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# INSTITUTE FOR URBAN INDIGENOUS HEALTH

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Annual Report 2017-18



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## About IUIH

*The Institute for Urban Indigenous Health (IUIH) is a not-for-profit Aboriginal and Torres Strait Islander Community Controlled Health Organisation which leads the planning, development and delivery of comprehensive primary health care for the Indigenous population of the South East Queensland region.*

*IUIH and its Members serve Australia's largest and fastest growing Indigenous population, predicted to reach 131,000 in 2031.*

*The Institute was established in 2009 by its four founding Member Organisations. Since then, IUIH has established the Moreton Aboriginal and Torres Strait Islander Community Health Service.*

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Aboriginal and Torres Strait Islander  
Corporation for Health



Aboriginal Corporation for Community Health

### Please note:

The terms Aboriginal and Torres Strait Islander and Indigenous are used interchangeably throughout this document with respect. Aboriginal and Torres Strait Islander readers should be aware that this document may contain images or names of people who have since passed away. The names of clients appearing in case studies have been changed throughout to protect privacy.

## Acknowledgments

The development and delivery of our services could not happen without funding from, and partnerships with, the following organisations:

- Australian Government Department of Health
- Australian Government Department of Social Services
- Department of Prime Minister and Cabinet
- Queensland Department of Health
- Queensland Department of Communities
- Metro North Hospital and Health Service
- Metro South Hospital and Health Service
- West Moreton Hospital and Health Service
- Gold Coast Hospital and Health Service
- University of Queensland
- Movember Foundation
- CheckUP
- Brisbane North Primary Health Network
- Brisbane South Primary Health Network
- Gold Coast Primary Health Network
- Darling Downs and West Moreton Primary Health Network
- Fred Hollows Foundation
- NRMA Insurance Brisbane Broncos
- Aquis Gold Coast Titans
- Brisbane Lions Football Club
- Gold Coast Suns Football Club

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## Our Vision

Healthy, strong and vibrant Aboriginal and Torres Strait Islander children, families and communities.

## Our Mission

Family health and wellbeing through integrated health and social support services.

## Our Values

**Focus on families**—the wellbeing of Indigenous families of SEQ are at the centre of all our efforts.

**Working together**—strengthening and supporting each other to achieve our goals.

**Strategic focus** in every activity and relationship.

**Integrity, conviction and quality** in performance of every task and in every process.

**A commitment to excellence** in all that we do.

**Building capacity** of our staff and member services.

**Accountability** to stakeholders and communities for meeting commitments.

## Strategic Priorities

Early Childhood (0-8 years)

Young Adulthood (9-17 years)

Adulthood (18-50 years)

Elderhood (50+ years)



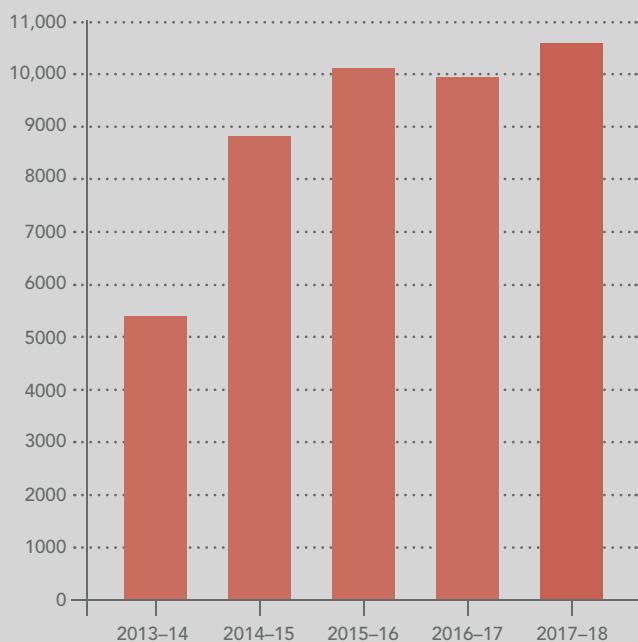
## Strategic Goals

Improve Access to Quality Health and Social Support Services	Build and Sustain Healthy Families across the Lifespan	Foster Collaboration and Innovation	Strengthen Enabling Systems and Governance
Access to primary health care	Mobilised Indigenous communities that promote health and wellbeing	Expanded and new partnerships	An expanded and strengthened workforce
Integrated primary health care and social services	Family centred models of care	Strong evidence base for urban Indigenous health	Data to support planning, development and delivery of services
Models of coordinated care	Family support and early intervention services; Early childhood health and education services	New models of service delivery	Stronger governance of UIIH and the Network
Quality and safety	Expanding youth health services	Strategies that address the key determinants of health	Optimised revenue to support sustainability
	Access to aged care services for Elders		
	Access to the NDIS for people with a disability		

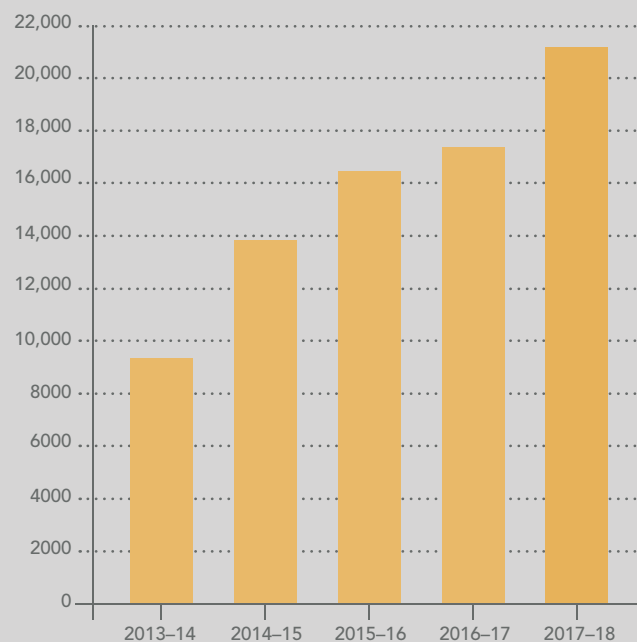
# 2017/18 Report Card— Increasing Access to Health Care

## SEQ Data 2013/14–2017/18

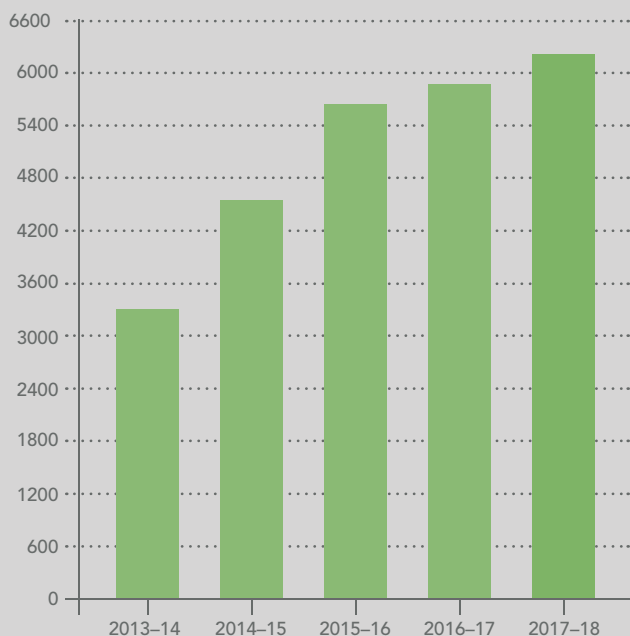
New Patients



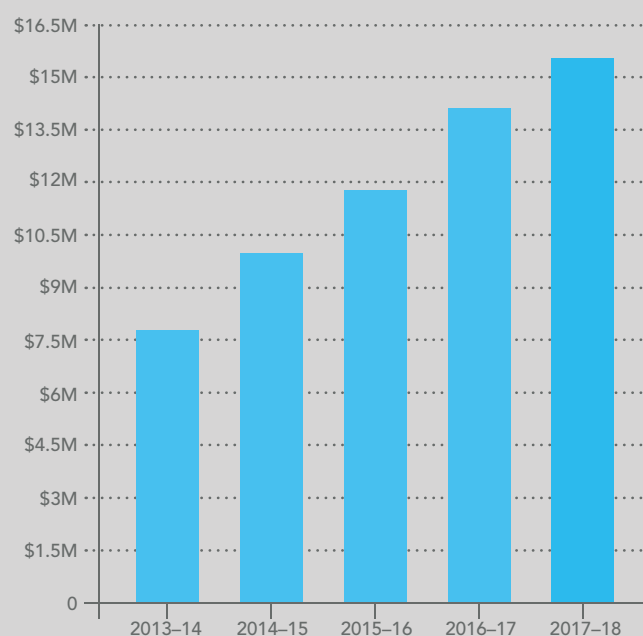
Annual 715 Health Checks—SEQ



GP Care Plans



Annual MBS Income—SEQ



# The IUIH Network of Clinics 2017/18





# Governing Board 2017/18

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## Chairperson

**Lynette Shipway (Noonuccal, Yuggera, Jagera) (ND YBB)**

Current Chairperson of the Yulu-Burri-Ba Aboriginal Corporation for Community Health on North Stradbroke Island



## Deputy Chairperson

**Stella Johnson (Kamilaroi) (ND Kambu)**

Current CEO of Kambu Aboriginal and Torres Strait Islander Corporation for Health in Ipswich and founding director of IUIH

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## Board Members



**Dr Brett Shannon (Ngugi) (ND ATSICHS Brisbane)**

Director of ATSICHS Brisbane, Doctor at Resile Pty Ltd



**Dr William Glasson (I)**

Director Terrace Eye Centre, Consultant Ophthalmologist at various hospitals, provides outreach services to rural Indigenous Australian populations



**Kieran Chilcott (Yugarabul) (ND Kalwun)**

CEO of Kalwun Development Corporation Ltd that delivers the Kalwun Health Services on the Gold Coast, Chair of QAIHC



**Maurie Burke (I)**

Retired Accountant, holds several other board and Finance committee positions



**The Honourable Paul Lucas (I)**

Former Queensland Deputy Premier and Minister for Health, Adjunct Professor Australian Catholic and Bond Universities, Governance, Infrastructure and Public Policy Specialist—University of Queensland International Development, Director of various community and for profit companies



**Charmaine Harch**

Company Secretary

ND = Nominated Director I = Independent

### F&RM Committee (Finance and Risk Management)

Maurie Burke (Chair)  
Lynette Shipway  
Stella Johnson  
Adrian Carson

### R&P Committee (Remuneration and Performance Committee)

Lynette Shipway (Chair)  
Stella Johnson  
Brett Shannon

# A Message from the Chair and CEO



**Adrian Carson,**  
Chief Executive  
Officer, IUIH



**Lynette Shipway**  
Chairperson,  
IUIH Board

**It is with great pleasure and pride that we present this report for the Institute for Urban Indigenous Health (IUIH) Ltd for the 2017/18 year.**

With a new strategic plan reflecting IUIH's commitment to improving family wellness across the life course, in the 2017/18 year IUIH expanded its delivery of comprehensive primary health care services to the country's largest and fastest growing Indigenous population to begin to target key determinants of Aboriginal and Torres Strait Islander health. With social and economic determinants either directly contributing or interacting with behavioural risk factors to account for 46% of the health gap experienced by our people, a determined focus on these determinants is essential to realising our vision of 'healthy, strong and vibrant Aboriginal and Torres Strait Islander children, families and communities'.

The continued growth of the Aboriginal and Torres Strait Islander population placed additional pressure on our regional Network. With the annual population growth rate for South East Queensland now at 6.4%, much greater than the previous projection of 3.7%, our population is estimated to total some 93,000 in 2018 and to reach 100,000 by 2021. With IUIH's total patient population totalling some 35,000 in 2017/18, the rapid growth of our communities has seen our population coverage decline. This has occurred despite the establishment of an additional fifteen (15) primary

health care clinics across the region since 2009 and the expansion of care to 10,638 new Aboriginal and Torres Strait Islander patients in the past twelve (12) months. As a result, the IUIH Network will accelerate expansion of primary health care and other services across SEQ whilst also looking to further develop its System of Care to address this new reality.

In 2017/18, the IUIH Network established two additional primary health care clinics across SEQ, with the commencement of operation of the Loganlea Clinic by ATSICHS Brisbane in early July 2017 and the establishment and operation of a new Clinic at Margate in April 2018 by Moreton ATSICHS. By end June 2018, the number of primary health care clinics operated by SEQ Aboriginal Community Controlled Health Services (ACCHSs) had increased to twenty (20), from the original five (5) clinics in operation at the time IUIH was formed in 2009.

With this growth across the Network, IUIH and its Member Organisations—ATSICHS Brisbane, Kalwun Development Corporation, Kambu Health Service and the Yulu-Burri-Ba Health Service – are now the biggest employer of Aboriginal and Torres Strait Islander people in SEQ, addressing a key social determinant of health.

Through our continued commitment to the IUIH System of Care the number of Health Checks delivered in 2017/18 increased to 20,968, compared to 18,952 in 2016/17. The increase in demand for Health Checks within our communities continued to be supported by our Deadly Choices Program. The increase in Health Checks continued to produce a corresponding increase in Chronic Disease Management Plans (GPMPs), with 6,372 developed and implemented in 2017/18.

The IUIH Network improved access to Medicare-funded services for our communities, with Medicare income increasing to \$15.6 million in 2017/18. In accordance with our System of Care, these funds are returned to our communities in the form of additional or unfunded services, including dental services, children's therapy, child and maternal health and allied health and other specialist services.

In partnership with Queensland Health, the IUIH Network continued to expand dental treatment services for Aboriginal and Torres Strait Islander people across SEQ. The IUIH Network delivered treatment services

to 9,866 patients in 2017/18—more than double the number delivered in 2016/17. With support from Queensland Health, these services will further expand into 2018/19 and beyond.

Allied health services for adults also expanded in 2017/18, with over 14,000 adult allied health services attended across the Region. The range of allied health services available to our people is comprehensive, and comprises: podiatry, physiotherapy, exercise physiology, audiology, nutrition and dietetics, diabetes education, speech pathology, occupational therapy, and optometry. The integration of these services within local primary health care is a key feature of the IUIH System of Care.

Our Network continued to expand support services to people with complex chronic conditions through delivery of the Integrated Team Care Program (ITC) in partnership with SEQ Primary Health Networks. In 2017/18, the IUIH Network delivered ITC services to 2,862 patients—an increase of 604 patients compared to 2016/17. Occasions of service for ITC patients also increased from 96,000 in the previous year to 115,379 in 2017/18. The continued increase in patients accessing ITC services demonstrates the significant efficiencies generated through the integration of ITC within the IUIH's System of Care.

With a focus on family wellness across the life course, the Network continued to expand services to support our families. This included the continued operation of the successful Birthing in Our Community Program (BiOC), in partnership with ATSICHS Brisbane and the Mater Hospital, which continues to report significant improvement in birth outcomes for Indigenous babies – including low birth weight rates that are half the national rate. Based on the success of the BiOC Program in Brisbane South, IUIH will seek to expand the model to other parts of SEQ in 2018/19. The expansion of the Australian Nurse Family Partnership Program (ANFPP) continued within Brisbane North and Brisbane South regions, providing targeted/intensive support to 130 first time mums in 2017/18. The Network also continued to support reforms to the Queensland child protection system, delivering Family Wellbeing Services across SEQ.

The IUIH Network further expanded specialist paediatric and allied health services for Aboriginal and Torres Strait Islander children. Over 2,200 children accessed specialist paediatric clinics in 2017/18, representing one fifth of all regular Aboriginal and Torres Strait Islander patients across the IUIH Network aged 0-15 years. IUIH delivered paediatric allied health/therapy services to 4,290 children in schools, early childhood centres and clinics across SEQ. The Institute also facilitated access to paediatric ear surgeries through its own dedicated pathways, with

some twenty-three (23) surgeries (grommets, adenoids and tonsils) undertaken in 2017/18.

With support from the Queensland Government, we continued implementation of our Deadly Kindies Campaign to increase participation of Aboriginal and Torres Strait Islander children in kindergarten and early childhood health and development programs. The success of the campaign, led by its Ambassador Johnathon Thurston, resulted in a further commitment of funding to expand the campaign to North Queensland in 2018/19.

Our Network continued to improve access to fully integrated Home Care Services for Elders across the Metro North, Sunshine Coast and Fraser Coast regions. IUIH also expanded services to Inala and surrounding suburbs within Metro South, in collaboration with Inala Elders and Inala Wangarra. In 2017/18, IUIH delivered Home Care Services to over 1,800 Elders, with care extended to an additional 226 Elders. IUIH is now the country's largest community controlled provider of Home Care Services.

IUIH continued to support our Elders to better manage their chronic disease through expansion of our Work it Out Chronic Disease Rehabilitation and Management (WIO) Program, with an additional 478 new clients commencing the program last year. In 2017/18, IUIH delivered 8,449 individual exercise sessions across fourteen (14) locations in SEQ and Central Queensland. Participants continued to report positive outcomes, with ongoing research demonstrating that WIO leads to significant improvements in health and wellbeing, social connectedness and physical fitness. IUIH supported our Elders to make 'deadly choices', with the delivery of Senior Indigenous Games to 144 Elders across SEQ in 2017/18.

Trading as the Moreton Aboriginal and Torres Strait Islander Community Health Service (Moreton ATSICHS), IUIH continued to expand delivery of comprehensive and fully-integrated social support services to Aboriginal and Torres Strait Islander communities across the Moreton Bay Region. This included self-funding a new primary health care clinic in Margate, bringing the total number of clinics operating within the Moreton Bay Region to five (5). In 2017/18 Moreton ATSICHS saw some 2,720 new patients access care across its network of Clinics and its active patient population increase to 8,358. The number of Health Checks conducted by Moreton ATSICHS increased to 5,950 and Medicare income totalled \$4.7million.

Building on, and integrated within, its existing Social Health Program, IUIH commenced delivery of targeted support services to Aboriginal and Torres Strait Islander men and women with mental illness released from

correctional facilities in SEQ. Funded by the Queensland Government, the Prison Transition Program aims to reduce recidivism by supporting clients to engage with appropriate services to meet their mental health and broader wellbeing needs. Since commencement in March 2018, IUIH delivered support to forty-three (43) clients, supporting the transition from prison to community for twenty-three (23) men and women during 2017/18.

IUIH established its own Health-Justice Partnership to address legal matters impacting on the health and wellbeing of families accessing Family Wellbeing and other services within the Moreton Bay region. Self-funded by the Institute, in 2017/18 IUIH employed its own legal counsel to provide legal education and advocacy support to vulnerable women and children. Given its success in 2017/18, the IUIH Network will further expand the model across SEQ in 2018/19 and beyond.

IUIH continued to partner with ACCHSs across Queensland to deliver the Commonwealth funded Tackling Indigenous Smoking (TIS) Program, further expanding its Deadly Choices consortium to include Yarrabah and Mareeba in 2017/18. With support from the Queensland Government, IUIH also commenced work in preparation for the state-wide roll-out of a new/expanded Deadly Choices Healthy Lifestyle Program in 2018/19. IUIH's partnership with the NRMA Insurance Brisbane Broncos continued to support the expansion of our Deadly Choices Program in SEQ and beyond.

The Institute continued to invest in development of the workforce for the future, providing placements for three-hundred and seventy-one (371) students across twenty-one (21) disciplines in 2017/18. IUIH also invested significantly in its existing workforce, with the development and implementation of its own Executive Development Program to continue to 'grow our own' into leadership roles within the Network. The Institute continued to support school-based and full-time traineeships to promote and enable young Aboriginal and Torres Strait Islander people to enter the health and broader community services workforce. The Institute also expanded its Ready for Work Program, to provide additional opportunities for long-term unemployed Aboriginal and Torres Strait Islander people to work within the Network. In recognition of its work in the training and employment space, IUIH was awarded the Metropolitan Region's Queensland Training Award in the Large Employer Category.

In line with our new Strategic Plan, the Institute commenced work in 2017/2018 to prepare the Network and our communities for implementation of the National Disability Insurance Scheme (NDIS). With our people almost twice as likely as non-Indigenous Australians to have a disability, and our children 2.5 times more

likely as other children, it has been estimated that up to 5,000 Aboriginal and Torres Strait Islander peoples in SEQ are eligible for the NDIS. Despite previous efforts from government and the National Disability Insurance Agency (NDIA), there remained limited understanding and knowledge of the NDIS within our communities. With support from the Queensland Government, IUIH led targeted community education and support to individuals and families across SEQ. Based on the success of our 2017/18 efforts to prepare our people for the NDIS, the Queensland Government has committed to supporting further work in 2018/19.

Our Network achieved much in 2017/18 and this Report highlights only a few key services and programs. On behalf of the IUIH Board, we acknowledge the continued support and dedication of our Member Organisations to improving the health and wellbeing of our communities. We acknowledge the leadership of the IUIH Board and continued commitment of Directors to realising our vision in SEQ. We also acknowledge the continued support of our partners in the government, non-government and private sectors.

As we look forward to 2018/19 – the tenth year of operation of IUIH—we're reminded of how far we have come. The growth in ACCHS service delivery achieved in SEQ has not been experienced in any other part of the country. This growth has occurred, not because government said it should, but because we as a sector determined it must. Our work in SEQ demonstrates the power of community control. Our commitment to work collectively as a Network is the strength of our model and whilst we continue to invest in each other—as Community Controlled Health Services—we will continue to meet the challenges that lie ahead of us.



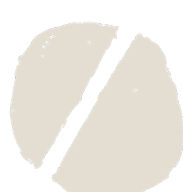
# The Ways Statement

## Cultural Integrity Framework

The UIIH Ways Statement is an expression of a cultural and philosophical world-view and the foundation by which organisational and operational processes are embedded. Through the embodiment of *The Ways Statement*, UIIH has a basis for which all other processes are justified and from which meaning is drawn.

*The Ways Statement* is a multi-layered approach which looks to reorientate the directions, systems and processes and a conscious and deliberate way in which Aboriginal Terms of Reference are privileged within the operations of UIIH.

The following diagram shows how *The Ways Statement* is embedded within all facets of our business.



Strategic	Operational	Staff
Strategic Plan	Yarnin' Up Modules	Orientation
UIIH System of Care Conference	Falls Assessment Tool	Presentations
Yarn It Up Community Engagement Initiative	Check-in Performance Tool	Workforce Integrity
SEQ Regional ATSI CCHS Orientation Program	HR Selection Processes	Staff and Management Coaching and Guidance
Social Health Low Intensity Therapeutic Groups	Moreton ATSI CCHS Clinic Design	UIIH Staff Wellness Program
Family Centred Systems Reorientation	Wayfaring Initiative	Aunty Pamela Mam Awards
Human Resources Quality Framework	UIIH Caring for Country Guidelines	Team Building Workshops
Moral Authority Check-ins	GP Registrar and Allied Health Clinical Reflection Tool	Ignite Yarns
	Work It Out Facilitator Training	

# Urban Indigenous Health— Closing the Gap Refresh

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In early 2018, the Australian Government sought submissions from stakeholders to inform a refresh of the Council of Australian Governments' Close the Gap agenda.

IUIH contributed a comprehensive submission to the refresh process which highlighted the unique challenges in addressing urban Indigenous health given the rapidly expanding and increasingly dispersed Indigenous population in these areas. In its submission, the Institute makes the following observations:

1. **The Indigenous population of South East Queensland**
  - is Australia's largest and fastest growing Indigenous region
  - comprises over 10% of Australia's total Indigenous population
  - comprises 38% of Queensland's Indigenous population
  - is undergoing very rapid population growth (33% compared to 18% nationally)
  - experiences very high levels of socio-economic disadvantage.
2. **Nationally, the bulk of the Indigenous burden of disease and health gap is in urban areas**
  - 73% of the total Indigenous burden of disease is in urban areas
  - 74% of the total health gap is in urban areas.
3. **Nationally, there is lower access to ACCHSs in urban areas**
  - 26% of people in cities accessed ACCHSs compared to 97% in remote areas.
4. **The Institute for Urban Indigenous Health's regional System of Care has delivered unprecedented outcomes, such as:**
  - 300% growth in clinics from 5 in 2009 to 20 in 2018
  - 275% growth in regular SEQ client numbers from 8,000 in 2009 to over 31,000 in 2018
  - 3,300% growth in annual Health Checks from 550 in 2009 to 20,000 in 2018
  - The Health Adjusted Life Expectancy Gap in SEQ is closing 1.75 times faster than standard care
  - Low birth weight rates that are half the national rate (6% compared to 13%)
  - Pre-term birth rates that are less than half the national rate (6% compared to 14%)
  - A reduction in smoking during pregnancy rates to 36%, compared to a national rate of 50%.

For IUIH, the information gathered for the Close the Gap Refresh submission regarding population size and projected growth initiated an internal Network-wide conversation about developing strategies to ensure ongoing access to services for our community. Ensuring services keep up with growth will be an ongoing challenge into the future.

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*Sources: ABS 2016; Markham & Biddle 2017; QH Indigenous Burden of Disease report 2017; AIHW Indigenous Burden of Disease report 2016; and ABS 2018 SEIFA.*

# Improving Access to Health Care Across the Lifespan

## Highlights for 2017/18 include:

Establishment of new primary health care clinics in Margate & Loganlea, bringing the total to  
**20 clinics across the region**

Active patient numbers across the Network grew from 8,000 in 2009/10 to over  
**31,000 at end of 2017/18**

More health checks for clients—  
**20,968**  
in 2017/18 compared to 18,952 in 2016/17

More GP Management Plans (GPMP) developed and implemented – **6,372**  
in 2017/18 compared to 5,969 in 2016/17

More Team Care Arrangements (TCA) developed and implemented – **6,171**  
in 2017/18 compared to 5,811 in 2016/17

More GPMP and TCA reviews conducted –  
**13,266**  
in 2017/18 compared to 11,726 in 2016/17

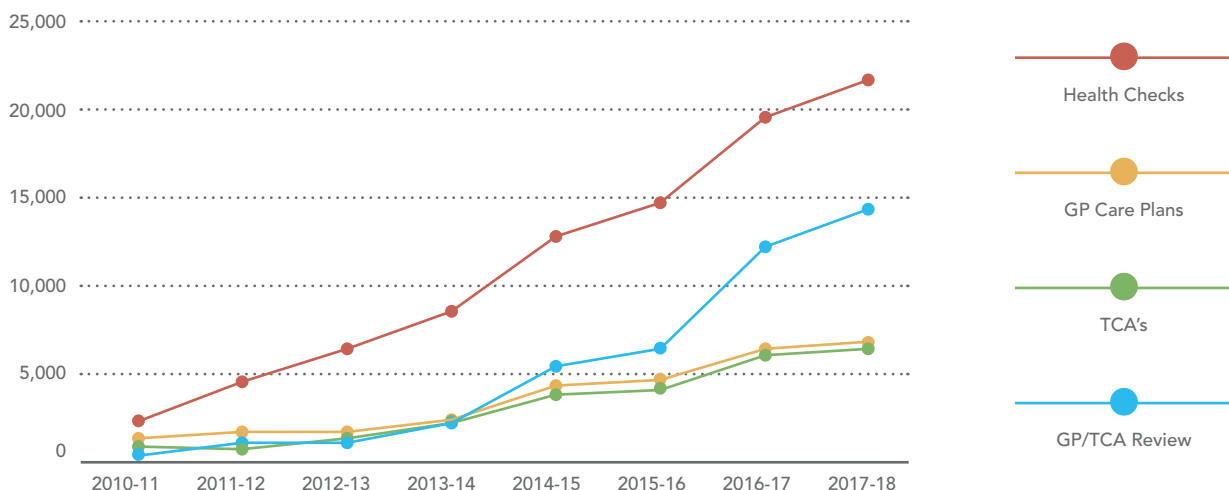
**More MBS revenue generated**  
and reinvested into primary care

**More allied health outreach services delivered**

## Comprehensive Primary Health Care

In 2017/18, UIIH and our Members continued to focus on our strategic goal of extending service reach, expanding the breadth and availability of services and integrating health and social services wherever possible. This proved challenging in the face of significant Indigenous population growth between the 2011 and 2016 Census (which at 33% was almost double the national Indigenous population growth rate).

## Total Health Checks/Chronic Disease Plans 2010/11 to 2017/18

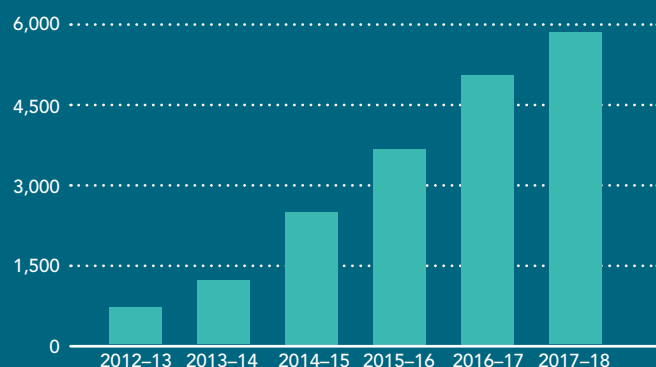


# 2017/18 Moreton ATSICHS Report Card— Increasing Access to Health Care

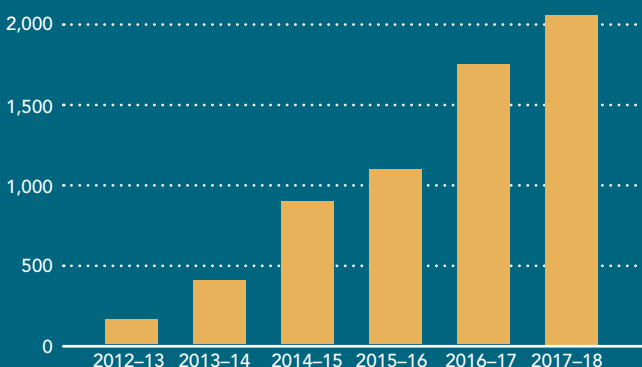


## Moreton ATSICHS Reporting Data

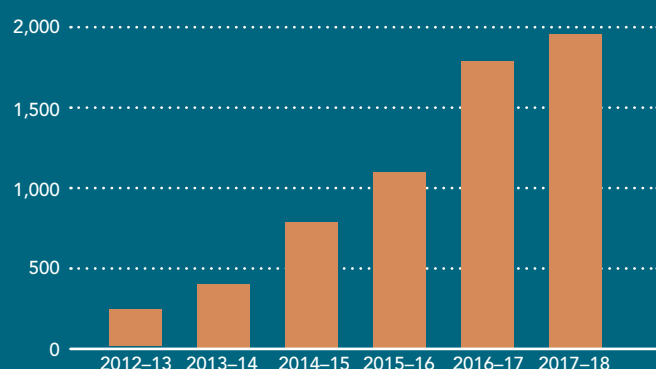
Health Checks



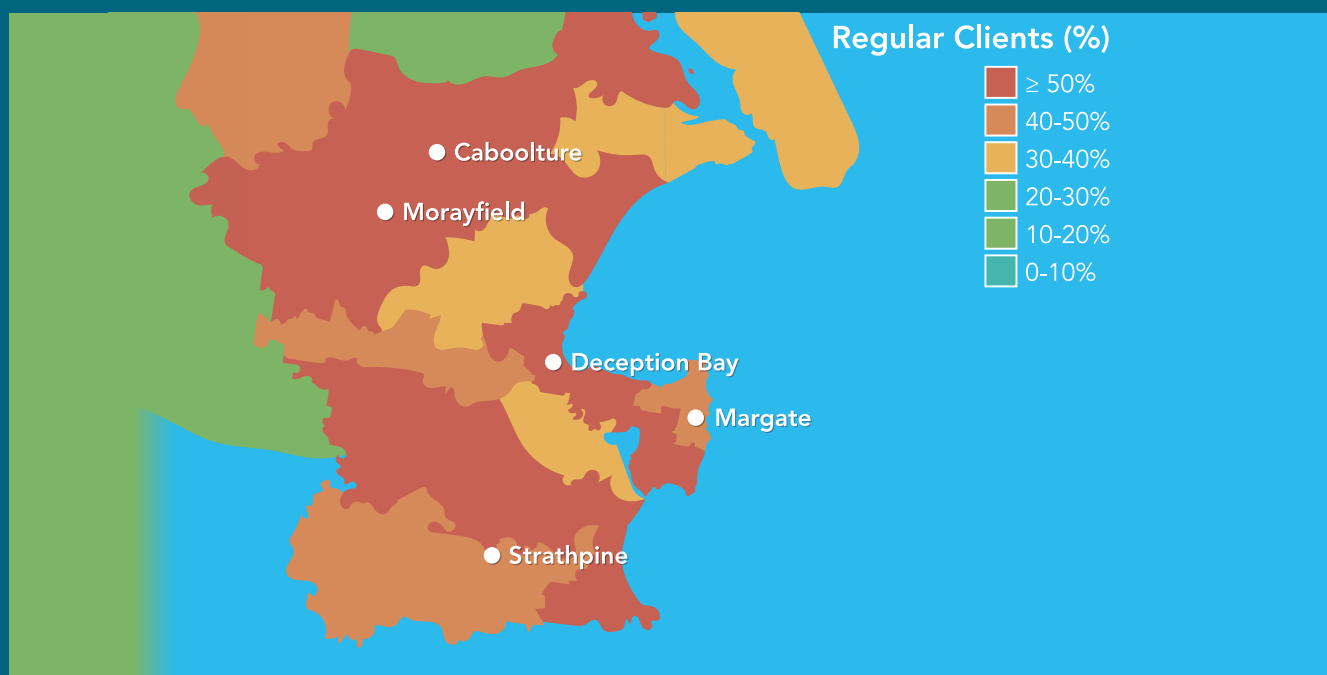
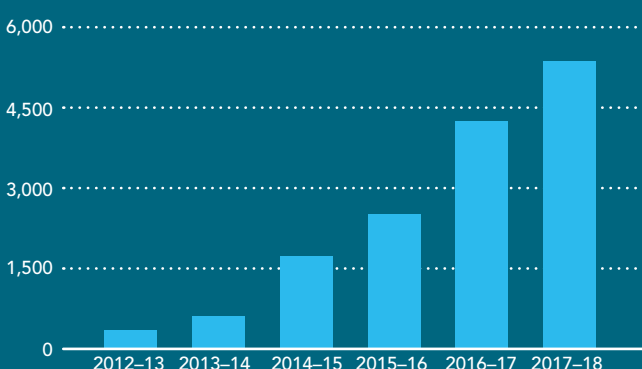
GPMPs



TCAs



GPMP/TCAs Review





## Improving Child Health and Wellbeing

Services for UIIH's youngest clients start in pregnancy and continue through the early years and into the school-aged population. For each child to reach his or her own unique potential we must first support the pregnant woman to birth her baby at term, following good antenatal care based on the latest evidence, and addressing social and economic issues so she is free from stress and hardship where possible. This is achieved through the Birthing in Our Communities program with additional support for first time mothers being offered through the Australian Nurse Family Partnership Program.

### Birthing in our Community Program

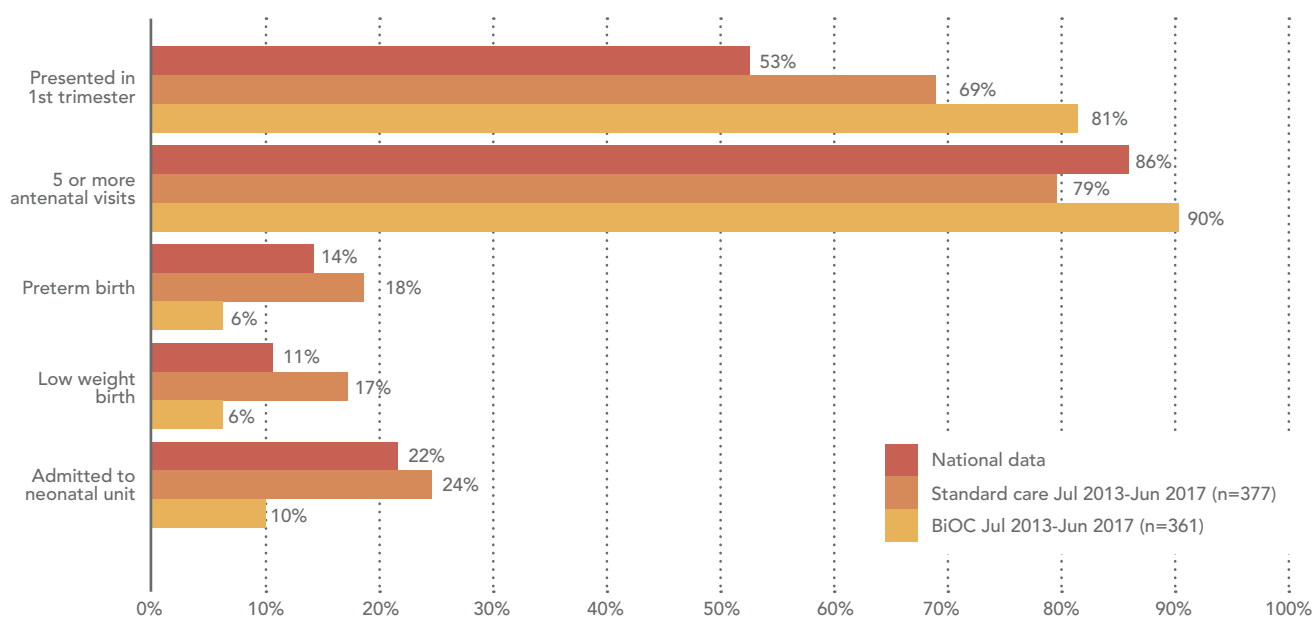
The Birthing in Our Community (BiOC) Program is a partnership between UIIH, ATSICHS Brisbane and the Mater Mothers' Hospital. Operating out of our Salisbury Mums and Bubs Hub, clinical outcomes for Indigenous women and babies participating in the program continue to deliver outstanding results. As well as the strong clinical outcomes reflected below, women accessing the BiOC Program also reported a sense of belonging and safety at the Hub.

*'Since I was 9, I have never felt safe. Yet every time I walk into the Hub I can honestly say I feel safe and at home.'*

BiOC Mum, 2017



## Antenatal and Neonatal Health Outcomes— National, Standard Care and BiOC 2013-17



## Australian Nurse Family Partnership Program

The Australian Nurse Family Partnership Program (ANFPP) is an intensive home visiting program supporting mothers of Aboriginal or Torres Strait Islander babies, from pregnancy through to the child's second birthday. This federally funded program was established by UIIH on the north side of Brisbane in 2016/17 and was extended into the south side of Brisbane throughout 2017/18. Over 130 women are now active participants in the program.

## Specialist Paediatric Services

UIIH provides a range of specialist medical and allied health paediatric services delivered in multiple locations including clinics, the Salisbury Mums and Bubs Hub and through early childhood education facilities across the region.

The number of specialist paediatric clinics provided across the UIIH Network significantly increased in 2017/18, supported by an increase in: (1) the number of specialist paediatricians delivering care into SEQ ACCHSs from 3 in 2016/17 to 8 in 2017/18; and (2) the number of dedicated paediatric nurse coordinators from 2 to 8, responsible for triaging referrals, undertaking more specialised assessment for children and families, supporting specialist paediatric clinics, and coordinating access for families to multidisciplinary paediatric speech, occupational therapy, child psychology, family wellbeing, audiology and social support services.

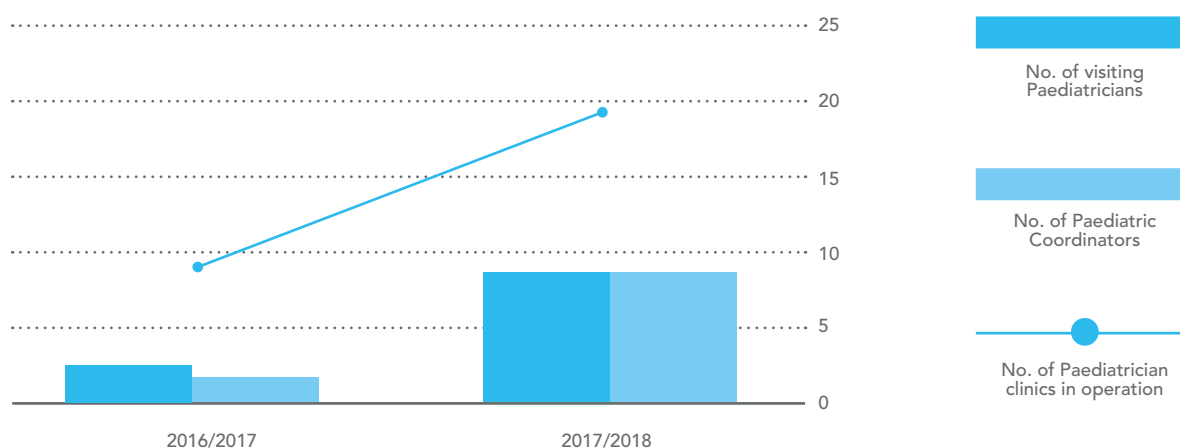
*'When I first started on this program I was down and out, real low self-esteem, pretty much just wanted to end my life, and 2 years later I am wanting to live my life and live with my kid'*

Letitia, ANFPP graduate,  
May 2018

*'And as a grandparent, it has been a journey; my daughter had her baby at 15, it's been a very hard road, but the support we have had through the partnership program, these guys have just been tremendous ...'*

Letitia's mum

## Paediatric Clinics and Providers in SEQ ACCHS 2016/17-2017/18



The number of children able to be seen through the specialist paediatric clinics also increased, with over 2,200 Aboriginal and Torres Strait Islander children attending for care in 2017/18, representing just over one fifth of all regular Aboriginal and Torres Strait Islander clients of SEQ ACCHS aged 0-15 years. Waiting times for children and families decreased to an average of around 3-4 months by the end of 2017/18, reducing what is often a period of anxiety and uncertainty for parents/carers and families. Specialist allied health services delivered in 2017/18 across the SEQ region included:

**285 days** of specialist paediatrician services delivered in eleven of our 20 clinics

**Over 8,000** children's health therapy (occupational therapy, speech pathology and audiology) appointments were delivered to **4,290 children** through schools, early childhood education centres and clinics in the SEQ and Central Queensland regions

**59 assessments/ screenings**

were conducted with eligible children at the Koobara Kindy with 36 referrals to GPs, 5 referrals to a paediatrician, 32 referrals for audiology, one referral for ENT and one referral for optometry

Regional and local based hearing health screening training to Aboriginal health workers and paediatric nurses was delivered by IUIH audiologists.

Children requiring surgery to address hearing health issues are referred to IUIH's Eye and Ear Surgical Services Program, which facilitates pathways to ear surgeries (children) and eye surgeries (adults). Surgical pathways have been developed to address the needs of Aboriginal and Torres Strait Islander clients that may have been waiting for long periods of time for tertiary treatment, or clients that are at risk and require immediate treatment.

**2017/18 IUIH—Facilitated Paediatric Ear Surgeries**

<b>Grommets .....</b>	<b>6</b>
<b>Adenoids and Grommets .....</b>	<b>6</b>
<b>Tonsils and Adenoids.....</b>	<b>1</b>
<b>Tonsils, Adenoids and Grommets.....</b>	<b>10</b>

## Integrated service for children:

### *Vera's Story*

Vera, a 4-year-old Aboriginal girl, lives at home with her Mum, Dad and siblings and attends a Community Controlled kindergarten within Brisbane. Vera loves going along to kindy and playing with the other kids but she communicates mainly by gesturing or through distorted words which affects how she connects and engages with the other kids, teachers and family.

Through a partnership between IUIH and the kindergarten, IUIH Occupational Therapists (OT) and Speech Pathologists (SP) work alongside staff, children and families to ensure concerns which might affect a child's educational journey are addressed as early as possible.

After initial OT and SP screening at the kindy, it was identified that Vera needed support to assist in her school readiness and a referral was made for Vera to see a paediatrician and an audiologist. Due to past negative experiences with medical services, Vera's parents appeared hesitant to follow up but the IUIH team supported them to link up with their local Health Service (an IUIH Member Service clinic). The health assessment and consultations with the paediatrician and audiology service revealed that Vera has hearing loss in both ears and needed hearing aids. After the hearing assessment, Vera's parents sought out the IUIH SP and OT at the kindy to discuss their reservations about Vera receiving hearing aids. Due to the relationship and connections that the IUIH clinicians had made with the family they were able to address the parents' concerns and develop a plan to support the introduction of Vera wearing the hearing aid at kindy. Since then Vera has been receiving weekly SP and OT sessions at the kindy to support her ongoing development.

By providing integrated services, within clinics and in other environments, IUIH can address barriers within the system which impact on the health and wellbeing of our Mob.



## Support For Parents and Families: Social Health

### Parenting Programs

IUIH's strategic vision of improving family wellness across the life course requires a broader emphasis on supporting parents by addressing key social and cultural determinants of health. This requires a concerted and consistent effort in the early years of life where the child's first relationship with the mother (ideally) acts as a template, as it permanently shapes the individual's capacity to enter into all later relationships.

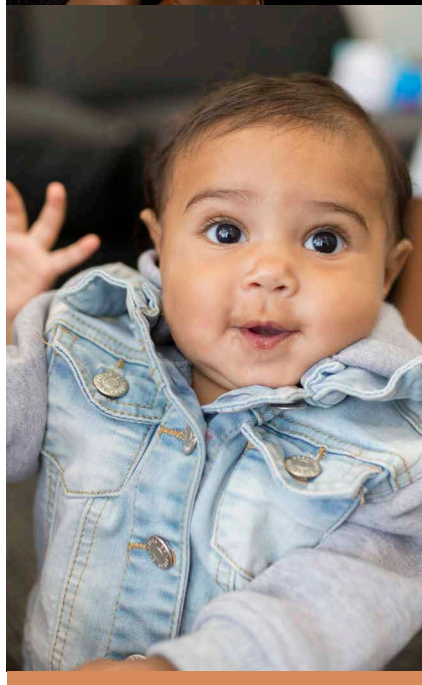
If a child and their parent (or primary caregiver) are able to develop a 'secure attachment' relationship in the first two years of the child's life, the child is more likely to develop a strong sense of self and self-confidence, to understand their own emotional states and manage emotions effectively (emotion regulation). This in turn enables the child to appreciate the feelings of others and see their point of view (reflective functioning and ultimately, empathy), take full advantage of education and have inherent psychological resilience to fall back upon in times of stress.

To assist this, IUIH is implementing two complementary approaches: the Parents under Pressure (PuP) Program and Circle of Security Program (CoS P). The PuP Program helps practitioners understand the multiple and interacting factors that impact on the development of strong and resilient children. Staff working in different roles across all parts of the health service have been orientated to the PuP Program through various training opportunities across the year.

The Circle of Security Program is an 8-week DVD-based program that provides education to parents and caregivers to facilitate strong, secure relationships with children in their care by reflecting on both their current relationships but also their own growing up (parenting 'blueprint') and how that influences their approach to parenting and care-giving. We have undertaken training in this approach at various levels across the health service in the year, including encouraging staff to reflect on their family relationships and history to better support parents and families in their work life and also direct provision of the CoS P Program to parents and caregivers accessing our services.

By implementing both PuP and CoS P programs across the sector, families will benefit from a more consistent approach to assessment, diagnosis (where relevant) and even more importantly, service delivery (including treatment or intervention planning and referral pathways) by all staff involved in providing the comprehensive primary health care service that we offer.





### Family Wellbeing Services: Moreton ATSICHS

The Family Wellbeing Service walks alongside families to help build strong and resilient families. As an early intervention program fully integrated with primary health care, the Family Wellbeing Service aims to enhance the resilience, connectedness and social and emotional wellbeing of children and young people.

The Family Wellbeing Service team is made up of family practitioners and family wellbeing workers, who are all accredited under the PuP Framework. The team is engaged to help families in the areas of:

- personal support and development
- practical support to address family needs
- support to promote and enhance strong parenting
- links to clinical and therapeutic health services
- opportunities to connect with culture and community
- building families and kinship connections.

The University of Queensland's Institute for Social Science Research developed an evaluation framework, program logic and evaluation matrix to underpin an evaluation of the Family Wellbeing Service. The evaluation will commence in 2018/19.

In 2017/18, over 200 families were supported through the IUIH Family Wellbeing Service.

Outcomes for families accessing the Family Wellbeing Service include the attainment of self-identified goals that are important and significant to the families themselves. Goals include improving relationships with self and the family; incorporating cultural practices and connections into family activities; building resilience and self-reliance and capacity building; and reinvigorating and enhancing the family's values and expectations with an understanding of emotional availability and secure attachment.

## Parenting support:

### *Damien's story*

Damien\* is the sole carer of his sons, Jimmy\* and Jack\*, after losing the mother of his children 4 years ago in tragic and traumatic circumstances. As the sole carer, Damien works long hours to support his family to pay the bills; let alone pay for child care, and sometimes has to leave Jimmy and Jack at home alone. Ten year old Jimmy was refusing to go to school, insisting that he was having trouble with his school work.

Damien decided to go to his local clinic and seek out help from a paediatrician. After having a 715 Health Assessment, the whole family were engaged with the Clinic—Damien was referred to the social worker and the boys to a child psychologist and other allied health professionals. The social worker provided support around financial matters and an application for public housing; by moving closer to Damien's mother's place, Grandma would look after Jimmy and Jack whilst Damien was at work. The child psychologist was able to work with Jimmy and Jack and helped them begin to process the passing of their mother. An occupational therapist was able to assist Jimmy with his literacy skills, thereby building his confidence to return to school.

\* Names changed to protect privacy.

## Supporting Educational Outcomes for Indigenous Children

### Deadly Kindies Campaign

In recognition that health and education outcomes are interdependent, in 2017/18 the IUIH Board agreed to incorporate into its Strategic Plan a focus on integrating health services into educational settings. It also supported a focus on promoting the importance of Kindy, particularly in the year before school, in preparing children for primary school.

In 2017/18, Queensland Government funding for the Deadly Kindies Campaign, which aims to improve Kindy participation rates, was extended. The Deadly Kindies Campaign utilises social media, community engagement activities, outdoor and indoor marketing, radio advertisements, and promotional materials utilising the Deadly Kindies Ambassador, Johnathan Thurston, and other events utilising Deadly Choices Ambassadors.

The campaign has been designed to mirror the highly successful Deadly Choices social marketing campaign whereby Aboriginal and Torres Strait Islander community members are incentivised to engage with their local IUIH Member clinic. The Deadly Kindies Program involves children who are eligible for kindy enrolment undertaking a health check and completing a kindy registration form, which provides permission for IUIH and/or clinic staff to follow up with families to support enrolment. Upon enrolment children receive a kindy kit which includes items that help facilitate a child's participation in kindy – for example, a backpack, lunch box, hat and shirt – thereby reducing costs for families.

### 2017/18 Deadly Kindies Campaign

**KINDY** IS A  
**DEADLY CHOICE**

#### NUMBER OF PARTICIPATING CLINICS



#### NUMBER WHO RECEIVED A KIT



#### NUMBER OF CHILDREN WHO SUBSEQUENTLY ENROLLED IN KINDY



#### NUMBER OF FAMILIES ENGAGED IN THE PROGRAM



## Engaging Young Adults

### 2017/18 Deadly Choices Schools Programs

Total Number of Programs Delivered (Primary—SEQ)	25
Total Number of Programs Delivered (Primary—outside SEQ)	74
Total	99
Total Number of Programs Delivered (Senior—SEQ)	54
Total Number of Programs Delivered (Senior—outside SEQ)	41
Total	95
Program graduates (Primary—SEQ)	295
Program graduates (Primary—SEQ) that completed a health check	231 <sup>(78%)</sup>
Program graduates (Primary—outside SEQ)	668
Program graduates (Primary—outside SEQ) that completed a health check	82 <sup>(12%)</sup>
Total	963
Program graduates (Senior—SEQ)	618
Program graduates (Senior—SEQ) that completed a health check	413 <sup>(67%)</sup>
Program graduates (Senior—outside SEQ)	475
Program graduates (Senior—outside SEQ) that completed a health check	91 <sup>(19%)</sup>
Total	1093

### Healthy Lifestyles

The **Deadly Choices Schools Program** is an 8-week program delivered by IUIH in primary and senior schools in SEQ and other regions. The program covers: leadership, smoking, nutrition, physical activity, harmful substances and healthy relationships. The aim of the Deadly Choices Schools Program is to empower our young Aboriginal and Torres Strait Islander people to be role models in living a healthy lifestyle.

### Moreton ATSICHS Youth Services: Social Health

Moreton ATSICHS Youth Programs have grown significantly in 2017/18. Fourteen of the fifteen high schools within the Moreton Region are registered for the Deadly Choices Schools Program and approximately 70 school-based programs were delivered in the region. Also offered as after school programs to young people in the community, this Deadly Choices education program is now reaching more than 900 predominantly 15-24 year old Aboriginal and Torres Strait Islander people.

To engage with hard to reach young men, **MomenTIM**, a **Men's Health project** funded by the Movember Foundation since 2015, was implemented across urban, rural and remote locations in partnership with local ACCHSs—Moreton ATSICHS, Gidgee Healing in Mount Isa and the Wellington Aboriginal Community Health Service in New South Wales.

### The project aims to:

- increase access for Indigenous men to clinical services/interventions
- provide peer support/mentoring
- develop community support networks
- destigmatise mental health through program delivery/social marketing.



MomenTIM is delivered by Indigenous men in community, organisation and/or school environments and encourages young men to engage in strength-based conversations about being a man. The program has also developed working partnerships with the Brisbane Youth Detention Centre, Department of Correction and Youth Justice and Department of Child Safety, Youth and Women. At the end of the 2017/18 financial year, more than 50% of program participants had completed a comprehensive health assessment.

MomenTIM, and its companion programs focused on young women, **DC Sistas**, have provided a key platform to respond effectively to the needs of vulnerable young people who may be at risk or already affected by alcohol or other drugs. Through these programs, Moreton ATSICHS has identified and referred a total of 40 young men and women affected by alcohol or other drugs to groups for counselling, therapeutic intervention and support.



## DC Sistas:

### *Amy's story*

*Amy\* is a young community member and a student at a local Moreton Bay high school where she is involved in the Deadly Choices Schools Program and the DC Sistas After-Hours Young Women's Program. Amy loves the programs as they make her feel proud of her culture, have strengthened her cultural connectivity within the community and overall supported the development of positive confidence and self-esteem as a result. Through her 100% attendance at school, Amy attended the 2017 Deadly Choices Senior Leadership Camp and is now involved in co-facilitating the DC Sistas program alongside IUIH employees and mentoring her fellow DC Sistas. Amy's dream job is to be a DC Sistas Program Officer and she aims to enrol in a school-based traineeship in the future.*

*\* Name changed to protect privacy.*

## Addressing Adult Chronic Disease and Mental Health

### Work It Out Program

The Work It Out (WIO) program is a group exercise and yarnin' program designed to assist Aboriginal and Torres Strait Islander adults to prevent, manage, or rehabilitate their chronic disease(s). WIO has been operating for seven years and is currently offered at 14 locations across SEQ and Central Queensland.

Ongoing research and evaluation of the WIO program demonstrates that attending WIO leads to significant improvements in a client's health and wellbeing, social connectedness and physical fitness. Outcomes include improvements in aerobic exercise capacity and endurance, basic functioning, changes in waist circumference and weight maintenance, social and emotional wellbeing, social connectedness, and stronger engagement in health care.

## 2017/18 Work It Out Program



## Change in Exercise Capacity Measurements From Participating in Work It Out

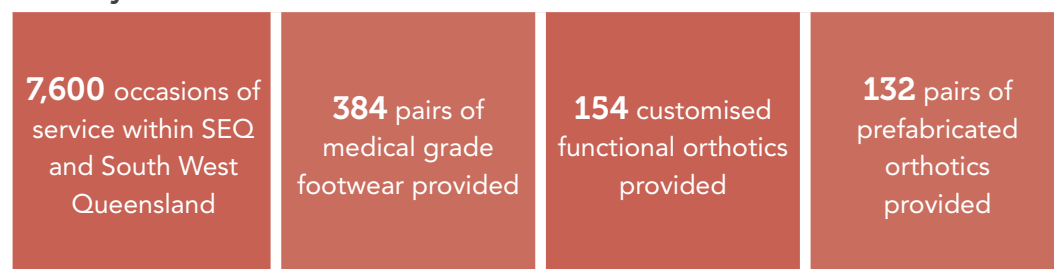


## Adult Therapy Services

Adult allied health services include podiatry, physiotherapy, exercise physiology, audiology, nutrition and dietetics, diabetes education, speech pathology, occupational therapy and optometry.

**Over 14,000 adult allied health services were attended across the region.**

### Podiatry



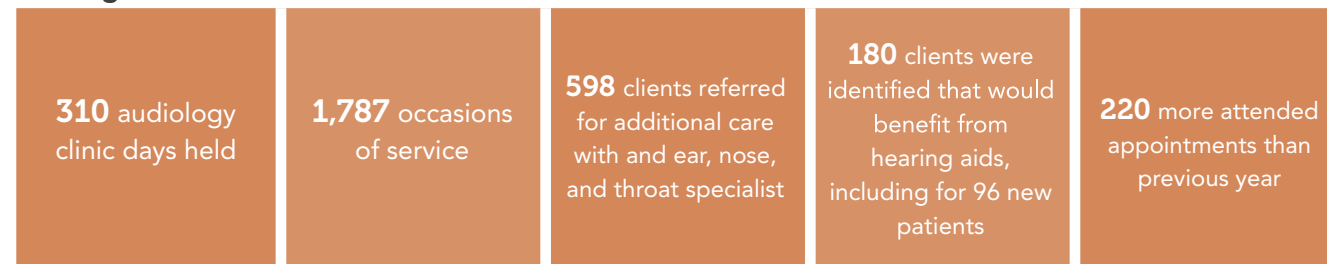
### Physiotherapy



### Eye Health



### Hearing Health



## Allied health therapies improving quality of life:

### *Mary's story*

*Mary\* is in the care of an IUIH clinic due to a few health conditions which were impacting on her health and wellbeing. Following a stroke earlier in the year, Mary had some difficulties doing basic things at home and was relying heavily on support from her partner/carer. After seeing one of the IUIH physiotherapists, Mary was connected with an adult occupational therapist who worked alongside Mary to help her relearn tasks. Mary was also provided with some medical aids in the home. Through the provision of comprehensive and holistic services Mary is now able to look after herself independently. She has a better quality of life and a feeling of safety in her own home which has also reduced the load on her partner/carer.*

*\* Name changed to protect privacy*

## Eye and Ear Surgical Services

Adults requiring surgery to address eye health issues are referred to IUIH's Eye and Ear Surgical Services Program, which facilitates pathways to ear surgeries (children) and eye (mainly cataract) surgeries (adults). Surgical pathways have been developed to address the needs of Aboriginal and Torres Strait Islander clients that may have been waiting for long periods of time for tertiary treatment, or clients that are at risk and require immediate treatment. IUIH optometrists identify clients, manage the surgery wait list, and prepare clients for surgery, ensuring that clients are informed and consent to the surgery. They work with the hospital to allocate theatre time, support the client on the day of surgery including with hospital paperwork and transport, provide social support and troubleshoot issues that may arise for the client, such as rescheduling of surgeries. They also provide after-care post-surgery.

## Oral Health

From 2017, IUIH received funding from the Queensland Government to deliver the Oral Health Services Project, which supports Aboriginal and Torres Strait Islander adults, who are Queensland Health Eligible Patients, to access oral health services at IUIH clinics. Oral health services were also provided to students at the Aboriginal and Islander Independent Community School and oral hygiene promoted through Deadly Choices community events, where toothbrushes, toothpaste and floss were provided to adults and children.

In addition, IUIH Oral Health provides general and preventive dentistry items, endodontic procedures and prosthodontic services. An internal referral process also allows dental patients across the Network to access prosthodontic services from the ATSICHS Brisbane dental laboratory at Woolloongabba. Fully integrated into clinics, IUIH Oral Health patients routinely complete a comprehensive health check prior to their dental visit and have access to chronic disease specialists who support the core clinic teams to deliver coordinated and timely dental and primary health care services.

Full-time dental services were provided through 10 clinics across the region	Almost 50 dental professionals were employed across the region	9,866 clients received dental treatment	Over 90% of patients completed a health check prior to their dental visit
A maxillofacial specialist commenced	Fifth year University of Queensland dental students were offered placements	Two Indigenous dental assistant trainees commenced Certificate III studies	

## Social Health

The Inner City Referral Service (ICRS) supports Aboriginal and Torres Strait Islander people residing in a 5km radius of the Brisbane CBD who require extra social health support, including for alcohol and other drug use issues, unmanaged chronic health conditions and housing.

The ICRS seeks to support clients by assertive outreach, intensive case management, referral and strengths based practice and link clients to other agencies and services that can provide longer term social health support if required. ICRS utilises the existing UIIH System of Care to link clients to a local ACCHSs to enable a comprehensive Health Check to be completed and appropriate referrals made.

From March 2018, the UIIH has been supporting people with a mental illness released from correctional facilities through a Prison Transition Program, funded by the Queensland Government. **The Prison Transition Program** provides support for clients six weeks before release from prison and six months post release. The aim of the program is to reduce recidivism by supporting clients to engage with appropriate services to address their medical, mental health, substance use, child safety, housing and financial concerns.

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### Between March and August 2018:

**43 men and women have been supported within prison**

**23 men and women were supported to transition between prison and community**

**5 men and 5 women are being prepared for release.**



## Inner City Referral Service—

### *Tony's story*

Tony\* is a 33 year old Aboriginal man who was referred to IUIH's Inner City Referral Service (ICRS), a program which connects with Mob living rough within 5kms of the Brisbane Central Business District. The ICRS Team worked alongside Tony and over time found out that he had been removed as a child from his mother's care and placed in the child protection system where he experienced physical and emotional abuse at the hands of his carers. As a teenager Tony was sent to an institution where he was sexually and physically abused by those who ran this institution and has spent his entire adult life either in prison or homeless in the inner city area.

At the time of meeting, Tony was at risk of being excluded from services but through intensive case management, the ICRS Team were able to work with Tony to get him into his first house. He has been referred for Hepatitis C treatment, attends weekly psychology appointments and also goes to outpatient counselling where, with the support of the local Men's Group, Tony is beginning to address his alcohol dependency.

The ICRS Team has also supported Tony to negotiate a financial arrangement to address his debts and other financial commitments and guided him in ways to navigate his emotional regulation. Meanwhile, Tony has been decreasing his alcohol consumption and maintaining his independence for the first time in his life.

\* Name changed to protect privacy.

## Supporting our Elders

### Informing National Aged Care Policy

IUIH Aged Care Services continue to expand both in numbers and in geographic coverage. Demand for services was so great that for the first time IUIH had to initiate waitlists for multiple services across all regions.

In recognition of IUIH's success in achieving home aged care services targets, the Commonwealth Government tasked IUIH to set up and convene a national reference group to oversee consultations and research that would inform the development of an Aboriginal and Torres Strait Action Plan for the Aged Care Diversity Framework.

Over 60 face to face consultations and over 1,000 online survey responses contributed to practical and achievable recommended actions for providers, government bodies and peak organisations to improve access to, and quality of, services to Aboriginal and Torres Strait Islander consumers interacting with the Aged Care System.

The IUIH delivered its report to the Minister for Aged Care, the Hon Ken Wyatt MP, in May 2018.

The reference group has been continued and expanded to become the National Advisory Group on Aboriginal and Torres Strait Islander Aged Care.

### Aged Care Services

**Continued growth in demand across the region**

**226 new clients bringing the total to 1,800 clients**

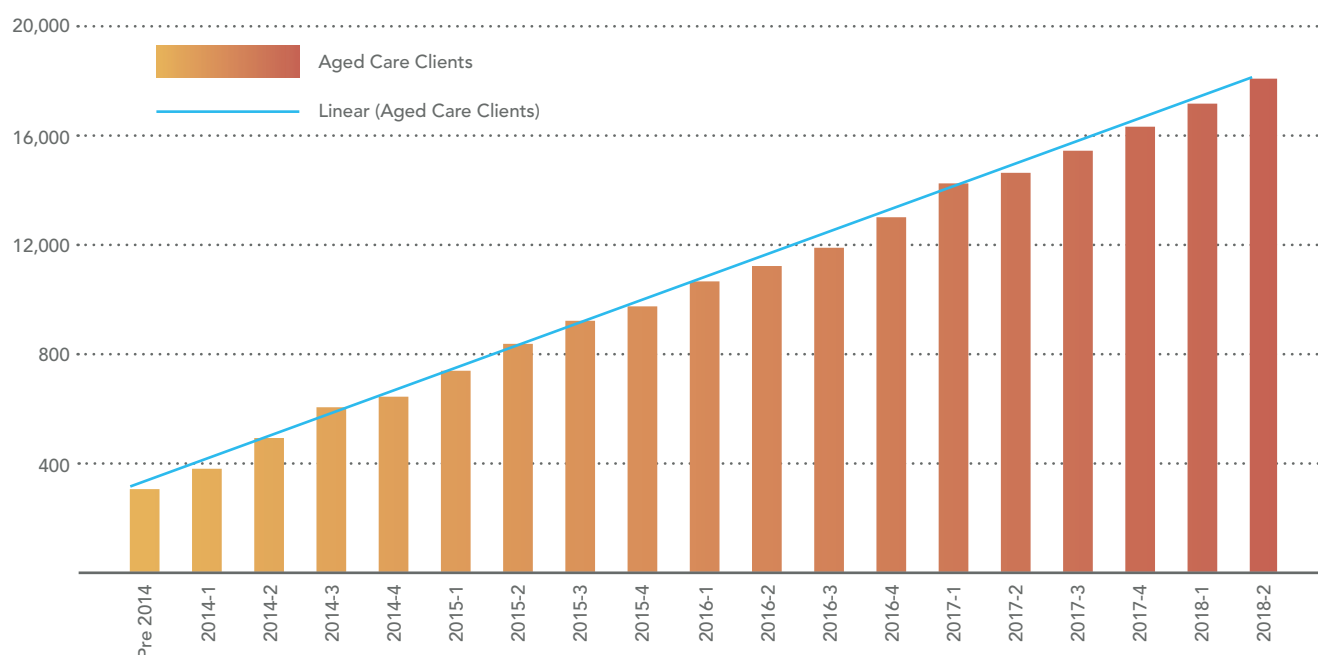
**Expansion of services to accommodate transition of packages in Inala**

**More Commonwealth Home Support Program clients (CHSP)**

**117 Home Care Packages delivered (HCPs)**

**69% of IUIH Home Support staff identify as Aboriginal and/or Torres Strait Islander.**

### Growth in Aged Care Client Registrations



## 2017/18 Aged Care Client Service Utilisation—CHSP/HCP Clients

Service Type	# of Clients using service	% of total clients (1,598)
Allied Health	500	31.3%
Centre Based Respite	61	3.8%
Domestic Assistance	420	26.3%
Flexible Respite	105	6.6%
Home Maintenance	272	17%
Meals	24	1.5%
Nursing	667	41.7%
Personal Care	61	3.8%
Group Social Support	152	9.5%
Individual Social Support	494	30.9%
Transport	750	46.9%

### Elders Games

The Senior Indigenous Games Program is focused on Aboriginal and Torres Strait Islander people aged 50 years and over. The games are modified to accommodate players reliant on wheelchairs and walking frames. Participants must be registered with their local ACCHS, who promote the games, recruit the players and supply transport for those who do not have access to their own. In 2017/18, the program was delivered in SEQ, Mareeba, Yarrabah, Townsville, Charleville and Mt Isa. The games are a fun way of ensuring our Elders remain physically active and socially connected.

### Commonwealth Games

On 27 March 2018, the Commonwealth Games sponsored a Senior Indigenous Games tournament in Brisbane in which 23 teams participated.

### Deadly Choices Senior Indigenous Games, SEQ, 2017/18

Senior games held ..... 16

Participants ..... 144



# Universal Services and Programs

## Promotion and Prevention— Making a Deadly Choice

The Deadly Choices Program is our health promotion and prevention program. It aims to empower Aboriginal and Torres Strait Islander people to make healthy choices for themselves and their families—to stop smoking, to eat good food and exercise daily.

### Deadly Choices Community and Sporting Events— Deadly Choices Ambassadors

In 2017/18, the Deadly Choices team conducted alcohol, drug and sugar free community and sporting events at which healthy lifestyles and the importance of regular contact with health services are promoted.



#### Patrick Johnson—Deadly Choices Ambassador

In early 2018, sprinter Patrick Johnson joined UIIH as a Deadly Choices Ambassador. Patrick is a Kaanju man from Far North Queensland who has spent 12 years in elite sport and 20 years in mentoring and media roles. He is the current Oceanian and Australian record holder in the 100 metres sprint, with a time of 9.93 seconds, which made him the first person not of African ancestry to break the 10-second barrier.

Event	Number of Participants
Redlands Community Day	250
Touch Carnival	180
Camps x 2	145
QLD Academy of Sport Tour	80
Junior Murri Carnival	430
Broncos Gym Tour	70
Netball	180

### Tobacco Champions and Pledges

The **Deadly Choices Tobacco Education Program** is provided in a range of settings, including schools and with community groups, and seeks to prevent uptake of smoking, encourage smokers to quit and create support for smoke free environments. Tobacco Champions work with clients attempting to quit smoking.

The **Deadly Places Smoke-Free Spaces Campaign** complements and reinforces the healthy lifestyle messages delivered through the broader Deadly Choices social marketing campaign with a focus on tobacco cessation and smoke-free environments. The campaign encourages people to sign a pledge that they will make their car, home and workplaces deadly, smoke-free spaces.

### 2017/18 Tobacco Education Program

**57 Programs delivered**

**647 participants**

**19 Tobacco Champions**

**1,349 Tobacco Champion clients**

**669 Stalls held**

**4,322 Stall participants**

**3,867 Smoke-Free Pledges signed**

# DEADLY NUMBERS 2017/18



**20,968**

Health checks  
conducted

**10.6%**

Increase in  
health checks

**10,634**

New patients  
engaged

**35,020**

Total patients

**17**

Smoke, alcohol  
and sugar-free  
events

**3,936**

Participants at  
these events

**2,100**

Smoke-Free  
Spaces pledges  
signed

**11,500**

People positively  
impacted by  
these pledges

**119**

Education  
programs  
delivered

**1,256**

Program  
graduates

**426**

Pop-up  
Smoke-Free  
stalls

**2,122**

Smoker  
interventions

**43,347**

Facebook  
followers



**6,172**

Twitter  
followers



**10,700**

Instagram  
followers



**30,495**

People at DC  
Broncos v  
Raiders Round



## Integrating and Coordinating Care

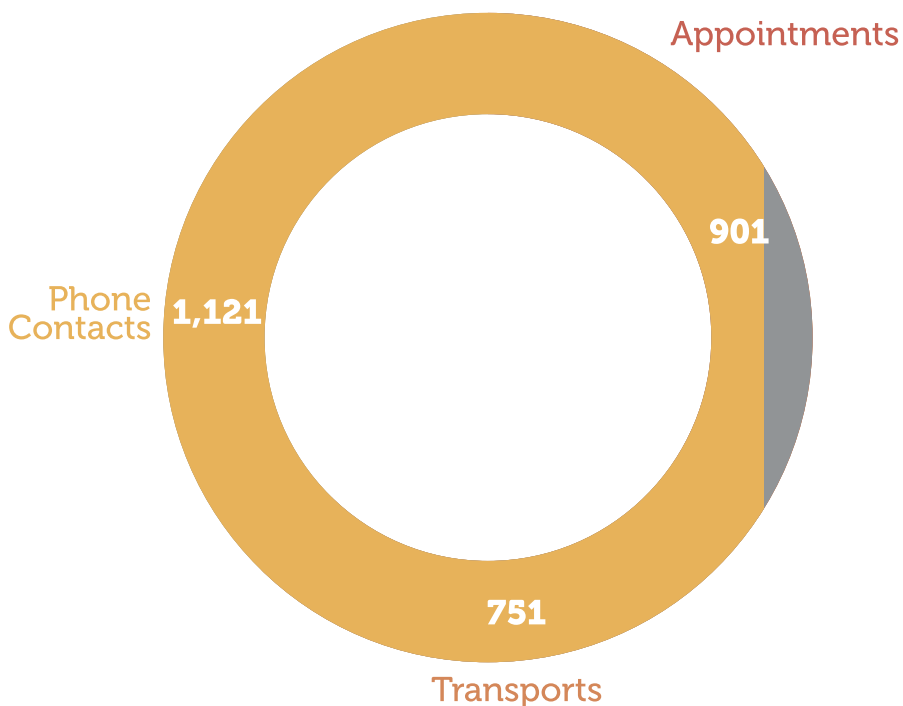
In recognition of the significant overlap and interaction between health outcomes and the key social and economic determinants of health and behavioural risk factors, IUIH aimed to strengthen its efforts to help Aboriginal and Torres Strait Islander families connect with social support services. In doing so, it continued to improve the coordination of services to create a no wrong door environment, and the integration of health and social support services.

### Integrated Team Care Program

The Integrated Team Care (ITC) Program incorporates the Commonwealth Government funded Care Coordination and Supplementary Services (CCSS)

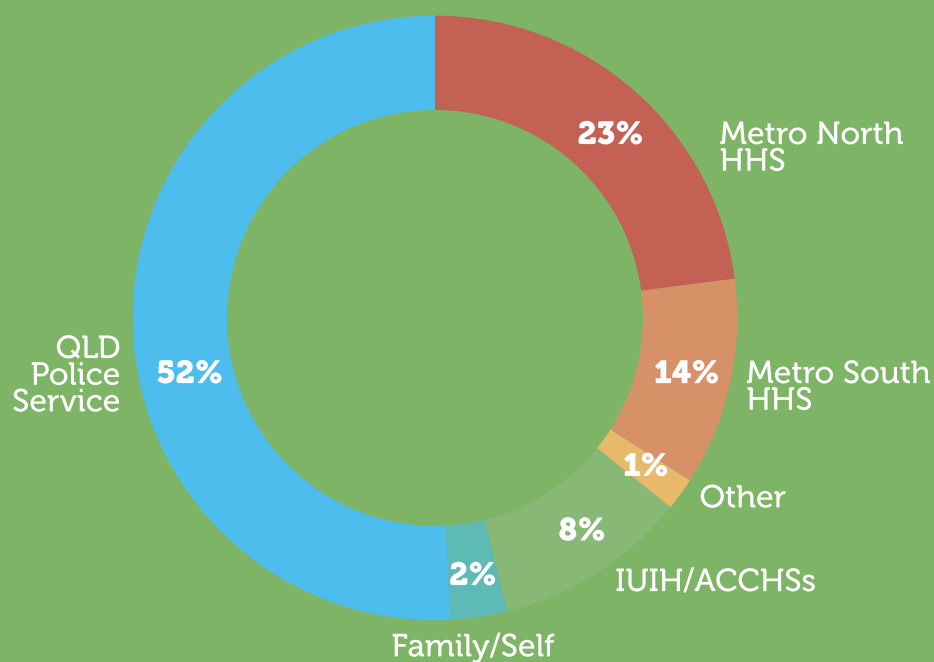
program and Improving Indigenous Access to Mainstream Primary Care (IIAMPC) initiative. These programs deliver intensive case management and support to Aboriginal and Torres Strait Islander people with complex chronic conditions. Regional Care Coordinators provide the CCSS Program to five Primary Health Networks in the region. Through the IIAMPC Program, the team delivered cultural awareness training and advice to mainstream medical practices on strategies to maximise access to Close the Gap Medicare and Pharmaceutical Benefits Scheme measures.

## Outreach Worker Occasions of Service 2017/18



<b>2,862</b> clients with complex conditions accessed CCSS	<b>115,379</b> CCSS occasions of service	<b>41,811</b> direct clinical occasions of service	<b>42,895</b> allied health occasions of service	<b>18,473</b> specialist occasions of service	<b>15,301</b> transport services provided
<b>8,006</b> medical aids provided	Over <b>2,000</b> IIAMPC occasions of service, a <b>200%</b> increase since 2015/16	<b>160</b> participants in mainstream medical practices received cultural awareness training	IIAMPC resources provided to over <b>250</b> primary health care services across the region	<b>5 Yarnin' circles</b> delivered in collaboration with PHNs and ITC clients and carers.	

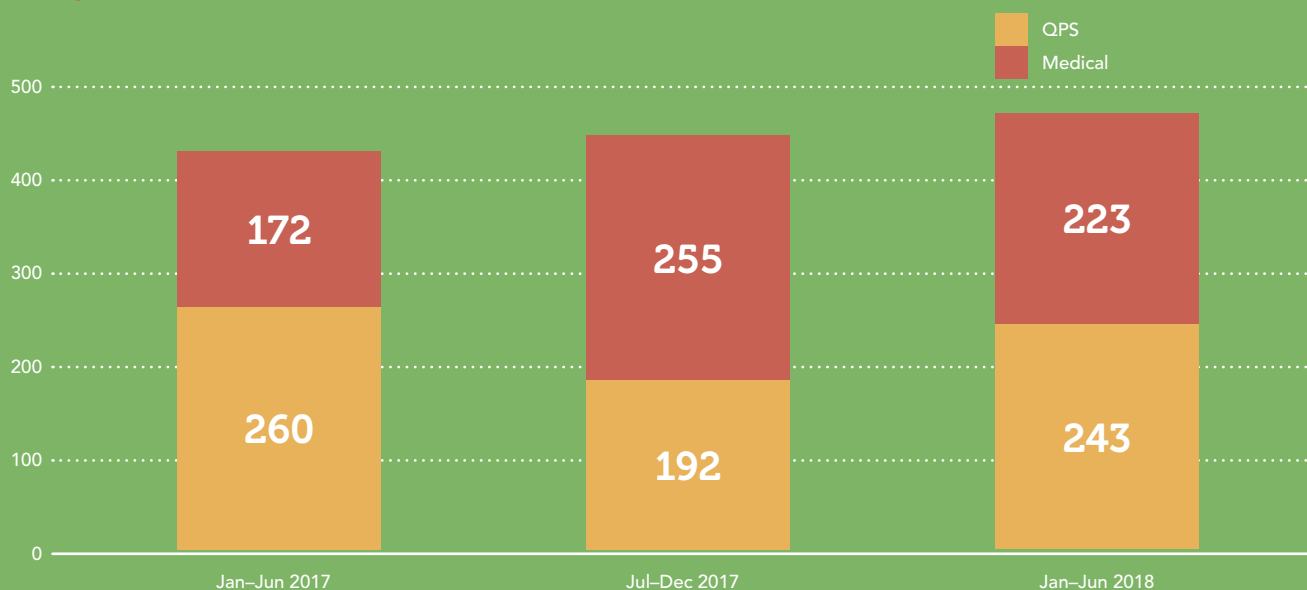
## Sources of Referrals



## IUIH Connect Program

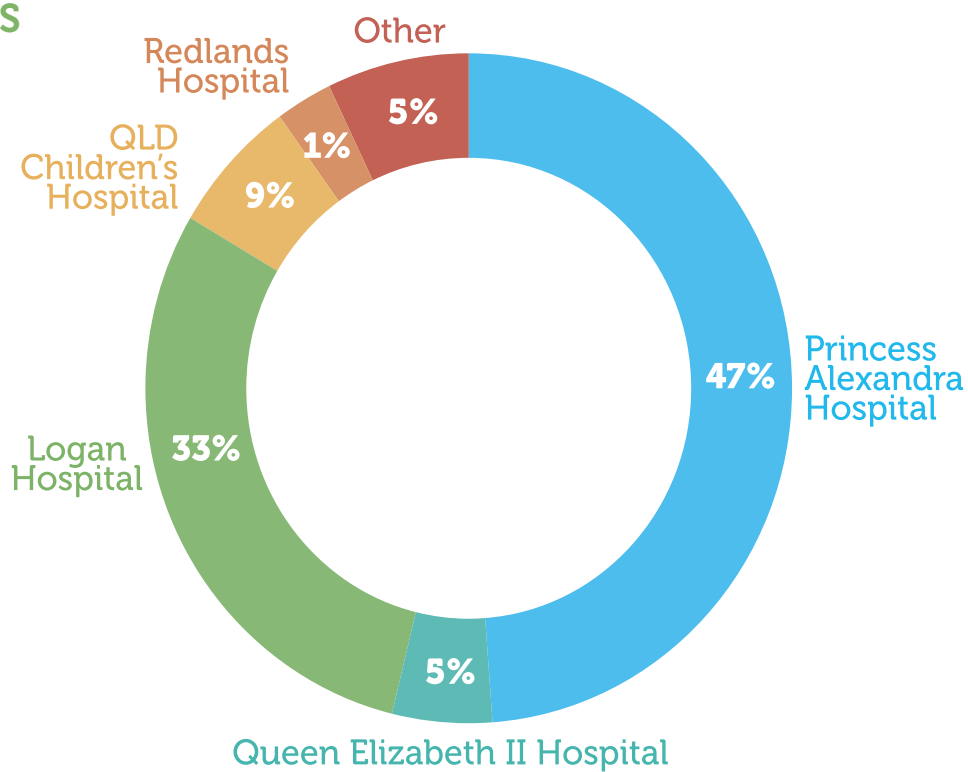
The primary purpose of the IUIH Connect Program is to improve Aboriginal and Torres Strait Islander health outcomes through the coordination and integration of health care across sectors and service interfaces in the Brisbane region. Since its inception in 2013, the IUIH Connect Program has built a network of more than 64 referring organisations and 76 connecting organisations that coordinate health care and social support within primary and tertiary health services. The team comprises Care Coordinators, Social Workers and Indigenous Outreach Workers.

## 2017/18 IUIH Connect referrals received



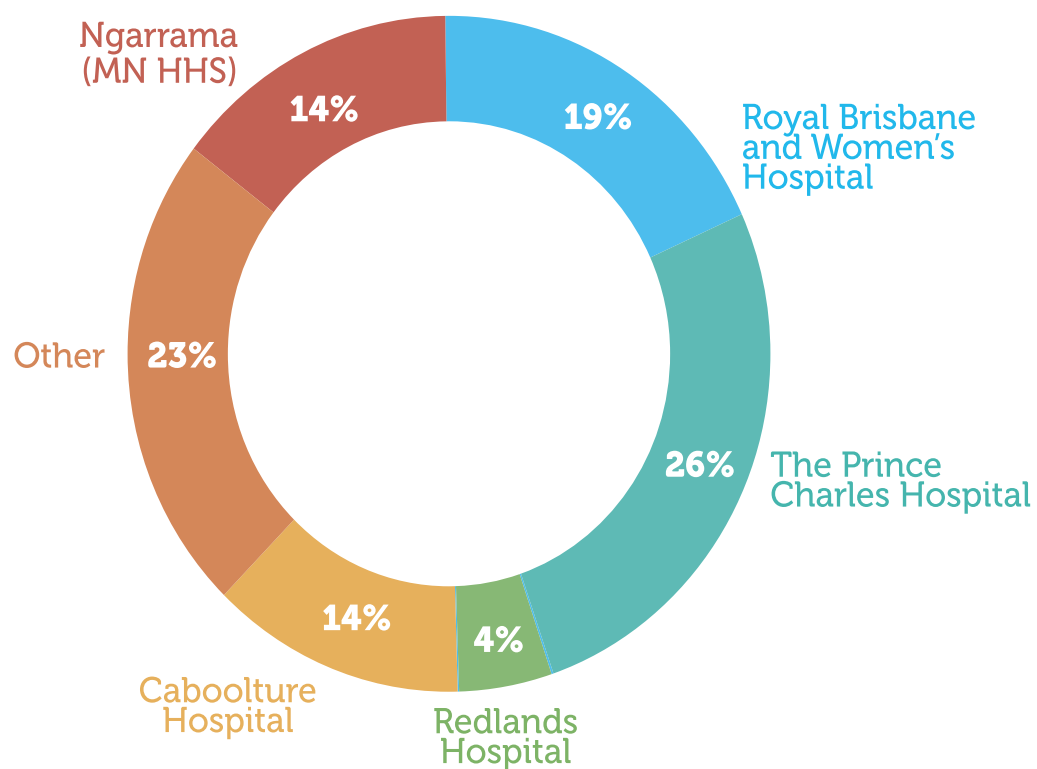
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## Metro South HHS



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## Metro North HHS



## IUIH Connect and Integrated Team Care:

### *Fran's story*

Fran\* is a 52 year old woman initially referred to IUIH Connect from The Prince Charles Hospital (TPCH) Indigenous Liaison Unit after having a turn (a mini stroke).

When Fran was discharged, IUIH Connect liaised with the TPCH Discharge Planner and Occupational Therapist to develop a support plan with Fran's GP. Through its flexible funding IUIH Connect purchased home aids and mobility aids to assist Fran with activities of daily living. Through her GP, Fran enrolled in the Care Coordination and Supplementary Service (CCSS) Program, had a 715 Health Assessment and a GP management plan developed, and was referred to the IUIH Integrated Team Care (ITC) Program. Over the next few months, the ITC Care Coordinator worked with Fran on her sleep apnoea, diabetes and pain management.

In 2017, Fran underwent gastric surgery and shed 50 kilos in weight. She no longer requires the CPAP machine and her diabetes is diet controlled. She has been discharged from both the sleep unit and diabetes clinic. Her mobility has improved—she no longer needs a walking stick nor the home aids provided to her by IUIH Connect. She reported that except for a pain medication, she is no longer taking any other tablets and feels in control and empowered to look after her health.

\* Name changed to protect privacy.

## Pharmacy Service

Pharmacy support increased in 2017/18 with the additional employment of a full time Health Worker and a second full time Pharmacist. This has allowed greater frequency of visits to clinics and the implementation of a best practice model for Home Medicine Review services, which involves the Health Worker coordinating the appointments and visiting clients together with the Home Medicine Review Pharmacist in the home. The IUIH Pharmacy Service is heavily integrated across many programs and in addition to direct support to clients and clinics, also supports other programs and services such as the Deadly Choices team, IUIH Connect, allied health, sexual health, WIO program and Clinical Governance.

Pharmacy also coordinates the distribution of Nicotine Replacement Therapy (NRT) to clinics. In 2017/18 the number of NRT products distributed to clinics increased by 35% indicating increased activity towards smoking cessation across the sector.

## Preparing for the National Disability Insurance Scheme

The NDIS is often referred to as the largest and most significant 'social reform' since the Whitlam Labor Government introduced Medibank (now Medicare). Yet there is no target for Aboriginal and Torres Strait Islander access to, and participation in, the NDIS. IUIH became concerned that in effect this meant that even if no NDIS Plans were approved for Indigenous Australians, the organisations awarded National Disability Insurance Agency (NDIA) contracts for the development of NDIS Plans would still be compliant.

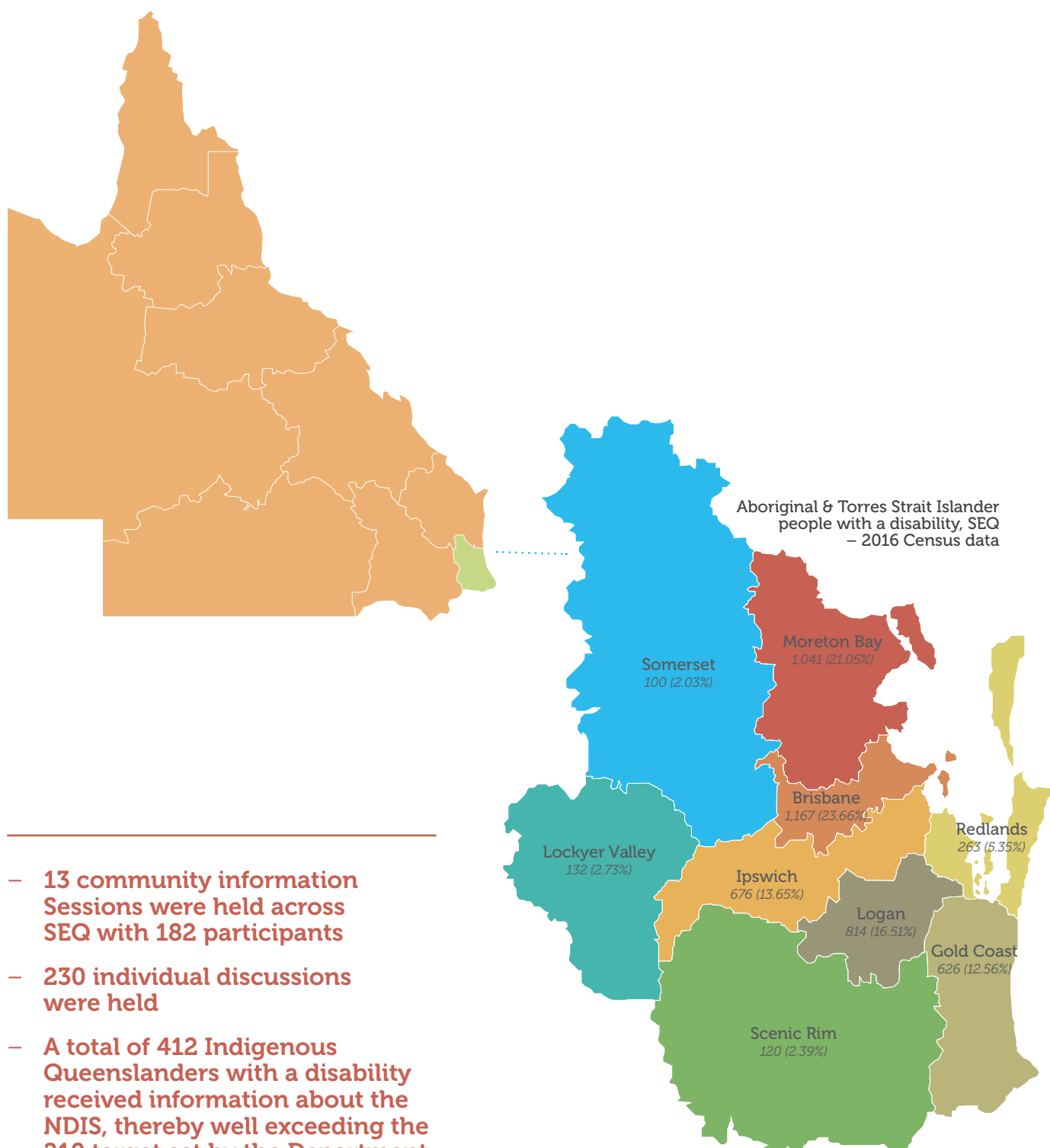
- Indigenous Australians are 1.7 times more likely than the non-Indigenous population to have a disability (ABS 2016 Census)
- Indigenous Australian children are 2.5 times more likely than non-Indigenous children to have a disability (ABS 2016 Census)
- 7% of Indigenous Australians reported requiring assistance with core activities of daily living, a 40% increase since the previous census (ABS, 2016 Census)
- 4,939 Indigenous Queenslanders in SEQ are estimated to require assistance with core activities.

Despite the NDIA's Aboriginal and Torres Strait Islander Engagement Strategy, IUIH became increasingly alarmed at the widespread confusion about the NDIS growing within SEQ Indigenous communities. Consequently, from September-October 2017 IUIH commenced a journey to navigate the NDIA, to gain a thorough understanding of how the NDIS functions, and to actively support access for Aboriginal and Torres Strait Islander people with disability.

When the NDIA called for Early Childhood Early Intervention (ECEI) and Local Area Coordinator service provider applications in late November 2017, the IUIH took the opportunity to advocate for a detailed, comprehensive and costed proposal for SEQ to be the regional site for a 'pilot project of national significance' whereby a specific Aboriginal and Torres Strait Islander NDIS access and support pathway would be managed by the Institute.

Concurrently, IUIH received funding from the Queensland Department of Communities to redress the lack of Aboriginal and Torres Strait Islander community awareness about the NDIS through an NDIS Readiness Project that was implemented across SEQ between February and June 2018.





- 13 community information Sessions were held across SEQ with 182 participants
- 230 individual discussions were held
- A total of 412 Indigenous Queenslanders with a disability received information about the NDIS, thereby well exceeding the 210 target set by the Department
- 109 Indigenous Queenslanders with a disability were assisted to complete forms nominating a representative for communication with the NDIA
- 110 Indigenous Queenslanders with a disability were assisted to complete Access Request Forms, exceeding the target of 90 completed forms.

# Enabling Services and Programs

---

## IUIH Legal Service

IUIH works with many families that have complex needs and high degrees of social risk and vulnerability. In this context, we are increasingly identifying justice sector-related issues for such families which, with access to timely advice and intervention, could have a significant influence on the trajectory of the individual and family as a whole. However, early, intensive and integrated legal education, prevention and support is not readily accessible to many Aboriginal and Torres Strait Islander people, particularly to individuals and families experiencing social and financial hardship.

The recent expansion of Family Violence Prevention Legal Services to 31 units across Australia is a welcome reform, but the majority of these units are in regional and remote locations, leaving a gap in services for urban Indigenous people.

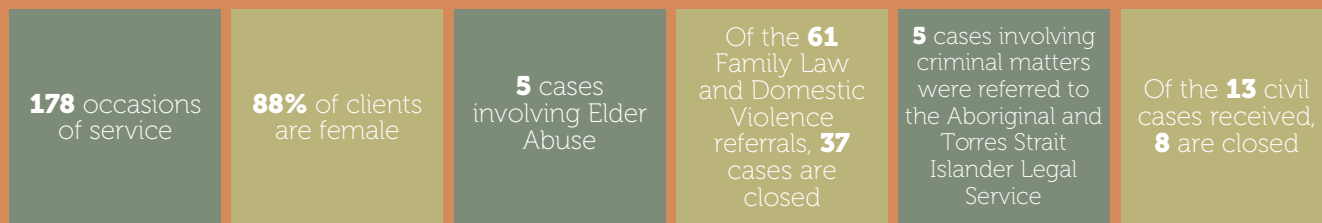
It was for these reasons that the IUIH Board included a strategic action in IUIH's 2017-2020 Regional Services Plan to establish a Health-Justice partnership, locating legal services within IUIH clinics. The intent was to integrate legal expertise and a justice framework into the delivery of comprehensive health services for individuals and families with complex needs. Implementation has focused on the Moreton ATSICHS clinics, and has prioritised providing targeted support for vulnerable women and children through referrals from the IUIH / Moreton ATSICHS Family Wellbeing Service. In late 2017, IUIH became the first health organisation to submit an application to become a Community Legal Centre. The proposal is under consideration by the network of Community Legal Centres across Queensland.

In 2017/18, the IUIH Legal Services team have undertaken the following activities:

- Legal education for individuals and groups aims to build knowledge and understanding of rights and responsibilities in relation to everyday application of the law—topics include the law relating to interpersonal and family violence, individual rights, sexual and reproductive rights, consent, Elders' rights, finances, wills and power of attorney
- Legal education for health services staff relating to privacy and confidentiality, release of personal client information, handling of disclosures, subpoenas, client referral
- Addressing civil matters such as adoption, insurance claims, records requests, personal injury, debt
- Addressing tenancy issues such as bond issues, selling of property, disputes with landlords/neighbours, unsafe living environments, eviction, transfer of property
- Appearing on behalf of IUIH clients before the Magistrates Court, almost exclusively for Domestic Violence Order (DVO) applications
- Building a network of pro bono legal service providers who can provide legal representation for IUIH clients, including for criminal law matters
- Modeling the role of lawyers to provide an insight into career pathways into the legal profession.

Feedback from service providers and clients has been almost universally positive and the increasing rate of referral into the service reflects this.

The IUIH Legal Services team comprise 1.6 FTE Legal Counsel and one administrative assistant—two team members identify as Aboriginal.



## Regional Transport Services

The Regional Transport Services Team ensures our clients get to their appointments at local clinics and regionally to hospitals, specialists and other appointments. As well as medical-related transport, the IUIH Regional Transport Service supports a number of transport services for Elders (to attend Seniors Games, Respite and Work It Out programs); parents (for legal services, parenting and support groups) and youth (for attendance at after school programs, such as Girl's Group and Men's Group).



## Continuous Quality Improvement (CQI)

ACCHSs in SEQ rely on information gathered from multiple sources to implement a strategic, regional approach to delivering accessible and clinically effective services for Aboriginal and Torres Strait Islander people. This represents a whole-of-organisation commitment to monitoring and improving the quality of services and encompasses all areas of business, from board processes to corporate office functions and clinical service delivery.

Key activities undertaken in 2017/18 to support ongoing strengthening of effective systems for CQI are outlined below.

### Data Systems Improvement

In 2017/18, IUIH continued the development of its electronic health record system, MMeX, thereby improving workflows for clinicians and improving data generated for use in business intelligence and quality improvement. Utilisation of de-identified clinical data for business intelligence and planning has increased, with data now regularly accessed through advanced dashboards and reports across the organisation, providing improved insight for clinicians and management. In addition, project planning commenced and resources were identified for the establishment of a regional data warehouse for SEQ ACCHSs.

## Research and Evaluation

Activities of formal exploration, inquiry and evaluation have expanded in scope and reach, with the aim of continually improving our understanding of the health and wellbeing of Aboriginal and Torres Strait Islander people in SEQ, and of the impact of programs and services. The following research projects were initiated or continued in 2017/18:

- **Work It Out Program**—(i) assessment of physical and mental health outcomes for Work It Out clients (in partnership with the Queensland Institute for Medical Research); (ii) assessment of primary health care service use amongst Work It Out clients; (iii) development of a mobile health tracking app to support the Work It Out Program (in partnership with CSIRO); (iv) overall program evaluation; (v) assessment of urban Aboriginal and Torres Strait Islander conceptions of health; and (vi) barriers and enablers to participation in the Work It Out Program
- **Indigenous Birthing in Urban Settings**— a five year NHMRC funded research project investigating the impact of the BiOC model of birthing care (partnership with The Mater Hospital and ATSICHS Brisbane)
- **Paediatric Allied Health**—(i) development and validation of a speech pathology assessment for urban Indigenous children (partnership with the University of Queensland); and (ii) research investigating the efficacy of an inter-professional skills development program for urban Indigenous school children
- **Sexual and Reproductive Health**—systems for improved surveillance and quality improvement in sexual and reproductive health services
- **Tackling Indigenous Smoking**—evaluation of the Deadly Choices Tackling Indigenous Smoking strategy across a consortium of partner organisations
- **Social Health**—(i) novel interventions to address Methamphetamines in Aboriginal and Torres Strait Islander communities, an NHMRC project led by the South Australian Health and Medical Research Institute; (ii) an investigation into the acceptability and application of a Quality of Life tool incorporated into routine annual health assessments
- **Health Adjusted Life Expectancy (HALE)**—ongoing evaluation of the impact of the IUIH System of Care on health risks and projected HALE
- **Workforce Development**—student and postgraduate research projects included: (i) use of SMS as a virtual hub for student learning; (ii) assessing the effectiveness of an Indigenous health placement in developing a student's reflective skills and cultural responsiveness; (iii) impact of student placements in urban Indigenous health settings on student's perceptions and intent to work; (iv) development and validation of a goal-based allied health therapy assessment tool (ATOMIC).

## CQI Facilitation and Team Activation

Structured processes are in place to support effective team collaboration, iterative system change and continuous clinical quality improvement across IUIH network sites, with development and expansion of the regional support service in 2017/18 to now include a 'virtual' team of four CQI facilitators, returning data to local services for analysis, and facilitating the process of discussion, identification of gaps and areas for improvement, design and implementation of change, and monitoring and refining of systems in response to the identified impact of change.

## IUIH System of Care Learning and Resources Platform

IUIH was supported in 2017/18 with funding from the Commonwealth Department of Health to develop a resource platform outlining the core systems and processes underpinning the IUIH System of Care, with the aim of: (1) guiding the user through an interactive learning experience to build a sound understanding of the IUIH System of Care and its implementation in practice; (2) standardising and making accessible the tools and resources underpinning the IUIH Systems of Care; and (3) supporting continuous quality improvement. Ten component modules are planned with an estimated completion date of December 2018.

## Workforce Development

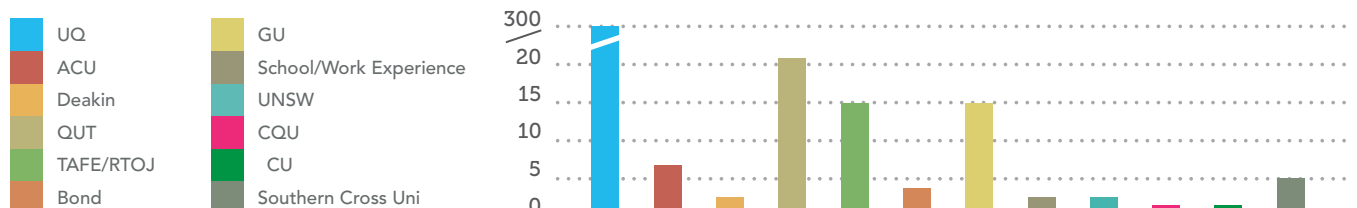
In late 2017, in response to rapid organisational growth, the Institute determined to modify its organisational structure in order to take a more dedicated approach to workforce and organisational development.

This resulted in a new business unit, Organisational Development, which holds responsibility for:

- Embedding *The Ways Cultural Integrity Framework* into all areas of IUIH development and practice
- Coordination and growth of student placements across the region
- Development and delivery of accredited training in order to build SEQ's Aboriginal and Torres Strait Islander health and community services workforce
- Workforce mapping to align new and existing programs to the IUIH System of Care
- Development and delivery of the IUIH Wellness program
- Development and delivery of workforce, leadership and management training and pathways to develop our next generation of leaders.

In addition, work commenced on the establishment of a Learning Management System which will be known as Learning Seat. This system will enable greater opportunity for training and development and ensure quality and coverage of training for all staff.

## Student Placements





## Student placement numbers

**371 students across 21 disciplines**

**12 of the students who have completed placement with IUIH Member Services in the past financial year have been employed by IUIH Member Services**

**97% of students reported they would recommend a placement in Indigenous health after completing their placement with IUIH**

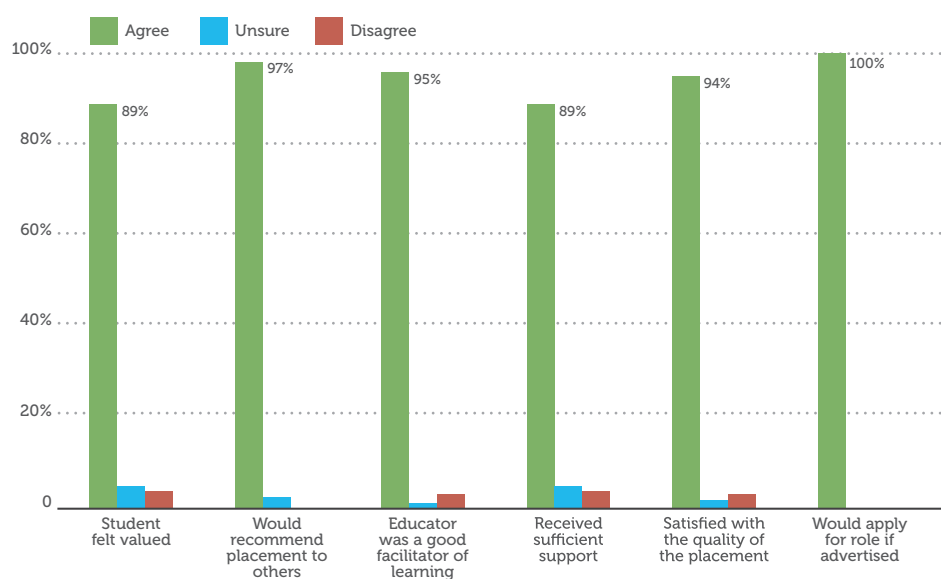
**100% of students reported that if a suitable position were to be advertised at their placement site, they would apply.**

In March 2017, we started requesting that University and TAFE students on placement within the IUIH Network complete pre-placement and post-placement surveys which provide valuable advice to inform ongoing improvements to the student placement program. In the 2017/18 financial year, 221 students completed a pre-placement survey and 87 students completed a post-placement survey.

## University Student Placement: Range of Disciplines Represented

Medicine	Dentistry	Occupational Therapy	Speech Pathology	Nursing & Midwifery
Exercise Physiology & Sports Coaching	Education	Counselling	Health Sciences & Public Health	Podiatry
Psychology	Nutrition & Dietetics	Pharmacy	Audiology	Political Science
Human Movement	Physiotherapy	Optometry	Social Science	Social Work & Human Services

## Student Placement Feedback 2017–2018



## Trainees and Training

Recruited  
**2 new**  
school-based  
trainees in allied  
health assistance

Recruited  
**10** full time  
trainees in  
individual support  
and **6** full-time  
trainees in primary  
health care

Over **85%** of IUIH's  
students in  
individual support  
and allied health  
assisting have  
continued in  
employment with  
IUIH upon  
graduation.

## Growing Our Own

**54**  
Staff have  
enrolled in the  
IUIH Executive  
Development  
Program

Over **20%** of IUIH's  
existing workforce  
have been  
recruited through  
our training  
pathways.

## University Engagement

In addition to hosting student placements, the Institute teaches into university programs in order to improve the cultural safety of future practitioners.

**15** different IUIH  
staff delivered  
lectures

**22** lectures were  
delivered

Lectures took place  
across  
**4** universities

- Lectures were to students in:
  - Medicine
  - Physiotherapy
  - Psychology
  - Occupational Therapy
  - Public Health
  - Social Science
  - Pharmacy
  - Nursing
- 4 of the staff delivering were emerging Indigenous leaders.



## Proppa Ways:

### *Student Cultural Skills Program*

A student cultural skills program called Proppa Ways was developed at the end of 2017 and piloted with a handful of students. 37 students completed the program in Semester 1. 87% of students felt it improved their understanding and helped them build good relationships. 100% of students felt the program helped them better understand IUIH and its Member Services.

In your own words, what did you like most about the Proppa Ways program?

*'The content provided (radio interview, YouTube clips) was really useful. I came away feeling like I had a deeper understanding of IUIH as a whole, the kinds of services offered, why they are necessary, how they are contributing to improving outcomes for Aboriginal and Torres Strait Islander people, and my own role, as a nurse, in the Health Check process. With little prior learning around providing culturally safe health care, I felt like the content educated me a little around how best to approach health care with Aboriginal and Torres Strait Islander people (which is invaluable! It really complemented what I was already learning on prac).'*







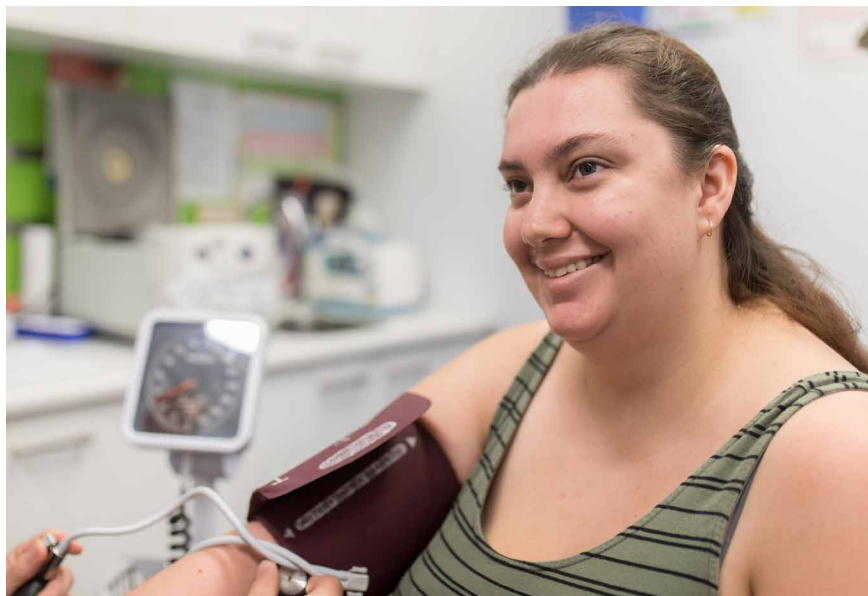
## Awards and Recognition

The Institute won the Metropolitan Region's Queensland Training Awards in the Large Employer Category.

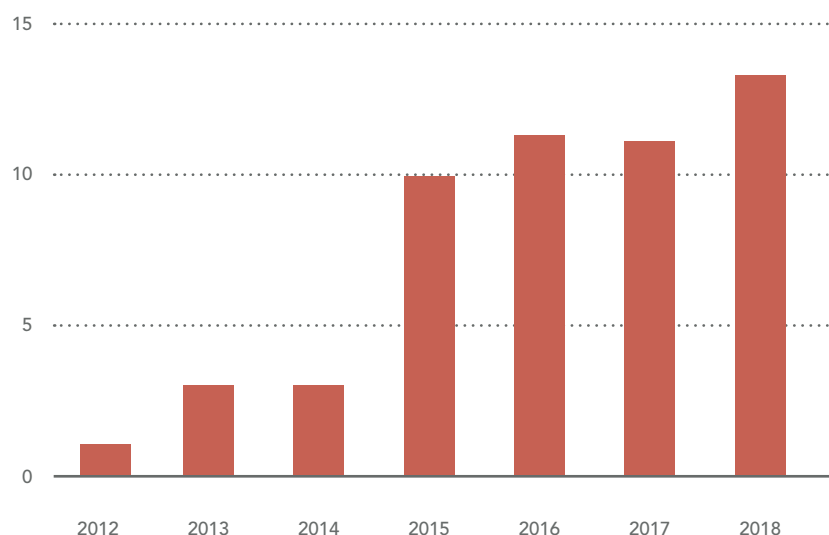
Two of IUIH's training students made it through to the second round of the Queensland Training awards nominations, with one student making it to the regional finals.

## Medical Education

In 2017/18, IUIH staff continued their contribution to the delivery of the University of Queensland's medical curriculum. There has been a continued growth in the number of available GP Registrar placements across the region, strengthening the pipeline of 'home grown' vocationally registered GPs. In addition, the IUIH GP workforce has received training in prescribing Hepatitis C Direct Acting Antiviral (DAA) medications, making eradication of Hepatitis C from our communities a realistic possibility.



## GP Registrars Completing ACCHS Placement in SEQ 2012-2018

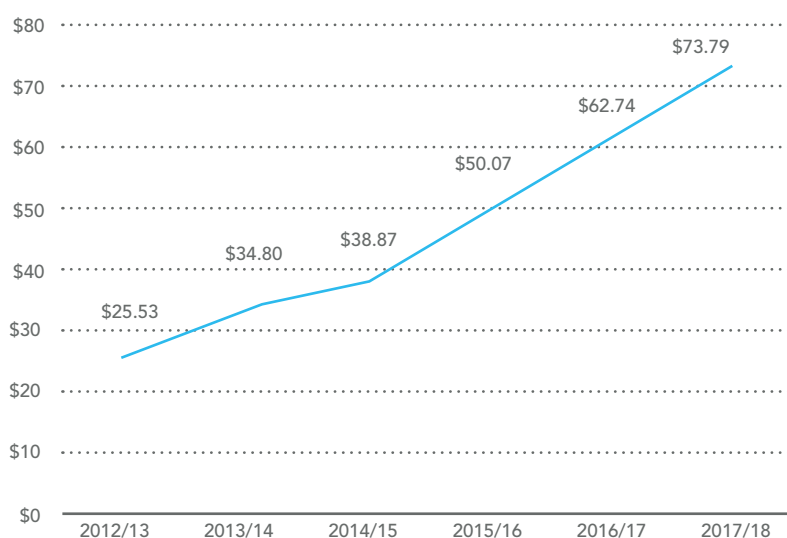


## Corporate Services

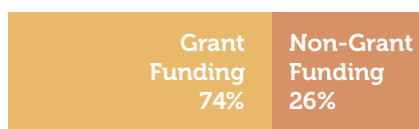
### Finance

	2017/18	2016/17	2015/16	2014/15
Total Expenditure	\$70,836,993	\$56,003,503	\$46,964,290	\$34,893,432
Current Assets	\$13,159,295	\$14,845,195	\$13,049,861	\$10,531,710
% change	(11.4%)	13.8%	23.9%	
Total Assets	\$27,909,064	\$28,851,251	\$21,920,138	\$17,977,226
% change	(3.3%)	31.6%	21.9%	
Equity	\$17,877,844	\$17,635,483	\$14,581,900	\$12,596,071
% change	1.4%	20.9%	15.8%	
Capital Infrastructure Acquisition	\$1,772,480	\$6,053,049	\$2,126,604	\$1,971,457

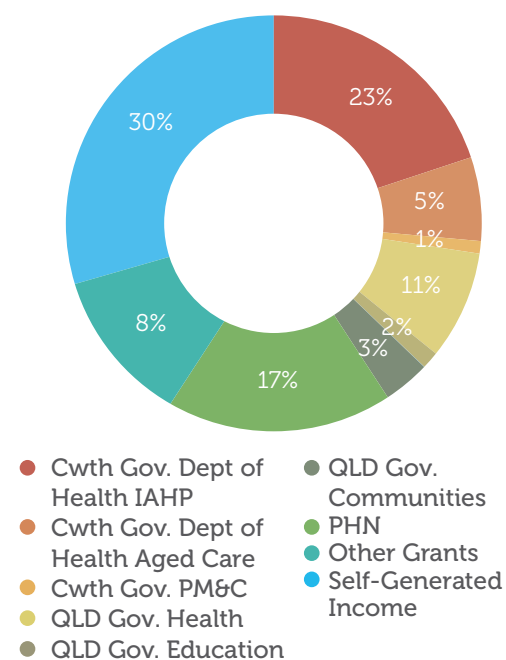
### Total Income \$M



### Grant vs. Non-Grant Funding



### IUIH Sources of Income 2017–18





## Human Resources

In 2017/18, the IUIH Human Resources Team was significantly expanded in order to cater for the growth in the IUIH workforce and to ensure quality systems are in place to support the organisation. The team commenced development of an automated on-boarding system utilising the existing ConnX Human Resource Information System. The HR team is aiming to complete the automated onboarding system for full implementation in 2018/19.

	17/18	16/17	15/16	14/15	13/14	12/13	11/12	10/11	09/10
Number of employees	572	457	412	313	210	142	57	29	7
Percentage of employees identifying as Aboriginal and/or Torres Strait Islander	48%	51.2%	49.4%	52%	56%	60%	–	–	–

## Information and Communication Technology

**System Users.....1,647**

**MMEX Users .....937**

**IT supports provided ..... 10,440**

## Quality and Compliance

Topic	2017/2018
CQI	297
Compliments	257
Internal audits conducted	447
Standards (Re-certifications)	<ul style="list-style-type: none"> <li>– ISO 9001:2015</li> <li>– Aged Care Common Standards (on the spot audit from Department of Health)</li> <li>– Dental Accreditation – Morayfield</li> <li>– Food Safety Accreditation—Zillmere and Hervey Bay</li> <li>– Clinical Accreditation (AGPAL) Strathpine, Deception Bay and Goodna clinics</li> </ul>
Standards (New certifications achieved)	<ul style="list-style-type: none"> <li>– HSQF—Families</li> <li>– Clinical Accreditation (AGPAL) Salisbury</li> <li>– Dental accreditation—all sites regionally</li> </ul>



# **INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**

**ABN: 32 140 019 290**

## **2018 FINANCIAL REPORT**



**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**

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**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**

**DIRECTORS' REPORT**

Your directors present this report on the company for the financial year ended 30 June 2018. In order to comply with provisions of the Australian Charities and Commission Act 2012 (ACNC Act), the Directors report as follows:

**Directors**

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

	<u>Commenced</u>	<u>Ceased</u>
- Stella Taylor-Johnson	15/10/2009	
- Lynette Shipway	19/05/2011	
- Brett Shannon	12/02/2013	
- William Glasson	22/11/2014	
- Maurice Burke	21/11/2015	
- Kieran Chilcott	21/12/16	
- Paul Lucas	6/02/2017	

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

**Company Secretary**

The Company Secretary in office at the date of this report is Charmaine Harch, appointed 20 November 2013.

**Principal Activities**

The principal activity of the entity during the financial year was:

The coordination of planning, development and delivery of primary health care services to Aboriginal and Torres Strait Islander peoples within the South East Queensland region.

No significant changes in the nature of the entity's activity occurred during the financial year.

**Operating Results**

The entity recorded a net operating surplus of \$242,362. During 2017/2018, IUIH Ltd's Caboolture Medical Clinic was destroyed by fire, which resulted in the write off of \$1.005M of fixed assets. IUIH Ltd has appropriate insurances in place to cover the replacement cost of assets, contents and Business Interruption. In accordance with AASB 137, Income from the insurance claims will be recognised in 2018-2019, when received.

**Review of Operations**

During the 2017/18 year IUIH Ltd operations have seen continued growth in Income at \$73.7M (20% increase on 2016/2017). In April 2018, IUIH Ltd was successful in the establishment it's first self funding Medical Clinic at Margate. IUIH continues to invest in the provision of Allied Health areas in both the MATSICHS Clinics and SEQ Region.

As at 30 June 2018 there was \$2,711,539 in unexpended grant funding. Please refer to Note 17 for further details. All unexpended grant funding is in line with government funding requirements and program scheduling.

During the 2017/18 year IUIH Ltd paid out the term loan for the Head Office at Windsor.

**Significant Changes in State of Affairs**

No significant changes in the entity's state of affairs occurred during the financial year.

**After Balance Date Events**

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**

**DIRECTORS' REPORT**

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

**Future Developments**

The entity expects to sustain the level of funding during 2018/19, whilst increasing the level of non-grant income through commercialisation of program and service delivery activities. These increased activities do not change the original intent of operations of the entity.

**Environmental Issues**

The entity's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

**Information on Directors**

Name	Position	Number attended	Eligible to attend
Stella Taylor-Johnson	Director	6	6
Lynette Shipway	Chairperson / Director	6	6
Brett Shannon	Director	1	6
Kieran Chilcott	Director	5	6
Kenneth Wiltshire	Director	1	2
William Glasson	Director	4	6
Maurice Burke	Director	6	6
Paul Lucas	Director	5	6

**Directors Qualifications**

Stella Taylor-Johnson	Cert. Social Welfare, Cert. Management, Cert. Community Mediation.
Lynette Shipway	Teachers Aid Cert, Assoc. Dipl Community Welfare & Indigenous Education, Cert IV Assessing & Training, Dipl. Business Management.
Brett Shannon	MBBS, MAE, BBus, BAppSci
Kenneth Wiltshire	B.Econ (Hons), M.Sc. (Lon), PhD, FIPAA., MAICD
William Glasson	MBBS, FRANZCO, FRACS, FRCO phth, FRACGP, Dip App Sci (Optom), GAICD, AO
Maurice Burke	BCom, C.Dec
Kieran Chilcott	BEd, Dipl Management, Cert IV Business Governance, Cert IV Project Management, Cert IV Mental Health, Cert IV Training & Assessment, AICD - Company Director Course training
Paul Lucas	MUrb&RegPlg, MBA, LLB, BEcon, ProfCert Arbitration, GAICD

**Proceedings on Behalf of the Entity**

No person has applied for leave of Court to bring proceedings on behalf of the entity or intervene in any proceedings to which the entity is a party for the purpose of taking responsibility on behalf of the entity for all or any part of those proceedings.

The entity was not a party to any such proceedings during the year.



INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD

ABN: 32 140 019 290

DIRECTORS' REPORT

**Auditor's Independence Declaration**

The lead auditor's independence declaration for the year ended 30 June 2018 has been received and can be found on page 5 of the financial statements.

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

Director

L Shipway

Director

m J Burke

Dated this

NINETEEN SEPTEMBER

2018

## DIRECTORS' DECLARATION

In accordance with a resolution of the directors of the Institute for Urban Indigenous Health Limited, the directors declare that:

1. The financial statements and notes, as set out on pages [insert number] to [insert number], comply with Australian Accounting Standards and give a true and fair view of the financial position of the registered entity as at 30 June 2018 and of its performance for the year ended on that date.
2. This declaration is signed in accordance with subs 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.
3. 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.

This declaration is made in accordance with a resolution of the Board of Directors.

Director L Shipway

Director W J Burke

Dated this 19TH day of SEPTEMBER 2018

## **Auditor's Independence Declaration**

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**

**ABN 32 140 019 290**

**AUDITOR'S INDEPENDENCE DECLARATION UNDER S 307C OF THE CORPORATIONS ACT 2001**

**TO THE DIRECTORS OF INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018 there have been no contraventions of:

- i. the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.

**Lyons Judge Accountants and Advisers**



**Robert Edwards**

Date: 19 September 2018

Level 25/239 George Street, Brisbane QLD 4000

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**

**STATEMENT OF FINANCIAL POSITION**  
**AS AT 30 JUNE 2018**

	<u>Notes</u>	<u>2018</u> \$	<u>2017</u> \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents	2	9,812,624	13,319,023
Trade and Other Receivables	3	2,402,620	837,849
Other Current Assets	4	944,051	688,323
<b>TOTAL CURRENT ASSETS</b>		<b>13,159,295</b>	<b>14,845,195</b>
<b>NON-CURRENT ASSETS</b>			
Property, Plant & Equipment	5	14,749,769	14,006,056
<b>TOTAL NON-CURRENT ASSETS</b>		<b>14,749,769</b>	<b>14,006,056</b>
<b>TOTAL ASSETS</b>		<b>27,909,064</b>	<b>28,851,251</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	6	3,297,292	2,731,076
Provisions	7	2,395,377	1,831,795
Borrowings	7	-	212,748
Unexpended Grant Funds	17	2,778,766	3,900,069
<b>TOTAL CURRENT LIABILITIES</b>		<b>8,471,435</b>	<b>8,675,688</b>
<b>NON CURRENT LIABILITIES</b>			
Provisions	7	1,559,784	1,118,179
Borrowings	7	-	1,421,901
<b>TOTAL NON CURRENT LIABILITIES</b>		<b>1,559,784</b>	<b>2,540,080</b>
<b>TOTAL LIABILITIES</b>		<b>10,031,220</b>	<b>11,215,767</b>
<b>NET ASSETS</b>		<b>17,877,844</b>	<b>17,635,483</b>
<b>EQUITY</b>			
Retained Earnings	8	17,877,844	17,635,483
<b>TOTAL EQUITY</b>		<b>17,877,844</b>	<b>17,635,483</b>

The accompanying notes form part of these financial statements.

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
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**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME**  
**FOR THE YEAR ENDED 30 JUNE 2018**

	<u>Notes</u>	<u>2018</u>	<u>2017</u>
		\$	\$
<b>INCOME</b>			
Grant Income from Operations		54,461,451	45,437,913
Medicare Income		6,569,481	6,223,594
Interest Income		152,436	113,852
Other Income		12,257,526	10,964,796
Other Income: Insurance Claims	13	350,000	-
<b>Total Income</b>		<u>73,790,894</u>	<u>62,740,155</u>
<b>EXPENDITURE</b>			
Salaries & Wages and other employee costs		41,869,908	32,839,980
Contractors and Consultants		12,547,466	9,426,917
Auditors Fee		55,680	53,700
Depreciation Expense		1,028,767	917,269
Cost of Occupancy		2,859,288	2,556,798
Other Operational Expenses		11,472,334	10,208,839
Loss on Disposal of Assets: Insurance Claim	13	1,003,550	-
<b>Total Expenditure</b>		<u>70,836,993</u>	<u>56,003,503</u>
Less: Unexpended Grants Liability		(2,711,539)	(3,683,069)
<b>Current year surplus before income tax</b>		<u>242,362</u>	<u>3,053,583</u>
<b>Net current year surplus</b>	10	242,362	3,053,583
<b>Total comprehensive income for the year</b>		242,362	3,053,583
<b>Total comprehensive income attributable to members of the entity</b>		<u><u>242,362</u></u>	<u><u>3,053,583</u></u>

The accompanying notes form part of these financial statements.

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
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**STATEMENT OF CHANGES IN EQUITY**  
**FOR THE YEAR ENDED 30 JUNE 2018**

	<b>Retained Earnings</b>
	<b>\$</b>
<b>Balance at 1 July 2016</b>	<b><u>14,581,900</u></b>
<b>Comprehensive income</b>	
Surplus for the year attributable to members of the entity	3,053,583
Other comprehensive income for the year	-
Transfer of Assets	-
Prior Year Adjustments	-
<b>Total comprehensive income attributable to members of the entity</b>	<b><u>3,053,583</u></b>
<b>Balance at 30 June 2017</b>	<b><u>17,635,483</u></b>
<b>Comprehensive income</b>	
Surplus for the year attributable to members of the entity	242,362
Other comprehensive income for the year	-
Transfer of Assets	-
<b>Total comprehensive income attributable to members of the entity</b>	<b><u>242,362</u></b>
<b>Balance at 30 June 2018</b>	<b><u>17,877,844</u></b>



**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
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**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 30 JUNE 2018**

	<u>Notes</u>	<u>2018</u> \$	<u>2017</u> \$
<b>Cash Flows from Operating Activities:</b>			
Receipts from Customers		68,807,062	60,875,317
Payments to Suppliers and Employees		(69,058,767)	(52,376,394)
Interest Received		152,436	113,852
<b>Total Cash from Operating Activities</b>	9	<u>(99,270)</u>	<u>8,612,775</u>
<b>Cash Flows from Investing Activities:</b>			
Proceeds from sale of property, plant and equipment		-	-
Payments for property, plant and equipment		(1,772,480)	(6,053,049)
<b>Net Cash Used in Investing Activities</b>		<u>(1,772,480)</u>	<u>(6,053,049)</u>
<b>Cash Flows from Financing Activities:</b>			
Payments for Short term borrowings		(212,748)	212,748
Payments for Long term borrowings		(1,421,901)	1,421,901
<b>Net Cash Used in Financing Activities</b>		<u>(1,634,649)</u>	<u>1,634,649</u>
<b>Net Increase / (Decrease) in Cash held</b>		<b>(3,506,399)</b>	<b>4,194,375</b>
Cash at beginning of financial year		13,319,023	9,124,648
<b>Cash at end of financial year</b>		<u><b>9,812,624</b></u>	<u><b>13,319,023</b></u>

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

The financial statements cover the Institute for Urban Indigenous Health Limited as an individual entity, incorporated and domiciled in Australia. Institute for Urban Indigenous Health Limited is a company limited by guarantee.

**Note 1: Statement of Significant Accounting Policies**

The directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial statements. These financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the *ACNC Act 2012*. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *ACNC Act 2012* and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with those of previous periods unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *ACNC Act 2012*, the basis of accounting specified by all Australian Accounting Standards and Interpretations, and the disclosure requirements of Accounting Standards AASB 101: *Presentation of Financial Statements*, AASB 107: *Cash Flow Statements*, AASB 108: *Accounting Policies, Changes in Accounting Estimates and Errors*, AASB 1031: *Materiality* and AASB 1054: *Australian Additional Disclosures*.

**Accounting Policies**

**a. Revenue**

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Medicare Income is recognised in profit or loss when received.

Other Income relates to income derived from the provision of services and is recognised in

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

**Note 1: Statement of Significant Accounting Policies (continued)**

Institute for Urban Indigenous Health Limited receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received unless they are designated for a specific purpose, where they are carried forward as prepaid income on the balance sheet.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

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

**b. Property, Plant and Equipment**

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

Property, Plant & Equipment is brought to account at cost for individual items over \$1,000.00 and are depreciated at rates based on their economic life.

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

In the event the carrying amount of plant and equipment is greater than the recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

**Depreciation**

The depreciable amount of all fixed assets including buildings and capitalised lease assets are depreciated on a diminishing value basis over the asset's useful life to the entity commencing from the time the asset is held ready for use.

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

<b>Class of Fixed Asset</b>	<b>Depreciation Rate</b>
Medical Equipment	20%
Office Furniture & Equipment	10%
Software	40%

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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

**Note 1: Statement of Significant Accounting Policies (continued)**

<b>Class of Fixed Asset</b>	<b>Depreciation Rate</b>
Plant & Equipment	30%
Artwork	10%
Motor Vehicles	10%-25%
Computer Equipment	30%-40%
Trademarks	10%
Leasehold Improvements & Fitout	2.50%

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

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

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

Assets acquired utilising Telstra tech fund credits are not capitalised in the financial statements. These assets are represented by the acquisition of 10 mobile phones and the supply and installation of 2 telephone systems at a cost of \$27,101. Contractual commitments exist in relation to these assets as outlined in Note 10.

Leasehold improvements and other assets of IUIH managed projects are transferred to the relevant organisation at written down value.

**c. Leases**

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the entity are classified as finance leases.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the period in which they are incurred.

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

**Note 1: Statement of Significant Accounting Policies (continued)**

**d. Financial Instruments**

**Initial recognition and measurement**

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

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

**Classification and subsequent measurement**

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest method, or cost. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

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

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

**(i) Financial assets at fair value through profit or loss**

Financial assets are classified at "fair value through profit or loss" when they are held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at a fair value with changes in carrying amount being included in profit or loss.

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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

**Note 1: Statement of Significant Accounting Policies (continued)**

**(ii) Held-to-maturity investments**

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the company's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

**(iii) Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

**(iv) Available-for-sale investments**

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

**Note 1: Statement of Significant Accounting Policies (continued)**

Available-for-sale financial assets are classified as non-current assets when they are not expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

**(v) Financial liabilities**

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process when the financial liability is derecognised.

**Impairment**

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).



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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

**Note 1: Statement of Significant Accounting Policies (continued)**

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified into profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if the management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance accounts.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events have occurred are duly considered.

**Derecognition**

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

**e. Impairment of Assets**

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

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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

**Note 1: Statement of Significant Accounting Policies (continued)**

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

Where it is not possible to estimate the recoverable amount of a class of asset, the entity estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

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

**f. Employee Provisions**

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

Employee entitlements to sick leave are recorded in the books of account when taken. A provision for Annual Leave and Long Service Leave has been brought to account at employee pay rates applicable at balance date based on pro rata hourly entitlements at that date. The provision for long service leave accrues from employment start date.

**g. Cash and Cash Equivalents**

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

**h. Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

**Note 1: Statement of Significant Accounting Policies (continued)**

**i. Accounts Receivable and Other Debtors**

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

**j. Unexpended Grants**

The entity receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the entity to treat grants monies as unexpended grants in the Statement of Financial Position where the entity is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

**k. Income Tax**

No provision for income tax has been raised as the entity is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

**l. Intangibles**

**Software**

Software is recorded at cost. Software has a finite life and is carried at cost less any accumulated amortisation and impairment losses. It has an estimated useful life of between one and two years. It is assessed annually for impairment.

**m. Provisions**

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

**n. Comparative Figures**

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

When an entity applies an accounting policy retrospectively, makes a retrospective restatement or reclassifies items in its financial statements, a statement of financial position as at the beginning of the earliest comparative period must be disclosed.

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

**Note 1: Statement of Significant Accounting Policies (continued)**

**o. Accounts Payable and Other Payables**

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amount being normally paid within 30 days of recognition of the liability.

**p. Critical Accounting Estimates and Judgements**

The directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

**Key estimates**

*(i) Impairment*

The company assesses impairment at the end of each reporting period by evaluating conditions and events specific to the company that may be indicative of impairment triggers.

*(ii) Inventories*

Donated inventories at the end of the reporting period are recognised at replacement cost determined by reference to the current market price.

**q. Economic Dependence**

The Institute for Urban Indigenous Health Ltd is dependent on the Departments of both the State and Commonwealth for the majority of its revenue used to operate the business. At the date of this report the Board of Directors has no reason to believe these Departments will not continue to support the Institute for Urban Indigenous Health Ltd.

**r. New Accounting Standards for Application in Future Periods**

- AASB 9: *Financial Instruments* and associated Amending Standards (applicable to annual reporting periods beginning on or after 1 January 2018).

The Standard will be applicable retrospectively (subject to the provisions on hedge accounting outlined below) and includes revised requirements for the classification and measurement of financial instruments, revised recognition and derecognition requirements for financial instruments, and simplified requirements for hedge accounting.

The key changes that may affect the company on initial application include certain simplifications to the classification of financial assets, simplifications to the accounting of embedded derivatives, upfront accounting for expected credit loss, and the irrevocable election to recognise gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. AASB 9 also introduces a new model for hedge accounting that will allow greater flexibility in the ability to hedge risk, particularly with respect to the hedging of non-financial items. Should the entity elect to change its hedge policies in line with the new hedge accounting requirements of the Standard, the application of such accounting would be largely prospective.

Although the directors anticipate that the adoption of AASB 9 may have an impact on the company's financial instruments, including hedging activity, it is impracticable at this stage to provide a reasonable estimate of such impact.

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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

**Note 1: Statement of Significant Accounting Policies (continued)**

- AASB 16: *Leases* (applicable to annual reporting periods beginning on or after 1 January 2019).  
When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117: *Leases* and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases.  
The main changes introduced by the new Standard are as follows:
- recognition of a right-of-use asset and liability for all leases (excluding short-term leases with less than 12 months of tenure and leases relating to low-value assets);
  - depreciation of right-of-use assets in line with AASB 116: *Property, Plant and Equipment* in profit or loss and unwinding of the liability in principal and interest components;
  - inclusion of variable lease payments that depend on an index or a rate in the initial measurement of the lease liability using the index or rate at the commencement date;
  - application of a practical expedient to permit a lessee to elect not to separate non-lease components and instead account for all components as a lease; and
  - inclusion of additional disclosure requirements.
- The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108: *Accounting Policies, Changes in Accounting Estimates and Errors* or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.
- Although the directors anticipate that the adoption of AASB 16 will impact the company's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.
- AASB 1058: *Income of Not-for-Profit Entities* (applicable to annual reporting periods beginning on or after 1 January 2019).  
This Standard is applicable to transactions that do not arise from enforceable contracts with customers involving performance obligations.  
The AASB 1058 are as follows significant accounting requirements of:
- Income arising from an excess of the initial carrying amount of an asset over the related contributions by owners, increases in liabilities, decreases in assets and revenue should be immediately recognised in profit or loss. For this purpose the assets, liabilities and revenue are to be measured in accordance with other applicable Standards;
  - Liabilities should be recognised for the excess of the initial carrying amount of a financial asset (received in a transfer to enable the entity to acquire or construct a recognisable non-financial asset that is to be controlled by the entity) over any related amounts recognised in accordance with the applicable Standards. The liabilities must be amortised to profit or loss as income when the entity satisfies its obligations under the transfer.

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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

**Note 1: Statement of Significant Accounting Policies (continued)**

An entity may elect to recognise volunteer services or a class of volunteer services as an accounting policy choice if the fair value of those services can be measured reliably, whether or not the services would have been purchased if they had not been donated. Recognised volunteer services should be measured at fair value and any excess over the related amounts (such as contributions by owners or revenue) immediately recognised as income in profit or loss.

The transitional provisions of this Standard permit an entity to either: restate the contracts that existed in each prior period presented in accordance with AASB 108 (subject to certain practical expedients); or recognise the cumulative effect of retrospective application to incomplete contracts on the date of initial application. For this purpose, a completed contract is a contract or transaction for which the entity has recognised all of the income in accordance with AASB 1004 *Contributions*.

Although the directors anticipate that the adoption of AASB 1058 may have an impact on the company's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

- AASB 2016-4: *Amendments to Australian Accounting Standards – Recoverable Amount of Non-Cash-Generating Specialised Assets of Not-for-Profit Entities* (applicable to annual reporting periods beginning on or after 1 January 2018).

This Standard amends AASB 136: *Impairment of Assets* to remove references to depreciated replacement cost as a measure of value in use for not-for-profit entities; and clarify that AASB 136 does not apply to non-cash-generating specialised assets that are regularly revalued to fair value under the revaluation model in AASB 116 and AASB 138: *Intangible Assets*, but applies to such assets accounted for under the cost model in those Standards.

AASB 2016-4 is not expected to have a significant impact on the company's financial statements.

- AASB 2016-2: *Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 107*

This Standard amends AASB 107: *Statement of Cash Flows* (August 2015) to require entities preparing financial statements in accordance with Tier 1 reporting requirements to provide disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cash flows and non-cash changes.

AASB 2016-2 is not expected to have a significant impact on the company's financial statements.

- AASB 2017-2: *Amendments to Australian Accounting Standards – Further Annual Improvements 2014–2016 Cycle*

This Standard clarifies the scope of AASB 12: *Disclosure of Interests in Other Entities* by specifying that the disclosure requirements apply to an entity's interests in other entities that are classified as held for sale, held for distribution to owners in their capacity as owners or discontinued operations in accordance with AASB 5: *Non-current Assets Held for Sale and Discontinued Operations*.

AASB 2017-2 is not expected to have a significant impact on the company's financial statements.



**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

**Note 1: Statement of Significant Accounting Policies (continued)**

**s. Cost Allocations - Grant Acquittals**

**Grant Acquitted**

For the purpose of acquitting grants provided by funding bodies, the entity has adopted the following policies:

Grant income is acquitted after allowing for the following costs:

- Cost including labour and on costs directly associated with a specific grant;
- Administration and other related overhead costs (after excluding costs which are abnormal both in nature and value and therefore not representative of an appropriate level of costs that would be expected to be incurred) not related to a specific grant are allocated over the relevant grants, based on a proportion of the level of each grant and related income compared to total income.

Such allocations are reduced to take into consideration the lower level administrative burden a grant is likely to produce, such as in the case of capital grants.

Representations of management and internal documentation are used in determining to which grants a cost may be directly or indirectly attributed.

Refer Note 1 (t) for further details on internal administration charges levied.

**t. Internal Administration Charges**

An administration fee, based on a percentage of funding received, is charged to individual programs and included as an expense within individual grant acquittal statements.

Internal administration charges net off against internal administration revenue within the Income Statement, accordingly total income and total expenses at a level have excluded internal administration charges raised.

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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

	<u>2018</u>	<u>2017</u>
	\$	\$
<b>Note 2: Cash and Cash Equivalents</b>		
Cheque Account	103,388	133,909
Donations Account	53,712	38,437
Cash Management Account	1,510,472	3,045,997
Medicare Account	1,644,705	6,988,210
Goodna Medicare Account	342,874	6,288
Term Deposits	6,151,708	3,100,476
Petty Cash	5,764	5,706
<b>Total Cash and Cash Equivalents</b>	<u><b>9,812,624</b></u>	<u><b>13,319,023</b></u>
 <b>Note 3: Trade and Other Receivables</b>		
<b>Current</b>		
Trade Receivables	2,402,620	837,849
<b>Total Trade and Other Receivables</b>	<u><b>2,402,620</b></u>	<u><b>837,849</b></u>
 <b>Note 4: Other Current Assets</b>		
Property Rental Bonds Held - Strathpine Office	18,513	18,513
Property Rental Bonds Held - Bowen Hills Admin Office	-	48,750
Property Rental Bonds Held - Darra Office	25,055	25,055
Property Rental Bonds Held - Caboolture Office	42,100	42,100
Property Rental Bonds Held - Strathpine Clinic	18,562	18,562
Property Rental Bonds Held - Deception Bay Clinic	30,250	30,250
Property Rental Bonds Held - BiOC Hub Salisbury	26,400	26,400
Property Rental Bonds Held - Caboolture Clinic	10,083	10,083
Property Rental Bonds Held - Bilinga Clinic	-	35,090
Property Rental Bonds Held - Margate Clinic	35,304	-
Property Rental Bonds Held - Warehouse	29,425	-
Property Rental Bonds Held - Maryborough Office	1,833	-
Property Rental Bonds Held - Trainee Support	1,650	
Prepayments	435,451	175,752
Sundry Receivables	269,425	257,767
<b>Total Other Current Assets</b>	<u><b>944,051</b></u>	<u><b>688,323</b></u>

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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

	<u>2018</u>	<u>2017</u>
	\$	\$
<b>Note 5: Property, Plant and Equipment</b>		
Artwork at Cost	59,498	60,763
Less: Accumulated Depreciation	<u>(20,858)</u>	<u>(18,870)</u>
Net carrying amount	<b>38,640</b>	<b>41,892</b>
Building and Improvements at Cost	10,423,571	9,723,404
Less: Accumulated Depreciation	<u>(525,041)</u>	<u>(369,628)</u>
Net carrying amount	<b>9,898,530</b>	<b>9,353,775</b>
Computer Equipment at Cost	1,558,017	1,215,535
Less: Accumulated Depreciation	<u>(936,588)</u>	<u>(818,375)</u>
Net carrying amount	<b>621,429</b>	<b>397,160</b>
Medical Equipment at Cost	1,859,341	1,815,212
Less: Accumulated Depreciation	<u>(961,619)</u>	<u>(874,607)</u>
Net carrying amount	<b>897,721</b>	<b>940,605</b>
Furniture and Fixtures at Cost	823,837	791,974
Less: Accumulated Depreciation	<u>(194,709)</u>	<u>(162,925)</u>
Net carrying amount	<b>629,128</b>	<b>629,049</b>
Software and Licenses at Cost	731,126	709,626
Less: Accumulated Depreciation	<u>(490,306)</u>	<u>(342,686)</u>
Net carrying amount	<b>240,819</b>	<b>366,940</b>
Plant & Equipment at Cost	307,334	237,313
Less: Accumulated Depreciation	<u>(170,880)</u>	<u>(128,970)</u>
Net carrying amount	<b>136,454</b>	<b>108,343</b>
Motor Vehicle at Cost	941,763	941,763
Less: Accumulated Depreciation	<u>(359,787)</u>	<u>(295,114)</u>
Net carrying amount	<b>581,976</b>	<b>646,649</b>
Trademarks at Cost	14,123	14,123
Less: Accumulated Depreciation	<u>(4,836)</u>	<u>(3,804)</u>
Net carrying amount	<b>9,288</b>	<b>10,320</b>

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

		<u>2018</u>	<u>2017</u>
		\$	\$
Managed Projects at Cost	(a)	1,956,556	1,712,481
Less: Accumulated Depreciation		(260,772)	(201,159)
Net carrying amount		<u>1,695,784</u>	<u>1,511,323</u>
<b>Total Property, Plant and Equipment</b>		<u><b>14,749,769</b></u>	<u><b>14,006,056</b></u>

(a) Managed Projects relate to the establishment or refurbishment of medical clinics under an auspice arrangement between the Department of Health, the Institute for Urban Indigenous Health Ltd and the relevant Member organisation. The applicable assets will be transferred to the relevant member organisation upon completion of the project, subject to Member & Government approval. The written down value of these managed projects are: the Logan clinic \$186,162 to ATSICHS Ltd; the Capalaba clinic \$78,240 to Yulu-Burri-Ba; and the Coolangatta clinic \$395,977 to Kalwun Health. The Institute for Urban Indigenous Health Ltd will retain the Goodna clinic (written down value of \$792,262) as a managed project under the Management Agreement.

In accordance with the Department of Health Head Agreement, assets are to be depreciated until the date of transfer.

**Note 6: Trade and Other Payables**

**Current**

Trade Payables	1,024,841	1,461,511
Sundry Payables	58,627	44,917
Accrued Expenses	1,939,638	875,558
Westpac Credit Card	8,703	4,896
ATO Liabilities	(3,043)	104,322
Superannuation Payable	271,496	225,553
Payroll Liabilities	(2,970)	14,320
<b>Total Trade and Other Payables</b>	<u><b>3,297,292</b></u>	<u><b>2,731,076</b></u>

**Note 7: Provisions & Borrowings**

**Current Liabilities**

Provision for annual leave	2,395,377	1,831,795
Westpac Term Loan - Current	-	212,748
<b>Total Current Liabilities</b>	<u><b>2,395,377</b></u>	<u><b>2,044,543</b></u>

**Non-Current Liabilities**

Provision for Long Service Leave	1,559,784	1,118,179
Westpac Term Loan - Non Current	-	1,421,901
<b>Total Non- Current Liabilities</b>	<u><b>1,559,784</b></u>	<u><b>2,540,080</b></u>

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

	<u>2018</u>	<u>2017</u>
	\$	\$
<b>Note 8: Retained Earnings</b>		
Opening Balance	17,635,483	14,581,900
Transfer of Assets (a)	-	-
Net Current Year Surplus	242,361	3,053,583
<b>Total Retained Earnings</b>	<u><b>17,877,844</b></u>	<u><b>17,635,483</b></u>

(a) Transfer of Assets relates to the transfer of leasehold improvements and other assets to member organisations at written down value. Nil to report for 2016/2017 and 2017/2018 years Refer to Note 5(a) for additional information.

**Note 9: Reconciliation of cash flows from operations with net current year surplus**

Net current year surplus	242,362	3,053,582
Non-cash flows in profit:		
- depreciation and amortisation	1,028,767	917,269
Changes in assets and liabilities:		
- increase / (decrease) in unexpended grants at end of year	(1,121,303)	901,701
- (increase) / decrease in trade receivables	(1,564,771)	1,876,521
- (increase) / decrease in other current assets	(255,729)	522,521
- increase / (decrease) in trade payables	566,216	788,510
- increase / (decrease) in other provisions	1,005,187	552,670
<b>Cash flows (used in) / provided by operating activities</b>	<u><b>(99,270)</b></u>	<u><b>8,612,775</b></u>

**Note 10: Reconciliation of Net Operating Surplus**

Net current year surplus per Statement of Profit or Loss & Other Comprehensive Income	242,362	3,053,582
Capitalised Assets	(1,408,856)	(1,705,114)
<b>Net Operating Surplus/ (Deficit)</b>	<u><b>(1,166,494)</b></u>	<u><b>1,348,468</b></u>

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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

	<u>2018</u>	<u>2017</u>
	\$	\$
<b>Note 11: Operating Lease Commitments</b>		
Non-cancellable operating leases contracted for but not		
Payable — minimum lease payments		
- not later than 12 months	3,266,631	2,394,534
- later than 12 months but not later than 5 years	3,177,697	2,060,423
	<u><b>6,444,328</b></u>	<u><b>4,454,957</b></u>

These lease commitments represent 134 motor vehicles, 5 photocopiers and 19 buildings that are non-cancellable operating leases contracted for but not capitalised in the financial statements with varying terms and expiry dates. No capital commitments exist in regards to the operating lease commitments at year-end. Increase in lease commitments may occur in line with CPI.

Additional commitments not capitalised in the financial statements exist in relation to telecommunication contracts for telephone and data plans. These contracts are for two year terms with varying expiry dates. Refer Note 1b.

**Note 12: Related Party Transactions**

a. **Key Management Personnel**

In accordance with AASB 124 *Related Party Disclosures*, key management personnel are any person(s) having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly including any director (whether executive or otherwise). For IUIH Ltd key management personnel include all the non-executive directors of the IUIH Ltd Board, the CEO and Senior Management Team.

**Key Management Personnel compensation:**

- Short term employee benefits	1,878,657	1,676,004
- Post employment benefits	-	-
- Other long term benefits	150,371	122,068
	<u><b>2,029,028</b></u>	<u><b>1,798,072</b></u>



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	<u>2018</u>	<u>2017</u>
	\$	\$
b. Other Related Parties		
Other related parties include the four IUIH Member Entities & other Related Parties where all transactions between IUIH and its related entities are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.		
i). Sales of Goods and Services to Member Entities		
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd	2,291,818	2,031,311
Kalwun Development Corporation Ltd	280,046	195,172
Kambu Aboriginal & Torres Strait Islander Corporation for Health	1,495,053	1,599,864
Yulu-Burri-Ba Aboriginal Corporation for Community Health	950,053	1,079,495
	<u><b>5,016,970</b></u>	<u><b>4,905,842</b></u>

Services provided to Member Entities include Allied Health, Oral Health, Primary Health Care, Regional Company Secretarial Services and IT Service and Support all governed by arms length service level agreements.

ii). Purchases of Goods and Services from Member Entities & Related Parties		
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd	3,898,704	3,316,917
Kalwun Development Corporation Ltd	1,668,113	1,624,080
Kambu Aboriginal & Torres Strait Islander Corporation for Health	300,300	401,900
Yulu-Burri-Ba Aboriginal Corporation for Community Health	1,149,201	1,115,403
Lacey Events Trust	23,545	-
	<u><b>7,039,863</b></u>	<u><b>6,458,300</b></u>

Services purchased from Member Entities & Related Parties include Primary Health Care, Mums and Bubs, Social Health, Care Coordination, Rental & Consulting services, all governed by arms length subcontract and sub-lease agreements.

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**Notes to the Financial Statements**  
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	<u>2018</u>	<u>2017</u>
	\$	\$
iii). Outstanding Accounts Receivable balances		
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd	309,025	298,198
Kalwun Development Corporation Ltd	50,455	3,217
Kambu Aboriginal & Torres Strait Islander Corporation for Health	31,580	15,696
Yulu-Burri-Ba Aboriginal Corporation for Community Health	50,431	5,107
	<u><b>441,491</b></u>	<u><b>322,218</b></u>

Outstanding balances as at 30 June 2018 arising from the sale of goods and services are included in Note 3 and are unsecured receivables. These are based on commercial trading terms of 30 days nett and all balances are considered recoverable with no provision for doubtful debts required and were settled with cash in July 2018.

iv). Outstanding Accounts Payable balances		
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd	-	-
Kalwun Development Corporation Ltd	44,524	-
Kambu Aboriginal & Torres Strait Islander Corporation for Health	-	-
Yulu-Burri-Ba Aboriginal Corporation for Community Health	847	-
	<u><b>45,371</b></u>	<u><b>-</b></u>

Outstanding balances as at 30 June 2018 arising from the purchase of goods and services are included in Note 6 and are unsecured payables. These are based on commercial trading terms of 30 days nett and all balances are considered payable and were settled with cash in July 2018.

**Note 13: Contingent Assets/ Significant Events**

On 18th December 2017, the IUIH Caboolture Medical Clinic was destroyed by fire. In February 2019, IUIH set up a temporary clinic at premises next door resulting in redeployment of some Caboolture Allied Health services to the Strathpine Clinic. Two insurance claims have been lodged with IUIH's insurer CGU for the Contents and Business Interruption cover. In December 2018, an interim instalment under our insurance policy was received totalling \$250,000 to assist with the establishment of the temporary clinic and the increased cost of business. Fixed assets with a written down value of \$1,005,862, which comprised of contents and fit out were written off thus contributing significantly to the lower than expected Operating Surplus at 30 June 2018.

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
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**Notes to the Financial Statements**  
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As at 30.06.18, the exact value of the claims was still undetermined, although both claims under our insurance policy have been accepted by CGU. The estimated value of these insurance claims are \$1.9M. Under AASB 137, IUIH will recognise the balance of the income from the insurance claim in 2018-2019, when it is determined and virtually certain. In August 2018, additional payments totalling \$909,305 were received. Balance of the proceeds (less excesses payable) are expected by 30.09.18. Again due to the timing difference of the recognition of this income, the Operating Surplus at 30 June 2018 is significantly lower than if the fire event had not occurred.

It is expected that the Caboolture clinic will reopen in it's former location in November 2018. The Business Interruption claim will continue until the end of 2018, as the financial impact on the business operation is continuously monitored. The estimated loss of income due to the fire event from the date of the event to 30 June 2018 is \$100,000 which has been accrued as income at 30 June 2018.

**Note 14: Insurance**

	<b>Insured Value</b>
<b>Public Liability</b>	\$20,000,000
Insurers:- CGU Insurance (Australia) Limited	
<b>Contents Insurance</b>	\$15,000,000
Insurers:- CGU Insurance (Australia) Limited	
<b>Voluntary Workers Insurance</b>	\$50,000
Insurers:- CGU Insurance (Australia) Limited	
<b>Professional Indemnity / Association Liability Insurance</b>	\$10,000,000
Insurers:- Professional Risk Underwriting Pty Ltd	
<b>Commercial Motor Vehicle Insurance</b>	Market Value
Insurers:- CGU Insurance (Australia) Limited	
<b>Travel Insurance</b>	
Insurers:- CGU Insurance (Australia) Limited	Various
<b>Work Cover</b>	Act Benefits
Insurers:- Work Cover Queensland	

The above policies and insured values represent the insurance in place as at 30 June 2018

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**Notes to the Financial Statements**  
**for the year ended 30 June 2018**

**Note 15: Entity Details**

The registered office of the company is:

Institute for Urban Indigenous Health Limited  
22 Cox Road  
WINDSOR QLD 4030

The principal place of business is:

Institute for Urban Indigenous Health Limited  
22 Cox Road  
WINDSOR QLD 4030

**Note 16: Members' Guarantee**

The company is incorporated under the *Corporations Act 2001* 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 towards meeting any outstanding obligations of the entity. At 30 June 2018, the number of members was 4.

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**For the year ended 30 June 2018**

**Note 17:**

**A. Unexpended Grants Schedule 2017-2018**

<b>SCHEDULE OF GRANTS</b>	<b>Balance</b>	<b>b/fwd</b>	<b>Grant Funding 2017-2018</b>	<b>Other</b>	<b>Income</b>	<b>Other Income Transferred To/ (From) Equity</b>	<b>Expended 2017- 2018</b>	<b>Balance 30/06/2018</b>
	<b>\$</b>		<b>\$</b>			<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>QUEENSLAND HEALTH</b>								
IUIH - Core Activities	-	-	1,317,362	-	-	-	1,317,362	-
Capital Works - Optometry	-	-	133,454	-	-	-	133,454	-
Capital Works - Podiatry	-	-	39,399	-	-	-	39,399	-
Strathpine Primary Health Care	-	-	969,469	1,316,988	27,919	-	2,258,538	-
Deception Bay Primary Health Care	-	-	1,250,518	1,733,115	40,987	-	2,942,646	-
Caboolture Primary Health Care	-	-	1,050,691	1,333,961	(29,274)	-	2,413,926	-
Care Connect	68,921	-	1,029,420	-	426	-	1,098,767	-
Indigenous Youth Alcohol and Drug Treatment Service	57,620	-	281,984	-	-	-	339,604	-
Oral Health	-	-	1,004,477	-	-	-	1,004,477	-
Broncos Partnership	-	-	513,125	40,000	-	-	553,125	-
Preventative Health	-	-	370,615	-	-	-	115,877	254,738
Sexual Health	-	-	50,000	-	-	-	50,000	-
BiOC Expansion	1,380	-	1,870,621	17,169	-	-	1,889,370	-
<b>DEPT OF PMC</b>								
Inner City Referral	-	-	380,000	-	-	-	380,000	-
<b>DEPT OF HEALTH</b>								
Logan Clinic Primary Health Care	-	-	1,707,768	-	-	-	1,707,768	-
Morayfield Clinic Primary Health Care	-	-	1,407,753	1,689,472	(25,142)	-	3,102,367	-
Service Development	-	-	829,047	-	-	-	829,047	-
Morayfield Mums & Bubs	-	-	290,654	121,199	-	-	411,853	-
Capalaba Mums & Bubs	-	-	396,031	-	-	-	396,031	-
Practice Manager	-	-	135,158	66,546	-	-	201,702	-
Capital Works - Audiology	-	-	27,657	-	-	-	27,657	-
PHC - Browns Plains	-	-	720,449	-	-	-	720,449	-
PHC - Coolangatta	-	-	720,449	-	-	-	720,449	-
Tackling Indigenous Smoking - Regional Grants	-	-	5,201,763	7,645	-	-	5,209,408	-
Healthy for Life	-	-	102,920	-	-	-	102,920	-
Continuous Quality Improvement	419,028	-	104,757	-	-	-	523,785	-
Deadly Kangaroos	-	-	235,000	-	-	-	235,000	-
ANFPP North	53,829	-	1,906,890	11,120	-	-	1,971,839	-
ANFPP South	508,976	-	2,000,000	6,950	-	-	2,083,432	432,494
<b>DEPARTMENT OF HEALTH &amp; AGEING</b>								
HACC Service Delivery - Brisbane North	-	-	878,558	-	-	-	878,558	-
HACC Service Delivery - Caboolture	-	-	854,355	3,739	-	-	858,094	-
HACC Service Delivery - Sunshine Coast	-	-	526,043	25,768	-	-	551,811	-
HACC Service Delivery - Hervey Bay	-	-	970,365	24,902	-	-	995,267	-
HACC Service Delivery - Inala	-	-	-	48,307	-	-	48,307	-
Aged Care Packages	374,734	-	2,646,331	-	-	-	2,035,411	985,654
DOH Aged Care Diversity Framework	-	-	385,000	-	-	-	385,000	-
NDIS Establishment	-	-	273,163	-	-	-	273,163	-
DOC Hervey Bay	-	-	82,157	-	-	-	82,157	-
<b>PHN</b>								
Brisbane North PHN - Care Coordination	-	-	2,596,788	-	-	-	2,596,788	-
Brisbane North PHN - Supplementary Services	-	-	1,722,319	-	-	-	1,722,319	-
Brisbane North PHN - Close the Gap North	-	-	425,592	-	-	-	394,541	31,051
Brisbane North PHN - HACC Brisbane North	-	-	80,606	-	-	-	80,606	-
Brisbane North PHN - HACC Caboolture	-	-	283,031	-	-	-	283,031	-
Brisbane North PHN - Social Health North	176,170	-	799,051	-	-	-	975,221	-
Brisbane North PHN - Partners In Recovery	73,849	-	481,189	-	-	-	384,354	170,684
Brisbane North PHN - Substance Misuse SMSDGF	-	-	1,257,000	-	-	-	1,257,000	-
Brisbane North PHN - Substance Misuse DATOS	-	-	1,180,000	-	-	-	1,180,000	-
Brisbane North PHN - Substance Misuse AODTS	-	-	478,417	-	-	-	478,417	-
Brisbane North PHN - School Readiness	-	-	85,000	-	-	-	85,000	-
Central Qld PHN - ITC Wide Bay	-	-	751,999	-	-	-	751,999	-
Brisbane South PHN - Close the Gap South	129,216	-	647,127	-	-	-	578,049	198,294
Brisbane South PHN - Social Health South	71,455	-	1,040,000	-	-	-	1,111,455	-

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**Notes to the Financial Statements**  
**For the year ended 30 June 2018**

**Note 17: Cont**

<b>DEET</b>						
DEET: First Start 2016-2017	76,757	168,000	31,975	276,732	-	
DEET: First Start 2017-2018	-	210,000	-	-	210,000	
DEET: Ready for Work	-	25,500	-	14,234	11,266	
DEET: Community Work Skills	-	181,816	180	120,579	61,417	
Deadly Kindies - Extension	653,066	-	-	653,066	-	
<b>MOVEMBER</b>	469,101	-	5,508	474,609	-	
Family Wellbeing Services	406,359	2,030,996	13,900	2,361,329	89,926	
Family Wellbeing Services: ECDC	-	78,125	-	78,125	-	
Family Wellbeing Services: Clinical Nursing	-	53,100	-	53,100	-	
Fred Hollows Foundation	39,893	85,000	-	124,893	-	
Metro North: Mens Transition Care	-	255,003	-	121,760	133,223	
Metro North: Womens Transition Care	-	162,000	-	75,749	86,251	
OOGC: Elders Games	-	96,195	-	96,195	-	
Walking Strong LDAT	-	-	10,000	-	10,000	
Diabetes Qld	-	100,000	13,005	113,005	-	
SAHMRI	17,503	90,000	9,750	80,713	36,540	
QUMAX	-	62,294	-	62,294	-	
<b>TOTAL</b>	<b>3,597,857</b>	<b>48,089,749</b>	<b>6,511,624</b>	<b>14,490</b>	<b>55,473,202</b>	<b>2,711,539</b>

**B. Income Received in Advance 2018-2019**

	Income 2018	2017- Other	Income	Other Income Transferred To/ (From) Equity	Expended 2018	2017- Balance 30/06/2018
<b>IUIH Charity Fundraising Events</b>	<b>\$</b>			<b>\$</b>	<b>\$</b>	<b>\$</b>
System of Care Conference Aug-18	54,500	-	-	-	-	54,500
State of Origin Lunch Jul-18	12,727	-	-	-	-	12,727
<b>TOTAL</b>	<b>67,227</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>67,227</b>

<b>TOTAL</b>	<b>48,156,976</b>	<b>6,511,624</b>	<b>14,490</b>	<b>55,473,202</b>	<b>2,778,766</b>
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## **Independent auditor's report to the members**

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**

**ABN 32 140 019 290**

### **INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**

#### **Report on the Financial Report**

##### **Opinion**

We have audited the financial report of Institute for Urban Indigenous Health Ltd (the registered entity), which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of Institute for Urban Indigenous Health Ltd has been prepared in accordance with Div 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- i. giving a true and fair view of the registered entity's financial position as at 30 June 2018 and of its financial performance for the year then ended; and
- ii. complying with Australian Accounting Standards and Div 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

##### **Basis for Opinion**

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

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

##### **Emphasis of Matter – Basis of Accounting**

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the registered entity's financial reporting responsibilities under the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

### **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 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.

In preparing the financial report, the directors are responsible for assessing the registered entity's ability 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 have no realistic alternative but to do so.

### **Auditor's Responsibilities 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 skepticism 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 I conclude that a material uncertainty exists, I am 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 I identify during our audit.



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**Robert Edwards**

Lyons Judge Accountants and Advisers

25/239 George Street, BRISBANE QLD 4000

Dated this 19 day of September 2018







## Contact Us

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