



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

**ABORIGINAL AND  
TORRES STRAIT  
ISLANDER HEALTH  
WORKER ASSOCIATION  
ANNUAL REPORT 2017**



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



*Big things are happening*



# WELCOME TO THE 2016–17 ANNUAL REPORT

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

NATSIHWA promotes, supports and gains recognition for the vital role that our workforce plays in providing professional, effective, culturally respectful and comprehensive primary health services to Aboriginal and Torres Strait Islander individuals, families and communities across Australia. NATSIHWA supports its members across the range of employment settings and specialisations in which they work, assisting in quality practice, standards, learning and growth across the sector.

NATSIHWA acknowledges there are different population groups across Australia. We would like to show our appreciation to each and every group for allowing our organisation and our representatives the privilege to leave our footprints on your country. We would like to acknowledge all elders past and present, who have walked before and with us and thank you all for assisting us on our journey to achieve our objectives. We also want to acknowledge our developing and future leaders. We hope we can help ensure they have the future they deserve and stay strong.

In this Annual Report we report on the successful events we have held for members across the country in 2016-17. This includes the National Conference held in October 2016 whose theme of My Story, My Knowledge, Our Future is continued in this Annual Report. We emphasise stories from our members as inspiration for all of us. We provide updates on our projects, including the initiation of a new five-year Strategic Plan for NATSIHWA, the Modern Award negotiations and promotion of the use of the Scope of Practice guidelines where applicable. This Report celebrates our successes and outlines our vision for the future for serving our members and collaborating with our partners.

NATSIHWA recommends readers to its website [natsihwa.org.au](http://natsihwa.org.au). for additional and most up to date information. Back copies of our weekly electronic newsletter, a key avenue for keeping members informed, can be found on the website.

NATSIHWA would also like to acknowledge the important work being undertaken by our partners to support our professions, including the Aboriginal and/or Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) and Greater Northern Australia Regional Training Network (GNARTN). We would like to thank our members, Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, those in training, colleagues in other health professions, our friends and supporters of NATSIHWA who have contributed to our efforts in 2016–17. A special thank you to those who have shared their stories for this report.



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.

## Our Language

### Aboriginal and/or Torres Strait Islander Health Practitioner

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

### Aboriginal and/or 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

I am delighted to present my second annual report as Chairperson of the National Aboriginal and Torres Strait Islander Worker Association (NATSIHWA).

### The Board

I have had the privilege of Chairing the NATSIHWA Board for over a year during a period of consolidation and high achievement for this important national professional body. The responsibilities of the Board extend to overseeing the strategic directions of the organisation along with ensuring we meet the compliance requirements of our association. We have been pleased to ensure that the Strategic Plan 2014-2017 has been implemented and associated with success for the growing organisation. The Board membership has seen change in 2016-17 and I acknowledge outgoing Director from Tasmania Emma Robertson and welcome new Directors from late 2016, Naomi Zaro for Western Australia, Jacob Prehn for Tasmania, Robert Dann for South Australia, Natalie Panqquee for Northern Territory and David Follent for New South Wales.

The Board wishes to acknowledge the significant achievements of the CEO Karl Briscoe over the last year. All the staff of NATSIHWA have continued to make the organisation a vital national contributor to Aboriginal and Torres Strait Islander health care by supporting Aboriginal and/or Torres Strait Islander Health Workers and Practitioners. We have increased our reputation as the peak professional body, furthering recognition of members as essential players in the Australian health care system.

NATSIHWA's full membership tally is 737 (as at 30 June 2017) and including associate membership and friends, the total membership is 1326 including a Friend in New Zealand. We continue to promote membership in three categories through the NATSIHWA webpage, the e-newsletter and the Forums, and have enhanced the service with a new customer relations management system. I welcome new members and acknowledge the commitment of ongoing members.

### Our greatest achievements in the last 12 months

Last year I reported we were in the final stages of consultation for the development of the National Framework for Determining Scope of Practice for the Aboriginal and/or Torres Strait Islander Health Worker/ Health Practitioner Workforce. I am proud of its publication in December 2016 as a major initiative to guide development of scopes of practice, adaptable to individual jobs and situations as appropriate. This is an important step for our relatively new health professions, defining roles for professional recognition while allowing for wide and valued variation within the health services. We are indebted to the many contributors to the development process, particularly the Aboriginal Community Controlled Health Sector, the State and Territory Health agencies, the Australian Government Department of Health, Health Workforce Division and the Aboriginal and Torres Strait Islander Health Workforce Working Group, as well as our close partners and members.

I continue to stress the need to increase the capacity and retention of the Aboriginal and/or Torres Strait Islander Health Worker/Health Practitioner workforce through an endorsed program of continuing education, professional development and support. We are well on the way in our development of an online Portal as an access to point for NATSIHWA's information and resources and with a tool for members to keep track of their Continuing Professional Development (CPD). The CPD tool will help members account for points for maintaining registration under AHPRA. We expect this to be available to members by late 2017.

To improve access to Regional Forums for members, NATSIHWA asked members this year

“

*I welcome the current opportunities for Aboriginal and Torres Strait Islander peoples to have their voices heard on health. We are fortunate to be striving for improvements...*

”



where they wanted forums held. From this information we have been making attendance more accessible through regional locations for forums and holding more forums in each state and the Territories.

### The Future

I am excited by the work we have commenced with the Fair Work Commission to propose new grades within each of the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner streams within the Community Controlled Sector. The objective is to have better association of the pay level with the qualification obtained to merit a particular professional title where the Award is applied. If we are successful this will herald important new career structures for members.

We are re-thinking our strategic direction. From the evaluation of the current Strategic Plan 2014-2017 we are launching the development of the Strategic Plan for 2018-2020. We have engaged a company *Beyond* to undertake this work, representing an opportunity to reflect and craft new visions. The views of our members and stakeholders will be valued and I thank you in advance. I look forward to making this organisation stronger and of better service to members.

I welcome the current opportunities for Aboriginal and Torres Strait Islander peoples to have their voices heard on health. We are fortunate to be

striving for improvements while the first Aboriginal person to be Minister for Indigenous Health is in office. The Hon Ken Wyatt AM, MP is very approachable and willing to engage with us.

The iterative development of the Implementation Plan for the Aboriginal and Torres Strait Islander Health Plan 2013-2023, the workshops for manifestation of the Redfern Statement and the refresh of the Closing the Gap targets provide for long sought community participation in our own health improvement policies and actions.

The 2017 iteration of the Health Plan Implementation Plan is significant for its attention to the social and cultural determinants of Indigenous health, including the integral and supportive role culture plays, and considering social effects from education, employment, justice, income and housing impact at each stage of life, on a person's health and wellbeing. NATSIHWA together with our partner organisations, is participating to present health care professional views to achieve a healthier future for our people.

**Josslyn Tully**  
Chairperson



^ First Aboriginal  
Minister for Health



## ABOUT NATSIHWA'S CEO

### Karl Briscoe – CEO

Karl has been the CEO of NATSIHWA since September 2016

### What should we know about NATSIHWA's CEO?

I am a proud Kuku Yalanji man from the Mossman/Daintree area in Far North Queensland. Before I commenced my career in health I gained my trade qualification as a tiler. I followed in my mother's footsteps into health. She was the first Aboriginal Health Assistant as part of Queensland's Aboriginal Health Program (AHP) led by Dr Musgrave, after whom Musgrave Park in Brisbane is named. I am the eldest of seven children all born one year apart. I am married and have a son.

### What has been your professional journey?

I commenced my career in the public service in 2002 as an Aboriginal Health Worker with Queensland Health, during which time I undertook VET and University study. I moved within Queensland Health to the Policy area and subsequently took on the role of Executive Director, Indigenous Health and Outreach Services for Cape York. Prior to starting as CEO for NATSIHWA last year I was the Clinical Services Manager at Galambila Aboriginal Health Service in Coffs Harbour. I am currently studying in the Indigenous Business Master Class MURRA program, at the Melbourne Business School Asia-Pacific Social Impact Leadership Centre, to increase my business acumen which is so important in this role at NATSIHWA.



### What is your vision for the profession?

My vision is for the widespread recognition of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners and the vital role they undertake in the delivery of health services to Aboriginal and Torres Strait Islander people. I want more stories to be told of their significant work. They provide a crucial interface between the community and health services, ensuring access to quality health care. I want these professions to be valued for the way they respond to local health needs and contexts, while appreciated for the wide variation in their roles, scopes of practice, education standards and career pathways.

**"TO ENSURE  
ABORIGINAL AND  
TORRES STRAIT  
ISLANDER PEOPLE  
ENJOY A HEALTHY LIFE  
EQUAL TO THAT OF THE  
GENERAL POPULATION  
THAT IS ENRICHED  
BY A STRONG LIVING  
CULTURE, DIGNITY AND  
JUSTICE."**



## What is your vision for NATSIHWA?

NATSIHWA is building its strength as the lead organisation that government and non-government bodies approach for strategic advice on the roles of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners. NATSIHWA must also continue advocacy for their professional rights, even though much has been gained already and the professions recognised broadly.

I think we have demonstrated NATSIHWA's Board leadership sets the strategic intent for NATSIHWA whilst ensuring accountability for its development. We maintain a robust compliance and accountability framework that enables our organisation to be enriched by healthy governance structures. While maintaining the existing strengths we will build on the governance capacity, supporting Directors to participate in good decision making to best serve members.

We have implemented key projects, some of which have ongoing work. Our future emphasis will be on our online and face to face communications with members and offering more for their professional development. Our new strategic plan is under development for the next five years.

Our strategic plan has to involve opportunities to engage with, listen to and learn from our growing membership base. Our membership represents a variety of worker roles, diverse because of different state and territory histories or different health service situations and population needs. When this workforce role with its high value regardless of diversity is more widely understood and embraced, Australia will have a better health system.



^ A delegation of CATSINaM, IAHA, AIDA and NATSIHWA met with Minister Wyatt

## How do you think we will get there?

We need to maintain a skilled organisation and strong representation on our Board. A team committed to NATSIHWA members who do such an important job improving the health and wellbeing of Aboriginal and Torres Strait Islander people is the backbone of this organisation.

We must continue to work closely with our colleagues in National Aboriginal Community Controlled Health Organisation (NACCHO) and the affiliates, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Indigenous Allied Health Australia (IAHA) and the Australian Indigenous Doctors Association (AIDA), as well as other health professionals who recognise Aboriginal and Torres Strait Islander health is a priority. Importantly, we need give a voice to our members when decision-makers think about developing or changing policies or services and inform their decisions. We collaborate when change is likely to benefit our people and argue for alternatives when it is not. I believe that we will continue to be successful with this approach.

*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.*

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#### OUR VISION



# 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/or Torres Strait Islander Health Workers and Health Practitioners. It was first 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 then 'Closing the Gap' initiatives.

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

## Our Vision

NATSIHWA acknowledges all 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 Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners as a vital and valued component of a strong professional Aboriginal and Torres Strait Islander health workforce. We aim to achieve this by:

- Assisting Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners 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 Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners at peak regional, state and national forums;
- Providing services that enable networking, information sharing, mentoring and support for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners;
- Contributing to the understanding of accreditation and registration of Aboriginal and/or Torres Strait Islander Health Practitioners 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 Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to empower Aboriginal and/or Torres Strait Islander communities towards self-determination; and
- Promoting and facilitating cultural safety, respect and responsiveness within the health workplace to protect the cultural integrity of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

### Our priorities

- lifting the profile of health workers and health practitioners
- communicating the vital role they play across Australia and in their own communities
- providing valuable services to members for their professional development
- supporting members to provide culturally appropriate health services to Aboriginal and Torres Strait Islander people
- highlighting the importance of providing culturally sensitive and respectful health services
- developing policies and acting to strengthen the workforce
- hosting professional development & CPD opportunities through an active annual calendar of events
- supporting health workers and health practitioners on the ground, in rural, regional, remote and urban parts of Australia.

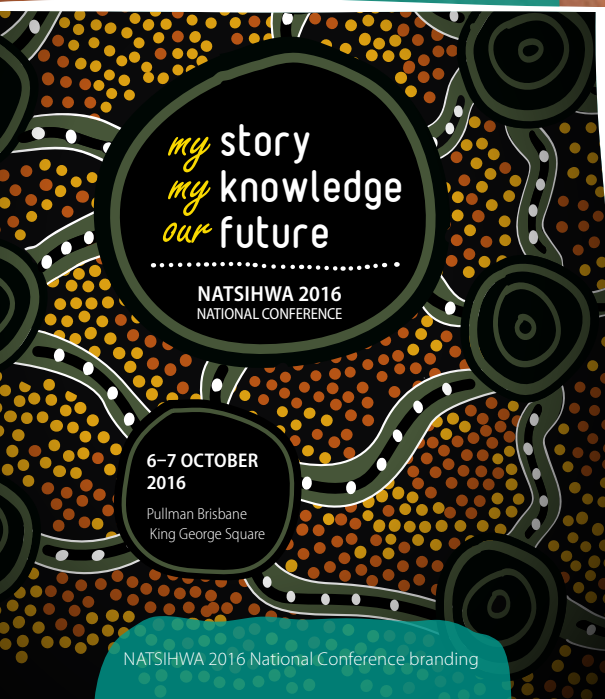
NATSIHWA CEO and policy officer at work on the award structure with lawyers from EWL Ebsworth



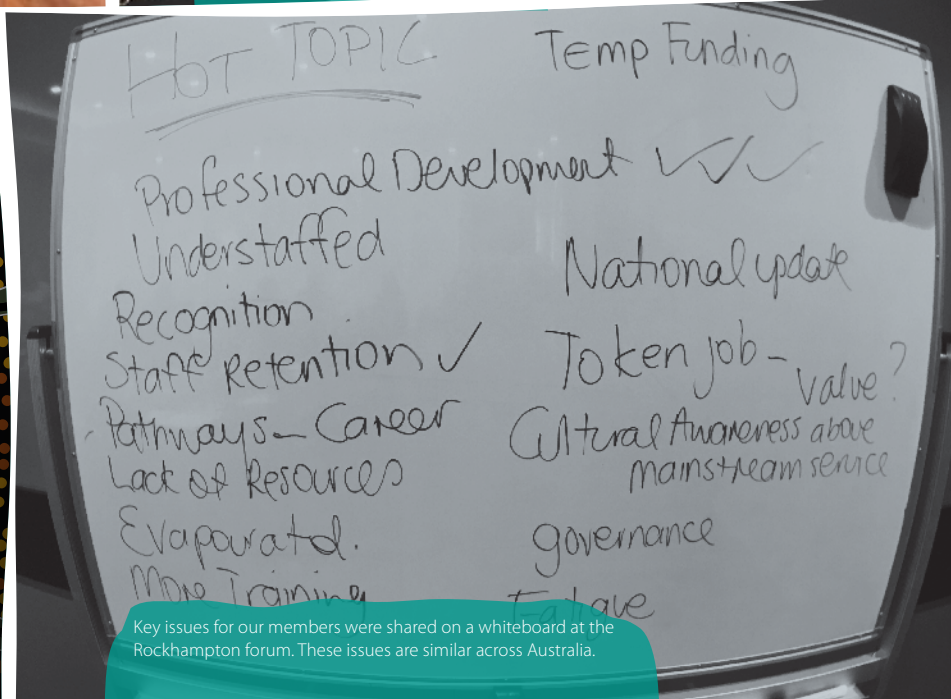
The Canberra office team with the Chair of the Board in front of the image of the front cover of Unsung Heroes the booklet supporting the photographic exhibition of same name.



NATSIHWA Partnering with IAHA on a promotional stall



NATSIHWA 2016 National Conference branding




Key issues for our members were shared on a whiteboard at the Rockhampton forum. These issues are similar across Australia.



## 2016–17 HIGHLIGHTS

### 9 PROFESSIONAL NETWORKING FORUMS

- Lismore
- Melbourne
- Dubbo
- Launceston
- Broome
- Rockhampton
- Perth
- Coffs Harbour
- Cairns

SINCE 2014  
MEMBERSHIP INCREASED  **72%**  
**737** FULL MEMBERS  
As at 30 June 2017



### COMMUNICATIONS AND PUBLIC RELATIONS

Weekly e-newsletter  
Implementation of the  
Communication strategy



### WORKED WITH PEAK BODIES

- AIDA
- IAHA
- CATSINaM
- NACCHO



### SUCCESSFUL NATIONAL CONFERENCE

90% of evaluation respondents  
said the conference was good or  
excellent



### CUSTOMER RELATIONS

Use of new systems for  
customer service



### APPROVED PROGRAMS OF STUDY FOR ATSIHP REGISTRATION

Worked with ATSHPA and GNARTN



### NATIONAL SCOPE OF PRACTICE FRAMEWORK

Published December 2016 and  
promoted at forums



### PARTNERSHIPS

Lowitja project  
Cancer Australia  
Presenters at forums

### AVAILABILITY OF ACCREDITED COURSES

**7** new organisations  
as RTOs

## MEMBERSHIP

NATSIHWA's membership continues to grow across all states and territories in all categories. In NATSIHWA's Strategic Plan for 2014-2017 we set a target of over 800 members by 2017.

We have well and truly met that target with a total of 1326 members. We are proud that we have commenced the reach across the Tasman Sea and have one New Zealand Friend. The number of members in the Full membership category is approaching 800 with a total of 737 on 30 June 2017.

### Dual membership

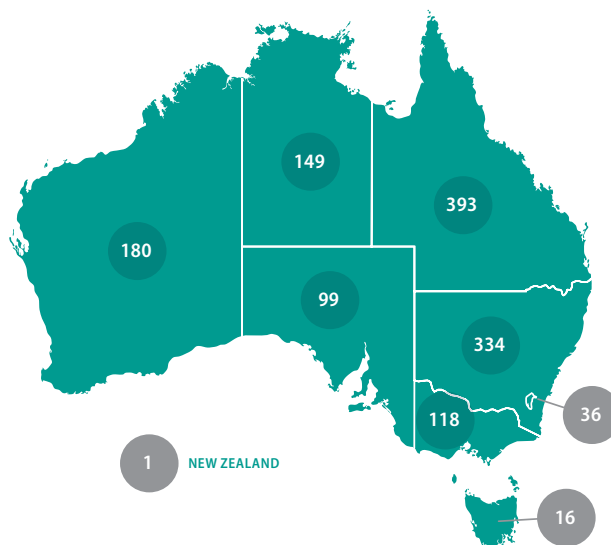
NATSIHWA celebrates the mix of workforce backgrounds in our membership.

As well as nurturing the Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioner workforce professions, 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.

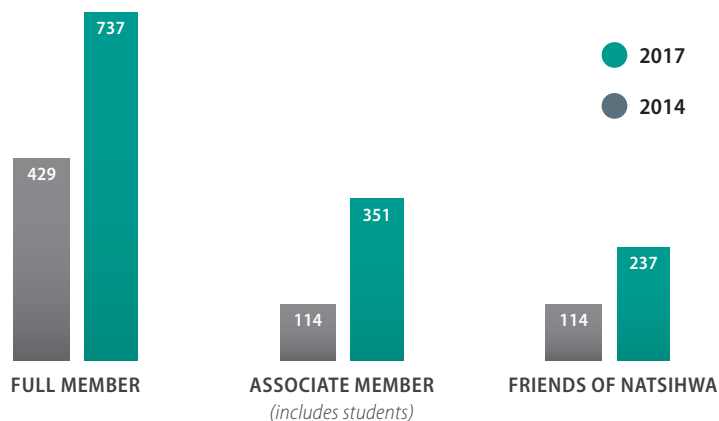
Dual membership with NATSIHWA and other professional bodies such as, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Indigenous Allied Health Australia, or the Australian Indigenous Doctors Association is warmly welcomed. Dual membership is a simple process of submitting an (amended)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



Distribution of Total Members as at 30 June 2017



NATSIHWA memberships categories over the operation of the Strategic Plan 2014-2017



All Aboriginal and/or Torres Strait Islander Health Workers, including Aboriginal and/or 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.

Other Aboriginal and Torres Strait Islander peoples who are not Aboriginal and/or Torres Strait Islander Health Workers nor Health Practitioners, but are studying or working in the health field, can be Associate Members. This includes people studying to become an ATSIHW.

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.

“

*Effective health care for Aboriginal and Torres Strait Islander peoples involves holistic health care best delivered with inclusion of Aboriginal and/or Torres Strait Islander Health Workers and/or Health Practitioners in the health service.*

”

## OUR MEMBERS

### NEW MEMBERS

#### Jayden Howard & Dylan Cox

These inspiring young lads are Aboriginal Health Workers (Cert IV) from Broome Regional Aboriginal Medical Service (BRAMS). We had the pleasure of having a yarn in a break out session at the regional forum with these guys about men's health and what they think they could do to improve men's health in their communities.

The question was asked "if you were able to get funding, what would your ideal program for men's health be?"

After brainstorming ideas the lads came up with the concept of a travelling health team comprising health practitioners from various areas to cover things like nutrition, environmental health, social and emotional wellbeing, and general health check-ups. The key to encouraging both the young and old in the communities to participate and not feel shame about doing their health check-ups would be to take away the clinical side of routine check-ups and get them involved in physical recreational activities such as fishing, hunting, footy, camping etc. A quick health check doesn't need to be done inside; it could be done anywhere and the idea would be to use fishing or sporting terms throughout the check-up process – much like The Marmun Pit Stop Program where the check-up is done using car terms.

We spoke a lot about where funding should be increased and the key messages that came through in this conversation was that the younger generation and students need more support in their education, better wages and more pathways in their careers.



Jayden and Dylan are young role models in their community and are trying to promote healthy living and holistic health care to the kids. The problem is they don't get to spend enough time in community as there are no jobs there for them and their only option is to work in town. This is a problem in many communities where the educated youth aren't able to use their skills in community due to lack of employment. The idea of funding positions for health workers to stay in community was another hot topic we discussed in our breakout session – health professionals need to be embedded in their communities to make a real difference and to influence the younger generation on a daily basis not just on scheduled days, it has to be repetitive.

“The key to encouraging both the young and old in the communities to participate and not feel shame about doing their health check-ups.”



## OUR SENIOR STORIES

These are examples from the many stories of our experienced members as told for the *Unsung Heroes* Exhibition.

### Albert Ryan

My name is Alby Ryan, a proud Wiradjuri Man from the Tubba-gah and Bulgandramine people of Dubbo and Peak Hill. I have lived in Orange for the past 10 years and worked in Health for 9 years.

My inspiration to become a Health Worker came from seeing my dearest Mother ill. Her coping and managing with chronic illnesses really got me thinking that I needed knowledge and insight so that I may be able to assist, not only her, but all my people who need some support.

I am currently the Aboriginal Health Education Officer at Orange Health Service and like all of my fellow Aboriginal Health Workers, our day starts when our eyes open and ends when we close them, such is the demand for assistance with our people.

I take on a holistic approach as I know that our mob have lots of impacting issues not just a direct health problem. When arriving at the workplace each morning, we get a list of all Indigenous Inpatients who are in our facility. I assist in taking on the Male Inpatients (Men's Business) advocating and supporting them and their families on their pathway journey through the system, referring them on to necessary services that are required back in their community.

The current challenges include the lack of understanding a lot of health professionals have when dealing with our people, the inability to call upon us to assist with cultural issues. Other challenges also include minimal Aboriginal Health Workers and the usual daily double, Accommodation & Transport issues.

I value my clients the most: without them I am not here. To see the look on our patients when they see us walk into the wards is priceless, and when they



“I value my clients the most: without them I am not here.”

are being discharged or transferred back home then that is the reward, knowing you have assisted your people in receiving the care and treatment they arrived for.

There are plenty of opportunities and pathways to assist if you wish to work in health, we all have families and extended mob who are faced with health issues, gain that knowledge, skill and education so that when one of the mob asks you for assistance then you will be able to support them, rather than saying “I don't know” or turn them away.



## Irene Briggs

Wanting to help my Dad when he was ill inspired me to become a Health Worker. I am currently working as an Audiometrist out of Lismore NSW. It takes time to gain trust of your clients and communities. I must listen and observe before suggesting changes and engage the community to participate. I value helping others, doing things on my own with little supervision and having the ability to accomplish and complete tasks successfully and being part of a team. To encourage others to become Health Workers, I say, if I can study and achieve my qualifications, anyone can. It's a long process but the rewards are great and challenging. I am proud of what I achieved so I can support my community.

“To encourage others to become Health Workers, I say, if I can study and achieve my qualifications, anyone can.”

## Rod Sabin

With an interest in Indigenous health and social work, I began my career as a Health Worker through a traineeship eight years ago. For the past eight years I have worked at the Rockhampton Alcohol and Other Drugs Services in a variety of roles.

Before the Queensland Alcohol Diversion Program was de-funded, I worked with a group of five Health Workers but now I am the last one. This can make it difficult for female clients. I also have no Senior Health Worker for cultural mentorship/guidance.

I value working with people on their goals to change AOD misuse, which can help with mental health, relationships, trouble with the Law/lore, employment and making better lifestyle choices. I would encourage young Aboriginal and/or Torres Strait island peoples who have a passion for working with people to give it a go as there are many avenues in health which can lead to better things.

“...give it a go as there are many avenues in health which can lead to better things.”



## Jacinta Gurruwiwi

I am from Elcho Island. I wanted to be a Health Worker because I wanted to help and educate my people to live healthy lives.

In 2015 I decided to go and participate in a fun run tryout with the Indigenous Marathon Project because I always had passion in running. I got selected to run the New York City marathon.

I inspired my community so I decided to become a Health Worker to continue inspiring my people to live healthy and strong and to hopefully make a change and break barriers.



“...I decided to become a Health Worker to continue inspiring my people to live healthy and strong...”



“I am very conscious of looking after myself to stay healthy and strong and to set an example for the new generations...”

## Boyan Yunupingu

I started as a trainee health worker in the early 90s and have now worked my way up to Senior Aboriginal Health Practitioner and am working at the Nhulunbuy Hospital as the Health Promotion Officer. I also sit on the interview panel for new staff and teach the new staff about cultural safety.

When I started out 15 years ago at Miwatj Health, I was one of the first Health Workers there and I worked alongside one nurse and one doctor. Together with a team of 5 staff we started to form the service and develop outreach programs to four communities (Galuwin'ku, Raminining, Gapuwiyak & Milingimbi) as well as the homeland. I now visit the communities 3 to 4 times each week. We usually drive unless it is an emergency, then we fly in. I have been flown out to assist with emergencies such as heart attacks and to deliver babies out bush.

It is challenging trying to balance work life and home life as there are a lot of family ceremonies I should be attending but I don't get enough leave to be able to attend and will have to take leave without pay for sorry business. I also share a house with many family members and I have a lot of family duties as well as work duties.

I feel confident working in the clinic environment as we have a good team who provide support and constant training across all areas. At the moment we are running a chronic conditions program and encouraging our Mob to do the right thing and come in for regular check-ups.

I am very conscious of looking after myself to stay healthy and strong and to set an example for the new generations and to help our Mob get better.

## Harold Koops

My skin name is Ngalakgan from Ngukurr region and my homeland is Urapunga Station on the Wilton River that runs into the Roper River. I was trained as an Aboriginal Health Worker at Batchelor College in 1993 and registered in 1995. I have worked at Danila Dilba and on the Tiwi Islands. During my early years in Gove, I worked for child health as a challenge because few Aboriginal and Torres Strait Islander men worked in this area.

While the program focused on the woman and child, my aim was to connect with men to be better fathers, grandparents, uncles, husbands, friends and brothers. I wanted to provide the men with relevant child health education, which led to my current role as Men's Health Coordinator for East Arnhem. During the NT intervention, the role of the male was taken away and they were perceived through the media as the perpetrators and bad in general. This is what drives me to empower men in many aspects of life and particularly in health.



“While the program focused on the woman and child, my aim was to connect with men to be better fathers, grandparents, uncles...”



“I love talking about what I do as I feel I make a difference for my community...”

## Teresa Daynawa Ngurruwthun

I was inspired to become a Health Practitioner to be a good role model for my community and to help my people become healthy with education around health topics. Gapuwiyak is a very remote community with around 1200 people, mostly Aboriginals and we can become very isolated in the wet season. We have a lot of chronic disease and I help with the recalls for all the program work here.

I assist with interpretation for the doctor and nurses when needed. I also liaise with visiting teams when they are in community, helping them find people and assisting them with their work. I give talks at schools around sexual health and talk at community meetings about important health issues. I have completed my Australian Vaccination Guidelines (AVG) and do all the immunisation in the health centre as I can claim for this from Medicare when the nurses cannot.

Some of the challenges are that I find that there is no room allocated for my work at times and therefore I go out into the community more. I get more humbug from the community and feel they get angry at me for not doing what they want all the time. Sometimes I feel pressure to give them money on payday and feel I have never got money for myself. The other problem is housing. I live with a lot of family and often do not get enough sleep and I feel tired every day.

To encourage others to become Health Workers I often say to the younger kids that once they finish year 12 they should look at coming to work at the health centre and train to become a Health Worker. I answer questions when they ask me about my job. I love talking about what I do as I feel I make a difference for my community and I talk to them about the training, what they do and how they do it.



## TRAINING THE FUTURE HEALTH WORKFORCE

Health promotor and teacher to ensure our up and coming workers have expert guidance:

### Gemuluwuy (Dorothy) Gondarra

Dorothy has been working as a Health Practitioner for 35 years and is dedicated to educating communities on chronic disease and training the young trainee Health Practitioners.

Dorothy spends most of her time doing home visits and has developed a health promotion outreach program which she teaches to the young trainees in the remote communities of Galuwin'ku, Milingimbi, Gapuwiyak and Raminining.



### Some trainees from Northern Territory



#### Antonia Lilipiyana

*Trainee Aboriginal Health Practitioner*  
Ramingining Clinic, East Arnhem Land



#### Emmanuel Yunupingu

*Aboriginal Health Worker Trainee*  
Miwatj Health, Nhulunbuy



#### Jerol Wunungmurra

*Trainee Aboriginal Health Worker*  
Nhulunbuy, NT



#### Amanda Dhagapan

*Trainee Aboriginal Health Practitioner*  
Gapuwiak Health Centre, Nhulunbuy,  
East Arnhem Land

## NSW Aboriginal Health Workers and Aboriginal Health Practitioners in pain management

NSW Health recognises the importance of Aboriginal Health Workers and Aboriginal Health Practitioners for the success of managing pain for Aboriginal people. New resources for pain management among Aboriginal people have been developed by the NSW Agency for Clinical Innovation (ACI) pain management network and specific training opportunities are available with advice from these professions. The project is expected to be completed by November 2017.

The ACI has been consulting and working with Aboriginal communities and health workers across NSW over the last 2 years. By connecting with the Aboriginal workforce in both metropolitan and rural areas, a lot has been learned about how mainstream pain management services need to be adapted to meet the needs of Aboriginal people. The aim of the current work is to empower workers with accessible knowledge and resources to start a conversation about pain in community and with individuals, and provide some evidence based ideas to get started.

An art competition was hosted by the ACI to identify a work depicting pain that was suitable to be used as a logo to add to the pain management network website at [www.aci.health.nsw.gov.au/chronic-pain](http://www.aci.health.nsw.gov.au/chronic-pain). Thirteen pieces have been reproduced in poster form for use in Aboriginal Medical Services, Pain clinics and Chronic Disease Management Services. Culturally developed fact sheets providing specific information on medications, exercise, diet and stress management will assist health workers in their conversation with patients who experience pain. Other stories and links are also available on the website.

Future work will be directed towards developing a culturally appropriate pain management programme and training interested health workers within health facilities such as Aboriginal Medical Services to run the programmes.



^ North Coast training day as part of the ACI programme in Pain management at the Lismore Pain clinic



^ Competition winner Danielle Sullivan wove many symbols representing the complexity of pain with the hope for better health.



*The hands symbolise community support for **RECONCILIATION, RIGHTS and RESPECT.***

*Our Chair and CEO (pictured) stand for all members in supporting this demonstration.*



## NATSIHWA LEGENDS 2016



### 2016 Young Warrior

#### Dorothea Budat Maymuru (Miwatj Health)

A young Ambassador of the Recognise Group, Dorothea is involved in different workplaces such as the community, school and clinic. She is bilingual with a passion for her people and culture. She wants to break down barriers or close the gap.

### 2016 NATSIHWA Health Worker Legend

#### Patricia Lawford Senior AHW at Kimberley Renal Service

Patricia has been a Senior AHW with the Kimberley Renal Service for nine years. Patricia works tirelessly in not only achieving her own personal objectives but also patient and service goals. She has been instrumental in developing a diabetes education group within the renal services. She works with other staff and patients to identify areas of need and delivery in a timely and culturally sensitive manner. She mentors nursing and AHW students, passing on her knowledge and strengths to a new generation.







### 2016 NATSIHWA Health Service Legend Tharawal Aboriginal Corporation NSW

Tharawal Aboriginal Corporation provides support and training to all its staff members, either on location or externally, such as by staff attending the Aboriginal Health College. The majority of staff live within the community so the Board sees the importance of providing every opportunity to undertake training. Staff have completed various diplomas, particularly in primary health care. Besides staff completing accredited training, Tharawal also allows staff access to counselling and supervision to assist them in managing their work. The Board backs staff to be equipped with the required tools to fulfil their responsibilities in working for the community.

### 2016 NATSIHWA Individual Champion Bukulatjpi Mariyalawuy (Miwatj Health)

Sarah Mariyalawuy is a senior health practitioner in the remote community of Galiwin'ku, East Arnhem Land. She has developed the chronic conditions team to enable it to provide culturally competent healthcare in her community. One example of this is the development of a one-stop visiting viral hepatitis clinic allowing access to fibroscan, ultrasound and medical review in one visit. Through advocating for better educational resources, she led the development of a bilingual culturally appropriate app 'Hep B Story' which is in Yolnu Matha and English and freely available. The app was the end product of a participatory action research project to allow an evidence based resource that was grounded in culture.



NATSIHWA would like to thank everyone for their nominations and congratulates our winners and the following nominees and runners-up.

- *Young Warrior*: Budat Doff Munungarr
- *Health Worker Legend*:
  - Darren Conlon
  - Elsie Appo
  - Kirsty Beer
  - Mark Edgar
  - Shirley Connolly
  - Yancy Laifoo

## NATIONAL CONFERENCE 2016

The 2016 National Conference was held in Brisbane 6–7 October 2016 with 110 registrants, including 22 speakers. This was the third national conference for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

The feedback was overwhelmingly positive and frequent praise was given for the networking opportunities and the key speakers. The fourth conference in 2019 is planned to mark the tenth anniversary of the foundation NATSIHWA. The 2016 theme *My story, my knowledge, our future* was chosen to shine light on the inspiring stories of Health Workers and Health Practitioners, knowledge that can be passed on from their experiences, new knowledge available and to simulate discussion about the vision for the future of these important professions.

### My Story

Several Health Workers presented their own professional stories to profile diverse crucial roles. Delia Summers, Maud Donas (Sexual Health Worker), Shirley Connolly and Lisa Russell shared their experiences with training and working in health, with a consistent theme of working to help their own people. For example, Delia Summers spoke about her motivation as an adult to study even though she had found high school too challenging from her isolated upbringing on Cape Barron Island. She realised she had important knowledge about her people's difficulties to bring to healthcare. She is responsible for the acknowledgement site for the traditional people at Launceston Hospital as part of the positive changes she has made over the last ten years.

### My Knowledge

Renae Kilmister's beautiful photographs capture a range of moods from the deep experience of senior Aboriginal Health Workers and Health Practitioners to the hope for change reflected by their younger colleagues just commencing their careers. Her portraits are a fitting tribute to their important work. Since being launched at the conference in Brisbane they have been exhibited at the National Gallery in Canberra and are now currently in Sydney on the 7th Floor of the Wenworth Melbourne Chambers.

Other presentations were about knowledge of value to members about their professional status and careers, and about the pressing health issues faced by Aboriginal and Torres Strait Islander people. Key speakers included Dr Noel Hayman, Richard Burton (IBA), Jill Humphries (AHPRA), Dr Mark Wennitong and Joe Williams.

Representatives from fellow professional associations for allied health, doctors and nurses formed a panel to take questions. They identified many issues in common such as lack of professional development opportunities, wages not according to skill, lack of support from management and the need for outlines of career pathways.

### Our Future

The conference presentations and audience responses were summed up each day. The key messages which emerged were:

- A strong Aboriginal and Torres Strait Islander health workforce in health is essential and strength among Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners must continue to be built.
- There should be clear pathways for entry into primary health care and primary health practice and pathways for continuing into other health professions.
- The qualified and experienced workers have a role in helping others moving into the professions.
- Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners from diverse employments share a common goal of seeking better health outcomes for our people and a willingness to work through the difficulties for doing the job effectively.





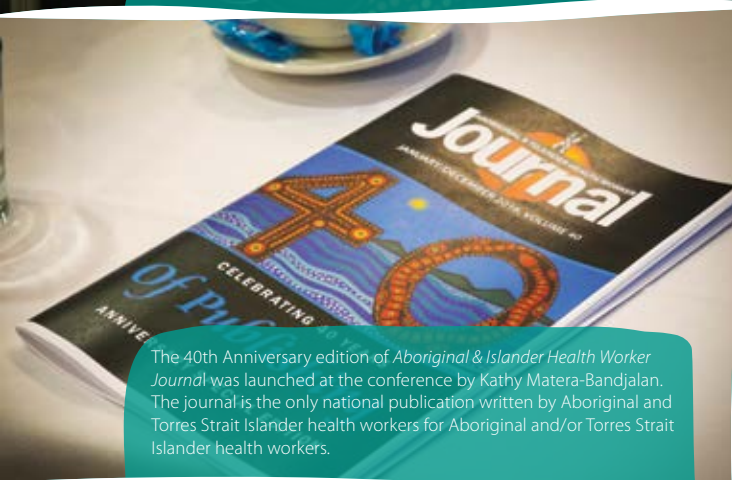
Shirley Connolly and Lisa Russel sharing their stories.



NITV's Ella Archibald Binge filming the conference and exhibition which aired 10 October 2016 on NITV showcasing health worker personalities through the photography of Renae Kilmister.



NATSIHWA CEO Karl Briscoe and Conference MC Dr Mark Bin Bakar



The 40th Anniversary edition of *Aboriginal & Islander Health Worker Journal* was launched at the conference by Kathy Matera-Bandjolan. The journal is the only national publication written by Aboriginal and Torres Strait Islander health workers for Aboriginal and/or Torres Strait Islander health workers.



Joe Williams is a proud Wiradjuri man born in Cowra and raised in Wagga, New South Wales. He played rugby league and took up boxing. Joe closed the 2016 National Conference with a moving presentation on Wellness which had a strong, emotional impact on everybody in the room. Joe spoke about his battle with depression, his suicide attempt in 2012 and his journey on how he came to be where he is standing today as the Ambassador for Suicide Prevention Australia. He talked about adversity, resilience, positive energy, and how small steps can lead to something greater.



Robyn Bilston Aboriginal and Torres Strait Islander Health Workforce Section, Health Workforce Division, Department of Health shares her story and expresses her support for NATSIHWA.



Dr Jackie Huggins National Congress Co-Chair and Kathy Malera-Bandjolan speak about the history of the journal and its importance to Aboriginal and Torres Strait Islander Health Workers.

## PROFESSIONAL NETWORKING FORUMS

During 2016-17 NATSIHWA held nine forums in:

- Lismore NSW 12-14 July 2016
- Dubbo NSW 9-10 August 2016
- Rockhampton QLD 24 August 2016
- Launceston TAS 20 September 2016
- Melbourne VIC 27 September 2016
- Perth WA 7 April 2017
- Broome WA 11 April 2017
- Coffs Harbour NSW 17 May 2017
- Cairns QLD 29 June 2017

In addition to the National Conference 6-7 October 2016, these forums provided diverse opportunities.

### Highlights of Broome

Welcome to Country by Maxine, in Wauru language, set the agenda for the day, of warmth and cultural respect. Our Guest Presenters were also greeted with enthusiasm, and all our members were engaged in the learning and discussions on topics such as: Rheumatic Heart Disease – so sadly prevalent in the Kimberley, the iBobbly Project – a suicide intervention/prevention project – skilfully and passionately delivered by the ALIVE and Kicking Team, and another great session by Aunty Flo, who tirelessly assists the health workforce to better understand Autism Spectrum Disorder and the impact of NDIS. We finished up the day with a session about a wonderful program from the KAMSC SEWB team – The Kimberley Empowerment Healing and Leadership Program, motivating us all to encourage our people to undertake this life changing course Helping Cancer Australia develop a useful resource.

Two forums, Broome and Perth were venues for focus testing groups for the draft resource: *Gynaecological Cancers - A Handbook for Aboriginal and Torres Strait Islander Health Workers* being produced by Cancer Australia. NATSIHWA used participants' responses to provide recommendations to Cancer Australia to improve the usefulness of the resource. Participants appreciated this opportunity realizing that cancers are increasingly prevalent and worker knowledge is limited. Six recommendations were provided to make the resource more culturally appropriate, linked to training and more suitable for workers to use as a resource for community education.

### Action out of Lismore

A discussion at the Lismore Forum, and subsequent action, centred around the NSW Board representative educating the state health sector on the value of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners participation in regional forums. Further, participants suggested that information be provided to the state health sector on the Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners roles being recognised as frontline.





Perth Forum



Julie Allen NATSIHWA's Professional Development Officer presenting to members



Welcome to Country for our Coffs Harbour Forum by Clark, Troy and Uncle Barry.



VACCHO provided a spectacular space for the Melbourne Forum where presenters, Flo Williams – Autism QLD, Richard Burton – IBA, Jordanna and Jaime – HESTA, Deb Cole – Hearing Australia and Uieta and Nicola – 1800 RESPECT were very much appreciated.



Melbourne Forum



## 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 current 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 third year of reporting against this plan.

AREA	IMPACT INDICATOR/S	PROGRESS IN 2016-17
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 [Note this refers to all categories of membership which was met early so that NATSIHWA stretched the target to 800 Full Members]</p>	<p>NATSIHWA well and truly met this target. Our membership grew to 1326 in 2016–17, exceeding our target.</p> <p>At 30 June 2017 there were:</p> <ul style="list-style-type: none"> <li>• 737 Full Members</li> <li>• 351 Associate Members (<i>including students</i>)</li> <li>• 258 Friends of NATSIHWA.</li> </ul> <p>Following NATSIHWA's Communications and Public Relations Strategy, we have been reaching out more to members and using social media (Facebook and Twitter). We have been able to showcase our activities and promote public understanding.</p> <p>NATSIHWA is not yet ISO accredited largely because we do not have wheelchair accessible premises. NATSIHWA is committed to continuous quality improvement and an annual review of the policies and procedures manual to ensure that all policies and procedures are fit for purpose for implementation within the organisation. NATSIHWA has streamlined its back-office functions leading to Board discussions. We have refined our budget preparation using trends from previous years and refocused on education of the Board as a primary function.</p>
2. Reputation of NATSIHWA professional support for members	<p>2.1. 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>	<p>Professional development and networking forums were held across the country and were well attended and received. Associate members and Friends of NATSIHWA also attend networking forums and the national conference.</p> <p>The forums continued to identify issues of importance to members including local issues, facilitate their professional networking, draw on expertise of colleagues and enable NATSIHWA to respond and develop trust.</p> <p>NATSIHWA evaluated each forum and the 2016 national conference, seeking ideas and nominations of topics of interest for members for future events. Feedback from forums and the conference was frank and generally positive.</p> <p>The reputation and value of NATSIHWA to the professional is strongly reflected in its growing membership numbers, the interest in NATSIHWA events and subscription to the NATSIHWA newsletter.</p> <p>NATSIHWA is near finalising the website portal for members to easily access resources and tools.</p> <p>NATSIHWA's use of its website and social media has developed further in 2016-17, using Facebook and Twitter, the latter particularly during the national conference which encouraged promotions with other organisations and communication with stakeholders not attending across Australia. Engagement has been high.</p>

AREA	IMPACT INDICATOR/S	PROGRESS IN 2016-17
<b>3. Workforce expansion and development</b>	<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>Data sources to verify recruitment are scant. It seems that numbers of Health Workers and Health Practitioners have been fairly static at about 1,000 to 1200 in total all services, with OSR Report (Commonwealth funded services only) 2017 stating 941 FTE in total.</p> <p>The number of ATSI Health Practitioners registered with the Aboriginal and Torres Strait Islander Health Practice Board (ATSIHPB) continues to increase with many of these moving from the Health Worker classification.</p> <p>NATSIHWA promoted the health worker professions and membership of the NATSIHWA with booths at various events run by other organisations recently:</p> <ul style="list-style-type: none"> <li>• Stepping Up Forum NSW Health</li> <li>• National Aboriginal Wellbeing Conference</li> <li>• National Rural Health Alliance Conference</li> <li>• Laura Dance Festival 2017.</li> </ul> <p>NATSIHWA is updating the 2015 Continuing Professional Development Framework and Program to ensure it remains effective for the maintenance, enhancement and extension of the knowledge, expertise, and competence of members.</p> <p>NATSIHWA worked with ATSHPA and GNARTN to formulate a resource that Aboriginal and/or Torres Strait Islander Health Practitioners can access providing information on the registration requirements and resources such as resume templates to assist in taking advantage of career opportunities.</p> <p>Work is underway through the Fair Work Commission to amend the Aboriginal Community Controlled Health Services Award to more appropriately align certificate levels with pay levels.</p>
<b>4. External stakeholder relationships</b>	<p>4.1. Relationships and partnerships with external stakeholders result in meaningful outcomes for NATSIHWA and Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners that address priority issues</p> <p>4.2. There is a steady increase in the number and type of collaborative projects with external stakeholders that reflect NATSIHWA priorities</p>	<p>NATSIHWA engages with many national health organisations focusing on training, education, partnerships and other support for Members, including with the Lowitja Institute, the Royal Australian College of General Practitioners, Program of Excellence in the Palliative Approach (PEPA), GNARTN, and HealthInfoNet.</p> <p>NATSIHWA has fostered a network of organisations that provide professional networking opportunities at the regional forums. These include: Black Dog Institute, Diabetes Australia, 1800 RESPECT, Australian Hearing and Rheumatic Heart Disease Australia.</p> <p>NATSIHWA is an active member of Aboriginal and Torres Strait Islander Health Worker Working Group (ATSIHWWG) under the Australian Health Ministers' Advisory Council, the Closing the Gap Committee, the National Health Leadership Forum [and Implementation Plan Advisory Group (IPAG)], the National Rural Health Alliance and a panel member of the Puggy Hunter Memorial Scholarship Scheme.</p> <p>NATSIHWA has constructive working relationships with AIDA, CATSINaM, IAHA and NACCHO. This year:</p> <ul style="list-style-type: none"> <li>• The CEOs of all organisations gave an inaugural joint presentation on Cultural Safety and Cultural Responsiveness at the National Rural Health Conference in Cairns.</li> <li>• Joint presentation to the Minister for Indigenous Health, the Hon Ken Wyatt AM, MP.</li> <li>• The NATSIHWA CEO made a joint visit with CATSINaM to Bila Muuji AMS.</li> <li>• NATSIHWA ran a booth jointly with IAHA at NACCHO national conference.</li> <li>• NATSIHWA supports the Lowitja Institute's research with NT and NSW, focusing on career pathways for our members.</li> </ul>
<b>5. Representation and promotion of workforce needs</b>	<p>5.1. NATSIHWA policy positions and priorities are clearly reflected in national and jurisdictional policy development and decision-making processes that impact on the Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioner workforce</p>	<p>NATSIHWA delivered the National Scope of Practice Framework in December 2016 working with ATSIHWWG, is progressing work on the Modern Award with the Fair Work Commission, and is constructively working with members and the Aboriginal and Torres Strait Islander Health Practice Board to address concerns about Registered Training Organisation (RTO) accreditation and accessible CPD.</p> <p>NATSIHWA participates in consultative forums such as the Australian Health Practitioner Regulation Agency (AHPRA) Professions Reference Group. Seven organisations have been approved by AHPRA as new RTOs for health worker professional development in 2016-17.</p> <p>NATSIHWA continues to engage with industrial associations, state and territory governments and other employment groups to highlight the recruitment and retention benefits of improved wages and conditions for the Aboriginal and Torres Strait Islander health workforce.</p> <p>NATSIHWA is a co-signatory on the Redfern Statement offering solutions for Aboriginal and Torres Strait Islander disadvantage, co-presented the recommendations to Minister Wyatt and participated in relevant ensuing Congress workshops in 2017.</p> <p>The NATSIHWA CEO chaired the Tasmanian session of the IPAG national consultation for the next iteration of the National Aboriginal and Torres Strait Islander Health Plan Implementation Plan in 2017.</p>

## FUTURE ACTIVITIES

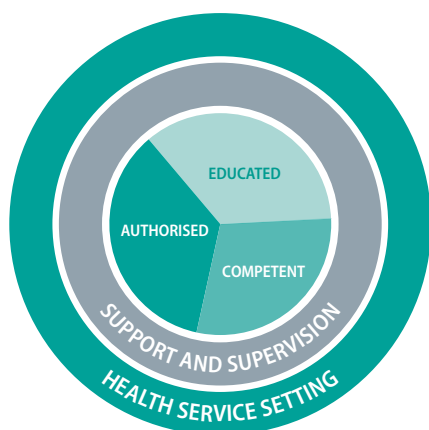
### Scope of Practice Framework

#### Background

The National Framework for Determining Scope of Practice for Aboriginal and/or Torres Strait Islander Health Worker/Health Practitioner Workforce (National Framework) commenced as a building block from the recommendations of the 'Growing Our Future' Final Report of the Aboriginal and/or Torres Strait Islander Health Worker Project December 2011, and is the result of contributions from a range of stakeholders across the country. Nationally, there are various specific job requirements, legal frameworks and local demands and thus variation in types of roles, type and level of supervision and registration status. While many areas around Australia already robustly integrate Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners into their operations, in many circumstances a guide for determining and documenting appropriate scopes of practice was identified as needed.

With no nationally consistent fixed definition of each profession, this framework encourages the inclusion of each person's education and qualifications, their knowledge and skills and their level of work experience to clarify practice for each circumstance.

The common elements for this workforce are diagrammatically represented in the first section of the document as follows.



The second section of the Framework goes through the 10-step process recommended to be used.

This tool has been adapted from the Queensland Department of Health, Aboriginal and/or Torres Strait Islander Health Practitioner Clinical Governance Guidelines. A template titled "Tool for Determining Scope of Practice for an Aboriginal and/or Torres Strait Islander Health Worker /Health Practitioner" is provided in Appendix 1 to the Guideline to assist in working through this process.

#### Further work

NATSIHWA is aware that further work to demonstrate the usability of the National Framework for the health service arrangements in all states and territories and circumstances is required. The National Framework was released in December 2016 to provide a guide for Health Workers and Health Practitioners and those that employ them understand their roles and contributions to the health system. It gives a process rather than fixed definitions but to make more sense of this for users, interactive work with users is planned in the implementation of the framework.

This publication was a highlight for NATSIHWA after collaborations over a long period with many parties, as acknowledged inside the front cover. However we are not sitting back. Trying to make a single document signposting the common aspects of the Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners nationally while allowing for diversity with a generic tool was an ambitious task. The National Framework is intended to be adaptable for the many situations around the country. We believe the publication can be used for most cases with a flexible approach. Over the next twelve months we will promote its use and expand its adaptability through case studies and discussions with our members at every opportunity.



## Modern Award (ACCHSA)

### Background

As part of a four-yearly review cycle for a range of Modern Awards, there was an opportunity to review the award for health workers in Aboriginal Community Controlled Health Services in 2016-17. This award was introduced by NACCHO in 2010 in recognition that there was no such award specifically for community-controlled health services. Several aspects of training and practice have evolved in that time.

NATSIHWA engaged the legal firm EWL Ebsworth to prepare and argue a case with the Fair Work Commission. Career structures of Queensland, Northern Territory, New South Wales and Western Australia revealed inconsistencies between qualifications and pay scales.

NATSIHWA proposed a revised grade structure as follows (new structure in green). The new structure gives recognition to the Certificate II entry level and allows for recognition of the higher qualification of Advanced Diploma and additional responsibilities for a higher grade 6 level. The uptake of the award by any organisation is voluntary and some community-controlled services elect to use other awards currently. Nonetheless, NATSIHWA believes that it is important to update the existing award to guide the most appropriate conditions to correspond the current range of qualifications and responsibilities (to cover the professions as widely as possible nationally).

### Further work

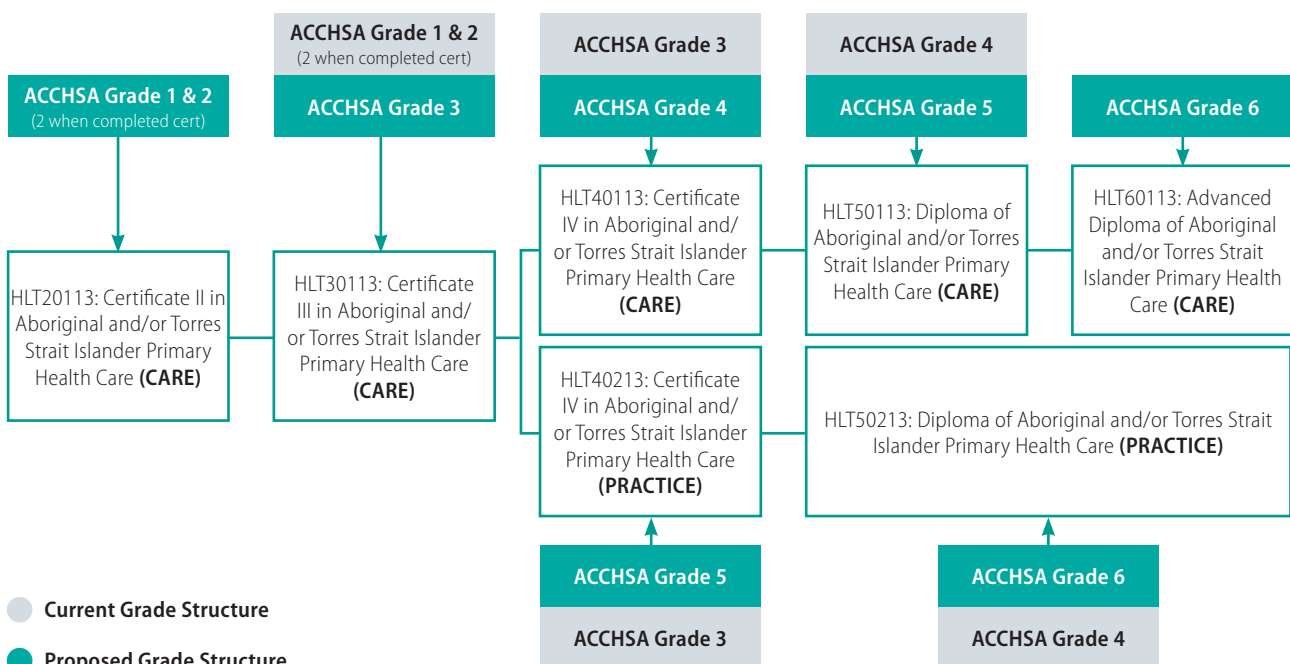
This case remains unresolved and requires further work in 2017-18. There are several possible avenues to be taken to obtain a decision, including going to Arbitration. Making the case involves 15 items to be agreed, each one to be carefully argued with employer and union representatives. Those interested in following the case can view up to date reports on [www.fwc.gov.au/search/document/modern-award-decisions](http://www.fwc.gov.au/search/document/modern-award-decisions)

## New Strategic Plan

We anticipate a new three-year Strategic Plan for NATSIHWA involving such work as:

- Assisting with training in the health system in applying the cultural respect framework
- Embedding professional development resources in the NATSIHWA portal
- Developing the potential for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to have a recognised role in disability care and justice health
- Implementing action on the social determinants of health through local team work
- Promoting careers in health.

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



## GOVERNANCE AND BOARD



Back row L–R: Robert Dann (SA), Jacob Prehn (Tas), David Follent (NSW), Josslyn Tully – Chairperson (Qld)  
Front row L–R: Karl Briscoe –CEO, Christine Ingram (Vic), Aunty Thelma Weston (ACT), Naomi Zaro (WA), Yancy Laifoo (TSI), Natalie Pangquee (NT)

### NATSIHWA Board

**Josslyn Tully**

*Chairperson, Queensland*

**Jacob Prehn**

*Deputy Chair, Tasmania*

**Christine Ingram**

*Treasurer, Victoria*

**Thelma Weston**

*Secretary, Australian Capital Territory*

**Naomi Zaro**

*Western Australia*

**Robert Dann**

*South Australia*

**Yancy Laifoo**

*Torres Strait*

**Natalie Pangquee**

*Northern Territory*

**David Follent**

*New South Wales*

To serve on the Board of NATSIHWA takes a commitment of time and energy. We thank all members who served on the Board of Directors during 2016-17.

### Board Activity in 2016-17

The Board of Directors met five times in 2016-17 and made key decisions on:

- An ongoing program of national wide forums, including regional centres where possible,
- Evaluation of the Strategic Plan and development of a new Strategic Plan,
- Finalisation of the Scope of Practice Framework
- The launch of the photographic exhibition and arrangements for showing in Canberra and Sydney
- Administration: Risk matrix with the Finance, Audit and Risk Management Committee and Enterprise Bargaining Agreement arrangements.
- Legal review of the revised Constitution
- Modern Award negotiations with the Fair Work Commission



### Josslyn Tully

*Chairperson, Queensland*

Josslyn Tully has worked within the Aboriginal and Torres Strait Islander Health Worker profession for 15 years. She started as a Trainee Health Worker in Bowen Qld, working closely with community and the local hospital in 1999. She trained in Primary Health Care in 2002 and completed Adv Dip in 2006. Although she didn't have the qualification at the time she was successful in gaining a position as a Sexual Health Worker in Weipa, so moved her 5 children in 2004 to start a new adventure in Cape York. Working with very experienced Health Workers here expanded her experience in the clinical and community field. She has acted as the Director of Primary Health Care and has been a member of the Executive Management Team in Cape York as the Manager, Health Worker Services since 2012. Josslyn has been involved in recovery relief and outbreak teams.

Her passion is for the Aboriginal and Torres Strait Islander Health Worker profession and to be involved in advocating for recognition and remuneration for the roles performed within communities. The Aboriginal and Torres Strait Islander Health Worker is the component of a clinic/community providing links for non-Indigenous staff to the Aboriginal and Torres Strait Islander community members. The role includes being a cultural mentor for these staff members. Josslyn strongly believes that the Aboriginal and Torres Strait Islander Health Worker profession needs to be promoted, recognised and remunerated according to their important practice role as other health professionals are.



### Jacob Prehn

*Deputy Chairperson, Tasmania*

Jacob Prehn is a proud Worimi man born and living on Palawa country in Hobart, Tasmania. He first worked as an Aboriginal Health Worker in 2010 at the Tasmanian Aboriginal Centre, primarily working with the youth and in a clinical environment.

Jacob has a Bachelor of Social Science and a Master of Social Work, both from the University of Tasmania. He is hoping to undertake a PhD in the future regarding Aboriginal men's health. Jacob has recently completed a graduate certificate in Bush Adventure Therapy (BAT) which he feels is highly beneficial to Aboriginal people and is well positioned to provide a unique form of therapy which utilises a connection to country and culture. Jacob shares his time between running Tasmanian's only Aboriginal Men's program and the University of Tasmania three days a week in Aboriginal Research and Leadership.



### Christine Ingram

*Treasurer, Victoria*

Christine Ingram is a Yidinjdji Woman from Far North Queensland, one of three children, who grew up in Melbourne Victoria. Christine has worked in Aboriginal Health for the past 24 years. She began her career as a trainee dental health worker and to date is the Deputy CEO with the Victorian Aboriginal Health Service. Christine has completed the following training: Cert III in Dental Assisting (Australian Dental Association) Cert III in Aboriginal Primary Health Care (VACCHO) Diploma of Practice Management (VACCHO). She was the recipient of a Dental Health Services Victoria Public Oral Healthcare Award in 2011.

Christine is on the following other committees:

- Oral Health Subcommittee of Victorian Advisory Committee Koori Health (VACKH)
- Community Advisory Committee Dental Health Services Victoria
- DHSV Aboriginal Oral Health Reference Group
- Department of Human Services NW Metropolitan Regional Oral Health Leadership Group
- Subcommittee of Victorian Oral Health Promotion Plan 2012-2018
- Board Member of the Koori Night Market Inc
- Previous board member of Elizabeth Hoffmann House Aboriginal Women's Services





### Thelma Weston

*Secretary, Australian Capital Territory*

A Torres Strait Islander born on Mer Island, Thelma grew up in Brisbane. She completed 2 years General Nursing Training at Brisbane General Hospital and then spent 2 years in the Army Nursing Corps. She married and relocated to Perth, raising 5 children while working as a nurse in Aged Care for fifteen years. Thelma applied to Marr Mooditj Foundation to study Aboriginal and Torres Strait Islander health, graduating with an Advance Certificate and a Diploma. She was awarded for excellence in Diabetes Education Prevention and Control, Medication Certificate School of Pharmacy at Curtin University.

While a student at Marr Mooditj Thelma was selected to go to the USA and spent time touring the Navajo Lands in New Mexico and Arizona and also toured Alberta Canada. Thelma was employed by Derbarl Yerrigan Aboriginal Health Service, working in many positions as a Senior Health Worker and also as Manager of one of the outer branches of Derbarl Kerrigan. Thelma relocated to Canberra and is now employed by Winnunga Nimmityjah Health Service as the Administration Receptionist and manage the Needle and Syringe Program. Thelma has been the ACT representative on the Board of NATSIHWA since October 2013.



### David Follent

*Director, New South Wales*

David is currently a Senior Project Officer, within the Aboriginal Chronic Care Team with in NSW Health's Agency of Clinical Innovation. Prior to this position, he spent over six years within Central Coast Local Health District (CCLHD) based at Gosford. He managed the Aboriginal Chronic Care Program with the CCLHD's Aboriginal Health unit, with secondments to Public Health Unit and Priority Programs, working on projects for Dental and Sexual Health / Needle and Syringe Program. Earlier David spend 6 years in South Eastern Sydney and Illawarra Local Health District (now Sydney Local Health District and Illawarra Local Health District). In his time here, David was an Aboriginal Health Worker, trainee enrolled nurse and Aboriginal Chronic Care Project Lead. In this time, he completed a Certificate IV in Enrolled Nursing (NSW TAFE) and a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Aboriginal Health College).

David is currently finishing off his Masters in Public Health at Sydney University. On completion of his Master's degree, he will meet all requirements to have successfully completed the Aboriginal Population Health Training Initiative (APHTI). David's passions and interests include Aboriginal Health, Public Health and Health Policy Development.

David, proudly states he is a second generation of this family to venture into Aboriginal health, with his mother, Sue Follent, a member of the early cohorts of Aboriginal Health Workers within the NSW health system and went on to manage Bugalweena Service, within Tweed Hospital in Northern NSW, retiring in 2010 after a career spanning nearly 30 years.



### Yancy Laifoo

*Director, Torres Strait Island*

NATSIHWA representative for the Torres Strait Islands and from Badu Island, Yancy has been a Health Worker for over 19 years and Board Members since 2012. Currently the Manager for Health Programs in a Primary Health Care Organisation, she is overseeing the Child and Maternal Health Program throughout the Torres Strait Islands and Northern Peninsular Area. She also worked with Qld Health in theatre and A&E. She is active in supporting and encouraging other Health Workers to achieve and to gain higher qualifications. Yancy herself has an Advanced Diploma in Primary Health Care, Cert IV Workplace Training & Assessing and a Degree in Community Development. In her spare time and coming from a large family of 24 plus extended family, she enjoys getting everyone together and going fishing, teaching kinship and culture to younger family members. She likes to ensure children are involved in sports and healthy activities.



## Robert Dann

*Director, South Australia*

Robert Dann is an Aboriginal Yamiitji Man, whose connection to country encompasses the wide area from Geraldton on the far west coast of Australia through the mid-west of Western Australia to Wiluna. Robert Currently has the role of supporting the Aboriginal Health workforce and community within South Australia. He is currently employed at the Aboriginal Health Council of South Australia (AHCSA) as the Workforce Development Officer supporting Aboriginal Health Workers and Practitioners.

Robert has seven years' experience as an Aboriginal Health Worker and Aboriginal Hospital & Mental Health Liaison Officer, with nine years of community-controlled governance experience. He helped guide the development of the National Aboriginal Torres Strait Islander Health Worker Association as member of the Expert Reference Group. He has extensive life experience and knowledge of living in Aboriginal communities. His governance roles and clinical experience provides him with extensive knowledge in relation to Aboriginal health workforce issues.

Some particular areas of interest for Robert are:

- Men's Health and Wellbeing,
- Aboriginal Mental Health,
- Palliative Care,
- Awareness of Aboriginal culture,
- Aboriginal Health Workers issues.



## Naomi Zaro

*Director, Western Australia*

Naomi Zaro is from Kalgoorlie but has ties to the Torres Strait Islander culture as her father was born on Mer (Murray) Island in the eastern Torres Strait. She works at Bega Garberringu Health Services Inc. in Kalgoorlie, Western Australia. She is an AHPRA registered Aboriginal Health Practitioner as well as Clinical Educator. She holds a Cert IV in Aboriginal and/or Torres Strait Islander Primary Health Care and a Cert IV in Training and Assessment.

She have been an AHW since 2012 and a Clinical Educator since October 2014, training new Health Workers in Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice. In her role as AHW/AHP, she has travelled the Goldfields/ Esperance region with the mobile clinic, including being clinical support for the Black Dog Motor bike ride (Suicide Awareness) as well as providing clinical services to communities, schools and with Ear Bus. She has been a NATSIHWA member since 2014.



## Natalie Pangquee

*Director, Northern Territory*

Natalie Pangquee developed her interest in Aboriginal health and helping people at an early age, with travel to her country from age seven years, including visits to her parent's outstation as a school student. One of her family friends was a Senior Aboriginal health Worker (SAHW), Esther Seaton, who would travel out to communities promoting the role of an AHW. There were about 13 outstations and around 300 people who accessed the main community. Natalie was about 16 years old when she was chosen from the community to be the future AHW. She was given the respect to deliver/ provide health care for her Marrithiyel people.

Natalie started as a Trainee AHW in 1992 and on completion worked at Woodcupildya Health Centre. She worked with a nurse in a 20 foot demountable with 1 consultation room. There were 13 outstations to be visited weekly in the dry season, working with many different nurses over time. She then worked for eight years as an AHW at Yirrkala Health and was adopted by one of the families. She learnt a lot from the SAHW about bush medicine and smoking ceremonies.

Natalie recognised her profession was ageing with no young AHW coming through and wanted to know why. She applied for an AHW Education and Training position that was based in Nhulunbuy and worked with many SAHW chosen from their community people who passed on their knowledge. She then decided to go home as she recognised her children needed to learn their own culture and land so went back to Darwin as the Aboriginal Health Practitioner Coordinator and worked the Top end west. Natalie then became the Acting AHP Director.

## FINANCIAL STATEMENTS 2016–17

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## DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2017.

### DIRECTORS

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

Josslyn Tully – Chairperson

Christine Ingram – Treasurer

Thelma Weston – Secretary

Yancy Laifoo

Jacob Prehn (Appointed on 6 October 2016)

Naomi Zaro (Appointed on 6 October 2016)

Robert Dann (Appointed on 14 November 2016)

Natalie Pangquee (Appointed on 3 March 2017)

David Follent (Appointed on 3 April 2017)

Emma Robertson (Resigned on 3 August 2016)

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

#### 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**

<b>DIRECTORS' MEETINGS</b>		
<b>DIRECTORS</b>	<b>Number eligible to attend</b>	<b>Number attended</b>
Josslyn Tully	5	5
Christine Ingram	5	5
Thelma Weston	5	4
Yancy Laifoo	5	5
Jacob Prehn	3	3
Naomi Zaro	3	3
Robert Dann	3	3
Natalie Pangquee	1	1
David Follent	1	1
Emma Robertson	0	0

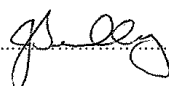
**CONTRIBUTIONS ON WIND UP**

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 2017, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$7,140 (2016: \$11,760).

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

Josslyn Tully

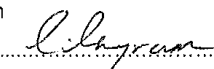
Director



Dated this 30 day of August 2017

Christine Ingram

Treasurer



Dated this 30th day of August 2017

**RSM Australia Partners**

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**INDEPENDENT AUDITOR'S REPORT****TO THE MEMBERS OF NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED****Opinion**

We have audited the financial report of National Aboriginal and Torres Strait Islander Health Workers Association Limited ("the company"), which comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the company is in accordance with the Corporations Act 2001, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2017 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards and the Corporations Regulations 2001.

**Basis for Opinion**

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

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

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

**Other Information**

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2017, but does not include the financial report and the auditor's report thereon.

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

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

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**Other Information (continued)**

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

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

**Responsibilities of the Directors for the Financial Report**

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Corporations Act 2001 and is appropriate to meet the needs of the members. The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

**Auditor's Responsibilities for the Audit of the Financial Report**

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

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

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**RODNEY MILLER**  
Partner

Canberra, Australian Capital Territory  
Dated: 29 August 2017

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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 2017, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

*RSM Australia Partners*

**RSM Australia Partners**

A handwritten signature in black ink, appearing to read 'Rodney Miller', with a long horizontal stroke extending to the right.

**RODNEY MILLER**  
Partner

Canberra, Australian Capital Territory  
Dated: 29 August 2017

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

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## DIRECTOR'S DECLARATION

In the director's opinion:

1. the attached financial statements and notes comply with the *Corporations Act 2001*, the Accounting Standards, the *Corporations Regulations 2001* and other mandatory professional reporting requirements;
2. the attached financial statements and notes comply with International Financial Reporting Standards as issued by the International Accounting Standards Board as described in Note 1 to the financial statements;
3. the attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2017 and of its performance for the financial year ended on that date; and
4. there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

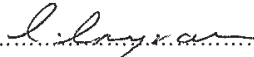
On behalf of the directors

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

Director:  .....

Josslyn Tully

Dated this 30 day of August 2017

Treasurer:  .....

Christine Ingram

Dated this 30<sup>th</sup> day of AUGUST 2017



# STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2017

		2017	2016
	Note	\$	\$
Revenue	2	1,404,357	1,357,956
Employee benefits		(588,064)	(615,186)
Depreciation	3	(4,679)	(8,511)
Training		(29,402)	-
Travel		(222,616)	(219,462)
Program related		(191,210)	(80,454)
Rent		(29,640)	(29,640)
Accounting		(13,054)	(15,346)
Marketing and media		(29,165)	(30,181)
IT		(19,986)	(26,080)
Subcontractors		-	(8,663)
Consultancy fees		(14,390)	(51,247)
Legal		(134,050)	(17,177)
Other expenses		(79,643)	(128,621)
<b>CURRENT YEAR SURPLUS</b>		<b>48,458</b>	<b>127,389</b>
<b>OTHER COMPREHENSIVE INCOME</b>		<b>-</b>	<b>-</b>
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>48,458</b>	<b>127,389</b>

## STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2017

	Note	2017 \$	2016 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	9a	262,384	263,797
Trade and other receivables	5	122,387	24,193
<b>TOTAL CURRENT ASSETS</b>		<b>384,771</b>	<b>287,990</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	6	65,653	25,163
<b>TOTAL NON-CURRENT ASSETS</b>		<b>65,653</b>	<b>25,163</b>
<b>TOTAL ASSETS</b>		<b>450,424</b>	<b>313,153</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	7	113,283	41,593
Provisions	8	46,819	29,696
<b>TOTAL CURRENT LIABILITIES</b>		<b>160,102</b>	<b>71,289</b>
<b>TOTAL LIABILITIES</b>		<b>160,102</b>	<b>71,289</b>
<b>NET ASSETS</b>		<b>290,322</b>	<b>241,864</b>
<b>EQUITY</b>			
Retained earnings		241,864	114,475
Current year earnings		48,458	127,389
<b>TOTAL EQUITY</b>		<b>290,322</b>	<b>241,864</b>

## STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2017

	Retained Earnings \$	Total \$
<b>Balance at 1 July 2015</b>	<b>114,475</b>	<b>114,475</b>
Surplus from operations	127,389	127,389
<b>Balance at 30 June 2016</b>	<b>241,864</b>	<b>241,864</b>
Surplus from operations	48,458	48,458
<b>Balance at 30 June 2017</b>	<b>290,322</b>	<b>290,322</b>

# STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 \$	2016 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Government grants received		1,510,429	1,480,518
Sundry receipts		(69,308)	46,999
Interest received		4,980	3,848
Payments to suppliers and employees		(1,402,345)	(1,369,794)
<b>Net cash provided by operating activities</b>	9b	<b>43,756</b>	<b>161,571</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Fixed asset purchases		(45,169)	(6,072)
<b>Net cash (used in) investing activities</b>		<b>(45,169)</b>	<b>(6,072)</b>
Net (decrease) increase in cash held		(1,413)	155,499
Cash at beginning of year		263,797	108,298
<b>Cash at end of year</b>	9a	<b>262,384</b>	<b>263,797</b>

# NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2017

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

## NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

### New or amended Accounting Standards and Interpretations adopted

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

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

### Basis of preparation

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

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



## Accounting Policies

### a. Income Tax

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

### b. Property, Plant and Equipment

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

#### *Plant and Equipment*

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

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

#### *Depreciation*

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

### b. Property, plant and equipment (continued)

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

<i><b>Class of Fixed Asset</b></i>	<i><b>Depreciation Rate</b></i>
Fixtures & Fittings	10-20%
Office Equipment	10-20%
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 Accounting Standards and Interpretations not yet mandatory or early adopted**

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the company for the annual reporting period ended 30 June 2017. The company's assessment of the impact of these new or amended Accounting Standards and Interpretations, most relevant to the company, are set out below.

##### *AASB 15 Revenue from Contracts with Customers*

This standard is applicable to annual reporting periods beginning on or after 1 January 2018. The standard provides a single standard for revenue recognition. The core principle of the standard is that an entity will recognise revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard will require: contracts (either written, verbal or implied) to be identified, together with the separate performance obligations within the contract; determine the transaction price, adjusted for the time value of money excluding credit risk; allocation of the transaction price to the separate performance obligations on a basis of relative stand-alone selling price of each distinct good or service, or estimation approach if no distinct observable prices exist; and recognition of revenue when each performance obligation is satisfied. Credit risk will be presented separately as an expense rather than adjusted to revenue. For goods, the performance obligation would be satisfied when the customer obtains control of the goods. For services, the performance obligation is satisfied when the service has been provided, typically for promises to transfer services to customers. For performance obligations satisfied over time, an entity would select an appropriate measure of progress to determine how much revenue should be recognised as the performance obligation is satisfied. Contracts with customers will be presented in an entity's statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment. Sufficient quantitative and qualitative disclosure is required to enable users to understand the contracts with customers; the significant judgments made in applying the guidance to those contracts; and any assets recognised from the costs to obtain or fulfil a contract with a customer. The company will adopt this standard from 1 July 2018 but the impact of its adoption is yet to be assessed by the company.

##### *AASB 16 Leases*

This standard is applicable to annual reporting periods beginning on or after 1 January 2019. The standard replaces AASB 117 'Leases' and for lessees will eliminate the classifications of operating leases and finance leases. Subject to exceptions, a 'right-of-use' asset will be capitalised in the statement of financial position, measured at the present value of the unavoidable future lease payments to be made over the lease term. The exceptions relate to short-term leases of 12 months or less and leases of low-value assets (such as personal computers and small office furniture) where an accounting policy choice exists whereby either a 'right-of-use' asset is recognised or lease payments are expensed to profit or loss as incurred. A liability corresponding to the capitalised lease will also be recognised, adjusted for lease prepayments, lease incentives received, initial direct costs incurred and an estimate of any future restoration, removal or dismantling costs. Straight-line operating lease expense recognition will be replaced with a depreciation charge for the leased asset (included in operating costs) and an interest expense on the recognised lease liability (included in finance costs). In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared to lease expenses under AASB 117. For classification within the statement of cash flows, the lease payments will be separated into both a principal (financing activities) and interest (either operating or financing activities) component. For lessor accounting, the standard does not substantially change how a lessor accounts for leases. The company will adopt this standard from 1 July 2019 but the impact of its adoption is yet to be assessed by the company.

##### *AASB 1058 Income of Not-for-Profit Entities*

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



**NOTE 2. REVENUE**

	<b>2017</b>	<b>2016</b>
	<b>\$</b>	<b>\$</b>
Operating activities		
DoHA funding	1,345,925	1,345,925
National Conference income	27,192	-
<b>Total operating activities</b>	<b>1,373,117</b>	<b>1,345,925</b>
Interest received	4,980	3,848
Sundry income	26,260	8,183
<b>Total revenue</b>	<b>1,404,357</b>	<b>1,357,956</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	4,679	8,511
Operating lease payments	31,065	32,796
	<b>35,744</b>	<b>41,307</b>

**NOTE 4. AUDITOR'S REMUNERATION**

Remuneration of the auditor for:

	<b>2017</b>	<b>2016</b>
	<b>\$</b>	<b>\$</b>
Audit of the financial report	10,750	10,750
	<b>10,750</b>	<b>10,750</b>

**NOTE 5. TRADE AND OTHER RECEIVABLES**

Trade debtors	-	-
GST receivable	19,964	11,278
Prepayments	102,223	12,715
Bonds	200	200
	<b>122,387</b>	<b>24,193</b>

**NOTE 6. PROPERTY, PLANT AND EQUIPMENT**

Fixtures and fittings – at cost	17,943	8,047
Less accumulated depreciation	(4,005)	(3,242)
	<b>13,938</b>	<b>4,805</b>
Computer equipment – at cost	67,677	33,187
Less accumulated depreciation	(27,011)	(24,300)
	<b>40,666</b>	<b>8,887</b>
Office equipment – at cost	20,029	19,246
Less accumulated depreciation	(8,980)	(7,775)
	<b>11,049</b>	<b>11,471</b>
	<b>65,653</b>	<b>25,163</b>

**NOTE 6. PROPERTY, PLANT AND EQUIPMENT (CONTINUED)***Movements in carrying amounts*

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

	<b>Fixtures and Fittings</b>	<b>Office Equipment</b>	<b>Computer Equipment</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Balance at 1 July 2015</b>	<b>3,402</b>	<b>9,371</b>	<b>14,829</b>	<b>27,602</b>
Additions	2,257	3,815	-	6,072
Depreciation expense	(854)	(1,715)	(5,942)	(8,511)
<b>Balance at 30 June 2016</b>	<b>4,805</b>	<b>11,471</b>	<b>8,887</b>	<b>25,163</b>
Additions	9,896	783	34,490	45,169
Depreciation expense	(763)	(1,205)	(2,711)	(4,679)
<b>Balance at 30 June 2017</b>	<b>13,938</b>	<b>11,049</b>	<b>40,666</b>	<b>65,653</b>

**NOTE 7. TRADE AND OTHER PAYABLES**

	<b>2017</b>	<b>2016</b>
	<b>\$</b>	<b>\$</b>
Trade creditors	80,093	10,010
Accruals	18,410	15,623
Deferred revenue	-	2,727
Other payables	14,780	13,233
	<b>113,283</b>	<b>41,593</b>

**NOTE 8. PROVISIONS**

Annual Leave	46,819	29,696
	<b>46,819</b>	<b>29,696</b>

**NOTE 9. CASH FLOW INFORMATION**

## a. Reconciliation of cash

Cash on hand	500	500
Cash at bank	261,884	263,297
	<b>262,384</b>	<b>263,797</b>

**NOTE 9. CASH FLOW INFORMATION (CONTINUED)**

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

	<b>2017</b>	<b>2016</b>
	<b>\$</b>	<b>\$</b>
<b>Surplus:</b>	48,458	127,389
<b>Non-cash flows in profit from ordinary activities:</b>		
Depreciation	4,679	8,511
Other non-cash items	-	-
<b>Changes in assets and liabilities:</b>		
(Increase)/Decrease in receivables	(98,194)	37,997
Increase/(Decrease) in creditors	71,690	(34,655)
Increase/(Decrease) in provisions Increase/	17,123	22,329
(Decrease) in grants in advance	-	-
<b>Net cash provided by operating activities</b>	<b>43,756</b>	<b>161,571</b>

**NOTE 10. COMMITMENTS**

Operating lease commitments payable:

- not later than one year	29,460	24,700
- later than one year, but no later than 5 years	-	-
	<b>29,460</b>	<b>24,700</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:

	<b>Salary &amp; Fees</b>	<b>Short-term benefits Superannuation contributions</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Key Management Personnel Summary</b>			
2017	159,100	15,115	174,215
Total compensation	<b>159,100</b>	<b>15,115</b>	<b>174,215</b>
2016	140,000	13,300	153,300
Total compensation	<b>140,000</b>	<b>13,300</b>	<b>153,300</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:

**Credit Risk**

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

**Liquidity Risk**

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

**Market Risk**

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

**NOTE 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 approval from the Department of Health for grant funding for an additional 1 year beyond 30 June 2017 with an agreement executed 1 October 2015.

**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 2017 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 2017, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$7,140 (2016: \$11,760).





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

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

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