



IAHA

Indigenous Allied  
Health Australia

# ANNUAL REPORT

2021-22

## Copyright

This work is copyright and may not be reproduced either in whole or part without the prior written approval of Indigenous Allied Health Australia (IAHA).

IAHA Ltd is a national not for profit, community controlled and member-led Aboriginal and Torres Strait Islander allied health organisation.

### **Indigenous Allied Health Australia Ltd**

Units 3 & 4 ALIA House 9-11 Napier Close  
Deakin ACT 2600  
PO Box 323 Deakin West ACT 2600  
Phone: +61 2 6285 1010  
Email: [admin@iaha.com.au](mailto:admin@iaha.com.au)  
[www.iaha.com.au](http://www.iaha.com.au)  
ABN: 42680384985

## 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.

IAHA 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.**

# TABLE OF CONTENTS

|  |           |
|--|-----------|
| <b>WHO WE ARE</b>                          | <b>1</b>  |
| <b>CHAIRPERSON'S REPORT</b>                | <b>2</b>  |
| <b>CEO'S REPORT</b>                        | <b>3</b>  |
| <b>KEY ACHIEVEMENTS</b>                    | <b>4</b>  |
| <b>MEMBERSHIP OVERVIEW</b>                 | <b>6</b>  |
| <b>OUR KEY PRIORITIES AND ACHIEVEMENTS</b> | <b>8</b>  |
| Strength                                   | 8         |
| Grow                                       | 18        |
| Transform                                  | 28        |
| Lead                                       | 36        |
| Connect                                    | 40        |
| <b>SUSTAINABILITY AND GOVERNANCE</b>       | <b>45</b> |
| <b>FINANCIAL STATEMENTS</b>                | <b>48</b> |









# WHO WE ARE

## 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's vision is for all Aboriginal and Torres Strait Islander people and future generations to be thriving in ongoing connection to self, spirit, and place.

IAHA's strategic direction was developed with and guided by our membership.

**Our vision is underpinned by five strategic priority areas:**

- **Strengthen** and engage our membership in advocacy, leadership capability and professional development so 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.

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.

# CHAIRPERSON'S REPORT



As Chairperson, it is my privilege to present the 2021-22 IAHA Annual Report to members and stakeholders. This marks the second annual report against the IAHA Strategic Plan 2021-2024, which sets a strong direction for us as an organisation. IAHA has grown significantly in recent years, and as we continue to grow into the future, we navigate an increasingly complex operating environment. The Board has focussed on laying the groundwork for IAHA to remain a strong, Aboriginal and Torres Strait Islander led and governed organisation.

In October 2021, IAHA members endorsed the constitutional changes that were proposed earlier in the year as part of the organisation's strategic priorities, to further support the sustainability of IAHA. This included changes to IAHA's membership to ensure that IAHA is strengthened as an Aboriginal and Torres Strait Islander community-controlled organisation, and that our membership is reflective of the diversity of the allied health workforce working in our communities and services, and the pathways we are working to create.

Through the establishment of IAHA's new subsidiary company, IAHA NT Workforce Development Ltd, IAHA has formalised our commitment to the Northern Australian region. The IAHA NT Workforce Development Constitution was adopted in 2021, and the first Annual General Meeting was held in February 2022, and I am privileged to be Chairperson of the newly established organisation. We believe this will continue to position IAHA strongly to deliver on our

strategic priorities and to access opportunities to support the success and engagement of members moving forward, facilitating tailored solutions across Northern Australia.

In addition, we have seen continued progress on the rollout of the National Aboriginal and Torres Strait Islander Health Academy, with the establishment of new locations in the ACT, Northern Rivers NSW, and Greater Western Sydney. Each of these locations had their inaugural cohorts in the reporting year, contributing to localised workforce solutions in these communities. IAHA continues to engage with and strengthen relationships in other regions, with conversations to expand the Academy program to support education, workforce development and health priorities in new jurisdictions.

IAHA Group Training obtained full Group Training Organisation (GTO) status across Australia, including NSW, ACT and NT during this period, which will better support the rollout of the National Academy and increase access to culturally safe and responsive employment services across the sector more broadly. The growth across these different jurisdictions will enable IAHA to better implement the health career pathway transition into employment for trainees and apprentices, providing the individual and organisational support to empower success. The establishment and investment in IAHA Group Training also provides new fee-for-service opportunities for IAHA, supporting the sustainability of our work in the long term.

In the 12 months of this report, the IAHA Board of Directors continued to provide strategic and cultural governance, enhanced by the collective and individual perspectives and expertise of Board members, with the Board working to develop and strengthen our collective accountabilities and performance measures. 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



The 2021-22 financial year was another important one for Indigenous Allied Health Australia operationally and strategically, and alongside the Board I'm honoured to report on our achievements this year through the Annual Report.

Operationally, negotiations with the Commonwealth for the next iteration of IAHA's operational funding were a key focus. IAHA was pleased to receive a public commitment for funding which strengthens IAHA's position, recognises our growth, and secures funding for operations and key programs moving forward, alongside our work to diversify our income generation.

In addition, there were two major national strategies released, the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* and the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*, both of which IAHA played a key role in shaping. These frameworks are significant, in their recognition of racism, the cultural determinants of health and wellbeing, and also the reflection of IAHA, our work, and our ways of working. IAHA looks forward to building from this policy platform as we continue our work.

The financial year marked the first full year of IAHA NT Workforce Development Ltd which acknowledges the importance of IAHA's relationships in Northern Australia and recognises the leadership of the NT in particular in driving IAHA's activities and innovation.

One of the programs which initially commenced in the NT and is expanding nationally is the IAHA National Aboriginal and Torres Strait Islander Health Academy, with three new locations, Northern Rivers NSW, the ACT and Greater Western Sydney, all formally commencing in 2022. Alongside continued growth in cohort sizes at established Academy sites in the NT and Southeast Queensland, this has enabled IAHA to exceed 100 trainee enrolments nationally, and we look forward to graduating our largest cohort to date in late 2022. The 2021 graduates are continuing their journeys in education, training and employment, with 100 percent of our 2021 NT cohort in paid employment and/or further training. We are excited to see the ongoing growth of this important workforce.

The High School to Deadly Careers program is another important strategy for engaging with our young people and communities in conversations on education, training and career goals. While COVID-19 has been disruptive, we were pleased to be able to offer a modified central Australian program, showcasing careers to 150 students and drawing on the allied health and cultural expertise of IAHA staff. IAHA has happily secured additional funding to expand the program nationally over the next two years, into other jurisdictions, regions and communities, as well as continuing our commitment to Central Australia and the top end.

To support the development of IAHA members, and their leadership in transforming systems, IAHA was pleased to pilot our new Leadership Development Program. Commencing in March 2021 in Coffs Harbour, the Leadership Program fills an important need for cultural, professional and personal leadership development. While the program continues to roll out and be evaluated, IAHA is proud of the growth and development of participants to date, and sees this program as an essential offering moving forward.

The development of the next iteration of the IAHA Workforce Development Strategy, for release in late 2022, will help set the operational direction for IAHA into the future, capturing current and emerging initiatives to support our workforce. On behalf of the Secretariat, I once again thank IAHA's members for your leadership and work across all settings, sectors and roles, driving change and working for outcomes with Aboriginal and Torres Strait Islander people, families and communities.



# KEY ACHIEVEMENTS:

**7% INCREASE IN  
NEW MEMBERS  
OF IAHA**

**500+  
MEETINGS  
AND EVENTS  
ATTENDED**

**REPRESENTATION  
ON 88 STRATEGIC  
ADVISORIES AND  
COMMITTEES**

**Piloted the IAHA  
leadership program  
with 18 students  
and 47 graduate  
members enrolling**

**OVER 250  
PARTICIPANTS  
IN 19 CULTURAL  
RESPONSIVENESS  
WORKSHOPS**

**131 TOTAL**  
scholarships and  
20 bursaries

**232  
DELEGATES  
ATTENDED  
THE IAHA 2021  
NATIONAL ONLINE  
CONFERENCE**

**92% agreed** that  
the National Online  
Conference provided  
a positive experience  
that valued a diversity  
of cultures and  
disciplines

**7 IAHA MEMBERS  
WERE 2021  
NATIONAL  
INDIGENOUS  
ALLIED HEALTH  
AWARD WINNERS**

## **62 SCHOLARSHIPS**

were awarded to IAHA members to attend the IAHA 2021 National Online Conference

## **8 IAHA POLICY SUBMISSIONS**

**IAHA awarded the Integrated Team Care tender to provide cultural safety training**

**130 mentors and 113 mentees enrolled in the IAHA Mentoring Program**

## **434 NEW NEWSLETTER SUBSCRIBERS**

Expansion of the IAHA National Health Academy to **5 LOCATIONS**

**Endorsement of 2 position statements, on the aged care and disability workforce**

**1314 ENROLMENTS in IAHA Cultural Responsiveness in Action Training**

**90+ EOIs FOR THE IAHA LEADERSHIP PROGRAM**

# IAHA MEMBERSHIP OVERVIEW

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:

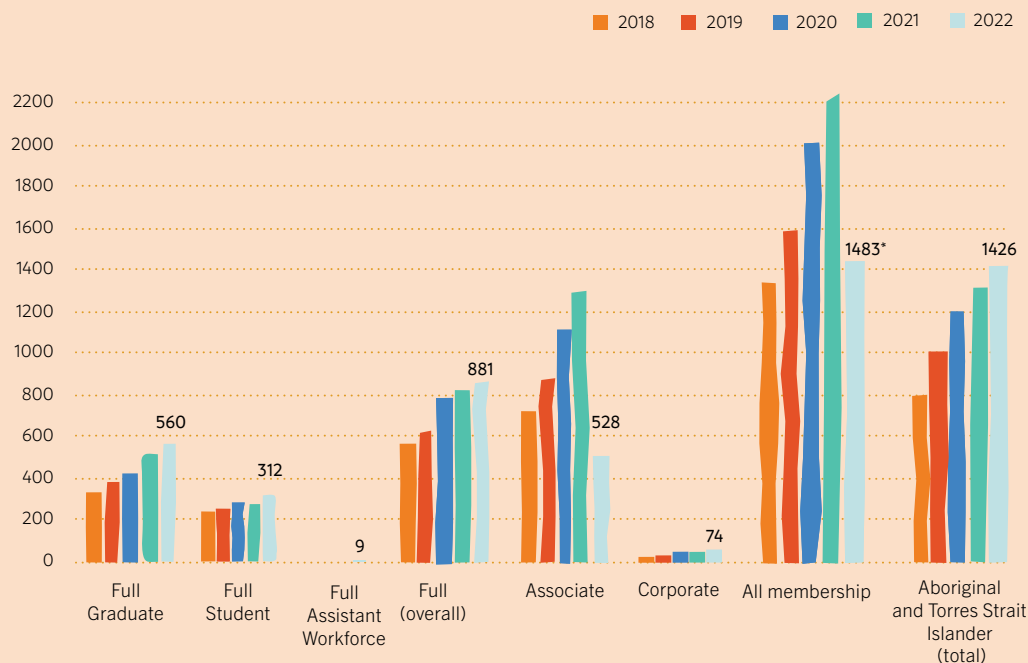
- Full members in the following 25 disciplines – allied health, mental health, social work, social welfare, psychology, counselling, oral health, dentistry, dietetics, occupational therapy, exercise science, exercise physiology, physiotherapy, public health, nutrition, radiography/radiation therapy, pharmacy, paramedicine, speech pathology, audiology, optometry, chiropractic, podiatry and medical pathology.
- A growing membership of Aboriginal and Torres Strait Islander people in allied health assistant and similar support roles, working as an essential part of teams in improving access to multidisciplinary, culturally responsive care.
- Aboriginal and Torres Strait Islander members in other health-related roles such as 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.





## IAHA MEMBERSHIP PROFILE 2018 – 2022

The table below depicts the membership growth over the past five financial years.



*\*This figure excludes 'Friends of IAHA' as the Constitutional change occurred in October 2021.*

IAHA supports the empowerment of Aboriginal and Torres Strait Islander people to lead transformative change by embedding Aboriginal and Torres Strait Islander ways of working and knowing, being and doing. A recent example that highlights this is our constitutional changes that took effect at the October 2021 Annual General Meeting to ensure that IAHA is Aboriginal and Torres Strait Islander-owned, further upholding our cultural integrity as an organisation.

The changes included the establishment of an additional membership category of 'Full Assistant Workforce' to recognise and value this emerging workforce, and the transition of non-Indigenous members to our 'Friends of IAHA' network. In addition, IAHA has invested in auditing our member information, including members heritage and qualifications, to ensure we are investing efforts where we need to, and to better understand our members, their relationships, and knowledges.

Over the past 5 financial years, IAHA membership has been on a positive trajectory in terms of its growth. This growth was also reflected during the peak of the COVID-19 pandemic despite its sweeping impacts across our membership and extended communities. The shift in the number of members in 2021-22 however, is largely due to the transition

of 904 non-Indigenous members to the 'Friends of IAHA' network which is no longer included in the 'all membership' count. If these changes had not occurred, the total number of members would have been 2387, further reflecting a growth in our member base.

As we are committed to building on growth and retaining our member base, IAHA continues to invest resources in establishing relationships with schools, universities, the VET sector and organisations across the health sector more broadly. During 2022 and beyond, IAHA expects growth in the newly established Full Member Assistant Workforce category, which will include allied health assistants and other members of the assistant workforce key to providing allied health care, embedding ongoing support for graduates of IAHA's National Aboriginal and Torres Strait Islander Health Academies and others.

In addition, we believe the IAHA 2022 National Conference and our ability to reengage in person will act as key enablers for 2023 as we expect to see an increase in our membership numbers.

# OUR KEY PRIORITIES AND INITIATIVES

## STRENGTHEN

IAHA is committed to engaging and 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.



*Participants at the Leadership Program working together in a group activity.*

### IAHA LEADERSHIP PROGRAM

The IAHA Leadership Program is a new initiative launched in 2022, with an overwhelming appetite of over 90 expressions of interest received from both graduate and student members for the program. The IAHA Leadership Program is designed to create opportunities for participants to develop a greater understanding of leadership, cultural governance, compliance, and ethics to become an effective, culturally responsive Aboriginal and Torres Strait Islander leader. The program engages participants in conversations and experiential leadership activities with the following five intended learning and development outcomes:

- Strengthen understanding of Aboriginal and Torres Strait Islander leadership from a dual cultural and professional perspective
- Develop personal leadership philosophy, leadership goals, aspirations and how to achieve them
- Apply key concepts and learnings to interpersonal and professional relationships
- Develop supportive and effective peer networks
- Strengthen skills and experiences of leadership in practice

Participants in the IAHA Leadership Program are expected to complete elements of the program over a 9-month period, designed to reinforce their knowledge and transfer learnings and experiences into practice. The program is completed through five stages:

- Stage 1: two day face-to-face intensive program
- Stage 2: minimum of six online professional development webinars (interactive and pre-recorded) on topics including but not limited to community development, working with and in government, and nation building
- Stage 3: online training in cultural responsiveness mentoring
- Stage 4: completion of a Leader Project of the individual's choice (group or individual)
- Stage 5: pre-conference workshop in the lead up to the IAHA 2022 National Conference

## 2022 IAHA LEADERSHIP PROGRAM

During this reporting period, the face-to-face residential part of the IAHA Leadership Program was held on Gumbaynggirr Country (Coffs Harbour), between 11 – 15 March 2022, in collaboration with an Aboriginal owned consultancy and experts in leadership MurriMatters.

Over five days, 18 students and 47 graduates participated in the intensive workshop. Following a powerful Welcome to Country by Uncle Alex Webb, participants were introduced to the program and required to introduce themselves to the broader group: diving straight into the deep end, sharing their stories and building connections.

Participants were supported to transition in and out of their comfort zones throughout the workshop and the Program in a nurturing and culturally safe way, to push individuals to engage with transformational change. Over multiple days, participants learned about concepts including Engoori, perceptual

positioning, supportive leadership, understanding leadership and management, and cultural leadership, while also learning from and sharing in the leadership experiences and learnings of others, including IAHA Patron, Uncle Tom Calma.

Since the face-to-face residential part of the program, leadership program participants have commenced participating in yarning sessions, a series of webinars on community development, and enrolling into IAHA's Culturally Responsive training program. The program is scheduled to finish in late 2022, with participants to complete additional development webinars on Nation Building and working with and influencing government, undertake a leadership project to put learnings into practice, and a final workshop in Canberra ahead of the 2022 National Conference.



*Participants at the 2022 IAHA Leadership Program.*



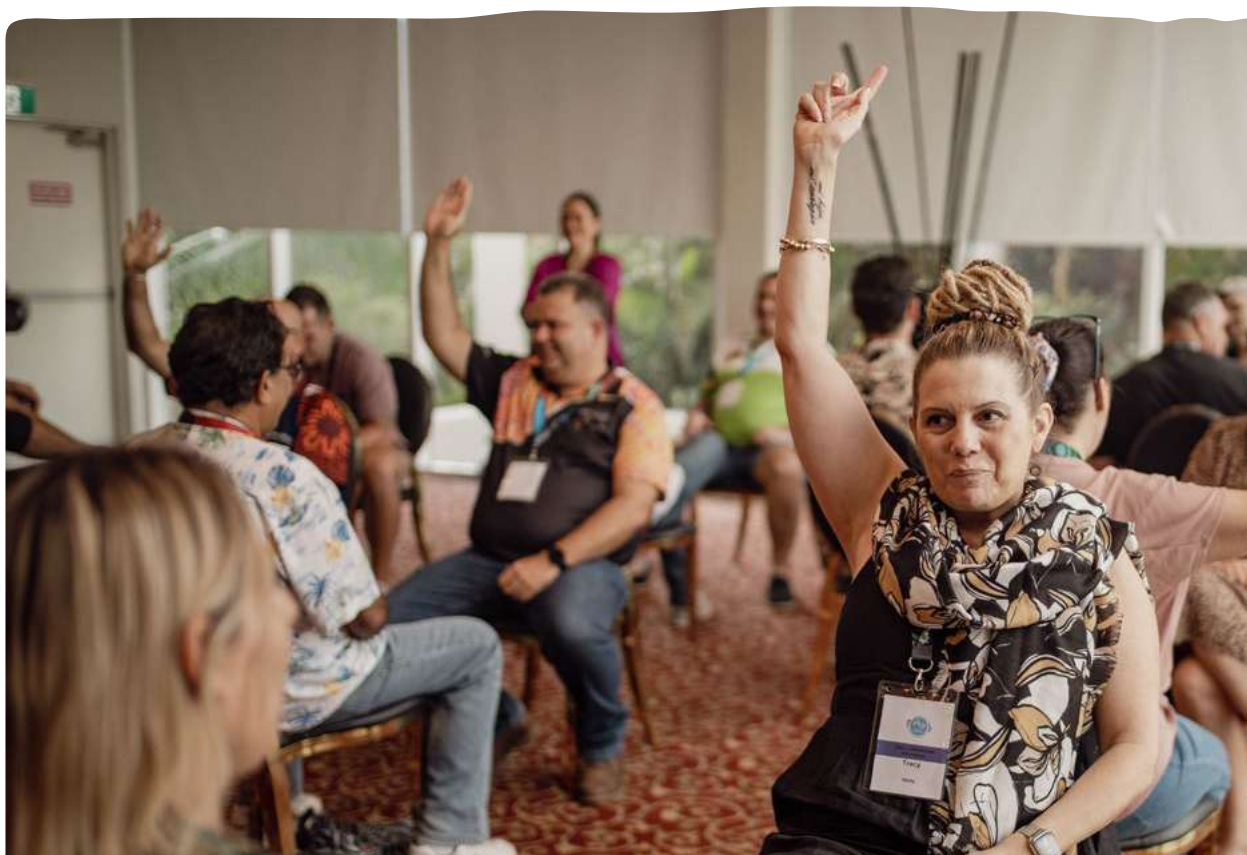
Initial feedback has highlighted the need for a culturally informed approach to Aboriginal and Torres Strait Islander leadership development, with participants' reflections showing the value of dedicated spaces to engage with leadership and career planning. IAHA is committed to understanding this in detail, with an independent evaluation of the program to be completed in late 2022, to support the sustainability of the program and to allow IAHA to engage in quality improvement to ensure we are meeting the needs of the workforce.



Quotes received from first cohort of participants:

*"I think the IAHA Leadership program is an opportunity to gain confidence, develop skills in yourself and belief in your leadership. The program is well-rounded within a supportive environment that is grounded in Indigenous ways of knowing, being and doing."*

**– IAHA Graduate Member Leadership Program participant.**



Top Image: Leadership participants gather outdoor for an activity.

Bottom: Participants engaging in a workshop at the Leadership Program.

## IAHA MEMBERS MENTORING PROGRAM

Cultural and professional mentoring continued to be a highly valued support amongst the Aboriginal and Torres Strait Islander health workforce during this reporting period. This was particularly critical as peer relationships remained important for members emerging from the COVID-19 pandemic to stay connected and support one another. IAHA's mentoring program supports, links and nurtures mutually beneficial relationships between IAHA members and enables shared reflections on experiences and knowledges to develop a mutually agreed way forward, enhancing the skills of both parties through a strengths-based and person-centered two-way learning.

In 2021-22, IAHA members continued to provide valuable support to one another, with a total of 130 mentors and 113 mentees formally enrolled in the mentoring program. This program saw a 13 per cent growth in the number of participants, with formal and informal mentoring relationships established between IAHA members, many more of which are supported by the IAHA mentoring program toolkit.

As part of our ongoing commitment and continuous approach toward ensuring mentoring resources are fit-for-purpose and culturally responsive, IAHA continues to invest in the development of resources, training and support for members in mentoring, ensuring cultural responsiveness is embedded in the mentoring relationships of members. The additional resources will support mentors and mentees to establish effective relationships, including exercises to work through with a focus on different needs and areas for development, such as addressing racism, discrimination, lateral violence, career professions, business development, leadership development, and cultural education and development.

## MEMBER YARNING SESSIONS AND PROFESSIONAL DEVELOPMENT WEBINARS

Member Yarning sessions and online professional development webinars, developed as part of the COVID-19 response, continued through the reporting period to provide members opportunities to come together, using technology, in a culturally safe space led by Aboriginal and Torres Strait Islander facilitators.

To June 2022, IAHA hosted seven yarning sessions and professional development webinars as part of the ongoing series, including with our international partner organisation Ngā Pou Mana.

Topics included self-care, mental health, healthy living, business development, cultural wellbeing and Māori perspectives on health and wellbeing. The attendance and engagement of IAHA members throughout the sessions demonstrated the value of this opportunity to share and connect.

## PROFESSIONAL DEVELOPMENT SCHOLARSHIPS

IAHA's Professional Development Scholarship Program provides financial assistance to IAHA Graduate members to enable them to continue their learning and education within their health discipline, including but not limited to short courses, non-award post graduate courses, clinical placements and conferences. Four Graduate Professional Development Scholarships were awarded to Graduate members in 2021-22 which were used for various reasons including to support:

- A member to develop, through a series of community engagements, culturally responsive tailored resources to support physiotherapists and others to work effectively with Aboriginal and Torres Strait Islander people in North Queensland.
- Attendance at an Indigenous Wellbeing Conference to present an honours project on First Nations perspectives of wellbeing.
- Attendance at a three-day professional development workshop focussed on understanding trauma, healing, and generational healing, as well as strategies in working with Aboriginal and Torres Strait Islander people with trauma behaviours.
- Completing certification on yoga and healing, working with people and communities that have experienced trauma.

IAHA also provided 62 scholarships for Aboriginal and Torres Strait Islander members to attend IAHA's 2021 online National Conference that enabled them to participate in a program of professional, personal, and cultural development. The online conference featured high-profile speakers, nine workshops, six interactive presentations and three cultural events/workshops, providing an opportunity for members to continue their ongoing learning journey. All participants in IAHA's Leadership Program, 65 in total, were also on fully funded scholarships.



### **Mike Gordon Scholarship for Aboriginal and Torres Strait Islander Leadership in Health**

IAHA received a large donation for the establishment of the Mike Gordon scholarship program, that supports the ongoing leadership development of a minimum of nine Aboriginal and Torres Strait Islander health leaders, across varying stages of their career and life journey.

Investment in leadership development will contribute significantly to the continued growth, retention, and development of the Aboriginal and Torres Strait Islander health workforce. It will improve the experiences and outcomes of Aboriginal and Torres Strait Islander peoples in these systems more broadly, through change leadership and the embedding of cultural perspectives and knowledge to the benefit of all Australians, helping us to pursue equity in life, health, and wellbeing outcomes.

Three scholarships will be available over each of the next few years, with a dedicated opportunity for each of IAHA's full membership categories to take the next step in their leadership.

### **STUDENT SCHOLARSHIP AND PLACEMENT SUPPORT**

IAHA continue to work with partners to ensure that IAHA student members have access to relevant opportunities and supports to enhance their learning. In addition to scholarship support, IAHA works closely with partners to increase access to subsidised or free

accommodation for students on placement, and to create pathways to culturally responsive placement experiences, particularly in remote and rural Australia. In 2022, this work included an announcement of \$2 million dollars in funding for Flinders University to work in partnership with IAHA to increase access to allied health student placements in the Katherine region and to employ an allied health assistant within IAHA, as part of a strategy to improve access to allied health services, in particular speech pathology and occupational therapy. Below are some of the key scholarships offered through IAHA, in collaboration with key partners.

### **Northern Territory Primary Health Network Rural Workforce Agency (NT PHN RWA) Student Placement Scholarships**

During this period, IAHA launched the NT PHN RWA student placement scholarship along with additional scholarship opportunities for rural clinical placements in the NT region. The Secretariat is developing a communications strategy with members to promote this opportunity for commencement in 2022-23.

### **Brien Holden Optometry Scholarship**

Since the previous annual report, IAHA has continued to work closely with the Brien Holden Foundation to launch the Aboriginal and Torres Strait Islander Optometry Student Scholarship, which aims to support tuition and associated costs such as textbooks and equipment, while also supporting clinical placements and mentoring.



*Student cohort of the IAHA Leadership Program on Gumbaynggirr Country in Coffs Harbour.*



The inaugural Aboriginal and Torres Strait Islander Optometry Student Scholarship was awarded to Shanaz Rind in late 2021, an IAHA student member from Deakin University.

We believe this joint initiative will continue to play a crucial role in 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.

The IAHA Secretariat is working towards capturing members journeys and finding innovative solutions to promote the scholarship and profession more broadly, and linking Shanaz with additional supports and development opportunities.

### **Royal Flying Doctor Service (RFDS) Scholarship**

Members might be familiar with the IAHA RFDS scholarship, that for several years has provided an annual Scholarship of \$10,000 to IAHA for Aboriginal and Torres Strait Islander allied health students to undertake a placement in a remote and/or rural setting in Australia. The IAHA secretariat is in the process of updating a new Memorandum of Understanding around the scholarship, with a hope for a continued commitment for funding for the period June 2022 to June 2023.

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, and provides opportunities for members to pursue placement experiences which support their career aspirations. While IAHA continues to work on local workforce development, this remains an important strategy in addressing rural workforce shortages and workforce maldistribution.

### **Bursaries**

COVID-19 influenced how IAHA responded to the changing needs of financial support for student and graduate members during this period, impacting employment, learning and cost of living. In response to this, IAHA increased the standard bursary value from \$250 to \$500 to support members with their education, training, and employment goals during this period, with larger bursary payments remaining available on a needs basis.

To June 2022, a total of 20 bursaries were awarded, 16 to student members and four bursaries to graduate members, with the majority being used for support to continue to engage with studies, professional development and employment, as highlighted by the experience below.

*"I just wanted to extend my deepest appreciation and thanks for your holistic care and support. I was able to sit my online supplementary exam today, without stressing about poor internet connection, as a result of the financial assistance I received through the student bursary. Thank you so much for making me feel completely comfortable in seeking support and further for acting so so swiftly in supporting my needs. The Optus Dongle has made such a huge difference in accessing my studies during this strange time."*

**IAHA Full Member bursary recipient**

*"I want to complete my degree and become a qualified Optometrist and work with Aboriginal and Torres Strait Islander peoples to not only promote eye health but to improve eye health outcomes in the communities".*

**— Shanaz Rind**

# MEMBER ENGAGEMENT ACTIVITIES

Member gatherings have recommenced following an easing in public health restrictions, however, IAHA continues to be responsive to the health guidance provided by Governments at all levels and remains proactive in adapting engagement activities when and where necessary. These events continue to be invaluable to members, staff, and the Board with the opportunity to stay connected with one another and create new peer networks and IAHA looks forward to hosting more events in more locations.

A non-exhaustive list of member networking events during this period include:

- Darwin Member Networking - An IAHA gathering was organised for IAHA members and their families in March 2022. IAHA CEO Donna Murray along with supporting staff, and 13 members attended the event.
- Adelaide Member Networking - In May 2022, there was an open invite for IAHA members from the greater Adelaide area, with a total of eight members and their families attending.
- Alice Springs Member Networking – In May, IAHA staff attending a symposium in Mparntwe (Alice Springs) were able to catch up with IAHA members, including IAHA NT Workforce Development Board Director, Celeste Brand.
- Cairns Member Networking - IAHA staff caught up with four of our Cairns based members for a dinner and networking event.

## Darwin Stakeholder Event

In June 2022, the IAHA NT Workforce Development Board of Directors and staff hosted a networking event in Darwin, which attracted over 35 IAHA members and stakeholders, including NT Chief Allied Health Officer, Heather Malcolm, Vice Chancellor and President, College of Health & Human Sciences at Charles Darwin University, Professor Dominic Upton, and Executive Director Allied Health at Top End Health Service, Renae Moore. Attendees were privileged to receive a Welcome to Country from Larrakia Elder and IAHA NT Cultural Support Officer, Lynette Fejo, and her daughter Gabrielle Fejo-King, before connecting over dinner. The event provided an important opportunity to share the establishment of IAHA NT Workforce Development, IAHA's fully owned subsidiary, and to talk about the work of IAHA in the Northern Territory.

In addition to this:

- IAHA continues to facilitate and support our members who represent IAHA on professional, research and workforce development advisories and committees. IAHA sought expressions of interest from members for the new National Aboriginal and Torres Strait Islander Health Academy Governance Committee with several nominations received to date. This has been delayed due to internal staff resources but will recommence in late 2022.
- Members have been actively engaged in representing IAHA at community and school events and career expos, showcasing their chosen profession, sharing their own journeys into health, and hosting interactive sessions, in a two-way development and learning opportunity.
- IAHA has engaged with hundreds of members across activities including the online conference and members forum, professional development webinars, yarning sessions, surveys, and projects.
- IAHA remains a trusted contact for members in their professional capacities, as a key stakeholder and support for their work. Engagement strategies are underway to further strengthen our offerings to the broad allied health workforce, at different stages of their career journeys and development interests and needs.



*IAHA member networking event in Gimuy (Cairns), Queensland.*



## STUDENT SUPPORT AND ENGAGEMENT

Growth of the Aboriginal and Torres Strait Islander 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. As depicted above in IAHA membership profile, IAHA's student membership continues to grow at a positive rate, while students continue to transition into the workforce, demonstrating IAHA's positive engagement towards supporting students through to completion.

## 2022 REMOTE HEALTH EXPERIENCE (RHE) WEEKEND

Each year in Katherine, Northern Territory, Flinders University NT hosts a unique interprofessional, experiential learning and training opportunity for health students from across the country. As an organisation, IAHA has been a key collaborator in the RHE for the past five years. IAHA's participation in the RHE includes providing IAHA student members the opportunity to work in a multidisciplinary team, including the cross-cultural environment and participate in remote health practice. The 2022 program saw 87 student members register for the event across different health disciplines, including allied health, nursing, and midwifery.

## NSW ABORIGINAL AND MENTAL HEALTH AND WELLBEING WORKFORCE FORUM

In May 2022, staff from the IAHA Secretariat attended the 2022 Aboriginal Mental Health and Wellbeing Workforce Forum. Held on Yuin Country in Narooma, the 2022 Forum was co-hosted by Southern NSW Local Health District and the Aboriginal Health and Medical Research Council of NSW and themed 'From Little Things, Big Things Grow', an acknowledgment and celebration of the expansion of the Aboriginal Mental Health and Social and Emotional Wellbeing workforce across the state. As an exhibitor, the IAHA team was privileged to sit in on presentations and conversations and to connect with current and prospective members from across the state.



Top Image: Yuin man and IAHA staff member, Jesse Aldridge, attends the NSW Forum in Narooma.  
Bottom: IAHA NT Workforce Development stakeholder event on Larrakia Country.

# CELEBRATING OUR MEMBER ACHIEVEMENTS – THE 2021 IAHA NATIONAL INDIGENOUS ALLIED HEALTH AWARDS

The 2021 IAHA National Indigenous Allied Health Awards were held online during the Indigenous Allied Health Australia 2021 National Online Conference on Friday 3 December 2021.

The Awards showcased seven 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. The IAHA Lifetime Achievement Awards was held over to 2022, to ensure this significant award can be presented in front of peers to appropriately recognise the long-term contribution the award commemorates.



Sheneise Hall

## CONGRATULATIONS AGAIN TO THE 2021 AWARDEES:

### Indigenous Allied Health Professional of the Year Award – Tya Fry sponsored by HESTA

Tya is a Gunditjmara & Wotjobaluk woman who was inspired to become an occupational therapist after seeing the culturally responsive services provided to her grandfather and family in rural Victoria.

*"I honestly was not expecting to be awarded this award. There are so many other well deserving clinicians, all doing amazing things. I've been a member of IAHA for a few years now and have learnt some amazing things. I hope that I have been able to bring this knowledge to all aspects of my work life and personal life. Thank you to those that nominated me and supported my application. I certainly wouldn't be here without all your encouragement."*

### Indigenous Allied Health Inspiration Award – Sheneise Hall sponsored by Australian Catholic University

Sheneise Hall is a proud Kariyarra, Banyjima woman. During the Covid 19 pandemic Sheneise started up her own Animal Assisted Therapy practice, working with her dog to provide community mental health services to Aboriginal and Torres Strait Islander people in her local community; with a focus on strengths-based and culturally safe Occupational Therapy services.

*"Winning the Indigenous Allied Health Inspirational Award for 2021 made me feel very grateful for the recognition of all the hard work and perseverance that was required to start up my own private practice, whilst also working in the Department of Health. I hope that winning this award can serve as an inspiration to young ones starting off their studies or careers in allied health and how with determination, they too can go on to do amazing things"*



### **Local Allied Health Champion Award – Nellie Pollard-Wharton sponsored by Services for Australian Rural and Remote Allied Health**

Nellie Pollard-Wharton is a proud Kooma woman who is a social worker with an extensive history of engaging in community work, including the First Nations COVID-19 inner city suburbs Response Group' (FNCRG) established in 2020 and mentoring First Nations students throughout their social work degrees.

*"I am so grateful and humbled by this award and look forward to many more years working with community to ensure the health and well-being of Aboriginal and Torres Strait Islander peoples. Thank you to IAHA for providing the platform for Blak excellence and self-determination that enables us to do the work, the right way. I would also like to especially thank and pay my respects to my dear friend Coral Lever (née Peckham), who has worked tirelessly with me to support our community as co-founder of First Nations Response. Born on Nanima mission, Coral is a staunch Wiradjuri woman, mother and community member. Without her, my vision for supporting community during crisis could not have evolved into what it is today. So, I dedicate this award to you and to the strength of true partnerships that meet the needs of our communities."*



Assoc. Prof Kerrie Thomsen

### **Allied Health Workforce Leadership Award – Assoc. Prof Kerrie Thomsen sponsored by Services for Australian Rural and Remote Allied Health**

Kerrie is a Butchulla woman, who was the first Aboriginal Occupational Therapist to graduate in Australia and has worked in health and academic settings for over 30 years. Kerrie runs a vital private practice delivering community allied health services in rural Victoria to Indigenous and non-Indigenous clients and works actively to attract and retain therapists in this traditionally underserved geographic area.

"I feel very honoured for us-we to have received this award and it will have pride of place in our therapy centre. I want our team of wonderful, allied health professionals to take pride in their part in receiving this award! It will also help to inspire future students coming to our regional and rural areas to come back and be a part of our local workforce to support our communities - I firmly believe that our team is made up of more than its individuals and us-we achieve much more as a team than individuals ever could separately!"

### **Future Leader in Indigenous Allied Health Award – Samara Fernandez-Brown sponsored by Australian Council of Deans of Health Sciences**

Samara Fernandez-Brown is a proud Warlpiri woman from Yuendumu, located three hours north-west of Alice Springs. Samara is now studying a bachelor's degree in Psychology at the University of South Australia while working as a Student Support Officer for the Karnkanthi program at the University of Adelaide.



Joanne Cairney

### **Commitment to Indigenous Health Award, Joanne Cairney sponsored by Australian Dental Council**

Jo Cairney is a non-Indigenous ally. Jo has been a committee member of the Koori OT Scheme (KOTS) in Victoria since 2010. Since joining KOTS, Jo has been a steadfast Committee member, assisting with the essential administrative support activities associated with managing a small unincorporated association, promoting the KOTS Scholarship for Indigenous OT students, as well as those activities associated with organising workshops for Occupational Therapists. *"I was really honoured to receive the nomination and pleased to attend the awards ceremony. I really loved hearing about all the other amazing, allied health professionals honoured. I was particularly pleased to see how many occupational therapists received awards and I was grateful to see a number of familiar faces on the call. There was a really positive and supportive vibe for the whole event! Thank you to everyone at IAHA."*

# GROW

IAHA is committed to increasing awareness about the value and role of allied health in improving health and social and emotional wellbeing working with Aboriginal and Torres Strait Islander peoples. While IAHA's growth as an organisation has been significant and continues, we acknowledge the need for around sixfold to eightfold growth in the Aboriginal and Torres Strait Islander allied workforce 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 2021-22.

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 and health careers more broadly:

- Community engagement, school events and career expos
- High School to Deadly Career Program
- National Aboriginal and Torres Strait Islander Health Academy



IAHA staff member, Gabe Oth hosts a community stall.



# COMMUNITY ENGAGEMENT AND PROMOTION OF ALLIED HEALTH CAREERS

Each year, IAHA attends a wide range of events to promote allied health and the support available to Aboriginal and Torres Strait Islander students and graduates. 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 to have a better understanding of the wide range of allied health and health careers and services available more broadly, as well as the existing workforce who may be unaware of the opportunities that IAHA provides, 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 contacts, including interest in health career pathways, IAHA programs, applications for membership, cultural responsiveness training, and mentoring.

## COMMUNITY ENGAGEMENT AND EVENTS

### 2022 National Aboriginal and Torres Strait Islander Eye Health Conference

Indigenous Eye Health (IEH) at the University of Melbourne held the 2022 National Aboriginal and Torres Strait Islander Eye Health Conference on Larrakia country in Darwin between 24 – 26 May 2022.

The annual conference provides an opportunity for the sector to come together, with an aim to advance the collective work of the Aboriginal and Torres Strait Islander eye health sector towards the shared goal of improving eye health access and outcomes of Aboriginal and Torres Strait Islander Australians.

IAHA played an active role in the event with IAHA Chairperson, Nicole Turner in attendance as a keynote speaker, along with a booth set up by IAHA NT Aboriginal Health Academy students, giving 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 by showcasing the pathways and opportunities available.



*Nicole Turner with NT Health Academy students at the Indigenous Eye Health Conference in Darwin.*

## 2021 Deadly Cup Carnival

The 2021 Deadly Cup rugby league carnival was held at TRL Stadium Darwin to kick off NAIDOC Week celebrations. This event uses rugby league to celebrate NAIDOC Week and to bring community together towards a common vision and purpose, raise awareness and support for health and wellbeing of Aboriginal and Torres Strait Islander people, and showcase rugby league talent in the community.

IAHA has been attending and supporting this Carnival with local business Deadly Enterprises since its birth in 2020, with IAHA sponsoring the event again in 2021. The event was a big success, drawing a crowd of over 2,500 people with 8,000 tuning in online from across Australia and New Zealand for this family-friendly event.

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, amplifying the need to empower communities through education, training, and employment opportunities.

## 2021 Men's Health Forum

The Australian Men's Health Forum is the national peak forum that is actively engaged and interested in addressing the physical, psychological, emotional,

intellectual, educational, and social needs of men and boys in Australia. In 2021, IAHA had the opportunity to participate in the event where IAHA staff member, Gabe Oth, performed alongside other Torres Strait Islander dancers.

## Pathways into Health and Community Services for Aboriginal and Torres Strait Islander Males: Workshop and Workforce Expo

In October 2021, IAHA supported the Aboriginal Medical Services Alliance Northern Territory and Freemasons Centre for Male Health and Wellbeing led event on Larrakia Country (Darwin) promoting pathways into health and community services for Aboriginal and Torres Strait Islander males between the ages of 15-25.

The workshop was intended to share information on culturally safe pathways into health and related sectors, while also providing the opportunity to increase awareness of social and emotional wellbeing and develop supportive peer networks.

22 young people attended the event, including IAHA NT Aboriginal Academy trainees Jovian and Sonny who represented IAHA at the exhibition stall, and future trainees Bowen and Sam who learnt about the NT Aboriginal Health Academy from the event. IAHA staff member, Gabe Oth, attended and performed with his Torres Strait Islander dance troupe, again sharing his culture with delegates.



Left Image: IAHA Director of Workforce Development, Kylie Stothers and IAHA NT Workforce Development Director Shaun Tatipata at the 2021 Deadly Cup Carnival in Darwin. Right Image: Gabe Oth attends the 2021 Men's Health Forum



## Winds of Zenaldth Cultural Festival

Winds of Zenaldth Cultural Festival is a cultural event steeped in a proud tradition of celebrating and showcasing the best of local Torres Strait culture, art, music, and ceremony. The 2021 Winds of Zenaldth Cultural Festival, held over four spectacular days on Thursday Island certainly did not disappoint, with record numbers attending the festival.

IAHA participated actively in the event for the first time, sponsoring the community festival and running an interactive health station at the IAHA stall, promoting healthy lifestyle messages and health careers and pathways with children, young people, and community members.

Despite IAHA's existing relationships with stakeholders and work that takes place in the outer islands of the Torres Strait, attendance at the event presented IAHA with the opportunity to establish warm networks with community leaders and organisations in the Torres Strait region, to further promote IAHA initiatives. In addition, it helped us gain a better understanding of the local environment in terms of pathways and supports available for people into the health workforce, but to also stay connected in the region.

## Clontarf Day

One of the community and school engagements was the Clontarf Career Expo, held at Endeavour Sports High School in June 2022. Aligned with IAHA National Health Academy, Academy students and educators hosted a stall, showcasing pathways into health careers and connecting with local Aboriginal and Torres Strait Islander young people.



Left Image: IAHA NT Academy students at the IAHA Deadly Cup Carnival stall.

## Charles Darwin University (CDU) Symposium

During this reporting period, IAHA NT Workforce Development established a partnership with CDU to increase the Aboriginal and Torres Strait Islander health workforce and the cultural capability of the broader allied health workforce in Darwin to improve the health and wellbeing of Aboriginal and Torres Strait Islander people.

To further strengthen the partnership and joint commitment, IAHA delivered a presentation on '*Better Health Futures, Building a Remote and Rural Health Workforce in the NT*' at the CDU Symposium, promoting health education pathways and practical placement opportunities along with other supports available for students.

## Flinders University (NT) Health and Leadership Experience

IAHA was invited to be on the panel for the Health and Leadership Experience event hosted by Flinders University (NT), where IAHA had the opportunity to showcase NT Health Academy along with the career pathways and other supports available for Aboriginal and Torres Strait Islander people.



Right Image: IAHA Executive Director, Workforce Development presenting at the CDU Symposium.

# HIGH SCHOOL TO DEADLY CAREERS PROGRAM (HS2DC)

In late 2021, IAHA rebranded the [High School to Deadly Careers](#) - to reflect the diverse career, education, and training pathways this program represents. Previously known as High School to Health Careers, IAHA has successfully run the program in the Northern Territory since 2019, showcasing education, training and employment pathways to local young people and the broader community, to engage in conversation about health, wellbeing, and aspirational thinking. In addition to relationships with community, the program provides two-way learning for IAHA members, developing their knowledge of and aspiration for remote and rural clinical practice, and their understanding of the lived experiences of communities.

Since the last annual report, IAHA implemented the fourth High School to Deadly Careers Program in Central Australia, NT, however the program was modified to be a staff led delivery, due to travel restrictions and related considerations, drawing upon the allied health background and cultural knowledges of IAHA staff. Despite the modified program, the following stakeholders were engaged during this process, supporting IAHA to reach approximately 150 young people in Central Australia:

- Yirara College, Ti Tree School and Tennant Creek High School
- Flinders University - Alice Springs and Tennant Creek campus
- Alice Springs Hospital
- Purple House
- Tennant Creek Hospital
- Aged Care Program - Anmaterri (Ti Tree) community
- Barkly Region Alcohol & Drug Abuse Advisory Group (BRADAAG)
- Anyinginyi Health Aboriginal Corporation
- Papulu Apparr-Kari Aboriginal Corporation (Language Centre Tennant Creek)

In early 2022, IAHA was successful in acquiring funding from the National Indigenous Australians Agency (NIAA) for the value of \$2m to further expand the HS2DC program in 2022-2024 as part of the Health Sector Strengthening Plan.

While this funding looks at expanding the delivery of the currently unfunded HS2DC program that IAHA has successfully delivered in the 'Top End' and 'Central Australia' regions of the NT, it will also present an opportunity to deliver the program elsewhere in the NT, and to further expand the program to a minimum of four jurisdictions, particularly where there are concurrent discussions about the need for localised pathways and other workforce initiatives, such as the IAHA National Health Academy program. IAHA looks forward to rolling out the High School to Deadly Careers Program across the new jurisdictions from 2022-23.



*Top Image: The High School to Deadly Career Program visit the Aboriginal Liaison Officer Team at Alice Springs Hospital  
Bottom Image: IAHA National Health Academy students in an in-class activity.*





*IAHA National Health Academy students in an in-class activity.*

## 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.

2021-22 saw significant work dedicated to the expansion of the National Health Academy into new communities and regions nationally, through the establishment of local partnerships and relationships. As a result, IAHA enrolled more than 100 trainees nationally for the 2022 academic year, led by a significant increase in enrolment in the NT Aboriginal Health Academy, continued development in Southeast Queensland, and strong initial enrolments in the three new sites.

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, Institute for Urban Indigenous Health, The Poche Centre for Indigenous Health, TAFE NSW, Canberra Institute of Technology, Charles Darwin University and Flinders University. Funding is being sought to support the implementation of new Academies through the Department of Health project funding opportunities, Close the Gap implementation proposals, and state governments.

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

IAHA continues 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.

## Australian Capital Territory Academy

Since the previous annual report, the ACT Academy enrolled the first cohort of students into the Certificate III in Allied Health Assistance in February 2022, building from the delivery of a Health Starter Pack in 2021.

The delivery of the Health Starter Pack provided an opportunity for seven students to complete three units of competency from the Certificate III, developing their understanding of the Academy and confirming their interest in pursuing a health qualification alongside their senior studies.

In 2022, the ACT Academy has 12 enrolments, with 11 students from five institutions across Canberra, including Erindale College, Canberra College, Dickson College, University of Canberra (UC), Senior Secondary College Lake Ginninderra and Hawker College and one Year 11 student, due to complete the Certificate III within 12 months.

IAHA held a small award presentation ceremony to celebrate and award the Statement of Attainments to four of our academy students who completed the CIT Health Starter Pack (HSP) before the ACT Academy started in February. In collaboration with UC, the ACT Academy students had several visits to UC during this reporting period, including the UC Health Hub, UC Hospital and the UC Ngunnawal Centre. Students met with academics, clinical educators and their placement supervisors face-to-face, prior to commencement of placements in the second half of the year.

While the ACT Academy is at its infancy, we look forward to continuing our work with the community to create and develop culturally responsive pathways into health careers for young Aboriginal and Torres Strait Islander people.



IAHA Board Director, Kirrilaa Johnstone with Health Starter Program graduates and current ACT Academy students

## Greater Western Sydney Academy

IAHA continues to work closely with key stakeholders such as the 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, which is currently operational across two TAFE campuses.

Upon commencement of the program in early 2022, the Academy had a combined total of 15 trainees signed up, with 10 trainees spread across both locations. All trainees are in work placements, three students from South Western Sydney Local Health District working at Campbelltown Hospital and seven from Greater Western Sydney working across both Westmead and Blacktown hospitals.

Despite the challenges posed by COVID-19 and logistics associated with delivery in a large metropolitan region, trainees continue to show dedication in their traineeships, which has been reflected in the positive feedback provided by host employers around trainees' work ethic and genuine interest in the health sector.

Given the growing interest and positive feedback received to date, IAHA is committed to working closely with the Local Health Districts in this region to continue investing in this program. IAHA is under negotiation with another Sydney-based Local Health District interested in developing another Academy site in the Sydney area to support education, workforce development and health priorities.



Academy students, Hailey (left) and Eliana (right) in the classroom.



## 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 established, continues to go from strength-to-strength, increasing to 37 students across two cohorts (new and continuing students) at the commencement of the 2022 Academic year. This includes 12 students coming from remote communities across the Territory.

As an IAHA run and operated Academy, IAHA staff in the NT have continued to provide education, training and host employment opportunities for the Academy students with a retention rate of over 70 per cent despite the challenges of the COVID-19 pandemic, particularly for those students from remote communities.

At the end of 2021, IAHA celebrated a small graduating cohort of 13 students, with the attendance of Minister Ken Wyatt who delivered the welcoming speech and graduation certificates. Since the graduation, 100 per cent of finishing students are employed and/or continuing their education and training in a diverse range of sectors and roles, including in Aboriginal Community Controlled Health Services, NT Health facilities and hospitals, the Menzies School of Health Research, disability providers, community pharmacy and private allied health practices.



Academy students enacting a fallen patient being assisted by an allied health assistant

*"If it wasn't for all the support IAHA staff has given me, I wouldn't be where I am now."*

*"I felt as though IAHA supported me throughout this short journey, they have not only supported me within the academy but also through school."*

*"IAHA has shown me to care for others if they ever need, I know I don't need to feel shame asking my mob if they are okay, or if they need help, or just checking up so that they know we all support each other."*

*"I would definitely encourage other people to join this academy as joining IAHA is a very amazing opportunity and after graduating you get such great qualifications. Not only that but IAHA is a comfortable environment, has taught me so much and having all these amazing opportunities to meet such great people, work some great jobs, learning so much about our mob and being able to say you're a little culturally aware of certain things is a good feeling."*

*"I enjoy when IAHA staff bring in guests that would talk to us students, answer our questions, explain they work part way and how they got there and what they will do in the future and for our Indigenous people."*

*"My confidence has gone up and I am more open to giving new tasks a go. I have made lots of friends and relationships."*

*"I wasn't sure what I wanted to do after school finish but the team made it easy on me by showing me how many options I have in IAHA."*

*"The staff are all very engaging and positive, they are always open to have a good yarn and open conversation. They are keen to hear all your goals and aspirations"*

### Reflections of NT Aboriginal Health Academy students

## Northern New South Wales Academy

Relationships in Northern Rivers have seen strong foundations established, with buy in from key stakeholders including the local Aboriginal Community Controlled Health Services, Local Health District and Southern Cross University through formal partnership agreements.

Despite delays to the commencement of the Academy due to flooding in the Lismore region and the impact on students, staff and stakeholders, the Northern Rivers Academy became fully operational in the first quarter of 2022 and students commenced classroom learning and work placements during the reporting period, with eleven Year 11 students enrolled from 10 different high schools in the region, with students coming from Lismore, Ballina, Casino and Banora Point.

While students attend practical placements with TAFE NSW, eligible trainees have also started work placements with local Aboriginal Community Controlled Health Organisations and the Northern NSW Local Health District. During this period, we have:

- 4 students at Southern Cross Health Clinic
- 2 students at Rekindling the Spirit Health Service
- 1 student at Casino Memorial Hospital NNSWLHD



## Southeast Queensland Academy

In Southeast Queensland, IAHA continues to work in partnership with the Institute for Urban Indigenous Health (IUIH) to deliver the Pathways Our Way Academy (POWA) in the region.

Established under a licensing relationship, the IUIH POWA became the second Academy in operation and has 36 Aboriginal and/or Torres Strait Islander young people enrolled in allied health assistant school-based traineeships for 2021-22.

The South East Queensland Academy is demonstrating success for the delivery of the program in partnership with Aboriginal and Torres Strait Islander organisations, leveraging relationships and internal capacity to provide a great learning experience and access to opportunities for young people in the region.

Trainees are provided with wrap-around support, a multidisciplinary range of placement opportunities within the IUIH network, such as allied health, Deadly Choices, and other clinical and program experiences. POWA trainees undertook multiple practical hands-on allied health workshops with Queensland University of Technology, University of Queensland, as well as attended an annual Futures in Health camp in partnership with Griffith University's First Nations Health Unit.

In December 2021, Taliyah was the first to graduate from the Academy and gained permanent employment as an Allied Health Assistant before commencing her Bachelor of Nursing in 2022 through a cadetship with IUIH. In March 2022, another three trainees graduated from the Academy and have been successful in gaining further employment.



Left Top: IAHA staff and Academy students hosts a stall in Lismore.  
Left Bottom and Right: POWA trainees in Southeast Queensland





ACT Academy students in Term 2

## 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 to address the identified workforce shortages in the health and social services sectors for all Australians.

Since the last annual report, IAHA is proud to be in our first full year operating as a Group Training Organisation with full GTO registration status in NSW, the ACT, and the NT to provide employment and support services across these regions, with full accreditation in the NT approved through to 2024 and the ACT and NSW through to 2025.

Group Training Organisations employ apprentices and place them with host employers, and are responsible for meeting the employer obligations outlined in the Training Contract, including managing and tracking arrangements with host employers.

IAHA Group Training fills 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 for Aboriginal and Torres Strait Islander apprentices and trainees.

This reporting period saw an increase in the number of school-based trainees, with 59 active trainees and 26 host employers engaged in supporting trainees across the three jurisdictions. IAHA is committed to exploring new opportunities and working closely to strengthen our existing partnerships to ensure our trainees are well supported and empowered, and expect to see growth in uptake of IAHA Group Training services across the sector in forward years, with mature conversations with external stakeholders occurring during the end of the reporting period.



# 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, through formal partnerships and stakeholder relationships.

IAHA provides 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.

## JUSTICE HEALTH PARTNERSHIP

IAHA is a member of the Partnership for Justice in Health (P4JH) alliance, committed to working together to improve Aboriginal and Torres Strait Islander health and justice outcomes through addressing racism at individual, institutional and systemic levels, specifically focusing on the health and justice systems.

The P4JH was formed in 2017 in response to the ongoing impacts of racism to Aboriginal and Torres Strait Islander people in the Australian health system. This is a collective partnership of 10 national peak health and justice organisations who play a leading role in addressing racism and discrimination across the health and justice systems, ensuring Aboriginal and Torres Strait Islander people enjoy health and wellbeing that is free of racism.

In 2021-22, IAHA has been working together with other members in this alliance to establish an ongoing national campaign to influence systemic change and eliminate racism across the health and justice systems by ensuring Aboriginal and Torres Strait Islander peoples are at the centre of driving solutions. IAHA also contributes to this group on several levels including:

- promoting cultural safety and culturally responsive practice in hospitals and health settings.
- delivering training on cultural responsiveness.
- advocating for allied health in justice systems.
- developing and distributing resources that capture best practice evidence-based approaches.

IAHA understands the profound impact of allied health in preventative health care, and early intervention and how this can support Aboriginal and Torres Strait Islander people and reduce risk factors associated with engagement with the justice system.

Equitable health and justice outcomes for Aboriginal and Torres Strait Islander peoples continues to be a priority for IAHA.

## CENTRE FOR RURAL AND REMOTE HEALTH, JAMES COOK UNIVERSITY

IAHA continues to work closely with the Centre for Rural and Remote Health, James Cook University through a formal partnership providing leadership and guidance to staff and students and curricula support.

As part of this partnership, IAHA administer rural and remote clinical placement scholarships for IAHA students to undertake a placement with the Centre for Rural and Remote Health, James Cook University in the region, however due to impacts of COVID-19, no placements were offered in this period.

This agreement is expected to be renewed in 2022, reaffirming our ongoing shared commitment to workforce development in and around Mount Isa.

## NATIONAL HEALTH LEADERSHIP FORUM

IAHA is a member of the National Health Leadership Forum (NHLF) and auspices the functions of the NHLF. IAHA held the role of Chair from 2019 to March 2022, with Healing Foundation CEO Fiona Cornforth announced as the incoming Chairperson.

The NHLF was established in 2011 and is a collective partnership of 12 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 NHLF's vision is for the Australian health system to be 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 Forum remains an important collective voice for Aboriginal and Torres Strait Islander health leadership.

Since the previous annual report, the new National Aboriginal and Torres Strait Islander Health Plan 2021-2031 was launched in late 2021 and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan (referred to as Health Workforce Plan) was launched in early 2022. The next phase is the development of the accountability frameworks for

both plans to ensure they are genuinely implemented, and outcomes are monitored. IAHA was heavily involved in the development of both plans, both directly and through our participation in the NHLF, and will continue to be involved in the next phase.

## AUSTRALIAN ALLIED HEALTH LEADERSHIP ALLIANCE

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 including Services for Rural and Remote Allied Health, the Australian Council of Deans of Health Sciences, Allied Health Professions Australia and the National Allied Health Advisors and Chief Officers Committee.

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 allied health workforce, stressing the need for increased investment in the allied health workforce (including allied health assistants) and for allied health to play a key role in aged care and adjacent sectors.

In the reporting period, AAHLA established a new structure and ways of working, supporting a more strategic approach to leading in allied health promoting greater awareness of 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 of allied health is becoming increasingly obvious, and the AAHLA continues to advise governments on allied health, with IAHA playing a key role in ensuring Aboriginal and Torres Strait Islander peoples needs are centred in the discussion.

IAHA works directly with other AAHLA members on shared interests. For example, IAHA works with Services for Rural and Remote Allied Health on the implementation of the allied health rural generalist training pathway. This includes the practice and workforce support to assist organisations to implement allied health assistant service delivery models, to improve community access to allied health care.

## STRENGTHENING ENGAGEMENT WITH GOVERNMENT AND STAKEHOLDERS

IAHA continues to inform the decision making of the Australian government, jurisdictions and key stakeholders on allied health policy, workforce discussions and building the cultural safety of the allied health workforce. This includes leadership and involvement in the following during the reporting period:

- The finalisation and launch of the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031.
- Continued work under the National Closing the Gap Agreement and relevant sector strengthening plans, including health.
- The Aboriginal and Torres Strait Islander Stakeholder Workshop for the development of the National Stigma and Discrimination Reduction Strategy.
- Regular meetings with the National Rural Health Commissioner, Deputy Commissioner and Chief Allied Health Officer, including representation on the Advisory Network for the National Rural Health Commissioner and the Chief Allied Health Officers Allied Health Industry Reference Group.

- The National Rural Health Commissioners workshop on multidisciplinary, rural generalist workforce approaches in rural and remote communities.
- Representation at the Minister for Regional Health Roundtable meetings.
- Increased participation in aged care, including the Aged Care Standards Clinical Expert Working Group and Indigenous Aged Care Governance Group convened through the Commonwealth Department of Health.

In addition to these formal engagements, IAHA continues to strengthen relationships and work with Ministers and Departments at the national and jurisdictional level, engaging with governments and all sides of politics to advance the work and priorities of IAHA and its members.

Recognising the evolving nature of IAHA's work and the increasing contribution to cross-portfolio priorities, IAHA is increasing engagement beyond health and related sectors, including in skills, education, training, and employment.



Left Image: Gimuy (Cairns) hosted the National Rural Health Commissioners workshop on rural generalism.



Right Image: IAHA staff member Jed Fraser with young people in the Torres Strait.



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

### 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 part of IAHA's commitment to knowledge translation, in June 2022, IAHA released two position papers on *Allied Health and Aboriginal and Torres Strait Islander Aged Care* and *Aboriginal and Torres Strait Islander Disability Workforce*, which advocated for and built the evidence base for an Aboriginal and Torres Strait Islander allied health workforce in aged care and disability. Aged care and disability are areas of significant focus nationally, and areas in which increased access to allied health is essential to contributing to improving health and wellbeing outcomes.

IAHA's Cultural Safety, Racism and Lateral Violence Survey, which seeks to capture and understand the experiences of IAHA members across different sectors, is underway with reporting to be finalised end of 2022. The experiences of our members will support IAHA to demonstrate the need to advocate for and lead transformational change in our systems, ensuring more Aboriginal and Torres Strait Islander people are empowered and supported to succeed in health and related sectors.

IAHA strategically engages in research work 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.

### COLLABORATION AND PARTNERSHIPS

- IAHA remains involved in the Ahpra Aboriginal and Torres Strait Islander Health Strategy Group, following the release of the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy to ensure that cultural safety is embedded effectively within registered professions and to transfer learnings to the self-regulated professions.

- In the reporting period, IAHA worked with stakeholders including Speech Pathology Australia, Osteopathy Australia, the OT Board of Australia, Australian Podiatry Association, Physiotherapy Australia, the Chiropractic Council of Australia and Dietitians Australia.
- IAHA worked with several of the medical colleges to review their eLearning and educational standards against the IAHA Cultural Responsiveness in Action Framework, as an exemplar of best practice in cultural safety within health.
- IAHA continues to work closely with key stakeholders on allied health career promotion and strategies to grow the allied health workforce, including NSW Ministry of Health, NSW Rural Doctors Network, NT Primary Health Network, ACT Health and Education Directorates, Northern Rivers LHD and Western Sydney Local Health Districts. These partnerships are managed through formal and informal agreements.
- Through increasing partnerships with Aboriginal Community Controlled Health Services, IAHA has supported the development of workforce strategies and allied health service models in several services and regions, including three services in Northern Rivers NSW, Western NSW, SE QLD and through the Nukal Murra Alliance in Western Queensland. Several opportunities IAHA is pursuing to strengthen work with the community controlled sector have been delayed due to the Federal Election, and IAHA continues to pursue resources to support the sector in workforce development moving forward.
- IAHA continues to work with mainstream allied health professional associations, organisations, and other key stakeholders where IAHA seeks to 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 continues to actively engage in and/or lead several NSW Ministry of Health projects in allied health workforce including the NSW Diabetic Foot workforce project (Healthy Deadly Feet), the Our Students, Our Future Allied Health Network, and the NSW Allied Health Professionals Network that all met in the period.

## Corporate Relationships

Beyond the establishment of local partnerships and relationships at a community level, IAHA is committed to exploring and developing relationships with the private sector to support the work of the organisation.

### Medtronic

Medtronic is a global healthcare technology leader, with more than 90,000 people across 150 countries, including Medtronic Australasia which employs more than 1000 staff across Australia and New Zealand.

IAHA had discussions with Medtronic Australia staff over several years, which led to the development of a Memorandum of Understanding (MoU) between the organisations, based on three shared objectives.

- Improve Cultural Safety and Responsiveness.
- Build the size, reach and capability of the Aboriginal and Torres strait Islander health workforce.
- Improve access to and use of health technology and innovation to meet the needs of Aboriginal and Torres strait Islander people and communities.

To implement the MoU, IAHA had discussions with employees from multiple work areas of Medtronic, regarding technology, equipment, and training which Medtronic is willing to donate to support engagement around health careers.

In addition to items manufactured by Medtronic, a cash donation will allow IAHA to purchase some additional resources elsewhere, supporting the ability of IAHA to provide interactive learning opportunities through the IAHA National Health Academy and High School to Deadly Careers programs.

In addition to support IAHA's activities in career and pathway development, the MoU provides other opportunities for IAHA, and has also seen significant uptake of the IAHA Cultural Responsiveness in Action Training Program with Medtronic - as well as increasing the profile for the training elsewhere in health technology - and sponsorship from Medtronic for the IAHA National Awards.

## Culturally Safe and Responsive Systems

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 IAHA role models cultural responsiveness in action through its own work, governed by the IAHA Cultural Responsiveness in Action Framework. IAHA recognises that increasing cultural responsiveness of our systems is essential to improved outcomes across the social and cultural determinants of health; to support our 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 and to the benefit of all Australians.

## IAHA CONSULTING

IAHA Consulting is the commercial arm of IAHA established in 2020. Through our work in the health sector, IAHA has developed a unique methodology and approach to cultural safety and responsiveness that enables IAHA to work with individuals, government entities, education institutions, NGOs and organisations 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 Consulting has therefore led much of the work reported below, including cultural responsiveness training and project delivery, and other key projects, supporting IAHA to influence change while also valuing the knowledges and contributions of IAHA through fee-for-service activities.

As an organisation, IAHA is solutions and impact focussed and continues to invest significantly in IAHA Consulting by seeking funding opportunities through grant, tender and project applications. In June 2022, IAHA was [awarded](#) the Integrated Team Care (ITC) – Improving Cultural Competency of Mainstream Primary Care tender with the Northern Queensland Primary Health Network to provide cultural safety training and other supports to mainstream primary health care providers across Northern Queensland. IAHA will begin the development and implementation of the cultural safety activities in late 2022, with further reporting expected in the 2022-23 financial year.

## CULTURAL RESPONSIVENESS (CR) TRAINING AND DEVELOPMENT

IAHA's Cultural Responsiveness in Action Training program remains a key component of IAHA's business development and influencing more culturally safe and responsive systems across settings and sectors.

Prior to March 2020, IAHA delivered training as one-or-two-day, face-to-face workshops.

However, the pandemic 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. IAHA works 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 impact of the program through a staged approach to cultural responsiveness, progressing learners through to more challenging conversations. The IAHA Cultural Responsiveness in Action Framework was re-released in early 2022, guiding IAHA's teaching and leadership in cultural safety.

Levels 1 and 2 of the training have transitioned online, with 1314 enrolments across many organisations and sectors, including professional associations, service and training providers, nongovernment organisations, universities, and our partner organisations during the reporting period. The ability to upload training to organisations Learning Management Software under licence is supporting increased uptake within larger organisations as an alternative to purchasing individual licences, also providing IAHA with stable income from training activities.

Level 3 workshops provide an opportunity for real time facilitated discussions with a focus on actions and accountabilities for cultural safety, delivered as an interactive online session or in person. Development in the 2021-22 financial year enabled individual and small group learners to have increased access to professional development in cultural safety and responsiveness, in addition to the group-based learning IAHA has more traditionally facilitated, which supports individuals to meet Continuing Professional Development and professional standard requirements.



IAHA CEO, Donna Murray facilitating the Cultural Responsiveness workshop



Feedback from participants to date has been positive with the model of delivery and content all supported, with IAHA overcoming stigmas attached to online cultural training, based on perceptions and experiences of learners in other settings. Importantly for IAHA, positive feedback has been received from Aboriginal and Torres Strait Islander people and organisations.

Below are just some examples of the positive feedback from participants during this period:

*“To go through this course and see it through the eyes of our first people has been enlightening and thought provoking. It has made a profound impact on me and the way I will act in future.”*

*“This training really empowered and energised me to do more in this space and also gave me the tools and knowledge to do this. As a non Aboriginal and Torres Strait Islander (person) I was really keen to be involved and do something meaningful to help Aboriginal and Torres Strait Islander people. It has been hard to find ways to do this that really felt meaningful. This training really empowered and energised me to do more in this space and also gave me the tools and knowledge to do this... I loved the emphasis on self reflection and action. I would highly recommend this training to everyone. Thank you IAHA.”*

Ongoing evaluation of the program, through participant feedback and an adapted evaluation framework will inform the ongoing refinement and improvement of the model, and ensure its effectiveness in generating change in knowledges, attitudes, and behaviours moving forward.

## 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 Aboriginal and Torres Strait Islander knowledges are privileged, acknowledged, and respected.

The IAHA Cultural Responsiveness in Mentoring program was developed in response to an identified need in embedding change, supporting organisations to feel confident to lead in cultural safety and responsiveness and to help ensure that leadership, responsibility, and accountability is ingrained in ways of working, supporting sustainability within organisations.

As a result, it continues to see increased interest and utilisation, becoming embedded in the work of IAHA with stakeholders on cultural responsiveness. In the reporting period, IAHA was working with organisations to provide cultural mentoring, including the public sector, for example the NSW Ministry of Health, and universities, such as our work with the Occupational Therapy faculty of the University of Sydney.

IAHA continues to look at opportunities to transition material for the Cultural Responsiveness in Mentoring training program to an online delivery method, which will further increase IAHA's capacity to support workplaces in their cultural safety and responsiveness journeys. This has been supported by the development of mentoring resources and facilitator's guide in 2021.

## PROFESSIONAL SERVICES

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 2021-22 this included key projects such as:

- Working with the South Australian Health and Medical Research Institute to develop a multidisciplinary and holistic workforce model for the delivery of diabetes related foot care to Aboriginal and Torres Strait Islander people, families, and communities across south, central and northern Australia, inclusive of education and training needs.
- Supporting the Victorian Aboriginal Community Controlled Health Organisation with the development of the [Victorian Aboriginal Health and Wellbeing Workforce](#). Aiming to support a strong and able workforce, the strategy contains ten strategic priorities themed under workforce development, cultural strength, and self-determination, and was released in July 2022 after extensive co-design with the sector.
- Working with NSW Ministry of Health in developing a Cultural Mentoring Framework for the NSW Health allied health workforce, to support both mentors and mentees to engage with strengths-based approaches to mentoring which supports the ongoing professional and cultural development of the workforce.
- Working with Canberra Health Services' Aboriginal and Torres Strait Islander Consumer Reference Group and senior executive to develop a [Statement of Commitment](#) to Aboriginal and Torres Strait Islander people in the ACT and surrounding region, with work continuing to develop a cultural responsiveness in action plan for the organisation.
- Supporting the University of Sydney OT Faculty in the implementation of a new, more culturally responsive curriculum, strengthening understandings of cultural safety and its application in practice, and confidence to embed and lead change through cultural responsiveness mentoring and supportive peer networking.
- Working with a range of stakeholders on smaller or emerging curricula, workforce, and other programs, across a broad range of settings and sectors, including professional associations and medical colleges.

*Aboriginal and Torres Strait Islander Consumer Reference Group partnered with CHS to develop this statement to deliver on our vision of 'Creating exceptional health care together'.*

*Achieving this vision requires our commitment to undertaking an ongoing journey of recognising and respecting Aboriginal and Torres Strait Islander ways of working and approaches to holistic health and wellbeing. This includes transforming the way we work in genuine partnership with Aboriginal and Torres Strait Islander peoples in the ACT and surrounding region.*

*We will demonstrate our commitment through action, including by:*

*Undertaking an ongoing and action orientated journey of cultural safety and responsiveness, responding to the needs and aspirations of Aboriginal and Torres Strait Islander people, families, and the community in a strengths-based and culturally informed way.*

*Strengthening relationships by working with and being open, transparent, and accountable to the Aboriginal and Torres Strait Islander community.*

*Investing in Aboriginal and Torres Strait Islander leadership, at all levels, to drive and embed transformational and positive change across our services.*

**Canberra Health Services Statement of Commitment 2022**

# LEAD

IAHA influences policy, programs, and partnerships to improve Aboriginal and Torres Strait Islander health outcomes and reform allied health workforce development. IAHA focuses 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 2021-22, IAHA was invited to participate in an ever-growing number of meetings, forums and events and was able to be represented by Directors, the Chief Executive Officer, senior staff and/or IAHA members. IAHA participated in well over 500 engagements nationally, contributing an important voice to discussions.



Sunset from ANZAC Hill, Mparntwe (Alice Springs)

## LEADING IN ALLIED HEALTH WORKFORCE DEVELOPMENT AND INDIGENOUS HEALTH POLICY

IAHA provides 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 staff were invited to present various keynote speeches, forums, and presentations on IAHA's approach to Aboriginal and Torres Strait Islander workforce development and cultural responsiveness. 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 2021-22, including presenting at:

- NSW Rural Doctors' Network Rural Allied Health Conference on Culturally informed and supportive education and training pathways for the Aboriginal and Torres Strait Islander health workforce.
- A panel discussion at the 2021 Reconciliation Australia Convention on leading through Indigenous governance, sharing knowledge about innovative systems of Indigenous governance with culture at the heart and how it supports building a self-determined future.
- A panel discussion at the Women's Health at Work Summit, alongside Tanja Hirvonen and the Hon Linda Burney MP, one heeding the expertise of First Nations women.
- A keynote presentation to the National Indigenous Eye Health Conference on growing the Aboriginal and Torres Strait Islander eye health workforce.
- The Charles Darwin University Better Health Futures Symposium on the topic of remote allied health: attracting and retaining a bush workforce, with a significant focus on developing localised solutions and supporting the Aboriginal and Torres Strait Islander workforce.
- Presenting to the Australian Orthotic Prosthetic Association Congress on culturally responsive practice.



IAHA's policy engagement and leadership are other enablers to the work of IAHA in growing the Aboriginal and Torres Strait Islander health workforce and developing more culturally safe and responsive systems. This includes working across health and other sectors and portfolios, including skills, disability, aged care, and others. Significantly, the IAHA Board of Directors endorsed two new IAHA position statements on [Allied Health and Aboriginal and Torres Strait Islander Aged Care](#) and the [Aboriginal and Torres Strait Islander Disability Workforce](#), supporting IAHA's voice on these key sectors and areas of significant reform in the context of Royal Commissions into both sectors. The Ongoing participation in collaborative policy forums, including the National Health Leadership Forum, the Coalition of Aboriginal and Torres Strait Islander Peaks and the Australian Allied Health Leadership Alliance, informing the health policy environment, is outlined further elsewhere.

## INFLUENCING NATIONAL POLICY AND PROJECTS

IAHA was highly active in contributing to key national and jurisdictional review processes, informing consultations through participation, submissions and responses to the:

- Development of the Care Workforce Labour Market Study
- Draft review of the Accreditation Standards through Dietitians Australia
- Consultation Draft SA Rural Aboriginal Health Workforce Plan
- Review of the Professional competencies of the newly qualified dental practitioner
- Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032 Consultation Draft
- Delphi study on "Defining a 'Specialist Physiotherapist' in the Australian Context."
- Capital Health Network 2021 Needs Assessment
- Services for Australian Rural and Remote Allied Health Discussion Forum on rural allied health workforce: clearing a path and joining the dots
- Consultation on the evaluation of the Stronger Rural Health Strategy
- Aligning Regulation across Care and Support Sectors provider and peak body workshop
- Department of Health reviews on allied health workforce gaps and evaluation of outreach services and programs

- Allied health policy roundtable for the NDIS National Workforce Plan
- Gayaa Dhuwi (Proud Spirit) Australia on the Gayaa Dhuwi Declaration Implementation Plan
- Guidelines Medication Management for Aboriginal and Torres Strait Islander people
- Australian Commission on Safety and Quality in Health Care on the Sepsis Clinical Care Standard
- Australia's Cancer Plan 2023-2033 (survey response)
- Draft National Plan to End Violence Against Women and Children
- Draft Improving Ear Health and Hearing Outcomes for Aboriginal and Torres Strait Islander Children Action Plan
- National Alcohol and Other Drug Workforce Development Strategy
- Rural Health System Preparedness Roundtable
- ACT Mental Health Workforce Strategy Consultation
- NDIS National Workforce Plan Allied Health Policy Roundtable
- National Primary Health Network Allied Health Framework Focus Group
- Department of Health Evaluation of Outreach Programs
- COVID-19 and Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing Roundtable

IAHA remained engaged with other processes occurring, noting many at the Commonwealth level were delayed either due to reprioritisation in the response to the COVID-19 pandemic or the Commonwealth government caretaker period, with several to recommence in late 2022. IAHA's voice continues to be sought by a range of stakeholders, particularly in areas of key reform.

IAHA is represented on 88 strategic advisories and committees driving allied health workforce, policy, and leading cultural safety. This includes work at the national and jurisdictional levels such as IAHA's participation in the:

- Project Advisory on Medication Management for Aboriginal and Torres Strait Islander People
- Stakeholder Reference Group for the Stronger Rural Health Strategy Evaluation
- Expert Reference Group for the Mentoring Development for Aboriginal and Torres Strait Islander Health Workers and Practitioners

- Steering Committee Meeting for the Allied Health Rural Generalist Education and Training Scheme
- Indigenous Ear Health Working Group
- Allied Health Industry Reference Group
- Industry Advisory Committee for the Self-Regulated Health Profession Certification Scheme
- Expert Advisory Committee on Aboriginal and Torres Strait Islander Diabetes-related Foot Complications
- Palliative Care Education and Training Collaborative Advisory Group
- Allied Health Rural Generalist Training Pathway National Governance Committee and Project Advisory Committee

## IAHA NT WORKFORCE DEVELOPMENT

IAHA NT Workforce Development is a wholly owned subsidiary company of Indigenous Allied Health Australia. Established in 2021, as a Northern Territory community-controlled organisation under local and cultural governance, IAHA NT Workforce Development will support a dedicated focus on tailored strategies for workforce development in Northern Australia.

Established under a similar constitution and with a consistent vision and purpose as Indigenous Allied Health Australia, IAHA NT Workforce Development is working to improve education, training, employment, health and wellbeing outcomes with Aboriginal and Torres Strait Islander people, families, and communities, across the Territory and Northern Australia more broadly. The decision to establish this subsidiary company was supported by members in recognition of the strategic benefits to IAHA and our work in Northern Australia, including how we engage with communities and stakeholders.

The financial year marked the full year of IAHA NT Workforce Development, with significant focus on establishing the structures and governance of the organisation. IAHA NT Workforce Development welcomed the inaugural Board of Directors comprising of Nicole Turner, Anthony Paulson, Celeste Brand, Dr Stephen Corporal, Maddy Bower and Shaun Tatipata, with a combination of appointments to support continuity with IAHA and Directors with cultural, kinship and connection to the Northern Territory.

While a strategic decision by IAHA, the establishment of IAHA NT Workforce Development also recognises the leadership of the Northern Territory, with activities in Northern Australia continuing to play a crucial role in driving IAHA's programs and innovation. This has developed over a long period of IAHA being embedded in the Territory, through a strong community engagement, community development and health literacy focus, strengthening Aboriginal and Torres Strait Islander people, families, and communities as advocates for their own health and wellbeing, supporting self-ownership of health and wellbeing and self-determination.

During this period, IAHA NT Workforce Development staff and volunteers were heavily involved in community engagement activities reported elsewhere, including the Deadly Cup Carnival. Since its establishment, IAHA NT Workforce Development has operated the IAHA NT Aboriginal Health Academy and other activities on behalf of IAHA facilitating opportunities for Aboriginal and Torres Strait Islander people across the social and cultural determinants of health, including education, training, and employment. IAHA NT Workforce Development continues to leverage the relationship with IAHA Group Training to increase access to culturally responsive group training services into the Territory, working with registered training organisations, employers, and educational institutions in Northern Australia.

## INTERNATIONAL COLLABORATION

### Partnership Agreement with Ngā Pou Mana

Since IAHA's formal partnership agreement with Ngā Pou Mana (Māori Allied Health Professionals of Aotearoa) in 2020, IAHA has been working closely with Ngā Pou Mana to strengthen this relationship, further expanding the collaboration and knowledge exchange between the two organisations.

During this period, IAHA collaborated with Ngā Pou Mana to produce a series of member professional development opportunities as part of the Member Yarning Sessions, providing opportunities for members of both organisations to come together in cultural exchange.

IAHA will continue to share our experiences in Australia, providing strategic supporting, mentoring and advice where appropriate, and continue to identify areas of shared interest and opportunities to work together, particularly in areas such as optometry where trans-tasman structures exist.

## RESEARCH AND OTHER EVIDENCE

IAHA continues to formalise a research agenda and relationships, to ensure a culturally relevant and Aboriginal and Torres Strait Islander led evidence base is developed for workforce development and allied health. This has included:

- Establishing and implementing internal research governance framework to guide IAHA's participation in research, ensuring research aligns with organisational priorities, values and governance.
- Partnership with research organisations and stakeholders, including IAHA being a leading partner of the Northern Australia Research Network (NARN) to focus on driving a research agenda focussed on culturally responsive allied health in Northern Australia, supported by a strategic planning day held in 2022.
  - This partnership has provided opportunities for IAHA to work with NARN stakeholders on areas of shared interest, including projects looking at the application of the IAHA Cultural Responsiveness in Action Framework, and research on experiences and application of student-led models in Northern Australia.
  - A previous publication on service learning student placements was recognised as being one of the most downloaded articles in the Australian Journal of Rural Health in the reporting period.
- Partnership with the Poche Centre for Indigenous Health (Sydney) and other organisations on an oral health research to improve the oral health of Aboriginal and Torres Strait Islander adolescents, including a comprehensive oral health promotion program in partnership with Aboriginal and Torres Strait Islander adolescents and their communities.
- Launching the IAHA Cultural Safety, Racism and Lateral Violence Survey, with a high uptake from members responding, providing important information about the experiences of the Aboriginal and Torres Strait Islander workforce in education, training and employment. The findings of the survey will be published by IAHA as a report, to help fill known gaps in the evidence base and to support action for change.
- Ongoing representation on research governance and advisory groups, including the Mayi Kuwayu Study Data Governance Committee, a national longitudinal study of culture, health and wellbeing for Aboriginal and Torres Strait Islander people which is generating evidence on the cultural determinants of health, and the advisory group for the NHRMC funded project on Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care.
- Providing IAHA's input for Aboriginal and Torres Strait Islander led and ethical research activities aligned to the IAHA research strategy, and where IAHA's knowledge is formally recognised.
- Significant investment in capturing the impact of our work, including the implementation of the IAHA National Aboriginal and Torres Strait Islander Health Academy Evaluation Framework and independent evaluation of the IAHA Leadership Program, continued in the reporting period.

## 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 to participate in or lead health research.

The unique perspectives of IAHA members and other Aboriginal and Torres Strait Islander leaders, and their lived experiences of health research, education, training, employment, and pathways were essential in the development of the toolkit. The toolkit is available on Lowitja Institute's [website](#).



# CONNECT

## 2021 IAHA NATIONAL ONLINE CONFERENCE

IAHA's primary annual professional development event continues to be our annual IAHA National Indigenous Allied Health Conference. The 2021 IAHA National Conference was delivered virtually, providing 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.

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 2021 IAHA National Online Conference was attended by 232 delegates representing 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, 68 per cent were Aboriginal and/or Torres Strait Islander peoples and 88 per cent worked closely with Aboriginal and Torres Strait Islander peoples.

Fifteen IAHA members were featured on the online conference program, with a range of professional development activities, such as an Aboriginal workshop with Tanja Hirvonen on Healing and Wellbeing and Critical Design Thinking in the Health Sector with Tristan Schultz, with further opportunities to share knowledge and hear from others across a breadth of Aboriginal and Torres Strait Islander allied health.

A further seven IAHA members, six individuals and one organisation, were 2021 National IAHA Award winners, and were further recognised for their achievements in the presence of virtual audience of IAHA Members and Award Sponsors.

Feedback on the 2021 Online Conference was overwhelmingly positive, further highlighting our commitment and growth from strength to strength. 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:

- Continues to remain 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

Hear below from delegates about what they enjoyed about their IAHA 2021 National Online Conference experiences:

*"IAHA is always the best conference, looking forward to it being face-to-face for the additional connections that are easier in this format. Thanks to IAHA for all the great work you do, including this conference."*

*"Thank you for opening up the conference to non-members and non-Indigenous people who are eager to learn how to work with and support First Nations people more effectively."*

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

## CONNECTEDNESS, HEALING AND WELLBEING

IAHA takes a holistic view of health and social and emotional wellbeing, informed by Aboriginal and Torres Strait Islander worldviews and perspectives. As an ongoing commitment to the social and emotional wellbeing of our members and based on the value reported by members since 2019, the 2021 National Conference also featured an online, wellbeing space supported by Aboriginal psychologists Tanja Hirvonen and Dr. Clinton Schultz.

Recognising the challenges faced by members during this period, the program continued to provide after-hours opportunities to promote connection among delegates in an interactive and culturally safe environment.

## ULTIMATE STUDENT LEADERSHIP CHALLENGE

The IAHA Ultimate Student Leadership Challenge (USLC) is a three-day cultural and leadership development program, delivered face-to-face 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 students 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.

Since the development of the Ultimate Student Leadership Challenge (USLC) program in 2020-21, IAHA received a high interest for 2021, with over 30 applications. However, IAHA has not been able to launch the program due to the impact of COVID-19 in late 2021. In response to this, significant work has occurred, including investment in promotional activities to launch the program at the IAHA 2022 National Conference in Canberra.



*Wajaarr Ngaarlur Dancers perform at the IAHA Leadership Program on Gumbaynggirr Country*

## EFFECTIVE COMMUNICATION STRATEGIES

In 2021-22 IAHA continued to increase, diversify, and refine our communication approach, to build our national and international profile leading in Indigenous allied health and to maximise the impact of the work of IAHA and its members.

Member engagement has been underpinned by significant investment in the communications with members and a push to ensure current and accurate information is held on the member database.

This has seen updates in the details of over 500 members, with communications being effectively delivered and achieving a broader reach including:

- 8 media releases, 48 newsletters and 7 communiques were sent to members and stakeholders through a distribution list which grew to 11,493 subscribers.
- A high open rate indicating that IAHA communications are effective and valued by stakeholders.
- Growth in IAHA's main social media platforms, Facebook and Twitter, with 8.7 and 7.4 per cent growth in followers respectively, and increased engagement.
- Continuing to establish our new social media channels to engage members and stakeholders, including LinkedIn and Instagram, as well as launching an IAHA National Academy Facebook page, all of which grew in the reporting period.

One of the significant projects IAHA continues to focus on is standardising branding and brand recognition. As we grow to create different business arms (IAHA Consulting; IAHA Group Training; IAHA National Academy), we see the need to revamp our branding to ensure a seamless transition, connection and recognition in the market.

## Resource Development

To better engage and support with stakeholders on their cultural responsiveness journey, IAHA continued to develop online learning resources and programs, including the facilitator's guide, supported by the Cultural Responsiveness in Action Framework which was re-released in early 2022.

IAHA's Cultural Responsiveness in Action Framework remains available by request via the IAHA [website](#). The Framework was designed in response to the need for practical strategies to strengthen the capabilities of individuals and agencies tasked with the responsibility of providing culturally safe and responsive care and services that meets the needs of Aboriginal and Torres Strait Islander peoples.

The delivery of IAHA's work is underpinned by two online education platforms, one for online education and another for online events, which are supporting the effective offering of IAHA programs and are important resources available to the organisation moving forward.

## Website

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

IAHA continues to maintain and regularly update the website, following an ongoing monitoring of online capability and useability. As a result, IAHA's website continues to receive significant interest and engagement, with 168,952 page views.

An additional website to house the National Aboriginal and Torres Strait Islander Health Academy is under development to be released in late 2022.





## IAHA MEDIA AND STRATEGIC COMMUNICATIONS

In 2021-22, IAHA produced a range of different media, in addition to the website and resources mentioned above to promote connectedness among IAHA members, including sharing of good news stories continued with dedicated posts for students.

The breadth of communications was reflected in an increased engagement across a range of platforms, with followers growing along with good engagement rate through page visits, clicks and shares. This included, 1200 new LinkedIn followers, 414 new Twitter followers and 273 Facebook followers.

During 2021-22, IAHA conducted a social media audit to measure the success and growth areas of our current social strategy across the social media landscape, giving us an opportunity to learn about:

- Our most effective platforms for engagement with different audiences
- Optimised timings for social media engagement
- IAHA's audience across platforms and expectations around content
- Strategies and activities that have been helping successfully grow our audience
- How each platform contributes to our goals
- Areas that require attention

During this process, we identified that the weekly newsletter has been complementing our social media presence effectively as we continue to strengthen our brand recognition with an impact. To increase engagement and reach with our audience, we have been sharing topical and important information via the *story* feature on Instagram and Facebook while reserving essential and targeted information about our organisation for *posts*. While this process has been valuable, IAHA recognises this is an ongoing process which requires ongoing maintenance.

## IAHA e-Newsletters and Communiques

IAHA's national newsletter audience and subscribers have grown quite exponentially with 434 new subscribers during this period. IAHA believes this is due to the quality and relevance of content being shared as we continue to ensure they are strengths-based, empowering and fit-for-purpose for our member base. This includes professional development opportunities, information on scholarship and bursaries and other resources that may be of interest and relevance, more broadly.

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. In response to this, IAHA continued to feature members and their stories throughout the reporting period to recognise and celebrate their achievements and successes including specific topics and national and international days.

In addition, as IAHA sees continued progress on the rollout of the National Aboriginal and Torres Strait Islander Health Academy across Australia, this financial period also saw an appetite for the development of an IAHA Group Training specific newsletter that aims to capture a range of information around member journeys, professional development opportunities and others. This newsletter is expected to be launched at the end of 2022.

## IAHA Media Release

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

- IAHA welcomes the commitment of funding for the Aboriginal and Torres Strait Islander Health Workforce
- IAHA welcomes \$2 million Commonwealth grant that funds allied health student placement programs in Katherine
- Indigenous Students in Western Sydney embark on an exciting new career and training pathway into Health
- Calls for urgent Commonwealth support as the Northern Territory COVID-19 response falters
- IAHA welcomes the release of the new National Aboriginal and Torres Strait Islander Health Plan 2021-2031
- Partnership State of Play — Progress and Challenges
- IAHA celebrates the Aboriginal and Torres Strait Islander Allied Health Workforce
- IAHA Northern Territory Aboriginal Health Academy recognises Aboriginal future leaders in NT Training Awards

## Social Media Statistics

**168, 952 PAGE  
VIEWS**

**414 NEW TWITTER  
FOLLOWERS,  
7% INCREASE IN TWITTER  
FOLLOWERS**



**1200 new LinkedIn followers,  
with 83% engagement rate**

**78, 325  
INSTAGRAM  
IMPRESSIONS**



**80% INCREASE IN  
COMMUNIQES**



# SUSTAINABILITY AND GOVERNANCE

## 2021 IAHA MEMBERS FORUM

The 2021 IAHA Members Forum was held online on 3 December and attended by 70 IAHA members nationally. The Secretariat reported back to members on priorities and support needs identified at the 2020 Members Forum held online, as well as strategic priorities for the year ahead, including the constitutional changes on membership categories, and an update on the Cultural Responsiveness in Action training. The discussion, priorities, and outcomes from the 2020 Members Forum continue to be actioned by the IAHA Secretariat with oversight from the Board of Directors, and engagement and leadership of IAHA members at each stage.

## CONSTITUTIONAL CHANGES — MEMBERSHIP

Constitutional changes that were proposed in May 2021 to support the sustainability of IAHA was considered and endorsed in October 2021 through the direction of the Board.

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.

As reported in the 'membership overview' section of this report, the constitutional changes reflect the following changes which had the broad support of IAHA members:

- Inclusion of 'Full Assistant Workforce' membership category
- Transition of non-Indigenous members to a 'Friends of IAHA' network

## 2021 IAHA ANNUAL GENERAL MEETING

The 2021 IAHA Annual General Meeting was held online on 21 October 2021, due to the pandemic, enabling more members to participate in the meeting than ever before.

The members endorsed the Minutes from the 2020 Annual General Meeting, accepted the 2020-21 Financial Audited Statements and passed changes to the IAHA Constitution

Full Members elected four nominees to the vacant Director positions for the 2021-22 IAHA Board and two nominees for the IAHA NT Workforce Development Board. IAHA said goodbye to two Directors who retired at the 2021 AGM, Clinton Shultz and Stephen Corporal.

## IAHA PATRON AND BOARD OF DIRECTORS

### OUR PATRON

Professor Tom Calma AO



*Tom Calma opening address*



## 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.

**Following the 2021 AGM, the IAHA Board of Directors were:**



**Ms Nicole Turner**  
Director,  
Chairperson



**Ms Maddison Adams**  
Director, Deputy  
Chairperson



**Mr Tirritpa Ritchie**  
Director



**Ms Kimberley Hunter**  
Director



**Mr Anthony Paulson**  
Director



**Patricia Councillor**  
Director



**Ms Kirrilaa Johnstone**  
Director



**Dr Elizabeth McEntyre**  
Director

## Attendance by each Director during the 2021-22 Financial Year

### IAHA Attendance by each Director during the 2021-22 Financial Year

| 2021 – 2022         | Eligible Meetings | Meetings Attended |
|---------------------|-------------------|-------------------|
| Nicole Turner       | 7                 | 7                 |
| Kimberley Hunter    | 7                 | 7                 |
| Patricia Councillor | 7                 | 7                 |
| Maddison Adams      | 7                 | 6                 |
| Tirritpa Ritchie    | 7                 | 5                 |
| Anthony Paulson     | 7                 | 5                 |
| Clinton Schultz     | 3                 | 3                 |
| Stephen Corporal    | 3                 | 3                 |
| Kirrilaa Johnstone  | 4                 | 4                 |
| Elizabeth McEntyre  | 4                 | 4                 |
| Tracey Brand*       | 1                 | 0                 |

*\*Tracey Brand was appointed to the IAHA Board of Directors on 23 March 2022, to provide additional expertise, including knowledge of the Aboriginal and Torres Strait Islander community controlled health sector.*

### IAHA NT WD Attendance by each Director during the 2021-22 Financial Year

| 2021 – 2022      | Eligible Meetings | Meetings Attended |
|------------------|-------------------|-------------------|
| Nicole Turner    | 6                 | 6                 |
| Anthony Paulson  | 6                 | 5                 |
| Stephen Corporal | 6                 | 6                 |
| Celeste Brand    | 4                 | 4                 |
| Madeleine Bower  | 1                 | 1                 |
| Shaun Tatipata   | 1                 | 1                 |

## FINANCE, AUDIT AND RISK COMMITTEE

The Finance, Audit and Risk Committee (FARC) is comprised of up to three Board Directors and an independent audit and risk expert, who during this period was Ms Shonella Tatipata, an Accounting, Finance and Business Consultancy expert.

The committee met on three occasions during the year and continues to support both IAHA and IAHA NT Workforce Development Boards, assessing and providing guidance on the financial governance, risk management, and external audit processes.

In June 2022, the FARC invited IAHA NT Workforce Development Board Directors to consider one of their board members joining the Committee, however discussions are underway for an establishment of a Finance, Audit and Risk Committee for the IAHA NT Workforce Development.

IAHA acknowledges the contributions of current and former FARC members in the 2021-22 financial year.

# FINANCIAL STATEMENTS 2021-2022







## CONTENTS

### **For the Year Ended 30 June 2022**

|   |    |
|---|----|
| Directors' Report   | 50 |
| Auditors Independence Declaration under Section<br>of the Australian Charities and Not for profits<br>Commission Act 2012 | 53 |
| Statement of Profit or Loss and Other<br>Comprehensive Income   | 54 |
| Statement of Financial Position   | 55 |
| Statement of Changes in Equity  | 56 |
| Statement of Cash Flows   | 57 |
| Notes to the Financial Statements   | 58 |
| Members of the Board's Declaration  | 77 |
| Independent Audit Report  | 78 |

## Directors' Report

### For the Year Ended 30 June 2022

The directors present their report, together with the financial statements of the Group, being the Company and its controlled entity, for the financial year ended 30 June 2022.

#### General information

##### Directors

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

##### Names

Ms Nicole Turner (Chairperson)  
 Ms Maddison Adams (Deputy Chairperson)  
 Ms Kimberley Hunter  
 Ms Kirilaa Johnstone  
 Dr Elizabeth McEntyre  
 Mr Timitpa Ritchie  
 Mr Anthony Paulson  
 Ms Patricia Councillor  
 Ms Tracey Brand (Independent Director)  
 Dr Clinton Schultz  
 Dr Stephen Corporal

##### Appointed/Resigned

Re-elected 21 October 2021  
 Re-elected: 15 October 2020  
 Re-elected 21 October 2021  
 Elected 21 October 2021  
 Elected 21 October 2021  
 Elected: 15 October 2020  
 Elected: 15 October 2020  
 Elected: 15 October 2020  
 Appointed 23 March 2022  
 Retired 21 October 2021  
 Retired 21 October 2021

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 the Group during the financial year were:

- Grow and build:
  - Accessible and sustainable career pathways
  - An empowered workforce
  - Sustainable investment in workforce initiatives
  - A strong Aboriginal and Torres Strait Islander evidence base
- Strengthen support with:
  - Our valued and engaged membership
  - Interdisciplinary professional development
  - Self and diversity of profession and cultures
  - Aboriginal and Torres Strait Islander leadership
- Connect to influence:
  - Holistic health services
  - Interdisciplinary models of education and care
  - Integration of the cultural determinants of health
  - Models of workforce development and service provision which meet communities cultural and other needs
- Lead through driving:

## Directors' Report

### For the Year Ended 30 June 2022

- Good internal governance and financial sustainability
- Aboriginal and Torres Strait Islander Self-determination
- Ethical research and innovative solutions
- Informed and inclusive health policy across sectors
- Transform through building:
  - A culturally safe and responsive allied health workforce
  - Partnerships & trusted relationships
  - Health equity
  - Culturally responsive systems.

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

As at 30 June 2022, there were 1,487 members consisting of 1,413 members and 74 corporate members. (2021: 2,233 members consisting of 844 full members, 1,323 associate members and 66 corporate members).

As at 30 June 2022 the collective liability of members was \$14,870 (2021: \$22,330).

#### Operating results

The consolidated profit of the Group amounted to \$410,216 (2021: \$477,010).

The Parent entity profit amounted to \$378,703 (2021: \$477,101)

#### Basis for Consolidation

The Directors have concluded that the financial position and performance of controlled entities from the date on which control is obtained until the date that control is lost.

IAHA NT Workforce Development Limited was established on 30 June 2021. Indigenous Allied Health Association Limited is 100% the wholly own and sole member of IAHA NT Workforce Development Limited. The subsidiary began transacting in the financial year ended 30 June 2022 and is consolidated into the parent company for the financial year ended 30 June 2022.



## Directors' Report

### For the Year Ended 30 June 2022

#### Meetings of directors


During the financial year, 7 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

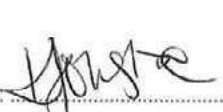
|  | Directors' Meetings       |                 |
|--|---------------------------|-----------------|
|  | Number eligible to attend | Number attended |
| Ms Nicole Turner (Chairperson)         | 7                         | 7               |
| Dr Elizabeth McEntyre                  | 4                         | 4               |
| Ms Kirrilaa Johnstone                  | 4                         | 4               |
| Ms Maddison Adams (Deputy Chairperson) | 7                         | 6               |
| Dr Stephen Corporal                    | 3                         | 3               |
| Dr Clinton Schultz                     | 3                         | 3               |
| Ms Kimberley Hunter                    | 7                         | 7               |
| Mr Timothe Ritchie                     | 7                         | 5               |
| Mr Anthony Paulson                     | 7                         | 5               |
| Ms Patricia Councillor                 | 7                         | 7               |
| Ms Tracey Brand (Independent Director) | 1                         | 0               |

#### Auditor's declaration

The lead auditor's independence declaration under section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* is set out on page 4 for the year ended 30 June 2022.

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

Director: 

Director: 

Dated this 5<sup>th</sup> day of September 2022



p (+61 2) 6239 5011  
e [admin@bellchambersbarrett.com.au](mailto:admin@bellchambersbarrett.com.au)  
Level 3, 44 Sydney Avenue,  
Forrest ACT 2603  
PO Box 4390 Kingston ACT 2604  
ABN 32 600 351 648  
[bellchambersbarrett.com.au](http://bellchambersbarrett.com.au)

## 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 2022 there have been no contraventions of:

- i. the auditor independence requirements as set out in the *Australian Charities and Not-For-Profits Commission Act 2012* in relation to the audit, and
- ii. any applicable code of professional conduct in relation to the audit.

James Barrett, CA  
Canberra, ACT  
Registered Company Auditor  
BellchambersBarrett

Dated this 5<sup>th</sup> day September 2022

**Statement of Profit or Loss and Other Comprehensive Income**  
**For the Year Ended 30 June 2022**

|  |      | Consolidated   |                | Parent         |                |
|--|------|----------------|----------------|----------------|----------------|
|  |      | 2022           | 2021           | 2022           | 2021           |
|  | Note | \$             | \$             | \$             | \$             |
| Revenue  | 4    | 5,822,950      | 7,029,936      | 5,246,353      | 7,029,936      |
| Administrative expenses                        | 5    | (928,857)      | (469,894)      | (619,184)      | (469,894)      |
| Depreciation expense                           | 5    | (197,576)      | (162,289)      | (159,380)      | (162,289)      |
| Donations                                      |      | (46,233)       | (33,675)       | (19,828)       | (33,675)       |
| Employee benefits expense                      | 5    | (3,416,712)    | (2,214,977)    | (2,140,737)    | (2,214,977)    |
| Events expenses                                |      | (142,159)      | (49,511)       | (93,832)       | (49,511)       |
| Finance expenses                               |      | (11,778)       | (13,790)       | (7,061)        | (13,790)       |
| Health academy expense                         |      | -              | -              | (1,385,085)    | -              |
| Marketing expenses                             |      | (147,925)      | (154,539)      | (130,607)      | (154,539)      |
| Meeting expenses                               |      | (20,054)       | (32,972)       | (7,124)        | (32,972)       |
| Member support                                 |      | (186,031)      | (221,798)      | (108,216)      | (221,798)      |
| Occupancy costs                                |      | (43,360)       | (14,458)       | (13,113)       | (14,458)       |
| Travel expenses                                |      | (251,174)      | (192,791)      | (162,608)      | (192,791)      |
| Workforce development expenses                 |      | (20,875)       | (2,992,232)    | (20,875)       | (2,992,232)    |
| <b>Profit for the year</b>                     |      | <b>410,216</b> | <b>477,010</b> | <b>378,703</b> | <b>477,010</b> |
| <b>Other comprehensive income</b>              |      |                |                |                |                |
| Other comprehensive income for the year        |      | -              | -              | -              | -              |
| <b>Total comprehensive income for the year</b> |      | <b>410,216</b> | <b>477,010</b> | <b>378,703</b> | <b>477,010</b> |



## Statement of Financial Position

As at 30 June 2022

|                                      | Note | Consolidated     |                  | Parent           |                  |
|--------------------------------------|------|------------------|------------------|------------------|------------------|
|                                      |      | 2022             | 2021             | 2022             | 2021             |
|                                      |      | \$               | \$               | \$               | \$               |
| <b>ASSETS</b>                        |      |                  |                  |                  |                  |
| <b>CURRENT ASSETS</b>                |      |                  |                  |                  |                  |
| Cash and cash equivalents            | 6    | 2,978,726        | 3,261,201        | 1,713,768        | 3,261,201        |
| Trade and other receivables          | 7    | 163,331          | 247,346          | 163,331          | 247,346          |
| Other assets                         | 8    | 237,986          | 391,913          | 237,986          | 391,913          |
| <b>TOTAL CURRENT ASSETS</b>          |      | <b>3,380,043</b> | <b>3,900,460</b> | <b>2,115,085</b> | <b>3,900,460</b> |
| <b>NON-CURRENT ASSETS</b>            |      |                  |                  |                  |                  |
| Property, plant and equipment        | 10   | 129,335          | 86,322           | 94,813           | 86,322           |
| Right-of-use assets                  | 9(a) | 143,364          | 184,661          | 55,473           | 184,661          |
| <b>TOTAL NON-CURRENT ASSETS</b>      |      | <b>272,699</b>   | <b>270,983</b>   | <b>150,286</b>   | <b>270,983</b>   |
| <b>TOTAL ASSETS</b>                  |      | <b>3,652,742</b> | <b>4,171,443</b> | <b>2,265,371</b> | <b>4,171,443</b> |
| <b>LIABILITIES</b>                   |      |                  |                  |                  |                  |
| <b>CURRENT LIABILITIES</b>           |      |                  |                  |                  |                  |
| Trade and other payables             | 11   | 430,135          | 2,457,107        | 276,853          | 2,457,107        |
| Lease liability                      | 9(b) | 86,054           | 139,709          | 62,666           | 139,709          |
| Employee benefits                    | 13   | 276,863          | 215,578          | 276,863          | 215,578          |
| Contract liabilities                 | 12   | 1,551,574        | 456,787          | 439,898          | 456,787          |
| <b>TOTAL CURRENT LIABILITIES</b>     |      | <b>2,344,626</b> | <b>3,269,181</b> | <b>1,056,280</b> | <b>3,269,181</b> |
| <b>NON-CURRENT LIABILITIES</b>       |      |                  |                  |                  |                  |
| Lease liability                      | 9(b) | 67,763           | 63,155           | 251              | 63,155           |
| Employee benefits                    | 13   | 18,010           | 26,980           | 18,010           | 26,980           |
| <b>TOTAL NON-CURRENT LIABILITIES</b> |      | <b>85,773</b>    | <b>90,135</b>    | <b>18,261</b>    | <b>90,135</b>    |
| <b>TOTAL LIABILITIES</b>             |      | <b>2,430,399</b> | <b>3,359,316</b> | <b>1,074,541</b> | <b>3,359,316</b> |
| <b>NET ASSETS</b>                    |      | <b>1,222,343</b> | <b>812,127</b>   | <b>1,190,830</b> | <b>812,127</b>   |
| <b>EQUITY</b>                        |      |                  |                  |                  |                  |
| Reserves                             | 14   | 275,000          | -                | 275,000          | -                |
| Retained earnings                    |      | 947,343          | 812,127          | 915,830          | 812,127          |
| <b>TOTAL EQUITY</b>                  |      | <b>1,222,343</b> | <b>812,127</b>   | <b>1,190,830</b> | <b>812,127</b>   |

## Statement of Changes in Equity For the Year Ended 30 June 2022

| 2022  |      | Consolidated<br>Retained<br>Earnings | Consolidated<br>Reserve - Sc<br>holarship | Consolidated<br>Reserve - Co<br>nference | Consolidated<br>Total |
|---|------|--------------------------------------|---|--|-----------------------|
|   | Note | \$                                   | \$  | \$                                       | \$                    |
| Balance at 1 July 2021                      |      | 812,127                              | -   | -  | 812,127               |
| (Loss) for the year                         |      | 410,216                              | -   | -  | 410,216               |
| Transfers from retained earnings to reserve | 14   | (275,000)                            | 50,000                                    | 225,000                                  | -                     |
| <b>Balance at 30 June 2022</b>              |      | <b>947,343</b>                       | <b>50,000</b>                             | <b>225,000</b>                           | <b>1,222,343</b>      |

| 2021                           |  | Consolidated<br>Retained<br>Earnings | Consolidated<br>Reserve - Sc<br>holarship | Consolidated<br>Reserve - Co<br>nference | Consolidated<br>Total |
|--------------------------------|--|--------------------------------------|---|--|-----------------------|
|                                |  | \$                                   | \$  | \$                                       | \$                    |
| Balance at 1 July 2020         |  | 335,117                              | -   | -  | 335,117               |
| Profit for the year            |  | 477,010                              | -   | -  | 477,010               |
| <b>Balance at 30 June 2021</b> |  | <b>812,127</b>                       | <b>-</b>                                  | <b>-</b>                                 | <b>812,127</b>        |

| 2022  |      | Parent<br>Retained<br>Earnings | Parent<br>Reserve - Sc<br>holarship | Parent<br>Reserve - Co<br>nference | Parent<br>Total  |
|---|------|--------------------------------|-------------------------------------|------------------------------------|------------------|
|   | Note | \$                             | \$                                  | \$                                 | \$               |
| Balance at 1 July 2021                      |      | 812,127                        | -                                   | -                                  | 812,127          |
| Profit for the year                         |      | 378,703                        | -                                   | -                                  | 378,703          |
| Transfers from retained earnings to reserve | 14   | (275,000)                      | 50,000                              | 225,000                            | -                |
| <b>Balance at 30 June 2022</b>              |      | <b>915,830</b>                 | <b>50,000</b>                       | <b>225,000</b>                     | <b>1,190,830</b> |

| 2021                           |  | Parent<br>Retained<br>Earnings | Parent<br>Reserve - Sc<br>holarship | Parent<br>Reserve - Co<br>nference | Parent<br>Total |
|--------------------------------|--|--------------------------------|-------------------------------------|------------------------------------|-----------------|
|                                |  | \$                             | \$                                  | \$                                 | \$              |
| Balance at 1 July 2020         |  | 335,117                        | -                                   | -                                  | 335,117         |
| Profit for the year            |  | 477,010                        | -                                   | -                                  | 477,010         |
| <b>Balance at 30 June 2021</b> |  | <b>812,127</b>                 | <b>-</b>                            | <b>-</b>                           | <b>812,127</b>  |

## Statement of Cash Flows

For the Year Ended 30 June 2022

|   | Note | Consolidated |             | Parent      |             |
|---|------|--------------|-------------|-------------|-------------|
|   |      | 2022         | 2021        | 2022        | 2021        |
|   |      | \$           | \$          | \$          | \$          |
| <b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>                |      |              |             |             |             |
| Receipts from customers                                     |      | 8,361,806    | 5,283,098   | 5,914,191   | 5,283,098   |
| Payments to suppliers and employees                         |      | (8,384,864)  | (4,732,163) | (7,276,033) | (4,732,163) |
| Interest received   | 4    | 100          | 4,109       | 100         | 4,109       |
| Finance cost on lease                                       |      | (11,778)     | (13,790)    | (7,061)     | (13,790)    |
| Net cash (used in) / provided by operating activities       |      | (34,136)     | 541,254     | (1,368,803) | 541,254     |
| <b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>                |      |              |             |             |             |
| Purchase of property, plant and equipment                   | 10   | (88,381)     | -           | (38,683)    | -           |
| Net cash (used in) investing activities                     |      | (88,381)     | -           | (38,683)    | -           |
| <b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>                |      |              |             |             |             |
| Repayment of lease liabilities                              | 9(d) | (159,958)    | (126,146)   | (139,947)   | (126,146)   |
| Net cash (used in) financing activities                     |      | (159,958)    | (126,146)   | (139,947)   | (126,146)   |
| Net (decrease) / increase in cash and cash equivalents held |      | (282,475)    | 415,108     | (1,547,433) | 415,108     |
| Cash and cash equivalents at beginning of year              | 6    | 3,261,201    | 2,846,093   | 3,261,201   | 2,846,093   |
| Cash and cash equivalents at end of financial year          | 6    | 2,978,726    | 3,261,201   | 1,713,768   | 3,261,201   |

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

The financial report covers Indigenous Allied Health Australia Ltd and its controlled entities ('the Group'). Indigenous Allied Health Australia Ltd is a not-for-profit Company, registered and domiciled in Australia.

Each of the entities within the Group prepare their financial statements based on the currency of the primary economic environment in which the entity operates (functional currency). The consolidated financial statements are presented in Australian dollars which is the parent entity's functional and presentation currency.

The financial report was authorised for issue by those charged with governance 5 September 2022.

Comparatives are consistent with prior years, unless otherwise stated.

#### 1 Basis of Preparation

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

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 the financial statements are presented below and have been consistently applied unless stated otherwise.

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

Significant accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

#### 2 Summary of Significant Accounting Policies

##### (a) Basis for consolidation

The consolidated financial statements include the financial position and performance of controlled entities from the date on which control is obtained until the date that control is lost.

Intragroup assets, liabilities, equity, income, expenses and cashflows relating to transactions between entities in the consolidated entity have been eliminated in full for the purpose of these financial statements.

Appropriate adjustments have been made to a controlled entity's financial position, performance and cash flows where the accounting policies used by that entity were different from those adopted by the consolidated entity. All controlled entities have a June financial year end.

A list of controlled entities is contained in Note 18 to the financial statements.

##### *Subsidiaries*

Subsidiaries are all entities (including structured entities) over which the parent has control. Control is established when the parent is exposed to, or has rights to variable returns from its involvement with the entity and has the ability to affect those returns through its power to direct the relevant activities of the entity.



## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 2 Summary of Significant Accounting Policies (continued)

##### (b) Revenue and other income

###### Revenue from contracts with customers

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Group expects to receive in exchange for those goods or services.

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

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

###### Specific revenue streams

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

###### Operating Grants, Donations and Bequests

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

When both these conditions are satisfied, the Entity:

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

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

- 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); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

###### Subscriptions

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

## Notes to the Financial Statements

For the Year Ended 30 June 2022

### 2 Summary of Significant Accounting Policies (continued)

#### (b) Revenue and other income (continued)

##### Specific revenue streams (continued)

##### 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.

##### 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.

#### (c) Income Tax

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

#### (d) Goods and services tax (GST)

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

Receivables and payables are stated inclusive of GST.

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

#### (e) Volunteer services

No amounts are included in the financial statements for services donated by volunteers.

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 2 Summary of Significant Accounting Policies (continued)

##### (f) Plant and equipment

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

Items of plant and equipment acquired for significantly less than fair value have been recorded at the acquisition date fair value.

##### Plant and equipment

Plant and equipment are measured using the cost model.

##### Depreciation

Plant and equipment is depreciated on a straight-line basis over the asset's useful life to the Group, commencing when the asset is ready for use.

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

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

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

##### (g) Financial instruments

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

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

##### Financial assets

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

##### Classification

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

- amortised cost
- fair value through profit or loss - FVTPL

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 2 Summary of Significant Accounting Policies (continued)

##### (g) Financial Instruments (continued)

###### Financial assets (continued)

- fair value through other comprehensive income – equity instrument (FVOCI – equity)

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

###### *Amortised cost*

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

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income, foreign exchange gains or losses and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

###### *Fair value through other comprehensive income*

###### Equity instruments

The Group has a number of strategic investments in listed and unlisted entities over which they do not have significant influence nor control. The Group has made an irrevocable election to classify these equity investments as fair value through other comprehensive income as they are not held for trading purposes.

These investments are carried at fair value with changes in fair value recognised in other comprehensive income (financial asset reserve). On disposal any balance in the financial asset reserve is transferred to retained earnings and is not reclassified to profit or loss.

Dividends are recognised as income in profit or loss unless the dividend clearly represents a recovery of part of the cost of the investment. Other net gains and losses are recognised in OCI.

###### Financial assets through profit or loss

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

Net gains or losses, including any interest or dividend income are recognised in profit or loss.

###### *Impairment of financial assets*

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

- financial assets measured at amortised cost

When determining whether the credit risk of a financial asset has increased significantly since initial recognition



## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 2 Summary of Significant Accounting Policies (continued)

##### (g) Financial Instruments (continued)

###### Financial assets (continued)

and when estimating ECL, the Group considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Group's historical experience and informed credit assessment and including forward looking information.

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

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

- the other party is unlikely to pay its credit obligations to the Group in full, without recourse to the Group to actions such as realising security (if any is held); or
- the financial assets is more than 90 days past due.

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

###### Trade receivables

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

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

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

###### Other financial assets measured at amortised cost

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

###### Financial liabilities

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

The financial liabilities of the Group comprise trade payables and lease liabilities

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 2 Summary of Significant Accounting Policies (continued)

##### (h) Cash and cash equivalents

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

##### (i) Leases

At inception of a contract, the Group assesses whether a lease exists.

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

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

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

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

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

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

##### *Exceptions to lease accounting*

The Group 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 Group recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

##### (j) Employee benefits

Provision is made for the Group's liability for employee benefits, those benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

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

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 2 Summary of Significant Accounting Policies (continued)

##### (k) Economic dependence

Indigenous Allied Health Australia Ltd is dependent on the Federal Government for the majority of its revenue used to operate the business. At the date of this report the directors have no reason to believe the Federal Government will not continue to support Indigenous Allied Health Australia Ltd.

##### (l) New Accounting Standards and Interpretations

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

| Standard Name   | Effective date for entity | Requirements  | Impact  |
|---|---------------------------|---|---|
| AASB 2020-1: Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Noncurrent                   | 1 July 2023               | The amendment amends AASB 101 to clarify whether a liability should be presented as current or non-current.   | The amendment is not expected to have a material impact on the financial statements once adopted. |
| AASB 2020-3: Amendments to Australian Accounting Standards – Annual Improvements 2018–2020 and Other Amendments                       | 1 July 2022               | AASB 2020-3: Amendments to Australian Accounting Standards – Annual Improvements 2018–2020 and Other Amendments is an omnibus standard that amends AASB 1, AASB 3, AASB 9, AASB 116, AASB 137 and AASB 141.   | The impact of the initial application is not yet known.   |
| AASB 2021-2: Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates | 1 July 2022               | The amendment amends AASB 7, AASB 101, AASB 108, AASB 134 and AASB Practice Statement 2. These amendments arise from the issuance by the IASB of the following International Financial Reporting Standards: Disclosure of Accounting Policies (Amendments to IAS 1 and IFRS Practice Statement 2) and Definition of Accounting Estimates (Amendments to IAS 8). | The impact of the initial application is not yet known.   |

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

##### **Key estimates - impairment of property, plant and equipment**

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

##### **Key estimates - fair value of financial instruments**

The Group has certain financial assets and liabilities which are measured at fair value. Where fair value has not able to be determined based on quoted price, a valuation model has been used. The inputs to these models are observable, where possible, however these techniques involve significant estimates and therefore fair value of the instruments could be affected by changes in these assumptions and inputs.

##### **Key estimates - receivables**

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



## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 4 Revenue and Other Income

|   | Note | Consolidated     |                  | Parent           |                  |
|---|------|------------------|------------------|------------------|------------------|
|   |      | 2022             | 2021             | 2022             | 2021             |
|   |      | \$               | \$               | \$               | \$               |
| Revenue from contracts with customers (AASB 15)   |      |                  |                  |                  |                  |
| - Health Academy  |      | -                | 3,671,473        | 1,385,085        | 3,671,473        |
| - Federal Operational   |      | 2,042,074        | 2,015,262        | 2,042,074        | 2,015,262        |
| - NSW Health  |      | -                | 23,095           | -                | 23,095           |
| - Service income  |      | 2,561,682        | -                | -                | -                |
|   |      | <b>4,603,756</b> | <b>5,709,830</b> | <b>3,427,159</b> | <b>5,709,830</b> |
| Revenue recognised on receipt (not enforceable or no sufficiently specific performance obligations - AASB 1058) |      |                  |                  |                  |                  |
| - Auspicing Funding   |      | 261,256          | 218,463          | 261,256          | 218,463          |
| - Sponsorship   |      | 214,506          | 64,335           | 214,506          | 64,335           |
| - Donations   |      | 88,744           | 24,713           | 88,744           | 24,713           |
| - COVID-19 - JobKeeper  |      | 35,250           | 489,250          | 35,250           | 489,250          |
| - IAHA service rendered   |      | 584,600          | 476,108          | 1,164,600        | 476,108          |
| - Other income  |      | 54,738           | 43,128           | 54,738           | 43,128           |
| - Interest revenue  |      | 100              | 4,109            | 100              | 4,109            |
|   |      | <b>1,219,194</b> | <b>1,320,106</b> | <b>1,819,194</b> | <b>1,320,106</b> |
| <b>Total Revenue and Other Income</b>   |      | <b>5,822,950</b> | <b>7,029,936</b> | <b>5,246,353</b> | <b>7,029,936</b> |

#### 5 Result for the Year

The result for the year includes the following specific expenses:

|                                     | Note  | Consolidated |           | Parent    |           |
|-------------------------------------|-------|--------------|-----------|-----------|-----------|
|                                     |       | 2022         | 2021      | 2022      | 2021      |
|                                     |       | \$           | \$        | \$        | \$        |
| <b>Employee benefits expense</b>    |       |              |           |           |           |
| Wages & salaries                    |       | 2,967,035    | 1,954,915 | 1,799,870 | 1,954,915 |
| Board Remuneration                  |       | 45,045       | -         | 40,121    | -         |
| Superannuation contributions        |       | 268,850      | 174,320   | 184,548   | 174,320   |
| <b>Depreciation expense</b>         |       |              |           |           |           |
| Depreciation expense                | 10(a) | 45,368       | 33,101    | 30,192    | 33,101    |
| Depreciation expense - right-of-use | 9(a)  | 152,208      | 129,188   | 129,188   | 129,188   |
| <b>Administrative expenses</b>      |       |              |           |           |           |
| - Consultancy / legal fees          |       | 997,389      | 186,729   | 196,044   | 186,729   |
| - IT expenses                       |       | 57,068       | 49,208    | 45,415    | 49,208    |

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 6 Cash and Cash Equivalents

|                          |      | Consolidated |           | Parent    |           |
|--------------------------|------|--------------|-----------|-----------|-----------|
|                          |      | 2022         | 2021      | 2022      | 2021      |
|                          | Note | \$           | \$        | \$        | \$        |
| Cash at bank and in hand |      | 2,978,726    | 3,261,201 | 1,713,768 | 3,261,201 |
|                          | 15   | 2,978,726    | 3,261,201 | 1,713,768 | 3,261,201 |

#### 7 Trade and Other Receivables

|  |      | Consolidated   |                | Parent         |                |
|--|------|----------------|----------------|----------------|----------------|
|  |      | 2022           | 2021           | 2022           | 2021           |
|  | Note | \$             | \$             | \$             | \$             |
| CURRENT  |      |                |                |                |                |
| Trade receivables                                | 15   | 163,331        | 15,601         | 163,331        | 15,601         |
| GST receivable                                   |      | -              | 231,745        | -              | 231,745        |
| <b>Total current trade and other receivables</b> |      | <b>163,331</b> | <b>247,346</b> | <b>163,331</b> | <b>247,346</b> |

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

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

#### 8 Other assets

|             |  | Consolidated |         | Parent  |         |
|-------------|--|--------------|---------|---------|---------|
|             |  | 2022         | 2021    | 2022    | 2021    |
|             |  | \$           | \$      | \$      | \$      |
| CURRENT     |  |              |         |         |         |
| Prepayments |  | 204,641      | 358,568 | 204,641 | 358,568 |
| Rental Bond |  | 33,345       | 33,345  | 33,345  | 33,345  |
|             |  | 237,986      | 391,913 | 237,986 | 391,913 |

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 9 Leases

##### (a) Right-of-use assets

|                                | Buildings     | Office<br>Equipment | Total         |
|--------------------------------|---------------|---------------------|---------------|
|                                | \$            | \$                  | \$            |
| <b>Parent</b>                  |               |                     |               |
| <b>Year ended 30 June 2022</b> |               |                     |               |
| Balance at beginning of year   | 179,026       | 5,635               | 184,661       |
| Depreciation charge            | (123,553)     | (5,635)             | (129,188)     |
| <b>Balance at end of year</b>  | <b>55,473</b> | <b>-</b>            | <b>55,473</b> |

|                                | Buildings      | Office<br>Equipment | Total          |
|--------------------------------|----------------|---------------------|----------------|
|                                | \$             | \$                  | \$             |
| <b>Parent</b>                  |                |                     |                |
| <b>Year ended 30 June 2021</b> |                |                     |                |
| Balance at beginning of year   | 305,398        | 8,452               | 313,850        |
| Depreciation charge            | (126,372)      | (2,817)             | (129,189)      |
| <b>Balance at end of year</b>  | <b>179,026</b> | <b>5,635</b>        | <b>184,661</b> |

|                                | Buildings      | Office<br>Equipment | Total          |
|--------------------------------|----------------|---------------------|----------------|
|                                | \$             | \$                  | \$             |
| <b>Consolidated</b>            |                |                     |                |
| <b>Year ended 30 June 2022</b> |                |                     |                |
| Balance at beginning of year   | 179,026        | 5,635               | 184,661        |
| Depreciation charge            | (146,573)      | (5,635)             | (152,208)      |
| Addition                       | 110,911        | -                   | 110,911        |
| <b>Balance at end of year</b>  | <b>143,364</b> | <b>-</b>            | <b>143,364</b> |

|                                | Buildings      | Office<br>Equipment | Total          |
|--------------------------------|----------------|---------------------|----------------|
|                                | \$             | \$                  | \$             |
| <b>Consolidated</b>            |                |                     |                |
| <b>Year ended 30 June 2021</b> |                |                     |                |
| Balance at beginning of year   | 305,398        | 8,452               | 313,850        |
| Depreciation charge            | (126,372)      | (2,817)             | (129,189)      |
| <b>Balance at end of year</b>  | <b>179,026</b> | <b>5,635</b>        | <b>184,661</b> |

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 9 Leases (continued)

##### (b) Lease liabilities

The maturity analysis of lease liabilities based on contractual undiscounted cash flows is shown in the table below:

| Consolidated      |          |             |
|-------------------|----------|-------------|
|                   | < 1 year | 1 - 5 years |
|                   | \$       | \$          |
| 2022              |          |             |
| Lease liabilities | 86,054   | 67,763      |
|                   |          |             |
| 2021              |          |             |
| Lease liabilities | 139,709  | 63,155      |

| Parent            |          |             |
|-------------------|----------|-------------|
|                   | < 1 year | 1 - 5 years |
|                   | \$       | \$          |
| 2022              |          |             |
| Lease liabilities | 62,666   | 251         |
|                   |          |             |
| 2021              |          |             |
| Lease liabilities | 139,709  | 63,155      |

##### (c) Income Statement

##### Statement of Profit or Loss and Other Comprehensive Income

The amounts recognised in the statement of profit or loss and other comprehensive income relating to leases where the Group is a lessee are shown below:

|                                     | Consolidated   |                | Parent         |                |
|-------------------------------------|----------------|----------------|----------------|----------------|
|                                     | 2022           | 2021           | 2022           | 2021           |
|                                     | \$             | \$             | \$             | \$             |
| Finance expenses - leases           | 11,778         | 13,790         | 7,061          | 13,790         |
| Depreciation expense - right-of-use | 152,208        | 129,189        | 129,188        | 129,189        |
|                                     | <b>163,986</b> | <b>142,979</b> | <b>136,249</b> | <b>142,979</b> |



## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 9 Leases (continued)

##### (d) Statement of Cash Flows

|                               | Consolidated |           | Parent    |           |
|-------------------------------|--------------|-----------|-----------|-----------|
|                               | 2022         | 2021      | 2022      | 2021      |
|                               | \$           | \$        | \$        | \$        |
| Total cash outflow for leases | (159,958)    | (126,146) | (139,947) | (126,146) |

#### 10 Plant and equipment

|  | Consolidated   |               | Parent        |               |
|--|----------------|---------------|---------------|---------------|
|  | 2022           | 2021          | 2022          | 2021          |
|  | \$             | \$            | \$            | \$            |
| <b>PLANT AND EQUIPMENT</b>             |                |               |               |               |
| Furniture, fixtures and fittings       |                |               |               |               |
| At cost                                | 93,360         | 84,085        | 84,085        | 84,085        |
| Accumulated depreciation               | (40,750)       | (30,592)      | (40,133)      | (30,592)      |
| Total furniture, fixtures and fittings | 52,610         | 53,493        | 43,952        | 53,493        |
| Office equipment                       |                |               |               |               |
| At cost                                | 194,166        | 115,060       | 153,742       | 115,060       |
| Accumulated depreciation               | (117,441)      | (82,231)      | (102,881)     | (82,231)      |
| Total office equipment                 | 76,725         | 32,829        | 50,861        | 32,829        |
| <b>Total plant and equipment</b>       | <b>129,335</b> | <b>86,322</b> | <b>94,813</b> | <b>86,322</b> |

##### (a) Movements in carrying amounts of plant and equipment

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

|                                       | Furniture,<br>Fixtures and<br>Fittings | Office<br>Equipment | Total         |
|---------------------------------------|--|---------------------|---------------|
| Parent                                | \$                                     | \$                  | \$            |
| <b>Year ended 30 June 2022</b>        |  |                     |               |
| Balance at the beginning of year      | 53,493                                 | 32,828              | 86,321        |
| Additions                             | -                                      | 38,683              | 38,683        |
| Depreciation expense                  | (9,541)                                | (20,650)            | (30,191)      |
| <b>Balance at the end of the year</b> | <b>43,952</b>                          | <b>50,861</b>       | <b>94,813</b> |

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 10 Plant and equipment (continued)

##### (a) Movements in carrying amounts of plant and equipment (continued)

|                                       | Furniture,<br>Fixtures and<br>Fittings | Office<br>Equipment | Total         |
|---------------------------------------|--|---------------------|---------------|
|                                       | \$                                     | \$                  | \$            |
| <b>Parent</b>                         |  |                     |               |
| <b>Year ended 30 June 2021</b>        |  |                     |               |
| Balance at the beginning of year      | 61,760                                 | 57,662              | 119,422       |
| Transfers                             | 3,600                                  | (3,600)             | -             |
| Depreciation expense                  | (11,867)                               | (21,234)            | (33,101)      |
| <b>Balance at the end of the year</b> | <b>53,493</b>                          | <b>32,828</b>       | <b>86,321</b> |

|                                       | Furniture,<br>Fixtures and<br>Fittings | Office<br>Equipment | Total          |
|---------------------------------------|--|---------------------|----------------|
|                                       | \$                                     | \$                  | \$             |
| <b>Consolidated</b>                   |  |                     |                |
| <b>Year ended 30 June 2022</b>        |  |                     |                |
| Balance at the beginning of year      | 53,493                                 | 32,829              | 86,322         |
| Additions                             | 9,275                                  | 79,106              | 88,381         |
| Depreciation expense                  | (10,158)                               | (35,210)            | (45,368)       |
| <b>Balance at the end of the year</b> | <b>52,610</b>                          | <b>76,725</b>       | <b>129,335</b> |

|                                       | Furniture,<br>Fixtures and<br>Fittings | Office<br>Equipment | Total         |
|---------------------------------------|--|---------------------|---------------|
|                                       | \$                                     | \$                  | \$            |
| <b>Consolidated</b>                   |  |                     |               |
| <b>Year ended 30 June 2021</b>        |  |                     |               |
| Balance at the beginning of year      | 61,760                                 | 57,662              | 119,422       |
| Transfers                             | 3,600                                  | (3,600)             | -             |
| Depreciation expense                  | (11,867)                               | (21,234)            | (33,101)      |
| <b>Balance at the end of the year</b> | <b>53,493</b>                          | <b>32,828</b>       | <b>86,321</b> |

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 11 Trade and Other Payables

|  | Note  | Consolidated   |                  | Parent         |                  |
|--|-------|----------------|------------------|----------------|------------------|
|  |       | 2022           | 2021             | 2022           | 2021             |
|  |       | \$             | \$               | \$             | \$               |
| <b>CURRENT</b>                             |       |                |                  |                |                  |
| Trade payables                             |       | 180,512        | 2,357,337        | 34,555         | 67,208           |
| Amounts payable to subsidiary <sup>a</sup> |       | -              | -                | 74,297         | 2,290,129        |
| GST payable                                |       | 120,169        | -                | 49,294         | -                |
| Credit card                                |       | 3,175          | 3,044            | 3,175          | 3,044            |
| PAYG payable                               |       | 66,023         | 52,269           | 59,813         | 52,269           |
| Other payables                             |       | 60,256         | 44,457           | 55,719         | 44,457           |
|  | 11(a) | <b>430,135</b> | <b>2,457,107</b> | <b>276,853</b> | <b>2,457,107</b> |

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

- a. Amounts payable to subsidiary relates to IAHA's Northern Territory subsidiary (IAHA NT Workforce Development Limited), which was established on 30 June 2021. IAHA raised an invoice of \$2.29m as at 30 June 2021, to auspice funds over to the NT subsidiary. The subsidiary began transacting in the financial year ended 30 June 2022 and is 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

|                                 | Note | Consolidated   |                  | Parent         |                  |
|---------------------------------|------|----------------|------------------|----------------|------------------|
|                                 |      | 2022           | 2021             | 2022           | 2021             |
|                                 |      | \$             | \$               | \$             | \$               |
| <b>Trade and other payables</b> |      |                |                  |                |                  |
| total current                   |      | 504,432        | 2,457,107        | 276,853        | 2,457,107        |
| PAYG payable                    |      | (66,023)       | (52,269)         | (59,813)       | (52,269)         |
| GST payable                     |      | (120,169)      | -                | (49,294)       | -                |
|                                 | 15   | <b>318,240</b> | <b>2,404,838</b> | <b>167,746</b> | <b>2,404,838</b> |

#### 12 Contract Liabilities

|                             |  | Consolidated     |                | Parent         |                |
|-----------------------------|--|------------------|----------------|----------------|----------------|
|                             |  | 2022             | 2021           | 2022           | 2021           |
|                             |  | \$               | \$             | \$             | \$             |
| <b>CURRENT</b>              |  |                  |                |                |                |
| Amounts received in advance |  | 1,111,676        | 145,000        | -              | 145,000        |
| Other projects              |  | 439,898          | 311,787        | 439,898        | 311,787        |
| <b>Total</b>                |  | <b>1,551,574</b> | <b>456,787</b> | <b>439,898</b> | <b>456,787</b> |

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 13 Employee Benefits

|                            | Consolidated   |                | Parent         |                |
|----------------------------|----------------|----------------|----------------|----------------|
|                            | 2022           | 2021           | 2022           | 2021           |
|                            | \$             | \$             | \$             | \$             |
| <b>CURRENT</b>             |                |                |                |                |
| Long service leave         | 81,602         | 45,074         | 81,602         | 45,074         |
| Provision for annual leave | 195,261        | 170,504        | 195,261        | 170,504        |
|                            | <b>276,863</b> | <b>215,578</b> | <b>276,863</b> | <b>215,578</b> |
|                            |                |                |                |                |
|                            | 2022           | 2021           | 2022           | 2021           |
|                            | \$             | \$             | \$             | \$             |
| <b>NON-CURRENT</b>         |                |                |                |                |
| Long service leave         | 18,010         | 26,980         | 18,010         | 26,980         |
|                            | <b>18,010</b>  | <b>26,980</b>  | <b>18,010</b>  | <b>26,980</b>  |

#### 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.

#### 14 Reserves

##### (a) Reserve - Scholarship

The reserve records funds are set aside for granting scholarships to students in future.

##### (b) Reserve - Conference

The reserve records funds set aside for organising the conference(s) in future years.



## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 15 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.

|                                     |       | Consolidated     |                  | Parent           |                  |
|-------------------------------------|-------|------------------|------------------|------------------|------------------|
|                                     |       | 2022             | 2021             | 2022             | 2021             |
|                                     | Note  | \$               | \$               | \$               | \$               |
| <b>Financial assets</b>             |       |                  |                  |                  |                  |
| Held at amortised cost              |       |                  |                  |                  |                  |
| Cash and cash equivalents           | 6     | 2,978,726        | 3,261,201        | 1,713,768        | 3,261,201        |
| Trade and other receivables         | 7     | 163,331          | 15,601           | 163,331          | 15,601           |
| <b>Total financial assets</b>       |       | <b>3,142,057</b> | <b>3,276,802</b> | <b>1,877,099</b> | <b>3,276,802</b> |
| <b>Financial liabilities</b>        |       |                  |                  |                  |                  |
| Financial liabilities at fair value |       |                  |                  |                  |                  |
| Trade and other payables            | 11(a) | 318,240          | 2,404,838        | 167,746          | 2,404,838        |
| <b>Total financial liabilities</b>  |       | <b>318,240</b>   | <b>2,404,838</b> | <b>167,746</b>   | <b>2,404,838</b> |

#### 16 Members' Guarantee

The Company is registered with the *Australian Charities and Not-for-profits Commission Act 2012* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the Company. At 30 June 2022 the number of members was 1,487 (2021: 2,233).

#### 17 Key Management Personnel Disclosures

Key management personnel remuneration included within employee expenses for the year is shown below.

|                              | 2022           | 2021           |
|------------------------------|----------------|----------------|
|                              | \$             | \$             |
| Short-term employee benefits | 353,664        | 244,231        |
| Long-term benefits           | 40,406         | 20,717         |
|                              | <b>394,070</b> | <b>264,948</b> |

#### 18 Interests in subsidiaries

##### (a) Composition of the Group

|                                       | Principal place of business / Country of Incorporation | Percentage Owned (%)* | Percentage Owned (%)* |
|---------------------------------------|--|-----------------------|-----------------------|
|                                       |  | 2022                  | 2021                  |
| <b>Subsidiaries:</b>                  |  |                       |                       |
| IAHA NT Workforce Development Limited | Australia  | 100                   | -                     |

## Notes to the Financial Statements

### For the Year Ended 30 June 2022

#### 19 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2022 (30 June 2021: None).

#### 20 Related Parties

Key management personnel – refer to Note 17.

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

##### (a) Transactions with related parties

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

The following transactions occurred with related parties:

|                           | Income    | Expense | Balance<br>outstanding<br>Owed by the<br>company |
|---------------------------|-----------|---------|--|
|                           | \$        | \$      | \$   |
| <b>Subsidiaries</b>       |           |         |  |
| IAHA Academy grant Income | 1,385,085 |         | 74,297   |
| Service fee to IAHA       |           | 600,000 |  |

#### 21 Events after the end of the Reporting Period

The financial report was authorised for issue on 5 September 2022 by those charged with governance.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Group, the results of those operations or the state of affairs of the Group in future financial years.

#### 22 Statutory Information

The registered office and principal place of business of the company is:  
Indigenous Allied Health Australia Ltd  
9 Napier Close  
Deakin ACT 2600

## Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

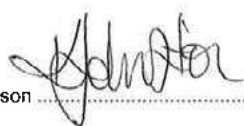
- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Responsible person



Responsible person



Dated

5.09.2022



p (+61 2) 6239 5011  
e [admin@bellchambersbarrett.com.au](mailto:admin@bellchambersbarrett.com.au)  
Level 3, 44 Sydney Avenue,  
Forrest ACT 2603  
PO Box 4390 Kingston ACT 2604  
ABN 32 600 351 648  
[bellchambersbarrett.com.au](http://bellchambersbarrett.com.au)

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

### Report on the Audit of the Financial Report

#### Opinion

We have audited the accompanying financial report of Indigenous Allied Health Australia Ltd (the registered entity), which comprises the statement of financial position as at 30 June 2022, the statement of profit or loss, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

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

- (i) giving a true and fair view of the registered entity's financial position as at 30 June 2022 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and Division 60 of *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the registered entity in accordance with the ACNC Act and ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

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

The directors are responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2022 but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

#### Responsibilities of the Directors for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures 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.

*Liability limited by a scheme approved under Professional Standards Legislation*



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

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

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

### **Auditor's Responsibility for the Audit of the Financial Report**

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken 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 entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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



James Barrett, CA  
Canberra, ACT  
Registered Company Auditor  
BellchambersBarrett

Dated this 5<sup>th</sup> day September 2022

