

CATSINaM

THE CONGRESS OF
ABORIGINAL AND
TORRES STRAIT ISLANDER
NURSES & MIDWIVES

ANNUAL REPORT

2015 - 2016

Founding Members



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

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

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.

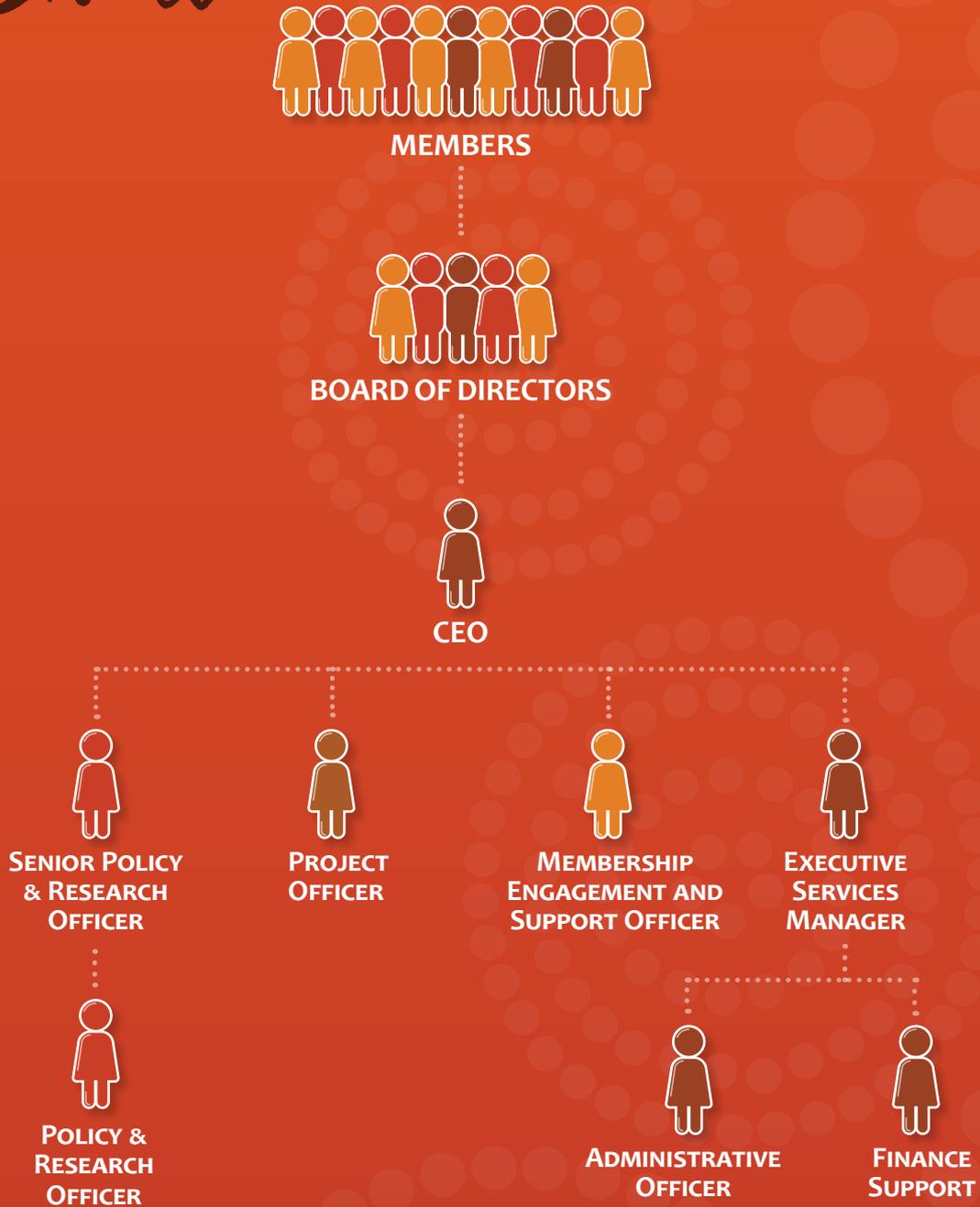
In 1998, CATSIN was incorporated and until July 2012, led by its founding Executive Director, Dr Sally Goold OAM.

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 People 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 Board ends 2015-2016 with a strong sense of satisfaction with CATSINaM's increasing profile and achievements. We have made solid progress against our strategic directions, expanded our engagement in the political environment, and worked on honouring our founding professionals.

This was the third year of our 2013-2018 Strategic Plan. Early in 2015, we commissioned an interim evaluation of our progress to guide our work over 2015-2016. The comprehensive report released in July 2015 is available in the 'Publications' section of our website. We learned that we were on the right track and had made solid progress with Strategic Directions 1 and 2, which set a foundation for our work in Strategic Directions 3 and 4. The recommendations have guided both the Board and Secretariat on priority actions and aspirations over this past year.

Our governance processes have gone from strength to strength. The Board is increasingly focused on CATSINaM's strategic positioning in pursuit of our organisational priorities. We are particularly pleased that we have strengthened our capacity to make our presence known and engage effectively in the political environment. This includes participating in collective activities with like-minded national Aboriginal organisations on shared concerns.

We were centrally involved in developing the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan, launched in October 2015. This occurred as part of our membership of the National Health Leadership Forum, coordinated by the National Congress of Australia's First Peoples. Just recently, we participated in the preparation and announcement of the 9th June 2016 'Redfern Statement', along with other national and state Aboriginal and Torres Strait Islander organisations. As a signatory, we joined with them in requiring any actions taken to address and redress the challenges faced by First Peoples occur in genuine partnership with Aboriginal and

Torres Strait Islander communities, their organisations and representative bodies.

I would like to acknowledge the work of our CEO in this area. She has provided strong leadership through her prominent role in the National Health Leadership Forum, and her dedicated effort to plan and execute an effective engagement strategy with federal politicians and advisors leading into the July 2016 national election. We hope this will bear fruit over time, now that the election outcome is clear and parliament is sitting again. We have built on this through our involvement in the 'First 100 days' campaign with national and state Aboriginal organisations, and ANTA.

CATSINaM would not exist without the courage, vision and commitment of our founding professionals to succeed in the nursing and midwifery profession. We have worked hard this year to create a means of honouring their contributions through the CATSINaM 'Hall of Fame' and an annual CATSINaM Fellowship award. Read more about these two new developments in the 'Strategic Directions: Activity and Progress' section of the report.

We are always keen to hear from long-standing Aboriginal and Torres Strait Islander nurses and midwives – if you have not connected with us lately, we would love to hear from you and help share your stories as an inspiration to our current and new generations.

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.

The Board elects CATSINaM's President for a two-year term and he/she 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.

There were some changes in Board membership during 2015-2016. Having initially filled a casual vacancy for the Victorian Director, Ben Gorrie was elected to continue in that position at the AGM. Ted Murphy was appointed by the Board for an additional 12 months as Northern Territory Director. There was a change in the NSW Director, Vicki Wade taking over this role from Vicki Holliday. We are grateful to all of the work Vicki contributed to CATSINaM during her time on the Board.

Five well attended Board meetings were held in the months of August, September, and November 2015, and March and May 2016.

BOARD OF DIRECTORS



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.



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 Bachelor 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 Bachelor 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.



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: Ben Gorrie
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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
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Born and raised 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 is a Ngarrindjeri man. He is the current Acting CEO of the Aboriginal Health Council of SA Inc. (AHCSA) and has been with AHCSA since November 2010 where his substantive position is Deputy CEO. Shane has worked in Aboriginal health as a Registered Nurse (including remote Kimberly work, hospital and forensic health), Senior Executive in Government, University and Non-Government Organisation's for over 25 years in South Australia including interstate.

Shane enjoys working in the Aboriginal Community Controlled Health sector and is strongly committed to improving the health and well-being status of Aboriginal people and their employment in the health sector, in particular for Aboriginal Health Workers.

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) Community Engagement Advisory Council.



New South Wales: Vicki Wade

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Vicki is a proud Nyoongar woman and her mob is from the south west of Perth. Vicki comes from a strong Aboriginal family where the women were healers, first her Nan Lily who helped the women on the mission at Gnowangerup with no formal education (Aboriginal people at the time were denied education) and her mother was one of the first Aboriginal women to become an enrolled nurse in rural south west Perth. Vicki continued the healing tradition and undertook her nursing training in 1976, where she has been a strong advocate of improving Aboriginal health and status within New South Wales. Her career in health has spanned over three decades and during that time she has witnessed first-hand the effects of poor health on her people.



CHIEF EXECUTIVE OFFICER'S REPORT

In reflecting on the last year, it has become apparent and encouraging to witness how CATSINaM has become increasingly visible and vocal in the nursing and midwifery profession, the Aboriginal health sector, and the political arena. Our focus has been on engaging support for and facilitating joint action on our organisational priorities: 1) supporting growth in numbers and personal development of our Members; 2) growing, supporting and retaining the Aboriginal and Torres Strait Islander nursing and midwifery workforce; and 3) understanding and creating cultural safety in health services, educational institutions and workplaces.

It is with pleasure that I report the marked growth in our membership continues. It stood at 791 in June 2016 representing a 31% overall increase from June 2015. We have welcomed new Members as well previous Members whose membership had lapsed until we sought them out. Your involvement as our Members in CATSINaM events is outstanding. We greatly appreciate your contributions to CATSINaM activities and communications, such as at the 2015 CATSINaM Conference in Darwin, including the Student Day, and participation in jurisdictional/local Member forums.

A personal thank you to those Members who have taken on representative roles for CATSINaM at national or state forums, and been interviewed for the CATSINaM Newsletter so we learn more about each other's aspirations, experiences and wisdom. Finally, we value your everyday advocacy and

support for promoting CATSINaM priorities, and building the membership.

It has been a busy year in policy development over 2015-2016. We released three new policies in early 2016, all of which are available on the 'Policy Position Statements' section of the website: Birthing on Country, Uniqueness of our Workforce, and Methamphetamine and Other Stimulants. We also started development on an Aboriginal and Torres Strait Islander male nursing workforce position statement. These statements ensure that we express clear messages on a consistent basis. They underpin our work to engage other stakeholders about jointly addressing CATSINaM concerns and priorities, and provide them with the reasons why these concerns are important and guidance about the role they can play.

Three specific initiatives are significant highlights for the last year: our pre-election political engagement campaign, the 'Cultural Safety in Policy and Practice Seminar', and setting the foundations for creating a Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework. You can read more information on each in the 'Strategic Directions: Activity and Progress' section of the report.

In response to the possibility of an early national election, CATSINaM ensured it was well prepared to implement a political engagement campaign in April 2016, the last sitting period before the winter recess. This was fortuitous. An early election was triggered and it was the last opportunity to access political offices easily. This is the first time CATSINaM gained dedicated time with multiple politicians and/or their advisors in a concentrated timeframe to deliver a consistent message about policy recommendations and short-term investments backed by evidence. We are hopeful our efforts come to fruition over time.

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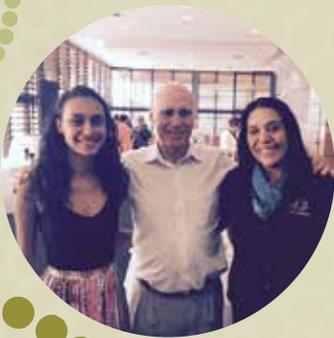
The 'Cultural Safety in Policy and Practice Seminar' was a new type of CATSINaM event held in April 2016, after months of preparation in partnership with the Poche Centre for Indigenous Health and Well-being at Flinders University. We were excited to welcome international guests from Canada who run the San'yas Indigenous Cultural Safety Training Program to headline the seminar. Attendees included political advisors we had met during our pre-election political engagement campaign, as well as university and health service colleagues.

The seminar grew out of learnings from our 2015 Stakeholder Forum series, where we talked with external stakeholders in five jurisdictions to identify shared priorities and potential collaboration opportunities. 'Embedding cultural safety in policy and practice' emerged as the highest priority for collaboration opportunities for all stakeholder groups combined. We have shared several of the presentations on our new Vimeo site, as well as the summary report on our website, so please share the links as widely as you can.

The long awaited Aboriginal and Torres Strait Islander Health Curriculum Framework document was released in September 2015. We are keen to see how the framework will assist us with a priority strategy in our Strategic Plan - to develop an academically rigorous interpretative guide for teaching and learning Aboriginal and Torres Strait Islander history, health, culture and cultural safety. Teaching and assessing Aboriginal history, health, culture and cultural safety was the second highest priority for collaboration opportunities from the 2015 Stakeholder Forum, so we have started exploring how we can use the Framework with our university colleagues.

The ongoing generosity of our Members and allies in supporting our work heartens us, so I would like to take this opportunity to truly thank you all. We look forward to continuing to talk and work with you in the coming year.

Janine Mohamed
Chief Executive Officer



CATSINaM STAFF

We had consistency, fresh faces and departures in the staff team this year. Colleen Gibbs and Chloe Peters continued their dedicated work for CATSINaM. They were joined by Leonie Williamson who will continue with CATSINaM into the new year,

Karel Williams who worked with us through to June, and Jasmin Hunter who worked with us through to March. Chrys Stuart finished with CATSINaM in November 2015, and Carly Spencer ended her employment with us in May 2016.



Janine Mohamed
Chief Executive Officer



Karel Williams
Midwifery Policy Officer
(Nov 2015 - June 2016)



Colleen Gibbs
Senior Policy and Research Officer



Jasmin Hunter
Project Officer
(Oct 2015 - Mar 2016)



Chloe Peters
Membership Engagement Officer



Chrystine Stuart
Office Manager
(July - Nov 2015)



Leonie Williamson
Senior Policy Officer
(October - June 2016)



Carly Spencer
Administration Officer
(July 2015 - May 2016)

MEMBERSHIP

Our strength and inspiration resides in our membership – our long-standing members and experienced nurses and midwives, along with our students as emerging talent and future leaders for both the profession and CATSINaM. We achieved strong membership growth during 2015-2016. The total membership stood at 791 in June 2016 compared with 604 in June 2015. This represents an increase of 31%, although the extent of growth varied according to membership category.

☀️ **Full Members** are qualified nurses and midwives; their numbers expanded substantially again from 247 to 387, a 57% increase.

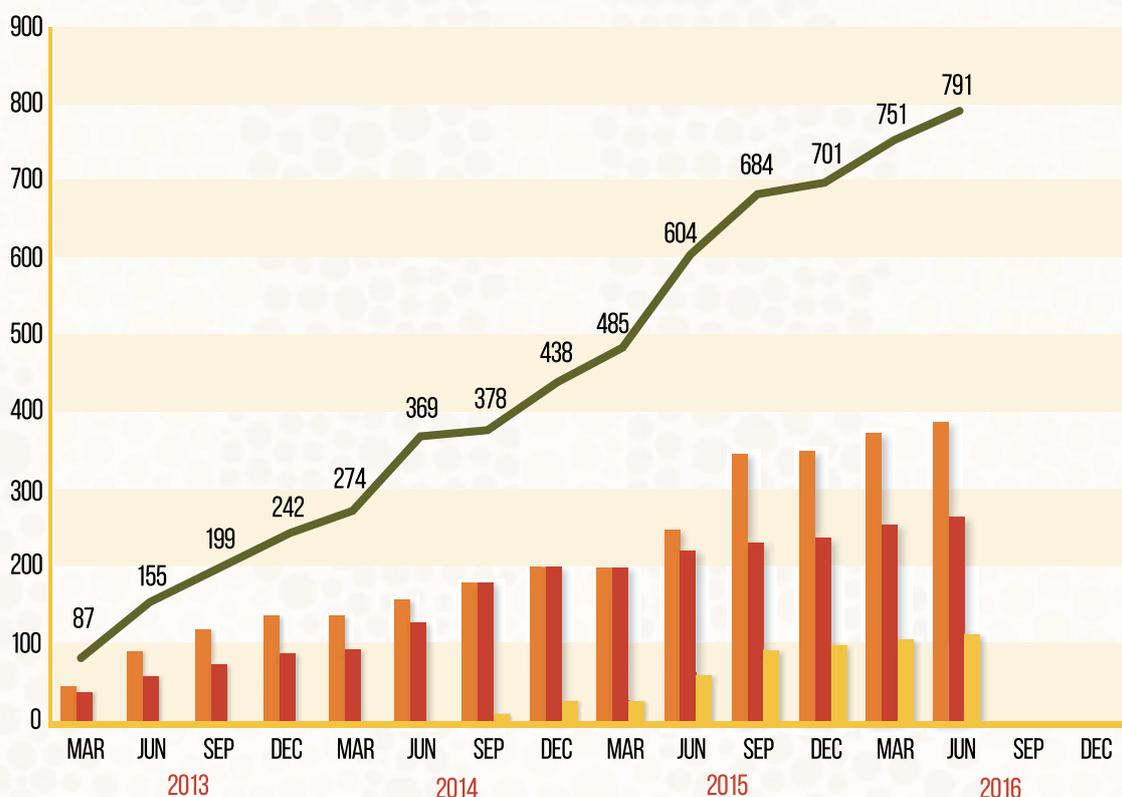
☀️ **Student Members** continue to rise steadily, up from 217 to 262, a 21% increase.

☀️ **Associate Members** are retired Aboriginal and/or Torres Strait Islander nurses and/or midwives, and increased from 20 to 23 this year.

☀️ **Affiliate Individual Members** are non-Aboriginal and Torres Strait Islander nurses and/or midwives with numbers growing to 93 from 53 over the last year, an increase of 76%.

☀️ **Affiliate Organisational Members** now stand at 17 Members from the six recorded in June 2015.

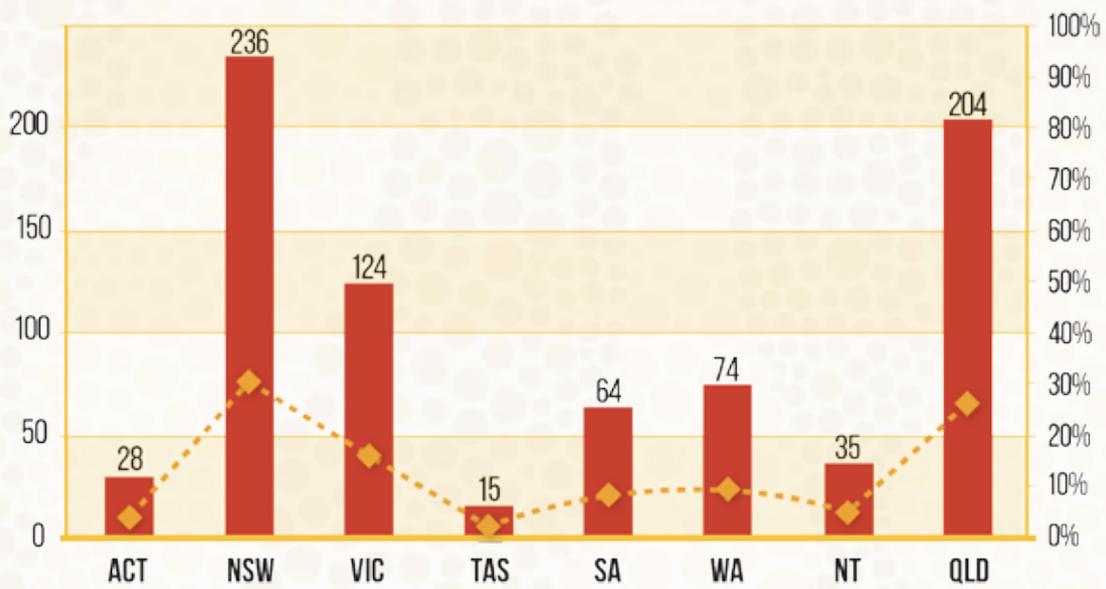
CATSINaM National Membership



The jurisdictional distribution of CATSINaM Members is in the following graph. The Member numbers are in the red 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 Tasmania, and higher numbers in Victoria and the ACT.

Members by jurisdiction



STRATEGIC DIRECTIONS: ACTIVITY AND PROGRESS

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.

There are three objectives and seven strategies for this strategic direction:

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 2015-2016

Membership Recruitment and Retention Strategy

Our excellent growth in membership numbers is a result of the membership recruitment and retention strategies we implemented this year. We undertook a dedicated 'reconnection' strategy by personally contacting previous Members from the last four years, which resulted in a good proportion re-instating their membership; this boosted the number of 'Full Members'. A quarterly draw for an iPad for Members who nominate people to join, has continued to be a very successful strategy, along with holding student specific events in collaboration with universities.

The Fellowship of CATSINaM

This year saw the advent of a new prestigious award for CATSINaM Members that will become available in 2016-2017. The Board will award the annual Fellowship of CATSINaM to a CATSINaM member in recognition of significant professional achievement within the nursing and midwifery profession. Eligibility is open to Full, Student and Associate Members, as Aboriginal and Torres Strait Islander nurses and midwives. Recipients will be inducted into the CATSINaM 'Hall of Fame', another new development (see below), and receive various forms of recognition and consideration from CATSINaM. This includes using the post-nominal term 'Fellow of CATSINaM' after their name. The first call for nominations is in July 2016. We look forward to announcing the first awardees at the Inaugural Hall of Fame Gala Dinner in November 2016.

Annual Conference and AGM

Darwin was the location for the 17th National CATSINaM Conference on 22-24th September 2015. The theme was "The only way is up!" In her opening address, Janine Mohamed explained what this meant for CATSINaM:



“We are in this together – achieving the change we need is our shared responsibility. As Professor Moana Jackson has reflected, there will be “obstacles in our way” – as nurses and midwives, in particular, as Aboriginal and Torres Strait Islander nurses and midwives. He urged us to ‘look past the obstacle. Look beyond the mountain and imagine the other side’.

So, for CATSINaM, the only way is up. With collaboration, strategy, persistence and hard work, our imaginings can become reality. We know that our families and communities have struggled; so often, our existence as Aboriginal and Torres Strait Islander nurses and midwives has been born from that struggle. But I believe, as Professor Jackson does, that ‘the struggle is always worth it’”.

Janine Mohamed, CATSINaM CEO

As before, there were different activities on the first ‘pre-conference’ day prior to holding the AGM in the late afternoon. The Board held a formal meeting, while three professional development workshops were on offer for other Members. We also held what is now an annual event, the CATSINaM Student Day, our second to date. Numbers grew to 45 students from 40 in 2014, along with additional support staff. This is possible through the support of students’ universities, several partner organisations who sponsored one or two positions, as well as the CATSINaM bursaries we offer each year.

Many different presentations and participation options were provided over the two-day conference, including nine plenary and three breakout sessions, two ‘yarning circles’ and an exhibition space. The yarning circles

focused on topics relevant to policy and/or program development: psychosocial health during pregnancy, birth and beyond; and crystal methamphetamine (ice) and other psych stimulants, and how they impact upon Aboriginal and Torres Strait Islander communities and care. Our highly regarded plenary speakers included Professor Juanita Sherwood, Lynore Geia, Nicole Ramsamy, Professor Dennis McDermott, Sharon Gollan, Kathleen Stacey, Karen Cook, Maggie Richardson, Warwick Padgham, Fiona Wake and Renee Blackman.

The formal dinner is a highlight of CATSINaM Conferences, at which we announce the CATSINaM Award winners across three categories. To the delight of the large audience, the Sally Goold Award for individual nursing and/or midwifery excellence was awarded to Lynore Geia and the CATSINaM Partnership Award for organisations recognising culturally respectful, committed, and successful partnerships to the Nursing and Midwifery Office in the Victorian Department of Health and Human Services. The most enthusiastic celebration was for three amazing women – Diana Ross, Emily Marshall and Gracelyn Smallwood - all from Townsville, who were each presented with a CATSINaM Lifetime Achievement Award.



Communicating with our Members and stakeholders

Based on our updated Communication Strategy, we have enhanced and extended how we communicate with Members and Stakeholders. Members and mailing list subscribers receive a quarterly Newsletter with in-depth information on our work in the advocacy space, descriptions of recent critical development for Aboriginal health and/or nursing and midwifery, and features on the experiences and achievements of our Members. A Monthly News e-mail keeps Members up to date with professional announcements, events and professional development opportunities, supplemented by 'email blasts' for urgent information.

We have sustained high website activity across the year, with our 'Jobs' section proving popular for Members who are looking for work, and employers who are seeking applicants for available positions. Reports on key initiatives and events are accessible from our 'Publications' and 'Resources' pages of the 'Communications' section; we have expanded this to include videos of CATSINaM presentations and issues, along with presentations given by keynote speakers at our events.

One of our communication priorities this year was extending our effective engagement with social media as a 'technical innovation'. We have increased our activity on both Twitter and Facebook in order to profile our activity and engage with both Members and stakeholders.

Promotion and presentations in public and professional spheres

Over the last two years, we have taken and created opportunities to not only have a presence but also a strong voice in public, professional and educational forums that allow us to connect with external stakeholders, as well as Member and potential Members. Our success in doing this is clearly apparent for 2015-2016, and is consistent with this

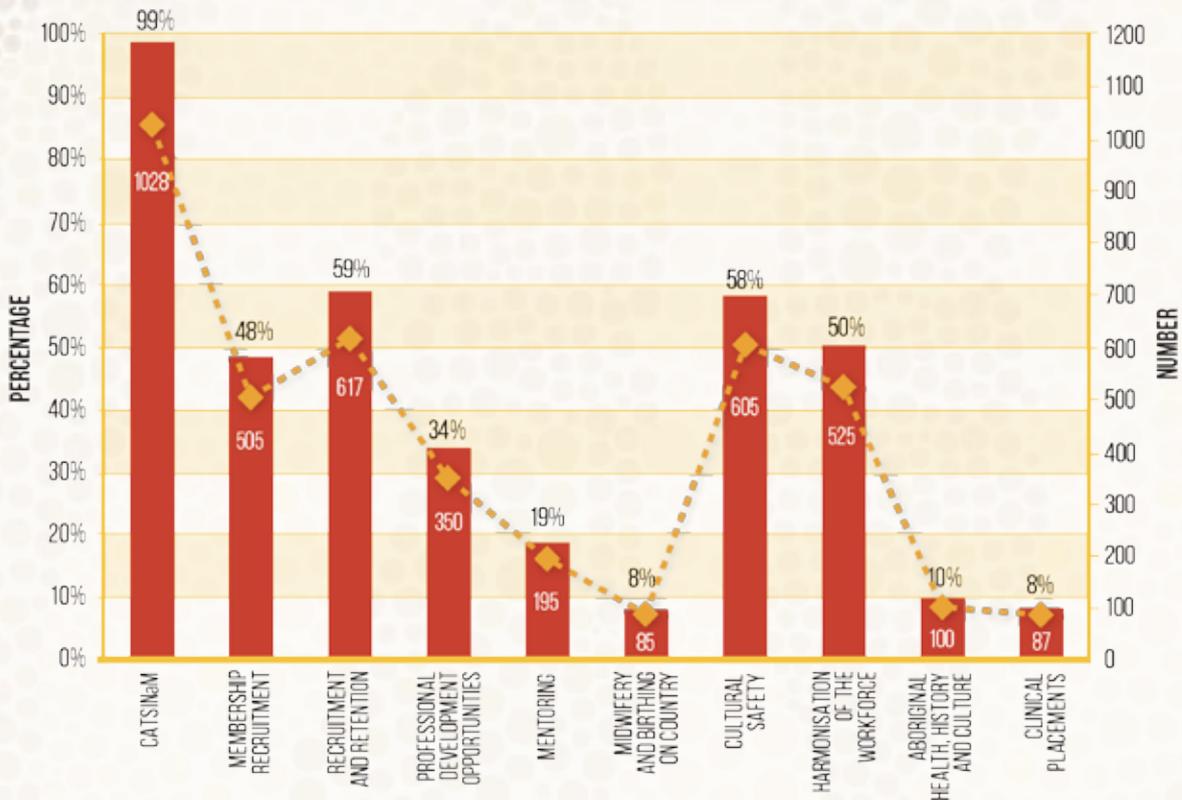
work being a priority activity in our revised Communication Strategy.

Collectively, the CATSINaM CEO, Board Members and/or Staff have reached 1,042 people over this period through 19 separate formal presentations, well over half of which occurred in jurisdictions other than the ACT. Presentations range from being keynote speakers at conferences, to panel presenters at national forums or conferences, invited speakers to national forums, presenters of professional development workshops, and meetings with nursing and midwifery students or potential students. There can be between 10 and 200 people at any presentation.

The graph on the next page shows the broad range of topics covered, all of which relate to our priority areas for advocacy and action. Percentages are shown in the red bars and linked to the left axis, while participant numbers are shown in the orange diamonds linked to the right axis.



Topics for CATSINaM formal presentations July 2015 - June 2016 and audience reached (n = 1,042)



Individual assistance, referral and advocacy for Members

We have continued to respond to Member queries and requests over this period about a range of membership and professional matters. Of the 91 specific queries, 56% were Members and the remainder were potential or non-Members. Queries are more common from Full and Student Members (71%). Common topics include queries about membership, utilising the website 'Jobs Board', access to scholarships, and being involved in CATSINaM projects or initiatives, but also take in matters related to professional development and networking opportunities,

unions and/awards, and financial assistance. We resolve over 70% of these queries immediately, while 25% require us to undertake follow-up work; occasionally we redirect people to a more appropriate body (4%).

To enhance Members' understanding about what CATSINaM is able to do, we developed a 'Referrals Pathways' document this year. It is in the 'Membership' section of the website on the FAQs page. The resource helps Members identify if their inquiry is within or outside of CATSINaM's scope; if outside, they can immediately approach one of the recommended appropriate bodies or groups for assistance.

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¹ This does not include Member RSVPs to CATSINaM events, but specific queries about their individual needs or concerns.



Promoting the value, scope and role of Aboriginal and Torres Strait Islander nurses and midwives

In March 2016, the Board endorsed the 'Uniqueness of our workforce' policy position statement, which has been in development since late 2014. We have been bringing the policy to life by planning three high profile events for late 2016 that profile the unique skills and attributes of Aboriginal and Torres Strait Islander nurses.

1. An international nursing and midwifery event: CATSINaM's International Indigenous Health Workforce Meeting will take place on 7th November 2016 in Melbourne - 'unmasking our collective history and pride in our global identity' is the theme. We have secured keynote speakers from across the globe to explore topics relating to Indigenous knowledge, culture, experiences and identity in professional practice and health care. Our shared commitment is to work towards an integrated approach to improving health care and health outcomes for all Indigenous peoples.

2. The CATSINaM Hall of Fame Annual Dinner: The concept of a 'CATSINaM Hall of Fame' was in development during 2015 and approved by the Board in November 2015. Our inaugural annual 'Hall of Fame' dinner will be 6th November 2016 in Melbourne, at which we will announce the CATSINaM Awards winners, including the first 'Fellows of CATSINaM' and 'Hall of Fame' inductees.

3. A CATSINaM nursing and midwifery leadership event: The purpose of the 'Aboriginal and Torres Strait Islander Women in Health Leadership' event on 3rd August 2016 at Government House in Melbourne is to:

- celebrate and profile the many contributions of Aboriginal and Torres Strait Islander women to addressing the health of our peoples
- support, celebrate and encourage emerging young leaders among our Aboriginal and Torres Strait Islander nurses, midwives and health workforce.

The CATSINaM Hall of Fame aims to recognise Aboriginal and Torres Strait Islander men and women who have shown determination and contribution to the Nursing and/or Midwifery profession, from both the past and the present.

The CATSINaM Hall of Fame will acknowledge those who have provided exceptional accomplishments and excellent contributions to themselves/ community as an Aboriginal and Torres Strait Islander Nurse and/ or Midwife. This will be in honour of the deceased and living peoples of the first Congress of Aboriginal and Torres Strait Islander Nursing meeting, which was held in Sydney, 1997.

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.

There are two objectives and ten strategies for this strategic direction:

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 2015-2016

CATSINaM policy position statements

Over this year we finalised, endorsed and released three new position statements in April 2016 (available on the 'Policy Position Statements' section of our website). 'Birthing on country' was a joint policy position statement with the Australian College of Midwives and CRANaPlus, the result of concerted effort since the initial Member consultation at the September 2014 CATSINaM Conference in Perth.

The 'Uniqueness of our Workforce' started its journey through a member consultation at the same conference. It reflects a revisiting of CATSINaM's principles found in our Strategic Plan.

A workshop and member consultation on 'Methylamphetamine and Other Stimulants' at the September 2015 CATSINaM Conference in Darwin formed the basis for this new position statement. Initial work has commenced on a male Aboriginal and Torres Strait Islander nursing workforce statement under the leadership of Laurie West, a CATSINaM Member. This extends our available statements to six in total with three further statements expected to appear in the coming year.

Policy position statements are important public organisational documents that underpin all of our engagement with and advice provided to external stakeholders. External stakeholders who attend CATSINaM events receive copies or links to the statements, and we frequently provide copies when we present at formal events. We regularly refer to them in our consultation responses, formal letters and submissions, and media engagements.

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

This year has seen a marked expansion in the number of CATSINaM Board Directors and Members taking on leadership roles on behalf of CATSINaM at the national and jurisdictional level. Examples of the events at which Directors and Members have represented CATSINaM or undertaken formal presentations on our behalf, include:

- ANMAC 'Expert Advisory Group on Enrolled Nurses'.
- NACCHO Aboriginal Men's Health Ochre Day
- 'TRUE Relationship and Reproductive Health' community consultation forum
- Department of Health (DoH) 'Rural Health Roundtable Discussion' and an ongoing advisory forum
- 'Connect n Grow' community consultation on recruitment of Aboriginal and Torres Strait Islander high school students into the health professions

guidance **NURSING**
GRADUATION
LIFE **CULTURE** *goal*
friends **FAMILY**
encouragement
FORTUNATE **GRATITUDE**
WORKFORCE
babies **ENVIRONMENT**
APPRECIATION
CAREER **FUTURE**
ENERGY *kindness*
MOTIVATION
EXPERIENCE
friendships *faith*
CONNECTIONS
LEARNING **HEALTH**

- University orientation or student support activities
- Australian Primary Health Care Nurses or APNA Conference
- Network for Healthy Food and Nutrition Futures for Australia's First Peoples, Charles Perkins Centre, University of Sydney

Staff have continued to demonstrate leadership on behalf of CATSINaM, being involved in a broad range of national reference groups, working parties, forums, conferences and campaigns, as well as jurisdictional or university-based review and advisory groups. Appendix 2 illustrates this work, as well as the graph showing the topics for formal presentations in Strategic Direction 1.

During this year we did the foundational work to establish a Student Representative Advisory Group for CATSINaM; the call for expressions of interest went out in June 2016. We are excited to create a pathway through which Student Members can learn about leadership and governance, and consider taking on significant roles within CATSINaM and the wider profession as they move into their careers. This will provide a formal and regular opportunity for students, in addition to the Student Day, which is now the lead-in event to the annual conference.

Our 2nd Student Day event in Darwin was very popular, with 80 students attending to hear experienced CATSINaM Members and Aboriginal health professional explore themes of resilience, culture, identity, self-care in supporting personal, professional and leadership development. The graphic on the left captures what our students thought about their experience. We look forward to watching these young people develop and continue as active members of CATSINaM.



Relationships and partnerships with external stakeholders

Strengthening relationships with our full range of stakeholders 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, undertaking joint initiatives, providing advice and information, or meeting personally with government, nursing and midwifery organisations, Aboriginal and Torres Strait Islander organisations and educational institutions.

“[CATSINaM has given] considerable time and attention... to building relationships across different stakeholder groups who play key roles in the nursing and midwifery profession, and the development and support of the Aboriginal and Torres Strait Islander health workforce. These relationships will be central to CATSINaM progressing major initiatives.”
(CATSINaM Interim Evaluation Report, July 2015, p. 2)

We want to highlight three aspects for 2015-2016:

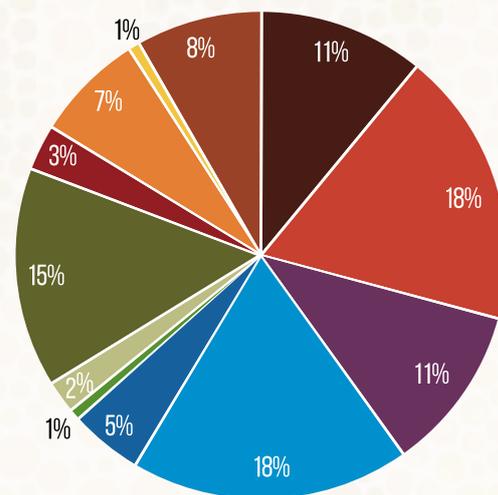
1. with how many and which types of organisations do we engage,
2. our pre-election engagement campaign, and
3. undertaking collaborative initiatives with external stakeholders

With how many and which organisations do we engage?

Achieving positive outcomes in priority areas across our Strategic Plan cannot occur without respectful and supportive relationships with external stakeholders in government, the

nursing and midwifery profession, Aboriginal health and the wider health sector. That is why we are proactive in engaging with this broad range of external stakeholders, and closely monitor the contact and communication we have with them. This tells a story that is relevant to all of our Strategic Directions.

The pie chart illustrates how the 179 requests CATSINaM received or we initiated over the last year are distributed across different types of organisations. We can compare this with the 142 requests we managed during 2014-2015. The number of requests increased by 26% in 2015-2016, with almost 49% representing organisations in contact with CATSINaM for a second or greater occasion (up from 39% in 2014-2015), and over 66% initiated by external stakeholders.



What story does this information tell? Over the last two years, we have been in contact with 178 individual organisations and/or sections of government organisations. In the last year, we engaged with private sector organisations for the first time, extended our involvement with non-government organisations, and strengthened our connections with Aboriginal health organisations. Our pre-election engagement campaign connected us to many more parliamentary offices than had previously occurred and we interacted with a greater number of sections of DoH.

External organisations are increasingly likely to initiate contact with CATSINaM, which indicates that we have raised our profile on a broader scale and organisations have a greater understanding of what CATSINaM does and what our priorities are. Further, once we start engaging with organisations, it is common for them to re-engage with us.

Our pre-election engagement campaign:

This was a major promotion and relationship building activity for CATSINaM this year, the first of its kind for the organisation. The decisions made by the Government elected in July will effect whether and how substantial progress occurs for our priorities, i.e. contributing to a larger and better supported Aboriginal and Torres Strait Islander health workforce, and improved services and outcomes for Aboriginal and Torres Strait Islander Australian overall.

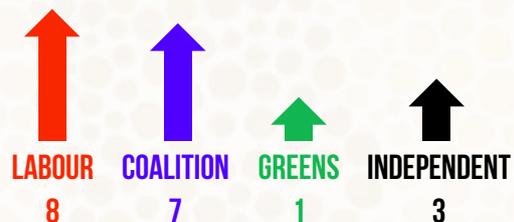
Therefore, we developed a package of information organised around our three priorities of workforce, education and health outcomes. It consisted of a visual summary of policy recommendations and short-term investments, an accompanying briefing paper and CATSINaM’s policy position statements. We followed each contact up with a copy of our 2015 economic analysis report ‘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’ (available on the website).

Of the 49 political offices approached, 39% met with us either in person or by phone, resulting in 19 meetings over a 2-3 week period with parliamentarians and/or their Senior Advisers. The diagram summarises the representation of different political parties across the meetings.

As a consequence, several politicians endorsed letters of support for our policy recommendations and short-term investments, and one party adopted all six of our proposals.

Collaborative initiatives with external stakeholders: A litmus test for CATSINaM’s success in building relationships is what type of collaborative initiatives we undertake with external stakeholders – where we join forces on shared concerns. This became more frequent this year in a variety of different ways. We are often involved in responding to submissions but are writing joint submissions more frequently now.

For example, we collaborated with AIDA, IAHA and NATSIHWA on a joint submission for the Senate Inquiry into the future of Australia’s aged care workforce. We prepared a joint submission with the ACMHN and the ACN to the Senate Committee Affairs Reference Committee Inquiry into the indefinite detention of people with cognitive and psychiatric impairment in Australia. As a core member of the National Health Leadership Forum, CATSINaM helped create the Implementation Plan for the NATSIHP. We worked with the NHLF and other key national and state Aboriginal organisations to develop and launch the ‘Redfern Statement’ on 9th June regarding the high priority actions on which government commitment and shared leadership is required.



Promoting cultural safety

We promote greater understanding of cultural safety in multiple ways – whether it is about creating cultural safety in the workplace or in the health service experiences of Aboriginal and Torres Strait Islander Australians. We share our ‘cultural safety’ policy position statement on a regular basis, including this in our advice to other organisations, and our formal submissions. We also offer cultural safety training when we can, and under Strategic Direction 4 will talk about our recent ‘Cultural Safety in Policy and Practice’ seminar.

Our fourth ‘Cultural Respect and Safety’ workshop occurred in July 2015 with 27 people attending, the largest group ever. We then held a smaller workshop for Aboriginal students only in partnership with Griffith University in December 2015. Participant responses to questions about how the presentations and exercises are useful to them fall into these four themes:

“The cultural safety training was transformative, made me reflect and reframe. I gained knowledge I didn’t previously have, awareness and insight.”
Katarina Keeler, CATSINaM Member

1. They provide opportunities for personal insight, development and self-reflection.
2. They can be challenging and confronting but are essential to moving forward and beyond other learning of this kind
3. They inspire people to learn, cement their newfound knowledge and have the confidence and skills to apply it in their everyday lives.
4. They offer valuable personal stories and contributions from facilitators and other participants.

Aboriginal and Torres Strait Islander curriculum content on health, history, culture and cultural safety

Our major initiative this year was to respond to the long awaited September 2015 release of the National Aboriginal and Torres Strait Islander Health Curriculum Framework by considering how it can be applied in a nursing and midwifery context in our universities. This occurred via two targeted consultation and strategy development days with our university colleagues in December 2015 and March 2016. This led to the decision to create a ‘Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework’ based on the generic version. The roundtables helped us develop a project plan for how we will do this over 2016-2017. We are excited about this new development, and look forward to orienting the profession to the nursing and midwifery version early in 2017.



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.

There are two objectives and four strategies for this strategic direction:

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 2015-2016

Aboriginal and Torres Strait Islander representation in nursing and midwifery

Promoting strategies for increasing the recruitment of Aboriginal and Torres Strait Islander people into nursing and midwifery, as well as improving clinical and graduate year program placements, is constantly threaded throughout our work. In the formal presentations we give in the nursing and midwifery sector, we regularly alert the profession to the urgency to address the under-representation of Aboriginal and Torres Strait Islander Peoples in nursing and midwifery, and provide advice on the strategies required to address this. We also highlight the need to expand concepts of what constitutes a good clinical placement, as we know primary health care placements are

under-utilised, particularly in the Aboriginal Community Controlled Health sector. A new development this year was delivering presentations in a number of secondary schools.

Our 2015 economic analysis report, *'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'*, provides very clear direction on how to recruit and retain Aboriginal and Torres Strait Islander Peoples in nursing and midwifery. All of the six recommended short-term investments proposed in our pre-election engagement campaign were based on the outcomes and recommendations of this report. This included 'developing and implementing a 2017-2023 National Aboriginal and Torres Strait Islander Nursing and midwifery Workforce Strategy' with a minimum national population parity target of 3%, the core recommendation of the report.

We also undertake practical actions to influence successful recruitment and retention. In addition to the Annual Student Day at our conference (described above), we coordinated with interested universities to visit in Orientation Week and hold gatherings for new and returning students that are led by staff or CATSINaM Members. For example, this occurred at Deakin University, the University of Canberra, the University of Western Sydney and Batchelor Institute of Indigenous Tertiary Education (Alice Springs campus).

Since November 2015, we have participated as members on Advisory Groups/Review Groups for the formal review of four Bachelor of Nursing and Bachelor of Midwifery courses; three of these groups will operate for a year. We also utilise our Membership of the ANMAC Board, as well as the Standards Accreditation and Assessment Committee, to contribute to the wider profession's work on improving the recruitment and retention of Aboriginal and Torres Strait Islander nurses and midwives.

The CATSINaM Mentoring Program

In March 2016 we trialled a training program for the CATSINaM Mentoring Program in Sydney, participant feedback was very positive, and we are confident these participants will play a future role in the program.

Securing funding partners remains our ongoing challenge, as our resources limit what we can do on our own. We believe that providing access to mentors is of substantial benefit to university and government stakeholders in meeting their KPIs for retention of students and/or staff, as well as to the personal support and career development of nursing and midwifery students and early graduates. As 27% of the 2015 Jurisdictional Stakeholder Forum participants identified mentoring program partnerships as a potential collaboration opportunity, we remain hopeful that we can progress this work over the coming year through creative thinking and harnessing shared commitment.



A new approach to local Member forums that include both a peer support and professional development element was trialled in 2016. Two occurred in Queensland and Victoria with the support of Board Members from these jurisdictions.

Throughout the year we negotiated for Members to access internal CPD programs offered by other nursing and midwifery organisations, specifically, the Australian Nursing and Midwifery Federation, the Australian Primary Health Care Nurses Association, the Australian College of Midwives and the Remote Area Health Corps.

Wherever possible, we alert Members to relevant opportunities in nursing, midwifery and/or Aboriginal health, whether they are workshops, conferences, webinars or other online CPD opportunities. A new development was establishing a CATSINaM LinkedIn Members only page during this year. We promoted it to Members and it is starting to generate some Member-to-Member peer support and sharing.



Professional development options for Members

Our primary professional development event for Members is the Annual Conference, held in Darwin in September 2015 and described under Strategic Direction 1. The program included seven dedicated professional development workshops offered on a range of topics over three days – the pre-conference workshops and Student Days, then the two-day Conference program.



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.

There are two objectives and four strategies for this strategic direction:

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

Objective 3.2: To increase our involvement with designing and implementing workforce development projects.

MAIN ACTIVITIES AND KEY ACHIEVEMENTS FOR 2015-2016

The Cultural Safety in Policy and Practice Seminar

Our headline research and workforce development activity for 2015-2016 was the April 2016 Cultural Safety in Policy and Practice Seminar, another example of a collaborative initiative with external stakeholders.

The Poche Centre for Indigenous Health and Well-being at Flinders University was the

main partner, and we held the seminar at the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), with the new Deputy CEO opening the day.

Our reason for holding the seminar was because there continues to be a 'disconnect' in how we progress from **cultural safety in policy** to **cultural safety in practice**. Further, cultural safety needs to be embedded more firmly and consistently across policy for the health professions, higher education providers, government, and health providers. The seminar provided a forum for bringing together policy makers, educators, academics and practice leaders to examine how to consolidate cultural safety in policy and progress the practice of cultural safety within our health care systems.

The international guest speakers were Nancy Laliberte and Laurie Harding, facilitators in the *San'yas Indigenous Cultural Safety Training Program* which offers online cultural safety training in the Provincial Health Services Authority in British Columbia (see <http://www.sanyas.ca/training>). Sharing the stage with them were Aboriginal and Torres Strait Islander and non-Indigenous Australians who are deeply involved in cultural safety training and related research. This included: Professor Dennis McDermott and Dave Sjoberg of the Poche Centre, Professor Roianne West of Griffith University, Dr Naomi Priest of the Australian National University, and Sharon Gollan from Sharon Gollan and Associates, as well as the CATSINaM CEO, Janine Mohamed.

We had a wonderful attendance; in fact, the seminar was over-subscribed, as all 70 available places were booked several weeks in advance. Several presentations are available on the new CATSINaM Vimeo site and a summary report

“Cultural safety and cultural competence is at the heart of what it means to be professionally competent – it is not possible to be competent in any domain of activity, and certainly health care, if cultural safety is not deeply embedded in what you do as core business. There is no more pressing issue for the Aboriginal and Torres Strait Islander policy enterprise.”

**Craig Ritchie,
Deputy CEO, AIATSIS**



is on our website. We encourage everyone to read and share these resources widely.

“I commend CATSINaM for this work. I worked in the health sector for 15 years. It feels like you are on this path, this journey that is going to change. There was much wisdom, experience and knowledge I heard today - the growth is enormous.” Rod Little, Co-chair of the National Congress of Australia’s First Peoples”

Rod Little, Co-chair of the National Congress of Australia’s First Peoples



Encourage & support Members in undertaking research

Through our travels and conversations across the year, we hear about research that our Members are undertaking or planning to undertake, whether to achieve a post-graduate qualification or as part of their academic or work role. Our role is to provide support where we can, which several Members have utilised. For example, writing letters of support to funding bodies or academic institutions, participating on a Reference Group, identifying and sharing funding or scholarship opportunities, as well as promoting research projects through our communication mechanisms.

We invited the University of Melbourne Poche Centre for Indigenous Health and Well-being

to present at the 2015 Annual Conference on post-graduate study options they offer for Aboriginal and Torres Strait Islander health professionals.

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

Janine Mohamed and our Queensland Board Member, Professor Roianne West represent CATSINaM on one of The Lowitja Institute’s three Research Program Committees: Program Committee 2: ‘A health workforce to address Aboriginal and Torres Strait Islander health’. In addition, Ali Drummond who is a CATSINaM Member is on The Lowitja Institute Board. These appointments enable us to support and influence research associated with the premier national organisation on research in Aboriginal health.

In December 2015 we joined the planning committee for The Lowitja Institute’s International Indigenous Health and Wellbeing Conference in 8-10th November, 2016. In fact, we planned our 2016 Conference event, the International Indigenous Health Workforce Meeting to be the lead-in event for this conference.

Financial Statements

CATSINaM has continued to work hard to remain within our budget whilst being efficient and effective in delivering on our business plan. 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 slight underspend which is a great achievement in light of the 2015 deficit. 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 financial year.

Financial Statements

For the Year Ended 30 June 2016

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Directors' Report

For the Year Ended 30 June 2016

The directors present their report on Congress of Aboriginal and Torres Strait Islander Nurses & Midwives Limited for the financial year ended 30 June 2016.

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:

Benjamin Gorrie

Vicki Wade (Sept 2015 to current)

Vicki Holliday (July - Sept 2015)

Jane Jones

Anne Maree Maher

Deborah Miller

Shane Mohor

Ted Murphy

Dr Roianne West

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 and Torres Strait Islander Nurses & Midwives Limited 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 and Torres Strait Islander Nurses & Midwives Limited 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 2016 the collective liability of members was \$ 7,820 (2015: deficit \$ 5,430).

Operating results and review of operations for the year

Operating result

The Surplus of the Company for the financial year after providing for income tax amounted to \$ 3,499 (2015: deficit \$ 143,247).

Directors' Report

For the Year Ended 30 June 2016

2. Other items

Meetings of directors

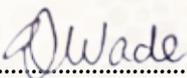
During the financial year, 5 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

Directors	Number eligible to attend	Number attended
Ted Murphy	5	3
Deborah Miller	5	4
Jane Jones	5	5
Anne Maree Maher	5	5
Shane Mohor	5	5
Vicki Wade	3	3
Vicki Holliday	2	2
Dr Roianne West	5	5
Benjamin Gorrie	5	5

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 2016, there have been:

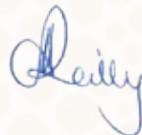
- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Hardwicks
Chartered Accountant



12 September 2016
Canberra

Amanda O'Reilly CA
Partner



Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2016

	Note	2016 \$	2015 \$
Revenue and other income	3	1,463,940	1,243,718
Administrative expenses		(99,631)	(119,502)
Annual conference expenses		(305,566)	(158,245)
Board expenses		(48,790)	(59,409)
Building expenses		(51,862)	(42,509)
CST expenses		(91)	(71,271)
Employee benefits expense		(747,168)	(715,921)
Finance costs		(880)	(1,490)
ICT equipment maintenance & support		(14,871)	(25,959)
Marketing expenses		(23,654)	(17,489)
Other expenses		(41,502)	(68,205)
Travel & accommodation expenses		(126,426)	(106,965)
Surplus/(Deficit) before income tax		3,499	(143,247)
Income tax expense	2(a)	-	-
Other comprehensive income			
Total comprehensive income for the year		3,499	(143,247)

The accompanying notes form part of these financial statements.

Statement of Financial Position

30 June 2016

	Note	2016 \$	2015 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	229,962	181,922
Trade and other receivables	5	28,934	24,055
Other financial assets	6	11,223	-
Other assets	7	12,388	11,248
TOTAL CURRENT ASSETS		282,507	217,225
NON-CURRENT ASSETS			
Plant and equipment	8	66,813	75,796
TOTAL NON-CURRENT ASSETS		66,813	75,796
TOTAL ASSETS		349,320	293,021
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	34,478	27,333
Borrowings	10	13,416	13,420
Employee benefits	12	27,324	32,443
Other financial liabilities	11	62,376	-
TOTAL CURRENT LIABILITIES		137,594	73,196
NON-CURRENT LIABILITIES			
Borrowings	10	11,890	23,488
TOTAL NON-CURRENT LIABILITIES		11,890	23,488
TOTAL LIABILITIES		149,484	96,684
NET ASSETS		199,836	196,337
EQUITY		199,836	196,337
Retained earnings		199,836	196,337
TOTAL EQUITY		199,836	196,337

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the Year Ended 30 June 2016

2016	Retained Earnings \$	Total \$
Balance at 1 July 2015	196,337	196,337
Profit attributable to members of the entity	3,499	3,499
Balance at 30 June 2016	199,836	199,836

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

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the Year Ended 30 June 2016

	Note	2016 \$	2015 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from Government grants		1,556,583	940,617
Receipts from others		112,007	96,283
Payments to suppliers and employees		(1,592,604)	(1,539,101)
Interest received		3,600	7,713
Interest paid		(880)	(1,490)
Net cash provided by/(used in) operating activities	14	78,706	(495,978)
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of plant and equipment		(7,841)	(30,445)
Purchase of financial assets		(11,223)	-
Net cash used by investing activities		(19,064)	(30,445)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Repayment of borrowings		(11,602)	(8,405)
Net cash used by financing activities		(11,602)	(8,405)
Net increase/(decrease) in cash and cash equivalents held		48,040	(534,828)
Cash and cash equivalents at beginning of year		181,922	716,750
Cash and cash equivalents at end of financial year	4	229,962	181,922

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2016

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

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

1. **Basis of Preparation**

The directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial statements. These financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the Australian Charities and Not-for-profits Commission Act 2012. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, 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. The amounts presented in the financial statements have been rounded to the nearest dollar.

2. **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.

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).

Notes to the Financial Statements

For the Year Ended 30 June 2016

2. Summary of Significant Accounting Policies continued

(c) Revenue and other income continued

Interest revenue

Interest is recognised when received.

Other income

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

Government grants are recognised at fair value where there is reasonable assurance that the grant will be received and all grant conditions will be met. Grants relating to expense items are recognised as income over the periods necessary to match the grant to the costs they are compensating.

(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) Plant and Equipment

Each class of plant and equipment is carried at cost, where applicable, any accumulated depreciation and impairment.

Items of plant and equipment acquired for nil or nominal consideration has 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.

Depreciation

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

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

Fixed asset class	Depreciation rate
Plant and Equipment	20%
Furniture, Fixtures and Fittings	25%
Motor Vehicles	18.75%

Notes to the Financial Statements

For the Year Ended 30 June 2016

2. Summary of Significant Accounting Policies continued

(e) Property, Plant and Equipment continued

Depreciation continued

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

(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 other receivables fall into this category of financial instruments.

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.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2016

2. Summary of Significant Accounting Policies continued

(f) Financial instruments continued

Loans and receivables

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.

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.

All 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.

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 the prior period statement of profit or loss and other comprehensive income 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.

Notes to the Financial Statements

For the Year Ended 30 June 2016

2. Summary of Significant Accounting Policies continued

(f) Financial instruments continued

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 indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating 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 cash-generating 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

Notes to the Financial Statements

For the Year Ended 30 June 2016

2. Summary of Significant Accounting Policies continued

(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.

(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.

(j) Economic dependence

Congress of Aboriginal and Torres Strait Islander Nurses & Midwives Limited is dependent on the Department of Health for the majority of its revenue used to operate the business. A new funding agreement has been entered in to with The Department of Health which ends on the 28th October 2018. At the date of this report the directors have no reason to believe the Department of Health will not continue to support Congress of Aboriginal and Torres Strait Islander Nurses & Midwives Limited.

(k) New Accounting Standards and Interpretations

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Company has decided not to early adopt these Standards. The following table summarises those future requirements, and their impact on the Company where the standard is relevant:

Standard Name

AASB 9: Financial Instruments

Effective date for entity	Requirements	Impact
1 January 2018	The Standard will be applicable retrospectively (subject to the provisions on hedge accounting) and includes revised requirements for the classification and measurement of financial instruments, revised recognition and derecognition requirements for financial instruments, and simplified requirements for hedge accounting. The key changes that may affect the company on initial application include certain simplifications to the classification of financial assets, simplifications to the accounting of embedded derivatives, upfront accounting for expected credit loss, and the irrevocable election to recognise gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. AASB 9 also introduces a new model for hedge accounting that will allow greater flexibility in the ability to hedge risk, particularly with respect to the hedging of non-financial items. Should the entity elect to change its hedge policies in line with the new hedge accounting requirements of the Standard, the application of such accounting would be largely prospective.	Although the directors anticipate that the adoption of AASB 9 may have an impact on the company's financial instruments, including hedging activity, it is impracticable at this stage to provide a reasonable estimate of such impact.

Notes to the Financial Statements

For the Year Ended 30 June 2016

2. Summary of Significant Accounting Policies continued

Standard Name

AASB 16: Leases

Effective date for entity	Requirements	Impact
1 January 2019	When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117: Leases and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases. The main changes introduced by the new Standard include: recognition of a right-to-use asset and liability for all leases (excluding short-term, leases with less than 12 months of tenure and leases relating to low-value assets), depreciation of right-to-use assets in line with AASB 116: Property, Plant and Equipment in profit or loss and unwinding of the liability in principal and interest components, variable lease payments that depend on an index or a rate are included in the initial measurement of the lease liability using the index or rate at the commencement date, by applying a practical expedient, a lessee is permitted to elect not to separate, non-lease components and instead account for all components as a lease; and additional disclosure requirements. The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.	The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.

3. Revenue and Other Income

	2016 \$	2015 \$
Revenue and Other Income		
Government grants	1,352,699	1,146,295
Conference income	46,936	32,515
Other income	33,133	12,936
Sponsorship	24,091	40,909
Membership fees	3,481	3,350
Interest income	3,600	7,713
	1,463,940	1,243,718

Notes to the Financial Statements

For the Year Ended 30 June 2016

4. Cash and cash equivalents

	2016 \$	2015 \$
Cash at bank and in hand	229,962	181,922
	229,962	181,922

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:

	2016 \$	2015 \$
Cash and cash equivalents	229,962	181,922
Balance as per statement of cash flows	229,962	181,922

5. Trade and other receivables

	2016 \$	2015 \$
CURRENT		
Trade receivables	14,710	3,995
GST receivable	14,224	20,060
Total current trade and other receivables	28,934	24,055

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

6. Other financial assets

	2016 \$	2015 \$
CURRENT		
Term deposit	11,223	-
Total other financial assets	11,223	-

7. Other assets

	2016 \$	2015 \$
CURRENT		
Prepayments	12,388	11,248
Total other financial assets	12,388	11,248

Notes to the Financial Statements

For the Year Ended 30 June 2016

8. Plant and equipment

	2016 \$	2015 \$
PLANT AND EQUIPMENT		
Furniture, fixtures and fittings		
At cost	19,577	19,577
Accumulated depreciation	(7,358)	(3,285)
Total furniture, fixtures and fittings	12,219	16,292
Motor vehicles		
At Cost	41,213	41,213
Accumulated depreciation	(14,006)	(7,727)
Total motor vehicles	27,207	33,486
Plant and equipment		
At Cost	43,717	35,876
Accumulated depreciation	(16,330)	(9,858)
Total plant and equipment	27,387	26,018
Total plant and equipment	66,813	75,796

(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:

	Plant & Equipment \$	Furniture Fixtures & Fittings \$	Office Equipment \$	Total \$
Year ended 30 June 2016				
Balance at the beginning of year	26,018	16,292	33,486	75,796
Additions	7,841	-	-	7,841
Depreciation expense	(6,472)	(4,073)	(6,279)	(16,824)
Balance at the end of the year	27,387	12,219	27,207	66,813
Year ended 30 June 2015				
Balance at the beginning of year	21,820	-	41,213	63,033
Additions	9,925	19,577	-	29,502
Depreciation expense	(5,727)	(3,285)	(7,727)	(16,739)
Balance at the end of the year	26,018	16,292	33,486	75,796

Notes to the Financial Statements

For the Year Ended 30 June 2016

9. Trade and Other Payables

	2016 \$	2015 \$
CURRENT		
Trade payables	11,464	8,445
Salary sacrifice payables	23,014	18,888
Total trade and other payables	34,478	27,333

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

10. Borrowings

	2016 \$	2015 \$
CURRENT		
Chattel mortgage	13,416	13,420
Total current borrowings	13,416	13,420
NON-CURRENT		
Chattel mortgage	11,890	23,488
Total non-current borrowings	11,890	23,488
Total borrowings	25,306	36,908

11. Income in Advance

	2016 \$	2015 \$
Government grants	62,376	-

12. Employee Benefits

	2016 \$	2015 \$
Current liabilities		
Provision for employee benefits	27,324	32,443
Total employee benefits	27,324	32,443

Notes to the Financial Statements

For the Year Ended 30 June 2016

13. Auditors' Remuneration

	2016 \$	2015 \$
Remuneration of the auditor of the parent entity, Hardwickes, for:		
- auditing or reviewing the financial statements	5,773	5,300
Total	5,773	5,300

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:

	2016 \$	2015 \$
Surplus/(deficit) for the year	3,499	(143,246)
Non-cash flows in profit:		
- depreciation	16,824	16,739
Changes in assets and liabilities		
- (increase)/decrease in trade and other receivables	(4,879)	(3,995)
- (increase)/decrease in other assets	(1,140)	(3,447)
- increase/(decrease) in income in advance	62,376	(291,189)
- increase/(decrease) in trade and other payables	7,145	(76,992)
- increase/(decrease) in employee benefits	(5,119)	6,182
Cashflow from operations	78,706	(495,948)

15. Company Details

The registered office of the company is:

Congress of Aboriginal and Torres Strait Islander
 Nurses & Midwives Limited
 5 Lancaster Place
 Majura Park
 ACT 2609

Directors' Declaration

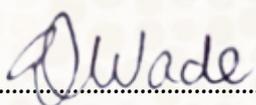
The directors have determined that the Company is not a reporting entity and that these special purpose financial statements should be prepared in accordance with the accounting policies described in Note 2 of the financial statements.

The directors of the registered entity declare that, in the directors' opinion:

1. The financial statements and notes, as set out on pages 4 to 20, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - (a) comply with Australian Accounting Standards; and
 - (b) give a true and fair view of the financial position of the registered entity as at 30 June 2016 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013.

Director  Dated 12th September 2016

Director  Dated 12th September 2016

Independent Audit Report to the members of Congress of Aboriginal and Torres Strait Islander Nurses & Midwives Limited

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report of Congress of Aboriginal and Torres Strait Islander Nurses & Midwives Limited, which comprises the statement of financial position as at 30 June 2016, 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 registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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 registered entity'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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 and any applicable code of professional conduct in relation to the audit.

Opinion

In our opinion the financial report of Congress of Aboriginal and Torres Strait Islander Nurses & Midwives Limited has been prepared in accordance with Div 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2016 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the Australian Charities and Not-for-profits Commission Act 2012. As a result, the financial report may not be suitable for another purpose.

Hardwicks
Chartered Accountants



Robert Johnson FCA
Partner

Canberra ACT

12 September 2016

Appendix 1: Abbreviations and acronyms

ACN	Australian College of Nursing
ACMHN	Australian College of Mental Health Nurses
AGM	Annual General Meeting
AIDA	Australian Indigenous Doctor's Association
ANMAC	Australian Nursing and Midwifery Accreditation Council
ANTAR	Australians for Native Title and Reconciliation
ASIC	Australian Securities and Investments Commission
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CEO	Chief Executive Officer
CPD	Continuing professional development
CRANaplus	Council of Remote Area Nurses of Australia plus
DoH	Department of Health
FAQs	Frequently asked questions
GST	Goods and Services Tax
IAHA	Indigenous Allied Health Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIHP	National Aboriginal and Torres Strait Islander Health Plan
NATSIHWA	National Aboriginal and Torres Strait Islander Health Workers Association
NHLF	National Health Leadership Forum
OAM	Order of Australia Medal

Appendix 2: National representation work

National boards, committees and working groups

Aboriginal and Torres Strait Islander Men in Nursing Working Group

Australian Catholic University Bachelor of Midwifery Course Review Group

Australian Catholic University Bachelor of Nursing Course Review Group

Australian College of Midwives Aboriginal and Torres Strait Islander Advisory Committee

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

Australian Industry Skills Council

Australian Nursing and Midwifery Accreditation Advisory Council (ANMAC) Board

Australian Nursing and Midwifery Accreditation Council (ANMAC) Expert Advisory Group

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

'Birthing on Country' Policy National Working Group

CATSINaM National Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework

Celebrating Aboriginal and Torres Strait Islander Women in Health and Leadership Event Working Group

'Close the Gap' Steering Committee

Coalition of National Nursing Organisations (CoNNO)

Leaders in Indigenous Nursing and Midwifery Education Network National Working Group

Mental Health and Chronic Disease Symposium - Scientific Committee Meeting

Nursing and Midwifery Board of Australia, Code of Conduct Review Working Group

Nursing and Midwifery Education and Advisory Network (NMEAN)

Nursing and Midwifery Stakeholder Reference Group (DoH)

National Indigenous Health InfoNet Board

National Health Leadership Forum (NHLF)

NHLF National Aboriginal and Torres Strait Islander Health Implementation Plan Committee

National Rural Health Alliance, 2016 Caring for Country Kids Conference Program Committee

Seed Foundation Board Australia

Social Determinants of Health Alliance

The Lowitja Institute, 2016 International Health Workforce Conference Scientific Committee

The Lowitja Institute, Health Workforce Research Program Committee

Meetings and Formal Attendance

Below is a graph which shows the types of organisations CATSINaM formally meet with and/or attended events with.

