



IAHA

Indigenous Allied  
Health Australia

# ANNUAL REPORT

2022–23



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## 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  
Fax: +61 2 6260 5581  
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 acknowledges original artwork by artist Allan Sumner, a proud Ngarrindjeri Kurna Yankunytjatjara man from South Australia.

IAHA also acknowledges the original artwork (tree carving), as illustrated in the cover page by Paul Girrawah House JP, a proud Ngambri-Ngunnawal man. Named 'malangarri yurwang' alive and strong, this tree, titled 'marramarra murru', embodies the concept of 'creating pathways'. It acknowledges, respects and honours the old people on Country – 'the old people created and maintained pathways on country, that kept people on track 'murru waarru'.

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

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

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

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# WHO WE ARE

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 and is implemented under the governance and leadership of our Board of Directors.

**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 of Indigenous Allied Health Australia, it is my honour to present the 2022-23 Annual Report to members and stakeholders, on behalf of the IAHA Board of Directors. The annual report is again presented under the five strategic priorities set by the IAHA membership, for IAHA to strengthen, grow, connect, transform, and lead in Aboriginal and Torres Strait Islander health, wellbeing, education, training, skills, and employment.

The report continues to show the evolution of IAHA as an organisation and it reflects both the ongoing commitment to our core role in supporting the needs our members, and the increasing complexity and breadth of the work we do, working towards our collective vision.

In support of this, and under the guidance of the Board, IAHA have continued to implement our Business Strategy to diversify income and to increase our capacity to invest in activities, programs and initiatives identified by IAHA as a self-determining Aboriginal and Torres Strait Islander organisation. This has led to a positive financial result for the 2022-23 year, driven in large part by our cultural education and training and other professional services, the profits of which are invested back into our work and our members.

One of the significant areas of investment for IAHA has been in leadership development opportunities for members, including the successful launch of IAHA's Leadership Program. The Board recognise that the investment in the ongoing cultural, personal, and professional leadership and development of members is key for the sustainability and strength of IAHA, supporting members to develop the skills and confidence to give back to the organisation through leadership in all its forms.

Another significant focus is the social and emotional wellbeing of members, as we continue to navigate political and other challenges by staying connected and stay strong together. A highlight for the period was being able to welcome our members and stakeholders back together, in person, at the 2022 Ultimate Student Leadership Challenge and IAHA National Conference. The 2022 events brought together over 400 delegates to share knowledge, grow, and connect and reconnect. The feedback we heard was overwhelmingly positive and testament to the unique environment our organisation can create.

The IAHA National Aboriginal and Torres Strait Islander Health Academy is another continuing priority for the organisation, creating supportive pathways for Aboriginal and Torres Strait Islander young people. The program demonstrates the leadership of IAHA in the ability to grow our own, through innovation and approaches which centre Aboriginal and Torres Strait Islander cultures, and we continue to look for opportunities to expand access for new cohorts and communities, supported by our engagement and relationships, including the High School to Deadly Careers Program.

A significant factor in the ongoing success and growth of IAHA are our members, Board and staff. IAHA is proud to now employ 30 staff nationally, nearly three quarters of whom are Aboriginal and/or Torres Strait Islander people, in addition to our trainees employed via IAHA Group Training.

I thank the Secretariat, all our members and my fellow Directors, for the cultural and professional knowledges you bring and the various ways you enhance and give back to IAHA. We look forward to continuing to work together to lead and achieve positive outcomes in and with our communities.

# CHIEF EXECUTIVE OFFICER'S REPORT

The 2022-23 financial year was another significant one for Indigenous Allied Health Australia operationally and strategically, and I'm grateful to work alongside the organisation, its Board, and our members, and to share our many collective achievements through the 2022-23 Annual Report.

Our community engagement and events, the High School to Deadly Careers Program, and the IAHA National Aboriginal and Torres Strait Islander Health Academy continue to be a significant focus in creating the aspiration, knowledge, and pathways for our communities, and particularly our young people, to pursue their goals and dreams.

The expansion of the High School to Deadly Careers (HS2DC) Program will see IAHA continue to engage with more communities in more regions nationally. The year saw IAHA deliver programs in areas for the first time, such as the inaugural ACT program, as well as reconnecting with schools and stakeholders in communities such as Central Australia. The HS2DC program sees IAHA working with communities where we have long established commitments and relationships, with further planning underway to take the program into new locations.

The IAHA National Aboriginal and Torres Strait Islander Health Academy has continued to grow through enrolments across the five sites nationally, with more than 100 Aboriginal and/or Torres Strait Islander high school students enrolled into 2023, following the successful graduation of 41 trainees in 2022 across the Northern Territory, Southeast Queensland, and the ACT.

The Academy program continues to demonstrate its viability as a pathway into university and VET program and real jobs, with 90 per cent of graduates transitioning to employment, education and/or further training within six months. These successes have seen additional interest in the program in communities across Australia, with IAHA leading the development of business cases to expand into Central Australia and Western NSW, while looking at innovative models to expand elsewhere.

IAHA continues to work with our universities and students to support our student membership in their success. The relaunch of the Ultimate Student Leadership Challenge was a highlight, with 23 students from 14 disciplines working in teams to respond to a complex case study. The USLC challenges students to work together and from a cultural lens, to meet the needs of the person in the context of their family and community, furthering their leadership and understanding of what it means to practice in this way. The teams all performed exceptionally, showing the strength of their knowledge and putting it into practice. IAHA were also able to support four members to gain experience of rural and remote practice, awarding scholarships and facilitating opportunities to work in remote Australia.

IAHA have long prioritised the leadership development of the Aboriginal and Torres Strait Islander allied health workforce in recognition of the important role of Aboriginal and Torres Strait Islander leadership in driving change and developing our future workforce. IAHA members represent the organisation in a range of settings, sharing knowledge through roles on advisory and governance groups, panel discussions and conference presentations, influencing within their profession, and giving back by role modelling into IAHA programs, in addition to all the work members do in their cultural, personal, and professional roles.

We established the IAHA Leadership Program to support members on their leadership journeys, with 44 participants graduating from the 2022 program at an event held at the National Conference in Canberra, and a new cohort of 30 graduates from diverse backgrounds commencing with the face to face intensive in Newcastle in early 2023. The program has received great feedback to date – and interest in expansion from jurisdiction – and it's been rewarding to see how alumni are applying their learning and stepping into important spaces and conversations.

I again thank the strategic direction of the IAHA Board, the contributions of all our members, and the staff of IAHA in making the organisation what it is and working to respond to the needs of our communities.

# KEY ACHIEVEMENTS

**36% INCREASE**  
IN FULL ASSISTANT  
WORKFORCE MEMBERSHIP



**500+**  
NATIONAL AND INTERNATIONAL  
**MEETINGS  
AND EVENTS**  
ATTENDED



**44** ABORIGINAL AND/OR  
TORRES STRAIT ISLANDER  
**LEADERS  
GRADUATED**  
FROM THE 2022 IAHA  
LEADERSHIP PROGRAM

**90%**  
OF ACADEMY GRADUATES **TRANSITIONED INTO FURTHER  
EDUCATION, TRAINING AND EMPLOYMENT.**



**14 WRITTEN SUBMISSIONS**  
TO GOVERNMENT AND  
RELATED PROCESSES,  
PROVING EXPERTISE, ADVICE,  
AND FEEDBACK ON A BROAD  
RANGE OF TOPICS

**30** ABORIGINAL AND/OR  
TORRES STRAIT ISLANDER  
**LEADERS  
ENROLLED**  
IN THE 2023 IAHA  
LEADERSHIP PROGRAM

**OVER 95%**  
SATISFACTION WITH IAHA'S  
CULTURAL RESPONSIVENESS  
TRAINING PROGRAM  
CONTENT, DELIVERY,  
AND OVERALL TRAINING  
EXPERIENCE

**400+**  
**DELEGATES ATTENDED**  
THE 2022 IAHA NATIONAL  
CONFERENCE IN CANBERRA

**ONGOING  
REPRESENTATION  
ON OVER 70 STRATEGIC  
ADVISORY AND GOVERNANCE  
STRUCTURES**



**92 TRAINEES EMPLOYED**  
WITH IAHA GROUP TRAINING IN 2023



A RETENTION RATE OF  
**OVER 75%**  
FOR THE IAHA NATIONAL  
ABORIGINAL AND TORRES  
STRAIT ISLANDER  
ACADEMY IN 2022

**135 MENTORS &  
120 MENTEES  
ENROLLED**  
IN THE IAHA MENTORING  
PROGRAM AS OF 30 JUNE

**23 STUDENTS**  
FROM 14 DISCIPLINES  
PARTICIPATED IN THE  
SUCCESSFUL RELAUNCH  
OF THE IAHA ULTIMATE  
STUDENT LEADERSHIP  
CHALLENGE

**MORE THAN 100  
SCHOLARSHIPS**  
FOR IAHA MEMBERS TO ATTEND  
PROFESSIONAL DEVELOPMENT  
EVENTS

**2742  
ENROLMENTS ONLINE AND  
217 PARTICIPANTS**  
IN FACILITATED CULTURAL  
RESPONSIVENESS WORKSHOPS



**44 HIGH SCHOOLS**  
VISITED TO SPEAK WITH YOUNG  
PEOPLE ABOUT HEALTH AND  
HEALTH CAREERS



IAHA ANNOUNCED AS A LOWITJA INSTITUTE  
**MAJOR RESEARCH GRANT  
RECIPIENT**

# IAHA MEMBERSHIP OVERVIEW

IAHA takes an inclusive and holistic view of allied health in our membership, with 30 allied health disciplines in our membership categories, alongside our valued allied health assistant and support workforces.

IAHA members are represented in professions registered with the Australian Health Practitioner Regulation Agency (Ahpra), self-regulated professions, and the vocationally trained workforce. IAHA currently has:

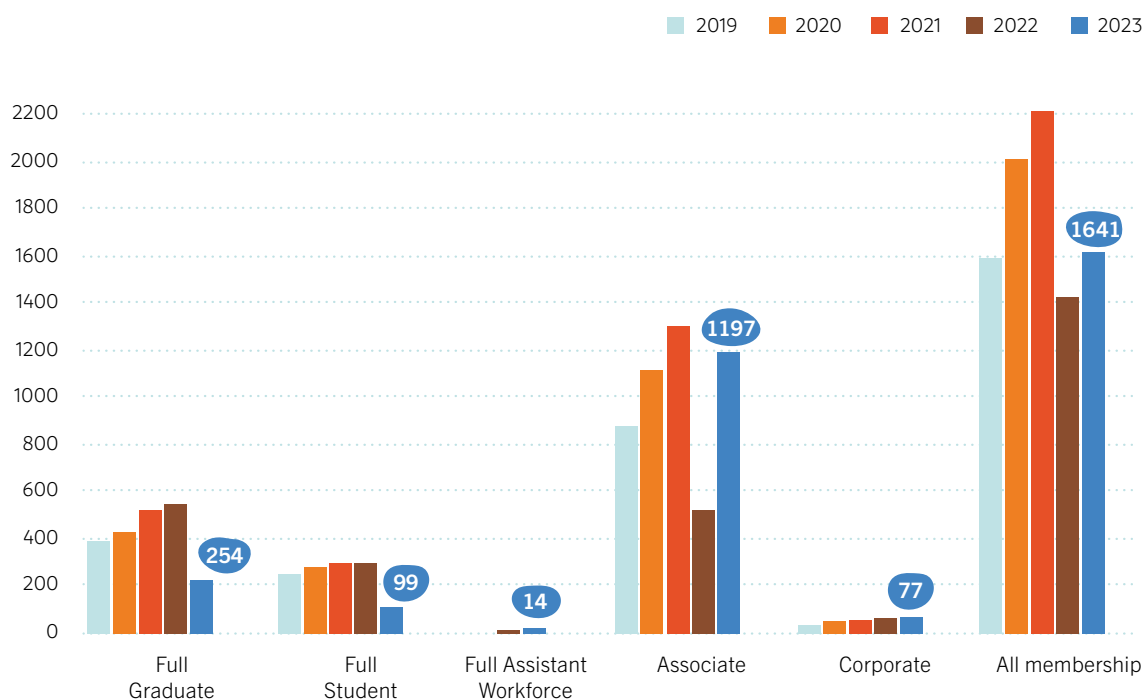
- Full members in the following 25 disciplines – allied health, mental health, social work, social welfare, psychology, counselling, oral health, dentistry, dietetics, occupational therapy, exercise science, exercise physiology, physiotherapy, public health, nutrition, radiography/radiation therapy, 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, dental assistant, pharmacy assistant and similar support roles, working as an essential part of teams in improving access for our communities to quality, consistent, and culturally responsive allied health care.
- Aboriginal and Torres Strait Islander members in other health, employment and education related roles including Aboriginal and/or Torres Strait Islander health workers/ practitioners, doctors, nurses, and midwives. The number of Aboriginal and Torres Strait Islander people from the broader sector joining IAHA continues to increase, reflecting our strength as an interprofessional and collaborative Aboriginal and Torres Strait Islander community-controlled organisation.



IAHA members connect at events in Canberra

# IAHA MEMBERSHIP PROFILE

A continued focus of IAHA is to strengthen engagement and build awareness with universities, the VET sector, industry, and other stakeholders, to continue to grow IAHA's membership and the collective voice of IAHA, in addition to our commitment to growing our own.



*\*Pre-2021 figures for associate and total membership includes non-Indigenous members who are now 'Friends of IAHA'.*

Recent years has seen fluctuation amongst the membership numbers through our commitment to cultural integrity of the organisation and ensuring that we are appropriately recognising and valuing all the allied health workforce, including the assistant and support workforce.

Constitutional changes implemented during our Annual General Meeting in October 2021, as reported in our 2021 – 2022 Annual Report, were important to:

- Establish a new membership category called 'Full Assistant Workforce', inclusive of allied health assistants and other members of the assistant workforce, to recognise the assistant workforce including graduates of the IAHA National Aboriginal and Torres Islander Health Academy.
- Ensure that individual membership of IAHA was available only to Aboriginal and/or Torres Strait Islander people, to ensure that IAHA, as a member-owned organisation, retained a significant majority of Aboriginal and Torres Strait Islander ownership and that investment was prioritising our commitment to the development of the Aboriginal and Torres Strait Islander workforce. This included the transition of non-Indigenous associate members to the new established Friends of IAHA program.

Since these changes, IAHA have invested in improving the process to ensure that education and heritage information of current and potential members – the criteria which determine eligibility and membership category – is current and accurate. The IAHA membership audit has increased the Associate membership category while IAHA continues to work with members to ensure that details are provided and members sit within their eligible membership category.

As a result, IAHA's membership is now 90 per cent Aboriginal and/or Torres Strait Islander.

# OUR KEY PRIORITIES AND INITIATIVES

## STRENGTHEN

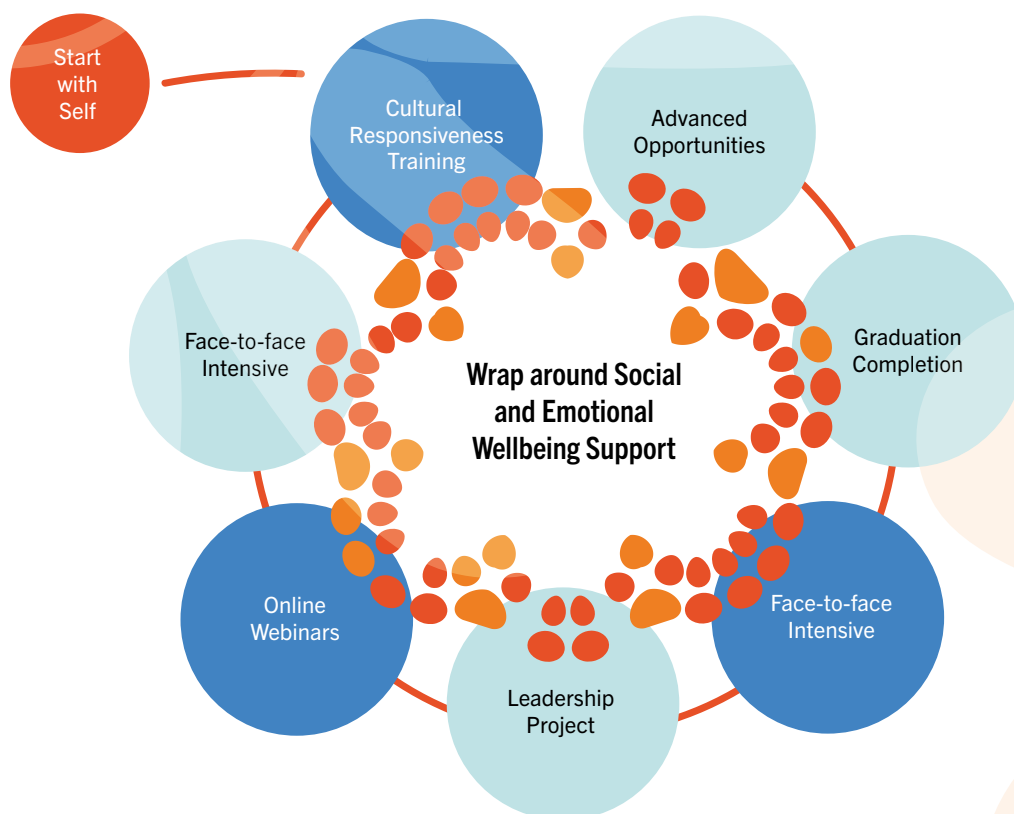
IAHA is committed to engaging and supporting our members to access relevant professional development opportunities by value-adding to existing opportunities, providing scholarship support, and hosting new, innovative, and culturally informed personal and professional development activities.

### IAHA LEADERSHIP PROGRAM

Launched in early 2022, the IAHA Leadership Program is designed to create opportunities and a willingness for participants to confidently step forward with the knowledge and self-belief to address the multi-faceted challenges that leadership roles present. The Leadership Program is committed to developing a greater understanding of leadership, cultural governance, compliance, and ethics, to become an effective, culturally responsive Aboriginal and/or Torres Strait Islander leader.

It is based on IAHA's leadership model which features four connected concepts: our ways of learning, our ways of working, our ways of transformation, and our ways of leadership.

The nine-month program engages participants in conversations and experiential leadership activities across face-to-face intensives, online webinar sessions, peer mentoring, practical application in leadership projects and self-reflection, as shown here.



The program has the following five intended learning and development outcomes:

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

Evaluation of the programming is ongoing, seeking to demonstrate the impact of the program on leadership capabilities, confidence and actions, with the ultimate outcome of seeing more Aboriginal and Torres Strait Islander people occupying essential leadership roles. Already we are seeking the impact in the experiences, journeys, and reflections of program participants.

## 2022 IAHA LEADERSHIP PROGRAM

Having commenced in early 2022 on Gumbaynggirr Country in Coffs Harbour, the 2022 Leadership Program continued into the second half of the year, with additional webinar sessions, finalisation of the leadership program and the final face-to-face intensive and graduation.

*“If it was not for this program opportunity, I would not be at the level I’m at today in my skill development and approach when walking with our people on their health journeys’, because of this course I have started daily reflections in my journal and I can say it has moved from negative to positive. I have grown as a worker and as an individual.”*

**2022 Leadership Program Graduate,  
Deborah Dowsett**



*Leadership participants yarning outdoors.*

Out of the initial cohort of 65 participants, 44 graduated from the program, a completion rate of 68%. The final face to face intensive provided an opportunity for participants to present to colleagues about how they had implemented their learnings from the program into their practice, including via their project, and consider how they can give back to future leaders and to the collective that is Indigenous Allied Health Australia.

Graduates of the 2022 program presented to IAHA members at the 2022 IAHA Members Forum, highlighting their learnings and experiences. This showcased their leadership qualities as they shared insights to inspire others and their commitment to the empowerment and growth of future leaders and the broader IAHA community. The reflections of the inaugural graduating cohort shared here highlight the impact of the program.

*“The leadership program changed the way I communicate, both talking and listening and now the conversations I am a part of have become much more meaningful.”*

**2022 Leadership Program Graduate,  
Sharna Motlap**



2022 IAHA Leadership participants at the graduation ceremony

In June 2023 two IAHA members, Sueanne Gola and Eva Burns, participated in the Lowitja Institute’s 3rd International Indigenous Health and Wellbeing Conference 2023 in Gimuy (Cairns), which attracted a global audience committed to sharing knowledge for the health and wellbeing of Indigenous communities alongside other IAHA representatives.

Of her experiences, Sueanne said:

*“The leadership program itself was one of the most rewarding experiences personally, professionally and culturally; being awarded a further opportunity to continue my leadership journey and development was unexpected, a surprise for which I am extremely grateful... (Keynote presentations) increased my knowledge, broadened my perspective but most importantly they modelled the importance of being fearlessly passionate about the work we do, fearlessly passionate about our culture, families and communities, and most importantly fearlessly yourself in all settings. Three weeks after the conference I began my long-time dream job... This is a role that I would not be in without the leadership and journey that I had been on with IAHA and my relationships within the IAHA family. There are so many learnings from both this conference and last years leadership program that I am excited to apply within this role and my daily life.”*



First cohort of IAHA Leadership Program Graduates



*Uncle Tom Calma during the panel discussion at the Lowitja Institute's 2023 conference*

## 2023 IAHA LEADERSHIP PROGRAM

The 2023 program commenced with participants completing IAHA's Cultural Responsiveness in Action training modules before coming together on Awabakal Country in Newcastle in April. Building on the valuable feedback from 2022, the 2023 program effectively pitched toward those who may wish to step to mid-to-senior formal leadership roles within a shorter timeframe, and featured a smaller cohort of graduates currently in the workforce and on their leadership journeys, acknowledging the need for students to prioritise other aspects of their learning and development.

The 2023 Program features 30 Aboriginal and/or Torres Strait Islander leaders enrolled in the program, with significant geographic, cultural, professional and gender diversity. This includes 26 full members and four associate members across 14 different professional disciplines and seven of the eight jurisdictions in Australia. The relevance and the need for the program has also been highlighted by the mix of newer and long-term members engaging and reengaging with IAHA via the Leadership Program.



*IAHA member, Sueanne with Karen Diver, Senior Advisor to the President Native American Affairs at University of Minnesota at the 2023 Lowitja Institute Conference*

Participants have made strong progress, completing cultural responsiveness training, the first three-day face-to-face intensive, and the first in a series of webinars on community development and working with and influencing governments. Participants will continue to learn about these concepts and Indigenous Nation building, as they apply their knowledge through a leadership project, before the final intensive in November on the lands of the Kabi Kabi people, at the Sunshine Coast. The improvements implemented by IAHA have demonstrated success, with 29 of the 30 participants, 97 per cent, on track to complete the program.

IAHA remains committed to the sustainability of this important professional development opportunity for our future Aboriginal and Torres Strait Islander leadership across health and related sectors. In response to demand from various stakeholders, including state and territory governments and community-controlled organisations, IAHA is exploring opportunities to deliver a tailored leadership development program specifically focused on rural and remote contexts. This initiative aims to address the unique challenges and opportunities faced by leaders in these areas, particularly in Northern Australia. IAHA are also working with partners to explore opportunities to accredit the program and have it formally recognised as a unit of study. IAHA consider this important in both recognising Indigenous knowledges on leadership and in providing a pathway to additional formal qualifications.



2023 Leadership program participants on Awabakal Country in Newcastle.

## IAHA MEMBERS MENTORING PROGRAM

Cultural and professional mentoring remained a vital and highly valued support amongst the Aboriginal and Torres Strait Islander health workforce during this reporting period.

IAHA's mentoring program supports, links and nurtures mutually beneficial relationships between IAHA members. The program and resources and enables shared reflections on experiences and knowledges to develop a mutually agreed strategies, enhancing the skills of both parties through a strengths-based and person-centred two-way learning.



Traditional dance performance by Gabinya Miyay at the 2023 Leadership program face-to-face workshop

IAHA's commitment in empowering and supporting our members, both culturally and professionally is exemplified through our continuous audit of our database to better understand the needs and experiences of mentoring program participants, to inform the ongoing development of the program.

- To June 2023, **IAHA had 135 mentors and 120 mentees** enrolled in the program.
- **584 individual points of communication established** alongside a facilitated discussion at the 2022 IAHA Members Forum.
- **10 new formal mentoring relationships were established**, with other relationships re-established to ensure they remained mutually relevant and beneficial.

During the reporting period, IAHA created opportunities for peer-to-peer and collective mentoring, including participation in significant events such as the [Ultimate Student Leadership Challenge \(USLC\)](#) and the IAHA Leadership Program. Mentors enriched these programs through professional and cultural knowledges and lived experiences, including understandings of culturally responsive practice..

IAHA are further looking at how to embed understandings of cultural responsiveness in mentoring for the Aboriginal and Torres Strait Islander workforce, with cultural responsiveness mentoring workshops highlighting the need for spaces to come together and discuss shared challenges and strengths, as well as issues such as lateral violence.

IAHA have also worked with external stakeholders with respect to cultural mentoring, including supporting the development of NSW Health's Cultural Mentoring Framework, which was delivered in the reporting period.



*2022 USLC participants yarning with mentors.*



*IAHA Social and Emotional Wellbeing room at the 2022 IAHA National Conference*

## SOCIAL AND EMOTIONAL WELLBEING SUPPORTS

IAHA continues to ensure social and emotional wellbeing supports are provided at all IAHA events. While IAHA events contribute to positive wellbeing outcomes – including through culture and connection – IAHA is conscious and aware of the lived experiences and realities of the Aboriginal and Torres Strait Islander workforce, and how engagement in professional development, self-reflection and related practices can raise issues of concern. Access to formal support with First Nations professionals was made available during the reporting period and continues to be available to all program participants and members. For example:

- For the duration of the IAHA Leadership Program and immediately post completion, including access to the IAHA Employee Assistance Program if needed.
- In response to certain events to support members, staff, and family members, including in response to the tragic passing of two IAHA members.
- For the duration of both the IAHA National Conference and USLC participants for a cohort of over 400 delegates.
  - While exact figures are difficult to obtain due to the drop-in nature, more than 30 Aboriginal and/or Torres Strait Islander delegates received individual support from the Aboriginal psychologists, with many more utilising the space provided to engage in self-care.
- At the 2022 IAHA Members Forum including through member initiated networks developed as an outcome of the Forum.
- Weekly and ongoing support for the IAHA National Aboriginal and Torres Strait Islander Health Academy trainees under individual care support plans oversighted by regular SEWB meetings, while IAHA continues to pursue resourcing to recruit an appropriately qualified and dedicated SEWB position.

In response to public discourse about the referendum on the establishment of a Voice to Parliament and increased cultural load, IAHA is establishing social and emotional wellbeing check-ins and cultural events for members to support the wellbeing of the workforce, to commence in the second half of 2023.

## PROFESSIONAL DEVELOPMENT OPPORTUNITIES

IAHA facilitate access, in a range of ways, to culturally and professionally relevant development opportunities to support the Aboriginal and Torres Strait Islander workforce to continue their lifelong learning and development.

IAHA has offered the following professional development opportunities in the period:

- 2022 Ultimate Student Leadership Challenge.
- 2022 Pre-conference workshops, including the 'Working with and Learning from Aboriginal and Torres Strait Islander People' workshop on effective allyship.
- IAHA 2022 National Conference program, with a record number of 383 delegates, of which 44% were IAHA members.
- 2022 and 2023 IAHA Leadership Programs.
- 2022 IAHA Members Forum with close to 100 members in attendance.
- Rural and remote clinical placements for tertiary students across Australia, in particular Northern Australia, with four placement scholarships provided.
- National Conference attendance including the Wiyi Yani U Thangani (Women's Voices) National Summit, World Indigenous Peoples Conference on Education; Australian Indigenous Doctors' Association Conference; AIATSIS Conference; Lowitja Institute International Indigenous Health and Wellbeing Conference.
- The Remote Health Experience in Katherine NT.
- Social and Emotional Wellbeing Gatherings.
- High School to Deadly Careers program opportunities for members.

IAHA continue to hear from members that these opportunities are valuable and relevant to their learning and development needs, through surveys and evaluation of programs and the direct feedback from members, including the following example from a 2022 IAHA National Conference from scholarship recipient:

*"Thank you from the bottom of my heart for this truly generous scholarship. I cannot tell you how much this means to me, it will help me to finish my studies/ placement successfully...."*

*"My heart is full of gratitude for the kindness and generosity you have shown me".*

**Rebecca Masterton**



IAHA NTWD Board member, Maddy Bower at the 2022 IAHA National Conference



Delegates at the 2022 IAHA National Conference

## SCHOLARSHIPS AND BURSARIES

In total, IAHA administered and/or facilitated more than 100 scholarships for IAHA members to attend various events.

IAHA awarded 12 member support bursaries in the financial year, to provide short term financial assistance to remain engaged in education, training, and employment opportunities. While this is consistent with previous financial years, many members referenced stresses associated with increasing cost of living.

Eight professional development scholarships and graduate bursaries were administered in the 2022–23 financial year, supporting IAHA members to present research and project findings, to develop models of care and resources for Aboriginal and Torres Strait Islander people and communities and participate in formal learning opportunities.

*“Receiving a bursary from IAHA supported me to continue with my studies where I have to go away for block training. The bursary assisted me with accommodation, meals and transportation for one of my clinical blocks which would not have occurred if I was not a recipient, so I am full of gratitude for IAHA’s support”*

**Deborah Dowsett**

*“The IAHA Bursaries for me are more than just financial support, it like have aunts’ uncle’s brothers and sister to support me on this journey of learning, study for me is lonely, I am the only one in my family on this journey, so buying text books and paying SSA fees are not seen as much as a priority, during this continued journey, the financial support from my IAHA family eases the life’s pressures and allows me to continue my study, additionally keeping me accountable to my study commitments”*

**Marayah Taylor**

*“The bursary assisted me in purchasing a study tool that I have wanted for a long time. With the bursary, I purchased an iPad, which quickly turned into my library full of articles and textbooks, and also my second screen for attending and watching lectures. As an external student that travels often, it really made studying on the road easier and more efficient. Now as a Master student and employee who still travels for work, the iPad always comes with me and I’m thankful to have to make all my computer activities more streamlined”*

**Sharna Motlap**



Professional development scholarship recipients

## PLACEMENT SUPPORT

IAHA continues to work on culturally safe and responsive clinical placements, including facilitating access to placement opportunities and supporting increased evidence for student led service models in allied health and rural and remote contexts across a range of sectors.

In 2022–23, IAHA progressed the development of clinical placement guidelines to support universities to understand their responsibilities and accountabilities for safe placement provision, and the facets of a culturally responsive placement experience, with additional resources under development to support its implementation.

Through the IAHA National Aboriginal and Torres Strait Islander Health Academy Program, IAHA facilitated and placed over 50 trainees in clinical placements across the allied health workforce in diverse sectors including public, community and private settings.

*“The support, guidance, learning was more than anyone could ask for. The care and wellbeing support made it possible for me to achieve and made me believe in myself.”*

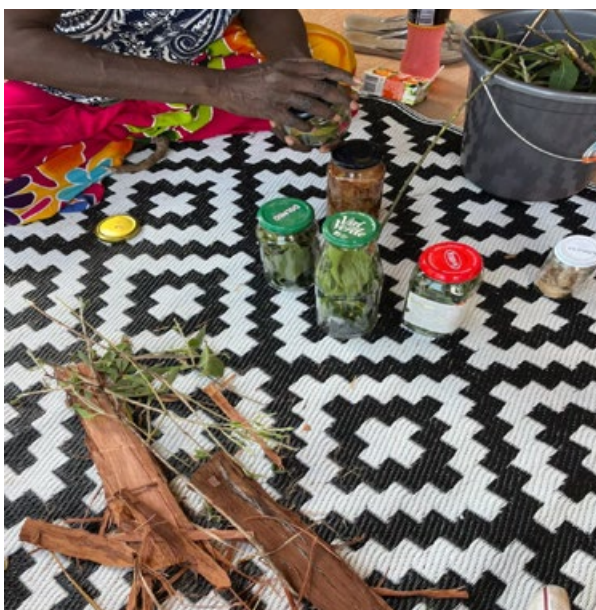
IAHA continues to leverage relationships with governments, universities, and organisations to facilitate access to clinical placement opportunities and scholarships, which are valued by members. In the reporting period, IAHA offered four placement scholarships for rural and remote placements, in partnership with the NT PHN Rural Workforce Agency and the Royal Flying Doctors Service. These scholarships supported four students:

- A physiotherapy student to undertake an eight-week clinical placement in Nhulunbuy, NT, providing services in East Arnhem Land under a student led service model.
- A speech pathology student to complete a 30-day paediatric placement in Weipa and Far North Queensland, providing services and developing resources under a student led model.
- A social work student to undertake an extended four-month placement in Broken Hill, NSW.
- An exercise science student to undertake a six-week placement in Mount Isa, Queensland with a focus on chronic conditions management.

Rural and remote placement opportunities continue to provide important opportunities for students to develop and apply their knowledges in a different context, as reflected in the feedback from recipients within the reporting period:

*“As an Aboriginal man, I have studied nearly four years of western teachings in allied health, I further recognised the importance of identity, language, and culture within the education system during my time at Western Cape College”*

**Ryley Park**



Flinders University Cultural Advisor and Community Elder demonstrating the preparation of bush healing rubs and mixture

*“My clinical placement in East Arnhem Land, chiefly in Nhulunbuy and its surrounds, was an opportunity to apply my formal training as a Physiotherapist in a very remote and culturally diverse context. As a Dunghutti person, it was an opportunity to step into the vulnerability of being in another’s Country, filled with languages, lands and customs unfamiliar to me. I worked alongside a team of four other students to provide care to Aboriginal people, Yolŋu, living within the community. I worked to improve and further develop my self-awareness, flexibility and adaptability, and my ability to form genuine, two-way therapeutic alliances. The placement encompassed a breadth of clinical and non-clinical skills and experiences that were invaluable as a young professional moving toward the beginning of my career”*

**Tjarra Kilpatrick**

*“The placement program that I was accepted into was run by the Broken Hill University Department of Rural Health (UDRH). Through the UDRH, I was given many Professional Development opportunities and wrap-around support, both personally and professionally. The UDRH organised all student accommodation, social work supervision and organised our placement host site. Due to the high amount of students, I was able to make a lot of friends and felt well supported, as well as having a good social life. The UDRH also provided many training opportunities for professional development such as Mental Health First Aid, Drum Beat, Indigenous Domestic Violence Alert Training and Child Protection reporting training. As well as these social work specific trainings we were also provided with allied health interprofessional training every Thursday afternoon, this was called Enrich. Within the Enrich sessions, we were provided with group learnings on topics such as drug and alcohol abuse and the social determinants of health”*

**Maarni Johnstone**

IAHA is working with the WA Centre for Rural Health to promote a new opportunity for IAHA members to undertake placement in an aged care setting at Carnarvon WA, and continue to work with university partners nationally to secure discounted or fully subsidised accommodation for IAHA members, overcoming a significant barrier to rural and remote placements.

## MEMBER ENGAGEMENT ACTIVITIES

Member gatherings continue to be invaluable to members, staff, and the Board with the opportunity to stay connected with one another and create new peer networks.

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



*IAHA member networking event in the NT*

- Canberra Member Networking – An IAHA gathering was organised for IAHA members and their families in March 2023. IAHA's Chief Executive Officer, Donna, along with other staff from the Secretariat were joined by 17 members attended the event.
- Darwin Member Networking – IAHA Executive Director of Workforce Development, Kylie and Senior Program Officer Gabe caught up with members in Darwin.
- Broken Hill Networking – IAHA and a representative from RFDS caught up with five of our Broken Hill-based members for a dinner and networking event.
- East Fremantle Networking – IAHA Senior Project Officer Jed Fraser held a networking dinner with members from the Perth and Fremantle region post attendance at the Aboriginal and Health Council of Western Australia Conference.

In addition to this:

- Members 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 engaged with hundreds of members across activities including the online conference



*IAHA staff members at the Kimberwalli Indigenous Career Expo Sydney to promote the the Greater Western Sydney Academy*

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 ongoing to further strengthen our offerings to the broad allied health workforce, at different stages of their career journeys, development interests and need.

IAHA looks forward to hosting and facilitating more events in more locations into the future.

## 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, families, and communities. 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 health workforce to be representative of the population and we continue to innovate in responding to this need

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 across all stages of the career pathway.

IAHA has established evidence of pathways, locally driven training opportunities and drafted community led solutions to workforce development in 2022–23. IAHA has worked closely with members, communities and stakeholders across several activity areas that implement the IAHA workforce 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.



## COMMUNITY ENGAGEMENT AND PROMOTION OF ALLIED HEALTH CAREERS

Each year, IAHA sponsors, attends, and supports 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 involvement in these events provides access for young people and community members to gain a comprehensive grasp of the diverse spectrum of allied health and healthcare professions and services. Additionally, this engagement offers an avenue for the existing workforce, including those unaware of IAHA's offerings, to discover the array of opportunities, including those in rural and remote practice, that can further enrich their professional journey.

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.

*IAHA Executive Director of Workforce Development, Kylie Stothers at a Northern Territory career expo*



*Attendees at the IAHA community stall*



*IAHA, staff, trainees and members host a community stall at the 2022 Deadly Cup Carnival*

#### **Major community events attended in in 2022–23 included:**

- **Barunga Festival** – as with previous years, IAHA were a major sponsor of the 2023 Barunga Festival through IAHA NT Workforce Development, and IAHA staff hosted a community school, running nutrition and health literacy sessions with community members and discussing education, training, and career opportunities.
- **Deadly Cup Carnival** – a major annual event in the Darwin community, IAHA co-hosted the event, held a community stall and led the cultural program for the 2022 tournament which drew hundreds of players and thousands of spectators over the course of the weekend.
- **Garma Festival** – IAHA's inaugural attendance at the invitation from Yolŋu stakeholders including Miwatj Health Aboriginal Corporation, saw IAHA hosting a community stall and participating in the education and cultural programs, to strengthen relationships with Yolŋu and other stakeholders in the East Arnhem region.
- **NAIDOC Day Family Event** – IAHA staff and trainees participated in the NAIDOC Day family event held in Casuarina, Darwin, as well as attending in other NAIDOC events nationally in all communities IAHA staff are based.
- **ACT Multicultural Festival** – IAHA hosted a stall and promoting IAHA, membership, and career opportunities including the ACT Aboriginal and Torres Strait Islander Health Academy.
- **Torres Strait Coming of Light Festival** – IAHA hosted a stall and providing health career information and interactive sessions.

Career expos remain an important opportunity for IAHA to engage with Aboriginal and Torres Strait Islander young people, educators, and careers advisors about the opportunities within health and related sectors and the work of IAHA, including our major programs. IAHA again engaged with thousands of students, by attending expos including:

- Canberra Career Expo, which was attended by over 7,000 delegates students from the ACT and surrounding region, including adults exploring opportunities for career change and/or transition.
- Northern Rivers Career Expo, held at Lismore showground with over 2,000 students and young people in attendance.
- Richmond Valley Jobs Fair, Northern Rivers.
- Kimberwalli Indigenous Career Expo in Greater Western Sydney.
- University careers initiatives, such as the Charles Darwin University Open Day and Allied Health Expo.



Gabe supporting the cultural food preparation, a Kup Murri



IAHA staff, Gabe after his dance performance that pays homage to his Torres Strait Islander heritage



Gabe's interview with 104.1 FM at the CDU Open Day



Gabe and current NT Academy student at the IAHA community stall



*Yarning circle about bush medicines at the 2022 Garma Festival with the Flinders University Cultural Advisors, students and other festival attendees*

## HIGH SCHOOL TO DEADLY CAREERS (HS2DC) PROGRAM

Co-designed with IAHA members and communities, the IAHA HS2DC program aims to provide a culturally safe and responsive rural or remote experience for Aboriginal and Torres Strait Islander health students undertaking their tertiary degree, early career postgraduate studies, or VET qualifications.

The program is based on two-way learning, with IAHA members on the program learning more about health and wellbeing in different community and cultural contexts, gaining exposure to rural and remote practice, and creating networks and relationships to support their future aspirations, while also giving back to the community and role-modelling as Aboriginal and Torres Strait Islander leaders in health.

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 conversations about health, wellbeing, and aspirational thinking. Through an interactive approach, running fun and engaging activities, IAHA program participants are uniquely placed to engage students and understand their interests and goals, while sharing some of their own journey and the impact of their professional journey on them, their families and communities.

Since the last annual report, IAHA finalised a \$2m funding agreement with the National Indigenous Australians Agency to further expand the HS2DC program in 2022–24 as part of the [Health Sector Strengthening Plan](#). In the first half of 2023, IAHA successfully implemented four programs. This included the introduction of the HS2DC in the ACT and surrounding regions; and a Top End program that coincided with the Remote Health Experience in Katherine.

In addition to the events listed above, IAHA embarked on an extensive outreach effort encompassing 44 high schools spanning three distinct jurisdictions, engaging in conversations with over 300 Aboriginal and Torres Strait Islander students. In this process, 10 IAHA members were engaged as role models and mentors in the high school settings, where they shared their own journeys and experiences, showcasing the pathways into health and the diverse health careers. These sessions further contributed to being an effective link to the IAHA National Aboriginal and Torres Strait Islander Health Academy, facilitating promising prospects for future engagement and expansion across five locations.

IAHA's relational approach will see the rollout of additional pioneering programs in the latter half of the year, which are scheduled to take place in Far North Queensland, Central Australia and Western NSW, where there are concurrent discussions about the need for localised pathways and other workforce initiatives, supporting community led workforce solutions.



IAHA members at the inaugural ACT HS2DC

*"I wanted to pass on my admiration and thanks for a hugely successful day for our school.*

*The lessons, positivity, energy and knowledge you and your team shared with our students was exceptional and will be remembered and valued by our students. Students and staff have both shared their positive feedback of the day.*

*Thank you for giving our students such a memorable opportunity, I appreciate just how much work and preparation went into this.*

*I look forward to continuing working together in the near future."*

**Feedback on the HS2DC program from a school principal**



ACT students at the ACT HS2DC event

## NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH ACADEMY

The IAHA National Aboriginal and Torres Strait Islander Health Academy (National Academy) is an essential place-based strategy for growing the Aboriginal and Torres Strait Islander health workforce and our future Aboriginal and Torres Strait Islander leaders.

The National Academy continues to grow year to year, with cohorts growing across each location, on the back of community engagement, community ownership and demonstrated successes.

As a result, IAHA enrolled over 100 trainees nationally for the 2023 academic year, the largest to date, bringing total enrolments since commencement to 230 trainees. The growth has been driven by high retention rates in the program, establishment in more sites and significant expressions of interest.

38 trainees are on track to graduate in late 2023 with a Certificate III in Allied Health Assistance and their Year 12 certificates, across the five locations in four jurisdictions.

The National Academy continues to expand under different models and structures nationally, in partnership with local communities and organisations, increasing access to responsive learning pathways. 2022–23 saw significant work to understand the future expansion of the model, through the establishment and maintenance of local partnerships and relationships and business planning for ways to scale the program. This included significant discussions on three potential new Academy sites in Western NSW and two locations in the Northern Territory, Alice Springs and Katherine, to further strengthen interest in place-based approaches across Australia.

Retention across all programs has been high, with over 80% of 2022 cohort either graduated from the program or returned to continue in 2023, and a 95% retention rate for the 2023 program through to 30 June.

This represents a significant success for the program as it contributes to increasing both the national rates for Year 12 attainment and Certificate III level (or higher) attainment, both measures under the National Agreement on Closing the Gap.

In addition to the high retention, feedback received under the IAHA Monitoring and Evaluation Framework and approach to quality improvement continues to show the value of IAHA's work. Feedback from surveys of continuing and completing students have identified success factors including participation in an all Aboriginal and Torres Strait Islander cohort, having culture and cultural perspectives embedded within training delivery, and benefits of having a dedicated space:

Respondents have indicated high satisfaction (over 80 percent) in the program, including strong agreement that the program supporting them to feel safe, provided a more positive experience than mainstream education, feeling a sense of connection, and feeling valued and supported in the workplace.

Importantly, the program is continuing to demonstrate its effectiveness as a pathway into further education, training, and employment. The National Academy program has a strong focus on work readiness and aspirational planning, with IAHA Group Training continuing to support trainees as they apply for university, enrol in further Vocational Education and Training, and/or pursue work, including through our corporate partnerships and host employers.



ACT Academy staff and student member at a Canberra career expo

#### NT Health Academy snapshot:

- 39 students from 9 high schools enrolled across 2022–23.
- 13 out of 17 graduates from 2022 are now enrolled in further education and/or employed in a full-time position.
- 4 trainees and graduates nominated for the NT Training Awards, in categories including the School-based trainee of the year, trainee of the year and Aboriginal and Torres Strait Islander student of the year.
- 16 trainees on track for graduation in late 2023.



GWS trainees with IAHA Chairperson, CEO, and Program Support Officer at the 2023 National Aboriginal and Torres Strait Islander Eye Health Conference in Sydney

#### ACT Health Academy snapshot:

- 15 students from 5 high schools enrolled across 2022–23.
- 3 graduates from 2022 are now enrolled in a tertiary study and/or employed in a full-time position, including:
  - Employment as an Allied Health Assistant with Canberra Health Services.
  - Commencement of a Bachelor of Midwifery at the University of Canberra.
  - Commencement of a Certificate IV in Mental Health at the Canberra Institute of Technology.
- 4 continuing students from 2022, with one student from the 2022 graduating cohort undertaking a Certificate IV in Community Service with IAHA Group Training.
- All 4 trainees on track for graduation in late 2023.
- Strong community engagement and recruitment for 2024, on the back of an ACT Government commitment to fund the ACT Academy for \$1.25 million over three years.



#### **Northern Rivers Health Academy snapshot:**

- 16 students from 6 high schools enrolled across 2022–23, with 10 continuing students and 6 new enrolments.
- Northern NSW to celebrate our first graduating cohort in 2023, with 9 trainees on track to graduate in late 2023.
- Trainees joined peers from the Pathways Our Ways (Southeast Queensland Academy) for a University Open day through Griffith University's First Peoples unit, learning further about study opportunities across diverse health disciplines.
- Continuing to build relationships with community, members, and stakeholders across the Northern Rivers region.

#### **GWS Health Academy snapshot:**

- The GWS Academy is an ongoing partnership with the Western Sydney and South Western Sydney Local Health Districts.
- 18 students from 6 high schools are participating in 2023, with 8 continuing students alongside 10 first year trainees.
- 9 trainees on track for graduation in late 2023.
- The GWS program welcomed our first Aboriginal Community Controlled Health Organisation host employer in Sydney, with GWAHS coming on board and supporting student placements.

#### **POWA (Southeast Queensland) Health Academy snapshot:**

- Delivered through an ongoing partnership between IAHA and the Institute for Urban Indigenous Health.
- 34 trainees enrolled across 2022–23, with 19 new trainees.
- 19 graduated in 2022, including:
  - 4 graduates with a Statement of Attainments.
  - 15 Graduate with Certificate III in Allied Health Assistance.

92 trainees employed through IAHA Group Training across the three jurisdictions in which we operate sites, with 37 trainees undertaking the following qualifications and on track for completion in late 2023:

- Certificate III in Allied Health Assistance.
- Certificate III in Business.
- Certificate III in Community Services.

To further strengthen IAHA's collaboration with partners in the delivery of culturally safe and responsive training in the National Health Academy, IAHA undertook a comprehensive redesign of the training materials utilised for the instruction of the Certificate III in Allied Health Assistance, aligned with IAHA's Cultural Responsiveness Framework. In this process, IAHA work closely with RTO partners to validate the revised content, necessitated by changes in the training package. Concurrently, IAHA is actively exploring opportunities for potential commercialisation and broader uptake with several Aboriginal and Torres Strait Islander organisations and non-Indigenous providers pursuing more culturally safe and responsive teaching of the qualification.

IAHA continues to promote success stories of current and future Health Academy students. During the reporting period:

50 trainees shared their stories with IAHA and in other fora, including:

- presenting at the 2022 IAHA National Conference.
- participating in a panel at the Indigenous Eye Health Conference.
- engaging with stakeholders in the ACT Academy information session.
- inclusion in a CSIRO Publishing article titled '[Building health workforce capacity in Northern Australia](#)', featuring NTAHA graduate Porsche Cahill, who in June was announced as a finalist for Aboriginal and/or Torres Strait Islander Student of the Year in the NT Training Awards.

Additionally, IAHA continues to proactively engage with schools, stakeholders, partners, families and the community to promote enrolments for 2024, with expressions of interest already being received. IAHA expects a significant increase in the newer Health Academy sites in the ACT and NSW, with POWA and NT Academy expected to continue to operate at capacity.

## IAHA GROUP TRAINING

IAHA Group Training is an Aboriginal and Torres Strait Islander Group Training Organisation, designed to create opportunities for growing the Aboriginal and Torres Strait Islander workforce across diverse industries by providing employment services.

During the reporting period, IAHA Group Training worked closely with partners to work with graduates from 2022 in the Northern Territory and the ACT, to support their transitions into the next step of their desired pathway.

This support has meant that 90 per cent of 2022 graduates were in formal education, additional vocational education, and training, and/or paid employment within six months of completion of the program, across a breadth of career pathways. This includes 7 of 9 remote boarding students returning to jobs in their home communities.

IAHA Group Training continues to fill a significant need to provide a service that seamlessly connects trainees and apprentices with host employers and provides culturally safe wraparound supports. IAHA is committed to exploring new opportunities and strengthening existing partnerships to ensure our trainees are empowered and well supported. IAHA expects to see a growth in the uptake of IAHA Group Training services across the sector in forward years, with promising conversations with external stakeholders occurring toward the end of the reporting period.



Above: NT Certificate III in Business trainee, Isadora, representing IAHA Group Training at the NDS Conference in Darwin.

Below: IAHA Group Training facilitate access to financial literacy training for Academy students.



## CASE STUDIES

### NT HEALTH ACADEMY – DEMITRUS GALAMINDA, NT ACADEMY GRADUATE 2022

Demitrus Galaminda is an 18-year-old man from Waruwi Goulburn Island. Demitrus was motivated to attend the NT Aboriginal Health Academy due to the support provided through the program and relationships with staff, including NT Project Officer and Torres Strait Islander man, Gabe Oth.



Demitrus attended Year 12 at Marrara Christian School. Through his involvement in the program Demitrus, identified aspirations after Year 12 to be a counsellor for young men because of his work placement experiences delivering sessions with male clients.

Of his work placement experience, Demitrus said *“I enjoyed my work placement at Darwin Indigenous Men’s Service because they are great mentors and role models, they don’t push you too much they try to develop my skills and challenge me for my own development. I feel great after each session because I’m supporting their journey. I wish to be confident leader in my community because for the future generation.”*

Of his experiences of the IAHA NT Aboriginal Health Academy, Demitrus identified the support of IAHA staff, the safe environment, his peer network and studying alongside other Aboriginal and Torres Strait Islander young men, and different ways of learning as developing his confidence and supporting his success.

*“I just want to say thanks to the NT Academy staff for taking care of me and supporting me on my journey. If I didn’t join the NT Academy program, I wouldn’t have found out about the different type of health careers you can pursue. I made some great mates in this course, I recommend this course to future Academy students because of the many pathways you can go into.”*

Since graduating in 2022, Demitrus has undertaken further Vocational Education and Training, completing a course in agriculture, and obtaining construction licences.



Dimi and Jovian with Torres Strait Islander community Elder James Passi visited NT Academy to deliver a weaving workshop



Dimi with colleagues during the last day of work placement

## NT HEALTH ACADEMY – MARANDA O’DONOGHUE, 2023 NT ACADEMY TRAINEE

Maranda O’Donoghue, born and raised in the NT, hails from Oenpelli and Tiwi Islands on her maternal side and Queensland on her paternal side, and found her way to the IAHA Academy through Taminmin College. Fascinated by mental health, Maranda joined the NT Academy, and her journey has since expanded beyond her initial expectations.

In her final year at the NT Academy, Maranda’s experience has been transformative. Maranda began her on-the-job training with Early Start Australia NT in 2022, then transitioned to Headspace / Anglicare NT in 2023, widening her exposure to different facets of allied health.

Of her time since joining the NT Academy, Maranda said, *“whilst my interest in mental health, I have been exposed to a variety of opportunities in the health sector outside of mental health & wellbeing. The opportunity from the NT Academy has led me to gain deep knowledge, understanding and awareness of the health sector. My journey in the health space is only the beginning however I look forward to my future beyond Year 12 and hope to pursue further study and/or further employment working in the health sector.”*

Of her experiences of the NT Academy, Maranda identified the support of IAHA staff, the safe environment, her peer network and studying alongside other Aboriginal and Torres Strait Islander young people, and different ways of learning as developing her confidence and supporting her aspirations, saying *“I am truly grateful for all the mentoring, leadership support within the program which I found so valuable as a young person navigating through their schooling.”*

Maranda is on track for completion of the Certificate III in Allied Health Assistance at the end of 2023, and upon completion, she seeks to pursue tertiary qualifications in mental health at Charles Darwin University or in NSW.



Maranda at the 2022 Taminmin career expo.



## ACT HEALTH ACADEMY – POPPY CHALMERS, ACT ACADEMY GRADUATE 2022 AND 2023 ACT NAIDOC YOUTH OF THE YEAR

Poppy Chalmers is an 18-year-old Yuin woman who has grown up on Ngunnawal and Ngambri Country in the ACT region.

In 2021, upon learning about the ACT Academy, Poppy felt an immediate interest and eagerly embraced the opportunity the program presented. Through the ACT Academy program, Poppy received academic assistance and other personalised supports which enabled her to graduate from Year 12 ahead of schedule, completing her required coursework and commencing the next steps of her journey, while supporting her in being a role model for her peers.

These opportunities included her participation in national conferences in 2022, where she made a significant impact.

Poppy's contributions inside and outside of IAHA earned her recognition as she was awarded the ACT NAIDOC Youth of the Year award. Poppy also found herself nominated and shortlisted for the 2023 Training Awards, with the winner set to be announced in the latter half of the year.

Of her experiences, Poppy said *"I would not be the person I am today, and I would not have the same opportunities. Moving forward, I plan to apply for university to pursue my master's degree in social work while still staying connected with IAHA as a member, and giving back, including through supporting IAHA members."*

Since graduating in 2022, Poppy has secured a placement with IAHA while completing a Certificate III in Community Services.



Poppy Chalmers, recipient of the 2023 ACT NAIDOC Youth of the Year at the NAIDOC ball event

## NORTHERN RIVERS HEALTH ACADEMY – CLAIRE ROBERTS-HICKLING

Claire Roberts-Hickling is an 18-year-old Kamilaroi, Euahlayi and Bundjalung woman living in the Northern Rivers of NSW and studying at Ballina Coast High School.

An active student, Claire enjoys playing a diverse range of sports including netball, rugby league and touch football and hopes to someday to play in the NRLW. Her interest in sports and coming from an athletic family sparked her interest in physiotherapy.

Claire was encouraged to join the Academy after hearing about the program from other students and the level of support provided, identifying it as an opportunity to learn more about the different body systems and how the body works, as well as exploring opportunities and pathways in health.

Claire has enjoyed the Academy because it has opened doors to her future, and identified the support provided to her from program staff and the culturally safe environment with other Aboriginal and Torres Strait Islander students as key enablers to her experience to date.

*"When I first joined the Northern Rivers Academy, I was so shy and very nervous but as the days went on, I started building relationships with staff and students made me build my confidence up and enjoy the experience of the Academy. My highlight in the Academy has been getting the experience and meeting new people who have the same interests as me."*

Claire is motivated to undertake further study in physiotherapy and to use her knowledge to provide rehabilitation and other forms of care to people.

## GREATER WESTERN SYDNEY HEALTH ACADEMY – JADA HUDY

Jada Hudy is a proud Dunghutti woman from New South Wales and is a 17-year-old year 12 student studying at James Meehan High School in Sydney and planning for her future goals and aspirations.

Jada joined the GWS Academy in 2022, seeing both the commitment of IAHA in supporting students to succeed and inspired by the work of her mother, an Aboriginal Health Worker of close to a decade, saying *“her dedication and work have always inspired me to pursue a career in health care and I knew the IAHA academy would help me gain the experience to grow a stronger enthusiasm and passion for working in health, to improve the health and prosperity of my people and Community.”*

Jada has enjoyed her time in the GWS Academy, being supported and provided with opportunities to learn and grow, and being supported to remain engaged and connected throughout, *“I have had an incredible experience with IAHA and my employers have been incredibly supportive and have provided me with many opportunities to grow and develop both personally and professionally. I am eternally grateful for all the support I have received from IAHA and feel they’ve helped me thrive in many ways.”*

Through her work placements and time in the program, Jada has expressed in an interest in health careers, including opportunities to pursue speech pathology or social work, seeing the important role they play, the need for more Aboriginal and/or Torres Strait Islander people in these roles, and her passion for helping others and collaborating with other allied health professionals.

Based on her own experiences, Jada would encourage other students to be open to the opportunity, to work hard and to give it a go.

*“Don’t be afraid to ask questions or seek any support when you need it – the IAHA community is extremely welcoming and supportive. Most importantly, keep an open mind and be willing to learn from others. You will be amazed by how much you can develop and grow through this experience!”*



# 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.

## LEADERSHIP REPRESENTATION

### JUSTICE HEALTH PARTNERSHIP

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

In 2022–23, IAHA worked closely with Lowitja Institute and other members in the Alliance to respond to the Australian Human Rights

Commission Inquiry on Youth Justice and Child Wellbeing Reform across Australia, with a significant focus on the need for culturally safe mental health services. The Coroner's report highlights the Alliance's recommendations and can be found [here](#).

IAHA continues to contribute to this group on many levels including:

- Promoting cultural safety and culturally responsive practice in hospitals and health settings.
- Delivering training on cultural responsiveness.
- Advocating for the role of the allied health in justice health, including in prevention and early intervention to reduce risk of interaction with the justice system.
- Developing and distributing resources that capture best practice evidence-based approaches.



IAHA Board Chairperson, Nicole Turner presenting at an event

## COALITION OF ABORIGINAL AND TORRES STRAIT ISLANDER PEAK ORGANISATIONS

The Coalition of Aboriginal and Torres Strait Islander peak organisations remains engaged in collaborative efforts with governments through the National Agreement on Closing the Gap policy framework. As a member of the Coalition of Peaks, IAHA is actively involved in promoting the implementation of the priority reforms and monitoring the progress and activities under this agreement, participating in wide-ranging engagements.

During the reporting period, IAHA contributed to various discussions and processes centred around evaluating the impact of the National Agreement on Closing the Gap, and relationships between parties to the agreement. This included IAHA's contributions to the work of Commissioner Romlie Mokak and the Productivity Commission in undertaking a review of the National Agreement on Closing the Gap, both individually and as a member of the National Health Leadership Forum (NHLF).

In these dialogues, IAHA articulated concerns regarding the perceived lack of substantive change and advancement within multiple government departments and functional domains covered by the agreement, and these views were strongly reflected in the Productivity Commissions draft report available via the Productivity Commission [website](#).

## NATIONAL HEALTH LEADERSHIP FORUM

IAHA is a member of the National Health Leadership Forum (NHLF) and auspices the functions of the NHLF, a collective partnership of 12 national Aboriginal and Torres Strait Islander 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 continues to work with governments to ensure the 2021-2031 National Aboriginal and Torres Strait Islander Health Plan and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan are genuinely implemented and that outcomes are monitored. As part of this process the NHLF is working with the Department of Health and Aged Care to establish a First Nations Health Governance Group with real decision-making authority and broad strategic oversight of all First Nations health policy. This group will have

a key role in driving a strengths-based and cross-cutting approach to holistic First Nations' health, social and emotional wellbeing policy.

The NHLF is a member of the Department's First Nations Aged Care Governance Group to advise on the implementation of aged care reforms to improve access and quality of aged care for Aboriginal and Torres Strait Islander peoples. The NHLF is also engaging with the Department in the development of their internal First Nations Partnership and Engagement Framework, this work is ongoing with the aim of it being implemented during 2024.

## AUSTRALIAN ALLIED HEALTH LEADERSHIP ALLIANCE

IAHA is a member of the Australian Allied Health Leadership Alliance (AAHLA) 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. The National Alliance of Self Regulating Health Professions also joined AAHLA's membership, representing the perspectives of self-regulating health professions in important conversations about the future direction of allied health.

AAHLA members continue to pursue areas of shared strategic interest and collective advocacy. During the reporting period, AAHLA members separately and collectively, pressed for strong engagement with Government on the allied health workforce, including the need for increased investment in allied health assistants and for allied health to play a key role in aged care and adjacent sectors, in response to the 2023–24 Budget that is available [here](#).



IAHA staff member, Sadhana, at the HHSA meeting

## 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:

- Continued work under the National Closing the Gap Agreement and relevant sector strengthening plans, including health and disability.
- Ongoing policy, programme design and practice leadership, including appointments to the Funding Transition Group, First Nations Aged Care Governance Group and the National First Nations Disability Council.
- Regular meetings with the Office of the National Rural Health 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.
- Continued work with the education and training sector and professional associations through committee representation, fee for service activities, and responses to consultative processes.

In addition to these formal engagements, IAHA continues to strengthen relationships and works with Ministers and Departments at the national and jurisdictional levels, across the political spectrum, 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.

## 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.

The latest iteration of IAHA's Cultural Safety, Racism and Lateral Violence Survey, which seeks to capture and understand the lived experiences and realities of IAHA members across different sectors and at various points of the career journey, was finalised at the end of 2022. Highlighting the need for transformative change and anti-racist approaches, key findings of the survey included that:

- Experiences of microaggression, racism, discrimination and prejudice in the workplace were common and reported by over 70% of respondents, with the sources primarily being clinical supervisors, managers, peers, and colleagues.
- Significant gaps were identified in the support to address these concerns, with many not feeling confident to act, due to factors such as fear of reprisal, culturally unsafe processes and procedures, and perceptions about how it would be considered.

- Respondents from education settings reported better outcomes, however many of the enablers mirrored those in the workplace, with Aboriginal and Torres Strait Islander student supports identified as a major supportive factor, and colonised curriculum a primary negative factor.
- Enablers for cultural safety including having support from and representation of other Aboriginal and Torres Strait Islander peers and leadership, cultural training, allyship and managerial support, and personal factors such as strength of identity.
- An interest from respondents in being able to access social and emotional support from IAHA, while others indicated the supportive role IAHA is playing.

The experiences of our members continue to support IAHA to demonstrate the need for and to advocate 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. While the survey results reflected high levels of racism, culturally unsafe practices and lateral violence, these results suggested a slight decline from previous iterations.

Taking place on the back of the COVID-19 pandemic and altered ways of working, such as remote learning and working, a repeat iteration of the survey in 2023 will explore experiences in the context of the public discourse on the referendum to establish a Voice to Parliament, with anecdotal reports confirming this has increased the cultural load on the workforce and experiences of racism and lateral violence.

IAHA have been preparing for this, designing supports including access to social and emotional wellbeing yarning sessions, cultural activities and supports for members to engage with the cultural determinants of health, and advocating for approaches which prioritise self-care and wellbeing, including respectful dialogue. This included the release of a position paper on the [Uluru Statement from the Heart](#) reaffirming IAHA's support in full for the Uluru Statement from the Heart, recognising three areas for urgent action in this collective journey: voice, treaty, and truth.

Additionally, in the reporting period, IAHA:

- worked with profession stakeholders including Optometry Council of Australia and NZ, Speech Pathology Australia, Occupational Therapy Council of Australia, Exercise and Sports Science Association, Dietitians Association Australia, Australian Dental Council, Osteopathy Association, Australian Physiotherapy Association, Australian Association of Social Workers and Hearing Health Sector Alliance.
- worked with several universities to review the delivery of their curricula against the IAHA Cultural Responsiveness in Action Framework, as an exemplar of best practice in cultural safety within health. This includes working with Charles Darwin University, Flinders University, Macquarie University, Newcastle University, Australian Council of Deans of Health Sciences, The University of Canberra, University of Melbourne, University of Sydney, Charles Sturt University, University of Queensland, and University Departments of Rural Health, including the WA Centre for Rural Health, Majarlin Kimberley Centre for Remote Health, Murtupuni Centre for Rural & Remote Health (JCU), and Three Rivers (CSU).
- led workforce-related projects including working closely with the Office of Chief Allied Health Officer, Queensland Government in the development of an Aboriginal and Torres Strait Islander allied health graduate pathway. The pathway provides specific transition to practice and leadership development support, with an opportunity to transition into an ongoing role at an appropriate classification within a rural or remote Health and Hospital Service setting. The Pathway is expected to commence in the 2023–24 financial year.
- continued 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.

## 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. 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 improve 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.



*Activity capturing members' perspectives on culturally responsive systems at the 2022 IAHA National Conference*

### IAHA CONSULTING

Established in 2020, IAHA Consulting is a wholly Aboriginal and Torres Strait Islander and Supply Nation registered business, providing opportunities for IAHA to influence change and to reinvest in our members and programs.

IAHA's Cultural Responsiveness in Action Training program remains a key component of IAHA's consulting services, having developed a reputation as a national leader in cultural safety training. Alongside fee-for-service activities other areas of expertise, including Aboriginal and Torres Strait

Islander workforce development, workforce policy and strategy and curricula transformation and redesign, the work of IAHA Consulting continues to be an important avenue to working in meaningful partnership to drive change at a systems level.

Since the previous annual report, IAHA has commenced a major project with the Northern Queensland Primary Health Network to provide cultural safety training and other supports to mainstream primary health care providers across Northern Queensland, to improve access to care. In addition to training delivery, IAHA will develop additional and localised resources to support cultural responsiveness, facilitated through the delivery of level three workshops and engagement with communities across the NQPHN footprint in the 2023–24 financial year.

## CULTURAL RESPONSIVENESS TRAINING AND DEVELOPMENT

In 2022–23, IAHA Consulting had over 2700 individual enrolments across Levels 1 to 3 via IAHA's learning platform, and had over 200 learners participate in facilitated workshop sessions. These figures represent a significant increase from the 2021–22 financial year and show the ever-increasing breadth and reach of IAHA's training, with each learner influence many others in their family, workplace, and community.

During this period, IAHA facilitated many more enrolments via SCORM licence agreements with larger organisations like universities, providing a preferred option for organisations with capacity to administer the training via their own learning management software. IAHA is in advanced negotiations with several organisations who have expressed interest in offering training, with the expectation that several new organisations will come on board in 2023–24.

IAHA is committed to ensuring the quality of IAHA Cultural Responsiveness Training remains at the highest standards through SCORM licensing arrangements, with involved organisations required to provide quarterly reporting of uptake to help monitor the reach of IAHA's training delivery and develop our understanding of the true impact of our training activities.

Feedback from participants to date has been overwhelmingly positive, with the model of delivery, activities and content all supported, and IAHA overcoming stigmas attached to online cultural training, based on perceptions and past experiences of learners in other settings. IAHA have achieved a satisfaction rate for the overall training experience or nearly 100% with every element of the training also scoring over 96%.

- 99% of participants indicated that the program strengthened their understanding of cultural responsiveness; engaged them in self-reflection about culture, personal beliefs, assumptions and values and perceptions, and its impact on relationships; and provided space for self-reflection.
- 97% agreed the program increased understanding of the need to facilitate change and transform systems to create culturally safe outcomes; explored ways of knowing, being and doing that will enhance ability to be culturally responsive; and increased knowledge and awareness of Aboriginal & Torres Strait Islander people.

Importantly for IAHA, positive feedback has been received from Aboriginal and Torres Strait Islander people and organisations as well as our non-Indigenous allies and stakeholders, with IAHA also embedding training into programs, such as the High School to Deadly Careers and IAHA Leadership Program to support conversations with the workforce about culturally safe and responsive practice.

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

*“This is a fantastic online learning. I love the transparency and strong focus on reflection and self-awareness – thank you.”*

*“I just wanted to email to thank you for this training package. I found it not only very informative, but I really loved the emphasis on self-awareness and reflection. You linked us to many different resources that were informative, relevant, high quality and thought-provoking. I have done other cultural awareness and cultural safety programs before, but I learn more each time and become more comfortable in discussing what I have learnt each time. It’s true, you can never do too much cultural responsiveness training, it’s a lifelong journey.”*

*“What a wonderful course! All of the videos chosen were just perfect. Knowledgeable, truthful, and so moving. I feel lucky to have completed this course and for the knowledge I have gained. The history section was so well thought out! Your choice of videos was wonderful, such great tools for learning.”*

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.

## CULTURALLY RESPONSIVE MENTORING

Developed in response to feedback and experiences working with the sector, Cultural Responsiveness Mentoring has been a critical addition, which seeks to support the sustainable development of cultural safety within organisations, enabling champions and cultural change.

A 2022 pre-conference workshop on allyship – co-facilitated by Aboriginal and Torres Strait Islander peoples and members of the Friends of IAHA network – provided an opportunity to expand on some of these conversations, to support non-Indigenous stakeholders to further their understanding of effective allyship in various contexts.

The workshop received significant interest and a positive response, including the following feedback from a workshop participant:

*“I wanted to thank IAHA for this valuable opportunity. I thank the team that facilitated this insightful, thought provoking, helpful and meaningful workshop. It is hard to put into words what I feel but this workshop was wonderful to be present, and important. I found the workshop was a creation of a safe place to learn and share. I learnt so much from the wisdom and skill of Steph’s approach to unpack learning which instilled myself with hope. It was also interesting to hear other participants thoughts.”*

An unforeseen positive outcome arising from this initiative is the emergence of cultural mentoring, which has proven immensely valuable within Aboriginal and Torres Strait Islander cohorts, creating a space for conversations on challenging subjects, such as lateral violence and navigating within a predominantly mainstream system. IAHA continue to work with organisations and governments to promote cultural mentoring within workforce engagement and development strategies and are developing additional resources and activities to support effective cultural mentoring relationships.

## 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.

This builds on a significant number of informal relationships and support for the community-controlled sector, as the sector continues to look for innovative models and to grow the Aboriginal and Torres Strait Islander allied health workforce. In 2022-23, this included key projects such as:

- supporting Derbarl Yerrigan Health Service to develop a cultural governance framework to support the organisation to improve responsibility and accountability to the Aboriginal community through embedding cultural leadership.
- working with Orange Aboriginal Medical Service to develop a Workforce Sustainability Framework to support the implementation of their 10-year strategic plan and to establish an agile and capable workforce across their diverse service landscape.
- working in partnership with Wurli Wurlinjang Aboriginal Medical Service and Flinders University in Katherine to employ and support an Allied Health assistant role which is a new approach to workforce for their service.
- 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.

# 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 2022–23, IAHA was invited to participate in various meetings, forums and events and was 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.

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

IAHA provides an Aboriginal and Torres Strait Islander perspective in workforce development and strongly advocates 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.

IAHA staff and members participated in several key events in 2022–23, including presentations to thousands of delegates at the:

- Australian Dental Council 2023 Conference on the impacts of racism and the need for cultural safety for Aboriginal and Torres Strait Islander People in healthcare.
- National Aboriginal and Torres Strait Islander Eye Health Conference on growing the Aboriginal and Torres Strait Islander eye health workforce.
- Wiyi Yani U Thangani (Women's Voices) National Summit on building alliances and creating meaningful change.
- Services for Australian Rural and Remote Allied Health Conference.
- Medical Technology Association of Australia National Conference.
- Royal Australian and New Zealand College of Ophthalmologists 53rd Annual Scientific Congress.
- New South Wales Health Stepping Up Forum.

During the reporting period, IAHA supported members to increase their engagement in leadership and decision-making roles as a representative of IAHA or as a professional expert. These opportunities included panel discussions at workforce forums, conference presentations, Award presentations on behalf of IAHA, curriculum advisory committees (universities), professional association RAP and other advisories, scholarship selection committees, and discipline and sector specific advisories including in aged care, disability, and palliative care.

## 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:

- Inquiry into the Application of the United Nations Declaration on the Rights of Indigenous Peoples.
- Gayaa Dhuwi (Proud Spirit) Australia's consultation on the Gayaa Dhuwi (Proud Spirit) Declaration Implementation Plan.
- Pharmacy Society of Australia finalisation of the Guidelines for Medication Management for Aboriginal and Torres Strait Islander People.
- Palliative Care Australia proposal for the development of a National Aboriginal & Torres Strait Islander Palliative Care Strategy.
- Dental Feasibility Study Final Report Increasing Dental and Oral health training in rural and remote Australia.

- Optometry Australia's revised Entry-level Competency Standards for Optometry.
- ACT Office for Disability's consultation on the development of a new ten-year ACT Disability Strategy.
- Inquiry into Community Safety, Support Services and Job Opportunities in the Northern Territory (as IAHA NT Workforce Development).
- Senate Inquiry into Missing and Murdered First Nations Women and Children (as part of the Partnership for Justice in Health).
- The National Mental Health Commission on the (Draft) National Stigma and Discrimination Reduction Strategy.
- Queensland Health on the draft HealthQ32 A vision for Queensland's health system and Workforce Strategy.
- The Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs Inquiry into Community Safety, Support Services and Job Opportunities in Northern Australia (as IAHA NT Workforce Development).
- Australian Early Years Strategy.
- National Plan to End Violence against Women and Children 2022-2032.

Since the development of the *Implementation Plan for 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*, discussions are underway to develop monitoring and accountability frameworks, with IAHA advocating strongly for the full implementation of these strategies.

IAHA's voice continues to be sought by a range of stakeholders, particularly in areas of key reform.

IAHA is represented on over 80 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:

- Allied Health Industry Reference Group.
- Allied Health Rural Generalist Pathway – National Strategy Group.
- Advisory Committee to the National Rural Health Commissioner.
- Certification and Registration of Self-Regulated Health Professions Industry Advisory.
- Closing the Gap Charter Working Group
- Department of Health First Nations Health Funding Transition Advisory Group.



*Signing of the MoU with the Indigenous Dental Association Australia at the IAHA 2022 National Conference*

- First Nations Aged Care Governance Group.
- Targeted Translation Research Accelerator Needs Assessment Group.
- National Disability Insurance Agency First Nations Advisory Council.
- Northern Australian Research Network Leadership Group.
- Mayi Kuwayu Data Governance Committee.
- Southern Cross University Course Advisory Committee.

## IAHA NT WORKFORCE DEVELOPMENT

Established in 2021, IAHA NT Workforce Development is a wholly owned subsidiary company of IAHA as a Northern Territory community-controlled organisation – established under local and cultural governance – working to improve education, training, employment, health and wellbeing outcomes with Aboriginal and Torres Strait Islander people, families, and communities across Northern Australia. IAHA NT Workforce Development has been established with a specific focus on solutions relevant to communities in Northern Australia and with a strong commitment to education, training, and employment in remote and rural communities.

During this period, IAHA NT Workforce Development continued to be 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 and building profile and awareness. IAHA NT Workforce Development led engagement through major Northern Territory based events, including the Garma and Barunga Festivals and the Deadly Cup Carnival, strengthening direction connection and relationships with Northern Territory Communities.

A major achievement for IAHA NT Workforce Development in the reporting period has been working with the Northern Territory Primary Health Network to obtain two-year funding to support the development of a tailored leadership program for the Aboriginal and Torres Strait Islander workforce in the NT. IAHA will work closely with key Territory based leaders and organisations to design and implement a culturally and NT context relevant program to support cultural and professional leadership development and increase willingness and capacity for the workforce to step into formal leadership roles.

The continued growth and development of IAHA NT Workforce Development will support capacity to continue engagement with the Aboriginal Community Controlled Health sector in Northern Australia, including meaningfully pursuing education and training pathways with organisations including Miwatj Aboriginal Health Corporation in East Arnhem Land, Danila Dilba Health Service in Darwin, Wurli Wurlijang Health Service, in Katherine, and Central Australian Aboriginal Congress in Central Australia in the NT alone, and identifying opportunities to maximise the impact of IAHA's Group Training Organisation accreditation in the Northern Territory. IAHA NT Workforce Development will increasingly take on a leadership role in Northern Australia, including the forthcoming release of a position statement on the impact of housing on education, training and workforce outcomes in the NT.



## 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. In the reporting period, this included:

- establishing and implementing a research governance framework to guide IAHA's participation in research, ensuring research activities align with organisational priorities, values, and governance, particularly with respect to cultural responsiveness.
- 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, including a Medical Research Future Funded project on person-centred, co-designed and student-assisted cardiovascular rehabilitation in East Arnhem Land.
- supervision of two PhD candidates through IAHA's existing relationships with James Cook University, in the application of cultural responsiveness through the development of an organisational audit tool to assess cultural safety within organisations and exploring cultural responsiveness within a profession specific context.
- receiving a grant from the Lowitja Institute to lead a staged project to better understand the Aboriginal and Torres Strait Islander allied health workforce and to examine the scope and value of the Aboriginal and Torres Strait Islander allied health workforce in Australia from a cultural, community and economic lens.

- 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 continues to produce empirical 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.



# CONNECT

## 2022 IAHA NATIONAL CONFERENCE

IAHA's primary annual professional development event continues to be our annual IAHA National Indigenous Allied Health Conference, with the 2022 conference being largest to date.



2022 IAHA National Conference

- Over 300 delegates in attendance.
- 72% were Aboriginal and/or Torres Strait Islander people.
- 90% worked closely with Aboriginal and/or Torres Strait Islander peoples.
- 98 scholarships were awarded to IAHA members to attend the 2022 IAHA National Conference.
- Satisfaction rate of 99%, with the IAHA National Conference providing a positive experience that valued a diversity of cultures and disciplines.
- 28 IAHA members across various disciplines contributed to the Conference program, sharing knowledge with delegates.



Hayley McGuire, MC at the 2022 IAHA National Conference

The 2022 IAHA National Conference was held at the National Convention Centre. The two-day program brought together Aboriginal and Torres Strait Islander presenters, panelists, and other delegates from around Australia. Themed 'Past, Present, Future, Transforming Allied Health', 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.

Feedback on the 2022 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:

- Continued 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.

## DELEGATE FEEDBACK

Hear below from delegates about what they enjoyed about their 2022 IAHA National Conference experiences:

*"It was an absolutely fabulous conference. The feeling of connection and safety created (from my non-Indigenous perspective) was such a beautiful space to be in. The event seemed seamless (even though the IAHA team were working like absolute legends to make it appear that way!.)"*

*"Thank you! Always inspires me to do more with mob for mob."*

*"Fantastic job by the IAHA team, thank you all so much for all your hard work!"*

*"Thank you to the IAHA team, you have created a nurturing space that encourages curiosity and growth while also strengthening my determination to continue to do the work."*



Activity at the 2022 IAHA National Conference

## IAHA MARKETS

The 2022 IAHA National Conference also marked the inaugural IAHA markets, showcasing 19 Aboriginal and Torres Strait Islander businesses spanning the ACT and surrounding region, which generated notable success, delivering IAHA's commitment to giving back to our communities and supporting small Indigenous business and providing an amazing closing to the program.

Feedback received from the stall holders are captured below, and on the back of this success, the IAHA Markets will return in 2023.

*"As a business it was one of our most successful markets we have been too, from sales to connecting with many people we had an overall great time & look forward to future IAHA markets."*

**Marara Designs**

*"The difference it made to me personally was fantastic, networking with other Aboriginal Businesses, connecting to mob and allies was amazing. As a small business, owned by an Aboriginal woman I found it very empowering."*

**Katobi**



Local artists at the 2022 IAHA Markets

## CELEBRATING OUR MEMBER ACHIEVEMENTS – THE 2022 IAHA NATIONAL INDIGENOUS ALLIED HEALTH AWARDS

The 2022 IAHA National Indigenous Allied Health Awards were held at the National Convention Centre, Canberra, on Tuesday 29 November 2022.

The Awards showcased ten 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.



2022 Allied Health Awards and gala dinner event at the IAHA National Conference

## CONGRATULATIONS TO THE 2022 AWARDEES:

**Future Leader in Allied Health – Ryley Park – Speech Pathology**

**Sponsored by SARRAH**

Ryley Park, a proud Eastern Arrernte man was nominated as a final-year Flinders University student in Darwin, completing a Bachelor of Speech Pathology. With roots in Larrakia Country, he aspires to reintroduce crucial Speech Pathology services to his community. Ryley engaged in the IAHA Leadership program during his studies in 2022. Now a dedicated professional in his field, he serves as an inspiring role model and current and future leader.

*"I'm extremely grateful for the support and opportunities that IAHA has provided me while completing my speech pathology degree. I want to give back to community in Darwin and help inspire young Aboriginal and Torres Strait Islander peoples to pursue studies and employment in Allied Health."*



Future Leader in Allied Health – Ryley Park

## Indigenous Allied Health Student Academic Achievement Award – Sharna Motlap – Nutrition

Sponsored by University of Canberra

Mmbabram woman and nutrition graduate Sharna Motlap's dedication to education shines through her published articles, reflecting her journey as an Indigenous scholar in academia. Amidst her full-time work and studies, she collaborates closely with Torrens University Australia, sharing her achievements as a high-achieving Indigenous student to inspire others. She stands out as one of only nine Indigenous students among a cohort of 120 from the class of 2021. Her distinction is further highlighted by being the inaugural recipient of the esteemed New Colombo Plan scholarship at her university. Beyond academia, Sharna's impact extends to her role as a health ambassador and her influential position within the Reconciliation Action Plan team.

*“Winning the 2022 Academic Achievement Award feels like the hard work of university was worth it. It means beginning the next chapter in postgraduate studies with confidence and motivation.”*



Indigenous Allied Health Student Academic Achievement Award – Sharna Motlap

## Indigenous Allied Health Professional of the Year Award – Chastina Heck – Pharmacy

Sponsored by Dietitians Australia

Chastina Heck is a Nywaigi woman and the Acting Pharmacy Manager at Gove District Hospital in NT Health, and also serves as an Associate Lecturer at the University of Queensland. Her pivotal role involves shaping culturally responsive practices for future Aboriginal and Torres Strait Islander pharmacists. With two decades of experience, Chastina has been a dedicated mentor and advocate for cultural change in the pharmaceutical profession and Queensland Hospital and Health Services. Her influence extends to IAHA representation on committees dedicated to cultural safety and integrating pharmacy into Aboriginal community-controlled organizations nationwide.

*“To win this award is very humbling. To be recognised in this way, reinforces the energy and passion I bring to my role as a Pharmacist and all the avenues that influence how pharmacists do health care – from student education, ongoing professional development, direct patient care and management. IAHA keeps me strong to participate and influence in the spaces that I work to bring about health and wellbeing for mob.”*



Indigenous Allied Health Professional of the Year Award – Chastina Heck

### Allied Health Inspiration Award – Lauren Hutchinson – Optometry

#### Sponsored by Services for Australian Rural & Remote Allied Health

Lauren Hutchinson is a Muruwari woman an inspirational figure in the IAHA membership community. Starting as a student member, she actively engaged in the Student Representative Council. Since then, she has become a mentor and a representative for IAHA in committees, summits, and roundtables, notably Vision 2020 and NACCHO Roundtable on Eye Health and Vision Care. Lauren's impact also extends to her rural NSW community, where she excels as an optometrist.

*"I wouldn't be where I am today without the support of this organisation and the amazing people I have met through IAHA. I am only here because I stand on the shoulders of giants."*



Allied Health Inspiration Award – Lauren Hutchinson

### The Craig Dukes Memorial Lifetime Achievement Award – Stephen Corporal – Social Work

#### Sponsored by Indigenous Allied Health Australia.

Eastern Arrernte man, Dr Stephen Corporal, has made substantial contributions to the health and wellbeing of Aboriginal and Torres Strait Islander communities, particularly in workforce development and through his involvement with IAHA. With experience in the university sector, he taught, mentored, and supervised Indigenous students. Recently, Stephen earned a PhD from Griffith University titled "Identity, roles, and expectations influence on Indigenous university students when building the Indigenous health workforce". He also completed a Graduate Certificate in Indigenous Leadership and Research at the University of Melbourne.

*"I have been in the health and welfare space for over 30 years and am very honoured to get an award from other Indigenous Allied Health Professionals. It's not about me it's about getting Indigenous students into university to study and work in health. Then, it's about getting those new health workers back into the communities to help those people who need a hand."*



The Craig Dukes Memorial Lifetime Achievement Award – Stephen Corporal

## Local Allied Health Champion Award – Kelly Hyde – Bachelor of Health Science (Mental Health)

### Sponsored by The Fred Hollows Foundation

Kelly Hyde, a dedicated mother of three and beloved Nan to two, is a Bundjalung woman and an Aboriginal Mental Health Clinician in NSW Health. Focusing on youth, she also pursues full-time Psychology studies. Alongside her clinical work, Kelly plays a pivotal mentoring role for Aboriginal Mental Health Trainees at her workplace and serves as an uplifting IAHA mentor, consistently supporting and advocating for those she guides.

*“I am honoured and humble to have received this award. I struggle to take compliments; however it is nice to be acknowledged for all my hard work I have done over the years and continue to grow.”*



Local Allied Health Champion Award – Kelly Hyde

## Contribution to Indigenous Research – Karla Canuto – Exercise Physiology

### Sponsored by The Lowitja Institute

Karla Canuto is from the Naghir tribe of the Kul Kal Gul clan, a mid-career researcher and accomplished health promotion expert, with a focus on Aboriginal and Torres Strait Islander health. Her expertise spans exercise physiology, health promotion, capacity building, and broader allied health initiatives. Karla's research background encompasses community engagement, lifestyle program development, and mixed-method analysis. She excels in translating knowledge into Aboriginal Health Services and promoting research governance within Aboriginal and Torres Strait Islander contexts.

*“I’m grateful to those that have supported me in the early stages of my research career, especially my PhD cohort, Prof Alex Brown and the crew at Wardliparingga. I have to also acknowledge my fellow Indigenous researchers at Flinders University and the leadership who support our work. I hope to pay it forward by supporting the next generation of deadly researchers, especially IAHA mob, because allied health professionals make the best researchers.”*



Contribution to Indigenous Research – Karla Canuto

**Allied Health Workforce Leadership and Innovative Practice Award – Tara Lewis – Speech Pathology**

**Sponsored by Australian Pharmacy Council**

Iman woman Tara Lewis, an IAHA member since its inception in 2009, played a pivotal role on the national Steering Committee for Indigenous allied health professionals. Her leadership has been instrumental in shaping the health system, fostering culturally safe services, and supporting Aboriginal and Torres Strait Islander communities. Tara's contributions include culturally responsive communication assessments for Aboriginal children, integrating cultural elements like yarning and story sharing.

*"Building a collective of Blak excellence is important to enabling strong leadership to effect system changes. I am truly honored to win this award this year, and to continue the legacy left by our Elders and Ancestors. This award doesn't just acknowledge the work I am doing to build a deadly workforce, but acknowledges the work that everyone is doing as a collective to ensure our kids and families have accessible and culturally responsive services that are free of racism."*



Allied Health Workforce Leadership and Innovative Practice Award – Tara Lewis

**Assistant in Allied Health Person of the Year Award – Lorraine Randall – Allied Health Assistant**

**Sponsored by CRANaplus**

Lorraine Randall is a Pitjantjatjara/Yankunytjatjara woman, and dedicated full-time allied health assistant at Royal Darwin Hospital. Her main focus is the Speech Pathology Department, where she also oversees the Allied Health Telehealth portfolio. Lorraine's versatility extends to covering other allied health disciplines and administration when needed. Known for her positive demeanor and collaborative spirit, she's recognised as a valuable and cheerful team member.

*"Thank you IAHA for continually supporting me and my career journey in Speech Pathology. From a 17-year-old female growing up in a single parent home not knowing where I would be, to achieving one of the biggest awards recognising the hard work, efforts and supports throughout my journey. I am thankful that IAHA goes above and beyond to ensure I achieve at my full potential and I am passionate about giving back to IAHA, community, family, and mob."*



Assistant in Allied Health Person of the Year Award – Lorraine Randall

## **Commitment to Indigenous Health Award – Orange Aboriginal Medical Service**

### **Sponsored by Australian Dental Council**

Orange Aboriginal Medical Service (OAMS), an Aboriginal Community Controlled Health Organisation on Wiradjuri land, is a corporate member of IAHA and was established in early 2005 in NSW. Committed to addressing the health inequities and determinants impacting the local Aboriginal community, OAMS provides a range of primary care services that are culturally safe and responsive to the needs of their local community.

## **CONNECTEDNESS, HEALTH 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 2022 National Conference also featured a wellbeing space supported by a social and emotional wellbeing team led 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.



*Commitment to Indigenous Health Award – Orange Aboriginal Medical Service Leadership, Michael Newman (second from left) and Jamie Newman (right)*

## ULTIMATE STUDENT LEADERSHIP CHALLENGE (USLC)

The 2022 IAHA USLC – supported by major sponsor Flinders University – brought together 23 Aboriginal and Torres Strait Islander health students from 14 health disciplines including physiotherapy, occupational therapy, social work, paramedicine, speech pathology, mental health, diagnostic radiography, counselling, nutrition and dietetics, optometry, dental surgery, and nursing.

Allocated into five multidisciplinary teams, participants were challenged to work together to respond to a complex, Aboriginal and Torres Strait Islander health case study in a strengths-based, holistic, and culturally informed way.

Mentors across 15 allied health disciplines, accompanied by four cultural mentors and three team facilitators, collaborated to provide comprehensive guidance and assistance to the teams.

Teams showcased their care plans during preliminary rounds, addressing probing extension questions to deepen their understanding, with the finalists presenting to delegates at USLC knockout which was featured on the 2022 IAHA National Conference program, with team NOMO Yorgas being crowned winner and team Jett BRH announced as runners up.

Several students were recognised by their peers and mentors, through awards for their leadership and engagement throughout the event, with Cale Burge, Latisha Skyora, Tyran Hill and Alexis Short receiving student leadership awards, sponsored by the University of Sydney.

All teams performed strongly in bringing their collective cultural and professional standards to the fore, and this was highlighted in feedback from delegates who attended the final:

*“Outstanding efforts on their knowledge and understanding on holistic health and importance of culture and the quality of care. Well Done!”*

**Audience Member**



2022 USLC winners, team NOMO Yorgas with our judges

*"The thoughtfulness and comprehensive attention to all details of Tamara's life and family situation. To come up with a plan that is meaningful and realistic for the patient and family, culturally safe and best practice is a medical sense while utilising Indigenous ways of knowing, being, and doing alongside western medical constructs."*

**Audience Member**

*"The USLC make my heart sing- it gives me profound confidence watching these young, deadly, black allied health professionals change our world and close the gap. Thank you to the IAHA team for innovation and leading the change."*

**Audience Member**



2022 USLC participants with IAHA staff and mentors

## STRATEGIC COMMUNICATIONS AND EFFECTIVE STRATEGIES

In 2022–23, 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 greatly enhanced through substantial investment in member communications, through newsletters, webinars, and social media engagement, effectively delivering communications and expanding our outreach to a wider audience across our communications tools, including:

**STEADY INCREASE IN IAHA'S SOCIAL MEDIA FOOTPRINT, WITH GOOD ENGAGEMENT RATE THROUGH PAGE VISITS, CLICKS AND SHARES, INDICATING EFFECTIVENESS IN IAHA'S COMMUNICATIONS**

**941**

**NEW SUBSCRIBERS**  
FROM JULY 2022 TO JUNE 2023, WITH  
OVER 11,000 SUBSCRIBERS TO DATE,  
WITH AN AVERAGE OF  
2.6 SUBSCRIBER GROWTH DAILY

**48**

**NEWSLETTERS  
AND COMMUNIQUE**

## NEWSLETTERS AND SOCIAL MEDIA

IAHA's newsletters and social media are key enablers in reaching IAHA's member base, with professional development opportunities, information on financial assistance 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.

One of the significant projects IAHA continued to focus on during the reporting period was procuring services to enhance IAHA's corporate communications collateral, both traditional and digital, in alignment with Indigenous Cultural and Intellectual Property and IAHA's Cultural Responsiveness in Action Framework, as we grow to create different business arms (IAHA Consulting; IAHA Group Training; IAHA National Academy). IAHA expects to see some of these priorities being finalised in the 2023–24 financial year and beyond, with an ongoing maintenance.

**SOCIAL MEDIA POSTS**  
REACHING OVER 13,000 USERS  
ACROSS NETWORK

**OVER 150,000**  
PAGE VIEWS OF THE  
IAHA WEBSITE



# SUSTAINABILITY AND GOVERNANCE

## 2022 IAHA MEMBERS FORUM

The 2022 IAHA Members Forum was held in Canberra, with close to 100 members in attendance. The Secretariat reported to members on priorities and support needs identified, as well as strategic priorities for the year ahead, including findings of the IAHA Cultural Safety, Racism and Lateral Violence Survey, rural and remote clinical placements for tertiary students across the NT and northern Australia, attendance at strategic national conferences and the 2022 IAHA membership audit. The discussion, priorities, and outcomes from the 2022 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

As noted in the membership section above, IAHA continued to implement an audit and quality improvement process, including gathering

comprehensive heritage and qualification information, further empowering Aboriginal and Torres Strait Islander people and leading transformative change by embedding Aboriginal and Torres Strait Islander ways of knowing, being and doing.

## 2022 IAHA ANNUAL GENERAL MEETING

The 2022 IAHA Annual General Meeting (AGM) was held online on 20 October 2022, enabling more members to participate in the meeting than ever before.

The members endorsed the Minutes from the 2021 AGM and accepted the 2021 – 22 financial audited statements.

Full members elected four nominees to the vacant Director positions for the 2022–23 IAHA Board and two nominees for the IAHA NT Workforce Development Board.

IAHA farewelled two long-term Directors who retired at the 2022 AGM, Tirritpa Ritchie, and Maddison Adams, and thanked them for their extensive contributions to IAHA.



2022 Members Forum held on Ngunnawal and Ngambri Country, Canberra

# IAHA PATRON AND BOARD OF DIRECTORS

## OUR PATRONS

IAHA continue to be supported by our longstanding Patron, Professor Tom Calma, AO, Kungarakan Elder who was recognised for his commitment to social justice and extensive contributions to the rights and wellbeing of Aboriginal and Torres Strait Islander people, families and communities as the 2022 Senior Australian of the Year.



Senior Australian of the Year, IAHA Patron, Tom Calma

IAHA were also pleased to welcome proud Bunuba woman and Aboriginal and Torres Strait Islander Social Justice Commissioner, June Oscar AO, as patron at the 2022 National Conference Welcome event. June has long supported the work of IAHA, with a strong focus on educational outcomes of Aboriginal and Torres Strait Islander young people, the reduction of fetal alcohol spectrum disorders, and gender justice and equity through the work of the landmark Wiyi Yani U Thangani (Women's Voices) project.

Of her acceptance to be Patron of IAHA, June said,

*"I am proud to be associated with an organisation (IAHA) that refuses to accept the status quo when it comes to inequalities for our mob. An organisation that is brave, innovative, and collaborative and continues to excel far beyond the expectations that others set. Your strategic vision, grounded firmly in our cultural ways of knowing, being and doing, is transforming systems and lives."*



IAHA Patron June Oscar

## 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 nine 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 2022 AGM, the IAHA Board of Directors were:



Ms Nicole Turner  
Director, Chairperson



Ms Kirrilaa Johnstone  
Director, Deputy Chairperson



Ms Elizabeth McEntyre  
Director



Ms Tracey Brand  
Director



Ms Kimberley Hunter  
Director



Ms Patricia Councillor  
Director



Mr Anthony Paulson  
Director



Mr Clinton Schulz  
Director



Ms Lauren Hutchinson  
Director

## ATTENDANCE BY DIRECTORS DURING THE 2022–23 FINANCIAL YEAR

### IAHA Board Attendance:

2022–23	Eligible Meetings	Meetings Attended
Nicole Turner	5	5
Kirrilaa Johnstone	5	5
Elizabeth McEntyre	5	5
Tracey Brand	5	5
Kimberley Hunter	5	4
Patricia Councillor	5	3
Anthony Paulson	5	3
Clinton Schultz	4	3
Lauren Hutchinson	4	2

### IAHA NT Workforce Development Board Attendance:

2022–23	Eligible Meetings	Meetings Attended
Nicole Turner	4	4
Stephen Corporal	4	3
Celeste Brand	4	4
Madeleine Bower	4	4
Shaun Tatipata	4	3
Lauren Hutchinson	3	3
Anthony Paulson	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.

The IAHA NT Workforce Development Board Directors agreed to continue having a board member in attendance at the FARC committee, until the establishment of a NT Workforce Development-specific FARC.

IAHA acknowledges the contributions of current and former FARC members in the 2022–23 financial year.

# FINANCIAL STATEMENTS



## Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

## Contents

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## Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

### Directors' Report For the Year Ended 30 June 2023

The directors present their report, together with the financial statements of the Company, being the Company and its control entity, for the financial year ended 30 June 2023.

#### General information

##### Directors

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

##### Names

Ms Nicole Turner (Chairperson)  
Ms Maddison Adams (Deputy Chairperson)  
Ms Kimberley Hunter  
Ms Kirrilaa Johnstone  
Dr Elizabeth McEntyre  
Mr Tirritpa Ritchie  
Mr Anthony Paulson  
Ms Patricia Councillor  
Ms Tracey Brand (Independent Director)  
Dr Clinton Schultz  
Ms Lauren Hutchinson

##### Appointed/Resigned

Re-elected 21 October 2021  
Retired: 20 October 2022  
Re-elected 21 October 2021  
Elected 21 October 2021  
Elected 21 October 2021  
Retired: 20 October 2022  
Re-elected 20 October 2022  
Re-elected: 20 October 2022  
Appointed 23 March 2022  
Elected 20 October 2022  
Elected 20 October 2022

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 Company 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:

## Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

### Directors' Report

For the Year Ended 30 June 2023

- 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 2023, there were 1643 members consisting of 1567 members and 77 corporate members. (2022: 1487 members consisting of 886 full members, 527 associate members and 74 corporate members).

As at 30 June 2023 the collective liability of members was \$16,430 (2022: \$14,870).

#### Operating results

The consolidated profit of the Company amounted to \$895,672 (2022: \$410,216)

The Parent entity profit amounted to \$933,917 (2022: \$378,703)

#### 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 2023.

## Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

### Directors' Report For the Year Ended 30 June 2023

#### Meetings of directors

During the financial year, 5 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)	5	5
Dr Elizabeth McEntyre	5	5
Ms Kirrilaa Johnstone (Deputy Chairperson)	5	5
Ms Maddison Adams	1	1
Ms Lauren Hutchinson	4	2
Dr Clinton Schultz	4	3
Ms Kimberley Hunter	5	4
Mr Tirritpa Ritchie	1	1
Mr Anthony Paulson	5	3
Ms Patricia Councillor	5	3
Ms Tracey Brand (Independent Director)	5	5

#### 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 2023.

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

Director:



Director:



Dated this 5 day of September 2023



p (+61 2) 6239 5011  
e [admin@bellchambersbarrett.com.au](mailto:admin@bellchambersbarrett.com.au)  
Level 3, 14 Childers Street,  
Canberra ACT 2601  
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 2023, 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 2023 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 2023 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*

## Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

### Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2023

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$	\$	\$	\$
Revenue	4	8,016,156	5,822,950	6,099,708	5,246,353
Administrative expenses		(412,462)	(474,400)	(301,619)	(377,725)
Consultancy and legal expenses	5	(878,556)	(397,389)	(538,360)	(1,581,129)
IT Expenses	5	(81,251)	(57,068)	(63,611)	(45,415)
Depreciation expense	5	(210,905)	(197,576)	(160,429)	(159,380)
Employee expenses	5	(3,655,273)	(3,449,482)	(2,467,806)	(2,100,616)
Board remuneration	5	(154,614)	(45,045)	(119,971)	(40,121)
Events expenses		(562,921)	(142,159)	(544,501)	(93,832)
Finance expenses		(33,161)	(11,778)	(29,102)	(7,061)
Marketing expenses		(241,220)	(147,925)	(218,527)	(130,607)
Meeting expenses		(16,043)	(20,054)	(15,919)	(7,124)
Member support		(249,178)	(108,216)	(249,178)	(108,216)
Occupancy costs		(15,415)	(43,360)	(5,240)	(13,113)
Sponsorship		(63,102)	(46,233)	(28,418)	(19,828)
Travel expenses		(516,296)	(251,174)	(393,023)	(162,608)
Workforce development expenses		(30,087)	(20,875)	(30,087)	(20,875)
<b>Profit for the year</b>		<b>895,672</b>	<b>410,216</b>	<b>933,917</b>	<b>378,703</b>
<b>Other comprehensive income</b>					
Other comprehensive income for the year		-	-	-	-
<b>Total comprehensive income for the year</b>		<b>895,672</b>	<b>410,216</b>	<b>933,917</b>	<b>378,703</b>

The accompanying notes form part of these financial statements.

# Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

## Statement of Financial Position

As at 30 June 2023

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$	\$	\$	\$
<b>ASSETS</b>					
<b>CURRENT ASSETS</b>					
Cash and cash equivalents	6	3,882,175	2,978,726	2,278,316	1,713,768
Trade and other receivables	7	241,792	163,331	571,440	163,331
Financial Assets		719,037	-	719,037	-
Other assets	8	256,320	237,986	256,320	237,986
<b>TOTAL CURRENT ASSETS</b>		<b>5,099,324</b>	<b>3,380,043</b>	<b>3,825,113</b>	<b>2,115,085</b>
<b>NON-CURRENT ASSETS</b>					
Property, plant and equipment	10	111,491	129,335	68,844	94,813
Right-of-use assets	9(a)	493,024	143,364	430,245	55,473
<b>TOTAL NON-CURRENT ASSETS</b>		<b>604,515</b>	<b>272,699</b>	<b>499,089</b>	<b>150,286</b>
<b>TOTAL ASSETS</b>		<b>5,703,839</b>	<b>3,652,742</b>	<b>4,324,202</b>	<b>2,265,371</b>
<b>LIABILITIES</b>					
<b>CURRENT LIABILITIES</b>					
Trade and other payables	11	213,540	430,135	213,758	276,853
Lease liability	9(b)	135,828	86,054	110,389	62,666
Employee provisions	13	358,643	276,863	358,643	276,863
Contract liabilities	12	2,450,812	1,551,574	1,131,736	439,898
<b>TOTAL CURRENT LIABILITIES</b>		<b>3,158,823</b>	<b>2,344,626</b>	<b>1,814,526</b>	<b>1,056,280</b>
<b>NON-CURRENT LIABILITIES</b>					
Lease liability	9(b)	377,421	67,763	335,349	251
Employee provisions	13	49,580	18,010	49,580	18,010
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>427,001</b>	<b>85,773</b>	<b>384,929</b>	<b>18,261</b>
<b>TOTAL LIABILITIES</b>		<b>3,585,824</b>	<b>2,430,399</b>	<b>2,199,455</b>	<b>1,074,541</b>
<b>NET ASSETS</b>		<b>2,118,015</b>	<b>1,222,343</b>	<b>2,124,747</b>	<b>1,190,830</b>
<b>EQUITY</b>					
Reserves	14	200,000	275,000	200,000	275,000
Retained earnings		1,918,015	947,343	1,924,747	915,830
<b>TOTAL EQUITY</b>		<b>2,118,015</b>	<b>1,222,343</b>	<b>2,124,747</b>	<b>1,190,830</b>

The accompanying notes form part of these financial statements.

## Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

### Statement of Changes in Equity

For the Year Ended 30 June 2023

#### (i) Consolidated

2023

		Retained Earnings	Reserve - Sc holarship	Reserve - Co nference	Total
	Note	\$	\$	\$	\$
Balance at 1 July 2022		947,343	50,000	225,000	1,222,343
Profit for the year		895,672	-	-	895,672
Transfers from reserve to retained earnings	14	75,000	50,000	(125,000)	-
Balance at 30 June 2023		1,918,015	100,000	100,000	2,118,015

2022

		Consolidated Retained Earnings	Consolidated Reserve - Sc holarship	Consolidated Reserve - Co nference	Consolidated Total
		\$	\$	\$	\$
Balance at 1 July 2021		812,127	-	-	812,127
Profit for the year		410,216	-	-	410,216
	14	(275,000)	50,000	225,000	-
Balance at 30 June 2022		947,343	50,000	225,000	1,222,343

#### (ii) Parent

2023

		Parent Retained Earnings	Parent Reserve - Sc holarship	Parent Reserve - Co nference	Parent Total
	Note	\$	\$	\$	\$
Balance at 1 July 2022		915,830	50,000	225,000	1,190,830
Profit for the year		933,917	-	-	933,917
Transfers from retained earnings to reserve	14	75,000	50,000	(125,000)	-
Balance at 30 June 2023		1,924,747	100,000	100,000	2,124,747

2022

		Parent Retained Earnings	Parent Reserve - Sc holarship	Parent Reserve - Co nference	Parent Total
		\$	\$	\$	\$
Balance at 1 July 2021		812,127	-	-	812,127
Profit for the year		378,703	-	-	378,703
	14	(275,000)	50,000	225,000	-
Balance at 30 June 2022		915,830	50,000	225,000	1,190,830

The accompanying notes form part of these financial statements.

# Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

## Statement of Cash Flows For the Year Ended 30 June 2023

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$	\$	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>					
Receipts from customers		9,493,181	8,361,606	7,241,019	5,914,191
Payments to suppliers and employees		(7,653,104)	(8,384,064)	(5,794,150)	(7,276,033)
Interest received	4	8,632	100	279	100
Finance cost on lease		(33,162)	(11,778)	(29,103)	(7,061)
Net cash provided / (used in) by operating activities		1,815,547	(34,136)	1,418,045	(1,368,803)
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>					
Purchase of property, plant and equipment	10	(39,255)	(88,381)	(5,766)	(38,683)
Investment in term deposits		(719,037)	-	(719,037)	-
Net cash (used in) investing activities		(758,292)	(88,381)	(724,803)	(38,683)
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>					
Repayment of lease liabilities		(153,806)	(159,958)	(128,694)	(139,947)
Net cash (used in) financing activities		(153,806)	(159,958)	(128,694)	(139,947)
Net increase / (decrease) in cash and cash equivalents held		903,449	(282,475)	564,548	(1,547,433)
Cash and cash equivalents at beginning of year	6	2,978,726	3,261,201	1,713,768	3,261,201
Cash and cash equivalents at end of financial year	6	3,882,175	2,978,726	2,278,316	1,713,768

The accompanying notes form part of these financial statements.

## Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

# Notes to the Financial Statements

## For the Year Ended 30 June 2023

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

Each of the entities within the Company 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 2023**.

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.

IntraCompany 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.

## Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

# Notes to the Financial Statements

## For the Year Ended 30 June 2023

### 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 Company 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 Company have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

##### Specific revenue streams

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

##### Operating Grants, 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.

## Indigenous Allied Health Australia Ltd

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### Notes to the Financial Statements For the Year Ended 30 June 2023

#### 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.

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### Notes to the Financial Statements For the Year Ended 30 June 2023

#### 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 Company, commencing when the asset is ready for use.

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

Fixed asset class	Depreciation rate
Furniture, Fixtures and Fittings	5 - 20%
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 Company becomes party to the contractual provisions of the instrument.

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

##### Financial assets

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

##### Classification

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

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

## Indigenous Allied Health Australia Ltd

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### Notes to the Financial Statements For the Year Ended 30 June 2023

#### 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 Company changes its business model for managing financial assets.

###### *Amortised cost*

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

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate 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 Company has a number of strategic investments in listed and unlisted entities over which they do not have significant influence nor control. The Company 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

## Indigenous Allied Health Australia Ltd

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# Notes to the Financial Statements

## For the Year Ended 30 June 2023

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

#### (g) Financial instruments (continued)

##### Financial assets (continued)

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

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

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

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

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

##### *Trade receivables*

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

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

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

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

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

##### Financial liabilities

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

The financial liabilities of the Company comprise trade payables and lease liabilities.

## Indigenous Allied Health Australia Ltd

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# Notes to the Financial Statements

## For the Year Ended 30 June 2023

### 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 Company assesses whether a lease exists.

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

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

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

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

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

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

#### *Exceptions to lease accounting*

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

#### (j) Employee expenses

Provision is made for the Company'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.

## Indigenous Allied Health Australia Ltd

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### Notes to the Financial Statements For the Year Ended 30 June 2023

#### 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

AASB 2020-3: Amendment to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments

Indigenous Allied Health Australia Ltd adopted AASB 2020-3 which makes some small amendments to a number of standards including the following: AASB 1, AASB 3, AASB 9, AASB 116, AASB 137 and AASB 141. The adoption of the amendment did not have a material impact on the financial statements.

AASB 2021-7a: Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections

AASB 2020-7a makes various editorial corrections to a number of standards effective for reporting periods beginning on or after 1 January 2022. The adoption of the amendment did not have a material impact on the financial statements.

## Indigenous Allied Health Australia Ltd

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### Notes to the Financial Statements For the Year Ended 30 June 2023

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

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

The Company 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.

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## Notes to the Financial Statements For the Year Ended 30 June 2023

### 4 Revenue and Other Income

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$	\$	\$	\$
Revenue from contracts with customers (AASB 15)					
- Commonwealth Health Grant		4,524,955	4,603,756	2,806,950	3,427,159
- NIAA Grant		472,740	-	472,740	-
- Other State Grants		348,443	-	-	-
		5,346,138	4,603,756	3,279,690	3,427,159
Revenue recognised on receipt (not enforceable or no sufficiently specific performance obligations - AASB 1058)					
- Auspicing Funding		299,999	261,256	299,999	261,256
- Conference income		608,213	214,506	608,213	220,735
- Donations		168,099	88,744	168,099	88,744
- COVID-19 - JobKeeper		-	35,250	-	35,250
- IAHA services rendered		1,398,521	564,600	1,548,521	1,164,600
- Other income <sup>1</sup>		186,554	54,738	194,907	48,509
- Interest revenue		8,632	100	279	100
		2,670,018	1,219,194	2,820,018	1,819,194
<b>Total Revenue and Other Income</b>		<b>8,016,156</b>	<b>5,822,950</b>	<b>6,099,708</b>	<b>5,246,353</b>

### 5 Result for the Year

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$	\$	\$	\$
<b>Board remuneration expenses</b>					
Board Remuneration		154,614	45,045	119,971	40,121
<b>Employee expenses</b>					
Wages & salaries		2,847,005	2,663,965	2,078,177	1,799,871
Superannuation contributions		314,903	268,850	231,123	184,548
Other employee expenses <sup>2</sup>		186,749	135,782	158,506	116,197
Trainee wages		251,050	303,070	-	-
Trainee support costs		55,566	77,815	-	-
Total Employee expenses		3,655,273	3,449,482	2,467,806	2,100,616
<b>Depreciation expense</b>					
Depreciation expense	10(a)	57,099	45,368	31,735	30,192
Depreciation expense - right-of-use	9(a)	153,806	152,208	128,694	129,188
		210,905	197,576	160,429	159,380
<b>Administrative expenses</b>					
- Consultancy / legal fees		878,556	397,389	538,360	196,044
- IT expenses		81,251	57,068	63,611	45,415

<sup>1</sup> GTO sale of items and reimbursements.

<sup>2</sup> Other employee expenses include annual leave, long service leave, workers compensation and staff development costs.

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### Notes to the Financial Statements For the Year Ended 30 June 2023

#### 6 Cash and Cash Equivalents

		Consolidated		Parent	
		2023	2022	2023	2022
	Note	\$	\$	\$	\$
Cash at bank and in hand		3,882,175	2,978,726	2,278,316	1,713,768
	15	<u>3,882,175</u>	<u>2,978,726</u>	<u>2,278,316</u>	<u>1,713,768</u>

#### 7 Trade and Other Receivables

		Consolidated		Parent	
		2023	2022	2023	2022
	Note	\$	\$	\$	\$
CURRENT					
Trade receivables	15	241,792	163,331	571,440	163,331
<b>Total current trade and other receivables</b>		<u>241,792</u>	<u>163,331</u>	<u>571,440</u>	<u>163,331</u>

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	
		2023	2022	2023	2022
		\$	\$	\$	\$
CURRENT					
Prepayments		210,359	204,641	210,359	204,641
Rental Bond		45,961	33,345	45,961	33,345
		<u>256,320</u>	<u>237,986</u>	<u>256,320</u>	<u>237,986</u>

# Indigenous Allied Health Australia Ltd

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## Notes to the Financial Statements For the Year Ended 30 June 2023

### 9 Leases

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

	Buildings	Office Equipment	Total
	\$	\$	\$
<b>Parent</b>			
<b>Year ended 30 June 2023</b>			
Balance at beginning of year	55,473	-	55,473
Addition	503,466	-	503,466
Depreciation charge	(128,694)	-	(128,694)
<b>Balance at end of year</b>	<b>430,245</b>	<b>-</b>	<b>430,245</b>
	Buildings	Office 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 Equipment	Total
	\$	\$	\$
<b>Consolidated</b>			
<b>Year ended 30 June 2023</b>			
Balance at beginning of year	143,364	-	143,364
Depreciation charge	(153,806)	-	(153,806)
Addition	503,466	-	503,466
<b>Balance at end of year</b>	<b>493,024</b>	<b>-</b>	<b>493,024</b>
	Buildings	Office 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>

## Notes to the Financial Statements

### For the Year Ended 30 June 2023

#### 9 Leases (continued)

##### (b) Lease liabilities

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

##### (i) Consolidated

	< 1 year \$	1 - 5 years \$	Lease liabilities included in Statement of Financial Position \$
<b>2023</b>			
Lease liabilities	135,828	377,421	513,249
<b>2022</b>			
Lease liabilities	86,054	67,763	153,817

##### (ii) Parent

	< 1 year \$	1 - 5 years \$	Lease liabilities included in Statement of Financial Position \$
<b>2023</b>			
Lease liabilities	110,389	335,349	445,738
<b>2022</b>			
Lease liabilities	62,666	251	62,917

##### (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 Company is a lessee are shown below:

	Consolidated		Parent	
	2023	2022	2023	2022
	\$	\$	\$	\$
Finance expenses - leases	33,162	11,778	29,103	7,061
Depreciation expense - right-of-use	153,806	152,208	128,694	129,188
	<u>186,968</u>	<u>163,986</u>	<u>157,797</u>	<u>136,249</u>

## Indigenous Allied Health Australia Ltd

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### Notes to the Financial Statements For the Year Ended 30 June 2023

#### 10 Plant and equipment

	Consolidated		Parent	
	2023	2022	2023	2022
	\$	\$	\$	\$
PLANT AND EQUIPMENT				
Furniture, fixtures and fittings				
At cost	103,110	93,360	84,085	84,085
Accumulated depreciation	(50,164)	(40,750)	(47,802)	(40,133)
Total furniture, fixtures and fittings	52,946	52,610	36,283	43,952
Office equipment				
At cost	223,906	194,166	159,743	153,742
Accumulated depreciation	(165,361)	(117,441)	(127,182)	(102,881)
Total office equipment	58,545	76,725	32,561	50,861
<b>Total plant and equipment</b>	<b>111,491</b>	<b>129,335</b>	<b>68,844</b>	<b>94,813</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, Fixtures and Fittings	Office Equipment	Total
Parent	\$	\$	\$
<b>Year ended 30 June 2023</b>			
Balance at the beginning of year	43,952	50,861	94,813
Additions	-	5,766	5,766
Depreciation expense	(7,693)	(24,042)	(31,735)
<b>Balance at the end of the year</b>	<b>36,259</b>	<b>32,585</b>	<b>68,844</b>

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### Notes to the Financial Statements For the Year Ended 30 June 2023

#### 10 Plant and equipment (continued)

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

	Furniture, Fixtures and Fittings	Office Equipment	Total
	\$	\$	\$
<b>Parent</b>			
<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>

	Furniture, Fixtures and Fittings	Office Equipment	Total
	\$	\$	\$
<b>Consolidated</b>			
<b>Year ended 30 June 2023</b>			
Balance at the beginning of year	52,610	76,725	129,335
Additions	9,750	29,505	39,255
Depreciation expense	(9,438)	(47,661)	(57,099)
<b>Balance at the end of the year</b>	<b>52,922</b>	<b>58,569</b>	<b>111,491</b>

	Furniture, Fixtures and Fittings	Office 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>

## Indigenous Allied Health Australia Ltd

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### Notes to the Financial Statements For the Year Ended 30 June 2023

#### 11 Trade and Other Payables

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$	\$	\$	\$
CURRENT					
Trade payables		37,811	180,512	37,811	34,555
Amounts payable to subsidiary			-	74,297	74,297
GST payable		71,815	120,169	(993)	49,294
Credit card		8,765	3,175	8,765	3,175
PAYG payable		48,668	66,023	47,936	59,813
Other payables		46,481	60,256	45,942	55,719
	11(a)	213,540	430,135	213,758	276,853

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). 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 2023.

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

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$	\$	\$	\$
<b>Trade and other payables</b>					
total current		213,540	430,135	213,758	276,853
PAYG payable		(48,668)	(66,023)	(47,936)	(59,813)
GST payable		(71,815)	(120,169)	993	(49,294)
	15	93,057	243,943	166,815	167,746

#### 12 Contract Liabilities

		Consolidated		Parent	
		2023	2022	2023	2022
		\$	\$	\$	\$
CURRENT					
Amounts received in advance		2,450,812	1,111,676	1,131,736	-
Other projects		-	439,898	-	439,898
<b>Total</b>		2,450,812	1,551,574	1,131,736	439,898

## Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

### Notes to the Financial Statements For the Year Ended 30 June 2023

#### 13 Employee provisions

	Consolidated		Parent	
	2023	2022	2023	2022
	\$	\$	\$	\$
CURRENT				
Long service leave	258,479	81,602	258,479	81,602
Provision for annual leave	100,164	195,261	100,164	195,261
	<u>358,643</u>	<u>276,863</u>	<u>358,643</u>	<u>276,863</u>

	Consolidated		Parent	
	2023	2022	2023	2022
	\$	\$	\$	\$
NON-CURRENT				
Long service leave	49,580	18,010	49,580	18,010
	<u>49,580</u>	<u>18,010</u>	<u>49,580</u>	<u>18,010</u>

#### 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

	Consolidated		Parent	
	2023	2022	2023	2022
	\$	\$	\$	\$
Reserve Conference	100,000	100,000	100,000	100,000
Reserves - Scholarship	100,000	175,000	100,000	175,000
	<u>200,000</u>	<u>275,000</u>	<u>200,000</u>	<u>275,000</u>

## Indigenous Allied Health Australia Ltd

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### Notes to the Financial Statements For the Year Ended 30 June 2023

#### 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:

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$	\$	\$	\$
<b>Financial assets</b>					
Held at amortised cost					
Cash and cash equivalents	6	3,882,175	2,978,726	2,278,316	1,713,768
Trade and other receivables	7	241,792	163,331	571,440	163,331
<b>Total financial assets</b>		<b>4,123,967</b>	<b>3,142,057</b>	<b>2,849,756</b>	<b>1,877,099</b>
<b>Financial liabilities</b>					
Financial liabilities at fair value					
Trade and other payables	11(a)	93,057	318,240	166,815	167,746
<b>Total financial liabilities</b>		<b>93,057</b>	<b>318,240</b>	<b>166,815</b>	<b>167,746</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 2023 the number of members was 1,643 (2022: 1,487).

#### 17 Key Management Personnel Disclosures

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

	2023	2022
	\$	\$
Short-term employee benefits <sup>3</sup>	454,246	394,070
Long-term benefits	-	40,406
	<b>454,246</b>	<b>434,476</b>

<sup>3</sup> The short term benefits to key management personnel include remuneration, super, car lease expenses, annual leave and long service leave benefits for the CEO. The short term benefits also include remuneration for the Chair of the board.

## Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

### Notes to the Financial Statements For the Year Ended 30 June 2023

#### 18 Interests in subsidiaries

##### (a) Composition of the Company

	Principal place of business / Country of Incorporation	Percentage Owned (%)* 2023	Percentage Owned (%)* 2022
<b>Subsidiaries:</b>			
IAHA NT Workforce Development Limited	Australia	100	100

## Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

### Notes to the Financial Statements For the Year Ended 30 June 2023

#### 19 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2023 (30 June 2022: 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 outstanding Owed by the company
	\$	\$	\$
<b>Subsidiaries</b>			
IAHA Academy grant Income	329,648		74,297
Service fee paid to IAHA		150,000	

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

The financial report was authorised for issue on **5 September 2023** 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 Company, the results of those operations or the state of affairs of the Company 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

## Indigenous Allied Health Australia Ltd

ABN 42 680 384 985

### 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 September 2023.



## 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, FCA  
Canberra, ACT  
Registered Company Auditor  
BellchambersBarrett

Dated this 12 September 2023



