

**CATSINaM**

CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES

The Congress of Aboriginal and  
Torres Strait Islander Nurses and Midwives

**Annual Report 2014 - 2015**





The Founding Members of the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) pictured at the first National Forum of Aboriginal and Torres Strait Islander nurses and midwives, August 1997.

These women and men were the ‘trail-blazers’ and had the vision and courage to challenge a system that had excluded them.

## Vision

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*Aboriginal and Torres Strait Islander nurses and midwives play a pivotal and respected role in achieving health equality across the Australian health system for Aboriginal and Torres Strait Islander peoples and communities.*

## Mission

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*CATSINaM honours a holistic and culturally safe approach to achieving optimal health and wellbeing for Aboriginal and Torres Strait Islander peoples and communities. We develop and promote strategies to ensure that this holistic and culturally safe approach is understood and applied by nurses and midwives working in Australia.*

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**Warning:** Aboriginal and Torres Strait Islander readers should be aware that this document contains images and names of people who have since passed away.

# About CATSINaM

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM, formerly CATSIN) began as an idea and question posed – ‘Why are there so few Aboriginal and Torres Strait Islander nurses?’

CATSINaM was founded in 1997 to formally represent Aboriginal and Torres Strait Islander nurses and midwives. A grant from the Office for Aboriginal and Torres Strait Islander Health (OATSIH) to the Australian Nursing Federation (ANF) provided for the first national meeting of Aboriginal and Torres Strait Islander nurses in August 1997. Held in Sydney, the three-day meeting developed a series of recommendations for strategies and initiatives to advance the recruitment of Aboriginal and Torres Strait Islander peoples into nursing.

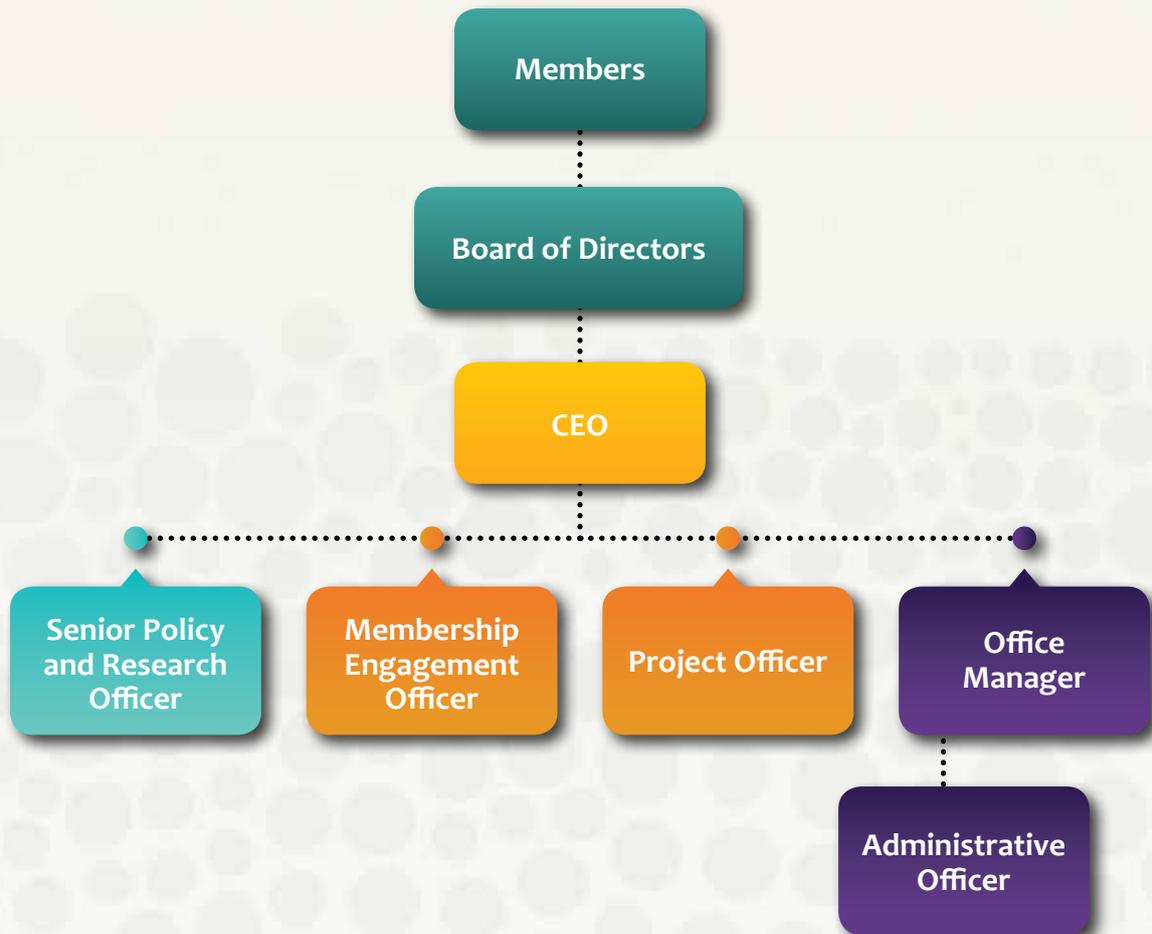
In 1998, CATSIN was incorporated and until July 2012, led by its founding Executive Director, Dr Sally Goold OAM.

CATSINaM is the national peak body that represents, advocates and supports Aboriginal and Torres Strait Islander nurses and midwives at a national level. We believe that nurses and midwives are the backbone of the Australian health system, and play a pivotal role in providing culturally safe health services to Aboriginal and Torres Strait Islander communities.

CATSINaM promotes, supports and advocates for Aboriginal and Torres Strait Islander nurses and midwives in many ways. For example, we:

- develop strategies to increase the number of practicing Aboriginal and Torres Strait Islander nurses and midwives
- develop strategies to support Aboriginal and Torres Strait Islander nurses and midwives throughout their nursing career to keep them in the profession
- encourage Aboriginal and Torres Strait Islander peoples to consider and select nursing and midwifery as a career
- work with governments and universities on workforce planning and ensuring Aboriginal and Torres Strait Islander peoples can become nurses and midwives
- ensure Aboriginal and Torres Strait Islander nursing and midwifery students have targeted support and assistance to give everyone the opportunity to realise their potential
- promote greater understanding of the nature and value of cultural safety within the nursing and midwifery professions as an essential ingredient for improving health service experiences and outcomes
- help universities and educational institutions that teach nursing and midwifery to understand the issues that impact on Aboriginal and Torres Strait Islander health
- ensure that all nurses and midwives learn about Aboriginal and Torres Strait Islander health, history and culture, including cultural safety, in all courses leading to enrolment, registration or endorsement as a nurse or midwife
- work with other health organisations to make sure our peoples stand alongside doctors, pharmacists, physiotherapists and other allied health professionals to improve Aboriginal and Torres Strait Islander health outcomes
- explain and advocate against racism
- listen to our members’ aspirations and concerns and advocate on their behalf.

# Organisational Chart



# President's Report

The 2014-2015 period has been a year of stability for the Board. We have undertaken training to enable us to practice good governance and move forward as an organisation. Our priority focus has been on how we progress CATSINaM's strategic directions.

We undertook an environmental scan of the nursing and midwifery professional landscape to identify how we can raise our voice within it so we are recognised and heard at the highest levels of the profession. This has led CATSINaM to hold a series of stakeholder forums to which we have invited senior nurses, midwives and other relevant people in government, universities, hospitals and health services, peak bodies, the Aboriginal Community Controlled Sector and research bodies. We are delighted with the attendance and response, as this will form the foundation for future collaboration at national and jurisdictional levels.

Board Members are becoming increasingly involved in our states and territories, as well as the national agenda. A Board Member has attended every jurisdictional stakeholder forum run to date, and several Board Members have been present at our major national events such as the 2014 Annual Conference, 2015 National Summit on Cultural Safety in Nursing and Midwifery, and 2015 Close the Gap Parliamentary Breakfast. Through our CEO, we have been providing direction on development of the 2013-2023 Aboriginal and Torres Strait Islander Health Plan: Implementation Plan, and to the ANMAC Board.

Over the year we have been far more active in the media space, and with our communications through the website, Friday News, and a new quarterly newsletter. The newsletter provides detailed and updated information on what the Board and Secretariat staff are doing on behalf of Members, with an increasing focus on our advocacy and representation work at the national level. We also commissioned and launched a major economic analysis report that verifies what CATSINaM Members have known since the organisation's inception. There is a clear rationale for the value and necessity of building the Aboriginal and Torres Strait Islander nursing and midwifery workforce through a targeted, nationally coordinated and systemic approach.

CATSINaM is very pleased to have gained confirmation there is ongoing funding from the Department of Health to support our work, and are currently negotiating a three year contract. We look forward to the year ahead as we engage with our stakeholders to improve the recruitment and retention of Aboriginal and Torres Strait Islander nurses and midwives, and strengthen our voice and influence across the profession.

**Shane Mohor**

**President**



## Board Report

CATSINaM is a company limited by guarantee and operates within the Corporations Act 2001 (Commonwealth) as well as the CATSINaM Constitution registered with the Australian Securities and Investments Commission (ASIC).

CATSINaM has an eight-member Aboriginal and or Torres Strait Islander Board of Directors who represent each state and territory and must be currently registered as a nurse or midwife. They undertake a two-year tenure and have the option to be elected for a further two-year term to a maximum of four consecutive years.

CATSINaM's President is elected by the Board for a two-year term and may serve up to two terms. Given the changes and workload, the Board chose to elect a Vice-President to assist the Board and support the President. The Audit and Compliance Committee assists the Board and CATSINaM with its financial responsibilities.

It is the responsibility of the Board to set the vision, mission and strategic direction of CATSINaM, and oversee the implementation of work through the Chief Executive Officer.

During 2014-2015, one new member joined the Board at CATSINaM's May 2015 meeting. Ben Gorrie (VIC) filled a casual vacancy as Faye Clarke stepped down after many years of dedicated service, including as the Deputy President and Treasurer. We welcome Ben, who brings enthusiasm and commitment to the role as an active member of CATSINaM, having been a member since he was a student.

Four Board meetings were held this year in the months of August and November 2014, and March and May 2015. Three meetings were well attended but quorum was not met in one meeting.

# Board of Directors

## Northern Territory: Ted Murphy

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Ted is a Kabi-Kabi man from the coastal areas north of Brisbane. He has lived in the Northern Territory since 1997 when he commenced work in Kunberlianjnja as a Men's Health Nurse at the invitation of the Community Government Council. Ted has worked in the health field for many years as both a clinician and educator in areas such as Remote Health, Critical Care and Australian Medical Assistance Teams. His teaching appointments include the Northern Territory Department of Health (DoH), the Batchelor Institute of Indigenous Tertiary Education and Charles Darwin University. Ted is also a member of the Australian College of Nursing, the Council of Remote Area Nurses Australia and the World Association for Disaster and Emergency Medicine.

Previous governance roles include Deputy Chair of the Batchelor Institute of Indigenous Tertiary Education Council, the Charles Darwin University Vice Chancellor's Indigenous Advisory Group and the Northern Territory Clinical School Indigenous Reference Group. Ted is also an active member of the Humpty Doo Volunteer Fire Brigade.

## Western Australia: Jane Jones

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Jane is a Noongar woman. She was born in York, Western Australia, and grew up in Popanyinning. Jane studied nursing at Curtin University in Bentley as a mature age student, and is focused on looking beyond the morbidity and mortality statistics and towards understanding the scope of the social, emotional, physiological and health issues that confront her clients in the communities. She is currently working as Clinic Manager at Derbarl Yerrigan Health Service Inc. in Perth.

## Australian Capital Territory: Anne Maree Maher

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Anne Maree is a Wiradjuri woman. She was born in Orange, New South Wales, with family originating around Sofala and Dunn's Swamp. Anne Maree completed her nursing training at Cooma District Hospital, and her midwifery training at the Royal Hospital for Women in Sydney. She currently works at the Centenary Hospital for Women and Children in the Canberra Midwifery Program. Anne Maree has been a CATSINaM Board member for five years. She is on the Australian College of Nursing's Advisory Group for PHMSS and NAHSS, and the Indigenous Advisory Committee for the Australian College of Midwives and the RAP Advisory Committee for ACT Health.

## Tasmania: Debbie Miller

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Debbie comes from a community in the north of Tasmania. She completed her nursing degree at the University of Tasmania in 1992 and has been nursing for 20 years. Debbie has also completed a preceptor course and aspires to do midwifery. She has worked at the Tasmanian Aboriginal Centre within her community, and also in aged care, dementia care, disability care and in an acute care medical ward. Debbie is passionate about Aboriginal health and is very proud to be involved with CATSINaM.



### Victoria: Faye Clarke, Deputy President and Treasurer - June 2014 to April 2015

Faye is from Ballarat in Victoria. Her family originates from the Gunditjmara, Wotjaboluk and Ngarrindjeri peoples of Victoria and South Australia. She studied nursing at the Australian Catholic University in Ballarat and graduated as a Registered Nurse in 2004. Faye has also completed a Graduate Certificate in Tertiary Education at the University of Ballarat, and a Graduate Certificate in Diabetes Education at Deakin University (Institute of Koori Education). She currently works at the Ballarat and District Aboriginal Co-operative in the Baarlinjan Medical Clinic as the Care Coordinator for Closing the Gap, and as a Community Health Nurse specialising in chronic disease management for people with diabetes. Faye is currently working towards becoming a credentialed Diabetes Educator, and represents CATSINaM on the Australian Nursing and Midwifery Accreditation Council Board.

### Victoria: Ben Gorrie - May to June 2015 (casual until September 2015)

Ben was born in Melbourne and has lived there his whole life. His family originates from the Kurnai/Gunai people of East Gippsland. Ben is a Registered Nurse with experience in education, critical care, mental health, pre-hospital and primary health care. He currently works full time as a Clinical Nurse Specialist with the Victorian Government and casually with Monash Health. Even though he is not working in the area, Ben continues to have a passion for education, and does whatever he can to increase the number of Aboriginal and Torres Strait Islander Nurses that are graduating and entering the workforce.



### **Queensland: Dr Roianne West, Deputy President – May to June 2015**

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Born and raised in Kalkadoon on her mother's country in north-west Queensland, Roianne has over 20 years' experience in Indigenous health. She is a university trained Registered Nurse with a Masters in Mental Health Nursing and a PhD that explored the factors that impact on Indigenous Australians' successful completions in higher education.

Roianne was the first in the country to be appointed to the position of Nursing Director for Indigenous Health and then to the Professor of Indigenous Health and Workforce Development in a joint position between a hospital and health service and Griffith University, School of Nursing and Midwifery. The position entails providing expert advice, high level strategic leadership, and community engagement on Indigenous health and Indigenous health research.

### **South Australia: Shane Mohor, President**

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Shane has worked in Aboriginal health as a Registered Nurse and senior executive in government, universities and non-government organisations for over 25 years. He has a Bachelor of Nursing and is currently the Acting CEO of the Aboriginal Health Council of SA Inc. (AHCSA) and President of CATSINaM.

Shane is committed to improving the health and wellbeing of Aboriginal peoples, including advancing their employment opportunities, particularly for Aboriginal Health Workers. He has extensive experience working in Registered Training Organisations (RTOs) and actively contributes to the management of AHCSA's RTO. Shane also holds a Ministerial appointment to the Ethics Health Advisory Council in SA Health, and sits on the newly established Torrens University of Adelaide (Laureate International Universities) Advisory Council.

### **New South Wales: Vicki Holliday**

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Vicki is a Kamilaroi woman. She is a Registered Nurse and has had extensive experience working in government and academic environments. Vicki is currently working as a lecturer in Indigenous Health at the University of Newcastle School of Medicine and Public Health where she lectures in the disciplines of medicine, nursing and midwifery, and health. Her role includes the development, implementation and evaluation of Miroma Bunbilla, development of an Indigenous Health Major in the Bachelor of Aboriginal Professional Practice, and supporting Aboriginal and Torres Strait Islander students across all health disciplines, including nursing.

Vicki has been a member of CATSIN (now CATSINaM) since 1998. She has been involved in numerous positive programs and initiatives, and is committed to advocating and managing change for Aboriginal and Torres Strait Islander peoples.



# Chief Executive Officer's Report

In 2013-2014 our efforts were focused on consolidating the organisation, consulting with Members about their priorities and reviewing how we engage with our stakeholders. Over the past year we have built on this foundation, and had a strong focus on enhancing relationships, both with our Members and externally with key stakeholders.

Our membership has continued to grow at a substantial rate, with an overall increase of 59%. We are on the right track to achieve our target of 1200 Members by 2018. Our increasing membership was reflected in attendance at the 2014 Annual Conference, which was the largest in CATSINaM's history to date, but we hope not the largest ever yet.

A key achievement has been growing our Student Member numbers, which has been a rewarding outcome for two reasons. First, we intentionally targeted student engagement in our membership recruitment strategy. To this end, we held an Inaugural Student Day at the 2014 Annual Conference, with over 40 students in attendance due to support from both CATSINaM and several universities, and have run Member Professional Development Forums in universities in 2015 to encourage students to attend. The significant increase in numbers is evidence that this has been successful. Second, we want to connect with our future workforce early to extend support and inspiration for their professional journey.

There have been several important achievements in our work to meet with and engage our stakeholders' interest in CATSINaM priorities. Increasing numbers of stakeholders are participating in our biannual Cultural Safety Training workshops. This assists them to understand our position on cultural safety and how they play an important role in creating cultural safety for Aboriginal and Torres Strait Islander nurses and midwives, and community members.

In November 2014, we initiated the first national event in Australia to explore cultural safety in the nursing and midwifery profession, and start the process for establishing a 'Leaders in Nurses and Midwives Education Network' or LINMEN. The intention is that LINMEN will focus on high quality development and delivery of curriculum content regarding Aboriginal health, history, culture and cultural safety, and effective strategies for the recruitment and retention of Aboriginal and Torres Strait Islander peoples in nurses and midwives.

Starting in December 2014, our Stakeholder Dinner Forums have been a new type of event for CATSINaM to engage our stakeholders in what our priorities are, why, and how they can and need to play a role. We have sought stakeholder feedback on what priorities they share with us, and where they believe they can collaborate to realise these priorities. Support is emerging for our highest priorities - recruitment and retention, mentoring students and early graduates, cultural safety and establishing a LINMEN. As we move into 2015-2016, a primary task will be to turn these stated intentions into tangible initiatives that extend the reach of CATSINaM through shared commitment and resources.

We are very proud of this Annual Report. It sets the benchmark for the caliber and pace of work we want to continue as we pursue our strategic directions. We ask our Members, particularly our experienced Members to work with us in being role models and inspire our young people, and our stakeholders to convert their words into further action as they extend their collaboration with CATSINaM.



**Janine Mohamed**  
Chief Executive Officer

# CATSINaM Staff

A consistent core of staff have worked with diligence and passion to support Janine in engaging with Members and progressing CATSINaM's priority focus areas this year – Colleen Gibbs, Chrys Stuart, Chloe Peters and Irene Peachey. We will miss the irreplaceable Irene Peachey, who left CATSINaM in June to return to her family and community in central NSW. We have appreciated the contributions made by Cal Bruton and Billy Bashford who undertook short-term Project Officer tasks.



Janine Mohamed  
**Chief Executive  
Officer**



Chrystine Stuart  
**Office Manager**



Colleen Gibbs  
**Policy and  
Research Officer**



Irene Peachey  
**Membership  
Engagement Officer**



Chloe Peters  
**Administration  
Officer**

# Membership

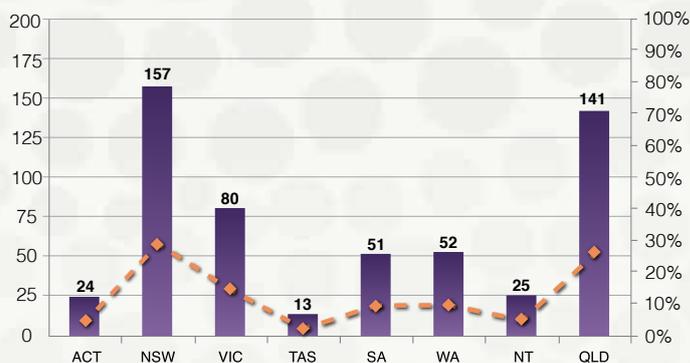
CATSINaM has continued making strong progress with increasing its membership over 2014-2015. The total membership has grown to 604 from 379 Members in 2014, representing an increase of 59% and inclusive of all membership categories:

- **Full Members** expanded substantially from 167 to 247, a 48% increase.
- **Student Members** rose from 129 to 217, a 68% increase, which is consistent with the student focus of our membership recruitment drive this year.
- **Associate Members**, who are retired Aboriginal and/or Torres Strait Islander nurses and/or midwives, increased from eight to 20 during this period.
- **Affiliate Individual Members**, a new membership category for non-Aboriginal and Torres Strait Islander nurses and/or midwives, has been well received with 53 Members.
- **Affiliate Organisational Members** is also a new category with six Members so far.

The membership graph includes ‘pending members’ – people who have applied for membership and confirmed as eligible but are awaiting Board endorsement.



The distribution of CATSINaM Members by jurisdiction is shown in the following graph. The Member numbers are shown in the purple columns against the left hand axis and the percentages in the orange diamonds against the right hand axis. This roughly replicates the locations in which Aboriginal and Torres Strait Islander Australians live on a national basis, with the exception of lower Member numbers in the Northern Territory and higher numbers in Victoria.



# Strategic Directions: Activity and Progress

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## Strategic Direction 1: Profile of CATSINaM as a national peak body

**Elevate the profile of CATSINaM as the national peak body representing Aboriginal and Torres Strait Islander nursing and midwifery.**

CATSINaM is focusing its efforts on three objectives through seven strategies:

**Objective 1.1:** To improve the recruitment and retention of our Members.

**Objective 1.2:** To increase our Member communication, support and engagement.

**Objective 1.3:** To increase external stakeholder awareness of CATSINaM as the national peak body for Aboriginal and Torres Strait Islander nurses and midwives.

## Main Activities and Key Achievements for 2014-2015

### Membership Recruitment and Retention Strategy

Membership Recruitment and Retention remained a high priority area during the 2014–2015 period, and we have engaged or re-engaged with Members through several means. Jurisdictional Membership Networking and Professional Development forums were held in Canberra, Sydney, Melbourne, Adelaide and Newcastle. These forums are a critical opportunity to keep Members informed of CATSINaM's recent achievements, deliver professional development (see Strategic Direction 3), and gain feedback on upcoming projects, such as mentoring and a greater selection of online support and academic resources. We will complete this series of forums by visiting Brisbane in July 2015.

Over the past year we have contacted all previous CATSINaM Members whose membership had lapsed to update them on CATSINaM's focus and activities, and invite them to re-join. We are delighted that many have done this and become part of the ever-increasing CATSINaM family.

CATSINaM also attended several jurisdictional and national conferences and events during 2014 – 2015 where an exhibit and/or formal presentation was made. This increases our contact with and enhances the promotion of our work to Members and potential Members. A list of these conferences and events is found in Appendix 2.

### Annual Conference and AGM

The 16th National CATSINaM Conference held in Perth from 23-25th September 2014 was our largest to date, with over 150 people in attendance for the conference and 80 Members at the AGM. Participants enjoyed the many options provided, from the six plenary to three breakout sessions, as well as the three 'yarning circles', an exhibition space, free health checks provided by the Derbarl Yerrigan Aboriginal Health Service and an additional professional development workshop.

We were delighted to attract Professor Rhonda Marriott, Mick Gooda, Professor Roianne West, Professor Gracelyn Smallwood, Associate Professor James Ward, Professor Di Twigg and Professor Sue Jones as plenary speakers, as well hear the voices of our Members and stakeholders through both plenary and breakout presentations. The yarning circles focused on topics relevant to policy

and/or program development: fostering student resilience, ‘birthing on country’ programs and services, and the uniqueness of Aboriginal and Torres Strait Islander nurses and midwives.

A new feature of the conference was the inaugural ‘Student Day’ on September 23rd in which close to 40 students participated; they were sponsored to attend through CATSINaM Student Bursaries, their universities and/or jurisdictional Departments of Health. The students were supported and/or encouraged to attend the full Conference, including the Conference Dinner at which the Annual CATSINaM Awards were presented. This was so successful that the CATSINaM Board has decided to include a ‘Student Day’ at all future conferences.

The keynote guest speaker at the conference dinner was CATSINaM Member, Professor Roianne West, who also presented the Sally Goold Award for individual nursing and/or midwifery excellence to Joshua Pierce, along with the CATSINaM Partnership Award for organisations recognising culturally respectful, committed, and successful partnerships to ‘Connect and Grow’.



This year’s life time achievement award was presented to Professor Rhonda Marriott.

## Website

We have continued expanding the CATSINaM website over 2014-2015. New features include a ‘Jobs’ page where prospective employers advertise positions, a Member blog and online survey capacity, access to the increasing range of CATSINaM publications and resources, an extended range of information regarding scholarships and financial support, and an enhanced events section where interested parties can submit information about their event directly onto the website including the capacity to upload relevant brochures and flyers.

## Social Media

Our activity in the social media space has grown over the past year. There are regular posts to the CATSINaM Facebook page that share our work with Members and stakeholders, and we had achieved 2,632 likes by the end of June 2015. Our Twitter account profiles the activities and achievements of Aboriginal and Torres Strait Islander nurses and midwives, messages about key CATSINaM policy positions, activities to support the recruitment of Aboriginal and Torres Strait Islander Australians into nursing and midwifery or other health professions, and contemporary issues and events for Aboriginal and Torres Strait Islander health. We had recorded 1,536 tweets as of the end of June 2015 and our followers have grown to 776.

## Newsletter and Friday News

CATSINaM continued to produce Friday News throughout the year, along with three newsletters that provided more in-depth information on our work in the advocacy space, and features the experiences and achievements of our Members.

## Consultation with Members

We provided Members with three different consultation mechanisms this year, in addition to the opportunity to call or email us at any time to provide input. Three 'Yarning Circles' were held during the 2014 Annual Conference, each resulting in a report that is available on our website. The Jurisdictional Member Professional Development Forums include a consultation component, and we have promoted online surveys on specific topics, e.g. an employment survey. Member input shapes our policy development work, professional development offerings, national advocacy and program design.

## Provide individual assistance, referral and advocacy for Members

We have continued to respond to Member queries and requests on a needs basis over this period, and update our list of appropriate external sources based on types of inquiries.

## Communication Strategy

We have fully implemented our Communication Strategy this year through a variety of mechanisms, including formal reports, infographics, brochures, conference/symposium presentations, targeted meetings with stakeholders, media releases, journal articles and DVD resources, as well as our website, Facebook, Twitter, Friday News and Quarterly Newsletters (see 'Appendix 2: National representation work' for more information). Our efforts have been shaped by two priorities: Member awareness of CATSINaM activities and how we work on their behalf, and external stakeholder awareness of and direct engagement with CATSINaM priorities.

Wherever possible, we have profiled the knowledge and experience of our Members in official CATSINaM events, such as Annual Conference (September 2014), the National Summit on Cultural Safety in Nursing and Midwifery (November 2014), the CATSINaM 'Close the Gap' Parliamentary Breakfast (March 2015), and the 2015 series of Jurisdictional Stakeholder Forums.

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## Strategic Direction 2: Advocacy on behalf of Aboriginal and Torres Strait Islander nurses and midwives

**Strengthen our effectiveness in advocating on behalf of Aboriginal and Torres Strait Islander nurses and midwives.**

CATSINaM is focusing efforts on two objectives through ten strategies:

**Objective 2.1:** To increase the capacity of CATSINaM Directors and Members to represent CATSINaM in our advocacy work.

**Objective 2.2:** To strengthen CATSINaM's existing partnerships and establish new partnerships that enable CATSINaM to advocate on:

- the importance, role and cultural safety of Aboriginal and Torres Strait Islander health professionals
- improving health outcomes and cultural safety in health systems for Aboriginal and Torres Strait Islander peoples.

## Main Activities and Key Achievements for 2014-2015

### CATSINaM policy position statements

CATSINaM has three endorsed policy position statements on cultural safety, recruitment and retention, and clinical placements. They underpin all of our stakeholder engagement work to ensure that the aspirations of our Members are heard by Australian and State/Territory Government, the nursing and midwifery national profession, educational institutions, health and hospital services, and Aboriginal and Torres Strait Islander organisations. They provide a foundation for our formal submissions and our media releases and media engagements (see the full list in Appendix 2). They are reflected in our letters or responses to Government, e.g. regarding funding cuts and changes in health and education in the last budget. They shape our communication with and advice provided to nursing and midwifery national organisations, including the review of accreditation and professional standards led by ANMAC and the NMBA.

We have worked on two further position statements on 'birthing on country' and the 'uniqueness of Aboriginal and Torres Strait Islander nurses and midwives', based on outcomes from the yarning circles on these topics at the 2014 Annual Conference. The 'Birthing on Country' Working Group is based on a three-way partnership with the Australian College of Midwives and CRANaplus and is due for completion in late 2015 after further consultation occurs in September. The position statement will advocate for and promote the provision of maternity services that are on country, culturally respectful, appropriate and safe for Aboriginal and Torres Strait Islander women, their families and community. The 'uniqueness of Aboriginal and Torres Strait Islander nurses and midwives' position statement has provided an opportunity to extend the existing research on the history of Aboriginal and Torres Strait Islander nurses and midwives; it is also due for completion in late 2015.

### Support the development of CATSINaM Directors, Staff and Members as leaders

Opportunities to support and promote CATSINaM Board Directors, Members and staff as leaders have grown substantially over the last year. We ensure that CATSINaM Board Directors and/or Members speak at all of our major events. This includes the September 2014 Conference, the November 2014 National Summit on Cultural Safety in Nursing and Midwifery, the March 2015 'Close the Gap' Parliamentary Breakfast, and the 2015 series of Jurisdictional Stakeholder Forums.



At these events, Members present on their experience of joining and being part of the nursing and midwifery professions, why they are committed to improving Aboriginal and Torres Strait Islander health outcomes, and culturally informed good practice in nursing and midwifery. Our staff have presented at many conferences and symposiums, developing their public speaking skills and effective engagement with the media. Where staff are unable to attend these events, we have invited Members to represent and speak on behalf of CATSINaM. A full list of CATSINaM presentations and our media engagement is provided in Appendix 2.



*“I wanted to become a nurse as I had many experiences with sick family members and early deaths. These early morbidity and mortality rates were being normalised in Indigenous communities but, I knew this wasn’t right. I wanted to help prevent these things from happening, so from then on I knew that being a nurse was the way to help Indigenous people achieve a long and healthy life and no longer be just a statistic. It wasn’t an easy transition to move away from my community and family, and let alone being the first person in my family to go to university. I faced many hardships when I moved to Adelaide however, my strong passion and dedication to give back to the community and to help reducing the gap in Indigenous health, helped pushed me through these obstacles.”*

**Katarina Keeler, CATSINaM Member**

## Relationships and partnerships with government, and other stakeholder and health professional organisations

Achieving the changes we aspire to as Aboriginal and Torres Strait Islander nurses and midwives requires support and action from a range of people, so partnerships are critical. Strengthening relationships with our full range of stakeholders and advocating on CATSINaM priorities have been a primary focus of our work over the last 12 months. This takes many forms, from promoting and holding events to which we invite stakeholders, participating on boards and working groups, attending stakeholder events, participating in projects and campaigns, or meeting personally with government, nursing and midwifery organisations, Aboriginal and Torres Strait Islander organisations and educational institutions. A full list of our national representation work is in Appendix 2, but within this there are several events to highlight.

The inaugural **'National Summit on Cultural Safety in Nursing and Midwifery'** was attended by 50 people representing nursing and midwifery peak bodies, universities, state/territory health departments and the Australian Government Department of Health. Participants explored the strengths and weaknesses of current work on cultural safety in nursing and midwifery, and heard from experienced Aboriginal and non-Aboriginal presenters about how they address cultural safety in their services and universities. Participants also self-assessed their organisation's cultural safety practices and considered what else they need to do in strengthening cultural safety, an experience they found valuable and sometimes surprising. Through the Summit, CATSINaM gained support for establishing a 'Leaders in Indigenous Nursing and Midwifery Education Network' or LINMEN as a mechanism through which the profession can improve its capacity to train nurses and midwives to deliver culturally safe care.

CATSINaM has continued to offer **'Cultural Safety and Respect Training'** for our stakeholders. In combination, 36 people participated in the July 2014 and February 2015 workshops. Through their evaluation forms, participants explain how the workshop enables them to go on a personal and



professional journey of self-awareness as non-Aboriginal people, challenging them to reflect on their behaviour and its implications, particularly when their behaviour supports racism and compromises the cultural safety of Aboriginal and Torres Strait Islander Australians. While some participants report being challenged and confronted, they recognised this was essential to moving forward and beyond other cultural learning experience, and the workshop supported them in their learning journey.

Every participant confirmed that the training contributed to their thoughts about how policies, programs and services for Aboriginal and Torres Strait Islander Australians can be better designed and delivered. The experience has inspired ANMAC and the University of Sydney to train their entire staff team, and two other organisations are organising this to occur as well. Eight organisations who sent participants to the training attended the National Cultural Safety Summit, and three have started the process of establishing Reconciliation Action Plans. These are promising outcomes.

In addition, CATSINaM needs to do more individual work with organisations to help them understand the critical importance of cultural safety as a foundation for everything that we do with them. In short, stakeholder participation translates into a more open and supportive position on CATSINaM's priorities, so we will continue offering bi-annual workshops over the next year.

A stand-out event in March 2015 was CATSINaM's **'Close the Gap Parliamentary Breakfast'** at which Senator Fiona Nash, Assistant Minister for Health, and Senator Claire Moore on behalf of Warren Snowdon MP, Shadow Parliamentary Secretary for Indigenous Affairs spoke. There were 60 parliamentarians in attendance - an outstanding outcome. This event opened doors to have personal meetings directly with politicians, not just their staff, including Senator Claire Moore - Shadow Minister for Women, Senator Nova Peris OAM, Northern Territory, Senator Rachel Siewert,

Greens Spokesperson on Aboriginal and Torres Strait Islander Issues, Hon Shayne Neumann SP, Shadow Minister for Indigenous Affairs, Senator Ley, Minister for Health and Senator Nash, Assistant Minister for Health, and Senator Jacqui Lambie, Tasmania.

*“Close the Gap is important to me because my family and my community are full of kind and generous people and they deserve parity. I chose this career because I have always wanted to give back to a community that has provided so much support to me. I have been fortunate to be surrounded by truly inspiring positive role models, from my family to my friends, who have been true drivers for change in Aboriginal health. I hope I can provide the same inspiration to others as they have for me. This career has benefited me by allowing me to be a voice and driver for the change I envision. Not waiting and hoping on others to do it for me.”*

**Simon Hodgman, CATSINaM Member**



Seven of our stakeholders supported the breakfast which aimed to highlight the importance all nurses and midwives play in Closing the Gap, through their presence and contributing time and/or resources, including the: Australian College of Nursing, Australian College of Midwives, Australian Primary Health Care Nurses Association, Australian Nursing and Midwifery Accreditation Council, Australian Nursing and Midwifery Federation, CRANaplus and the Australian College of Mental Health Nurses. Several of these organisations have also formally joined the ‘Close the Gap’ coalition, supporting ongoing focus on and commitment to the collective efforts required to address the inequity in Aboriginal and Torres Strait Islander Australian’s health outcomes and experiences.



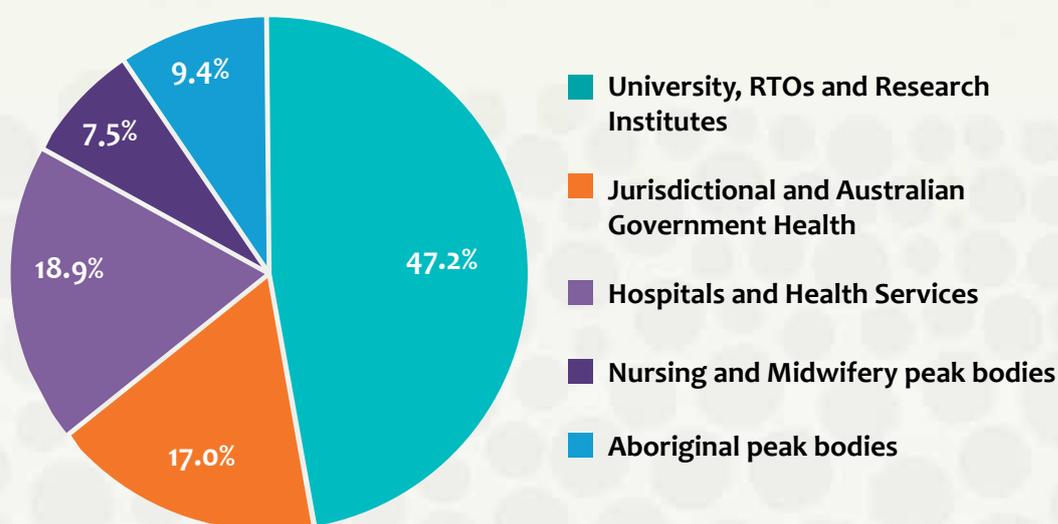
Over the last year CATSINaM, who is a member of the National Health Leadership Forum (NHLF) has spent considerable time and resources on drafting the Aboriginal and Torres Strait Islander Health Implementation Plan due to be launched in the next financial year.

CATSINaM has reached existing and new stakeholders through the ‘2015 Jurisdictional Stakeholder Forums’ series that has included Canberra, Melbourne, Sydney, Adelaide and Newcastle to date.

CATSINaM gives a formal presentation, CATSINaM Members share stories of their pathway into and through the profession, and conversations occur between and with stakeholders and CATSINaM. Attendances have been excellent with 62 people from our full range of stakeholders participating so far. The breakdown of representation to date is shown in the graph. Stakeholders identify what priorities they share with CATSINaM, and where they are willing to explore opportunities for collaboration. The most common opportunities emerging to date include:

- Teaching and assessing Aboriginal health, culture and history: 32%
- Cultural safety PD for staff and/or nurses and midwives, including academics: 30%
- Recruitment pathways into nursing via EN and AIN programs, links to high schools: 23%
- Mentoring program partnerships: 23%

Our plan for 2015-2016 is to talk in greater depth with stakeholders so that we can turn these proposed opportunities into a reality.



### Advocate for mandatory Aboriginal and Torres Strait Islander content on health, history, culture and cultural safety

This is a critical focus in the work we do to strengthen relationships and partnerships with universities and nursing and midwifery organisations. The ‘National Summit on Cultural Safety in Nursing and Midwifery’ helped CATSINaM gain broader support for establishing a LINMEN, as a national forum through which a more coordinated approach can be taken to how Aboriginal and Torres Strait Islander content on health, history, culture and cultural safety is developed, improved and delivered to nursing and midwifery students.

Subsequent to the National Summit, the Leaders in Indigenous Nursing and Midwifery Education Network (LINMEN) Working Group was established with representatives from CATSINaM, ANMAC, ACN, ACM and the College of Deans of Nursing and Midwifery. They are working on sourcing funding to support a Scoping Project and designing the project process. The purpose of the Scoping Project is to gain input from stakeholder groups about their level of support for a LINMEN, what relationship it would have with LIME (the Leaders in Indigenous Medical Education Network), and how it should be governed, funded and operated. A discussion paper is currently being developed as the basis for consultation with Members and stakeholders.

CATSINaM continues to work closely with ANMAC on how they can support greater clarity, consistency and understanding of the importance of mandatory Aboriginal and Torres Strait Islander content on health, history, culture and cultural safety across all nursing and midwifery professions. CATSINaM is represented on the ANMAC Board, and its Standards, Accreditation and Assessment Committee. We have continued to pursue the need for an explanatory note for the standard regarding curriculum content on Aboriginal and Torres Strait Islander health, history and culture, and have widened our discussions to address how this can be adequately assessed through the accreditation review process, i.e. what attributes do assessors require to do this and what evidence should they seek?

---

## Strategic Direction 3: Recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery

**Strengthen our effectiveness in supporting the recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery.**

CATSINaM is focusing efforts on two objectives through four strategies:

**Objective 3.1:** To expand our influence in supporting the recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery.

**Objective 3.2:** To increase access to professional development and cultural safety support strategies for Aboriginal and Torres Strait Islander nurses and midwives as students and qualified professionals.

## Main Activities and Key Achievements for 2014-2015

### Aboriginal and Torres Strait Islander undergraduate and post-graduate students

In mid-2014, CATSINaM undertook **nursing and midwifery workforce data analysis** using AIHW datasets in order to establish minimum benchmarks for the Aboriginal and Torres Strait Islander nursing and midwifery workforce. This material has been shared widely in CATSINaM formal presentations, through developing and distributing an infographic via our website and at all of our events, and is discussed through our individual meetings with universities.

This analysis extends beyond achieving ‘population parity’, i.e. having a 3% representation of Aboriginal and Torres Strait Islander Australians in the nursing and midwifery workforce. The benchmarks account for our higher birth rate – we need to move from the current representation of 0.8% to 3.6% of the midwifery workforce, or 4.6 times the current number of Aboriginal and Torres Strait Islander midwives. They also account for the higher burden of disease that Aboriginal and Torres Strait Islander Australians experience, using a very conservative figure of twice the burden of disease. We need to improve the current representation of 0.73% to 5.2% of the registered nurse workforce, or 7.3 times the current number of Aboriginal and Torres Strait Islander registered nurses. For enrolled nurses, the required shift is from 1.6% to 5.1% of the workforce.

We built on this work by commissioning a major report in early 2015, **‘A cost-effective approach to closing the gap in health, education and employment: Investing in Aboriginal and Torres Strait Islander nursing education, training and employment’**. It provides a strong basis for valuing the scope and role of Aboriginal and Torres Strait Islander nurses and midwives as a necessary component of the nursing and midwifery, as well as the wider health workforce, and a clear rationale for increasing our workforce on both health outcome and economic grounds. A key recommendation was the need to establish a National Aboriginal and Torres Strait Islander Nursing

Workforce Strategy and Implementation Plan, starting with a minimum national population parity target of 3%.

The report was launched at the CATSINaM Parliamentary Breakfast in March 2015, is promoted at all jurisdictional Stakeholder Forums and via conference presentations, national and state meetings within the nursing and midwifery profession, our Jurisdictional Stakeholder Forums, and is available on the CATSINaM website. Together with data on the significant gap in student completions between Indigenous and non-Indigenous students, this information is a key component of our conversations with educational institutions regarding what they can do internally as well as in partnership with us to strengthen student recruitment and retention.



A very practical action that CATSINaM took was to hold the inaugural ‘CATSINaM Conference Student Day’ in September 2014, as an additional day at the beginning of our conference. The intentions for the day were to explore what engages and sustains Student Members in their studies, foster peer networking and support amongst Student Members and identify how CATSINaM can enhance support for Student Members. This was made possible through gaining support from universities to sponsor students to attend the conference, in addition to offering the CATSINaM Conference Student Bursaries.

Well over 40 students attended the day to hear inspirational presentations on ‘Pride and identity within the profession and CATSINaM’ from CATSINaM Members Professor Rhonda Marriott, Professor Roianne West, Janine Mohamed and Ben Gorrie. The students participated in a yarning circle on resilience – what it means to them, what supports and challenges their resilience and how CATSINaM can support them in supporting their resilience?’ The yarning circles report is on the CATSINaM website, and the outcomes shaped the Member and Student Professional Development Forum series (see below).

## The CATSINaM Mentoring Program

Since the Mentoring Program Review was completed in June 2014 and report made available to Members via the website, CATSINaM has focused on how to secure funding so it can become a reality. The Mentoring Program has featured in many of the formal presentations CATSINaM has delivered to our stakeholders, including the 2015 Jurisdictional Stakeholder Forums, as well as conferences and symposiums. It has been consistently raised in meetings with individual stakeholders, particularly health departments and universities. Interest is building, with 23% of Jurisdictional Stakeholder Forum participants identify mentoring program partnerships as a collaboration opportunity. We look forward to having more formal conversations with these stakeholders over the coming months.

Funding to support development of the Mentor Training course, facilitation and participant materials was included in our 2015-2018 funding proposal to DoH, but this was not fully successful. We have proceeded with developing the training, but on a very limited budget, and anticipate that the final version will be available by early September 2015. The upcoming 2015 CATSINaM Conference will include an ‘Introduction to mentoring’ workshop that will be an entry point into the CATSINaM Mentor Training Program.

## Professional development options for Aboriginal and Torres Strait Islander nurses and midwives

Throughout the year, relevant professional development options have been identified and promoted to Members through the Friday News and website; for example, conferences, symposiums, professional development workshops and webinars. Our Annual Conference is also a key professional development opportunity for Members.

We have run the first CATSINaM Jurisdictional Member and Student Professional Development Forums in 2015, which are half-day sessions that include a 2.5 hour professional development workshop on 'Cultural safety and resilience'. This was identified as the highest priority topic from our 2013-2014 member consultation on professional development needs. The workshop has been extremely well received in the three locations it has been run so far: Melbourne (April), Sydney and Adelaide (May). It will also be offered soon in Brisbane (July).



In their evaluations, participants gave an average rating of 4.5 out of 5 (between 'mostly' and 'completely' helpful) when asked 'How helpful was the cultural safety and resilience PD session to you *personally*?' They gave an average of 4.8 out of 5 (close to would 'definitely' recommend it) when asked 'Would you encourage *other Members* to come if it was run again?'

## Strategic Direction 4: Active involvement in research and workforce development projects

**Increase our active involvement in research and workforce development projects that realise the vision of CATSINaM.**

CATSINaM is focusing efforts on two objectives through four strategies:

**Objective 4.1:** To increase our influence on research in nursing and midwifery and/or Aboriginal health undertaken by other stakeholders.

**Objective 4.2:** To increase our involvement with designing and implementing workforce development projects.

## Main Activities and Key Achievements for 2014-2015

Having undertaken a consultation process with our Members on research and workforce development project priorities during 2013-2014, we have started to progress two more of the four strategies for this Strategic Direction over the past year.

### Encourage and support Members in undertaking research

We have talked with Members who are initiating research projects about what support CATSINaM can provide to them, e.g. write letters of support to funding bodies or academic institutions, participate on Reference Groups, and promote the research through our communication mechanisms. As we are keen to document the history of Aboriginal and Torres Strait Islander nursing

and midwifery practice, we have continued to work with Dr Odette Best, to collect stories from our senior and Elder Members.

We are promoting the 'A cost-effective approach to closing the gap in health, education and employment: Investing in Aboriginal and Torres Strait Islander nursing education, training and employment' report to our Members so they can draw upon it in presentations they may wish to give at jurisdictional and national levels, and putting forward rationales for research projects they may wish to initiate.

We have identified and promoted opportunities that can support Members in undertaking research projects and presentations via the Friday News, and in the scholarships section of the website.

## Actively support, advise on and guide research projects in nursing, midwifery, and Aboriginal and Torres Strait Islander health

CATSINaM has enhanced its relationship with The Lowitja Institute, a major national player in Aboriginal health research, as we have secured a membership position on its Board and submitted an application to be on the health workforce research panel. We also participate in their research agenda-setting roundtables in order to advise on and shape research in Aboriginal and Torres Strait Islander health.

Our engagement with several of the Poche Centres for Indigenous Health have also strengthened during this period. We presented at the 'Having the Hard Conversations' Poche Centre International Symposium in April, hosted by the Adelaide and Alice Springs Poche Centre, which focused on racism and cultural safety in undergraduate health professional curriculum. We have begun conversations with the Sydney Poche Centre regarding our mutual work on cultural safety and its application to the nursing and midwifery professions. The Melbourne Poche Centre has consulted with CATSINaM regarding their development of Indigenous health leaders through research higher degrees, with one initiative being a familiarisation program for potential PhD candidates. These opportunities have been shared with our Members through the Friday News.

## Financial Statements

This year marks the end of the 2013-2015 funding contract with DoH. Since November 2014, considerable work has gone into securing a three-year funding contract for 2015-2018. In May 2015, DoH confirmed that CATSINaM will receive a three-year contract, with funding frozen at the 2014-2015 level (no CPI). CATSINaM is waiting for DoH to finalise the contract details so is operating on an extension of contract in the interim.

CATSINaM has continued to work with RSM Bird accounting firm. We have complied with all reporting responsibilities, and fulfilled all statutory obligations of the organisation, including GST, staff provisions/entitlements and contractual obligations, such as insurances.

The 'Statement of profit or loss' in the Audited Financial Report shows a deficit for 2015; however, this needs to be read in conjunction with the 2014 surplus result. The difference was a function of the contract payment schedule, as 2014 payments were received in advance of expenditure in 2015. Other factors impacting the 2015 outcome included: the purchase of office furniture and equipment due to office relocation and staff expansion, for which additional funding could not be secured; pre-payments required on major events in the 2015-2016 year; and the ongoing work to recover from budget deficits in earlier years (prior to 2013).

The 'Statement of financial position' indicates that CATSINaM is solvent, has sufficient assets to cover liabilities and is managing the budget recovery process effectively as it enters the 2016 year.



# Financial Statements

For the Year Ended 30 June 2015

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# Congress of Aboriginal and Torres Strait Islander Nurses and Midwives Ltd

## Directors' Report

30 June 2015

The directors present their report on Congress of Aboriginal Torres Strait Islander Nurses & Midwives Ltd for the financial year ended 30 June 2015.

### 1. General information

#### Information on directors

The names of each person who has been a director during the year and to the date of this report are:

Faye Clarke                      Resigned 22 January 2015

Edward Murphy

Deborah Miller

Jane Jones

Anne Maree Maher

Shane Mohor

Vicki Holliday

Dr Roianne West

Benjamin Gorrie              Appointed 11 May 2015

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

#### Principal activities

The principal activity of Congress of Aboriginal Torres Strait Islander Nurses & Midwives Ltd during the financial year was to increase the recruitment and retention of Aboriginal and Torres Strait Islander peoples into nursing and midwifery. Congress of Aboriginal Torres Strait Islander Nurses & Midwives Pty Ltd is also dedicated to ensuring all nurses and midwives have meaningful, discrete courses on Aboriginal and Torres Strait Islander health, history and culture leading to enrolment, registration or endorsement as a nurse or midwife.

No significant changes in the nature of the Company's activity occurred during the financial year.

#### Members guarantee

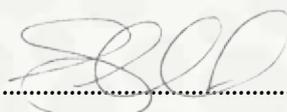
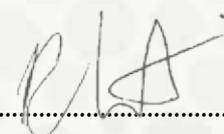
Congress of Aboriginal Torres Strait Islander Nurses & Midwives Ltd is a company limited by guarantee. In the event of, and for the purpose of winding up of the company, the amount capable of being called up from each members and any person or association who ceased to be a member in the year prior to the winding up, is limited to \$ 10 for members that are corporations and \$ 10 for all other members, subject to the provisions of the company's constitution.

At 30 June 2015 the collective liability of members was \$ 5,430 (2014: \$ 1,550).

#### Auditor's independence declaration

The lead auditor's independence declaration in accordance with section 307C of the Corporations Act 2001, for the year ended 30 June 2015 has been received and can be found on page 2 of the financial report.

Signed in accordance with a resolution of the Board of Directors:

Director: .....  ..... Director: .....  .....

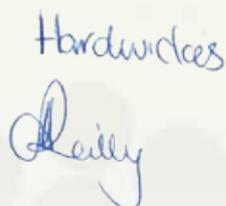
Dated this 17th day of August 2015

## Auditors Independence Declaration under Section 307C of the Corporations Act 2001

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2015, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Hardwicks  
Chartered Accountants

Handwritten signature in blue ink, consisting of the word "Hardwicks" in a cursive script above the name "Amanda O'Reilly" also in a cursive script.

Amanda O'Reilly CA  
Partner

17 August 2015  
Deakin ACT

## Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2015

	Note	2015 \$	2014 \$
Other income	2	1,243,718	1,418,144
Marketing expenses		(17,489)	(32,846)
Administrative expenses		(119,502)	(56,877)
Annual conference expenses		(158,245)	(109,718)
ICT equipment maintenance & support		(25,959)	(23,257)
Employee benefits expense		(715,921)	(588,633)
Travel & accommodation expenses		(106,965)	(108,356)
Board expenses		(59,409)	(52,446)
CST expenses		(71,271)	-
Building expenses		(42,509)	(58,350)
Other expenses		(68,205)	(135,050)
Finance costs		(1,490)	-
<b>Profit before income tax</b>		<b>(143,247)</b>	<b>252,611</b>
Income tax expense		-	-
<b>Profit from continuing operations</b>		<b>(143,247)</b>	<b>252,611</b>
Other comprehensive income, net of income tax		-	-
<b>Total comprehensive income for the year</b>		<b>(143,247)</b>	<b>252,611</b>

The accompanying notes form part of these financial statements.

## Statement of Financial Position

30 June 2015

	Note	2015 \$	2014 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	181,922	716,750
Trade and other receivables	4	3,995	-
Other assets	6	11,248	7,771
<b>TOTAL CURRENT ASSETS</b>		<b>197,165</b>	<b>724,521</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	5	75,796	63,033
<b>TOTAL NON-CURRENT ASSETS</b>		<b>75,796</b>	<b>63,033</b>
<b>TOTAL ASSETS</b>		<b>272,961</b>	<b>787,554</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	7	7,273	81,063
Borrowings	8	13,420	12,098
Employee benefits	11	32,443	26,261
Other financial liabilities	9	-	291,189
<b>TOTAL CURRENT LIABILITIES</b>		<b>53,136</b>	<b>410,611</b>
<b>NON-CURRENT LIABILITIES</b>			
Borrowings	8	23,488	37,359
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>23,488</b>	<b>37,359</b>
<b>TOTAL LIABILITIES</b>		<b>76,624</b>	<b>447,970</b>
<b>NET ASSETS</b>		<b>196,337</b>	<b>339,584</b>
<b>EQUITY</b>		<b>196,337</b>	<b>339,584</b>
Retained earnings		196,337	339,584
<b>TOTAL EQUITY</b>		<b>196,337</b>	<b>339,584</b>

The accompanying notes form part of these financial statements.

## Statement of Changes in Equity

For the Year Ended 30 June 2015

2015	Retained Earnings \$	Total \$
Balance at 1 July 2014	339,584	339,584
Profit attributable to members of the entity	(143,247)	(143,247)
<b>Balance at 30 June 2015</b>	<b>196,337</b>	<b>196,337</b>

2014	Retained Earnings \$	Total \$
Balance at 1 July 2013	86,973	86,973
Profit attributable to members of the entity	252,611	252,611
<b>Balance at 30 June 2014</b>	<b>339,584</b>	<b>339,584</b>

The accompanying notes form part of these financial statements.

## Statement of Cash Flows

For the Year Ended 30 June 2015

	Note	2015 \$	2014 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>			
Receipts from customers		96,283	63,550
Payments to suppliers and employees		(1,539,101)	(1,275,699)
Interest received		7,713	4,650
Interest paid		(1,490)	-
Receipt from grants		940,617	1,832,113
Net cash provided by/(used in) operating activities	14	(495,978)	624,614
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of property, plant and equipment		(30,445)	(54,644)
Net cash used by investing activities		(30,445)	(54,644)
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>			
Proceeds from borrowings		-	49,458
Repayment of borrowings		(8,405)	-
Net cash used by financing activities		(8,405)	49,458
Net increase/(decrease) in cash and cash equivalents held		(534,828)	619,428v
Cash and cash equivalents at beginning of year		716,750	97,322
<b>Cash and cash equivalents at end of financial year</b>	3	181,922	716,750

The accompanying notes form part of these financial statements.

## Notes to the Financial Statements

For the Year Ended 30 June 2015

The financial report covers Congress of Aboriginal Torres Strait Islander Nurses & Midwives Ltd as an individual entity. Congress of Aboriginal Torres Strait Islander Nurses & Midwives Ltd is a not-for-profit Company limited by guarantee, incorporated and domiciled in Australia.

The functional and presentation currency of Congress of Aboriginal Torres Strait Islander Nurses & Midwives Ltd is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

### **Basis of Preparation**

In the Directors opinion, the Company is not a reporting entity since there are unlikely to exist users of the financial report who are not able to command the preparation of reports tailored so as to satisfy specifically all of their information needs. This special purpose financial report has been prepared to meet the reporting requirements of the Corporations Act 2001.

The financial statements have been prepared in accordance with the recognition and measurement requirements of the Australian Accounting Standards and Accounting Interpretations, and the disclosure requirements of AASB 101 Presentation of Financial Statements, AASB 107 Statement of Cash Flows, AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors and AASB 1054 Australian Additional Disclosures.

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.

Significant accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

### **1. Summary of Significant Accounting Policies**

#### **(a) Income Tax**

The Company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

#### **(b) Leases**

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership that are transferred to the Company are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

#### **(c) Revenue and other income**

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied.

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 1. *Summary of Significant Accounting Policies continued*

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

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

#### **Interest revenue**

Interest is recognised using the effective interest method.

#### **Other income**

Other income is recognised on an accruals basis when the Company is entitled to it.

#### **(d) Goods and Services Tax (GST)**

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

Receivables and payable are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

#### **(e) 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 of losses.

Items of property, plant and equipment acquired for nil or nominal consideration have been recorded at the acquisition date fair value.

Where the cost model is used, the asset is carried at its cost less any accumulated depreciation and any impairment losses. Costs include purchase price, other directly attributable costs and the initial estimate of the costs of dismantling and restoring the asset, where applicable.

Assets measured using the revaluation model are carried at fair value at the revaluation date less any subsequent accumulated depreciation and impairment losses. Revaluations are performed whenever there is a material movement in the value of an asset under the revaluation model.

#### **Plant and equipment**

Plant and equipment are measured using the cost model.

#### **Depreciation**

Property, plant and equipment, excluding freehold land, is depreciated on a reducing balance basis over the assets useful life to the Company, commencing when the asset is ready for use.

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 1. Summary of Significant Accounting Policies continued

#### (e) Property, Plant and Equipment continued

##### *Depreciation continued*

Leased assets and leasehold improvements are amortised over the shorter of either the unexpired period of the lease or their estimated useful life.

#### (f) Financial instruments

Financial instruments are recognised initially using trade date accounting, i.e. on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

##### *Financial Assets*

Financial assets are divided into the following categories which are described in detail below:

- loans and receivables;
- financial assets at fair value through profit or loss;
- available-for-sale financial assets; and
- held-to-maturity investments.

Financial assets are assigned to the different categories on initial recognition, depending on the characteristics of the instrument and its purpose. A financial instrument's category is relevant to the way it is measured and whether any resulting income and expenses are recognised in profit or loss or in other comprehensive income.

All income and expenses relating to financial assets are recognised in the statement of profit or loss and other comprehensive income in the 'finance income' or 'finance costs' line item respectively.

##### *Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The Company's trade and most other receivables fall into this category of financial instruments.

Discounting is omitted where the effect of discounting is considered immaterial.

Significant receivables are considered for impairment on an individual asset basis when they are past due at the reporting date or when objective evidence is received that a specific counterparty will default.

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 1. Summary of Significant Accounting Policies continued

The amount of the impairment is the difference between the net carrying amount and the present value of the future expected cash flows associated with the impaired receivable.

In some circumstances, the Company renegotiates repayment terms with customers which may lead to changes in the timing of the payments, the Company does not necessarily consider the balance to be impaired, however assessment is made on a case-by-case basis.

#### *Financial assets at fair value through profit or loss*

Financial assets at fair value through profit or loss include financial assets:

- acquired principally for the purpose of selling in the near future
- designated by the entity to be carried at fair value through profit or loss upon initial recognition or
- which are derivatives not qualifying for hedge accounting.

The Company has some derivatives which are designated as financial assets at fair value through profit or loss.

Assets included within this category are carried in the statement of financial position at fair value with changes in fair value recognised in finance income or expenses in profit or loss.

Any gain or loss arising from derivative financial instruments is based on changes in fair value, which is determined by direct reference to active market transactions or using a valuation technique where no active market exists.

#### *Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity. Investments are classified as held-to-maturity if it is the intention of the Company's management to hold them until maturity.

Held-to-maturity investments are subsequently measured at amortised cost using the effective interest method, with revenue recognised on an effective yield basis. In addition, if there is objective evidence that the investment has been impaired, the financial asset is measured at the present value of estimated cash flows. Any changes to the carrying amount of the investment are recognised in profit or loss.

#### *Available-for-sale financial assets*

Available-for-sale financial assets are non-derivative financial assets that do not qualify for inclusion in any of the other categories of financial assets or which have been designated in this category. The Company's available-for-sale financial assets include listed securities and its investment in [enter investment name].

The investment in [enter investment name] is reported at cost less any impairment charges, as its fair value cannot currently be reliably estimated.

All other available-for-sale financial assets are measured at fair value, with subsequent changes in value recognised in other comprehensive income.

Gains and losses arising from financial instruments classified as available-for-sale are only recognised in profit or loss when they are sold or when the investment is impaired.

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 1. Summary of Significant Accounting Policies continued

In the case of impairment or sale, any gain or loss previously recognised in equity is transferred to the profit or loss.

Losses recognised in prior period consolidated statement of profit or loss and other comprehensive income statements resulting from the impairment of debt securities are reversed through the statement of profit or loss and other comprehensive income, if the subsequent increase can be objectively related to an event occurring after the impairment loss was recognised in profit or loss.

#### *Financial liabilities*

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities depending on the purpose for which the liability was acquired. Although the Company uses derivative financial instruments in economic hedges of currency and interest rate risk, it does not hedge account for these transactions.

The Company's financial liabilities include borrowings, trade and other payables (including finance lease liabilities), which are measured at amortised cost using the effective interest rate method.

#### *Impairment of financial assets*

At the end of the reporting period the Company assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

#### *Financial assets at amortised cost*

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance accounts, all other impairment losses on financial assets at amortised cost are taken directly to the asset.

Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

#### *Available-for-sale financial assets*

A significant or prolonged decline in value of an available-for-sale asset below its cost is objective evidence of impairment, in this case, the cumulative loss that has been recognised in other comprehensive income is reclassified from equity to profit or loss as a reclassification adjustment. Any subsequent increase in the value of the asset is taken directly to other comprehensive income.

### (g) Impairment of non-financial assets

At the end of each reporting period the Company determines whether there is an evidence of an impairment indicator for non-financial assets.

Where this indicator exists and regardless for goodwill, indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 1. Summary of Significant Accounting Policies continued

#### (g) Impairment of non-financial assets continued

Where assets do not operate independently of other assets, the recoverable amount of the relevant cashgenerating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cashgenerating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss, except for goodwill.

#### (h) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

Bank overdrafts also form part of cash equivalents for the purpose of the statement of cash flows and are presented within current liabilities on the statement of financial position.

#### (i) Employee benefits

Provision is made for the Company'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 wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than twelve months after the end of the reporting period 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 satisfy vesting requirements. Cashflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

Employee benefits are presented as current liabilities in the statement of financial position if the Company does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date regardless of the classification of the liability for measurement purposes under AASB 119.

#### (j) Economic dependence

Congress of Aboriginal Torres Strait Islander Nurses & Midwives Ltd is dependent on the Department of Health for the majority of its revenue used to operate the business. At the date of this report the no current funding agreement has been executed, however the directors have no reason to believe the Department of Health will not continue to support Congress of Aboriginal Torres Strait Islander Nurses & Midwives Ltd.

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 1. Summary of Significant Accounting Policies continued

#### (k) Adoption of new and revised accounting standards

During the current year, the following standards became mandatory and have been adopted retrospectively by the Company:

- AASB 13 *Fair Value Measurement*
- AASB 119 *Employee Benefits*
- AASB 127 *Separate Financial Statements*
- AASB 2012-9 *Amendments to AASB 1048 arising from the Withdrawal of Australian Interpretation 1039*
- AASB 2012-2 *Amendments to Australian Accounting Standards - Disclosures - Offsetting Financial Assets and Financial Liabilities*

The accounting policies have been updated to reflect changes in the recognition and measurement of assets, liabilities, income and expenses and the impact of adoption of these standards is discussed below.

AASB 13 *Fair Value Measurement* does not change what and when assets or liabilities are recorded at fair value. It provides guidance on how to measure assets and liabilities at fair value, including the concept of highest and best use for non-financial assets. AASB 13 has not changed the fair value measurement basis for any assets or liabilities held at fair value, however additional disclosures on the methodology and fair value hierarchy have been included in the financial statements.

AASB 119 *Employee benefits* changes the basis for determining the income or expense relating to defined benefit plans and introduces revised definitions for short-term employee benefits and termination benefits.

The Company reviewed the annual leave liability to determine the level of annual leave which is expected to be paid more than 12 months after the end of the reporting period. Whilst this has been considered to be a longterm employee benefits for the purpose of measuring the leave under AASB 119, the effect of discounting was not considered to be material and therefore has not been performed.

In accordance with the transition provisions in the standard, the comparative figures have been restated, where applicable.

### 2. Other Income

	2015 \$	2014 \$
Other Income		
Interest received	7,713	4,650
Sponsorships	40,909	1,818
Membership fees	3,350	-
Conference income	32,515	18,219
Other income	12,936	11,464
Disposal of equipment -	-	(18,847)
Government grants	1,146,295	1,400,840
	1,243,718	1,418,144

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 3. Cash and cash equivalents

	2015 \$	2014 \$
Cash at bank and in hand	181,922	716,750
	181,922	716,750

#### Reconciliation of cash

Cash and Cash equivalents reported in the statement of cash flows are reconciled to the equivalent items in the statement of financial position as follows:

	Note	2015 \$	2014 \$
Cash and cash equivalents		181,922	716,750
Bank overdrafts	8	-	(1,738)
<b>Balance as per statement of cash flows</b>		<b>181,922</b>	<b>715,012</b>

### 4. Trade and other receivables

	2015 \$	2014 \$
Trade receivables	3,995	-
<b>Total current trade and other receivables</b>	<b>3,995</b>	<b>-</b>

### 5. Property, plant and equipment

	2015 \$	2014 \$
<b>PLANT AND EQUIPMENT</b>		
Furniture, fixtures and fittings		
At cost	19,577	-
Accumulated depreciation	(3,285)	-
Total furniture, fixtures and fittings	16,292	-
Motor vehicles		
At Cost	41,990	41,990
Accumulated depreciation	(8,504)	(777)
Total motor vehicles	33,486	41,213
Plant and equipment		
At Cost	35,876	25,951
Accumulated depreciation	(9,858)	(4,131)
Total Plant and equipment	26,018	21,820
Total plant and equipment	75,796	63,033
<b>Total property, plant and equipment</b>	<b>75,796</b>	<b>63,033</b>

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 5. Property, plant and equipment continued

#### (a) Movements in carrying amounts of property, plant and equipment

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

	Furniture Fixtures & Fittings \$	Motor Vehicles \$	Office Equipment \$	Property, Plant & Equipment UD1 \$
<b>Year ended 30 June 2015</b>				
Balance at the beginning of year	-	41,213	-	21,820
Additions	19,577	-	-	9,925
Depreciation expense	(3,285)	(7,727)	-	(5,727)
Balance at the end of the year	16,292	33,486	-	26,018

				Total \$
<b>Year ended 30 June 2015</b>				
Balance at the beginning of year				63,033
Additions				29,502
Depreciation expense				(16,739)
<b>Balance at the end of the year</b>				<b>75,796</b>

	Furniture Fixtures & Fittings \$	Motor Vehicles \$	Office Equipment \$	Property, Plant & Equipment UD1 \$
<b>Year ended 30 June 2014</b>				
Balance at the beginning of year	-	-	4,170	26,626
Additions	-	41,990	-	14,051
Disposals - written down value	-	-	(4,170)	(15,130)
Depreciation expense	-	(777)	-	(3,727)
Balance at the end of the year	-	41,213	-	21,820

				Total \$
<b>Year ended 30 June 2014</b>				
Balance at the beginning of year				30,796
Additions				56,041
Disposals - written down value				(19,300)
Depreciation expense				(4,504)
<b>Balance at the end of the year</b>				<b>63,033</b>

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 6. Other non-financial assets

	2015 \$	2014 \$
Prepayments	11,248	7,771

### 7. Trade and other payables

	2015 \$	2014 \$
<b>CURRENT</b>		
Trade payables	8,445	21,641
GST payable	(20,060)	45,833
Other payables	14,741	13,588
Other payables	4,145	-
	<b>7,271</b>	<b>81,062</b>

All amounts are short term and the carrying values are considered to be a reasonable approximation of fair value.

### 8. Borrowings

	2015 \$	2014 \$
<b>CURRENT</b>		
Secured liabilities:		
Bank overdraft	-	1,738
Chattel mortgage	13,420	10,360
<b>Total current borrowings</b>	<b>13,420</b>	<b>12,098</b>
<b>NON-CURRENT</b>		
Secured liabilities:		
Chattel mortgage	23,488	37,359
<b>Total non-current borrowings</b>	<b>23,488</b>	<b>37,359</b>
<b>Total borrowings</b>	<b>36,908</b>	<b>49,457</b>

### 9. Other Financial Liabilities

	2015 \$	2014 \$
Government grants	-	291,189

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 10. Income in Advance

	2015 \$	2014 \$
Government grants	-	291,189

### 11. Employee Benefits

	2015 \$	2014 \$
Provision for employee benefits	32,443	26,261
	32,443	26,261

### 12. Members' Guarantee

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 contribute a maximum of \$ 10 each towards meeting any outstandings and obligations of the Company. At 30 June 2015 the number of members was 543 (2014: 155).

### 13. Remuneration of Auditors

	2015 \$	2014 \$
Remuneration of the auditor of the parent entity, Hardwicks, for:		
- auditing or reviewing the financial statements	5,300	3,500

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 14. Cash Flow Information

#### (a) Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

	2015 \$	2014 \$
Profit for the year	(143,246)	252,611
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	16,739	4,504
- net gain on disposal of property, plant and equipment	-	18,847
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries:		
- (increase)/decrease in trade and other receivables	(3,995)	-
- (increase)/decrease in prepayments	(3,477)	(2,388)
- increase/(decrease) in income in advance	(291,189)	291,189
- increase/(decrease) in trade and other payables	(76,992)	59,704
- increase/(decrease) in employee benefits	6,182	147
Cashflow from operations	(495,978)	624,614

### 15. Company Details

The registered office of the company is:

Congress of Aboriginal Torres Strait Islander Nurses & Midwives Ltd

The principal place of business is the same as the registered office.

## Directors' Declaration

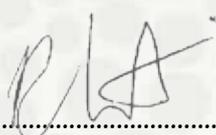
The directors have determined that the Company is not a reporting entity and that these special purpose financial statements should be prepared in accordance with the accounting policies described in Note 1 of the financial statements.

The directors of the Company declare that:

1. The financial statements and notes, as set out on pages 4 to 18, are in accordance with the *Corporations Act 2001* and:
  - (a) comply with Australian Accounting Standards as stated in Note 1; and
  - (b) give a true and fair view of the financial position as at 30 June 2015 and of the performance for the year ended on that date of is in accordance with the accounting policy described in Note 1 of the financial statements.
2. In the directors' opinion, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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

Director .....  ..... Dated ..... 17th August 2015 .....

Director .....  ..... Dated ..... 17th August 2015 .....

## Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report of Congress of Aboriginal Torres Strait Islander Nurses & Midwives Ltd, which comprises the statement of financial position as at 30 June 2015, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

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

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 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 a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

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

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

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

### **Independence**

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

### **Opinion**

In our opinion the financial report of Congress of Aboriginal Torres Strait Islander Nurses & Midwives Ltd is in accordance with the Corporations Act 2001, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1, and the Corporations Regulations 2001.

## Congress of Aboriginal and Torres Strait Islander Nurses and Midwives Ltd

### **Basis of Accounting**

Without modifying our opinion, we draw attention to Note to the financial report which describes the basis of accounting. The financial report is prepared to assist Congress of Aboriginal Torres Strait Islander Nurses & Midwives Ltd to comply with the financial reporting provisions of the company constitution. As a result, the financial report may not be suitable for another purpose.

Hardwicks  
Chartered Accountants

Hardwicks  
Reilly

Amanda O'Reilly CA  
Partner

Deakin ACT

Dated this 17th day of August 2015





## Appendix 1: Abbreviations and acronyms

ACM	Australian College of Midwives
ACN	Australian College of Nursing
AGM	Annual General Meeting
AHCSA	Aboriginal Health Council of South Australia
AHMAC	Australian Health Ministerial Advisory Council
AIHW	Australian Institute of Health and Welfare
ANMAC	Australian Nursing and Midwifery Accreditation Council
ANF	Australian Nursing Federation
ASIC	Australian Securities and Investments Commission
ATSIHWWG	Aboriginal and Torres Strait Islander Health Workforce Working Group
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CEO	Chief Executive Officer
CoNNO	Coalition of National Nursing Organisations Council
CRANaplus	Council of Remote Area Nurses of Australia plus
DoH	Department of Health
GST	Goods and Services Tax
LINMEN	Leaders in Nursing and Midwifery Education Network
NMBA	Nursing and Midwifery Board of Australia
NHLF	National Health Leadership Forum
OAM	Order of Australia Medal
PEPA	Program of Experience in the Palliative Approach
PwC	Pricewaterhouse Coopers
RTOs	Registered Training Organisations

## Appendix 2: National representation work

### National boards, committees and working groups

Australian College of Midwives Aboriginal and Torres Strait Islander Advisory Committee

Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG)

Aboriginal and Torres Strait Islander Health Curriculum Framework Project Advisory Group

Australian Nursing and Midwifery Accreditation Advisory Council (ANMAC), Standards Accreditation and Assessment Committee

Australian Nursing and Midwifery Accreditation Advisory Council (ANMAC) Board

ANMAC Midwifery Accreditation Committee

'Birthing on Country' Policy Position Statement Steering Committee

'Close the Gap' Steering Committee

Enrolled Nurse Competency Project

- Project Governance Committee
- Enrolled Nurse Standards Committee
- Enrolled Nurse Qualifications

Nursing and Midwifery Stakeholder Reference Group (DoH)

Coalition of National Nursing Organisations (CoNNO)

National Review of the Standards for Practice for the Enrolled Nurse Project Advisory Group

National Indigenous Health InfoNet Board

National Health Leadership Forum

Privately Practicing Midwives Supervisor Models - PwC

Social Determinants of Health Alliance

Leaders in Indigenous Nursing and Midwifery Education Network Steering Committee

Caring for Country Kids Program Committee

University of Technology Sydney – Curriculum Development Group

### National and jurisdictional conferences, symposiums and workshops

Membership Forums held in Canberra, Melbourne, Sydney, Adelaide and Newcastle

Stakeholder Forums held in Canberra, Melbourne, Sydney and Adelaide

International Indigenous Pre-Conference on HIV&AIDS, July 2014

Close the Gap Workshop, July 2014

Review of the BA Science (Nursing) Curriculum Curtin University Focus Group, July 2014

Ochre Day for Men's Health, July 2014

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives Cultural Safety Workshop, July 2014 and February 2015

Australian Capitol Territory Aboriginal and Torres Strait Islander Health Workshop, August 2014

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives Annual Conference and Annual General Meeting, September 2014

CRANaPlus Conference, October 2014

National Aboriginal and Torres Strait Islander Health Worker Association Conference, October 2014

The Royal Australian College of Physicians – Specialist Access Roundtable Workshop, October 2014

Indigenous Allied Health Australia Professional Development Forum, November 2014

National Aboriginal Community Controlled Health Organisation Conference, November 2014

University of South Australia Deadly Alumni Annual General Meeting, November 2014

South Pacific Nurses Forum, December 2014

ACT Health Reconciliation Action Plan 2015-2018 Community Consultation Workshop, February 2015

CATSINaM Parliamentary Breakfast, March 2015

World Kidney Day Roundtable, March 2015

Federation White Paper Workshop, March 2015

Shepparton Aboriginal Health Conference, April 2015

Having the Hard Conversations Symposium, April 2015

New South Wales Health Stepping Up Forum, April 2015

Australian Primary Health Care Nurses Association Conference, May 2015

NSW Rheumatic Heart Disease Australia Colloquium 2015 Workshop, May 2015

Australian Catholic University Nursing Lecture, May 2015

Aboriginal and Torres Strait Islander Cancer Framework National Forum, June 2015

National Ice Taskforce Roundtable, June 2015

Aboriginal and Torres Strait Islander Cancer Framework National Forum, June 2015

## Campaigns and projects

Mulla Mullangari Project Advisory Group

Australian College of Nursing and Midwifery – Puggy Hunter Scholarship Scheme, Nursing and Allied Health Scholarship and support scheme & the Aged Care Nursing Scholarship Scheme

Lighthouse Project – Heart Foundation

PEPA Project – National Palliative Care Association

Lowitja – Recognise Health Campaign

National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care

Lowitja Institute Preliminary Research Agenda Setting Meeting

I AM Project Committee

University of Technology Sydney External Advisory Committee

University of Technology Sydney – Safeguarding the health and wellbeing of the New South Wales nursing and midwifery workforce study

## Meetings and formal event attendance

Mulla Mullangari Project Advisory Group

Australian College of Nursing and Midwifery – Puggy Hunter Scholarship Scheme, Nursing and Allied Health Scholarship and Support Scheme & the Aged Care Nursing Scholarship Scheme

Lighthouse Project – Heart Foundation

PEPA Project – National Palliative Care Association

Lowitja – Recognise Health Campaign

National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care

Lowitja Institute Preliminary Research Agenda Setting Meeting

I AM Project Committee

University of Technology Sydney External Advisory Committee

University of Technology Sydney – Safeguarding the health and wellbeing of the New South Wales nursing and midwifery workforce study

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives National Summit on Cultural Safety in Nursing and Midwifery

University of Melbourne

University of Western Sydney

Victoria University

University of South Australia

University of Canberra

Central Queensland University

GUMURRII centre, Griffith University

University of New England

Edith Cowen University

University of Southern Queensland

Australian Catholic University

University of New England

University of Tasmania

Edith Cowan University

University of South Australia

Flinders University

University of Technology Sydney

University of Wollongong

Australian National University

Poche Centre for Indigenous Health, Sydney & Adelaide

The Council of Maori Nurses

Council of Deans of Nursing and Midwifery

Australian College of Midwives Nursing and Midwifery Board Australia
Australian Primary Health Care Nurses Association
Australian Student and Novice Nurse Association
Australian College of Nurses and National Indigenous Drug and Alcohol Nurses Association
CRANA Plus
Australian College of Mental Health Nurses
Australian College of Midwives
Palliative Care Australia
Australian Diabetes Educators Association
HealthCare
Federal Department of Social Services - Senior Nursing Advisor
Federal Department of Health Australian Nurse Family Partnership Program
South Australia Nursing and Midwifery Excellence Awards – Presentation of award
Lowitja Office Opening
Social Determinants of Health Australia – Press Club Event
Launch of Pregnancy and Alcohol Course – Australian College of Midwives
National Aboriginal Community Controlled Health Organisation Parliamentary Breakfast
National Registration and Accreditation Scheme Meeting – Hosted by the National Aboriginal and Torres Strait Islander Health Workers Association
Aboriginal and Torres Strait Islander HIV & AIDS Awareness Week Breakfast Launch
Yatduligin Launch: Aboriginal and Torres Strait Islander Nursing and Midwifery Care Book Launch
Launch of the Social Justice and Native Title Report 2014
Reconciliation Bridge Walk Event
International Nurses Day - University of Canberra
International Midwives Day Walk with the Australian College of Midwives
Indigenous Allied Health Australia Professional Development Forum
St Vincent's Hospital Sydney
Midland Public and Private Hospital
The Royal Children's Hospital Melbourne
Senator Claire Moore
Senator Nova Peris OAM
Senator Rachel Siewert
Shayne Neumann MP
Senator Ley and Senator Nash
Senator Jacqui Lambie
Australian Indigenous Mentoring Experience (AIME)
Australian Institute of Aboriginal and Torres Strait Islander Studies

Supply Nation

Mental Health Commission Queensland

National Network of Clinical Coordinators

Reconciliation Australia

Erindale College

Merici College

Nursing and Midwifery Board of Australia Stakeholder Forum

Longitudinal Study of Indigenous Children

Remote Area Health Corps

Federal Budget Lockup

Holistic Birth Community

Greater Northern Australian Regional Training Network

Merck Sharp and Dome

## Submissions

Australian Health Ministerial Advisory Council (AHMAC), National Registration and Accreditation Scheme (NRAS) Review

Australian Safety and Quality in Health Care Commission, Review of the National Safety and Quality Health Service Standards

Department of Health, Draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families

Senate Select Committee Inquiry in to health policy, administration and expenditure

House of Representatives Standing Committee on Indigenous Affairs Inquiry into harmful use of alcohol in Aboriginal and Torres Strait Islander communities

National Midwifery Board of Australia, Eligible midwives standards

National Midwifery Board of Australia, Registered Nurse practice standards

Community Services and Health Industry Skills Council, Enrolled Nurse practice standards

Standing Committee on Health Inquiry in Hepatitis C in Australia

Media releases, articles and interviews	Status
CATSINaM Media Release, Cuts to education programs	September 2014
CATSINaM Media Release, Cultural diversity and respect in achieving health equity	September 2014
NT News, Article on more Aboriginal and Torres Strait Islander Nurses and Midwives	September 2014
National Indigenous Times, Article on CATSINaM Cultural Safety Workshop	September 2014
Koori Mail, Article on Close the Gap	February 2015
Koori Mail, Article Campaign for More Nurses and Midwives	March 2015
Interview with National Indigenous Times, Close the Gap Feature	March 2015
CATSINaM Release re: CATSINaM Parliamentary Breakfast	March 2015
CATSINaM Joint release re: Budget cuts to Health Flexible Funds threaten vital services	March 2015
Australian Nursing and Midwifery Journal, Close the Gap Feature	March 2015
Australian Nursing and Midwifery Journal, Article on more Aboriginal and Torres Strait Islander Nurses and Midwives	April 2015
CATSINaM Joint release re: Close the Gap Budget Media Release	May 2015
SBS Radio re Interview about Birthing on Country	June 2015
The Nursing and Midwifery News, Article on the SA Nursing and Midwifery Excellence Awards	June 2015
NSW Nurses and Midwives Association magazine, Article on Cultural Safety	June 2015

