



IAHA

INDIGENOUS ALLIED
HEALTH AUSTRALIA INC

Indigenous Allied Health Australia Inc.

Annual Report
July 2010 - June 2011

Our Vision

Indigenous Allied Health Australia Inc.'s vision is to achieve the same quality of health for Aboriginal and Torres Strait Islander people.

IAHA aims to achieve this vision through three key objectives:

1. Contribute to improved knowledge and competencies of allied health practitioners working with Aboriginal and Torres Strait Islander peoples and their communities
2. Contribute to improved allied health services for Aboriginal and Torres Strait Islander peoples and their communities
3. Provide effective support to Aboriginal and Torres Strait Islander members of IAHA.



President's Report

The period July 2010 to June 2011 has been a busy time and a period of consolidation for Indigenous Allied Health Australia (IAHA).

July 2010 saw the very successful launch of IAHA at the Koorie Heritage Trust in Melbourne. It was well attended by members and guests and an important and symbolic starting point for IAHA as an organisation. We were very pleased to have Aunty Joy Murphy of the Wurundjeri people welcome us to country and the Minister for Indigenous Health, the Hon. Warren Snowdon, MP officially undertake the launch. Dr Tom Calma, National Coordinator for Tackling Indigenous Smoking was also among our invited guests, as well as allied health professionals from around Australia.

We held our first annual general meeting in November 2010 in Sydney, at which I had the honour of taking over the role of President. I would like to acknowledge James Charles' leadership as the inaugural President of IAHA. I would also like to acknowledge and thank all Committee of Management members for their contribution to IAHA during the past year.

I would like to congratulate our Committee of Management member, Ms Kylie Stothers for her award of Unsung Hero, which we acknowledge in this annual report.

IAHA has continued to advance our issues in relation to Aboriginal and Torres Strait Islander allied health in a number of forums, including the National Health Leadership Forum and the Closing the Gap Steering Committee, as well as a range of health and workforce advisory committees.

I would like also to acknowledge the funding assistance provided by the Department of Health and Ageing for IAHA to undertake this very important work for Aboriginal and Torres Strait Islander health and health workforce issues.

Finally, I would like to thank our Chief Executive Officer, Mr Craig Dukes, and the IAHA secretariat staff for their hard work and commitment in implementing our vision for allied health and health workforce issues in order to Close the Gap in Aboriginal and Torres Strait Islander health outcomes. I'm very much looking forward to working with IAHA members, secretariat and stakeholders to do our part in closing the gap in Aboriginal and Torres Strait Islander health outcomes.



Chief Executive Officer's Report

I am very pleased to be reporting for my second year with IAHA. The past year has been a busy period, and one of consolidation in terms of both our governance and our contribution to the policy agenda and in particular health reform.

The year commenced with our launch in Melbourne in July 2010, which was well attended by members and special guests.

I'd like to convey my gratitude to the IAHA President, Ms Faye McMillan and the work she has done in moving the organisation forward. I believe that we have successfully built on our profile over the past twelve months, and on the work of IAHA's inaugural President, Mr James Charles.

IAHA is now represented on a number of Health Workforce Australia (HWA) committees including the Aboriginal and Torres Strait Islander Workforce Advisory Committee,

of which I was appointed co-chair during the year. I'm very much looking forward to contributing to that work. IAHA has been invited onto, and participated in a range of other forums including the National Health Leadership Forum and the Close the Gap Steering Committee.

We continue our close working relationship with the Department of Health and Ageing and with key ministers in relation to Aboriginal and Torres Strait Islander allied health issues.

It's been a busy twelve month period and I'm looking forward to building IAHA's capacity further in the next year, and to support our members, in order to improve the health outcomes for Aboriginal and Torres Strait Islander Australians.

Highlights

- Launch of Indigenous Allied Health Australia Inc. – July, 2010, Melbourne
- IAHA received endorsement as a deductible gift recipient (DGR) as at 15 June 2011
- In March 2011, IAHA President, Ms Faye McMillan was nominated in the National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA's) 100 women. To celebrate the centenary of International Woman's Day, NATSIWA honoured 100 Aboriginal and Torres Strait Islander women who have contributed and achieved change for the community over the past 100 years.
- First audiologist, Ms Rebecca Allnutt, appointed to IAHA Committee of Management
- Presentation at the Pacific Regional Indigenous Doctors' Congress (PRIDoC), Whistler, Canada, 2010, by Mr James Charles, President and Mr Craig Dukes, CEO
- Ms Kylie Stothers awarded "Unsung Hero" award at the 11th National Rural Health Conference in Perth March 2011
- Completion of profiles of 15 Aboriginal and Torres Strait Islander allied health professionals on the IAHA website
- CEO Mr Craig Dukes nominated co-chair of the Health Worker Australia (HWA) Aboriginal and Torres Strait Islander Advisory Committee
- Ms Karla Canuto, Committee of Management member and exercise physiologist, featured in the Department of Health and Ageing campaign "*Do Something Real*"
- Annual General Meeting, November 2010, Sydney
- Five IAHA Committee of Management meetings held throughout the reporting period

Presentations:

- Mr James Charles, President, and Mr Craig Dukes, CEO, presented to the Pacific Regional Indigenous Doctors Congress, Whistler, Canada, August 2010
- Ms Kelli McIntosh, Member, Committee of Management, and Ms Lin Oke, IAHA Secretariat, presented to the Victorian Occupational Therapists Conference, Melbourne, November 2010
- Ms Kylie Stothers, Social Workers, presented to National Rural Health Alliance Conference, Perth, March 2011
- Mr Craig Dukes, CEO IAHA addressed Australian Council of Social Services (ACOSS) National Conference, Melbourne, March 2011
- Mr Craig Dukes, CEO, IAHA addressed the 3rd Annual GP Super Clinics Conference, Brisbane, May 2011

- Ms Rebecca Allnutt, Member, Committee of Management presented to the Australian and New Zealand Association for Health Professional Educators, Alice Springs, June 2011
- Ms Kelli McIntosh, Member, Committee of Management, and Ms Lin Oke, IAHA Secretariat, presented to the National Occupational Therapists Conference, Gold Coast, June 2011
- HWA Rural and Remote Workforce Strategy - Expert Reference Group
- HWA Standing Advisory Committee for Health Professions
- KidsMatters Primary Aboriginal and Torres Strait Islander Advisory Group
- National Primary Health Care Partnership
- Nursing and Allied Health Rural Locum Scheme

Media

- February 2011 - Ms Faye McMillan – Radio Interview, SBS Radio
- May 2011 – Ms Noell Burgess interviewed on CAAMA Radio about the importance of healthy food, how to keep healthy, including the role of bush tucker in our diet.
- National Congress of Australia's First Peoples
- National Allied Health Clinical Education Network (NAHCEN)
- Puggy Hunter Memorial Scholarship Selection Committee

Representation on Committees

- Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG)
- Close the Gap Campaign Steering Committee
- CRANA Plus – Aboriginal and Torres Strait Islander Health Advisory Committee
- Health Workforce Australia (HWA) Aboriginal and Torres Strait Islander Advisory Committee
- HWA Aboriginal and Torres Strait Islander Health Worker Project

IAHA Committee of Management



President

Ms Faye McMillan
Pharmacist,
New South Wales
Elected November 2010



Vice President

Mr James Charles
Podiatrist, South Australia
Former President, elected Vice
President November 2010



Treasurer

Ms Marilyn Morgan
Physiotherapist,
Western Australia
Elected November 2010



Committee Member

Ms Noell Burgess
Dietitian,
Queensland



Committee Member

Ms Anita Burns
Radiographer,
Queensland



Committee Member

Ms Rebecca Allnutt
Audiologist,
Northern Territory
Elected November 2010



Committee Member

Ms Kelli McIntosh
Occupational Therapist,
Victoria
Elected November 2010



Committee Member

Ms Kylie Stothers
Social Worker,
Northern Territory



Committee Member

Ms Karla Canuto
Exercise Physiologist,
South Australia



Committee Member

Mr Todd Heard
Psychologist,
New South Wales
Elected November 2010



Committee Member

Associate Professor
Pat Dudgeon
Psychologist,
Western Australia
June 2010 - November 2010

Committee Member

Ms Tara Lewis
Speech Pathologist,
Queensland
Resigned February 2011

Committee Member

Ms Chontel Gibson
Occupational Therapist,
New South Wales
Resigned August 2010

IAHA Secretariat

Mr Craig Dukes
Chief Executive Officer

Ms Lin Oke
Executive Project Officer

Ms Monefa Rusanov
Office Administrator

Ms Kirsty Glanville
Executive Officer

Attendance at the presentation of the Close the Gap Annual Report

In February 2011, President Ms Faye McMillan and CEO Mr Craig Dukes representing IAHA, together with other representatives on the Close the Gap Campaign Steering Committee, met with the Prime Minister, the Hon. Julia Gillard, the Hon Jenny Macklin, Minister for Indigenous Affairs, the Hon. Nicola Roxon, Minister for Health and Ageing, and the Hon Warren Snowdon, Minister for Indigenous Health, following the Prime Minister's Annual Report to Parliament on the Governments' measures to Close the Gap, Parliament House, Canberra.



L – R - Ms Faye McMillan the Hon. Julia Gillard, Prime Minister, and Mr Craig Dukes, sharing morning tea at the launch of the Annual Report to Parliament on the Governments' measures to Close the Gap, Parliament House, Canberra



The Hon. Julia Gillard, Prime Minister, the Hon Jenny Macklin, Minister for Indigenous Affairs, the Hon. Nicola Roxon, Minister for Health, and the Hon Warren Snowdon, Minister for Indigenous Health with members of the Close the Gap Campaign Steering Committee

Kylie Stothers – Unsung Hero Award



We were very pleased to recommend Ms Kylie Stothers as our nominee for *the friends of the Alliance Unsung Hero Award* – and extremely proud when Kylie won the award. Kylie is a Jawoyn woman based in Katherine NT, a social worker and a member of the IAHA Committee of Management. She has worked throughout the Northern Territory since graduating in 1999.

Kylie was presented with the Award at the 11th National Rural Health Conference in Perth, by Janie Smith, Chair of *friends of the Alliance*.

Janie Smith (right), Chair of friends of the Alliance presents the 2011 Unsung Hero Award to Kylie Stothers at the 11th National Rural Health Conference in Perth 13-16 March 2011. © Jen de Vos - Albedo Photography.

IAHA Launch

The official launch of IAHA was held on 8 July 2010 at the Koori Heritage Trust in Melbourne. We were honoured to have the Hon. Warren Snowdon, Minister for Indigenous Health attend and officiate at the event. Approximately 80 guests joined us for the event, including Aunty Joy Murphy, who gave the Welcome to Country and Dr Tom Calma, National Coordinator for Tackling Indigenous Smoking.



The Hon. Warren Snowdon, Minister for Indigenous Health, addressing the IAHA launch, Melbourne, July 2010



The Hon. Warren Snowdon, Minister for Indigenous Health, together with IAHA Committee of Management, CEO and Secretariat Staff at the IAHA launch, Melbourne, July 2010

do something real

“

When I was in high school I knew I wanted to work in health, but I wanted to work with healthy people, not sick people.

Karla Canuto – Sports and Exercise Scientist and PhD Candidate at the University of SA, Adelaide.

”

Karla Canuto has developed an Aboriginal and Torres Strait Islander Women's fitness program and is researching its impacts as part of her PhD at the University of South Australia. Karla is a Torres Strait Islander, and grand-daughter of singer Rita Mills, part of the famous Mills Sisters.

Aboriginal and Torres Strait Islander health is everybody's business.
www.dosomethingreal.health.gov.au

Ms Karla Canuto - “Do Something Real” Campaign

Ms Karla Canuto, IAHA Committee of Management member and Exercise Physiologist, was featured in the “Do Something Real” campaign, which is part of an initiative by the Department of Health and Ageing to attract more people to work in Aboriginal and Torres Strait Islander health.

Membership profile

During the past year there has been a steady growth in membership of IAHA full and associate membership. At the end of June 2011, IAHA had 59 Full Members and 142 Associate Members.

Full Membership has increased significantly with members being represented from 11 allied health professions. A particularly pleasing feature in our second year of operation was the uptake of Full Membership. Aboriginal and Torres Strait Islander allied health professionals and students are eligible to be Full members of IAHA.

Associate Membership has grown with a particularly strong uptake by Aboriginal and Torres Strait Islander health professionals who are not allied health professionals. Aboriginal and Torres Strait Islander people in other health professions are welcome as Associate members. Associate membership is also open to non-Indigenous allied health professionals and allied health assistants.

Plans for the next year

Over the next 12 months Indigenous Allied Health Australia will build on the work and achievements to date. It will complete a DVD that will highlight allied health careers to young Aboriginal and Torres Strait Islander students and show the journeys of a number of Indigenous allied health professionals, outlining the challenges and highlights of their studies through to completion and the transition into working in their chosen profession. It is expected that this DVD will inspire and encourage young Aboriginal and Torres Strait Islander people to undertake allied health as an alternative career choice.

Work is underway to establish national standards for teaching Indigenous health in all allied health courses at Australian universities. IAHA will continue to liaise with colleagues in the tertiary education and health workforce sectors in developing strategies to ensure that every graduate of Australian allied health university programs in the future has an understanding of the cultural and socio-economic determinants of health in Aboriginal and Torres Strait Islander peoples and of appropriate culturally sensitive service delivery for Aboriginal and Torres Strait Islander peoples and their communities.

One of IAHA's objectives is to provide effective support to Aboriginal and Torres Strait Islander members. With additional staff resources we

are looking at improving how we communicate with and support our members and will look at new ways to encourage new members to join the organisation. A part of this will be to develop effective mentoring programs that will provide support to both students and allied health professionals. The IAHA website will also be upgraded to make it more user-friendly and interactive for our members and be up to date with the most current information related to our members.

Accurate data is essential to the long term planning of the future Indigenous allied health workforce. IAHA will work with national and state/territory organisations to establish comprehensive data collections of Aboriginal and Torres Strait Islander allied health professionals and students.

IAHA will also continue to establish new relationships and build on existing relationships with major stakeholders, including allied health professional associations to ensure that Indigenous views are well represented in key national forums.

Finally, we hope to commence planning for the first IAHA conference during the next financial year, scheduled at this stage for September 2012.

Indigenous Allied Health Australia Incorporated

ABN 42 680 384 985

Financial Statements For the Year Ended 30 June 2011

Committee Members' Report
30 June 2011

1. General information

Committee Members

The names of committee members throughout the year and at the date of this report are:

Faye McMillan	Chontel Gibson (<i>Resigned August 2010</i>)
James Charles	Pat Dudgeon (<i>Resigned November 2010</i>)
Marilyn Morgan	Tara Lewis (<i>Resigned February 2011</i>)
Noell Burgess	Rebecca Allnutt (<i>Appointed November 2010</i>)
Anita Burns	Kelli McIntosh (<i>Appointed November 2010</i>)
Karla Canuto	Todd Heard (<i>Appointed November 2010</i>)
Kylie Stothers	

Principal Activities

The principal activities of the association during the financial year were:

- To contribute to improved knowledge and competencies of allied health practitioners working with Aboriginal and Torres Strait Islander peoples and their communities;

- To contribute to improved allied health services for indigenous people and communities;
- Provide effective support to Aboriginal and Torres Strait Islander members of IAHA

Significant Changes

No significant change in the nature of these activities occurred during the year.

2. Operating Results and Review of Operations for the Year

The loss of the association for the financial year amounted to \$(34,934) (2010: profit \$20,129)

Signed in accordance with a resolution of the Members of the Committee:



Committee Member



Committee Member

Dated 14 October 2010

Statement of Comprehensive Income

For the Year Ended 30 June 2011

	2011 \$	2010 \$
Income	729,372	482,742
Promotional expense	(26,923)	(17,459)
Occupancy expense	(27,063)	(12,408)
Administrative expense	(76,635)	(15,351)
Employee expenses	(432,314)	(269,028)
Finance costs	(452)	(89)
Board expenses	(65,532)	(58,688)
Members meeting expenses	(23,672)	(19,442)
Conference expenses	(55,967)	(25,740)
Representation expenses	(24,137)	(28,456)
Staff meeting expenses	(23,257)	(13,487)
Depreciation expense	(8,354)	(2,465)
Profit before income tax	(34,934)	20,129
Income tax expense	-	-
Profit for the period	(34,934)	20,129
Other comprehensive income:	-	-
Total comprehensive income for the period	(34,934)	20,129

Statement of Financial Position

As At 30 June 2011

	Note	2011 \$	2010 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	2	272,143	178,608
Trade and other receivables	3	304	1,048
Other assets	5	7,437	667
TOTAL CURRENT ASSETS		279,884	180,323
NON CURRENT ASSETS			
Property, plant and equipment	4	29,625	35,894
TOTAL NON CURRENT ASSETS		29,625	35,894
TOTAL ASSETS		309,509	216,217
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	6	67,610	60,456
Short term provisions		29,431	18,326
Other financial liabilities		227,273	117,306
TOTAL CURRENT LIABILITIES		324,314	196,088
NON CURRENT LIABILITIES			
TOTAL LIABILITIES		324,314	196,088
NET ASSETS		(14,805)	20,129
EQUITY			
Retained earnings		(14,805)	20,129
TOTAL EQUITY		(14,805)	20,129

Statement of Cash Flows

For the Year Ended 30 June 2011

2011	Retained Earnings \$	Total \$
Balance at 1 July 2010	20,129	20,129
Loss attributable to members of the entity	(34,934)	(34,934)
Sub total	(34,934)	(34,934)
Balance at 30 June 2011	(14,805)	(14,805)

2010	Retained Earnings \$	Total \$
Profit attributable to members of the entity	20,129	20,129
Sub total	20,129	20,129
Balance at 30 June 2010	20,129	20,129

CASH FLOWS FROM OPERATING ACTIVITIES	2011 \$	2010 \$
Receipts from customers	918,748	649,823
Payments to suppliers and employees	(827,235)	(441,204)
Interest received	4,012	7,893
Interest paid	(452)	(89)
Other receipts	545	545
Net cash provided by (used in) operating activities	95,618	216,968

CASH FLOWS FROM INVESTING ACTIVITIES	2011 \$	2010 \$
Purchase of property, plant and equipment	(2,084)	(38,360)
Net cash provided by (used in) investing activities	(2,084)	(38,360)

CASH FLOWS FROM FINANCING ACTIVITIES	2011 \$	2010 \$
Net cash increase (decreases) in cash and cash equivalents	93,534	178,608
Cash and cash equivalents at beginning of financial year	178,608	-
Cash and cash equivalents at end of financial year	272,142	178,608

Notes to the Financial Statements For the Year Ended 30 June 2011

The financial statements cover Indigenous Allied Health Australia Incorporated as an individual entity. Indigenous Allied Health Australia Incorporated is an association incorporated in Victoria under the *Associations Incorporation Act 1981*.

1. Summary of Significant Accounting Policies

(a) Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards, Australian Accounting Interpretations and the *Associations Incorporation Act 1981*.

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

Compliance with Australian Accounting Standards ensures that the financial statements and notes also comply with International Financial Reporting Standards.

Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

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

(b) Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Where the association has retrospectively applied an accounting policy, made a retrospective restatement or reclassifies items in its financial statements, an additional statement of financial position as at the beginning of the earliest comparative period will be disclosed.

(c) Property, Plant and Equipment

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

Plant and equipment

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

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

Depreciation

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

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

Class of Fixed Asset	Depreciation Rate
Furniture, Fixtures and Fittings	5.00% 10.00%
Office Equipment	10.00% 33.33%

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

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

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

(d)

Financial Instruments

Initial recognition and measurement

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

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

Classification and subsequent measurement

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

Amortised cost is calculated as:

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

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

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

(i) Loans and receivables

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

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period. (All other loans and receivables are classified as non current assets.)

(ii) Financial liabilities

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

Fair value

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

Impairment

At each reporting date, the association assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available for sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the statement of comprehensive income.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non cash assets or liabilities assumed is recognised in profit or loss.

(e) Impairment of Assets

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

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

(f) Cash and Cash Equivalents

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

(g) Employee Benefits

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

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

(h)	<p>Provisions</p> <p>Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.</p> <p>Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.</p>
(i)	<p>Trade and other payables</p> <p>Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association 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.</p>
(j)	<p>Income Tax</p> <p>The Association is considered to be a community service association and is therefore exempt from tax under section 50 10 of the Income Tax Assessment Act 1997.</p>
(k)	<p>Leases</p> <p>Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight line basis over the life of the lease term.</p>
(l)	<p>Revenue and Other Income</p> <p>Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. Any consideration deferred is treated as the provision of finance and is discounted at a rate of interest that is generally accepted in the market for similar arrangements. The difference between the amount initially recognised and the amount ultimately received is interest revenue.</p> <p>Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets, is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.</p> <p>All revenue is stated net of the amount of goods and services tax (GST).</p>
(m)	<p>Goods and Services Tax (GST)</p> <p>Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.</p> <p>Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.</p>

(n) **Critical Accounting Estimates and Judgments**

Key estimates - Impairment

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

(o) **Adoption of New and Revised Accounting Standards**

During the current year, the association adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory.

The adoption of these Standards has impacted the recognition, measurement and disclosure of certain transactions. The following is an explanation of the impact the adoption of these Standards and Interpretations has had on the financial statements of Indigenous Allied Health Australia Incorporated.

AASB 101: Presentation of Financial Statements

In September 2007, the Australian Accounting Standards Board revised AASB 101, and as a result there have been changes to the presentation and disclosure of certain information within the financial statements. Below is an overview of the key changes and the impact on the association's financial statements.

Disclosure impact

Terminology changes - The revised version of AASB 101 contains a number of terminology changes, including the amendment of the names of the primary financial statements.

Reporting changes in equity - The revised AASB 101 requires all changes in equity arising from transactions with owners in their capacity as owners to be presented separately from non owner changes in equity. Owner changes in equity are to be presented in the statement of changes in equity, with non owner changes in equity presented in the statement of comprehensive income.

The previous version of AASB 101 required that owner changes in equity and other comprehensive income be presented in the statement of changes in equity.

Statement of comprehensive income The revised AASB 101 requires all income and expenses to be presented in either one statement, the statement of comprehensive income, or two statements, a separate income statement and a statement of comprehensive income. The previous version of AASB 101 required only the presentation of a single income statement.

The association's financial statements now contain a statement of comprehensive income.

Other comprehensive income The revised version of AASB 101 introduces the concept of 'other comprehensive income' which comprises of income and expenses that are not recognised in profit or loss as required by other Australian Accounting Standards. Items of other comprehensive income are to be disclosed in the statement of comprehensive income. Entities are required to disclose the income tax relating to each component of other comprehensive income. The previous version of AASB 101 did not contain an equivalent concept.

2. Cash and Cash Equivalents

	2011 \$	2010 \$
Cash at bank and in hand	62,850	42,383
Investment Account	203,539	130,455
Other cash and cash equivalents	5,754	5,770
	272,143	178,608

The effective interest rate on short term bank deposits was 4.0%.

Reconciliation of cash

	2011 \$	2010 \$
Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:		
Cash and cash equivalents	272,143	178,608
	272,143	178,608

3. Trade and Other Receivables

	2011 \$	2010 \$
CURRENT		
Trade receivables	1,421	1,048
Employee costs in advance	(1,117)	-
Total current trade and other receivables	304	1,048

Credit risk

The association has no significant concentration of credit risk with respect to any single counterparty or group of counterparties other than those receivables specifically provided for and mentioned within Note 3. The main source of credit risk to the association is considered to relate to the class of assets described as 'trade and other receivables'.

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

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

**Past due but not impaired
(days overdue)**

Gross amount \$	Past due and impaired \$	< 30 \$	31 - 60 \$	61 90 \$	> 90 \$	Within initial trade terms \$
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2011

Trade and term receivables	304	-	-	-	-	-	304
Total	304	-	-	-	-	-	304

2010

Trade and term receivables	1,048	-	-	-	-	-	1,048
Total	1,048	-	-	-	-	-	1,048

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

The other classes of receivables do not contain impaired assets.

4. Property, Plant and Equipment

	2011 \$	2010 \$
Furniture, fixture and fittings		
At cost	7,415	7,415
Accumulated depreciation	(1,562)	(297)
Total furniture, fixture and fittings	5,853	7,118
Office equipment		
At cost	33,029	30,945
Accumulated depreciation	(9,257)	(2,168)
Total office equipment	23,772	28,777
Total property, plant and equipment	29,625	35,895

Movements in Carrying Amounts

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

	Furniture, Fixtures and Fittings \$	Office Equipment \$	Total \$
Balance at the beginning of year	7,118	28,777	35,895
Additions	2,084	-	2,084
Depreciation expense	(1,265)	(7,089)	(8,354)
Carrying amount at 30 June 2010	7,937	21,688	29,625
Additions	7,415	30,945	38,360
Depreciation expense	(297)	(2,168)	(2,465)
Carrying amount at 30 June 2011	7,118	28,777	35,895

5. Other Assets

	2011 \$	2010 \$
CURRENT		
Prepayments	7,437	667
	7,437	667

6. Trade and Other Payables

	2011 \$	2010 \$
CURRENT		
Trade payables	67,610	60,456
	67,610	60,456

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

	Note	2011 \$	2010 \$
Trade and other payables			
Total Current		67,610	60,455
Financial liabilities as trade and other payables	8	67,610	60,455

7. Capital and Leasing Commitments

Operating Lease Commitments

Non cancellable operating leases contracted for but not capitalised in the financial statements

	2011 \$	2010 \$
Payable minimum lease payments:		
not later than 12 months	27,515	20,880
	27,515	20,880

8. Financial Risk Management

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

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

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

	2011 \$	2010 \$
Financial Assets		
Cash and cash equivalents	272,143	178,608
Total Financial Assets	272,143	178,608
Financial Liabilities		
Trade and other payables	67,610	60,455
Total Financial Liabilities	67,610	60,455

Financial Risk Management Policies

The Committee has overall responsibility for the establishment of Indigenous Allied Health Australia Incorporated's financial risk management framework. This includes the development of policies covering specific areas such as interest rate risk and credit risk.

Risk management policies and systems are reviewed regularly to reflect changes in market conditions and Indigenous Allied Health Australia Incorporated's activities.

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

The Committee receives monthly reports which provide details of the effectiveness of the processes and policies in place.

Indigenous Allied Health Australia Incorporated does not actively engage in the trading of financial assets for speculative purposes nor does it write options.

Mitigation strategies for specific risks faced are described below:

(a) Credit risk

Exposure to credit risk relating to financial assets arises from the potential non performance by counterparties of contract obligations that could lead to a financial loss to Indigenous Allied Health Australia Incorporated and arises principally from Indigenous Allied Health Australia Incorporated’s receivables.

It is Indigenous Allied Health Australia Incorporated’s policy that all customers who wish to trade on credit terms undergo a credit assessment process which takes into account the customer’s financial position, past experience and other factors. Credit limits are then set based on ratings in accordance with the limits set by the Board, these limits are reviewed on a regular basis.

Credit risk exposures

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

No collateral is held by Indigenous Allied Health Australia Incorporated securing receivables

The association has no significant concentration of credit risk with any single counterparty or group of counterparties. Details with respect to credit risk of Trade and Other Receivables are provided in Note 3.

Trade and other receivables that are neither past due or impaired are considered to be of high credit quality. Aggregates of such amounts are as detailed at Note 3.

Credit risk related to balances with banks and other financial institutions is managed by a policy requiring that surplus funds are only invested with counterparties with a Standard and Poor’s rating of at least AA . The following table provides information regarding credit risk relating to cash and money market securities based on Standard & Poor’s counter party credit rating.

	2011 \$	2010 \$
Cash and cash equivalents		
AA Rated	272,143	178,608
	272,143	178,608

(b) Liquidity risk

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

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

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

The available funds to the Group are discussed in note 13.

(c) Market risk

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

i. Interest rate risk

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

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

Net Fair Values

Fair value estimation

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

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

	2011		2010	
	Net Carrying Value \$	Net Fair value	Net Carrying Value \$	Net Fair value
Financial Assets				
Cash and cash equivalents	272,143	272,143	178,608	178,608
Trade and other receivables	304	304	1,048	1,048
Total financial assets	272,447	272,447	179,656	179,656

Financial Liabilities

Trade and other payables	67,609	67,609	60,455	60,455
Total financial liabilities	67,609	67,609	60,455	60,455

9. Profit for the Year

(a) Expenses

	2011 \$	2010 \$
Interest expense on financial liabilities not at fair value through profit or loss:		
External	452	89
Total interest expense	452	89
Other Expenses:		
Occupancy expense	27,063	12,408

10. Interests of Key Management Personnel

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

	2011 \$	2010 \$
Short term employee benefits	174,185	73,133
	174,185	73,133

11. Auditors' Remuneration

	2011 \$	2010 \$
Remuneration of the auditor of the association for:		
Auditing or reviewing the financial statements	6,200	4,000

12. Related Party Transactions

(a) Other Related Parties

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

13. Cash Flow Information

(a) Reconciliation of cash

	2011 \$	2010 \$
Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:		
Cash and cash equivalents	272,142	178,608

272,142

178,608

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

2011 \$

2010 \$

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

Profit for the year	(34,934)	20,129
Cash flows excluded from profit attributable to operating activities		
Non cash flows in profit:		
depreciation	8,354	2,465
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries:		
(increase)/decrease in trade and other receivables	744	(1,048)
(increase)/decrease in prepayments	(6,772)	(667)
(increase)/decrease in income in advance	109,967	117,306
increase/(decrease) in trade and other payables	7,154	60,455
increase/(decrease) in provisions	11,105	18,328
Cashflow from operations	95,618	216,968

14. Events After the End of the Reporting Period

No events have occurred after balance date that would significantly affect the future operations or financial position of the association.

15. Association Details

The registered office and principal place of business of the association are:

Indigenous Allied Health Australia Inc.

10 Thesiger Court,

Deakin ACT 2600

Statement by Members of the Committee

In the opinion of the committee the financial report as set out on pages 3 to 22:

1. Presents a true and fair view of the financial position of Indigenous Allied Health Australia Incorporated as at 30 June 2011 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that Indigenous Allied Health Australia Incorporated will be able to pay its debts as and when they fall due with the continuing support of creditors.

This statement is made in accordance with a resolution of the committee and is signed for and on behalf of the committee by:



Committee Member



Committee Member
Dated 14 October 2010

Independent Auditor's Report to the members of Indigenous Allied Health Australia Incorporated

Report on the Financial Report

We have audited the accompanying financial report of Indigenous Allied Health Australia Incorporated, which comprises the statement of financial position as at 30 June 2011, and the 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 management's assertion statement.

Management's Responsibility for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the Associations Incorporation Act 1981, and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial report.

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

Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of Indigenous Allied Health Australia Incorporated as at 30 June 2011, and its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards and Associations Incorporation Act 1981.

Hardwicks

Hardwicks Chartered Accountants

A handwritten signature in black ink, appearing to read 'R Johnson', written over a light grey rectangular background.

Robert Johnson FCA, Canberra

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

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.