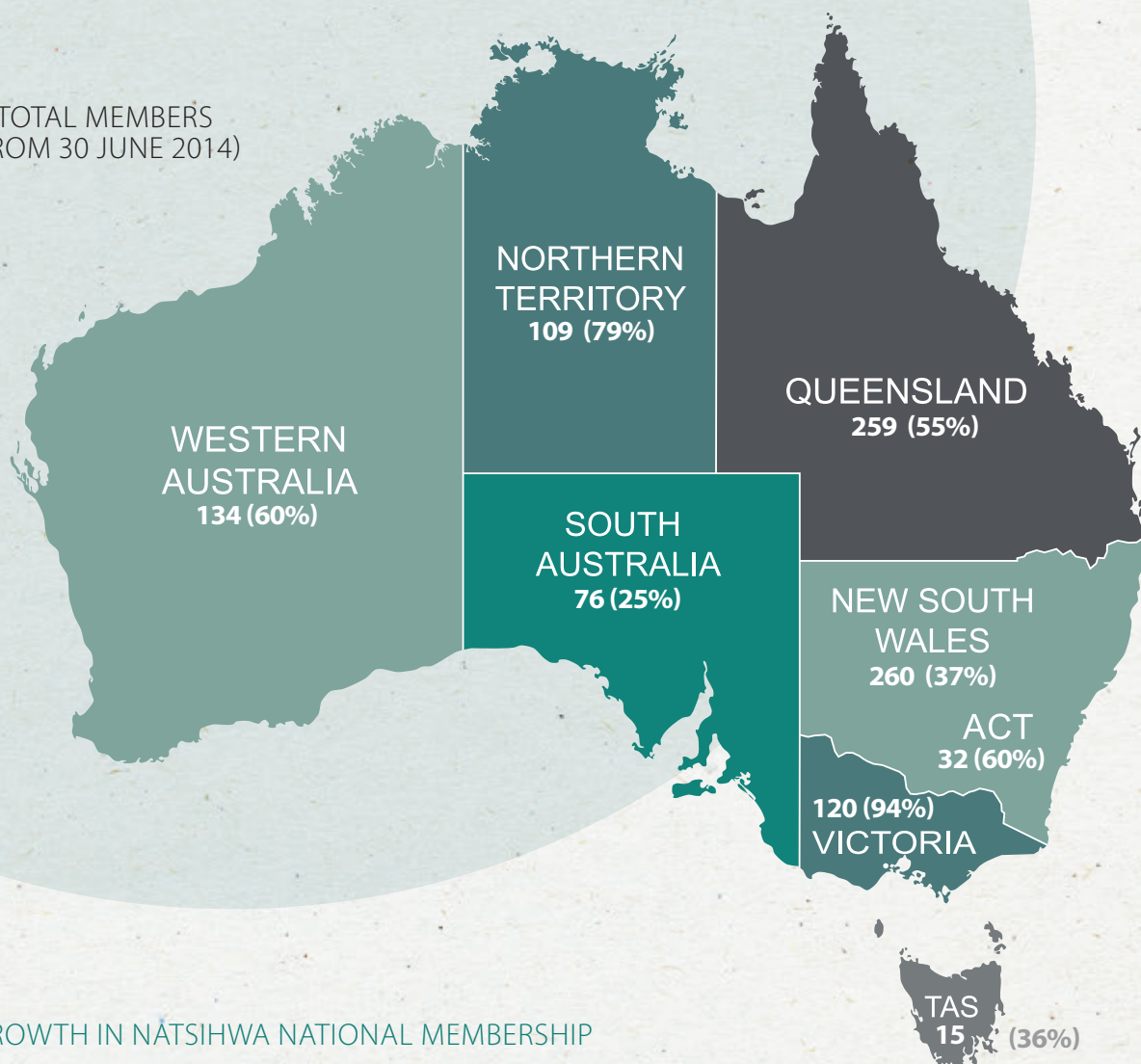




## OUR MEMBERS

NATSIHWA CONTINUED TO GROW ITS MEMBER BASE AND AS WE GROW WE HAVE STRENGTH IN NUMBERS. DURING 2014 – 15 **NATSIHWA GREW ITS TOTAL MEMBERSHIP BY 63%** (TOTAL MEMBERS 30 JUNE 2014, 657, TOTAL MEMBERS 30 JUNE 2015, 1071) ACROSS ITS THREE CATEGORIES (FULL, ASSOCIATE, AND FRIEND), **AND ITS FULL MEMBERSHIP BY 35%** (TOTAL MEMBERS 579). **OUR GOAL IS TO HAVE 800 FULL MEMBERS BY 2017.**

DISTRIBUTION OF TOTAL MEMBERS  
(AND INCREASE FROM 30 JUNE 2014)



GROWTH IN NATSIHWA NATIONAL MEMBERSHIP





## MEMBER CATEGORIES

### FULL MEMBERS:

ALL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS, INCLUDING ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTITIONERS, ARE WELCOME TO JOIN AS A FULL MEMBER OF NATSIHWA IF THEY MEET THE MINIMUM QUALIFICATION REQUIREMENTS, REGARDLESS OF WHERE THEY WORK.

### ASSOCIATE MEMBERS:

OTHER ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES WHO ARE NOT ABORIGINAL AND/OR TORRES STRAIT ISLANDER HEALTH WORKERS, BUT ARE STUDYING OR WORKING IN THE HEALTH FIELD, CAN BE ASSOCIATE MEMBERS. THIS INCLUDES PEOPLE STUDYING TO BECOME AN ATSIHW.

### FRIENDS OF NATSIHWA:

INDIVIDUALS AND ORGANISATIONS, WHETHER ABORIGINAL AND/OR TORRES STRAIT ISLANDER OR NON- ABORIGINAL AND/OR TORRES STRAIT ISLANDER, WHO WISH TO SUPPORT THE WORK OF NATSIHWA MAY BECOME FRIENDS OF NATSIHWA.

## DUAL MEMBERSHIP

NATSIHWA celebrates the mix of workforce backgrounds in our membership.

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

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



**Australian Indigenous Doctors' Association**



**IAHA** Indigenous Allied Health Australia



**CATSINaM**

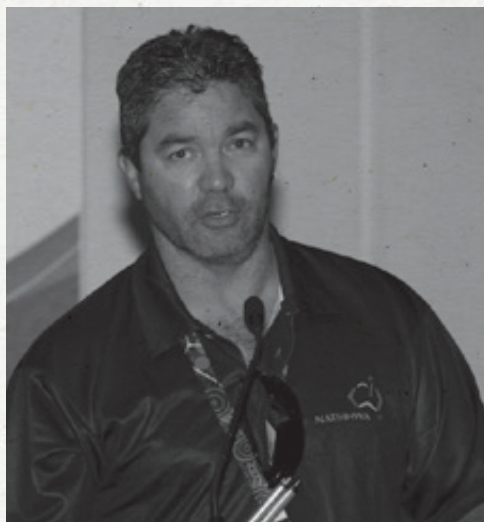
CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES



## NATSIHWA LEGENDS OF 2014

IN RECOGNITION OF THE INCREDIBLE ATSIHWS AND ATSIHPS OUT THERE, EACH YEAR NATSIHWA SHOWCASES AND CELEBRATES THE PEOPLE AND ORGANISATIONS THAT CONTRIBUTE TO THE DEVELOPMENT OF THE PROFESSION AND THE DELIVERY OF PRIMARY HEALTH CARE TO ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES.

### NATSIHWA LEGEND



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

#### 2014 WINNER JAMES BROCKMAN

James is a senior ATSIHW with the WA Department of Health, Community Alcohol and Drug Services, in Geraldton. James has demonstrated extreme courage to turn his life around, and through this has become a good leader in building capacity in his community and engagement with young males. He has capitalised on the opportunity to make a positive contribution within the community. James is a leader with a powerful story to share.

### NATSIHWA YOUNG WARRIOR



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

#### 2014 WINNER KALE MOORE

On completing year 12 Kale commenced his next journey at Winnunga Nimmityjah Aboriginal Health Service where he has obtained his Certificate III in Aboriginal and Torres Strait Islander Primary Health Care and Certificate III in Business. Kale has created a strong rapport with local youth and has built up the Youth Diversion Programme to where it is today. He is a mature young man, and has made a commitment to ongoing learning and improving and building his skills base.

## LEGENDS NOMINATIONS AND RUNNERS UP

NATSIHWA would like to thank everyone for their nominations and congratulate the runners up.

### NATSIHWA LEGEND

- Sarah Gallagher – Utju Health Service Aboriginal Corporation
- AJ Williams Tchen – Girraway Ganyi Consultancy
- Alex McIntosh – WA Country Health Service

### NATSIHWA YOUNG WARRIOR

- Sarah Bukulatjpi – Ngalkanbuy Clinic, Galiwinku – Elcho Island
- Megan Solomon – Lakes Entrance Aboriginal Health Association



## NATSIHWA INDIVIDUAL CHAMPION



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

### 2014 WINNER PETER PANGQUEE

Peter has been an ATSIHW/ATSIHP for over 30 years. He has held the position of Principal Advisor within the NT Department of Health and has won many fights to improve the wellbeing and status of health workers in the NT. Peter has been at the forefront of the ATSIHW movement and never gives up. His love and dedication to improve circumstances for ATSIHWs continues even though he has been through his own personal grief and loss.

## NATSIHWA HEALTH SERVICE LEGEND



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

### 2014 WINNER ABORIGINAL MEDICAL SERVICE ALLIANCE NORTHERN TERRITORY (AMSANT)

AMSANT has led the way nationally and within the NT when it comes to growing and supporting the ATSIHW and ATSIHP workforce. AMSANT has achieved many wins under the leadership of CEO John Paterson, including a one year campaign to raise the profile of the profession called "Year of the AHW".

## NATSIHWA INDIVIDUAL CHAMPION

- Ester-Rose Seaton
- AJ Williams Tchen

## NATSIHWA HEALTH SERVICE LEGEND

- Central Australia Aboriginal Congress  
Aboriginal Corporation



## MEASURING OUR PERFORMANCE

NATSIHWA is committed to a national coordinated approach to Aboriginal and Torres Strait Islander health workforce reform and remains committed to the implementation of the recommendations in the Growing our Future: Final Report of the Aboriginal and Torres Strait Islander Health Worker Project, which was launched in 2012. NATSIHWA's latest strategic plan 2014 – 2017 is guided by these recommendations and aligned with government priorities. The 2014 – 2017 strategic plan is structured around five areas and sets nine impact indicators. This is our first year of reporting against this plan.

AREA	IMPACT INDICATOR/S	PROGRESS IN 2014 – 15
1. Reputation of NATSIHWA as a national peak body	<p>1.1. All relevant stakeholders respect NATSIHWA's role and hold a positive opinion about the nature and effectiveness of its work</p> <p>1.2. The number of NATSIHWA Members exceeds 800 by 2017</p>	NATSIHWA grew its membership by 63% in 2014 – 15 (at 30 June 2015, there were a total of 1071 members)
2. Reputation of NATSIHWA professional support for members	<p>1. NATSIHWA Members report that professional information provided by NATSIHWA:</p> <ul style="list-style-type: none"> <li>• reflects their professional needs and expectations</li> <li>• is not easily available through other sources</li> </ul> <p>2.2. NATSIHWA Members report that professional networking provided by NATSIHWA:</p> <ul style="list-style-type: none"> <li>• reflects their professional needs and expectations</li> <li>• contributes to their skill development</li> <li>• is not easily available through other sources</li> </ul>	The National NATSIHWA Conference 'Where to from here?' was held in Canberra on 30 and 31 October 2014. It offered seven plenary sessions with 35 individual speakers (including presentations and panels), two workshop sessions with 10 speakers, and three concurrent sessions with 22 speakers.
3. Workforce expansion and development	<p>3.1. NATSIHWA Members report that professional development opportunities promoted or provided by NATSIHWA:</p> <ul style="list-style-type: none"> <li>• contribute to their skill development</li> <li>• support them in developing specialisations and/or facilitate their career pathways</li> <li>• are not easily available through other sources</li> </ul> <p>3.2. There is evidence that NATSIHWA initiatives contribute to improved recruitment and retention of Aboriginal and Torres Strait Islander Australians within the ATSIHW and ATSIHP workforce</p>	<p>ATSIHWA launched the final Continuing Professional Development Framework and Program at the national symposium in Adelaide in June 2015</p> <ul style="list-style-type: none"> <li>• NATSIHWA launched the National Scope of Practice Framework at the national symposium in Adelaide in June 2015.</li> <li>• The 'Promoting Education, Mentoring and Supporting Pathways into Employment' (PEMSPE) Program was developed and two trial sites identified</li> </ul>



AREA	IMPACT INDICATOR/S	PROGRESS IN 2014 – 15
4. External stakeholder relationships	4.1. Relationships and partnerships with external stakeholders result in meaningful outcomes for NATSIHWA and ATSIHWs and ATSIHPs that address priority issues	<ul style="list-style-type: none"> <li>• In September 2014, NATSIHWA established and led a Steering Group with representatives from all jurisdictions, both state health and ACCH sectors, to oversee development of the National Scope of Practice Framework</li> <li>• NATSIHWA engages with many national health organisations focusing on training and education for its members. NATSIHWA is currently partnering with the Australian Diabetes Education Association, Diabetes Queensland, Autism Australia, Autism QLD, Kidney Australia and Aboriginal Learning Circle. Engagement has also occurred with Australian First Aid, Australian Practice Managers Association, GPA, and RACGP.</li> <li>• NATSIHWA is an active member of ATSIHWWG, Close the Gap Committee, and a panel member of the Puggy Hunter Memorial Scholarship Scheme administered by the Australian College of Nursing.</li> </ul>
5. Representation and promotion of workforce needs	5.1. NATSIHWA policy positions and priorities are clearly reflected in national and jurisdictional policy development and decision-making processes that impact on the ATSIHW and ATSIHP workforce	<ul style="list-style-type: none"> <li>• The final version of the NATSIHWA "Caring for our Mob" Cultural Safety Framework was endorsed by the Board and supported by NATSIHWA members; and is ready for full implementation. The framework is also supported by the NATSIHWA Cultural Safety Policy Position Statement: <a href="http://www.natsihwa.org.au/policy-publications/policy-statements-responses">www.natsihwa.org.au/policy-publications/policy-statements-responses</a></li> <li>• NATSIHWA led the national consultation on the scope of practice framework for ATSIHWs and ATSIHPs.</li> </ul>



## NATIONAL SCOPE OF PRACTICE FRAMEWORK



NATSIHWA IS PROUD OF THE PROGRESS THAT HAS BEEN MADE TO ACHIEVE A NATIONAL SCOPE OF PRACTICE FRAMEWORK.

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

NATSIHWA has taken leadership in the National Scope of Practice Framework initiative. A Steering Committee comprised of representatives from state health departments and Aboriginal Community Controlled Health Organisations (ACCHO) oversaw the consultation process across jurisdictions. National Scope of Practice Framework was taken to the NATSIHWA national

symposium in Adelaide in June 2015 and endorsed by members. The NATSIHWA Board subsequently signed off on the National Scope of Practice Framework at the June 2015 board meeting. The next step is to take the National Scope of Practice Framework to the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) and Health Workforce Principal Committee (HWPC) for endorsement.

While NATSIHWA has taken leadership in development, shared responsibility is required with the Commonwealth Government, state and territory governments, the ACCHO sector and Primary Health Networks and everyone will need to play a significant role in its implementation. A national agreement on the ATSIHW and ATSIHP workforces' scope of practice will have multiple benefits for workers, employers, funding bodies, and workforce planners. Some of the benefits of a National Scope of Practice include:

- Workforce mobility, the choice to move between states in line with other health professionals;
- Employers will have a clear understanding of the full range of skills of their ATSIHW and ATSIHP workforce, and be in a better informed position to deploy this workforce effectively;
- Harmonisation of the workforce. This term has recently emerged in discussions about the health

workforce in Australia, although it is borrowed from other sectors. It is defined as "actions or processes that through matching and blending bring about agreement, reconciliation or standardisation".

NATSIHWA recognises that full implementation of the National Scope of Practice Framework will have some challenges. However, the framework is a starting point and NATSIHWA will continue to progress matters around full implementation through 2015 – 16 and beyond.

Communication to members and employers on the National Scope of Practice Framework will occur through the Professional Networking Forums in 2015. This will include an orientation to the Framework, exploration on how it can be implemented effectively in different health sector contexts and for different roles, and sharing of good practice exemplars.



## STAFF PROFILE



SHELLY REYNOLDS

### SHELLY REYNOLDS, NATSIHWA PROFESSIONAL DEVELOPMENT OFFICER

#### ***What should we know about you?***

I grew up in Condo (Condobolin) in country NSW. I am married to my exceptional husband Mal and together we have 8 children. I've been in the health sector for the past 30 years.

#### ***Tell us about your professional journey?***

I started my health career in nursing and have worked in all areas of health over many years in many different environments from paediatrics to renal dialysis and pathology, but for the past few years I have been dedicated to Indigenous health, working in various roles including primary health care trainer, chronic disease, clinical management. I was fortunate to be employed by NATSIHWA as the Professional Development Officer in April 2015.

#### ***Describe your role at NATSIHWA***

My main role as NATSIHWA's Professional Development Officer is to support ATSIHWs and ATSIHPs. This includes facilitating the professional development and networking forums, and giving ATSIHWs and ATSIHPs the tools to do their jobs. I am responsible for developing the new Continual Professional Development (CPD) resources, and in the near future facilitating opportunities to assist the ATSIHWs and ATSIHPs across the country, to gain CPD, which is an ongoing requirement for the ATSIHPs

and their AHPRA registration. This will occur through the NATSIHWA forums and our ever-evolving members portal. This includes finding CPD opportunities relevant to the sector, engaging stakeholders to support with educational pathways, and educating line managers of ATSIHWs and ATSIHPs about their diverse roles.

#### ***Why is this role important?***

Professional development for ATSIHWs and ATSIHPs has been identified as a need but up until now there hasn't been a dedicated focus. The NATSIHWA Professional Development Officer is the

it is important that my role provides opportunities for All ATSIHWs and ATSIHPs to up-skill and grow their knowledge as Education = Empowerment.

#### ***What have you got planned over the coming year?***

Over the coming year I will be working on the CPD program and professional portfolio. We plan to deliver twelve professional development and professional peer forums in 2015 – 16 across the country. I will be engaging with Registered Training Organisations around the group training package (developed in partnership with GNARTN) and its utilisation in the training

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**"I HAVE A PASSION FOR ATSIHWs AND THE VITAL ROLE THEY PLAY IN THE HEALTH SECTOR. ENSURING THE HEALTH WORKERS EVER EVOLVING SKILL BASE IS IN LINE WITH THE NEED OF THE COMMUNITY IS A CHALLENGE, AND I AM PRIVILEGED TO SHARE MY KNOWLEDGE AND PASSION WITH HEALTH WORKERS AND ADVOCATE ON BEHALF OF THE SECTOR"**

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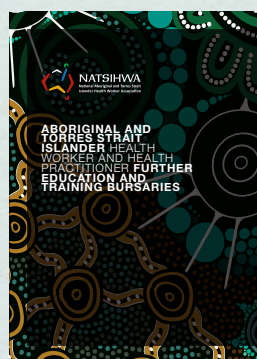
first port of call for ATSIHW and ATSIHP queries, for example, how to access Professional Development opportunities, assist with knowledge of the AHPRA registration process, Medicare utilisation, and provider numbers. It is also my role to raise awareness of models of care, ensure the role of an ATSIHW and ATSIHP is understood, valued and embedded in primary health care delivery by employers and the health workforce. Finally

sector. I will also present at conferences to spread the word on the value of employing ATSIHWs and ATSIHPs in mainstream, Aboriginal Community Controlled Health Services, and General Practice.



## SUPPORTING YOU

### HELP AVAILABLE TO YOU



### THE NATSIHWA 2014 FURTHER EDUCATION AND TRAINING BURSARY

In 2014 – 15, NATSIHWA gave five Educational Bursaries of \$2000 each to support full member and associate member ATSIHWs and ATSIHPs meet some of the costs of further education and training.

### AN UPDATE ON NATIONAL REGISTRATION OF ATSIHPs FROM THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTICE BOARD OF AUSTRALIA

#### GRANDPARENTING STANDARD HAS NOW EXPIRED

On 1 July 2015, arrangements that allowed some ATSIHWs to become registered ATSIHPs under the National registration and accreditation scheme, Grandparenting Standards expired. This means that from 1 July 2015, those that have not applied for registration will be affected. The only way to become registered is to meet the Board's registration standards, which includes holding a qualification (HLT40213 Certificate IV in Primary Health Care Practice) from an approved program of study. The intent of the grandparenting provisions was to ensure that health professionals who were legitimately practising before 1 July 2012 were not unjustly disadvantaged by the move to the National Scheme.

#### CURRENT REGISTRATION FIGURES

The Board collects and analyses data about Aboriginal and Torres Strait Islander health practitioner registrations and shares this information each quarter. This includes a break down by state and territory.

*The table below shows that by the end of March 2015 there were 342 registered Aboriginal and Torres Strait Islander health practitioners in Australia.*

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NO PPP	TOTAL
4	40	207	37	11	1	7	33	1	<b>342</b>

The majority of registered Aboriginal and Torres Strait Islander health practitioners are in the Northern Territory, with 207 registrants nominating the NT as their principal place of practice (PPP). This represents 61 per cent of the profession. New South Wales hosts the second largest registrant base for this profession with 12 per cent. This is followed by Queensland (11 per cent), Western Australia (10 per cent) and South Australia (3 per cent).



## PROFESSIONAL NETWORKING FORUMS

NATSIHWA, IN 2014 – 15, MADE A DELIBERATE ENDEAVOR TO REACH REGIONAL AND REMOTE AREAS TO OFFER PROFESSIONAL SUPPORT TO MEMBERS.

DURING THIS TIME ELEVEN FORUMS WERE HOSTED ACROSS AUSTRALIA.

<b>MELBOURNE</b>	JULY 14
<b>ALICE SPRINGS</b>	SEPTEMBER 14
<b>TAMWORTH</b>	DECEMBER 14
<b>ALBANY</b>	MAY 15
<b>BROOME</b>	JUNE 15
<b>ROCKHAMPTON</b>	APRIL 15

<b>NHULUNBUY</b>	AUGUST 14
<b>HORN ISLAND</b>	NOVEMBER 14
<b>TOOWOOMBA</b>	DECEMBER 14
<b>BENDIGO</b>	JUNE 15
<b>MANDURAH</b>	APRIL 15

These were one-day events for both ATSIHWs and ATSIHPs, and offered an opportunity for ATSIHWs and ATSIHPs to yarn about their work, and workforce and workplace issues and opportunities. These forums also included workshops on the implementation of the NATSIHWA Cultural Safety Framework, and developments in training and education in various health disciplines such as palliative care, heart disease, diabetes, cancer and chronic disease.

### KEY ISSUES FOR OUR MEMBERS

NATSIHWA listened to the key issues for members, collectively the most common issues were:

- AHPRA registration, including how to obtain registration, finding training providers that offer the upgrade to the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care, and meeting the deadline for the Grandparent clause before 30 June 2015;
- Lack of understanding around the patient health journey through the service in relation to what Medicare item numbers can be claimed;
- Cultural awareness and safety within the workplace, including a lack of understanding of the value of ATSIHWs and ATSIHPs;
- Line managers do not always understand the scope of practice of ATSIHWs and ATSIHPs;
- Greater opportunities for flexible professional development and education and career pathways; and
- Wage parity and national consistency in pay scales.

NATSIHWA has been working to address these issues through our priority projects discussed in more detail in the section 'Looking to the Future'. In 2015 – 16, NATSIHWA will host two-day events that will also include managers.





# WHERE TO FROM HERE

## NATSIHWA CONFERENCE

..... 2014 .....

THE NATSIHWA NATIONAL CONFERENCE TOOK PLACE IN CANBERRA ON 30 AND 31 OCTOBER 2014. IT WAS THE FIRST DEDICATED CONFERENCE FOR ATSIHWS AND ATSIHPS FOR NEARLY ELEVEN YEARS, AND PROVIDED BOTH PROFESSIONAL DEVELOPMENT OPPORTUNITIES AND AN OPPORTUNITY TO NETWORK WITH PEERS.

The conference offered seven plenary sessions with 35 individual speakers (including presentations and panels), two workshop sessions with 10 speakers, and three concurrent sessions with 22 speakers. NATSIHWA showcased its work on key initiatives, including the Cultural Safety Framework and the National Scope of Practice Framework described in more detail on page 16, as well as feedback on the review of the modern award. The NATSIHWA Annual General Meeting (AGM) was also held at this time.

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

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

## NATIONAL SYMPOSIUM ADELAIDE 2015

In June 2015, NATSIHWA held a national symposium in Adelaide, which provided an opportunity for members to discuss high priority topics. This included:

- the critical role of ATSIHWS and ATSIHPS in models of care for Aboriginal and Torres Strait Islander peoples;
- maximisation of Medicare revenue; and
- the role of ATSIHWS and ATSIHPS in continuous quality improvement activities.





THOMAS LOBEN, ATSIHW FROM TORRES STRAIT ISLANDS PRESENTING



CONFERENCE DELEGATES



MARC BIN BAKER



NETWORKING OPPORTUNITIES



FUN WITH MARY G AT THE AWARDS DINNER



WHAT IS KILLING OUR COMMUNITIES SESSION



BREAK OUT SESSIONS



## STORIES FROM OUR MEMBERS



CARMEL IS A NOONGAR WOMAN FROM WESTERN AUSTRALIA. SHE GREW UP IN COLLIE, A SMALL MINING TOWN SOUTHWEST OF PERTH.

IN 1990 CARMEL MOVED TO KWINANA AND MARRIED A NOONGAR MAN. THEY ARE PROUD OF THEIR 4 CHILDREN AND 2 GRANDCHILDREN

### CARMEL KICKETT'S STORY

#### ***What was your journey to becoming a health worker?***

In 2004 my husband suffered a stroke at the age of 31 and he couldn't return to work. I was a stay home mum and it hurt us financially. After caring for my husband for 2 years I decided to find work and it wasn't easy. I had no affiliations so I took on work in meat packaging at Watsonia and then customer service in IGA supermarkets. I liked it but it wasn't satisfying. In 2011 I was hearing all this great news about this health service in Kwinana called Moorditj Koort, and I really wanted to be a part of this service. An outreach officer position became available but I was unsuccessful and this was disappointing. In 2012 the position became available again and I applied for and got the job. Two weeks into my new job I was hearing all these health condition which I didn't understand and I was encouraged to do my Certificate III in Aboriginal and Torres Strait Islander Primary Health Care. I started my certificate III and then in 2013 completed my Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care. Whilst doing the training and learning about diabetes, I was seeing signs and symptoms within myself and got myself straight to my local doctor and yes I was diagnosed with diabetes! I also did the same for my family and friends and encouraged them to have regular health checkups. Within that time I also became the school programs officer

conducting health checks at three schools Medina Primary, Leda Primary, and Gilmore College. In 2014, I became a care coordinator working with patients with chronic illness in Kwinana and Rockingham area which I loved doing very much. In February 2015, I became a registered Aboriginal and/or Torres Strait Islander Health Practitioner, and more recently I was promoted to the manager of four programs: Care Coordination, Health Promotion, Outreach, and Schools.

#### ***What do you like most about your job?***

I love working in my community and working within a great team helping our people. Also getting the message out there to our mob to look after their health before they get sick and manage their illness. I was afraid to take on the role of programs manager which I was first asked but I really love being a program manager.

#### ***In relation to your journey to become an Aboriginal and/or Torres Strait Islander Health Practitioner, why was becoming a Practitioner important to you?***

To help our people. I'm sick of attending my love ones and friends funerals. I know being a health worker you're not going to save everyone but we can help to educate our mob to make healthy lifestyle changes. By becoming a practitioner, the mandatory continuing professional development, enables you to acquire more knowledge and learn new things which helps to provide better care to our

mob. Being recognised as a Registered Aboriginal and/or Torres Strait Islander Health Practitioner is important when working with other registered health professionals such as GP's, as many GP's do not understand what a health worker does. When I tell them I'm a Registered Aboriginal and/or Torres Strait Islander Health Practitioner they pay attention.

#### ***How did you find the registration process?***

I found the registration process very easy. AHPRA kept me updated on how my registration was going.

#### ***What advice would you give to others starting the registration journey?***

As soon as they finish their Certificate IV start the registration process, and also look for more training for professional development.

#### ***What do you think is needed to grow and sustain the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner profession?***

Education is the key to getting our young kids today better educated so they want to stay in school. To get more young people to become an Aboriginal and /or Torres Strait Islander Health Workers we need to start recruiting through the high schools from year 10. Get health workers to go into the schools early to yarn to the young ones before they drop out. Starting these conversations at year 11 and 12 is often too late.



## A JURISDICTIONAL PERSPECTIVE

Excellent work has been going on in all jurisdictions across Australia. Here we highlight Western Australia as an example.

In Western Australia, there are approximately 300 Aboriginal Health Workers across the state and most work in the regions.

### WA GOVERNMENT DEPARTMENT OF HEALTH

In 2015 the Aboriginal Health and Wellbeing Framework 2015 – 2030 was launched as a guide across the state. This is the first plan in WA to pull together the importance of prevention and culture in improving health outcomes for Aboriginal people. The framework incorporates six important strategic directions:

- promote good health across the life course;
- prevention and early intervention;
- a culturally respectful and non-discriminatory health system;
- individual, family and community wellbeing;

- a strong, skilled and growing Aboriginal health workforce; and
- equitable and timely access to the best quality and safe care.

In 2014, the WA Health Aboriginal Workforce Strategy 2014 – 2024 was released and this includes strategies to promote opportunities for recognition of prior learning to support Aboriginal staff to gain health related qualifications, including working with secondary schools, universities, and the vocational education and training sector to develop pathways to support career development and progression in health fields. One of the priorities for the current ATSIHW and ATSIHP workforce is to promote pathways into

health related studies in the universities through recognition of prior learning. An example of this work is the pathway into Medicine, Dentistry, and Podiatry for ATSIHWs, ATSIHPs, and Aboriginal and or Torres Strait Islander enrolled nurses, through an intensive 12 month preparatory course, Advanced Diploma in Medical and Aboriginal Health Sciences, run by the University of Western Australia. Successful completion of this course will prepare students for entry into postgraduate medicine, dentistry, or podiatry.

### ABORIGINAL HEALTH COUNCIL OF WESTERN AUSTRALIA (AHCWA)

AHCWA along with other Aboriginal health registered training organisations (RTOs) across WA has offered training to all ATSIHWs that wanted to up-skill to enable them to be eligible to become ATSIHPs, through a range of options. AHCWA has also been developing partnerships with other health organisations to develop and deliver specialist training to provide ATSIHWs with opportunities to gain specialty skills. This includes the development and implementation of ear health training, sexual health training in partnership with Sexual and Reproductive Health WA (SRHWA), and immunisation training in partnership with the Communicable Disease Control Directorate (CDCD) at the WA Department of Health.

### SEXUAL HEALTH TRAINING PROGRAM

AHCWA and SRHWA have worked together to develop and deliver sexual health training for ATSIHWs in WA. This is a three-day training program (SHiP), which is aligned with the two sexual health elective units within the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice. The first day of the SHiP training program consists of a standalone one day training called STIs and Routine Testing (STaRT). The

idea of this standalone training came about from feedback from AHCWA member services that it was difficult to release clinical staff for three days. The aim of this one-day training is to increase knowledge, skills and confidence for ATSIHWs to offer STI testing for chlamydia, gonorrhoea and trichomonas. SHiP training provides knowledge, skills and confidence to engage clients in conversations about sexual health (particularly those aged 15 – 35 years), conduct opportunistic STI testing,

motivate clients to make positive choices relating to relationships and sexual health and provide support and referrals for clients with a sexual health concern. SHiP training

(inclusive of STaRT) was delivered in Kalgoorlie in May 2015.

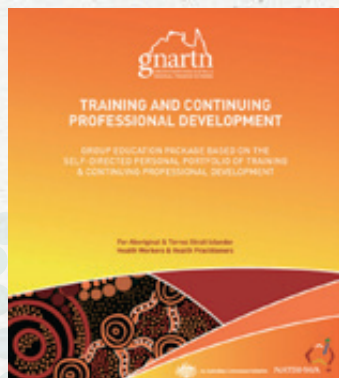
**For more information on Sexual Health training contact**  
[veronica.walshe@ahcwa.org](mailto:veronica.walshe@ahcwa.org)



SEXUAL HEALTH TRAINING TEAM



## GNARTN AND NATSIHWA A PARTNERSHIP IN ACTION



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

### TWO KEY PRODUCTS WERE DEVELOPED:

#### Product 1:

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

#### Product 2:

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

The tools and resources were reviewed by expert technical advisors, ATSIHWs, ATSIHPs, and educational providers, and were piloted and evaluated by three sites including Aboriginal Community Controlled Health Services (ACCHSs) and government health services.

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

The Training and CPD Group Training Package is available for purchase, please contact: [admin@natsihwa.org.au](mailto:admin@natsihwa.org.au)

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## WHO IS GNARTN?

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

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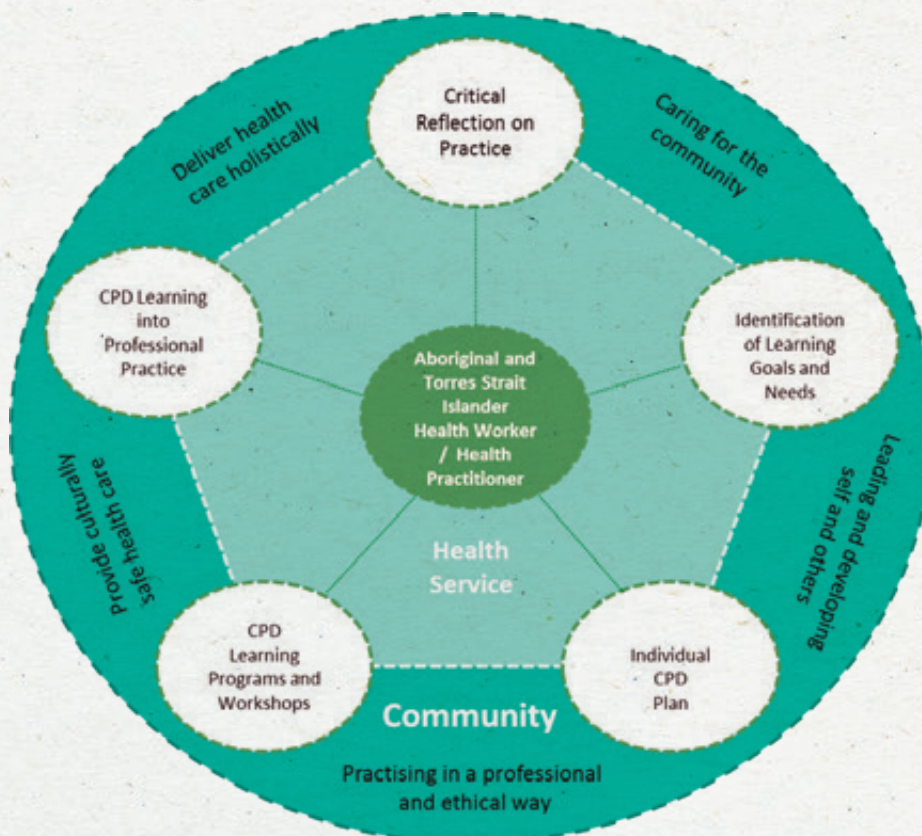
# CONTINUING PROFESSIONAL DEVELOPMENT

Under National Law, all registered ATSIHPs must undertake continuing professional development (CPD) as a condition of registration. CPD is not a mandatory requirement for ATSIHWs. However, CPD is a way in which all health professionals can maintain and develop their knowledge, skills and competence (or clinical practice) to achieve improved health outcomes for the community. Supporting both ATSIHWs and ATSIHPs to access relevant CPD is a central task of NATSIHWA.

NATSIHWA launched the final CPD Framework and Program at the national symposium in Adelaide in June 2015. The tools developed in partnership with GNARTN form part of the NATSIHWA CPD program available to full members of NATSIHWA. The development of the NATSIHWA CPD program started in 2014 – 15, and is still being developed to encompass all relevant areas for the ATSIHPs and ATSIHWs workforce. To date several organisations have been approached to share learning materials and courses, including those in the form of

online webinars that pertain to the ATSIHPs and ATSIHWs workforce learning outcomes. These courses will assist in CPD point collection (for ATSIHPs as required by the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA). NATSIHWA's program will include both clinical courses and those required by ATSIHPBA including: First Aid, CPR, wound management, phlebotomy skill set, clinical education, webinars, confidentiality, and mentoring and competency based assessment tools.

NATSIHWA is investigating utilisation of the NATSIHWA CRM online portal for members to access CPD materials online, track their CPD, and upload CPD learning plans and documentation related to CPD activities. The NATSIHWA CPD program and training is only available to full members of NATSIHWA.





## LOOKING TO THE FUTURE

OVER THE NEXT 12 MONTHS NATSIHWA WILL WORK ON EXECUTING SEVEN KEY PROJECTS THAT WILL PUT IN PLACE THE PILLARS OF A ROBUST SELF-REGULATING PROFESSION.

### NATSIHWA CULTURAL SAFETY FRAMEWORK

In 2015 – 16 NATSIHWA will continue to progress implementation with employers across the country.

### NATIONAL SCOPE OF PRACTICE FRAMEWORK FOR ATSIHWS AND ATSIHPS

NATSIHWA will progress endorsement of the National Scope of Practice Framework through the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) and Health Workforce Principal Committee (HWPC). Once endorsement has been received, implementation will commence across the country. Further information can be found on page 16.

### NATSIHWA CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROGRAM

The NATSIHWA Professional Development Officer will continue to develop this program in 2015 – 16, including investigation into an online professional portfolio, as well as suitable courses that can be accessed online for members. Further information can be found on page 25.

### CONTRIBUTE TO RESEARCH AND ENGAGEMENT ON THE REVIEW OF THE MODERN AWARD

NATSIHWA will work with the industrial associations, jurisdictions, and other employer groups to highlight the recruitment and retention

benefits of improved wages and the employment conditions for the Aboriginal and Torres Strait Islander Health Worker workforce; and highlight where employment conditions pose a barrier to recruitment, retention and recognition of the profession.

### 2016 NATIONAL ATSIHW CONFERENCE

NATSIHWA aims to deliver a national conference every two years. Planning has commenced for a 2016 national conference.

### NATSIHWA MENTORING PROGRAM

Mentoring is a critical workforce development strategy that has a positive net effect on recruitment into study and work, growth in skills and confidence, job satisfaction and retention in study and the workforce. In 2015 – 16 NATSIHWA will establish a mentoring program for the ATSIHW and ATSIHP workforce.

### ENHANCE CAREER PATHWAYS

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

sustained through establishing local succession planning processes that encourage and support our youth and young adults to enter the profession. The program will focus on working with high school students, youth, and young adults, including those who are imprisoned, who are interested in returning to education by supporting them to undertake the Certificate II in Aboriginal and Torres Strait Islander Primary Health Care and obtain a position as a trainee Aboriginal and Torres Strait Islander Health Worker. A unique aspect of the approach is to build a formal mentoring process into the program, to assist with supporting the students and retaining them in their studies so they achieve a formal qualification and enter the workforce. In 2015 – 2016, NATSIHWA will implement two trial sites in South Australia and Queensland (Thursday Island). The Queensland site will enable extension of a successful Queensland initiative, Connect'n'Grow; and the South Australia site will build on the relationship established with Tauondi College, a provider of VET to the Aboriginal community in Adelaide.

It is important that ATSIHWS and ATSIHPs have the same opportunities as other health professionals to move into management and leadership positions. NATSIHWA will work with jurisdictions and NACCHO and Affiliates to look at how we can grow ATSIHW and ATSIHP capabilities in management and leadership and establish supported pathways into these areas.



# GOVERNANCE AND THE BOARD

## NATSIHWA BOARD

**Jenny Poelina,**  
Chair, Western Australia

**Christine Ingram,**  
Treasurer, Victoria

**Jennifer Ketchell,**  
Queensland

**Yancy Laifoo,**  
Torres Strait Islands

**Thelma Weston,**  
Australian Capital Territory

**Teresa Onorato,**  
South Australia

**Dwayne Pearce,**  
Northern Territory

**John Bolt,**  
New South Wales

**Vacant,**  
Tasmania



## BOARD ACTIVITY IN 2014 – 15

In 2014 – 15, the NATSIHWA Board had four official meetings, and made key decisions on:

- Modern Award – the Board agreed to be part of the discussion
- NATSIHWA Cultural Safety Framework, 'Caring for our Mob' – regarding next steps for implementation

- National Scope of Practice Framework – the final draft was endorsed

The NATSIHWA Board inducted the new CEO, Craig Dukes, and the new Board member from NSW John Bolt. The Board led the development of the second strategic plan (2014 – 2017) and considered the NATSIHWA Business Plan 2015 – 16. To enhance the knowledge and skills of the Board, members participated in

governance, risk management, and conflict resolution training. The Board also focused on increasing communication and engagement with members and key stakeholders, attending the professional networking forums, conference and symposium. Key stakeholders and partnerships were reviewed to ensure the time and energy invested in relationships will bring positive return for our members and the ATSIHW and ATSIHP workforce.



## NATSIHWA WELCOMES JOHN BOLT TO THE BOARD.

John is a proud Bundjalung (Northern Rivers, NSW) man and has worked for the past 17 years at Illawarra/ Shoalhaven Mental Health Service. During this period he spent 15 years working at the Doonooch Rehabilitation Centre. John is a Mental Health Worker and joined the Board of NATSIHWA as the NSW representative in October 2014.



## CONGRATULATIONS AUNTY THELMA!

NATSIHWA would like to acknowledge their Board Member for the ACT, Aunty Thelma Weston who received a 2015 NADOIC award "In recognition of her commitment to promoting and encouraging better health and wellbeing for Aboriginal and Torres Strait Islander women in the local community". Aunty Thelma has been a long serving employee of Winnunga Nimityjah Aboriginal Health Service, since 2007, serving the community in many roles. She has many years of experience in the health sector, and is an asset to both NATSIHWA and her community. Congratulations Aunty Thelma on this important achievement.



## DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2015.

### DIRECTORS

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

Jennifer Poelina	Christine Ingram	Jennifer Ketchell
Thelma Weston	Dwayne Pearce	Bradley Freeburn (resigned 27/10/2014)
Teresa Onorato	Yancy Laifoo	John Bolt (appointed 27/10/2014)

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

### OBJECTIVES

**Objective 1:** To increase awareness of NATSIHWA as the peak body for the ATSIHW profession.

**Objective 2:** To strength the quality and effectiveness of professional support for members.

**Objective 3:** To strength the effectiveness of our relationships with external stakeholders.

**Objective 4:** To strength our leadership in advocating on behalf of ATSIHWs.

### STRATEGY FOR ACHIEVING THE OBJECTIVES

#### Objective 1:

Promote public understanding of the definition of a NATSIHW and NATSIHWA member eligibility.

Develop and implement a national membership recruitment campaign.

#### Objective 2:

Provide up to date and relevant professional information through a variety of formats on a consistent basis, including matters such as:

- NATSIHWA activities
- Current national policy and initiatives
- National registration and accreditation
- Scope of practice
- Provide input into educational events, resources and learning opportunities for ATSIHWs that contribute to their professional development.
- Encourage and support the development of discipline-specific networking for ATSIHWs in liaison with other key stakeholders.
- Explore the viability of establishing state and territory branches of NATSIHWA.

- Facilitate professional networking among members in liaison with other key stakeholders.

#### Objective 3:

Develop and implement a public relations strategy aimed at a broad range of external stakeholders that:

- Markets NATSIHWA's identity and role.
- Fosters regular, transparent and respectful communication with external stakeholders.
- Enables NATSIHWA participation in external stakeholder activities.
- Facilitates mutual support and shared visions for the ATSIHW profession.
- Identify and create opportunities for cooperation and collaboration with relevant stakeholders who support NATSIHWA initiatives.

#### Objective 4:

Collaborate with relevant stakeholders in articulating and promoting the scope of practice of ATSIHWs (noting jurisdictional implications)

- Promote the benefits of employing and supporting ATSIHWs across the health sectors.
- Represent and participate in policy and planning committees and working groups addressing ATSIHW workforce business.
- Advocate for appropriate ATSIHW education, training and professional development.
- Represent and participate in reviews of ATSIHW education and training.

### PRINCIPAL ACTIVITY

The principal activity of the company during the financial year was to promote and develop Aboriginal and Torres Strait Islander Health Workers through advocacy on workforce issues including recruitment and retention strategies, accreditation and registration and appropriate education. Training and development needs.

No significant change in the nature of these activities occurred during the year.



## MEETINGS OF DIRECTORS

DIRECTORS' MEETINGS		
DIRECTORS	NUMBER ELIGIBLE TO ATTEND	NUMBER ATTENDED
Jennifer Poelina	5	5
Christine Ingram	5	4
Jennifer Ketchell	5	4
Thelma Weston	5	5
Dwayne Pearce	5	4
Teresa Onorato	5	2
Yancy Laifoo	5	3
John Bolt	4	3
Bradley Freeburn	2	2

## 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 2015, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$10,120.

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 32.

**Director**



**Jennifer Ketchell**

**Dated: 20th August 2015**

**Treasurer**



**Christine Ingram**

## DIRECTORS DECLARATION

The directors of the company declare that:

The directors of the company declare that:

- The financial statements and notes, as set out on pages **33-41** is in accordance with the Corporations Act 2001 and:
  - comply with Accounting Standards; and
  - give a true and fair view of the company's financial position as at 30 June 2015 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.
- In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

**Director**



**Jennifer Poelina**

**Dated this 20th day of August 2015**

**Director**



**Christine Ingram**

**Dated this 20th day of August 2015**





**RSM Bird Cameron Partners**  
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## INDEPENDENT AUDITOR'S REPORT

### TO THE MEMBERS OF

### NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED

We have audited the accompanying financial report of National Aboriginal and Torres Strait Islander Health Workers Association ("the company"), which comprises the statement of financial position as at 30 June 2015, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the directors' declaration.

#### *Directors' Responsibility for the Financial Report*

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

#### *Independence*

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of National Aboriginal and Torres Strait Islander Health Workers Association, would be in the same terms if given to the directors as at the time of this auditor's report.





*Opinion*

In our opinion the financial report of National Aboriginal and Torres Strait Islander Health Workers Association is in accordance with the *Corporations Act 2001*, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

*RSM Bird Cameron Partners*

**RSM Bird Cameron Partners**

**G M STENHOUSE**  
Partner

Canberra, Australian Capital Territory  
Dated: 25 August 2015





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#### AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of National Aboriginal and Torres Strait Islander Health Workers Association Limited for the year ended 30 June 2015, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

*RSM Bird Cameron Partners*

**RSM Bird Cameron Partners**

A handwritten signature in black ink, appearing to read 'G M Stenhouse'.

**G M STENHOUSE**  
Partner

Canberra, Australian Capital Territory  
Dated: 25 August 2015





## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2015

	NOTE	2015 \$	2014 \$
Revenue	2	1,795,360	1,361,401
Employee benefits		(684,366)	(576,400)
Depreciation	3	(7,395)	(8,397)
Travel		(297,364)	(171,705)
Program related		(264,207)	(107,176)
Rent		(29,640)	(44,978)
Accounting		(11,300)	(26,200)
Marketing and media		(73,177)	(41,010)
IT		(23,281)	(25,303)
Subcontractors		(37,069)	(48,571)
Consultancy fees		(59,935)	(167,482)
Legal		(73,647)	(34,969)
Other expenses		(152,507)	(109,210)
<b>CURRENT YEAR SURPLUS</b>		<b>81,472</b>	<b>-</b>
<b>OTHER COMPREHENSIVE INCOME</b>		<b>-</b>	<b>-</b>
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>81,472</b>	<b>-</b>

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2015

	NOTE	2015 \$	2014 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	9a	108,298	382,818
Trade and other receivables	5	62,190	79,559
<b>TOTAL CURRENT ASSETS</b>		<b>170,488</b>	<b>462,377</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	6	27,602	27,949
<b>TOTAL NON-CURRENT ASSETS</b>		<b>27,602</b>	<b>27,949</b>
<b>TOTAL ASSETS</b>		<b>198,090</b>	<b>490,326</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	7	76,248	58,900
Provisions	8	7,367	32,478
Grants in advance		-	365,945
<b>TOTAL CURRENT LIABILITIES</b>		<b>83,615</b>	<b>457,323</b>
<b>TOTAL LIABILITIES</b>		<b>83,615</b>	<b>457,323</b>
<b>NET ASSETS</b>		<b>114,475</b>	<b>33,003</b>
<b>EQUITY</b>			
Retained earnings		33,003	33,003
Current year earnings		81,472	
<b>TOTAL EQUITY</b>		<b>114,475</b>	<b>33,003</b>



## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2015

	RETAINED EARNINGS \$	TOTAL \$
Balance at 1 July 2013	33,003	33,003
Surplus from operations	-	-
Balance at 30 June 2014	33,003	33,003
Surplus from operations	81,472	81,472
Balance at 30 June 2015	114,475	114,475

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2015

	NOTE	2015 \$	2014 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Government grants received		1,517,113	1,321,900
Sundry receipts		103,225	-
Interest received		5,438	1,510
Payments to suppliers and employees		(1,893,248)	(1,204,893)
Net cash (used in) operating activities	9b	(267,472)	118,517
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Fixed asset purchases		(7,048)	(4,596)
Net cash (used in) investing activities		(7,048)	(4,596)
Net (decrease) in cash held		(274,520)	113,921
Cash at beginning of year		382,818	268,897
Cash at end of year	9a	108,298	382,818



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

## NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

### Accounting Policies

#### a. Income Tax

The Corporation is exempt from income tax under subdivision 50-B of the Income Tax Assessment Act 1997.

#### b. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

##### Plant and Equipment

Plant and equipment is measured on the cost basis and is therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised in profit or loss during the financial period in which they are incurred.

### Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, is depreciated on a straight-line basis over the asset's useful life commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

CLASS OF FIXED ASSET	DEPRECIATION RATE
Fixtures & Fittings	10-20%
Office Equipment	10-15%
Computer Equipment	10-25%

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

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

### c. Financial instruments

#### Initial recognition and measurement

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

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



**Classification and subsequent measurement**

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

*(i) Loans and receivables*

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

*(ii) Financial liabilities*

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

**Impairment**

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

**Derecognition**

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

**d. Impairment of Assets**

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

**e. Employee Benefits**

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee

benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

**f. Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities in the statement of financial position.

**g. Revenue**

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

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

All revenue is stated net of the amount of goods and services tax (GST).

**h. Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

**i. Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Where the company has retrospectively applied an accounting policy, made a retrospective restatement or reclassified items in its financial statements, an additional statement of financial position as at the beginning of the earliest comparative period will be disclosed.



**j. New standards and interpretations issued but not yet effective**

REF.	TITLE	SUMMARY	APPLICATION DATE (FINANCIAL YEARS BEGINNING)	EXPECTED IMPACT
AASB 2015-3	Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality	The Standard completes the AASB's project to remove Australian guidance on materiality from Australian Accounting Standards.	1 July 2015	No expected impact
AASB 2014-4	Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation	This Standard amends AASB 116 and AASB 138 to establish the principle for the basis of depreciation and amortisation as being the expected pattern of consumption of the future economic benefits of an asset, and to clarify that revenue is generally presumed to be an inappropriate basis for that purpose.	1 January 2016	Minimal impact
AASB 2015-1	Amendments to Australian Accounting Standards – Annual Improvements to Australian Accounting Standards 2012-2014 Cycle	The Standard makes amendments to various Australian Accounting Standards arising from the IASB's Annual Improvements process, and editorial corrections.	1 January 2016	Minimal impact
AASB 2015-6	Amendments to Australian Accounting Standards – Extending Related Party Disclosures to Not-for-Profit Public Sector Entities	The amendments specify consistent related party disclosure requirements for the Australian Government, State Governments, local councils and other not-for-profit public sector entities.	1 July 2016	Minimal impact
AASB 15	Revenue from Contracts with Customers	This Standard establishes principles (including disclosure requirements) for reporting useful information about the nature, amount, timing and uncertainty of revenue and cash flows arising from an entity's contracts with customers.	1 January 2017	Minimal impact
AASB 2014-5	Amendments to Australian Accounting Standards arising from AASB 15	Consequential amendments arising from the issuance of AASB 15.	1 January 2017	Minimal impact
AASB 9	Financial Instruments	This Standard supersedes both AASB 9 (December 2010) and AASB 9 (December 2009) when applied. It introduces a "fair value through other comprehensive income" category for debt instruments, contains requirements for impairment of financial assets, etc.	1 January 2018	Minimal impact
AASB 2014-7	Amendments to Australian Accounting Standards arising from AASB 9 (December 2014)	Consequential amendments arising from the issuance of AASB 9	1 January 2018	Minimal impact



	2015 \$	2014 \$
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## NOTE 2: REVENUE

### Operating activities

DoHA Funding	1,711,871	1,358,126
Cultural safety framework	68,809	-
<b>Total operating activities</b>	<b>1,780,680</b>	<b>1,358,126</b>
Interest received	5,438	1,510
Sundry income	9,242	1,765
<b>Total revenue</b>	<b>1,795,360</b>	<b>1,361,401</b>

## NOTE 3: PROFIT FROM OPERATIONS

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

### Expenses:

Depreciation of property, plant and equipment	7,395	8,397
Operating lease payments	32,368	31,664

## NOTE 4: AUDITORS' REMUNERATION

### Remuneration of the auditor for:

Audit or reviewing the financial report	10,300	10,000
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## NOTE 5: TRADE AND OTHER RECEIVABLES

Trade debtors	3,156	-
GST receivable	20,756	38,589
Prepayments	9,674	24,682
Bonds	16,288	16,288
Credit card	12,316	-
	<b>62,190</b>	<b>79,559</b>

## NOTE 6: PROPERTY, PLANT AND EQUIPMENT

Fixtures and fittings – at cost	5,790	5,790
Less accumulated depreciation	(2,388)	(1,664)
	<b>3,402</b>	<b>4,126</b>
Office equipment – at cost	15,409	15,409
Less accumulated depreciation	(6,038)	(4,498)
	<b>9,371</b>	<b>10,911</b>
Computer equipment – at cost	33,189	26,141
Less accumulated depreciation	(18,360)	(13,229)
	<b>14,829</b>	<b>12,912</b>
	<b>27,602</b>	<b>27,949</b>



**a. Movements in carrying amounts**

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

	FURNITURE AND FITTINGS \$	OFFICE EQUIPMENT \$	COMPUTER EQUIPMENT \$	TOTAL \$
Balance at the 1 July 2013	4,850	13,052	13,848	31,750
Additions	-	-	4,596	4,596
Depreciation expense	(724)	(2,141)	(5,532)	(8,397)
Balance at the 30 June 2014	4,126	10,911	12,912	27,949
Additions	-	-	7,048	7,048
Depreciation expense	(724)	(1,540)	(5,131)	(7,395)
Balance at the 30 June 2015	3,402	9,371	14,829	27,602

	2015 \$	2014 \$
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**NOTE 7: TRADE AND OTHER PAYABLES**

Trade Creditors	36,483	28,458
Accruals	19,066	15,394
Other Payables	20,699	15,048
	<b>76,248</b>	<b>58,900</b>

**NOTE 8: PROVISIONS**

Annual Leave	7,367	32,478
	<b>7,367</b>	<b>32,478</b>

**NOTE 9: CASH FLOW INFORMATION****a. Reconciliation of Cash**

Cash on hand	500	500
Cash at bank	107,798	382,318
	<b>108,298</b>	<b>382,818</b>

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

Surplus:	81,472	-
Non-cash flows in profit from ordinary activities:		
Depreciation	7,395	8,397
Other non-cash items		-
Changes in assets and liabilities:		
(Increase)/Decrease in receivables	17,369	2,820
Increase/(Decrease) in creditors	17,348	(102,081)
Increase/(Decrease) in Provisions	(25,111)	(4,293)
Increase/(Decrease) in grants in advance	(365,945)	213,674
Net cash provided by operating activities	<b>(267,472)</b>	<b>118,517</b>



	2015 \$	2014 \$
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**NOTE 10: COMMITMENTS**

Operating lease commitments payable

- not later than one year	24,700	32,610
- later than one year, but no later than 5 years	-	24,458
<b>Total operating lease liability</b>	<b>24,700</b>	<b>57,068</b>

**NOTE 11: RELATED PARTIES TRANSACTIONS**

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

Transactions with related parties:

	SHORT-TERM BENEFITS		
	SALARY & FEES \$	SUPERANNUATION CONTRIBUTIONS \$	TOTAL \$
<b>i. Key Management Personnel</b>			
2015	151,916	14,432	166,348
<b>Total compensation</b>	<b>151,916</b>	<b>14,432</b>	<b>166,348</b>
2014	127,007	11,748	138,755
<b>Total compensation</b>	<b>127,007</b>	<b>11,748</b>	<b>138,755</b>

**NOTE 12: FINANCIAL INSTRUMENTS****Interest Rate Risk**

The association's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on those financial assets and financial liabilities is as follows:

	WEIGHTED AVERAGE EFFECTIVE INTEREST RATE		FLOATING INTEREST RATE		NON-INTEREST BEARING		TOTAL	
	2015 %	2014 %	2015 \$	2014 \$	2015 \$	2014 \$	2015 \$	2014 \$
<b>Financial Assets</b>								
Cash	0.1	0.1	107,798	382,318	500	500	108,298	382,818
Receivables & others	3.6	3.6	16,088	16,088	46,102	63,471	62,190	79,559
<b>Total financial assets</b>			<b>123,886</b>	<b>398,406</b>	<b>46,602</b>	<b>63,971</b>	<b>170,488</b>	<b>462,377</b>
<b>Financial Liabilities</b>								
Payables	-	-	-	-	83,615	457,323	83,615	457,323
<b>Total financial liabilities</b>			<b>-</b>	<b>-</b>	<b>83,615</b>	<b>457,323</b>	<b>83,615</b>	<b>457,323</b>

**Credit Risk**

The association is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk at reporting date in relation to each class of recognised financial assets is the carrying amount of those assets as indicated in the Balance Sheet.

**Liquidity Risk**

The association's financial liabilities are trade and other creditors. The exposure to liquidity risk is based on the notion that the association will encounter difficulty in meeting its obligations associated with financial liabilities. This is highly unlikely due to the nature of the business and sufficient cash reserves.

**Market Risk**

The association holds basic financial instruments that are not expose it to certain market risks. The association is not exposed to 'interest rate risk', 'currency risk' or 'other price risk' other than what is stated above.

**NOTE 13: ECONOMIC DEPENDENCE**

Economic dependence exists where the normal trading activities of a company depends upon a significant volume of business. NATSIHWA is dependent on grants from the Department of Health to carry out its normal activities.

It is noted that NATSIHWA has received in-principle approval from the Department of Health for an extension of grant funding for an additional 3 years beyond 30 June 2015, however are yet to sign a formal agreement.

**NOTE 14: ASSOCIATION DETAILS**

The principal place of business of the Corporation is:

**National Aboriginal and Torres Strait Islander Health Workers Association**  
Suite 2, Level 1, 31-37 Townshend Street  
PHILLIP ACT 2606

**NOTE 15: EVENTS OCCURRING AFTER THE REPORTING DATE**

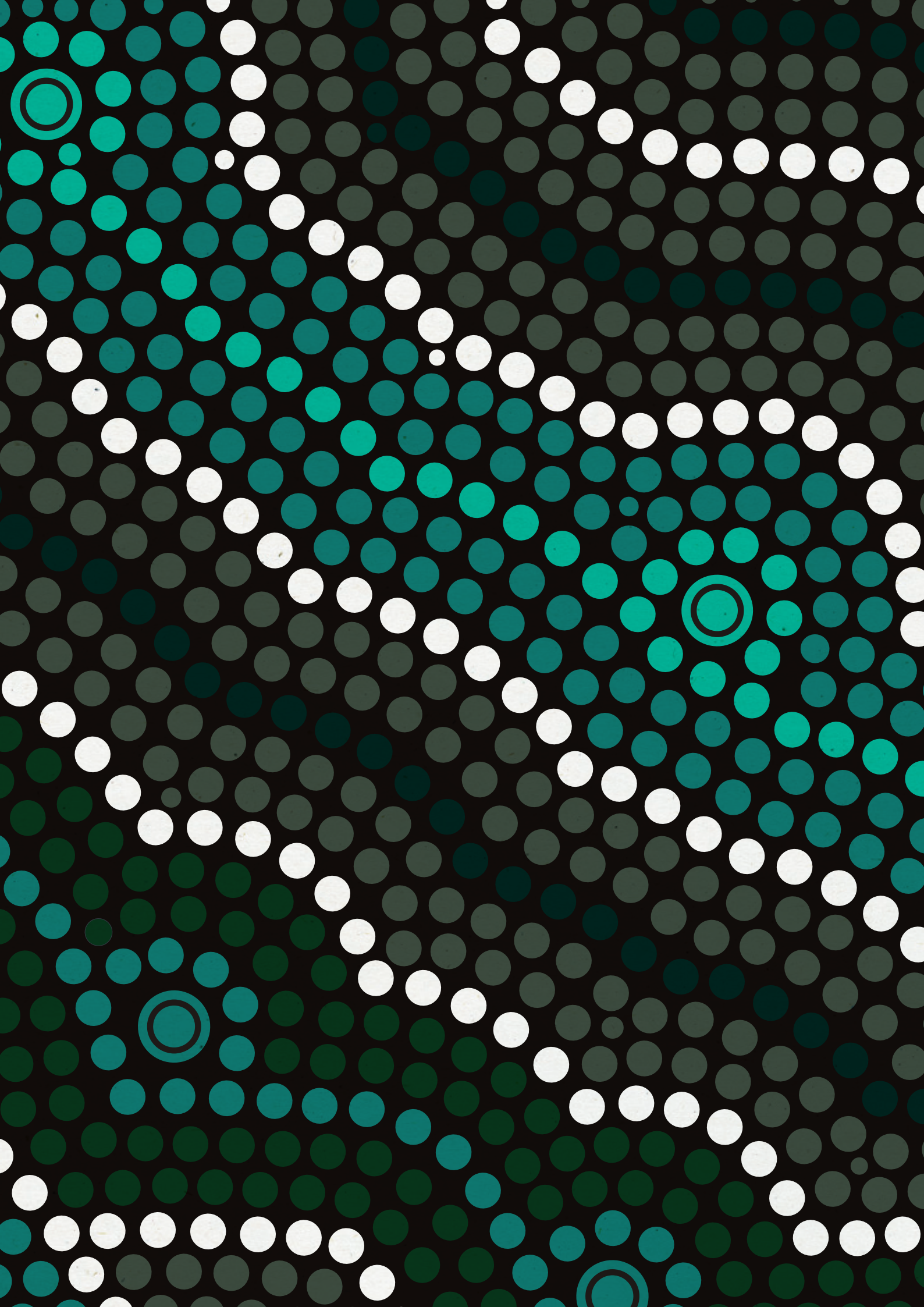
No matter or circumstance has arisen since 30 June 2015 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

**NOTE 16: CONTRIBUTION ON WINDING UP**

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to make a maximum contribution of \$10.00 towards meeting any outstanding obligations. At 30 June 2015, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$10,120.



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

If you would like to know more about NATSIHWA's  
activities please visit our website: [www.natsihwa.org.au](http://www.natsihwa.org.au)  
1800 200 800

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

Suite 2, Level 1, 31-37 Townshend Street PHILLIP ACT 2606

ABN 61 138 748 697