Indigenous Allied Health Australia

# ANNUAL REPORT 2018–2019

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

Indigenous Allied Health Australia

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Acknowledgements

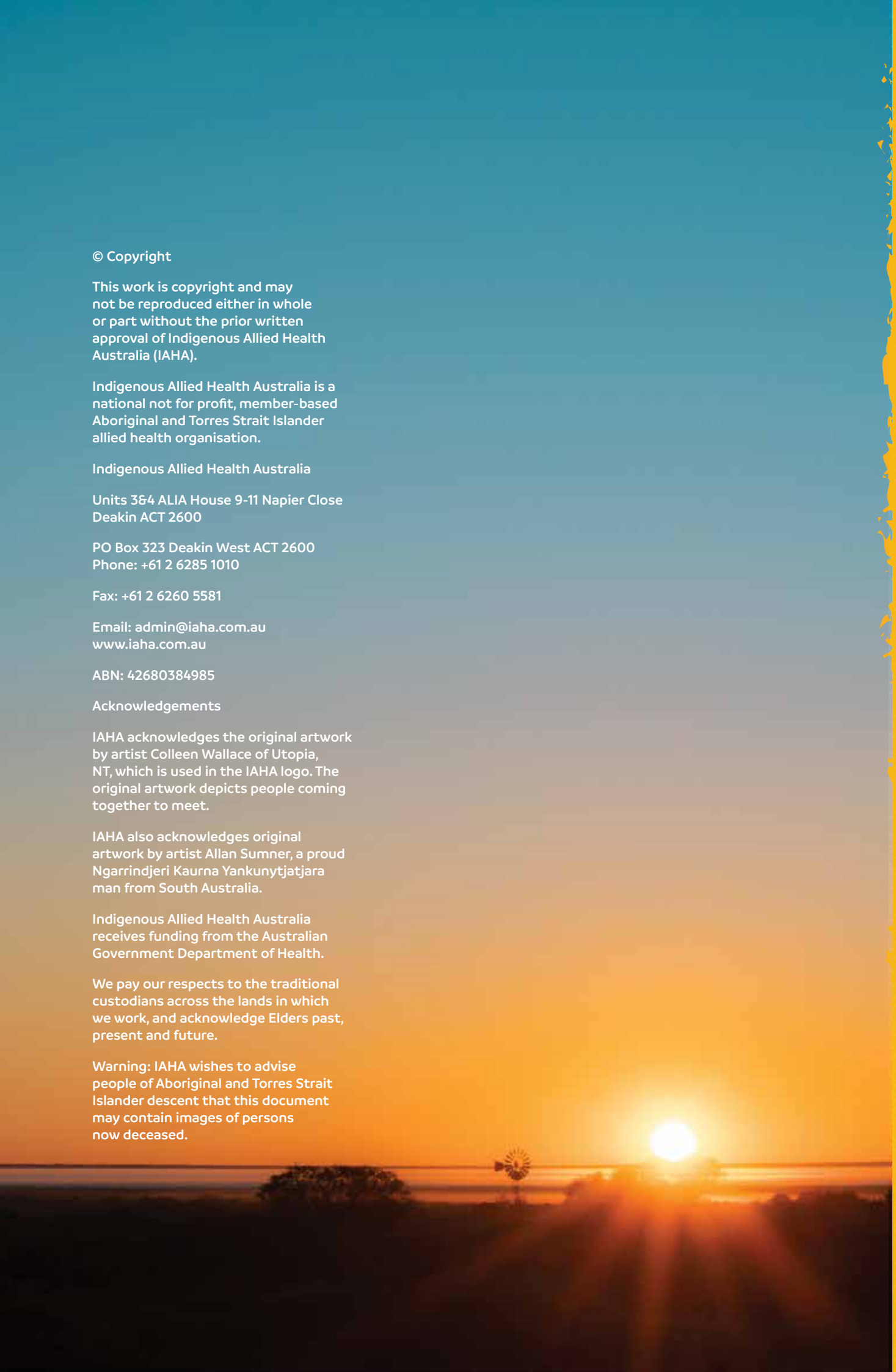
IAHA acknowledges the original artwork by artist Colleen Wallace of Utopia, NT, which is used in the IAHA logo. The original artwork depicts people coming together to meet.

IAHA also acknowledges original artwork by artist Allan Sumner, a proud Ngarrindjeri Kaurna Yankunytjatjara man from South Australia.

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.



# CONTENTS

# WHO WE ARE

## 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.

*IAHA 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.*

## 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 VISION

All Aboriginal and Torres Strait Islander people, and future generations, are:

STRONG healthy thriving & SELF-DETERMINED

# 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, building culturally safe and responsive health services and securing better health and wellbeing in our communities.

**This is the second Annual Report against our Strategic Plan 2017-2020.**

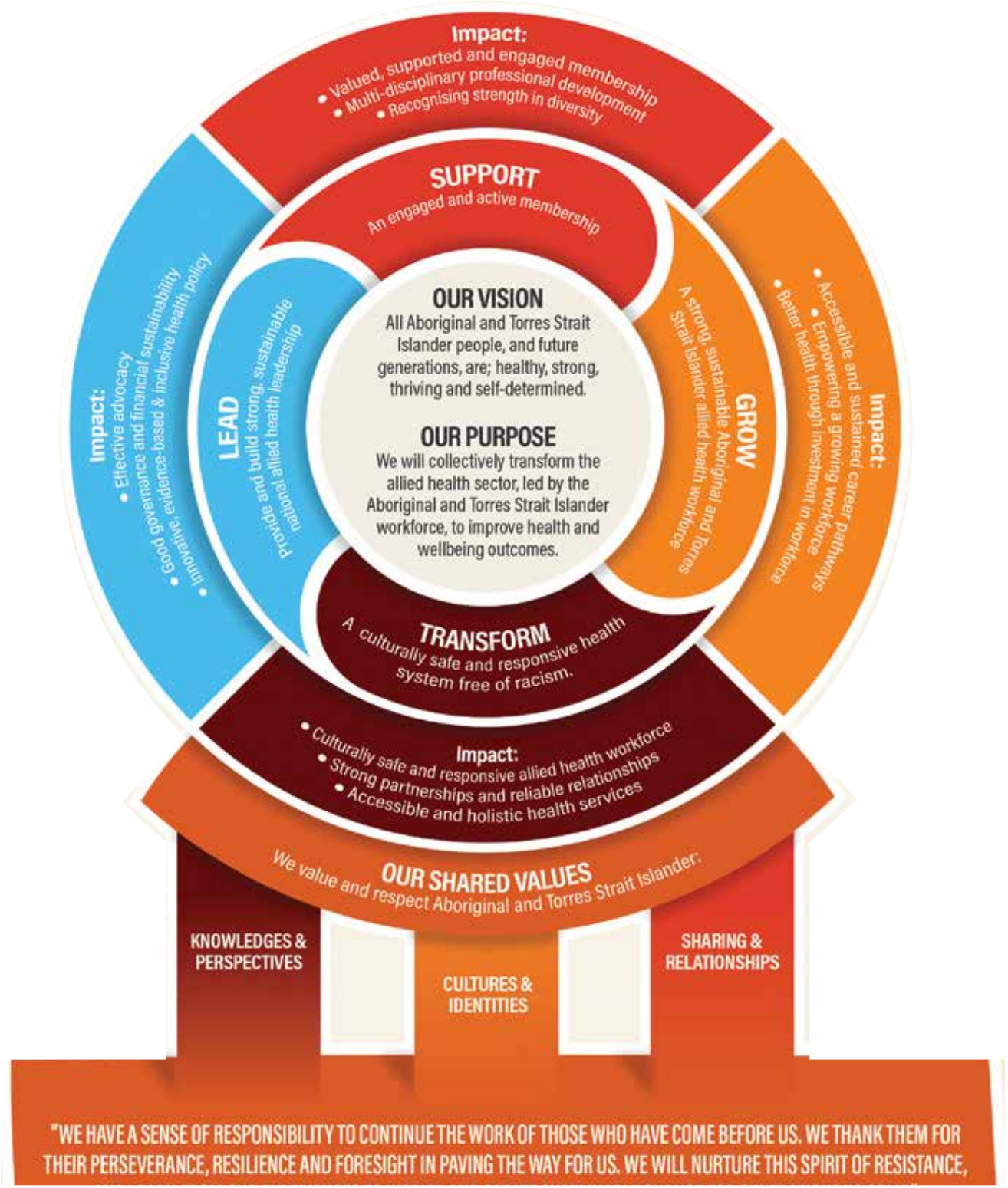
# PRIORITIES AND OBJECTIVES

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.


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,

# 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

IAHA recognise that culture is foundational to Aboriginal and Torres Strait Islander health and wellbeing. We believe in the holistic view of Aboriginal and Torres Strait Islander health and wellbeing that relates to the physical, emotional, spiritual and cultural wellbeing of the individual and community.

## ABORIGINAL AND TORRES STRAIT ISLANDER LEADERSHIP AND SELF-DETERMINATION

We support and promote Aboriginal and Torres Strait Islander leadership, strength, resilience and self-determination. We affirm that health is a fundamental human right and every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity. As Indigenous Peoples, we have the right to determine the strategies and priorities of our own health and wellbeing to ensure our individuals, families and communities are strong and thriving.

## CULTURALLY INFORMED AND STRENGTHS-BASED PRACTICE

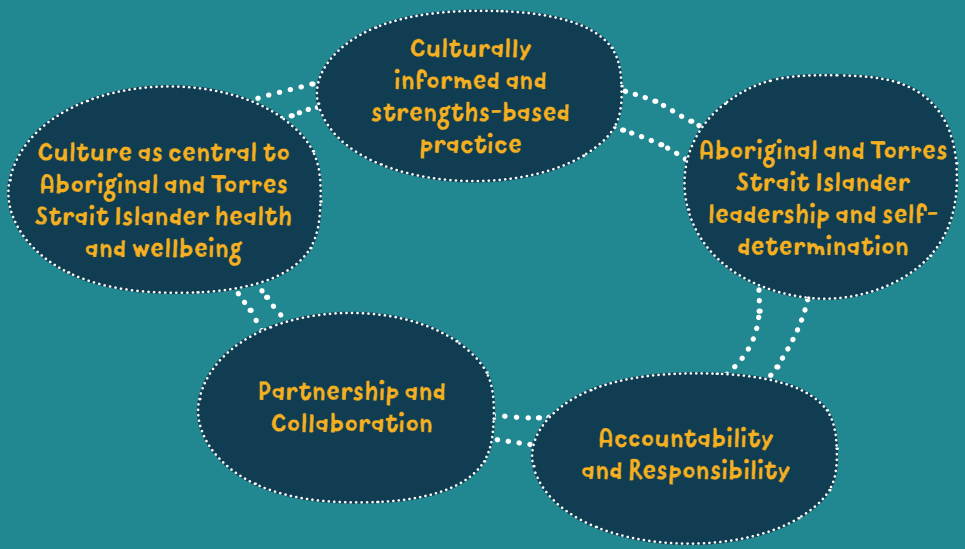
IAHA will embed Aboriginal and Torres Strait Islander knowledge, perspectives and innovations in everything we do. We commit to engaging our members to ensure their voice is heard in our written policy submissions, advocacy and programs. We commit to continuously learn and develop, while keeping our cultural practice and knowledge at the core of our work.

## PARTNERSHIP AND COLLABORATION

IAHA will work collaboratively together as members, with our partners and wider health sector to achieve our vision and purpose. We believe that trust and equality is at the centre of building strong lasting relationship with mutual respect. We will be open to new knowledge and provide opportunities for members to engage in meaningful and supportive ways.

## ACCOUNTABILITY AND RESPONSIBILITY

IAHA commits to base our efforts on a foundation of evidence with active engagement of Aboriginal and Torres Strait Islander peoples in collaborative and inclusive decision-making. We commit to being reliable partners through effective and transparent good governance practices. We commit to support our members with a strong organisation that is fiscally responsible and accountable.



# OUR OBJECTIVES

## SUPPORT

**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.

## TRANSFORM

**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.

## GROW

**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.

## LEAD

**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.

**This annual report provides a summary of key IAHA activities and outcomes for the 2018-19 financial year.**

**The icons appear throughout this annual report. They remind us of how and where IAHAs activities contribute to our Strategic Priorities.**

*"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. Ultimately, that is IAHA's vision and purpose."*

# CHAIRPERSON'S REPORT

As an organisation, IAHA and our members continue to achieve great things. Together we work toward our vision in improving the health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, led with a culturally safe and responsive allied health workforce.

As Chairperson of Indigenous Allied Health Australia (IAHA), it is my privilege to present the 2018-19 IAHA Annual Report to members and stakeholders.

IAHA is continuing to perform well against the strategic priorities in our second year of the Strategic Plan 2017-2020. IAHA welcomed the Commonwealth Government's additional commitment of $4.65 million, over the next three years, to support the expansion of the National Aboriginal and Torres Strait Islander Health Academy. The expansion of the Academy is a key strategic priority to support Aboriginal and Torres Strait Islander young people to pursue meaningful and valuable careers in health. IAHA continues to build and support opportunities across the 'pipeline' of education, training and employment with current and new stakeholders to strengthen partnerships to support the rollout of the Academy across four states and territories.

The Board of Directors have continued our efforts to diversify our funding, build our organisation's capacity and reduce reliance on our core Government funding. In addition to project funding to support specific activities, IAHA continued to expand our fee for service work, led by IAHA's Cultural Responsiveness and Mentoring Training. In the 2018-19 financial year, IAHA delivered 22 Cultural Responsiveness and mentoring workshops to a broad range of stakeholders around Australia. The IAHA board worked with PwC's Indigenous Consulting to develop the IAHA Business Plan setting out the key strategic business opportunities for IAHA now and into the future.

IAHA continues to build and expand our public profile. In late 2018, IAHA was one of a number of Aboriginal and Torres Strait Islander health organisations who raised concerns about the Closing the Gap refresh process to First Ministers. These efforts have resulted in the Commonwealth, State and Territory governments and the Australian Local Government Association entering into a historic partnership with a coalition of Aboriginal and Torres Strait Islander peaks. IAHA have been involved in leading and supporting efforts under the new agreement to reform the way governments work with Aboriginal and Torres Strait Islander peoples, communities and organisations. IAHA remain engaged with several formal advisory bodies, providing strategic guidance and expertise at a national level.

IAHA's organisational profile expanded internationally, with IAHA hosting the first International Indigenous Allied Health Forum and International Indigenous HealthFusion Team Challenge in Sydney in November of 2018. This successful event brought together Aboriginal and Torres Strait Islander, Māori, First Nations Canadian, Native Hawaiian and other Indigenous peoples to privilege Indigenous ways of knowing, being and doing and to share strengths-based, holistic solutions to maintain and improve health outcomes. The Forum further established IAHA's leadership role among First Nations health and allied health workforce development.

I would like to thank the Board and, on their behalf, thank the Secretariat and members for their insights, mentoring, shared experiences and commitment to leading change in supporting our growing allied health workforce. Together, our collective 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. Ultimately, that is IAHA's vision and purpose.

To IAHA members, this is your organisation and your increased engagement and ongoing 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 continues to increase year-to-year. Your individual efforts strengthen us and through our combined contributions to national reform we are making a difference in the health and wellbeing of Aboriginal and Torres Strait Islander people.

# CHIEF EXECUTIVE OFFICER'S REPORT

The International Indigenous Allied Health Forum was a powerful reminder of the successes of Indigenous-led and strengths-based approaches to building, supporting and developing the allied health workforce. IAHA is proud to be a thought-leader in allied health workforce development nationally and internationally.

As Chief Executive Officer, it is an honour to showcase the work and growth of IAHA in 2018-19. Members continue to engage, strengthen and lead IAHA into a future that ensures that IAHA's work is culturally informed and gives foundation to our achievements.

While we acknowledge, showcase and celebrate the achievements of our organisation and members, we know that we need to continue to work on building and supporting the Aboriginal and Torres Strait Islander allied health workforce through health career promotion, student support and engagement, graduate development and leadership opportunities. In 2018-19, IAHA continued to grow as an organisation and to further consolidate and enhance our activities.

We have successfully delivered and supported a range of professional development opportunities to our members, including the 2018 IAHA International Allied Health Forum, rural and remote clinical placements, international conferences and other personal development activities. The first IAHA international events brought together a multi-disciplinary and transcultural First Nations health workforce, to share experiences and knowledges, leading to the formation of a formal agreement between four nations.

This year 111 members were awarded scholarships to assist them to participate in personal, cultural and professional development opportunities. A further six student bursaries were awarded to full member students.

IAHA has worked hard on further developing resources for cultural responsiveness training components, including Cultural Responsiveness in Mentoring. IAHA commenced development of a health career toolkit to support the National Aboriginal and Torres Strait Islander Health Academy expansion.  Our activities and projects have gained traction in national and jurisdictional workforce development and policy.

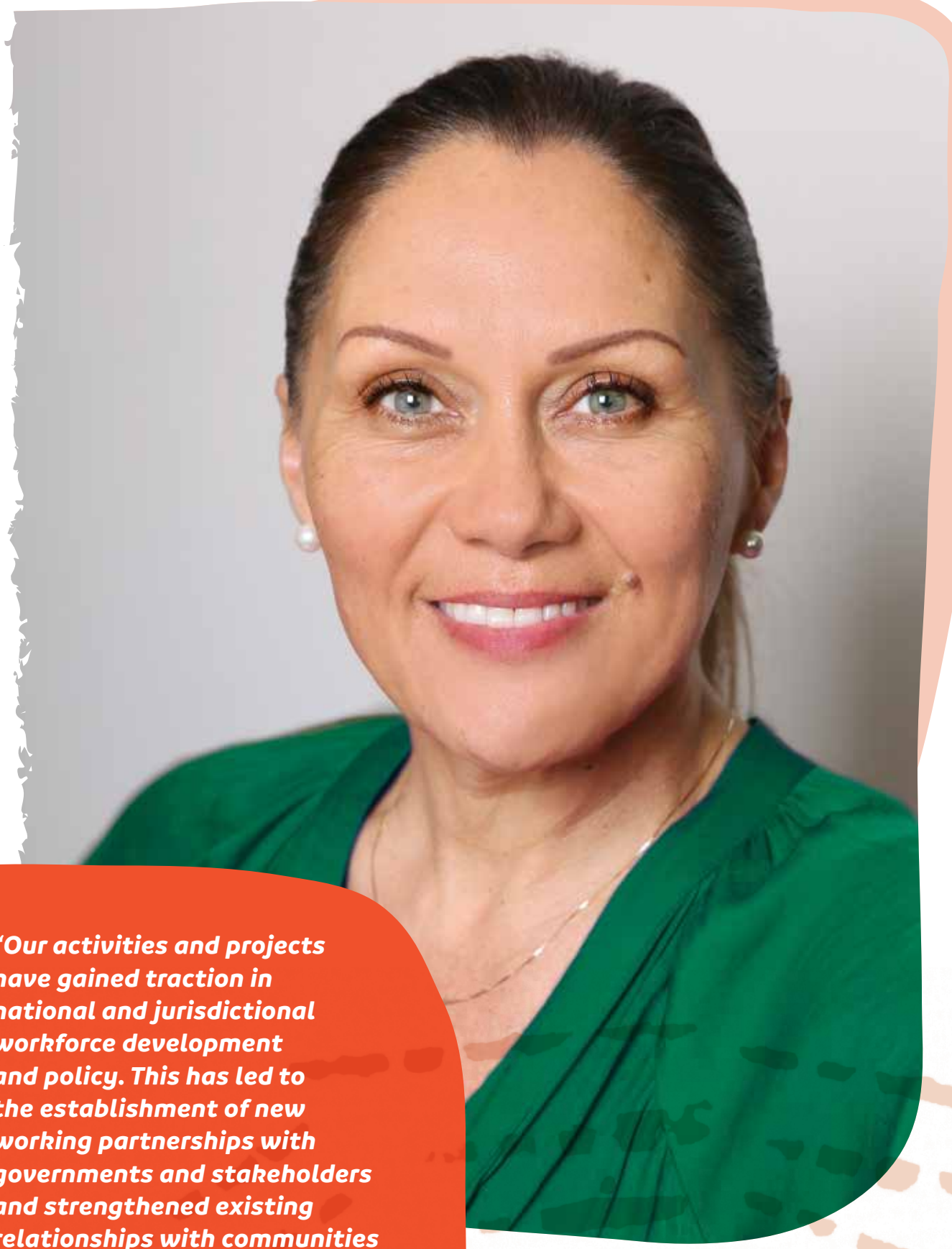
This has led to the establishment of new working partnerships with governments and stakeholders and strengthened existing relationships with communities and key Indigenous partners. In 2018-19, work has focused on health career promotion and community led solutions to improve access to allied health services across sectors, including disability.

IAHA strengthened our leadership position in driving change in allied health, Aboriginal and Torres Strait Islander health, and in the education and training sectors. Our involvement in national policy development has significantly increased with continued, active involvement in the National Health Leadership Forum, National Aboriginal and Torres Strait Islander Health Plan – Implementation Plan Advisory Group and as a member of the Coalition of Peaks working with partners and governments on the Closing the Gap Refresh. IAHA signed a formal MOU with a key stakeholder, Services for Australian Rural and Remote Allied Health, setting out key deliverables in supporting and developing a culturally safe and responsive allied health workforce in rural and remote Australia.

IAHA worked closely with professional associations, regulators, governing bodies and governments to further develop a culturally safe and responsive health system. There were 13 policy submissions provided to national reviews, over 300 policy meetings attended and continued and active engagement in major workforce projects across Australia.

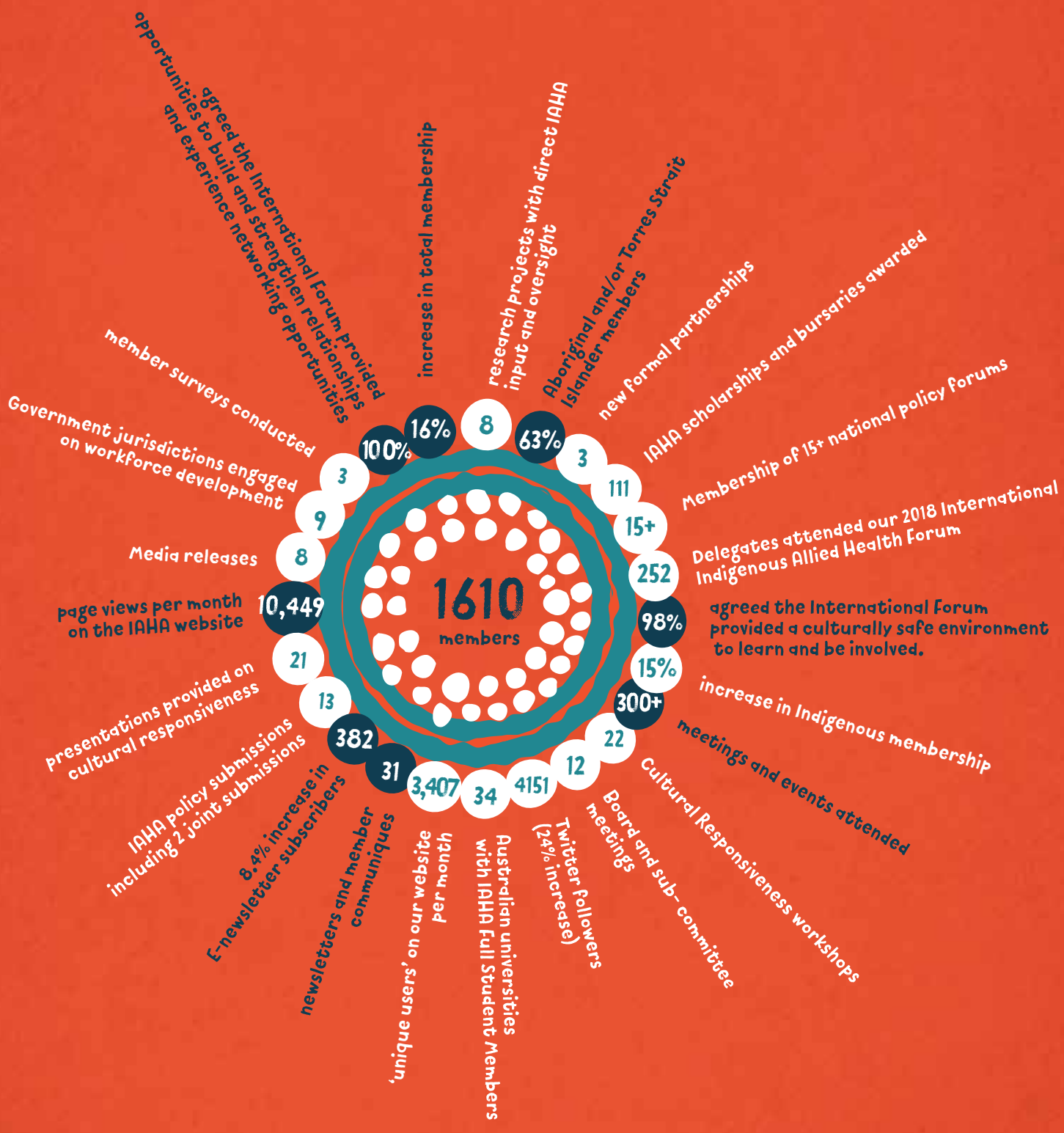
I would like to thank our members for their continued support and engagement in IAHA activities throughout the year. Members contributed significantly to the completion of three surveys that provide valuable information and evidence for IAHA to move forward and action.

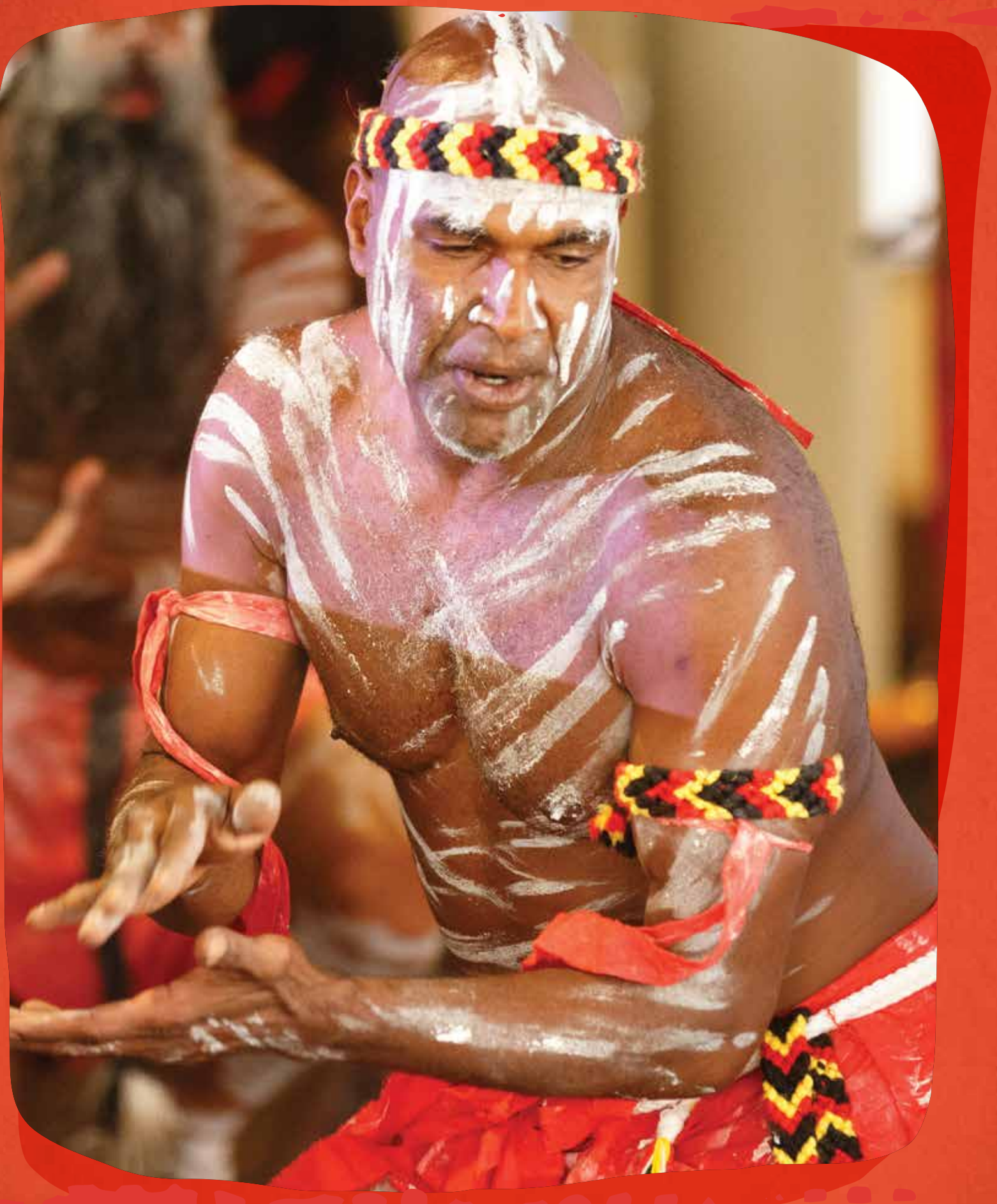
As we enter a new financial year, in which we celebrate the tenth anniversary of IAHA, we are well positioned financially to build upon our work to date and further our vision. We look forward to the future, to working with members, the Board and stakeholders to ensure Aboriginal and Torres Strait Islander peoples and communities are determining and achieving their aspirations.



***"Our activities and projects have gained traction in national and jurisdictional workforce development and policy. This has led to the establishment of new working partnerships with governments and stakeholders and strengthened existing relationships with communities and key Indigenous partners."***

# KEY ACHIEVEMENTS





# IAHA BOARD OF DIRECTORS

### Ms Nicole Turner

*Director (Graduate), Chairperson*

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

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

Nicole is a Kamilaroi woman and one of very few qualified Aboriginal Community Nutritionists in Australia. Nicole has worked in the health sector for over 20 years and is currently in the role of Aboriginal Workforce Engagement Manager at the New South Wales Rural Doctors Network and is an Adjunct Professor of Nutrition and Dietetics at the University of Canberra, in addition to sitting on several committees and boards at the state and national and having an active role in research.

### Mr Trevor-Tirritpa Ritchie

*Director (Graduate), Deputy Chairperson*

Date Appointed: 27 November 2014;
Re-elected 1 December 2018

Elected Deputy Chairperson
2 December 2016

Tirritpa is a Kaurna man from Adelaide and holds a Bachelor of Applied Science (Occupational Therapy). Tirritpa has previously worked in corrections, housing and education, prior to his current role as a Research Assistant with the South Australian Medical Health Research Institute. Tirritpa brings an OT perspective, a broad appreciation of allied health and research, and is passionate about growing our workforce, enabling our people and communities to prosper, and building 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 has worked in counselling and welfare in the Aboriginal and Torres Strait Islander community in Brisbane. Stephen holds a Bachelor of Social Work and Bachelor of Arts (Psychology) degree (UQ) and a Master 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 Midwest Western Australia, a mother and grandmother. Patty worked across the education, community service and health sectors, before working in mental health and completing a Bachelor of Health Science (Mental Health) through Charles Sturt University. Patty returned to her home of Meekatharra to work with her countrymen while studying a further qualification in Counselling.

### Danielle Dries

*Director (Graduate)*

Date Elected: 2 December 2016;
Re-elected 1 December 2018

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 has since completed a medical degree from the Australian National University, has been a Close the Gap Ambassador, a mentor for the IAHA Health Fusion Team Challenge, and was a speaker at the Future Health Leaders Indigenous Health Forum.

### Ms Rikki Fischer

*Director (Graduate)*

Elected: 1 December 2018

Rikki is a proud Wiradjuri woman living and working on Larrakia Country in Darwin. Rikki has a Bachelor of Health Science (Mental Health); Certificates IV in AOD, Human Resources, and TAE; and a Diploma in Auditing. Rikki is dedicated to growing and supporting the next generation and has played a key role in supporting IAHA's NT Aboriginal Health Academy, working with high school students to achieve their dreams.

### Ms Diane Bakon

*Director (Independent)*

Appointed: 2 January 2018

Diane is a strong Gamilaroi woman with connections to Narrabri in New South Wales. Diane is a James Cook University Occupational Therapy Graduate who has been actively involved as a Full Member of IAHA since 2012. Diane sits as an Independent board member, Chairs the Finance and Risk Committee and contributes to a range of national leadership activities such as workshops, advisory and working groups, conferences and IAHA committees.

### Ms Tracy Hardy

*Director (Graduate)*

Elected: 1 December 2018

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.

### Ms Maddison Adams

*Director (Graduate)*

Elected: 1 December 2018

Maddison Adams is a proud Wulli Woman from South East Queensland. Maddi grew up and now works on Turrbal and Jagera Country in Brisbane, graduating with a Bachelor of Health Science (Podiatry) from Queensland University of Technology in 2015, before enrolling in a Graduate Diploma of Rural Generalist Practice at James Cook University. She has been working as a podiatrist for three years in community-controlled health services, delivering culturally responsive podiatry services and supervision.

# 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 2018-2019 there were several changes within the IAHA secretariat with four new staff members commencing in the period. IAHA also said goodbye to two long-term staff members, who remain actively engaged in IAHA and provide continued support and expertise.

IAHA thank and acknowledge all Secretariat staff for their significant contributions to IAHA.

# OUR MEMBERSHIP

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

- **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.
- **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.
- **Associate membership, Individual** – 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.
- **Associate membership, Corporate** - an organisation that is accepted by the Board as having a commitment to the Objects of IAHA.

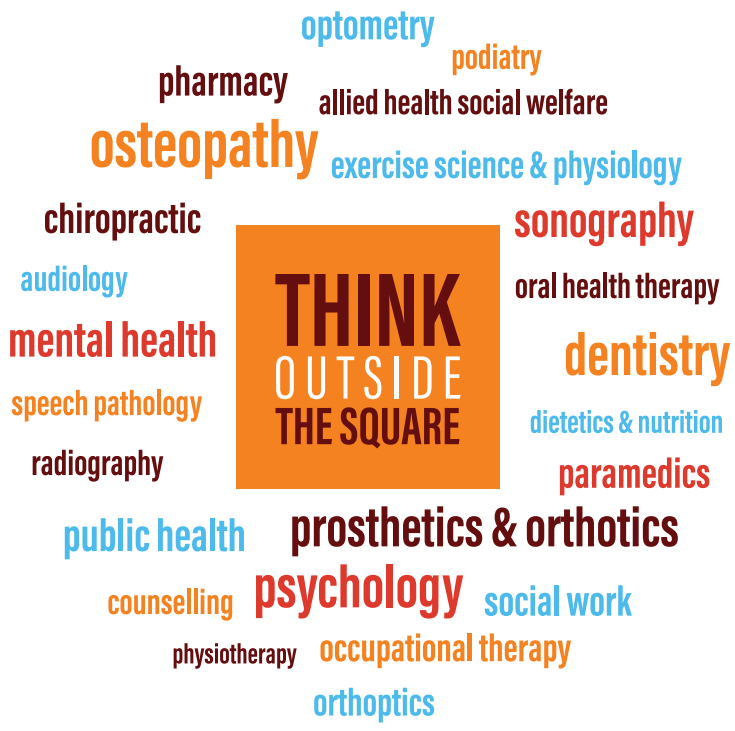
IAHA takes an inclusive and holistic view of allied health, with 28 allied health disciplines in our membership.

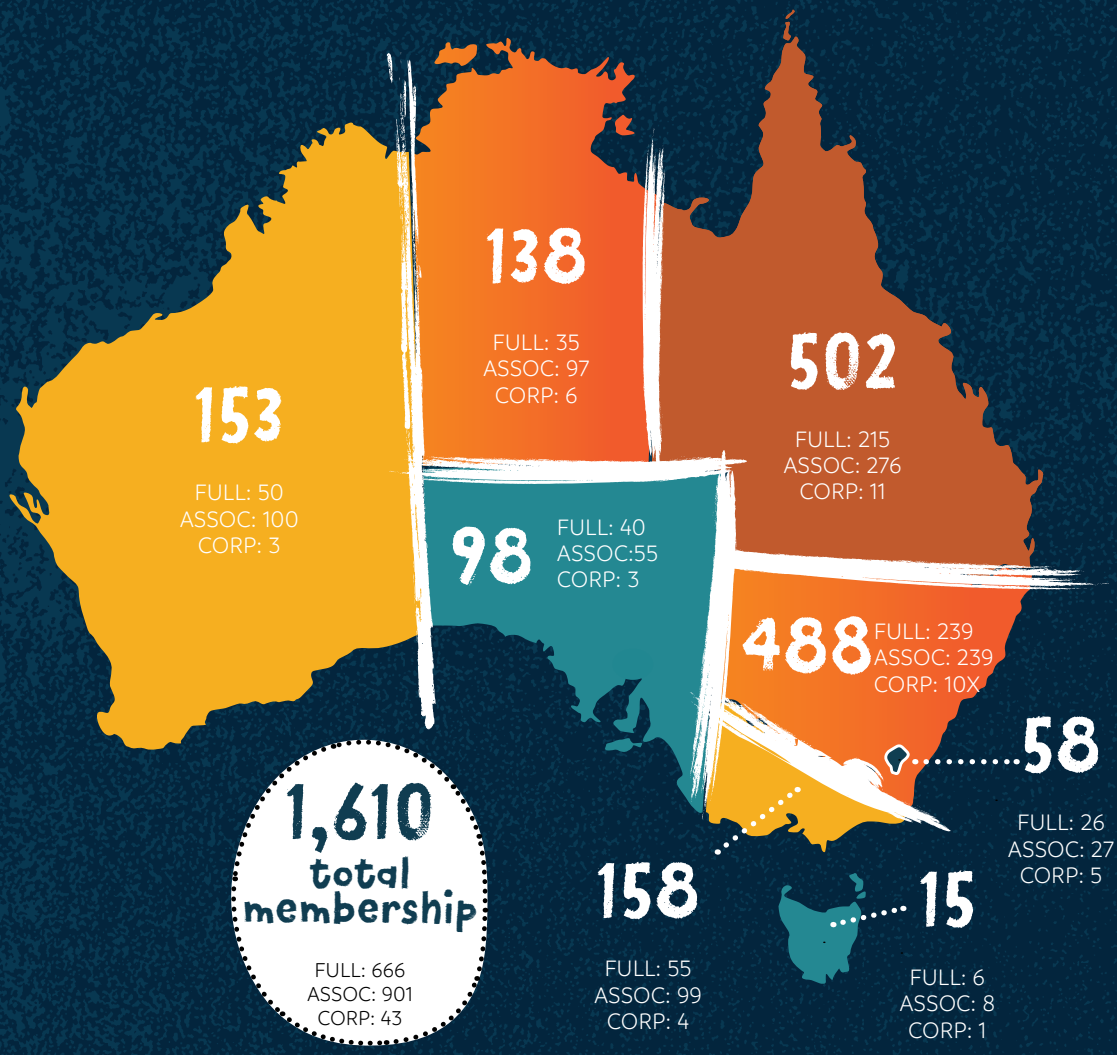
IAHA members are represented in professions registered with the Australian Health Practitioner Regulation Agency (AHPRA) and in self-regulated professions.

- 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 and podiatry.

- IAHA has Aboriginal and Torres Strait Islander members in other health related roles such as allied health assistants, Aboriginal and/or 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 21 of the 28 disciplines among IAHA's membership, studying in 34 Australian universities.

**IAHA continues to grow strongly.**






**63.4%** of members are Aboriginal and/or Torres Strait Islander

**31%** total membership increase

**11.4%** full membership increase

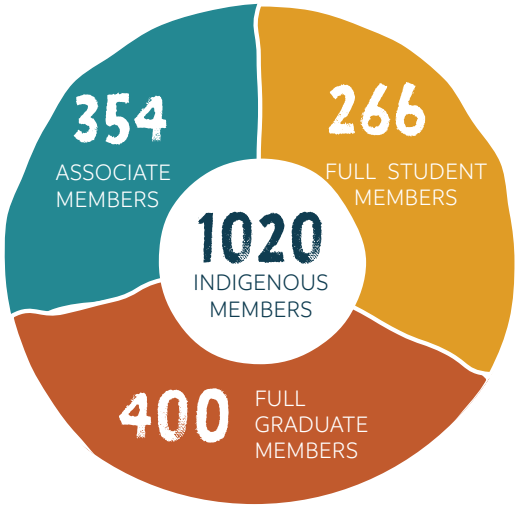
**19.2%** associate membership increase

**26.5%** corporate membership increase

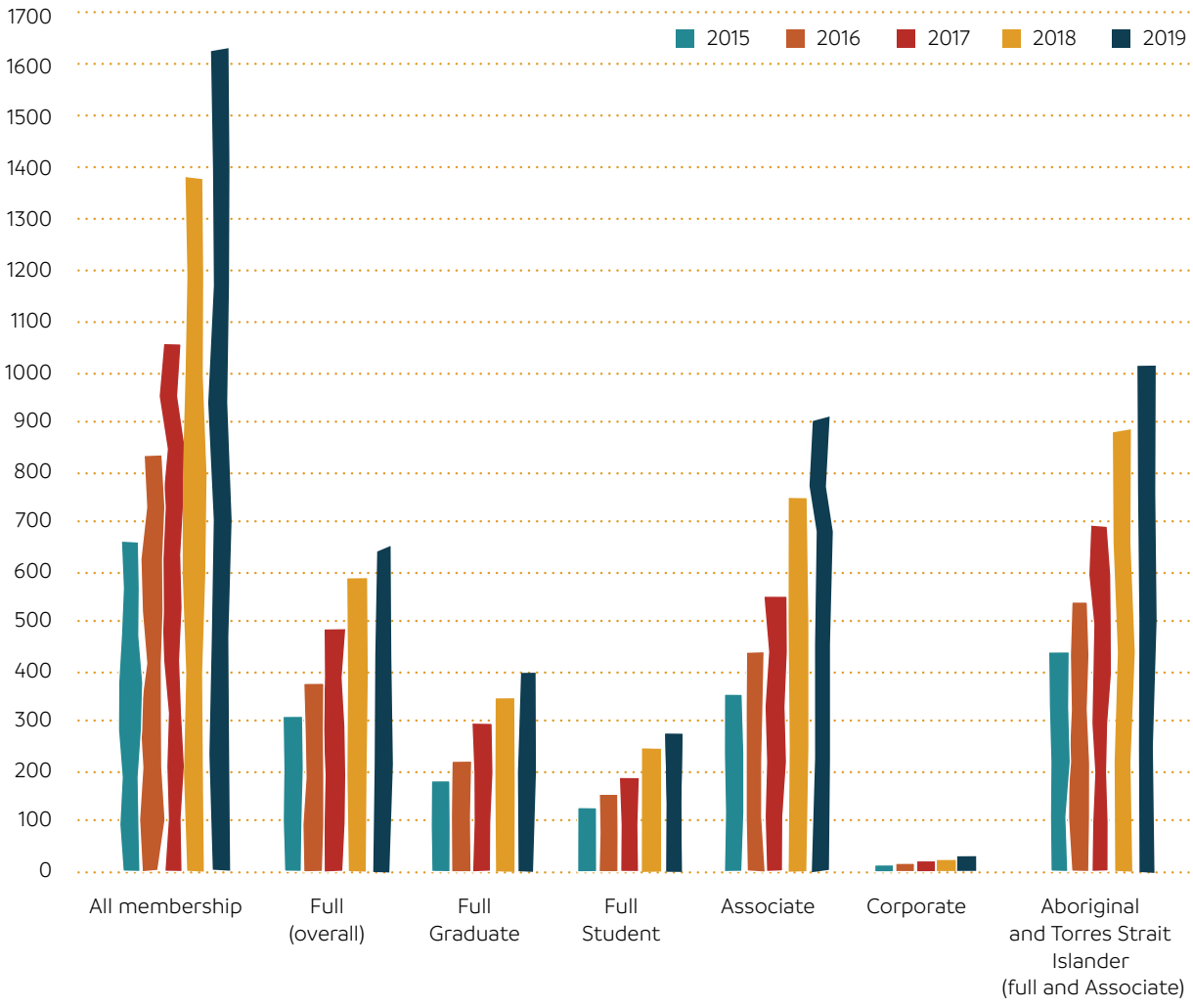
# STATISTICS

As at 30 June 2019, IAHA had a total of 1610 members, an increase of 222 (or 16%) on the previous year.

- Our membership comprises of 63.4% (1020 members) Aboriginal and/or Torres Strait Islander members.
- 400 Full Graduate Members; 266 Full Student Members; and 354 Indigenous Associate Members.
- Over the 12 months to 30 June 2019, there was growth across all member categories.
  - Full Members increased by 11.4%.
  - Associate Members (excluding corporate members) increased by 145 (19.2%).
  - Corporate members increased by 9 (26.5%).




**IAHA Membership Profile**



# 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.**

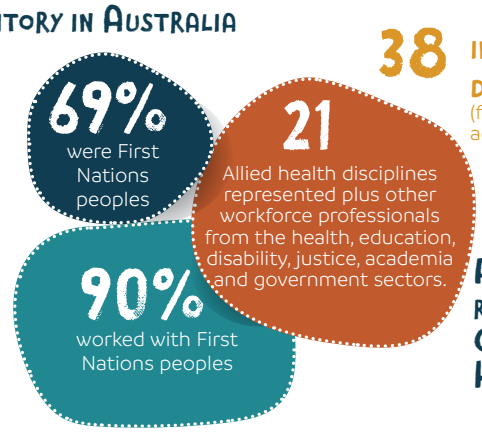
**IAHA is committed to engaging and supporting the membership and providing professional development - by value-adding to existing opportunities as well as providing new and innovative personal and professional development activities.** Member attendance and participation in such events builds skills,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

## 2018 INTERNATIONAL INDIGENOUS ALLIED HEALTH FORUM

IAHA's primary professional development event in 2018-19 was the 2018 International Indigenous Allied Health Forum, held in Sydney on 30 November 2018. The Forum theme brought together Indigenous and First Nation presenters, panellists and delegates from around the world to discuss shared experiences and practices in building, supporting and retaining an Indigenous allied health workforce. The full day event provided a platform to share information and build an integrated approach to improving culturally safe and responsive health care and improve health and wellbeing outcomes for Indigenous peoples and communities.

### The 2018 International Indigenous Allied Health Forum was attended by:

Delegates from every state and territory in Australia




38 international delegates (five of whom provided keynote addresses)

First nation representatives from Canada, New Zealand, Hawaii and Australia

"Our Aboriginal brothers and sisters hosted the most amazing platform for First Nations tuakana and teina to share, encourage and educate each other on things that matter to US as Indigenous peoples. I am beyond honoured for the kindness and hospitality shown to us by our Aboriginal whānau at IAHA."

*IAHA Patron, Professor Tom Calma AO, gives the opening address*

This was a unique, exciting, solutions-focused event led by Indigenous peoples. The 2018 International Indigenous Allied Health Forum included 4 keynote addresses with speakers from Australia, Canada, New Zealand and Hawaii as well as 4 concurrent sessions on the themes of culturally safe and responsive practice, leading in allied health research, the power of an interprofessional workforce and culturally safe allied health curricula.

Of the 252 delegates attending, 38% were IAHA members. Six IAHA members were 2018 National IAHA Award winners, who were recognised for their achievements in front of 225 guests at the IAHA gala dinner and awards held in conjunction with the International Forum.

All Conference sessions featured First Nations presenters, co-presenters and facilitators. The Forum was followed by three culturally-informed workshops;

- Leadership in Mentoring Masterclass;
- Tairongorongo: 'to embrace and embed all senses'; and
- a basket weaving workshop.

**The Feedback on the Conference was extremely positive:**

POSITIVE
ACTION ORIENTATED
UNDERSTANDING
CULTURALLY SAFE
DEVELOPMENT

**100%**

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

**100%**

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

**98%**

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

**96%**

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

**96%**

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

**100%**

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

IAHA Scholarship Recepients

## WHAT DID MEMBERS LIKE THE MOST ABOUT THE PROFESSIONAL DEVELOPMENT OPPORTUNITY

*"Networking, embracing cultural diversity, listening and learning, opportunity to reflect on being responsive"*

*"The Opportunity to network with colleagues, the new information shared by the presenters, and the International sharing of stories"*

*"Being able to catch up with a whole lot of people, meet new ones, and listen to a range of different perspectives. Really heartening to see so many fabulous speakers from other countries."*

*I undertook a 5-week placement in Mount Isa as part of my 4th year physiotherapy clinical placement and I can honestly say it has been one of the most eye-opening experiences I have had. Throughout this placement I worked at North West Community Rehab (NWCR), situated next to the Mount Isa Hospital, where I assessed and treated a wide variety of patients and conditions. A large percentage of my patients identified as Aboriginal and it was a truly humbling experience to be able to help the community whilst I was there and improve what I could during my 5 weeks.*

**MATTHEW HOFFMAN,**
**4TH PHYSIOTHERAPY STUDENT -**
**UNIVERSITY OF QUEENSLAND**

In addition to hosting IAHA led professional development events, IAHA supported member engagement in several external opportunities.

During 2018-19, IAHA provided or facilitated **MEMBER PROFESSIONAL DEVELOPMENT SCHOLARSHIPS AND BURSARIES INCLUDING:**

- 53 IAHA scholarships awarded to attend the IAHA International Allied Health Forum and events.
- Of the 53 scholarships awarded, 29 members also attended the 8th Gathering of the Healing Our Spirit Worldwide, in Sydney, prior to IAHA International Forum;
- Seven universities supported a further 42 students to attend the IAHA Conference and events;
- IAHA and the Royal Flying Doctors Service provided three Aboriginal and Torres Strait Islander Student Health Scholarships in support of a remote or rural clinical placement;
- IAHA provided a further five graduate professional development scholarships to full member graduates to undertake training, development or an educational opportunity to support their career progression;
- IAHA awarded two scholarships to undertake a rural placement in Mount Isa in partnership with James Cook University Mount Isa Centre for Rural and Remote Health; and
- IAHA provided six eligible students with bursaries during 2018-19, to support participation of IAHA full student members experiencing financial hardship, with financial assistance for the purchase of resources.

## IAHA AND THE CENTRE FOR RURAL AND REMOTE HEALTH – JAMES COOK UNIVERSITY (CRRH)

IAHA and James Cook University's Centre for Rural and Remote Health in Mount Isa (CRRH), through a formal partnership agreement, are working closely to grow a culturally safe, responsive and skilled remote and rural health workforce. IAHA works with the CRRH on workforce development, training and student supports within the remote and rural context and awarded two full member students studying physiotherapy a clinical placement scholarship to undertake their placement in the Mount Isa region.

### OCCUPATIONAL THERAPY, 3RD YEAR STUDENT - JAMES COOK UNIVERSITY

*I gained knowledge that I would more than likely never have received while working in a metro area. I made connections and met truly amazing people, was given first hand exposure to how working rural and remote changes the way services are provided and no matter where you go there is no "one size fits all method". A major way this scholarship benefited me personally is through my professional growth. My confidence, my communication skills, my belief in myself, truly blossomed during this placement and I personally believe that without coming to Alice Springs, I would not be the professional/person I am today. This experience gave me motivation to complete my degree and gave me reassurance that I will be an OT who works in a rural and remote community*

## THE 2017 IAHA HEALTHFUSION TEAM CHALLENGE (HFTC)

Students undertaking the IAHA HealthFusion Team Challenge (HFTC) have access to a team of mentors for professional, cultural and/or personal support. At the 2018 International Indigenous HFTC in Sydney, IAHA introduced peer, cultural and education mentors for the first time working with the profession mentors to provide further guidance and support to participating students. Mentors from Canada, New Zealand and Australia were very effective in providing wrap around supports that successfully engaged the IAHA Mentoring Program principles. Mentors were provided with a detailed brief of the specific role and expectations and spent two days with our students in individual and group mentoring to assist them in developing their team management plan and support the team dynamics throughout the challenge.

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

In 2018-19, the Royal Flying Doctor Service (RFDS) continued its partnership with IAHA to administer a $10,000 scholarship funding pool to support full member students to undertake a remote or rural clinical allied health placement of at least four weeks' duration. The partnership with the RFDS is important in helping to enable locally driven, rural and remote workforce development models that provide culturally safe and responsive allied health services with Aboriginal and Torres Strait Islander people.

2018-2019 RFDS Scholarship recipients were an Occupational Therapy student from James Cook University, who was supported to undertake a clinical placement in Alice Springs, Northern Territory and a Social Work student from the Institute of Koori Education at Deakin University who undertook a social work placement in Katherine, Northern Territory.

### SOCIAL WORK, 4TH YEAR STUDENT INSTITUTE OF KOORI EDUCATION DEAKIN UNIVERSITY

*I developed some beautiful life-long friendships in my time on placement and had some very rich, unique and privileged experiences of spending time on country learning from traditional owners in the area about cultural practices and protocols. Seeing the daily challenges and battles our people face, is a constant reminder of why I chose the field of Social Work to begin with.*

*Thanks to the RFDS scholarship, I was able to complete my 4th year Social Work placement which was a platform for me to receiving my first job in (rural and remote) mental health right after the completion of my placement.*

*I sincerely thank the RFDS for providing me with the opportunity to pursue my interest of completing my placement in Katherine, I had an eventful and fulfilled experience that I constantly share with others.*

# MENTORING FOR MEMBERS

The IAHA Mentoring Program is a support provided to members for their ongoing personal, cultural and professional development. In the last year, IAHA experienced an increase in applications to be a mentor and/or mentee. This saw an active increase in the number of IAHA members and stakeholders joining the program as mentors. There was also an increase in mentoring relationships including formal, informal and group mentoring.  As of June 30, the IAHA mentoring program involves 92 mentors, 62 mentees and more than 36 mentoring relationships

Mentors offer support across a wide range of health and related professions. Mentees have sought support from people who are in their chosen profession and/or requested support in personal development including building confidence, conflict management and resolution, leadership skills, project management, work-life balance and other personal and professional capabilities.

IAHA developed a new training product, IAHA Cultural Responsiveness in Mentoring, which links the IAHA Cultural Responsinvenss in Action Framework with the Mentoring Program. With skilled faciltiators, IAHA hosted two Cultural Responsinvenss in Mentoring workshops to build on participants' existing knowledge of formal and informal mentoring relationships and cultural responsiveness. This supports the development of the health and related workforces more broadly, to ensure that cultural safety and responsivness is a prioritiy and that Aboriginal and Torres Strait Islander knowledges are previledged, acknowledged and respected when undertaking a mentoring relationship.

IAHA also hosted two mentoring training workshops for members and international colleagues at the Healing Our Spirit Worldwide Conference and the IAHA International Allied Health Forum, both held in Sydney.

**"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."**

*International Indigenous HealthFusion Team Challenge participants*


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

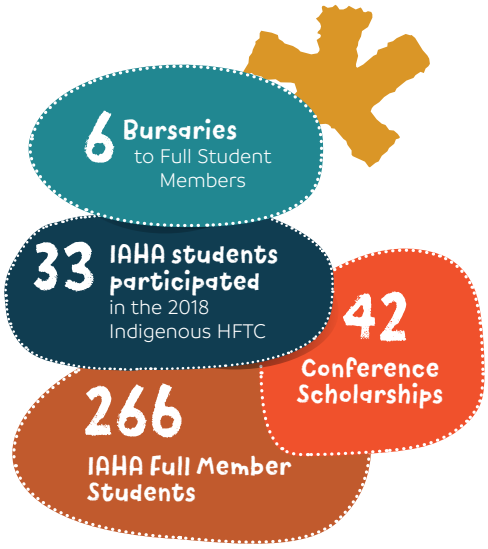
## WORKSHOP PARTICIPANTS FURTHER DEVELOPED KNOWLEDGE AND SKILLS IN:

- Effective practice in working with personal and communication styles
- Supporting proactivity and leadership in cultural safety and responsiveness
- Understanding of self and the impact of ones behaviour on others

### IAHA ASSOCIATE MEMBER, MADELINE BOWER - KATHERINE, NT

*"The mentoring program is an excellent idea! It has provided a space to capacity build my knowledge and skills with cultural integrity. The staff and mentors acknowledge the two-way learning process that naturally comes as Aboriginal and Torres Strait Islander peoples and shares this with our partnerships. Being a mentee creates a process of 'student learning' again but with the real-life responsibility towards improving Aboriginal and Torres Strait Islander health. My exposure to influential people has increased my thirst for more knowledge and one day being a mentor for others. IAHA is about culture, humility and strength-based approaches for Aboriginal and Torres Strait Islander people, our families and our culture."*

POSITIVE
LEADERSHIP
CULTURALLY SAFE
DEVELOPMENT
LEARNING




**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."*

## MEMBER ENGAGEMENT ACTIVITIES

- IAHA hosted 11 member gatherings in Canberra, Melbourne, Rockhampton, Darwin, Mt Isa, Perth, two in Brisbane, Alice Springs, Townsville, and Tennant Creek. These member gatherings bring together IAHA members to share information, connect and build local member networks.
- IAHA held three member surveys on specific topics to gather information to inform IAHA supports and activities and ensure that they are culturally informed and relevant to members. The surveys included racism and lateral violence experienced in their personal and professional settings; a membership skills audit to assist in active engagement in IAHA activities and representation; and the Student Representative Committee review that was supported by members at the 2018 AGM.
- IAHA also increased member engagement through representation of IAHA on profession, research and workforce development advisories and committees. Key areas of representation include discipline specific activities in pharmacy, podiatry, occupational therapy and speech pathology as well as research, internal advisory groups, IAHA events and curricula development projects.
- Members have been actively engaged in representing IAHA at community events and career expos, showcasing their chosen profession and hosting interactive sessions. Members were engaged at the Barunga Festival Northern Territory, four career expos in the Northern Territory, Palm Island health expo and the ACT career expo.

## STUDENT SUPPORT AND ENGAGEMENT

Increasing the Aboriginal and Torres Strait Islander (allied) health workforce improves the level of cultural safety and responsiveness in the health care system, improves access and quality, and has a positive impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. IAHA recognises the importance of supporting and actively engaging with student members and key stakeholders to build the future workforce. In 2018-19 the number of IAHA Full Member Students increased to 266, or by 6 per cent, building on a period of strong growth including a one-third (33.3%) increase in student members in 2017-18.

IAHA's systemic approach and partnerships aim to make a difference to improve student recruitment, retention, completion and success. We continue to work with regulatory and accreditation bodies, educators and others to promote more meaningful and culturally safe Aboriginal and Torres Strait Islander curricula. IAHA's work with universities, the Australian Health Practitioner Regulation Agency (AHPRA) and the Australian Council of Deans of Health Sciences (ACDHS), among others, is helping to promote transformative change. This is needed to make university allied health study a safer, more engaging experience for Aboriginal and Torres Strait Islander students. Improving the cultural safety and responsiveness of curricula, education and clinical placement settings are central to attracting and retaining Aboriginal and Torres Strait Islander students.

IAHA has two key partnerships with stakeholders to support rural and remote clinical placements and extend students learning experiences to explore employment opportunities in rural and remote Australia.

IAHA also has developed and supported key student activities that value add to learning, education and professional development.

## STUDENT SUPPORT

Opportunities and support provided to students through IAHA in 2018-19 achieved the following:

- 42 student scholarships awarded to attend the IAHA International Indigenous Allied Health Forum and events;
- 33 Aboriginal and Torres Strait Islander students from 16 professional disciplines participated in the 2018 International Indigenous HealthFusion Team Challenge alongside Māori and First Nations peers from New Zealand and Canada.
- IAHA provided six bursaries through the IAHA Student Bursary Scheme supporting full member (student) members with financial assistance for the purchase of textbooks/resources.
- Supported ten Aboriginal and Torres Strait Islander students to participate in the 2018 Student Representative Committee (SRC).

IAHA student members are encouraged to be actively engaged in the work of IAHA, including leadership, community and promotional events. Among the many activities that student members engage in are university-based representation and promotion activities, on and off campus; meeting with local health services and senior staff; organising and staffing IAHA stalls at major community events; and assisting with IAHA stalls at Career Expos.

*Above: Brisbane members gathering June 2019*

*Below: Canberra Members gathering, April 2019*


RELEVANCE
CONFIDENCE
LEADERSHIP
INCREASED KNOWLEDGE
TEAM WORK
PUBLICE SPEAKING
NETWORKING

# IAHA HealthFusion Team Challenge

The 2018 International Indigenous HealthFusion Team Challenge (IIHFTC) brought together, for the first time, an international delegation of students from Australia, New Zealand and Canada. 33 Aboriginal and Torres Strait Islander health students from Biomedical Science, Counselling, Exercise Science / Physiology, Public Health, Medical Imaging, Medicine, Nutrition, Nursing, Paramedicine, Podiatry, Occupational Therapy, Physiotherapy, Psychology, Social Work and Speech Pathology took part alongside their Māori and First Nations (Canada) peers.

The IIHTFC was held over three days on 1-3 December 2018. Students were allocated into interprofessional teams within their country, and with the guidance of mentors, each team developed a management plan to reflect professional and cultural best practice for a complex case study involving rehabilitation following a motor vehicle accident. All teams presented their respective management plans during the heats, with the two top teams presenting in the final in front of an international audience.

We congratulate the 2018 IAHA International HFTC winners, the Canadian team 'Smoked Salmon' and recognise the great work and effort put in by all participants. IAHA recognise the valuable addition of teams from Aotearoa and Canada, both of whom were finalists and strongly embedded their cultural perspectives in the management plan.

Teams were supported by educational, cultural and professional mentors from each of the countries, enriching the learning experiences of all students.

**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

**95%**
strongly agree or agree they improved their **public speaking** skills

**92%**
strongly agree or agree their **confidence** increased

## REFLECTIONS OF HFTC PARTICPANTS AND MENTORS

*"I can draw back on my ancestors, and what I know, and bring it forward into the real world and into the Western world. For me, it's getting to network with other disciplines that's important, and how they work, and how we can combine (our work)"*
*Dion Nathan - Occupational Therapy Student, New Zealand*

*"The concept that I think I've learnt from my mentors is nothing to them without them. Every client is the most knowledgeable about their issues. I'm here to provide my knowledge and to learn from them... It's taking what these people are saying and then how I can integrate that into how I practice and the way that I see the world."*
*Shandryn Kozin - Audiology Student, Canada*

*"It taught me so much about working in a team and in a multidisciplinary team. To come back as a new grad, having consolidated all those skills you've once learnt here as a student and be able to speak from a place of experience now."*
*Michale Chandler - Mentor, Australia*

*"I was impressed by how quickly our students arrived at the patient being a whole person within a context, a community and family context."*
*Dr Evan Adams - Mentor, Canad*

# CELEBRATING OUR MEMBER ACHIEVEMENTS –
## THE 2018 IAHA NATIONAL INDIGENOUS ALLIED HEALTH AWARDS

The 2018 IAHA National Indigenous Allied Health Awards and Gala Dinner was held during the 2018 International Indigenous Allied Health Forum on Friday 30 November at the Mercure George Street, Sydney, NSW.

The 2018 IAHA National Indigenous Allied Health Awards showcased individual contribution and outstanding achievements in Aboriginal and Torres Strait Islander allied health. The Awards recognise and identify role models in allied health who inspire all Aboriginal and Torres Strait Islander people to consider and pursue a career in allied health.

### CONGRATULATIONS TO THE 2018 AWARDEES:

**IAHA Lifetime Achievement Award – Thomas Brideson**

Tom Brideson is a Kamilaroi/Gomeroi man born in Gunnedah north-west NSW. Since the early 1990's Tom has been actively involved in mental health and health policy; social and emotional wellbeing (SEWB); clinical mental health care; suicide prevention; education and mental health leadership.

Since 2007, Tom has been the State-wide Coordinator for the NSW Aboriginal Mental Health Workforce Program and lives in Orange, NSW. He has published articles regarding the Aboriginal mental health workforce and advocates for the broad emerging professional workforces to ensure meaningful career pathways across all health and human services. Tom is currently the Chair of the National Aboriginal and Torres Strait Islander Leadership in Mental Health. He sits on the Community Advisory Council with the NSW Mental Health Commission.

**Indigenous Allied Health Professional of the Year Award – Corrine Butler**

Corrine Butler is an Aboriginal woman with strong family connections to Yarrabah, Far North Queensland. She received an Occupational Therapy degree from James Cook University in 2009. She joined IAHA in 2009 as a fourth year Occupational Therapy student. Corrine has participated in multiple professional development opportunities, volunteering at IAHA Stalls and mentoring programs.

She is co-founder of the National Aboriginal and Torres Strait Islander Occupational Therapy Network. Corrine has worked as an Occupational Therapist in regional and remote areas across Queensland and the Northern Territory. She has worked for the Deadly Ears program in Queensland since 2015.

**Allied Health Inspiration Award – Rikki Fischer**

Rikki is a proud Wiradjuri woman living and working on Larrakia Country in Darwin. She has a Bachelor of Health Science (mental health), Cert IV in AOD, Cert IV in Human Resources, Cert IV in TAE and a Diploma in Auditing.

Rikki has been a member of IAHA since 2014 and has played an active role in supporting IAHA's NT Aboriginal Health Academy. Her passion is working with high school students to achieve their dreams, lives their lives to their full potential and to have a healthy lifestyle. She is dedicated to growing and supporting the next generation, the future workforce and future role models in the community.

### Indigenous Allied Health Student Academic Achievement Award – Nicole Velkoski

Nicole is a Wiradjuri woman that has just completed her final year of her Psychology undergraduate degree with a distinction average. She is a mother of two children, works full time and up until this year has been studying full time. On top of the responsibilities that Nicole has in both her personal life and her study and work life, Nicole has been actively engaging in building a supportive community within the Edith Cowan University campus as well as outside in the Perth community.

Nicole volunteered within the ECU peer mentoring program in 2018 and was nominated and successfully sat on the Vice Chancellor Student Advisory committee two years in a row, where she actively contributed to conversations around the rights of all her peers as well as passionately ensuring that such opportunities and many other opportunities continue to exist or are created for other Aboriginal and Torres Strait Islander students in years to come. Nicole sat on the Indigenous Allied Health Australia (IAHA) student representative committee in 2018 and amongst all this, Nicole has also been volunteering as a drug and alcohol counsellor.

### Future Leader in Indigenous Allied Health Award – Mitchell Walley

Mitchell is a proud Ballardong man from the Noongar nation and has been an active student member of IAHA since 2017. He is currently in his final year of study in the Bachelor of Speech Pathology degree at Edith Cowan University (ECU), Perth WA. He is currently the only male Aboriginal student studying this degree in Australia. In 2019 he will be the first Aboriginal male to complete a Bachelor of Speech Pathology in WA.

Mitchell did his placement with the Western Australia Centre for Rural Health (WACRH) student program in Geraldton and Mount Magnet and was able to connect with the community and be a role model for the young Aboriginal people.

### Commitment to Indigenous Health Award – Stephanie Armstrong

Stephanie is a proud Gamilaraay woman and has worked to increase understandings around how to provide support for young Aboriginal women following theirs dreams. Stephanie has co-led Weenthunga Health Network to provide leadership in strength-based approaches to young women and their sense of identity.

Her other focus is to increase the knowledge and understandings of Australians who wish to support improved Indigenous health outcomes. Her energy has seen her present workshop from schools to Universities so as to provide an informed network of supporters to local students. Always encouraging all to work with compassion, love and courage. Her respected position now sees her being termed as an Aunty, not only within her local Bendigo community but further afield in Victoria. She volunteers on many committees and boards. She is proud of being seen as a role model to many local Aboriginal women and especially to her two daughters.

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 value and role of allied health in improving the health and social and emotional wellbeing with Aboriginal and Torres Strait Islander peoples. Members demonstrate the many pathways to attractive and successful allied health careers, and how these professions engage with diverse sectors and settings. With exposure to the Aboriginal and Torres Strait Islander allied health workforce, other Aboriginal and Torres Strait Islander people are better able to see opportunities, become interested in and plan for a career in allied health. IAHA is committed to facilitating development and leadership opportunities to support lifelong learning. IAHA has established evidence of pathways, locally driven training opportunities and drafted community led solutions to workforce development in 2018-19. We value members, their contribution and shared knowledges, the skills and experiences they bring to the workforce, communities and organisations.

*Kylie Stothers with NT Health Academy students visiting the Flinders NT Medical lab, Darwin*

IAHAs growth as an organisation has been significant and continues to increase, but **we need around 6-8 times the number of Aboriginal and/or Torres Strait Islander allied health professionals to be representative of the population.** If we consider community need, future demands and the benefits of holistic, culturally responsive care, even more Aboriginal and/or Torres Strait Islander allied health professionals are needed across all disciplines. Building this workforce requires sustained and coordinated effort. IAHA's 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 complete or graduate and transition into the workforce. Our feedback and data shows that Aboriginal and/or Torres Strait Islander allied health students who join IAHA are far more likely to continue studying and to graduate.

IAHA has worked closely with members, communities and stakeholders across several activity areas that implement the 2017-2020 IAHA Workforce Development Strategy, with investment in the following:

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

# NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH ACADEMY

The National Aboriginal and Torres Strait Islander Health Academy is a community-led learning model focused on academic achievement and re-shaping the way training pathways are co-designed and delivered with Aboriginal and Torres Strait Islander high school students. The Academy aims to embed culturally safe curricula and to be inclusive of local cultural aspirations for successful outcomes where social, cultural and environmental determinants are addressed with wraparound supports. Students undertake a School Based Traineeship in Certificate III in Allied Health Assistance alongside their year 11 and 12 qualifications. They also undertake a work placement in a health or related sector provider to gain on the job training and experience in their preferred career pathway.

The Academy has Aboriginal and/or Torres Strait Islander health students and graduates supporting them as role models and as mentors, sharing their journeys into health, experiences in further education and the opportunities which exist. The Academy is promoting all health careers inclusive of allied health, nursing, medicine and Aboriginal and/or Torres Strait Islander Health Workers/Practitioners. The Academy promotes the diverse health and related settings where the health workforce is required including disability, aged care, community services, community-controlled health services, hospitals and pharmacy.

In February 2018, the first cohort of high school students commenced their pathway toward a career in health through the Northern Territory Aboriginal Health Academy. IAHA, working in partnership with Aboriginal Medical Services Alliance Northern Territory (AMSANT) and local NT students, families, community and key stakeholders, developed an innovative project to increase the number of young Aboriginal and Torres Strait Islander people completing year 12 and entering the health workforce. The first Northern Territory Aboriginal Health Academy cohort are due to complete their Certificate III in Allied Health Assistance in October of 2019.

In April 2019, IAHA were pleased to announce $4.65 million in Commonwealth Government funding to support the expansion of the National Aboriginal and Torres Strait Islander Health Academy. IAHA will build on the successes to date and develop partnerships to continue the Northern Territory Aboriginal Health Academy and to expand the model into new regions, including Queensland, New South Wales and the Australian Capital Territory.

To support the Academy, IAHA has commenced development of a Health Career Toolkit for Aboriginal and Torres Strait Islander high school students in years 7-12. The toolkit focuses on key aspects of aspirational thinking, health careers and professions, career planning, self-awareness, health literacy, Aboriginal and Torres Strait Islander health and wellbeing, communication and engagement in education, with supports and resources to assist in achieving their goals.

IAHA have commenced planning and begun establishing relationships with local stakeholders to support the planned expansion which will commence from 2020. Local communities and stakeholders will be critical to the future planning and implementation of the new academies, including universities where students can build their knowledge and understanding of the tertiary sector and potential pathways into health.

*IAHA Board members with NT Health Academy students, Darwin*

*"I am proud to support the IAHA National Aboriginal and Torres Strait Islander Health Academy (which is) an incredible achievement in creating training and career pathways into the health sector. These pathways play an important role in improving health care for all Australians, and I acknowledge the work of IAHA in establishing the academy."*

**THE HON. KEN WYATT MP**

*Minister For Indigenous Australians And Former Minister For Indigenous Health*

*Cultural Responsiveness workshops with community members and service providers held in Townsville and Tennant Creek*



# RURAL AND REMOTE INDIGENOUS ALLIED HEALTH WORKFORCE DEVELOPMENT

The Remote and Rural Indigenous Allied Health Workforce Development Project (RIAHP) primary objective was to stimulate and build the Aboriginal and Torres Strait Islander allied health workforce in the disability sector in rural and remote communities.

The funding for this project was provided through the Department of Social Services (DSS) Sector Development Fund. In funding the project, there was a recognised need for an Aboriginal and Torres Strait Islander allied health workforce that could enable Aboriginal and Torres Strait Islander people with disability living in remote and rural locations to be assessed and receive culturally safe National Disability Insurance Scheme (NDIS) services.

The project began in May 2017 and a report to DSS - outlining 26 recommendations - was submitted in February 2019. **IAHA would like to thank the Warumungu, Bwgcolman and Manbarra peoples for their input, sharing of knowledge, country and culture.** IAHA also thank members of the RIAHP Steering Committee, the IAHA Board, IAHA partners, stakeholders and members for their support and contribution to this project.

IAHA's approach is to ensure that Aboriginal and Torres Strait Islander people and communities remain the central focus and priority in all our work. Palm Island, Far North Queensland, and Tennant Creek, Northern Territory, were chosen as the communities to work with for this project due to their remote location, high population of Aboriginal and Torres Strait Islander peoples and the NDIS being implemented into these communities.

The presence of an Aboriginal and Torres Strait Islander allied health workforce living and working in communities, complements the broader workforce, improves the capacity and capability of the allied health workforce, provides a culturally safe and responsive environment to study, train, deliver and receive health care and meets the needs of people with disability in remote and rural locations.

It is critical that Aboriginal and Torres Strait Islander allied health workforces are established in remote communities to improve access, provide choice and ensure that remote communities have the support that Aboriginal and Torres Strait Islander people have the right to. To achieve this, IAHAs project focused on community led solutions and strategies for workforce development including training, education and employment opportunities to support people living with a disability and their families.

IAHA noted that the allied health workforce, crucial to support people living with a disability in rural and remote communities, is currently unsafe, ineffective and/or not available. IAHA recommend that for services to be effective sectors should no longer work in silos. A holistic, whole of community approach, where blended service delivery across sectors is considered to meet the cultural aspirations of community through their ways of knowing, being and doing.

The report also includes recommendations to improve access and assessment arrangements for NDIS, the importance of including and utilising Aboriginal and/or Torres Strait Islander cultural navigators,

employing Aboriginal and Torres Strait Islander people at all levels and allowing them to determine the best way to communicate and work within their communities. Programs will be far more effective if Aboriginal and Torres Strait Islander people are recognised and valued for their attributes, strengths and capabilities.

IAHA highlights the critical need to eliminate racism and discrimination from the health system through building culturally safe and responsive health care and services, that are inclusive of working with Aboriginal and Torres Strait Islander people. Ongoing critical reflection, of one's own self, behaviours and the impact this has on others, with cultural safety training, is essential to develop individual knowledges, capabilities and skills in this area.

The report reiterates the value of having Aboriginal and/or Torres Strait Islander people in remote and rural regions driving service design and implementation. This is core to shaping the workforce solutions to meet community needs. The report identifies positive impacts associated with building service and workforce capacity locally including: diverse education and employment pathways, building the allied health in the local community, improved culturally safe and responsiveness of existing services, improved access to the range and mix of allied health services that Aboriginal and Torres Strait Islander people need and improving local economic participation, opportunities and conditions.


*Community discussions on Palm Island, Queensland*

# ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH LEADERS

## IAHA'S STUDENT REPRESENTATIVE COMMITTEE (SRC)

The IAHA SRC is comprised of Aboriginal and Torres Strait Islander 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 work to promote careers in allied health as well as IAHA membership benefits, including student support opportunities, to the wider public and especially Aboriginal and Torres Strait Islander young people.

- SRC members attended a face to face meeting in Brisbane in August 2018 to discuss their role in increasing and supporting the student membership, with a focus on the upcoming International Allied Health Forum.
- SRC members took the opportunity to visit several local health and education organisations in the Brisbane region, including Deadly Ears, The Institute for Urban Indigenous Health, Queensland Health, the Murri School and Hymba Yumba.

### IN THE SECOND HALF OF 2018, SRC MEMBER ACTIVITY INCLUDED:

- representing IAHA at a wide range of forums, seminars and conferences including the James Cook University Centre for Rural and Remote Health's 'Are you Remotely Interested?' Conference held in Mount Isa in July 2018;
- promoting IAHA membership (at universities and in workplaces);
- participating in NAIDOC week 2018, themed 'Because of Her, we can!', celebrating the invaluable contributions that Aboriginal and Torres Strait Islander women have made – and continue to make - in our communities, our families, our rich history and to our nation.
- undertaking and/or providing mentoring with other student members;
- contributing to, and being profiled in, university-based communications/newsletters;
- participation in university course review, leadership and other committees;
- co-facilitating Cultural Responsiveness Training and workshops alongside lead facilitators;
- promoting scholarships, clinical placement opportunities and jobs.

### IAHA STUDENT REPRESENTATIVE COMMITTEE (SRC) REVIEW

In November 2018, with the support of members, IAHA commenced a review of the Student Representative Committee, to ensure an effective structure to engage with, and respond to, the views and needs of the growing IAHA student membership.

IAHA established a Project Advisory Group consisting of IAHA Board and previous SRC members to guide the review. In May 2019, IAHA sought feedback from Aboriginal and Torres Strait Islander members to better understand the strengths and weaknesses of the previous SRC structure and what they would like to be achieved by student representation in the future. IAHA and the project advisory continue to consider the views and feedback from members and to design a member-led model that will be further workshopped in late 2019.

IAHA look forward to launching the new structure in 2020 and providing a renewed platform for Aboriginal and Torres Strait Islander allied health students to demonstrate their continued leadership. IAHA also thank and acknowledge the work of previous Student Representative Committees, including the 2018 SRC.

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

**Daniel Chilly**
**Student Representative**
Daniel is a part of the 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).

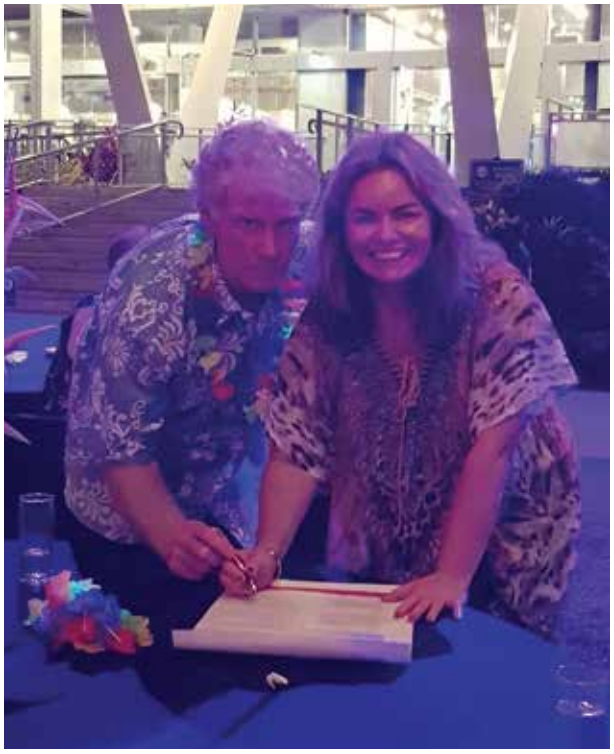
**Whitney Hunt**
**Student Representative**
Whitney is from the Ballardong, Whujak, Kamilaroi ad Barkindji tribes. She was born in Alice Springs but has spent most of her life in Brisbane. She was the first in her family to graduate year 12. She is now in her 3rd year of studying a Bachelor of Clinical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

## STUDENT LEADERSHIP AWARDS

The 2018 International Indigenous HealthFusion Team Challenge held in Sydney was the first International Indigenous student event hosted by IAHA. Participants from First Nations Canada and New Zealand competed for the International HFTC trophy. The winners were our brothers and sisters from Canada who blew the audience and other teams away with their thought-provoking and cultural approach to their multi-disciplinary health management plan.

During the event mentors observed teams and individuals and voted for four health leaders that demonstrated teamwork, leadership, communication, respect, cultural responsiveness and all-round engagement. The 2018 winners were: Gabe Oth (Australia) and Tatyana Daniels (Canada). Coen Wakeham-Hastie (Australia) and Kelsey Kauri (New Zealand) received Leadership Encouragement Awards in recognition of their support and team work.



*IAHA Chairperson Nicole Turner and SARRAH President Rob Curry sign the MoU at the 2018 SARRAH National Conference in Darwin*

## SHAPING THE ABORIGINAL AND TORRES STRAIT ISLANDER ALLIED HEALTH WORKFORCE

IAHA instigates and contributes actively to a diverse range of workforce development strategies and projects, to support and grow our allied health workforce. The profile, reputation and work of IAHA enables us to get the buy-in needed from other key stakeholders and supporters necessary to achieve positive outcomes.

### IAHA-SARRAH MEMORANDUM OF UNDERSTANDING

IAHA have a long, productive relationship advocating alongside Services for Australian Rural and Remote Allied Health (SARRAH) to improve access to allied health services for Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians living in rural and remote areas. In 2018-19 both organisations agreed to formalise this partnership and entered into a Memorandum of Understanding (MoU) which was signed in September 2018.

**The MoU represents shared commitment by IAHA and SARRAH to advocate jointly to address several major systemic failures including:**

- the long-standing maldistribution of the health workforce which significantly disadvantages people living in rural and remote communities, particularly Aboriginal and Torres Strait Islander peoples.
- The lack of coherent funding and support mechanisms to enable allied health services to establish and operate sustainably in rural and remote communities, with consequent impacts on health care access and outcomes.
- the needs for expanded services to support improved health and wellbeing, through multidisciplinary teams supported through primary health care services.

IAHA look forward to continuing our work alongside SARRAH, as a key partner in increasing access to the quality and culturally safe and responsive allied health services which are essential to improving the health and social and emotional wellbeing of our rural and remote communities.

### IAHA – OCCUPATIONAL THERAPY BOARD OF AUSTRALIA PARTNERSHIP AGREEMENT

IAHA work with all AHPRA registered professions to ensure professional accreditation and registrations recognise the need for culturally safe and responsive practitioners to improve access to, and outcomes of, care.

In May 2019, IAHA entered a new collaborative partnership with the Occupational Therapy Board of Australia to increase the quality, accessibility and cultural safety and responsiveness of occupational therapists. The partnership with the Occupational Therapy Board of Australia demonstrates the leadership of the profession and their commitment to working in partnership to improve practice standards.

IAHA and the OTBA will collaborate and share knowledge, information, experience and resources to enable positive transformation of occupational therapy practice in relation to:

1. Improve culturally safe and responsive practice and regulation in occupational therapy;
2. Lead, influence and inform occupational therapy health education, research and workforce development initiatives to improve Aboriginal and Torres Straight Islander health;
3. Increase the cultural safety of occupational therapy services and practice settings for Aboriginal and Torres Strait Islander people, practitioners and students;
4. Enable opportunities for practitoners and students to access services, placements and professional development opportunities that enhance their cultural responsiveness as regards the unique health of Aboriginal and Torres Straight Islander people.


*2018 International Indigenous HFTC student leadership award recepients*

## OTHER KEY PARTNERSHIPS

- In 2018-19 IAHA have strengthened relationships with state and territory based rural health workforce agencies, particularly the New South Wales Rural Doctors Network (NSW RDN) and Health Workforce Queensland. With responsibility for the attraction, recruitment and retention of health workforce to rural and remote areas, including the allied health workforce, these organisations play an important role in supporting a workforce to deliver services to Aboriginal and Torres Strait Islander people. IAHA is continuing to work with these and other agencies to increase Aboriginal and Torres Strait Islander workforce recruitment and to improve access to quality and safe care.
- In 2018, IAHA joined the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) on the invitation of the Chair. NATSILMH and IAHA have worked together over several years and have significant crossover in membership. In 2018-19 IAHA and NATSILMH have continued to promote the importance of social and emotional wellbeing in a national policy context. IAHA and NATSILMH members attended the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group and the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention joint workshop on youth suicide prevention in Canberra on 30 April 2019. The workshop heard the strong voices of Aboriginal and Torres Strait Islander young people and called for an Indigenous youth component, co-designed by our young leaders, in the National Strategic Framework for Aboriginal and Torres Strait islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023. A report on the workshop is available through the Centre for Best Practice.
- At the IAHA International Indigenous Allied Health Forum, IAHA and Indigenous HealthInfoNet at Edith Cowan University launched the first video of a series of workforce development videos for shared resources and IAHA promotion. The film series is focused on individuals who are contributing to an

interprofessional leadership approach to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples, sharing their experiences from both cultural and professional perspectives and across various stages of their career journey. By sharing the videos and members stories we hope to 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.

- IAHA is working closely with the NSW Ministry of Health (Aboriginal Workforce Development, Allied Health and Health Education and Training Institute (HETI)) on allied health workforce development projects:
  - A major project is the Aboriginal and Torres Strait Islander Diabetic Foot Project, 'Healthy Deadly Feet' focused on building a suitable, culturally safe and responsive workforce and service delivery model to improve high risk diabetic foot outcomes, such as reducing amputation. This includes discussions on the needs of the support workforce, professional workforce development and the cultural mentoring required to engage and work more effectively with Aboriginal and Torres Strait Islander peoples, families and communities. IAHA further supported this program with the delivery of cultural responsiveness training and through advice to the monitoring and evaluation planning;
  - IAHA partnered in developing the new Aboriginal Allied Health Professionals Network and the Aboriginal Allied Health Forum to improve support and provide development opportunities for NSW Ministry of Health allied health employees;
  - IAHA actively participated and informed the Allied Health Rural and Remote Recruitment and Retention (4Rs) Summit, delivering a presentation and engaging in discussions with key stakeholders; and
  - IAHA worked with key stakeholders on the Aboriginal Allied Health Workforce Pathways Scoping Project to guide the project, particularly interpretation of data collected via interviews and focus group discussions, and its translation to workforce development.
- IAHA participated in a large number of forums on issues relating to Aboriginal and Torres Strait Islander workforce development. These forum invitations have increased over 2018-19 with IAHA attending over 300 meetings and forums focused on workforce development, policy and/or service delivery.
  - Key areas of participation have been: rural health, Indigenous knowledges and translation, health research, palliative care, aged care, disability, Aboriginal and Torres Strait Islander health and social and emotional wellbeing, cultural safety and accreditation, cardiovascular disease, diabetes, medicines, allied health accreditation and registration requirements and national and jurisdictional workforce policy.
- During 2018-19 IAHA met with 20 Australian universities across several jurisdictions. These meetings cover a range of issues, including allied health curricula development, student supports, workforce support, clinical placements and personal and professional development for students and staff.
- Following the success of the International Indigenous Allied Health Forum, IAHA continues to strengthen our relationship, collaboration and partnership with First Nations peoples globally. There is a strong and genuine commitment amongst participants, and support from leading universities, to pursue the international collaboration focused on Indigenous allied health workforce solutions and models of care to better meet the needs of Indigenous peoples. IAHA representatives met with universities in Hawaii, Canada and New Zealand building and maintaining international partnerships and opportunities.

**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 2018-19 IAHA attended a range of events to promote allied health and IAHA support, including career expos, community events and conference 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, as well as the existing workforce who may be unaware of the opportunities that IAHA provide. 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 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 2018-19:**

## PALM ISLAND COMMUNITY PARTNERSHIP

IAHA have worked inclusively to develop a strong and close relationship with the Palm Island community, supported through work on local allied health workforce development. In October, IAHA staff travelled to Townsville and Palm Island to hold workforce development sessions with local community stakeholders. While there, IAHA were invited to participate in the Palm Island Community Company (PICC) community outreach event. With support from IAHA member, physiotherapist Michale Chandler, IAHA were able to engage with community about allied health careers, service provision on Palm Island and engage young kids in interactive health activities.

Following the flooding in Far North Queensland in early 2019 and its impact on the Palm Island community, IAHA staff contributed to help fund and coordinate the delivery of essential items to Palm Island. Supported by contributions from our partner organisations the Australian Indigenous Doctors' Association (AIDA), the Lowitja Institute and the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA), IAHA were able to deliver over $8000 worth of essential items to support the community. IAHA Project Officer, Donna-Maree Towney, led the initiative and worked closely with the PICC to ensure the support reached the community.

## HEALTH CAREER EXPOS

IAHA attended the Katherine, Darwin, Alice Springs and Tennant Creek Career expos in 2018 with staff and members involved in the discussions and stalls sharing their experiences and journeys into health. The NT Government Skills, Employment and Careers Expo is an annual event reaching over 5,000 students from all corners of the Territory, providing information for anyone seeking to explore job options, tertiary studies and/or further training opportunities. The Northern Territory has the highest proportionate Aboriginal and Torres Strait Islander population in Australia (over 25%) and remains an area of acute allied health workforce shortage.

IAHA engaged with high school student, community members, employers, universities and organisations through the expos and continues to value add to the promotion of allied health careers and pathways.

IAHA attended other career expos in the Australian Capital Territory and New South Wales.

In partnership with NSW Rural Doctors Network, IAHA co-hosted a Rural Health Career Expo for boarding school students in Sydney. This successful partnership was focused on promotion of health careers and pathways into health. IAHA members and staff hosted an interactive stall for students to participate and provide opportunities for discussion and questions.

*Below: Michale Chandler - Palm Island*

Palm Island community support

IAHA Chair, Nicole Turner at Barunga 2018.

Healing Our Spirit Worldwide, Sydney 2018

## SHARING STORIES

IAHA collate the experiences and journeys of our Aboriginal and Torres Strait Islander members into allied health; to share with students, schools and community to promote the diversity of allied health professions and how people come to join the allied health workforce. These, and similar materials, are regularly included in IAHAs communications to members and potential members and demonstrate the pathways toward varied and satisfying careers that improve the health and wellbeing of Aboriginal and Torres Strait Islander people and to promote the great work being done by our members. IAHA member profiles and journeys are available on the IAHA website.

This was also supported by the development of the new IAHA Allied Health Workforce video produced in partnership with the Indigenous HealthInfoNet, Edith Cowan University. The video is available on the IAHA YouTube channel.

**IAHA CHAIRPERSON NICOLE TURNER SAID "THE ABORIGINAL AND TORRES ISLANDER HEALTH WORKFORCE WILL BE KEY IN ENSURING THE SUSTAINABILITY OF THE HEALTH CARE SYSTEM. OUR YOUNG PEOPLE ARE THE FUTURE GENERATION OF HEALTH WORKFORCE AND WILL PLACE AN IMPORTANT ROLE IN IMPROVING HEALTH OUTCOMES FOR ALL AUSTRALIANS. IT IS A JOY TO ENGAGE WITH YOUNG PEOPLE AND SHARE OUR JOURNEYS AND THE OPPORTUNITIES THAT EXIST".**

Career booth Judy, Celeste and Gabrielle

# COMMUNITY EVENTS

## BARUNGA FESTIVAL

The 34th Barunga Festival was held in the small community of Barunga, 80kms from Katherine, Northern Territory over the June long weekend of 7–9 June 2019. IAHA has been an active supporter of the festival over the past 5 years holding an IAHA stall to engage community and school students in health career discussions. IAHA 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 have promoted healthy foods and a smoke-free event.

## CONFERENCE TRADE STALLS

IAHA attended a total of 18 national and international conferences - and hosted a trade stall at eight - to promote IAHA activities and membership to delegates. In 2018-19, IAHA attended two international conferences where members and staff hosted a trade stall including the Healing Our Spirit Worldwide in Sydney engaging with over 500 delegates and the Lowitja Institute International Indigenous Health and Wellbeing Conference held in Darwin with over 800 delegates. These were opportunities to share IAHA experiences and learn and listen to others that enhanced both members and staff's learning and networks.

# BUILDING THE EVIDENCE BASE

IAHA members, as Aboriginal and Torres Strait Islander peoples in allied health, have unique perspectives and lived experiences of education, training and employment. This positions IAHA and members to contribute to the growing evidence base about Aboriginal and Torres Strait Islander workforce development nationally, as well as influencing the international literature.

IAHA's Cultural Safety and Racism Survey – the results of which are reported below – provides insight into the pervasiveness of the racism and lateral violence experienced and witnessed within the system and what initiatives and procedures are in place to address this.

As an organisation, IAHA are solutions focussed. Robust evaluations of the initiatives reported on in the Annual Report 2018-19, including the Cultural Responsiveness Training Program and National Aboriginal and Torres Strait Islander Health Academy, will further contribute to what we know about what works. We hope that this evaluation will support not only what IAHA does, but how we do things, with a strong focus on Culture and our communities.

From the Remote and Rural Indigenous Allied Health Workforce Development Project, IAHA will produce a community report, to acknowledge and honour the work of community and the Steering Committee and to ensure that the findings are available to community members. This report will assist stakeholders to pursue the investment in workforce solutions needed in Palm Island and Tennant Creek.

IAHA strategically engage with research, researchers and institutions whose study aligns with the work of IAHA, particularly in the areas of Aboriginal and Torres Strait Islander health workforce development and cultural safety and responsiveness. IAHA members, Directors and staff often present at national and international forums to promote the work of IAHA and to share learnings and outcomes with key stakeholders. Further information about IAHA's research involvement is reported below.

*Lowitja Institute International Indigenous Health and Wellbeing Conference, Darwin 2019*

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 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 the 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 building and embedding cultural safety across the allied health workforce and more broadly in other sectors. IAHA provide high quality training and development opportunities for individual members and professionals, building on their capabilities to deliver effective culturally safe and responsive health care with Aboriginal and Torres Strait Islander people, families and communities.

## SUSTAINABLE CHANGE AND CULTURALLY RESPONSIVE HEALTHCARE

### RACISM IN HEALTH

IAHA is committed to reducing the impact of overt and systemic racism, discrimination and lateral violence in the health and education systems. The evidence of the impact of racism on health service access, diagnosis and treatment decisions is growing, compounding the demonstrated and direct effects of racism on health and wellbeing. Furthermore, racism within these systems affects the recruitment, retention, health and social and emotional wellbeing of the Aboriginal and Torres Strait Islander health workforce. The need to address racism within systems is recognised widely, including in national policy such as the National Aboriginal and Torres Strait Islander Health Plan 2013–2023.

Addressing these issues, however, requires action on many fronts, including legislative, regulatory and professional arrangements, in the quality of curricula content, and workplace understanding and cultures. Transforming attitudes and capability regarding cultural safety is an essential complement to legislative, workplace and employment conditions and other formal mechanisms.  Developing Cultural Responsiveness is critical to achieving cultural safety and removing the significant, negative impacts of racism from the system.

In March 2018, IAHA repeated a Cultural Safety and Racism Survey member survey to capture further information and evidence on our Aboriginal and Torres Strait Islander members exposure to and experiences of racism and lateral violence.

The survey attracted responses from across each state and territory in Australia, and from a variety age groups in various education and employment settings. Key findings, from IAHA's Aboriginal and Torres Strait Islander members concluded that:

- 88% of respondents experienced racism in a public setting (outside of work or university) in the 12 months prior;
- 80% of respondents experienced racism within a workplace setting in the twelve months prior.
- of those who experienced racism in the workplace, the primary sources were not members of the public or patients, but rather supervisors, colleagues and peers, including other health professionals;

- over half of students experienced racism within a university or educational setting. Of those experiencing racism at university, 55% reported experiencing it on multiple occasions over the previous 12 months;
- there was a tendency to not report incidents, primarily due to concerns regarding personal backlash, being disadvantaged professionally and the absence of policies and procedures to address racism;
- respondents also voiced concerns about a lack of support and commitment from organisations, with less than half believing that management and leadership have a commitment to addressing and eliminating racism and racial prejudice; and
- despite over 70 percent of respondents experiencing lateral violence, less than a third of workplaces had known policies and procedures in place to address the issue.

As an immediate priority, IAHA published a revised Racism in Health Position Statement, to ensure strong public messaging on the need for transformative change to occur within the health and education systems. The results of the survey will be shared with stakeholders to build capacity to address racism in the healthcare and education systems. IAHA has developed training modules within the Cultural Responsiveness in Action training program to build capabilities and understanding of the impact racism has on Aboriginal and Torres Islander peoples. IAHA continues to work with the Australian Health Practitioners Regulation Agency (AHPRA) in embedding cultural safety across registered professions and continues to influence sustainable change within other allied health professions.

## COLLABORATION FOR CHANGE

IAHA members come from a range of disciplines, with approximately two-thirds of members working in self-regulated professions and the other third in the Australian Health Practitioner Regulation Agency (AHPRA) regulated professions.

During 2018-19, AHPRA have continued its commitment to its role in improving health outcomes of Aboriginal and Torres Strait Islander people, under the guidance of the Aboriginal and Torres Strait Islander Health Strategy Group. IAHA have been promoting the need for greater cultural safety and responsiveness among health professionals and services, including making sure that cultural safety and responsiveness is strengthened as a requirement of professional registration, in designing and accrediting health courses, and in legislation governing health practice standards. As an active member of AHPRA's Strategy Group, IAHA continue to work with the other members which include the AHPRA Executive, Management Committee, Profession Board members and representatives of Aboriginal and Torres Strait Islander health organisations.

## ABORIGINAL AND TORRES STRAIT ISLANDER LEADERSHIP

Through the **National Health Leadership Forum (NHLF)** the national health and wellbeing peak organisations collaborate on developing strategic positions to lead the co-design of Indigenous health policy, programs and projects with the Commonwealth Department of Health. This national, collaborative partnership is resetting the policy agenda with governments and ensuring that Aboriginal and Torres Strait Islander peoples are leading and influencing change to support community-controlled organisations, workforce development, research, program funding reform and policy frameworks and projects.

The NHLF is working with partners and stakeholders to monitor and oversee the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan. IAHA continues to advocate for and promote the need to build and support the allied health workforce and improve access to allied health services.

As Deputy Chair and host organisation of the NHLF, IAHA is actively engaged in leading collaborative approaches, working closely with key Ministers and government representatives.

*COAG Health Council*

# STRENGTHENING ENGAGEMENT WITH GOVERNMENT AND STAKEHOLDERS

IAHA continues to inform the decision making of governments and Ministers, advocating for the essential and 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 across the health, disability, aged care, education sectors.

*With the Hon Ken Wyatt with organisation representatives at the National Aboriginal and Torres Strait Islander Health and Medical Workforce Roundtable, January 2019*

*Aboriginal and Torres Strait Islander Coalition of Peaks representatives meeting with then Opposition Leader the Hon Bill Shorten, Senator Patrick Dodson, The Hon Linda Burney and Senator Malarndirri McCarthy*

## COAG HEALTH COUNCIL INDIGENOUS HEALTH ROUNDTABLE

On 1 August 2018, the Council of Australian Governments (COAG) Health Council held an Aboriginal and Torres Strait Islander Roundtable in Alice Springs, attended by then Minister for Indigenous Health and Aged Care, the Hon. Ken Wyatt MP, IAHA and our partner organisations; NATSIHWA, CATSINaM, AIDA and NACCHO.

As a result of the roundtable, the COAG Health Council agreed to work with the Aboriginal and Torres Strait Islander health peaks and other Indigenous leaders to develop a National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan. The plan will help support Aboriginal and/or Torres Strait Islanders to pursue successful careers in health careers that are required to meet the specific needs of Aboriginal and Torres Strait Islander peoples including, but not limited to: clinicians, practitioners, researchers, policy advisers, health service managers, environmental health workers.

Other outcomes of the meeting included:

- a commitment from Ministers to pursue cultural safety training within each of their respective jurisdictions;
- commitment to strengthening Aboriginal and Torres Strait Islander-led health and medical research, including an increased focus on research which improves outcomes at the community level; and
- the establishment of Aboriginal and Torres Strait Islander health as a standing item on the COAG Health Council agenda;

## NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND MEDICAL WORKFORCE ROUNDTABLES

Following the COAG Health Council's commitment to the development of a National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan, IAHA attended two roundtable discussions, one of which was hosted by the Hon. Ken Wyatt MP in Sydney.


The meeting considered how the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016 – 2026 will inform the development of the National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan under COAG. IAHA and other Aboriginal and Torres Strait Islander health peak organisations continue to guide this work with the Commonwealth Department of Health, who have carriage of the development of the plan.

## COALITION OF PEAKS

IAHA is a foundation member of the Coalition of Aboriginal and Torres Strait Islander peak organisations. The Coalition of Peaks comprises over 40 National and State/Territory Aboriginal and Torres Strait Islander led organisations across sectors including health and wellbeing, disability, education, legal services, children's services, native title and land and family violence prevention. The Coalition was formed, in part, from concerns about the government led Closing the Gap Refresh, with Aboriginal and Torres Strait Islander peak bodies leading calls for greater transparency, inclusive engagement and Aboriginal and Torres Strait Islander leadership.

In December 2018, the Council of Australian Governments (COAG) released a communique recognising the need for greater Aboriginal and Torres Strait Islander ownership and leadership in establishing the next phase of Closing the Gap. This included the commitment to working in genuine partnership "based on mutual respect between parties and an acceptance that direct engagement and negotiation is the preferred pathway to productive and effective outcomes". This commitment resulted in the negotiation of a historic Partnership Agreement, officially signed in March 2019 by Coalition of Peaks representative Pat Turner AM (NACCHO) and Prime Minister of Australia, the Hon Scott Morrison.

IAHA continue to provide leadership in generating structural reforms to change the way governments work with Aboriginal and Torres Strait Islander peoples, support nation building and empower self-determination. Through our organisation's collective expertise in health and social and emotional wellbeing, IAHA hope to contribute to a coherent policy and funding platform that enhances the work of IAHA members and supports the achievement of IAHA's vision.

We continue to meet with Ministers on IAHA specific advancements, focused on workforce development and influencing change in workforce planning and investment, to ensure that allied health services and the workforce are culturally safe and responsive to individual and community needs.

## AUSTRALIAN ALLIED HEALTH LEADERSHIP FORUM (AAHLF)

IAHA is a member of the AAHLF alongside other national allied health bodies, including: Services for Rural and Remote Allied Health (SARRAH), Australian Allied Health Professions (AHPA), the National Allied Health Advisors Committee (NAHAC) - being the Chief Allied Health Officers of the states and territories - and the Australian Council of Deans of Health Sciences (ACDHS).

AAHLF have been recognised by senior officials as the formal entity for advising government on allied health policy and workforce issues. AAHLF continue to work collaboratively to raise the profile of allied health, as an essential and critical sector in the Australian Health System, with a coherent voice on allied health workforce and service issues and strategies. IAHA coordinated a successful series of meetings of AAHLF members at Australian Parliament House in November 2018, securing meetings with key Ministers advisers, Opposition front benchers and other key parliamentarians, advocating for a coherent, longer-term and informed approach to promoting access to allied health care nationally.

IAHA has been an active participant in Rural Health Roundtables, convened by the Federal Ministers with responsibility for rural health issues. IAHAs advocacy has contributed significantly to the current review of allied health services in rural and remote Australia, being conducted by the Australian Rural Health Commissioner, Professor Paul Worley. The Commissioner's report to Government is due in October 2019.

# CULTURALLY SAFE AND RESPONSIVE WORKFORCE

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 workforce to sustain their efforts and deliver effective health care; and improve the capability of the entire health workforce to provide culturally safe and responsive care in all settings.

## HIGHER EDUCATION

IAHA engages and works with Australian universities to develop and embed Aboriginal and Torres Strait Islander knowledges, perspectives and worldviews into curricula across allied health courses and health science faculties and to build the cultural capabilities of the future health workforce. This work is aimed at transforming the learning environments to ensure that institutions, teaching staff and support teams are culturally safe and responsive to Aboriginal and Torres strait Islander students, families and communities needs; with a genuine commitment to their success with respect and value for the centrality of culture.

As an example, IAHA works with universities to support students to attend professional and personal development opportunities such as the International Indigenous Allied Health Forum and HealthFusion Team Challenge held in Sydney in 2018. With university support an additional 42 IAHA full and associate member students participated in the first International Indigenous Healthfusion Team Challenge. IAHA continues to expand the reach of the Cultural Responsiveness Training into the university and education sector, delivering workshops with the Australian National University, University of Queensland's Towards Rural and Outback Health Professionals, the Centre for Rural and Remote Health at James Cook University and Flinders University NT.

CULTURAL RESPONSIVENESS IN ACTION

Presented on cultural responsiveness and IAHA initiatives at 21 national and international conferences

22 CULTURAL RESPONSIVENESS WORKSHOPS

IAHA staff, members and directors are involved and actively influencing cultural safety through our partnerships and relationships with universities in allied health, including membership of the:

- Australian Catholic University, Bachelor of Social Work Course Review Committee
- Australian National University, Aboriginal and Torres Strait Islander Advisory Research and Curricula Advisory
- Charles Darwin University, Bachelor of Health Science Course Advisory Committee
- Flinders University Northern Territory Aboriginal and Torres Strait Islander Advisory Committee
- Southern Cross University Podiatry and Pedorthics Advisory Committee
- University of Canberra Aboriginal and Torres Strait Islander Advisory Committee
- University of Technology Sydney, Faculty of Health Deans Industry Advisory Board

The approach of IAHA working with universities to increase their cultural safety supports our membership engagement and contributes to the over 90% retention rate through to graduation amongst IAHA Aboriginal and Torres Strait Islander Student Members.

IAHA continued our working partnership with Queensland University of Technology (QUT) through the delivery of the first IAHA International Indigenous HealthFusion Team Challenge. This concept is owned by QUT and IAHA has been supported to modify the event to better meet the needs of Aboriginal and Torres Strait Islander students within a cultural context that is culturally safe and responsive to their learning and education. This supports students to build their confidence as future Aboriginal and Torres Strait Islander graduates and shares the complex health and wellbeing context that our communities experience.


ZBR
ZIMARA

## 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). IAHA works with our partner organisations to lead health workforce policy and development with governments and other stakeholders.

  IAHA spoke to the COAG Health Council in 2018 on allied health workforce issues and solutions as well as collaborating with partners to discuss the needs to build, support and grow the Aboriginal and Torres Strait Islander health and medical workforce. IAHA attended partner conferences and actively participated through presentations, panel discussions and/or trade stalls. The relationship between the peak workforce organisations is critical to supporting pathways into professions, growing the health workforce, promoting employment opportunities and recognising the strengths of interprofessional practice, learning and education.

- IAHA continues to work closely with our formal partner the Centre for Rural and Remote Health at James Cook University (CRRH) Mount Isa to build workforce capacity, cultural safety and leadership to increase Aboriginal and Torres Strait Islander clinical placements and workforce numbers within the Mount Isa region. This has involved IAHA taking time to engage 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 groundwork needed at the community level has taken time and the maturity of the partnership with CRRH has seen IAHA support further student placements during 2018-19. These placements provide students with exposure to Indigenous leadership and allied health expertise in clinical and research roles. IAHA and the CRRH funded two Full Member students to undertake a clinical placement specifically in the Mount Isa region. The investment to date appears to be a significant factor in several IAHA members seeking and securing employment in and around Mount Isa.

  Senior staff and members of IAHA attended the 2018 Are You Remotely Interested Conference in Mount Isa to deliver a Cultural Responsiveness in Action workshop and to present on building the allied health workforce in rural and remote Australia. This presentation was developed from the lessons learnt through the IAHA Rural and Remote Indigenous Allied Health Project.

*IAHA's Director of Workforce Development, Kylie Stothers, with the Hot North team at the Are You Remotely Interested Conference in Mount Isa*

*IAHA staff and members in Mount Isa*

**Andrew Harvey, CEO**
**Western NSW PHN**

"Aboriginal Health and cultural safety are key priorities for Western NSW Primary Health Network. Our staff recently participated in a Cultural Responsiveness workshop delivered by Indigenous Allied Health Australia (IAHA). The workshop was valuable for me personally in improving my understanding of the things I need to change and do to be culturally responsive, and our team in our cultural safety journey. I found the strengths-based approach very helpful and am pleased to recommend the IAHA workshop".

- IAHA continued to meet and work with mainstream allied health professional associations and organisations, to influence accreditation and standards, workforce planning and professional development. In 2018-19 IAHA continued to work closely with:
  - The Occupational Therapy Board of Australia in a formal collaboration agreement to promote and build cultural safety and responsiveness in occupational therapy;
  - Speech Pathology Australia and their Aboriginal and Torres Strait Islander Advisory Group;
  - 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 in delivering cultural responsiveness training to members;
  - Chiropractors Association of Australia with an Aboriginal and Torres Strait Islander scholarship to support a student undertaking a chiropractic course;
  - Dietitians Association of Australia with member representation and engagement in building culturally informed policy and practice;
  - Pharmaceutical Society of Australia and their Digital Health Project Advisory Group and Special Interest Group; and
  - Audiology Australia building relationships to promote audiology as a career and cultural safety within the profession.

**"(IT WAS A) CHALLENGE TO REFLECT ON WHITE PRIVILEGE AND ITS ROLE IN CONTINUING TO PERPETUATE FIRST NATION PEOPLES POSITION IN SOCIETY AND SELF-DETERMINATION."**

Queensland Department of Education Teaching, Nursing and Therapy Conference participant

**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."*

## CULTURAL RESPONSIVENESS (CR) TRAINING AND DEVELOPMENT

It has been four years since Cultural Responsiveness in Action: An IAHA Framework, was launched and this remains central to how we work and create change. The Framework is designed to equip people and systems to make the changes needed in everyday practice to transform their thinking, behaviours and responses to improve the relationships and lives of Aboriginal and Torres Strait Islander peoples they work with.

We receive an average of 250 requests for the Framework each financial year, for research and development purposes and from professions across the country. In 2018-19, IAHA updated the framework with the Theory of Change (see diagram) which has been a major reference point for readers as well as an interesting conversation piece for our Cultural Responsiveness workshops that are a growing force nationwide.

Our Cultural Responsiveness Capability Framework is organised around the themes of Knowing, Being and Doing. This approach is what makes IAHA's Cultural Responsiveness Training different and more effective in both generating outcomes and transforming practice, through actions which achieve cultural safety as determined by Aboriginal and Torres Strait Islander individuals, families and/or communities. We continue to expand on this knowledge and base our training and presentations from this framework and themes. IAHA have developed a comprehensive evaluation strategy for the Cultural Responsiveness Training to measure its impact and sustainable change in building culturally safe and responsive practices. Further work is underway for online and masterclass training options to enhance the delivery model and stages.

IAHA successfully delivered 22 workshops this financial year, reaching over 700 participants nationally which is an increase of over 10% on the previous financial year. IAHA delivered a further 21 cultural responsiveness presentations and preconference sessions, speaking to a larger audience still at various events across the country. One of the newest products under IAHAs training and development programme is Cultural Responsiveness in Mentoring which was developed under the guidance of a project advisory group which formed in late 2017. This product is delivered over one or two days through engaging and interactive learning and activities to promote cultural responsiveness champions and sustainability within organisations.

These workshops have been designed and delivered in response to growing requests from stakeholder groups, members and program participants. Workforces are increasingly aware of the need to have continuous improvement around cultural safety and responsiveness. Our participation and reach have spread across the country into jurisdictional health and education departments, universities, regional allied health services and community providers. IAHA continues to develop our training strategy based on the feedback we collect as part of our evaluation framework and make changes according to our various delivery products and styles to ensure we are always improving the experience of the learner.

IAHAs experience has demonstrated that if the learner's experience is rich with their own knowledge, self-awareness and cultural identity then they are more likely to carry on with the key learnings and to implement changes on a day to day basis. What's important to IAHA is that we are effecting a change in each participant which may or may not be subtle. Personal change and awareness of self is what will drive them to be a leader for change in their organisation. We need leaders to support the changes in organisations to achieve cultural safety and eliminate racism within the workplace.

IAHA's online component of Cultural Responsiveness is another way of reaching learners and helping them make the most of the time available to them to participate fully. The online modules are designed to be completed prior to the workshops and are not designed to replace the value of face to face learning or place-based cultural awareness.


# CULTURAL RESPONSIVENESS IMPACT

Since 2015, IAHA have worked with over 3000 individuals across multiple sectors including health, education, community development and government through our Cultural Responsiveness training. This reach broadens significantly when considering the members of the public and peers that these individuals interact with, either directly through service provision and clinical practice, or more indirectly through their influence over policies, procedures and standards.

In 2018-19, IAHA commenced the design of a formal monitoring and evaluation process to assess the impact of the Cultural Responsiveness Training Program. Expected to roll out in early 2020, IAHA aims to use the evaluation to improve the delivery and impact of the training and to contribute to the growing understanding of cultural safety and responsiveness in the Australian context.


*IAHA's Theory of Change*

**"VERY COMPREHENSIVE WORKSHOP. ENJOYED IT VERY MUCH. THANK YOU FOR SHARING KNOWLEDGE, EXPERTISE & CHALLENGING THE GROUP TO TAKE ACTION."**
NSW HETI participants

**"VERY ACTIVITY-BASED, SELF-REFLECTION PROVIDED, EXPLORED STRATEGIES FOR CHANGE."**
NSW HETI participants

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 aim 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 a collective membership across the allied workforce. IAHA 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 2018-19, 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 Directors, the Chief Executive Officer, senior staff and IAHA members.

We contribute to strategic policy development in a number of ways, both independently and as a member of leadership forums with 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.

## LEADING IN ALLIED HEALTH WORKFORCE DEVELOPMENT

IAHA provided an Aboriginal and Torres Strait Islander perspective in workforce development and strongly advocated on, and continues to drive the need for, a culturally safe allied health sector and systems that 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 IAHA's approach to Aboriginal and Torres Strait Islander workforce development and cultural responsiveness at conferences in 2018-19 including:

- The Poche Centre, University of QLD National Conference on Indigenous Health Workforce Leadership, Brisbane
- Australian Indigenous Doctors' Association 2018 Conference, Perth
- Are You Remotely Interested? 2018 Conference, Mount Isa
- New South Wales Rural Doctors Network Conference, Newcastle
- Services for Rural and Remote Allied Health Conference 2018, Darwin
- Pacific Region Indigenous Doctors Congress 2018 in Hilo, Hawaii

- 2018 International Healing Our Spirit Worldwide Conference, Sydney
- 2019 Lowitja Institute International Indigenous Health and Wellbeing Conference, Darwin
- 2019 Close the Gap for Vision by 2020 Indigenous Eye Health Conference, Alice Springs
- 2018 NSW Health Aboriginal and Torres Strait Islander Workforce Forum, Sydney
- 2018 Aboriginal Mental Health and Wellbeing Workforce Forum, Dubbo
- 2018 AMSANT Leadership Conference, Alice Springs
- National Obesity Summit, Canberra
- Optometry Australia Webinar, Sydney


*IAHA CEO facilitating a panel discussion at the Vision2020 Indigenous Eye Conference, Alice Springs*

*IAHA Chairperson, Nicole Turner presenting a poster session at PRIDoC 2018 in Hilo, Hawaii.*

## NATIONAL INDIGENOUS HEALTH POLICY AND ADVOCACY

To achieve our strategic priorities, IAHA contributes proactively as a member of several Aboriginal and Torres Strait Islander led campaigns, forums, alliances and committees. This allows IAHA to influence and strongly advocate for Aboriginal and Torres Strait Islander allied health workforce development, and to support the essential role that allied health will play in improving Aboriginal and Torres Strait Islander health and wellbeing. Our participation in Aboriginal and Torres Strait Islander led forums include:

- National Health Leadership Forum (Deputy Chair)
- Close the Gap Campaign Steering Committee and Indigenous Leadership Group
- Australian Health Practitioner Regulation Agency Aboriginal and Torres Strait Islander Health Strategy Group
- Partnership for Justice in Health
- National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)
- National Coalition of Aboriginal and Torres Strait Islander peaks

IAHA is working with and through these groups on numerous issues, including (during 2018-19):

- Responding to the Governments Closing the Gap Refresh agenda – consultations, meetings and submission processes.
- Contributing to the review of the National Aboriginal and Torres Strait Islander Health Implementation Plan in both an advisory and working group role.
- Commonwealth Budget initiatives in Aboriginal and Torres Strait Islander health, education and employment, including identifying solutions to implementation issues by working through government departments post-announcement.
- Contributed to the 'Our Choices, Our Voices' Close the Gap Campaign Report, released in March 2019 and featuring successful Aboriginal and Torres Strait Islander-led initiatives including the Northern Territory Aboriginal Health Academy.
- Through the Partnership for Justice in Health contributing to strategic discussions and vision for a national approach to addressing racism and the relationship between health and the justice systems.
- Working alongside NATSILMH to improve Aboriginal and Torres Strait Islander mental health workforce recognition, development, service capacity and growth over several years to help address the extreme shortage and high demand for this workforce.

## INFLUENCING NATIONAL POLICY AND PROJECTS

IAHA was very active in contributing to key national and jurisdictional review processes, providing 11 submissions, which included:

- AHPRA consultation paper titled Regulation of Australia's health professions: keeping the National Law up to date and fit for purpose.
- The Health Professions Accreditation Collaborative Forum (the Forum) framework for accreditation requirements for the safe and effective use of medicines.
- Input to a Stakeholder Consultation undertaken by the Productivity Commission, which emphasised (among other things) the importance of providing accurate contextual information when releasing material such as the "total expenditure" attributable to programs for Aboriginal and Torres Strait Islander people.
- NSW Government consultation on Consumer Enablement Guidelines.
- Development of the Victorian Allied Health Clinical Supervision Framework.
- Submission to the (national) Health Professions Accreditation Collaborative Forum consultation on the Safe and Effective Use of Medicines.
- A submission to the development of the Northern Territory Primary Health Network 2018/19 Health Workforce Needs Assessment: Allied health.
- A submission to the Terms of Reference for the Royal Commission into Violence, Abuse and Neglect of People with Disability.
- Pharmacy Board of Australia Discussion paper on pharmacist prescribing.
- Submission to the MBS Review Taskforce covering the final recommendations of three major primary care reference groups; the Aboriginal and Torres Strait Islander Reference Group the Allied Health Reference Group Final Report and the Mental Health Reference Group.
- AHPRA Public Consultation on the Definition of Cultural Safety.

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

- A joint submission with the National Aboriginal and Torres Strait Islander Leadership in Mental Health and the Australian Indigenous Psychologists Association to the Productivity Commission review on the Social and Economic Benefits of Improving Mental Health.
- The AAHLF submission to the MBS Review Taskforce Allied Health Reference Group Final Report

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 Aboriginal and Torres Strait Islander health, including, among others:

- Program of Experience in the Palliative Approach: PEPA Aboriginal Advisory Committee
- National Diabetes Services Scheme Aboriginal and Torres Strait Islander Reference Group
- Smith Family Communities for Children Katherine Region Committee
- Northern Australia Research Network (NARN) Leadership Group
- Royal Flying Doctors Service (RFDS) Clinical and Health Services Research Committee
- NSW Ministry of Health, Healthy Deadly Feet Project Advisory Committee
- NSW Ministry of Health Aboriginal Health Career Pathways Project
- HETI/NSW Health Aboriginal Allied Health Network Steering Committee
- NSW Ministry of Health Aboriginal Allied Health Forum Advisory Committee
- Modernising Health and Aged Care Payments Services Program Stakeholder Advisory Group
- NSW Ministry of Health Social Work Workforce Planning Project Committee
- Safer Families Centre for Research Excellence Advisory
- Australian Indigenous HealthInfoNet Aboriginal and Torres Strait Islander Advisory Board
- NSW Rural Doctors Network Aboriginal Allied Health Workforce Advisory Committee
- ACT Territory-Wide Health Services Advisory Group
- Nutrition and Aboriginal and Torres Strait Islander health expert advisory committee
- Positive Partnerships Australia National Reference Group
- QLD Health Workforce Agency Advisory Group
- NACCHO/Pharmaceutical Society of Australia (PSA) Special Interest group
- Mayi Kuwayu Project Data Governance Committee

## INTERNATIONAL COLLABORATION

A significant achievement in international collaboration was the International Indigenous Allied Health Forum which gather together Aboriginal and Torres Strait Islander, Māori, First Nations Canada, Native Hawaiian and other Indigenous peoples. While the past experiences as First Peoples – and the current contexts vary – the shared experiences of colonisation and trauma, healing, centrality of culture and nation rebuilding provide opportunities to share and collaborate. IAHA acknowledge the significant lessons and opportunities for knowledge sharing among Indigenous Peoples internationally.

As IAHA Patron, Professor Tom Calma AO, acknowledged in opening the Forum "for all First Nations people - no matter where they are - culture is innate inside us and needs to be released". The Forum provided a culturally safe environment to share global perspectives on a wide range of topics including cultural safety, responsiveness and humility in care and curricula; racism and lateral violence; Indigenous allied health research; and interprofessional and interdisciplinary workforce needs. Throughout, speakers and delegates highlighted strengths-based and action-orientated approaches to maintaining good health and wellbeing and improving outcomes, grounded in Indigenous ways of knowing, being and doing.

This strength of discussion inspired an ongoing commitment to build and support an Indigenous allied health workforce and embed the role of allied health services as essential to Indigenous people's health and wellbeing. Following the Forum, Indigenous representatives attended a strategic gathering of Indigenous health organisations, practitioners, educators and researchers to discuss formal collaboration and knowledge sharing agreement between Indigenous organisations with support from leading universities in each country. The international collaboration will be Indigenous governed, action-orientated and focused on developing strengths-based and culturally informed innovations to transform the health and education systems.

International leadership on Indigenous health and allied health will remain an ongoing priority for IAHA, strengthening our relations across the Pacific. We look forward to ongoing collaboration to lead best practice and strategies to support Indigenous health students, build inter-professional practice and education, embed Indigenous perspectives across all health courses, embed cultural safety and responsiveness in professional practice and service delivery, and promote international development opportunities for inter-nation experiences and learnings.

**Nicole Turner, IAHA Chairperson at the 2018 International Allied Health Forum in Sydney**

*"Our Peoples share many common narratives of disruption and dislocation, but more importantly of resilience and culture-based attitudes of holistic, community-oriented and strengths-based health. Our colleagues in Australia, Aotearoa (New Zealand), Hawaii and British Columbia (Canada) are ready to work together, to build and develop our workforces, develop and provide health services that are accessible, culturally safe and responsive and support us to stay strong. We know Indigenous knowledge have rich meaning and impact. They are potent in preventing illness and aiding recovery. In conjunction with contemporary quality practices across disciplines, our approaches will be co-designed and led by Indigenous peoples, through our Indigenous workforce, and in partnership with our communities."*

**"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

# EFFECTIVE COMMUNICATIONS STRATEGIES

In 2018-19 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 and continues to attract high levels of interest. During 2018-19 we continued an extensive redevelopment of our website and on-line capability, including an online learning/training platform, which will be launched at the IAHA 2019 National Conference and fully operational in 2019-20.

## PRINT, ELECTRONIC AND SOCIAL MEDIA

Over 2018-19, IAHA produced 20 member communiques and eight media releases.

- Facebook - had 2,613 likes. There were 512 posts to the IAHA Facebook page in the period with a total reach of 172,913.
- Twitter - IAHA produced 132 tweets which made over 250,000 impressions, received 1,032 mentions and 781 retweets. We currently have 4,151 followers, an increase of 807 followers over the year.

## IAHA MEDIA RELEASES

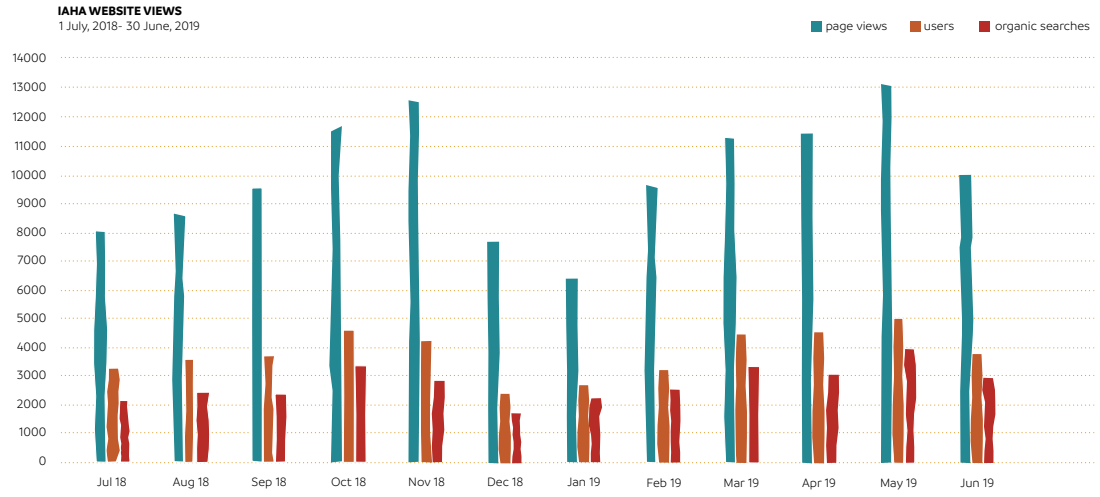
IAHA produced eight media releases during the financial year:

- Aboriginal and Torres Strait Islander Allied Health Workforce Leading into the Future, 30 November 2018
- 2018 COAG Commitment, 17 December 2018
- Closing the Gap Report 2019 Commits to Partnership with Aboriginal and Torres Strait Islander Peoples, 15 February 2019
- Platform to Improve Access to Essential Allied Health Care for Aboriginal and Torres Strait Islander Peoples, 18 March 2019
- Our Choices, Our Voices Report, 21 March 2019
- Indigenous Allied Health Australia Welcomes Historic Partnership Agreement on Closing the Gap 27 March 2019
- National Aboriginal and Torres Strait Islander Academy Model to Expand Under New Funding, 23 April 2019
- Time to Ensure Full Access to Health Care for Aboriginal and Torres Strait Islander People and Everyone Living in Rural and Remote Australia (SARRAH Joint Release), 3 June 2019

## IAHA E-NEWSLETTERS

During 2018/19 IAHA delivered:

- 11 regular E-Newsletters and increased our subscription by 382 (8.4%) to 4,557.
- 20 member communiques, including updates and recaps from the 2018 International Indigenous Allied Health Forum.



## IAHA MEMBERS' JOURNEYS INTO ALLIED HEALTH

To celebrate 10 years of IAHA in the 2019-20 financial year, IAHA have profiled 10 members and their diverse journeys toward allied health. These profiles demonstrate there is no single pathway into allied health. Our members journeys are important and can help others to understand allied health, relate to others and inspire people to pursue similar opportunities. Many of our members profiled have continue to progress into more senior clinical and other leadership roles: demonstrating leadership, creating change and serving as role models for future generations

IAHA are releasing a 10-year anniversary book at the IAHA Conference 2019 in Darwin in September showcasing the 10 members profiles.

Darren is a respiratory scientist with the Sunshine Coast University Hospital and teaches and works in Indigenous communities through IROC (Indigenous Respiratory Outreach Care), taking his skills out of the hospital and traveling with a Respiratory focused team to service remote locations. Darren's passion respiratory science and Indigenous health stems from personal experience and the loss of many Indigenous family members, who suffered premature deaths.

**DARREN SMITH, RESPIRATORY SCIENTIST**

*Darren Smith, Respiratory Scientist*

FACEBOOK

TOTAL REACH 172,913

2,613 TOTAL LIKES

INCREASE OF 461 LIKES

512 POSTS

TWITTER

OVER 250,000 PAGE IMPRESSIONS

4,151 TOTAL FOLLOWERS

INCREASE OF 807 FOLLOWERS

132 TWEETS

1,032 MENTIONS

781 RETWEETS

IAHA NEWSLETTER

11 NEWSLETTERS

INCREASE OF 382 SUBSCRIBERS

4,557 SUSCRIBERS TO OUR MAILING LIST as of 30 June 2018

20 OTHER COMMUNIQUES

# SUSTAINABILITY AND GOVERNANCE

## 2018 IAHA MEMBERS FORUM

The 2018 IAHA Members Forum was held in Sydney on 30 November and was attended by 35 IAHA Graduate Members following the Annual General Meeting. The Secretariat reported back to members on priorities and support needs identified at the 2017 Members Forum, as well as strategic priorities for the year ahead. Items discussed at the 2018 Forum include:

- How IAHA define allied health and membership: IAHA define allied health in an inclusive and holistic way, representing a diverse membership. IAHA workshopped with members definitions and terminology used to ensure our advocacy and representation continues to align with the breadth of the allied health workforce and our membership moving forward.
- SRC Review: the IAHA Secretariat and Board discussed with members a rationale for proposing to review the Student Representative Committee and received support to re-establish a mechanism which is functional, effective, accountable and leadership focussed and will be presented for discussion at the 2019 Forum.
- Skills audit: recognising that the strength of IAHA as an organisation is its membership, their knowledge, experience and expertise, it was proposed to conduct a membership skills audit to understand the skills within the membership and areas in which members would like to contribute to and enhance our work.
- Cultural safety and racism survey: in line with principles around data ownership and knowledge translation, the Secretariat reported the outcome of the 2018 Racism and Cultural Safety Member Survey. Acknowledging the uniqueness of this insight and its power to inspire critical self-reflection and change, members supported another survey be undertaken in 2019. Responding to the presentations and discussion at the IAHA International Allied Health Forum, it was also recognised that lateral violence should be an area of greater focus and for its inclusion in the survey.
- Governance: noting the growth of the organisation and its memberships – and best practice governance – IAHA sought the advice of members on a proposed change to the Company Auditor and facilitated a discussion on what constitutes a quorum.

The discussion, priorities and outcomes from the 2018 Members Forum have been actioned by the IAHA Secretariat with oversight from the Board of Directors and engagement and leadership from IAHA members at each stage. The Members Skills Audit, for example, has enabled IAHA to tap into the expertise of members and engage with them on areas of interest, improving processes for member input moving forward.

## IAHA BUSINESS PLAN

In 2018-19, the IAHA board worked with PwC's Indigenous Consulting and senior staff of IAHA to develop the IAHA Business Plan, setting out the key strategic business opportunities for IAHA now and into the future. The business plan will instruct the Chief Executive Officer and Secretariat of the priorities for IAHA business activities in coming years.

The development of a business plan is vital to safeguarding the ongoing viability of the organisation and putting IAHA in a position to grow and prosper, enabling us to increase the breadth of our activities and their long-term impact. IAHA members will play a key role in the successful operation of IAHA and through taking ownership of the plan.

### 2018 IAHA ANNUAL GENERAL MEETING (AGM)

The 2018 AGM was also held on 30 November. The members endorsed the Minutes from the 2017 Annual General Meeting and accepted the 2017-18 Financial Audited Statements which were tabled at the meeting.

The Returning Officer, Mr Justin Bernau of Clayton Utz (Canberra), explained the nomination and election process to members. IAHA received seven nominations from Full Member (Graduates) for the five vacant positions on the IAHA Board of Directors.

The five successful nominees were:

- Tirritpa Ritchie (2018 Deputy Chairperson - re-elected);
- Danielle Dries (re-elected);
- Tracy Hardy (elected);
- Maddison Adams (elected); and
- Rikki Fischer (elected)

Matthew West retired at the 2018 AGM

**The Annual General Meeting also considered a series of amendments to the IAHA Constitution.**

## 2019 SPECIAL GENERAL MEETING

Following communication with members, a Special General Meeting was held on 20 February 2019 in Canberra, with interstate members participating via videoconference. The Meeting considered and passed two resolutions which endorsed the appointment of new Company Auditor and amended the section of the Constitution (Article 42 (d)) relating to the tenure of Directors. The removal of limitations to consecutive terms, supports succession planning and the formation of effective Board, while providing members with greater choice in their elected representatives.

**The current IAHA Constitution is available on the IAHA website.**

## BOARD MEETING ATTENDANCE

**Eligible Meetings 2018–2019**

**Meetings Attended 2018–2019**

| | | |
|---|---|---|
| Nicole Turner | 7 | 7 |
| Tirritpa Ritchie | 7 | 7 |
| Stephen Corporal | 7 | 7 |
| Patricia Councillor | 7 | 7 |
| Diane Bakon | 7 | 6 |
| Danielle Dries | 7 | 5 |
| Tracy Hardy | 4 | 4 |
| Rikki Fischer | 4 | 4 |
| Maddison Adams | 4 | 4 |
| Matthew West | 3 | 2 |

## FINANCE, AUDIT AND RISK COMMITTEE

The Finance, Audit and Risk Committee (FARC) is comprised of up to three 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 the 2018/19 financial year included Diane Bakon (Chair - 2019), Tirritpa Ritchie (Deputy Chair – 2019), Danielle Dries (2019) Tony Hof (Independent) Matthew West (Chair - 2018), and Patricia Councillor (2018)

## BOARD AND CHIEF EXECUTIVE OFFICER APPRAISAL COMMITTEE

In 2018-19 the Board endorsed the Board and CEO Appraisal Committee Charter which established the Board and Chief Executive Officer Appraisal committee. This committee ensures good governance and due diligence, with responsibilities including: the review, monitoring and evaluation of CEO and Board performance; recruitment and termination of CEO; succession planning for the CEO and Board; Board training and professional development; and dealing with issues related to ethics and behaviour of CEO and/or Board. The newly established committee met on two occasions during 2018-19.

## 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 2018-19 financial year the Board, reviewed and endorsed 21 policies.

# RESEARCH AND EVIDENCE

IAHA has a growing presence research and research agenda setting in areas such as the Aboriginal and Torres Strait Islander health workforce, service delivery, access, allied health and related research partnerships. IAHA participate in research activities where the aims of the research align with our Strategic Plan and where IAHA can contribute to informing or leading the planning, conduct and/or analysis of the research, ensuring it is of direct, translational benefit to Aboriginal and Torres Strait Islander peoples and communities. This focus on knowledge translation and research of practical benefit to Aboriginal and Torres Strait Islander people reflects IAHA's commitment to best practice and ethical research.

**Current research engagement includes:**

- IAHA supports a research partnership between the University of NSW, Western Sydney University, AMSANT and Bila Muuji as a key stakeholder on their joint project funded by Lowitja Institute "Career pathways for Aboriginal and Torres Strait Islander health".
- IAHA support a research project being conducted by University of the Sunshine Coast, University of New South Wales and the University of Technology Sydney designed to find out about views on what makes culturally responsive practice with Aboriginal peoples, as well how social workers understand and implement the IAHA Cultural Responsive Framework in practice.
- IAHA provide input into an ARC funded research project, through the University of Sydney, to develop evidence-based retention strategies for the Indigenous frontline health and disability workforces.
- IAHA are a member of an international project through the Centre of Excellence Knowledge Mobilisation on consensus building on health-related topics important to First Nations peoples. The invitation for IAHA to participate came through relationships with the University of Saskatchewan in Saskatoon, Canada.
- IAHA Director of Workforce Development is the co-Chair of the Northern Australia Research Network (NARN). IAHA work closely with stakeholders and the NARN network, with a specific focus on allied health research projects. Two current research projects that were successfully funded include:
  - "Talking after stroke" (working with Wuchopperen Health Service) which focuses on speech pathologists and OTs and includes Allied Health Assistance training opportunities for local people; and
  - A student led service clinic for OT in Nhulunbuy for aged care (service delivery model).
- Contribute to a collaborative research project through the LIME network to scope the development of an Indigenous health network for the health sciences.
- Mayi Kuwayu Data Governance Committee.
- Working with Australian Allied Health Leadership Forum (AAHLF), SARRAH and others focused on building the evidence base to support further investment and support to enable access to effective allied health care.
- 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 seek to promote opportunities for members to undertake research and to disseminate the quality research being undertaken by members. In 2019-20, IAHA will be increasing our focus on how our work – supported by robust evaluation – can contribute to the knowledge and evidence base and improve education, employment and health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

# FINANCIAL STATEMENTS

# CONTENTS

## FINANCIAL STATEMENTS

# DIRECTORS' REPORT

For the year ended 30 June 2019

The directors present their report on Indigenous Allied Health Australia Ltd for the financial year ended 30 June 2019.

## 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 |
|---|---|
| Ms Nicole Turner (Chairperson) | Re elected: 30 November 2017 |
| Mr Trevor Ritchie (Deputy Chairperson) | Re-elected: 1 December 2018 |
| Ms Patricia Councillor | Re-elected: 30 November 2017 |
| Ms Tracy Hardy | Elected: 1 December 2018 |
| Ms Danielle Dries | Re-elected: 1 December 2018 |
| Ms Rikki Fischer | Elected: 1 December 2018 |
| Ms Maddison Adams | Elected: 1 December 2018 |
| Mr Stephen Corporal | Re-elected: 30 November 2017 |
| Ms Diane Bakon | Appointed: 2 January 2018 |
| Mr Matthew West | Retired: 1 December 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:

**Support**

- Strengthen and build on the capabilities and skills of members.
- Strengthen culturally-inclusive engagement and connection with members.
- Represent and enable the collective voice of our membership.

**Grow**

- Shape National Aboriginal and Torres Strait Islander allied health workforce development.
- Advocate for a strong Aboriginal and Torres Strait Islander allied health evidence base.
- Encourage the development of Aboriginal and Torres Strait Islander health leaders.
- Actively promote allied health careers to Aboriginal and Torres Strait Islander students, individuals and communities

**Transform**

- Develop and maintain collaborative partnerships focused on sustainable change and culturally responsive healthcare
- Lead the development of a culturally-responsive allied health and wider workforce.

**Indigenous Allied Health Australia Ltd**
**ABN 42 680 384 985**

# Directors' Report

**For the Year Ended 30 June 2019**

**1. General information (continued)**

**Principal activities and significant changes in nature of activities (continued)**

- Strengthen and maintain partnerships with governments and stakeholders.

**Lead**

- Provide expertise and contribute to the national Aboriginal and Torres Strait Islander health policy and campaign agendas.
- Continue to implement effective communications strategies.
- Secure and maintain financial and governance sustainability.
- Promote Aboriginal and Torres Strait Islander led and driven allied health research and culturally responsive practice

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, subject to the provisions of the company's constitution.

At 30 June 2019 there were 1,610 members consisting of 666 full members, 901 associate members and 43 corporate members. (2018: 1,388 members consisting of 598 full members, 756 associate members and 34 corporate member).

At 30 June 2019 the collective liability of members was $16,100 (2018: $13,860).

**2. Operating results**

The loss of the Company after providing for income tax amounted to $(50,182) (2018: profit $247,252).

**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 2019 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: N Thomas ..... Director: Fischer .....

Dated 30/08/2019

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# AUDITOR'S INDEPENDENCE DECLARATION UNDER S60-40 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 2019 there have been no contraventions of:

i. 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. any applicable code of professional conduct in relation to the audit.

James Barrett, CA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 30th day of August 2019

# STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the Year Ended 30 June 2018

| | Note | 2019 $ | 2018 $ |
|---|---|---|---|
| Sales revenue | 5 | **2,926,655** | 3,023,025 |
| Administrative expenses | | **(261,004)** | (58,570) |
| Auspicing expenses | | **(850)** | (787) |
| Depreciation expense | B(a) | **(19,114)** | (23,087) |
| Donations | | **(19,349)** | (9,465) |
| Employee expenses | | **(1,192,088)** | (859,270) |
| Events expenses | | **(167,622)** | (524,989) |
| Loss on disposal of assets | | **(29,956)** | (1,969) |
| Marketing expenses | | **(103,880)** | (75,825) |
| Meeting expenses | | **(138,700)** | (130,843) |
| Member support | | **(174,365)** | (18,435) |
| Occupancy costs | | **(106,649)** | (59,348) |
| Other project expenses | | **(84,549)** | (414,103) |
| Representation expenses | | **(159,132)** | (108,253) |
| Workforce development projects | | **(519,579)** | (490,829) |
| **(Loss)/ Profit before income tax** | | **(50,182)** | 247,252 |
| Income tax expense | | - | - |
| **(Loss)/ Profit for the year** | | **(50,182)** | **247,252** |
| Other comprehensive income: | | - | - |
| **Total comprehensive income for the year** | | **(50,182)** | 247,252 |

The Company has not restated comparatives when initially applying AASB 9, the comparative information has been prepared under AASB 139 Financial Instruments: Recognition and Measurement.

The accompanying notes form part of these financial statements.

# STATEMENT OF FINANCIAL POSITION

As At 30 June 2019

| | Note | 2019 $ | 2018 $ |
|---|---|---|---|
| **ASSETS** | | | |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 6 | **2,250,734** | 870,618 |
| Trade and other receivables | 7 | **47,938** | 57,352 |
| Other assets | 9 | **124,810** | 23,638 |
| TOTAL CURRENT ASSETS | | **2,423,4 82** | 951,608 |
| NON-CURRENT ASSETS | | | |
| Plant and equipment | 8 | **108,384** | 63,365 |
| TOTAL NON-CURRENT ASSETS | | **108,384** | 63,365 |
| TOTAL ASSETS | | **2,531,866** | 1,014,973 |
| **LIABILITIES** | | | |
| CURRENT LIABILITIES | | | |
| Trade and other payables | 10 | **282,756** | 86,178 |
| Employee benefits | 12 | **116,021** | 133,887 |
| Other liabilities | 11 | **1,767,096** | 380,882 |
| TOTAL CURRENT LIABILITIES | | **2,165,873** | 600,947 |
| NON-CURRENT LIABILITIES | | | |
| Employee benefits | 12 | **12,613** | 10,464 |
| TOTAL NON-CURRENT LIABILITIES | | **12,613** | 10,464 |
| TOTAL LIABILITIES | | 2,178,486 | **611,411** |
| NET ASSETS | | 353,380 | **403,562** |
| **EQUITY** | | | |
| Retained earnings | | 353,380 | **403,562** |
| **TOTAL EQUITY** | | 353,380 | **403,562** |

The Company has not restated comparatives when initially applying AASB 9, the comparative information has been prepared under AASB 139 Financial Instruments: Recognition and Measurement.

# STATEMENT OF CHANGES IN EQUITY

For the Year Ended 30 June 2019

| 2019 | Retained Earnings $ | Total $ |
|---|---|---|
| **Balance at 1 July 2018** | **403,562** | 403,562 |
| Profit attributable to members of the entity | **(50,182)** | (50,182) |
| **Balance at 30 June 2019** | **353,380** | 353,380 |

| 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,b62** | 403,b62 |

# STATEMENT OF CASH FLOWS

For the Year Ended 30 June 2019

| | Note | 2019<br>$ | 2018<br>$ |
|---|---|---|---|
| **CASH FLOWS FROM OPERATING ACTIVITIES:** | | | |
| Receipts from funding and operations | | **4,751,255** | 3,133,665 |
| Payments to suppliers and employees | | **((3,281,792)** | (2,937,897) |
| Interest received | | **4,925** | 3,551 |
| Net cash provided by operating activities | 19 | 1,474,388 | 199,319 |
| **CASH FLOWS FROM INVESTING ACTIVITIES:** | | | |
| Proceeds from sale of plant and equipment | | | 30 |
| Purchase of property, plant and equipment | 8 (a) | **(94,272)** | (16,611) |
| Net cash (used in) investing activities | | **(94,272)** | (16,581) |
| Net increase in cash and cash equivalents held | | **1,380,116** | 182,738 |
| Cash and cash equivalents at beginning of year | | **870,618** | 687,880 |
| Cash and cash equivalents at end of financial year | 6 | **2,250,734** | 870,618 |

# NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2019

The financial report covers Indigenous Allied Health Australia Ltd as an individual entity. Indigenous Allied Health Australia Ltd is a not-for-profit Company, registered and domiciled in Australia.

The functional and presentation currency of Indigenous Allied Health Australia Ltd is Australian dollars. Comparatives are consistent with prior years, unless otherwise stated.

## 1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Act 2012.

## 2 Change in Accounting Policy

### Financial Instruments - Adoption of AASB 9

The Company has adopted AASB 9 Financial Instruments for the first time in the current year with a date of initial adoption of 1 July 2018.

As part of the adoption of AASB 9, the Company adopted consequential amendments to other accounting standards arising from the issue of AASB 9 as follows:

- AASB 101 Presentation of Financial Statements requires the impairment of financial assets to be presented in a separate line item in the statement of profit or loss and other comprehensive income. In the comparative year, this information was presented as part of other expenses.
- AASB 7 Financial Instruments: Disclosures requires amended disclosures due to changes arising from AASB 9, this disclosures have been provided for the current year.

The key changes to the Company's accounting policy and the impact on these financial statements from applying AASB 9 are described below.

Changes in accounting policies resulting from the adoption of AASB 9 have been applied retrospectively except the Company has not restated any amounts relating to classification and measurement requirements including impairment which have been applied from 1 July 2018.

### Classification of financial assets

The financial assets of the Company have been reclassified into one of the following categories on adoption of AASB 9 based on primarily the business model in which a financial asset is managed and its contractual cash flow characteristics:

- Measured at amortised cost
- Fair value through profit or loss (FVTPL)
- Fair value through other comprehens ive income - equity instruments (FVOCI - equity).

### Impairment of financial assets

The incurred loss model from AASB 139 has been replaced with an expected credit loss model in AASB 9 for assets measured at amortised cost, contract assets and fair value through other comprehensive income. This has resulted in the earlier recognition of credit loss (bad debt provisions).

# NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2019

**2 Change in Accounting Policy (continued)**

**Financial Instruments - Adoption of AASB 9 (continued)**

**Classification of financial assets and financial liabilities**

The table below illustrates the classification and measurement of financial assets and liabilities under AASB 9 and AASB 139 at the date of initial application.

| Financial assets | Classification under AASB 139 | Classification under AASB 9 | Carrying amount under AASB 139 | Reclassification | Remeasurements | Carrying amount under AASB 9 |
|---|---|---|---|---|---|---|
| Trade and other receivables | | | **(50,182)** | (50,182) | | |
| Cash and cash equivalents | | | **353,380** | 353,380 | | |
| TOTAL FINANCIAL ASSETS | | | | | | |
| **Financial liabilities** | | | | | | |
| Trade payables | | | **247,252** | 247,252 | | |
| TOTAL FINANCIAL LIABILITIES | | | **403,b62** | 403,b62 | | |

**Notes to the table:**

(i) Reclassification from Held to Maturity to Amortised Cost

Term deposits that would previously have been classified as held to maturity are now classified at amortised cost. The Company intends to hold the assets to maturity to collect contractual cash flows and these cash flows consist solely of payments of principal and interest on the principal amount outstanding. There was no difference between the previous carrying amount and the revised carrying amount of these assets.

**3 Summary of Significant Accounting Policies**

**(a) Income Tax**

The Company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

**(b) Leases**

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership that are transferred to the Company are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

# NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2019

## 3 Summary of Significant Accounting Policies (continued)

### (c) Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

**Grant revenue**

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the Company 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 Company 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.

**Donations**

Donations and bequests are recognised as revenue when received.

**Rendering of services**

Revenue in relation to rendering of services is recognised depending on whether the outcome of the services can be estimated reliably. If the outcome can be estimated reliably then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period.

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

**Other income**

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

### (d) Goods and Services Tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

### (e) Plant and Equipment

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

# NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2019

**3 Summary of Significant Accounting Policies (continured**

**(e) Plant and Equipment (continued)**

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**

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

The depreciation rates used for each class of depreciable asset are shown below:

| **Fixed asset class** | **Depreciation rate** |
|---|---|
| Furniture, Fixtures and Fittings | 5%-20% |
| Computer & Equipment | 10% - 33.33% |

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

**(f) Financial instruments**

For comparative year

Financial instruments are recognised initially using trade date accounting, i.e. on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

**Financial assets**

Financial assets are divided into the following categories which are described in detail below:

- loans and receivables;
- held-to-maturity investments

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

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

*Loans and receivables*

# NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2019

**3 Summary of Significant Accounting Policies (continuted)**

**(f) Financial instruments (continued)**

**Financial assets (continued)**

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

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

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

In some circumstances, the Company renegotiates repayment terms with customers which may lead to changes in the timing of the payments, the Company does not necessarily consider the balance to be impaired, however assessment is made on a case-by-case basis.

*Held-to-maturity investments*

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

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

**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 borrowings, trade and other payables (including finance lease liabilities), 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

# NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2019

**3 Summary of Significant Accounting Policies (continuted)**

**(f) Financial instruments (continued)**

**Impairment of Financial Assets (continued)**

*Available-for-sale financial assets*

A significant or prolonged decline in value of an available-for-sale asset below its cost is objective evidence of impairment, in this case, the cumulative loss that has been recognised in other comprehensive income is reclassified from equity to profit or loss as a reclassification adjustment. Any subsequent increase in the value of the asset is taken directly to other comprehensive income.

For current year

Financial instruments are recognised initially on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

**Financial assets**

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

*Classification*

On initial recognition, the Company classifies its financial assets into the following categories, those measured at:

- amortised cost
- air value through profit or loss - FVTPL
- fair value through other comprehensive income - equity instrument (FVOCI - equity)

Financial assets are not reclassified subsequent to their initial recognition unless the Company changes its business model for managing financial assets.

*Amortised cost*

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows are solely payments of principal and interest on the principal amount outstanding.

The Company's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate

# NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2019

**3 Summary of Significant Accounting Policies (continuted)**

**(f) Financial instruments (continued)**

**Financial assets (continued)**
method less provision for impairment.

Interest income and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

## 3 Summary of Significant Accounting Policies (continuted)

### (f) Financial instruments (continued)

**Financial assets (continued)**
*Fair value through other comprehensive income*

Equity instruments

The Company holds no investments in listed and unlisted entities over which are they do not have significant influence nor control.

Financial assets through profit or loss

All financial assets not classified as measured at amortised cost or fair value through other comprehensive income as described above are measured at FVTPL.

The Company holds no investments that falls into this category.

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost

When determining whether the credit risk of a financial asset has increased significant since initial recognition and when estimating ECL, the Company considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Company's historical experience and informed credit assessment and including forward looking information .

The Company uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Company uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Company in full, without recourse to the Company to actions such as realising security (if any is held); or

- the financial assets is more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Company in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

*Trade receivables*

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Company has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

# NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2019

**3 Summary of Significant Accounting Policies (continued)**

**(f) Financial instruments (continued)**

**Financial assets (continued)**

Where the Company renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

*Other financial assets measured at amortised cost*

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

Financial liabilities

The Company measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Company comprise trade payables, bank and other loans and finance lease liabilities.

**(g) Impairment of non-financial assets**

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

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

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash generating unit (CGU) is estimated.

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

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

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

**(h) Cash and cash equivalents**

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

# NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2019

**3 Summary of Significant Accounting Policies (continuted)**

**(i) Employee benefits**

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

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

**(j) 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.

# NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2019

**3 Summary of Significant Accounting Policies (continuted)**

**(k) New Accounting Standards and Interpretations**

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Company has decided not to early adopt these Standards. The following table summarises those future requirements, and their impact on the Company where the standard is relevant:

| Standard Name | Effective date for entity | Requirements | Impact |
|---|---|---|---|
| AASB 16 Leases | 01 July 2019 | AASB 16:<br>• replaces AASB 117 Leases and some lease-related Interpretations<br>• requires all leases to be accounted for 'on-balance sheet' by lessees, other than short-term and low value asset leases<br>• provides new guidance on the application of the definition of lease and on sale and lease back accounting<br>• largely retains the existing lessor accounting requirements in AASB 117<br>• requires new and different disclosures about leases. | Based on the entity's assessment, it is expected that the first-time adoption of AASB 16 for the year ending 30 June 2020 will have a material impact on the transactions and balances recognised in the financial statements, in particular:<br>• lease assets and financial liabilities on the balance sheet will increase by $413,044 and $427,208 respectively (based on the facts at the date of the assessment)<br>• there will be a reduction in the reported equity as the carrying amount of lease assets will reduce more quickly than the carrying amount of lease liabilities<br>• EBIT in the statement of profit or loss and other comprehensive income will be higher as the implicit interest in lease payments for former off balance sheet leases will be presented as part of finance costs rather than being included in operating expenses<br>• operating cash outflows will be lower and financing cash flows will be higher in the statement of cash flows as principal repayments on all lease liabilities will now be included in financing activities rather than operating activities. Interest can also be included within financing activities. |

# NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2019

**3 Summary of Significant Accounting Policies (continuted)**

**(k) New Accounting Standards and Interpretations**

| Standard Name | Effective date for entity | Requirements | Impact |
|---|---|---|---|
| AASB 1058 Income of Not- for-Profit Entities | 01 July 2019 | AASB 1058 clarifies and simplifies the income recognition requirements that apply to not-to-profit (NFP) entities, in conjunction with AASB 15 Revenue from Contracts with Customers. These Standards supersede all the income recognition requirements relating to private sector NFP entities, and the majority of income recognition requirements relating to public sector NFP entities, previously in AASB 1004 Contributions.<br><br>Under AASB 1058, the timing of income recognition depends on whether a NFP transaction gives rise to a liability or other performance obligation (a promise to transfer a good or service}, or a contribution by owners, related to an asset (such as cash or another asset) received by an entity.<br><br>This standard applies when a NFP entity enters into transactions where the consideration to acquire an asset is significantly less than the fair value of the asset principally to enable the entity to further its objectives. In the latter case, the<br><br>entity will recognise and measure the asset at fair value in accordance with the applicable Australian Accounting Standard (e.g. AASB 116 Property, Plant and Equipment).<br><br>Upon initial recognition of the asset, AASB 1058 requires the entity to consider whether any other financial statement elements (called 'related amounts') should be recognised, such as:<br><br>• Contributions by owners;<br>• Revenue, or a contract liability arising from a contract with a customer;<br>• A lease liability;<br>• A financial instrument; or e A provision.<br><br>These related amounts will be accounted for in accordance with the applicable Australian Accounting Standard. | The entity is yet to undertake a detailed assessment of the impact of AASB 1058. 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. |

# NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2019

**3 Summary of Significant Accounting Policies (continuted)**

**(k) New Accounting Standards and Interpretations**

| Standard Name | Effective date for entity | Requirements | Impact |
|---|---|---|---|
| MSB 2016-8<br><br>Amendments to Australian Accounting Standards - Australian Implementation<br><br>Guidance for Not-for-Profit Entities | 01 July 2019 | AASB 2016-8 inserts Australian requirements and authoritative implementation guidance for not-for- profit (NFP) entities into AASB 9 Financial Instruments (2014) and AASB 15 Revenue from Contracts with Customers. This guidance will assist not-for-profit entities in applying those Standards.<br><br>NFP entities will generally apply AASB 15 where an agreement creates enforceable rights and obligations and includes sufficiently specific promises to transfer goods or services to the customer or third party beneficiaries. | Refer to the section on AASB 1058 above. |

# NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2019

## 4 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 value-in-use calculations which incorporate various key assumptions.

**Key estimates - receivables**

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

**Key judgments - Employee benefits**

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

## 5 REVENUE AND OTHER INCOME

| | 2019 $ | 2018 $ |
|---|---|---|
| **SALES REVENUE** | | |
| DoHA grant | **2,228,300** | 1,884,338 |
| DSS funding | **84,553** | 451,000 |
| Sponsorship grants | **342,836** | 437,534 |
| Auspicing | **849** | - |
| Conference grant | - | 145,455 |
| | **2,656,538** | 2,918,327 |
| **OTHER INCOME** | | |
| Donations | **31,766** | 33 ,550 |
| Service rendered | 220,219 | 57,647 |
| Fund scholarship | 9,446 | 9,150 |
| Other income | 3,761 | 800 |
| Interest revenue | 4,925 | 3,551 |
| | **270,117** | 104,698 |
| **TOTAL REVENUE AND OTHER INCOME** | **2,926,655** | 3,023,025 |

## 6 CASH AND CASH EQUIVALENTS

| | | 2019 $ | 2018 |
|---|---|---|---|
| Cash at bank and in hand | | **2,250,734** | 870,618 |
| | 14 | **2,250,734** | 870,618 |

## 7 TRADE AND OTHER RECEIVABLES

| | | 2019 $ | 2018 $ |
|---|---|---|---|
| Trade receivables | | **47,938** | 57,352 |
| **TOTAL CURRENT TRADE AND OTHER RECEIVABLES** | 14 | **47,938** | 57,352 |

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

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

## 8 PLANT AND EQUIPMENT

| | 2019 $ | 2018 $ |
|---|---|---|
| **PLANT AND EQUIPMENT** | | |
| Furniture, fixtures, and fittings at cost | **72,931** | 51,063 |
| Accumulated depreciation | **(4,517)** | (17,257) |
| Total furniture, fixtures and fittings | **68,414** | 33,806 |
| Computer & equipment At cost | **72,488** | 88,335 |
| Accumulated depreciation | **(32,518)** | (58,776) |
| Total computer & equipment | **39,970** | 29,559 |
| **TOTAL FURNITURE, FIXTURES AND FITTINGS** | **108,384** | 63,365 |

### (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 $ | Computer & Equipment $ | Total $ |
|---|---|---|---|
| **YEAR ENDED 30 JUNE 2019** | | | |
| Balance at the beginning of the year | 33,806 | 29,559 | **63,365** |
| Additions | 62,973 | 31,299 | **94,272** |
| Disposals | (23,504) | (6,635) | **(30,139)** |
| Depreciation expense | (4,861) | (14,253) | **(19,114)** |
| **Balance at the end of the year** | 68,414 | 39,970 | **108,384** |
| **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 | (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** |

## 9 OTHER ASSETS

| | 2019 $ | 2018 $ |
|---|---|---|
| Prepayments | **91,465** | 6,544 |
| Rental bond | **33,345** | 17,094 |
| | **124,810** | 23,638 |

## 10 TRADE AND OTHER PAYABLES

| | 2019 $ | 2018 $ |
|---|---|---|
| Trade payables | **65,356** | 96 |
| GST payable | **124,169** | 29,513 |
| Accrued wages | **-** | 24,580 |
| Credit cards | **23,707** | 3,091 |
| PAYG payable | **19,479** | 19,376 |
| Other payables | **50,045** | 9,522 |
| | **282,756** | 86,178 |

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

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

| | Note | 2019 $ | 2018 $ |
|---|---|---|---|
| TRADE AND OTHER PAYABLES: | | | |
| Total current | | **282,755** | 86,178 |
| PAYG payable | | **(19,479)** | (19,376) |
| GST payable | | **(124,169)** | (29,513) |
| | 14 | **139,107** | 37,289 |

## 11 OTHER LIABILITIES

| | Note | 2019 $ | 2018 $ |
|---|---|---|---|
| Funding received in advance | | 75,960 | - |
| IAHA events | | 96,136 | 104,909 |
| Conference income in advance | | 145,000 | 243,300 |
| Grant received in advance | | 1,450,000 | 32,673 |
| | | **1,767,096** | 380,882 |

## 12 EMPLOYEE BENEFITS

| | Note | 2019 $ | 2018 $ |
|---|---|---|---|
| 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 |

## 13 COMMITMENTS

### (a) Operating Leases

| | 2019<br>$ | 2018<br>$ |
|---|---|---|
| - not later than one year | **135,714** | 10,253 |
| - between one year and five years | **356,639** | 11,107 |
| | **492,353** | 21,360 |

An operating lease is in place for office premises for the term of 4 years commencing on 13 December 2018. Lease payments are increased on an annual basis to reflect market rentals.

## 14 FINANCIAL RISK MANAGEMENT

The Company is exposed to a variety of financial risks through its use of financial instruments.

The Company's overall risk management plan seeks to minimise potential adverse effects due to the unpredictability of financial markets.

The most significant financial risks to which the Company is exposed to are described below: Specific risks

- Liquidity risk
- Credit risk
- Market risk - interest rate risk.
- Financial instruments used

The principal categories of financial instrument used by the Company are:

- Trade receivables
- Cash at bank
- Trade and other payables

| | Note | 2019 | 2018 |
|---|---|---|---|
| | $ | $ | |
| **FINANCIAL ASSETS** | | - | |
| Cash and cash equivalents | 6 | | 870,618 |
| Trade and other receivables | 7 | - | 57,352 |
| Held at amortised cost | | | |
| - Cash and cash equivalents | 6 | **2,250,734** | - |
| - Trade and other receivable | 7 | **47,938** | - |
| **TOTAL FINANCIAL ASSETS** | | **2,298,672** | 927,970 |
| | | | |
| **FINANCIAL LIABILITIES** | | | |
| Trade and other payables | 10(a) | - | 37,289 |
| Financial liabilities at fair value | | | |
| - Trade and other payables | 10(a) | **139,107** | - |
| **TOTAL FINANCIAL LIABILITIES** | | **139,107** | 37,289 |

The Company has not restated comparatives when initially applying AASB 9, the comparative information has been prepared under AASB 139 Financial Instruments: Recognition and Measurement.

**Objectives, policies and processes**

Those charged with governance have 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 is carried out by the Company's risk management committee under the delegated power from those charged with governance. The Finance Manager has primary responsibility for the development of relevant policies and procedures to mitigate the risk exposure of the Company, these policies and procedures are then approved by the risk management committee and tabled at the board meeting following their approval.

Reports are presented at each Board meeting regarding the implementation of these policies and any risk exposure which the Risk Management Committee believes the Board should be aware of.

Specific information regarding the mitigation of each financial risk to which the Company is exposed is provided below.

**Liquidity risk**

Liquidity risk arises from the Company's management of working capital and the finance charges and principal repayments on its debt instruments. It is the risk that the Company will encounter difficulty in meeting its financial obligations as they fall due.

The Company's policy is to ensure that it will always have sufficient cash to allow it to meet its liabilities as and when they fall due. The Company maintains cash and marketable securities to meet its liquidity requirements for up to 30- day periods. Funding for long-term liquidity needs is additionally secured by an adequate amount of committed credit facilities and the ability to sell long-term financial assets.

The Company manages its liquidity needs by carefully monitoring scheduled debt servicing payments for long-term financial liabilities as well as cash-outflows due in day-to-day business.

## 14 FINANCIAL RISK MANAGEMENT (CONTINUED) LIQUIDITY RISK (CONTINUED)

### Liquidity risk (continued)

At the reporting date, these reports indicate that the Company expected to have sufficient liquid resources to meet its obligations under all reasonably expected circumstances and will not need to draw down any of the financing facilities.

**Credit risk**

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in a financial loss to the Company.

Credit risk arises from cash and cash equivalents, derivative financial instruments and deposits with banks and financial institutions, as well as credit exposure to customers, including outstanding receivables and committed transactions.

The credit risk for liquid funds and other short-term financial assets is considered negligible, since the counterparties are reputable banks with high quality external credit ratings.

Those charged with governance receives monthly reports summarising the turnover, trade receivables balance and aging profile of each of the key customers individually and the Company's other customers analysed by industry sector as well as a list of customers currently transacting on a prepayment basis or who have balances in excess of their credit limits.

The Company's exposure to credit risk is influenced mainly by the individual characteristics of each customer. However, management also considers the factors that may influence the credit risk of its customer base, including the default risk associated with the industry and country in which the customers operate.

Management considers that all the financial assets that are not impaired for each of the reporting dates under review are of good credit quality, including those that are past due.

The Company has no significant concentration of credit risk with respect to any single counterparty or group of counterparties.

**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*

The Company is exposed to interest rate risk as funds are borrowed at floating and fixed rates. Borrowings issued at fixed rates expose the Company to fair value interest rate risk.

## 15 MEMBERS' GUARANTEE

The Company is incorporated under the Australian Charities and Not-for-profits Commission Act 2012 and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstandings and obligations of the Company. At 30 June 2019 the number of members was 1,610 (2018: 1,386).

## 16 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:

| | 2019 $ | 2018 $ |
|---|---|---|
| Short term employee benefits | **331,453** | 311,871 |
| Long term benefits | **30,063** | 29,153 |
| | **361,516** | 341,024 |

## 17 REMUNERATION OF AUDITORS

| | 2019 $ | 2018 $ |
|---|---|---|
| Remuneration of the auditor: | | |
| - auditing or reviewing the financial statements | **10,000** | 8,950 |
| | **10,000** | 8,950 |

## 18 CONTINGENCIES

IIn the opinion of the Directors, the Company did not have any contingencies at 30 June 2019 (30 June 2018:None).

## 19 CASH FLOW INFORMATION

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

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

| | 2019 $ | 2018 $ |
|---|---|---|
| (Loss)/Profit for the year | **(50,182)** | 247,252 |
| NON CASH FLOWS IN PROFIT: | | |
| - depreciation | **19,114** | 23,087 |
| - net loss on disposal of plant and equipment | **30,139** | 1,969 |
| CHANGES IN ASSETS AND LIABILITIES: | | |
| - decrease/(increase) in trade and other receivables | **9,414** | (37,342) |
| - (increase)/decrease in prepayments | **(101,172)** | 27,280 |
| - increase/(decrease) in income in advance | **1,386,214** | (132,088) |
| - increase/(decrease) in trade and other payables | **196,578** | 26,255 |
| - (decrease)/increase in employee benefits | **(15,717)** | 42,906 |
| CASHFLOWS FROM OPERATIONS | **1,474,388** | 199,319 |

## 20 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 .

## 21 COMPANY DETAILS

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

Indigenous Allied Health Australia Ltd
9 Napier Close
DEAKIN WEST
ACT 2600

**Indigenous Allied Health Australia Ltd**
**ABN 42 680 384 985**

## Members of the Board's Declaration

The directors of the entity declare that:

1. The financial statements and notes, as set out on pages 4 to 28, are in accordance with the *Corporations Act 2001* and:

   (a) comply with Australian Accounting Standards; and

   (b) give a true and fair view of the financial position as at 30 June 2019 and of the performance for the year ended on that date of the entity.

2. In the directors' opinion, there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

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

Director ..... Director .....

Dated 30/08/2019

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# INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF INDIGENOUS ALLIED HEALTH AUSTRALIA LTD

## Report on the Audit of the Financial Report

### Opinion

We have audited the accompanying financial report of Indigenous Allied Health Australia Ltd (the registered entity), which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion, the accompanying financial report of Indigenous Allied Health Australia Ltd has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (the ACNC Act), including:

(i) giving a true and fair view of the registered entity's financial position as at 30 June 2019 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013.*

### 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 registered entity in accordance with the ACNC Act and 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.

### Information Other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2019 but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### Responsibilities of the Directors for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the registered entity to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the registered entity's financial reporting process.

# INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF INDIGENOUS ALLIED HEALTH AUSTRALIA LTD

**Auditor's Responsibility 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 the 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 based on this financial report.

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity'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 registered entity'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 registered entity 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.

James Barrett, CA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 30th day of August 2019


IAHA
Indigenous Allied
Health Australia