

4 YEARLY MODERN AWARD REVIEW

ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES AWARD 2010

WITNESS STATEMENT - HAYSIE PENOLA

I, **HAYSIE PENOLA** of [REDACTED], state:

1. I am employed by Momentum in the position of Aboriginal Wellbeing Worker.
2. I am authorised to make this statement on behalf of the National Aboriginal and Torres Strait Islander Health Workers Association Limited (ACN 138 748 697) (**NATSIHWA**), in support of NATSIHWA's application for substantive variations to the Aboriginal Community Controlled Health Services Award 2010 (**Award**).

Background, qualifications and experience

3. I identify as Aboriginal.
4. I am currently 32 years old.
5. I hold a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).
6. I am currently employed by Momentum in the position of Aboriginal Wellbeing Worker. I commenced working in this role around 10 months ago.
7. Some of my previous roles include working as a Medical Receptionist at Bugalwena General Practice (where I sporadically performed some Aboriginal Health Practitioner duties), and at Bega Gambirringu Health Service in Kalgoorlie Western Australia.

Practising in private practice

8. Before my current role, I worked as a Medical Receptionist at Bugalwena General Practice in Tweed Heads South, New South Wales. Bugalwena General Practice was a private general practice when I worked there, but I understand that it has now adopted the Aboriginal medical centre model.
9. When I worked at Bugalwena General Practice, I sporadically acted as an Aboriginal Health Practitioner even though I was employed as a Medical Receptionist. I did this because the Aboriginal Health Practitioner that was employed by the practice

was on workers compensation, and I was registered with the Australian Health Practitioner Registration Authority (**AHPRA**) so I could step in.

10. I did not receive any additional wages for covering these Aboriginal Health Practitioner duties. That is, I continued to be paid under the Clerks Award as if I was performing my receptionist duties.

Duties and responsibilities

11. Momentum is a not-for-profit organisation that focuses on disability and mental health and is located in Tweed Heads, New South Wales. Momentum is a non-for-profit organisation that is funded for the National Disability Insurance Scheme (**NDIS**), disability services, mental health and housing. Momentum is not Aboriginal community controlled.
12. In my position as Aboriginal Wellbeing Worker, I am required to have a certificate in Primary Health Care or experience working with Aboriginal and/or Torres Strait Islander people in health, mental health or disability. I hold a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice), which I attained in around 2016 – 2017, and I am registered with AHPRA. I continue to complete my CPD points to maintain my registration. I have to do annual CPD training – at least 10 hours per year (with 60 hours over a three year cycle).
13. In my position as an Aboriginal Wellbeing Worker, my day-to-day duties and responsibilities include (but are not limited to) the following:
 - (i) providing one on one support for clients affected by mental illness and drug and alcohol abuse;
 - (ii) providing group support;
 - (iii) counselling and referrals; and
 - (iv) advocating for my clients in medical, legal and other social services situations and appointments.

Career progression

14. I left my previous role as a Medical Receptionist to become an Aboriginal Wellbeing Worker because I am paid better. I think I get about \$8 per hour more than I did at my previous role.
15. In my current role, I got a pay rise about 3 months ago. My pay rise came about after the release of Momentum's quarterly reports. I am not sure what management considers when determining the quantum of my pay rise, however, I anticipate that management would have considered the KPIs that I was meeting.

Classification structure

16. I am aware that, once you have completed a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice), you are required to apply with AHPRA for registration to practice as a registered Aboriginal Health Practitioner.
17. When I acted as an Aboriginal Health Practitioner in my previous role, it was a lot less clinical than it was when I previously worked in Western Australia. In my previous role, my work was very general. I did observations, care plans and administration, rather than clinical practice like taking bloods and what not. This experience is different to the experience in Western Australia, where expectations for Aboriginal Health Practitioners were huge and growing.

Allowances

18. I am not employed as an interpreter. However, from time to time I perform interpreting duties in my role as an Aboriginal Wellbeing Worker. In the past, when I was working in Western Australia, I had to interpret some words for the benefit of patients. For example, I could talk to the mob and translate words to doctors and in particular visiting doctors, who had no idea what the patient was talking about.
19. A lot of Aboriginal people use hand signals too. I would interpret that. I remember once, I had a woman yelling at a patient who was signalling that he wanted something, but she kept yelling, "*use your words*". I stepped in to interpret his signal. I said "*no, he just wants a cup of tea*".
20. I have experienced damage to my clothes while working as an Aboriginal Health Practitioner. I have been urinated on while trying to assist in collection of a child's urine specimen. In addition, I have experienced ear discharge split while performing an ear syringe. This happens pretty often – maybe bi-daily. I always have a change of clothes in the locker.
21. As a registered Aboriginal Health Practitioner, I am qualified to administer medication in Western Australia but not in New South Wales. I administered medication when I worked in a previous role at Bega Garabirringu Health Service in Western Australia. In my experience, in Western Australia, the further you get away from the city, the more you are allowed to do in terms of administering medication.
22. I also perform nauseous work in my role as an Aboriginal Wellbeing Worker by collecting faeces. There is a big correlation between Aboriginal people drinking milk and lactose intolerance. When kids come to the clinic, I would have to take samples of their stool for testing. That was challenging.
23. Occasionally I have performed work in temperatures between 46 and 54 degrees Celsius, mainly at school health checks in Kalgoorlie, Western Australian summers. Occasionally, the temperature has exceeded 54 degrees Celsius when I have been working outreach in Kalgoorlie in summer. Sometimes, the temperature thermometer on the car read as zero because it did not go over 55 degrees. Luckily, we always had

access to shade – the mobile clinic had an annex that you could pull out. However, it was still very hot.

Ceremonial and bereavement leave

24. I had a funeral to go to last week in Newcastle. It was about a 7 to 8 hour drive. I called my boss and said I wanted time off, and they were very understanding. Momentum has been very understanding of having to go to funerals and the obligations to have a representative of your family go to a funeral. From my recollection, at Bega Garribirringu Health Service we were given 7 days of bereavement leave. It is a shame that most places only give you 2 days of bereavement leave.

Signed by [redacted]
at (place) [redacted]
on (date) 28th June 2019.