



Indigenous Allied Health Australia

2014-2015
Annual Report



2014-2015 ANNUAL REPORT

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Indigenous Allied Health Australia is a national not for profit, member-based Aboriginal and Torres Strait Islander allied health organisation.

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Acknowledgements

IAHA acknowledges the original artwork by artist Colleen Wallace of Utopia, NT, which is used in the IAHA logo. The original artwork depicts people coming together to meet.

IAHA also acknowledges original artwork by artist Jade-Aaron Williams, a proud descendant of the Wiradjuri and Barkinji peoples of Western NSW.

Indigenous Allied Health Australia receives funding from the Australian Government Department of Health.

We pay our respects to the traditional custodians across the lands in which we work, and acknowledge elders past, present and future.

IAHA wishes to advise people of Aboriginal and Torres Strait Islander descent that this document may contain images of persons now deceased.

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INTRODUCTION



OUR STRATEGIC DIRECTION

Indigenous Allied Health Australia Ltd. (IAHA) is a national not for profit, member based Aboriginal and Torres Strait Islander allied health organisation. IAHA is a company limited by guarantee, is registered with the Australian Charities and Not-for-profits Commission (ACNC), the independent national regulator of charities, and has deductible gift recipient (DGR) status.

IAHA VISION

For Aboriginal and Torres Strait Islander peoples to have health equity through improved access to culturally responsive allied health care that is recognised as an essential part of a holistic approach to achieving optimal health and wellbeing.

IAHA PURPOSE

To improve the lives of Aboriginal and Torres Strait Islander peoples and influence generational change, through national allied health leadership, building a responsive workforce, advocacy, partnerships and support across the multiple sectors that influence health and wellbeing.

OUR VALUES

As the national Aboriginal and Torres Strait Islander allied health peak body we value:

- Respect
- Cultures
- Inclusiveness
- Accountability
- Collaboration
- Innovation

OUR PRINCIPLES

The following principles lay the foundation for IAHA strategic priorities and objectives:

- Culture is central to the health and wellbeing of Aboriginal and Torres Strait Islander peoples
- Education, evidence based practice and research
- Aboriginal and Torres Strait Islander allied health professionals and students view their lives through unique professional and cultural perspectives
- The holistic and inclusive Aboriginal and Torres Strait Islander view of health and wellbeing
- A rights based, culturally responsive approach to health and wellbeing
- Aboriginal and Torres Strait Islander leadership, strength, resilience and self determination
- Diversity of Aboriginal and Torres Strait Islander individuals, families and communities
- Communications are targeted, multifaceted and have purpose



OUR STRATEGIC DIRECTION (CONT')

The following priorities and objectives from the IAHA Strategic Plan 2012-2017 will assist IAHA in meeting our vision and purpose:

STRATEGIC PRIORITIES AND OBJECTIVES

Strategic Priority 1 - IAHA Membership

Objectives:

- 1.1 To support the IAHA membership
- 1.2 To strengthen and maintain engagement
- 1.3 To increase IAHA membership

Strategic Priority 2 - Allied Health Workforce Development

Objectives:

- 2.1 To promote and build the Aboriginal and Torres Strait Islander allied health workforce
- 2.2 To advocate for and support a culturally responsive workforce
- 2.3 To advocate for and provide sound health policy

Strategic Priority 3 - National Leadership

Objectives:

- 3.1 To strengthen and maintain IAHA's position as the national Aboriginal and Torres Strait Islander allied health peak body
- 3.2 To strengthen and support leadership capacity

Strategic Priority 4 - Corporate Governance

Objectives:

- 4.1 To ensure sound corporate governance
- 4.2 To achieve and maintain organisational sustainability



REPORT FROM THE CHAIRPERSON



It is with pleasure that I bring you this report as the Chairperson of Indigenous Allied Health Australia Ltd (IAHA), a national not for profit, member-based Aboriginal and Torres Strait Islander allied health organisation.

I would like to welcome the 179 individuals and/or organisations who became members of IAHA during this reporting period. IAHA has continued to grow, with full membership increasing by 45.24% and Aboriginal and Torres Strait Islander membership comprising two thirds of our total membership. We are encouraged that so many Aboriginal and Torres Strait Islander peoples see the benefits of joining our IAHA 'family', linking in with the diverse disciplines that comprise our membership. We also appreciate the exceptional commitment of our non-Indigenous members for working in partnership with us towards achieving Aboriginal and Torres Strait Islander health equality.

This year IAHA undertook the development of a key document, Cultural Responsiveness in Action: An IAHA Framework, which was endorsed by the Board of Directors in February 2015. The Framework was developed to provide a practical, action-based way forward for individuals, organisations and systems in order to improve their capability to meet the health and wellbeing needs of Aboriginal and Torres Strait Islander peoples. The key capabilities presented in this framework provide an opportunity for any person, regardless of their profession or position, to work towards being culturally responsive to the needs of Aboriginal and Torres Strait Islander people.

I would like to acknowledge and thank all Board Directors for their contribution to furthering the strategic direction of IAHA and for participating in seven Board meetings during the past year. In particular I commend Kylie Stothers, who stepped down as Board Director and Deputy Chairperson at the IAHA Annual General Meeting and Members Forum on Thursday 27 November 2014 in Canberra. Kylie's contributions to IAHA as a Director and member since its inception have been invaluable and IAHA wouldn't be the same organisation without her significant input.

There was great interest in participating on the Board this year, with more applicants than the four Director (graduate) and one Director (student) positions to be filled. Two new Directors joined the Board and three Directors were re-elected, including the Director (student). The newly elected Directors (graduate) were allocated 1 or 2 year terms, the Director (student) a 1 year term and the 4 remaining Board Directors continued their 2 year term.

The continued direction offered to the Board by the IAHA Student Representative Committee (SRC) has been greatly valued, with six inspirational students dedicating their time and expertise this year. Their guidance and input has provided the Board and Secretariat a clear way forward in engaging more effectively with student members.

After significant negotiation and some uncertainty, we were pleased to receive confirmation of operational funding up to and including 2017/18. I acknowledge and thank the commonwealth Department of Health for their demonstrated support for IAHA to continue to undertake critical leadership, allied health workforce development and support initiatives. I would like to acknowledge the IAHA secretariat for their ongoing work, professionalism and commitment to implementing our vision, purpose and strategic direction. I commend their ongoing efforts in developing strong partnerships, supporting our growing membership, strengthening Aboriginal and Torres Strait Islander allied health workforce development and facilitating the development of a more culturally responsive health workforce to improve Aboriginal and Torres Strait Islander health and wellbeing.

But most importantly, I would like to thank IAHA members for their ongoing engagement and contributions and, as a member based organisation, without you we would not exist. It is wonderful to see a growing understanding within our membership that it is what we put into the organisation that adds value to our collective journeys and contributes to improving Aboriginal and Torres Strait Islander lives.

A handwritten signature in black ink, reading 'Faye McMillan'.

Faye McMillan
Chairperson

MESSAGE FROM THE CEO



It is with pleasure that I provide this report to members in my second year as CEO of Indigenous Allied Health Australia (IAHA). With a focus on supporting our growing membership, building partnerships to improve Aboriginal and Torres Strait Islander health and wellbeing and strengthening the Aboriginal and Torres Strait Islander allied and wider health workforce, we have been working to capacity.

Providing professional development opportunities for our members, partners and stakeholders has been a key component of our work during this reporting period. With an Indigenous Leadership Workshop for our Aboriginal and Torres Strait Islander members, the IAHA 2014 National Forum for all our members, partners and stakeholders, as well as webinars and lectures on Cultural Responsiveness, the demand for professional development has been consistently high. In order to support member participation, IAHA provided 84 professional development scholarships to full and associate IAHA members in 2014/15.

Celebrating success with the IAHA 2014 National Indigenous Allied Health Awards was another highlight; it is very satisfying to publicly share and showcase the incredible capabilities and strengths found within the IAHA membership. We congratulate Professor Tom Calma AO on being an extremely worthy recipient of the IAHA 2014 Lifetime Achievement Award for his long standing commitment to his profession (social work) and improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Promoting allied health careers and pathways to Aboriginal and Torres Strait Islander peoples remained a priority this year, as did working with key partners across allied health and the wider health and education sectors. IAHA representatives attended career, community and university events in the NT, QLD, ACT, VIC, SA and NSW, talking to thousands of Aboriginal and Torres Strait Islander students, individuals, families and communities to strengthening relationships, share our members' stories, share information on allied health and gather information on how IAHA can provide support and resources that are effective and meaningful.

We thank all our members who contributed their valuable time and expertise in attending events around the country.

With engagement from our members, IAHA continued to influence national policy through numerous submissions to national reviews and consultations and actively participated on national advisory groups. This has contributed to an increased understanding of the importance of Aboriginal and Torres Strait Islander participation in the allied health workforce and the importance for increased access to culturally responsive allied health services to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

IAHA has also enjoyed working collaboratively with other national Aboriginal and Torres Strait Islander health organisations through the National Health Leadership Forum (NHLF) in the development of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 during this reporting period. The collective expertise within the NHLF and their networks has ensured that the Implementation Plan is action-based and recognises the necessity of eliminating racism and improving system effectiveness to meet the needs of Aboriginal and Torres Strait Islander peoples.

I am pleased to bring you this 2014/15 Annual Report and trust that you will see the important work that IAHA has done during this period towards achieving its vision and purpose, as directed by the IAHA Board of Directors and our Members.

A handwritten signature in black ink, appearing to read 'Donna Murray'.

Donna Murray
Chief Executive Officer



ABOUT IAHA

IAHA BOARD OF DIRECTORS

On 15 May 2013 Indigenous Allied Health Australia Ltd was registered as a Company Limited By Guarantee, therefore this is shown as the date of appointment for Directors even though they may have also been Directors of the previous incorporated body.



Faye McMillan

Director (Graduate), Chairperson

Date Appointed: 15 May 2013,
reappointed as Director and
Chairperson 27 November 2014

Faye is a Wiradjuri woman from Trangie, Central Western New South Wales. She completed her pharmacy degree at the Charles Sturt University in 2001. Her interest in pharmacy began when she was a pharmacy assistant in Trangie for three years. She is the first Aboriginal person in Australia to gain a pharmacy degree and to go onto registration as a pharmacist. She has also worked as a community pharmacist in remote areas such as the Tiwi Islands. Faye is currently the Director of the Djirruwang Program, School of Nursing, Midwifery and Indigenous Health at Charles Sturt University, Wagga Campus. Prior to this she was the Postgraduate Indigenous Health Program coordinator at the University of Wollongong working in the Indigenous Health program. She has completed a Masters in Indigenous Health and is currently doing her Doctorate.



Rebecca Allnutt

*Director (Graduate), Deputy
Chairperson*

Date Appointed: 15 May 2013,
appointed Deputy Chairperson 27
November 2014

Rebecca is a Palawa woman now living in Alice Springs, Northern Territory. She has a double major in Psychology, as well as a post graduate diploma in Audiology, both from Queensland University. Rebecca has worked for fifteen years in Indigenous Ear Health with the Northern Territory and Commonwealth Governments. She previously worked within her own Audiology practice and now splits her time working for Central Australian Aboriginal Congress and the NT Government Hearing Services. In 2008, Rebecca was awarded a Public Service Medal for her services to Indigenous Ear Health.



Diane Bakon

Director (Student)

Date Appointed: 15 May 2013,
reappointed 27 November 2014

Di Bakon is originally from NSW, a Kamilaroi woman with origins to the Narrabri area. She is a mature aged student studying her third year of a Bachelor of Occupational Therapy at James Cook University (JCU) in Townsville. Di is currently the Chairperson of the Indigenous Health Students Association at JCU and works hard to support success and retention of Indigenous students through peer support and mentoring students in health degrees. She also supports the Indigenous Health Unit at JCU by doing an Indigenous Health Careers Road show and other Indigenous ambassador activities such as Closing the Gap, Vibe Alive and FOGS. As a future occupational therapist, her focus is in Indigenous health issues particularly children's health, health promotion and policy.



Thomas Brideson

Director (Graduate)

Date Appointed: 15 May 2013,
reappointed 28 November 2013

Tom Brideson is a Kamilaroi man who was born in Gunnedah, NSW. Since 2007 Tom has been the State-wide Coordinator of the NSW Aboriginal Mental Health Workforce Program. Tom has been actively involved in the Aboriginal mental health area since 1993 in a broad range of roles. Tom has a strong interest in areas that require improvements for Aboriginal people, including health policy development, social and emotional wellbeing, clinical mental health care, suicide prevention including education and research interests across these areas. Tom has published a number of journal articles on issues facing the Aboriginal mental health workforce and the NSW Aboriginal Mental Health Workforce Program. Tom sits on a range of advisory groups and committees at a local, state and national level.

ABOUT IAHA



Jane Havelka

Director (Graduate)

Date Appointed: 15 May 2013,
reappointed 27 November 2014

Jane Havelka is a Wiradjuri woman from Narromine Wongabon currently residing in Wagga Wagga, NSW. Jane is currently the Clinical

Coordinator/Lecturer for the Djirruwang (Mental Health) Program at Charles Sturt University. Jane brings a wealth of knowledge to IAHA around Indigenous mental health, community and Indigenous health more broadly. She is currently studying her Doctorate of Health Science. She is also a qualified Aboriginal and Torres Strait Islander Mental Health First Aid Instructor.



Kelleigh Ryan

Director (Graduate)

Date Appointed: 15 May 2013,
reappointed 28 November 2013

Kelleigh was born in Rockhampton, a descendent of the Kabi Kabi people of South East Queensland and the Australian South Sea

Islanders with connections to the people of the Loyalty Islands on her mother's side. She grew up living in rural and remote Queensland and has returned to work in these communities during her career. Kelleigh graduated from Griffith University with a BBeSc (2006) and a BPsySc (Hons) in 2009. She has a Professional Certificate in Indigenous Research from Melbourne University 2012 and is a Steering Committee Member of the Australian Indigenous Psychologists Association.



Nicole Turner

Director (Graduate)

Date Appointed: 15 April 2014

Nicole is a Kamilaroi woman, her grandmother was part of the stolen generation, and she currently lives on the coast near Kempsey. She is one of very few qualified Aboriginal community Nutritionists in Australia.

Nicole is an Indigenous health academic with Newcastle University and within that role she delivers cultural awareness training to over 500 university students per year and conducts research and writes research articles. Nicole's other role is as Go4fun Hunter New England Area manager which sees her training Aboriginal staff to deliver a 10 week healthy lifestyle program (go4fun) in their community. She has worked in the health sector for over 20 years and worked in Aboriginal health for 15 years.



Steven Stanton

Director (Graduate)

Date Appointed 27 November 2014

Steve is a Gamilaraay (Kamilaroi) man from Gunnedah in North West NSW. In 2009 Steve was part of the NSW Aboriginal Workforce Program and graduated from the Bachelor

Health Science (Mental Health) with distinction in 2011. Steve has had an opportunity to work and study within the mental health and community services field over the past 6 years and has held middle and senior management positions across this sector, working in both community and hospital settings. Steve has experience in staff management and support, community and sector engagement, finance and risk management, workforce development, business planning and strategy and leading diverse service delivery teams in rural and remote areas. Steve is currently studying a Master Business Administration and hopes to integrate his mental health, community service experience and business knowledge to support self-determination, Indigenous workforce development and support sound governance and leadership approaches to influence the opportunity for improved social, cultural and emotional wellbeing.



Trevor Ritchie

Director (Graduate)

Date Appointed 27 November 2014

Trevor Ritchie is a Kaurna man from Adelaide, South Australia and was 28 when he finished his Bachelor of Applied Science (Occupational Therapy) in 2013. He

is the first Aboriginal person to graduate from the University of South Australia with this degree. Trevor has previously worked in corrections, housing and education and he brings a perspective from his profession in addition to the broader perspective of allied health as whole. As a new graduate, Trevor is excited to be a Board Director as he feels that IAHA values all members' perspectives, including those new to their professions. Trevor is passionate about growing the Aboriginal and Torres Strait Islander allied health workforce as a way for individuals and their communities to prosper, but also to have a workforce that can take the lead on providing cultural responsive services to communities. Trevor is a big believer in mentoring and sees its effectiveness, having been mentored and now as a mentor to others.

Kylie Stothers

Director (Graduate), Deputy Chairperson

Date Appointed: 15 May 2013, Deputy Chairperson until resigned on 27 November 2014

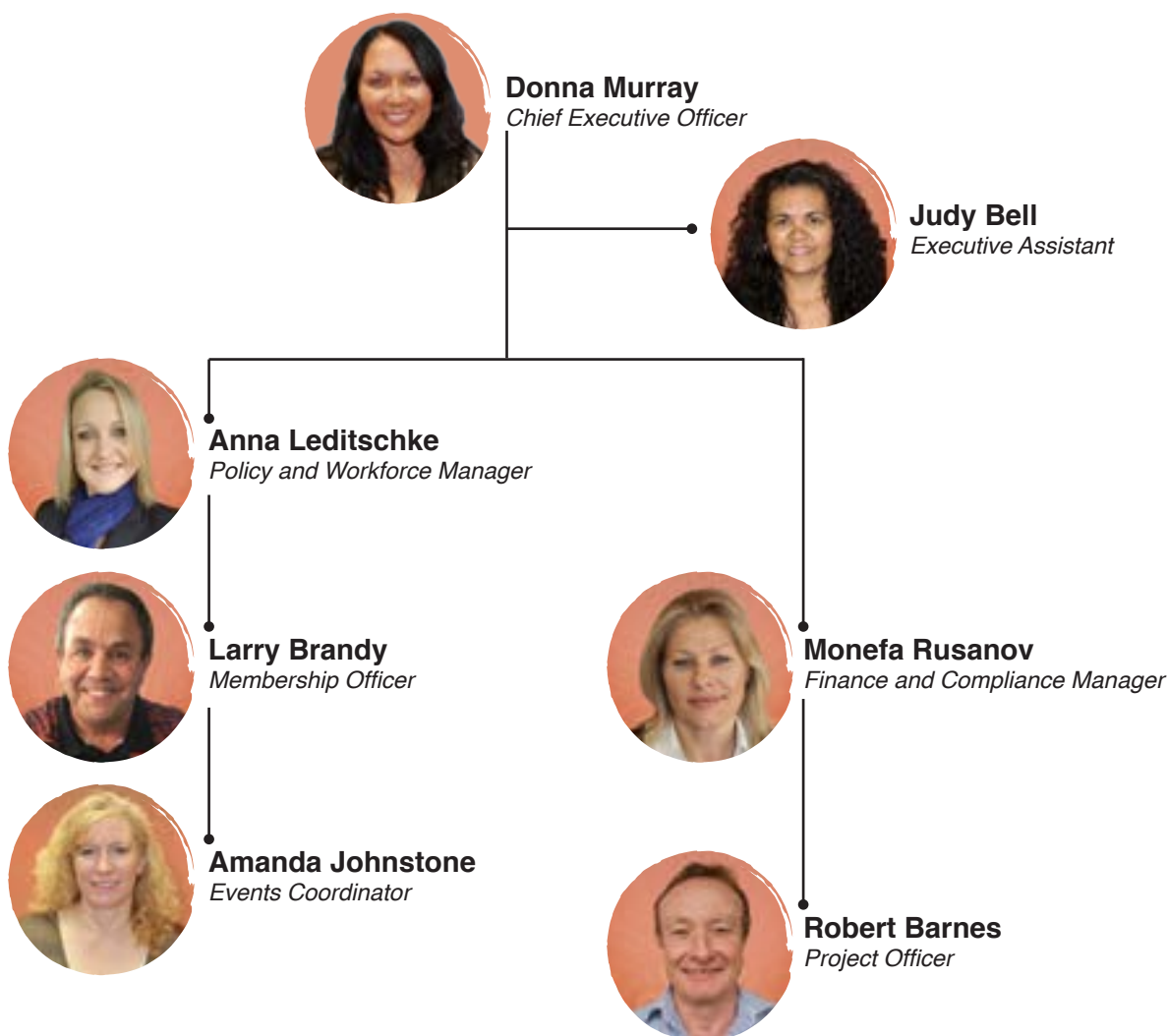
IAHA SECRETARIAT

The IAHA Secretariat implements strategies to achieve the organisation's strategic priorities and objectives set by the IAHA Board and members. The Secretariat shares the IAHA vision and purpose with the Board and members and collectively values respect, cultures, inclusiveness, accountability, collaboration and innovation with the interests of IAHA members and Aboriginal and Torres Strait Islander peoples as our focus.

The Secretariat is comprised of committed and professional staff with extensive experience across the health sector and related sectors including education, community development, policy, events, management, communications, finance and administration.

The Secretariat are committed to working as a team, professional development, strong governance and leadership and building the capacity of and supporting the allied health workforce and Aboriginal and Torres Strait Islander peoples.

The Secretariat demonstrate culturally responsive capabilities in order to build a culturally safe workplace. Staff remain committed to workplace diversity and participation, working with the Board and members to improve the health and wellbeing of Aboriginal and Torres Strait Islander people through the allied health sector. Staff implement continuous improvement strategies, risk management, influence policy change, support leadership and governance capacity, maintain relationships with stakeholders and ensure strong operational systems, policies and procedures for the company.



ABOUT IAHA

HISTORY OF IAHA

February 2008	The Koori Occupational Therapy Scheme developed a proposal for funding to establish an Indigenous allied health network. The proposal was auspiced by Allied Health Professions Australia.
July 2008	The Australian Government Department of Health and Ageing funded a 12 month project to establish the Indigenous Allied Health Network.
9 June 2009	Nine Aboriginal and Torres Strait Islander allied health professionals attend the first General Meeting of Indigenous Allied Health Australia. During the meeting the purposes and objectives of IAHA and the proposed Rules were adopted. The first Committee of Management was appointed.
12 June 2009	Indigenous Allied Health Australia was incorporated under the Associations Incorporation Act in Victoria as a national association.
July 2009	The Australian Government Department of Health and Ageing provided 12 months funding to Indigenous Allied Health Australia Inc.
2 December 2009	Inaugural Chief Executive Officer appointed.
1 March 2010	IAHA office established at 10 Thesiger Court Deakin ACT 2600.
8 July 2010	IAHA Inc held a Launch celebration at the Koorie Heritage Trust in Melbourne.
November 2012	Members voted at the IAHA 2012 Annual General Meeting to transfer the organisational structure to become a "Company Limited by Guarantee" (CLG) under the Corporations Act 2001 (Cth) (Corporations Act).
13 May 2013	IAHA become a "Company Limited by Guarantee" (CLG) under the Corporations Act 2001 (Cth) (Corporations Act).
26 July 2013	General Meeting of IAHA Ltd. held to formally adopt the IAHA Ltd. Constitution as a newly registered Corporations Act company.
April 2014	IAHA established the Student Representative Committee as an advisory to the IAHA Board.
May 2014	New CEO appointed.





STRATEGIC PRIORITY 1: IAHA MEMBERSHIP

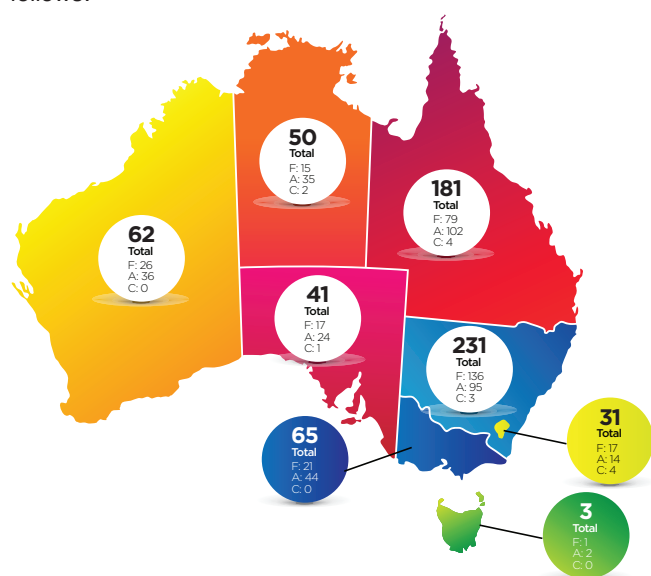
- 1.1 TO SUPPORT THE IAHA MEMBERSHIP
- 1.2 TO STRENGTHEN AND MAINTAIN ENGAGEMENT
- 1.3 TO INCREASE IAHA MEMBERSHIP

STRATEGIC PRIORITY 1: IAHA MEMBERSHIP

IAHA MEMBERSHIP PROFILE

As at 30 June 2015 IAHA had a total of 664 IAHA members. This is an increase of 35.84% (179 members) over the last 12 months.

A breakdown of IAHA membership at 30 June 2015 is as follows:



Membership Type	Number of Members	% of Total Membership
Full Members	312	47.01%
Associate Members	352	52.99%
Indigenous Members (Full and Associate)	441	66.66%
Corporate Members	14	

In summary, in the reporting period 1 July 2014 – 30 June 2015:



ABORIGINAL AND TORRES
STRAIT ISLANDER
membership increased by

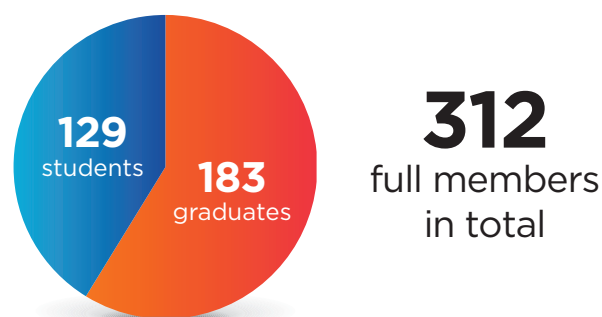
47.61%

Full Membership – Aboriginal and Torres Strait Islander allied health students and graduates.

An IAHA Full Member - Allied Health Graduate is Aboriginal and/or Torres Strait Islander person who has graduated from an Allied Health Course with a recognised qualification and are accepted by the Board as having commitment to the Objects of the Company.

An IAHA Full Member - Allied Health Student is an Aboriginal and/or Torres Strait Islander person who is enrolled in an Allied Health Course (and have not graduated from an Allied Health Course with a recognised qualification) and is accepted by the Board as having a commitment to the Objects of the Company.

Full member (graduate) membership increased by 38.75%
Full member (student) membership increased by 55.55%



During this reporting period the Board of Directors broadened the scope of disciplines that meet the IAHA definition of allied health and can be endorsed as full members to include Counselling.

Allied health disciplines currently represented within our full membership are, Audiology, Chiropractic, Counselling, Dentistry, Dietetics, Exercise Physiology, Exercise Science, Mental Health, Nutrition, Occupational Therapy, Osteopathy, Optometry, Oral Health, Pharmacy, Physiotherapy, Podiatry, Psychology, Public Health, Radiography/Medical Imaging, Social Welfare, Social Work, Speech Pathology, Sonography. Aboriginal and Torres Strait Islander students and graduates of Orthoptics, Prosthetics and Orthotics are also eligible for full IAHA membership, however these disciplines are not currently represented.

Associate Membership – Individual

*An **IAHA Associate Member – Individual** is a person who is accepted by the Board as having a commitment to Objects of the Company.*

IAHA welcomes Aboriginal and Torres Strait Islander peoples from disciplines that fall outside of allied health as associate members, as well as non-Indigenous people from a variety of allied health disciplines and sectors. A common denominator across our associate membership is a strong commitment to achieving Aboriginal and Torres Strait equality.

With an increase of 28.49%, IAHA welcomed 82 individuals who are committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples as associate members.

IAHA individual associate members showcase the diversity of professions and disciplines including but not limited to allied health. New disciplines/areas of work that have been added to the associate membership in 2014/15 include communications, cultural education, naturopathy, Indigenous studies, Laws/International Relations, population health and remedial massage.

Existing disciplines found within our associate membership include Aboriginal and Torres Strait Islander Primary Health Care, Alcohol and Other Drugs, Allied Health Assistance, Applied Science, Audiology, Behavioural Science, Biotechnology, Business Management & Administration, Case Management, Chiropractic, Community Development, Counselling, Diabetes Education and Management, Dietetics, Education & Mentoring, Enrolled Nursing, Environmental Health, Exercise Physiology, Exercise Science, Health Promotion, Health Science, Indigenous Community Health, , Indigenous Health Promotion, Leisure Science, Life Guard, Medical Laboratory Science, Medicine, Mental Health, Mental Health Nursing, Midwifery, Music Therapy, Nursing, Nutrition, Occupational Therapy, Optometry, Oral Health, Osteopathy, Paramedicine, Pathology, Pharmacy, Philosophy, Physiotherapy, Podiatry, Primary Health Care, Psychology, Public Health, Radiography, Rehabilitation Counselling, Social Work, Sociology, Speech Pathology, Trauma & Healing, Visual Science and Youth Counselling.

Corporate

*An **IAHA Associate Member - Corporate** is an organisation that is accepted by the Board as having a commitment to the Objects of the Company.*

IAHA's corporate membership increased by 55.55% this reporting period and there were 14 corporate associate members at 30 June 2015. Demonstrating their commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples, IAHA works with corporate members to assist in disseminating information, in sharing resources and to contribute to national policy discussions around allied health and workforce issues.

Current IAHA corporate members include ACT Health Directorate, Australian Association of Social Workers, National Aboriginal and Torres Strait Islander Health Worker Association, Macquarie University, Jimmy Little Foundation, Diversional Therapy Australia, Central Australian Aboriginal Congress Aboriginal Corporation, Centre for Remote Health, Mount Isa Centre for Rural and Remote Health, James Cook University, Wuchopperen Health Service, Queensland Aboriginal and Islander Health Council (QAIHC), Australian Council of PVC's and Deans of Health Sciences and Central Adelaide Hills Medicare Local.



STRATEGIC PRIORITY 1: IAHA MEMBERSHIP

MEMBER ENGAGEMENT AND SUPPORT

“IAHA does a fantastic job, not only in terms of the work they do in professional development and the support that they give out to the sector, but in encouraging those students—encouraging young people to look at a career in allied health and say: ‘This is a role that you can play that is really important and is going to be so well regarded’.”

— **Senator the Hon Fiona Nash**, Assistant Minister for Health, in her speech at the IAHA 2014 National Indigenous Allied Health Awards, 25 November 2014.

IAHA is committed to engaging and supporting our membership and strengthen their opportunities through value adding to existing and providing new and innovative personal and professional development opportunities.

IAHA has a dedicated Membership Officer who works tirelessly to engage with and support IAHA members. They are the ‘go to’ person for all members for information and support or just for a chat. They also attend meetings, community events and career expos around Australia throughout the year talking to students and community about allied health and pathways into allied health as well as building relationships and networks to benefit members.

IAHA 2014 Members’ Forum

IAHA values the input of its members to continue to grow and meet its strategic priorities. 45 IAHA members attended the IAHA 2014 Members’ Forum that was held in conjunction with the IAHA 2014 Annual General Meeting in Canberra on 27 November 2014. It was facilitated by the IAHA Chief Executive Officer and provided those IAHA members present an opportunity to have their say in the operational and strategic direction of the company.

Topics covered at the Members’ Forum included an overview of IAHA strategic direction; discussion about what being a member means to them including benefits, roles and responsibilities associated with being a member of IAHA; IAHA cultural responsiveness initiatives; member support needs; and IAHA policy priorities for 2015. Outcomes from this meeting provided guidance to the IAHA Board and Secretariat as they implement the IAHA Strategic Plan and seek funding and resources into the future.



Professional Development Support

IAHA provided 84 professional development scholarships to full and associate IAHA members in 2014/15 to encourage and support participation. These scholarships aim to increase participation from IAHA members to attend our national professional development opportunities; support IAHA members and their professional development needs; and support and encourage national networking across the allied health and other related sectors specifically focusing on Aboriginal and Torres Strait Islander health and inter-professional working relationships.

Through the IAHA Members’ Conference Support initiative a full member (Student) Stevie Raymond, in her final year of her Dietetics degree, was supported to attend and present a paper ‘Presence of Aboriginal and Torres Strait Islander dietitians in the Australian dietetics workforce’ at the Fourth International Critical Dietetics Conference, Dominican University Chicago IL, USA in August 2014. Her presentation looked at Indigenising the dietetic profession; strengths and barriers for Indigenous people becoming dietitians and the importance of having more Indigenous health professionals to Close the Gap.

“

This experience helped me learn to feel more comfortable with public speaking. It allowed me to see how powerful I can be in terms of sending strong and important messages to the broader community, especially those that aim towards empowering Indigenous people like myself... Attending the conference allowed me to advocate for Indigenous people and their health from a national and international standpoint.”

— **Stevie Raymond**, IAHA full member (Dietetics)

IAHA Student Bursary Scheme

The IAHA Student Bursary scheme supports IAHA full student members experiencing financial hardship, by providing financial assistance through the provision of a \$250 voucher for the purchase of textbooks or educational resources. The scheme is funded through the sale of IAHA promotional merchandise and donations. Five student bursaries were awarded in 2014/15 financial year.

Mentoring

IAHA currently has 58 mentors available on the IAHA Mentoring website www.iahamentoing.com.au, including Aboriginal and Torres Strait Islander and non-Indigenous peoples from diverse professional and personal backgrounds. The mentor database provides information about the mentors, including their location, disciplines and self-identified strengths so that potential mentees can browse and choose someone they feel may meet their needs.

Mentoring relationships established and maintained throughout this period are varied. There are relationships between Aboriginal and Torres Strait Islander tertiary students and high school students; graduates and tertiary students; graduates and graduates; and include two way relationships between Aboriginal and Torres Strait Islander and non-Indigenous mentors/mentees.

In order to support the mentoring program, IAHA hosted a three hour workshop on Diversity Mentoring at the IAHA 2014 National Forum in Canberra which received very good feedback from participants and resulted in an increase in mentoring applications. IAHA delivered a specific mentoring information session to student members to assist them in building their confidence to undertake mentoring and to better understand the value of mentoring for them as students prior to the student event, HealthFusion Team Challenge in November 2014.

IAHA continues to establish partnerships with professional associations and other stakeholders to provide cultural mentoring to professionals and building cultural responsiveness capabilities within the allied health workforce.

Leadership Workshop

Following the success of the 2013 IAHA Student Leadership workshop, IAHA was able to gain additional funding with the Department of Prime Minister and Cabinet to deliver the IAHA Indigenous Leadership Workshop in the 2014-15 financial year.

63 Aboriginal and Torres Strait Islander members attended the three day workshop from 17 – 19 February 2015 at the Hilton Doubletree, Alice Springs. Participants backgrounds included management, policy, administration, health, pharmacy, social work, nursing, radiography, occupational therapy, mental health, nutrition, podiatry, physiotherapy, Aboriginal health, exercise physiology, exercise science, psychology, medicine, allied health assistance, audiology, speech pathology, massage therapy and oral health.

This workshop was delivered within the context of strengthening members' leadership capacity to better contribute to improving the health and wellbeing of Aboriginal and Torres Strait Islander Australians. Cultural learning and experiences were embedded into the workshop program, with a traditional healer (Ngangkari) attended the workshop to talk about traditional healing and the relationships with western medicine as well as the importance of healing in our communities. Participants also attended a guided cultural tour of Rainbow Valley, respecting place and Country and hearing stories from traditional custodians over dinner.



were very satisfied or satisfied with the **overall experience**



think their new leadership skills and capabilities are **useful in their profession, community, work**



stated they have a **better understanding of Indigenous Leadership** from attending this workshop

IAHA STUDENT REPRESENTATIVE COMMITTEE (SRC)

In addition to the IAHA Director (student) position on the Board, the IAHA Student Representative Committee was established to advise the IAHA Board of Directors on challenges and identifying strategies to improve support and engagement with Aboriginal and Torres Strait Islander allied health students. The SRC is comprised of Aboriginal and Torres Strait Islander students studying allied health degrees at universities across Australia and members sit for a term of 12 months and must be an enrolled student in the year they are nominating to represent.

Sophie L'Estrange, Nathan Canuto, Di Bakon, Devinia Wainwright, Ashleigh Hull and Celeste Brand, Greg Hackett and Gemma Ambrose were initially appointed to the SRC following the 2014 IAHA Annual General Meeting. Unfortunately Greg Hackett and Gemma Ambrose resigned from the SRC prior to the first meeting, due to changes in their studies.

2015 Student Representative Committee (SRC) Members were:



Sophie L'Estrange

SRC chairperson

Sophie L'Estrange is a woman of Kalkadoon heritage who was born and raised in Wiradjuri country. She is currently in her final year of Oral Health (Therapy/Hygiene) at Charles Sturt University in Wagga Wagga.



Ashleigh Hull

Ashleigh Hull is a Barkindji woman with strong ties to the Wiradjuri people. Ashleigh is employed with Western NSW Local Health District as a Trainee Aboriginal Mental Health Worker and is currently studying final year of a Bachelor of Health Science (Mental Health) at Charles Sturt University in Wagga Wagga.



Celeste Brandt

SRC Deputy Chairperson

Celeste Brand is a 24 year old woman born in Arrernte country in Alice Springs and is the fifth generation to live there after her great-great grandmother migrated from Arabana country in South Australia. She started studying a Bachelor of Social Work at Charles Darwin University in 2011, however she moved to Perth in 2012 to continue her studies internally at Curtin University.



Devinia Wainwright

Devinia Wainwright born in Carnarvon, Western Australia and descending from the Pau family from Erub (Darnley) Island in the Torres Strait. Bought up with strong connections to the Yamitji people in Carnarvon and with Torres Strait heritage, Devinia is currently studying Social Work at Deakin University through the Institute of Koorie Education.



Nathan Canuto

Nathan Canuto was born in Cairns, Queensland, and descends from the Ahmat Family of the Torres Strait. He is a mature age student studying his final year of a Bachelor of Behavioural Science (Psychology) Hons at Charles Darwin University in the Northern Territory.



Di Bakon

Di Bakon is originally from NSW, a Kamilaroi woman with origins to the Narrabri area. She is a mature aged student studying final year Occupational Therapy at James Cook University (JCU) in Townsville.



The SRC attended a face to face meeting in Alice Springs in February 2015 for an induction on IAHA and their roles and responsibilities as members of the SRC. They also worked together to explore student challenges and strategies for student support in 2015 and elect the Chairperson. Sophie L'Estrange was re-elected as Chairperson and Celeste Brand as Deputy Chair.

The SRC coordinated and contributed to four eNewsletters during this reporting period, had a face to face meeting in February 2015 and also met via teleconference. The SRC plays a lead role in managing a closed group on Facebook to connect IAHA student members (full and associate) who are studying in health across Australia. There were 51 members of this group at 30 June 2015, an increase of 23 members during this reporting period. Group members are encouraged to ask questions if they need information, study assistance or just to start a conversation. The group is not a social group but rather a place to get together and support each other.

Four of the SRC members are in their final year of study and their demonstrated commitment to improving IAHA student support through participation on the SRC was invaluable. In addition to being active in their own Universities, the SRC members also took time out of their busy schedules to promote careers in allied health on behalf of IAHA at career expos, university days, school visits and community events.



SRC VISIT TO ALICE SPRINGS SCHOOLS

On Tuesday 17 February 2015 the SRC members visited two secondary schools in Alice Springs, Yirara College and Centralian Senior College, where they collectively met over 90 Aboriginal senior students. The purpose of the school visits was to encourage and inspire Aboriginal students to complete year 12, to talk about allied health career options and pathways, and the support systems available to help them succeed.

There was lots of learning and laughter, with the students asking so many questions. The SRC were available to answer these questions and get the students excited about completing yr12 and thinking about a career in allied health. Throughout the day, our SRC demonstrated their emerging leadership capability by taking responsibility for both school visits, being flexible and adapting as required as they shared their passion for their chosen professions.

2014 IAHA HEALTHFUSION TEAM CHALLENGE

IAHA held its second HealthFusion Team Challenge (HFTC) in conjunction with the 2014 National Forum on 23 – 26 November 2014 in Canberra, ACT. This interactive learning experience for Aboriginal and Torres Strait Islander health students from Universities across Australia is designed to support and educate the nation's next generation of health care professionals in collaborative client care. ACT Health were the major sponsor of this event, demonstrating their commitment to supporting the Aboriginal and Torres Strait Islander health workforce.



of participants agreed that the HFTC expanded their leadership capacity; increased their knowledge of other health professions; extended their networks with other Aboriginal

and/or Torres Strait Islander students and graduates; and their confidence increased.

25 Aboriginal and Torres Strait Islander university students from a variety of health degrees came together at this event to develop their leadership, interprofessional and clinical skills in a culturally safe learning environment. The 25 students came from a diverse range of disciplines including social work, physiotherapy, occupational therapy, podiatry, dentistry, mental health, exercise science, exercise physiology, nutrition and dietetics, oral health, allied health and medical laboratory science. Also, for the first time there were medical students joining IAHA members to round out the interdisciplinary teams.

How it works...

Students registered prior to the IAHA National Forum to compete in the IAHA HFTC and were allocated into interprofessional teams. Working together over two days with the guidance of Aboriginal and Torres Strait Islander mentors from various health disciplines, the teams developed a management plan which reflects best practice for complex case study. During the heats, each team presented their plan to a panel of expert Judges and responded to a number of extension questions and activities under time conditions. The Judges then selected two teams to progress to the Final Showdown where the two teams re-presented their management plans and responded to an extension question. The team that demonstrated the greatest mastery of teamwork and communication throughout the course of the event were declared the winner and 2014 IAHA HFTC Champion.

2014 HFTC Champions were... G-MACK!!!



G-MACK – Helen Bowden (*The Pharmacy Guild*), Celeste Brand (*social work*), Kirsty Nichols (*OT*), Gabriel Oth (*Exercise Science*), Maddison Adams (*podiatry*) and Ashleigh Hull (*mental health*). The Pharmacy Guild were proud sponsors of the HFTC prizes.

WHAT 2014 IAHA HFTC PARTICIPANTS LIKED MOST...

“ I enjoyed working with other disciplines, learning from each other and hearing different ways to analyse the same situation. I loved the support, encouragement given by mentors, staff and fellow team mates. Much more confident in what I know and what I can contribute.”

“ Meeting new people of ‘like’ mind learning in an inclusive and safe environment what other professionals do and the tools they use...”

Well done to runners-up **The Avengers**.

Honourable mentions go to the other three incredible teams: **Stabilo Bosses**, **Black Pink Power Rangers** and **5 Nations**.



The Avengers



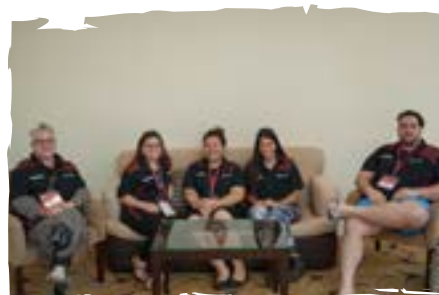
A BIG congratulations also goes to **Kirsty Nichols** and **Michale Chandler** who were both chosen by the judges to receive Leadership Awards for demonstrating outstanding individual leadership capabilities.



Stabilo Bosses

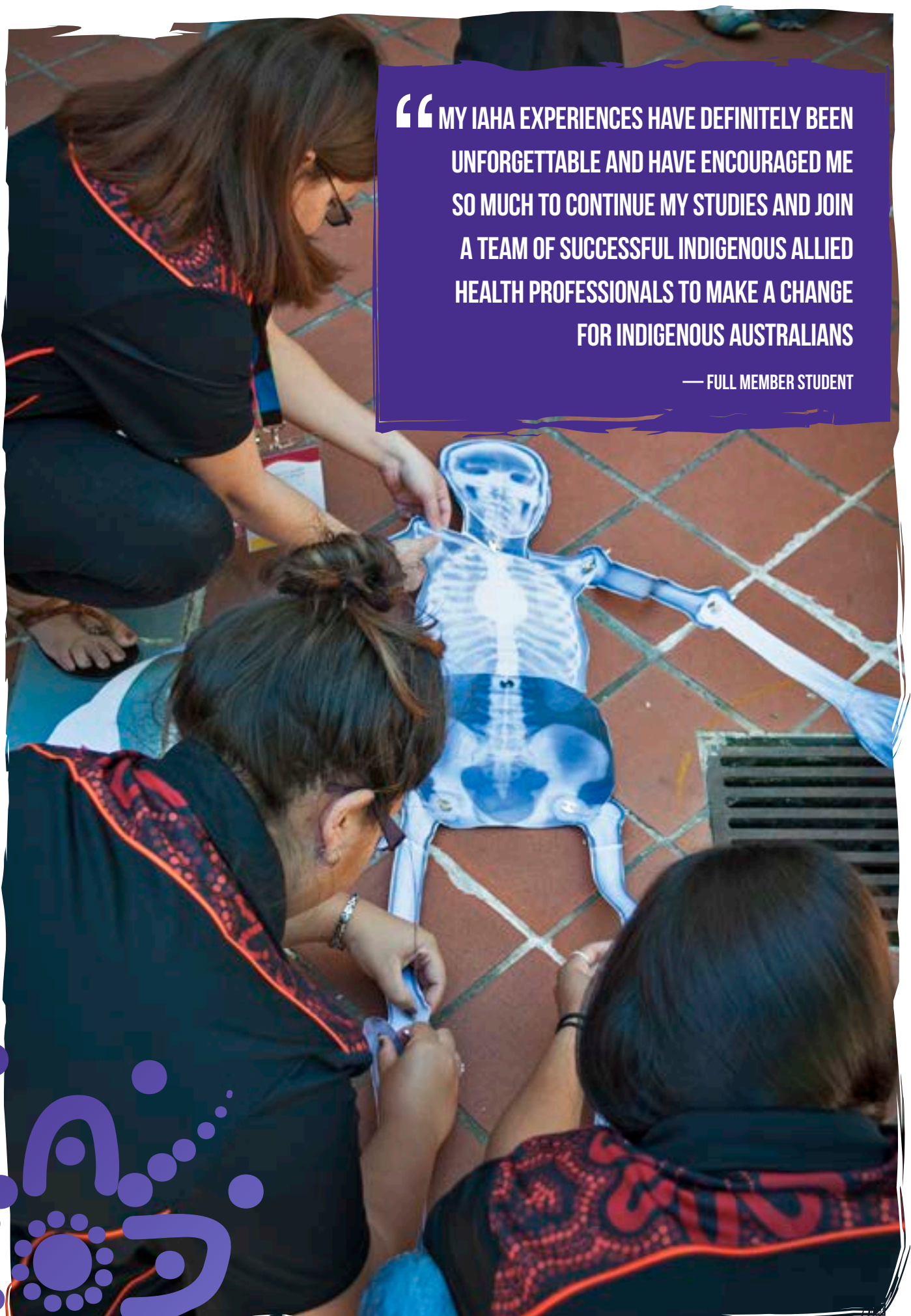


5 Nations



Black Pink Power Rangers



A photograph showing three young women, likely students, wearing black shirts with traditional Indigenous Australian patterns in red and orange. They are gathered around a large, blue, translucent human skeleton model laid out on a red brick floor. One woman is pointing at the ribcage area, while the others are looking on. The scene appears to be an outdoor or semi-outdoor educational activity.

“MY IAHA EXPERIENCES HAVE DEFINITELY BEEN UNFORGETTABLE AND HAVE ENCOURAGED ME SO MUCH TO CONTINUE MY STUDIES AND JOIN A TEAM OF SUCCESSFUL INDIGENOUS ALLIED HEALTH PROFESSIONALS TO MAKE A CHANGE FOR INDIGENOUS AUSTRALIANS

— FULL MEMBER STUDENT





STRATEGIC PRIORITY 2: ALLIED HEALTH WORK- FORCE DEVELOPMENT

- 2.1 TO PROMOTE AND BUILD THE ABORIGINAL AND TORRES STRAIT ISLANDER ALLIED HEALTH WORKFORCE
- 2.2 TO ADVOCATE FOR AND SUPPORT A CULTURALLY RESPONSIVE WORKFORCE
- 2.3 TO ADVOCATE FOR AND PROVIDE SOUND HEALTH POLICY

STRATEGIC PRIORITY 2: ALLIED HEALTH WORKFORCE DEVELOPMENT

PROMOTING ALLIED HEALTH

IAHA continues to lead marketing and promotion of careers in allied health to Aboriginal and Torres Strait Islander people across Australia. A particularly successful method of engagement is attending Aboriginal and Torres Strait Islander specific careers expos and events across the country. During 2014-15 IAHA was represented at 5 career expos across Australia, promoting allied health careers and support and building more awareness of the importance of allied health to over 2,500 Aboriginal and Torres Strait Islander people. These included career expos in Rockhampton, Brisbane, Katherine, Darwin and Alice Springs. IAHA representatives also visited several high schools across urban and rural/remote Australia, wherever possible working collaboratively with IAHA student members to raise the profile of allied health careers and providing identifiable role models for high school students.

IAHA attended NAIDOC and other community events such as the Barunga Festival in the Northern Territory. Building strong and respectful cultural connections is embedded within IAHA initiatives. Effective engagement with Aboriginal and Torres Strait Islander peoples is at the heart of promotional activities, particularly when attending community events to promote careers in allied health and listen to and learn from people at the local and regional level. IAHA staff are careful to adhere to the cultural protocols of the communities with whom they work and interact.



In addition to the career expos, IAHA members and staff have participated in numerous other career days, workshops and meetings at universities. IAHA continues to build relationships with university Faculties and Indigenous Support Units including the University of NSW, University of Wollongong, James Cook University, RMIT University, University of Melbourne, Queensland University of Technology, Griffith University, University of Queensland, University of South Australia, Flinders University, University of Canberra, Australian National University, Charles Darwin University and Australian Catholic University.

IAHA recognises and appreciates the dedication of IAHA members who choose to represent IAHA and contribute to the promotion and marketing of allied health, attending community, career promotion events and conferences across the country. Promoting such positive and committed members as role models for young people and community is an important role for IAHA as a national peak body. IAHA commends those members who volunteer their valuable time, knowledge, expertise and experiences to engage Aboriginal and Torres Strait Islander peoples around the many opportunities available in allied health and the supports available.

Sharing Members' Success and Stories

IAHA promotes its members to inspire Aboriginal and Torres Strait Islander peoples to continue their educational journey, promote careers in allied health and recognise successes of individuals. In 2014/15 a number of Aboriginal and Torres Strait Islander allied health professionals shared their stories with members and our broader stakeholders through the IAHA website in the *Journeys into Allied Health*. These inspirational journeys into allied health are also a great resource for high school students, education providers and communities in promoting education, allied health career opportunities and supports available.



Chastina Heck
Pharmacy



Nathan Canuto
Psychology



Gari Watson
Dentistry



Stevie Raymond
Dietetics



Shannon Peckham
Optometry



Marika Cox
Psychology

WORKFORCE PLANNING AND DEVELOPMENT PARTNERSHIPS



IAHA supports and advocates on behalf of Aboriginal and Torres Strait Islander allied health students and graduates as a collective; value adding to existing professional and educational advocacy and support structures, within the context of improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. IAHA also supports associate members who have expertise, interest and commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

IAHA is a key member of the **Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG)**, which was established to oversee implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework and to facilitate national coordination of Aboriginal and Torres Strait Islander health workforce activities and priorities. This Group continues to meet quarterly providing advice and support to the overarching Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC).

ATSIHWWG is required to report annually to the HWPC against agreed performance indicators by Commonwealth, state and territory governments, Aboriginal and Torres Strait Islander health workforce professional bodies and the Aboriginal and Torres Strait Islander community-controlled health sector. ATSIHWWG members work collaboratively to improve the quality and availability of national data on student commencements and completions as well as workforce data in each discipline. IAHA continues to advocate for better data collection across the broader allied health sector, particularly in relation to Aboriginal and Torres Strait Islander students and graduates.

IAHA continues to build partnerships with **Allied Health Professions Australia (AHPA)**, its 18 member organisations and 4 affiliate organisations to build and support the Aboriginal and Torres Strait Islander workforce, advocating for cultural responsive leadership within the sector. Building on the

goodwill generated through the previous signing of a Statement of Intent to improve the health and wellbeing of Aboriginal and Torres Strait Islander people, professional organisations continue to explore how they can best work collaboratively in progressing specific initiatives in building a culturally safe and responsive workforce to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by year 2030.

IAHA acknowledges and appreciates the multiple pathways available for Aboriginal and Torres Strait Islander people to enter the allied health workforce. Building a strong foundation by strengthening pathways within the Vocational Education and Training (VET) sector is essential to opening up careers in allied health to more people.

IAHA has worked closely with some **state/territory governments** to influence discussions on allied health career pathway development and potential partnerships such as school based traineeships, cadetships and other VET programs in Allied Health Assistance where there are diverse workforce needs across the community services, health, education, aged care, disability and other related sectors

IAHA is confident that partnerships between IAHA, the state/territory governments, education providers and key stakeholders can significantly improve Aboriginal and Torres Strait Islander participation in education and training pathways into allied health.

Effective recruitment and retention strategies and strong support mechanisms remain a critical factor to increase the number of Aboriginal and Torres Strait Islander people studying and completing allied health courses, in both VET and tertiary settings. Establishing strong partnerships with the health education sector continues to be a core priority for IAHA.

STRATEGIC PRIORITY 2:

ALLIED HEALTH WORKFORCE DEVELOPMENT



The Collaboration Agreement between IAHA and the **Australian Council of Pro-Vice-Chancellors and Deans of Health Sciences (ACPDHS)**, signed 25 November 2013, is in its second year and has stimulated conversations around how Universities can best support their Aboriginal and Torres Strait Islander allied health students to graduation. IAHA and ACPDHS remain committed to increasing the number of Aboriginal and Torres Strait Islander people participating in the allied health workforce, fostering a community centred and priority driven allied health research agenda for Aboriginal and Torres Strait Islander health, and strengthening the cultural responsiveness of allied health graduates.

Student retention continues to be an issue for many Universities and IAHA is able to assist their efforts by providing national networking opportunities, staff and student professional development and support mechanisms such as mentoring, curriculum development involvement and advice and building culturally responsive capabilities. ACPDHS continues to provide support through sponsorship of IAHA events such as the National biannual conference and individual Indigenous Allied Health Awards.

The **Aboriginal and Torres Strait Islander Health Curriculum Framework** project was completed this reporting period, with the final Project Advisory Group (PAG) meeting held 26 March 2015. As an active member of the PAG, IAHA supported the final draft of the Framework and project report which were submitted for consideration to Australian Government Department of Health. IAHA looks forward to the public release of this Framework. This project complements the work that IAHA does with professional associations and national Accreditation Bodies with whom we advocate for culturally responsive allied health capabilities and education and for changes to professional accreditation standards to encourage higher education providers to produce culturally responsive graduates.

POLICY ROUNDUP

IAHA influences national policy development and implementation and all advice is informed by members, IAHA strategic priorities, national position papers and in line with the IAHA vision and purpose. IAHA is persistent in the assertion that Aboriginal and Torres Strait Islander peoples to have the right to achieve health equity through improved access to culturally responsive allied health care that is recognised as an essential part of a holistic approach to achieving optimal health and wellbeing.

IAHA policy advice acknowledges that Aboriginal and Torres Strait Islander allied health graduates and students view their profession through a unique cultural lens and can provide insight into the holistic health, education and employment needs of Aboriginal and Torres Strait Islander peoples.

1. **Project to develop shared entry level qualifying statements for the physiotherapy profession in Australia and New Zealand**

IAHA provided input into the development of draft entry level qualifying statements for the physiotherapy profession in Australia and New Zealand. On 1 May 2015, the Physiotherapy Board of Australia and the Physiotherapy Board of New Zealand launched bi-national Physiotherapy practice thresholds in Australia and Aotearoa New Zealand. IAHA is pleased that this document embeds the requirement for culturally safe and responsive approaches.

2. **Review of the National Registration and Accreditation Scheme**

A written submission from IAHA into the Review of the National Registration and Accreditation Scheme for health professions was sent to the Independent reviewer on 10 October 2014. The submission advocated from the perspective of the allied health collective and did not seek to comment upon, nor influence, discipline specific issues that may arise through the review.

3. **Select Committee on Health inquiry into health policy, administration and expenditure**

On 25 June 2014 the Senate established a Select Committee into Health to inquire into and report on health policy, administration and expenditure. One of the committee's terms of reference relates to Indigenous health and the committee has decided to focus on this policy area during the first half of 2015.

Therefore the committee invited IAHA as a national Aboriginal and Torres Strait Islander allied health organisation, to make a submission to its inquiry focusing specifically on term of reference (e) improvements in the provision of health services, including Indigenous health and rural health. The IAHA submission was lodged on Friday, 23 January 2015.

IAHA was subsequently invited to appear at a Senate Select Committee on Health public hearing on Friday 13 February 2015.

Donna Murray, IAHA CEO, appeared before the committee as a witness and fielded questions about the IAHA submission from the Senators present.

4. IAHA Policy Position Statements revised and updated
During this reporting period IAHA reviewed, revised and updated 5 policy position statements in line with its current strategic priorities. These included:

- Access to allied health services for Aboriginal and Torres Strait Islander people
- Racism in Health
- The Importance of Allied Health
- Culturally Responsive Health Care
- Allied Health Definitions

5. Cultural Responsiveness In Action: An IAHA Framework

Through consultation with IAHA membership, it was identified that in addition to the skills and knowledge required for workplace or clinical expertise, all individuals and organisations working with Aboriginal and Torres Strait Islander people must be equipped with specific capabilities in order to be culturally responsive. Although life experiences may provide some of these ways of knowing, being and doing, current tertiary training courses do not always adequately address the skill and knowledge areas required for culturally safe and responsive action.

IAHA identified this as a gap in workforce capacity development for those working with Aboriginal and Torres Strait Islander people, therefore it was decided that IAHA would develop a Framework around Cultural Responsiveness to underpin all our work in this space. The final Draft of the Framework was endorsed by the IAHA Board of Directors on 16 February 2015.

6. National Health Leadership Forum & National Aboriginal and Torres Strait Islander Health Plan

IAHA continued to work closely with other Aboriginal and Torres Strait Islander organisations through the National Health Leadership Forum (NHLF) on the development of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan due to be released later in 2015.

7. National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)

IAHA provided input to NATSILMH to feedback into their draft adapted Wharerata Declaration for the use of Aboriginal and Torres Strait Islander Peoples. IAHA also provided feedback into an independent evaluation conducted on the first 12 months of NATSILMH.

8. National Mental Health Commission's National Review of Mental Health Programmes and Services (the Review)

IAHA made a submission to this review in April 2014 and the Review was released on 16 April 2015. IAHA is very pleased to note that the five areas of action suggested in the Review to improve the mental health outcomes for Aboriginal and Torres Strait Islander peoples include the acknowledgement of the importance of a culturally responsive and accountable health system and a sustainable Aboriginal and Torres Strait Islander mental health workforce.

9. Review and development of the Accreditation Standards for entry-level physiotherapy in Australia

The Accreditation Standards for entry-level physiotherapy are currently under review by The Australian Physiotherapy Council. Consultation seeking input to the Review commenced February 2015. IAHA attended a consultation meeting and coordinated a comprehensive written submission in consultation with members and submitted it on Friday 6 March 2015. The recommendations within this submission aimed to build the capacity of both education providers and Aboriginal and Torres Strait Islander communities to ensure that Physiotherapy education programs will best meet their needs.

Draft one of the revised Accreditation Standard for entry-level Physiotherapy in Australia was released on 25 May 2015 and an IAHA response to this draft was submitted on 26 June 2015.



STRATEGIC PRIORITY 2:

ALLIED HEALTH WORKFORCE DEVELOPMENT

PROFESSIONAL DEVELOPMENT OPPORTUNITIES

Culturally Responsive Health Workforce

IAHA identified that in addition to the skills and knowledge required for workplace or clinical expertise, all individuals and organisations working with Aboriginal and Torres Strait Islander people must possess skills and knowledge related to working in all settings in order to be culturally responsive.

The policy document Cultural Responsiveness in Action: An IAHA Framework, endorsed by the IAHA Board of Directors in February 2015, was developed in response to a need for practical strategies to build cultural safety using strengths-based and action-oriented approaches. This capability framework provides guidance around what individuals and organisations need to know, be and do in order to be culturally responsive.

The Framework offers a practical, action-based way forward for individuals, organisations and systems in order to improve their capability to meet the health and wellbeing needs of Aboriginal and Torres Strait Islander peoples. The six key capabilities presented in this framework provide an opportunity for any person, regardless of their profession or position, to work towards being culturally responsive to the needs of Aboriginal and Torres Strait Islander people.

Underlying this framework is the goal of equitable access to affordable, available, acceptable and appropriate healthcare and improved life outcomes for Aboriginal and Torres Strait Islander peoples.

IAHA remains committed to building and supporting a strong and resilient Aboriginal and Torres Strait Islander health workforce and a culturally responsive wider workforce acting in partnership with individuals, families and communities. This Framework is an important step as IAHA continues to work together with our members, partners and stakeholders towards making a difference in the lives of Aboriginal and Torres Strait Islander peoples.

During 2014/15 IAHA began delivering Cultural Responsiveness Training that is ongoing and multifaceted, including:

- IAHA Webinars that respond to market demand. The 3 webinars conducted to date have focussed on culturally responsive practice in a variety of professions and on specific capabilities outlined in the Framework.
- IAHA Cultural Responsiveness Workshops focussed on practical ways to develop cultural responsiveness as an individual and/or organisation:
 - IAHA co-facilitated 'Cultural responsiveness: an action based approach to cultural safety', a national pre-conference workshop at the 2015 National Rural Health Conference, with partners Australian Indigenous Doctors Association (AIDA), the National Aboriginal Community Controlled Health Organisation (NACCHO) and the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA). This led to an invitation to facilitate a workshop at the 2015 National Allied Health Conference later in 2015.
 - IAHA conducted workshops to tertiary health students at 3 Universities across Australia in order to build cultural capabilities required as graduates working with Aboriginal and Torres Strait Islander individuals, families and communities.
- IAHA delivered a 'Cultural responsiveness in Action' workshop at the IAHA 2014 National Forum that was recognised by many professional associations as fulfilling continuing professional development (CPD) requirements
- IAHA Online Mentoring Program in which opportunities to engage in cross cultural mentoring are available.
- Conference papers delivered by IAHA representatives, national and internationally, including the Australia and New Zealand Mental Health Conference, The Pharmaceutical Society of Australia Conference, The Pharmacy Guild's Australian Pharmacy Professional Conference and Services for Remote and Rural Allied Health Conference. IAHA successfully submitted an abstract during this period to present a paper at Healing Our Spirit Worldwide - The Seventh Gathering (Mauri Ora) being held at The University of Waikato in Kirikiriroa, Aotearoa.

IAHA 2014 National Forum

IAHA provided exceptional professional development opportunities for its members, partners and stakeholders during this financial period. This includes the IAHA 2014 National Forum which was held in Canberra 23-26 November 2014 and was attended by over 100 people. The theme was 'Valuing Diversity in Allied Health' within the context of improving the health and wellbeing and access to services for Aboriginal and Torres Strait Islander peoples.

Eight thought provoking professional development workshops were held as part of the IAHA 2014 National Forum including Emotional Intelligence in Leadership; Diversity Mentoring; Embedding an Holistic Approach to Aboriginal and Torres Strait Islander health and wellbeing; Indigenous Research and Practice; Critical Thinking for Success; Media Skills and Awareness; A Strength Based Approach to Racism; and Cultural Responsiveness in Action.

All workshop participants received a Certificate of Attendance, detailing the duration, aims and learning outcomes of the workshop, which could be included in their Continuous Professional Development (CPD) personal portfolio. Eight national Professional Associations endorsed the workshops for CPD purposes.

Quotes from IAHA 2014 National Forum Attendees:



“The events are hands down the best in the health conference/forum space.”

— Associate Member



of evaluation survey respondents stated the event was beneficial to their professional development



“Great opportunity to network outside usual profession. The workshops were beneficial to employment and can be easily put into practice.”

— Full Member (Student)

“Empowering experience to be amongst students and health professionals of Aboriginal and Torres Strait Islander background who were on a similar journey to me. Gave me more hope for the future for our mob nationally!”

— Full Member (Student)



STRATEGIC PRIORITY 2:

ALLIED HEALTH WORKFORCE DEVELOPMENT

2014 National Indigenous Allied Health Awards

The IAHA 2014 National Indigenous Allied Health Awards were held 25 November 2014 at the Hyatt Hotel in Canberra during the IAHA 2014 National Forum. The Hon. Senator Fiona Nash was our guest speaker for the Gala Dinner and Awards and comedian Sean Choolburra entertained guests.

The Awards are held by IAHA in recognition of the great work that our members do in their professions, communities, studies, workplaces and families. The Awards showcase the outstanding achievements in Aboriginal and Torres Strait Islander allied health and provides identifiable allied health role models to inspire all Aboriginal and Torres Strait Islander people to consider and pursue a career in allied health.



2014 Indigenous Allied Health Award Winners:

L-R: **John Egan** – Commitment to Indigenous Health Award, **Stevie Raymond** – Future Leader in Indigenous Allied Health Award, **Danielle Dries** – Allied Health Inspiration Award, **Rani Lawler** – Indigenous Allied Health Professional of the Year Award, Betty Ah Kit (on behalf of **Nathan Canuto**) – Indigenous Allied Health Student Academic Achievement Award, **Prof Tom Calma** – IAHA Life Time Achievement Award



“It is so important to have awards nights like this so we do recognise those people that make such an important contribution. It really does matter. It is so worthwhile.”

— Senator the Hon Fiona Nash, Assistant Minister for Health, in her speech at the IAHA 2014 National Indigenous Allied Health Awards, 25 November 2014.

The 2014 award winners for each category were:

1. Future Leader in Indigenous Allied Health Award

This award celebrates the achievement of an IAHA Full Member (Student) enrolled in an entry level allied health degree who demonstrate leadership capabilities, a commitment to their studies and leadership journey and are an inspirational role model for other Aboriginal and Torres Strait Islander peoples.



Winner: Ms Stevie Raymond

– Stevie Raymond is a young Indigenous woman who was the first Indigenous student at University of Wollongong to complete a Bachelor of Nutrition & Dietetics. She is forging the way for other Indigenous people to embark on a career in this critical area of need

within Aboriginal and Torres Strait Islander communities. She graduated in mid-2014 with Grade 1 Honours and received an award for the Deans Merit List for high achieving students.

2. Indigenous Allied Health Student Academic Achievement Award

This award celebrates the achievement of a current IAHA Full Member (Student) in their two final years of an entry level allied health course. They must have demonstrated consistently high academic progress throughout their allied health course; contribution to university life and/or community and/or Aboriginal and Torres Strait Islander health; and evidence of being an inspirational role model for other Aboriginal and Torres Strait Islander peoples.



Winner: Nathan Canuto

– Nathan Canuto is a 30 year old Torres Strait Islander man from Cairns in Far North Queensland. He is studying in his final year of a Bachelor of Behavioural Science (Psychology) degree at Charles Darwin University (CDU) in the Northern Territory. Nathan has

demonstrated consistently high academic progress throughout the course and has a current course grade point average of 6.75 out of a possible 7. Nathan actively volunteers his time for IAHA events such as career expos and school visits and is an inspirational role model and mentor for enrolled students and future students who visit the university.

3. Indigenous Allied Health Professional of the Year Award

This award celebrates the achievement of an IAHA Full Member (Graduate) who has graduated from an entry level allied health degree; demonstrated commitment, dedication and contribution to improving the health and wellbeing of Aboriginal and Torres Strait Islander individuals, families /or communities within their profession; and an inspirational role model for other Aboriginal and Torres Strait Islander peoples.



Winner: Rani Lawler

– Rani Lawler is a Torres Strait Islander woman who in 2011 completed a Bachelor of Health Science (Podiatry) at Charles Sturt University. After completion of her

studies Rani joined a private Podiatry practice as a podiatrist and worked hard to engage the local Aboriginal and Torres Strait Islander population. In 2014 Rani stepped up as a young allied health professional to take on a leadership role as the President of the Weenthunga Health Network, which aims to contribute to strategies to improve the health and wellbeing of First Australians in Victoria.

4. Allied Health Inspiration Award

This award celebrates the achievement of an IAHA Full Member (Graduate or Student) who has demonstrated ability to inspire others through their positive approach to their personal and professional allied health journeys – overcoming challenges and taking a strengths based approach to success; demonstrated commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples; and an inspirational role model for Aboriginal and Torres Strait Islander peoples.



Winner: Danielle Dries

– Danielle Dries is a Kaurna-Meyunna woman originally from South Australia who has spent most of her life in Canberra and completed a physiotherapy degree in 2011 after overcoming many

major obstacles. Upon graduation she commenced working as a physiotherapist in a hospital setting where she enjoyed being part of an interdisciplinary team of health professionals. Danni has subsequently decided to pursue a career in medicine and commenced her studies at the Australian National University where has won the prestigious Dr Peter Sharp scholarship.

STRATEGIC PRIORITY 2:

ALLIED HEALTH WORKFORCE DEVELOPMENT

5. Commitment to Indigenous Health Award

This award celebrates the achievement of an IAHA Associate Member (Individual or Corporate) who has demonstrated commitment and contribution to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples through allied health; demonstrated cultural responsiveness in the delivery of services/programs/initiatives to Aboriginal and Torres Strait Islander peoples; and an inspirational role model in Aboriginal and Torres Strait Islander health and wellbeing.



Winner: John Egan

— John Egan is a Yorta Yorta, Wemba Wemba man, currently a team leader working in Adult Mental Health and Social & Emotional Well-Being. John co-ordinates a team of 19 staff, including intake workers, outreach workers, drug and alcohol workers, counsellors, doctors,

nurses, psychologists and psychiatrists. Beginning work at an early age as a tradesman, John has a long experience in dealing with people from all walks of life. He is described as an outstanding team leader at the Victorian Aboriginal Health Service, Family Counselling Services, in Preston, Victoria.

6. IAHA Life Time Achievement Award

This award celebrates the achievements of an IAHA Full Member who has demonstrated long standing commitment in their profession and in improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples.



Winner:

Professor Tom Calma, AO

Professor Tom Calma started his health career as a social worker in the late 1970s and is an Aboriginal elder from the Kungarakana tribal group and a member of the Iwaidja tribal group whose traditional lands

are south west of Darwin and on the Coburg Peninsula in the Northern Territory of Australia, respectively. Involved in Indigenous affairs at a local, community, state, national and international level and having worked in the public sector for 40 years, Prof Calma has served in roles in Australia relating to Indigenous and mainstream employment, community development and education. Prof Calma is on a number of boards and committees focussing on rural and remote Australia, health, education, justice reinvestment, reconciliation and economic development.



L-R: **Faye McMillan** - IAHA Chairperson, **Prof Tom Calma** - IAHA Life Time Achievement Award Winner, **Mick Gooda** - Social Justice Commissioner

“ You can get awards... But when you get awards from your own mob and your own mob recognise your achievements, that's what really counts. ”

— Professor Tom Calma, AO
in his speech at the IAHA 2014 National Indigenous Allied Health Awards, 25 November 2014.



STRATEGIC PRIORITY 3: **NATIONAL LEADERSHIP**

- 3.1 TO STRENGTHEN AND MAINTAIN IAHA'S POSITION AS THE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER ALLIED HEALTH PEAK BODY
- 3.2 TO STRENGTHEN AND SUPPORT LEADERSHIP CAPACITY

STRATEGIC PRIORITY 3: NATIONAL LEADERSHIP

All activities outlined within this report have contributed to strengthening IAHA's position as the national Aboriginal and Torres Strait Islander peak allied health body. IAHA provides direction, advice and information at a national level on how to transform the Australian health and higher education systems in order to achieve Aboriginal and Torres Strait Islander health equality using a multi-pronged approach that includes allied health as a critical contributor.

IAHA provides a strong national voice that advocates for increased numbers of Aboriginal and Torres Strait Islander people in the allied health workforce across all disciplines and at all levels; and a culturally responsive health workforce acting in partnership with individuals, families and communities to provide culturally safe and responsive care for Aboriginal and Torres Strait Islander people.

IAHA continues to establish new and maintain our existing relationships with other Aboriginal and Torres Strait Islander organisations as well as stakeholders and partners across health, education and other sectors. All relationships are built and strengthened within the context of improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples, member support and in building and supporting the Aboriginal and Torres Strait Islander allied health workforce.



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NATIONAL REPRESENTATION

As a national member based organisation for Aboriginal and Torres Strait Islander allied health, IAHA is represented on the following committees, groups and alliances:

- National Aboriginal & Torres Strait Islander Health Workforce Working Group
- Close the Gap Campaign Steering Committee
- National Congress of Australia's First Peoples (member and member in Chamber one delegate)
- National Health Leadership Forum
- Aboriginal and Torres Strait Islander Expert Reference Group, Diabetes Queensland
- National Project Advisory Group for the development of the Aboriginal and Torres Strait Islander Health Curriculum Framework
- Puggy Hunter Memorial Scholarship Selection Committee, Royal College of Nursing Australia
- National Primary Health Care Partnership
- National Rural Health Alliance Council
- Social Determinants of Health Alliance Management Committee
- Australian Allied Health Forum
- Australian Indigenous Psychology Education Project (AIPEP) National Reference Committee
- PEPA, Program of Experience in the Palliative Approach, Indigenous Reference Group

IAHA has participated in and/or presented at various events and conferences over the past 12 months as outlined below:

- 15th International Mental Health Conference, Surfers Paradise 2014
- National SARRAH Conference, Gold Coast 2014
- National Rural Health Alliance CouncilFest, Canberra 2014
- PSA (Pharmaceutical Society of Australia) Congress, Canberra 2014
- NATSIHWA (National Aboriginal and Torres Strait Islander Health Worker Association) Conference, Canberra 2014
- HealthInfonet Roundtable, Canberra 2014
- Pharmacy Guild of Australia Annual National Conference, Gold Coast 2015
- NSW Health, Stepping Up Forum, Sydney 2015
- Flinders University, Having the Hard Conversations Symposium, Adelaide 2015
- POCHE Indigenous Health Network Key Thinkers Forum, Sydney 2015
- Charles Sturt University, Women's Health Panel, Wagga Wagga 2015
- National Rural Health Alliance Conference, Darwin 2015
- Aboriginal and Torres Strait Islander Cancer Framework National Forum, Sydney 2015
- Lowitja Health Coalition Statement, Canberra 2015
- NACCHO Close the Gap Breakfast, Canberra 2015

NATIONAL PARTNERSHIPS

IAHA is an active member of the **National Health Leadership Forum (NHLF)**, a national partnership of Aboriginal and Torres Strait Islander peak bodies who provide advice and expertise on health and wellbeing to Australian government and other bodies as required. Strong collaborative partnerships between national Aboriginal and Torres Strait Islander health organisations are crucial in order to achieve Aboriginal and Torres Strait Islander health equality. As members of the NHLF, IAHA contributed to the development of various national policy documents and program reviews, ensuring that allied health issues and perspectives were included. IAHA provides clear and concise advice on allied health workforce, Aboriginal and Torres Strait Islander health and related policy.

During this reporting period, the NHLF collaborated with the Australian government on the development of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (2013 – 2023). The Implementation Plan addresses health system priorities and effectiveness for Aboriginal and Torres Strait Islander peoples across the lifespan, from maternal health/parenting, childhood, adolescent and adult health through to aged care. It outlines the actions to be taken by the Australian Government, the Aboriginal community controlled health sector, and other key stakeholders to give effect to the vision, principles, priorities and strategies of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

IAHA is a member of the **Close the Gap (CTG) Campaign National Steering Committee** which consists of 32 of Australia's peak Aboriginal and Torres Strait Islander and non-Indigenous health bodies, health professional bodies and human rights organisations who are committed to raising the health and life expectancy of Aboriginal and Torres Strait Islander peoples to that of the non-Indigenous population within a generation: to close the gap by 2030. It aims to do this through the implementation of a human rights based approach set out in the Aboriginal and Torres Strait Islander Social Justice Commissioner's Social Justice Report 2005 and the Close the Gap Statement of Intent.

The Campaign Steering Committee is led by its Aboriginal and Torres Strait Islander member organisations, including IAHA and meets quarterly to discuss the Campaign activities, funding and strategies in moving forward into the future. The CTG Steering Committee and IAHA also strongly support Close the Gap day on 19 March 2015, which has become the largest and highest profile Aboriginal and Torres Strait Islander health event in the country with more than 150,000 people taking part in 1597 separate National Close the Gap Day events across the country.



The CTG Steering Committee provided the Australian Government with *The 2015 Close the Gap Progress and Priorities Report* at a parliamentary event held on 11 February 2015 to coincide with the Prime Minister's second report to parliament on progress towards closing the gap. IAHA member Danielle Dries welcomed Prime Minister Abbott to speak at the event which was attended by many Members of Parliament and leaders from other national peak Aboriginal and Torres Strait Islander organisations.

This event provided IAHA with an opportunity to impress upon politicians the importance of the allied health sector in improving the health and wellbeing of Aboriginal and Torres Strait Islander people and advocate strongly for interprofessional collaboration across the health sector in order to make significant Indigenous health and life expectancy gains. IAHA joined its partners in urging the Federal Government to focus on equitable access to primary health care services to detect treat and manage chronic health conditions in Aboriginal and Torres Strait Islander communities.

STRATEGIC PRIORITY 3: NATIONAL LEADERSHIP

IAHA stands against all forms of racism and racial discrimination in the health system and beyond. Taking a **strengths-based approach to racism** is a key driver for the development of the policy document *Cultural Responsiveness in Action: An IAHA Framework*. The responsibility for eliminating racism from our healthcare system does not just rest with individuals; strong commitment and action from and collaboration between individuals, organisations and communities is required. This Framework clearly outlines key capabilities that can achieve this at an individual, institutional and system level.



IAHA continues to be a Supporter of the **Racism. It Stops With Me** Campaign as racism continues to be a key policy priority area that has consistently been raised by members over the past three years.

IAHA also held a workshop at its IAHA 2014 National Forum entitled 'A strengths based approach to racism' which assisted in building capacity of individuals to addressing racism and for organisations to embed policies and procedures to eliminate racism within the workplace.

IAHA has continued to pursue strong political engagement, strengthening its relationship with Senator the Hon. Fiona Nash, Assistant Minister of Health, who met with IAHA several times during the 2014-15 year to discuss new funding agreement for IAHA, other funding opportunities, research and data, and allied health scholarships. Minister Nash attended and delivered a moving speech at the 2014 IAHA National Indigenous Allied Health Awards in Canberra where she congratulated students graduating and spoke about the Government's commitment to allied health and in improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

IAHA meets regularly with senior government representatives from the **Commonwealth Department of Health** and the Chief Allied Health Officer and Allied Health Advisor. With significant changes to Indigenous Affairs during this period, IAHA also maintains a good working relationship with the Department of Prime Minister and Cabinet.

IAHA continues to strengthen relationships with key representatives from **state and territory governments** focusing on allied health workforce planning, development and pathways. IAHA participated in several consultations and meetings to provide advice on state and territory Aboriginal and Torres Strait Islander health plans, data collection, pathways into allied health such as traineeships and cadetships.

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IAHA participates in the **Aboriginal and Torres Strait Islander Workforce Working Group (ATSIHWWG)**, a sub-group of the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC). ATSIHWWG comprises of Commonwealth, State and Territory health authorities, Aboriginal and Torres Strait Islander Health peak bodies and the National Aboriginal Community Controlled Health Organisation (NACCHO). This group continues to oversee the implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, currently under review, and to facilitate national coordination of Aboriginal and Torres Strait Islander health workforce data, activities and priorities.

IAHA is also part of the **Australian Allied Health Forum (AAHF)**, a collaborative of representatives from Allied Health Professions Australia (AHPA), the National Allied Health Advisors Committee (NAHAC) and Services for Australian Rural and Remote Allied Health (SARRAH) who work together on issues of national importance to the allied health professions and the Australian public.

AAHF aims to contribute to Australian Government policies in relationship to allied health services across the broad range of sectors in which they operate, allied health workforce development (including education and training) and progressing agreed allied health priorities.



Signatories at the 2015 launch for the Recognise Health initiative

Launched at Parliament House in Canberra on 5 March 2015, **Recognise Health** is an initiative of the Lowitja Institute that promotes understanding of the important link between health and wellbeing and constitutional recognition of Aboriginal and Torres Strait Islander people.

As a founding signatory on the statement in support of constitutional change, IAHA continues to partner with the Lowitja Institute and other peak organisations to build a health system coalition in support of constitutional recognition of Aboriginal and Torres Strait Islander peoples.

The Forum members have met four times in the reporting period and also held a Parliamentary Event on 2 September 2014, meeting with key Members of Parliament to raise the profile of allied health and increase the MP's awareness of the benefits of allied health to all Australians. AAHF members highlighted specific case studies that demonstrated the social, economic, health and wellbeing benefits of effectively utilising allied health and collaborative models of care with a focus on chronic and complex conditions and explicit considerations required for rural/remote communities and Aboriginal and Torres Strait Islander peoples.

IAHA is on the management committee of the **Social Determinants of Health Alliance (SDOHA)**, a collaboration of like-minded organisations from the areas of health, social services and public policy who meet quarterly and was established to work with governments to reduce health inequities in Australia. The Alliance's purpose is to advocate to governments at all levels to lead coordinated action across sectors on the determinants of health. The Alliance's objective is to improve the health and well-being of all Australians and reduce health inequity through intersectoral action on the determinants of health.



IAHA is a member of the **National Rural Health Alliance (the Alliance)**. IAHA is working collaboratively with other Alliance members to keep Aboriginal and Torres Strait Islander issues at the forefront of discussions around rural and remote health. The Alliance is Australia's peak non-government organisation for rural and remote health. Its Vision is good health and wellbeing in rural and remote Australia and it has a commitment to equal health by the year 2020. The Alliance is comprised of 37 national organisations committed to improving the health and wellbeing of people in rural and remote Australia. Other members include consumer groups, representation from the Aboriginal and Torres Strait Islander health sector, health professional organisations and service providers.

The Alliance collects and disseminates information, determines key issues that affect health and wellbeing in rural and remote areas, and provides broad views on rural health matters to governments, educational and research institutions, and other professional bodies. The Alliance Council meets bi-monthly with active participation of the IAHA delegate who lives and works in remote Australia.

IAHA is a member of the **National Primary Health Care Partnership (the Partnership)**, a collaboration of twenty two health organisations, which collectively represent over 100,000 health professionals working in primary health care as well as health consumers. The Partnership was established in 2006 to provide a single national voice promoting the importance of primary health care in Australia.

The purpose of the Partnership is to provide a successful advocacy mechanism to governments for primary health care reform; expert advice on primary health care to governments and stakeholders; and a collaborative forum to discuss common issues impacting on primary health care in Australia and ways of strengthening the primary care sector with a consumer focus.

STRATEGIC PRIORITY 3: NATIONAL LEADERSHIP

BUILDING LEADERSHIP CAPACITY

The **2015 IAHA Leadership Workshop**, held in February 2015, provided 63 Aboriginal and Torres Strait Islander members from a diverse range of professions, with an opportunity to embark on or continue their own leadership journey, one with potentially far reaching impacts on individuals, families and communities.

Good leadership practices can be learned and understood by all who wish to take a strengths-based approach to action. The workshop used a flexible delivery model and challenged allied health professionals and students of varying levels of leadership capacity, within the health context.

The workshop used a transformational leadership model and strengths based approaches to:

- build individual leadership capabilities;
- inspire and support Aboriginal and Torres Strait Islander graduates and students to take up leadership opportunities in their families, communities, universities, organisations, workplaces;
- influence change in the health workforce through innovation and strategic leadership;
- strengthen IAHA national leadership and lead good governance practices;
- lead the allied health sector nationally and internationally in improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples;
- strengthen and support member networks nationally across diverse sectors.



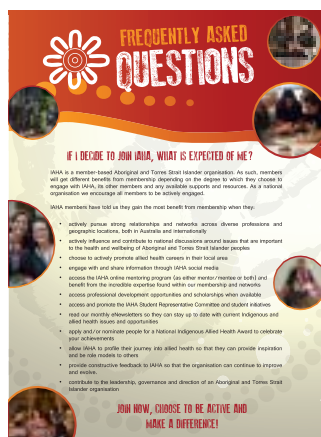
NATIONAL COMMUNICATIONS

IAHA utilises a number of **communication strategies** to engage a national audience including members, partners and stakeholders across Australia. IAHA communications vary and are adapted to suit the audience being targeted.

IAHA has continued to refine existing and develop new **marketing and promotional materials** for different target audiences. Eye catching branding has been designed to appeal to the IAHA student membership and has been applied across promotional materials including a poster and brochure, as well as across social media communications and the "Student Stuff" eNewsletter. Current and prospective student members can easily identify key messages that are directed at them through this consistent branding.



In response to feedback from members, IAHA developed 'Frequently Asked Questions' and 'How does IAHA Make a Difference?' flyers to clarify key points about IAHA and the benefits of active involvement in the organisation. These flyers are included in corporate packs to inform and encourage engagement.



IAHA has also developed a striking banner for use at career expos and community events which draws people to the IAHA booth where staff can then talk to them about career pathways and options in allied health. This complements the wide array of promotional items which are particularly popular with school students and their families.

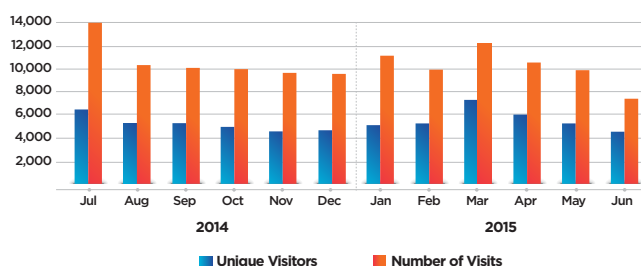


IAHA continues to utilise its website www.iaha.com.au as a primary communication and engagement tool. News and articles of interest or relevance to members are uploaded onto the website's newsfeed and provide extensive information to assist visitors to the site. IAHA position papers and national submissions are also available for download. The site serves as a platform for those interested in careers in allied health by providing information on available courses at universities across Australia, scholarship opportunities and member's stories of their journey into allied health.

STRATEGIC PRIORITY 3: NATIONAL LEADERSHIP

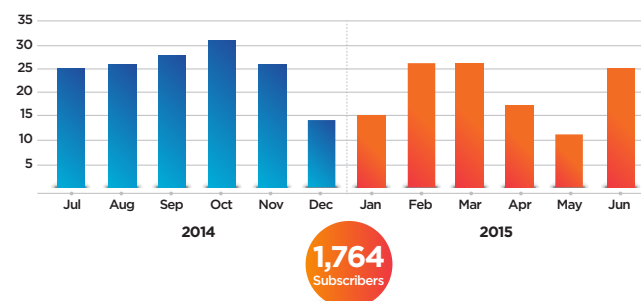
This usage data is for the IAHA website from 1 July 2014 to 30 June 2015:

IAHA Website Monthly Hits : 1 July, 2014 - 30 June, 2015



In the 2014-15 reporting period, IAHA sent out eleven **eNewsletters** to members and stakeholders with an increase of 300 stakeholders as new subscribers with a total of 1764. The eNewsletter keeps IAHA members and stakeholders informed about IAHA core activities as well as other initiatives, national policy, events and opportunities available in allied health and the broader Aboriginal and Torres Strait Islander health and wellbeing context. IAHA continues to quality assure the IAHA website and update daily for functionality and currency.

IAHA E-Newsletter Subscribers : 1 July, 2014 - 30 June, 2015



In addition to monthly e-correspondence, we also sent out four **Member-specific communiqués** as need arose on areas of particular interest to our members with an average open rate of 41.8%, which is well above the industry average open rate of 21.3%.

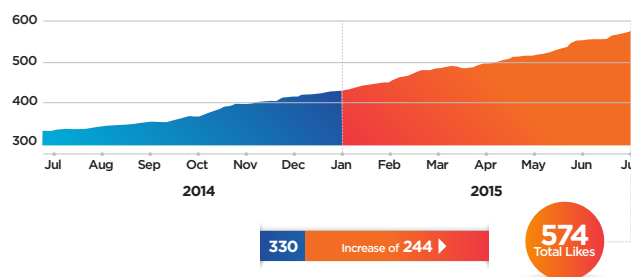
IAHA, in close consultation with the Student Representative Committee (SRC), developed a quarterly **"Student Stuff"** Communique which has been sent out four times during this period, which provides students with relevant information regarding current scholarship opportunities, events, and personal and professional development opportunities as well as tips and tricks for studying.

Regular engagement with members via phone, email or contact via SMS is made when critical information needs to be communicated fast and efficiently.

IAHA focused strongly on posting articles on the newsfeed on the IAHA website and disseminating them widely through social media during this financial period.

IAHA continues to update the **IAHA Facebook page** regularly with news articles post on the newsfeed on the IAHA website and other items of interest to our members and stakeholders. 574 people have now liked the Facebook page, an increase of 211, and IAHA's closed student Facebook group has 51 members. Between 1 July 2014 and 30 June 2015, 66 Facebook posts were made on the main IAHA Facebook page with an organic reach of 13,095 people who saw the posts, commented and/or shared IAHA information.

IAHA Facebook 'Likes' : 1 July, 2014 - 30 June, 2015



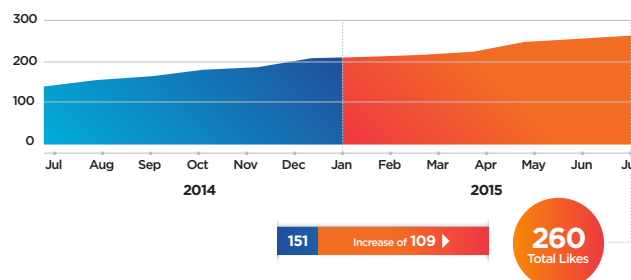
As at June 2015 @IAHA_National had 861 followers on **Twitter**. This an increase of 309 followers. As with Facebook, IAHA tweets news articles relevant to members from the IAHA website newsfeed. During the 2014 IAHA National Forum, Twitter was used to report on the event and had good engagement throughout the Forum.

IAHA Twitter Followers : 1 July, 2014 - 30 June, 2015



IAHA **LinkedIn** page has 260 followers as at 30 June 2015, which is an increase of 109 followers since 1 July 2014.

IAHA LinkedIn Followers : 1 July, 2014 - 30 June, 2015





STRATEGIC PRIORITY 4: CORPORATE GOVERNANCE

4.1 TO ENSURE SOUND CORPORATE GOVERNANCE

4.2 TO ACHIEVE AND MAINTAIN ORGANISATIONAL SUSTAINABILITY

STRATEGIC PRIORITY 4: CORPORATE GOVERNANCE

CORPORATE GOVERNANCE AND SUSTAINABILITY

2014 Annual General Meeting (AGM)

The 2014 Annual General Meeting of IAHA Ltd was held on Thursday 27 November 2014 in Canberra. Upon commencement of the AGM, the 2013 AGM minutes were approved by the membership and financial statements and reports were discussed, prior to holding the election to elect four Directors (graduate) and one Director (student).

The AGM and elections were held in line with the IAHA constitution and By Laws of the Nomination and Election of IAHA Directors with the new membership categories. For the student director position, there were two (2) nominees and Diane Bakon was elected with a tenure of one year. For the graduate director positions, there are seven nominees to fill four positions, with five nominees present at the meeting. Those not present had an opportunity to put their statements on the IAHA website. Following the election, successful candidates were Faye McMillan, Trevor Ritchie and Steve Stanton who will hold these positions for two years and Jane Havelka with a one year tenure. The newly elected Directors joined Bec Allnutt, Nicole Turner, Kelleigh Ryan and Tom Brideson who remain on the Board to complete their tenures.

Board Meetings and Governance Training

The IAHA Board held seven Board Meetings in 2014-15 including five face to face meetings and two via teleconference to govern and oversee operations in carrying out their delegated duties to achieve IAHA's strategic direction. In governing IAHA, the Board members must act in the best interests of IAHA as a whole and the Board is ultimately responsible for all matters relating to the running of IAHA.

The IAHA Board is responsible for, and has the authority to determine, all matters relating to the direction, control, policies, practices and management of IAHA. In carrying out its governance role, the main task of the Board is to drive the performance of IAHA. The Board must also ensure that IAHA complies with all of its contractual, statutory and any other legal obligations, which includes the requirements of any regulatory body.

The IAHA Board recognises its key functions and activities as:

- Formulating strategic direction
- Setting governance policy
- Monitoring and supervising (CEO and organisational performance)
- Providing accountability to the members
- Risk Management
- Appointing and working with and through the CEO

The Board undertook comprehensive governance and financial training with Kerri Dickman Accountants and Clayton Utz Lawyers. In addition to this training, the Board undertook leadership development and strategic planning training to strengthen their skills, knowledge and capabilities which in turn built upon and enhanced their decision making capabilities.

The Student Representative Committee Chairperson joined the Board for the strategic planning training in Canberra and all SRC members joined the Board and Secretariat in the Leadership training as well as undertaking their comprehensive Induction program.

Director	Eligible Meetings	Meetings attended
	2014/15	2014/15
Faye McMillan	7	7
Rebecca Allnutt	7	7
Diane Bakon	7	7
Thomas Brideson	7	6
Jane Havelka	7	6
Kelleigh Ryan	7	5
Kylie Stothers	4	4
Nicole Turner	7	7
Steven Stanton	3	3
Trevor Ritchie	3	3

Finance, Audit and Risk Committee

The Finance, Audit and Risk Committee has met six times and continues to support the IAHA Board, examining and providing guidance on the finances, risk management, and external audit processes. The Finance, Audit and Risk Committee meets after a Board meeting and can follow up on issues raised by the Board or provide advice to the Secretariat. It has representation from three Board Directors (excludes Executive members) and an external audit and risk expert.

Operational Policies and Procedures

IAHA continues to undertake operational policy development and review to ensure they are relevant and up to date for operational and governance use. A minimum of two policies are reviewed and endorsed at each Board meeting, ensuring the IAHA Governance Charter remains a living document that is updated regularly to reflect governance priorities and changes required as part of the transition to a Company Limited by Guarantee.

In the reporting period IAHA reviewed the IAHA Governance Charter as a whole and redesigned the document for better use, reviewed and/or endorsed 17 governance policies, reviewed and/or developed 25 operational policies and procedures to ensure IAHA is complying with legislative requirements and all due diligence is performed.

IAHA has a comprehensive operational plan to meet the strategic priorities and ensure that our activities and work is aligned and meaningful for members and stakeholders.

Accountability and Transparency in Governance

- The IAHA Board regularly as constituted in the IAHA Constitution has comprehensive records of each meeting through minutes which are ratified and signed by the Chair at the following meeting.
- IAHA also maintains an accurate Members Register within the secretariat which is a legislative requirement of the company.
- IAHA has developed a comprehensive reporting matrix which incorporates all reporting requirements for the organisation to ensure reports are completed accurately and on time. This matrix includes financial, legislative and funding body reporting requirements.
- IAHA continues to maintain financial accountability through comprehensive financial reports to the Board at each meeting. The IAHA accountant attends face to face board meetings to complement financial governance training provided to strengthen Director's capacity to govern and oversee the financial business of IAHA.
- The Members Forum at the 2014 AGM provided the opportunity for member feedback and comments about IAHA operations and strategic direction. IAHA provided scholarships for members to attend the AGM to enable active member participation in decision making processes.
- IAHA ensures its national submissions and policy papers are available on the IAHA website for download by members and stakeholders.
- Targeted and transparent communication to members occurs via email and eNewsletters to inform and engage members on important issues and opportunities available.
- IAHA continues to deliver six monthly reports to its funding body, the Commonwealth Department of Health, which detail activities, initiatives and expenditure against the strategic plan objectives. This includes comprehensive financial reports and budget projections.
- IAHA provided the final report to the Commonwealth Department to Prime Minister and Cabinet for the IAHA Leadership Development Program with full financial expenditure.
- The IAHA Finance, Audit and Risk Committee continues to monitor and provide in depth advice to the Secretariat and Board on managing risks and ensuring strong and transparent governance procedures.

Viability and Sustainability

- IAHA was successful in gaining a three year funding agreement with the Department of Health to the end of the 2017-18 financial year. IAHA has commenced long term planning and has developed and implemented sustainable activities to support members, initiatives and workforce strategies. IAHA is committed to securing ongoing funding beyond this agreement in order to take on significant longer term projects with partners, particularly professional associations and education providers.
- IAHA continues to pursue alternative funding streams to allow for greater research into the benefits of allied health to the health and wellbeing of Aboriginal and Torres Strait Islander peoples.
- Building upon Cultural Responsiveness in Action: An IAHA Framework there are opportunities to develop a business model around training and workforce development to bring in additional funding to the organisation which are being pursued.
- The IAHA website has a dedicated page to our Deductible Gift Recipient (DGR) status for interested parties to make a donation and/or promote the opportunity to our key stakeholders.
- IAHA Corporate members contribute a voluntary donation upon joining and there is also the opportunity to purchase unique IAHA branded promotional items from the IAHA website and all donations and/or profits are placed into a fund to support IAHA student members.
- IAHA is investigating corporate partnerships and engaging with the philanthropic sector into the future.
- IAHA welcomes constructive feedback and has established a dedicated page on the website so that members can provide feedback on IAHA member support mechanisms and progress toward our strategic direction.
- The Student Representative Committee performed a poll on the IAHA Facebook page seeking feedback on student communication tools to ensure they are meeting the needs of student members.

As set out above and in the various sections in the report IAHA also continues to work closely with our partners and key stakeholders across the health and education sectors and will continue to develop new relationships and partnerships with key stakeholders to meet our core priorities set out in the Strategic Plan 2012-17.





INDIGENOUS ALLIED HEALTH AUSTRALIA LTD

ABN 42 680 384 985

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2015



2014-2015

FINANCIAL STATEMENTS

Financial Statements

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Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Directors' Report

30 June 2015

Your directors present this report on the company for the financial year ended 30 June 2015.

General information

Directors

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

Faye McMillan Chairperson
Date Appointed: re-appointed as Board Member and Chairperson 27 November 2014

Kelleigh Ryan
Date Appointed: date appointed 15 May 2013

Diane Bakon
Date Appointed: re-appointed 27 November 2014

Jane Havelka
Date Appointed: re-appointed 27 November 2014

Nicole Turner
Date Appointed: date appointed 15 April 2014

Thomas Brideson
Date Appointed: date appointed 15 May 2013

Kylie Stothers
Date resigned: resigned 27 November 2014

Steven Stanton
Date Appointed: appointed 27 November 2014

Trevor Ritchie
Date Appointed: appointed 27 November 2014

Rebecca Allnutt
Date Appointed: appointed 15 May 2013

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 activities of Indigenous Allied Health Australia Ltd during the financial year were:

IAHA Membership
To support the IAHA membership.
To strengthen and maintain engagement.
To increase IAHA membership.

Allied Health Workforce Development
To promote and build the Aboriginal and Torres Strait Islander allied health workforce.

2014-2015 FINANCIAL STATEMENTS

Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Directors' Report

30 June 2015

To advocate for and support a culturally responsive workforce.
To advocate for and provide sound health policy.

National Leadership

To strengthen and maintain IAHA's position as the national Aboriginal and Torres Strait Islander allied health body.
To strengthen and support leadership capacity.

Corporate Governance

To ensure sound corporate governance.
To achieve and maintain organisational sustainability.

Significant changes

No significant changes in the nature of the Company's activities occurred from those conducted by Indigenous Allied Health Australia Ltd in the prior year.

Operating results and review of operations for the year

The profit of the Company for the financial year amounted to \$35,285 (2014: \$35,115).

Members guarantee

Indigenous Allied Health Australia Ltd is a company limited by guarantee. In the event of, and for the purpose of winding up of the company, the amount capable of being called up from each members and any person or association who ceased to be a member in the year prior to the winding up, is limited to \$ NIL for members that are corporations and \$ 10 for all other members, subject to the provisions of the company's constitution.

At 30 June 2015 the collective liability of members was \$ 6,640 (2014: \$ 4,890).

At 30 June 2015 there were 664 members consisting of 312 full members and 352 associate members (2014: 214 full members and 275 associate members).

Auditor's independence declaration

The lead auditor's independence declaration in accordance with section 307C of the *Corporations Act 2001*, for the year ended 30 June 2015 has been received and can be found on page 3 of the financial report.

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



Director: Faye McMillan



Director: Jane Havelka

Dated 5 August 2015



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www.hardwickes.com.au

Hardwickes
ABN 35 973 908 183

Hardwickes Partners Pty Ltd
ABN 21 006 401 536

Liability limited by a scheme
approved under Professional
Standards Legislation

Auditors Independence Declaration under Section 307C of the Corporations Act 2001 to the Directors of Indigenous Allied Health Australia Ltd

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

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

Hardwickes

Hardwickes
Chartered Accountants

R Johnson

Robert Johnson FCA
Partner

5 August 2015

Canberra



2014-2015

FINANCIAL STATEMENTS

Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2015

	Note	2015 \$	2014 \$
Revenue and other income	2	1,587,393	1,626,877
Administrative expenses		(136,039)	(108,057)
Auspicng expenses		(40,177)	-
Bad debt		(97)	(3,180)
Board expenses		(109,886)	(92,160)
Conference expenses		(21,139)	(36,709)
Conference fees		(177,869)	(355,091)
Depreciation expense	7	(14,030)	(18,746)
Donations		(4,552)	-
Employee expenses		(695,226)	(769,232)
Finance costs		(998)	(673)
Leadership expenses		(99,724)	-
Marketing expenses		(87,406)	(69,049)
Members meeting expenses		(8,077)	(4,079)
Occupancy costs	3	(64,227)	(64,025)
Representation expenses		(84,467)	(65,921)
Student representation expenses		(8,194)	(7,009)
Profit before income tax		35,285	32,946
Income tax expense	1(c)	-	-
Profit for the year		35,285	32,946
Other comprehensive income:			
Transfer of net assets from incorporated entity	1(b)	-	2,169
Total comprehensive income for the year		35,285	35,115

Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Statement of Financial Position

30 June 2015

	Note	2015 \$	2014 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	248,222	267,673
Trade and other receivables	5	9,632	-
Other assets	6	73,375	123,769
TOTAL CURRENT ASSETS		331,229	391,442
NON-CURRENT ASSETS			
Property, plant and equipment	7	76,837	61,327
TOTAL NON-CURRENT ASSETS		76,837	61,327
TOTAL ASSETS		408,066	452,769
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	36,433	89,599
Employee benefits	10	39,669	52,111
Other financial liabilities	9	261,564	275,944
TOTAL CURRENT LIABILITIES		337,666	417,654
TOTAL LIABILITIES		337,666	417,654
NET ASSETS		70,400	35,115
EQUITY			
Retained earnings		70,400	35,115
TOTAL EQUITY		70,400	35,115

2014-2015

FINANCIAL STATEMENTS

Indigenous Allied Health Australia Ltd

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Statement of Changes in Equity

For the Year Ended 30 June 2015

2015

	Retained Earnings \$	Total \$
Balance at 1 July 2014	35,115	35,115
Profit attributable to members of the entity	35,285	35,285
Balance at 30 June 2015	70,400	70,400

2014

	Retained Earnings \$	Total \$
Balance at 1 July 2013	-	-
Profit attributable to members of the entity	35,115	35,115
Balance at 30 June 2014	35,115	35,115

Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Statement of Cash Flows

For the Year Ended 30 June 2015

	Note	2015 \$	2014 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from funding and operations		1,550,780	1,772,345
Payments to suppliers and employees		(1,552,294)	(1,432,798)
Interest received		12,601	8,920
Interest paid		(998)	(673)
Net cash provided by (used in) operating activities	17	10,089	347,794
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property, plant and equipment		(29,540)	(80,121)
Net cash used by investing activities		(29,540)	(80,121)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Net increase (decrease) in cash and cash equivalents held		(19,451)	267,673
Cash and cash equivalents at beginning of year		267,673	-
Cash and cash equivalents at end of financial year	4	248,222	267,673

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Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Notes to the Financial Statements

For the Year Ended 30 June 2015

The financial statements are for Indigenous Allied Health Australia Ltd as an individual entity, incorporated and domiciled in Australia. Indigenous Allied Health Australia Ltd is a not-for-profit Company limited by guarantee.

The functional and presentation currency of Indigenous Allied Health Australia Ltd is Australian dollars.

1 Summary of Significant Accounting Policies

(a) Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Corporations Act 2001*.

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

(b) Incorporation and Comparative Amounts

In the prior year Indigenous Allied Health Australia Ltd was registered as a Company Limited By Guarantee and commenced trading operations on 1 July 2013 with the transfer of all assets, liabilities and business activities of Indigenous Allied Health Australia Incorporated.

As this is the first year of operation of Indigenous Allied Health Australia Ltd there are no comparatives.

(c) Income Tax

No provision for income tax has been raised as the Company is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

(d) Leases

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.

(e) Revenue and other income

Grant Revenue

Government grants are recognised at fair value where there is reasonable assurance that the grant will be received and all grant conditions will be met. Grants relating to expense items are recognised as income over the periods necessary to match the grant to the costs they are compensating. Grants relating to assets are credited to deferred income at fair value and are credited to income over the expected useful life of the asset on a straight-line basis.

Interest Revenue

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets, is the rate inherent in the instrument.

Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Notes to the Financial Statements

For the Year Ended 30 June 2015

1 Summary of Significant Accounting Policies continued

(e) Revenue and other income continued

Rendering of services

When revenue in relation to the rendering of services is recognised depends on whether the outcome of the services can be measured reliably.

If the outcome cannot be reliably measured then revenue is recognised to the extent of expenses recognised that are recoverable.

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

(f) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(g) Property, Plant and Equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses. Cost includes expenditure that is directly attributable to the asset.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the asset's employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Depreciation

The depreciable amount of all fixed assets, is depreciated on a straight-line basis over the asset's useful life commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

Fixed asset class

Furniture, Fixtures and Fittings	5.00% - 10.00%
Computer Equipment	10.00% - 33.33%

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Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Notes to the Financial Statements

For the Year Ended 30 June 2015

1 Summary of Significant Accounting Policies continued

(g) Property, Plant and Equipment continued

The assets' residual values, depreciation methods and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of profit or loss and other comprehensive income. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

(h) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions of the instrument. For financial assets, this is the equivalent to the date that the Company commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transactions costs, except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method, or cost. *Fair value* represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as:

- (a) the amount at which the financial asset or financial liability is measured at initial recognition;
- (b) less principal repayments;
- (c) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the *effective interest method*; and
- (d) less any reduction for impairment.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

Indigenous Allied Health Australia Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2015

1 Summary of Significant Accounting Policies continued

(h) Financial instruments continued

The Company does not designate any interest as being subject to the requirements of accounting standards specifically applicable to financial instruments.

(i) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting year.

(ii) Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

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. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the statement of profit or loss and other comprehensive income.

Fair value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

(i) Impairment of non-financial assets

At the end of each reporting period, the Company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of profit or loss and other comprehensive income.

Where it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

(j) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less which are convertible to a known amount of cash and subject to an insignificant risk of change in value, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

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FINANCIAL STATEMENTS

Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Notes to the Financial Statements

For the Year Ended 30 June 2015

1 Summary of Significant Accounting Policies continued

(k) 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 settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Those cashflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cashflows. Note previous service with Indigenous Allied Health Australia Incorporated is recognised.

(l) Provisions

Provisions are recognised when the Company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(m) Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(n) Critical accounting estimates and judgments

Key estimates - Impairment

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.

(o) 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 against early adoption of these Standards. The following table summarises those future requirements, and their impact on the Company:

Standard Name	Effective date for entity	Requirements	Impact
AASB 9 Financial Instruments and amending standards AASB 2010-7 / AASB 2012-6	30 June 2016	Changes to the classification and measurement requirements for financial assets and financial liabilities. New rules relating to derecognition of financial instruments.	The impact of AASB 9 has not yet been determined as the entire standard has not been released.

Indigenous Allied Health Australia Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2015

2 Revenue and Other Income

	2015 \$	2014 \$
Revenue		
- DoHA Grant	1,270,121	1,278,345
- Leadership Grant	9 97,490	2,510
- Sponsorship Grants	9 67,855	135,577
- Conference Grant	9 87,273	145,455
- Health Systems Grant	-	50,000
- Auspicing Agreements	9 40,700	-
	1,563,439	1,611,887
Other revenue		
- Donations	550	1,600
- Services Rendered	400	550
- Fund Scholarship	4,151	3,009
- Other income	682	911
- Auspicing Administration Fee	5,570	-
- Interest Revenue	12,601	8,920
	23,954	14,990
	1,587,393	1,626,877

3 Profit for the Year

	2015 \$	2014 \$
Expenses		
Interest expense on financial liabilities not at fair value through profit or loss:		
- external	998	673
Other expenses:		
Occupancy costs	64,227	64,025
Auditing or reviewing the financial report	7,500	7,500

4 Cash and cash equivalents

	2015 \$	2014 \$
Cash on hand	314	345
investment account	45,615	209,262
Cash at bank	202,293	58,066
	248,222	267,673

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Indigenous Allied Health Australia Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2015

4 Cash and cash equivalents continued

Reconciliation of cash

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

	2015 \$	2014 \$
Cash and cash equivalents	248,222	267,674

5 Trade and other receivables

	2015 \$	2014 \$
Trade receivables	1,217	-
GST receivable	8,415	-
	9,632	-

Credit risk

The Company has no significant concentration of credit risk with respect to any single counterparty or group of counterparties other than those receivables specifically provided for and mentioned within Note 5. The main source of credit risk to the Company is considered to relate to the class of assets described as 'trade and other receivables'.

The following table details the Company's trade and other receivables exposure to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled, within the terms and conditions agreed between the Company and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there is objective evidence indicating that the debt may not be fully repaid to the Company.

The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

	Gross amount \$	Past due and impaired \$	Past due but not impaired (days overdue)				Within initial trade terms \$
			< 30 \$	31-60 \$	61-90 \$	> 90 \$	
2015							
Trade and term receivables	1,217	-	-	-	-	1,217	-
Total	1,217	-	-	-	-	1,217	-

The Company does not hold any financial assets with terms that have been renegotiated, but which would otherwise be past due or impaired.

The other classes of receivables do not contain impaired assets.

Indigenous Allied Health Australia Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2015

6 Other assets

	2015	2014
	\$	\$
Prepayments	56,281	106,675
Rental bond	17,094	17,094
	<u>73,375</u>	<u>123,769</u>

7 Property, plant and equipment

Furniture, fixtures and fittings		
At cost	48,078	39,873
Accumulated depreciation	(7,119)	(3,707)
Total furniture, fixtures and fittings	<u>40,959</u>	<u>36,166</u>

Office equipment		
At cost	61,535	40,200
Accumulated depreciation	(25,657)	(15,039)
Total office equipment	<u>35,878</u>	<u>25,161</u>

Total property, plant and equipment	<u>76,837</u>	<u>61,327</u>
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(a) Movements in carrying amounts of property, plant and equipment

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

	Furniture, Fixtures and Fittings \$	Office Equipment \$	Total \$
Year ended 30 June 2015			
Balance at the beginning of the year	36,166	25,161	61,327
Additions	8,205	21,335	29,540
Depreciation expense	(3,412)	(10,618)	(14,030)
Balance at the end of the year	<u>40,959</u>	<u>35,878</u>	<u>76,837</u>

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Indigenous Allied Health Australia Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2015

7 Property, plant and equipment continued

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

	Furniture, Fixtures and Fittings \$	Office Equipment \$	Total \$
Year ended 30 June 2014			
Additions	39,873	40,200	80,073
Depreciation expense	(3,707)	(15,039)	(18,746)
Balance at the end of the year	36,166	25,161	61,327

8 Trade and other payables

	2015 \$	2014 \$
Trade payables	15,507	54,520
GST payable	-	12,784
Credit card	2,878	3,205
PAYGW	9,217	9,812
Other	8,831	9,278
	36,433	89,599

(a) Financial liabilities at amortised cost classified as trade and other payables

	2015 \$	2014 \$
Trade and other payables:		
- total current	36,433	89,599
	36,433	89,599

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9 Other Financial Liabilities

	2015 \$	2014 \$
Indigenous Leadership Grant	-	97,490
Conference Grants	236,064	145,454
Conference Sponsors Grant	10,500	33,000
Auspicing Agreements	15,000	-
	261,564	275,944

Indigenous Allied Health Australia Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2015

10 Employee Benefits

	2015 \$	2014 \$
Current liabilities		
Provision for annual leave	39,669	52,111
	<u>39,669</u>	<u>52,111</u>

11 Commitments

Operating Leases

At the date of authorising the financial statements, no renewal of the operating lease have been made. The directors of the company are actively pursuing alternative commercial accommodation for the offices.

12 Financial Risk Management

The main risks Indigenous Allied Health Australia Ltd is exposed to through its financial instruments are credit risk, liquidity risk and market risk consisting of interest rate risk.

The Company's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable, accounts payable and leases.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	2015 \$	2014 \$
Financial Assets		
Cash and cash equivalents	248,222	267,673
Financial Liabilities		
Trade and other payables	36,433	89,599

Financial risk management policies

The Board has overall responsibility for the establishment of Indigenous Allied Health Australia Ltd's financial risk management framework. This includes the development of policies covering specific areas such as interest rate risk and credit risk. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and Indigenous Allied Health Australia Ltd's activities.

The day-to-day risk management is carried out by Indigenous Allied Health Australia Ltd's finance function under policies and objectives which have been approved by the Board. The Chief Financial Officer has been delegated the authority for designing and implementing processes which follow the objectives and policies. This includes monitoring the levels of exposure to interest rate risk and assessment of market forecasts for interest rate.

The Board receives regular reports which provide details of the effectiveness of the processes and policies in place. Indigenous Allied Health Australia Ltd does not actively engage in the trading of financial assets for speculative purposes.

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FINANCIAL STATEMENTS

Indigenous Allied Health Australia Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2015

12 Financial Risk Management continued

Financial risk management policies continued

Mitigation strategies for specific risks faced are described below:

(a) Credit risk

Credit risk exposures

The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period, excluding the value of any collateral or other security held, is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the statement of financial position.

No collateral is held by Indigenous Allied Health Australia Ltd securing receivables.

The Company has no significant concentration of credit risk with any single counterparty or group of counterparties. Details with respect to credit risk of Trade and Other Receivables are provided in Note 5.

Credit risk related to balances with banks and other financial institutions is managed by a policy requiring that surplus funds are only invested with reputable financial institutions.

	2015	2014
	\$	\$
Cash and cash equivalents		
- AA Rated	<u>248,222</u>	<u>267,673</u>
	<u>248,222</u>	<u>267,673</u>

Liquidity risk

Liquidity risk arises from the possibility that Indigenous Allied Health Australia Ltd might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The Company manages this risk through the following mechanisms:

- preparing forward-looking cash flow analysis in relation to its operational, investing and financial activities which are monitored on a monthly basis;
- monitoring undrawn credit facilities;
- maintaining a reputable credit profile;
- managing credit risk related to financial assets;
- only investing surplus cash with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Notes to the Financial Statements

For the Year Ended 30 June 2015

12 Financial Risk Management continued

Liquidity risk continued

Typically, Indigenous Allied Health Australia Ltd ensures that it has sufficient cash on demand to meet expected operational expenses for a period of 60 days.

The available funds to the Group are discussed in note 17.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices.

i. Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period, whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments.

The Company is not exposed to any significant interest rate risk.

Fair value estimation

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the statement of financial position. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Fair values derived may be based on information that is estimated or subject to judgment, where changes in assumptions may have a material impact on the amounts estimated. Areas of judgment and the assumptions have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded. In this regard, fair values for listed securities are obtained from quoted market bid prices. Where securities are unlisted and no market quotes are available, fair value is obtained using discounted cash flow analysis and other valuation techniques commonly used by market participants.

	2015		2014	
	Net Carrying Value	Net Fair value	Net Carrying Value	Net Fair value
	\$	\$	\$	\$
Financial assets				
Trade and other receivables	1,216	1,216	-	-
Cash and cash equivalents	248,222	248,222	267,673	267,673
	249,438	249,438	267,673	267,673
Financial liabilities				
Trade and other payables	36,433	36,433	89,599	89,599
	36,433	36,433	89,599	89,599

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FINANCIAL STATEMENTS

Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Notes to the Financial Statements

For the Year Ended 30 June 2015

13 Members' Guarantee

The Company is incorporated under the *Corporations Act 2001* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$ 10 each towards meeting any outstandings and obligations of the Company. At 30 June 2015 the number of members was 664 (2014: 489).

14 Remuneration of Auditors

	2015	2014
	\$	\$
Remuneration of the auditor of the Company, Hardwicks Chartered Accountants, for:		
- auditing or reviewing the financial statements	7,500	7,500

15 Contingencies

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2015 (30 June 2014: None).

16 Related Parties

Other related parties

The board members are as stated in the "Director's Report". No related party transaction occurred that require disclosure.

Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Notes to the Financial Statements

For the Year Ended 30 June 2015

17 Cash Flow Information

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

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

	2015	2014
	\$	\$
Profit for the period	35,285	35,115
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
Depreciation	14,030	18,746
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries:		
- (increase)/decrease in trade and other receivables	(9,632)	-
- (increase)/decrease in prepayments	50,395	(106,675)
- (increase)/decrease in other assets	-	(17,046)
- increase/(decrease) in income in advance	(14,380)	275,944
- increase/(decrease) in trade and other payables	(53,167)	89,599
- increase/(decrease) in employee benefits	(12,442)	52,111
Cashflow from operations	10,089	347,794

18 Events Occurring After the Reporting Date

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 Company Details

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

Indigenous Allied Health Australia Ltd
6B Thesiger Court
Deakin ACT 2600

2014-2015 FINANCIAL STATEMENTS

Indigenous Allied Health Australia Ltd

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Members of the Board's Declaration

The directors of the entity declare that:

1. The financial statements and notes, as set out on pages 5 to 21, are in accordance with the *Corporations Act 2001* and:
 - (a) comply with Australian Accounting Standards; and
 - (b) give a true and fair view of the financial position as at 30 June 2015 and of the performance for the period ended on that date of the entity.
2. In the directors' opinion, there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

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

Director 

Faye McMillan

Director 

Jane Havelka

Dated 5 August 2015



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Hardwickes Partners Pty Ltd
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Independent Audit Report to the members of Indigenous Allied Health Australia Ltd

Report on the Financial Report

We have audited the accompanying financial report of Indigenous Allied Health Australia Ltd, which comprises the statement of financial position as at 30 June 2015, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the director's declaration.

Directors' Responsibility for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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



2014-2015 FINANCIAL STATEMENTS



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Opinion

In our opinion the financial report of Indigenous Allied Health Australia Ltd is in accordance with the *Corporations Act 2001*, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2015 and of its performance for the period ended on that date; and
- (b) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

Hardwickes

Hardwickes
Chartered Accountants

R Johnson

Robert Johnson FCA
Partner

Canberra
5 August 2015



Indigenous Allied Health Australia Ltd

For the Year Ended 30 June 2015

Responsible persons' declaration

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

(a) 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


(b) 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 persons' declaration

Responsible persons' Name:

Signed



5 August 2015



2014-2015 ANNUAL REPORT

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