

# INDIGENOUS ALLIED HEALTH AUSTRALIA

2020-2021 ANNUAL REPORT

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Indigenous Allied Health Australia Ltd is a national not for profit, community controlled and member-led 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 Kurna 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 where we live and work and acknowledge Elders past, present and future.

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

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# OUR STRATEGIC DIRECTION

*Indigenous Allied Health Australia Ltd. (IAHA) is a national not-for-profit, community controlled and member-led, Aboriginal and Torres Strait Islander allied health organisation. IAHA work with our members, Aboriginal and Torres Strait Islander people, communities, and organisations to lead workforce reform, development, and support to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.*

IAHA is a company limited by guarantee, is registered with the Australian Charities and Not-For-Profits Commission (ACNC), the independent regulator of charities, and has deductible gift recipient (DGR) status. As an Aboriginal and Torres Strait Islander owned organisation, IAHA is Supply Nation registered.

## PRIORITIES AND OBJECTIVES

Our priorities describe the key areas IAHA focuses on to achieve our vision and purpose. The IAHA Strategic Plan 2021-2024, which was launched in early 2021 identifies five priority areas. These priorities were developed by members at the 2019 Members Forum in Darwin and through a feedback process during 2020.

The IAHA Board of Directors monitors implementation and delivery of activities through a set of actions and key performance indicators.

### IAHAs five key strategic priority areas are:

- **Strengthen** and engage our membership in advocacy, leadership capability and professional developments so that members are a strong, culturally-informed allied health workforce.
- **Grow** and support the sustainable development of the Aboriginal and Torres Strait Islander allied health sector.
- **Transform** and contribute to the broader health and education system to ensure culturally safe and responsive services are embedded in creating sustainable change led by Aboriginal and Torres Strait Islander peoples.
- **Lead** through promoting the collective voice of our membership and providing strong national Aboriginal and Torres Strait Islander health leadership.
- **Connect** with and promote connectedness among our membership and with Aboriginal and Torres Strait Islander people, families, communities and cultures.

We look forward to working with our membership, strengthening our partnerships, building on our achievements and continuing to be innovative and adaptive in achieving our vision.

**This annual report summarises key IAHA activities and outcomes for the 2020-21 financial year.**





## CHAIRPERSON'S REPORT

As Chairperson, it is my privilege to present the 2020-21 IAHA Annual Report to members and stakeholders. This marks the first report against the new Strategic Plan 2021-2024. The new Strategic Plan sets a strong way forward for us and provides an excellent opportunity to reflect on the progress made within the past 12 months, and to look forward to what we can achieve over the next three years and beyond.

IAHA has grown significantly over the course of the previous strategic plan, and as we continue to grow into the future, the Board have focussed on laying the groundwork for IAHA to remain a strong, Aboriginal and Torres Strait Islander controlled organisation well into the future.

Earlier this year, the IAHA Board led a series of conversations with IAHA members about proposed strategic priorities for the organisation and potential constitutional changes. This included discussing IAHA's membership to ensure that IAHA is strengthened as an Aboriginal and Torres Strait Islander community-controlled organisation, reflective of the diversity of the allied health workforce working in our communities and services.

IAHA established a new subsidiary company, IAHA NT Workforce Development Ltd, that will also position IAHA strongly to deliver on our strategic priorities and to access opportunities to support the success and engagement of members moving forward.

IAHA have continued to work closely with stakeholders to communicate information, including under the ongoing leadership of the Board and member led IAHA COVID-19 Advisory Group, to deliver on the IAHA Member Support and Response Strategy. We have responded quickly to the needs of our members, demonstrating significant leadership and proactivity in supporting the Aboriginal and Torres Strait Islander health workforce.

IAHA has utilised opportunities to be innovative and to re-design an expanded suite of cultural training supported by online learning, which has enabled us to better engage with stakeholders on their cultural responsiveness journey. To meet the needs of our members and partners, we have focused our business plan to be adaptive, innovative and to utilise user-friendly online platforms.

The expertise and knowledge of IAHA continues to be sought by stakeholders across the sector, including an increase in our fee-for-service activities through IAHA Consulting.

In addition, 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 establish new locations, particularly in the ACT, Northern Rivers NSW, and Greater Western Sydney.

IAHA Group Training, our new Aboriginal and Torres Strait Islander owned Group Training Organisation (GTO) is expanding, to better support the rollout of the National Academy and to increase access to culturally safe and responsive employment services. The growth across the NT, ACT and NSW will enable IAHA to better implement the health career pathway transition into employment for trainees, apprentices.

In the 12 months of this report, the IAHA Board of Directors has continued to provide strategic and cultural governance, enhanced by the collective and individual perspectives and expertise of Board members. I want to thank the Board and, on their behalf, thank the Secretariat and IAHA members for their collective and unique professional and cultural insights, knowledges, experiences, and commitment.

As a membership organisation, IAHA is led by and with our members, and I thank and recognise each of you for your ongoing contributions. We look forward to continuing to work together to achieve much needed, transformative change in the settings and communities in which we work.



## CHIEF EXECUTIVE OFFICER'S REPORT

This year has provided opportunities for reflection, renewed focus and innovation, with IAHA celebrating eleven years of making a difference in Aboriginal and Torres Strait Islander health and workforce development, as well as continuing to navigate the challenges posed by the COVID-19 pandemic and public health responses.

As Chief Executive Officer, it is an honour to showcase the ongoing activities and continued growth of IAHA in 2020-21.

The annual IAHA National Conference is the main professional development event in our calendar each year and, in 2020, IAHA held our first Online Conference for members and stakeholders. Delegates heard from and participated 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. While we were disappointed not to be able to bring IAHA members and stakeholders together, it was good to see the online format enabled people to participate, including a high number of members having a say through the Annual General Meeting and online Member forum.

Informed by members and captured in IAHA's COVID-19 Members Support and Response Strategy, IAHA continues to evolve with how we support members in the current environment. The response saw IAHA administer 66 bursaries and scholarships, provide 149 complimentary online conference registrations, distribute 174 stationery packs, hold 18 professional development and yarning sessions, and continue to work to keep members connected through our strategic communications.

IAHA's Aboriginal and Torres Strait Islander Health Academy continues to grow and evolve, demonstrating what our young people can achieve through supported and culturally informed pathways and education and training opportunities. At the time of writing IAHA have 60 students completing their allied health assistance qualifications, enrolled across two cohorts in each of the Darwin and South East Queensland Academies, and coming from 20 local schools.

To date, IAHA have exceeded the Year 12 and VET sector Certificate III completion rates in both jurisdictions with more than 60 per cent of NT Academy students and 80 per cent of South-East Queensland students continuing in the program.

The 2020-21 financial year has been another important year strategically, with IAHA working to capitalise on opportunities in the national policy environment, working across a broad range of sectors. Significant investment has been made in capturing the evidence and the impact for how IAHA work and why, with culture and cultural responsiveness at the centre of all we do, and the contribution this makes to the wellbeing and success of Aboriginal and Torres Strait Islander people, families, and communities. Our influence with other stakeholders and change leadership in mainstream settings continues to grow, and the transition of our Cultural Responsiveness in Action training to an online and mixed mode delivery has further extended our reach.

I would like to thank our members for their continued support of and engagement with IAHA activities throughout the year that includes representation on committees, advisories, community expo stalls and delivering career pathway sessions. I look forward to the year ahead, working with members, the IAHA Board of Directors, and other stakeholders to continue building upon our collective efforts and the change being led by IAHA and our members.





# KEY ACHIEVEMENTS

60

ABORIGINAL AND TORRES  
STRAIT ISLANDER YOUNG  
PEOPLE ENROLLED IN THE  
IAHA ACADEMICS

38

AUSTRALIAN  
UNIVERSITIES WITH IAHA  
FULL STUDENT MEMBERS

2232  
MEMBERS

153

DELEGATES ATTENDED THE  
IAHA NATIONAL ONLINE  
CONFERENCE

66

IAHA SCHOLARSHIPS  
ANDBURSARIES AWARDED

11

MEMBER  
GATHERINGS  
AND YARNING  
SESSIONS

2

NEW FORMAL  
PARTNERSHIP  
AGREEMENTS

9

JURISDICTIONS  
ENGAGED ON WORKFORCE  
DEVELOPMENT AND REFORM

7.5%

INCREASE IN  
ABORIGINAL AND TORRES  
STRAIT ISLANDER  
MEMBERSHIPS

12

IAHA POLICY  
SUBMISSIONS

10

IAHA PROFESSIONAL  
DEVELOPMENT  
OPPORTUNITIES

500+

MEETINGS  
AND EVENTS  
ATTENDED

580

ENROLLMENTS IN IAHA  
CULTURAL RESPONSIVENESS  
IN ACTION TRAINING

# IAHA BOARD OF DIRECTORS

## OUR PATRON

Professor Tom Calma AO

## BOARD OF DIRECTORS

IAHA is governed by a Board of Directors 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 knowledge. Collectively, the IAHA Board has a diverse skill set to drive the organisation's strategic direction and 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 2020-21 IAHA Board of Directors are:



Ms Nicole Turner  
*Director (Graduate),  
Chairperson*



Ms Maddison Adams  
*Director (Graduate)*



Mr Tirritpa Ritchie  
*Director (Graduate), Deputy  
Chairperson*



Mr Anthony Paulson  
*Director (Graduate)*



Mr Stephen Corporal  
*Director (Graduate)*



Ms Kimberley Hunter  
*Director (Graduate)*



Patricia Councillor  
*Director (Graduate)*



Dr Clinton Schultz  
*Director (Graduate)*

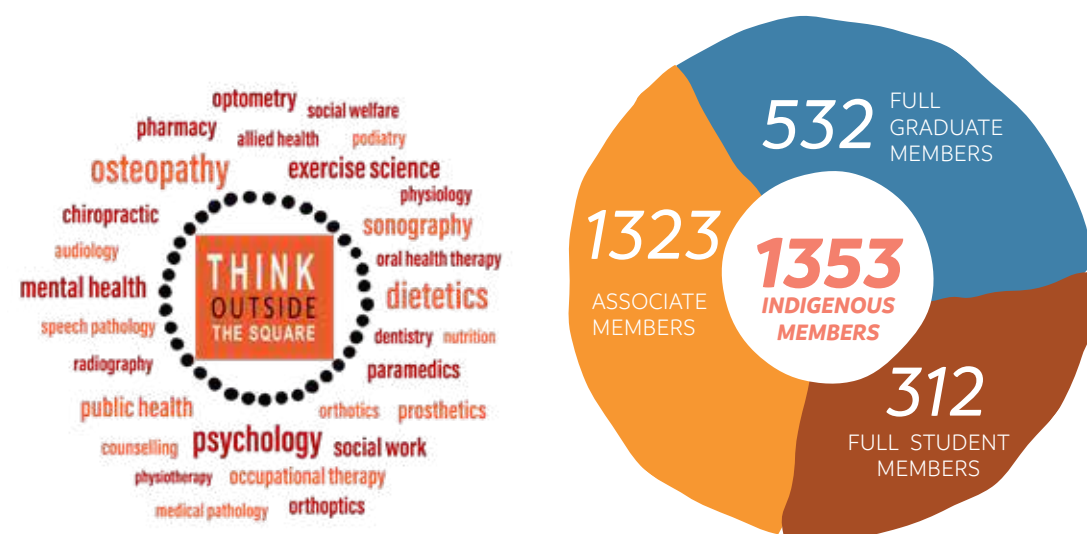
## OUR MEMBERSHIP

IAHA takes an inclusive and holistic view of allied health in our membership, with 29 allied health disciplines in our full membership categories, alongside our value for the allied health assistant and support workforce.

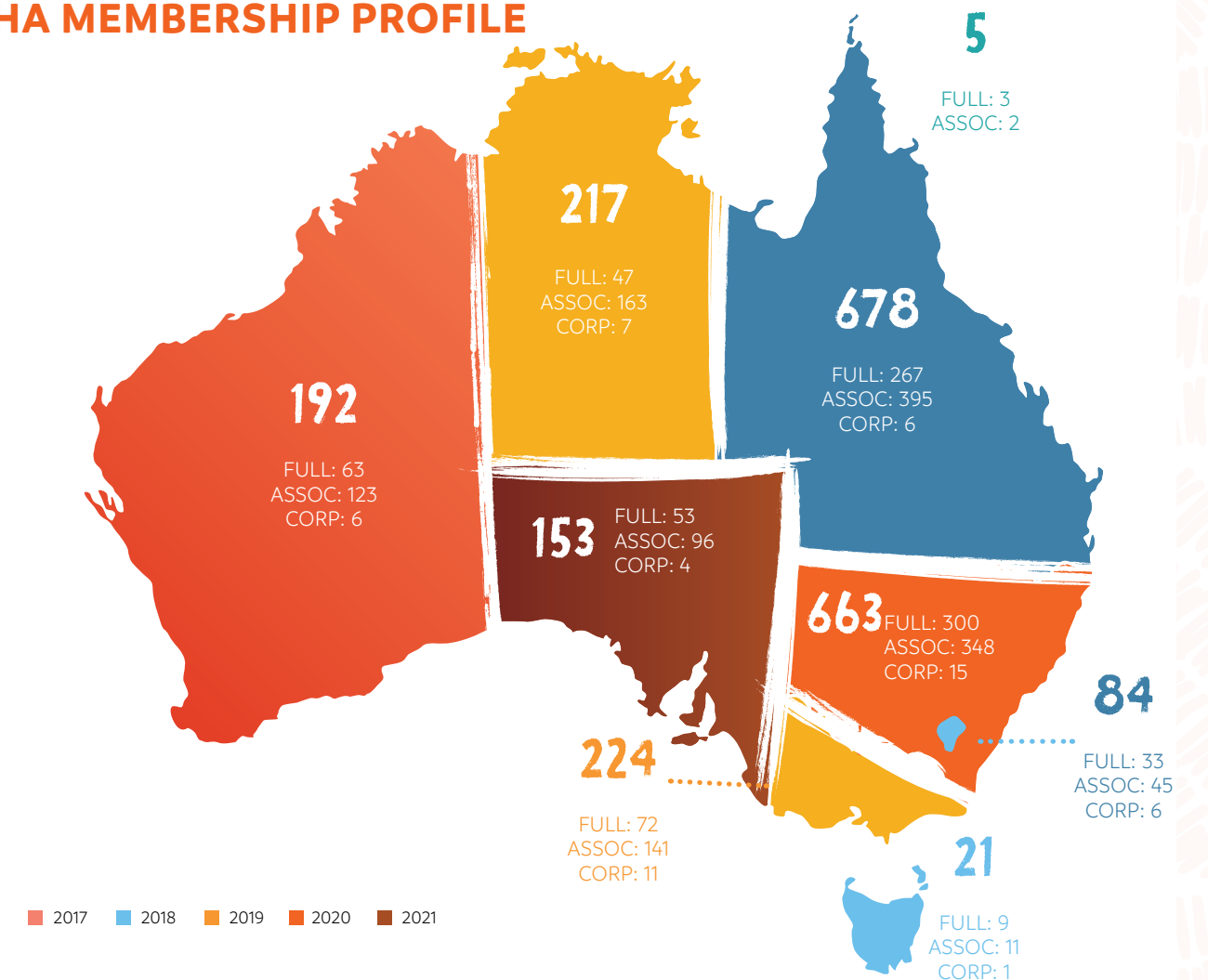
IAHA members are represented in professions registered with the Australian Health Practitioner Regulation Agency (Ahpra) and self-regulated professions. While representing the interests of Aboriginal and Torres Strait Islander people across 29 disciplines, IAHA currently has:

- 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.
- 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 Aboriginal and Torres Strait Islander community controlled organisation.
- Full Student Members studying 21 of the 29 disciplines among IAHA's membership enrolled across 38 Australian universities.

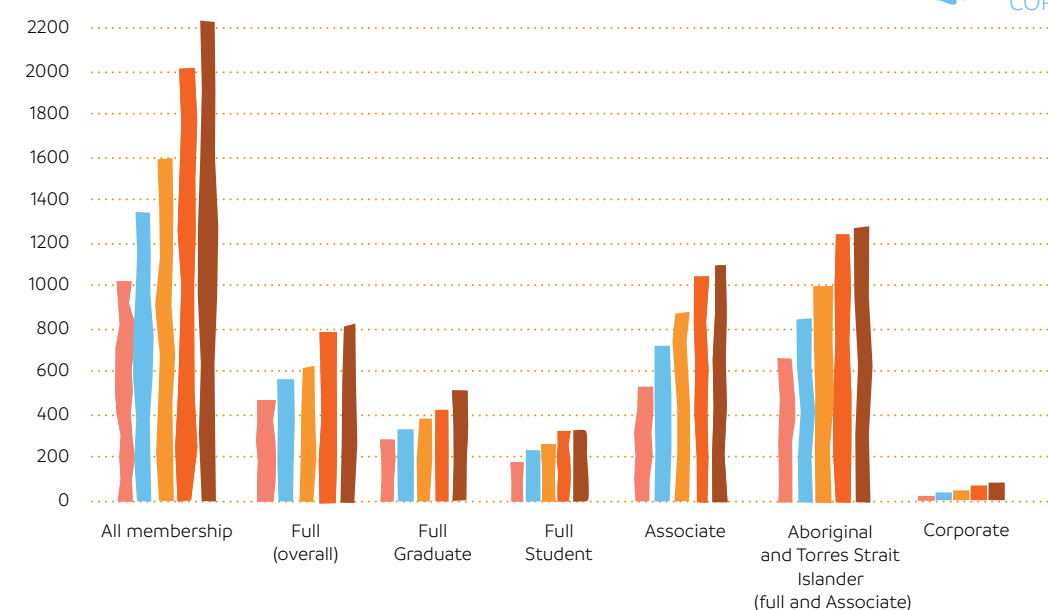
IAHA continues to go from strength to strength.



## IAHA MEMBERSHIP PROFILE



2017 2018 2019 2020 2021





# OUR KEY PRIORITIES AND INITIATIVES

## STRENGTHEN

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

### IAHA COVID-19 Member Support and Response Strategy

One of the significant challenges continuing into 2020-21 has been the impact of the COVID-19 pandemic, the rollout of the vaccine program, and the public health restrictions put in place by jurisdictions at all levels to help protect against the spread of the virus.

IAHA have continued to stay informed on developments related to COVID-19 and to respond to members needs and the needs of the Aboriginal and Torres Strait Islander health workforce more broadly, recognising the impact that COVID-19 has on their studies, clinical placements and education, business, and practice across a wide range of settings.

The IAHA COVID-19 Member Support and Response Strategy was developed in 2020 and remains a living document with a continued focus on self-care practices, cultural and others supports, professional development opportunities, networking, and connectedness with members.



IAHA Chairperson Nicole Turner with members

### Member Yarning sessions and professional development webinars

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 certain concepts or themes, and just generally catch up and check in with one another.

To June 30, IAHA had hosted ten 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. Some highlights of the Member Yarning sessions included:

- Women's Health Week with Danielle Dries and Kimberley Hunter
- Talking about Social & Emotional Wellbeing for Aboriginal & Torres Strait Islander people
- with Pat Dudgeon and Clinton Schultz
- How can we all support the National Agreement for Closing the Gap? with Katrina Fanning and Donna Murray

IAHA have facilitated access to a wide range of professional development opportunities for our membership, with ten IAHA delivered professional development opportunities over the financial year. These covered a range of topics with Aboriginal and Torres Strait Islander leaders and experts in their field including self-care, mental health, healthy living, business development, cultural wellbeing, and hearing from our international partners at Ngā Pou Mana on Māori perspectives, delivering on areas of need and interest identified by IAHA members.

### IAHA COVID-19 Advisory Group

In early 2020, 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.

While initially intended to be a time-limited Advisory, the extended length of time under the pandemic response and the value of the Advisory Group as a source of advice for IAHA has seen group members commit to ongoing participation and leadership of the implementation of the COVID-19 Member Support and Response Strategy.

Meeting on a regular basis, the COVID-19 Advisory Group 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, and to develop IAHA responses to the actions of governments.

The work of the IAHA COVID-19 Advisory Group was informed also by a survey of IAHA members on the impact of the pandemic on their education, training, and employment. The interim results of the survey were written up in an [article](#) for Croakey news titled 'How universities, employers and government can better support the Indigenous health workforce' and highlighted issues such as increased workloads, new and amended work practices, transitional challenges to digital health, stress and anxiety, and delayed progression through studies and clinical placements.

IAHA have been working to progress the recommendations arising from the early results, including working with:

- educators to support the development of a digitally literate and adaptable workforce
- employers to support connection amongst the health workforce, including access to cultural personal and professional development opportunities for the Aboriginal and Torres Strait Islander health workforce, such as the IAHA National Conference
- governments to promote investment in jobs in health, including support to establish new service models, beyond the retention of the MBS allied health items for delivery via digital health.

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

### IAHA Members 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.

In 2020-21 IAHA members continued to provide valuable support to one another. In total, 122 mentors and 109 mentees are enrolled in the mentoring program, a 15 per cent growth in the number of participants, with formal and informal mentoring relationships established between IAHA members, many of which are supported by the IAHA mentoring program toolkit.

IAHA continue to invest in the development of resources, training and support for members in mentoring, including cultural responsiveness is embedded in the mentoring relationships of members. The additional resources will support mentors and mentees to establish effective relationships, including exercises with a focus on different areas of development, such as addressing racism, discrimination, lateral violence, career professions, business development, leadership development, and cultural education and development.

This has come from a continuous quality improvement approach to mentoring, including understanding the ongoing role and importance of peer relationships during the COVID-19 pandemic and response and the new materials will launch in 2021-22.



## Allied Health Student Scholarships

Financial support for students remains an important strategy to increase the number of Aboriginal and Torres Strait Islander people, across all life stages, experiences and journeys, to study and succeed in allied health. IAHA administer scholarships for members and advocate for and support access to scholarships available elsewhere.

IAHA has key partnerships with stakeholders such as Royal Flying Doctors Service, and the Murtupuni Centre for Rural and Remote Health at James Cook University to support rural and remote clinical placements and extend students learning experiences to explore employment opportunities in rural and remote Australia.

The 2020 RFDS was awarded to an IAHA student member studying their final year of a Bachelor of Exercise Physiology. The rural clinical placement was the first of their degree, providing an opportunity to experience rural clinical practice in Mount Isa, ahead of pursuing work in rural and remote communities in their career.

In 2020-21, IAHA worked to establish new scholarships for rural clinical placements in the Northern Territory with support from the Rural Workforce Agency NT (under the Northern Territory Primary Health Network).

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.

## Aboriginal and Torres Strait Islander Optometry Student Scholarship

IAHA has been working closely with the Brien Holden Foundation to launch the Aboriginal and Torres Strait Islander Optometry Student Scholarship, which was opened for applications during the financial and will be awarded to the inaugural recipient in late 2021.

The Brien Holden Foundation Scholarship, administered by 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, a critical workforce in the health and wellbeing of our communities and one in which dedicated strategies are needed to address underrepresentation.

## Aboriginal and Torres Strait Islander Scholarships for Diabetes Education

The University of Technology Sydney, working with IAHA, are offering two, \$10,000 scholarships, for Aboriginal and Torres Strait Islander health professionals who want to build on their existing health and clinical skills and experience in diabetes education. The two scholarships aim to support an Aboriginal and/or Torres Strait Islander person studying the Graduate Certificate in Diabetes Education and Management at UTS Faculty of Health.



*"I love challenges and experiencing new environments, however working as an exercise physiologist in a rural community forced me to really think outside of the box... Having to work together (in a rural setting) allowed me to develop my client cantered care into a more holistic approach and broaden my lens outside of exercise alone. This delved into their nutrition, home environment, (and) to the social support of the client. This allowed me to really understand my client, build rapport and increase my clinical skills as a health professional."*

2020 Royal Flying Doctors Service scholarship recipient reflects on their placement

# MEMBER ENGAGEMENT ACTIVITIES

- IAHA members have informed several of IAHA's programmatic and other pieces of work, including the recommendations from the Lowitja Institute funded non-traditional pathways into health research project, outlining opportunities to develop health research career pathways for the broad health workforce.
- Members led the establishment of the new IAHA Strategic Plan 2021-2024, which was developed from discussions with members at the 2019 Members Forum and refined through an online consultation process with members under the guidance of the IAHA Board of Directors.
- 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 members have contributed to two surveys in 2020-21, with further surveys planned in 2021-22, including another iteration of the survey on members experiences cultural safety, racism and lateral violence.
- 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, social emotional wellbeing, mental health and speech pathology as well as national and university research committees, internal advisory groups, IAHA events and curricula development projects.
- IAHA remain a trusted contact for members in their professional capacities, as a key stakeholder and support for their work.
- Members have been actively engaged in representing IAHA at community and school events and career expos, showcasing their chosen profession and hosting interactive sessions in a two-way development and learning opportunity.
- The delivery of the High School to Health Careers Program in the Top End region of the Northern Territory with five 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.
- Members participated in a series of Board led member engagements about strategic opportunities for IAHA, particularly in Northern Australia, and proposed constitutional reforms to ensure IAHA remains a strong Aboriginal and Torres Strait Islander organisation into the future.
- IAHA continued to work with the Aboriginal and Torres Strait Islander mental health workforce, through a survey and Yarning sessions, as well as engaging with key stakeholders including Charles Sturt University, on the future direction and recognition for the Bachelor of Health Science (Mental Health) workforce.
- There have been limitations to hosting member gatherings, with one member gathering being held in Darwin in line with public health restrictions and requirements.
- IAHA have been able to engage with hundreds of members across activities including the online conference and members Forum, professional development webinars, Yarning sessions, surveys and projects.
- IAHA delivered 10 online professional development events for members to continue to access relevant development opportunities.



IAHA Members Networking event in Darwin



## STUDENT SUPPORT AND ENGAGEMENT

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, and engagement and support for students is an important component of retention and success.

### 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 to produce a culturally safe and responsive workforce. 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, while demonstrating decolonising curricula in practice through our work in vocational education and training. IAHA sit on 19 different University and research committees, providing Aboriginal and Torres Strait Islander governance and oversight to a breadth of work.

To support this work, IAHA have developed Clinical Placement Guidelines for Aboriginal and Torres Strait Islander health students, which support IAHA working with universities on the decolonisation of clinical placements and to improve early experiences of professional practice. The guidelines aim to increase the knowledge, understandings, skills, and collective ownership 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 continue to deliver cultural responsiveness training and provide expertise to five Universities, contributing to the redesign of curricula content and delivery across a variety of allied health courses and schools. 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. Through mentoring, IAHA are working with universities to embed these changes long term, and to establish internal leadership, monitoring and governance, aligned with the key capabilities in IAHA's Cultural Responsiveness in Action Framework.

*"I recently completed the Cultural Responsiveness online training with IAHA and found it hit the right balance between nurturing and challenging me in my understanding, values and attitudes. As a white woman in an academic role, the content was comprehensive, building my knowledge but also providing resources and links to external sites that I can use in my teaching and to revisit for my own reflection."*

**Kim Bulkeley –  
University of Sydney**

IAHA work with these universities on embedding Aboriginal and Torres Strait Islander perspectives and ways of knowing, being and doing into their teaching and practice. Culturally safe curricula support universities in their 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.

IAHA have been working with our international partners, Ngā Pou Mana, and Australian and New Zealand universities to guide the development of a Leaders in Indigenous Optometry Education Network (LIOEN). The LIOEN Reference Group will oversee the work of the network, to develop

a culturally safe and responsive optometry workforce, grow the Aboriginal, Torres Strait Islander and Māori workforce, and embed Indigenous knowledges and perspectives into optometry curricula.

The approach of IAHA working with universities to increase their cultural safety, alongside IAHA's culturally informed supports and membership engagement, contributes to the more than 90 percent of IAHA student members who go on to complete a university degree.

### Student support

Opportunities and support provided to students through IAHA in 2020-21 included the following:

- IAHA provided 27 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. Bursaries were also supported by IAHA key stakeholders including NSW Rural Doctors Network, and the Commonwealth Department of Health.
- Five students were awarded a place on the IAHA High School to Health Careers Top End Program.
- The IAHA National Indigenous Allied Health Awards recognised two outstanding student members for their leadership and academic achievement.
- IAHA hosted dedicated Yarning sessions spaces for student members to connect.

*"Yamma. Just want to say a huge thank you to IAHA for providing me with the \$500 eftpos card. I am extremely grateful to have received it and can assure you that it will be put to great use and benefit me and my studies!"*

### IAHA Student Bursary Recipient

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.

**IAHA DEVELOPED  
CLINICAL  
PLACEMENT  
GUIDELINES FOR  
ABORIGINAL AND  
TORRES STRAIT  
ISLANDER HEALTH  
STUDENTS**

**IAHA DELIVERED CULTURAL  
RESPONSIVENESS TRAINING  
AND PROVIDED EXPERTISE  
TO 5 UNIVERSITIES**

**MORE THAN 90%  
OF IAHA STUDENT MEMBERS  
GO ON TO COMPETE FOR A  
UNIVERSITY DEGREE**



## REMOTE HEALTH EXPERIENCE WEEKEND

Each year in Katherine, Northern Territory, Flinders University NT host a unique inter-professional, experiential learning and training opportunity for health students from across the country. As an organisation, IAHA has been a key collaborator in Remote Health Experience (RHE) for the past five years. IAHA's participation in the RHE includes providing IAHA student members the opportunity to attend the program and to learn more about remote health practice.

The 2021 program saw six IAHA members attend, along with our IAHA Board Director, Maddi Adams (Podiatrist) running a Diabetic Foot Examination. The weekend was supported through the leadership and coordination of IAHA staff.

The 2021 RHE saw 72 students from different health disciplines including allied health, Aboriginal Health Practitioner, nursing and midwifery, and medicine, come together for a clinical and cultural learning weekend. Students were allocated into teams (seven teams in total), with a diversity of health disciplines, universities, and genders. The weekend is about learning to work in teams and having the opportunity to participate in remote health practice clinical and essential learning skill stations. The RHE weekend also models the inter-professional training and practice, including the cross-cultural environment that students would encounter working in remote and/or rural practice.

Some of the IAHA members that participated in the RHE weekend in 2021, share their insights from the program:



IAHA Members at the Rural Health Experience

### Sharna Motlap

(Nutrition Student)

*"The RHE weekend is a fantastic opportunity for all university students across all fields of health-related degrees. It truly made me understand that the health journey of an individual or community is not reliant on a single profession or person, but rather an entire network of health professionals from different backgrounds and cultures."*

*Everything we learned during the weekend made me realize how different the framework of health is in rural and remote areas, and importantly how essential it is to be aware of cultural protocols because a patient's comfortability is the difference between whether or not they seek and accept treatment."*

*The RHE weekend has given me the inspiration to become a part of the solution to the various challenges specific to remote health."*

### Joshua Kunde

(Physiotherapy Student)

*"The Remote Health Experience was one of my highlights of the Top End Program. The weekend included opportunities to network with other students around Australia while working within a multidisciplinary team over the weekend in learning about health services in the Northern Territory (NT) and designing and implementing healthcare services in a remote community of the NT."*

*The program incorporated cultural activities delivered from Indigenous elders of the community for Aboriginal cultural learning."*

*The weekend also showed the importance of respect and teamwork when working in rural and remote communities through the skin group activity. Students were required to work together to complete daily responsibilities, such as ensuring Elders were looked after at all times, assisting with cooking or cleaning requirements throughout the day and any other tasks that required assistance over the weekend... this gave students a greater insight into how our Aboriginal communities and families worked in unison for many generations."*



IAHA member Sharna Motlap participates in the cannulation station at the RHE



# CELEBRATING OUR MEMBER ACHIEVEMENTS –

## THE 2020 IAHA NATIONAL INDIGENOUS ALLIED HEALTH AWARDS

*The 2020 IAHA National Indigenous Allied Health Awards were held online during the Indigenous Allied Health Australia 2020 National Online Conference on Thursday 4 December 2020.*

The Awards showcased nine individual and organisational contributions and outstanding achievements in Aboriginal and Torres Strait Islander allied health, recognising the 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 2020 AWARDEES:

#### **Indigenous Allied Health Professional of the Year Award – Gari Watson sponsored by Indigenous Allied Health Australia**

Dr Gari Watson is a Goreng, Gangulu and Biri Gubba man who grew up in Brisbane, Queensland, with his family. Gari was the third Indigenous dentist to graduate from James Cook University in 2014.

*"It is an honour to be recognised for the contributions to Aboriginal and Torres Strait Islander peoples' health. It is a great feeling to know that my efforts are recognised within the community and hope to see the ongoing effects empower our mob to help achieve success for all mob."*

#### **Indigenous Allied Health Inspiration Award – Kirrilaa Johnstone sponsored by HESTA**

Kirrilaa is a proud Ngilyampaa Barkindji woman from Far West NSW. A recent university graduate in Public Health, Kirrilaa is committed to system reform in the health care sector to better resource and support our communities in improving health and wellbeing outcomes.

*"I am really overwhelmed and honoured to have received this award. I have a huge appreciation for my IAHA family and all the opportunities that have been available for members since I first started uni. I don't think I would have finished university or be anywhere near where I am without the support of IAHA, especially through the strong Aboriginal female leadership"*

#### **Indigenous Allied Health Student Academic Achievement Award – Renee Briggs sponsored by the Australian Council of Deans of Health Sciences**

Renee Briggs is a proud Gomeroi woman from Moree, New South Wales. Renee has been a proud student member of IAHA since 2017 when she first began her university journey, studying a Bachelor of Public Health in Health Promotion and Public Health Nutrition at Griffith University, which she has recently completed.

*"Words cannot describe how appreciative I am to be the winner of the Academic Achievement Award. I am so grateful to IAHA for this acknowledgement however I wouldn't have made it through my degree with such passion and vigour to be the best student I could be without your consistent encouragement, belief, and support throughout my degree and for that I will be forever grateful."*

#### **Future Leader in Indigenous Allied Health Award – Shaun Solomon sponsored by Dietitians Australia**

Shaun works for James Cook University's Centre for Rural & Remote Health in Mount Isa, Queensland and holds a Graduate Diploma in Indigenous Health Promotion. While part of Sean's role, as Head of Indigenous Health, is to support Indigenous students undertaking a professional health degree, he goes above and beyond.

*"I am humbled by this recognition as an emerging leader, particularly from a national body that shows leadership on a national scale regularly. Leadership is a tricky idea, I am constantly trying to understand what it really means through my values, understanding and actions. My elders, family and community consistently teach me about what it means to be a leader."*

#### **Commitment to Indigenous Health Award – Ken Allen sponsored by NAATSIHWP**

Ken Allen is a Proud Gomeroi Man, who was raised and Educated in the local Primary School at Wahallow Aboriginal Mission. Ken works for Hunter New England Health at Tamworth Hospital as the Aboriginal Health Practitioner, leading the newly formed Healthy Deadly Feet Worker Project for the Ministry of Health.

*"I would like to thank IAHA for accepting my nomination, to win this award (Commitment to Indigenous Health) for the community is a pleasure. While the numbers demonstrate the impact on the patients within our region, it's the patient's stories that are truly remarkable."*

#### **Local Allied Health Champion Award – Sam Paxton sponsored by HESTA**

Sam is a proud Waywurru woman who is a Full Member (Graduate) of IAHA and completed a Bachelor of Arts (Psychology)/Bachelor of Business (Management) at Monash University in 2014. From 2018 onwards, Sam has been proud to work at Weenthunga Health Network.

*"I feel deeply grateful to have been nominated for the Local Allied Health Champion Award by family, community members and friends, and additionally for IAHA's recognition of the work I'm fortunate to contribute to. For me, working in community and community controlled organisations means always working in a space of reciprocity. What's most important to me is: Elders and community inform and back the work that I do; culture, cultural practice and decolonising is always front of mind, and I have a positive impact in wellbeing and healing locally."*

#### **Contribution to Indigenous Health Research Award – Prof Sue Green sponsored by The Lowitja Institute**

Sue firmly believes that all research needs to be co-designed and undertaken in partnership with, and for the benefit of Aboriginal and Torres Strait Islander peoples and this is how she positions her research work. In more recent times Sue's focus has also included the 'Wiradjurisation' of Social Work theory, practice, and education within Wiradjuri country.

*"I am so honoured by the recognition of my peers. Ensuring that research is co-designed and lead by community can be difficult due to the constraints by institutions and funding who operate within the Western model of research. However, it is important that we ensure that our communities demand what research is done, how it is done and then how it is used. I thank everyone for their support of me and my work."*

#### **Allied Health Workforce Leadership Award - Centre for Rural and Remote Health (CRRH) at James Cook University sponsored by the Australian Health Practitioner Regulation Agency (Ahpra)**

The Centre for Rural and Remote Health (CRRH) at James Cook University, led by senior First Nation Academics Associate Professor Catrina Felton Busch and Shaun Solomon together with Stephanie King, Leann Shaw, adjunct academics Christine Mann, Tahnee Elliot, Linda Ford, Malama Gray, together with the student placement officers and allied health clinical leads, have established and grown an allied health, Aboriginal and Torres Strait Islander Health Worker and nursing workforce pipeline for rural and remote Australia. The CRRH's Partnership with IAHA is central to this.

#### **Innovative Practice Award – Tahnee Elliott sponsored by Medtronic**

Tahnee is a registered Occupational Therapist, currently employed full-time in the position of Learning Coordinator at Gulf Christian College where, in partnership with the school, community and local University Department of Rural Health, an allied health service-learning placement was piloted in response to the identified needs to support and provide access to occupational therapy and speech pathology services

*"I am honoured to be the recipient of the IAHA Innovative Practice Award for 2020. I love what I do, each and every day, and it is a privilege to work with Our Mob, and current university students who are the future of our health workforce."*



# 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. IAHA's 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 2020-2021.

IAHA has worked closely with members, communities and stakeholders across several activity areas that implement the IAHA Workforce Development Strategy, with investment in community engagement and promotion of allied health careers:

1. Community and school events and career expos
2. High School to Health Careers Program
3. National Aboriginal and Torres Strait Islander Health Academy
4. Mentoring Program



Chairperson Nicole Turner with the Hon Ken Wyatt MP at the 2021 Barunga Festival

# COMMUNITY ENGAGEMENT AND PROMOTION OF ALLIED HEALTH CAREERS

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, or which are available to them through opportunities such as rural and remote practice.

IAHA members are actively involved and volunteer their time to attend community engagement events in their local communities and engage in two-way learning. This helps IAHA to generate strong interest on the day and follow up contact, including interest in health career and IAHA programs and applications for membership, cultural responsiveness training, and mentoring.

## COMMUNITY ENGAGEMENT AND EVENTS

### Barunga Festival

An iconic event on the national festival calendar, Barunga Festival is a cultural event steeped in a proud tradition of celebrating the best of local Aboriginal culture, sport, and music. The 2021 Barunga Festival, held over three days, certainly didn't disappoint, with record numbers making the journey to the small remote community 80km south of Katherine, NT.

IAHA has been attending and supporting the festival since 2013. This year, the IAHA team again participated actively in the event, sponsoring the community festival and taking the opportunity to promote both healthy lifestyle messages but, more importantly, talking about health careers and pathways with over 2000 children, young people and community members.

As with previous years, IAHA ran an interactive health station at the IAHA stall. In addition, IAHA ran interactive Healthy Lifestyle and nutrition sessions with the young kids attending the festival. Over 300 young people participated in these sessions, learning important health messages and health career opportunities and pathways.



Gabe Oth hosts a community stall in Darwin



## Broader Your Horizon

IAHA, in partnership with the ACT Education Directorate and the University of Canberra, hosted 53 Aboriginal and Torres Strait Islander year 9 and 10 students from local Canberra schools for an event to showcase pathways into health careers.

Students from eight Canberra high schools and the Yurauna Centre at Canberra Institute of Technology participated in a range of interactive health sessions hosted by Aboriginal and Torres Strait Islander health professionals on the University of Canberra.

Students participated in engaging activities which showcased different elements of health and wellbeing, increasing health literacy and student's understanding of the roles of different disciplines in maintaining good health and working with Aboriginal and Torres Strait Islander people, families and communities.

The Broaden Your Horizon event coincided with the planned expansion of the IAHA National Aboriginal and Torres Strait Islander Health Academy into the ACT in 2021, with IAHA partners including the Australian Indigenous Doctors' Association, the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners, and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives helping to showcase the diversity of careers in health available to Aboriginal and Torres Strait Islander young people in the ACT.

## CDU Youth Futures Workshop

Another of the community and school engagements was the Charles Darwin University's Youth Futures Workshop, held at CDU Stadium in Darwin in April 2021.

Aligned this year with National Youth Week the workshop had a focus on developing positive mental health and help build your self-esteem and resilience, key elements of IAHA's delivery of the IAHA Aboriginal and Torres Strait Islander Health Academy.

Current Academy students, led by Academy educators, helped host an IAHA stall, giving the opportunity to connect with local Aboriginal and Torres Strait Islander young people as well as the other exhibitors.

## 2020 Deadly Cup Carnival

The inaugural Deadly Cup rugby league carnival was held at TRL Stadium Darwin in November 2020, with IAHA sponsoring the event and working with local business Deadly Enterprises. The event was a big success with over 2000 spectators, 17 exhibitors, 28 sponsors and 240 youth and senior players in attendance.

Billed as a "community celebration of Indigenous peoples and their culture, connecting families with services to promote health and wellbeing" IAHA's involvement in the Carnival gave the team an opportunity to connect with the Aboriginal and Torres Strait Islander community members in attendance and to promote the NT Aboriginal Health Academy.



The IAHA team at the 2020 Deadly Cup Carnival

## High School to Health Careers Program

IAHA delivered the first of two Northern Territory High School to Health Careers programs, the Top End Experience (IAHA HS2HC Top End Experience) in March 2021, with the second Central Australia experience delayed to later in the year due to COVID-19.

This year's IAHA HS2HC Top End Experience had a diverse range of cultures and professions including, for the first time, IAHA Full Student Members studying in nutrition and dentistry. IAHA Student Members created fun and interactive health stations for the local Aboriginal and Torres Strait Islander students to participate in, creating great conversations and interest in pathways into those professions.

This year the IAHA HS2HC Top End Experience provided an opportunity for participants to spend time with IAHA NT Aboriginal Health Academy students. The diversity within the classroom provided a great chance for our program participants to learn how to be creative and responsive to the learning needs of the Academy students, while also sharing their journey with young people on a pathway into health and related sectors.

Some of the feedback and reflections from program participants, on the impact of High School to Health Careers on themselves and the students they worked with, are below:

The High School to Health Careers program succeeds 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.



IAHA member Tay Niua teaching in the NT Aboriginal Health Academy



High School 2 Health Careers participants visit the NT Aboriginal Health Academy



**IAHA member and 2nd year Nutrition student, Sharna Motlap reflected**

"I would have loved to have something similar when I was in high school so I could have made more informed decisions about university and health career options. It was extremely rewarding to see these young Indigenous students being interested and engaged at our hands-on stations, and importantly inspired. I could see that by sharing our journeys, all the failures and successes we have experienced had an impact on them."

**Occupational Therapy early career Graduate, Rory Busch reflected**

"The HS2HC program has been one of the most rewarding and fulfilling experiences of my student/professional career. During the program I was able to share my story, my knowledge and my journey with the future generation of Indigenous Health Professionals, it has given me the chance to be a role model, a leader and most importantly the opportunity to give back to our mob. By working closely with other talented Indigenous Health professionals, I have been able to learn from their journeys and incorporate their teachings into my own story, which has contributed to both my professional and personal development. I truly believe that after participating in this program I have the skills to be a better health professional whether I am working in a metropolitan setting or in a rural and remote community."

**IAHA member and 2nd year Medical Student, Emma Thompson, reflected**

"At my station students were able to listen to heart sounds with stethoscopes, measure blood pressure and listen to their heartbeat with the Doppler ultrasound. It was great to connect with hundreds of students in years 7-12, exposing them to health careers which was strengthened by our own personal experiences. It was so great to hear students were interested in pursuing health careers. However, many had not considered university an option and were not aware of the pathways offered for Aboriginal and Torres Strait Islander students. We (fellow IAHA students) were able to share our journeys into studying health at university and how we overcame these barriers. The IAHA HS2HC program provided the student's a safe place to ask questions without feelings of shame. We also shared the various scholarship and pathway opportunities that are available for passionate Aboriginal and Torres Strait Islander students. I believe we were acting as relatable role models for these kids, and you could really see that they were interested and engaged with their questions."





***“By changing the narrative and working alongside young people, the Academy encourages and enriches young minds to harness confidence and work-readiness. Our Aboriginal and Torres Strait Islander young people in the Academy are on supportive pathways toward achieving their goals and aspirations. They demonstrate daily the inherent strength in our people and what can be achieved in culturally safe and supportive environments. We are confident our Academy graduates will go on to great things as emerging leaders”***

**IAHA Chairperson Nicole Turner at the ACT Health Academy launch**

## 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 model continues to be recognised by communities and Aboriginal and Torres Strait Islander stakeholders as a positive example of Aboriginal and Torres Strait Islander led solutions.

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, completing a Certificate III in Allied Health Assistance alongside their 12 qualifications. They also undertake a work placement in a health or related sector provider to gain on the job training and experience in their preferred career pathway.

The Academy has Aboriginal and/or Torres Strait Islander health students and graduates supporting them as role models and as mentors, sharing their journeys into health, experiences in further education and the opportunities which exist. The Academy aims to support students to understand the opportunities and pathways available to them, and to plan for how to achieve their goals, within an environment built to foster and support success.

To date, IAHA have exceeded the Year 12 and VET sector Certificate III completion rates in both jurisdictions in which the Academy operates, with more than 60 per cent of NT Academy students and 80 per cent of South-East Queensland students continuing in the program.

### Northern Territory Aboriginal and Torres Strait Islander Health Academy

The Northern Territory Aboriginal and Torres Strait Islander Health Academy, the first of the IAHA Academies in operation nationally, continues to go from strength-to-strength, celebrating a small graduating cohort in 2020 while increasing to 24 students across two cohorts (new and continuing students) at the commencement of the 2021 Academic year. This includes 12 students coming from remote communities across the Northern Territory and an increase in the number of young Aboriginal and Torres Strait Islander men enrolled.

As an IAHA run and operated Academy, IAHA staff in the Northern Territory have continued to provide education, training and host employment opportunities for the Academy students with a retention rate of over 60 per cent despite the challenges of the COVID-19 pandemic, particularly for those students from remote communities. The NT Academy has been fortunate to have 22 guest speakers, including 11 from allied health professions share their work and education journey with the students.

Students have completed clinical placement opportunities with host employers in Aboriginal Community Controlled Health Services, NT Health facilities and hospitals, the Menzies School of Health Research, disability providers, community pharmacy, private allied health practices and with Indigenous Allied Health Australia.



NT Aboriginal Health Academy students



# 2020 GRADUATION AND AWARDS

On Thursday 10 December 2020, IAHA hosted the IAHA Northern Territory Aboriginal Health Academy graduation in Darwin for the second year.

The 2020 graduation recognised five young Aboriginal and Torres Strait Islander women enrolled in the NT Academy, each of whom completed Year 12 and graduated with a Certificate III in Allied Health Assistance.

Amongst the many people who acknowledged the successes and future opportunities for the academy students was the Hon Mark Coulton MP, Minister for Regional Health, who addressed the students saying:

The NTAHA also celebrated the 2020 Award winners and their outstanding achievements with their families, communities, government officials, and the broader IAHA support network. The 2020 Academy Award Winners were:

Inspiration Award – Lorraine Randall

Local Champion Award – Elyssia Tallon Rosas

Deadly Student Award – Toya Wilson-Norris

Commitment Award – Porsche Cahill

Student Choice Award – Lorraine Randall

Future Health Leader Award – Tianna Fitzgerald-Millar

***“I think what you will bring to your careers, whatever direction will be a great combination of your cultural understanding... combined with the educational qualifications that you’ve received... I am a very strong supporter of the pathway you’ve chosen.”***

**Minister Coulton**





## Transitions from the NT Academy

Many of the Academy students become first in family to complete year 12 and further education, with significant impacts on their own lives and those of their siblings, families, and communities. IAHA continue to work with the students beyond their participation in the Academy, supporting the transition into employment and further education and training.

For the five NT Academy graduates from 2020, IAHA have continually supported them into the following:

- One student is employed as an Allied Health Assistant within the Royal Darwin Hospital and will be undertaking a Certificate IV in Allied Health Assistance
- One student has enrolled in a Diploma of Nursing, supported by a Puggy Hunter Memorial Scholarship
- One student is employed as a Larrakia Ranger
- One student completing a traineeship with NT government through the 'Get Set in the NT' program administered by the NT Department of Education; and
- Another student set to undertake further studies in 2022, following a gap year.

Some profiles of current and former NT Academy students are on the following pages.

### Lynette Fejo – Case study

Lynette Fejo is a Larrakia elder, the Larrakia people are the traditional custodians of the lands on which the Northern Territory Aboriginal Health Academy is located, in Darwin. Lynette is an artist, dancer, and a strong leader. Lynette grew up in Belyuen and had three kids and many grandchildren. Lynette is heavily involved in the local community with her dance group, artwork, and Welcome to Country ceremonies.

Lynette joined the Academy team in 2021 as a Cultural and Wellbeing officer, Lynette brings a wealth of knowledges and understanding to the Academy. Lynette has several kinship connections with students and staff within the Academy and the team will often call on Lynette for cultural guidance and mentoring of staff and students.

One of Lynette's main roles is to support the boarding students enrolled in the Academy from remote communities across the Northern Territory. In her time with the Academy, Lynette has had a significant impact on the students, and her presence in the classroom has been of great benefit.

Lynette also supports the teaching, providing different perspectives on what is being taught, including a strong cultural lens. Lynette's perspective often gets the students talking and asking questions, providing students with additional opportunities to expand their learning. Lynette offers cultural education for all students about working in the health industry, how to deal with family humbug once students start getting paid, and the cultural difference within the class and our students. Lynette will often share her experience, journeys and stories with the staff and students, informing their development as culturally safe and responsive people within health.

The NTAHA team feel very honoured to have Lynette on our team supporting us, mentoring us, and working with us.

### Nadya Clancy – Case study

Nadya Clancy was a student in the first cohort for the Northern Territory Aboriginal Health Academy (NTAHA) commencing in 2018. An Anmatyerre woman from Central Australia, Nadya is an artist and a young woman who is close to her family.

Nadya went to Palmerston College, where she completed her Northern Territory Certificate of Education and Training (NTCET) and her Certificate III in Allied Health Assistance in 2019. Nadya did an ATAR pathway but chose the Academy program to be exposed to different health careers and pathways, as this is an area which she was keen to explore.

While in the Academy, Nadya completed her on the job training with Danila Dilba Health Service, an Aboriginal Medical Service in Darwin, where she was exposed to multiple areas within the health industry. Nadya enjoyed her time at Danila Dilba, and Danila Dilba enjoyed having Nadya in their workplace.

Upon completing her NTCET and with her ATAR score, Nadya was offered a place at Flinders University in South Australia to study a Bachelor of Health Science, majoring in Nutrition. Nadya relocated to Adelaide at the start of 2020. Making a move to Adelaide was a huge step for her and her family.

When COVID-19 closed the universities in 2020, Nadya was required to move back to Darwin. Nadya's studies were moved online, and she had to complete her first year studying from home. When Nadya has completed her Bachelor of Health Science (Nutrition), she plans to move back to Darwin to study medicine with the Flinders Northern Territory Medical Program.

During her time studying at home, Nadya was mentoring her younger sister, Nakita Clancy, who joined the Academy in 2020 and is due to complete in 2021. The NTAHA team invited Nadya to share her journey with the 2020 cohort and Nadya shared her experience of her time in the Academy, the challenges she faced with her first year of her university study, and how she has overcome these.



### Lorraine Randall – Case study

Lorraine Randall is a Pitjantjatjara, Yunkunyjatjara woman who joined the Academy as a Year 12 student from Palmerston College in 2020. Lorraine completed a fast-track program graduated from the NT Aboriginal Health Academy (NTAHA) the same year with a Certificate III in Allied Health Assistance. Lorraine's older cousin, Lia Gumbra was a graduate of the NTAHA in 2019. The two cousins remain close and both had a strong interest in working in the health industry, as an allied health assistant.

Before Lorraine joined the NTAHA, Lorraine's school attendance wasn't great, and she was at risk of failing her Northern Territory Certificate of Education and Training (NTCET). Lorraine said, "she joined the academy for the experience and to be with my friends."

During Lorraine's time in the NTAHA, Lorraine overcame significant personal struggles and challenges with the support of both the NTAHA team and other IAHA staff. The team worked closely, mentoring Lorraine on her journey while in the Academy and outside of the Academy. Lorraine's attendance and commitment to her school improved through her journey within the Academy.

The commitment, resilience and leadership Lorraine displayed in the Academy meant that Lorraine was fortunate to be allocated to do her on the job training at Palmerston Hospital working in the Allied Health Team. During her time at the hospital, Lorraine worked in different areas alongside physiotherapists, occupational therapists, and speech pathologists. The NTAHA team received several emails regarding Lorraine's performance. Gail Wilkins, from Palmerston Hospital, said of Lorraine:

*"It has been a pleasure having Lorraine with us here at PRH, and I have had nothing but positive feedback about her from all the staff. Lorraine has shown lots of enthusiasm, which shows in her excellent attendance record. I can honestly say there is nothing negative about her attitude towards working as an Allied Health Assistant. Lorraine's work ethic, and communication skills with both staff and clients is outstanding. She has a natural ability to make clients feel at ease and does not hesitate to undertake any task asked of her."*

Taking on a school-based trainee as an Allied Health Assistant was something the Allied Health Team had not done before; and the NTAHA staff worked alongside the Allied Health Team at Palmerston Hospital to provide support to them and Lorraine. This positive relationship made for a very successful on the job placement for both Lorraine and Palmerston Hospital.

As her school-based traineeship was close to completion as an Allied Health Assistant vacancy was advertised at Royal Darwin Hospital, Lorraine applied for the job with the support of the NTAHA staff and her manager and colleagues at Palmerston Hospital. She successfully obtained a 7-month contract in the Speech Pathology team at Royal Darwin Hospital, as an Allied Health Assistant. Lorraine was interviewed for Speak up: A Speech Pathology Australia podcast on the role of Allied Health Assistants in speech pathology

Lorraine remains involved with the NTAHA and is mentoring some of the current Academy students in her own time. She is also part of the team supervising two NTAHA trainees at Royal Darwin Hospital. Lorraine came into the Academy in term 2, 2021, as a guest speaker with Shari Fuller, a Speech Pathologist with whom Lorraine works alongside. They shared their journeys, talked about how a speech pathologist and an Allied Health Assistant work together and delivered an interactive session using Speech Pathology tools and assessments. Both Shari and Lorraine are presenting at the IAHA National Conference in 2021.

In 2020 Lorraine won two awards outlining her leadership within the NT Academy cohort. One of the awards, the 'Student choice award,' was nominated by her fellow NT Academy classmates.

In 2021, Lorraine nominated to be a member of the Youth Governance Committee, for SAHMRI's National Roadmap to Aboriginal and Torres Strait Islander Adolescent Health. This Committee's work provides another opportunity for Lorraine to develop her leadership and community development skills.

In 2021 Lorraine was a finalist for the NT Training awards and won NT trainee/apprentice of the year.

The NTAHA team are extremely proud of all of Lorraine's achievements and her growth, she is an amazing, young, strong leader and we can't wait to see what the future holds for Lorraine.

### Porsche Cahill – Case Study

Porsche Cahill started in the NT Aboriginal Health Academy (NTAHA) in 2020, as a Year 11 at Palmerston College. Porsche joined the NTAHA to learn more skills and to give back to the Northern Territory communities. Porsche attends the NTAHA two days a week for classroom learning and work placements and school three days a week. Students in the NTAHA are supported to complete their Certificate III in Allied Health Assistant, complete their high school certificate and have on the job training, with one day a week in the workplace.

Porsche entered the NTAHA with a broad interest in the health sector, but as a year 11 student, she was still unsure of a pathway forward. Porsche says,

*"The Northern Territory Allied Health Academy has helped and guided me into a person that I aspired to be. I have grown tremendously since the start of 2020, including my career and attitude, by taking steps out of my comfort zone. At the beginning of 2020, I was very stubborn, I wasn't confident in myself, and I had a short temper however, now I can admit my wrongs and ask for help without feeling ashamed or judged, I stop and think about what I'm going to say, and my consequences, and I have a better understanding of how the world works. I still have a long list of self-improvements that I have and want to tick off that is involved in my everyday life task."*

During 2020, Porsche developed an interest in pharmacy. The NTAHA team arranged for Leigh Moore, pharmacist and industry expert working at Flinders University, NT, to talk with Porsche about the pharmacy industry. Porsche was given contact details for a pharmacy willing to employ her in a casual position. Porsche has now been working every Tuesday. While working, she has been doing short courses and is enrolled in SIRCIND002 – Support the supply of Pharmacy Medicines and Pharmacist Only Medicines.

Porsche was placed with the Menzies School of Health Research for her on the job training. Porsche has been involved in several areas within the School, including working in the lab where she developed her skills related to medical research and laboratory work. One of these involved extracting DNA from a banana, which Porsche will be putting into action by demonstrating and teaching school students during Science Week.

Through her time the Menzies School of Health Research, Porsche helped organise the Youth Health Summit. She was involved in all stages, from planning, setting the topics, approving advertising materials, to working at the Summit. Her supervisors recommended that Porsche assist in the Live Strong COVID-safe Frailty Free project launch and stakeholder event evaluation. Associate Professor Dr Jaqui Hughes provided the following feedback

*"Porsche conducted herself professionally; as a research observer, she was meticulous in her role, was not intrusive to the event experience, and took care to understand her brief. She produced a quality report. She displayed behaviour and maturity beyond her level as a high school student."*

In 2020 Porsche Cahill was awarded the NTAHA commitment award as a student who demonstrated a commitment and contribution to the Academy; and leadership, strength, and reliance towards their role within the Academy. The award recognises those small achievements which have a positive and strong impact on themselves, fellow class members and the Academy family.

The NTAHA team are extremely proud of Porsche and her growth while in the Academy. Porsche is one of our strong leaders and is never afraid to ask or try new things when asked of her. We can't wait to see where her future takes her.



NT Aboriginal Health Academy Students, including Porsche Cahill (right)





Rikki Fischer with the SE Queensland Aboriginal Health Academy team at the Institute for Urban Indigenous Health in Brisbane

IAHA CEO at the signing of the Northern Rivers partnership (top) and the Chairperson and CEO at the launch of the ACT Academy (bottom)



## South East Queensland Academy

In South East Queensland, IAHA continue to work in partnership with the Institute for Urban Indigenous Health (IUIH).

Established under a licencing relationship, the IUIH South East Queensland Academy became the second Academy in operation and currently has 32 enrolled Aboriginal and/or Torres Strait Islander school-based trainees that come from over 14 different school districts for 2021.

The South East Queensland Academy is demonstrating early success with a student retention rate of over 80 per cent, and have established additional supports, such as a homework hub at the Loganlea High School for trainees to assist with study requirements.

## Growth and expansion of the National Aboriginal and Torres Strait Islander Health Academy

The IAHA National Aboriginal and Torres Strait Islander Health Academy is an essential strategy for growing the Aboriginal and Torres Strait Islander health workforce and our young Aboriginal and Torres Strait Islander future leaders and continues to expand under different models and structures nationally, in partnership with local communities and organisations.

2020-21 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, through the establishment of local partnerships and relationships.

New or renewed partnerships have been formalised with the University of Canberra, Southern Cross University, Northern NSW Aboriginal Community Controlled Health Services, Northern NSW Local Health District, The Poche Centre for Indigenous Health, TAFE NSW, Canberra Institute of Technology, Charles Darwin University and Flinders University.

Through these partnerships the ACT and Northern NSW Academies will enrol their first cohorts into the Certificate III in Allied Health Assistance in 2022.

The official launch of the ACT Aboriginal and Torres Strait Islander Health Academy was held at the University of Canberra on the 28th of May, with 70 delegates in attendance, and Year 10 students in the ACT able to participate in a three-unit Health Starter Pack in late 2021, prior to having the opportunity to transition into the Academy the following year.

In addition, IAHA is committed to exploring and working with key stakeholders Western Sydney and South West Sydney Local Health Districts and TAFE NSW on a modified Academy model within the Greater Western Sydney district, providing GTO services and other advice and support for a Western Sydney Academy.

To demonstrate the success of the Academy as an Aboriginal and Torres Strait Islander led and culturally informed education pathway, IAHA have invested significant resources in the development of a national evaluation framework, supporting IAHA to contribute to understanding in education and to undertake continuous quality improvement of the program.

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. IAHA have continue to engage with and take enquiries from stakeholders in other regions, including the Kimberley, other regions within Western Australia, Western Queensland, the Torres Strait and South Australia, with many stakeholders indicating an interest in developing Academy sites to support education, workforce development and health priorities.

## IAHA Group Training

IAHA Group Training is an Aboriginal and Torres Strait Islander Group Training Organisation (GTO), designed to create opportunities for growing the Aboriginal and Torres Strait Islander workforce across diverse industries by providing employment services. As a community-controlled organisation, IAHA Group Training builds health career pathways and fill the identified workforce shortages in the health and social services sectors, for all Australians.

IAHA Group Training hold provisional GTO registration status within the Northern Territory to provide employment and support services for the IAHA NT Academy, and in the financial year completed the audit process in the Australian Capital Territory to become a fully registered GTO in the ACT. The application processes for New South Wales and for full accreditation in the Northern Territory were also underway, with approvals expected in the 2021-22 financial year.

Initially designed from IAHA's experiences working with non-Indigenous training organisations in the Northern Territory through the IAHA Northern Territory Aboriginal and Torres Strait Islander Health Academy, IAHA Group Training operates to embed the centrality of culture and a holistic approach to success in the health and social services sectors. Successful education, training, and employment outcomes occur when all factors of a person's life are considered and supported.

IAHA Group Training fill a significant need to provide a service that seamlessly connects trainees and apprentices with host employers and to provide culturally safe wraparound supports, ensuring all parties receive the support needed. While also providing group training services through the National Aboriginal and Torres Strait Islander Health Academy, IAHA Group Training will be able to support other Aboriginal and Torres Strait Islander and non-Indigenous organisations providing training services and programs.



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

### Office of the National Rural Health Commissioner

IAHA worked closely with Office of the National Rural Health Commissioner in the development of the report on the *Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia*.

The report identified a key role for IAHA in the development of an allied health workforce in regional, rural and remote Australia, and for ways of working founded on IAHA's approach to workforce development. These recommendations included:

- 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.

IAHA continue to advocate for the recommendations in the report, with the National Rural Health Commissioner, Professor Ruth Stewart, who commenced in July 2020 and the recently appointed Deputy Rural Health Commissioners, as we 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 ally, supporting one another to promote health careers, link individuals in with national and local supports and opportunities, and provide holistic support and connection.

IAHA were happy to support the work of Weenthunga Health Network, sharing information and knowledge as well as providing resources in support of Womxn Health Day event held in Bendigo in April.

***I wanted to reach out to thank you. Without IAHA's contributions, the young Women wouldn't have felt as special. There was a fantastic moment where the young Women were opening all the IAHA merchandise, and they were laughing and loving them!***





## Services for Rural and Remote Allied Health (SARRAH)

In the 2021-22 Budget, the Commonwealth announced \$9.6 million in funding over three years to support the expansion of the Allied Health Rural Generalist Pathway.

The Allied Health Rural Generalist Pathway supports early career allied health professionals to complete a training pathway that includes formal post-graduate education in rural generalist practice. The new funding provides up to 90 workplace training packages to attract and retain allied health professionals, in rural and remote Australia.

Thirty packages are allocated for Aboriginal and Torres Strait Islander community controlled health organisations, providing vital services that are culturally safe and responsive. The announcement also includes 30 Allied Health Assistant packages that will provide skills, training, local jobs and career pathways, while supporting viable practices and allied health services capacity in under-serviced communities.

IAHA has a formal partnership with Services for Rural and Remote Allied Health (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.

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

IAHA Board Director, Maddi Adams, continues in her role on the Allied Health Rural Generalist National Strategy Group with support from the Secretariat, 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 can inform 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 and have invested significant resourcing in the development of an IAHA Evaluation Framework, and to support the robust evaluation of key activities including the IAHA National Aboriginal and Torres Strait Islander Health Academy and Cultural Responsiveness training program. IAHA 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' and members 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. As part of this commitment to knowledge translation, in 2020 IAHA released the Remote and Rural Indigenous allied health workforce development project (RIAHP) Community Report. Undertaken between 2017 and 2019, and funded through the Department of Social Services, the RIAHP project advocated and built the evidence base for the critical need for an Aboriginal and Torres Strait Islander allied health workforce in remote and rural communities.

The RIAHP Community Report acknowledges the Warumungu, Bwgcolman and Manbarra peoples for their input, sharing of information, Country and cultures throughout the project, and is important in valuing this contribution by return knowledge to the community. The project also recommended approaches for 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.

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 elsewhere in 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

Naming and addressing racism within health, in education, training, service delivery and elsewhere, remains an ongoing priority for IAHA. We know that racism continues to have negative impacts on the health and wellbeing of Aboriginal and Torres Strait Islander peoples, including the current and future health workforce, and it is imperative that we work toward a health system which is free from racism.

In response to a welcomed joint statement from eight psychology professional groups on racism, IAHA had an article, titled 'To address racism, professions urged to engage with reflection, truth telling, and courageous conversations' published through Croakey media. In it IAHA called for a commitment to action from all health professions and professionals, with cultural safety an immediate priority.

*“For the Aboriginal and Torres Strait Islander health workforce, the context of Black Lives Matter is a needed conversation about race and social justice, with race and racism receiving significant attention in the national discussion. However, these conversations have, themselves, often been characterised by racism... It cannot be the responsibility of Aboriginal and Torres Strait Islander people, a small proportion of the population, to address racism and dismantle the institutions and structures which uphold it. The non-Indigenous health workforce and professions have a particular opportunity to contribute to change, given the diversity of settings in which they work, and the level of esteem and public trust afforded to healthcare professionals.”*

IAHA's Chief Executive Officer also co-authored a publication titled 'Talking about the 'r' word: a right to a health system that is free of racism'. In it, they called for a genuine enactment of the knowledges that are held by Aboriginal and Torres Strait Islander Australians relating to their cultural ways of being, knowing and doing. The paper provided a conceptual model of practices which embeds Aboriginal and Torres Strait Islander knowledges and which centres communities at all stages of the policy development cycle, from identifying the issues and policy responses, implementation and monitoring and evaluation.

*Privileging Indigenous knowledges, cultures and voices must be front and centre in developing, designing and implementing policies and programs. The sharing of power, provision of resources, culturally informed reflective policy making, and program design are critical elements*

### Aboriginal and Torres Strait Islander Leadership

#### NATIONAL HEALTH LEADERSHIP FORUM

Indigenous Allied Health Australia is a member of the National Health Leadership Forum (NHLF), auspices the functions of the NHLF and has held the role of Chair since 2019, with this role due to end in December 2021.

The NHLF was established in 2011 and is a collective partnership of 13 national organisations who represent a united voice on Aboriginal and Torres Strait Islander health and wellbeing with expertise across service delivery, workforce, research, healing and mental health and social and emotional wellbeing. The NHLF shares a collective responsibility for the future generations of Aboriginal and Torres Strait Islander people, and we pay our respect to our Elders who came before us. The NHLFs vision is for the Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable.

The NHLF has become an influential collective of Aboriginal and Torres Strait Islander health leadership and together advocate for the rights to health for our peoples. The NHLF was instrumental in the formation of the Close the Gap Campaign and continues to lead the Campaign as the senior collective of Aboriginal and Torres Strait Islander health leadership. Committed to achieving health equality, the NHLF draws strength from cultural integrity, the evidence base and community. The NHLF provides advice and direction to the Australian Government on the development and implementation of informed policy and program

objectives that contribute to improved and equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander people.

During the 2020-21 financial year, IAHA as a member has been individually and collectively involved in the development of the new National Aboriginal and Torres Strait Islander Health Plan and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan (referred to as Health Workforce Plan). Both Plans will cover the next 10 years 2021-2031, and due to be launched in late 2021.

The NHLF engaged in other Departmental and Commonwealth activities, including areas with a strong role for allied health, such as the National Aboriginal and Torres Strait Islander Mental Health Workforce Strategy and the 10-year Primary Health Care Plan.

During this period the NHLF provided submissions either written or verbal to the following consultations, with IAHA contributing an allied health perspective to shared points of advocacy, supported by individual submissions and representations:

- Productivity Commission – Indigenous Evaluation Strategy – August 2019 and August 2020.
- Treasury Department – Commonwealth 2020-2021 Pre-Budget Submission – August 2020.
- House of Representatives Committees Standing Committee on Indigenous Affairs - Pathways and Participation Opportunities for Indigenous Australians in Employment and Business, Public Hearing April 2021.
- Department of Health – National Preventative Health Strategy Consultation Paper – September 2020 and June 2021.
- Medical Research Future Funding consultation regarding Medical Research and Innovation Priorities 2020-2022.
- Department of Health - Rural Health Medical Training Program evaluation a number – written submission plus meeting consults.
- Department of Health - 10-year Primary Health Care Plan
- Australian Human Rights Commission – Proposed Anti-Racism Framework.



## STRENGTHENING ENGAGEMENT WITH GOVERNMENT AND STAKEHOLDERS



With NT Minister, the Hon Selenia Uibo, at Barunga 2021

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.

With the National Agreement on Closing the Gap signed in July 2020 and coming into effect, IAHA have worked to have the principles of the new agreement demonstrated in our work with governments, recognising and valuing IAHA's role as an Aboriginal and Torres Strait Islander community-controlled organisation. This includes the alignment between the health priorities under the Closing the Gap policy agenda with the actions and priorities in the development of the revised National Aboriginal and Torres Strait Islander Health Plan and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan.

IAHA have been involved in ongoing discussions on the implementation of priority reform two, strengthening the community-controlled sector, engaging, and informing discussions with respect to strengthening the health sector through the joint a joint funding pool established by Australian governments. As the implementation of the national agreement continues, IAHA will be engaged in future policy partnerships and other areas related to the work of IAHA in the interests of IAHA members.

### Australian Allied Health Leadership Alliance (AAHLA)

IAHA is a member of the Australian Allied Health Leadership Alliance (AAHLA; formerly the Australian Allied Health Leadership Forum or AAHLF), alongside other national key allied health stakeholders.

AAHLA members continue to pursue areas of shared strategic interest and collective advocacy. AAHLA members, separately and together, have pressed for strong engagement with Government on the COVID-19 response, stressing the need for continuing access to safe allied health services wherever possible and for allied health to play a key role in COVID-19 recovery.

At an early stage AAHLA 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, and the AAHLA continues to advise governments.

AAHLA members also participated in the review of the Allied Health Assistance Training Package, with IAHA and SARRAH leading advocacy for the potential role of allied health assistant workforce, particularly in rural and remote Australia, and the need for the training package to be delivered in a cultural safe and responsive way.

### 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, education, and training systems, as well as working to ensure that IAHA role models cultural responsiveness in action through our own work, governed by the IAHA Cultural Responsiveness in Action framework.

IAHA recognise that increasing cultural responsiveness of our systems is essential to improved outcomes across the social and cultural determinants of health; 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.

**CLOSING THE GAP  
WE'RE FIXING  
IT - SHARED  
DECISION  
MAKING**





## 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 Associational of Aboriginal and Torres Strait Islander Health Workers and Practitioners Association (NAATSIHWP) to lead health workforce policy, reform and development.
- The relationship between the peak workforce organisations is critical to supporting pathways into professions, growing the health workforce, promoting employment opportunities, recognising the strengths of interprofessional practice, learning and education, and generating change.
- Increasingly, IAHA have been supporting the community-controlled sector in workforce planning and development at the regional and local level, supporting VACCHO in the ongoing development of a whole of sector workforce strategy and working with other stakeholders in New South Wales, Queensland, and SA.
- IAHA continues to work closely with our formal partner the Murtupuni Centre for Rural and Remote Health at James Cook University 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, in partnership with local stakeholders. 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.
- In the financial year, IAHA have strengthened relationships with other University Departments of Rural Health with interest from the UDRH sector for stronger collaborations and increased focus on Aboriginal and Torres Strait Islander allied health workforce development. These relationships position IAHA to be resourced to provide additional support to the sector.

- IAHA continue 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. This has seen significant improvements across several professions, with the sector increasingly required to demonstrate cultural safety in practice.
- IAHA work closely with jurisdictional workforce agencies on workforce initiatives and programs, particularly through our formal partnership with the New South Wales Rural Doctors Network and working partnership with Health Workforce Queensland and NT Rural Workforce Agency.
- New formal partnerships in 2020-21 focus on the development of IAHA programs for education, training and employment including the tripartite agreement with IAHA, NSW Northern Rivers Local Health District and the three local Aboriginal Medical and Health Services, Bullinah Aboriginal Health Service, Rekindling the Spirit and Bulgarr Ngaru.

## IAHA CONSULTING

IAHA Consulting is the commercial arm of Indigenous Allied Health Australia (IAHA) established in 2020. Through our work in the health sector, IAHA 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 several 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, and workforce planning.

IAHA is a registered Aboriginal and Torres Strait Islander business provider with Supply Nation.



## Cultural Responsiveness (CR) Training and Development

Under the IAHA Consulting brand, IAHA have created a market-leading cultural safety training using our evidence-based and culturally informed Cultural Responsiveness in Action Framework. IAHA's Cultural Responsiveness Training program is an action-orientated and strength-based approaches to cultural safety, developing critical self-reflection and understanding of one's own cultural and the impact this has on others and their practice.

Before March 2020, IAHA delivered training as one-or-two-day, face-to-face workshops. However, the pandemic has provided an opportunity to develop a mixed mode training delivery, with more content moving to online delivery to ensure IAHA could align with client needs and continue to meet all government and health regulations to safely deliver training.

Delivery has continued to evolve as IAHA undertake a continuous quality improvement approach to the delivery, supplementing online and self-paced learning with real time (online) interactive discussions and workshops. IAHA have worked tirelessly to ensure the quality of IAHA Cultural Responsiveness Training remains at the highest standards through online delivery, with the added benefit of increasing the reach and training capacity of the program through a staged approach to learning.

More information on the new delivery mode is available on the [IAHA website](#).

Between 1 July 2020 and 30 June 2021, IAHA had 580 participants across many organisations and sectors, including professional associations, service and training providers, non-government organisations, universities, and our partner organisations.

Feedback from our stakeholders continue to show the effectiveness of IAHA's training delivery, the positive experiences of our Aboriginal and Torres Strait Islander and non-Indigenous training participants, and the impact on people's knowledges, behaviours and actions.



Cultural Responsiveness workshop

Below are just some examples of the positive feedback from participants.

*"This was such a wonderful opportunity - a safe place to learn, to self-reflect and develop a deeper understanding and awareness of myself and my unconscious biases, a more genuine respect for the centrality of culture, as well as reflecting and developing plans for how I can more meaningfully and respectfully engage with Aboriginal and Torres Strait communities in the future. Thank you!"*

**Nicola Hancock – Sydney University**

*"As the only Identified Aboriginal staff member in my organisation, I recognised the need and importance to have this training ... I believe it is essential for our people to also have a greater understanding of other First Nation's peoples' cultures and traditions and to not fall into the trap of assuming knowledge. I learnt so much about Cultural Authority and who has the traditional rights to pass knowledge and heritage of our people down through each generation. I have a much greater understanding of my own role within an organisation and community and my cultural obligation to continue to care and advocate for our people in my chosen profession. So much respect for my Ancestors and those still showing resilience and courage by walking in both words with Yindymarra. Madaang guwu."*

**Jasmine Williams, Yuin Ngadhi – Like Mind**

*"Thank you to IAHA for providing this Cultural Responsiveness Training. I found it incredibly valuable, both in terms of helping to embed a deeper understanding of Aboriginal and Torres Strait Islander people, culture, history and communities and in also helping to create and support actions at an individual level that can contribute to great equality, equity, justice and fairness. The content and structure of the modules is great to use, and the trainers are so helpful with an abundance of expertise."*

**Kate King – Medtronic**



## Cultural Responsiveness in Mentoring

At the 2020 Members Forum, IAHA members discussed the concepts of cultural supervision and cultural mentoring from Aboriginal and Torres Strait Islander perspectives. IAHA have had similar conversations at the national level and realised the strong linkages between embedding and leading in cultural responsiveness and mentoring, which has led the developing of IAHA Cultural Responsiveness in Mentoring.

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 training 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. IAHA is working with stakeholders to provide culturally responsive mentoring within their organisations and agencies.

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

## Professional Services

IAHA Consulting continue to be approached to provide knowledge and professional support to stakeholders and projects, with the sector recognising IAHA's knowledge across a breadth of topics including workforce development and reform, workforce planning, cultural safety and responsiveness, co-design approaches, and service model development.

In 2021-22 this has included key projects such as:

- Working with the Lowitja Institute on non-traditional pathways into health research producing a report and recommendations about research career pathways for Aboriginal and Torres Strait Islander people working in the social and cultural determinants of health and developing a series of resources to support Aboriginal and Torres Strait Islander people, communities, and organisations to engage in research and research concepts.
- Continuing to co-design a holistic workforce model for the provision of diabetic foot care in central and northern Australia, in collaboration with stakeholders through the SAHMRI led high risk diabetic foot project.
- Supporting Canberra Health Services to co-design a public Statement of Commitment, outlining a commitment to provide culturally safe care to Aboriginal and Torres Strait Islander people, and culturally safe work and training environments for the Aboriginal and Torres Strait Islander health workforce.
- Working with the Victorian Aboriginal Community Controlled Health Organisation to develop a workforce strategy for the whole of the Aboriginal and Torres Strait Islander health and wellbeing workforce in Victoria.
- Working with NSW Ministry of Health in developing a Cultural Mentoring Framework for the NSW Health allied health workforce.



VACCHO Social and Emotional Wellbeing workforce gathering



# 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 2020-21, 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 500 engagements nationally.

## 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. While many events have been impacted by COVID-19, through postponement, cancellation or moving to an online format, IAHA participated in several key events in 2020-21, including presenting at:

- 2020 National Aboriginal and Torres Strait Islander Eye Health Virtual Conference
- AMSA Global Health Conference 2020
- 2020 Are you Remotely Interested Rural and Remote Health Conference
- Australian Public Health Conference
- The Healthcare Leaders Forum
- MP4Kids (paediatric clinical network) and Regional Paediatrics NSW conference
- NSW Ministry of Health's Aboriginal Allied Health Forum
- Occupational Therapy Australia 2021 National Conference
- Services for Rural and Remote Allied Health 2021 Summit

To achieve our strategic priorities, IAHA proactively contributes as a member of several Aboriginal and Torres Strait Islander led organisations, campaigns, forums, alliances, and committees. Our membership in Aboriginal and Torres Strait Islander led alliances and organisations 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 Board
- Thirrili Ltd
- Lowitja Institute
- 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.



Kylie Stothers presents at CATSINaM Back to the Fire Conference series



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 Alliance. IAHA directly authored submissions to:

- Gayaa Dhuwi on the review of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.
- The Department of Social Services in response to a position paper on the National Disability Strategy.
- The Independent Evaluation of the Rural Health Multidisciplinary Training (RHMT) Program.
- The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability's in response to the Emergency Planning and Response Issues Paper.
- The Standing Committee on Indigenous Affairs' inquiry into food pricing and food security in remote Indigenous communities.
- The Department of Social Services consultation on improving outcomes for people with disability under the NDS and the NDIS.
- Queensland Health on the First Nations Clinical Network terms of reference. The Department of Health Consultation on the Productivity Commission Report on Mental Health.
- Consultation on National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031.
- Second consultation on the Indigenous Dose Administration Aid Program.
- The Australian Commission on Safety and Quality in Health Care Public Consultation on the National Primary Healthcare Standards.
- Dietitians Australia on the draft Dietitians Australia National Competency Standards.
- The Commonwealth on the development of the draft National Preventative Health Strategy.

In addition, IAHA provided evidence to the inquiry into pathways and participation opportunities for Indigenous Australians in employment and business, alongside the NHLF and the other Aboriginal and Torres Strait Islander health workforce organisations, and to the independent review into the proposed Dan Murphy's Darwin Development.

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. This includes work at the national and jurisdictional levels such as IAHA's participation in the:

- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 (Workforce Plan)
- Meetings with the National Rural Health Commissioner and the National Rural Health Commissioner Advisory Committee.
- NSW Health Aboriginal Allied Health Professionals Network and Forum.
- NSW RDN Aboriginal Workforce Advisory Committee.
- QLD Health Workforce Agency Aboriginal Workforce Committee.
- NT PHN Workforce Development Committee.
- South Australian health workforce plans, including allied health, rural, and Aboriginal and Torres Strait Islander specific workforce plans.
- Australian Allied Health Leadership Forum.
- Minister for Regional Health Roundtable meetings.
- World Health Organisation-Civil Society Group on Climate and 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 with the formal partnership expanding the collaboration and knowledge exchange between the two organisations in the 2020-21 financial year.

IAHA have worked with Nga Pou Mana to produce a series of member professional development opportunities and to host an international yarning session for International Day of the Worlds Indigenous Peoples, providing opportunities for members of both organisations to come together in cultural exchange. Nga Pou Mana Co-Chair, Dr Teah Carlson, contributed her perspectives, knowledges, and experience with Indigenous knowledges to the non-traditional pathways into health research project and both organisations have participated in conversations on the establishment of a Leaders in Indigenous Optometry Education Network.

IAHA continue to share from our experiences in Australia, providing strategic support, mentoring and advice where appropriate.



## 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 research strategy 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 and guides IAHA's participation and decision making with respect to research, under the following principles:

**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 culturally relevant, best practice and ethical research. IAHA will be establishing an internal governance structure to oversee participation in research and the implementation of an IAHA research agenda.

IAHA's research engagement in 2020-21 included:

- Ongoing involvement in the Northern Australia Research Network (NARN) with IAHA represented in the leadership and taking an increasingly prominent role. NARN continues to work on a research agenda focussed on allied health in Northern Australia, including the submission of a Synergy Grant application with a focus on continuous quality improvement.
- Partnering with researchers from LaTrobe University on a research project looking at the impacts of mentoring on retention and success for Aboriginal and Torres Strait Islander people in hearing related professions (audiology and speech pathology).

- 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
- Representation on the Million Minds Research Advisory Group through the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention
- Safer Families - Centre of Research Excellence Aboriginal Leadership Group
- Membership of the Expert Advisory Committee for the SAHMRI High Risk Diabetic Foot project

In addition, IAHA have been advocating for better information and data quality, availability, and accessibility to inform workforce planning. This has included engagement with the AIHW and the Australian Bureau of Statistics, and advocacy including through the Commonwealth's Chief Allied Health Officer and the Australian Allied Health Leadership Alliance with respect to the importance of accurate and accessible allied health workforce data.

## Non-traditional pathways into health research

IAHA was engaged by the Lowitja Institute, under the non-traditional pathways into a health research project, to investigate and create a workforce development option that would assist the Aboriginal and Torres Strait Islander health workforce to participate in or lead Aboriginal and Torres Strait Islander health research.

IAHA members led the project, identifying the need for tailored supports and formulating strategies and recommendations to assist the Aboriginal and Torres Strait Islander health workforce to participate in or lead the Aboriginal and Torres Strait Islander health research workforce.

A workforce development resource toolkit (toolkit) was created out of these recommendations, following endorsement from the National Health Leadership Forum. The toolkit features a range of resources, including videos, factsheets, animations, podcasts, and decision-making guides, to assist the Aboriginal and Torres Strait Islander health workforce in participating in or leading health research.

Key to developing the toolkit was the IAHA members and Aboriginal and Torres Strait Islander experts in the field unique perspectives and lived experiences of education, training, employment, research, pathways, and their work to promote careers in health research.

The toolkit will be available on a Lowitja Institute platform in the 2021-22 financial year.



IAHA member, Emma Thompsen, during a HS2HC school visit



# CONNECT

## 2020 IAHA NATIONAL ONLINE CONFERENCE

IAHA's primary annual professional development event has been our annual IAHA National Indigenous Allied Health Conference.

The circumstances of 2020 bought new challenges in continuing to provide our members and stakeholders the opportunity to access professional development while also gaining the benefits of gathering, connecting, and networking in a culturally safe and supportive environment. This was particularly crucial in 2020, a time where personal and professional isolation and separation were having a major impact on our members wellbeing.

The 2020 IAHA National Conference was held online for the first time on 1 – 2 December 2020. The two-day program brought together Aboriginal and Torres Strait Islander presenters, panellists, and other delegates from around Australia. Themed Staying Connected, Stronger Together, 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 2020 IAHA National Online Conference was attended by 153 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, 62.5 per cent were Aboriginal and/or Torres Strait Islander peoples and 93.75 per cent worked closely with Aboriginal and Torres Strait Islander peoples.

Ten IAHA members featured on the online conference program, with a range of professional development activities, such as an Aboriginal business workshop with John Briggs, a workshop on Culturally Safe and Trauma Informed Practice with Kelleigh Ryan and Nicole Tujague and opportunities to share knowledge and hear from others across a breadth of Aboriginal and Torres Strait Islander allied health.

A further nine IAHA members, eight individuals and one organisation, were 2020 National IAHA Award winners, and were further recognised for their achievements in front a virtual audience of IAHA Members and Award Sponsors.

Feedback on the 2020 Online Conference was highly positive. It reflected the efforts to create a culturally safe and solutions-based environment, with more than 90 per cent of delegates agreeing that the Conference:

- Strengthened their understanding of Aboriginal and Torres Strait Islander health and wellbeing;
- 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; and
- Developed professional and personal skills and knowledge.

**Hear below from delegates about what they enjoyed about their IAHA 2020 National Online Conference experiences:**

*I liked how delegates could still communicate effectively with each other and conference presenters considering it was all online.*

*It was still personal and allowed interaction and connection even though it was online.*

*The diversity of approaches and knowledges and perspectives presented.*

*Points of view to challenge my biases and privileges. Opportunity to send through questions and thoughts to be responded to in real time.*

**99% AGREED**  
**that the National Online Conference benefited them professionally, personally, and culturally**

*Seeing everyone and feeling connected again with the IAHA family even online.*

*The opportunity to hear from people from a wide range of places about topics that were relevant and challenging, it (the Online Conference) was well organised and run and easy to navigate in a virtual space.*

**149**  
**complimentary**  
**conference registrations**  
**for members**





Smoking ceremony at the NT Aboriginal Health Academy orientation

### Connectedness, healing and wellbeing

Following the introduction of healing and wellbeing rooms at the 2019 National Conference in Darwin, and the value reported by members, the online conference also featured an online, cultural healing session with Larrakia Elder Tony Duwan Lee and Trent Lee.

The program also provided after hours opportunities to promote connection among delegates in an interactive and fun environment, recognising the challenges faced by members during the pandemic, with entertainment including an afternoon of comedy with Steph Tisdell and an online cooking class making damper Torres Strait Islander style with Nornie Bero, Head Chef and Business Owner of Mabu Mabu.

### Ultimate Student Leadership Challenge

In 2020-21 IAHA developed a new program delivered under the IAHA Health Leadership, Education and Development stream, the Ultimate Student Leadership Challenge (USLC).

The IAHA USLC is a three-day cultural and leadership development program in which Aboriginal and Torres Strait Islander health students work with culturally and professionally diverse peers to respond to a complex, Aboriginal and Torres Strait Islander health case study in a strengths-based and culturally informed way. The challenge supports student's development, communication, and leadership, empowering them to lead in the provision of culturally safe, multidisciplinary care and to bring their cultural, personal and professional knowledges to the fore.

The IAHA USLC is an extracurricular competition for Aboriginal and Torres Strait Islander university students from various health professions. It provides students with an opportunity to demonstrate their expertise in teamwork and collaboration as they develop a management plan in response to a complex case study.

The optimal outcomes for the many and increasing number of people with complex and chronic health concerns greatly depends on effective teamwork and collaboration between healthcare professionals with diverse skill sets and knowledges. The IAHA Ultimate Student Leadership Challenge (USLC), aims to develop this important capability prior to the student's graduation in a way that is fun, transformative and a cultural match.



## EFFECTIVE COMMUNICATIONS STRATEGIES

In 2020-21 IAHA continued to increase, diversify, and refine our communication approach to build our national and international profile leading in Aboriginal and Torres Strait Islander and First Nations allied health, and to maximise the impact and reach of the work of IAHA and its members.

### IAHA Media and Strategic Communications

In 2020-21, 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 available; the combined projected and evidence-based data has demonstrated the success of IAHA's efforts with our most significant communications reaches to date. As noted elsewhere, our social media following, presence and engagement continues to grow significantly across all platforms. In addition, we have distributed 21 Media Releases, 29 Newsletters and 16 Communiques.

One of the significant projects IAHA focused on during 2020-21 was standardising branding and brand recognition. As we grew to create different business arms (IAHA Consulting; IAHA Group Training; IAHA National Academy), we saw the need to revamp our branding to ensure a seamless transition, connection and recognition in the market. This project had our Communications Team working tirelessly to ensure all collateral, marketing and otherwise, were updated and consistent with one another.

#### WEBSITE

The **IAHA website** provides access for internal and external audiences to up to date information about IAHA, our work and priorities. During 2020-21, IAHA maintained the website to keep it current and resourceful for all its members and stakeholders. IAHA's website continues to receive significant interest and engagement, with 280,460-page views and 74 per cent new viewers.

An additional website to house the National Aboriginal and Torres Strait Islander Health Academy is currently under development to be released in late 2021.

#### IAHA MEDIA RELEASES

IAHA produced 10 media releases during the financial year, which are available via the IAHA website, including releases on the following subjects:

- IAHA Acknowledge the 30th Anniversary of the Royal Commission into Aboriginal Deaths in Custody

- IAHA welcome the appointment of the Deputy National Rural Health Commissioner
- IAHA celebrate the achievements of the NT Aboriginal Health Academy
- IAHA welcome new Board of Directors
- IAHA celebrate 2020 National Indigenous Allied Health Awardees
- Indigenous ACT students to broaden their horizons in health careers
- IAHA call for the long-term retention of temporary MBS telehealth items
- IAHA Statement on Mandatory pregnancy warning labels on alcohol
- New National Agreement on Closing the Gap marks historic shift to improve Aboriginal and Torres Strait Islander peoples' life outcomes
- Calls to support recommendations for Aboriginal and Torres Strait Islander peoples mental health during COVID-19

#### IAHA E-NEWSLETTERS AND COMMUNIQUE

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.

To mark Breast Cancer Awareness Month in October, IAHA profiled member Laura Christie who shared the story of her experiences of breast cancer and sharing an important public health message with IAHA members.

*Maintaining a sense of humour throughout the treatment was essential for me. Some may not be able to do it – but it was necessary for me. Being able to find a positive to everything that was happening was another thing that kept me sane – if the silver lining inside your dark cloud is tarnished, turn that sucker inside out and scrub it harder than anything until it gleams... and IAHA checked in and made sure I was doing ok. Do not put off getting a check up because you are scared of the outcome. Be strong, be brave and be awesome.*

Laura Christie, IAHA Member

### 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 challenging 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. In addition, IAHA continued to establish and promoted social media messaging encouraging social connectedness amongst the membership, including the "Staying Connected, Stronger Together" banner and the #WeAreIAHAFamily hashtag.

#### IAHA MEMBERS' JOURNEYS INTO ALLIED HEALTH

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.

*"Young Indigenous role models for our students, showcasing the opportunities for their future and the presenters always try to engage the students with some great skills."*

*"It is positive for students to be exposed to these experiences at a young age. Whilst many don't know what they want to do when they leave school it opens their eyes to these opportunities. These opportunities are also very relevant for our community and there is a local need for these professions, so students are able to see the link."*

**280,460**  
**WEB PAGE VIEWS**  
**27% INCREASE**

**21 MEDIA RELEASES**  
**UP 28.6%**

**39.8%**  
**INCREASE IN**  
**FACEBOOK**  
**ENGAGEMENT**

**29 NEWSLETTERS**  
**UP 55.2%**

**93.8% INCREASE IN**  
**COMMUNIQUE**

**73,128 INSTAGRAM**  
**IMPRESSIONS**

**5,600 TWITTER**  
**FOLLOWERS**

**12.5%**  
**INCREASE IN**  
**TWITTER FOLLOWERS**



In addition to the Leaving Health Footprints book, which celebrates 10 years of IAHA, 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.

## Gari Watson

Goreng Goreng, Gangulu, Biri Gubba

### Dentist and 2020 Indigenous Allied Health Professional of the Year Award recipient

From his early teens Gari was interested in dentistry. He trained for and worked first as a dental assistant, and then headed to James Cook University in Cairns through its Indigenous Health Careers Access. At the time isolation on campus and distance from family supports meant many Indigenous students were struggling or dropping out. Gari thought about it too.

Around this time he became involved in both the Indigenous Allied Health Association (IAHA) and the Indigenous Dentists' Association of Australia (IDAA), which at that time wasn't under the IAHA umbrella. He went on to become IDAA president and to see the need for the two bodies to work together.

*"Both my parents are Aboriginal and just the hardship they had – knowing what they had to go through when they were younger – motivated me. Their parents – my grandparents – gave us the strength and courage: you're going to get through and you can do whatever you want if you put your mind to it."*

Other members and staff shared their comments and stories during;

- Mental health week
- Allied health professions week
- Torres Strait Islander Coming of the Light
- NAIDOC Week
- Dietitians Week
- World Oral Health Day
- Occupational Therapy Week
- World Physiotherapy Day
- Women's Health Week
- Men's Health Week
- Dental Health Week
- Diabetes Week
- Suicide Presentation Day
- R U OK Day
- National Aboriginal and Torres Strait Islander Children's Day
- Mabo Day
- World No Tobacco Day
- Reconciliation Day
- Sorry Day
- World Health Day
- Harmony day
- World Social Work Day
- Hearing Awareness Week
- International Women's Day
- World Cancer Day
- Human Rights Day





# SUSTAINABILITY AND GOVERNANCE

## 2020 IAHA MEMBERS FORUM

The 2020 IAHA Members Forum was held online on 3 December. The Secretariat reported back to members on priorities and support needs identified at the 2019 Members Forum in Darwin, as well as strategic priorities for the year ahead, including the new IAHA Strategic Plan, an update on the Cultural Responsiveness in Action training, and an update from the COVID-19 Advisory Group.

The discussion, priorities, and outcomes from the 2019 Members Forum continue to be actioned by the IAHA Secretariat with oversight from the Board of Directors and engagement and the leadership of IAHA members at each stage.

### Board led member consultations on proposed constitutional changes

In May 2021, The Board hosted a series of member discussions, focussed proposed changes to support the sustainability IAHA, through constitutional changes to be considered by members in 2021-22.

The proposed changes came from strategic discussions at the IAHA Board of Directors and included a proposal to amend IAHA's membership and creation of a new full membership category to recognise the allied health support workforce category. This was suggested to be consistent with IAHA's advocacy at the national level for the role of allied health assistances and the support workforce in improving access to culturally

safe allied health services, and to align with the development of an allied health workforce through the IAHA National Academy, in which students commence their journey with an Allied Health Assistance qualification.

Members also discussed proposed changes to IAHA's Associate Member category that would be tabled with support from the membership at the 2021 Annual General Meeting.

Finally, IAHA Members leant their support for the development of a wholly owned Northern Territory subsidiary of IAHA, IAHA NT Workforce Development Ltd, to advance the aims of IAHA and run IAHA operations in Northern Australia. The development of a subsidiary organisations is a formalisation of IAHA's existing relationships and footprint within the NT and provides strategic opportunities for IAHA to further our work. This new company was registered in June 2021.

### IAHA Business Planning

A key governance priority of recent years has been the development and implementation 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 2021, the Board re-endorsed the Business Development Strategy under the new Strategic Plan, with the addition of a fourth income stream, in addition to the core and project-based funding under which much of IAHA's work is delivered. IAHA's Business Development Strategy includes:

- IAHA Consulting, including consultancy and professional services, Cultural Responsiveness Training and other related training;
- IAHA National Aboriginal and Torres Strait Islander Health Academies, including IAHA operated and licensed Academies;
- IAHA Training, including Group Training Organisation services; and
- Allied Health Service Hubs, including service model design, employment and implementation.

Significant progress has been made in the implementation of the Business Strategy, including increased training provision, increased volume of consulting services, expansion of the Academy sites, and pending registration as a GTO in three states and territories, as reported elsewhere in the Annual Report.

### 2020 IAHA Annual General Meeting

Due to the COVID-19 pandemic, the 2020 Annual General Meeting was online for the first time, enabling more members to participate in the meeting, held on 15 October 2020.

The members present endorsed the Minutes from the 2019 Annual General Meeting in Darwin and accepted the 2019-20 Financial Audited Statements.

Full Members elected four nominees to the vacant Director positions for the 2020-21 Board. IAHA said goodbye to two Directors who retired at the 2020 AGM, Danielle Dries and Rikki Fischer.

### Attendance by each Director during the 2020-21 Financial Year

2020 – 2021	Eligible Meetings	Meetings Attended
Nicole Turner	8	8
Tiritpa Ritchie	8	5
Stephen Corporal	8	8
Maddison Adams	8	7
Kimberley Hunter	8	7
Clinton Schultz	8	6
Patricia Councillor	5	4
Anthony Paulson	5	5
Danielle Dries	3	3
Rikki Fischer	3	3

### 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 2020-21 financial year.



# FINANCIAL STATEMENTS

## 2020-21

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Directors’ Report  
30 June 2021

The Directors present their report on Indigenous Allied Health Australia Ltd (the Company) for the financial year ended 30 June 2021.

General information

Information on Directors

The names of each person who has been a Director during the year and to the date of this report are:

Names	Appointed/Resigned
Ms Nicole Turner (Chairperson)	Re-elected: 26 September 2019
Mr Trevor Ritchie (Deputy Chairperson)	Re-elected: 15 October 2020
Ms Rikki Fischer	Retired: 15 October 2020
Ms Maddison Adams	Re-elected: 15 October 2020
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	Elected: 15 October 2020
Mr Anthony Paulson	Elected: 15 October 2020
Ms Danielle Dries	Retired: 15 October 2020

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

Principal activities

The principal activities of Indigenous Allied Health Australia Ltd during the financial year were:

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.

Directors’ Report  
30 June 2021

Principal activities (continued)

Transform

- Develop and maintain collaborative partnerships focused on sustainable change and culturally responsible healthcare.
- 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 the Company’s activity occurred during the financial year.

Members’ guarantee

Indigenous Allied Health Australia Ltd is a Company limited by guarantee. In the event of, and for the purpose of winding up of the Company, the amount capable of being called up from each member and any person or association who ceased to be a member in the year prior to the winding up, is limited to \$10 for members, subject to the provisions of the Company’s constitution.

At 30 June 2021, there were 2233 members consisting of 844 full members, 1323 associate members and 66 corporate members. (2020: 2,022 members consisting of 796 full members, 1,165 associate members and 61 corporate members).

At 30 June 2021, the collective liability of members was \$22,330 (2020: \$20,220).

Operating results

The profit / (loss) of the Company for the financial year ended 30 June 2021 amounted to \$477,010 (2020: loss \$10,442).




## Directors' Report

### 30 June 2021

#### Auditor's independence declaration

The lead 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 2021 has been received and can be found on page 4 of the financial report.

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

Director: 

Director: 

Dated this 7<sup>th</sup> day of September 2021



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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 2021 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
- ii. any applicable code of professional conduct in relation to the audit.



James Barrett, FCA  
 Registered Company Auditor  
 BellchambersBarrett

Canberra, ACT  
 Dated this 7<sup>th</sup> day of September 2021



## Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2021

		2021	2020
	Note	\$	\$
Revenue and other income	2	7,029,936	4,311,808
Administrative expenses		(469,894)	(529,283)
Depreciation expenses	3	(162,289)	(169,060)
Donations		(33,675)	(21,742)
Employee expenses	3	(2,214,977)	(1,798,854)
Events expenses		(49,511)	(368,131)
Finance costs	3	(13,790)	(19,560)
Marketing expenses		(154,539)	(213,296)
Meeting expenses		(32,972)	(107,134)
Member support		(220,337)	(181,110)
Occupancy costs		(14,458)	(8,314)
Other project expenses		-	(87,965)
Travel expenses		(194,252)	(252,018)
Workforce development expenses		(2,992,232)	(565,783)
<b>Profit / (loss) before income tax</b>		477,010	(10,442)
Income tax expense	1(b)	-	-
<b>Profit / (loss) for the year</b>		477,010	(10,442)
Other comprehensive income for the year		-	-
<b>Total comprehensive income for the year</b>		477,010	(10,442)

## Statement of Financial Position As at 20 June 2021

		2021	2020
	Note	\$	\$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	3,261,201	2,846,093
Trade and other receivables	5	247,346	31,549
Other assets	6	391,913	476,344
<b>TOTAL CURRENT ASSETS</b>		3,900,460	3,353,986
<b>NON-CURRENT ASSETS</b>			
Plant and equipment	7	86,321	119,422
Right of use assets	7	184,662	313,850
<b>TOTAL NON-CURRENT ASSETS</b>		270,983	433,272
<b>TOTAL ASSETS</b>		4,171,443	3,787,258
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	8	2,457,107	202,558
Employee benefits	9	215,578	190,879
Unearned income	10	456,787	2,713,113
Lease liability	11	139,709	128,798
<b>TOTAL CURRENT LIABILITIES</b>		3,269,181	3,235,348
<b>NON-CURRENT LIABILITIES</b>			
Employee benefits	9	26,980	13,701
Lease liabilities	11	63,155	203,092
<b>TOTAL NON-CURRENT LIABILITIES</b>		90,135	216,793
<b>TOTAL LIABILITIES</b>		3,359,316	3,452,141
<b>NET ASSETS</b>		812,127	335,117
<b>EQUITY</b>			
Retained earnings		812,127	335,117
<b>TOTAL EQUITY</b>		812,127	335,117



## Statement of Changes in Equity For the Year Ended 30 June 2021

2021	Retained Earnings \$	Total \$
Balance at 1 July 2020	335,117	335,117
Profit for the year	477,010	477,010
Balance at 30 June 2021	<b>812,127</b>	<b>812,127</b>

2020	Retained Earnings \$	Total \$
Balance at 1 July 2019	353,380	353,380
Restatement due to adoption of AASB 16	(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	<b>335,117</b>	<b>335,117</b>

## Statement of Cash Flows For the Year Ended 30 June 2021

### CASH FLOWS FROM OPERATING ACTIVITIES:

Receipts from customers	5,283,098	5,670,106
Payments to suppliers and employees	(4,732,163)	(4,889,220)
Interest received	4,109	3,257
Net cash provided by operating activities	<b>555,044</b>	<b>784,143</b>

### CASH FLOWS FROM INVESTING ACTIVITIES:

Proceeds from sale of plant and equipment	-	655
Purchase of property, plant and equipment	-	(53,726)
Net cash (used in) investing activities	<b>-</b>	<b>(53,071)</b>

### CASH FLOWS FROM FINANCING ACTIVITIES:

Repayment of finance lease liabilities	(139,936)	(135,713)
Net cash payments for financing activities	<b>(139,936)</b>	<b>(135,713)</b>

Net increase in cash and cash equivalents held	415,108	595,359
Cash and cash equivalents at beginning of year	2,846,093	2,250,734
Cash and cash equivalents at end of financial year	<b>3,261,201</b>	<b>2,846,093</b>

Note	2021 \$	2020 \$
	5,283,098	5,670,106
	(4,732,163)	(4,889,220)
2	4,109	3,257
	<b>555,044</b>	<b>784,143</b>
	-	655
7(a)	-	(53,726)
	<b>-</b>	<b>(53,071)</b>
	(139,936)	(135,713)
	<b>(139,936)</b>	<b>(135,713)</b>
	415,108	595,359
	2,846,093	2,250,734
4	<b>3,261,201</b>	<b>2,846,093</b>



## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 1: Summary of Significant Accounting Policies

The financial statements cover Indigenous Allied Health Australia Limited and apply Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards*.

The financial statements were authorised for issue on 7 September 2021 by the Directors of the Company.

#### Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) 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.

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

## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 1: Summary of Significant Accounting Policies

#### Accounting Policies

- a. **Revenue and Other Income**  
Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied.  
Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.  
**Operating Grants, Donations and Bequests**  
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 with 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.  
**Subscriptions**  
Revenue from the provision of member services is recognised on a straight line basis over the financial year.  
**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.  
**Interest Income**  
Interest income is recognised using the effective interest method.
- a. **Revenue and Other Income (continued)**  
**Dividend Income**  
The Company recognises dividends in profit or loss only when the Company's right to receive payment of the dividend is established.  
**Other income**  
Other income is recognised on an accruals basis when the Company is entitled to it.  
All revenue is stated net of the amount of goods and services tax.
- 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)**  
Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).  
Receivables and payables are stated inclusive of the amount of GST receivable or payable.  
Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.
- d. **Plant and Equipment**



## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 1: Summary of Significant Accounting Policies

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

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(l) for details of impairment).

The cost of fixed assets constructed within the Company includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

#### Depreciation

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

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

Class of Fixed Asset	Depreciation Rate
Furniture, Fixtures and Fittings	5 - 20%
Computer & office equipment	10% - 33.33%

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

### e. Financial Assets

#### Initial recognition and measurement

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

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: Revenue from Contracts with Customers.

#### Classification and subsequent measurement

##### Financial liabilities

Financial liabilities are subsequently measured at:

- amortised cost; or
- fair value through profit or loss.

A financial liability is measured at fair value through profit or loss if the financial liability is:

- a contingent consideration of an acquirer in a business combination to which AASB 3: Business Combinations applies

## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 1: Summary of Significant Accounting Policies

- held for trading, or
- initially designated as at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method. The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense over in profit or loss over the relevant period. The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition. A financial liability cannot be reclassified.

#### Financial assets

Financial assets are subsequently measured at:

- amortised cost
- fair value through other comprehensive income, or
- fair value through profit or loss.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

#### Equity instruments

At initial recognition, as long as the equity instrument is not held for trading or not a contingent consideration recognised by an acquirer in a business combination to which AASB 3 applies, the Company made an irrevocable election to measure any subsequent changes in fair value of the equity instruments in other comprehensive income, while the dividend revenue received on underlying equity instruments investment will still be recognised in profit or loss. Regular way purchases and sales of financial assets are recognised and derecognised at settlement date in accordance with the Company's accounting policy.

#### Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

### e. Financial Assets (continued)

#### Derecognition of financial liabilities

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability.

#### Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset:

- the right to receive cash flows from the asset has expired or been transferred
- all risk and rewards of ownership of the asset have been substantially transferred
- the Company no longer controls the asset (ie has no practical ability to make unilateral decision to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

The Company recognises a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income
- lease receivables



## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 1: Summary of Significant Accounting Policies

- contract assets (eg amount due from customers under construction contracts)
- loan commitments that are not measured at fair value through profit or loss.

Loss allowance is not recognised for:

- financial assets measured at fair value through profit or loss, or
- equity instruments measured at fair value through other comprehensive income.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

The Company uses the simplified approach to impairment, as applicable under AASB 9.

#### *Simplified approach*

The simplified approach does not require tracking of changes in credit risk at every reporting period, but instead requires the recognition of lifetime expected credit loss at all times. This approach is applicable to trade receivables.

In measuring the expected credit loss, a provision matrix for trade receivables is used, taking into consideration various data to get to an expected credit loss. At each reporting date, the Company recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income. The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that assets.

#### f. Impairment of Assets

At the end of each reporting period, the Company reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and its value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

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

#### f. Impairment of Assets (continued)

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the Company would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where an impairment loss on a revalued asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

#### g. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks and other short-term highly liquid investments with original maturities of three months or less.

Bank overdrafts also form part of cash equivalents for the purpose of the statement of cash flows and are presented within current liabilities on the statement of financial position.

## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 1: Summary of Significant Accounting Policies

#### h. Leases

##### *The Company as lessee*

At inception of a contract, the Company assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Company where the Company is a lessee. However, all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

The lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives
- variable lease payments rate, initially measured using the index or rate at the commencement date
- the amount expected to be payable by the lessee under residual value guarantees
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options
- lease payments under extension options if lessee is reasonably certain to exercise the options
- payments for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest.

Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Company anticipates exercising a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

##### *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 Provisions**

##### **Short-term employee benefits**

Provision is made for the Company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The Company's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of current accounts payable and other payables in the statement of financial position.

##### **Other long-term employee benefits**

The Company classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the Company's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments



## Statement of Changes in Equity For the Year Ended 30 June 2021

### Note 1: Summary of Significant Accounting Policies

to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements for changes in assumptions of obligations for other long-term employee benefits are recognised in profit or loss in the periods in which the changes occur.

The Company's obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the Company does not have an unconditional right to defer settlement for at least 12 months after the reporting period, in which case the obligations are presented as current provisions.

#### 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.

#### k. Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from donors. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment.

## Statement of Cash Flows For the Year Ended 30 June 2021

### I. Key Estimates

#### *Impairment of plant and equipment*

The Company assesses impairment at the end of each reporting period by evaluation of conditions and events 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.

#### *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.

#### *Useful lives of property, plant and equipment*

As described in Note 1(d), the Company reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

### m. Key Judgements



## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 1: Summary of Significant Accounting Policies

#### *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. As the Company expects that all of its employees would use all of their annual leave entitlements earned during a reporting period before 12 months after the end of the reporting period, the Company believes that obligations for annual leave entitlements satisfy the definition of short-term employee benefits and, therefore, can be measured at the (undiscounted) amounts expected to be paid to employees when the obligations are settled.

#### *Going Concern*

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 membership numbers for the 2021 financial year.

It is not possible to reliably estimate the duration and severity of the impact of COVID-19, as well as the impact on the financial position and results of the Company for future periods. However, based on analysis of the financial performance and position the financial statements have been prepared on a going concern basis. The Company believes at this point in time that there is no significant doubt about the Company's ability to continue as a going concern.

#### *Performance obligations under AASB 15*

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by considering any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/ type, cost/ value, quantity and the period of transfer related to the goods or services promised.

#### *Lease term and Option to Extend under AASB 16*

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that the Company will make. The Company determines the likelihood to exercise the options on a lease-by-lease basis looking at various factors such as which assets are strategic, and which are key to future strategy of the Company.

### n. New and Amended Accounting Policies Adopted by the Company

#### *Initial adoption of AASB 2020-04 COVID-19 – Related Rent Concessions*

AASB 2020-4 *Amendments to Australian Accounting Standards – Covid-19- Related Rent Concessions* amends AASB 16 by providing a practical expedient that permits lessees to assess whether rent concessions that occur as a direct consequence of the COVID-19 pandemic and, if certain conditions are met, account for those rent concessions as if they were not lease modifications.

## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 2: Revenue and Other Income

	2021	2020
	\$	\$
Revenue		
<i>Government grants</i>		
– Health Academy	3,671,473	1,040,967
– Federal Operational	2,015,262	2,134,399
– NSW Health	23,095	-
– COVID-19	214,750	-
– Other	-	5,000
	<u>5,924,580</u>	<u>3,180,366</u>
Other income		
– Auspicing	218,463	268,311
– Sponsorship	64,335	468,609
– Donations	24,713	48,631
– COVID-19 Government Stimulus - JobKeeper	274,500	217,000
– IAHA Service rendered	476,108	110,734
– Other income	43,128	14,245
– Interest revenue	4,109	3,257
– Gain/(loss) on disposal of assets	-	655
	<u>1,105,356</u>	<u>1,131,442</u>
<b>Total Revenue and Other Income</b>	<u><b>7,029,936</b></u>	<u><b>4,311,808</b></u>

### Note 3: Profit for the Year

	2021	2020
	\$	\$
<b>Expenses</b>		
Employee benefits expense:	2,214,977	1,798,854
– contributions to defined contribution superannuation funds	174,320	151,325
Depreciation and amortisation	162,289	169,060
Interest expense on lease liabilities	13,790	19,560



## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 4: Cash and Cash Equivalents

		2021 \$	2020 \$
Cash and cash equivalents	12	3,261,201	2,846,093

### Note 5: Trade and Other Receivables

		2021 \$	2020 \$
CURRENT			
Trade receivables	12	15,601	31,549
GST receivable		231,745	-
		247,346	31,549

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.

### Note 6: Other Assets

		2021 \$	2020 \$
CURRENT			
Prepayments		358,568	353,999
Accrued income		-	89,000
Rental bond		33,345	33,345
		391,913	476,344

### Note 7: Plant and Office Equipment

		2021 \$	2020 \$
<b>PLANT AND OFFICE EQUIPMENT</b>			
Furniture, fixtures and fittings			
At cost		84,085	84,085
Accumulated depreciation		(30,592)	(22,325)
Total furniture, fixtures and fittings		53,493	61,760
Office equipment			
At cost		115,060	115,060
Accumulated depreciation		(82,232)	(57,398)
Total furniture, fixtures and fittings		32,828	57,662
Total plant and equipment		86,321	119,422

## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 7: Plant and Equipment (continued)

		2021 \$	2020 \$
<b>RIGHT-OF-USE ASSETS</b>			
Right to use – Office premises			
At fair value		431,770	431,770
Accumulated depreciation		(252,743)	(126,372)
Total Right to use – Office premises		179,027	305,398
Right to use – Photocopier			
At fair value		8,452	8,452
Accumulated depreciation		(2,817)	-
Total Right to use – Photocopier		5,635	8,452
Total right-of-use		184,662	313,850
Total plant and equipment		270,983	433,272

#### (a) Movements in Carrying Amounts

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 \$
<b>Year ended 30 June 2021</b>				
Balance at the beginning of year	61,760	57,662	313,850	433,272
Transfer to / (from)	3,600	(3,600)	-	-
Depreciation expense	(11,867)	(21,234)	(129,188)	(162,289)
<b>Balance at the end of the year</b>	53,493	32,828	184,662	270,983

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



## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 8: Trade and Other Payables

		2021	2020
	Note	\$	\$
CURRENT			
Trade payables		67,208	37,235
Amounts payable to subsidiary		2,290,129	-
GST Payable		-	1,140
Credit cards		3,044	21,271
PAYG payable		52,269	34,369
Other payables		44,457	108,543
	8(a)	2,457,107	202,558

Amounts payable to subsidiary relates to IAHA's Northern Territory Subsidiary (IAHA NT Workforce Development Limited), which was established on 30 June 2021. IAHA has raised an invoice of \$2.290m as at 30 June 2021, to auspice funds over to the NT Subsidiary. The Subsidiary is anticipated to begin transacting in the financial year ended 30 June 2022 and will first be consolidated into the parent company for the financial year ended 30 June 2022.

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

Trade and other payables		2021	2020
		\$	\$
- total current		2,457,107	202,558
- PAYG payable		(52,269)	(34,369)
- GST payable		-	(1,140)
Financial liabilities as trade and other	12	2,404,838	167,049

### Note 9: Employee Benefits

		2021	2020
		\$	\$
CURRENT			
Provision for long service leave		45,074	39,911
Provision for annual leave		170,504	150,968
		215,578	190,879
NON-CURRENT			
Provision for long service leave		26,980	13,701

#### Employee provisions

Employee provisions represent amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the Company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the Company does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 10: Other Liabilities

	2021	2020
	\$	\$
CURRENT		
Other projects	311,787	49,816
Grant received in advance	145,000	2,663,297
	456,787	2,713,113

### Note 11: Lease Liabilities

	2021	2020
	\$	\$
CURRENT		
Lease liability – Right of use asset	139,709	128,798
NON-CURRENT		
Lease liability – Right of use asset	63,155	203,092

### Note 12: Financial Risk Management

The Company's financial instruments consist mainly of deposits with banks, short-term and long-term investments, accounts receivable and payable and lease liabilities.

The totals for each category of financial instruments, measured in accordance with AASB 9: Financial Instruments as detailed in the accounting policies to these financial statements, are as follows:

		2021	2020
		\$	\$
Financial assets	Note		
Held at amortised cost			
Cash and cash equivalents	4	3,261,201	2,846,093
Trade receivables	5	15,601	31,549
<b>Total financial assets</b>		<b>3,276,802</b>	<b>2,877,642</b>
Financial liabilities			
Trade payables	8(a)	2,404,838	167,049
<b>Total financial liabilities</b>		<b>2,404,838</b>	<b>167,049</b>

### Note 13: Events after the Reporting Period

The Directors are not aware of any significant events since the end of the reporting period ending 30 June 2021.



## Notes to the Financial Statements For the Year Ended 30 June 2021

### Note 14: Remuneration of Auditors

	2021	2020
	\$	\$
Remuneration of the auditor:		
- Auditing or reviewing the financial statements	14,960	12,000
	<u>14,960</u>	<u>12,000</u>

### Note 15: Key Management Personnel Remuneration

The total remuneration paid to the key management personnel of Indigenous Allied Health Australia Limited during the year were as follows:

	2021	2020
	\$	\$
Short-term employee benefits	244,231	305,642
Long-term benefits	20,717	27,839
	<u>264,948</u>	<u>333,481</u>

### Note 16: Members' Guarantee

The Company is incorporated under the *Australian Charities and Not-for-profits Commission Act 2012* and is 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 of the Company. At 30 June 2021, the number of members was 2233 (2020: 2022).

### Note 17: Contingencies

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2021 (30 June 2020: None).

### Note 18: Statutory Information

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

Indigenous Allied Health Australia Limited

9 Napier Close

Deakin ACT 2600

## Directors' Declaration

The Directors of the Company declare that:

- The financial statements and notes, as set out on pages 5 to 21, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
  - comply with Australian Accounting Standards applicable to the Registered Company; and
  - give a true and fair view of the financial position of the Registered Company as at 30 June 2021 and of its performance for the year ended on that date/s
- In the Directors' opinion, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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

Director



Director



Dated this 7<sup>th</sup> day of September 2021





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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 Company), which comprises the statement of financial position as at 30 June 2021, the statement of profit or loss, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the Directors' declaration.

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

- (i) giving a true and fair view of the registered Company's financial position as at 30 June 2021 and of its financial performance for the year then ended
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the registered Company 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 1(m) 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 2021 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 2021 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 Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.



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

### Responsibilities of the Directors for the Financial Report (continued)

In preparing the financial report, the Directors are responsible for assessing the ability of the registered Company 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 Company or to cease operations, or has no realistic alternative but to do so.

The Directors are responsible for overseeing the registered Company'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 on the basis of 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 Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

James Barrett, FCA  
Registered Company Auditor  
BellchambersBarrett

Canberra, ACT  
Dated this 7<sup>th</sup> day of September 2021



