Indigenous Allied Health Australia

2019-2020

Annual Report

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

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

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

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

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

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

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WHO WE ARE

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 works with our members and Aboriginal and Torres Strait Islander people, communities, and organisations to lead workforce development and support in order 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 PATRON

Professor Tom Calma AO is an Aboriginal Elder from the Kungarakan tribal group and a member of the Iwaidja tribal group whose traditional lands are south west of Darwin and on the Cobourg Peninsula in the Northern Territory, respectively.

He is a social work graduate from SAIT (now the University of South Australia) in 1978 and has worked in the government sector and with the NGO sector for over 45 years, including as a senior diplomat in India and Vietnam.

Professor Calma served as *Aboriginal and Torres Strait Islander Social Justice Commissioner* from 2004 to 2010 and *Race Discrimination Commissioner* from 2004 until 2009, both roles within the Australian Human Rights Commission.

He is now a consultant to Commonwealth Health, undertaking the role of *National Coordinator, Tackling Indigenous Smoking*, and a Professor at the University of Sydney Medical School performing the role of *Chair and Patron of the Poche Indigenous Health Network*.

His Social Justice Report was instrumental in the Close the Gap for Indigenous Health Equality Campaign resulting in COAG's Closing the Gap response in December 2007.

Professor Calma was the 2013 *ACT Australian of the Year* and on 1 January 2014 became the *6th Chancellor of the University of Canberra* and the first Indigenous male Chancellor of an Australian university.

In addition to being Patron of Indigenous Allied Health Australia, Professor Calma was recently announced as Patron of the recently established Gayaa Dhuwi (Proud Spirit) Australia, the new national Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention leadership body.

He is also a member of the Implementation Plan Working Group, supporting the drafting of the next iteration of the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan*.

PRIORITIES AND OBJECTIVES

Our priorities 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*** members in their professional and career development and engagement with education and training, so that members contribute to a strong, culturally-informed Aboriginal and Torres Strait Islander allied health workforce.
- ***Grow*** an innovative and sustainable Aboriginal and Torres Strait Islander allied health workforce and sector.
- ***Transform*** systems to ensure culturally safe and responsive services create sustainable change, led by Aboriginal and Torres Strait Islander peoples.
- ***Lead*** through representing the collective voice of our membership and the demonstration of strong national Indigenous health leadership.

This annual report provides a summary of key IAHA activities and outcomes for the 2019-20 financial year.

Chairperson's Report

"As Chairperson, I am proud and acknowledge the progress that IAHA has achieved on a range of initiatives, despite navigating the challenges that 2020 has brought us."

Despite the natural disasters and the COVID-19 pandemic, Indigenous Allied Health Australia (IAHA) and our members have continued to stay connected with one other and our communities. Together, we use our strengths to support the allied health workforce to continue to deliver essential health and wellbeing services and provide opportunities for development and connectedness, to stay strong and well informed.

As Chairperson, it is my privilege to present the 2019-20 IAHA Annual Report to members and stakeholders. The 2019-20 Annual Report marks the third and final report against the Strategic Plan 2017- 2020. This provides a good opportunity to reflect not only on the progress made within the past 12 months, a year in which IAHA celebrated its tenth anniversary, but also over the duration of the plan.

IAHA continues to grow as an organisation alongside the growth in the Aboriginal and Torres Strait Islander allied health workforce. Over the three years of the strategic plan, our membership has almost doubled achieving growth of 91 per cent. IAHA continues to show leadership nationally and we support our members that are influencing change at all levels across the diversity of professions, settings, and locations in which they study and work.

This financial year started with a celebration of 10 years of IAHA, with the IAHA National Conference 2019: 10 Years of Making a Difference bringing together a range of members and stakeholders in Darwin in September 2019. It provided an opportunity for reflection on our achievements to date, challenges, and adaption to change as we continue to strive for improvements.

As the COVID-19 pandemic impacted on our lives, IAHA were quick to respond to the needs of our members and recognised the strength of our relationships with partner organisations, demonstrating significant leadership and proactivity in supporting not only our members but the broader Aboriginal and Torres Strait Islander health workforce.

IAHA welcomed the establishment of the COVID-19 Advisory Group, with members leading the IAHA *COVID-19 Member Support and Response Strategy*.
COVID-19 disrupted IAHA's commercial activities, in particular the delivery of IAHA's Cultural Responsiveness and Mentoring Training. This has provided an opportunity for innovation, and IAHA have utilised this time to design an expanded suite of cultural training, supported by online learning, which will enable us to better engage with the needs of stakeholders on their cultural responsiveness journey. We have seen continued progress on the rollout of the National Aboriginal and Torres Strait Islander Health Academy, with work to form new partnerships and great engagement with this year's cohort to begin 2020.

In the 12 months of this report, the IAHA Board of Directors have continued to provide strategic governance, enhanced by the collective and individual expertise of Board members. The Board have been working to structure and brand IAHA in a way which best positions IAHA to undertake our activities and maximise our impact moving forward. I would like to thank the Board and, on their behalf, thank the Secretariat and IAHA members for their collective and unique insights, knowledges, experiences, and commitment.

We look forward to continuing to work together to achieve much needed, transformative change. As a membership organisation, IAHA is yours, and I thank you for your ongoing contributions.

Chief Executive Officer's Report

This year has provided opportunities for reflection, renewed focus and innovation, with IAHA celebrating 10 years of making a difference in Aboriginal and Torres Strait Islander health and social and emotional wellbeing, as well as navigating the challenges posed by the COVID-19 pandemic and public health responses. As Chief Executive Officer, it is an honour to showcase the ongoing work and continued growth of IAHA in 2019-20.

In September, IAHA were able to bring together 329 delegates from around Australia, over two-thirds of which were Aboriginal and Torres Strait Islander peoples, for our largest annual conference to date. The IAHA 2019 National Conference is the main professional development event in our annual calendar, and members were able to hear from and participate in discussions on Aboriginal and Torres Strait Islander health, allied health, research and the social and cultural determinants of health in a culturally safe setting. IAHA, with support from our partners and sponsors, were able to award 83 scholarships to support members to attend and were proud to feature 76 members on the program.

IAHA were able to access supports and change our ways of working to minimise the impact of COVID-19 on the finances of the organisation, to ensure the retention of the internal capacity of the Secretariat, and to enable IAHA to be positioned not only to continue our work, but to take up other opportunities. This has enabled IAHA to report a strong position at the end of the 2019-20 financial year.

IAHA were successful in gaining additional resourcing to support the Aboriginal and Torres Strait Islander allied health workforce though these challenges. Informed by members and captured in IAHA's COVID-19 Members Support and Response Strategy,

this response saw IAHA allocate 18 bursaries, allocate 115 stationery packs, hold 14 yarning sessions and host the first five in a series of professional development workshops for Aboriginal and Torres Strait Islander members of the four health workforce peak organisations; IAHA, NATSIHWA, CATSINaM and AIDA. Meanwhile other initiatives, such as the development of IAHA Clinical Placement Guidelines, became increasingly important to support our members. as did the continuation of clinical placement support such as the rural and remote scholarship program.

In addition to COVID-19, there have been some major developments in national policy which help shape the environment in which IAHA operate. Members provided input into the development of the 2020 National Agreement on Closing the Gap, which was negotiated between a coalition of Aboriginal and Torres Strait Islander organisations and governments. This agreement seeks to drive change in how governments work with Aboriginal and Torres Strait Islander people and organisations to achieve meaningful improvements and accountability across sectors relating to Indigenous peoples.

IAHA's activities have been recognised – in this way – as an example of how initiatives can be delivered with Aboriginal and Torres Strait Islander peoples leading, to achieve positive health, education, and employment outcomes. The release of the National Rural Health Commissioners report on *Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia* recognised the need for further expansion of the IAHA National Aboriginal and Torres Strait Islander Health Academy. IAHA continue to invest in the relationships and advocacy required to support the expansion of the Academy alongside continually improving our ability to deliver the content of the Academy in a way which best meets the needs of our students.

I would like to thank our members for their continued support of and engagement with IAHA activities throughout the year. The connectedness amongst our members, both through IAHA and through your support for one another, was a highlight of the year.

This report provides an overview of the past 12 months and I look forward to the year ahead, working with members, the IAHA Board of Directors, and other stakeholders to continue to build upon our collective efforts and the change being led by IAHA and its members.

Some of our key achievements for 2019-20:

25.6% increase in total membership	**15** research/workforce projects with direct IAHA input and oversight	**62.2%** Aboriginal and/or Torres Strait Islander members
2 new partnerships	**102** IAHA scholarships and bursaries awarded	**5** IAHA Professional Development Webinars
329 Delegates attended the IAHA 2019 National Conference	**100%** agreed the National Conference benefited them professionally, personally, and culturally.	**25%** increase in Indigenous membership
400 meetings and events attended	**11** Cultural Responsiveness workshops	**13** Board and sub-committee meetings
4923 Twitter followers – up 18.6%	**38** Australian universities with IAHA Full Student Members	**204,888** website page views, up 70% on last year
21 newsletters and member communiques	**13.5%** increase in E-newsletter subscribers	**7** IAHA policy submissions
18 Member gatherings and Yarning Sessions	**17,074** page views per month on the IAHA website	**9** media releases
9 Government jurisdictions engaged on workforce development	**115** Stationery support packs allocated IAHA members	**99%** agreed the National Conference provided a positive experience that valued a diversity of cultures and disciplines

IAHA BOARD OF DIRECTORS

Board of Directors

IAHA are governed by a Board of Director elected by and from the Aboriginal and Torres Strait Islander membership. The current Board consists of eight Aboriginal and Torres Strait Islander allied health graduates, each bringing different cultural and professional perspectives, skills, and knowledges. Collectively, the IAHA Board have a diverse skill set to steer the strategic direction of the organisation and to ensure the ongoing success and sustainability of the organisation, to support the Aboriginal and Torres Strait Islander allied health workforce now and into the future.

The 2019-20 IAHA Board of Directors are:

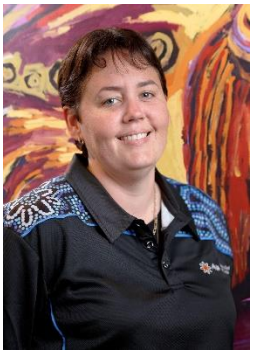
Ms Nicole Turner
Director (Graduate), Chairperson

Danielle Dries
Director (Graduate)

Mr Tirritpa Ritchie
Director (Graduate), Deputy Chairperson

Ms Maddison Adams
Director (Graduate)

Mr Stephen Corporal
Director (Graduate)



Ms Rikki Fischer
Director (Graduate)

Ms Kimberley Hunter
Director (Graduate)

Dr Clinton Schultz
Director (Graduate)

Our Membership

IAHA takes an inclusive and holistic view of allied health in our membership, with 29 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. While representing the interests of Aboriginal and Torres Strait Islander people across 29 disciplines, IAHA:

- Has full members in the following 25 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, paramedicine, speech pathology, audiology, optometry, chiropractic, podiatry and medical laboratory science (introduced in 2019).
- 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 29 disciplines among IAHA's membership, studying in 38 Australian universities.

IAHA continues to go from strength to strength.

IAHA Membership Profile

	2016	2017	2018	2019	2020
All membership	**837**	**1061**	**1388**	**1610**	**2022**
Full (overall)	**378**	**487**	**598**	**666**	**797**
Full Graduate	**222**	**298**	**346**	**400**	**486**
Full Student	**156**	**189**	**252**	**266**	**311**
Associate	**442**	**552**	**756**	**901**	**1165**
Corporate	**17**	**22**	**34**	**43**	**61**
Aboriginal and Torres Strait Islander (total)	**543**	**696**	**887**	**1020**	**1258**

IAHA Membership by category and state/territory

	Full Member	Ass Member	Corp Member	Total
ACT	29	40	6	75
NSW	279	303	15	597
NT	43	146	7	196
QLD	258	355	14	627
SA	54	78	5	137
TAS	6	11	1	18
VIC	69	114	9	192
WA	59	117	4	180

Statistics

As of 30 June 2020, IAHA had a total of 2022 members, an increase of 412 (or 25.65%) on the previous year.

- Indigenous Membership growth is at 23.3% in comparison to 15% last financial year
- Individual member increase of 25.1% from last financial year.
- Full membership increase of 19.7% from last financial year
- Full Student member is currently 15.9% of the total membership.
- Full Student members increase of 16.9% in comparison to 5.6% last financial year.
- Full Graduate member increase of 21.5% in comparison to 15.6% last financial year.

Our Key Priorities and Initiatives

Support

IAHA is committed to supporting our membership to access relevant professional development opportunities, by value-adding to existing opportunities, providing scholarship support and by hosting new, innovative, and culturally informed personal and professional development activities.

Member attendance and participation in such events builds upon their skills, knowledge, and experience, particularly in working with Aboriginal and Torres Strait Islander peoples, while promoting IAHAs objectives, knowledge sharing, and increasing IAHA's national and international profile. Members continue to participate in many ways, by assisting with IAHA exhibitor's stalls, presenting or co-presenting papers, facilitating workshops, participating on committees and advisories, and undertaking other representative engagements on behalf of IAHA.

2019 IAHA National Conference

IAHA's primary annual professional development event, the 2019 IAHA National Conference was held on Larrakia country, in Darwin on the 23rd to 25th of September.

The Conference brought together Aboriginal and Torres Strait Islander presenters, panellists, and other delegates from around Australia. Themed *10 years of Making a Difference*, the multiple day event provided a platform to celebrate the successes of IAHA and its members, sharing examples of good practice and exploring the strengths-based initiatives to support positive outcomes across the breadth of the social and cultural determinants of health.

The 2019 IAHA National Conference was attended by 329 delegates attended by a broad range of allied health graduates, students and other workforce professionals and organisations from the health, education, disability, justice, academia, and government sectors.

Of the delegates who completed the Conference survey, 79.5 per cent were Aboriginal and/or Torres Strait Islander peoples and 85 per cent worked closely with Aboriginal and Torres Strait Islander peoples.

IAHA Chairperson, Nicole Turner, gives the opening address

IAHA were pleased to feature 76 IAHA members on the conference program, truly showcasing the breath of quality, culturally responsive work being undertaken by IAHA members. A further ten IAHA members, eight individuals and two organisations, were 2019 National IAHA Award winners, and were

further recognised for their achievements in front of more than 300 guests at the IAHA gala dinner and awards held in conjunction with the main conference program.

Feedback on the 2019 Conference was extremely positive, and reflected the efforts to create a culturally safe and solutions-based environment, with more than 95 per cent of delegates agreeing that the Conference:

- Strengthened their understanding of Aboriginal and Torres Strait Islander health and wellbeing
- Was strengths-based and action orientated
- Provided a positive experience that valued diversity of cultures and disciplines
- Provided a culturally safe environment to learn and be actively involved
- Developed your professional and personal skills and knowledge; and
- Provided opportunities to build and strengthen relationships and experience national networking opportunities.

Below is just some of the feedback we received from delegates about what they enjoyed about their IAHA 2019 National Conference experiences:

"(I enjoyed the) thought provoking key note speakers, such as Chelsea Bond, Paul Worley, Prof Kerry Arabena; innovative programs & initiatives being implemented by Aboriginal people for Aboriginal across Australia; networking and reconnecting with colleague and meeting new brothers/sisters with diverse cultural and professional experiences & perspectives; and the celebration of achievements at Gala Dinner."

"The opportunity to be present with Indigenous allied health professionals who share an interest in wanting to enact change for better outcomes for our mobs and the feeling of being a member/ participant at a national level was deadly."

"To listen, explore and collaborate with like-minded people who validate my feelings about being an Aboriginal health professional. The ability to network and discuss ideas with these people at IAHA is an experience you don't get throughout university studies. I very much enjoyed the element of culture that was evident throughout all events of the conferences, as well as acknowledging the traditional owners."

The main conference program was preceded by cultural activities including a guided cultural tour, Men's and Women's Yarning sessions providing a space for members to connect and build relationships.

2019 National Conference men's and women's sessions

Healing and wellbeing

Another initiative which IAHA trialled at the 2019 National Conference was the inclusion of healing and wellbeing rooms. Accessible to delegates throughout the entirety of IAHA-hosted event, this was an important acknowledgement of the intergenerational trauma experienced by Aboriginal and Torres Strait Islander peoples, and recognition of the impact that witnessing pervasive health inequities and poor health outcomes of our people has on Aboriginal and Torres Strait Islander health workforce.

The Healing space was led by appropriately qualified and skilled IAHA staff with Larrakia Elder Tony Lee and supported by skilled culturally safe and responsive team including staff from Danila Dilba

Health Service to provide supports and allow referrals back to the local Aboriginal Medical Service; SEWB and GP services, as necessary.

Feedback from members and the level of engagement with the wellbeing team, more than 45 members utilising the service, demonstrated how valued and necessary these spaces were.

> *I utilised the healing and wellbeing rooms and was beneficial to me will I was away from my homelands and provided me a space to absorb all the overwhelming cultural information and meeting of mobs. This was also a safe space for me to self-reflect on my personal cultural journey as well as our national cultural journey and my professional journey as an emerging professional social worker.*
>
> - IAHA 2019 Conference delegate

IAHA COVID-19 Member Support and Response Strategy

One of the significant challenges of the first half of 2020 has been the global COVID-19 pandemic and the public health restrictions put in place, by jurisdictions at all levels, to help protect against the spread of the virus.

IAHA acted quickly and responded to its members needs and the needs of the Aboriginal and Torres Strait Islander health workforce more broadly, recognising the impact that COVID-19 would have on their studies, clinical education, business and practice across a wide range of settings.

It was therefore essential that IAHA developed a way of responding to the pandemic and providing relevant supports informed by the needs of members. The Strategy focuses on self-care, cultural supports, professional development opportunities, networking, and connectedness with members.

One of the immediate needs identified was the need for people to remain connected, as social distancing requirements meant that individuals could experience isolation or feel disconnected from Aboriginal and Torres Strait Islander peers. IAHA established a series of initiatives – promoted under the theme ***'staying connected, stronger together'*** to help members remain connected to IAHA and one another.

Member Yarning Sessions

One of the foundational components of this response was the establishment of online Yarning sessions, which allowed members to come together, using technology, in a culturally safe space created and led by Aboriginal and Torres Strait Islander facilitators. Further it enabled members to participate in general discussions, talk about particular themes, and just generally catch up and check in with one another.

To June 30, IAHA had hosted 14 separate sessions, as part of the ongoing series of Member Yarning Sessions and the attendance and engagement of IAHA members throughout the sessions has demonstrated the value in this opportunity to share and connect.

"IAHA has been an important part of my life this year, it has brought me connection to community, given me strength where I felt I was falling, and helped me to no longer feel alone and isolated. I have met some wonderful Aunties, Uncles, sisters and brothers through the yarning sessions, learnt more about culture through webinars and understand myself more and my connection to all around me though the mentoring program. This has helped me to grow in my personal and professional life. found IAHA by accident but in truth I believe the ancestors had a part to play; as I believe they show you many things, we only have to listen and observe all around us and be open to it."

Deborah Dowsett – IAHA member and Yarning Session participant

"I found the IAHA member Yarning sessions particularly helpful to discover how other members were travelling on their COVID journey and coping with different issues. The yarning sessions also provided a safe and inclusive space to connect with other members, guided by excellent facilitators, who made you feel comfortable to share your journey. Some very interesting and thought-provoking subjects were discussed and I thank IAHA for providing the innovative opportunity to connect culturally, despite the adverse circumstances we are currently experiencing."

Emma Williams – IAHA member and Yarning Session participant

"The IAHA Yarning Sessions in the last 6 months have been such a positive and crucial space for myself to be a part of especially for my own health and wellbeing during this pandemic. The connectedness with the IAHA family through sharing stories and perspectives with so many staunch and knowledgeable Aboriginal and Torres Strait Islander people across the country has been so therapeutic this year. I've thoroughly enjoyed the yarning sessions and feel incredibly humble to be a part of the IAHA family".

Banok Rind – IAHA member and Yarning Session participant

Member professional development webinar series

During the COVID-19 pandemic, IAHA utilised existing relationships with partner Aboriginal and Torres Strait Islander health workforce peaks, the Australian Indigenous Doctors' Association, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives and the National Aboriginal and Torres Strait Islander Health Workers Association, to lead the development of a professional development webinar series for the Aboriginal and Torres Strait Islander health workforce.

Supported by the NSW Rural Doctors Network, through their Rural Health Pro platform, IAHA hosted the first five webinars open to all Aboriginal and Torres Strait Islander members of the four workforce peaks. In light of the pandemic, it was considered essential that the content of the webinars were not only tailored to be culturally responsive for the Aboriginal and Torres Strait Islander health workforce, but supported their wellbeing and enhanced skills which would help enable them to maintain care for themselves and others.

Key to achieving this was the leadership of Aboriginal and Torres Strait Islander experts in their fields, who delivered the sessions with support from the IAHA Secretariat. Topics included: Distant Spiritual Healing; Social and Emotional Wellbeing; Staying Strong in Mind and Body; Trauma Informed Care; and Reflective Practice, Culture and Change.

The five sessions attracted 552 registrations. While several registrants were unable to attend live, consent was obtained to record four of the five webinars, which remain available to Aboriginal and Torres Strait Islander members alongside resources presented within them, via the IAHA website.

"This was an extremely helpful webinar, very practical in terms of guiding people through the process of taking frameworks and theories and making them practical and usable "

- *Session 2 attendee feedback*

"The tips for cultural self-care were realistic and very comforting. Was a privilege to hear and receive the knowledge and expertise from the presenters and would love to have more."

- *Session 4 attendee feedback*

IAHA COVID-19 Advisory Group

It was also identified that the information coming out from the member Yarning sessions provided a valuable insight into the experiences of individuals across a broad range of personal circumstances, locations, professions and stages of people's life course. Despite the varied impact of COVID-19 on individuals, it became clear that IAHA could play an important role in supporting members to navigate some of these challenges.

IAHA established a COVID-19 Advisory Group featuring the IAHA Chairperson, a Board Director and members located around Australia, under terms of reference which included strategic leadership on COVID-19, identification of key issues of concern, guidance on member support and the communication of critical information, and the identification of policy positions and advocacy to inform governments in their support of the allied health workforce.

Under the guidance and leadership of the COVID-19 Advisory Group and IAHA Board of Directors, the Secretariat developed the COVID-19 Member Support and Response Strategy to formally capture and guide the work being undertaken to support members, as well as some of the longer term advocacy and positions which would support and protect against similar health emergencies into the future.

Meeting on a weekly to fortnightly basis, the COVID-19 Advisory Group oversaw several key outcomes including:

- The development of a letter to the Health Professions Accreditation Collaborative Forum seeking commitments to the continuation of clinical placements for Aboriginal and Torres Strait Islander health students.
- Information sheets for IAHA members on the development and release of the COVIDSafe contact tracing application and influenza vaccines.
- The development of a submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, in response to their Emergency Planning and Response Issues Paper.
- The development and enhancement of tailored responses to support the social and emotional wellbeing of IAHA members.

In addition to these outputs, the structure of the Advisory Group and timing of the meetings supported the identification of issues which IAHA could pursue through the relevant channels within government, including regular and ongoing discussions with the Department of Health through the COVID-19 Primary Care and Rural and Remote stakeholder groups.

IAHA acknowledge members Nicole Turner, Dr Clinton Schultz, Celeste Brand, Dr James Charles, Tracy Hardy, Duncan Langford, and Dr Bill Hayward for their participation in and ongoing contributions of the IAHA COVID-19 Advisory Group.

"It's been exciting to value add to the work IAHA was doing. The yarning sessions allowed members to connect and reconnect, the feedback was incredibly valuable and as a group we were able to be a part of responding to the needs and solutions that were identified during the yarning sessions.
The IAHA COVID-19 Advisory Group provided context and was able to fill in any gaps about how COVID restrictions were affecting Aboriginal and Torres Strait Islander people and the Aboriginal and Torres Strait Islander allied health workforce across different parts of the country.

I've enjoyed the learning experience as the Advisory Group are a mix of deadly people from various allied health professions, different states and come with unique experiences, skills and knowledge and, together with the secretariat, we formed the strategic response which outlines short, medium and long term action plan outlining how IAHA will support members."

Celeste Brand – IAHA and COVID-19 Advisory Group member (NT)

"I have been so grateful to be a part of IAHA COVID-19 Advisory Group, to be able to sit and learn from such wise and insightful people. We have been able to respond to this pandemic using Culturally appropriate emergency strategies to support the wellbeing of our people. Being able to share resources, experiences and expertise has not only benefited myself but also my community. At times COVID-19 has made me feel alone, isolated and lost, but being a part of IAHA COVID-19 Advisory Group with Aboriginal people has made me feel like 'we are in this together'".

Duncan Langford – IAHA and COVID-19 Advisory Group member (SA)

Allied Health Scholarships

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. These experiences, in addition to IAHA led initiatives, provide meaningful exposure to rural health practice and support consideration of rural practice as a viable and meaningful opportunity. While IAHA continue to work on local workforce development, this remains an important strategy in addressing rural workforce shortages and workforce maldistribution.

In 2019-20, the Royal Flying Doctor Service (RFDS) continued its partnership with IAHA to administer a $10,000 scholarship funding pool, which supports eligible IAHA Full Student members to undertake a remote or rural clinical allied health placement, enabling locally driven, rural and remote workforce development models that provide culturally safe and responsive allied health services in communities.

While the 2019 RFDS was awarded, individual circumstances and the impacts of COVID-19 have meant that the two recipients have been unable to complete their placements at the time of writing. We look forward to featuring the experiences of these members alongside our 2020 RFDS Scholarship Recipients.

Similarly, IAHA maintain the ongoing scholarship assistance to support rural and remote placement in Mount Isa. In partnership with local stakeholders, these scholarship opportunities provide rural and

remote practice experience for IAHA members, supporting the development of the confidence, skills, aptitudes, and intentions for rural and remote health practice. This is highlighted in the reflection below, from an IAHA member who attended a placement in Mount Isa in early 2020.

My placement in Mount Isa with JCU CRRH was a wonderful experience and I'm grateful that I had the opportunity to complete this through IAHA. Working in an occupational therapy community rehabilitation setting, with a range of participants including Aboriginal and Torres Strait Islander people and communities, helped to shape my future direction, and I hope to work in a community rehab setting in the future.

I would recommend this opportunity to IAHA members in the future, as it helped with my professional, personal & cultural development. The cultural support I received through IAHA and JCU helped make this such a positive experience. Additionally, working with a range of other students in an interdisciplinary team helped to shape my experience throughout placement & enjoying the chance to explore the natural elements of Mount Isa on the weekends.

Occupational Therapy student and IAHA member

Brien Holden Vision Scholarship

IAHA has been working closely with the Brien Holden Foundation to launch a new Optometry scholarship, which has opened for applications and will first be awarded in 2020-21.

The Brien Holden Foundation Scholarship, in partnership with IAHA, will assist Aboriginal and Torres Strait Islander students currently studying or interested in studying optometry. The scholarships will support tuition and associated costs such as textbooks and equipment, while also supporting clinical placements and mentoring.

The joint initiative will be an important strategy toward increasing the representation of Aboriginal and Torres Strait Islander people within the optometry profession.

Lauren Hutchinson, IAHA member and Optometrist

Member Engagement Activities

- In addition to the conference in Darwin, IAHA hosted four member gatherings, to provide an opportunity for members in the region to come together share information, connect, and build local member networks.
- IAHA collected over 20 member journeys either in writing or on film. These stories are valuable resources for promoting our members their allied health careers and pathways as well as celebrating the achievements and success.
- IAHA published its first book, *Leaving Healthy Footprints*, showcasing 10 members and the history of IAHA to celebrate the ten-year anniversary in 2019.
- Due to COVID-19, IAHA adapted to and embraced the use of technology to continue to provide opportunities for members to stay connected with one another.
- IAHA provided positive and self-care messages to all members through social media with guests such as Constantina Bush and increased member activity on Facebook, Instagram, and twitter.
- COVID-19 has also influenced how IAHA engaged with our members on surveys, recognising the impacts on individuals and the need to reprioritise and refocus our work. IAHA have identified several priorities which will see us engaging with members and seeking their views, perspectives and expertise in 2020-21.
- IAHA continues to facilitate and support our members who are representing IAHA on professional, 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 committees, 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.
- The delivery of the High School to Health Careers Program in the top end and central regions of the Northern Territory with 13 members participating sharing their experiences and career journeys with Aboriginal and Torres Strait Islander high school students, organisations, and communities. This successful initiative was designed and led by IAHA.

Student Support and Engagement

In 2019-20 the growth of IAHA Full Member Students was 16.9 per cent. Growth of the Aboriginal and Torres Strait Islander (allied) health workforce is an essential strategy toward improving cultural safety and responsiveness within the health care system, increasing access and quality, to support positive health and social and emotional wellbeing outcomes.

Decolonising Curricula

IAHA engage with students and universities from a culturally informed perspective, to support Aboriginal and Torres Strait Islander 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 members of the Australian Council of Deans of Health Sciences (ACDHS) is helping to promote a much needed transformative change to education delivery. IAHA also support and deliver key student activities that add value to existing learning, education, and professional development opportunities.

To support this work, IAHA have developed Clinical Placement Guidelines for Aboriginal and Torres Strait Islander health students. To be released in the second half of 2020, the guidelines will support

the decolonisation of clinical placements and improve experiences of professional practice. The guidelines aim to increase the knowledge, understandings and skills of all relevant stakeholders to provide more effective clinical placement experiences for Aboriginal and Torres Strait Islander people and includes the tools and strategies, principles and practice, and ways of thinking to improve students outcomes during placements.

IAHA continued to deliver cultural responsiveness training and/or provide expertise to five Universities, contributing to the redesign of curricula content and delivery across allied health courses. IAHA work closely with faculty to ensure that universities and staff understand the impacts that policies, procedures and practices, based on dominant culture worldviews, have on current and future Aboriginal and Torres Strait Islander students and the need for transformative change in higher education. IAHA work with these universities on embedding Aboriginal and Torres Strait Islander perspectives and ways of knowing, being and doing. Supporting culturally safe curricula, is an essential strategy in increasing the recruitment and retention of Aboriginal and Torres Strait Islander allied health students, as well as supporting the development of more culturally safe non-Indigenous professionals.

The approach of IAHA working with universities to increase their cultural safety, alongside IAHA's culturally informed supports and membership engagement, contributes to **the over 90% retention rate through to graduation amongst IAHA Aboriginal and Torres Strait Islander Student Members**

Student support

Opportunities and support provided to students through IAHA in 2019-20 achieved the following:

- 37 scholarships were awarded to support students to attend the 2019 IAHA National Conference;
- 35 Aboriginal and Torres Strait Islander students participated in the 2019 IAHA HealthFusion Team Challenge.
- IAHA recognised four members for their outstanding leadership throughout the 2019 HealthFusion Team Challenge.
- IAHA provided 18 bursaries through the IAHA Student Bursary Scheme supporting full member (student) members with financial assistance for the purchase of textbooks, resources, or other needs, including priorities arising due to the impacts of the COVID-19 pandemic.
- IAHA hosted two specific yarning sessions with students only, to focus on issues and supports relevant to students.
- Ten students were awarded a place on the IAHA high School to Health Careers Program.
- The IAHA National Indigenous Allied Health Awards recognised two outstanding student members for their leadership and academic achievement.

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 delivery of school based programs and career expos.

The 2019 IAHA Indigenous HealthFusion Team Challenge

The 2019 IAHA HealthFusion Team Challenge (IAHA HFTC) brought together 35 Aboriginal and Torres Strait Islander health students from 12 professional disciplines including Audiology, Exercise

Science Public Health, Nursing, Paramedicine, Occupational Therapy, Oral Health, Physiotherapy, Psychology, Radiology, Social Work and Speech Pathology.

The IAHA HFTC was held over three days on 20-23 September 2019. Students were allocated within interdisciplinary teams, and with the guidance of Aboriginal and Torres Strait Islander educational, cultural, and professional mentors, each team developed a management plan to reflect professional and cultural best practice for a complex case study. This involved the treatment of a dialysis patient, with each team provided a different rural or remote geographic and cultural context to consider, alongside the needs of the family.

All teams presented their respective management plans during the heats, with the two top teams presenting in the final in front of an audience on the main conference program. We congratulate the 2019 IAHA HFTC winners, *'the Proppa Ones'* and recognise the great work and effort put in by all participants.

2019 IAHA HFTC winners 'the Proppa Ones'

Evaluation of the 2019 IAHA HFTC shows that participation in the event continues to be a valuable experience which has a positive impact on students as they continue their studies and prepare themselves for professional practice.

Students self-assessed themselves before and after the event, indicating increases in their:

- Intercultural knowledge and awareness of cultural differences in the world;
- Communication skills;
- Understanding of other health disciplines, their roles and how to work in an interdisciplinary team;

"I knew what support services the allied health professionals had in their expertise to support my patient and it enabled me to be a stronger, better person. I thank Kylie and the whole team for this safe space and I certainly know that this journey goes with us for many years to come" –Nursing Student and HFTC Participant

"From participating I have a greater knowledge of other health disciplines and clinical skills, but also the holistic approach of cultural awareness and ensuring the client is at the centre of their care at all times" – HFTC Participant

"I think the cases were strong and gave the students lots of cultural and social determinants to consider in managing a person holistically. There was a good mix of students with every team having someone who had been involved before (which) I think that was extremely important for the teams to work well." – HFTC Mentor

- Understanding the importance of allied health to holistic health and wellbeing;
- Ability to work with cultural diversity and sensitivity;
- Confidence in the necessary skills, knowledge and ability for shared decision making with other health professionals, clients, and their families; and
- Understanding of the importance of the client's engagement and informed consent in making decisions around their health, wellbeing, and care.

IAHA HealthFusion Team Challenge participants

2019 IAHA HealthFusion Team Challenge Student Leadership Award winners, Adam Doyle, Samara Fernandez, Jesse Aldridge and Amy Pfitzner sponsored by the Australian Council of Deans of Health Sciences

Remote Health Experience Weekend

The Remote Health Experience (RHE) is an inter-professional, experiential learning activity where participants learn about health issues in a remote context. Throughout the weekend, there are opportunities for participants to learn, problem solve, and discuss remote issues across disciplines, led by remote practitioners.

Designed by a collaborative team from IAHA, Flinders University, Charles Darwin University, Batchelor College, Sunrise Aboriginal Health Service, Katherine Hospital and the Banatjarl Strongbala Wimuns Grup, the RHE involves nursing, medical, and allied health students from Flinders University, Charles Darwin University, and other universities throughout Australia including IAHA members.

As part of the High School to Health Careers program's Northern Australia experience, IAHA members participated in the RHE weekend. This included participating in interdisciplinary teams to work through six practical stations including a foot examination, cannulation, snake bite, remote medical phone call, management of an overdose and trachoma screening. Members and staff were also involved in teaching, mentoring and support throughout the program.

Samara Fernandez (Psychology Student) learning cannulation at the RHE weekend with Robyn Jackson (TEHS Nursing Educator)

Partnership with Flinders Northern Territory

In 2019, IAHA formalised a collaboration agreement with Flinders University Northern Territory to work together with respect to:

- Transforming student placement opportunities in remote and regional Northern Territory, to ensure all students on placement in the Northern Territory experience a placement that is culturally responsive to the unique health needs of people that live and reside in Northern Australia;
- Increase the opportunities for Allied Health students, particularly Aboriginal and Torres Strait Islander students to have a student placement experience that is culturally safe in remote and regional Northern Territory and Northern Australia;
- Support and deliver culturally safe and responsive orientation and placement immersion experiences to students on placement in the Northern Territory; and
- Lead, influence and inform Aboriginal and Torres Strait Islander allied health education, research, and workforce development initiatives.

Partnerships such as these with universities further strengthen the opportunities for Aboriginal and Torres Strait Islander students to be supported in exploring opportunities for rural and remote practice and to better understand rural and remote health.

Celebrating Our Member Achievements – the 2019 IAHA National Indigenous Allied Health Awards

The 2019 IAHA National Indigenous Allied Health Awards and Gala Dinner was held during the Indigenous Allied Health Australia 2019 National Conference on Tuesday 24 September at the Darwin Convention Centre, Darwin, NT.

The 2019 IAHA National Indigenous Allied Health Awards saw the introduction of new award categories, including Local Health Champion, Contribution to Indigenous Health Research, Allied Health Workforce Leadership and Innovative Practice. The Awards showcased 10 individual and organisational contributions and outstanding achievements in Aboriginal and Torres Strait Islander allied health, to mark the tenth anniversary of Indigenous Allied Health Australia.

The Awards recognise and identify role models in allied health who inspire all Aboriginal and Torres Strait Islander people to consider, pursue and excel in careers in allied health.

Congratulations to the 2019 awardees:

IAHA Lifetime Achievement Award – Kelleigh Ryan sponsored by Indigenous Allied Health Australia
Kelleigh Ryan is a descendant of the Kabi Kabi people of South-East Queensland and the Australian South Sea Islanders with connections to the people of the Loyalty Islands on her mother's side. Kelleigh is a registered psychologist with a private practice in Brisbane,

Indigenous Allied Health Professional of the Year Award – Clinton Schultz sponsored by Services for Rural and Remote Allied Health
Clinton Schultz is a Gamilaraay man and registered psychologist with a keen interest in holistic wellness, particularly the wellness of workers in health and community services.

Indigenous Allied Health Inspiration Award – Nicola Barker sponsored by CareFlight
Nicola is a strong and proud Ngemba Murriwarri woman who has endured a significant number of challenges and contributed immensely to both the local Canberra community, her university, her mob at home and nationally through her active participation in IAHA and other organisations.

Indigenous Allied Health Student Academic Achievement Award – Chloe Wegener sponsored by the Australian Council of Deans of Health Sciences
Chloe was in her final year of Physiotherapy and consistently demonstrated high academic progress (GPA 6.16) throughout her course and contributed to university life by being a Yunggorendi Tutorial Program (YTP) Tutor.

Future Leader in Indigenous Allied Health Award – Marayah Taylor sponsored by James Cook University
Marayah was awarded the Future Leader in Indigenous Allied Health Award for her work as an Indigenous Hospital Liaison Officer in the Emergency Department at the Townsville Hospital.

Commitment to Indigenous Health Award – Madeline Bower sponsored by Northern Territory PHN
Maddie has lived in Katherine all her life, with family extensions out to Borroloola, Alice Springs, Tennant Creek and Elliot peoples. She is currently working with Flinders University, Katherine campus as 'Lecturer in Indigenous Health' and is deeply passionate about Aboriginal health and culture.

Local Allied Health Champion Award – Debra Hunter-McCormick sponsored by Southern Cross University
Debra is a Nyikina woman from the West Kimberley region and takes great pride in her role as a First Nations woman of this country. For the last 14 Years Debra has worked tirelessly in her various roles as a social worker.

Contribution to Indigenous Health Research Award – Dr Ray Lovett sponsored by The Lowitja Institute
Ray Lovett is a Ngiyampaa/Wongaibon epidemiologist whose research opportunities have been focused on integrating Aboriginal and Torres Strait Islander cultural, social, and epidemiologic methods to examine and address inequalities Aboriginal and Torres Strait Islander health.

Allied Health Workforce Leadership Award - Central Australian Aboriginal Congress sponsored by the Institute for Urban Indigenous Health
For over 40 years, Central Australian Aboriginal Congress (Congress) has provided support and advocacy for Aboriginal people in the struggle for justice and equity.

Innovative Practice Award - The Institute for Urban Indigenous Health sponsored by Aboriginal Medical Services Alliance Northern Territory
The Institute for Urban Indigenous Health (IUIH) leads the planning, development, and delivery of comprehensive primary health care services to the Indigenous population of South East Queensland (SEQ).

You can read more about the IAHA awards and the 2019 award recipients here.

2019 Indigenous Allied Health Awardees

Grow

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. IAHAs growth as an organisation has been significant and continues, 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**.

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 2019-20.

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 community engagement and promotion of allied health careers:

1. High School to Health Careers Program
2. National Aboriginal and Torres Strait Islander Health Academy
3. Rural and Remote Indigenous Allied Health Workforce Development Project
4. Mentoring Program

Community Engagement and Promotion of Allied Health Careers

Community engagement in Central Australia

Each year, IAHA attend a wide range of events to promote allied health and the support available to Aboriginal and Torres Strait Islander students through IAHA. This includes being represented at 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. This helps IAHA to generate strong interest on the day and follow up contact, including applications for membership, cultural responsiveness training, and mentoring.

Unfortunately, 2020 saw the cancellation of several of the initiatives and events that IAHA have historically supported and attended, to protect our communities from exposure to COVID-19. Despite this, IAHA were able to participate in several community initiatives in the first part of the financial year, and the following is an update on some of the key engagements.

High School to Health Careers Program

IAHA, with funding support from Northern Territory Primary Health Network, delivered the first Aboriginal and Torres Strait Islander-led High School to Health Careers program. IAHA hosted two experiences in the Northern Territory, one in Central Australia in August 2019, and the other in Northern Australia in March 2020.

Across the two programs 13 eligible VET, university student and recent graduate members of IAHA visited communities in Central Australia, Katherine and Darwin regions, accompanied by senior staff from the IAHA Secretariat with existing relationships in these regions.

These 13 participants:

- were from nine, diverse health professions
- studied across ten education providers
- travelled from seven states and territories; and
- came from 15 Aboriginal and Torres Strait Islander Nations.

Participants in the program were given the opportunity to visit with local community members and health services, to better understand the levels and type of health service need and delivery arrangements specifically for rural and remote locations. In addition to promoting an increased understanding of health needs outside of metropolitan centre, were given the chance to better understand the need for culturally safe and responsive care, its relationship to access, and the needs for Aboriginal and Torres Strait Islander health practitioners to be culturally safe within the community and context in which they work.

In addition to providing a genuine rural and remote exposure, supporting those with intentions toward rural practice, the program provided an opportunity to engage with local students about the diversity health careers and pathways, supported by relatable Aboriginal and Torres Strait Islander role models.

As a result of the program, two IAHA Graduate members are working in the Northern Territory or regional setting, in Darwin and Mount Isa, respectively. In addition, six students are seeking clinical placement or internships in the Northern Territory in 2020-21, subject to COVID-19 restrictions.

Through the High School to Health Careers program, IAHA staff and members attended a series of careers events under the Northern Territory Government Skills, Employment and Careers Expo, winning the Best Exhibitor for the Tennant Creek and Alice Springs expos.

The prize is awarded to the exhibitor who is the most informative and helpful, as voted by the attendees, and recognised the time, energy, and dedication of the IAHA university health students and graduates.

High School to Health Careers award for best exhibitor

The High School to Health Careers program succeeded in large part due to the relationships of IAHA and the involvement of local community stakeholders. IAHA thank NTPHN for their financial support and acknowledge the community organisations and individuals who supported the success of the program, including Banatjarl Strongbala Wumin’s Grup, Tony Lee (Larrakia Elder), Trent Lee (Larrakia Cultural Advisor), Flinders University - Katherine Campus, Maddi Adams, Podiatrist and IAHA Board Director), Aunty Pat Ansell-Dodds (Arrente Elder) and Pene Curtis, Flinders University.

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 success and re-shaping the way training pathways are co-designed and delivered with Aboriginal and Torres Strait Islander high school students and community.

The Academy embeds culturally safe curricula and aims 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.

Northern Territory Aboriginal and Torres Strait Islander Health Academy
2019-20 has seen significant progress in the Northern Territory Aboriginal and Torres Strait Islander Health Academy (NT Academy), the first of the IAHA academies to be established nationally.
The first NT Academy cohort commenced in February 2018 and have since graduated with a Certificate III in Allied Health Assistance at the end of 2019. This has created a strong platform for former academy students to enter the workforce and/or additional study, as highlighted by the experience below:

> *"I enjoyed the NT Health Academy, being able to get paid while training and gaining a qualification at the end… I have learnt the importance of self-care and that to many toxic things can take a toll on your body, such as junk food.... When I graduated, I felt so happy. My family were so proud of me. The IAHA team was supportive and helpful and I am honestly proud of my achievements and happy that I was one of the first graduates NT Aboriginal Health Academy.*
>
> *I have recently interviewed for a job. I (now) have an Allied Health qualification and I want to work in remote communities with kids (in) speech pathology. I would recommend the NT Health Academy to other students, because if they are interested in health it's a big area with work opportunities."*
>
> - IAHA NT Aboriginal and Torres Strait Islander Health Academy Graduate

A new cohort of 19 Aboriginal students, including two siblings of former Academy graduates, from seven high schools in Darwin, commenced in the NT Academy 2020. As an organisation, IAHA have taken significant lessons from the operation of the NT Academy and have been proactive in undertaking quality improvement and continue to refine our delivery of the program.

Despite the challenges of COVID-19, the engagement of the 2020 cohort has been strong and demonstrates the value of the supportive and culturally safe environment created by IAHA in operating the Academy and are on positive pathways toward successful completion and possible health careers.

Expansion of the National Aboriginal and Torres Strait Islander Health Academy
2019-20 has also seen significant work and IAHA resources dedicated to the expansion of the National Aboriginal and Torres Strait Islander Health Academy into new communities and regions nationally.

At a national policy level, IAHA have been advocating for the expansion of the Academy as a culturally informed model to support pathways into health and related careers for Aboriginal and Torres Strait Islander young people. This advocacy is essential to ensuring that the roll out the Academies are supported by sustainable commitment. Engagement with the work of the National Rural Health Commissioners, for example, led to the report on Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia recommending:

"The expansion of IAHA's National Aboriginal and Torres Strait Islander Health Academy model across and into all states and territories of Australia would reshape the way education and training pathways are designed and delivered for Aboriginal and Torres Strait Islander high school students. By embedding culturally safe learning environments, culturally relevant curricula, wrap-around mentoring and links with local health services and training providers, appropriate, safe, and supported pathways will be available to Indigenous Australians to participate in the allied and broader health workforce. The Commissioner is aware of recent Commonwealth recognition of the importance of this model through the support of its expansion into three additional sites and recommends that the expansion should continue, with a focus on rural and remote sites, across all jurisdictions."

While establishing a supportive and enabling policy environment, IAHA have simultaneously pushed ahead with work to expand the Academy. In **partnership with the Institute for Urban Indigenous Health (IUIH),** a second Academy has been established in south-east Queensland. Established under a licencing relationship, the IUIH South East Queensland Academy will see IUIH host an academy using the model established by, and with support from, IAHA. While COVID-19 has generated challenges for the IUIH South East Queensland Academy, the commitment, and resources of the two organisations will ensure successful recruitment, retention, and completion for 2019-20 and 2020-21 financial years.

IAHA have also been in positive discussions with stakeholders in other regions about further expansion and investment, with New South Wales and the Australian Capital Territory identified as a priority and further progress expected in the coming months.

While supporting the expansion of the Academy through these relationships, IAHA have been exploring the business models and structures to enable IAHA to deliver the Academies nationally in a way which supports cultural safety tailoring to local communities needs and aspirations. In the 2019-20 financial year, IAHA have developed an application to become a Group Training Organisation, to enable IAHA to employ Academy students as trainees. In recognition of the care owed to students in the Academy, this has been supported by the development of policies and procedures to support their mental health and social and emotional wellbeing.

The continued investment in the IAHA National Aboriginal and Torres Strait Islander Health Academy is an essential strategy for IAHA in growing the Aboriginal and Torres Strait Islander health workforce.

Rural and Remote Allied Health Workforce Development Project

The Remote and Rural Indigenous Allied Health Workforce Development Project (RIAHP) was funded through the Department of Social Services (DSS) Sector Development Fund and designed to advocate for and build the evidence around the critical need for an Aboriginal and Torres Strait Islander allied health workforce in rural and remote communities.

IAHA partnered with the Palm Island (Queensland) and Tennant Creek (Northern Territory) communities to identify need, and formulate strategies to build the workforce and to increase access to culturally safe and responsive allied health services for NDIS eligible (and other) people living in rural and remote communities.

The project began in May 2017, resulting in a 2019 report to DSS outlining 26 recommendations in total, most of which were centred around co-design in developing and delivering culturally safe and responsive workforce models and services, that are informed by community members, carers, organisations and current service providers.

In line with IAHA's commitment to partnership with Aboriginal and Torres Strait Islander people, families, and communities, IAHA have developed a 2020 *Remote and Rural Indigenous Allied Health Workforce Development Project Community Report*. The Community Report is designed to capture the perspectives and outcomes of the project and to assist the Palm Island, Tennant Creek, and other communities in their advocacy for approaches to workforce development and service provision which meets their needs.

The Community Report highlights the need to utilise existing strengths within communities and the myriad of benefits that can be achieved through local workforce development and accessible, local

service models. It also recommends actions which require a holistic and coordinated approach which encompass action across education, health, disability, and infrastructure development as informed by the community itself. IAHA continue to advocate for such approaches at a national level.

IAHA thank the Warumungu, Bwgcolman and Manbarra peoples for their input, sharing of information, 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.

Palm Island, Queensland and Tennant Creek, Northern Territory

IAHA Mentoring Program

Cultural and professional mentoring has been identified as a highly valued support amongst the Aboriginal and Torres Strait Islander health workforce. IAHA's mentoring program supports links and nurtures mutually beneficial relationships between IAHA members and enables shared reflection on experiences and knowledges to develop a mutually agreed way forward, enhancing the skills of both parties through two way learning.

IAHA members continue to provide valuable support to one another with:

- a total of 43 formal mentoring relationships within the IAHA mentoring program.
- many more informal mentoring relationships established between IAHA members, many of which are supported by the IAHA mentoring handbook.
- 110 mentors and 90 mentees, a 10 per cent growth in the number of mentors.

Cultural Responsiveness in Mentoring

IAHA's new training product, *IAHA Cultural Responsiveness in Mentoring*, links the principles of mentoring with the Cultural Responsiveness in Action Framework.

Cultural Responsiveness in Mentoring builds upon participants' existing knowledge of formal and informal mentoring relationships and cultural responsiveness. This supports continuing development of cultural safety and responsiveness across the workforce, ensuring that Aboriginal and Torres Strait Islander knowledges are privileged, acknowledged, and respected.

The workshop provides an opportunity for participants to further develop their knowledge and skills in:

- mentoring to support capabilities in cultural safety and responsiveness
- 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 one's behaviour on others

This program is designed to enhance organisational change through championing cultural safety and responsiveness within the organisation, through a sustainable approach based on widespread, long-term, and ongoing cultural change, with support from IAHA.

The Cultural Responsiveness in Mentoring training program is currently being developed into an online delivery method, to be online in 2021, which will further increase IAHA's capacity to support workplaces in their cultural safety and responsiveness journeys.

Shaping the Aboriginal and Torres Strait Islander Allied Health Workforce

Poche Key Thinkers Forum

On 9 September, the Poche Indigenous Health Network hosted a Key Thinkers Forum on Allied Health at the Australian Parliament House in Canberra.

Facilitated by Professor Tom Calma AO, Patron and Chair of the Poche Network and Patron of IAHA, IAHA Chairperson Nicole Turner presented alongside fellow panellists Folau (Paul) Talbot, Poche Centre for Indigenous Health Project Officer & Qualified Dental Technician; Professor Pat Dudgeon, Professor & Poche Research Fellow at the School of Indigenous Studies at the University of Western Australia in Perth, WA; and Professor Michelle Lincoln, Executive Dean of the Faculty of Health, University of Canberra.

Nicole Turner presented to delegates about the role of allied health in improving health outcomes for Aboriginal and Torres Strait Islander peoples, the need for cultural responsiveness and how IAHA are working to transform health and education, as underpinned by IAHA's Theory of Change.

IAHA Chairperson, Nicole Turner, Patron Professor Tom Calma and CEO Donna Murray with Kay Poche at Australian Parliament House

LIME Connection Conference - Pouhine Poutama: Embedding Indigenous Health Education

The eighth biennial Leaders in Indigenous Medical Education Network Connection was hosted by the University of Otago and held in Ōtautahi (Christchurch), Aotearoa (New Zealand) from 5–8 November 2019 with the theme 'Pouhine Poutama: Embedding Indigenous Health Education'.

The LIME Connection conference provided an opportunity to engage in conversations with health education stakeholders, in both Australia and Aotearoa, about culturally safe and responsive curricula which is representative of Indigenous ways of knowing, doing and being.

Left: LIME Welcome and Opening at the Ōnuku Marae Right: Visit to Ihumātao

National Rural Health Commissioner

The appointment of the National Rural Health Commissioner – and the direction given to the office to explore access and quality of allied health in rural and remote Australia – provided an opportunity for IAHA to shape the agenda in rural and remote allied health and to advocate for the needs of Aboriginal and Torres Islander communities.

IAHA worked closely with the outgoing National Rural Health Commissioner, Professor Paul Worley, who had the opportunity to hear from members through his attendance and presentation at the IAHA 2019 National Conference. The Secretariat met frequently with Professor Worley and his team, to highlight the need for local workforce development.

This was reflected in the release of the report on Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia which recommended:

- the expansion of the IAHA National Aboriginal and Torres Strait Islander Health Academy;
- community driven determination of health service needs, co-designing services which build community capability and skills and increase employment opportunities from within the local region;
- innovative and integrated models of service delivery, which can access diverse funding streams, for example across sectors such as primary care and disability services, to enable viable and local services for smaller and/or more isolated communities.
- increased access to local training opportunities to support individuals to study closer to where they live; and

- inclusion of cultural capabilities within education curricula and clinical placement settings, to support the development of more culturally safe and responsive environments for Aboriginal and Torres Strait Islander people.

> ***Recommendation 2*** *– Enhancing Quality To enhance the quality of allied health services in rural and remote Australia, it is recommended that the Commonwealth invest in strategies to increase the participation of Aboriginal and Torres Strait Islander people in the allied health workforce. Two strategies recommended are: further expansion of the National Aboriginal and Torres Strait Islander Health Academy model to all Australian jurisdictions; and the creation of a Leaders in Indigenous Allied Health Training and Education Network. Once established, these strategies will increase pathways for Aboriginal and Torres Strait Islander people to enter the allied health workforce and will improve the cultural safety of rural and remote allied health services and training for all Australians.*
>
> *Excerpt - page ix - Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia*

IAHA will continue to work with the National Rural Health Commissioner and other stakeholders to seek commitment for the full implementation of the report recommendations.

Weenthunga Health Network

The Weenthunga Health Network provide support to Aboriginal and/or Torres Strait Islander young women, in the form of mentoring, educational, employment, social and emotional wellbeing and other practical support, to pursue careers in health in Bendigo, Geelong and North-east Melbourne.

IAHA continue to work closely with the Weenthunga Health Network as a key allie, supporting one another to link individuals into both national and local supports and opportunities, provided holistic support, particularly connection during the difficulties that Victoria experienced during the 2019-20 financial year due to the impacts of COVID-19.

A highlight of Weenthunga Health Network's year has been the ongoing work of the Nyarrn-gakgo mangkie Program. The Weenthunga team continued to create connections with young Aboriginal and Torres Strait Islander women, including socially distanced visits and yarns with the young women and their mothers, which also included a dilly bag gift full of careers information, well-being support materials and connection activities including IAHA materials.

Weenthunga Women's Talk Health Day bag

IAHA has a formal partnership with SARRAH focused on the need to ensure quality cultural safety and responsiveness curricula content in the potential development and expansion of the Allied Health Rural Generalist Pathway.

The Pathway is an important approach to bolster the skills development, recruitment and retention of allied health professionals in rural and remote communities and SARRAH commenced a project in January 2020 to expand the model into non-government services, including Aboriginal and Torres Strait Islander community controlled settings.

SARRAH and IAHA are working closely together, to support strong engagement with Aboriginal and Torres Strait Islander services and health professionals is a priority and to ensure that cultural safety and responsiveness is embedded in the Pathway.

IAHA Board Director, Maddi Adams, is a member of the Allied Health Rural Generalist National Strategy Group, advising on the further development and progress of this important work.

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 our members as subject matter experts, in which we are able to develop the evidence base about Aboriginal and Torres Strait Islander workforce development nationally, as well as influencing the international First Nations literature.

As an organisation, IAHA is solutions and impact focussed. Robust evaluations of the initiatives reported on in the Annual Report 2019-20, including the COVID-19 response and High School to Health Careers program, will further contribute to what we know about what works. We hope that this commitment to evaluation in all we do will support not only what IAHA does, but how we do things, with a strong focus on Culture and keeping the needs of our communities' front of mind. As part of IAHA's commitment to knowledge translation, IAHA members, Directors, and staff often present IAHA's work at national and international forums.

IAHA strategically engage with research, researchers and institutions where there is alignment with the work of IAHA, particularly in the areas of Aboriginal and Torres Strait Islander health workforce development and cultural safety and responsiveness, and where the research is conducted ethically and with a commitment to practical benefits. Importantly, IAHA are increasingly driving a research agenda which reflects the needs of members and are engaged in several projects which will be reported in the 2020-21 financial year. Further information about IAHA's research and project involvement is reported in the Lead section of the report.

Transform

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 currently has 11 active partnership agreements.

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 all forms and settings within the health, education, and associate sectors.

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 becoming more recognised widely, including in national policy documents and settings, such as the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

Last year, 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. To support this in practice, IAHA developed training modules within the Cultural Responsiveness training program to build capabilities and understanding of the impact racism has on Aboriginal and Torres Islander peoples.

> *Accountability is critical when monitoring the impact of interventions against racism. Organisations, institutions, and government departments should be held accountable for their long-term effectiveness in increasing access to and uptake of quality services by Aboriginal and Torres Strait islander peoples.*
>
> Racism in health position statement

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. The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy for example, now recognises that cultural safety requires

both awareness of the impacts of racism on individual and community health as well as acknowledgement of the role of practitioners in addressing racism.

Importantly, the strategy also defines cultural safety as being “determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism”.

This definition aligns with the work of IAHA, under the Cultural Responsiveness in Action Framework, and will support a more consistent approach to cultural safety within the regulated professions and support the applications of learnings to other disciplines.

Members of the Aboriginal and Torres Strait Islander Health Strategy Group

Aboriginal and Torres Strait Islander Leadership

Through the **National Health Leadership Forum (NHLF)** the national health and wellbeing peak organisations collaborate on developing positions in strategic health policy 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.

During 2019-2020, the NHLF key priorities included:

- the ongoing monitoring and oversight of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (Health Plan);

- development of a second implementation plan to be incorporated into the new Health Plan; and
- working with partners and stakeholders the development of a National Aboriginal and Torres Strait Islander Health Workforce Plan.

In addition, the NHLF continues to advocate around addressing institutional racism and embedding culturally safe and responsive care into health systems and practices. IAHA continues to advocate for and promote the need to build and support the allied health workforce and improve access to allied health services.

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 and education sectors.

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 second half of 2019 saw widespread community consultation led by the Coalition of Peaks and its members, including a discussion hosted by IAHA at the 2019 IAHA Members Forum in Darwin and a public survey which was distributed to IAHA members. These consultations informed the negotiating positions taken by the Coalition of Peaks in working with governments on the development of a new National Agreement on Closing the Gap.

Importantly, the new National Agreement, that came into effect in 2020, is centred around a series of four priority reforms which are intended to change the ways governments work with Aboriginal and Torres Strait Islander organisations. The four reforms are shown in the diagram below. IAHA will continue to pursue the enaction of these reforms, in particular designing a new approach for governments in supporting Aboriginal and Torres Strait Islander led solutions, such as the initiatives of IAHA and those to which our members contribute so significantly.

Australian Allied Health Leadership Forum (AAHLF)

IAHA is a member of the AAHLF alongside other national key allied health stakeholders. During 2019-20 AAHLF consolidated its role as the primary allied health sector-wide entity to advise 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.

During the year AAHLF made headway in helping address the relative lack of allied health representation in important Commonwealth health consultation, advisory and decision-making forum, particularly during COVID-19. IAHA contributed substantially: helping to shape a more strategic agenda; drafting and contributing to submissions and detailed position papers on issues such as the developing national primary and preventive health plans, aged care, addressing allied health data and related service and planning shortfalls, the impact of multi-program regulation requirements in constraining service access, and the need to improve MBS provisions; pushing for the appointment of a Commonwealth chief Allied Health Officer (announced 9 July 2020) and more.

Two areas of focus dominated AAHLFs work in the second half of 2019-20: **COVID-19** and (for IAHA and SARRAH especially), the Report for the Minister for Regional Health, Regional Communications and Local Government on *the Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia* (June 2020, available here).

AAHLF members, separately and together, pressed for strong engagement with Government on the COVID-19 response, stressing the need for continuing access to safe allied health services wherever possible. At an early stage AAHLF raised and persisted in advocating to officials the need to keep people as well as possible and avoid hospitalisations, to recover from the need for critical care quickly and effectively and to facilitate rehabilitation. As experience of the pandemic grows, the quality of advice and vital role allied health is becoming more obvious.

Culturally Safe and Responsive Workforce

IAHA is committed to promoting cultural safety and responsiveness across all sectors and settings, with a particular focus on our health and education systems. IAHA recognise that increasing cultural responsiveness of our systems is essential to improve health care access and effectiveness for Aboriginal and Torres Strait Islander people; to support our member workforce to sustain their efforts and support positive health outcomes; and to improve the capability of the entire health workforce to provide culturally safe and responsive care in all settings.

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. 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 is continuing to develop strong relationships with Aboriginal and Torres Strait Islander health services, such as IAHA award recipients, the Central Australian Aboriginal Congress

and the Institute for Urban Indigenous Health to support the voice of Aboriginal and Torres Strait Islander service providers in national policy and workforce development.

- 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.
- IAHA continued to work with mainstream allied health professional associations, organisations, and other key stakeholder where IAHA can influence accreditation and standards, workforce planning, professional development and other relevant issues.
- IAHA work closely with jurisdictional workforce agencies, particularly through our formal partnership with the New South Wales Rural Doctors Network and working partnership with Health Workforce Queensland.

IAHA CEO Donna Murray with NASTIHWA CEO Karl Briscoe

IAHA Consulting

IAHA Consulting is the commercial arm of Indigenous Allied Health Australia (IAHA) established in 2020. Through our work in the health sector we have developed a unique methodology around cultural safety and responsiveness that will be of value to any individual, government entity, education institution, NGO or corporation looking to transform the way they work with and deliver services and programs for Aboriginal and Torres Strait Islander peoples and communities. There are two streams to IAHA Consulting, Cultural Safety and Responsiveness training and development and other professional services such as Aboriginal and Torres Strait Islander health workforce advice and training that can strengthen and support organisational growth, recruitment and retention strategies and supports, project and policy development, curricula development or workforce planning.

Cultural Responsiveness (CR) Training and Development

IAHA Consulting delivers cultural safety training through the IAHA Cultural Responsiveness Framework (the Framework).

The *Cultural Responsiveness in Action: An IAHA Framework,* is designed to equip people and systems to make the changes needed in everyday practice, to transform their thinking, behaviours and responses, and to improve the relationships with Aboriginal and Torres Strait Islander peoples.

In 2019-20, IAHA delivered 11 Cultural Responsiveness workshops to approximately 200 participants including employees of universities, research institutes, peak associations, justice sector stakeholders as well as conference delegates and the public.

IAHA is developing online delivery options to suit the ongoing the needs of clients. Likewise, IAHA are preparing to transition the Cultural Responsiveness in Mentoring training product to a similar mode of delivery from 2021.

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.

This impact is shown through the comments of recent Cultural Responsiveness training participants below, and the refinement of IAHA's delivery will support engagement with a broader range of stakeholders and support more to undertake a cultural responsiveness journey and transform their practice.

"A really valuable learning experience. Fantastic staff facilitated the workshop and kept the group engaged throughout the day.

I learnt so much in a day and I thank IAHA for providing me with a new awareness and a better understanding of what cultural responsiveness in action can look like - and should look like."

Cultural Responsiveness training participant

"This course was really eye-opening and should be required for all government employees. All the participants from my work team loved it, and we're changing the way we're doing things as a result."

Cultural Responsiveness training participant

Lead

IAHA influence policy to improve Aboriginal and Torres Strait Islander health outcomes and reform allied health workforce development. IAHA focus on providing strong leadership to inform and reform policy not only in the allied health sector but more broadly across Aboriginal and Torres Strait Islander health and wellbeing.

During 2019-20, IAHA was invited to participate in an ever-growing number of meetings, forums and events and were able to be represented by Directors, the Chief Executive Officer, senior staff and/or IAHA members participate in well over 400 engagements.

Leading in Allied Health Workforce Development and Indigenous Health Policy

IAHA provide 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, which has been impacted by COVID-19, which included in 2019-20:

- Presenting at the Poche Key Thinkers Forum titled *Allied Health Careers - Pathways for Success* and participating in the panel discussions alongside other key stakeholders and facilitated by IAHA patron, Professor Tom Calma.
- Participating in a panel discussion on workforce development at the Primary Health Network (PHN) National Conference.
- Presenting at IUIH's System of Care Conference.
- Presenting at NSW Ministry of Health's Aboriginal Allied Health Forum.
- Presenting at NSW Ministry of Health's Aboriginal Mental Health and Wellbeing Forum 2019.

To achieve our strategic priorities, IAHA proactively contributes as a member of several Aboriginal and Torres Strait Islander led campaigns, forums, alliances, and committees. Our participation in Aboriginal and Torres Strait Islander led forums includes:

- National Health Leadership Forum (Current 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
- Gayaa Dhuwi (Proud Spirit) Australia
- Coalition of Aboriginal and Torres Strait Islander Peaks

IAHA are also heavily involved in the development of a new Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan, working through the Implementation Plan Advisory and Working Groups. With strong Aboriginal and Torres Strait Islander leadership, work to revise the plan has seen a push toward increased focus on prevention, with a holistic, person-centred approach,

informed by the social and cultural determinants of health from an Aboriginal and Torres Strait Islander perspective.

Close the Gap Campaign members

National Aboriginal and Torres Strait Islander Health Plan - Implementation Plan Advisory Group Members with Minister Hunt, 2020.

Influencing National Policy and Projects

IAHA was highly active in contributing to key national and jurisdictional review processes, contributing seven submissions directly from IAHA (listed below) as well as contributing significantly to submissions via the National Health Leadership Forum and the Australian Allied Health Leadership Forum. IAHA directly authored:

- A submission to the development of the Indigenous Evaluation Strategy led by Commissioner Romlie Mokak of the Productivity Commission.
- A submission to the Joint Standing Committee on the National Disability Insurance Scheme

(NDIS) *Inquiry into NDIS Workforce*.
- A response to the *Rural Allied Health Quality, Access and Distribution Options for Commonwealth Government Policy Reform and Investment* discussion paper from the office of the National Rural Health Commissioner.
- A 2020-21 pre-Budget submission (noting this was later revised due to the delay to the Budget in response to COVID-19).
- A submission to the Senate Select Committee *Inquiry on the effectiveness of the Government's Northern Australia agenda.*
- A submission to the *Evaluation of The Rural Health Multidisciplinary Training Program* conducted on behalf of the Department of Health.
- A submission in response to the draft *Professional Standards for Speech Pathologists in Australia*.

IAHA collaborated with other 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, cultural safety, rural and remote allied health service delivery, allied health workforce support and Aboriginal and Torres Strait Islander health.

International Collaboration

Partnership Agreement with Ngā Pou Mana

In 2018, IAHA International Indigenous Allied Health Forum brought together Aboriginal and Torres Strait Islander, Māori, First Nations Canada, Native Hawaiian and other Indigenous peoples with an understanding of the shared experiences of colonisation and trauma, healing, centrality of culture and nation rebuilding to provide opportunities to network, learn from each other and collaborate.

A formal partnership was signed in early 2020 with Nga Pou Mana (Māori Allied Health Professionals of Aotearoa), focused on maintaining our relationship with an exchange of knowledges and bringing the two organisations together to:

- promote culturally safe and responsive allied health practice, research and curricula;
- promote interprofessional workforce strategies in leading change from the perspective of Aboriginal and Torres Strait Islander and Māori People;
- privilege Aboriginal and Torres Strait Islander and Māori ways of knowing, being and doing and to share and promote strengths-based, holistic solutions to maintain health and improve outcomes;
- build and support an Aboriginal and Torres Strait Islander and Māori allied health workforce and embed the role of the workforce as essential to Aboriginal and Torres Strait Islander and Māori people's health and wellbeing;
- share knowledge and best practice between organisations with support from leading universities in each country;
- lead best practice and share strategies to support Aboriginal and Torres Strait Islander and Māori health students;
- embed cultural safety and responsiveness in professional practice and service delivery;
- promote international development opportunities for inter-nation experiences and learnings; and
- contribute to Aboriginal and Torres Strait Islander and Māori Nation-building.

IAHA are excited and committed to continue our work with Ngā Pou Mana into the future.

Ngā Pou Mana co-chair Dr Teah Carlson speaks at the IAHA 2018 International Forum

Research and other evidence

In addition to establishing a culture of evaluation and continuous improvement internally, IAHA has a growing presence pursuing and setting a research agenda 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, members and communities.

In September 2019, the IAHA Board of Directors endorsed a research strategy which formalised this commitment to research based under the principles that:

- **Culture is central:** To drive excellence through rigorous research that is culture focused.
- **Aboriginal and Torres Strait Islander Leadership:** Led and driven by Aboriginal and Torres Strait Islander people.
- **Impact:** To conduct outstanding, multi-disciplinary research in allied health education, health and wellbeing outcomes and health workforce that makes a difference in addressing the aspirations and priorities of Aboriginal and Torres Strait Islander peoples, families, and communities.
- **Knowledge translation and sharing**: To undertake research that translates theory and research into effective policy, planning and practice with Aboriginal and Torres Strait Islander peoples. Utilising strategies that inform community and stakeholders of research outcomes.

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.

IAHA's research engagement in 2019-20 include:

- Receipt of a grant through the Million Minds Research Fund for a project led by the University of Western Australia (UWA), with IAHA as one of thirteen partners. The Million Minds Mission is to generate Indigenous patient-centred, clinically, and culturally capable models of mental health care.
- IAHA co-Chair of the Northern Australia Research Network (NARN) and IAHA is represented on and working closely with stakeholders on the NARN allied health focussed 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 AHA training opportunities for local people; and
    - A student led service clinic for OT in Nhulunbuy for aged care (service delivery model).
- A member of the NSW Aboriginal Workforce Governance Group which provides input to an ARC funded research project being undertaken through the University of Sydney, to develop evidence-based retention strategies for the Indigenous frontline health and disability workforces.
- Participation on the RFDS Clinical and Health Services Research.
- A collaborative research project to scope the development of an Indigenous health network for the health sciences, through the LIME network.
- Participating in the Decolonising Practice in Primary Health Care Project Advisory Committee, providing guidance to a Flinders NT-led research project on ways of working in primary care practice that are strengths-based and empower Aboriginal and Torres Strait Islander people.
- Representation on the Mayi Kuwayu Data Governance Committee

IAHA worked alongside leaders in Aboriginal and Torres Strait Islander mental health to produce *A National COVID-19 Pandemic Issues Paper on Mental Health and Wellbeing For Aboriginal & Torres Strait Islander Peoples* outlining the mental health response required to support the health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people. The paper included five key recommendations in the areas of the right to self-determination, the health and mental health workforce, the social and cultural determinants of health, digital and telehealth inclusion (with immediate attention to an Indigenous helpline), and evaluation (including data sovereignty).

IAHA have established a platform for projects to occur in the 2020-21 financial year, both in partnership with trusted stakeholders and leading projects, to inform Aboriginal and Torres Strait Islander workforce development. This includes:

- Being engaged by the Lowitja Institute, under the non-traditional pathways into health research project, to investigate workforce development options that may assist the Aboriginal and Torres Strait Islander health workforce to participate in or lead Aboriginal and Torres Strait Islander health research work.
- Being engaged by the South Australian Health and Medical Research Institute to work with stakeholders in Central and Northern Australia to develop best practice workforce models for holistic and culturally responsive Aboriginal and Torres Strait Islander diabetes foot care.
- Developing an ethics application for an internally resourced project looking at the impacts on of COVID-19 on the professional practice, education, and training of the Aboriginal and Torres Strait Islander health workforce.
- Preparing to undertake the next iteration of the cultural safety, racism, and lateral violence survey, with appropriate ethical clearance, to profile and understand the pervasive and ongoing impacts of racism within health. This will build upon our previous results, most recently presented at the 2019 Members Forum which found that:

- Most respondents (88%) experienced racism within a public (i.e. non-workplace or educational) setting over the previous twelve-month period.
- 84% and 40% also experienced racism in a workplace or educational setting respectively.
- While racism in educational settings appear to be around half that of other settings, this could be caused by the profile of respondents, which may include graduate members who were not in an educational setting within that timeframe.
- Of concern, the source of racism was often supervisors, colleagues and peers.

Effective Communications strategies

In 2019-20 IAHA continued to increase, diversify, and refine our communication approach, to build our national and international profile leading in Indigenous allied health and to maximise the impact of the work of IAHA and its members.

Graphic

- 204,888 website page views
- 72 per cent increase in new visitors
- 9 media releases
- 13 newsletters and 9 communiques
- 5,173 subscribers
- 17% increase in Twitter followers
- 319,264 total Twitter impressions

COVID-19 Communications

The role of communications, and IAHA's responsibilities as an Aboriginal and Torres Strait Islander health organisation was front of mind in the organisation's response to COVID-19. IAHA members identified early that the volume of incoming information on COVID-19 was difficult to manage to the point of being overwhelming, particularly in such an unknown and rapidly evolving situation.

IAHA established a dedicated COVID-19 page on the website, filtering information for relevance to the membership and sharing information from regarded, quality sources.

Under the COVID-19 Response Strategy, IAHA sent general messaging promoting a sense of togetherness, tailored messages to specific audiences (for example students), and information on dealing with issues such as managing grief and loss during the pandemic. IAHA established and promoted social media messaging encouraging social connectedness amongst the membership, including the 'Staying Connected, Stronger Together' banner and the WeAreIAHAFamily hashtag. IAHA also worked with Aboriginal entertainer Constantina Bush to present important messages about wellbeing in a fun and engaging way as well to remind members of other IAHA activities coming up.

Social media contest winner Stevie on her first trip back to Central Australia during COVID-19

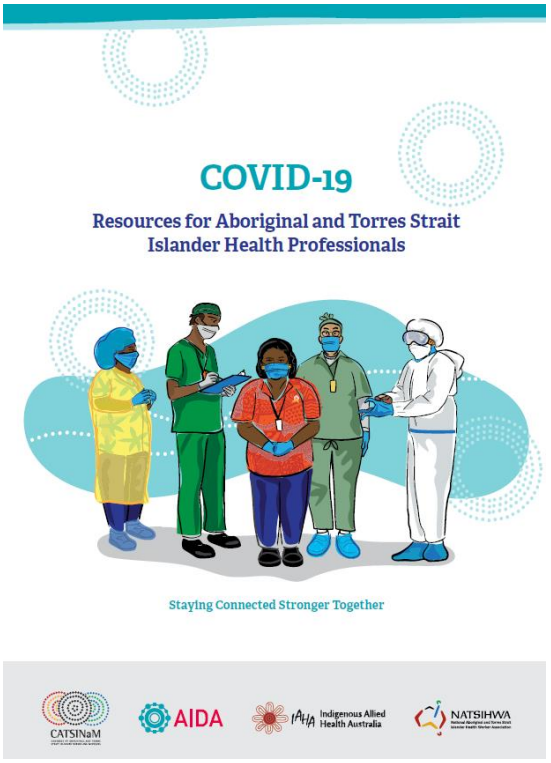
Constantina Bush entertains at IAHA Conference 2019

Resource Development

To assist the Aboriginal and Torres Strait Islander Health Workforce, IAHA collaborated on a project led by NATSIHWA, with AIDA and CATSINaM, to develop a resource toolkit including posters on important contacts, tips and information to help the Aboriginal and Torres Strait Islander health workforce care for themselves, as well as for distribution in communities.

The Aboriginal and Torres Strait Islander Health Professionals Resource Toolkit remains available via the IAHA website. The pack was designed to assist people in a rapidly changing environment and it was essential, particularly early in the outbreak, that the frontline Aboriginal and Torres Strait Islander workforce knew how to protect and care for themselves, their families and our communities.

In addition to the Resource Toolkit and other communications, IAHA have been developing topic specific factsheets for members, the first of which was released in June on the 2020 influenza vaccine.

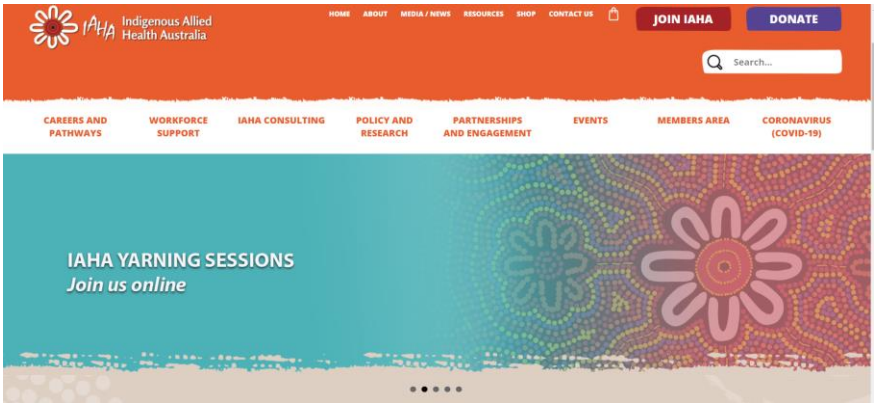


Website

The [IAHA website] provides access for internal and external audiences to information about IAHA.

During 2019-20 IAHA launched a new website following an extensive and ongoing redevelopment of our website and on-line capability and useability.

As a result, IAHA's website continues to receive significant interest and engagement, with 204,888-page views, a 70 per cent increase on the previous financial year.



IAHA Media and Strategic Communications

In 2019-20, IAHA produced a range of different media, in addition to the website and resources mentioned above. The breadth of communications was reflected in an increased engagement across a range of platforms.

While new processes have meant that some of the full financial year data is not accessible, the final quarter of the 2019-20 financial year demonstrated the success of IAHA's efforts with our biggest communications reach in a three-month period to date. This included, 546 new Facebook followers, 259 new Twitter followers and 112.6k Twitter impressions, almost half the number achieved in the entire 2018-19 financial year.

IAHA Media releases

IAHA produced nine media releases during the financial year, on the following subjects and which are available via the IAHA website:

- *IAHA concerned about changes to government support for the humanities.*
- *IAHA welcome the release of the National Rural Health Commissioners Final Report – implementation needed.*
- *Workforce mental health response needed.*
- *IAHA finding new ways to support the health workforce: the centrality of culture.*
- *Cultural Safety in the health Workforce- no time to waste*
- *Indigenous Allied Health Australia welcomes funding for mental health during COVID -19.*
- *IAHA commends the recently released Auditor-General report, "Mental Health Service Planning for Aboriginal People in New South Wales"*
- *IAHA supports Coroners call for greater cultural safety in healthcare.*

IAHA e-Newsletters and communiques

IAHA featured members and their stories throughout the year to recognise and celebrate their achievements and successes including specific topics and national and international days.

I was initially motivated by my mother to become a Social Worker. I spent some time with her in Geelong while she was studying at university. During this time, I had the opportunity to attend some of her classes and had the privilege of spending time with her lecturers who further sparked my interest in Social Work.

Steph Hill, IAHA member and social worker

IAHA Members' Journeys into allied health

IAHA celebrated 10 years as an organisation at the National Conference in Darwin in September. To coincide with the tenth anniversary of IAHA, we launched *Leaving Healthy Footprints,* a book which features the stories and journeys of ten IAHA members.

The experiences of our members, their pathways, and the work they do remains a strong promoter for careers in health. We know that the presence of successful Aboriginal and Torres Strait Islander role models helps support our young people to identify their interests and the options and careers available to them.

"The stories featured in this book reflect the diversity, value and impact of Aboriginal and Torres Strait Islander allied health professionals in transforming the health system, whether that be providing culturally safe and responsive health services, influencing national policy, leading in Indigenous health research or supporting pathways into health careers for others. This is reflective of the journey of Indigenous Allied Health Australia as an organisation."

Professor Tom Calma AO, IAHA Patron

In addition to the Leaving Health Footprints book, IAHA continue to collate and promote our members stories widely, including in our profiles of certain professions in professional weeks, communications on weeks celebrate national events, and our engagement with young people such as the High School to Health Careers program.

Excerpt from Tara Lewis, Speech Pathology

Based in Biloela, she was sent one day to a school in a nearby town to assess a young Aboriginal boy. That appointment was a "turning point" in a career she has dedicated to challenging practices that arrived with colonisation and continue to cause harm to Aboriginal and Torres Strait Islander people.

Tara used the white, Western assessment tools she'd been taught to assess the boy, but it felt "really wrong". "I thought, hang on, we shouldn't be assessing our mob and looking at their communication in this way. We should be looking at the ways we've been brought up, the ways that we know, our ways of knowing and doing."

Excerpt from James Tronc, Paramedicine

James sees huge benefits in having more Indigenous paramedics working in the field, particularly in communities where racism in healthcare and elsewhere can make Aboriginal and Torres Strait Islander people very anxious about dealing with health workers.

"One night I was on call and heard some chatter over the radio. I picked up some of my colleagues talking to a typical Murri fellow and he was quite upset and distressed so I offered to swing by and have a yarn with him. When I got there, the ECG showed he was having a non-STEMI (heart attack). He needed to go to hospital urgently (but) he was too stressed out – kept telling the crew he didn't understand what they were talking about.

"So I just went up to him and said, Where're you from? Who's your mob? and he goes, From Mount Isa and I go, Well, you'd know my old auntie, and he did. He knew her straight away. From there we were able to get him off to hospital for treatment. That's the influence that Indigenous paramedics can have in the field."

Sustainability and Governance


2019 IAHA Members Forum

The 2019 IAHA Members Forum was held in Darwin on 26 September and was attended by 86 IAHA Members following the Annual General Meeting. The Secretariat reported back to members on priorities and support needs identified at the 2018 Members Forum in Sydney, as well as strategic priorities for the year ahead.

The discussion, priorities and outcomes from the 2019 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.

IAHA Business Planning

A key governance priority of recent years has been the development an enaction of an IAHA Business Development Strategy.

IAHAs growing capacity over recent years has been enabled primarily through IAHA's consultancy-style work and through obtaining competitively sourced project funding. While Government operational grant funding remains crucial to IAHA core operations, IAHA-generated funding is a steadily increasing component of the organisations overall resourcing and capacity. All income generated through IAHA business activities is re-invested into the priorities and activities of the organisations.

In August 2019, the Board endorsed a Business Development Strategy which identifies three streams of income in addition to the core and project-based funding under which much of IAHA's work is delivered. This includes:

- IAHA Consulting (including consultancy services, Cultural Responsiveness and related training);
- IAHA National Health Academies; and
- Allied Health Service Hubs.

To advance the implementation of the Business Development Strategy, IAHA have developed branding and trademarking of these business arms, to more clearly delineate the work streams of IAHA and enable engagement with key stakeholders relevant to each.

2019 IAHA Annual General Meeting (AGM)

The 2019 AGM was also held in Darwin on 26 September.

The members present endorsed the Minutes from the 2018 Annual General Meeting in Sydney and accepted the 2018-19 Financial Audited Statements which were tabled at the meeting. Full Members elected four nominees to the vacant positions for the 2019-20 Board.

Attendance by each Director during the 2019-20 Financial Year

2019 – 2020	Eligible Meetings	Meetings Attended
Nicole Turner	9	9
Tirritpa Ritchie	9	9
Stephen Corporal	9	9
Danielle Dries	9	9
Rikki Fischer	9	7
Maddison Adams	9	9
Kimberley Hunter	6	6
Clinton Schultz	6	5
Patricia Councillor	3	3
Diane Bakon	3	3
Tracy Hardy	2	1

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 on two occasions during the year and continues to support the IAHA Board, examining and providing guidance on the financial governance, risk management, and external audit processes. IAHA acknowledges the contributions of current and former FARC members in the 2019-20 financial year.

Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

Financial Statements

For the Year Ended 30 June 2020

Indigenous Allied Health Australia Ltd
ABN 42 680 384 985

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For the Year Ended 30 June 2020

Indigenous Allied Health Australia Ltd
ABN 42 680 384 985

Directors' Report

For the Year Ended 30 June 2020

The directors present their report on Indigenous Allied Health Australia Ltd (IAHA) for the financial year ended 30 June 2020.

1. 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: 26 September 2019
Mr Trevor Ritchie (Deputy Chairperson)	Re-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: 26 September 2019
Mr Clinton Schultz	Elected: 26 September 2019
Ms Kimberley Hunter	Elected: 26 September 2019
Ms Patricia Councillor	Retired: 26 September 2019
Ms Tracy Hardy	Resigned 3 September 2019
Ms Diane Bakon	Retired: 26 September 2019

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.

Directors' Report

For the Year Ended 30 June 2020

1. General information (continued)

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

- Lead the development of a culturally-responsive allied health and wider workforce.
- 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 2020 there were 2,022 members consisting of 796 full members, 1,165 associate members and 61 corporate members. (2019: 1,610 members consisting of 666 full members, 901 associate members and 43 corporate members).

At 30 June 2020 the collective liability of members was $20,220 (2019: $16,100).

2. Operating results

The loss of the Company after providing for income tax amounted to $ 10,442 (2019: loss $50,182).

3. 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 2020 has been received and can be found on page 3 of the financial report.

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

Director: ..... Director: .....

Dated 8 September 2020

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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 2020 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 8th day of September 2020

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2020

	Note	2020 $	2019 $
Revenue and Other Income	5	**4,311,808**	2,926,655
Administrative expenses		**(529,283)**	(261,004)
Auspicing expenses		**-**	(850)
Depreciation expenses	8(a)	**(169,060)**	(19,114)
Donations		**(21,742)**	(19,349)
Employee expenses		**(1,798,854)**	(1,192,088)
Events expenses		**(368,131)**	(167,622)
Finance costs		**(19,560)**	-
Gain/(Loss) on disposal of assets		**-**	(29,956)
Marketing expenses		**(213,296)**	(103,880)
Meeting expenses		**(107,134)**	(138,700)
Member support		**(181,110)**	(174,365)
Occupancy costs		**(8,314)**	(106,649)
Other project expenses		**(87,965)**	(84,549)
Travel expenses		**(252,018)**	(159,132)
Work force development expenses		**(565,783)**	(519,579)
(Loss) before income tax		**(10,442)**	(50,182)
Income tax expense	3(b)	**-**	-
(Loss) for the year		**(10,442)**	(50,182)
Other comprehensive income for the year		**-**	-
Total comprehensive income for the year		**(10,442)**	(50,182)

The Company has initially applied AASB 15 and AASB 1058 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 111, AASB 118, AASB 1004 and related interpretations.

The Company has initially applied AASB 16 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 117 and related interpretations.

The accompanying notes form part of these financial statements.

Indigenous Allied Health Australia Ltd
ABN 42 680 384 985

Statement of Financial Position

As At 30 June 2020

	Note	2020 $	2019 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	**2,846,093**	2,250,734
Trade and other receivables	7	**31,549**	47,938
Other assets	9	**476,344**	124,810
TOTAL CURRENT ASSETS		**3,353,986**	2,423,482
NON-CURRENT ASSETS			
Plant and equipment	8	**433,272**	108,384
TOTAL NON-CURRENT ASSETS		**433,272**	108,384
TOTAL ASSETS		**3,787,258**	2,531,866
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	**202,558**	282,756
Lease liability	12	**128,798**	-
Employee benefits	13	**190,879**	116,021
Contract liabilities	11	**2,713,113**	1,767,096
TOTAL CURRENT LIABILITIES		**3,235,348**	2,165,873
NON-CURRENT LIABILITIES			
Lease liability	12	**203,092**	-
Employee benefits	13	**13,701**	12,613
TOTAL NON-CURRENT LIABILITIES		**216,793**	12,613
TOTAL LIABILITIES		**3,452,141**	2,178,486
NET ASSETS		**335,117**	353,380
EQUITY			
Retained earnings		**335,117**	353,380
TOTAL EQUITY		**335,117**	353,380

The Company has initially applied AASB 15 and AASB 1058 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 111, AASB 118, AASB 1004 and related interpretations.

The Company has initially applied AASB 16 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 117 and related interpretations.

The accompanying notes form part of these financial statements.

Indigenous Allied Health Australia Ltd
ABN 42 680 384 985

Statement of Changes in Equity
For the Year Ended 30 June 2020

2020

	Note	Retained Earnings	Total
		$	$
Balance at 1 July 2019		**353,380**	**353,380**
Restatement due to adoption of AASB 16	2(b)	**(7,821)**	**(7,821)**
Balance at 1 July 2019 restated		**345,559**	**345,559**
(Loss) for the year		**(10,442)**	**(10,442)**
Balance at 30 June 2020		**335,117**	**335,117**

2019

	Retained Earnings	Total
	$	$
Balance at 1 July 2018	403,562	403,562
(Loss) for the year	(50,182)	(50,182)
Balance at 30 June 2019	353,380	353,380

The accompanying notes form part of these financial statements.

Indigenous Allied Health Australia Ltd
ABN 42 680 384 985

Statement of Cash Flows

For the Year Ended 30 June 2020

	Note	2020 $	2019 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		**5,670,106**	4,751,255
Payments to suppliers and employees		**(4,889,220)**	(3,281,792)
Interest received		**3,257**	4,925
Net cash provided by operating activities	19	**784,143**	1,474,388
CASH FLOWS FROM INVESTING ACTIVITIES:			
Proceeds from sale of plant and equipment		**655**	-
Purchase of property, plant and equipment		**(53,726)**	(94,272)
Net cash (used in) investing activities		**(53,071)**	(94,272)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Payment of finance lease liabilities		**(135,713)**	-
Net cash (used in) financing activities		**(135,713)**	-
Net increase in cash and cash equivalents held		**595,359**	1,380,116
Cash and cash equivalents at beginning of year		**2,250,734**	870,618
Cash and cash equivalents at end of financial year	6	**2,846,093**	2,250,734

The Company has initially applied AASB 15 and AASB 1058 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 111, AASB 118, AASB 1004 and related interpretations.

The Company has initially applied AASB 16 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 117 and related interpretations.

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2020

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.*The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

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

2 Change in Accounting Policy

(a) Revenue from Contracts with Customers - Adoption of AASB 15

The Company has adopted AASB 15 *Revenue from Contracts* with Customers and AASB 1058 *Income of Not-for-Profit Entities* for the first time in the current year with a date of initial application of 1 July 2019.

The Company has applied AASB 15 and AASB 1058 using the cumulative effect method which means the comparative information has not been restated and continues to be reported under AASB 111, AASB 118, AASB 1004 and related interpretations. All adjustments on adoption of AASB 15 and AASB 1058 have been taken to retained earnings at 1 July 2019.

The key changes to the Company's accounting policies and the impact on these financial statements from applying AASB 15 and AASB 1058 are described below.

Grants - operating

Under AASB 1004, most grant income was recognised as revenue on receipt. Under AASB 1058 and AASB 15, where an agreement is enforceable and contains sufficiently specific performance obligations, the revenue is either recognised over time as the work is performed or recognised at the point in time that the control of the services pass to the customer.

When the Company receives operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance to AASB 15.

When both these conditions are satisfied, the Company:

- identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfies its performance obligations.

Notes to the Financial Statements

For the Year Ended 30 June 2020

2 Change in Accounting Policy (continued)

(a) Revenue from Contracts with Customers - Adoption of AASB 15 (continued)

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Company:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9. AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Company recognises income in profit or loss when or as it satisfies its obligations under the contract.

Changes in presentation

In addition to the above changes in accounting policies, the Company has also amended the presentation of certain items to align them with the requirements of AASB 15 and AASB 1058:

- Additional line items of contract assets and contract liabilities have been created.

(b) Leases - Adoption of AASB 16

The Company has adopted AASB 16 *Leases* using the modified retrospective (cumulative catch-up) method from 1 July 2019 and therefore the comparative information for the year ended 30 June 2019 has not been restated and has been prepared in accordance with AASB 117 *Leases* and associated Accounting Interpretations.

Impact of adoption of AASB 16

The impact of adopting AASB 16 is described below:

Company as a lessee

Under AASB 117, the Company assessed whether leases were operating or finance leases based on its assessment of whether the significant risks and rewards of ownership had been transferred to the Company or remained with the lessor. Under AASB 16, there is no differentiation between finance and operating leases for the lessee and therefore all leases which meet the definition of a lease are recognised on the statement of financial position (except for short-term leases and leases of low value assets).

The Company has elected to use the exception to lease accounting for short-term leases and leases of low value assets, and the lease expense relating to these leases are recognised in the statement of profit or loss on a straight line basis.

Notes to the Financial Statements

For the Year Ended 30 June 2020

2 Change in Accounting Policy (continued)

(b) Leases - Adoption of AASB 16 (continued)

Impact of adoption of AASB 16 (continued)

Practical expedients used on transition

AASB 16 includes a number of practical expedients which can be used on transition, the Company has used the following expedients:

- contracts which had previously been assessed as not containing leases under AASB 117 were not re-assessed on transition to AASB 16
- lease liabilities have been discounted using the Company's incremental borrowing rate at 1 July 2019
- right-of-use assets at 1 July 2019 have been measured at an amount equal to the lease liability adjusted by the amount of any prepaid or accrued lease payments
- a single discount rate was applied to all leases with similar characteristics
- the right-of-use asset was adjusted by the existing onerous lease provision (where relevant) at 30 June 2019 rather than perform impairment testing of the right-of-use asset
- excluded leases with an expiry date prior to 30 June 2020 from the statement of financial position and lease expenses for these leases have been recorded on a straight-line basis over the remaining term
- used hindsight when determining the lease term if the contract contains options to extend or terminate the lease
- for leases which were classified as finance leases under AASB 117, the carrying amount of the right-of-use asset and the lease liability at 1 July 2019 are the same value as the leased asset and liability on 30 June 2019.

Financial statement impact of adoption of AASB 16

The Company has recognised right-of-use assets of $431,770 and lease liabilities of $439,591 at 1 July 2019, for leases previously classified as operating leases. The difference of $7,821 is adjusted in opening retained earnings.

The weighted average lessee's incremental borrowing rate applied to lease liabilities at 1 July 2019 was 5.05%.

3 Summary of Significant Accounting Policies

(a) Revenue and other income

For comparative year

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

Notes to the Financial Statements

For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies (continued)

(a) Revenue and other income (continued)

returns, discounts and rebates.

Sale of goods

Revenue is recognised on transfer of goods to the customer as this is deemed to be the point in time when risks and rewards are transferred and there is no longer any ownership or effective control over the goods.

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 Company 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.

Subscriptions

Revenue from the provision of membership subscriptions is recognised on a straight line basis over the financial year.

Revenue from contracts with customers

For current year

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Company expects to receive in exchange for those goods or services. Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer

2. Identify the performance obligations

3. Determine the transaction price

3 Summary of Significant Accounting Policies (continued)

(a) Revenue and other income (continued)

Revenue from contracts with customers (continued)

4. Allocate the transaction price to the performance obligations

5. Recognise revenue as and when control of the performance obligations is transferred.

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Company have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Company are:

Operating Grants

Under AASB 1004, most grant income was recognised as revenue on receipt. Under AASB 1058 and AASB 15, where an agreement is enforceable and contains sufficiently specific performance obligations, the revenue is either recognised over time as the work is performed or recognised at the point in time that the control of the services pass to the customer.

When the Company receives operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance to AASB 15.

When both these conditions are satisfied, the Company:

- identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Company:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9. AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Company recognises income in profit or loss when or as it satisfies its obligations under the contract.

Notes to the Financial Statements

For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies (continued)

(a) Revenue and other income (continued)

Specific revenue streams (continued)

Interest Income

Interest income is recognised using the effective interest method.

Dividend Income

The Company recognises dividends in profit or loss only when the Company's right to receive payment of the dividend is established.

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

Other income

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

(b) Income Tax

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

(c) 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.

(d) 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.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies (continued)

(d) Plant and Equipment (continued)

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.

(e) Financial instruments

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
- fair 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.

Notes to the Financial Statements

For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies (continued)

(e) Financial instruments (continued)

Financial assets (continued)

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

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.

Notes to the Financial Statements

For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies (continued)

(e) Financial instruments (continued)

Financial assets (continued)

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.

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.

(f) 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.

3 Summary of Significant Accounting Policies (continued)

(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) Leases

For comparative year

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.

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.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

For current year

At inception of a contract, the Company assesses whether a lease exists - i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration.

This involves an assessment of whether:

- The contract involves the use of an identified asset - this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right then there is no identified asset.

- The Company has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use.

Notes to the Financial Statements

For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies (continued)

(h) Leases (continued)

- The Company has the right to direct the use of the asset i.e. decision making rights in relation to changing how and for what purpose the asset is used.

At the lease commencement, the Company recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Company believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right-of-use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

Exceptions to lease accounting

The Company has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets. The Company recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

(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 2020

3 Summary of Significant Accounting Policies (continued)

(k) Adoption of new and revised accounting standards

The Company has adopted all standards which became effective for the first time at 30 June 2020, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Company or refer to Note 2 for details of the changes due to standards adopted.

(l) 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 2018-7 Amendments to Australian Accounting Standards – Definition of Material	1 July 2021	The amendments refine the definition of material in AASB 101 to clarify the definition of material and its application by improving the wording and aligning the definition across AASB Standards and other publications. The amendment also includes some supporting requirements in AASB 101 in the definition to give it more prominence and clarifies the explanation accompanying the definition of material.	Unlikely to be any impact on the reported financial position, performance or cash flows in the financial statements.
AASB 2020-1 Amendments to Australian Accounting Standards – Classifications of Liabilities as Current or Non-Current	1 July 2022	This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. For example, the amendments clarify that a liability is classified as non-current if an entity has the right at the end of the reporting period to defer settlement of the liability for at least 12 months after the reporting period. The meaning of settlement of a liability is also clarified.	Little impact expected but entities should consider the appropriate classification of liabilities as current or non-current.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2020

4 Critical Accounting Estimates and Judgments (continued)

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 - COVID-19

The COVID-19 outbreak has impacted the way of life in Australia. This has affected the ability of the Company to continue operations as usual and has impacted on its operating results. In accordance with national guidelines, the Company has implemented remote working arrangements in response to government requirements and to ensure the wellbeing and safety of all employees and visitors.

The Company has determined that there are no going concern risks arising from the impact of the COVID-19 outbreak. The Directors have determined that the Company remains in a healthy cash position and retained stable grants, sponsorships and membership numbers for the 2021 financial year.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2020

5 Revenue and Other Income

	2020	2019
	$	$
Revenue		
- Department of Health grant	**3,175,367**	2,228,300
- Department of Social Services grant	**-**	84,553
- Sponsorship	**473,609**	342,836
- Auspicing	**268,311**	849
	3,917,287	2,656,538
Other income		
- Donations	**48,631**	31,766
- COVID19 Government Stimulus	**217,000**	-
- Service rendered	**110,443**	220,219
- Fund scholarship	**1,298**	9,446
- Other income	**13,226**	3,761
- Interest revenue	**3,267**	4,925
- Gain/(loss) on disposal of assets	**655**	-
	394,520	270,117
Total Revenue and Other Income	**4,311,807**	2,926,655

6 Cash and cash equivalents

	Note	2020	2019
		$	$
Cash at bank and in hand		**2,846,093**	2,250,734
	14	**2,846,093**	2,250,734

7 Trade and other receivables

	Note	2020	2019
		$	$
CURRENT			
Trade receivables	14	**31,549**	47,938
Total current trade and other receivables		**31,549**	47,938

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.

Notes to the Financial Statements

For the Year Ended 30 June 2020

8 Plant and equipment

	2020	2019
	$	$
PLANT AND EQUIPMENT		
Furniture, fixtures and fittings		
At cost	**84,085**	72,931
Accumulated depreciation	**(22,325)**	(4,517)
Total furniture, fixtures and fittings	**61,760**	68,414
Office equipment		
At cost	**115,060**	72,488
Accumulated depreciation	**(57,398)**	(32,518)
Total office equipment	**57,662**	39,970
Total plant and equipment	**119,422**	108,384
RIGHT-OF-USE		
Right to use - Office premises[a]		
At fair value	**431,770**	-
Accumulated depreciation	**(126,372)**	-
Total Right to use - Office premises	**305,398**	-
Right to use - Photocopier[a]		
At fair value	**8,452**	-
Accumulated depreciation	**-**	-
Total Right to use - Photocopier	**8,452**	-
Total right-of-use	**313,850**	-
Total plant and equipment	**433,272**	108,384

a. Operating leases are in place for office premises rental and a mulitfunction photocopier. Right to use asset for these operating leases are recognised for the first time in 2020 to comply with new accounting standard AASB 16 - Leases. (Refer Note 3(h)).

Notes to the Financial Statements

For the Year Ended 30 June 2020

8 Plant and equipment (continued)

(a) Movements in carrying amounts of plant and equipment

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

	Furniture, Fixtures and Fittings	Office Equipment	Right to use assets	Total
	$	$	$	$
Year ended 30 June 2020				
Balance at the beginning of year	**68,414**	**39,970**	**-**	**108,384**
Additions				
Additions	**11,154**	**42,572**	**440,222**	**493,948**
Additions	**11,154**	**42,572**	**440,222**	**493,948**
Depreciation expense	**(17,808)**	**(24,880)**	**(126,372)**	**(169,060)**
Balance at the end of the year	**61,760**	**57,662**	**313,850**	**433,272**

	Furniture, Fixtures and Fittings	Office Equipment	Right to use assets	Total
	$	$	$	$
Year ended 30 June 2019				
Balance at the beginning of 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

Notes to the Financial Statements

For the Year Ended 30 June 2020

9 Other assets

	2020	2019
	$	$
CURRENT		
Prepayments	**353,999**	91,465
Accrued income[a]	**89,000**	-
Rental bond	**33,345**	33,345
	476,344	124,810

a. Accrued income includes the additional Cash boost payment of $50,000 and Job Keeper (wage subsidy) payment of $39,000 for the month of June 2020.

10 Trade and other payables

	2020	2019
	$	$
Current		
Trade payables	**37,235**	65,356
GST payable	**1,140**	124,169
Credit cards	**21,271**	23,707
PAYG payable	**34,369**	19,479
Other payables	**108,543**	50,045
	202,558	282,756

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	2020	2019
		$	$
Trade and other payables:			
Total current		**202,558**	282,756
PAYG payable		**(34,369)**	(19,479)
GST payable		**(1,140)**	(124,169)
	14	**167,049**	139,108

Notes to the Financial Statements

For the Year Ended 30 June 2020

11 Contract liabilities

	2020	2019
	$	$
CURRENT		
Funding received in advance[a]	**460,000**	75,960
Other projects	**49,816**	96,136
Grant received in advance	**2,203,297**	1,595,000
Total	**2,713,113**	1,767,096

a. Balance comprises of COVID stimulus and projects.

12 Lease Liability

	2020	2019
	$	$
CURRENT		
Lease liability[a]	**128,798**	-
Total current lease liability	**128,798**	-

	2020	2019
	$	$
NON-CURRENT		
Lease liability[a]	**203,092**	-
Total non-current lease liability	**203,092**	-

a. Operating leases are in place for office premises rental and a mulitfunction photocopier. Lease liability for these operating leases recognised for the first time in 2020 to comply with new accounting standard AASB 16 - Leases. (Refer Note 3(h)).

13 Employee Benefits

	2020	2019
	$	$
CURRENT		
Long service leave	**39,911**	31,221
Provision for annual leave	**150,968**	84,800
	190,879	116,021
NON-CURRENT		
Long service leave	**13,701**	12,613
	13,701	12,613

Notes to the Financial Statements

For the Year Ended 30 June 2020

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
- Bank overdraft
- Trade and other payables
- Lease liabilities

	Note	2020 $	2019 $
Financial assets			
Held at amortised cost			
Cash and cash equivalents	6	**2,846,093**	2,250,734
Trade and other receivables	7	**31,549**	47,938
Total financial assets		**2,877,642**	2,298,672
Financial liabilities			
Financial liabilities at fair value			
Trade and other payables	10(a)	**167,049**	139,108
Total financial liabilities		**167,049**	139,108

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

Notes to the Financial Statements

For the Year Ended 30 June 2020

14 Financial Risk Management (continued)

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.

Liquidity needs are monitored in various time bands, on a day-to-day and week-to-week basis, as well as on the basis of a rolling 30-day projection. Long-term liquidity needs for a 180-day and a 360-day period are identified monthly.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2020

14 Financial Risk Management (continued)

Credit risk (continued)

Trade receivables

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.

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.

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 2020 the number of members was 2,022 (2019: 1,610).

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:

	2020	2019
	$	$
Short-term employee benefits	**305,642**	331,453
Long-term benefits	**27,839**	30,063
	333,481	361,516

Notes to the Financial Statements

For the Year Ended 30 June 2020

17 Remuneration of Auditors

	2020	2019
	$	$
Remuneration of the auditor:		
- auditing or reviewing the financial statements	**12,000**	10,000
Total	**12,000**	10,000

18 Contingencies

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2020 (30 June 2019: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:

	2020	2019
	$	$
(Loss) for the year	**(10,442)**	(50,182)
Non-cash flows in profit:		
- depreciation	**170,260**	19,114
- Finance costs on leases	**19,560**	-
- net (gain) / loss on disposal of plant and equipment	**(655)**	30,139
Changes in assets and liabilities:		
- decrease/(increase) in trade and other receivables	**16,389**	9,414
- (increase)/decrease in accrued income	**(89,000)**	-
- (increase)/decrease in prepayments	**(262,534)**	(101,172)
- increase/(decrease) in income in advance	**946,017**	1,386,214
- increase/(decrease) in trade and other payables	**(80,198)**	196,578
- (decrease)/increase in employee benefits	**75,946**	(15,717)
Cashflows from operations	**785,343**	1,474,388

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 and principal place of business of the company is:
Indigenous Allied Health Australia Ltd
9 Napier Close
Deakin 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 29, 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 2020 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 8 September 2020

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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 2020, the statement of profit or loss, 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 2020 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards 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.

Emphasis of matter

We draw attention to Note 4 of the financial report which notes the outbreak of COVID-19 as a global pandemic and how this has been considered by the directors in the preparation of the financial report. The impact of COVID-19 is an unprecedented event, which continues to cause a high level of uncertainty and volatility. As set out in the financial statements, no adjustments have been made to financial statements as at 30 June 2020 for the impacts of COVID-19. Our opinion is not modified in respect of this matter.

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 2020 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 ACNC Act 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.

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

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.

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 8th day of September 2020