



CATSINaM

THE CONGRESS OF ABORIGINAL
AND TORRES STRAIT ISLANDER
NURSES & MIDWIVES

ANNUAL REPORT

2016 - 2017



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.

PURPOSE

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.



CONTENTS

ABOUT CATSINAM	3
STRATEGIC DIRECTIONS AND OBJECTIVES	4
PRESIDENT’S REPORT	5
BOARD REPORT	6
BOARD OF DIRECTORS	7
CHIEF EXECUTIVE OFFICER’S REPORT	10
ORGANISATIONAL CHART	13
STAFF	14
MEMBERSHIP	15
PROGRESS AGAINST OUR STRATEGIC DIRECTIONS	17
FINANCIAL STATEMENTS	35
APPENDIX 1: ABBREVIATIONS AND ACRONYMS	64
APPENDIX 2: NATIONAL REPRESENTATION WORK	65

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?’

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

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

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

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

-  develop strategies to increase the number of practicing Aboriginal and Torres Strait Islander nurses and midwives
-  develop strategies to support Aboriginal and Torres Strait Islander nurses and midwives throughout their nursing career to keep them in the profession

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

Strategic directions

1

STRATEGIC DIRECTION 1

Elevate the profile of CATSINaM as the national peak body for Aboriginal and Torres Strait Islander nurses and midwives

HOW?

- Improve recruitment and retention of our Members
- Increase our Member communication, support and engagement
- increase external stakeholder awareness of CATSINaM

2

STRATEGIC DIRECTION 2

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

HOW?

- Increase capacity of CATSINaM Directors and Members to represent CATSINaM
- Strengthen existing and establish new partnerships that enable CATSINaM to advocate on priorities

VISION

Pivotal and respected role in achieving health equity for Aboriginal and Torres Strait Islander nurses and midwives

3

STRATEGIC DIRECTION 3

Strengthen our effectiveness in supporting recruitment/retention of Aboriginal and Torres Strait Islander nurses and midwives

HOW?

- Expand our influence in recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery
- Increase access to PD and cultural safety support strategies

4

STRATEGIC DIRECTION 4

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

HOW?

- Increase our influence on research in nursing and midwifery and/or Aboriginal health
- Increase our involvement with workforce development projects

PURPOSE

Develop and promote holistic and culturally safe approaches for nurses and midwives

proud NURSE **MIDWIFE** **RESILIENCE** **HONESTY**
UNIQUENESS *Respect* **CULTURE** **CONFIDENTIALITY**
Support **IDENTITY** **ACCOUNTABILITY** *Fairness*

PRESIDENT'S REPORT

As the President of CATSINaM, I am pleased to present the 2016-2017 Annual Report on behalf of the Board of Directors. In the fourth year of our 2013-2018 Strategic Plan, we have had significant achievements that are built on foundations that have been laid over many years, particularly the last three. They can be characterised as: honouring the commitment and leadership of our Members, supporting and growing the Aboriginal and Torres Strait Islander nursing and midwifery workforce, advocating for culturally-informed policy and planning, and promoting the importance of cultural safety for our workforce and all Aboriginal and Torres Strait Islander Australians. All four areas are highlighted in this report.

We have continued to develop the knowledge and capacity of the Board to direct our work in a strategic manner, conscious of the political contexts in which we operate. Increasingly, Directors are representing CATSINaM at conference presentations, roundtables, working groups and committees in both nursing and midwifery and Aboriginal and Torres Strait Islander health. Directors have participated enthusiastically in the 2017 Stakeholder and Member Forum series, and have also started to step into our political engagement work. A fantastic development over the past year is the surge in Members undertaking representative roles. On behalf of CATSINaM, I thank all involved Directors and Members.

Strengthening the leadership of Directors and Members, and honouring their commitment and leadership, is a priority activity in our Strategic Plan. We instituted two important ways of acknowledging outstanding contributions over the past year. In August 2016, we held the inaugural 'Aboriginal and Torres Strait Islander Women in Health Leadership' breakfast and panel session in Melbourne. In November 2016, we announced the first inductee into the CATSINaM 'Hall of Fame' and announced our first two CATSINaM Fellows.

A notable highlight of this year has been our growing engagement with politicians across the political spectrum. The focus of this work includes advocating for a national Aboriginal and Torres Strait Islander nursing and midwifery workforce strategy, embedding cultural safety into the health practitioner legislation, developing a "health barometer" that measures race relations and cultural safety within the health system, and establishing a 'Leaders in Indigenous Nursing and Midwifery Education Network' or LINMEN. We are pleased to announce that we have secured a three year funding commitment to establish LINMEN.

All of this work is made possible through collective efforts. I thank my fellow Directors for their contributions and commitments. I acknowledge the leadership of our CEO and dedication of the whole CATSINaM Secretariat through their proactivity and willingness to support Members, and be a prominent voice in nursing and midwifery, and Aboriginal and Torres Strait Islander health in general. Finally, I thank every single Member for your ongoing support of CATSINaM, and your daily work to provide leadership and better health outcomes for our people wherever you work.

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 2016 – 2017. There have been three Board Appointed Directors, Marni Tuala, Joshua Pierce and Karel Williams.

These appointments were made as the vacancy for Northern Territory and Tasmania Directors were not filled during the 2016 AGM.

Four well attended Board meetings were held in the months of August and November 2016, and March and May 2017.

BOARD OF DIRECTORS

South Australia:

SHANE MOHOR, PRESIDENT

Shane is a Ngarrindjeri man. He became the CEO of the Aboriginal Health Council of SA Inc. (AHCSA) in early 2016, having worked at the AHCSA since November 2010 and held the position of Deputy CEO. Shane has worked in Aboriginal health as a Registered Nurse (including remote Kimberley work, hospital and forensic health), Senior Executive in Government, University and Non-Government Organization'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 including the advancement of employment for Aboriginal people, 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.

Victoria:

BEN GORRIE, DEPUTY CHAIR

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.

Australian Capital Territory:

JENNIE GORDON

Jennie is an Ngunnawal woman who was born in rural NSW and has developed a career from Nursing to Health Administration. After leaving school she started working in the health system on her seventeenth birthday and, having completed Psychiatric and General Nursing qualifications under the hospital training system, she wanted to further her career.

Jennie completed a degree in Adult Education and a Masters in Management whilst working in rural NSW, and developed a breadth of knowledge working in General Nursing, Rehabilitation and Palliative Care, Mental Health, Disability Services, Corrective Services and a period in Occupational Health nursing at the NSW Police Academy. She worked for several years as the Director of Nursing and Aged Care Manager at a combined Nursing Home and Retirement Village whilst completing her Master's Degree.

Jennie's current position is Director, Workforce Policy and Planning ACT Health. She has represented the jurisdiction since 2012 on multiple national committees and subcommittees, including the COAG Health Council's Health Workforce Principal Committee (HWPC) and Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG).

New South Wales:

MARNI TUALA

Marni is a proud Tulgigin and Wonnarua woman who grew up on Bundjalung country in Far Northern NSW. A mother of five jarjums, Marni changed career paths from Law to Midwifery in 2013. Working clinically as the Aboriginal Liaison



midwife at The Tweed Hospital and has been an active member of CATSINaM since 2013. Marni also sits on multiple committees and advisory groups including the Australian College of Midwives Aboriginal and Torres Strait Islander Advisory Committee and The Commonwealth Breastfeeding expert referencing group. Marni is extremely passionate about the provision of culturally safe, holistic midwifery care for Aboriginal and Torres Strait Islander women and improvement of maternal infant health disparities.

Queensland:
VENESSA CURNOW

Venessa is Ait Keodal, Sumu Torres Strait Islander who also has family lines to the town of Keith in South Australia. Venessa is currently the Director of the Aboriginal and Torres Strait Islander Health Management Unit at Cairns and Hinterland Hospital and Health Service. She has over 21 years of extensive experience in metropolitan, rural and remote areas throughout Australia. Working in national and Queensland state-wide industry development; management; service delivery; sustainable community development; and clinical practice. She specialises in adapting Western management systems and sector development to incorporate Aboriginal and Torres Strait Islander Knowledges and practices. Her work experience includes 9 years of strategic industry development at the national level and prior to this an additional 7 years' experience in Queensland state-wide development. She started initially as a practitioner, going on to management, training, mentoring, consultancy, research, lobbying, governance and development. Some highlights from her career include: lobbying for 12 years for the National Remote and Indigenous Services resource allocation for aged care service which is currently in place today; development and implementation of the National Aboriginal and Torres Strait Islander Dementia Strategy; and advocating for Indigenous languages recognition and

revitalisation which has recently had an increase resource allocation and commitment from government. She's currently a board member with the National Congress of Australia's First Peoples, Committee Member on the Queensland Premier's Social Cohesion Committee, and former national board member on the Aged Care Standards and Accreditation Agency.

She has a passion for national and local sustainable holistic development in Aboriginal and Torres Strait Islander Countries.

Western Australia:
MELANIE ROBINSON

Melanie was born in Derby in the Kimberley region of Western Australia and grew up on the Gibb River Road in Ngallagunda community. When she was 5 years old her family moved into Derby for school and after that she went to boarding school at Stella Maris College. She finished Year 12 in 1989 and then in 1990 commenced a Bachelor of Science (Nursing) at Curtin University, completing the course in December 1993.

As a graduate Melanie moved back to Derby and completed 18 months in Derby Hospital working in paediatrics, general medical and emergency. During this time she also worked at Fitzroy Crossing Hospital and the aged care facility in Derby, Numbla Nunga.

In 1996, she travelled overseas and lived in London for 6 months, then returned to Perth and began working at Royal Perth Hospital for the next 2.5 years in aged care, acute medical and intensive care. In 1998, she travelled to Dublin and lived there for a year, working in a local aged care unit. On return to Perth, she worked at the Princess Margaret Hospital in oncology, hematology and intensive Care for the next 9.5 years. She loved working with children and their families, a very specialised area and often extremely challenging.



In 2008 Melanie took a position as a nurse educator at Marr Mooditj Training, and mentored and taught a number of Aboriginal students in enrolled nursing and Aboriginal Health Worker Programs. She loved this work and really enjoyed learning more about Noongar people and getting to know the local Aboriginal community.

In 2013, she became the Senior Policy Officer in the Western Australian Department of Health, gaining promotion to a Senior Development Officer role in 2015. Melanie is currently studying a Masters in Nursing Research at the University of Notre Dame Australia. In the next 5 years she plans to return to nursing and enroll in the Masters in Midwifery Practice to gain skills as a midwife. When she returns home to the Kimberley in 2021, she will practice as a registered nurse and midwife.

Special appointment: **KAREL WILLIAMS**

Karel is an Aboriginal midwife with connections to the Tasmanian and Western Arrernte/Waramungu Nations. Karel's first job was at the Tasmanian Aboriginal Centre in Hobart. She later moved to Canberra where she worked in senior levels in the Australian Public Service for many years and also undertook an executive exchange program in Ottawa, Canada.

Karel has taught, and been a guest lecturer in a number of courses related to Aboriginal and Torres Strait Islander issues, including health, at the University of Canberra. Karel completed her Bachelor of Midwifery in 2014. At her graduation ceremony, she received the Ngunnawal Centre Prize for Indigenous Students and was the inaugural recipient of the University of Canberra's Tom Calma Medal. Karel commenced her graduate year in the Birth Centre at Canberra Hospital.



Special appointment: **JOSH PIERCE**

Joshua is a Torres Strait Islander man and has been a member of CATSINaM since he was a student in 2004 at ACU. He is also the recipient of the inaugural Sally Goold award.

Joshua has always wanted to contribute to our people's health and assist in building our nursing workforce. This has led him to be a lecturer, tutor and mentor to other aspiring nurses.

Joshua's career as a nurse started at St Vincent's Private Hospital where he gained experience working in Cardiac Care.

Joshua has worked as a nurse with RAHC in remote Indigenous communities including Mutijulu, Areyonga and Tennent Creek.

Joshua has also worked as a volunteer in the first Indigenous Community Youth Leadership program. Joshua also volunteered in remote Vanuatu, which allowed him to gain insight into other Indigenous and Ni-Van health issues.

More recently Josh worked with the Victorian Aboriginal Community Controlled Health Organisation as the course coordinator for the Aboriginal Health Worker qualifications.

Tasmania: **VACANT AT PRESENT**

Northern Territory: **VACANT AT PRESENT**



CHIEF EXECUTIVE OFFICER'S REPORT

In my fourth year of being the CEO, I am delighted to see two decades of hard work come to fruition as we approach our 20th anniversary in 2018. There are multiple highlights and achievements to share in this Annual Report of which we are very proud.

Supporting and growing the Aboriginal and Torres Strait Islander nursing and midwifery workforce is the core reason for CATSINaM's existence. It is at the centre of all that we do. It requires us to lead or support initiatives on several fronts simultaneously, such as promoting cultural safety across the health system, supporting our Members directly, speaking into the nursing and midwifery profession and wider Aboriginal and Torres Strait Islander health context, and raising our profile internationally. We have done all of this over the past year with the support of our Board and Members.

Our work on cultural safety is integral to two important recent achievements. In May 2017, the Board endorsed the CATSINaM Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework, an adaptation of the original 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework. This provides clear guidance to Schools of Nursing and Midwifery on how to prepare all students for providing culturally safe health care to Aboriginal and Torres Strait Islander Australians, and support cultural safety for Aboriginal and Torres Strait Islander nursing and midwifery students.

In June 2017, after three years of sustained effort we were successful in gaining a three-year funding contract to establish the Leaders

in Nursing and Midwifery Education Network or LINMEN. LINMEN will be an important opportunity to extend our efforts to support and grow our workforce in partnership with universities and other key parties, and have cultural safety embedded across nursing and midwifery. We look forward to what we can achieve together.

The CATSINaM Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework provides clear guidance to Schools of Nursing and Midwifery on how to prepare all students for providing culturally safe health care to Aboriginal and Torres Strait Islander Australians, and support cultural safety for Aboriginal and Torres Strait Islander nursing and midwifery students.

The effort to engage health departments, health services and universities with the CATSINaM Mentoring program has progressed well this year, with one program underway in NSW and another in planning for Victoria. The Mentoring Program provides direct support to our Members, particularly students and early career nurses and midwives.

Our contribution to improved health outcomes for Aboriginal and Torres Strait Islander Australians through culturally-informed policy and planning for the nursing and midwifery and Aboriginal and Torres Strait Islander health more broadly has further elevated this past year. This work requires sustained and significant effort. Notable work includes our participation in consultations regarding the next Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan, advising on the 2nd version of the National Safety and Quality Health Standards, advising on the National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026, and contributing to the NMBA Codes of Conduct for nurses



and midwives and the ANMAC Enrolled Nurse Accreditation Standards. We continue our active membership of the National Health Leadership Forum, and involvement in the 'Redfern Statement', along with other national and state Aboriginal and Torres Strait Islander organisations.

As a result of our 2016 Conference, our first international conference titled 'Unmasking our collective history and pride in our global identity', we have started raising our profile internationally. The shared learning gained and relationships we forged through the

conference have resulted in CATSINaM coordinating the establishment of an International Alliance of First Nations Nurses and Midwives. We are excited at what we can achieve through our combined passion and commitment.

There is much to look forward to in the coming year – thank you for staying with us on the journey.

Janine Mohamed

Chief Executive Officer



a brief snapshot of 2016/17 activity

27%
INCREASE IN
MEMBERSHIP

804
ABORIGINAL AND
TORRES STRAIT ISLANDER

1013
TOTAL MEMBERS

36
INVITED
PRESENTATIONS

32/35
UNIVERSITIES
ENGAGED

19%
DELIVERED BY
MEMBERS & DIRECTORS



4,008 PEOPLE REACHED



22
CATSINAM
LED EVENTS

76

STRATEGIC MEETINGS
& FORMAL EVENTS ATTENDED

10
TOPICS
COVERED

14

MEDIA ARTICLES
INTERVIEWS & PRESS RELEASES

911
PARTICIPANTS

Organisational Chart



MEMBERS



BOARD OF DIRECTORS



CEO



SENIOR POLICY
& RESEARCH
OFFICER



PROJECT
OFFICER



MEMBERSHIP
ENGAGEMENT AND
SUPPORT OFFICER



EXECUTIVE
SERVICES
MANAGER



POLICY &
RESEARCH
OFFICER



ADMINISTRATIVE
OFFICER



FINANCE
OFFICER

Staff

Our continuing team members this year were Colleen Gibbs, Leonie Williamson and Chloe Peters. Chloe moved into the Executive Services Officer position. Irene Peachey

returned as our Membership Engagement and Support Officer. We brought Taylor Boldrini in-house as our Finance Officer, and Alicia Mohamed-Engelhardt joined the team.



Janine Mohamed
CHIEF EXECUTIVE
OFFICER



Chloe Peters
EXECUTIVE SERVICES
OFFICER



Colleen Gibbs
SENIOR POLICY AND
RESEARCH OFFICER



Taylor Boldrini
FINANCE OFFICER



Leonie Williamson
SENIOR POLICY OFFICER
(ON PARENTAL LEAVE
JAN-JUN 2017)



**Alicia Mohamed-
Engelhardt**
ADMINISTRATION
OFFICER (NOVEMBER
2016 - JUNE 2017)

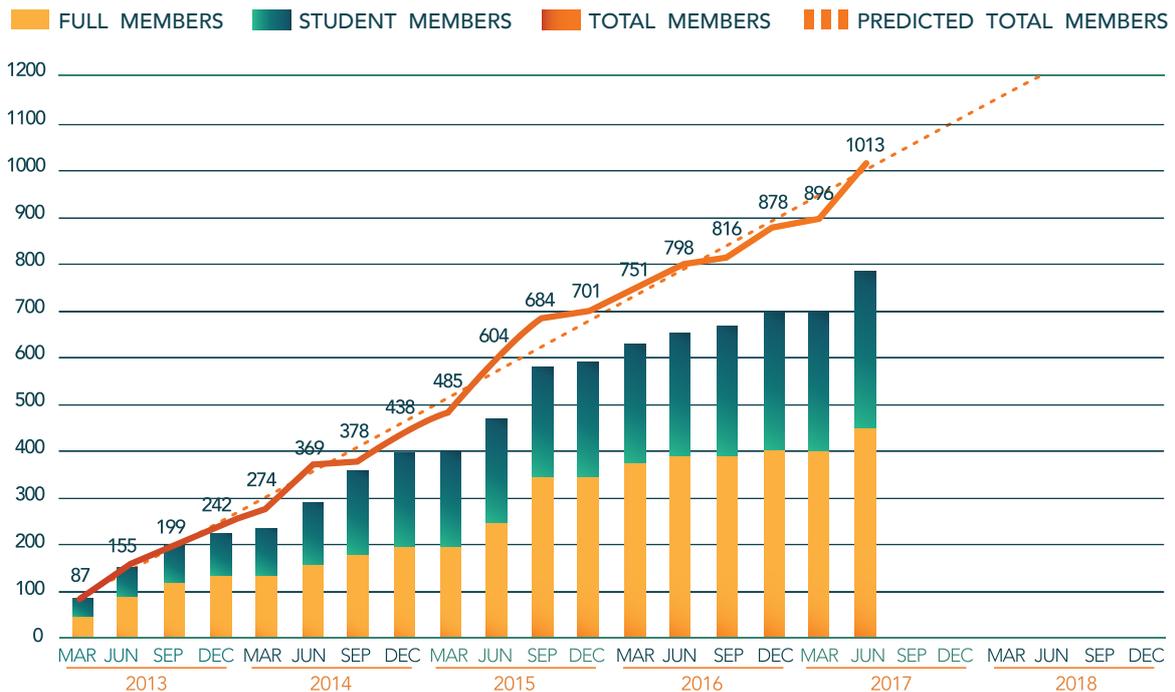


Irene Peachey
MEMBERSHIP
ENGAGEMENT AND
SUPPORT OFFICER

MEMBERSHIP

Solid growth in our membership continued throughout 2016-2017, bringing the total membership to 1013 in June 2017 compared with 798 in June 2016. This represents an increase of 27% overall, continuing the substantial increases over the past four years. If we continue at this pace, we are on track to have over 1,200 Members by 2018.

CATSINaM National Membership



450 FULL MEMBERS
16% INCREASE

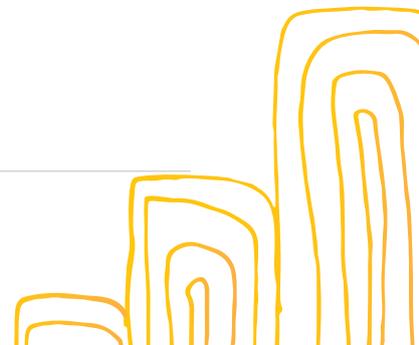
331 STUDENT MEMBERS
27% INCREASE

1013 TOTAL MEMBERS
27% INCREASE

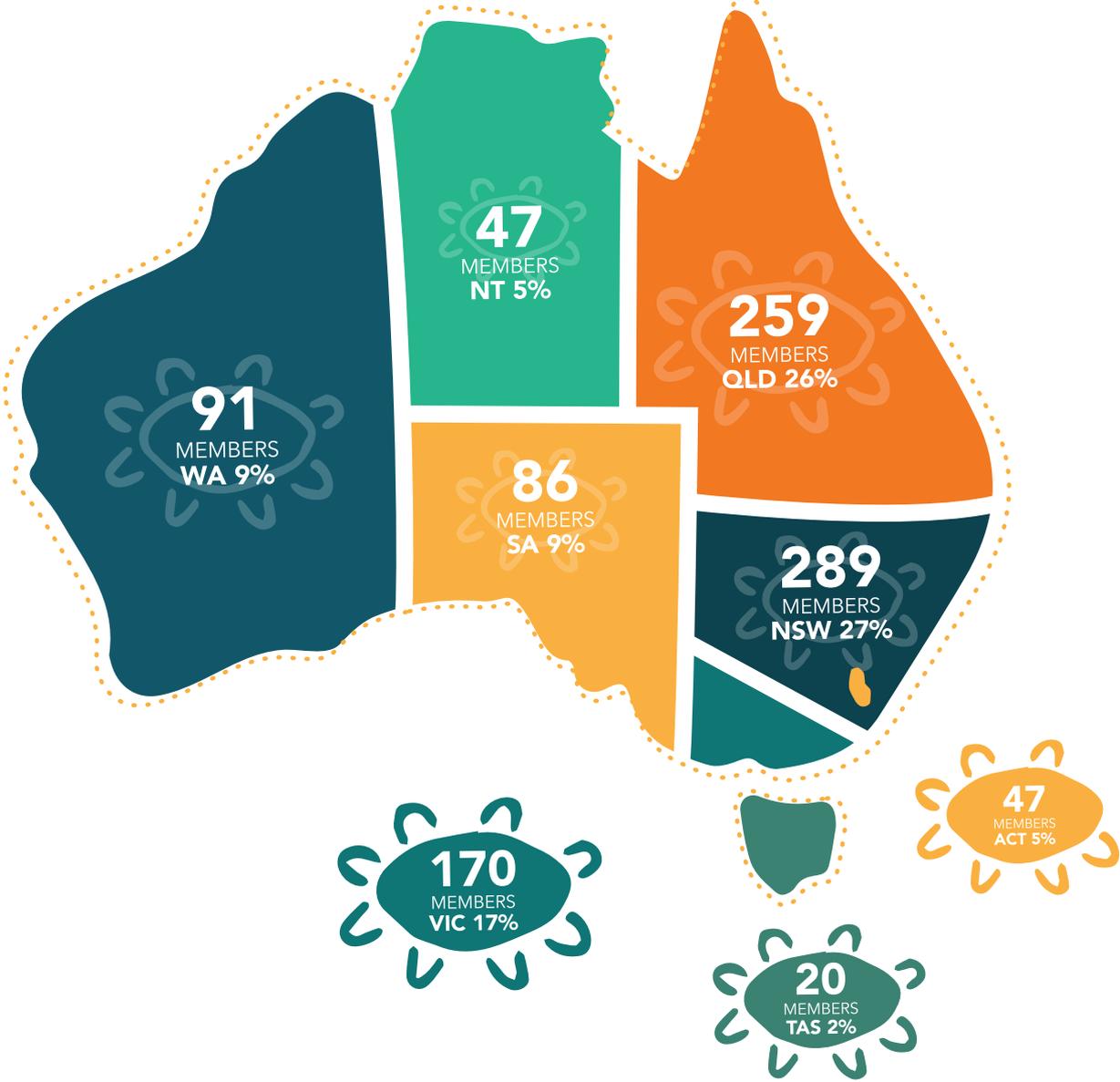
31 ASSOCIATE MEMBERS
35% INCREASE

129 AFFILIATE INDIVIDUAL MEMBERS
39% INCREASE

21 AFFILIATE ORGANISATIONAL MEMBERS
24% INCREASE



MEMBERSHIP BY JURISDICTION



PROGRESS AGAINST OUR STRATEGIC DIRECTIONS

Strategic Direction 1:

Profile of CATSINaM as a national peak body

Our work to elevate CATSINaM's profile has both an external and internal focus, including building our membership, honouring their contributions, and profiling our work and policy positions in the public domain.



Honouring our own - the CATSINaM hall of fame and fellowship of CATSINaM

In 2016, we established two new award categories to formally honour the outstanding achievements and contributions of our Members. The first inductee into the CATSINaM 'Hall of Fame' was announced at the Inaugural Hall of Fame Gala Dinner in November. It was Sally Goold, who was instrumental in forming CATSIN, as we were formally known, and the founding Executive Director.

Sally's leadership, courage and determination has elevated opportunities for Aboriginal and Torres Strait Islander nurses. Sally has paved the way for us to think we could possibly become a nurse or a midwife. For us to all become heroes - for us to work to redefine our people's health.



Dr Doseena Fergie has dedicated her life to helping others... over 35 years as a nurse and midwife. Her academic work has... championed improved health outcomes for Aboriginal and Torres Strait Islander people, including themes of women's leadership.

The first two Members to become a 'Fellow of CATSINaM' were Dr Doseena Fergie and Professor Rhonda Marriot. This prestigious award is in recognition of significant professional achievement within the nursing and midwifery profession.

Professor Rhonda Marriot is an inspirational Aboriginal midwifery leader who has dedicated her working life to her profession, including 45 years of experience in clinical positions. Academically she has had a distinguished career, becoming the first Indigenous Head of a university School of Nursing in Australia.

Promoting the Value, Scope and Role of Aboriginal and Torres Strait Islander Nurses and Midwives

Another first in 2016 was holding the inaugural 'Aboriginal and Torres Strait Islander Women in Health Leadership' breakfast and panel session in Melbourne. Over 80 people braved the cold of a Melbourne winter morning to honour, celebrate and take pride in the leadership contributions of women in the health sector. After introductory speeches by Chloe Shorten and Her Excellency The Hon. Linda Dessau AM, Governor of Victoria.

Our inspiring panel of Aboriginal and Torres Strait Islander women who have shown exemplary leadership in health, included: Danielle Dries - a physiotherapist and doctor, Professor Gracelyn Smallwood - well known to CATSINaM as an extraordinary and passionate leader and Member, Jackie Huggins - the current Co-Chair of the National Congress of Australia's First Peoples, and CATSINaM CEO, Janine Mohamed. A video of this event is on CATSINaM's VIMEO website.



Our First International Conference: 'Unmasking Our Collective History and Pride in Our Global Identity'

The CATSINaM conference is another means by which we promote the value, scope and role of Aboriginal and Torres Strait Islander nurses and midwives. It is our annual Professional Development Forum and the venue for our AGM. 2016 was the first time we had an international focus, with 180 people attending to listen to First Nations' speakers and participants from five countries: Australia,

Aotearoa/New Zealand, Canada, USA (Hawai'i specifically) and Norway.

Eleven high profile First Nations nurses, midwives and leaders in the health sector explored the theme, 'Unmasking our collective history and pride in our global identity', inspiring us to share our cultural wisdom, acknowledge our resilience in navigating the impact of colonisation, and recover and honour our health traditions.



Can Aboriginal people save the world? You bet we can, you just need to let us.

**Professor Alex Brown,
Australia**



A truly well person lives freedom as they define it - that is connected to the collective of which they belong... The freedom to be well, to walk proudly in this world as an Indigenous person of this land. When we can all do that we have achieved the aims of Indigenous good health.

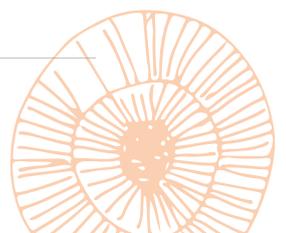
*Professor Moana Jackson,
Aotearoa/New Zealand*



Culture is the art and act of living life as ceremony – we stock up and pool our resources and provide give-aways, share our gifts through take aways and anticipate future needs by re-gifting.

*Madeleine Dion Stout, a Cree speaker,
Kehewin Nation, Canada*

As an outcome of the conference, CATSINaM is coordinating the establishment of an International Alliance of First Nations Nurses and Midwives. The Alliance Members include: Australia, New Zealand, Hawai'i and Canada, with some other Pacific Island nations also included through the Pacific Nursing Section of the New Zealand Nurses Organisation (NZNO). While we finalise our project plan for 2017-2018, we have already taken steps to engage the International Council of Nurses on how they can formally include First Nations nurses and midwives within their governance structures.



Informing and communicating with our Members and stakeholders

Our quarterly comprehensive Newsletter goes out to all Members and a wide range of stakeholders, supplemented by a brief Monthly e-News and email blasts for timely professional announcements, events and professional development opportunities. We have grown our collection of videos on the CATSINaM Vimeo site to 11, focused on Member stories, CATSINaM presentations and priority topics linked to our work.

Our website is consistently visited for information and publications. The 'Jobs' section continues to be regularly utilised by employers advertising positions and Members looking for work.

Our Twitter and Facebook activity continues to grow, in order to profile our work and key messages, and engage with both Members and stakeholders. We also supported the Indigenous Health MayDay, a Twitter event that our Member, Dr Lynore Geia, has coordinated since 2014.



4,391
TWEETS

11
VIDEOS ON
VIMEO

3,409
FACEBOOK
FOLLOWS

1,956
TWITTER
FOLLOWERS

Promotion and Presentations in Public and Professional Spheres

CATSINaM presentations in public, professional and educational forums grew markedly over the last year. Invitations almost doubled from 20 to 36 and the audience reached almost quadrupled from 1,077 to 4,008. CATSINaM Directors and Members delivered 19% of these presentations.

Presentations range from being keynote speakers at conferences, to panel presenters at national forums or conferences, invited speakers to national forums, presenters of conference and professional development workshops, and meetings with nursing and midwifery professionals, as well as students or potential students. Audience sizes vary between 10 and 600 people.

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

36
INVITED
PRESENTATIONS

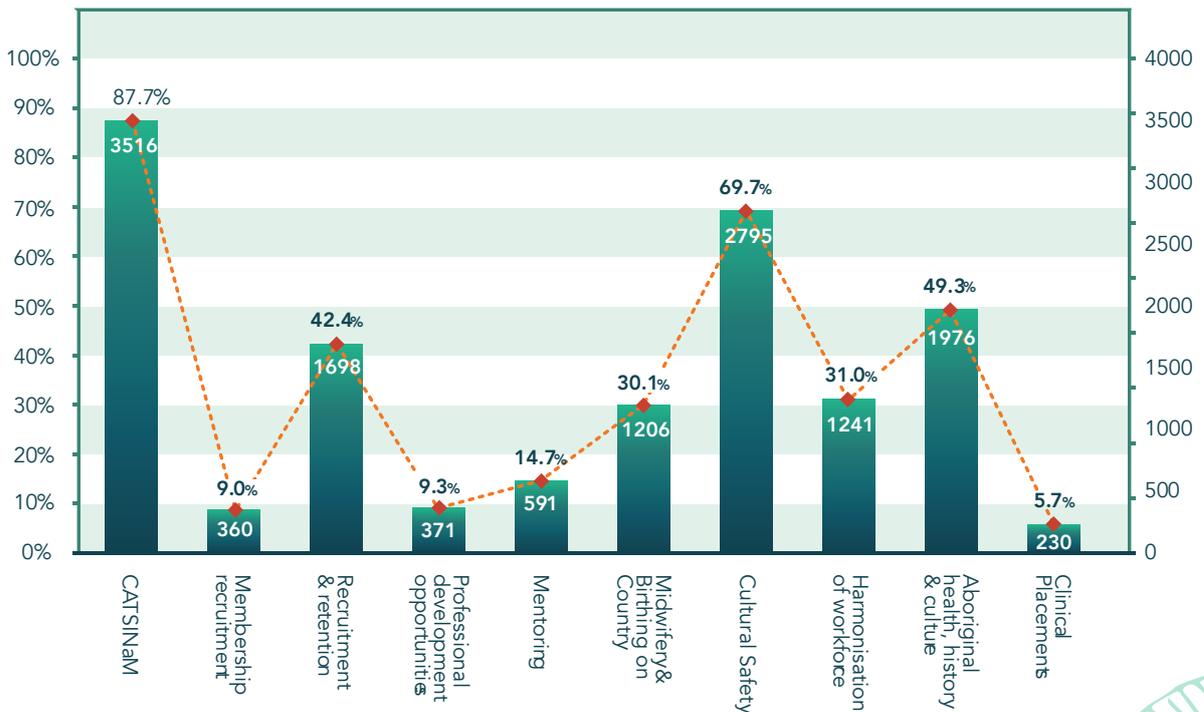


19%
DELIVERED BY
MEMBERS &
DIRECTORS

4,008 PEOPLE REACHED



Topics for CATSINaM formal presentations July 2016 - June 2017 and audience reached (n+4,008)



Strategic Direction 2:

Advocacy on behalf of Aboriginal and Torres Strait Islander nurses and midwives

We are committed to advocating for:

- 1) recognition of the importance, role and cultural safety of Aboriginal and Torres Strait Islander health professionals, particularly our Members and potential Members, and
- 2) improved health outcomes and cultural safety in health systems for Aboriginal and Torres Strait Islander peoples.

Our advocacy work extends across the nursing and midwifery profession, and the different sectors of the health system in which our Members work, to Aboriginal and Torres Strait Islander health in general. Articulating our policy positions, and building constructive relationships and effective partnerships is crucial to our success, along with increasing the capacity of CATSINaM Directors and Members to undertake this advocacy work.

CATSINaM Policy Position Statements

Our policy position statements are the platform for our advocacy work. They are developed through consultation and discussion with our Members, and analysis of the health and education sector environments, particularly, developments within or those that impact on nursing, midwifery, and Aboriginal and Torres Strait Islander health.

Our current set of statements was expanded this year with the development and endorsement of a new policy entitled Embedding cultural safety across nursing and midwifery, which extends on our 2014 cultural safety policy. The male Aboriginal and Torres Strait Islander nursing workforce position statement is under development.



Supporting the Development of CATSINaM Directors, Staff and Members as Leaders

CATSINaM Board Directors and Members have been increasingly taking on representation roles at the national and jurisdictional level, in addition to formal presentations (see Strategic Direction 1). Examples of short-term and long-term commitments where which Directors and Members represent CATSINaM, include the following:

- ☀ Rheumatic Heart Disease Australia committee
- ☀ Puggy Hunter Scholarship Assessment committee
- ☀ Australian College of Midwives, Aboriginal and Torres Strait Islander Advisory Committee
- ☀ Nursing and Midwifery Board of Australia (NMBA) External Advisory Group for the Code of Conduct for Nurses



- ☀️ NMBA External Advisory Group for the Code of Conduct for Midwives and Nurses
- ☀️ ALP Indigenous Health Roundtable
- ☀️ ALP Roundtable on Maternal and Child Health
- ☀️ Family Matters - Redfern Statement Child Development, Safety & Wellbeing Workshop

CATSINaM staff are involved in a broad range of national reference groups, working parties, forums, conferences, campaigns, media releases and articles, 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.



Building Relationships and Partnerships with External Stakeholders

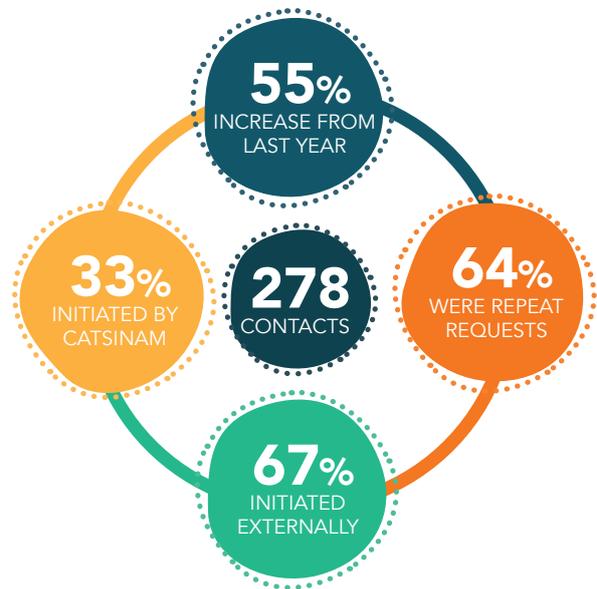
With how many and which organisations do we engage?

Respectful and supportive relationships with external stakeholders in government, the nursing and midwifery profession, Aboriginal health and the wider health sector are critical to achieving our desired outcome.

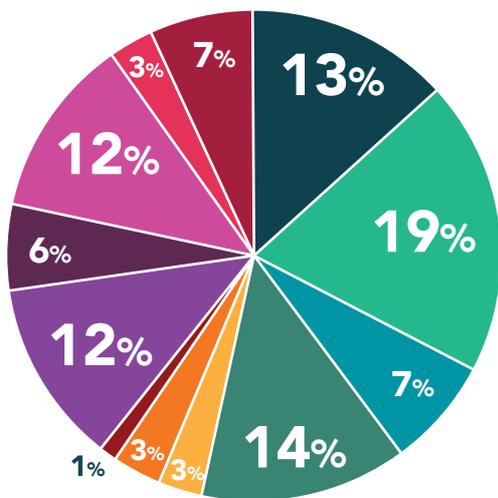
The success of our engagement and promotion work is evident in the number and types of contacts we receive or initiate each year.

The figure for 2016-2017 was 278, a 55% increase from the previous year, with 67% being external groups coming to us.

A good indication that we are building relationships is that 64% of these were repeat requests - organisations who engage with us on a second or greater occasion, up from 49% last year.



Who are these contacts from? The pie chart illustrates how these 278 contacts are distributed across different types of organisations. We are regularly and repeatedly involved with a range of government bodies, nursing and midwifery organisations, the education sector, Aboriginal and Torres Strait Islander health organisations and other non-government organisations. Our involvement with the private sector and media organisations is growing.



- NURSING/MIDWIFERY PEAK BODIES & PROFESSIONAL ASSOCIATIONS
- EDUCATION & TRAINING ORGANISATIONS
- ABORIGINAL HEALTH PEAK BODIES & PROFESSIONAL ASSOCIATIONS
- OTHER AUSTRALIAN GOVERNMENT
- STATE/TERRITORY GOVERNMENT
- ACCH SECTOR SERVICES
- STATE/TERRITORY HEALTH SERVICES
- NON-GOVERNMENT ORGANISATIONS
- MEDIA
- PRIVATE SECTOR
- PRIMARY HEALTH CARE NETWORKS
- DOH

Political engagement

We continue to develop our political engagement strategies so the needs and priorities of Aboriginal and Torres Strait Islander nurses and midwives are heard at the highest levels. In addition to attending key events for Aboriginal and Torres Strait Islander health, such as the annual Closing the Gap Report launch and Redfern Statement events, we organise political engagement events or participate in policy events run by political parties. Here are three examples:



CATSINaM Parliamentary Breakfast: We held a Parliamentary Breakfast for Coalition Members in March 2017. The purpose was to raise awareness and educate attendees about the challenges facing Aboriginal and Torres Strait Islander nurses and midwives, and inform them of CATSINaM's work in the Indigenous health sector and future plans. On the day, five politicians attended, two of whom were Ministers: Mr Ken Wyatt AM MP, Minister for Indigenous Health and Aged Care, and Dr David Gillespie MP, Assistant Minister for Rural Health, who both supported CATSINaM's key messages through their speeches. There were also seven advisors, representing five additional Ministers and two MPs.





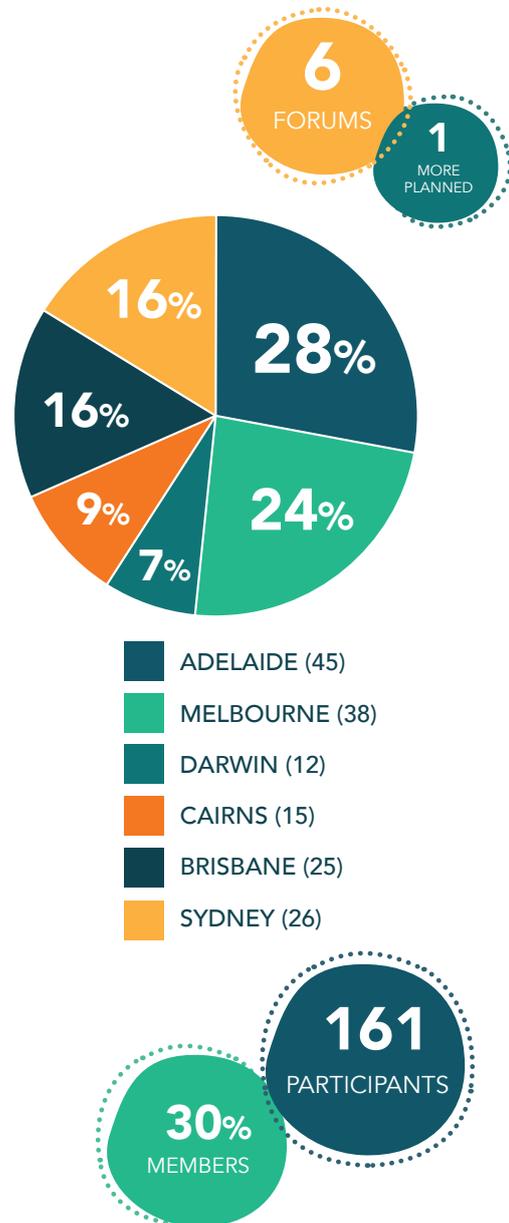
ALP Health Summits: CATSINaM was successful in securing a place at the ALP Health Summit in March, and contribute to their future policy positions in relation to Aboriginal and Torres Strait Islander health. We advocated for a separate ALP Indigenous Health Roundtable, which was subsequently held in April and we were represented by one of our Members. We were also invited to and participated in the Labor Roundtable on Maternal and Child Health.



Meeting with Health Ministers: In May 2017 we organised a joint CATSINaM, IAHA, NATSIHWA and AIDA presentation to and meeting with the Minister for Indigenous Health, Ken Wyatt, his staff, and staff of the Minister for Health. This was an important opportunity to emphasise the importance of enhancing existing efforts to grow and support the Aboriginal and Torres Strait Islander health workforce, and the vital role that CATSINaM and the other organisations play in Aboriginal and Torres Strait Islander health workforce development, health policy, health service design and delivery, and the Government's ongoing 'Closing the Gap' work.

Joint Member and Stakeholder Forums

A new development for 2017 was bringing Members together with external stakeholders in joint jurisdictional forums. While Members always gave presentations at stakeholder forums, this approach fostered greater interaction, as well as leadership opportunities for Members. Six forums have occurred so far during April and May, with 161 participants to date of whom close to 30% were Members – see the graph for the distribution across locations. This is almost double the 82 who attended the 2014-2015 forum series, and there is still another forum planned for the 2017 series in Perth.



Collaborative Initiatives with External Stakeholders

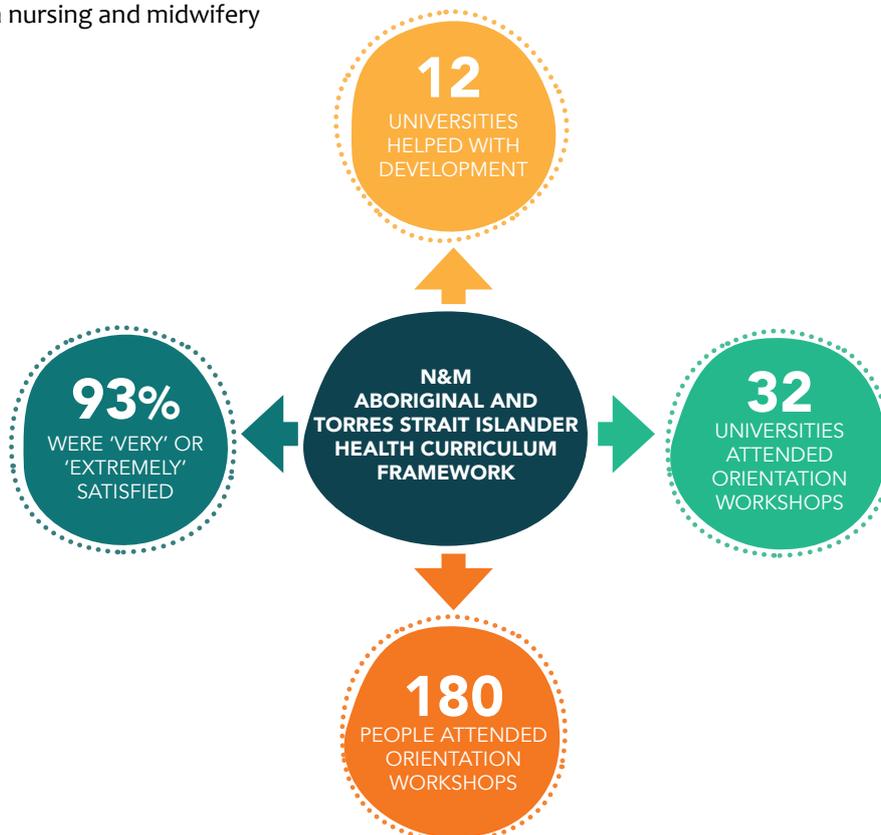
Our relationship building work creates solid foundations for collaborative initiatives. They range from writing joint submissions with other nursing and midwifery professional bodies and Aboriginal and Torres Strait Islander organisations, to working on national campaigns with Aboriginal and Torres Strait Islander organisations and joint initiatives that take our priority messages into the heart of nursing and midwifery higher education. Several other joint initiatives are highlighted under Strategic Direction 3, but the major joint initiative linked to Strategic Direction 2 that we led this year was the **CATSINaM Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework** (N&M Framework).

Following release of the Aboriginal and Torres Strait Islander Health Curriculum Framework in September 2015, CATSINaM explored whether and how it would apply to nursing and midwifery higher education. The outcomes of the advice from these consultations in December 2015 and March 2016 led to a Board decision that CATSINaM would adapt the original Framework to create a nursing and midwifery

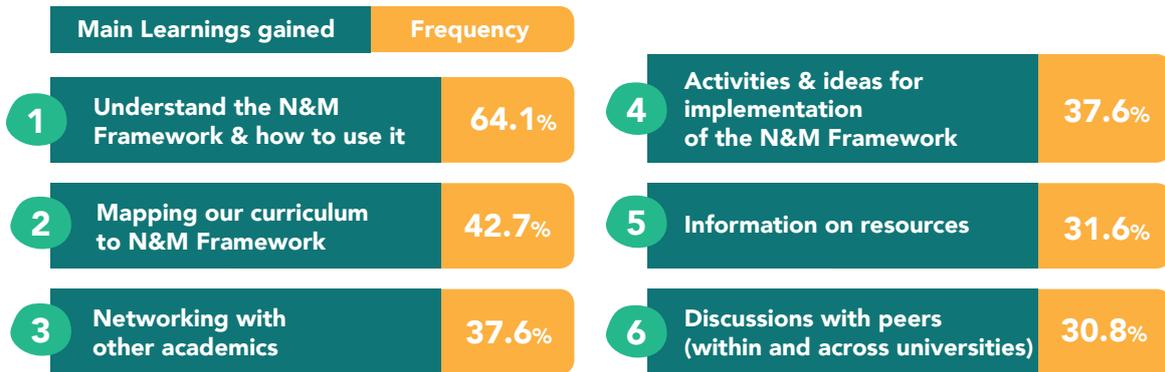
specific version. This was a priority project over 2016-2017, undertaken in collaboration with representatives from universities and ANMAC who worked with us on a Steering Committee.

Once a final draft N&M Framework was developed, seven orientation workshops were held for Schools of Nursing and Midwifery in February 2017 in the following locations: Townsville, Brisbane, Adelaide, Perth, Sydney, Melbourne and Canberra. Each was co-facilitated by a CATSINaM Member who was a current nursing and/or midwifery academic. There were 140 participants in total representing 30 of the 35 universities offering registered nursing and midwifery courses. Another two universities held School-specific workshops so they could reach a larger portion of their staff group. This raised CATSINaM's engagement to 32 of the 35 universities or 91%, and 180 people.

Our nursing and midwifery colleagues in higher education were highly satisfied with the workshop experience, with over 93% of participants reporting they were 'very' or 'extremely satisfied'. They identified 13 different areas or learning that they gained from the workshop - the top six are shown in the table on the following page.



N&M Framework orientation workshops: Top six areas of learning



The final version of the N&M Framework was completed and endorsed by the Board in May 2017, and is now available in the 'Communication: Resources' of our website. Our next step is to develop a CATSINaM Curriculum Resource Hub. This will occur through a collaboration with the Indigenous HealthInfoNet, utilising their expertise to create a workable online portal accessible via their website, but linked to the CATSINaM website.



Funding for the Leaders in Nursing and Midwifery Education Network

Three years of focused effort has been put into gaining support for the concept of, designing and seeking funding for a Leaders in Nursing and Midwifery Education Network or LINMEN. This came to fruition in June 2017 when the Australian Government Department of Health confirmed a three-year funding commitment to establish LINMEN.

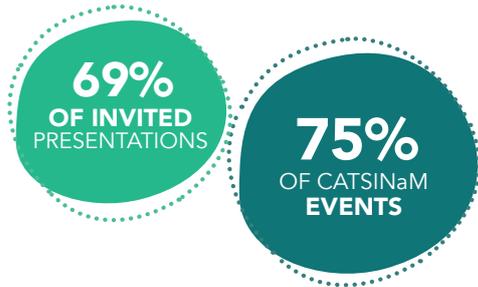
LINMEN is the perfect mechanism under which to continue and now extend the work of the CATSINaM *Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework* initiative. It will take shape over the coming year and focus on the three domains illustrated in this diagram:



Promoting Cultural Safety

Promoting cultural safety remains a high priority and regular activity. As a topic, 69% of the combined audience for CATSINaM invited presentations heard us speak on it, and 75% of

Cultural safety addressed in...



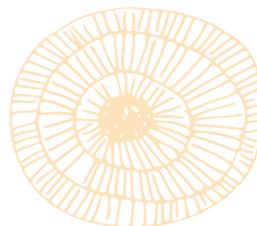
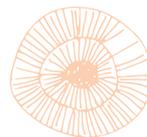
the audience for CATSINaM-led events. Other cultural safety initiatives have included:

- ☀️ A CATSINaM-hosted two-day Cultural Safety workshop in Canberra in March 2017, attended by 22 participants from national nursing and midwifery organisations, universities and Aboriginal and Torres Strait Islander health organisations.

- ☀️ Working with APNA to write a short module entitled 'A brief introduction to enabling culturally safe health care for Aboriginal and Torres Strait Islander Australians: Self-reflective practice and professional considerations' in their 'Transition to Practice' professional development program to assist nurses prepare for working in the primary health care sector, as part of their work to lead the Nursing in Primary Health Care Program.

- ☀️ Promoting cultural safety through the **Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework** as it one of three core elements that must be addressed in undergraduate nursing and midwifery training, so was discussed during every workshop of the &M Framework Orientation Workshop series

- ☀️ Development of a half-day 'Brief Introduction to Cultural Safety' workshop, which will be finalised and trialled in the next financial year.

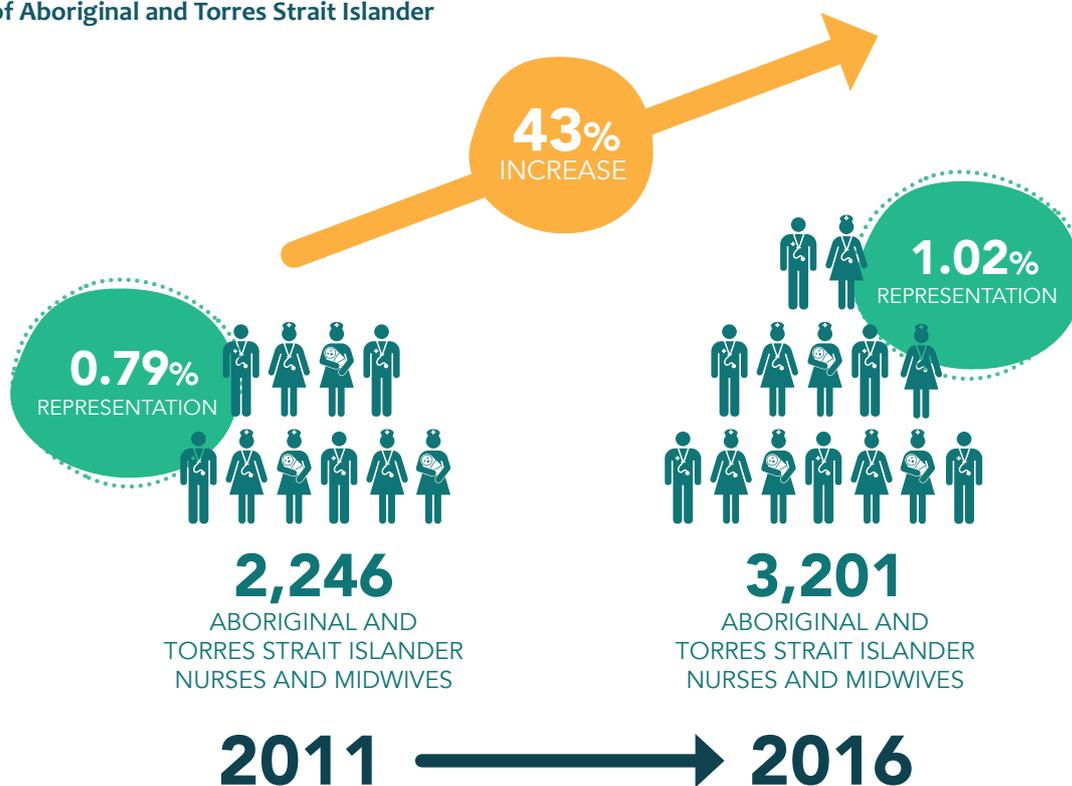


Strategic Direction 3:

Recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery

We have seen the number and representation of Aboriginal and Torres Strait Islander nurses and midwives grow from 2,246 and 0.79% in 2011 to 3,201 and 1.02% by 2016. While heartening, and close to a 43% increase over five years, it is not sufficient or fast enough. Strengthening our effectiveness in supporting the recruitment and retention of Aboriginal and Torres Strait Islander

peoples in nursing and midwifery remains core business for CATSINaM. This requires us to consider recruitment and retention in pre-registration training, clinical placements, graduate placements, and ongoing support for Aboriginal and Torres Strait Islander nurses and midwives once they are qualified. Here are some highlights of our work in this area.



Recruitment and retention in pre-registration training

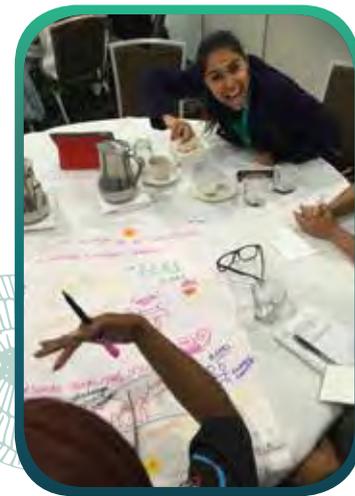
Cultural safety in the learning environment, and appropriate curriculum content regarding Aboriginal and Torres Strait Islander health, history, culture and cultural safety are significant factors bearing upon recruitment and retention of Aboriginal and Torres Strait Islander student nurses and midwives. These two topics are consistently addressed in our invited presentations and CATSINaM-led events.

Our success in gaining funding to establish LINMEN will give further impetus to this work, as it is one of the three domains that LINMEN will focus upon. The availability of the CATSINaM Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework sets a foundation for the curriculum that all nursing and midwifery students should experience, and the



considerations that universities must have in striving to create culturally safe learning and teaching environments.

We continue to utilise our Membership of the ANMAC Board and 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. At a practical level, the Annual Student Day at the 2016 Conference builds students' peer support networks on a national basis, provides encouragement and inspiration from experienced nurses and midwives to complete their education and continue into the workforce, and offers direction on what they can do and where they can go. This early connection to CATSINaM joins them with the larger family of Aboriginal and Torres Strait Islander nurses and midwives to nurture them on their professional journey.



Supporting Clinical Placements in Aboriginal and Torres Strait Islander Contexts

We developed a partnership with the Royal Flying Doctors Service (RFDS) over the last year, which has resulted in establishing the RFDS Clinical Placement Scholarships for Aboriginal and Torres Strait Islander nursing and midwifery students. The RFDS priority focus is on remote locations, and ours is on services that have a high number of Aboriginal and Torres Strait Islander clients. In 2017, we supported a student for a long placement of 9 weeks in a remote location. We have identified two students to support for 4 or 5 week placements in 2018. Funding support covers their travel, accommodation and travel allowance, which is costly for students going to remote locations.



FOUND
Organisations
SKILLS
 INVOLVES
Nurse
MENTOR
 process
 LEARNED
 PERCEIVED
 KNOWLEDGE
SOWING
situation
COMMONLY EXPERIENCED
PROCESS
 CHANGE
 MENTEE
learning
TECHNIQUES
 MENTORS
 Wisdom
CHANGE
 FOUND
Experience
USED
leaders
SHOW
 EXPERIENCE
CREATE
person
 MENTORS
RELATIONSHIP
 MENTORING
 LEARNING
 RELEVANT
 health
 INFORMAL
 order

Graduate Placements in Primary Health Care Settings

CATSINaM is on the external Expert Advisory Committee for the 2015-2018 the Nursing in Primary Health Care (NiPHC) Program, coordinated by the Australian Primary Health Care Nurses Association (APNA). This has led to two areas of collaboration. We assisted APNA with hosting a stakeholder workshop in November 2016. At their invitation, we also wrote one of the modules in the 'Transition to Practice' professional development program that is part of the NiPHC Program, entitled "A brief introduction to enabling culturally safe health care for Aboriginal and Torres Strait Islander Australians: Self-reflective practice and professional considerations'. The professional development program is designed to assist nurses prepare for working in the primary health care sector, including Aboriginal Community Controlled Health services.

In June 2017 we gained funding to develop a national resource on cadetship and graduate program placements in nursing and midwifery, including a priority focus on Aboriginal Community Controlled Health and primary health care placements, which will be completed and ready for promotion by May 2018.

The CATSINaM Mentoring Program

2017 is the year for our Mentoring Program to move ahead, with two partnerships underway. NSW Health has signed a formal partnership to run the first CATSINaM Mentoring Program that will provide further support to the cadetships they already offer to Aboriginal and Torres Strait Islander nurses and midwives. The first CATSINaM Mentoring Training workshop with 17 participants was held in Coffs Harbour in June 2017, and further workshops are being planned.

St Vincent's Hospital in Melbourne has signed on to host the CATSINaM Mentoring Training in September 2017, and are exploring how they will collaborate with CATSINaM on their mentoring program, and how many graduates and/or cadets can be involved.

Professional Development Options for Members

The CATSINaM Conference and annual Professional Development Forum is our primary professional development event for Members – see Strategic Direction 1. Sharing our journeys as First Nations people was illuminating and inspiring for our Members through recognising our commonalities and learning from our unique experiences and contexts. This is complemented by other specific professional development programs that CATSINaM has developed, such as the CATSINaM Mentoring Training (a two-day workshop) and the ‘Cultural safety and resilience’ half-day workshop.

Why would you encourage others to attend the ‘Introduction to Mentoring’ workshop?

Because it informs people about what mentors should be like and opens new pathways.

To consolidate the important elements of mentoring. Most people require some form of mentoring to succeed.

In 2017 we developed a new half-day ‘Introduction to mentoring’ workshop. The topics include: what mentoring is, how it differs from coaching or supervision, characteristics of successful mentoring, and ethical considerations in mentoring. This workshop, along with the ‘Cultural safety and resilience’ half-day workshop, were delivered to 12 participants in the Victorian ‘Aboriginal Cadetship and Graduate Program’ in early April.



Feedback was very encouraging: 73% found the ‘Introduction to mentoring’ workshop mostly or completely helpful at a personal level and 100% said they would ‘mostly’ or ‘definitely’ encourage other Cadets and Graduates to attend if it is run again.

For ‘Cultural safety and resilience’, 83% said it was mostly or completely helpful to them personally, and 83% were ‘mostly’ or ‘definitely’ likely to recommend it to other Cadets and Graduates.

Why was the ‘Cultural safety and resilience’ workshop helpful?

Sharing our ideas/experiences, knowing how to react, and what to do by other people’s experiences was great.

It was good to hear from other people and to feel reassured that you’re not alone in your concerns or how you feel about certain matters.

Strategic Direction 4:



Active involvement in research and workforce development projects

We have sought out opportunities to be actively involved in research and workforce development projects that will contribute to realising the vision of CATSINaM. The CATSINaM Mentoring Program is one of these, described in Strategic Direction 3. The work we will do through LINMEN will also support workforce development from 2018 onwards.



Encourage and support Members in undertaking research

Many of our Members, particularly those who work in universities or are post-graduate students, are regularly involved in research. Our role is to support their work where we can through inviting them to present at the national Conference, and profiling their work as well as identifying and sharing funding or scholarship opportunities through our communication mechanisms.

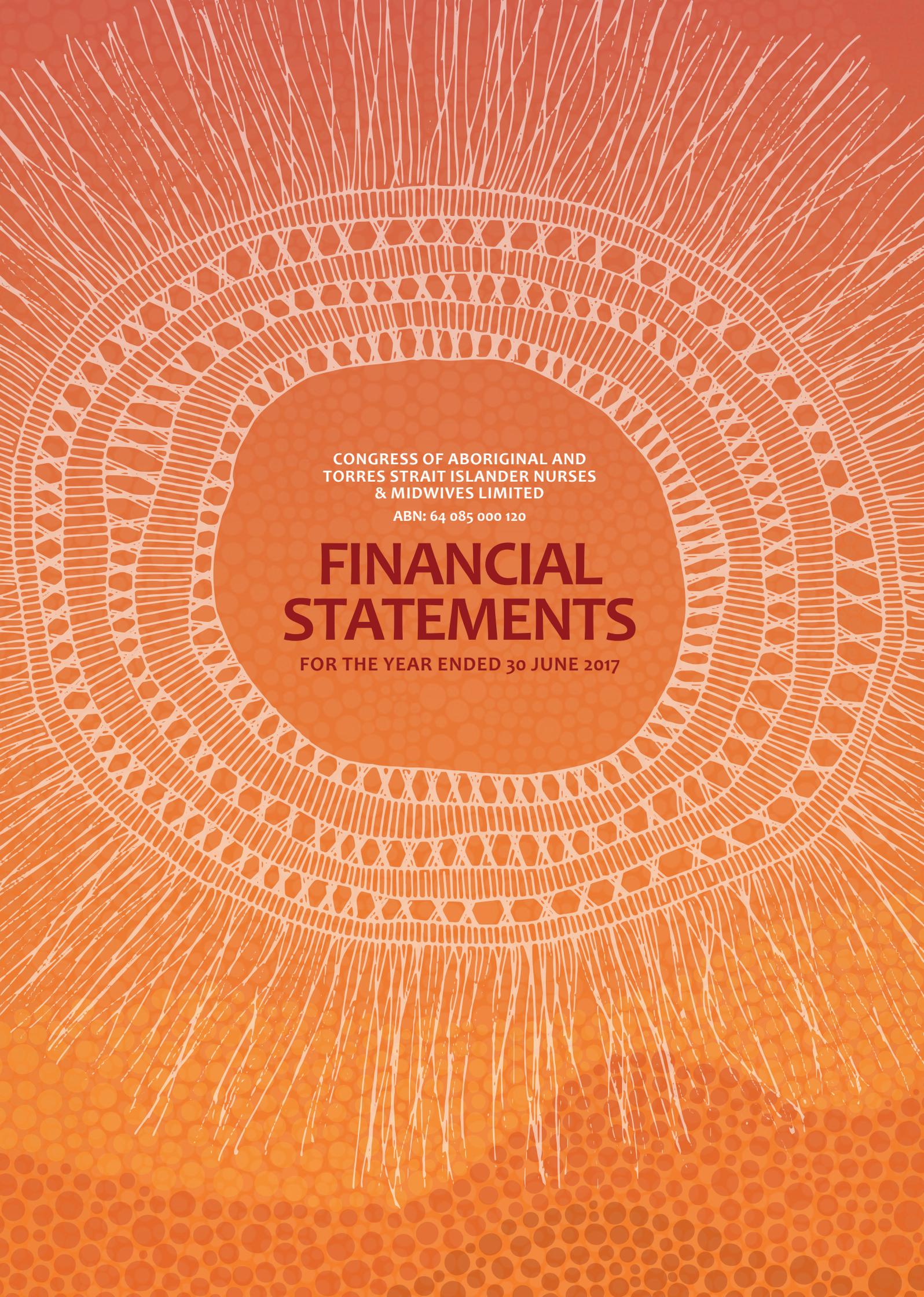
CATSINaM is keen to publish the learning gained from its work to raise greater awareness across the nursing and midwifery profession. At least three topics have been identified and will be progress soon, starting with a writing retreat in July 2017, then inviting Members to participate as co-authors.

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

Our involvement with The Lowitja Institute continues through our CEO and two CATSINaM Members. Janine Mohamed and Professor Roianne West represent CATSINaM on Research Program Committee 2: 'A health workforce to address Aboriginal and Torres Strait Islander health', and Ali Drummond is on The Lowitja Institute Board. Through this we support and influence research associated with the premier national organisation on research in Aboriginal and Torres Strait Islander health. We were also on the planning committee for The Lowitja Institute's International Indigenous Health and Wellbeing Conference, 8-10th November, 2016.

CATSINaM is regularly invited to provide interviews and write short papers for professional publications. For example, this year we were interviewed for the HealthTimes, which generated articles on *How to discuss end-of-life care with Indigenous Australians* and *Push for cultural safety in legislation*. In 2016 we had an op ed in the Croakey online health publication called *A call to acknowledge the harmful history of nursing for Aboriginal and Torres Strait Islander people*, which highlighted recent research on nursing involvement in past policies directed at Aboriginal and Torres Strait Islander peoples. Our work with The Lamp (the NSW Nursing Association magazine) resulted in a special edition of their publication on *Indigenous Health and Union Issues* that came out in July. All of this work either draws on or provides direction on research in nursing and midwifery, and Aboriginal and Torres Strait Islander health.





CONGRESS OF ABORIGINAL AND
TORRES STRAIT ISLANDER NURSES
& MIDWIVES LIMITED

ABN: 64 085 000 120

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2017

CONTENTS

FOR THE YEAR ENDED 30 JUNE 2017

DIRECTORS' REPORT	37
AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE CORPORATIONS ACT 2001	39
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME	40
STATEMENT OF FINANCIAL POSITION	41
STATEMENT OF CHANGES IN EQUITY	42
STATEMENT OF CASH FLOWS	43
NOTES TO THE FINANCIAL STATEMENTS	44
RESPONSIBLE PERSONS' DECLARATION	58
INDEPENDENT AUDIT REPORT	59

Directors' Report

For the Year Ended 30 June 2017

The directors present their report on Congress of Aboriginal and Torres Strait Islander Nurses & Midwives Limited for the financial year ended 30 June 2017.

General information

Directors

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

Names

Benjamin Gorrie

Vicki Wade

Jane Jones

Anne Maree Maher

Deborah Miller

Shane Mohor

Ted Murphy

Dr Roianne West

Marni Tuala

Jennie Gordon

Karel Williams

Vanessa Curnow

Melanie Robinson

Joshua Pierce

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 & Midwifery 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 member 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 2017 the collective liability of members was \$ 9,590 (2016: \$ 7,820).

Directors' Report

For the Year Ended 30 June 2017

Operating results and review of operations for the year

Operating result

The profit of the Company after providing for income tax amounted to \$ 3,861 (2016: \$ 3,499).

Meetings of directors

During the financial year, 4 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
Benjamin Gorrie	4	3
Vicki Wade	3	1
Jane Jones	3	2
Anne Maree Maher	3	2
Deborah Miller	3	1
Shane Mohor	4	4
Ted Murphy	3	2
Dr Roianne West	1	-
Marni Tuala	2	2
Jennie Gordon	2	1
Karel Williams	2	1
Vanessa Curnow	2	2
Melanie Robinson	2	2
Joshua Pierce	2	1

Auditor's independence declaration

The auditor's independence declaration in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 for the year ended 30 June 2017 has been received and can be found on page 3 of the financial report.

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

Director:  Director: 

Date: 3/10/17



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F 02 6282 5933
E info@hardwickes.com.au
www.hardwickes.com.au

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Hardwickes Partners Pty Ltd
ABN 21 006 401 836
Liability limited by scheme
approved under Professional
Standards Legislation

Auditor's Independence Declaration under Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 to the Directors of Congress of Aboriginal and Torres Strait Islander Nurses & Midwives Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2017, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Hardwickes
Chartered Accountants

Robert Johnson FCA
Partner

1 September 2017

Canberra



Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2017

	Note	2017 \$	2016 \$
Revenue and other income	4	1,697,163	1,463,940
Administrative expenses		(140,622)	(99,631)
Annual conference expenses		(341,639)	(305,566)
Board expenses		(52,370)	(48,790)
Building expenses		(45,352)	(51,862)
CST expenses		-	(91)
Employee benefits expense		(867,755)	(747,168)
Finance costs		-	(880)
ICT equipment maintenance & support		(4,228)	(14,871)
Marketing expenses		(25,448)	(23,654)
Other expenses		(62,126)	(41,502)
Travel & accommodation expenses		(153,762)	(126,426)
Surplus before income tax		3,861	3,499
Income tax expense		-	-
Surplus for the year		3,861	3,499
Other comprehensive income		-	-
Total comprehensive income for the year		3,861	3,499

The accompanying notes form part of these financial statements.

Statement of Financial Position

As At 30 June 2017

	Note	2017 \$	2016 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	387,000	229,962
Trade and other receivables	6	70,435	28,934
Other financial assets	7	-	11,223
Other assets	9	73,712	12,388
TOTAL CURRENT ASSETS		531,147	282,507
NON-CURRENT ASSETS			
Plant and equipment	8	25,106	66,813
TOTAL NON-CURRENT ASSETS		25,106	66,813
TOTAL ASSETS		556,253	349,320
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	151,149	34,478
Borrowings	11	-	13,416
Employee benefits	13	33,036	27,324
Other liabilities	12	168,371	62,376
TOTAL CURRENT LIABILITIES		352,556	137,594
NON-CURRENT LIABILITIES			
Borrowings	11	-	11,890
TOTAL NON-CURRENT LIABILITIES		-	11,890
TOTAL LIABILITIES		352,556	149,484
NET ASSETS		203,697	199,836
EQUITY			
Retained earnings		203,697	199,836
TOTAL EQUITY		203,697	199,836

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the Year Ended 30 June 2017

2017	Retained Earnings \$	Total \$
Balance at 1 July 2016	199,836	199,836
Surplus attributable to members of the entity	3,861	3,861
Balance at 30 June 2017	203,697	203,697

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

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the Year Ended 30 June 2016

	Note	2017 \$	2016 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipt from grants		1,788,851	1,556,583
Receipts from others		141,547	112,007
Payments to suppliers and employees		(1,773,272)	(1,592,604)
Interest received		1,624	3,600
Interest paid		-	(880)
Net cash provided by operating activities	17	158,750	78,706

CASH FLOWS FROM OPERATING ACTIVITIES:			
Proceeds from sale of plant and equipment		15,826	-
Proceeds of plant and equipment		(3,455)	(7,841)
Proceeds of investment assets		11,223	(11,223)
Net cash provided by operating activities		23,594	(19,064)

CASH FLOWS FROM OPERATING ACTIVITIES:			
Repayment of borrowings		(25,306)	(11,602)
Net cash used by financing activities		(25,306)	(11,602)

Net increase/(decrease) in cash and cash equivalents held		157,038	48,040
Cash and cash equivalents at beginning of year		229,962	181,922
Cash and cash equivalents at end of financial year	5	387,000	229,962

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2017

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, registered 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 financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards and 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 accrual 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 2017

2 Summary of Significant Accounting Policies

(c) Revenue and other income

Grant revenue

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the entity obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Other income

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

(d) Finance costs

Finance cost includes all interest-related expenses, other than those arising from financial assets at fair value through profit or loss.

(e) 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.

(f) Property, plant and equipment

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

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.

Plant and equipment

Plant and equipment are measured using the cost model.

Depreciation

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

Notes to the Financial Statements

For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(f) Property, plant and equipment

Depreciation

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%

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.

(g) 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.

Notes to the Financial Statements

For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(g) Financial instruments

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.

Financial assets at fair value through profit or loss

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

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

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

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

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

Held-to-maturity investments

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

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

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that do not qualify for inclusion in any of the other categories of financial assets or which have been designated in this category. The Company's available-for-sale financial assets comprise listed securities.

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 2017

2 Summary of Significant Accounting Policies

(g) Financial instruments

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.

(h) 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 an 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 cashgenerating unit (CGU) is estimated.

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

(i) 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.

Notes to the Financial Statements

For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(j) Employee benefits

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

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Changes in the measurement of the liability are recognised in profit or loss.

(k) 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. 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.

(l) 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	EFFECTIVE DATE FOR ENTITY	REQUIREMENTS	IMPACT
AASB 9 : Financial Instruments and associated Amending Standard	1 January 2018	The Standard will be applicable retrospectively (subject to the provisions on hedge accounting outlined below) 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 company 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, 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 2017

2 Summary of Significant Accounting Policies

(I) New Accounting Standards and Interpretations

STANDARD NAME	EFFECTIVE DATE FOR ENTITY	REQUIREMENTS	IMPACT
AASB 16 : Leases	1 January 2019	<p>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.</p> <p>The main changes introduced by the new Standard are as follows:</p> <ul style="list-style-type: none"> -recognition of a right-of-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-of-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; - inclusion of variable lease payments that depend on an index or a rate in the initial measurement of the lease liability using the index or rate at the commencement date; -a pplication of a practical expedient to permit a lessee to elect not to separate non-lease components and instead account for all components as a lease; and -i nclusion of additional disclosure requirements. <p>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.</p>	<p>Although the directors anticipate that the adoption of AASB 16 will impact the company's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.</p>

Notes to the Financial Statements

For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(I) New Accounting Standards and Interpretations

STANDARD NAME	EFFECTIVE DATE FOR ENTITY	REQUIREMENTS	IMPACT
AASB 1058 : Income of Not-for-Profit Entities	1 January 2019	<p>This Standard is applicable to transactions that do not arise from enforceable contracts with customers involving performance obligations. The significant accounting requirements of AASB 1058 are as follows:</p> <ul style="list-style-type: none"> -Income arising from an excess of the initial carrying amount of an asset over the related contributions by owners, increases in liabilities, decreases in assets and revenue should be immediately recognised in profit or loss. For this purpose, the assets, liabilities and revenue are to be measured in accordance with other applicable Standards. - Liabilities should be recognised for the excess of the initial carrying amount of a financial asset (received in a transfer to enable the entity to acquire or construct a recognisable non-financial asset that is to be controlled by the entity) over any related amounts recognised in accordance with the applicable Standards. The liabilities must be amortised to profit or loss as income when the entity satisfies its obligations under the transfer. <p>An entity may elect to recognise volunteer services or a class of volunteer services as an accounting policy choice if the fair value of those services can be measured reliably, whether or not the services would have been purchased if they had not been donated. Recognised volunteer services should be measured at fair value and any excess over the related amounts (such as contributions by owners or revenue) immediately recognised as income in profit or loss.</p> <p>The transitional provisions of this Standard permit an entity to either: restate the contracts that existed in each prior period presented in accordance with AASB 108 (subject to certain practical expedients); or recognise the cumulative effect of retrospective application to incomplete contracts on the date of initial application. For this purpose, a completed contract is a contract or transaction for which the entity has recognised all of the income in accordance with AASB 1004 : Contributions.</p>	<p>Although the directors anticipate that the adoption of AASB 1058 may have an impact on the company's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.</p>

Notes to the Financial Statements

For the Year Ended 30 June 2017

3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates - impairment of property, plant and equipment

The Company assesses impairment at the end of each reporting period by evaluating conditions specific to the Company that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

Key judgments

For the purpose of measurement, AASB 119 : Employee Benefits defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. The company expects most employees will take their annual leave entitlements within 24 months of the reporting period in which they were earned, but this will not have a material impact on the amounts recognised in respect of obligations for employees' leave entitlements.

4 Revenue and Other Income

Revenue & other Income	2017 \$	2016 \$
Government grants	1,529,869	1,352,699
Conference income	21,015	46,936
Sponsorship	27,609	24,091
Membership fees	5,604	3,481
Interest income	1,624	3,600
Other income	111,442	33,133
	1,697,163	1,463,940

Notes to the Financial Statements

For the Year Ended 30 June 2017

5 Cash and Cash Equivalents

	2017 \$	2016 \$
Cash at bank and on hand	387,000	229,962
	387,000	229,962

6 Trade and Other Receivables

CURRENT	2017 \$	2016 \$
Trade receivables	70,435	14,710
GST receivable	-	14,224
Total current trade and other receivables	70,435	28,934

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

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

7 Other Financial Assets

CURRENT	2017 \$	2016 \$
Term deposit	-	11,223
	-	11,223

8 Plant and equipment

PLANT AND EQUIPMENT	2017 \$	2016 \$
Furniture, fixtures and fittings At cost	-	19,577
Accumulated depreciation	-	(7,358)
Total furniture, fixtures and fittings	-	12,219
Motor vehicles At cost	-	41,213
Accumulated depreciation	-	(14,006)
Total motor vehicles	-	27,207

Notes to the Financial Statements

For the Year Ended 30 June 2017

8 Plant and equipment

PLANT AND EQUIPMENT	2017 \$	2016 \$
Computer equipment At cost	3,455	-
Accumulated depreciation	(259)	-
Total computer equipment	3,196	-
Plant and equipment At cost	43,717	43,717
Accumulated depreciation	(21,807)	(16,330)
Total plant and equipment	25,106	66,813
Total plant and equipment	25,106	66,813

(a) Movements in carrying amounts of plant and equipment

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

Year ended 30 June 2017	Furniture Fixtures and Fittings \$	Motor Vehicles \$	Computer Equipment \$	Plant and Equipment \$	Total \$
Balance at the beginning of year	12,219	27,207	-	27,387	66,813
Additions	-	-	3,455	-	3,455
Disposals	(10,286)	(24,412)	-	-	(34,698)
Depreciation expense	(1,933)	(2,795)	(259)	(5,477)	(10,464)
Balance at the end of the year	-	-	3,196	21,910	25,106

Year ended 30 June 2017	Furniture Fixtures and Fittings \$	Motor Vehicles \$	Computer Equipment \$	Plant and Equipment \$	Total \$
Balance at the beginning of year	16,292	33,486	-	26,018	75,796
Additions	-	-	-	7,841	7,841
Depreciation expense	(4,073)	(6,279)	-	(6,472)	(16,824)
Balance at the end of the year	12,219	27,207	-	27,387	66,813

Notes to the Financial Statements

For the Year Ended 30 June 2017

9 Other Assets

CURRENT	2017 \$	2016 \$
Prepayments	73,712	12,388
	73,712	12,388

10 Trade and Other Payables

CURRENT	2017 \$	2016 \$
Trade payables	79,177	11,464
GST payable	9,490	-
Sundry payables and accrued expense	62,482	23,014
	151,149	34,478

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying amounts are considered to be a reasonable approximation of fair value.

11 Borrowings

CURRENT	2017 \$	2016 \$
Chattel mortgage	-	13,416
Total current borrowings	-	13,416

NON-CURRENT	2017 \$	2016 \$
Chattel mortgage	-	11,890
Total non-current borrowings	-	11,890
Total borrowings	-	25,306

Notes to the Financial Statements

For the Year Ended 30 June 2017

12 Other Liabilities

CURRENT	2017 \$	2016 \$
Grants in advance	115,699	62,376
Other unearned income	52,672	-
	168,371	62,376

13 Employee Benefits

CURRENT LIABILITIES	2017 \$	2016 \$
Annual leave provision	33,036	27,324
	33,036	27,324

14 Members' Guarantee

The Company is incorporated under the Australian Charities and Not-for-profits Commission Act 2012 and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$ 10 each towards meeting any outstandings and obligations of the Company. At 30 June 2017 the number of members was 959 (2016: 782).

15 Auditors' Remuneration

CURRENT LIABILITIES	2017 \$	2016 \$
Remuneration of the auditor Hardwickes Chartered Accountants, for:		
- auditing and reviewing the financial statements	6,500	5,773
	6,500	5,773

16 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2017 (30 June 2016:None).

Notes to the Financial Statements

For the Year Ended 30 June 2017

17 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:

	2017 \$	2016 \$
Surplus for the year	3,861	3,499
Non-cash flows in profit:		
- depreciation	10,464	16,824
- net gain on disposal of plant and equipment	18,871	-
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(41,501)	(4,879)
- (increase)/decrease in other assets	(61,324)	(1,140)
- increase/(decrease) in income in advance	105,995	62,376
- increase/(decrease) in trade and other payables	116,671	7,145
- increase/(decrease) in employee benefits	5,713	(5,119)
Cashflows from operations	158,750	78,706

18 Events after the end of the Reporting Period

The financial report was authorised for issue on by those charged with governance.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

19 Statutory Information

The registered office of and principal place of business of the company is:

Congress of Aboriginal and Torres Strait Islander
Nurses & Midwives Limited
Level 1, 15 Lancaster Place
Majura Park ACT 2609

Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Responsible person  Date..... 3/10/17

Responsible person  Date..... 3/10/17



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Standards Legislation

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

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Congress of Aboriginal and Torres Strait Islander Nurses & Midwives Limited (the Company), which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the declaration by those charged with governance.

In our opinion, the accompanying financial report presents fairly, in all material respects, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2017 and of its financial performance for the year ended; and
- (ii) complying with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of Management and Those Charged with Governance

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as management determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Company's financial reporting process.





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 Standards Legislation

Auditor's Responsibilities for the Audit of the Financial Report

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

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.



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26



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From the matters communicated with the directors, we determine those matters that were of most significance in the audit of the financial report of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Hardwickes
Chartered Accountants

Robert Johnson FCA
Partner

Canberra
Date



APPENDIX 1: ABBREVIATIONS AND ACRONYMS

AGM	Annual General Meeting
AIDA	Australian Indigenous Doctor's Association
ANMAC	Australian Nursing and Midwifery Accreditation Council
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
DoH	Department of Health
GST	Goods and Services Tax
IAHA	Indigenous Allied Health Association
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

Australian College of Midwives, Aboriginal and Torres Strait Islander Advisory Committee

Australian Indigenous HealthInfoNet Board

Australian Industry Skills Council

Australian Nursing and Midwifery Accreditation Advisory Council (ANMAC) Board

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

Australian Primary Health Care Nurses Association, Expert Advisory Group for the Nursing in Primary Health Care Program

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

'Close the Gap' Steering Committee

Coalition of National Nursing and Midwifery Organisations (CoNNMO)

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

DoH, National Aboriginal and Torres Strait Islander Immunisation Network

DoH, National Breastfeeding Advisory Group

DoH, Nursing and Midwifery Education and Advisory Network

DoH, Nursing and Midwifery Stakeholder Reference Group

Heart Foundation, National Aboriginal Health Advisory Committee

Heart Foundation, Lighthouse Project

Medical Benefits Scheme, MBS Review Indigenous Health Clinical Committee

NACCHO, Aboriginal and Torres Strait Islander Health and Racism in Justice Project

National Health Leadership Forum (NHLF)

National Rural Health Alliance Council

Nursing and Midwifery Board of Australia, External Advisory Group for the Midwifery Practice Standards

Nursing and Midwifery Board of Australia, External Advisory Group for the Midwives Code of Conduct

Nursing and Midwifery Board of Australia, External Advisory Group for the Nurses Code of Conduct

Our Climate Our Health

Palliative Care Australia, Program of Experience in the Palliative Approach Committee

Rheumatic Heart Disease Australia, Rheumatic Heart Disease in Pregnancy Committee

Social Determinants of Health Alliance

The Lowitja Institute, 2016 International Health Workforce Conference Scientific Committee

The Lowitja Institute, Health Workforce Research Program Committee

In addition, CATSINaM both initiates and responds to a broad range of requests for national representation and promotion work. The full range of this work is shown in this graph across five different categories. In total, this represents 134 separate situations.

