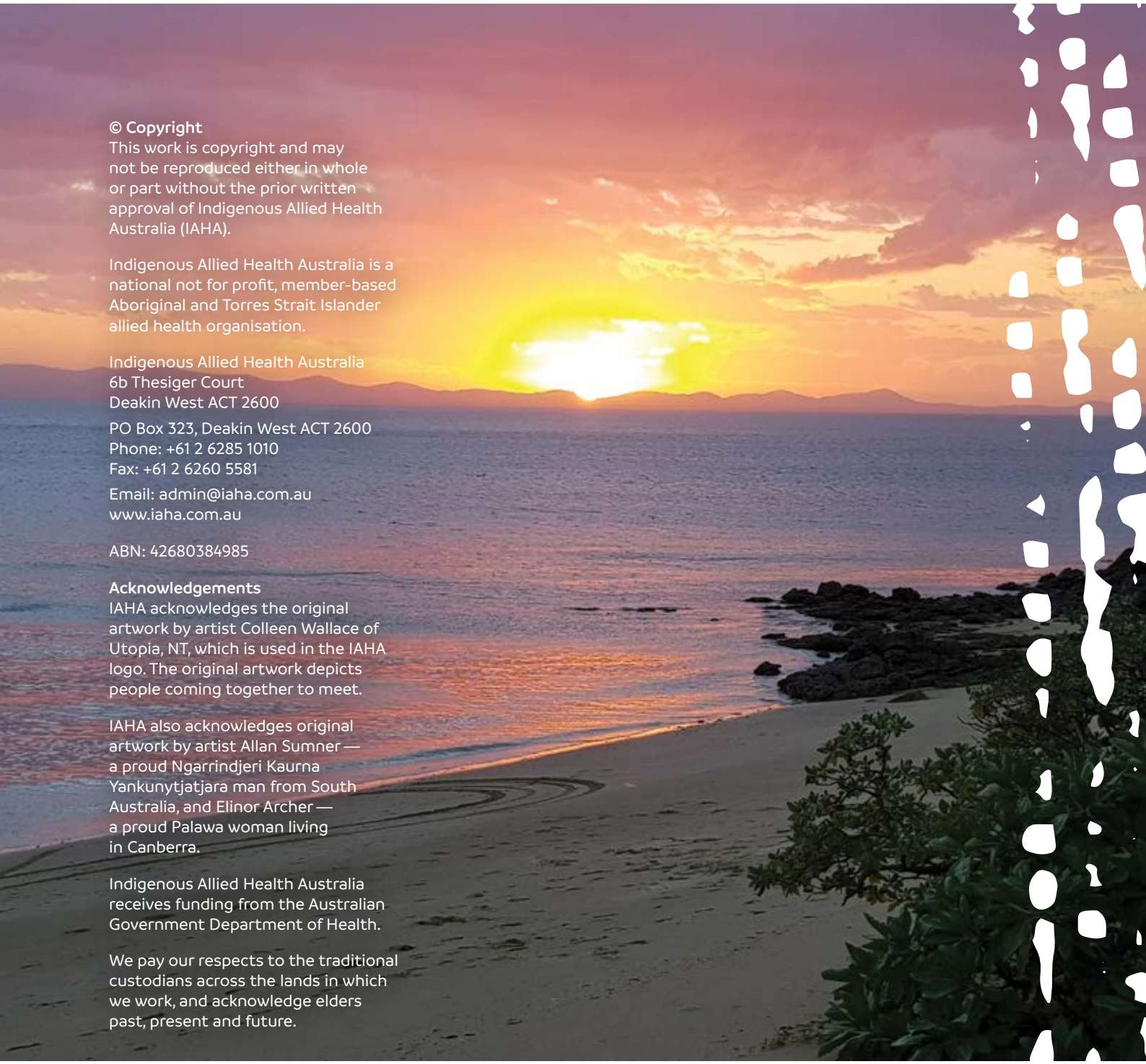
Annual Report 2017–2018

IAHA Indigenous Allied Health Australia



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

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

IAHA also acknowledges original artwork by artist Allan Sumner — a proud Ngarrindjeri Kaurna Yankunytjatjara man from South Australia, and Elinor Archer — a proud Palawa woman living in Canberra.

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.

WHO WE ARE

OUR KEY INITIATIVES

FINANCIAL STATEMENTS

OUR STRATEGIC DIRECTION

Indigenous Allied Health Australia Ltd. (IAHA) is a national not-for-profit, member based, Aboriginal and Torres Strait Islander allied health organisation. IAHA leads sector workforce development and support to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

IIAHA is a company limited by guarantee, is registered with the Australian Charities and Not-For-Profits Commission (ACNC), the independent regulator of charities, and has deductible gift recipient (DGR) status.

Who we are

IAHA Vision

ALL ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE, AND FUTURE GENERATIONS, ARE:

healthy
strong
thriving
SELF-determined

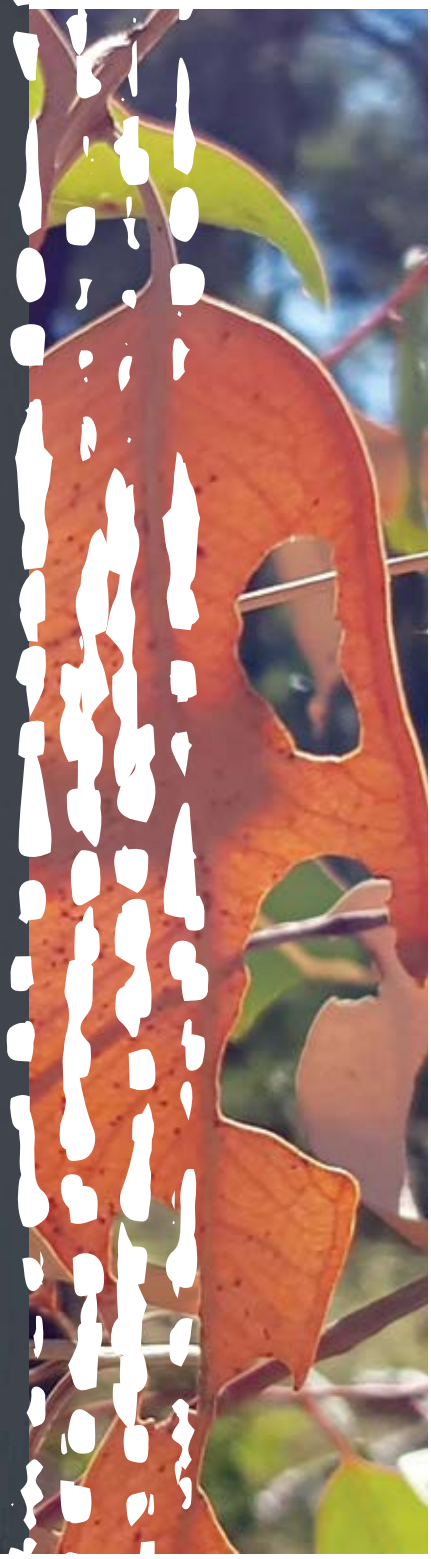
Our purpose

We will collectively transform the allied health sector, led by the Aboriginal and Torres Strait Islander workforce to improve health and wellbeing outcomes.

Our values

We value and respect Aboriginal and Torres Strait Islander:

- Cultures & Identities
- Knowledges & Perspectives
- Sharing & Relationships



IAHA STRATEGIC PLAN 2017–2020

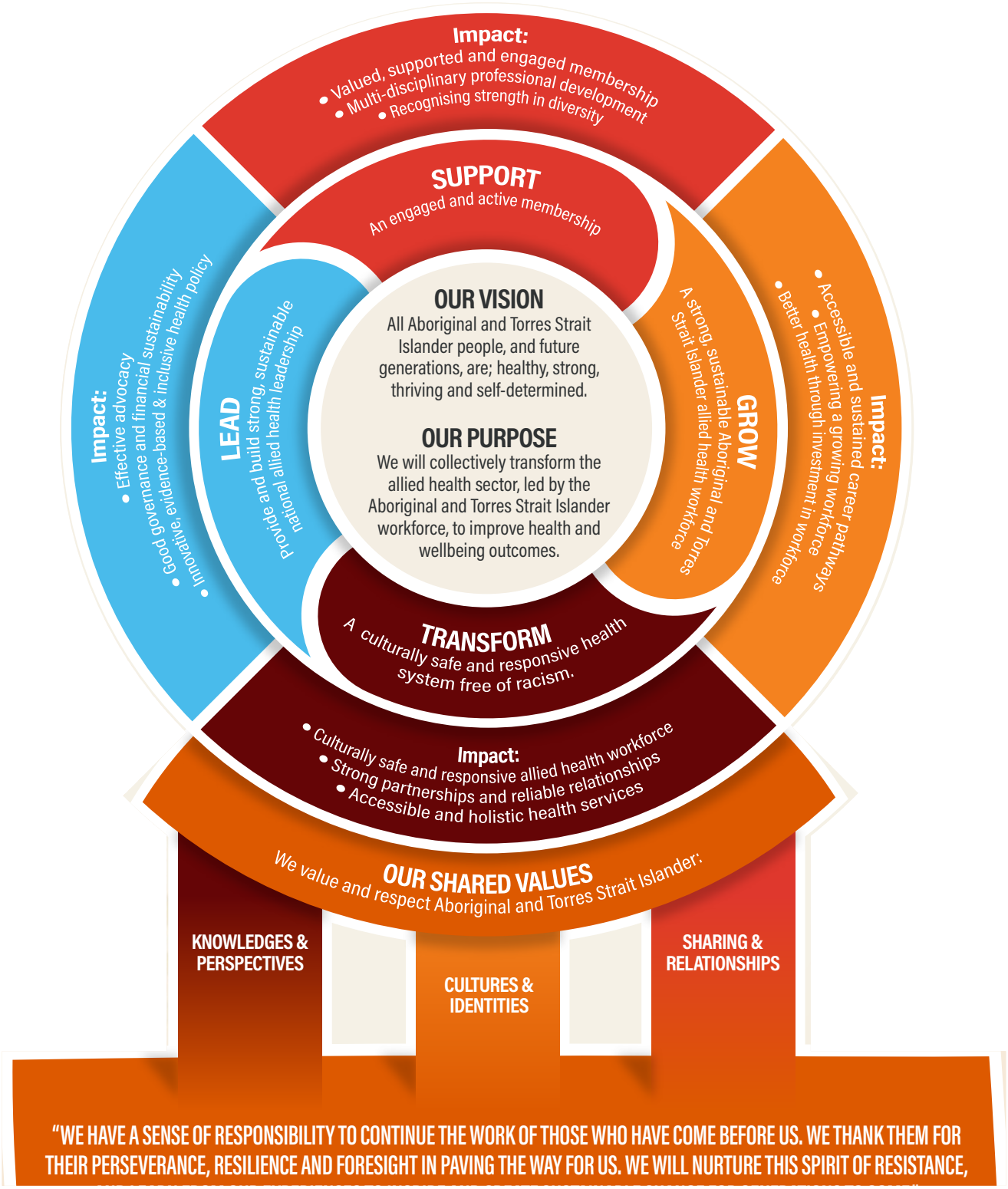
This Plan builds on our strong membership and governance base and has been informed and guided by the expertise, reflection, time and knowledge of IAHA members. The result is a dynamic and optimistic plan aimed at transforming the health system, supporting the allied health workforce, eliminating racism and securing better health and wellbeing in our communities.

This is the first Annual Report against our Strategic Plan 2017–2020.

OUR PRINCIPLES

The following principles lay the foundation for IAHA strategic priorities, goals and strategies.

- CULTURE AS CENTRAL TO ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELLBEING
- ABORIGINAL AND TORRES STRAIT ISLANDER LEADERSHIP AND SELF-DETERMINATION
- CULTURALLY-INFORMED, STRENGTHS-BASED PRACTICE
- PARTNERSHIP AND COLLABORATION
- ACCOUNTABILITY AND RESPONSIBILITY


Impact:
• Valued, supported and engaged membership
• Multi-disciplinary professional development
• Recognising strength in diversity
SUPPORT
An engaged and active membership
Impact:
• Effective advocacy
• Good governance and financial sustainability
• Innovative, evidence-based & inclusive health policy
LEAD
Provide and build strong, sustainable national allied health leadership
OUR VISION
All Aboriginal and Torres Strait Islander people, and future generations, are; healthy, strong, thriving and self-determined.
OUR PURPOSE
We will collectively transform the allied health sector, led by the Aboriginal and Torres Strait Islander workforce, to improve health and wellbeing outcomes.
GROW
A strong, sustainable Aboriginal and Torres Strait Islander allied health workforce
Impact:
• Accessible and sustained career pathways
• Empowering a growing workforce
• Better health through investment in workforce
TRANSFORM
A culturally safe and responsive health system free of racism.
Impact:
• Culturally safe and responsive allied health workforce
• Strong partnerships and reliable relationships
• Accessible and holistic health services
OUR SHARED VALUES
We value and respect Aboriginal and Torres Strait Islander:
KNOWLEDGES & PERSPECTIVES
CULTURES & IDENTITIES
SHARING & RELATIONSHIPS
"WE HAVE A SENSE OF RESPONSIBILITY TO CONTINUE THE WORK OF THOSE WHO HAVE COME BEFORE US. WE THANK THEM FOR THEIR PERSEVERANCE, RESILIENCE AND FORESIGHT IN PAVING THE WAY FOR US. WE WILL NURTURE THIS SPIRIT OF RESISTANCE,

Priorities and Objectives

Our priorities and objectives describe the key areas IAHA focuses on to achieve our vision and purpose. The IAHA Strategic Plan 2017–2020 identifies four priority areas.

Each priority area includes a defined goal which is supported by individual strategies. Implementation and delivery of activities are monitored by the IAHA Board of Directors through a set of actions and key performance indicators.

IAHAs four key strategic priority areas are:

- **Support** and engage our membership in advocacy, leadership capability and professional developments so that members are a strong, culturally-informed allied health workforce.
- **Grow** and to support the sustainable development of the Aboriginal and Torres Strait Islander allied health sector.
- **Transform** and contribute to the broader health system to ensure culturally safe and responsive care is embedded in creating sustainable change led by Aboriginal and Torres Strait Islander peoples.
- **Lead** through promoting the collective voice of our membership and provide strong national Indigenous health leadership.

This annual report provides a summary of key IAHA activities and outcomes for the 2017–18 financial year.

"With our members' leadership, strength and resilience, IAHA is committed to ensuring Aboriginal and Torres Strait Islander peoples' health and wellbeing is improved now and into a future where we are determining our success."

CHAIRPERSON'S REPORT

As Chairperson of Indigenous Allied Health Australia, it is again my privilege to present the 2017–18 IAHA Annual Report to members and stakeholders.

IAHA is continuing to perform well against all of our strategic priorities in our first year of the new Strategic Plan 2017–2022. We received positive news in the Commonwealth Budget for 2018-19, delivered on 8 May 2018. Funding was announced for a new agreement, over four years, with additional funding to support our priorities including current and new activities over the period. The Board is working closely with the Secretariat and our stakeholders to ensure that our sustainability as a national peak body is secured and is aligned with our members, families and communitys' needs.

With the expertise, skills and experience of the Board Directors IAHA continues to demonstrate our commitment to good governance, leadership and innovation across the health workforce sector. The Board has focused on building our national profile across sectors with strong member engagement bringing Aboriginal and Torres Strait Islander views, cultural and professional perspectives to the broader allied health sector. We have maintained strong and diverse relationships and established two new formal partnerships over the year. We have also participated in more than 15 committees and formal advisory bodies and increased our commitment and influence in building a culturally safe and responsive workforce and health system. IAHA delivered 25 cultural responsiveness workshops and presentations across Australia. IAHA has extended our network internationally this year, leading up to our Allied Health Forum and our first International First Nations student event, the IAHA International Indigenous HealthFusion Team Challenge later in 2018.

As members discussed at our 2017 AGM, IAHA has continued to increase our business activities in order to increase funding for our activities to support and promote our rapidly growing membership. The Board considered it important to appoint an Independent Director, with substantial business management experience. We are looking forward to finalising the IAHA Business Strategy in early 2019.

IAHA has also increased our engagement with individual allied health professions specifically focusing on cultural safety in practice, through embedding in professional standards and in policy and workforce development. We look forward to continuing our relationships into the future as collective action is focused on eliminating all forms of racism.

As we move into IAHAs tenth anniversary in 2019, we are committed to demonstrating national leadership in the allied health sector and broader related sectors, driven by our increasing membership, which grew by over 31 per cent in 2017–18, with full members growing by 23 per cent.

I would like to thank the Board and, on their behalf, thank the CEO and staff for their insights, mentoring, shared experiences and commitment to leading change in supporting our growing allied health workforce. Together, our efforts are helping to ensure culturally safe and responsive care is embedded across the allied health sector. We are at the forefront of transforming the health system in designing our future as healthy, strong and thriving Aboriginal and Torres Strait Islander individuals, families and communities.

To IAHA members, this is your organisation and your increased engagement and participation has set our shared vision and collective action in the allied health sector. Your continued involvement in the IAHA mentoring program, national policy development, IAHA initiatives and profession-based leadership is why our IAHA profile has increased over the year. This is significant as through your individual efforts and our combined contributions to national reform we are making a difference!

NICOLE TURNER

"The activities we pursue are focused on our strategic priorities, particularly supporting our Aboriginal and Torres Strait Islander workforce who are making a significant difference in leading cultural safety and contributing to improved health and wellbeing of individuals, families and communities."

CHIEF EXECUTIVE OFFICER'S REPORT

In 2017–18 we transitioned into the new Strategic Plan. It has been a year of growth in which we have consolidated our approach to activities.

As CEO, it is a privilege to be part of an organisation that places Aboriginal and Torres Strait Islander cultures and strengths-based approaches at the centre of what we do and demonstrates why they are essential to addressing health and wellbeing.

This Annual Report provides an overview of what IAHA achieved in 2017–2018. While there are highlights showing progress in every area, we also know that we need to continue to show impact and ensure we are focused on meeting the needs of our diverse membership. We have successfully delivered professional development opportunities to our members including the 2017 National Conference held in Perth where 300 members and stakeholders attended over three days as well as our fifth Indigenous student HealthFusion Team Challenge with 40 of our student members. Through these events, our rural and remote clinical placements and graduate professional development scholarships and more, we help IAHA Members achieve their career and personal goals. Almost 100 Members received direct financial support to help them participate in this way. IAHA has also worked hard on further developing resources for the mentoring and cultural responsiveness training. Our investment is ensuring our IAHA products are high quality, relevant and effective in supporting and developing members, individuals and organisations.

Our activities and projects have gained traction in national and jurisdictional advocacy and workforce policy. By establishing new partnerships and strengthening current relationships with communities and key Indigenous partners we are enabling approaches that are informed and driven by Aboriginal and Torres Strait Islander people.

We have strengthened our leadership position in transforming the allied health sector and our involvement in supporting, growing, transforming and leading change has significantly increased over the 2017–18 financial year both nationally and internationally. We are looking forward to the future, working with our members, the Board and our stakeholders to ensure Aboriginal and Torres Strait Islander peoples and our nations are achieving their aspirations.

DONNA MURRAY

Key achievements

IAHA Board of Directors

Ms Nicole Turner

Director (Graduate), Chairperson

Date Appointed: 15 April 2014;
Re-elected 30 November 2017

Elected Chairperson on 2 December 2016; Re-elected Chairperson on 30 November 2017

Nicole is a Kamilaroi woman and one of very few qualified Aboriginal community Nutritionists in Australia. Nicole has worked in health for over 20 years, manages a large healthy lifestyle program across the Hunter New England area of New South Wales, sits on many committees and boards at national and state levels and has an active role in research.

Mr Trevor-Tirritpa Ritchie

Director (Graduate), Deputy Chairperson

Date Appointed: 27 November 2014;
Re-elected 2 December 2016

Elected Deputy Chairperson
2 December 2016

Trevor-Tirritpa is a Kaurna man from Adelaide and holds a Bachelor of Applied Science (Occupational Therapy). Trevor has previously worked in corrections, housing and education. He brings an OT perspective and a broad appreciation of allied health, is passionate about growing our workforce which he sees as enabling our people and communities to prosper and build culturally responsive services.

Mr Stephen Corporal

Director (Graduate)

Date Elected: 3 December 2015;
Re-elected 30 November 2017

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

Ms Patricia Councillor

Director (Graduate)

Date Elected: 3 December 2015;
Re-elected 30 November 2017

Patty is a Yamaji Naaguja nyarlu from the midwest of Western Australia, a mother and grandmother. Patty worked across the education, community service and health sectors, before working in mental health and enrolling in a Bachelor of Health Science (Mental Health) via Charles Sturt University. Patty then returned to her home of Meekatharra to work with her countrymen. Patty is studying for a qualification in Counselling.

Ms Danielle Dries

Director (Graduate)

Date Elected: 2 December 2016

Danielle is a Kaurna woman from South Australia, born in Perth, and grew up between Canberra and the United States. Danielle graduated with a Bachelor of Physiotherapy from Charles Sturt University in 2011. Danielle also has a medical degree, has been a Close the Gap Ambassador, a mentor for the IAHA Health Fusion Team Challenge, and was a key speaker at the Future Health Leaders Indigenous Health Forum.

Mr Matthew West
Director (Graduate)

Date Elected: 2 December 2016

Matthew is a proud Wiradjuri man from Wellington in western NSW and a Podiatrist currently working on the NSW Central Coast. Matthew is completing his PhD which is focused on developing a screening and intervention program to reduce the high rate of amputation among the Aboriginal and Torres Strait Islander community.

Ms Diane Bakon
Director (Independent)

Appointed: 2 January 2018

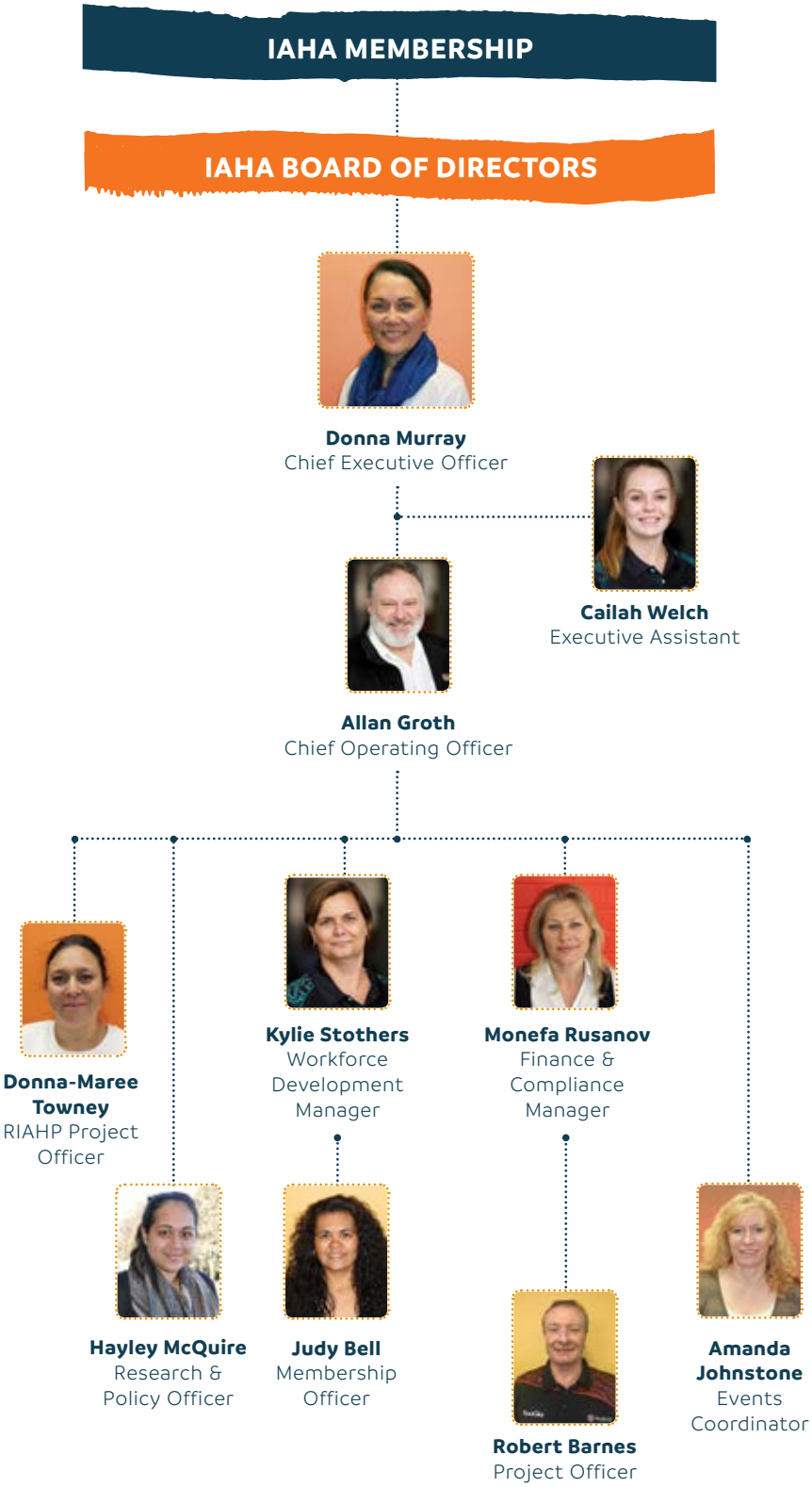
Diane is a strong Kamilaroi woman with connections to the Narrabri area in New South Wales. Diane is also an IAHA Full Member and an Occupational Therapy graduate from James Cook University. Diane was appointed as an Independent Director to the IAHA Board of Directors for a term of 2 years. (The IAHA constitution allows for the appointment of up to two Independent Directors on the IAHA Board of Directors to fill skills gaps and/or add additional expertise that may be identified through a skills audit undertaken by the current Board.)

Ms Tracy Hardy
Director (Student)

Elected: 2 December 2016;
Retired 30 November 2017

Tracy is a Kamilaroi woman, who completed her Bachelor of Nutrition and Dietetics (Honours) degree at the University of the Sunshine Coast in 2017. Tracy aims to support fellow Aboriginal and Torres Strait Islander allied health students to grow as professionals by providing encouragement and information regarding networking opportunities and offering a platform to have their voices heard.

(As part of the IAHA Constitutional changes adopted in December 2016, members agreed to not continue with the Student Director position on the Board with effect from the end from 2017.)



IAHA Secretariat

The IAHA Secretariat works as a team, to deliver on the strategic direction and priorities identified by the Board of Directors and as set out in the IAHA Strategic Plan 2017–2020.

During 2017–2018 there were several changes in the IAHA secretariat. Cailah Welch joined IAHA in November 2017 as our Executive Assistant. In May 2018, Victoria Wilson accepted a well-deserved promotion with Mental Health Australia. Sammantha Clarke worked with us on a temporary contract as a project officer (December 2017–June 2018) and
John Little assisted us as a part-time Finance Officer (September 2017–February 2018).

Our Membership

IAHA is an Aboriginal and Torres Strait Islander led allied health workforce organisation. We have four membership categories.

- **IAHA Graduate Full membership**: an Aboriginal and/or Torres Strait Islander person who has graduated from an Allied Health Course with a recognised qualification and has been accepted by the Board as having commitment to the Objects of IAHA.
- **IAHA Student Full membership**: an Aboriginal and/or Torres Strait Islander person who is currently enrolled in an Allied Health Course and has been accepted by the Board as having commitment to the Objects of IAHA.
- **IAHA Associate membership**: An individual (whether Aboriginal and/or Torres Strait Islander or non-Indigenous) who is accepted by the Board as having a commitment to Objects of IAHA.
- **IAHA Associate membership, Corporate**: an organisation that is accepted by the Board as having a commitment to the Objects of IAHA.

IAHA takes an inclusive and holistic view of allied health in our membership, with representatives of the following allied health professions in our membership.

IAHA members are represented in professions registered with the Australian Health Practitioner Regulation Agency (AHPRA) and in self-regulated professions.

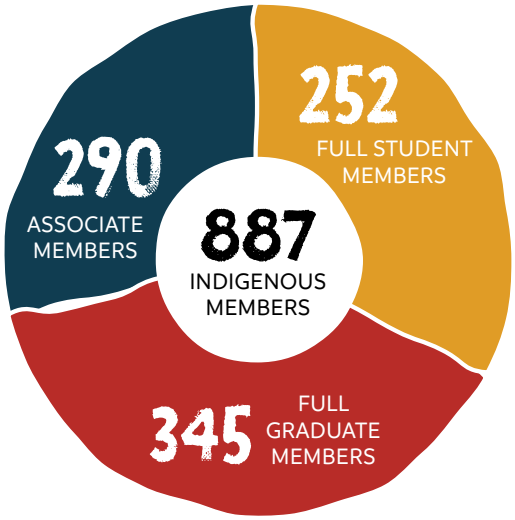
- IAHA currently has full members in the following disciplines — allied health, mental health, social work, social welfare, psychology, counselling, oral health, dentistry, dietetics, occupational therapy, exercise science, exercise physiology, physiotherapy, public health, nutrition, radiography/radiation therapy, pharmacy, paramedics, speech pathology, audiology, optometry, chiropractic, podiatry and osteopathy.
- IAHA also has Aboriginal and Torres Strait Islander members in other health related roles such as allied health assistants, Aboriginal and Torres Strait Islander health workers/practitioners, doctors, nurses and midwives. The number of Aboriginal and Torres Strait Islander health and medical professionals joining IAHA continues to increase, reflecting our strength as an interprofessional and collaborative organisation.
- There are full member students in 20 of the 28 disciplines in 23 Australian universities.

IAHA continues to grow strongly.

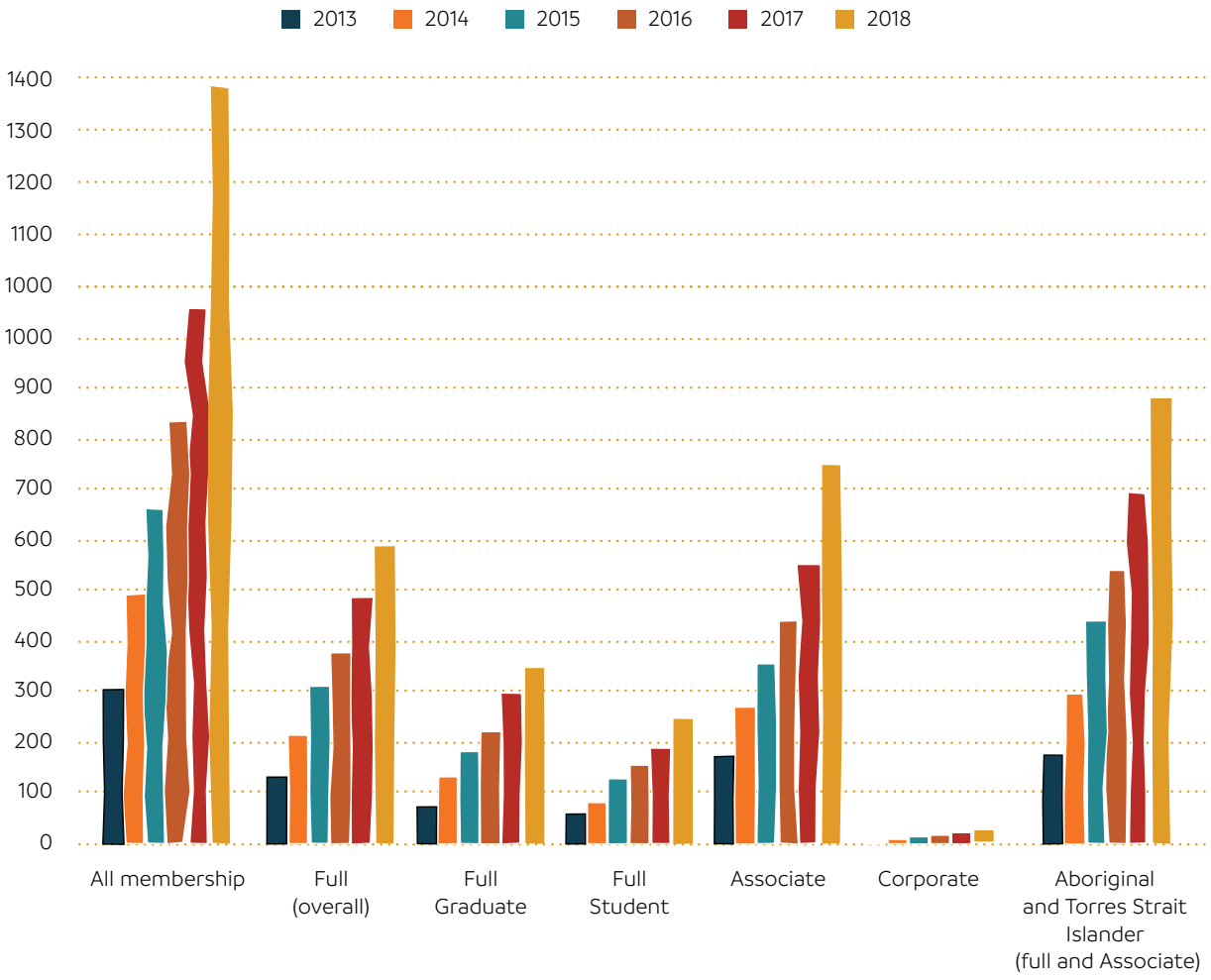
STATISTICS

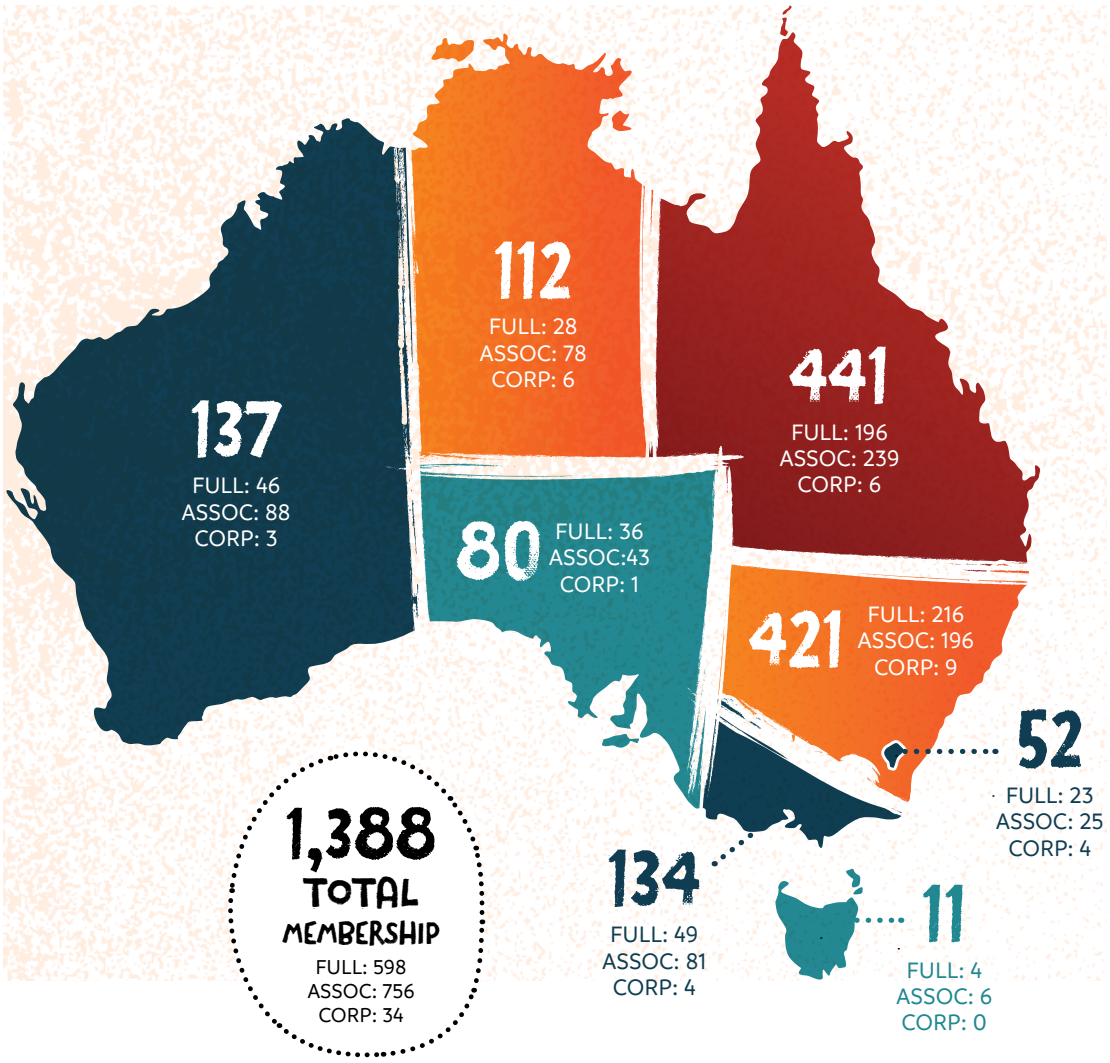
As at 30 June 2018, IAHA had a total of 1388 members, an increase of 327 (or 31%) on the previous year.

- Our membership comprises of 63.9% (887 members) Aboriginal and/or Torres Strait Islander members.
- 345 Full Graduate Members; 252 Full Student Members; and 290 Indigenous Associate Members.
- Over the 12 months to 30 June 2018, there was significant growth across all member categories.
  - Full Members (graduates and students) increased by 22.8%.
  - Associate Members increased by 204 (37%).
  - Corporate members increased by 12 (54%).



IAHA Membership Profile





64% of members are Aboriginal and/or Torres Strait Islander

31% total membership increase

23% full membership increase

37% associate membership increase

54% corporate membership increase

Our Key Priorities and Initiatives

STRATEGIC PRIORITY 1

SUPPORT

OBJECTIVES:

1.1 Strengthen and build on the capabilities and skills of members.

1.2 Strengthen culturally-inclusive engagement and connection with members.

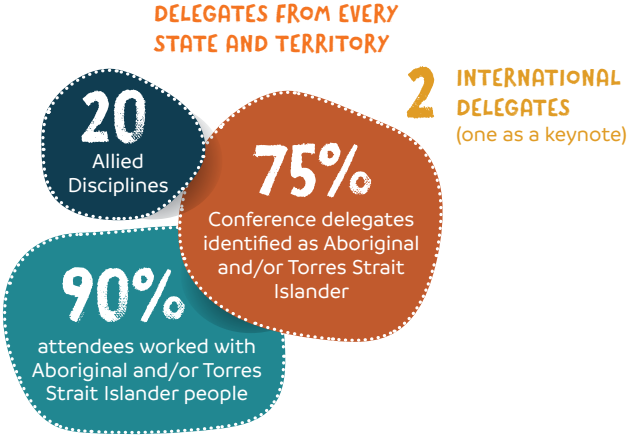
1.3 Represent and enable the collective voice of our membership.

IAHA is committed to engaging and supporting our membership and providing professional development — by value-adding to existing opportunities as well as providing new and innovative personal and professional development opportunities. Member attendance and participation in such events builds skills, knowledge and experience, while promoting IAHAs objectives and increasing our national profile. Members participate in many ways, by assisting with IAHA exhibitor's stalls, presenting, co-presenting papers, co-facilitating workshops, participating on committees and advisories and undertaking other speaking engagements on behalf of IAHA.

Our primary professional development event in 2017–18 was the IAHA National Conference, which was held in Perth on 27-30 November. The Conference theme was ***Care, Cultures, Connection***—each of which is critical to quality, safe and responsive care for Aboriginal and Torres Strait Islander peoples, families and communities. Respecting and valuing relationships, connections, cultures, knowledges and perspectives underpins the transformation needed in the health system to better meet the diverse needs of Aboriginal and Torres Strait Islander peoples. The Conference showcased successful allied health and culturally safe practice, partnerships and projects that contribute to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. It provided a culturally safe setting for 314 delegates who engaged with inspiring keynote addresses from national and international speakers, a wide variety of concurrent sessions and inter-professional development workshops.

"FABULOUS CONFERENCE. HIGHLIGHTS WERE LISTENING TO DR GREG PHILLIPS, GALA DINNER AND AN EMOTIONAL, JOURNEY WITH ARCHIE ROACH. THANKS SO MUCH TO ALL THE ORGANISERS. A FANTASTIC AND VARIED CONFERENCE."

THE 2017 NATIONAL CONFERENCE WAS ATTENDED BY:



Archie Roach – keynote

"I ABSOLUTELY LOVED THE CLINICAL APPLICATIONS AND THE OPPORTUNITY TO LEARN SMALL PROCEDURES THAT CAN SAVE SOMEONE'S FOOT! VERY VALUABLE INFORMATION AND THE PRESENTERS WERE VERY ENGAGING, FUN AND INSPIRING."

The conference was preceded by two workshops, IAHA Cultural Responsiveness in Action: Introduction and Digital Mental Health. A preconference cultural tour also offered the delegates an opportunity to learn and experience the culture of the traditional custodians, the Whadjuk people of the Noongar Nation.

The conference was closed with a full auditorium and a key note session by the amazing Archie Roach who delivered an emotional, thought provoking life story told through narrative and song.

The 2017 National Conference included 24 Concurrent presentations and 12 interactive workshops:

- Of the 314 delegates attending, 63% were IAHA members.
- Sixteen (16) IAHA members were selected to provide presentations at the 2017 IAHA National Conference.
- Seven (7) IAHA members were National IAHA Award winners at the IAHA gala dinner and awards held in conjunction with the National Conference.
- All selected abstracts were authored or co-authored by Aboriginal and/or Torres Strait Islander Members and the broader Aboriginal and Torres Strait Islander workforce.

The Feedback on the Conference was extremely positive:

99%

strongly agreed or agreed the conference **strengthened** their **understanding** of Aboriginal and Torres Strait Islander health and wellbeing

99%

strongly agree or agree the conference provided a **positive experience** that valued diversity of cultures and disciplines

99%

strongly agree or agree the conference was **strengths-based** and **action orientated**

100%

strongly agree or agree the conference provided a **culturally safe** environment to learn and be actively involved

94%

strongly agree or agree the conference **developed** their professional and personal **skills** and **knowledge**.

98%

strongly agree or agree the conference provided **opportunities** to build and strengthen relationships and to experience national networking opportunities.

POSITIVE
ACTION ORIENTATED
UNDERSTANDING
CULTURALLY SAFE
OPPORTUNITIES
DEVELOPMENT

"THE CULTURALLY SAFE, STRENGTH-BASED ENVIRONMENT FOR EVERYONE! THE SUPPORT FOR THE STUDENTS AS OUR FUTURE – FANTASTIC."

2017 Conference workshops and sessions

4th year Podiatry student, CSU Thurgoona Campus NSW

Assisted with a placement for podiatry at the Royal Darwin Hospital.

This experience was amazing. I was able to have hands on experience in the High Risk foot clinic within the hospital. The staff and students that I met along the way showed the utmost care required to assist patients in any way. Without the funding assistance from Indigenous Allied Health RDFS Scholarship I would not have been able to travel so far from home. I would recommend this placement to any profession as I also met some exchange students and spent some time with them. I was lucky enough to meet the Chairperson of the Tiwi Islands: A place I will visit next time in Darwin. The local Larrakia people to who were lovely and welcoming. The experience increased my interest to practice in remote services in the future and assist with good foot health wherever I possibly can.

Thank you again for the opportunity.

Since January 2018, IAHA has been busy organising our next major professional development event, the *2018 International Indigenous Allied Health Forum* (to be held on 30 November 2018 in Sydney). The Forum will also coincide with our Annual IAHA, Awards Dinner, Annual General Meeting, Member Forum and the International HealthFusion Team Challenge (HFTC).

In addition to hosting IAHA led professional development events, IAHA supported member engagement in a number of external opportunities. During 2017–18, IAHA provided or facilitated:

MEMBER PROFESSIONAL DEVELOPMENT SCHOLARSHIPS

- Eighty (80) IAHA scholarships — awarded to attend the IAHA National Conference and events in November-December 2017.
- IAHA provided two (2) student member scholarships for international clinical placements;
- IAHA provided four (4) further graduate professional development scholarships to full member (graduates) to undertake training, development or an educational opportunity to support their career progression.
- Member Professional Development Scholarships were opened on 17 May 2018, calling for applications to attend the 8th Gathering of the Healing Our Spirit Worldwide, IAHA International Forum and/or the International HFTC.

OTHER SUPPORT ACTIVITIES

- IAHA held members' gatherings in Broome, Darwin, Townsville, Brisbane and Sydney, to facilitate and reinforce connections and networks. This also provided an opportunity to share IAHA activities and seek feedback from our members.
- IAHA held a member competition in 2017 seeking short videos from members focused on their allied journey or why they chose allied health. The winner of the first IAHA short video competition – showcasing their creativity and journey into allied health was announced at the 2017 Members Forum.
- In addition, IAHA continued to facilitate 6 governance opportunities for graduate members on profession-based committees and advisories namely in Speech Pathology, Pharmacy, Podiatry, Occupational Therapy, Nutrition and Optometry.

IAHA MENTORING PROGRAM

In 2017–18, IAHA continued to promote and build on the Mentoring program focused on supporting our members to achieve their goals and aspirations. We commenced the development of combining the IAHA Mentoring Program with the Cultural Responsiveness Program, building the cultural safety and capabilities of the broader workforce for individual and organisational transformation. Leadership development is also included in the IAHA approach to Mentoring, and IAHA delivered leadership and mentoring workshops at the 2017 National Conference for delegates.

At 30 June 2018, the IAHA mentoring program involved:

recorded relationships across our membership including Aboriginal and Torres Strait Islander graduates and students and non-Indigenous members

We also know that there are members that are undertaking mentoring relationships in an informal arrangement who also provide positive feedback on the usability of our mentoring workbook and resources for them to commence, manage and exit their mentoring relationships. The number of active mentor relationships fluctuated over the year. With 26 relationships active at 30 June 2018, this represented a 13 per cent increase over the year, with 4 additional mentors and 17 new mentees.

Students undertaking the IAHA HealthFusion Team Challenge (HFTC) also have access to a team of mentors, representing a cross-section of disciplines. Mentors are provided with a detailed brief of the role and expectations and spend two days with our student participants to provide clinical and cultural expertise throughout the challenge.

INDIGENOUS ALLIED HEALTH AUSTRALIA
MENTORING PROGRAM

IAHA HEALTHFUSION TEAM CHALLENGE

100%

strongly agreed or agreed they extended their **networks** with other Aboriginal and/or Torres Strait Islander students and graduates

95%

strongly agree or agree they increased their **knowledge** of other health professions

100%

strongly agree or agree the HFTC is **relevant** to their education and career pathway

97%

strongly agree or agree they expanded their **leadership** capacity

92%

strongly agree or agree their **confidence** increased

95%

strongly agree or agree they improved their **public speaking** skills

THE 2017 IAHA HEALTHFUSION TEAM CHALLENGE (HFTC)

The 2017 HFTC brought together 40 health students from Dietetics, Exercise Science / Physiology, Public Health, Medicine, Mental Health, Nutrition, Nursing, Paramedicine, Occupational Therapy, Dental Surgery/medicine, Pharmacy, Radiation Therapy, Physiotherapy, Psychology, Social Work and Speech Pathology.

The HTFC was held over three days, 25-27 November 2017. Students were allocated into interprofessional teams and with the guidance of Mentors, each team developed a management plan to reflect best practice for a complex case focused on fetal alcohol spectrum disorder. All teams presented their respective management plans during the heats, with the two top teams presenting at the IAHA Conference as a main plenary session in front of some 300 delegates.

We congratulate the 2017 IAHA HFTC winners Team Curly Wurlys. IAHA would like to recognise the great work and effort put in by all participants, who came from 15 different universities.

Interest in and applications to participate in the HFTC grows each year. The feedback from the 2017 IAHA HFTC helps to explain why.

Reflections of an IAHA mentee (and current mentor)

I had the privilege of participating in the IAHA Mentoring Program in 2017. I was in my second year as a podiatrist and was eager to develop not just clinically but also as a culturally responsive practitioner. I chose to work with my mentor as we already had a relationship through IAHA and I felt confident that we would be compatible. We live in different states so we agreed to catch up over the phone once a month. As we are both busy, some months we had to be flexible and communication was key to ensure we both prioritised the relationship.

As the mentee, I felt in the driver's seat. The program enabled me to set goals, discover what I wanted from the relationship and plan how I would achieve. I found the content of the booklet and webinars to be interesting and engaging. The program also provides an excellent framework to assist with setting clear expectations, responsibilities and tips for what to do if the relationship isn't going so well.

I found my experience with the IAHA Mentoring Program to be extremely valuable and fulfilling. At times, it pushed me out of my comfort zone, which enabled growth and development. The program also fosters ongoing reflection and self-care. I felt I achieved my goals but also gained access to other opportunities and benefits I didn't anticipate.

I would like to thank my mentor for being committed and invested in the relationship which has resulted in ongoing informal mentoring and a strong friendship. I would strongly encourage other members to participate in the program and make the most of this exciting opportunity. IAHA Full Member (Graduate) and Podiatrist

IAHA AND ROYAL FLYING DOCTOR SERVICE ABORIGINAL AND TORRES ISLANDER ALLIED HEALTH SCHOLARSHIPS

In 2017–18 The Royal Flying Doctor Service (RFDS) partnered with IAHA to administer the $10,000 scholarship funding pool to undertake a remote or rural clinical placement of at least four weeks' duration. Our partnership with the RFDS is important in helping to enable rural or rural allied health clinical locally driven workforce development models that provide culturally safe and responsive allied health services with Aboriginal and Torres Strait Islander people.

2017–2018 RFDS Scholarships Awarded included:

- A Bachelor of Oral Health Therapy student from Charles Sturt University who undertook a clinical placement at Dubbo, with the Bachelor of Oral Health Therapy student from Charles Sturt University, including outreach programs run in Brewarrina with the Royal Flying Doctors Service (RFDS).
- A Podiatry student from Charles Sturt University (CSU), Thurgoona Campus, Albury who was assisted to undertake a placement at the Royal Darwin Hospital.
- A Speech Pathology student from Edith Cowan University who was supported to undertake clinical placements in Geraldton and Mount Magnet in WA.
- A Physiotherapy student from the University of Queensland who undertook a five week placement with North West Community Rehab in Mount Isa.

Oral Health Therapy, 3rd year student, Charles Sturt University

I am a proud Aboriginal woman from the Dunghutti Nation. I studied a Bachelor of Oral Health Therapy at Charles Sturt University in Wagga Wagga. During my final year of study, I was required to complete compulsory external clinical placement, and for this I was placed in Dubbo. During my time in Dubbo we also had to complete a week's placement in Brewarrina and two days with Rural Flying Doctors Service. This was quite an experience and really opened my eyes to the lack of health professionals in rural communities. I am so grateful for the RFDS scholarship I received through IAHA, as it supported me a lot during my time on placement as it helped with travel, accommodation, food and everyday living.

STUDENT SUPPORT AND ENGAGEMENT

Increasing the Aboriginal and Torres Strait Islander (allied) health workforce improves safety, responsiveness, access and impacts positively on the health and wellbeing of Aboriginal and Torres Strait Islander people. IAHA recognises the importance of supporting and actively engaging with our student members and key stakeholders to build our future workforce. In 2017–18 the number of IAHA Full Member Students increased to 252, or by 33.3 per cent

Our systemic approach and partnerships are making a difference to improve student retention and completions. We continue to work with regulatory and accreditation bodies, educators and others to promote more meaningful Aboriginal and Torres Strait Islander curricula content. Our work with universities directly, with bodies like the Australian Health Practitioners Regulation Agency (AHPRA) and the Australian Council of Deans of Health Sciences (ACDHS) among others is helping to promote the changes needed to make university allied health study a safer, more engaging experience for Aboriginal and Torres Strait Islander students.

IAHA facilitated a student session at the 2017 Members Forum to seek views on student needs and how IAHA can better provide support. Members provided feedback on specific resources that would assist them in applying for a job, interviewing techniques, mentoring and writing skills. IAHA is currently working on development of resources and investigating professional development opportunities.

Speech Pathology Clinical Placement in Thailand

A proud Kara Kara woman and Speech Pathology student who undertook an international placement in Thailand.

"I spent three weeks working in a centre for orphans and abandoned children. Monday to Friday 8:00 am to 4:00 pm we worked with the males and females in each centre providing discipline-specific therapy and working within a multidisciplinary team."

Being a proud Aboriginal woman, I am very aware and sensitive towards different cultures and I loved learning and experiencing the different customs. The Thai culture is full of kind people and amazing exotic foods. I loved embracing the culture whilst I was there, learning their language and trying many foods.

This was a once in a lifetime opportunity and made me grow as an individual as well as a health professional. Visiting a country like this changed my whole outlook on life and makes you feel so incredibly lucky growing up and living in Australia. Thailand has been a unique learning experience that I will never forget."

Minister Ken Wyatt addressing the 2017 HealthFusion Team Challenge students

STUDENT ACHIEVEMENTS

Opportunities and support provided to students through IAHA in 2017–18 achieved the following:

- IAHA and stakeholders supported fifty-four (54) students to attend the IAHA Conference and Events;
- Forty (40) students from seventeen (17) professions participated in the 2017 HealthFusion Team Challenge.
- IAHA provided five bursaries through the IAHA Student Bursary Scheme supporting full member (student) members with financial assistance through the provision of a $250 voucher for the purchase of textbooks/ resources.
- Two Full Member (Students) were awarded member professional development scholarships to undertake clinical placements overseas to extend their learning and cultural capabilities.
- Our first student poster sessions were held at the 2017 National Conference, with eight quality presentations.
- Held a student session at the 2017 Members Forum, to gather information on the support needed to enable success and transition into the workforce.
- Selected 10 Aboriginal and Torres Strait Islander students to the 2018 Student Representative Committee (SRC).
- Support the SRC to produce three student communiques and participate on IAHA social media to actively engage in positive and strengths-based ideas and strategies for students to succeed and feel supported.
- SRC members attended leadership and governance training with the IAHA Board Directors in February 2018.
- SRC contributed to the increase in student membership in 2018 through university expos, meetings with academic staff and promoting IAHA through other university activities.
- Awarded 6 scholarships to Full Members (Student) to undertake a clinical placement or other professional development opportunity in rural or remote Australia, including two student Remote Health Experience Placements during 2017–18.
- IAHA and the Royal Flying Doctors Service provided four (4) Aboriginal and Torres Strait Islander Student Health Scholarship in support of a remote or rural clinical placement.

Social Work Placement in Nepal

A Gurang Gurang woman enrolled in a Bachelor of Social Work (Hons) at the University of Queensland completed an international placement at the International Child Resource Institute in Kathmandu Nepal.

"Completing an international placement impacted on me both personally and professionally. I believe this experience provided me with the opportunity to grow as a professional in a field I am passionate about — community development and education. International placement renewed my passion to work with Aboriginal and Torres Strait Islander people to improve their health literacy to empower them to make informed decisions regarding their and their families health."

"Throughout my placement I received an enormous amount of support from IAHA and the University of Queensland Social Work Field Education Unit. I received the IAHA Member Professional Development Scholarship and the New Colombo Plan Bursary. These scholarships assisted me in paying for accommodation, college and supervision fees, and living expenses whilst in Nepal. This invaluable experience would not have been possible were it not for the support, professionally and financially, from IAHA or the University of Queensland."

IAHA'S STUDENT REPRESENTATIVE COMMITTEE (SRC)

The IAHA SRC is comprised of Aboriginal and Torres Strait Islander IAHA student members. It was established to advise the IAHA Board of Directors on issues and strategies affecting Aboriginal and Torres Strait Islander allied health students. The SRC works to promote careers in allied health and IAHA membership benefits, including student support opportunities to the wider public, especially to young Aboriginal and Torres Strait Islander people.

The 2018 SRC was selected by the Board in December 2017, following a well contested nominations process. The SRC comprised 10 student members from across Australia, representing 6 allied health professions. During 2017–18 the SRC met 4 times, with two face to face meetings in Canberra and Brisbane supported by the IAHA Secretariat.

SRC member activity included:

- representing IAHA at a wide range of forums, seminars and conferences;
- hosting IAHAs student online forum;
- promoting IAHA membership (at universities and in workplaces);
- engaging IAHA student members and others through through the regular communications (e.g. newsletters);
- helping promote wellbeing plans within the student membership;
- participate in Close the Gap events in Canberra;
- undertaking and/or providing mentoring to other student members;
- contributing to and being profiled in university-based communications/newsletters;
- participating in university course review committees;
- co-facilitating Cultural Responsiveness training and workshops with lead facilitators;
- meeting with senior university staff to discuss partnerships and conference scholarship opportunities with the support of IAHA secretariat;
- meeting with allied health Schools, senior academics and professionals promoting corporate membership and supporting Aboriginal Allied Health students in clinical placements;
- promoting scholarships, clinical placement opportunities and jobs.

Retiring SRC members: IAHA also wishes to acknowledge and thank the members of the 2017 SRC who retired at the end of 2017, including:

- Kirrilaa Johnstone (2017 Chairperson)
- Will Kennedy
- Kate Thompson
- Jed Fraser
- Zoe King
- Lauren Hutchinson
- Troy Crowther.

Nicola Barker

2018 Chairperson and Student Representative

Nicola is a Ngiyampaa, Ngemba Murriwarri woman from Brewarrina and Bourke Far West NSW. Nic completed her schooling on Gumbaynggirr country, Coffs Harbour Mid North Coast NSW. Nicola is in her 4th and final year of a Bachelor of Social Work at the Australian Catholic University on Ngunnawal and Ngambri country, Canberra.

Gabe Oth

2018 Deputy Chairperson and Student Representative

Gabe is a proud Torres Strait Islander man from Moa Island, located in the western parts of the Torres Strait. Gabe was born in Townsville, Far North Queensland. Gabe is currently enrolled in a Bachelor of Sports and Exercise Science at Charles Darwin University.

Hannah Thompson

Student Representative

Hannah is a proud Kara Kara woman from the Springsure area who was born in Rockhampton, Central QLD. She went straight from school to University and is currently in her 4thand final year, studying a bachelor of speech pathology with honours at CQ University.

Daniel Chilly

Student Representative

Daniel is a part of the Gubbi Gubbi and Dhungutti nations and was born in Armidale NSW. He grew up mainly on his father's country in the Sunshine Coast, travelling to Kempsey as often as possible to connect with his mother's family and country. Daniel currently lives in Morayfield and studies the Bachelor of Social Work/ Criminology and Justice at the University of the Sunshine Coast (USC).

Nicole Velkoski

Student Representative

Nicole is a Wiradjuri woman, currently living on Whadjuk Nyoongar land. She is studying a Bachelor of Arts, majoring in Psychology, and is also working at the Department of Health WA and St John of God Hospital in Midland.

Kirsty Nichols

Student Representative

Kirsty is a Muran, Kungarakun woman from the Northern Territory who is currently studying a Bachelor of Health Science (Occupational Therapy Pathway) at Charles Darwin University. Kirsty spent much of her early years in Darwin and travelling to her grandmother's outstation on the Cobourg Peninsular.

Nellie Pollard-Wharton

Student Representative

Nellie is a Kooma woman born in Townsville and raised in Brisbane and Sydney. She has grown up on Cadigal Wangal country and is proud and grateful to call it home. Nellie developed a strong sense of social justice and human rights with a primary focus on eradicating inequality for Indigenous people. Nellie is enrolled in a Bachelor of Social Work (Hon) at UNSW.

Coen Wakeham-Hastie

Student Representative

Coen is a Bunjalung man who was born in Tweed Heads, NSW. Coen lives on the Gold Coast and commutes to Brisbane to study a double degree, the Bachelor of Paramedicine / Bachelor of Nursing at Queensland University of Technology (QUT).

Whitney Hunt

Student Representative

Whitney is from the Ballardong, Whujak, Kamilaroi ad Barkindji tribes. She was born in Alice Springs but has spent most of her life in Brisbane. She was the first in her family to graduate year 12. She is now in her 3rd year of studying a Bachelor of Clinical Exercise Physiology.

Tyrone Smith

Student Representative

Tyrone is a proud Mununjali man from the Beaudesert region of South East QLD. He lives, works and studies on Kombumerri county on the Gold Coast. Tyrone works at the First Peoples Health Unit at Griffith University as a project officer and is in his final year in the Bachelor of Exercise Science at Griffith University.

CELEBRATING OUR MEMBER ACHIEVEMENTS — THE 2017 IAHA NATIONAL INDIGENOUS ALLIED HEALTH AWARDS

The 2017 IAHA National Indigenous Allied Health Awards and Gala Dinner was held during the 2017 IAHA National Conference on Tuesday 28 November at the Rendezvous Hotel, Scarborough, WA.

The 2017 IAHA National Indigenous Allied Health Awards showcased individual contribution and outstanding achievements in Aboriginal and Torres Strait Islander allied health. The Awards recognise and value the work of our members in their jobs, communities, universities and/or their professions, showing leadership and inspiring Aboriginal and Torres Strait Islander people to consider and pursue a career in allied health.

CONGRATULATIONS TO THE 2017 AWARDEES:

IAHA Life Time Achievement Award — Mick Gooda

Mick Gooda is a descendent of the Gangulu people of Central Queensland. He is well known in Indigenous affairs throughout Australia, having advocated and represented on behalf of Aboriginal people for the last 25 years. Mick possesses extensive experience working in remote, rural and urban environments, and has knowledge of the diversity of circumstance and cultural nuances of Indigenous peoples throughout Australia.

Mick Gooda is a former Aboriginal and Torres Strait Islander Social Justice Commissioner and served as a Commissioner of the Royal Commission into the Protection and Detention of Children in the Northern Territory.

Indigenous Allied Health Professional of the Year Award — Ass. Prof Gregory Phillips

Gregory Phillips is from the Waanyi and Jaru Aboriginal Australian peoples, and comes from Cloncurry and Mount Isa.

He is a medical anthropologist, has a PhD in psychology ('Dancing With Power: Aboriginal Health, Cultural Safety and Medical Education'), a research master's degree in medical science ('Addictions and Healing in Aboriginal Country'; published as a book in 2003), and a bachelor degree in arts (Aboriginal Studies and Government majors).

Gregory has twenty years work experience in healing, alcohol and other drugs, youth empowerment, medical education and health workforce. He developed an accredited Indigenous health curriculum for all medical schools in Australia and New Zealand, founded the Leaders in Indigenous Medical Education (LIME) Network, and co-wrote a national Indigenous health workforce strategy. He established the Aboriginal and Torres Strait Islander Healing Foundation Ltd in the wake of the federal apology to Indigenous Australians, has advised federal ministers on Indigenous health inequality, and was honoured in 2011 with an ADC Australian Leadership Forum Award.

Allied Health Inspiration Award — Celeste Brand

Celeste Brand is an Eastern Arrernte/Arabana woman, born and raised on Arrernte country in Alice Springs. She joined IAHA in 2014 as a second year Social Work student studying a Bachelor of Social Work at Curtin University in Perth. Celeste participated in multiple professional development opportunities and was a member of the IAHA Student Representative Committee in 2015 until the end of 2016 when she graduated. She is now working as a Social Worker in Alice Springs.

Indigenous Allied Health Student Academic Achievement Award — Ash Wright

Ash is in her final 2 years of study with Bachelor of Psychology (Honours) with a distinction average. Ash has worked as a volunteer in her community transporting Elders to doctors and shopping. She dances as part of a Koori women's group and attends many gatherings doing clearings. She has helped a local elder for 2 years to get a plaque at the mission where she was taken to acknowledge it was there and let us all heal.

Future Leader in Indigenous Allied Health Award — Michale Chandler

Michale is a proud has been an active student member since 2012. She is currently in her final year of study in the Bachelor of Physiotherapy degree at James Cook University (JCU), Townsville. In 2017, she will be the first student to complete a Bachelor of Physiotherapy through the Indigenous Health Careers Access Program IHCAP process in the history of JCU.

Michale's capacity as a JCU tutor for Indigenous health students has created a platform to demonstrate leadership qualities and inspire other students to succeed throughout their university experience.

Commitment to Indigenous Health Award — Kirsty Nichols

Kirsty is proud of her Muran, Wurrumangu and Kungarakun heritage. Kirsty's commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples can be seen through her engagement with her national networks, mentoring and contributions to community.

Kirsty has been an active member of IAHA since joining in 2014 volunteering at IAHA Stalls, committees and mentoring program. She continues to value add and contribute to IAHA priorities freely and has participated in the HFTC over the past three years. She also serves on the Board of Management for Danila Dilba Health Service in Darwin. Kirsty is an inspirational leader and role model for many Aboriginal and Torres Strait Islander peoples, students, and her family.

STRATEGIC PRIORITY 2

GROW

OBJECTIVES:

2.1 Shape National Aboriginal and Torres Strait Islander allied health workforce development.

2.2 Advocate for a strong Aboriginal and Torres Strait Islander allied health evidence base.

2.3 Encourage the development of Aboriginal and Torres Strait Islander health leaders.

2.4 Actively promote allied health careers to Aboriginal and Torres Strait Islander students, individuals and communities.

IAHA is committed to increasing awareness about the role and value of allied health in improving health and wellbeing for Aboriginal and Torres Strait Islander people. With more exposure and opportunity, our members show that allied health can be an attractive and successful career path. Where information is provided, opportunities exist, and with the right support available, this crucial workforce and the services they provide grow too. IAHA is committed to facilitating development and leadership opportunities across their life long learning. We support our membership by providing relevant professional development, representation and voice in a collaborative and inclusive way. We value members, their contribution and shared knowledge, the skills and experiences they bring to our communities, organisations and health service providers.

IAHAs growth has well exceeded our targets, but the data shows we need around 6-8 times the number of Aboriginal and Torres Strait Islander allied health professionals to be represented on an even population basis. If we consider community need and the benefits of holistic, culturally responsive care, a much greater increase is warranted. Building this workforce requires sustained, coordinated effort. Our approach is to work across the whole career pathway; to help people enter education or training to become an allied health professional: and to support them when they graduate and transition into the workforce. Our feedback and data shows Aboriginal and/or Torres Strait Islander allied health students who join IAHA are far more likely to continue studying and graduate.

IAHA has worked closely with members, communities and stakeholders across a number of activity areas, with investment in the following:

1. Aboriginal and Torres Strait Islander Health Academy
2. Rural and Remote Indigenous Allied Health Workforce Development Project
3. Aboriginal and Torres Strait Islander Allied Health Workforce Partnerships
4. Community Engagement and Health Career Promotion
5. Workforce Development Strategy

Smoking ceremony — opening day Northern Territory Aboriginal Health Academy

DESIGNING HEALTH CAREER PATHWAYS — ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH ACADEMY

Visit from IAHA Chairperson (Nicole Turner)

Visit from IAHA Student members (Cheyenne Gamble and Kayla Sale)

Over several years IAHA, working in partnership with Aboriginal Medical Services Alliance Northern Territory (AMSANT), undertook the engagement necessary to develop and coordinate the launch of an innovative project to increase the number of young Aboriginal and Torres Strait Islander people completing year 12 and entering into the health workforce. The Northern Territory Aboriginal Health Academy project has been designed over the past 4 years with NT students, families, community and key stakeholders. The Academy is the first of its kind and the first cohort of Academy students commenced the program in February 2018 with 24 students commencing in the Academy.

The Academy is an innovative community led learning model that is about re-shaping and re-designing how training is delivered to Aboriginal and Torres Strait Islander students in high school years. The model centers on ensuring training and education is delivered in a way that embeds the centrality of culture, while having a holistic approach to health. The model will assist in assessing and demonstrating the success of education and training outcomes where social, cultural and environmental determinants are addressed and wraparound supports with culturally safe and responsive approaches are brought together and led by local students, families, community and our organisations.

The model is designed to work collaboratively across health disciplines, organisational structures (health, education, and training, employment) to improve and increase high school retention to year 12. Students are supported to achieve an additional Certificate III in Allied Health Assistant qualification while working in a School Based Traineeship with a local employer. The students will be undertaking their traineeship with employers across diverse areas including the public, NGO and community-controlled sectors in primary healthcare, rehabilitation and therapy, disability, aged care and dental. The Academy will also increase employability and job ready skills and increase student confidence to move into a tertiary health course.

IAHA and AMSANT are driving the project with IAHA members actively participating as role models, guest speakers and mentors. IAHA members are also engaged in community and education events to promote the NT Aboriginal Health Academy and representing IAHA at a number of forums and committee meetings. Other key stakeholders engaged in the project include Charles Darwin University, NT Department of Education, NT Department of Health, Flinders University and the NT Industry Skills Council who are all members of the Steering Committee providing their expertise and skills to the overall governance of the program.

Academy students have indicated they want to focus on a diverse range of careers, including paramedics, occupational therapy, counselling, medicine, nursing, midwifery, paediatric nursing, dental and oral therapy, nutrition, alcohol and other drugs, pharmacy, chiropractic and speech pathology.

Students in the Academy designed their own logo representing their different cultures and identities as a collective group. They also contributed to the name of the Academy, which is situated on the Charles Darwin University Campus. Students attend one day a week for theory and spend another two days with the employer on placement.

RURAL AND REMOTE INDIGENOUS ALLIED HEALTH WORKFORCE DEVELOPMENT

Cultural Responsiveness workshops with community members and service providers held in north Queensland and in Tennant Creek – each involved around 30-40 participants.

The Rural and Remote Indigenous Allied Health Workforce Development project (RIAHP) commenced in early 2017 with funding secured through a submission to the Department of Social Services (DSS).

IAHA instigated the project amid concerns about the roll-out of the NDIS and the continuing lack of access to allied health professionals and service availability for Aboriginal and Torres Strait Islander people, in particular people living in rural and remote communities. For these communities, the NDIS roll-out made the pre-existing lack of allied health services and access more apparent, with increased demand (for assessment as well as services) for very limited or non-existent services. The project is demonstrating the need for new, more flexible and culturally responsive workforce development and service models. IAHA is leading discussions on developing models that will be effective and sustainable and have a strong emphasis on community input and leadership at the local level. These approaches aim to also provide a basis for sustainable, Aboriginal and/or Torres Strait Islander allied health workforce development.

This project has captured a strong narrative from Aboriginal and Torres Strait Islander people with disability and their carers in two remote locations, sharing their experiences of the challenges in accessing services. Issues confronting communities include: lack of allied health services; lack of appropriate awareness raising information; lack of physical access or transport; cost; poorly designed or coordinated services; lack of culturally safe services; and poor communication and engagement between providers and community. Aboriginal and Torres Strait Islander people are 2.1 times more likely to be living with disability than other Australians, and more often with multiple disabilities.

During 2017–18, IAHA, among a range of activities:

1. Investigated options to improve and sustain allied health service capacity in Tennant Creek and Palm Island communities;
2. Engaged extensively and on a continuing basis with local communities and families to identify Aboriginal and Torres Strait Islander workforce needs and service gaps in culturally safe, responsive and holistic allied health services;
3. Investigated the underlying capacity of the health system in communities, independently of other service needs, such as disability and aged care, and the potential for a more coordinated approach to services to improve community access and outcomes;
4. Designed, tested and revised relevant community tools and resources to promote understanding about allied health services, what they can help with and the benefits of allied health care;
5. Facilitated educational activities around potential careers in allied health, including the therapy and other related support workforce;
6. Identified gaps and potential barriers that need to be addressed in order to enable the development of career pathways for local people and the development of services that are accessible, adequate and culturally responsiveness;
7. Delivered cultural responsiveness training and development with the broader allied health workforce and organisations to improve cultural safety.

IAHA established a project Steering Committee, which provides valuable advice on the project. Membership includes representatives from First Peoples Disability Network, DSS, National Disability Insurance

Authority (NDIA), NATSIHWA, SARRAH and AMSANT. The committee met three times in 2017–18.

IAHA has worked extensively to gain permission and access to work with families and community on the project. Developing trust and relationships through inclusive engagement with Palm Island and Tennant Creek communities has been crucial. They have a major stake in the project – with carers, organisations and community leaders informing our work and mapping a way forward in building a local workforce and service delivery capacity that will meet their needs. IAHA has facilitated activities, in conjunction with local community members and services, including Cultural Responsiveness workshops. These attracted a high level of local participation and were well received.

The communities differ considerably, however there are strong similarities in responses to the project. A significant number of young people have expressed an interest in (and/or commenced) on a health career pathway;

Education and service providers from across sectors, have expressed a willingness to collaborate and contribute to innovative, new approaches to build the Aboriginal and Torres Strait Islander allied health workforce, career pathways, education, supervisory and clinical placement opportunities.

IAHA would like to thank our stakeholders and families that have led this project and shared their expertise and experiences with us.

We anticipate completing this project by April 2019.

IAHA Chair, Nicole Turner and IDAA President, Gari Watson, sign the MOU between IAHA and IDAA.

ABORIGINAL AND TORRES STRAIT ISLANDER WORKFORCE DEVELOPMENT

IAHA instigates and/or contributes actively to a diverse range of workforce development strategies and projects, to support and grow our allied health workforce but we also need buy in from key stakeholders and supporters to achieve positive outcomes.

- IAHA, in partnership with the National Aboriginal and Torres Strait Islander Health Worker association (NATSIHWA), succeeded in working with the **Australian Diabetes Education Association** (ADEA) to extend their credentialing criteria to include cultural expertise of allied health professionals and Aboriginal Health Workers/Practitioners. Previously, only a limited number of professions were eligible for credentialing which was not a holistic approach to addressing diabetes education with Aboriginal and Torres Strait Islander people. The partnership developed additional competency units for Aboriginal Health Workers/Practitioners in diabetes education and lobbied the ADEA on opening the professions eligible for recognition. This benefits IAHA members that have completed the essential postgraduate training and educational requirements and are working in similar roles already to be formally recognised as credentialed Diabetes Educators. This was an action driven by an IAHA member who is committed to culturally safe and responsive care and to increase the recognition and value that the Aboriginal and Torres Strait Islander workforce brings to health.

  The resources were launched at Parliament House in March 2018 by Minister Wyatt, with key stakeholders.

  The process contributed significantly to the ADEA's understanding of these issues and has established the basis for a stronger future working relationship.
- On 21 May 2018 in Sydney, IAHA and the **Indigenous Dentists Association of Australia (IDAA)** entered a formal MOU partnering with our IDAA colleagues. The partnership will help us to build our dentistry and oral health workforce, support the current workforce and provide a stronger advocacy platform on national oral health and workforce issues.
- In May 2018, IAHA joined the **National Aboriginal and Torres Strait Islander Leadership in Mental Health** (NATSILMH) after receiving an invitation from the Chair. NATSILHM and IAHA have worked together over a number of years, share many members and NATSILMHs aim "to help restore, maintain and promote the social and emotional health of Aboriginal and Torres Strait Islander peoples" accords closely with IAHAs vision and our approaches to achieving it.

Left: Donna Murray, with staff from the University of Hawaii .
Right: Members of the Australian delegation to Canada and the US, including Prof Peter Radoll, Donna Murray, Prof Steve Larkin and Prof Peter Buckskin with North American colleagues.

- IAHA has been working closely with our partner HealthInfoNet at Edith Cowan University to produce **a series of workforce development videos for shared resources and IAHA promotion.**. These short videos will focus on key stages of workforce outlined in the IAHA Workforce Development Strategy from health careers and pathways to graduate and career progression. We hope these videos and sharing members stories will benefit Aboriginal and Torres Strait Islander people by promoting careers and achievements in allied health and informing employers about culturally safe approaches to recruitment, retention and career progression. This project will be completed in late 2018.
- IAHA has continued to work with Services for Australian Rural and Remote Allied Health, the Australian Health and Hospitals Association and other stakeholders to refine and develop the **Allied Health Rural Generalist** role which is in advanced roll-out in Queensland. This offers considerable potential nationally, as a complement to other strategies to improve access to allied health services where they are not currently accessible.
- IAHA continues to work with our partners in Victoria, Weenthunga Health Network and VACCHO to support and implement outcomes from the **VIC Aboriginal Health Education Summit** held in August 2017. An online resource has been developed to share information, tools and materials in relation to curricula development, teaching and health career promotion. Weenthunga also attends many health career expos and events across Victoria speaking to Aboriginal and Torres Strait Islander students and communities sharing the benefits of IAHA through promotional materials and resources.
- IAHA is working with the NSW Ministry of Health (Aboriginal Workforce development, Allied health and HETI) on various allied health workforce development projects, particularly presenting on IAHA and Aboriginal and Torres Strait Islander Diabetic Foot Project, 'Healthy Deadly Feet" focused on building a suitable and culturally safe and responsive workforce and service delivery model to improve high risk diabetic foot outcomes such as reducing amputation. IAHA engage in discussions on support workforce needs, professional workforce development and cultural mentoring required to engage and work more effectively with Aboriginal and Torres Strait Islander peoples, families and communities.
- IAHA also participated in a large number of forums on issues relating to Aboriginal and Torres Strait Islander workforce development. These forums invitations have increased over 2017–18 with IAHA attending over 300 meetings and forums focused on workforce development, policy and/or service delivery.
  - Key areas of participation have been in rural health, Indigenous knowledges and translation, health research, palliative care, aged care, disability, Indigenous health and wellbeing, cultural safety and accreditation, cardiovascular disease, diabetes, medicines, and national and jurisdictional workforce policy.
- During 2017–18 IAHA also met with 20 Australian universities across all jurisdictions. The meetings covered a range of issues, including allied health curricula development, student support, workforce support and clinical placements and development.
- In addition, IAHA CEO met with and commenced working relationships and collaborations with universities across the United States, including the University of Hawaii and the University of New Mexico and Canada with the University of British Colombia and the University of Saskatchewan. These focused on sharing solutions for embedding Indigenous knowledges and perspectives in curricula and student support initiatives particularly across allied health and interprofessional learning. IAHA successfully delivered a lecture to staff and students at the University of New Mexico on IAHA priorities, activities and projects.

40+

major conferences, forums and events

where IAHA Full Members and/or staff delivered and presented papers on IAHA and our priorities – reaching well over 1000 people directly and many more through the information and products delivered

COMMUNITY ENGAGEMENT AND PROMOTION OF ALLIED HEALTH CAREERS

During 2017–18 IAHA attended a total of 16 events specifically to promote allied health and IAHA support, including career expos, community events and trade stalls. Our participation in these events provides an access point for young people and others in the community that may have little knowledge of allied health careers and services and for workforce who may not know about the opportunities IAHA provides. IAHA members are actively engaged and volunteer their time to attend community engagement events in their local communities. Our participation often generates strong interest on the day, and often follow up contact, including applications for membership, cultural responsiveness training and mentoring.

The following examples illustrate the range of promotional activities IAHA participated in during 2017–2018:

HEALTH CAREER EXPOS

IAHA attended the Katherine, Darwin, Alice Springs and Tennant Creek Career expos in 2017 with staff and members involved in the discussions and stalls sharing their experiences and journey's into health. The NT Government Skills, Employment and Careers Expo is an annual event reaching all corners of the Territory providing information for anyone seeking to explore job options, tertiary studies and/or further training opportunities. The NT has the highest proportionate Aboriginal and Torres Strait Islander population in Australia (over 25%) and is an area of acute allied health workforce shortage.

IAHA also attended Careers Expos showcasing allied health careers and members journeys into allied health: three in NSW, one in WA and one in the ACT.

With our partner Aboriginal and Torres Strait Islander health professional organisations (ATSIHPOs) — IAHA representatives provided mentoring and allied heath career activities at the Bowraville Health Careers Day on 9 March 2018. The purpose of the day was to engage with young Aboriginal and Torres Strait Islander students from primary school to years 11 and 12 to promote careers is health. Organised by AIDA with NSW Health and Education, the event attracted over 300 students from the NSW Mid North Coast and 500 people overall.

Above: Nicola Barker (2018 SRC Chairperson) and Shaun Solomon, head of Indigenous Health, MICRRH.

Below: Members covering the IAHA stall at Career Expo, Darwin.

SUPPLY NATION CONNECT

In May 2018, IAHA held a stall at the Supply Nation, Indigenous Business Tradeshow in Sydney. The stall exhibited our *Cultural Responsiveness in Action: An IAHA Framework*.

The Tradeshow coincided with a meeting of the IAHA Board of Directors, and provided an opportunity to connect with other Aboriginal and Torres Strait Islander people developing innovative products and services.

IAHA Board Directors Patricia Counsellor and Danielle Dries with IAHA Executive Assistant, Cailah Welch, at the 2018 Indigenous Business Tradeshow.

SHARING STORIES

IAHA collates case studies and journeys into allied health from members to share with schools and community on the diversity of allied health. IAHA now has 27 individual journeys (covering 15 different professions) available on the website. These, and similar materials, are regularly included in IAHAs communications to members and potential members.

IAHA Chairperson Nicole Turner sharing nutritional information with children and families at Barunga.

Kylie Stothers, Senator Patrick Dodson, Senator Malarndirri McCarthy and IAHA Chair, Nicole Turner at Barunga 2018.

ALP Leader, Bill Shorten, with Kylie Stothers and Nicole Turner at Barunga 2018.

COMMUNITY EVENTS

BARUNGA FESTIVAL

The 33rd Barunga Festival was held in the small community of Barunga, 80kms from Katherine, Northern Territory over the June long weekend of 8–11 June 2018. IAHA has been an active supporter of the festival over the past 4 years holding an IAHA stall to engage community and school students in health career discussions. IAHA also held health promotion and nutrition workshops over the weekend with local primary school students and families focusing on healthy lifestyles and sugary foods and drinks. The festival is a celebration of music, sport and culture and for the past few years, festival organisers had promoted healthy foods and a smoke-free event.

The 2018 festival marked a historic moment for Aboriginal people, as the 30th Anniversary of the Barunga Statement, which was presented to Australian Prime Minister at the time, Bob Hawke, when he visited the Barunga community during the festival (June 1988). The IAHA Chairperson attended a formal gathering with Northern Territory and Federal Ministers and Community leaders in Katherine to mark this occasion.

YABUN FESTIVAL, SYDNEY

The Yabun Festival is a celebration of Aboriginal and Torres Strait Islander Culture, Art, Music, Dance, Politics and Heritage held on the 26 January 2018. It is the largest one-day gathering and recognition of Aboriginal and Torres Strait Islander cultures in Australia. IAHA members Nicola Barker and Nellie Pollard-Wharton took the initiative and hosted the IAHA stall at the 2018 Yabun Festival. We really value their commitment, time and enthusiasm for connecting with community about careers in allied health and representing IAHA at this significant event.

THE IAHA WORKFORCE DEVELOPMENT STRATEGY

The IAHA Workforce Development Strategy explains our approach to workforce development. It was released in February 2018, having been developed with input from around 250 members and key stakeholders. It has been well received by members and since release elicited positive feedback from senior public and community sector health service providers across several jurisdictions.

The Strategy identifies **five domains** across the allied health career journey:

- Pathways into allied health
- Student support and engagement
- Transition to early careers for our graduates
- Allied health career development and support and
- Enabling future workforce development.

The Strategy also identifies three **critical success factors** that must be part of everything we do:

1. Mentoring at all stages of the career journey
2. Cultural responsiveness and inclusion
3. Leadership development to support allied health professionals to become health leaders and drive change.

The Workforce Development Strategy can be found on the IAHA website. It is a core document outlining IAHAs approach to delivering on our Strategic Plan.

IAHA CHAIRPERSON NICOLE TURNER SAID "WE KNOW THAT IF WE WANT TO SEE A LONG-TERM SUSTAINABLE CHANGE TO HEALTH OUTCOMES, WE NEED A STRONG REPRESENTATION OF ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTITIONERS AND WORKERS ACROSS THE MANY DIVERSE CAREERS IN HEALTH. ENGAGING OUR YOUNG PEOPLE AND SHARING THE AMAZING OPPORTUNITIES AVAILABLE IS PART OF GROWING THAT HEALTH WORKFORCE INTO THE FUTURE".

STRATEGIC PRIORITY 3

TRANSFORM

OBJECTIVES:

3.1 Develop and maintain collaborative partnerships focused on sustainable change and culturally responsive healthcare.

3.2 Lead the development of a culturally-responsive allied health and wider workforce.

3.3 Strengthen and maintain partnerships with governments and stakeholders.

In supporting our members and the development of the allied health sector, IAHA works extensively and collaboratively with a wide range of stakeholders including national and jurisdictional organisations across health, education, training, public, private and community sectors. The breadth of our partnerships reflects our growing profile, the expertise of our membership and the impact of our activities. IAHA has a vital role in building and embedding cultural safety across the allied health workforce, sector and system more broadly. IAHA provide high quality training and development opportunities for individual members and professionals, building their capabilities to deliver effective culturally safe and responsive health care.

DRIVING CHANGE—CULTURALLY SAFE AND RESPONSIVE SYSTEMS

GOVERNMENT AND POLITICAL ENGAGEMENT

IAHA continues to inform the decision making of governments and Ministers, advocating for the essential holistic role that allied health workforce plays in improving the health and wellbeing of Aboriginal and Torres Strait Islander people; the importance of investment in building the Aboriginal and Torres Strait Islander workforce; and the critical role that IAHA is playing in building the cultural safety of the allied health workforce including the health, disability, aged care, education sectors.

Members, staff and/or Directors have actively engaged and participated through a number of collaborative forums and meetings including:

- Minister for Indigenous Health, Minister for Senior Australians and Aged Care think tank on palliative care
- National and regional roundtables for the 'Closing the Gap' Refresh
- Australian Labor Party National Policy Summit and Indigenous health and education roundtable
- 2018 Annual Close the Gap Parliamentary breakfast
- Minister for Regional Services, Minister for Sport, Minister for Local Government and Decentralisation, Rural Health Stakeholders Roundtable
- 5th National Aboriginal and Torres Strait Islander Health Summit hosted by NSW Ministry of Health
- ACT Minister for Health, Territory-wide Health Services Advisory Group

IAHA is leading a number of projects with government representation and works closely with national and jurisdiction governments on a number of other projects focused on building and supporting a cultural safe allied health workforce and transforming organisational cultural safety across health, disability, education and training including:

- IAHA Rural and Remote Indigenous Allied Health workforce project with Prime Minister & Cabinet, Department of Social Services and the National Disability Insurance Agency
- Northern Territory Aboriginal Health Academy with Northern Territory Department of Health and Department of Education
- High Risk Diabetic Foot "Healthy Deadly Feet" project with the NSW Ministry of Health;

- A series of Allied Health Workforce planning processes managed by the NSW Ministry of Health
- Contributing to the development of an Allied Health Clinical Supervision Framework for Victoria.

We continue to meet with Ministers on IAHA specific advancement in delivering our Cultural Responsiveness in Action Training and development and in influencing change in workforce models and investment to ensure allied health services are culturally safe and responsive to individual and community needs.

HIGHER EDUCATION

Aiming to transform systems, IAHA is engaging and working with Australian universities delivering allied health courses to develop and embed Aboriginal and Torres Strait Islander knowledges, perspectives and worldviews into curricula across courses and faculties to build the cultural capabilities of the future health workforce. This work is also aimed at transforming the learning environments to ensure that their institutions, teaching staff and support teams are culturally safe for Aboriginal and Torres strait Islander students, families and communities, with a genuine commitment to their success, respecting and valuing the centrality of culture.

In November 2017, IAHA and the Australian Council of Deans of Health Sciences (ACDHS) extended our Collaboration Agreement for 12 months to continue to work together on key priorities including building and supporting cultural safe learning environments; increasing the number of Aboriginal and Torres Strait Islander allied health graduates; increasing the cultural capabilities of all allied health graduates and curricula across allied health courses; enhance student support and pathways and improve engagement between Universities and Aboriginal and Torres Strait Islander peoples and communities.

In fulfilling our collaborative partnership with ACDHS and our commitment to transforming systems, IAHA has played a vital role working with specific university faculties and allied health schools delivering presentations, providing guidance and support for students and academic staff including mentoring, delivering cultural responsiveness training and development of Aboriginal and Torres Strait Islander course content that is embedded across all allied health courses in an interprofessional and collaborative approach.

Members, staff and/or Directors are involved and actively influencing cultural safety through our partnerships and relationships with universities in allied health including:

- Flinders University NT – Aboriginal and Torres Strait Islander Committee, Clinical placement cultural orientation and cultural supervision
- Curtin University WA – Health Sciences course advisory
- Southern Cross University NSW – Podiatry and Pedorthics Advisory Committee
- Australian Catholic University ACT – cultural responsiveness mentoring following training and social work course advisory
- University of Technology Sydney, Deans Faculty of Health Advisory – Aboriginal and Torres Strait Islander perspectives and research opportunities
- Charles Darwin University, Faculty of Health and Registered Training Organisation – Health Science (OT Pathway) Advisory and embedding culturally safe and responsive teaching into Certificate III in Allied Health Assistant qualification
- University of Sunshine Coast – ARC Grant on Social Work, Cultural responsiveness in practice
- Charles Sturt University NSW, Occupational Therapy curricula development Aboriginal and Torres Strait Islander resources and perspectives
- James Cook University, Mt Isa Centre for Rural and Remote Health – cultural leadership, research and clinical placement support
- Australian National University ACT, Aboriginal and Torre Strait Islander health and medical Advisory

The IAHA Cultural Responsiveness Training has been delivered to student groups around the country at their request through the Rural Health Clubs. These cultural workshops have all been well attended with engaging discussions on cultural safety and the actions required to transform culturally safe and responsive practice. They reported an increase in their knowledge of Aboriginal and Torre Strait Islander histories, experiences and ways of knowing, being and doing that enhanced their capabilities in building cultural safety and the importance of critical reflection that is ongoing personally and professionally.

20
universities in face-to-face meetings

90%+
IAHA student members course completion rate
Higher than for mainstream allied health students.

RESETTING THE AGENDA

Improving the accessibility, cultural safety and responsiveness of the health system goes hand in hand with increasing the number of Aboriginal and Torres Strait Islander people delivering health care. While this workforce is growing, Aboriginal and Torres Strait Islander people remain greatly under-represented; making up no more than 1 per cent of the health workforce but 2.8 per cent of the population overall. For allied health professions, this is lower at around 0.5 per cent.

Around half of the allied health professions in IAHAs membership are Registered Professions, under the National Registration and Accreditation Scheme, administered by the **Australian Health Practitioner Regulation Agency (AHPRA)**. The other half are self-regulated.

- Of the Registered allied health professions, only 0.4% identify as Aboriginal and Torres Strait Islander;
- Around two-thirds of IAHAs Graduate Members are in the self-regulated professions (such as Social Workers, mental health professionals and Speech Pathologists, among others).
- Over 700,000 health professionals in Australia are regulated through AHPRA and the professional bodies it supports.
- AHPRA has an important role in standards setting that influences the entire health workforce.

During 2017–18, **AHPRA** increased its focus on improving the impact of its work on the health outcomes of Aboriginal and Torres Strait Islander people. IAHA is an active member of AHPRA's Aboriginal and Torres Strait Islander Health Strategy Group, which includes the highest level AHPRA Executive, Management Committee and professional Board members together with representatives of Aboriginal and Torres Strait Islander heath organisations, including IAHA. The Group has progressed, in conjunction with AHPRA and the professional Boards and Accreditation bodies, development of options, including legal and regulatory requirements to improve cultural safety in education and professional practice standards.

In 2017–18, the Strategy Group, developed a Statement of Intent– between the 15 national health practitioner boards (the National Boards), the Australian Health Practitioner Regulation Agency (AHPRA), accreditation authorities and Aboriginal and Torres Strait Islander health sector leaders and organisations. The Statement of Intent—due to be launched in 2018-19—is to "work together to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians to close the gap by 2031".

IAHA is a member of the **Australian Allied Health Leadership Forum (AAHLF)**. AAHLF members include the other major national allied health peak bodies, including: Services for Rural and Remote Allied Health (SARRAH); Australian Allied Health Professions (AHPA); the National Allied Health Advisory Committee (NAHAC) – being the Chief Allied Health Officers of the states and territories; and the Australian Council of Deans of Health Sciences (ACHDS).

AAHLF, works together, to improve access to allied health services and enable better health outcomes for all Australians from allied health workforce development. In early 2018, AAHLF was formally recognised by senior health officials working to COAG Health Ministers, as the entity for providing allied health workforce expertise and advice to Governments. This was an important development in enabling for the first time a strategic collective allied health voice to senior decision-makers.

IAHA represented an Aboriginal and Torres Strait Islander perspective across workforce development and strongly advocated and continues to drive the need for a culturally safe allied health sector and systems to better meet the needs of Aboriginal and Torres Strait Islander peoples, families and communities. Through our collaborative approach IAHA members, Directors and/or staff were invited to present various keynote speeches, sessions and presentations on cultural responsiveness and IAHAs approach to Aboriginal and Torres Strait Islander workforce development at mainstream conferences over 2017–18 including:

- 2017 National Allied Health Conference – Sydney
- Allied Health Professions Australia Board – Melbourne
- Australian Council of Deans of Health Sciences – Canberra
- 2017 Occupational Therapy Australia Conference – Perth
- Occupational Therapy Australia Board — Melbourne
- HOT NORTH (Menzies Institute and NHMRC) — Teaching & Learning Forum in Katherine; and the Annual Scientific Symposium in Darwin
- Northern Australia Research Network Forum – Darwin
- Australian Pharmacy Professional Conference — Gold Coast.

COLLABORATION AND PARTNERSHIPS

While IAHA engages in extensive advocacy activities independently, we also work closely and effectively with **our partner Aboriginal and Torres Strait Islander health peak organisations**: Most notably the Australian Indigenous Doctors' Association (AIDA); the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM); and the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA), Lowitja Institute, National Aboriginal Community Controlled Health Organisation (NACCHO) and the Healing Foundation. In partnership we focus on national strategic workforce policy, planning and evaluation priorities to improve the health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples. In 2017–18, IAHA has contributed to National Health Leadership Forum (NHLF) position papers — specifically Racism, Constitutional Reform and Aboriginal and Torres Strait Islander health workforce development. This national collaborative leadership is resetting the policy agenda with governments and ensuring that we are driving and influencing change for culturally safety in policy, practice and workforce development including the future health workforce across the whole health sector.

- IAHA has worked closely with our partner Mount Isa Centre for Rural and Remote Health (CRRH) to build workforce capacity in cultural safety, leadership and increasing Aboriginal and Torres Strait Islander clinical placements and workforce numbers. This has involved IAHA engaging closely with key, local stakeholders such as Aboriginal cultural advisors to ensure clinical placements meet the needs of IAHA students (clinically, professionally, personally and culturally). The ground work needed at the community level has taken time and a mature partnership with Mount Isa CRRH. IAHA supported student placements during 2018 which provide students with exposure to Indigenous leadership and allied health expertise in clinical and research roles. The investment to date appears to be a significant factor in several IAHA members seeking and securing employment in and around Mount Isa.
- IAHA is working with the NSW Ministry of Health on the Aboriginal and Torres Strait Islander Diabetic Foot workforce project in a leadership role. The project is building a new model for high risk diabetic foot care with Aboriginal and Torres Strait Islander people and community, valuing and respecting the critical role that the Aboriginal and Torres Strait Islander workforce bring to

service delivery working in our communities. These clinics aim to deliver culturally safe and responsive care led by Aboriginal and Torres Strait Islander workforce.

- Continued to meet with individual allied health professional associations and organisations to influence accreditation and standards as well as workforce planning and professional development. In 2017–18 IAHA continued to work closely with:
  - Speech Pathology Australia (SPA) and their Aboriginal and Torres Strait Islander Advisory Group;
  - Australian Diabetes Educators Association (ADEA);
  - Brian Holden Vision Institute Provision of Eye Health Equipment and Training Project Reference Group;
  - Allied Health Professions Australia collaboration on building cultural responsiveness of the Board and professions;
  - Occupational Therapy Australia on their review of competency standards and RAP;
  - Chiropractors Association Australia on their first Indigenous scholarship awarded with IAHA support for the first time in 2018; and
  - Pharmacy Guild on the review of Standards and Guidelines for the 6CPA Programs Project and on several working groups.

RACISM IN HEALTH

IAHA is committed to eliminating the impact of overt and systemic racism in the health and education systems. The evidence of the impact of racism on health service access, diagnosis and treatment decisions is growing. Addressing these issues requires action on many fronts, including legislative, regulatory and professional arrangements (as identified in relation to AHPRA above), in the quality of curricula content and workplace understanding and culture. Transforming attitudes and capability as regards cultural safety is an essential complement to legislative, workplace and employment conditions and other formal mechanisms. Developing Cultural Responsiveness is essential to achieving cultural safety and removing the impacts of racism form the system.

In December 2017, IAHA commenced a member survey to capture information and evidence on exposure to racism. The survey attracted responses from across Australia, age groups and education and employment sectors. Key findings, of Full Members surveyed, included:

- Over 77% had experienced racism in the past 12 months outside of work or university;
- Over 60% had experienced racism in the workplace, and mostly from supervisors, peers, colleagues or other staff;
- Of those experiencing racism at university, 55% reported experiencing it multiple times, monthly or daily over the past 12 months; and
- There appears to be a tendency to not report incidents, for other people to not intervene or help, and for those who do help, to also be Aboriginal and/or Torres Strait Islander.

The information will inform the development of new strategies and supports for Members and to inform our advocacy.

IAHA, with our partners in the National Health Leadership Forum among others, continue to advocate for Ministers, officials and other leaders and decision-makers to recognise and address the racism, including institutional racism. Racism must be addressed if efforts to close gaps in health and wellbeing are to succeed. IAHA has contributed to an NHLF position paper on racism in healthcare and is a supporter of the *Racism: It Stops With Me Campaign*.

DRIVING CHANGE—CULTURALLY SAFE AND RESPONSIVE PRACTICE

IAHA is absolutely committed to promoting cultural safety and responsiveness in our health and education systems. This is essential to improve health care access and effectiveness for Aboriginal and Torres Strait Islander people; support our member practitioners to sustain their efforts and deliver effective health care; and improve the capability of the entire health workforce to provide culturally responsive care in safe settings.

"WE HAD A GREAT OPEN FORUM TO LEARN IN. THIS WAS JUST A SMALL STEP ON THE ROAD, BUT I FEEL I HAVE A BETTER SENSE OF DIRECTION." Cultural Responsiveness participant

"IT DIDN'T OFFER CONCRETE ANSWERS, BUT A PRO-ACTIVE APPROACH AND SELF-DISCOVERY THAT CONSIDERS CONTEXTUAL AND LOCAL PRACTICES THAT NEED TO BE CONSIDERED." Cultural Responsiveness participant

11

national/international conference presentations on cultural responsiveness and IAHA initiatives

Transforming training and education

Transforming access to healthcare

Transforming relationships

CULTURAL RESPONSIVENESS IN ACTION

Shaun Solomon, Mount Isa Centre for Rural and Remote Health

Shaun Solomon, a Birri and Ewamian man and cultural trainer, has utilised the IAHA Cultural Responsiveness Framework to support his practice at the Mount Isa Centre for Rural and Remote Health (MICCRH).

"The usefulness of the framework its general enough but also specific enough to think through all those stakeholders involved in that type of work."

Shaun referred to the IAHA Cultural Responsiveness Framework as a practical way to support allied health professionals in responding to the diverse cultural and social factors of the different communities in North West and Gulf Region in Queensland.

"Part of what I have drawn from the IAHA Framework, in particular, is the first capability: of centrality of culture. It's been useful in working out some strategies and content that health professionals need to be mindful of working in community and understanding the different cultural and social factors."

CULTURAL RESPONSIVENESS (CR) TRAINING AND DEVELOPMENT

IAHAs *Cultural Responsiveness in Action: An IAHA Framework* (CRF), launched in 2015, is central to how we work with members, partners and stakeholders. It is designed to equip people and systems to make the changes needed in everyday practice to transform systems and improve the circumstances and lives of Aboriginal and Torres Strait Islander peoples.

In 2017–18, IAHA received additional funding support to move the CRF training onto a more developed platform, including online educational tools and resources. In September 2017, IAHA formed a Cultural Responsiveness Project Advisory Group to guide the development of new resources and material.

The updated training package and evaluation framework will be completed in late 2018 with the new online learning platform launched in early 2019. IAHA also continued to conduct Cultural Responsiveness workshops, interactive sessions and presentations across the allied health, health education, disability, aged care and other sectors in 2017–18, providing 22 workshops, interactive sessions and/or presentations, reaching over 600 health professionals, policy managers, educators and academics, support worker's, managers, service providers, community members, students, senior executives and board directors.

IAHA has developed different models of delivery for the CR workshops, through a three-hour overview for conference programs, one day introduction on the Framework capabilities and a preferred two-day training option suited for service providers, organisations and other agencies to further develop action orientated strategies to transform their organisational values, behaviors and priorities to more effective culturally safe and responsive actions.

Feedback is sought from all CR workshops and continues to be overwhelmingly positive and is utilised in the review of resources and in the development of an evaluation framework. Feedback collated from three of the main CR workshops during 2017–18 focused on the Occupational Therapy workforce, allied health and health science academics, and allied health professionals – included the following responses as an example:

- 95% of participants Strongly agreed or agreed the workshop Strengthened their understanding of Aboriginal and Torres Strait Islander cultures and the diversity
- 98% of participants Strongly agreed or agreed the workshop Was strengths-based and action orientated on practical ways forward in strengthening cultural responsiveness

- 100% of participants strongly agreed or agreed the workshop engaged them in self-reflection about cultures, personal beliefs, assumptions, values, perceptions, attitudes and expectations and impact on relationships
- 100% of participants strongly agreed or agreed the workshop provided culturally safe environment to learn and be actively involved
- 97% of participants strongly agreed or agreed the workshop increased their understanding of how effective leadership can facilitate change and transform approaches to healthcare that create cultural safety
- 97% of participants strongly agreed or agreed the workshop explored ways of knowing, being and doing that will enhance ability to be culturally safe and responsive.

IAHA estimates that since commencing in 2015, our CR activities have reached over 3,000 people directly, either through presentations, workshops or other focused activities. Demand continues to increase from a broad range of stakeholders.

Reflecting interest in the *IAHA Cultural Responsiveness in Action Framework* continues to receive high and growing request for material and dialogue: in 2017–18 IAHA had over 200 online requests for PDF and hard copies of our published framework. Requests came from a range of sources:

- 17% — Government
- 17% — NGO
- 18% — University
- 48% — Personal.

CULTURAL RESPONSIVENESS IMPACT

An example of the impact IAHAs CRF can have on the ground is demonstrated through our relationship with the Western NSW Alliance Primary Health Network (PHN). In 2017, Western NSW PHN entered a Copyright Agreement for the use of the IAHA CR Framework as best practice in developing their own Cultural Safety Framework to set their priorities in working with Aboriginal and Torres Strait Islander peoples and communities across their region in delivering culturally safe and responsive health care. IAHA continues to work closely with the Western NSW PHN, delivering delivering training to staff and board members in 2018, in support of achieving their priorities into the future. IAHA attended the launch of the Western NSW PHN Cultural Safety Framework in August 2017 in Broken Hill with Minister Ken Wyatt launching the Framework.

Embedding Cultural Responsiveness in Social Work Curriculum

Associate Professor Joanna Zubrzycki, Social Work, Australian Catholic University

The Australian Catholic University Health Science Faculty are an excellent example of walking the talk. Not only have they embedded the cultural responsiveness framework into their curriculum, they have also worked to build and embed cultural responsiveness practice in their staff.

"Our aim was to move social work away from the notion of cultural competence which has got that sense of 'I've made it' and 'I can do it', but I think really limiting in practice. We now embed the IAHA Cultural Responsiveness Framework really solidly in our field education program and our teaching. We teach a standalone Aboriginal and Torres Strait Islander Social Work unit to all of our Bachelor of Social Work students. This is showing to also have a positive effect on field education supervisors to engage in culturally responsive practice."

To support their teaching staff, the ACU engaged IAHA to deliver a number Cultural Responsiveness workshops that lead to development of personal and organisational cultural responsiveness action plans. The staff have developed an internal network to support each other in ways of embedding cultural responsiveness into their teaching.

"The network is great because the training triggered this, so if we hadn't completed the IAHA Cultural Responsiveness Training it would not have happened. We are also working with Aboriginal and Torres Strait Islander colleagues gathering all the material that people are using for their teaching and putting it into a central database."

STRATEGIC PRIORITY 4

LEAD

OBJECTIVES:

4.1 Provide expertise and contribute to the national Aboriginal and Torres Strait Islander health policy and campaign agendas.

4.2 Continue to implement effective communications strategies.

4.3 Secure and maintain financial and governance sustainability.

4.4 Promote Aboriginal and Torres Strait Islander led and driven allied health research and culturally responsive practice.

IAHA aims to influence policy to improve Aboriginal and Torres Strait Islander health outcomes and reform allied health workforce development. As a national allied peak body, IAHA represents the collective membership across the allied sector with particularly focus on providing strong leadership to inform and reform policy not only in the allied health sector but more broadly across Indigenous health and wellbeing.

During 2017–18, IAHA was invited to participate in an expanding number of meetings and events and were able to participate in well over 300 of these, represented by Board members, the CEO or other staff and members.

We contribute to strategic policy development in a number of ways, both independently and as a member of several leadership forums. These forums present a shared focus on improving Aboriginal and Torres Strait Islander health workforce participation (especially allied health), access to appropriate services, better health outcomes; and/or improving access to, awareness of, systems of support and issues related to allied health access and service provision.

Di Bakon, June Oscar AO (Aboriginal and Torres Strait Islander Social Justice Commissioner), Nicole Turner, Nicola Barker and Professor Tom Calma AO (IAHA Patron) at the Close the Gap Campaign's Parliamentary Breakfast at Parliament House, 8 February 2018.

NATIONAL INDIGENOUS REPRESENTATION

To achieve our strategic priorities, IAHA was actively engaged in a number of Aboriginal and Torres Strait Islander led campaigns, forums, alliances and committees to influence and strongly advocate for Aboriginal and Torres Strait Islander allied health workforce development and support the essential role that allied health can play in improving Aboriginal and Torres Strait Islander health and wellbeing. Our Indigenous leadership participation included:

- Close the Gap Campaign Steering Committee and Indigenous Leadership Group
- National Health Leadership Forum in the Deputy Chairperson role
- Redfern Statement Alliance Leadership Group
- Australian Health Practitioner Regulation Agency Aboriginal and Torres Strait Islander Health Strategy Group
- IAHA/AMSANT Northern Territory Aboriginal Health Academy Steering Committee
- Health and Justice Partnership Working Group
- National Aboriginal and Torres Strait Islander Leadership in Mental Health
- IAHA Remote and Rural Allied Health Workforce in Disability Project Advisory Group in the Chairperson role
- IAHA Cultural Responsiveness Project Advisory Group in the Chairperson role

With Ceduna community members

IAHA is working with and through these groups on numerous issues, including (during 2017–18):

- Responding to the Government's Closing the Gap Refresh agenda – consultations, meetings and submission processes
- Setting national policy positions on Institutional Racism and Cultural Safety
- Contributing to the review of the National Aboriginal and Torres Strait Islander Health Implementation Plan Advisory Group deliberations
- Commonwealth Budget initiatives including contributing to issues of implementation with government departments post-announcement
- Contributing to the Close the Gap Campaign Steering Committee 10-year Review Report released in February 2018.
- Through the Health and Justice Partnership contributing to strategic discussions and vision for a national approach to addressing racism and the relationship between health and the justice systems.
- AHA joined the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) a key leader in the mental health and wellbeing sector. IAHA and NATSILMH have been looking to improve Aboriginal and Torres Strait Islander mental health workforce recognition, development and service capacity and growth over several years to help address the extreme shortage and high demand for this workforce.

INFLUENCING NATIONAL POLICY AND PROJECTS

The Australian Commission on Safety and Quality in Health Care (ACSQHC) process to develop a national approach to support improvements in patient safety and quality in primary care.

- The Northern Territory Government — supporting the adoption of the National Code of Conduct for health care workers (and services) in the Territory, noting in particular requirements around cultural safety and responsiveness.
- The NHMRC Review of Aboriginal and Torres Strait Islander ethics guidelines.
- Palliative Care Australia's review of A guide to Palliative Care Service Development & Palliative Care Service Provision in Australia: A planning guide.
- Incarceration Rates for Aboriginal and Torres Strait Islander Peoples – Australian Law Reform Commission (ALRC).
- The Independent Review of Accreditation systems within the National Registration and Accreditation Scheme for health professions – draft report.
- Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer (OCP) – national consultation by the Cancer Australia and the Victorian Department of Health and Human Services.

IAHA also contributed to several joint submissions and /or provided input to partner organisation submissions, including:

- Evaluation of Primary Health Care Effectiveness for Aboriginal and Torres Strait Islander Australians; and Mapping health needs, workforce and capacity – (the Aboriginal and Torres Strait Islander Health Plan, Implementation Plan Advisory Group) Plan IPAG
- Productivity Commission Inquiry into National Disability Insurance Scheme (NDIS) Costs
- Indigenous Advancement Strategy: Evaluation Framework — Exposure Draft
- Consultation process on the accreditation system for rural generalist education and training for the allied health professions;
- Contribute to National Health Leadership Forum (NHLF) position papers on Racism, Constitutional Reform and Aboriginal and Torres Strait Islander health workforce development.

IAHA collaborated with stakeholders on key projects providing a strong Aboriginal and Torres Strait Islander voice, through membership on various mainstream reference groups, advisory bodies and committees focused on workforce policy development and Indigenous health, including, among others:

- Heart Foundation Australia Aboriginal and Torres Strait Islander Advisory
- Program of Experience in the Palliative Approach: PEPA Aboriginal Advisory Committee

- Diabetes QLD Aboriginal Reference Committee
- National Diabetes Services Scheme (NDSS) Aboriginal and Torres Strait Islander Reference Group
- Communities for Children Katherine Region Committee
- Northern Australia Research Network (NARN) Leadership Group
- Royal Flying Doctors Service (RFDS) Clinical and Health Services Research Committee
- Program of Experience in the Palliative Approach (PEPA) Indigenous Advisory Group
- NSW Ministry of Health, Healthy Deadly Feet Project Advisory Committee
- Stakeholder Advisory Group for Modernising Health and Aged Care Payments Services Program
- Aged Care Workforce Strategy Taskforce — Technical Advisory Group (TAG).

INTERNATIONAL COLLABORATION

IAHA is unique internationally as the only Indigenous allied health national peak organisation. Our approach and initiatives are attracting considerable international attention, especially from First Nations organisations, institutions and health professionals. International collaboration is important to share experiences and learnings in the allied health sector as well as educational inter-professional approaches to building workforce. This work has contributed to the IAHA hosting the first Indigenous International Allied Health Forum in late 2018. Collaboration included:

- In July-August 2017, the CEO travelled to Canada and the United States for meetings with universities, health providers and to attend the World Indigenous Peoples Education Conference in Toronto. Discussions and introductions were based on allied health workforce development, allied health teaching and education and exchanging culturally safe and responsive ways of working within the relevant health systems. IAHA held a lecture at the University of New Mexico and delivered many presentations to groups building IAHAs profile and relationships.
- The CEO was invited to attend the Next Horizon: The Future on Indigenous Nation Building event as a panelist from an Australian re-building native nations context. The event was held at Harvard University, Cambridge, Boston USA from 30 April – 2 May 2018. Nation building concepts are included in the IAHA Cultural Responsiveness Framework providing a different approach to building capabilities in cultural safety.
- Considerable attention has been generated ahead of the IAHA International Indigenous Allied Health Forum and related events (November-December 2018), with participation from New Zealand, Canada, and the United States particularly Hawaii. Discussions are continuing with Indigenous allied health professionals, universities and First Nation service providers.

EFFECTIVE COMMUNICATIONS STRATEGIES

In 2017–18 IAHA continued to increase, diversify and refine our communication approach and build our national and international profile leading in Indigenous allied health. Our reach is expanding, as people access our website and other media to engage and seek information on our strategic priorities, our activities to achieve priorities and access member stories. Engaging with members is critical to enhance and continuously improve our approaches.

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.
- During 2017–18 we commenced an extensive redevelopment of our website and on-line capability, including an online learning/ training platform. The increased capacity of the site will become available to IAHA members and other users during 2018-19. Our website continues to attract high levels of interest.
- We commenced a series of professional development webinars, with the first hosted by Professor Tom Calma AO, IAHAs Patron, on 22 May 2018 on Tackling Indigenous Smoking.

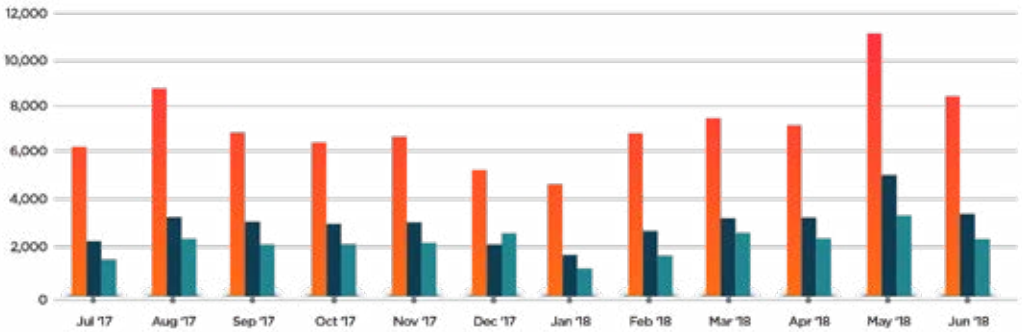
PRINT, ELECTRONIC AND SOCIAL MEDIA

Over 2017–18, IAHA produced twenty-one (21) member communiques, 3 student newsletters/ communiques and 2 media releases.

- **Facebook** — had 1,878 likes. There were 145 posts to the IAHA Facebook page in the period with a total reach of 129,740.
- **Twitter** — IAHA produced 124 tweets which made over 250,000 impressions, received 1,032 mentions and 967 retweets. We currently have 3,344 followers, an increase of 1,166 followers over the year.

During the IAHA Conference #IAHAConf17 generated 521 tweets, with a unique reach (distinct users) of over 485,000 and an absolute reach of over 2.3 million. By the second day of the conference, the IAHA Conference hashtag was trending in the top 5 hashtags nationally.

IAHA website page views:
1 July, 2017 - 30 June, 2018



IAHA MEDIA RELEASES

IAHA produced two media releases during the financial year:

- Creating Strong Pathways for Indigenous Northern Territory Youth into Health, 7 February 2018
- Media Release: Allied Health Undervalued in 2018 Federal Budget, 9 May 2018

IAHA ENEWSLETTERS

During 2017–2018 IAHA delivered:

- 12 monthly E-newsletters and increased our subscriber numbers by 1,383 (49.5%) — to 4,175.
- 3 Student E-newsletters/ communiques.
- 15 other member communiques, including Conference updates and evaluation forms.

IAHA MEMBERS' JOURNEYS INTO ALLIED HEALTH

The IAHA website features 27 members' journeys (covering 15 different professions) available on the website. We continue to profile more and diverse journeys. The journeys demonstrate there is no single pathway into allied health. Our members journeys are important and can help others to understand allied health and relate to others with similar opportunities. Many of our members profiled continue to progress into more senior clinical and other leadership roles: going beyond what many of them might have once considered possible.

"BECOMING A SOCIAL WORKER CHANGED MY LIFE, MY THINKING AND I BEGAN SEEING THE WORLD DIFFERENTLY AND I TOOK MORE INTEREST IN THE ENVIRONMENT AROUND ME." Debra Hunter-McCormick — Social Worker

Rebecca Allnutt, Audiologist

Rebecca is a proud Indigenous woman – a descendant of the Dalrymple Tribe of the Plangermaireener Nation in Tasmania. Rebecca has lived and worked for 17 years in Alice Springs, NT on Arrente country, has a double major in Psychology and a post-graduate diploma in Audiology. Rebecca wanted to pursue audiology after seeing the impacts of hearing loss on her grandfather.

"IT'S ABOUT BEING HOLISTIC AND SO MUCH MORE THAN JUST FIXING ONE THING, IT'S ABOUT WORKING WITH THE WHOLE PERSON AND WORKING REALLY CLOSELY WITH OTHER ALLIED HEALTH PROFESSIONALS." Rebecca Allnutt, Audiologist

"FOR ME, NOTHING BEATS THE SATISFACTION OF EDUCATING A CLIENT AND SEEING THOSE "LIGHT BULB" MOMENTS WHEN THEY ARE SUDDENLY ABLE TO UNDERSTAND A NEW DIET-DISEASE RELATED CONCEPT. I CAN'T WAIT TO SEE WHERE ANOTHER 4 YEARS WILL TAKE ME!" Stevie Raymond — Dietetics and Nutrition

"WE REALLY NEED MORE INDIGENOUS RADIOGRAPHERS. THERE ARE VERY FEW INDIGENOUS RADIOGRAPHERS …. IT WOULD BE EVEN BETTER FOR INDIGENOUS WOMEN TO LEARN TO DO MAMMOGRAPHY TO ENCOURAGE MORE OF OUR MOB TO PARTICIPATE IN BREAST SCREENING." Lynelle Fallon — Radiographer

"WORKING IN INDIGENOUS HEALTH, WITH MY PEOPLE, IS MY PASSION IN LIFE. WORKING ON THE FRONTLINE TO IMPROVE ORAL HEALTH AND CONTRIBUTING TO CLOSING THE GAP IN INDIGENOUS HEALTH EQUALITY IS EXACTLY WHERE I WANT TO BE. I'M LIVING THE DREAM." Gari Watson – Dentistry

Caitlin Cannon-Horton, Speech Pathologist

Caitlin is a proud Wongai woman living and working on Wurundjeri land. She decided to study Speech Pathology because she was interested in the role health workers had in developing, sustaining and actively contributing to community and wanted to contribute.

"FOR ME, SPEECH PATHOLOGY ALWAYS COMES BACK TO COMMUNICATION… I STRONGLY BELIEVE IN EVERYONE'S RIGHT TO BE HEARD, TO BE UNDERSTOOD AND TO UNDERSTAND OTHERS. …. WORKING WITH COMMUNITY IS ESPECIALLY IMPORTANT DUE TO THE HISTORICAL SILENCING OF ABORIGINAL VOICES; …. WE WANT OUR KIDS TO BE HEARD AND TO FIGHT AND ADVOCATE FOR THEMSELVES AND THEIR PLACE IN THIS COUNTRY." Caitlin Cannon-Horton, Speech Pathologist

GOOD GOVERNANCE

2017 IAHA MEMBERS FORUM

The 2017 IAHA Members Forum was held in Perth on 30 November and was attended by 81 IAHA members who discussed priorities and strategies into 2018 and the student and graduate support members felt they needed. This workshop was extremely beneficial in assisting with relevant activities into 2018.

The Members Forum was held in conjunction with the 2017 IAHA AGM in order to provide members with an update on the operations and strategic direction of the company to allow opportunity for members to give feedback.

Outcomes from the Members' Forum provided guidance to the IAHA Board and Secretariat as they implement the 2017–2020 IAHA Strategic Plan and seek funding and plan resources into the future.

KEY MESSAGES IN FEEDBACK FROM GRADUATE MEMBERS

- Graduates want more professional development opportunities around leadership, coaching and employment workshops. Early graduates are seeking mentors and training in areas such as self-care and advocacy.
- Members would like IAHA to provide a communication platform for networking and sharing experiences, knowledge and research opportunities and discussion between members.
- Forums for disciplines and open forums to connect the workforce.
- Support for graduate members to build professional relationships with universities and disciplines beyond their own. This can be done with webinar series, providing resource kits and mentoring.

KEY MESSAGES IN FEEDBACK FROM STUDENT MEMBERS

- Advocacy for a cultural safe environment – during placements and cadetships, for clinical supervisors to be screened and for senior staff to take responsibility, for IAHA to be a liaison between placements/ universities and students.
- Students support IAHA to act on their behalf to address racism at university, within placements and in early days of career.
- More financial support for placements, partially rural.
- Comprehensive mentoring program support.
- Online training tools

Some of these suggestions, such as improving the mentoring program and online training tools are already underway and will be a key output for 2018. The feedback is valued highly and will be taken into consideration in business operations.

2017 IAHA ANNUAL GENERAL MEETING (AGM)

The 2017 AGM was also held on 30 November. The members endorsed the Minutes from the 2016 Annual General Meeting and accepted the 2016-17 Financial Audited Statements tabled.

The Returning Officer, Mr Justin Bernau of Clayton Utz (Canberra) explained the nomination and election process to members. IAHA received three nominations from Full Member (Graduates) for the vacant positions on the IAHA Board of Directors with all three endorsed by members as no voting was required. The three successful nominees were all re-elected:

- Nicole Turner – 2016 Chairperson;
- Patricia Counsellor; and
- Stephen Corporal.

BOARD MEETING ATTENDANCE

Eligible Meetings 2017–2018

Meetings Attended 2017–2018

Nicole Turner	8	8
Trevor Ritchie	7	8
Stephen Corporal	8	8
Patricia Councillor	8	8
Danielle Dries	7	8
Matthew West	8	8
Tracy Hardy	3	3
Diane Bakon*	2	2

*Note: Diane Bakon was appointed as an Independent director in March 2018.

INDEPENDENT DIRECTOR

The IAHA Board of Directors undertook a skills analysis in February 2018, and identified that there was a need for additional business skills. The Board appointed Ms Diane Bakon to an Independent director position in March 2018 in recognition of her business management and development skills as well as knowledge and experience as a previous Board Director.

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, who during this period was Mr Tony Hof an Accountant and risk management expert. The committee met three times during the year and continues to support the IAHA Board, examining and providing guidance on the financial governance, risk management, and external audit processes. FARC members during 2017–2018 included Matthew West (Chair), Tony Hof (Independent), Tracy Hardy (2017), Patricia Councillor (2018) and Diane Bakon (2018).

OPERATIONAL POLICIES AND PROCEDURES

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

During the 2017–18 financial year the Board, reviewed and endorsed 26 policies.

RESEARCH AND EVIDENCE

IAHA has a growing presence in health workforce, services, access and related research partnerships. IAHA participates in research activities where the aims of the research align with our Strategic Plan and where IAHA is able to contribute to informing or leading the planning, conduct and/or analysis of the research. Current engagement includes:

- The successful ARC grant partnership with Australian Catholic University on culturally responsive curricula and practice in Social Work which will provide a broader evidence base for IAHAs framework in transforming professionals. The research is now based at the University of the Sunshine Coast, following a move by the Lead Academic.
- IAHA supports the research partnership with the University of NSW, Western Sydney University, AMSANT and Bila Muuji as a key stakeholder on their joint project funded by the Lowitja Institute "Career pathways for Aboriginal and Torres Strait Islander health".
- Working with the Lowitja Institute on a range of research issues.
- Working with Australian Allied Health Leadership Forum (AAHLF), SARRAH and others to build the evidence base to show the impact and to support further investment in allied health, including to enable access to effective allied health care.
- IAHA has also been invited to join an International project: Centre of Excellence Knowledge Mobilisation focusing on consensus building on health-related topics important to First Nations people. The invitation comes from the University of Saskatchewan in Saskatoon, Canada.
- IAHA is a member of the Victorian Government Allied Health Workforce Research Project Advisory Group.
- IAHA engages, where possible, in relevant working groups and strategic research discussions with stakeholders such as the Lowitja Institute, the George Institute and SARRAH.
- IAHA is represented on the Northern Australia Research Network (NARN) Leadership Group. The Group meet regularly and have agreed to focus research on building research capacity for allied health professionals working and practicing in rural and remote Australia. This represents a strategic investment in building research capacity within our membership, opportunities and bolstering the evidence base to support greater action across Indigenous social determinants of health.
- IAHA sits on and contributes to other research advisory committees.

IAHAs projects, described earlier in this Report, add to the evidence needed to transform and drive improvements in the health system. IAHA, works with our research, service provider and community partners, in applying this evidence to apply demonstrate what is needed.

Our approach to research and evidence is to:

- Recognise and promote strengths-based approaches to health and well-being, including the central importance of culture;
- Transform notions of what health and well-being means and building understanding of the impact attitudes, perceptions and practices have on health outcomes for Aboriginal and Torres Strait Islander people; and
- Understand how developing and applying more culturally responsive practices will improve access and the health and well-being of Aboriginal and Torres strait Islander people.

FINANCIAL STATEMENTS

FINANCIAL STATEMENTS

DIRECTORS' REPORT

For the year ended 30 June 2017

The directors present their report on Indigenous Allied Health Australia Ltd for the financial year ended 30 June 2018.

GENERAL INFORMATION

Directors

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

Names	Appointed/Resigned
Nicole Turner (Chairperson: 30 November 2017)	Re elected: 30 November 2017
Patricia Councillor	Re elected: 30 November 2017
Tracy Hardy	Retired: 30 November 2017
Danielle Dries	Elected: 2 December 2016
Matthew West	Elected: 2 December 2016
Trevor Ritchie	Re elected: 2 December 2016
Stephen Corporal	Re elected: 30 November 2017
Diane Bakon	Appointed : 2 January 2018

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

Principal activities and significant changes in nature of 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.

Indigenous Allied Health Australia Ltd
ABN 42 680 384 885

Directors' Report

For the Year Ended 30 June 2018

1. General information

Principal activities and significant changes in nature of activities

Corporate Governance

To ensure sound corporate governance.

To achieve and maintain organisational sustainability

There were no significant changes in the nature of Indigenous Allied Health Australia Ltd's principal activities 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 $ NIL for all other members, subject to the provisions of the company's constitution

At 30 June 2018 there were 1386 members consisting of 598 full members, 754 associate members and 34 corporate members, (2017: 1040 members consisting of 487 full members and 553 associate members)

At 30 June 2018 the collective liability of members was $ 13,860 (2017: $10,740).

2. Operating results and review of operations for the year

Operating results

The surplus of the Company after providing for income tax amounted to $ 247,252 (2017 surplus $57,716).

Auditor's independence declaration

The auditor's independence declaration in accordance with section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 for the year ended 30 June 2018 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 ..... Trevor Ritchie Deputy Chair IAHA

Director: ..... Nicole Turner Chairperson

Dated 11 September 2018

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Hardwickes Partners Pty Ltd
ABN 71 166 521 536

Liability limited by a scheme approved under Professional Standards Legislation

Auditor's Independence Declaration under Section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 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 2018, 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

Hardwickes
Chartered Accountants

Robert Johnson FCA
Partner

11 September 2018

Trevor Ritchie Deputy Chair IAHA

Canberra

CHARTERED ACCOUNTANTS

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the Year Ended 30 June 2018

	Note	2018 $	2017 $
Revenue and other income	3	**3,023,025**	1,980,416
Administrative expenses		**(58,570)**	(171,469)
Auspicing expenses		**(787**)	(2,922)
Depreciation expense	7(a)	(**23,087)**	(22,087)
Donations		**(9,465)**	(6,296)
Employee expenses		**(859,270)**	(846,388)
Events expenses		**(524,989)**	(321,870)
Finance costs		**-**	(56)
Marketing expenses		**(75,825)**	(104,162)
Meeting expenses		**(130,843)**	(100,323)
Member support		**(18,435)**	(8,129)
Occupancy costs		**(59,348)**	(57,245)
Other project expenses		**(414,103)**	(64,159)
Profit/ (loss) on disposal of assets		**(1,969)**	(1,421)
Representation expenses		**(108,253)**	(114,401)
Workforce development projects		**(490,829)**	(101,772)
Surplus before income tax		**247,252**	57,716
Income tax expense	1(b)	-	-
Surplus for the year		**247,252**	57,716
Other comprehensive income:		-	-
Total comprehensive income for the year		**247,252**	57,716

STATEMENT OF FINANCIAL POSITION

As At 30 June 2018

	Note	2018 $	2017 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	**870,618**	687,880
Trade and other receivables	5	**57,352**	20,010
Other assets	6	**23,638**	50,918
TOTAL CURRENT ASSETS		**951,608**	758,808
NON CURRENT ASSETS			
Property, plant and equipment	7	**63,365**	71,840
TOTAL NON CURRENT ASSETS		**63,365**	71,840
TOTAL ASSETS		**1,014,973**	830,648
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	**86,178**	59,923
Employee benefits	10	**133,887**	74,744
Other liabilities	9	**380,882**	512,970
TOTAL CURRENT LIABILITIES		**600,947**	647,637
NON CURRENT LIABILITIES			
Employee benefits	10	**10,464**	26,701
TOTAL NON CURRENT LIABILITIES		**10,464**	26,701
TOTAL LIABILITIES		**611,411**	674,338
NET ASSETS		**403,562**	156,310
EQUITY			
Retained surplus		**403,562**	156,310
TOTAL EQUITY		**403,562**	156,310

STATEMENT OF CHANGES IN EQUITY

For the Year Ended 30 June 2018

2018	Retained Earnings $	Total $
Balance at 1 July 2017	**156,310**	156,310
Profit attributable to members of the entity	**247,252**	247,252
Balance at 30 June 2018	**403,562**	403,562

2017	Retained Earnings $	Total $
Balance at 1 July 2016	**98,594**	98,594
Profit attributable to members of the entity	**57,716**	57,716
Balance at 30 June 2017	**156,310**	156,310

STATEMENT OF CASH FLOWS

For the Year Ended 30 June 2018

	Note	2018 $	2017 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from funding and operations		**3,133,665**	2,269,588
Payments to suppliers and employees		**(2,937,897)**	(1,979,243)
Interest received		**3,551**	4,239
Net cash provided by operating activities	17	**199,319**	294,584
CASH FLOWS FROM INVESTING ACTIVITIES:			
Proceeds from sale of plant and equipment		**30**	463
Purchase of property, plant and equipment	7 (a)	**(16,611)**	(29,755)
Net cash provided by/(used in) investing activities		**(16,581)**	(29,292)
Net increase in cash and cash equivalents held		**182,738**	265,292
Cash and cash equivalents at beginning of year		**687,880**	422,588
Cash and cash equivalents at end of financial year	4	**870,618**	687,880

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 Notforprofits Commission Act 2012* and Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board. The company is a notforprofit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected noncurrent assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

(b) Income Tax

The Company is exempt from income tax under Division 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

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

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

Interest revenue

Interest is recognised using the effective interest method.

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).

Other income

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

(e) Finance costs

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

(f) Goods and Services Tax (GST)

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

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

(g) 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 over the asset's useful life commencing from the time the asset is held ready for use.

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

Fixed asset class	
Furniture, Fixtures and Fittings	5.00% 20.00%
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.

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

(h) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the 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.

Financial Assets

Financial assets are described in detail below:

- loans and receivables;
- heldtomaturity investments.

Financial assets are assigned to the different categories on initial recognition, depending on the characteristics of the instrument and its purpose. A financial instrument's category is relevant to the way it is measured and whether any resulting income and expenses are recognised in profit or loss or in other comprehensive income.

All income and expenses relating to financial assets are recognised in the statement of profit or loss and other comprehensive income in the 'finance income' or 'finance costs' line item respectively.

Loans and receivables

Loans and receivables are nonderivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The Company's trade and other receivables fall into this category of financial instruments.

Significant receivables are considered for impairment on an individual asset basis when they are past due at the reporting date or when objective evidence is received that a specific counterparty will default.

The amount of the impairment is the difference between the net carrying amount and the present value of the future expected cash flows associated with the impaired receivable.

Heldtomaturity investments

Heldtomaturity investments are nonderivative financial assets with fixed or determinable payments and fixed maturity. Investments are classified as heldtomaturity if it is the intention of the Company's management to hold them until maturity.

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

Financial liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities depending on the purpose for which the liability was acquired.

The Company's financial liabilities include trade and other payables, which are measured at amortised cost using the effective interest rate method.

Impairment of financial assets

At the end of the reporting period the Company assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Financial assets at amortised cost

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance accounts, all other impairment losses on financial assets at amortised cost are taken directly to the asset.

Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

(i) Impairment of nonfinancial 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 cashgenerating unit to which the asset belongs.

At the end of each reporting period the Company determines whether there is an evidence of an impairment indicator for nonfinancial assets.

Where this indicator exists and regardless for goodwill, indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the assets is estimated.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss, except for goodwill.

(j) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other shortterm 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.

(k) Employee benefits

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

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

(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.

(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 20107 / AASB 20126	01 January 2018	The key changes that may affect the entity on initial application include certain simplifications to the classification of financial assets, upfront accounting for expected credit loss, and the irrevocable election to recognise gains and losses on investments in equity instruments that are not held for trading in other comprehensive income.	The entity is yet to undertake a detailed assessment of the impact of AASB 9. However, based on the entity's preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2019.
AASB 16: Leases	01 January 2019	Leases and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases. The main changes introduced by the new Standard are as follows: - new lessee accounting requirements for leases at significantly belowmarket terms and conditions (commonly known as 'peppercorn leases') principally to enable the lessee to further its objectives. This requires the lessee to recognise the leased asset / rightofuse asset at fair value per AASB 13, the lease liability per AASB 117/AASB 16 and the residual as income (after related amounts) at the inception of the lease per AASB 1058; - recognition of a rightofuse asset and liability for all leases (excluding shortterm leases with less than 12 months of tenure and leases relating to lowvalue assets); - depreciation of rightofuse assets in line with AASB 116: Property, Plant and Equipment in profit or loss and unwinding of the liability in principal and interest components; - inclusion of variable lease payments that depend on an index or a rate in the initial measurement of the lease liability using the index or rate at the commencement date; - application of a practical expedient to permit a lessee to elect not to separate nonlease components and instead account for all components as a lease; and - inclusion of additional disclosure requirements.	The entity is yet to undertake a detailed assessment of the impact of AASB 9. However, based on the entity's preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2020.

AASB 1058: AASB 1058: Income of NotforProfit Entities	01 January 2019	This Standard is applicable when an entity receives volunteer services or enters into other transactions where the consideration to acquire the asset is significantly less than the fair value of the asset principally to enable the entity to further its objectives. The significant accounting requirements of AASB 1058 are as follows: - Income arising from an excess of the initial carrying amount of an asset over the related amount being contributions by owners, increases in liabilities, decreases in assets and revenue should be immediately recognised in profit or loss. For this purpose, the assets, liabilities and revenue are to be measured in accordance with other applicable Standards. - Liabilities should be recognised for the excess of the initial carrying amount of a financial asset (received in a transfer to enable the entity to acquire or construct a recognisable nonfinancial asset that is to be controlled by the entity) over any related amounts recognised in accordance with the applicable Standards. Income must be recognised in profit or loss when the entity satisfies its obligations under the transfer.	The entity is yet to undertake a detailed assessment of the impact of AASB 9. However, based on the entity's preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2019.

2 CRITICAL ACCOUNTING ESTIMATES AND JUDGMENTS

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances. These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates impairment of plant and equipment

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

Key estimates receivables

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

Key judgments Employee benefits

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

3 REVENUE AND OTHER INCOME

	2018 $	2017 $
REVENUE		
DoHA grant	**1,884,338**	1,344,550
DSS funding	**451,000**	70,535
Sponsorship grants	**437,534**	286,826
Conference grant	**145,455**	202,984
Auspicing agreements	**-**	2,250
	2,918,327	1,907,145
OTHER INCOME		
Donations	**33,550**	12,724
Service rendered	**57,647**	27,686
Fund scholarship	**9,150**	8,622
Other income	**800**	-
Interest revenue	**3,551**	4,239
Insurance claim received	**-**	20,000
	104,698	73,271
	3,023,025	1,980,416

4 CASH AND CASH EQUIVALENTS

	2018 $	2017 $
Cash on hand	**503**	368
Cash at bank	**870,115**	687,512
	870,618	687,880

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:

	2018 $	2017 $
Cash and cash equivalents	**870,618**	687,880
	870,618	687,880

5 TRADE AND OTHER RECEIVABLES

	2018 $	2017 $
Trade receivables	**57,352**	20,010
	57,352	20,010

6 OTHER ASSETS

	2018 $	2017 $
Prepayments	**6,544**	33,824
Rental bond	**17,094**	17,094
	23,638	50,918

7 PLANT AND EQUIPMENT

	2018 $	2017 $
FURNITURE, FIXTURES AND FITTINGS		
At cost	**51,063**	49,989
Accumulated depreciation	**(17,257)**	(14,111)
Total furniture, fixtures and fittings	**33,806**	35,878
OFFICE EQUIPMENT		
At cost	**88,335**	83,655
Accumulated depreciation	**(58,776)**	(47,693)
Total office equipment	**29,559**	35,962
Total plant and equipment	**63,365**	71,840

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

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

	Furniture, Fixtures and Fittings $	Office Equipment $	Total $
YEAR ENDED 30 JUNE 2018			
Balance at the beginning of the year	**35,878**	**35,962**	**71,840**
Additions	**1,880**	**14,731**	**16,611**
Disposals — written down value	**(468)**	**(1,531)**	**(1,999)**
Depreciation expense	**(3,484)**	**(19,603)**	**(23,087)**
Balance at the end of the year	**33,806**	**29,559**	**63,365**
YEAR ENDED 30 JUNE 2017			
Balance at the beginning of the year	38,009	28,049	66,058
Additions	1,229	28,526	29,755
Disposals — written down value	-	(1,886)	(1,886)
Depreciation expense	(3,360)	(18,727)	(22,087)
Balance at the end of the year	35,878	35,962	71,840

8 TRADE AND OTHER PAYABLES

	2018 $	2017 $
Trade payables	**96**	-
GST payable	**29,513**	17,076
Credit card	**3,091**	7,905
PAYG payable	**19,376**	14,193
Other payable	**9,522**	8,794
Accrued expenses	**24,580**	11,955
	86,178	59,923

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

	Note	2018 $	2017 $
TRADE AND OTHER PAYABLES:			
Total current		**86,178**	59,923
PAYGW		**(19,376)**	(14,193)
GST payable		**(29,513)**	(17,076)
	12	**37,289**	28,654

9 OTHER LIABILITIES

	Note	2018 $	2017 $
DSS funding		**-**	191,000
IAHA projects		**32,673**	82,673
IAHA events and workshop		**104,909**	94,209
DOH grants		**243,300**	145,088
		380,882	512,970

10 EMPLOYEE BENEFITS

	Note	2018 $	2017 $
CURRENT LIABILITIES			
Long service leave		**39,849**	11,268
Provision for annual leave		**94,038**	63,476
		133,887	74,744
NON CURRENT LIABILITIES			
Long service leave		**10,464**	26,701
		10,464	26,701

11 COMMITMENTS

Operating Leases

	2018 $	2017 $
Minimum lease payments under non cancellable operating leases:		
- not later than one year	**10,253**	-
- between one year and five years	**11,107**	-
	21,360	-

At the date of authorising the financial statements, no renewal of the premises operating lease have been made. The directors of the company are actively pursuing alternative commercial accommodation for the offices. During the year the company entered into operating lease agreement for a motor vehicle for 36 months.

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 and and accounts payable.

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:

	Note	2018 $	2017 $
FINANCIAL ASSETS			
Cash and cash equivalents	4	**870,618**	687,880
Trade and other receivable	5	**57,352**	20,010
		927,970	707,890
FINANCIAL LIABILITIES			
Trade and other payables	8(a)	**37,289**	28,654
		37,289	28,654

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.

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;
- maintaining a reputable credit profile;
- managing credit risk related to financial assets;
- only investing surplus cash with major financial institutions; and

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.

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.

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 2018 the number of members was 1,386 (2017: 1,074).

14 KEY MANAGEMENT PERSONNEL DISCLOSURES

The totals of remuneration paid to the key management personnel of Indigenous Allied Health Australia Ltd during the year are as follows:

	2018 $	2017 $
Short term employee benefits	**311,871**	264,410
Long term benefits	**29,153**	23,779
	341,024	288,189

15 REMUNERATION OF AUDITORS

	2018 $	2017 $
Remuneration of the auditor of the Company, Hardwickes Chartered Accountants, for:		
- auditing or reviewing the financial statements	**8,950**	8,500
	8,950	8,500

16 CONTINGENCIES

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2018 (30 June 2017:None).

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:

	2018 $	2017 $
Surplus for the year	**247,252**	57,716
NON CASH FLOWS IN PROFIT:		
Depreciation	**23,087**	22,087
Net loss on sale of assets	**1,969**	1,423
CHANGES IN ASSETS AND LIABILITIES:		
- (increase) in trade and other receivables	**(37,342)**	(6,146)
- decrease in prepayments	**27,280**	387
- (decrease)/increase in income in advance	**(132,088)**	203,541
- increase/(decrease) in trade and other payables	**26,255**	(5,545)
- increase in employee benefits	**42,906**	21,121
Cashflow from operations	**199,319**	294,584

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

Indigenous Allied Health Australia Ltd
ABN 42 680 384 885

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 23, 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 2018 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 Trevor Ritchie Deputy Chair IAHA

Director Nicole Turner Chairperson

Dated 11 September 2018

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

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Indigenous Allied Health Australia Ltd (the Company), which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the declaration by those charged with governance.

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

(i) giving a true and fair view of the Company's financial position as at 30 June 2018 and of its financial performance for the year ended; and

(ii) complying with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*

Basis for Opinion

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

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

Responsibilities of Management and Those Charged with Governance

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

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

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

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

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

Hardwickes

Hardwickes
Chartered Accountants

Robert Johnson FCA
Partner

Canberra

Trevor Ritchie Deputy Chair IAHA

11 September 2018

Chartered Accountants