Indigenous Allied Health Australia

2016 ANNUAL REPORT

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INDIGENOUS ALLIED HEALTH AUSTRALIA

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

Indigenous Allied Health Australia
6b Thesiger Court Deakin West ACT 2600
PO Box 323 Deakin West ACT 2600
Phone: +61 2 6285 1010
Fax: +61 2 6260 5581
Email: admin@iaha.com.au
www.iaha.com.au

ABN: 42680384985

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 Allan Sumner, a proud Ngarrindjeri Kaurna Yankunytjatjara man from South Australia.

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.

WARNING: 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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WHO WE ARE

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 deductable gift recipient (DGR) status.

Our 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.

Our 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 organisation 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

PRIORITIES AND OBJECTIVES

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

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

This annual report contains a summary of key IAHA initiatives and outcomes over the duration of the reporting period. These icons will denote which Strategic Priorities that each initiative contributes to.

CHAIRPERSON'S 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 am pleased to bring you this report for 2015/16.

In line with our holistic approach to Aboriginal and Torres Strait Islander health and wellbeing, IAHA continues to take a comprehensive and multifaceted approach to implementing our strategic direction. Many IAHA initiatives contribute to multiple strategic priorities and objectives, with the ultimate aim of achieving equitable Aboriginal and Torres Strait Islander health and wellbeing outcomes.

IAHA continues to be a dynamic and high-performing member-based organisation that works to support our membership, strengthen the Aboriginal and Torres Strait Islander allied health workforce and make a positive impact on the lives of our people. As we move toward the end of our current Strategic Plan 2012-17, it was timely to consider how the organisation can continue to meet the needs of our growing membership within the current environment. The Board sought member feedback via an online survey and has carefully reviewed the existing strategic plan in order to refine our strategic direction during this reporting period, and looks forward to working with our members over the coming year to finalise the new plan.

In response to member feedback and in order to assess our performance and continuously improve, the IAHA Board of Directors engaged internationally recognised experts Conscious Governance, to conduct a comprehensive Strategic Governance and Operations review in May of 2016. This review provided positive feedback on our governance processes and practices, provided recommendations for further improvement for consideration and will input into IAHA's future strategic direction.

A highlight during this reporting period was the launch of our 'Cultural Responsiveness in Action: An IAHA Framework' and the subsequent high demand for IAHA Cultural Responsiveness Training. This Framework and training has seen IAHA taking a lead role in the transformation of the health workforce to be better equipped to deliver culturally safe and effective healthcare. IAHA will continue to build upon this solid foundation in the next financial year.

> "A HIGHLIGHT DURING THIS REPORTING PERIOD WAS THE LAUNCH OF OUR 'CULTURAL RESPONSIVENESS IN ACTION: AN IAHA FRAMEWORK' AND THE SUBSEQUENT HIGH DEMAND FOR IAHA CULTURAL RESPONSIVENESS TRAINING."

I would like to commend the IAHA secretariat for their hard work over the last 12 months in strengthening and building partnerships, engaging and supporting members and influencing health system effectiveness as they implement the IAHA strategic direction with dedication and enthusiasm.

I would like to acknowledge and thank fellow Board Directors during this reporting period for demonstrating leadership and commitment in guiding the strategic direction of the organisation. The input of our IAHA Student Representative Committee (SRC), who provided IAHA with invaluable guidance around student-specific initiatives, was also much appreciated.

Most importantly, I would like to thank our membership for continuing to engage and contribute to our vision and purpose over the last 12 months. In particular, we acknowledge our committed members who contributed to IAHA submissions into national consultations, participated in our professional development opportunities and provided feedback to us via the member survey. Your ongoing contributions assist us to continue to make a difference in the Aboriginal and Torres Strait Islander allied health space.

Dr Faye McMillan
Chairperson

Dr Faye McMillan opening the 2015 IAHA National Conference

CEO'S REPORT

I am pleased to bring you the IAHA Annual Report for 2015/16, which outlines our key initiatives developed to support and address our strategic priorities and meet indicators set by the IAHA Board of Directors. Our initiatives aim to engage, support, strengthen and build capacity in our membership to value add to their professional and personal leadership journey in the health and related sectors. IAHA membership continues to increase above our targets, with an Aboriginal and Torres Strait Islander membership of 65% from all states and territories.

IAHA continued to support members as the collective of Aboriginal and Torres Strait Islander allied health professionals and students and our associate members committed to our strategic vision and purpose. In progressing our key initiatives and work we continually recognise, respect and value the diversity of our Aboriginal and Torres Strait Islander cultures and the unique social and cultural lens that our members bring to our organisation and to the health system.

A highlight was the successful IAHA National Conference held in Cairns that showcased the expertise of members and supporters, drawing a record number of sponsors.

As the current IAHA Strategic Plan 2012-17 is moving into its final year, the secretariat has been working hard to ensure that our strategic goals and indicators are being achieved, and planning for the new Strategic Plan is underway. We have achieved much over the past 12 months and are continuing to raise the profile of IAHA and our members nationally, leading in national policy and advocacy, expanding and strengthening our member initiatives, and building a strong and sustainable organisation into the future.

In summary in 2015/16 IAHA focused on:

- Providing diverse professional development opportunities to support and engage members;
- Supporting and strengthening our Aboriginal and Torres Strait Islander Student Engagement Strategy;
- Providing national leadership and advocacy in Aboriginal and Torres Strait Islander allied health;
- Strengthening the national profile of IAHA and our members;
- Improving effectiveness of IAHA communications;
- Supporting allied health career pathways and strengthening community engagement;
- Developing relevant training and resources for cultural responsiveness and mentoring;
- Contributing to and influencing the allied health sector on the need to be culturally safe and responsive;
- Establishing new and building on partnerships with key stakeholders to increase support for and capacity of members;
- Continuing our advocacy role on behalf of members and Aboriginal and Torres Strait Islander peoples on a rights based approach to health and wellbeing; and
- Contributing to reviews and consultations and influencing national policy development to improve health system effectiveness and access to allied health;

Our work actively contributes to building and supporting a strong and resilient Aboriginal and Torres Strait Islander health workforce and a culturally safe and responsive wider workforce. We look forward to continuing to collaborate with our members, partners and stakeholders in building a strong and sustainable organsiation that provides quality support to our members as we work together to improve the lives of Aboriginal and Torres Strait Islander people.

Donna Murray
Chief Executive Officer

Some of our key achievements for 2015/16:

26% increase in membership

543 **Aboriginal** and/or **Torres Strait Islander** members

26 **ALLIED HEALTH DISCIPLINES** eligible for full membership

10 policy submissions

110 **STRATEGIC MEETINGS ATTENDED**

2 IAHA national **PROFESSIONAL DEVELOPMENT** events

27 **sponsors secured** to support IAHA members and initiatives

43 national forums and stakeholder events attended

26 **CULTURAL RESPONSIVENESS** activities

65.5% more **Twitter** followers

20 member and stakeholder newsletters

6 Community Education activities

53 PD support opportunities provided to members

17 Universities engaged

11 Board and/or Governance meetings

OUR PROGRESS

By the end of 2015/16, IAHA had achieved 93% of the indicators specified in the Strategic Plan 2012-2017. Opportunities for improvement in 2016/17 include finalisation of the draft Membership Engagement Guidelines, increasing the number of mentoring relationships and completion of the IAHA Workforce Development Strategy.

Strategic Priority 1. IAHA Membership	**Completed in or prior to 2015/16**	**Strategic Priority 2. Allied Health Workforce Development**	**Completed in or prior to 2015/16**
Gather member feedback through surveys and other methods each year	✓	Develop an allied health workforce development strategy by June 2015	×
Host a members forum with the AGM each year to encourage members feedback	✓	Ensure IAHA is represented at key national forums, committees and other to advocate for allied health at least 3 per year	✓
Provide opportunities for member featured articles in the IAHA communications	✓	Deliver presentations/papers at key stakeholder events advocating IAHA priorities	✓
Finalise the development and implementation of the IAHA Mentoring Strategy by June 2014	✓	Meet with a range of professional associations at least once per year	✓
Increase the number of mentoring relationships by 25% a year	×	Develop at least one formal partnership per year with a key stakeholder to address IAHA priorities	✓
Student representative committee established and functional by 30 June 2014	✓	Contribute to curricula development activities and projects with key stakeholders ongoing	✓
Membership Engagement Guidelines finalised by 30 December 2014 and implement ongoing	×	Identify research priorities for the short, medium and long term with members and key stakeholders by June 2015	✓
Target of 10% more members engage with IAHA through Communication tools each year	✓	Continue participation in national key policy and workforce committees, Indigenous health forums and advisories ongoing	✓
Attend events or activities each year and provide opportunities for members to represent IAHA	✓	Continue to actively engage and contribute to the national Indigenous health campaigns i.e. Close the Gap as a national peak body ongoing	✓
Offer professional development opportunities to the IAHA membership each year	✓	Develop IAHA policy position statements in consultation with members	✓
Collate members journeys into allied health for publications and information resources	✓	Submit relevant national submissions or reviews as opportunities arise	✓
Seek members contributions to policy position papers, submissions, strategic priorities and other relevant documents ongoing	✓	Collaborate with universities and accreditation bodies to ensure that Aboriginal and Torres Strait Islander perspectives are compulsory and included across allied health curricula.	✓
Increase overall membership by at least 20% each year	✓	Develop potential research priorities with key stakeholders by December 2015	✓
Increase full member membership by 10% each year	✓		
Aboriginal and Torres Strait Islander recruitment and retention strategies drafted with allied health professional associations - at least two each year	✓		
Attend local, regional or national events each year to promote IAHA membership	✓		
Establish at least 3 partnerships with education providers to promote IAHA membership per year	✓		

Strategic Priority 3. National Leadership	Completed in or prior to 2015/16	Strategic Priority 4. Corporate Governance	Completed in or prior to 2015/16
Actively contribute to national policy papers, health plans and other relevant documents through the Aboriginal and Torres Strait Islander leadership forum and advisories ongoing	✓	IAHA Board members attend and participate in annual corporate and financial governance training	✓
Continue to increase IAHA's national profile through continuous improvement of suitable and quality resources and marketing activities	✓	Provide opportunities for member feedback for continuous improvement at the annual AGM and members forum	✓
Attend national events to provide a presentation/stall/speech/other on IAHA Increase IAHA involvement in the broader allied health sector with professional associations and universities ongoing	✓	Provide an honest and transparent members report annually	✓
Promote IAHA and members achievements to governments and stakeholders to ensure sustainability and accountability through newsletters and annual reports	✓	Continue to update governance policies and procedures at least two policies per board meeting	✓
Contribute and support national health and rights based campaigns ongoing	✓	Develop a draft IAHA standard of professionalism and code of conduct by November 2014	✓
Collate members profiles and stories for IAHA publications and resources regularly	✓	Company Secretary ensure that IAHA is always operating within the IAHA Constitution and relevant legislations reporting schedule quarterly reports to the Board of Directors	✓
Seek members contributions to policy position papers, submissions, strategic priorities and other relevant documents ongoing	✓		
Seek funding to host leadership workshops for members	✓		
IAHA Directors to undertake a compulsory leadership and governance workshop annually	✓		
The Student Representative Committee members to undertake compulsory leadership and governance training ongoing	✓		
Continue to seek members and their expertise to represent IAHA at local, regional or national events	✓		

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,
Re-appointed as Director and Chairperson 27 November 2014

Faye is a Wiradjuri woman from Trangie, Central Western New South Wales. Faye has worked in the health and education sector for over 25 years in a number of settings (remote, rural & urban). Faye completed her pharmacy degree at Charles Sturt University (CSU) in 2001, and is the first Aboriginal person in Australia to gain a pharmacy degree and to go onto registration as a pharmacist. Faye is currently the Director of the Djirruwang Program, School of Nursing, Midwifery and Indigenous Health at CSU, Wagga Campus. Faye also has a Masters in Indigenous Health, graduate certificates in Wiradjuri Language and in Indigenous Governance as well as a Doctorate of Health Science.

Rebecca Allnutt

Director (Graduate), Deputy Chairperson

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

Rebecca is from the Dalrymple Tribe Tasmania 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.

Trevor-Tirritpa Ritchie

Director (Graduate)

Date Appointed 27 November 2014

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

Jane Havelka

Director (Graduate)

Date Appointed: 15 May 2013,
Reappointed 27 November 2014
Reappointed 3 December 2015

Jane is a Wiradjuri woman from Narromine currently residing in Wagga Wagga, New South Wales. Jane is currently the Clinical Coordinator/Lecturer for the Bachelor of Health Science (Mental Health) Djirruwang 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. In addition Jane is an accredited Aboriginal and Torres Strait Islander Mental Health First Aid Instructor.

Nicole Turner

Director (Graduate)

Date Appointed: 15 April 2014
Reappointed 3 December 2015

Nicole is a Kamilaroi woman and one of very few qualified Aboriginal community Nutritionists in Australia. Nicole currently manages a large healthy lifestyle program across the Hunter New England area of New South Wales, which sees her training Aboriginal staff to deliver a 10 week healthy lifestyle program (go4fun) in their community. Nicole is involved with many committees and boards at National and State levels. Nicole is also involved with, and co-author on, many research projects involving Aboriginal people around Australia. She has worked in the health sector for over 20 years and worked in Aboriginal health for 15 years. Nicole loves what she does, and her vision is to hopefully Close The Gap through education on leading a healthy lifestyle.

IAHA BOARD OF DIRECTORS

Stephen Corporal

Director (Graduate)

Date Appointed: 3 December 2015

Stephen is an Eastern Arrernte man who resides in Brisbane. He worked in counselling and welfare work in the Brisbane Aboriginal and Torres Strait Islander community. Stephen completed a Bachelor of Social Work and Bachelor of Arts (Psychology) at UQ, then a Masters of Social Policy at JCU. Stephen is a Lecturer in Human Services and Social Work and completing a PhD at Griffith University.

Patricia Councillor

Director (Graduate)

Date Appointed: 3 December 2015

Patty is a Yamaji Naaguja nyarlu from the Midwest of Western Australia and a mother and grandmother with three children and five grandchildren. Over the years Patty has worked in various roles across the education, community service and health sectors, eventually working in mental health and enrolling to do a Bachelor of Health Science (Mental Health) via Charles Sturt University. Patty commenced studying in 2010 and completed her degree in 2013, also working fulltime in the mental health area. Patty returned back to her home of Meekatharra to work with her countrymen, and is now studying a qualification in Counselling.

Thomas Brideson

Director (Graduate)

Date Appointed: 15 May 2013,
Reappointed 28 November 2013
Retired 3 December 2015, re appointed 23 March 2016

Tom is a Kamilaroi man who was born in Gunnedah, New South Wales. 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.

Steven Stanton

Director (Graduate)

Date Appointed 27 November 2014
Resigned: 23 March 2016

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.

Kelleigh Ryan

Director (Graduate)

Date Appointed: 15 May 2013,
Reappointed 28 November 2013
Retired 3 December 2015

Diane Bakon

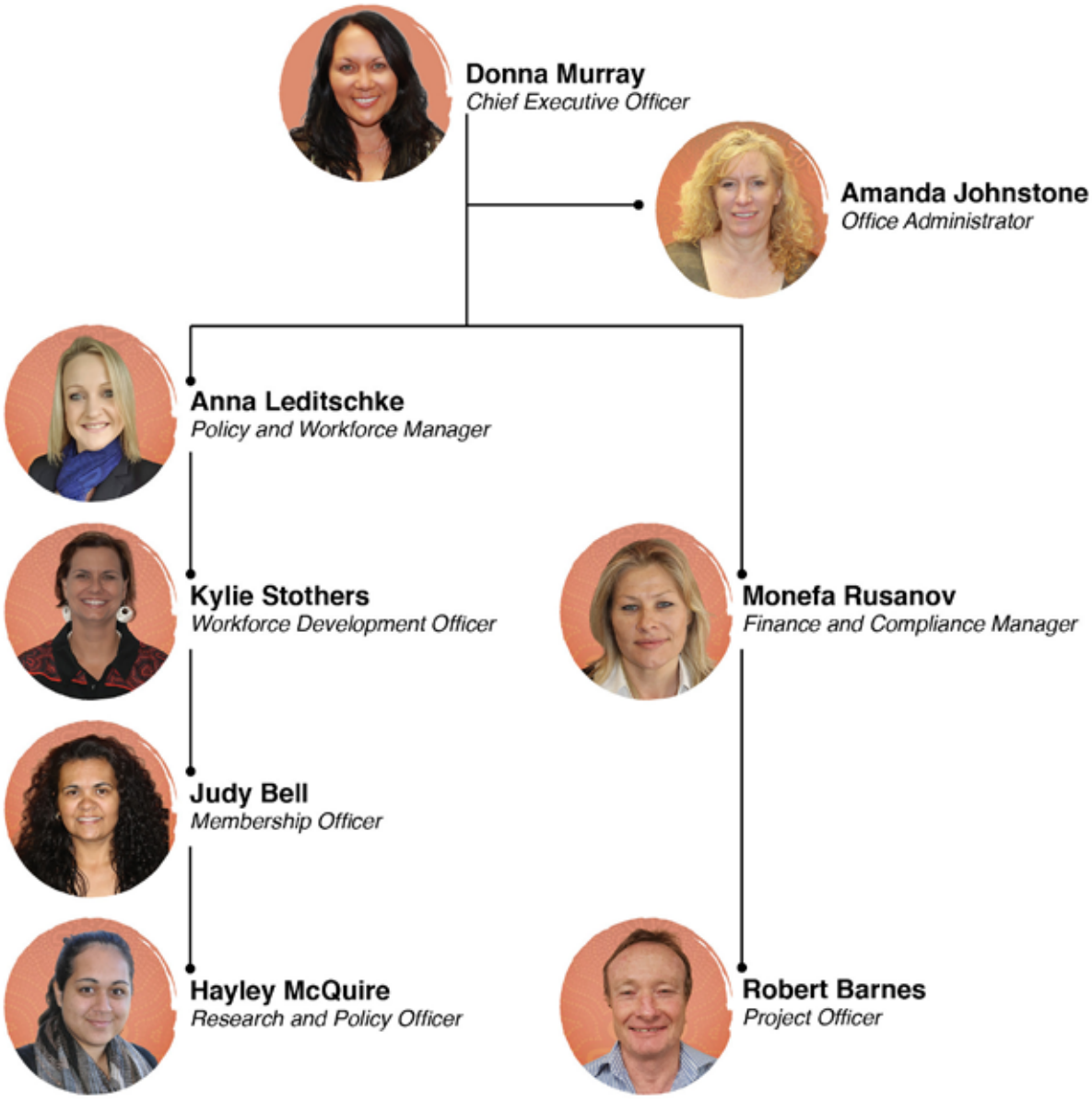
Director (Student)

Date Appointed: 15 May 2013,
Reappointed 27 November 2014
Retired 3 December 2015

IAHA SECRETARIAT

The IAHA Secretariat is a small and cohesive team that works toward implementing the strategic direction set out in the IAHA Strategic Plan 2012-2017 as determined by the IAHA Board of Directors and members.

In 2015/16 IAHA welcomed two new staff members to the team, Kylie Stothers as Workforce Development Officer and Hayley McQuire as Research and Policy Officer. Judy Bell also changed roles to take on the Membership Officer position as we said goodbye to Larry Brandy during this period.



OUR KEY INITIATIVES

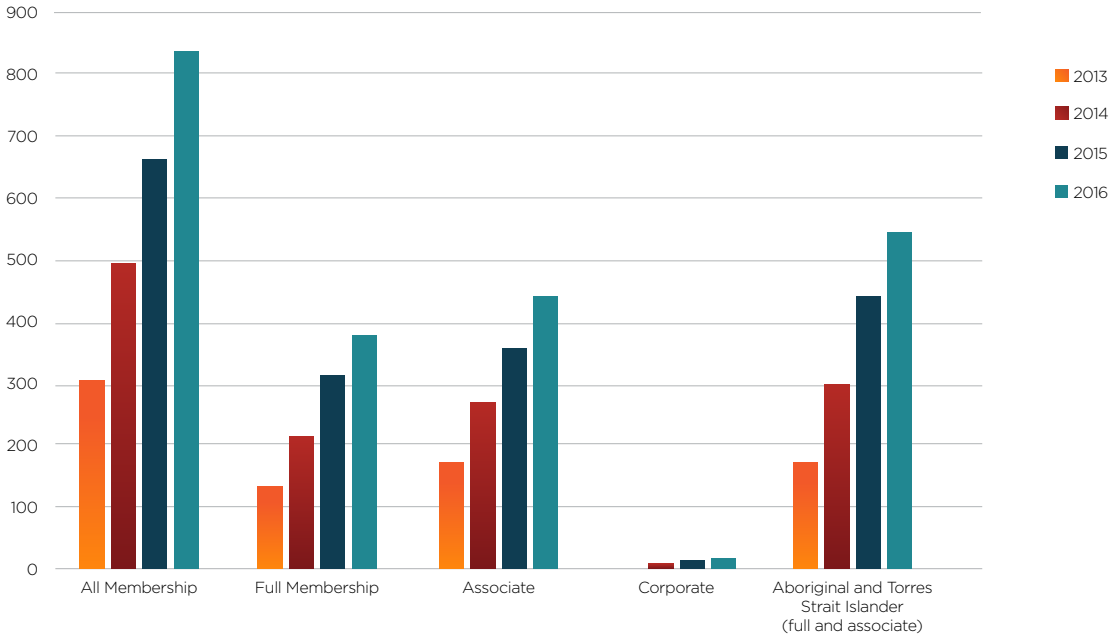
OUR MEMBERSHIP

IAHA holds culture as central to the health and wellbeing of Aboriginal and Torres Strait Islander peoples. The majority of our members are Aboriginal and Torres Strait Islander allied health professionals and students and other professionals who view their lives through a unique cultural and professional lens. Our non-Indigenous associate members join us as they are passionate about improving Aboriginal and Torres Strait Islander health and wellbeing, within allied health and broader health and related sectors.

We support and strengthen our growing membership by providing relevant professional development, representation and voice in a collaborative and inclusive way. We recognise IAHA members for their contributions and shared knowledge, skills and experiences they bring to our communities, organisations and health service providers.

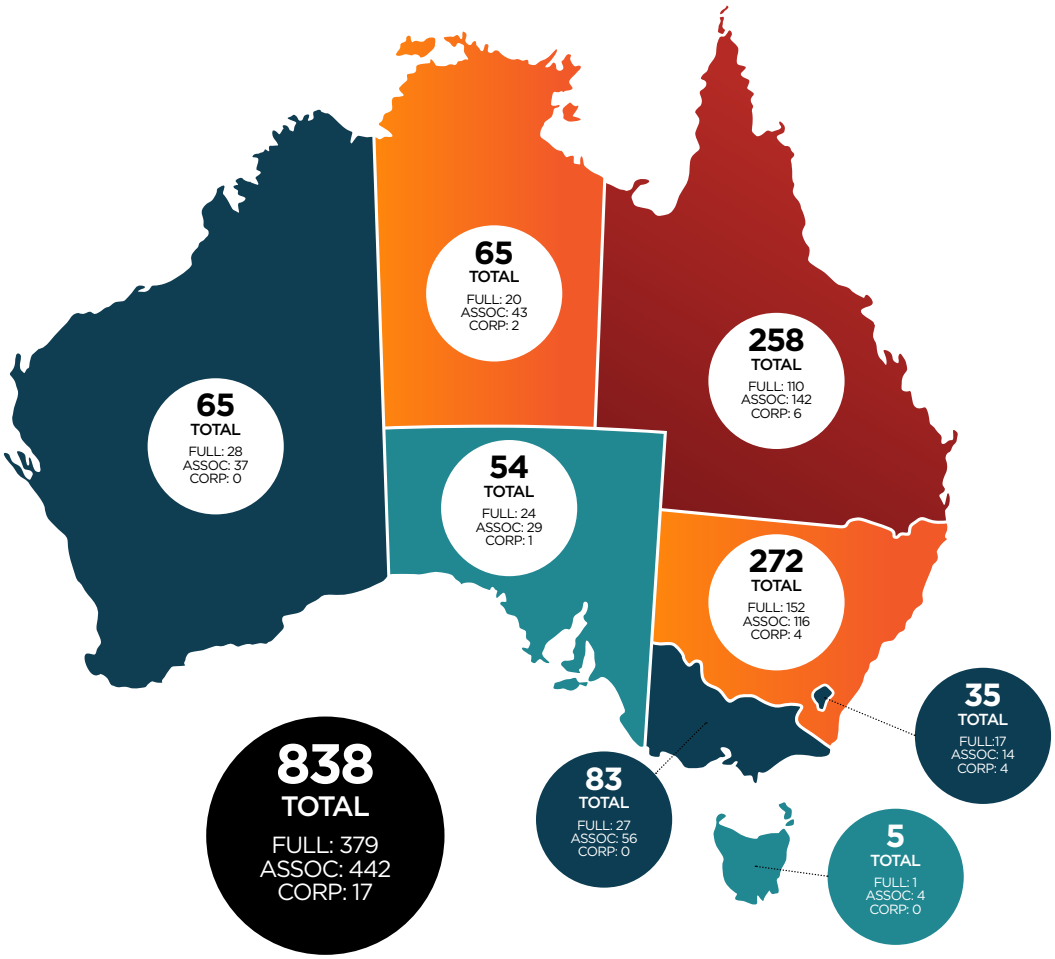
IAHA Membership Profile

Over the last four years IAHA membership has been growing each year at a steady pace.



As at 30 June 2016 IAHA had a total of 838 IAHA members. This is an increase of 26% over the last 12 months. Our membership comprises of 65% Aboriginal and/or Torres Strait Islander members.

A breakdown of IAHA membership at 30 June 2016 is as follows:



International

543

Aboriginal and/ or **Torres Strait Islander** members (full and associate)

65% of total membership

In summary, IAHA membership increased in each category:

TOTAL MEMBERSHIP INCREASED BY **26%**

FULL MEMBERSHIP INCREASED BY **21%**

ASSOCIATE MEMBERSHIP INCREASED BY **25.5%**

ABORIGINAL AND TORRES STRAIT ISLANDER MEMBERSHIP INCREASED BY **23%**

OUR MEMBERSHIP

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

223
GRADUATE MEMBERS

Full member (**graduate**) membership increased by **21%**

156
STUDENT MEMBERS

Full member (**student**) membership increased by **21%**

OUR **STUDENT MEMBERSHIP** COMES FROM **25 AUSTRALIAN UNIVERSITIES** IN **17 DISCIPLINES**

IAHA has full members in 22 of the 26 eligible allied health disciplines. Disciplines that are yet to be represented are counselling, orthoptics, prosthetics & orthotics and sonography.

IAHA full members can be found in the following disciplines:

MEMBER AND WORKFORCESUPPORT

In order to inclusively engage and support our membership, IAHA utilises a number of interrelated strategies within an interprofessional context. This includes providing professional development opportunities through our national events, training, mentoring program and communications.

2015 IAHA Members' Forum

Sixty five IAHA members attended the 2015 IAHA Members' Forum, held alongside the IAHA Annual General Meeting on 3 December 2015 in Cairns, Queensland. This provided members an opportunity to ask questions of the Board of Directors and to provide guidance to the Board on the strategic direction of the organisation. Feedback from members assisted the Board to assess and plan for the future of the organisation.

Professional Development Scholarships

Fifty three professional development opportunities were funded by IAHA during this reporting period which supported attendance at national professional development events, including the IAHA National Conference and HealthFusion Team Challenge. IAHA also sought and gained sponsorship from 8 external stakeholder organisations to assist a further 33 members to engage in IAHA professional development opportunities.

Mentoring

IAHA encourages mentoring as a mechanism to support our membership, both formally and informally. Building and strengthening connections is an essential component of workforce retention and support. The IAHA mentoring program was established in 2014 and during 2015/16 it underwent a review in order to increase engagement, streamline and revitalize the process and capture data more accurately. The number of mentors on the register remained consistent and there were a total of 6 new mentoring matches during 2015/16 with only 2 formal mentoring agreements received.

The self-paced training component (for mentors and mentees) has been expanded, with revision and redesign of the workbook completed, and planning commenced to develop an accompanying 3-part webinar video series. In order to maintain consistency, work has commenced on reviewing the IAHA mentoring program web content and process.

> "LISTENING AND LEARNING FROM MY MENTORS HAS HELPED ME GROW AS A PERSON IN ALL ASPECTS OF MY LIFE PROFESSIONALLY, PERSONALLY AND CULTURALLY AND WE INEVITABLY BOTH GROW AS PEOPLE."
>
> — TREVOR-TIRRITPA RITCHIE
> OCCUPATIONAL THERAPY

2015 IAHA National Conference

212 DELEGATES

5 KEYNOTE SPEAKERS

21 CONCURRENT SESSIONS

9 INTERACTIVE WORKSHOPS

15 SPONSORS

19 EXHIBITORS

60 PARTICIPANTS IN HEALTH AND WELLBEING PROGRAM

IAHA held its national professional development event, the 2015 IAHA National Conference, on 1 – 2 December 2015 at the Pullman Cairns International in Cairns, Queensland. The theme of the conference, **Allied Health – Stepping into Action**, highlighted the diversity of interdisciplinary action that occurs within the allied health sector, and how sustained holistic, strengths-based approaches to health and wellbeing can achieve Aboriginal and Torres Strait Islander health equality.

The delegates were comprised of IAHA members, allied health and other health professionals, policy makers, academics, researchers, students, managers and executive leaders from health, education, community services, Aboriginal community controlled health and other related sectors.

Interprofessional workshops and concurrent sessions focused on building delegates' skills and knowledge around topic areas that supported culturally safe and responsive practice, research and evidence, workforce development and improving access for Aboriginal and Torres Strait Islander Peoples.

2015 IAHA National Conference delegates

International keynote speaker Dr Kamilla Venner, a member of the Athabascan tribe and an Assistant Professor of Psychology at the University of New Mexico.

Conference MC Dr Mark Wenitong with National keynote speakers Ms Pat Anderson, AO. and Professor Steve Larkin

Some of what delegates loved about the 2015 IAHA National Conference:

100% of delegates surveyed agreed that the conference:

- was a culturally safe environment to learn and be actively involved
- was strengths based and action oriented
- provided opportunities to build and strengthen relationships and experience national networking opportunities

99% of delegates surveyed agreed that the conference:

- provided a positive experience that valued diversity of cultures and disciplines
- developed their professional and personal skills and knowledge
- explored innovation in the Aboriginal and Torres Strait Islander health and allied health sectors

> "THE GREAT NETWORKING OPPORTUNITY, NOT ONLY FROM MY DISCIPLINE, BUT FROM OTHER ALLIED HEALTH FIELDS. I GAINED A BETTER UNDERSTANDING OF OTHER ALLIED HEALTH PROFESSIONAL ROLES."

> "THE DYNAMIC, ENTHUSIASTIC, MOTIVATING ATMOSPHERE PRESENT THROUGHOUT THE CONFERENCE. GREAT TO NETWORK WITH FORERUNNERS IN INDIGENOUS ALLIED HEALTH."

2015 IAHA National Indigenous Allied Health Awards & Gala Dinner

225 people attended the 2015 IAHA National Indigenous Allied Health Awards and Gala Dinner, held on Tuesday 1 December 2015 at the Pullman Cairns International during the 2015 IAHA National Conference.

The 2015 IAHA National Indigenous Allied Health Awards showcased and recognised individual contributions and 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.

And the winners for 2015 were...

IAHA Life Time Achievement Award

Professor Kerry Arabena

IAHA Full Member, descendant from the Torres Strait's Meriam people and a social worker with a Doctorate in Human Ecology.

Indigenous Allied Health Professional of the Year Award

Ms Samara Dargan

IAHA Full Member, Kalkadoon woman and accredited exercise physiologist.

Future Leader in Indigenous Allied Health Award

Ms Kimberley Hunter

IAHA Full Member, Nyikina woman and final year Bachelor of Applied Science Occupational Therapy student.

Allied Health Inspiration Award

Ms Jordana Stanford

IAHA Full Member, Kamilaroi woman and speech pathologist.

Indigenous Allied Health Student Academic Achievement Award

Ms Sarah Logan

IAHA Full Member, Walpri woman and final year Bachelor of Pharmacy student.

Commitment to Indigenous Health Award

Ms Lin Oke

IAHA Associate Member, Occupational Therapist.

“IT IS A WONDERFUL FEELING TO BE RECOGNISED FOR YOUR CONTRIBUTION TO OUR COMMUNITIES AND OUR COUNTRY BY YOUR PEERS... I AM A VERY PROUD MEMBER AND ENCOURAGE ALL PEOPLE WHO ARE ELIGIBLE TO JOIN THIS FORWARD THINKING ORGANISATION!”

— PROFESSOR KERRY ARABENA
IAHA 2015 LIFE TIME ACHIEVEMENT AWARD WINNER

BUILDING A CULTURALLY RESPONSIVE HEALTH WORKFORCE

One of the ways that IAHA influences health system effectiveness is by building the cultural responsiveness of the health workforce. On Thursday 6 August 2015 in Canberra, Professor Tom Calma AO joined IAHA to launch its key document Cultural Responsiveness in Action: An IAHA Framework (the Framework).

Developed by IAHA in response to a need for practical strategies to build cultural safety using strengths-based and action-oriented approaches, the Framework provides guidance around ways of knowing, being and doing that can lead to culturally responsiveness.

This in turn can contribute to eliminating racism and transforming the health system to better meet the health and wellbeing needs of Aboriginal and Torres Strait Islander peoples. The key capabilities presented in the Framework provide a practical way forward for any person, regardless of their profession or position, towards being culturally responsive to the needs of Aboriginal and Torres Strait Islander people.

IAHA sees the Framework as an important step as we continue to work together with our members, partners and stakeholders towards making a difference in the lives of Aboriginal and Torres Strait Islander peoples.

The Framework complements our national position statements that collaboratively informs our policy and advocacy activities, forming the basis of many of our submissions that are developed in collaboration with our members, which embed requirements for culturally safe and responsive approaches into professional and accreditation standards.

Our partnerships and collaboration agreements, with higher education providers, professional associations and other Aboriginal and Torres Strait Islander organisations, are also based upon the principles found within the Framework.

The Framework also supports the recognition of the importance of an Aboriginal and Torres Strait Islander health workforce, valuing the cultural expertise that they bring to all facets of the health system. This expertise will benefit all Australians.

Our collaboration agreement with the Australian Council of Pro-Vice Chancellors and Deans of Health Sciences has been a driving force in progressing the strengthening of cultural responsiveness of health graduates. It has led to stronger relationships with Universities and delivery of Cultural Responsiveness presentations and workshops for university staff and students during this reporting period.

> “I THINK I WANTED A “RECIPE” BUT I UNDERSTAND THAT YOU NEED TO ENGAGE WITH ABORIGINAL PEOPLE AS AN INDIVIDUAL (NOT GENERALISED) AND KEEP IT CULTURALLY SAFE. I DID NOT UNDERSTAND WHAT CULTURAL SAFETY WAS, AND THIS CAN APPLY TO OTHER CULTURES.”
>
> — WORKSHOP PARTICIPANT

In 2015-16 IAHA supported cultural responsiveness development through:

11 face to face workshops

3 webinars

10 National presentations

2 International presentations

Interest in IAHA Cultural Responsiveness training grew exponentially in 2015/16 with IAHA workshops reaching over 350 people from urban, rural and remote locations in Australia, and many more participating in our webinars and presentations.

Feedback has been very positive on both the content of the Framework and the delivery of training. IAHA will continue to seek opportunities to build on our current resources and continuously improve our training.

OF THOSE PARTICIPANTS SURVEYED,

88-100%

OF PARTICIPANTS

AGREED THAT WORKSHOPS

- strengthened their understanding of Aboriginal and Torres Strait Islander cultures and the diversity
- were strengths-based and action orientated focused on practical ways forward in strengthening cultural responsiveness
- Increased their awareness of effective leadership required in culturally responsive practice
- Developed their professional and personal skills and knowledge in building culturally safe and responsive practice

Feedback from participants includes:

> "THE WORKSHOP WAS PRACTICAL AND MADE US REFLECT ON OUR OWN SKILLS, ATTITUDES AND BEHAVIOURS, AND HOW THEY COULD BE USED."

> "TIME FOR REFLECTION ON PERSONAL CULTURE. GOOD TO GET DIFFERENT POINTS OF VIEWS FROM OTHER ABORIGINAL REGIONS OF AUSTRALIA."

STUDENT SUPPORT AND ENGAGEMENT

Supporting Aboriginal and Torres Strait Islander allied health students as they pursue their studies is an essential component of increasing student retention and completion rates. IAHA provides student members with opportunities to meet and work with other Aboriginal and Torres Strait Islander students and graduates from across Australia, aiding the development of relationships and networks that can support and sustain them throughout their personal and professional journeys into the future.

2016 IAHA Student Representative Committee (SRC)

The SRC was established to advise the IAHA Board of Directors on issues and strategies affecting Aboriginal and Torres Strait Islander allied health students. The SRC has assisted IAHA to build a strong Aboriginal and Torres Strait Islander allied health student network to support them along their professional and personal journeys into allied health.

At the 2015 IAHA Annual General Meeting held in Cairns on 3 December 2015, IAHA farewelled and thanked the 2015 SRC for their hard work, including Chairperson Sophie L'Estrange, Deputy Chairperson Celeste Brand, Di Bakon, Nathan Canuto, Ashleigh Hull and Devinia Wainwright. Following the AGM, 8 new Aboriginal and Torres Strait Islander allied health students were appointed by the Board to represent the IAHA student cohort on the SRC.

Led by elected SRC Chairperson Tracy Hardy, the IAHA SRC met 4 times in 2015/16. Supported by the IAHA secretariat, the SRC:

- took responsibility for the student closed Facebook page
- wrote contributions for the electronic and hardcopy student newsletters
- encouraged engagement and connection between IAHA student members
- participated in governance and conflict management training
- provided direction and advice to the IAHA secretariat and Board on student initiatives and
- participated in other professional development opportunities such as national conferences and representation on the 2016 IAHA National Forum Committee.

The SRC Chairperson also participated in a strategic planning workshop with the Board of Directors.

As part of their professional and personal development, two SRC members had an opportunity to attend and provide conference support to organisers and facilitators at the 'Caring for Country Kids Conference' in Alice Springs.

> "THIS CONFERENCE ALLOWED US TO SHARE OUR KNOWLEDGE, LEARN NEW KNOWLEDGE AND SKILLS WHICH WE BOTH HOPE TO APPLY AND USE IN FUTURE PRACTICE."
>
> — CELESTE BRAND AND NELLIE POLLARD-WHARTON

The 2016 SRC members were:

Tracy Hardy
2016 Chairperson & Student Representative
Kamilaroi woman, studying Bachelor of Nutrition and Dietetics at University of Sunshine Coast

Celeste Brand
2016 Deputy Chairperson & Student Representative
Arabana woman, studying a Bachelor of Social Work at Curtin University.

Kirrilaa Johnstone
Student Representative
Ngiyampaa-Barkindji woman, studying Exercise Science and Indigenous Health at University of Wollongong.

Lauren Hutchinson
Student Representative
Wiradjuri women, studying Bachelor of Vision Science/Masters of Optometry at Queensland University of Technology.

Nellie Pollard-Wharton
Student Representative
Kooma Woman, studying a Bachelor of Social Work at the University of New South Wales.

Will Kennedy
Student Representative
Wiradjuri man, studying a Bachelor of Health Science (Mental Health) at Charles Sturt University.

Zoe King
Student Representative
Bundjalung woman, studying a Bachelor of Speech Pathology with Honours at University of Queensland.

Mark Mann
Student Representative
Gunditjmara-Wiradjuri man, studying a Bachelor of Health Science/Bachelor of Applied Science (Osteopathy) at the Royal Melbourne Institute of Technology.

IAHA Student Bursary Scheme

The IAHA Student Bursary Scheme is intended to support IAHA full student members experiencing financial hardship, by providing financial assistance through the provision of a $250 voucher for the purchase of educational resources. IAHA was able to provide 8 student bursaries in 2015/16 from donations received.

IAHA Student Communications

The SRC led the development of electronic and hardcopy versions of the Student newsletter during this period, which provided students with important student-specific information regarding personal and professional development opportunities, scholarship opportunities, stories from new graduate experiences and news from the SRC.

IAHA STUDENT NEWSLETTER

1st EDITION | OCTOBER 2015

CONTENTS

2 STUDY PRODUCTIVITY TIPS & TRICKS
3 LEADERSHIP REFLECTION
4 GET INVOLVED IN IAHA EVENTS
5 TORRES STRAIT PODIATRY PLACEMENT
6 STAY TRUE TO WHAT DRIVES YOU
7 5 REASONS TO BECOME AN IAHA STUDENT MEMBER
8 JOIN THE SRC

- Are you an Aboriginal and/or Torres Strait Islander university student?
- Do you study an allied health degree?
- Do you ever feel like your doing it alone?
- Or maybe you feel empowered and like you've got stuff to share?

WE WANT YOU!
Read below, because WE ARE FOR YOU!

Indigenous Allied Health Australia (IAHA) is a national not for profit, member based Aboriginal and Torres Strait Islander allied health organisation and welcomes Aboriginal and Torres Strait Islander allied health students (and graduates) as full members of IAHA.

IAHA recognises that there are few Aboriginal and Torres Strait Islander students in allied health degrees. Sometimes it can be lonely being the only (or one of very few) Aboriginal and/or Torres Strait Islander student in a course so IAHA has established a strong student network to support you along your career journey.

The IAHA Student Representative Committee is a group of Aboriginal and Torres Strait Islander students studying allied health degrees at universities across Australia. The group was brought together to advise the IAHA Board of Directors on issues and strategies affecting Aboriginal and Torres Strait Islander allied health students.

The SRC are representing students from all allied health degrees including audiology, chiropractic, counselling, dentistry, dietetics, exercise physiology, exercise science, mental health, nutrition, occupational therapy, optometry, oral health, orthoptics, osteopathy, pharmacy, physiotherapy, podiatry, prosthetics & orthotics, psychology, public health, radiography & sonography, social welfare, social work and speech pathology.

We brought you this newsletter because we want you to know you are not alone!!! Join us and get involved because together we can really make a difference!

A MESSAGE FROM THE IAHA STUDENT REPRESENTATIVE COMMITTEE (SRC)

You can contact us via email at src@iaha.com.au

2015 IAHA HealthFusion Team Challenge (HFTC)

IAHA held its annual Aboriginal and Torres Strait Islander student-only event, the 2015 IAHA HealthFusion Team Challenge (HFTC), on 28 – 29 November 2015 in Cairns in conjunction with its 2015 IAHA National Conference.

Participating in 2015 were 36 Aboriginal and Torres Strait Islander students from 14 different universities and from Exercise Science/Physiology, Health Science – OT Pathway, Medicine, Mental Health, Nutrition & Dietetics, Occupational Therapy, Optometry, Oral Health, Osteopathy, Pharmacy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology.

The Winners...'Shark Bait IAHA'

Caption - Pictured clockwise from top left: Simone Owen (Speech Pathology), Nathan Ryan (Mental Health), Brylie Frost (Medicine), Jacinta Williams (Exercise Science), Elainah Coffin (Social Work) and Tahnee Elliott (Occupational Therapy) made up the winning interdisciplinary team

"THE IAHA HEALTHFUSION TEAM CHALLENGE GAVE ME AN OPPORTUNITY TO WORK CLOSELY WITH AND LEARN ABOUT OTHER HEALTH PROFESSIONS IN AN INDIGENOUS CONTEXT. THIS EXPERIENCE ALLOWED ME TO DEVELOP A STRONG SENSE OF PERSONAL VALUE AND CONFIDENCE. IT REIGNITED MY OWN PASSION AND VISION FOR THE FUTURE..."

— IAHA 2015 HFTC PARTICIPANT

> “IT WAS INCREDIBLE TO MEET STUDENTS FROM A RANGE OF BACKGROUNDS AND LIFE EXPERIENCES WHO WERE SUCCEEDING IN THEIR TERTIARY STUDIES. THIS SORT OF EXPERIENCE BUILDS PERSONAL AND PROFESSIONAL PARTNERSHIPS THAT WE WILL BE ABLE TO CARRY ON THROUGHOUT OUR LIVES.”
>
> — IAHA 2015 HFTC PARTICIPANT

IAHA Students Runners Up in 2015 National HFTC Event!

GMACK team members Gabe, Maddi, Ashleigh, Celeste and Kirsty after the Final Showdown.

IAHA entered a team as a Wildcard entry into The Australian HFTC, held in Brisbane on Thursday 17 September 2015, where they competed against six universities from across Australia.

The IAHA team, who outperformed five top universities and came a worthy second place, was made up of members from the winning team from our own HFTC held in 2014, IAHA student members Gabe, Maddi, Ashleigh, Celeste and Kirsty (GMACK). The competition was fierce, and GMACK certainly rose to the challenge, combining their experience and perspectives from their studies in exercise science, podiatry, social work, mental health and occupational therapy.

COMMUNICATION AND ENGAGEMENT

IAHA utilised a number of tools and strategies to communicate and engage with its members, partners and stakeholders. Informed by an online member survey sent out in September 2015, IAHA recognised the need for an overarching communications strategy to provide direction and structure to communication activities and to ensure these activities were ultimately helping to achieve the goals of the organisation.

Therefore in order to continually improve upon our communication effectiveness, IAHA finalised a formal Communications Strategy and Plan in 2015/16. The strategy incorporates an implementation plan including a set of key performance indicators that will be used to measure success, with the acknowledgement that any strategy should be reviewed periodically and updated to ensure continued improvements.

IAHA Members' Journeys into allied health

The IAHA website features a number of our members' journeys into allied health, an important aspect of promoting careers in allied health to showcase inspirational role models and pathways to success. During this reporting period IAHA captured the journeys of four of our members as they progress through their studies and/or careers:

Jessica Reardon
Occupational Therapy

Nicola Barker
Social Work

Elly Wone
Exercise Physiology

Shana O'Connor
Pharmacy

HealthFusion Team Challenge Video

IAHA developed a short video that promotes the benefits of participation in our unique student support initiative, the IAHA HealthFusion Team Challenge, highlighting the importance of interprofessional learning and of building and connecting Aboriginal and Torres Strait Islander health students.

IAHA Media releases

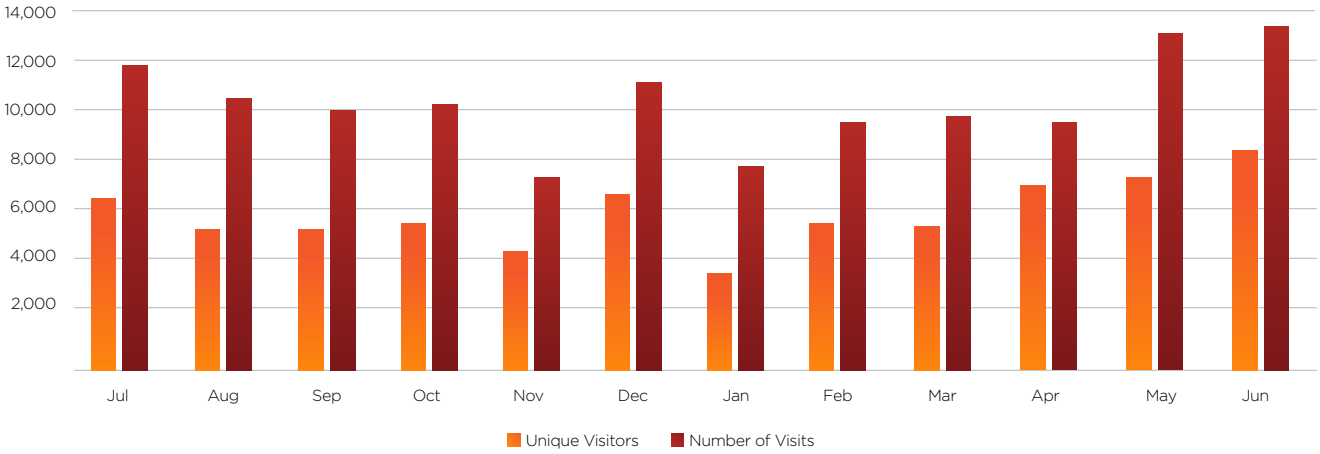
IAHA developed and disseminated three media releases in 2015/16 on:

1. National Indigenous Organisation Launches Cultural Responsiveness Framework, 7 August 2015
2. Close the Gap: Allied Health Standing Strong, 10 years on, 17 March 2016
3. IAHA Response to National Budget 2016-2017, 4 May 2016

Website

The IAHA website **www.iaha.com.au** provides access for internal and external audiences to information about IAHA, including membership, governance and policy information. The website is a key reference point for anyone wishing to find out more about the work of the IAHA. It is also the basis from which all digital marketing activities take place. IAHA continues review the IAHA website and update as required to improve functionality and currency.

IAHA Website: 1 July 2015 - 30 June 2016



67,884

UNIQUE VISITORS DURING REPORTING PERIOD

124,747

TOTAL VISITS DURING REPORTING PERIOD

The newsfeed is a strong feature of the IAHA website and it is also used to communicate information about IAHA events, the mentoring program, access to professional development opportunities and scholarships, events and news from partner organisations. As much is possible, social media posts are linked to newsfeed articles, in order to direct traffic to the IAHA website.

IN TOTAL THERE WERE

103

NEWSFEED POSTS

DURING 2015/2016 FINANCIAL YEAR

Social Media

IAHA's social media presence grew significantly in 2015/16. Between 1 July 2015 and 30 June 2016, 207 posts were made on the IAHA Facebook page, regularly featuring articles from the newsfeed on the IAHA website and other information of interest to our members, partners and stakeholders. Posts that feature photos of members, personal stories and member events engaged followers the most. IAHA posts had an organic reach of 117,924 people who saw the posts, commented and/or shared IAHA information. 1062 people have now liked the Facebook page, an increase of 488 (85%), and IAHA's closed student Facebook group had 64 members at 30 June 2016.

Facebook

1062
PEOPLE HAVE NOW LIKED THE FACEBOOK PAGE

207
FACEBOOK POSTS THAT REACHED
117,924

INCREASE OF
488
SINCE 1 JULY 2015

As at June 2016 @IAHA_National had 1,425 followers on Twitter, an increase of 65.5%. During the 2015 IAHA National Conference, the Twitter hashtag #IAHA2015 was used to engage delegates and stakeholders with the event and had excellent reach throughout the conference with 3,214,682 impressions.

twitter

@IAHA_NATIONAL

AS AT JUNE 2016 @IAHA_NATIONAL HAD
1,425
FOLLOWERS ON TWITTER

INCREASE OF
564
SINCE 1 JULY, 2015

#IAHA2015 Twitter analytics

3,214,682
IMPRESSIONS

731
TWEETS

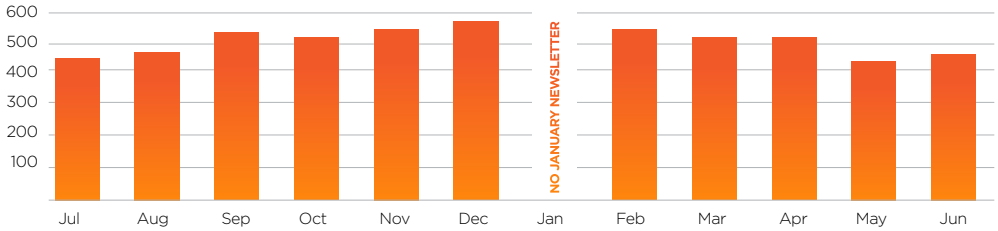
173
PARTICIPANTS

IAHA eNewsletters

IAHA sent out eleven eNewsletters to members and stakeholders with an increase of 166 new subscribers, bringing the total number of subscribers to 1930. The monthly eNewsletter keeps IAHA members and stakeholders informed about IAHA news and activity as well as other initiatives, national policy updates, events and opportunities available in allied health and the broader Aboriginal and Torres Strait Islander health and wellbeing context.

In addition to the 11 eNewsletters, IAHA sent out 6 Member Communiques and 3 Student Communiques via email. The average open rates for IAHA eNewsletters were 27.6% and for member communiques the average open rate was 36.5%, both above the industry average of 21.16%.

IAHA e-Newsletter opens: 1 July, 2015 - 30 June, 2016



1,930
SUBSCRIBERS AT 30 JUNE, 2016


Banat jer/
Traditional Aboriginal Bush Medicine

COMMUNITY EDUCATION AND ALLIED HEALTH CAREER PROMOTION

IAHA staff and members attend community events and career expos, connecting with communities to provide information about careers in allied health and role models for future generations of Aboriginal and Torres Strait Islander students. IAHA aims to raise the profile of allied health and broaden the perspectives of Aboriginal and Torres Strait Islander people interested in health careers to make informed decisions about their career that consider the diverse opportunities available in allied health.

IAHA attended four 2015 Skills Employment & Careers Expos promoting careers in allied health careers and building relationships across communities in the Northern Territory. The reach of these expos is wide, with a high percentage of Aboriginal and Torres Strait Islander attendees with over 4,300 people in total attending the expos in Alice Springs, Katherine, Darwin and Nhulunbuy.

In addition, IAHA hosted 4 tradestalls at conferences in order to promote allied health and membership opportunities.

Nutrition and Healthy Lifestyles Sessions a hit at Barunga Festival 2016

For the second consecutive year IAHA attended the Barunga Festival to promote allied health careers and healthy lifestyles over the course of the four-day-long event, with over 200 children interacting with IAHA over the duration of the festival. Overall, the IAHA nutrition and healthy lifestyle sessions were popular amongst the participants with many children asking to participate.

Children participating in nutrition and health lifestyles session at Barunga Festival 2016

Festival goers gathering at the IAHA stall.

NT Health Careers Initiative

In 2015/16, IAHA worked in collaboration with key partners across sectors and disciplines in the Northern Territory (NT) to establish a program that will enable, encourage and support local NT Aboriginal and Torres Strait Islander students to pursue a career in health through the delivery of a school based traineeship program.

With the first cohort planned for 2018, the program will provide a model of health workforce development that is flexible, community driven and aims to provide local solutions to local health workforce gaps. It aims to engage Aboriginal and Torres Strait Islander students to stay in the school system and graduate with Year 12 qualifications, whilst also completing a Certificate III in Allied Health Assistance and gaining job ready skills. This program will focus on pathways into university, employment and/or other educational aspirations and will be an important contributor to building social, economic and cultural empowerment within Aboriginal and Torres Strait Islander communities for sustainable health workforce pathways.

Cross sectoral stakeholders collaborating in NT L-R Leah Ahmat, Narelle Campbell, Donna Murray, Maureen Namitch, Sam Crossman, Lisa Crouch

IAHA Board Director Nicole Turner, IAHA staff member Kylie Stothers and IAHA Associate Member & Charles Darwin University Lecturer Robyn Williams at the Barunga Festival 2016

Katherine Skills Employment & Careers Expos

NATIONAL LEADERSHIP, ADVOCACY, PARTNERSHIPS AND COLLABORATION

As a national member based organisation for Aboriginal and Torres Strait Islander allied health, IAHA leads national conversations and collaboration around allied health and Aboriginal and Torres Strait Islander health more broadly.

110 STRATEGIC MEETINGS

PRESENTATIONS/PAPERS AT

7 NATIONAL CONFERENCES

2 INTERNATIONAL CONFERENCES

18 NATIONAL POLICY FORUMS

12 KEY ADVISORIES AND COMMITTEES

10 SUBMISSIONS INTO NATIONAL REVIEWS OR CONSULTATIONS

With the broad range of disciplines and sectors represented within our membership, IAHA brings a holistic view of health workforce development that can contribute to health system transformation. We advocate that governments and other stakeholders recognise and understand the importance of a strong Aboriginal and Torres Strait Islander allied health workforce and of building a culturally safe and responsive wider workforce. Driven and informed by our members, our approaches to leadership, engagement, advocacy and collaboration aim to capitalise on the strengths of our diversity and Aboriginal and Torres Strait Islander peoples respecting culture as central to improving health and wellbeing outcomes.

Key stakeholder committees, groups and alliances that IAHA was represented on in 2015/16 include (but are not limited to):

- National Health Leadership Forum
- Close the Gap Campaign Steering Committee
- Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project National Advisory Committee
- National Aboriginal and Torres Strait Islander Health Workforce Working Group
- Social Determinants of Health Alliance Management Committee
- National Congress of Australia's First Peoples (member)
- Diabetes Queensland, Aboriginal and Torres Strait Islander Expert Reference Group
- Australian Indigenous Psychology Education Project National Reference Committee
- Program of Experience in the Palliative Approach, Aboriginal and Torres Strait Islander Reference Group
- CheckUp QLD Outreach Program Committee
- Australian Allied Health Forum
- National Rural Health Alliance Council and Board

National Aboriginal and Torres Strait Islander Health Sector

IAHA maintains strong collaborative partnerships with other Aboriginal and Torres Strait Islander health workforce organisations such as Australian Indigenous Doctors Association (AIDA), Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and the National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA). Collectively, our organisations are representative of the breadth of Aboriginal and Torres Strait Islander health workforce and often share common policy perspectives.

During 2015/16, IAHA actively contributed to the following collaborative submissions with our partners:

- Senate Standing Committee on Community Affairs inquiry into the future of the aged care workforce - Joint submission between IAHA, AIDA, CATSINaM and NATSIHWA.
- Private Health Insurance Consultation - Joint submission between IAHA and CATSINaM.
- Health Workforce Scholarship Programme Consultation - Joint submission between IAHA, CATSINaM and NATSIHWA.

The Redfern Statement

IAHA collaborated with other Aboriginal and Torres Strait Islander organisations in the development of the Redfern Statement, which was launched on Thursday 9 June 2016 in Sydney. As a signatory on The Redfern Statement, IAHA supports the recommended specific plans for action in relation to meaningful engagement, health, justice, preventing violence, early childhood and disability. IAHA joined our partners to call on the Federal Government to act upon them as a matter of national priority and urgency.

As an active member of the **National Health Leadership Forum (NHLF)**, IAHA contributed to the development of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (2013 – 2023), advocating 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.

IAHA contributed to NHLF submissions into:

- the Australian National Audit Office's Audit of Indigenous Advancement Strategy
- the Medical Research Future Fund consultation for the development of the Australian Medical Research and Innovation Strategy and related Priorities.

IAHA continues to work with NHLF members and Australian government towards ensuring that targets within the implementation plan are progressed.

Cross-Party support evident at Launch of Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023

Launch of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023

Indigenous Allied Health Australia (IAHA) was pleased to join other National Health Leadership Forum (NHLF) members at the 22 October 2015 launch of the Australian Government's Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 in Canberra.

The Close the Gap (CTG) Campaign Steering Committee is led by its Aboriginal and Torres Strait Islander member organisations, including IAHA, and met quarterly to discuss the Campaign activities, funding and strategies in moving forward into the future. In 2015/16, IAHA contributed to the development of the CTG Steering Committee's Close The Gap –Progress and Priorities Report 2016.

Launch of Close the Gap – Progress & Priorities Report 2016

Prime Minister Malcolm Turnbull and Close the Gap campaign Co-Chairs Mick Gooda and Jackie Huggins pose for a group photo - Source Oxfam

Campaign Co-Chairs Mick Gooda and Dr Jackie Huggins released the Close the Gap – Progress & Priorities Report 2016 at the Close the Gap 10th Anniversary Parliamentary Breakfast event in Canberra, attended by IAHA Chairperson Faye McMillan and IAHA CEO, Donna Murray. As a member of the Close the Gap (CTG) Steering Committee and National Health Leadership Forum, Indigenous Allied Health Australia (IAHA) strongly supported the recommendations found within the CTG Steering Committee's Close The Gap –Progress and Priorities Report 2016.

Senator Richard Di Natale, Leader of the Australian Greens, was introduced by IAHA Full Member Danielle Dries who stated;

> "I BELIEVE THE GAP WILL CLOSE WHEN THERE IS A COLLECTIVE UNDERSTANDING OF THE DIVERSITY OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE AND ACKNOWLEDGING THAT COLONISATION HAS IMPACTED INDIVIDUALS AND FAMILIES ACROSS AUSTRALIA IN MANY WAYS."
>
> **— DANIELLE DRIES, IAHA FULL MEMBER.**

Government

IAHA met regularly with senior government representatives from the Commonwealth Department of Health and the Chief Allied Health Officer's advisors at Australian Allied Health Forum (AAHF) meetings. IAHA met with federal ministers to advocate for inclusion of and investment in allied health as an essential component of healthcare and equitable investment in the Aboriginal and Torres Strait Islander allied health workforce. This included participation in the Assistant Minister for Rural Health's Rural Health Workforce Roundtable.

IAHA actively participates in 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). IAHA contributed information to inform the ATSIHWWG annual report on Aboriginal and Torres Strait Islander health workforce data, activities and priorities. IAHA contributed to the development of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2016-2023), a mechanism to guide national Aboriginal and Torres Strait Islander health workforce policy and planning.

IAHA continues to strengthen relationships with key representatives from state and territory governments focusing on allied health workforce planning, development and pathways. In 2015/16 IAHA met with representatives from state and territory governments in NSW, ACT, WA, and NT in order to strengthen the Aboriginal and Torres Strait Islander allied health workforce and identify areas of collaboration on career and pathway opportunities for Aboriginal and Torres Strait Islander students and communities.

Higher Education

IAHA engaged with 17 universities during 2015/16 in order to build collaborative relationships with both Aboriginal and Torres Strait Islander support Units and relevant health and social sciences faculties. These relationships led to increased support for Aboriginal and Torres Strait Islander allied health students to attend IAHA initiatives, invitations to provide lectures to students and presentations to faculties.

Using Cultural Responsiveness in Action: An IAHA Framework to guide discussions, IAHA advocates to universities the value and importance of embedding Aboriginal and Torres Strait Islander perspectives within research and allied health curricula. IAHA also assists to identify opportunities to build or strengthen cultural safety within the university environment that support Aboriginal and Torres Strait Islander student success.

IAHA maintains its strong partnership with the Australian Council of Pro-Vice Chancellors and Deans of Health Sciences, as evidenced by the signing of our second Collaboration Agreement at the 2015 IAHA National Conference on 30 November 2015. Both organisations highlighted that we remain committed and responsive to the allied health needs of Aboriginal and Torres Strait Islander people. This includes 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 competence of allied health graduates and staff.

> "ALLIED HEALTH EDUCATION PROVIDERS HAVE A RESPONSIBILITY TO ENSURE THEIR GRADUATES ATTAIN THE NECESSARY SKILLS, KNOWLEDGE AND ATTITUDES THAT WILL ENABLE THEM TO DELIVER CULTURALLY RESPONSIVE CARE."
>
> **— EXCERPT FROM COLLABORATION AGREEMENT BETWEEN IAHA AND THE AUSTRALIAN COUNCIL OF PRO-VICE CHANCELLORS AND DEANS OF HEALTH SCIENCES**

Allied Health

Commencing 2016, IAHA was Chair of the Australian Allied Health Forum (AAHF), comprised of representatives from Allied Health Professions Australia, the National Allied Health Advisors Committee and Services for Australian Rural and Remote Allied Health. The Australian Council of Pro-Vice Chancellors and Deans of Health Sciences joined AAHF in 2016. The Forum members met four times in 2015/16 to work together on agreed strategic issues of national significance within an allied health context.

IAHA was a key contributor to the AAHF response to the Primary Health Care Advisory Group (PHCAG) Consultation on Primary Health Care established by the Australian Government to lead reform of primary health care to better support people with chronic and complex health conditions, including mental health conditions. IAHA also attended a face to face consultation and made its own submission to the PHCAG consultation with a strong focus on the primary health care needs of Aboriginal and Torres Strait Islander peoples, keeping allied health front and centre.

IAHA maintains our relationship with Allied Health Professions Australia (AHPA) and continues to strengthen relationships with many of their member organisations in areas of policy development, cultural responsiveness training and workforce development.

In 2015/16, with member feedback, IAHA made a further 2 submissions into the Review of Accreditation Standards for entry-level physiotherapy in Australia. Within these and previous submissions, IAHA strongly and consistently advocates that all allied health profession accreditation standards should explicitly articulate the processes, structures and curriculum requirements needed in order to produce graduates able to work with and deliver culturally responsive care and/or services to Aboriginal and Torres Strait Islander people and communities.

It is imperative that accreditation standards also embed requirements for education providers to address the processes and structures that will improve their ability to create culturally safe learning and teaching environments and place priority on the development of students' cultural capabilities in addition to clinical capabilities.

IAHA also supported Weenthunga Health Network in the development of a proposal to facilitate embedding of Aboriginal and Torres Strait Islander health curricula across health courses in Victorian universities. The proposal adopted an Aboriginal and Torres Strait Islander led, collaborative approach that may have national application potential across other states and territories.

IAHA continues to strengthen our relationships with pharmacy professional bodies and worked with pharmacy members to submit a response to the Pharmacy Practitioner Development Committee (PPDC) review of the National Competency Standards Framework for Pharmacists in Australia (2010), with 50% of our full member pharmacy members actively engaged and contributing. Recommendations within this submission are applicable across multiple allied health professions and embedded requirements for culturally responsive capabilities. IAHA also submitted an expression of interest into the Pharmacy Trial Program discussion.

IAHA collaborated with our speech pathology members to contribute to the Speech Pathology Australia (SPA) project Speech Pathology 2030 to ensure that the voices of our membership were heard and that Aboriginal and Torres Strait Islander perspectives were articulated within the project.

> "IMPROVING THE CAPACITY OF ALLIED HEALTH GRADUATES TO PRACTISE IN A CULTURALLY RESPONSIVE MANNER WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE AND COMMUNITIES REQUIRES MORE THAN JUST ENSURING EDUCATION PROVIDERS SHOW EVIDENCE OF ABORIGINAL AND TORRES STRAIT ISLANDER CURRICULUM CONTENT."

IAHA GOVERNANCE

The IAHA Board of Directors engaged an independent consultant to conduct a Strategic Governance and Operations review in May of 2016, a comprehensive independent review of Board processes, practices and compliance responsibilities including strategic operational issues that directly affect the governance of our organisation.

Based on a thorough desk audit of governance processes, in depth interviews with CEO and Directors, and evidence based assessment of the existence and use of governance processes, the evaluation revealed that IAHA has:

- ✓ High quality governance processes and practices.
- ✓ Governance-related compliance processes that are sophisticated and well documented
- ✓ Board Governance Manual and related policies are some of the best the evaluator has seen.
- ✓ Board structure is sophisticated, particularly the subcommittee structure with independent specialists.
- ✓ Board's role in strategic planning and review, and the Directors expertise in addressing key strategic issues, is well developed.
- ✓ Risk management processes and the risk discussions the Board have are focused and strategic.
- ✓ Financial reporting and financial oversight is both detailed and strategic, with appropriate independent expertise and training provided on an ongoing basis to the Directors.
- ✓ Performance management system of the CEO is relevant and tied in with strategic goals.
- ✓ The Board's ability to deal with conflict of interest is well documented and practiced.

It found that the IAHA Board of Directors, supported by their governance policies and procedures, is highly focused, strategically aware and has provided evidence of a sophisticated and mature accountability back to its members, communities and key stakeholders.

2015 IAHA Annual General Meeting (AGM)

54 full members (graduate and student) and 11 associate members attended the 2015 AGM of IAHA Ltd that was held on 3 December 2015 in Cairns, Queensland in conjunction with a Members' Forum. AGM and elections were held in line with the IAHA constitution and By Laws of the Nomination and Election of IAHA Directors. 2014 AGM minutes were adopted by the membership, the 2014/15 IAHA Annual Report was delivered to members and financial statements and reports were discussed.

An election was held to fill four Director (graduate) positions and no election was required for the Director (student) position.

- Director (graduate) positions - five nominees to fill four positions. Successful candidates were Jane Havelka, Nicole Turner, Patricia Councillor and Stephen Corporal with two year terms. The newly elected Directors joined Rebecca Allnutt, Faye McMillan, Trevor Ritchie and Steven Stanton.
- Director (student) position - zero (0) nominees and the position remained vacant.

Board Director Steven Stanton resigned in March 2016 and the remaining Board Directors appointed previous director Thomas Brideson to the Board, for a term up to the 2016 IAHA AGM, in line with the IAHA Constitution.

Board Meetings and Governance Training

The IAHA Board held six Board Meetings in 2015-16 including five face to face meetings and one via teleconference to govern and oversee operations in carrying out their delegated duties to achieve IAHA's strategic direction.

Director	Eligible Meetings 2015/16	Meetings attended 2015/16
Faye McMillan	6	6
Rebecca Allnutt	6	6
Jane Havelka	6	5
Nicole Turner	6	6
Trevor Ritchie	6	5
Steven Stanton	5	4
Thomas Brideson	4	4
Stephen Corporal	3	3
Patricia Councillor	3	3
Kelleigh Ryan	3	1
Di Bakon	3	1

The Board undertook comprehensive governance and financial training with Kerri Dickman Accountants and Clayton Utz Lawyers, as well as conflict management, work health and safety and strategic planning training and development. The IAHA Chairperson completed the Australian Institute of Company Directors Governance Foundations for Not-for-Profit Directors course.

All IAHA Student Representative Committee members joined the Board and Secretariat in conflict management training as well as undertaking their comprehensive Induction program in February 2016. The SRC Chairperson joined the Board for the strategic planning workshop in Canberra.

Finance, Audit and Risk Committee

The Finance, Audit and Risk Committee (FARC) is comprised of up to 3 Board Directors and an independent audit and risk expert. The committee met four times and continues to support the IAHA Board, examining and providing guidance on the finances, risk management, and external audit processes. The independent member is an Accountant and a risk management expert with extensive experience in business, economics and finance.

Operational Policies and Procedures

IAHA continues to undertake operational policy development and monitoring 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 and operational manual remain living documents that are updated regularly to reflect governance priorities and changes required as part of the transition to a Company Limited by Guarantee. In 2015/16, IAHA reviewed and/or developed 16 policies and procedures to ensure IAHA is complying with legislative requirements and all due diligence is performed.

IAHA's Future and Strategic Direction

In conjunction with the May 2016 IAHA Board meeting, a workshop was held with Conscious Governance to discuss the current IAHA Strategic Plan 2012- 2017 and how it could be revised to keep it relevant and reflect the current and emerging political and economic landscape. The SRC chairperson and IAHA staff also participated in this workshop. Further consultation with IAHA members and decisions regarding the development of a new Strategic Plan will occur in 2016/17.

IAHA continued to promote our national organisation and our members achievements through implementation of our new communication strategy, which increased stakeholder engagement and partnership opportunities. IAHA continues to work with education providers and stakeholders to advocate for allied health research in order to improve Aboriginal and Torres Strait Islander health and wellbeing outcomes. Continuing to building a strong research evidence base that articulates the importance of allied health, and specifically an Aboriginal and Torres Strait Islander allied health workforce, will contribute to building the sustainability and ongoing viability of IAHA.

IAHA continued to work with governments to advocate for ongoing operational funding beyond 2017/18. IAHA has committed to deliver a political engagement strategy in 2017, and commenced working with Indigenous Community Volunteers to develop more opportunities for corporate and philanthropic funding.

IAHA continued to promote our deductible gift recipient (DGR) status as a charitable institution to encourage corporate and/or philanthropic engagement and investment.

IAHA Board of Directors, SRC and staff with the Co-Chairs of the National Congress of Australia's First Peoples

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2016

DIRECTORS REPORT
FOR THE YEAR ENDING 30 JUNE 2016

GENERAL INFORMATION

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

Names	Appointed/Resigned
Faye McMillan (Chairperson)	Re appointed: 27 November 2014
Kelleigh Ryan	Retired: 03 December 2015
Diane Bakon	Retired: 03 December 2015
Jane Havelka	Re elected 03 December 2015
Nicole Turner	Re elected: 03 December 2015
Thomas Brideson	Retired: 03 December 2015 Re appointed 23 March 2016
Steven Stanton	Resigned: 23 March 2016
Trevor Ritchie	Elected 27 November 2014
Rebecca Allnutt	Re appointed 28 November 2013
Patricia Councillor	Elected: 03 December 2015
Stephen Corporal	Elected: 03 December 2015

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

Principal activities
The principal 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.
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 during the financial year.

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 member and any person or association who ceased to be a member in the year prior to the winding up, is limited to $ 10 for members that are corporations and $ 10 for all other members, subject to the provisions of the company's constitution.

At 30 June 2016 the collective liability of members was $ 8,370 (2015: $ 6,640).

Operating results and review of operations for the year

The profit of the Company for the financial year after providing for income tax amounted to $ 28,194 (2015: $ 35,285).

At 30 June 2016 there were 837 members consisting of 378 full members and 442 associate members and 17 corporate members (2015: 312 full members and 352 associate members).

Auditor's independence declaration

The auditor's independence declaration in accordance with section 307C of the *Corporations Act 2001* for the year ended 30 June 2016 has been received and can be found on page 3 of the financial report.

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

Director: _____ **Director:** _____

Dated: 6 September 2016

Hardwickes
more than accounting

6 Phipps Close Deakin ACT 2600
PO Box 322 Curtin ACT 2605

T 02 6282 5999
F 02 6282 5933
E info@hardwickes.com.au

www.hardwickes.com.au

Hardwickes
ABN 35 973 933 183

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 2016, there have been:

(i) no contraventions of the auditor independence requirements as set out in the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Hardwickes
Chartered Accountants

R Johnson
Robert Johnson FCA
Partner

CANBERRA

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

3

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDING 30 JUNE 2016

	Note	2016 $	2015 $
Revenue and other income	2	**1,686,906**	1,587,393
Administrative expenses		**(174,271)**	(136,039)
Auspicing expenses		**(11,452)**	(40,177)
Bad debt		**-**	(97)
Board expenses		**(116,587)**	(109,886)
Conference fees		**(334,963)**	(177,869)
Depreciation expense	7(a)	**(18,837)**	(14,030)
Donations		**(5,700)**	(4,552)
Employee expenses		**(738,046)**	(695,226)
Events expenses		**(35,168)**	(21,139)
Finance costs		**(158)**	(998)
Leadership expenses		**-**	(99,724)
Marketing expenses		**(46,082)**	(87,406)
Members meeting expenses		**(9,907)**	(8,077)
Occupancy costs	3	**(61,411)**	(64,227)
Representation expenses		**(94,140)**	(84,467)
Student representation expenses		**(11,990)**	(8,194)
Profit before income tax		**28,194**	**35,285**
Income tax expense	1(b)	**-**	-
Profit for the year		**28,194**	35,285
Other comprehensive income:			
Total comprehensive income for the year		**28,194**	35,285

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION
FOR THE YEAR ENDING 30 JUNE 2016

	Note	2016 $	2015 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	**422,588**	248,222
Trade and other receivables	5	**13,864**	9,632
Other assets	6	**51,305**	73,375
TOTAL CURRENT ASSETS		**487,757**	331,229
NON CURRENT ASSETS			
Property, plant and equipment	7	**66,058**	76,837
TOTAL NON CURRENT ASSETS		**66,058**	76,837
TOTAL ASSETS		**553,815**	408,066
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	**65,468**	36,433
Employee benefits	10	**62,292**	39,669
Other financial liabilities	9	**309,429**	261,564
TOTAL CURRENT LIABILITIES		**437,189**	337,666
NON CURRENT LIABILITIES			
Employee benefits	10	**18,032**	-
TOTAL NON CURRENT LIABILITIES		**18,032**	-
TOTAL LIABILITIES		**455,221**	337,666
NET ASSETS		**98,594**	70,400
EQUITY			
Retained earnings		**98,594**	70,400
TOTAL EQUITY		**98,594**	70,400

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDING 30 JUNE 2016

2016	Retained Earnings $	Total $
Balance at 1 July 2015	**70,400**	**70,400**
Profit attributable to members of the entity	28,194	28,194
Balance at 30 June 2016	**98,594**	**98,594**

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**

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDING 30 JUNE 2016

	Note	2016 $	2015 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from funding and operations		1,817,372	1,550,780
Payments to suppliers and employees		(1,643,018)	(1,552,294)
Interest received		8,228	12,601
Interest paid		(158)	(998)
Net cash provided by (used in) operating activities	17	182,424	10,089
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property, plant and equipment	7(a)	(8,058)	(29,540)
Net cash used by investing activities		(8,058)	(29,540)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Net increase (decrease) in cash and cash equivalents held		174,366	(19,451)
Cash and cash equivalents at beginning of year		248,222	267,673
Cash and cash equivalents at end of financial year	4	422,588	248,222

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDING 30 JUNE 2016

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

These general purpose financial statements have been prepared in accordance with the Australian Charities and *Not for profits Commission Act 2012* and Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board. The company is a not for profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions.

The significant accounting policies used in the preparation and presentation of these financial statements are provided below and are consistent with prior reporting periods unless otherwise stated.

The financial statements are based on historical costs, except for the measurement at fair value of selected non current assets, financial assets and financial liabilities.

(b) 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*.

(c) 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.

(d) 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.

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).

(e) 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.

(f) 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%

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.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDING 30 JUNE 2016

1 Summary of Significant Accounting Policies continued

(g) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Company 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.

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.

(h) 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.

(i) 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.

(j) Employee benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be 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 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. Note previous service with Indigenous Allied Health Australia Incorporated is recognised.

(k) 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.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDING 30 JUNE 2016

1 Summary of Significant Accounting Policies continued

(l) 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.

(i) 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.

(m) 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	01 January 2018	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.

2 Revenue and Other Income

	Note	2016 $	2015 $
Revenue			
DoHA Grant		**1,302,550**	1,270,121
Leadership Grant	9	**-**	97,490
Sponsorship Grants	9	**87,060**	67,855
Conference Grant	9	**268,215**	87,273
Auspicing Agreements	9	**15,000**	40,700
		1,672,825	1,563,439
Other revenue			
Donations		**1,550**	550
Services Rendered		**1,563**	400
Fund Scholarship		**2,740**	4,151
Other income		**-**	682
Auspicing Administration Fee		**-**	5,570
Interest Revenue		**8,228**	12,601
		14,081	23,954
		1,686,906	1,587,393

3 Profit for the Year

	Note	2016 $	2015 $
Expenses			
Interest expense on financial liabilities not at fair value through profit or loss:			
External		**158**	998
Other expenses:			
Occupancy costs		**61,411**	64,227
Auditing or reviewing the financial report		**7,500**	7,500

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDING 30 JUNE 2016

4 Cash and cash equivalents

	2016 $	2015 $
Cash on hand	**1,102**	314
Investment account	**126,141**	45,615
Cash at bank	**295,345**	202,293
	422,588	248,222

Reconciliation of cash

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

	2016 $	2015 $
Cash and cash equivalents	**422,588**	248,222

5 Trade and other receivables

	2016 $	2015 $
Trade receivables	**1,739**	1,217
GST receivable	**12,125**	8,415
	13,864	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 $	< 30 $	31 60 $	61 90 $	> 90 $	Within initial trade terms $
2016							
Trade and term receivables	**1,739**	**-**	**1,139**	**400**	**-**	**200**	**-**
Total	**1,739**	**-**	**1,139**	**400**	**-**	**200**	**-**
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.

6 Other assets

	2016 $	2015 $
Prepayments	**34,211**	56,281
Rental bond	**17,094**	17,094
	51,305	73,375

7 Property, plant and equipment

	2016 $	2015 $
Furniture, fixtures and fittings		
At cost	**48,760**	48,078
Accumulated depreciation	**(10,751)**	(7,119)
Total furniture, fixtures and fittings	**38,009**	40,959
Office equipment		
At cost	**68,911**	61,535
Accumulated depreciation	**(40,862)**	(25,657)
Total office equipment	**28,049**	35,878
Total property, plant and equipment	**66,058**	76,837

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDING 30 JUNE 2016

7 Property, plant and equipment continued

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

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

	Furniture, Fixtures and Fittings $	Office Equipment $	Total $
Year ended 30 June 2016			
Balance at the beginning of the year	**40,959**	**35,878**	**76,837**
Additions	**682**	**7,376**	**8,058**
Depreciation expense	**(3,632)**	**(15,205)**	**(18,837)**
Balance at the end of the year	**38,009**	**28,049**	**66,058**

	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	**40,959**	**35,878**	**76,837**

8 Trade and other payables

	2016 $	2015 $
Trade payables	**29,938**	15,507
Credit card	**3,013**	2,878
PAYGW	**12,779**	9,217
Other	**7,551**	8,831
Accrued expenses	**12,187**	-
	65,468	36,433

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

	2016 $	2015 $
Trade and other payables:		
total current	**65,468**	36,433
PAYGW	**(12,779)**	(9,217)
	52,689	27,216

9 Other Financial Liabilities

	2016 $	2015 $
Conference Grants	**309,429**	236,064
Conference Sponsors Grant	**-**	10,500
Auspicing Agreements	**-**	15,000
	309,429	261,564

10 Employee Benefits

	2016 $	2015 $
Current liabilities		
Long service leave	13,529	-
Provision for annual leave	48,763	39,669
	62,292	39,669

	2016 $	2015 $
Non current liabilities		
Long service leave	18,032	-

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:

	2016 $	2015 $
Financial Assets		
Cash and cash equivalents	**422,588**	248,222
Financial Liabilities		
Trade and other payables	**52,689**	27,216

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDING 30 JUNE 2016

12 Financial Risk Management continued

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.

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	422,588	248,222
	422,588	248,222

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.

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 12.

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.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDING 30 JUNE 2016

12 Financial Risk Management continued

	2016		2015	
	Net Carrying Value $	Net Fair value $	Net Carrying Value $	Net Fair value $
Financial assets				
Trade and other receivables	**1,739**	**1,739**	1,216	1,216
Cash and cash equivalents	**422,588**	**422,588**	248,221	248,221
	424,327	**424,327**	249,437	249,437
Financial liabilities				
Trade and other payables	**52,689**	**52,689**	27,216	27,216
	52,689	**52,689**	27,216	27,216

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 2016 the number of members was 837 (2015: 664).

14 Remuneration of Auditors

	2016 $	2015 $
Remuneration of the auditor of the Company, Hardwickes 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 2016 (30 June 2015: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.

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:

	2016 $	2015 $
Profit for the period	**28,194**	35,285
Cash flows excluded from profit attributable to operating activities		
Non cash flows in profit:		
Depreciation	**18,837**	14,030
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries:		
(increase)/decrease in trade and other receivables	**(4,232)**	(9,632)
(increase)/decrease in prepayments	**22,070**	50,395
increase/(decrease) in income in advance	**47,865**	(14,380)
increase/(decrease) in trade and other payables	**29,035**	(53,167)
increase/(decrease) in employee benefits	**40,655**	(12,442)
Cashflow from operations	**182,424**	10,089

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 WEST
ACT 2600

MEMBERS OF THE BOARD'S DECLARATION

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

1. The financial statements and notes, as set out on pages 4 to 21, are in accordance with the Australian Charities and Not for profits Commission Act 2012 and:

   (a) comply with Australian Accounting Standards; and
   (b) give a true and fair view of the financial position of the registered entity as at 30 June 2016 and of its performance for the year ended on that date.

2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

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

Director: Faye Mcmillan Signature:

Director: Nicole Turner Signature

Dated: 06/09/2016

Hardwickes
more than accounting

6 Phipps Close Deakin ACT 2600
PO Box 322 Curtin ACT 2605

T 02 6282 5999
F 02 6282 5933
E info@hardwickes.com.au

www.hardwickes.com.au

Hardwickes
ABN 35 973 933 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

Liability limited by a scheme approved under Professional Standards Legislation

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 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the 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 *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the 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.

CHARTERED ACCOUNTANTS

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more than accounting

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

Opinion

In our opinion the financial report of Indigenous Allied Health Australia Ltd is in accordance with Div 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

(a) giving a true and fair view of the Company's financial position as at 30 June 2016 and of its performance for the period ended on that date; and

(b) complying with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Regulation 2013.

Hardwickes
Chartered Accountants

R Johnson
Robert Johnson FCA
Partner

Canberra
6 September 2016

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND


IAHA
HEALTHFUSION
TEAM CHALLENGE

Indigenous Allied Health Australia

2016 ANNUAL REPORT

Indigenous Allied Health Australia
6b Thesiger Court Deakin West ACT 2600
PO Box 323 Deakin West ACT 2600
Phone: +61 2 6285 1010
Fax: +61 2 6260 5581
Email: admin@iaha.com.au
www.iaha.com.au

ABN: 42680384985