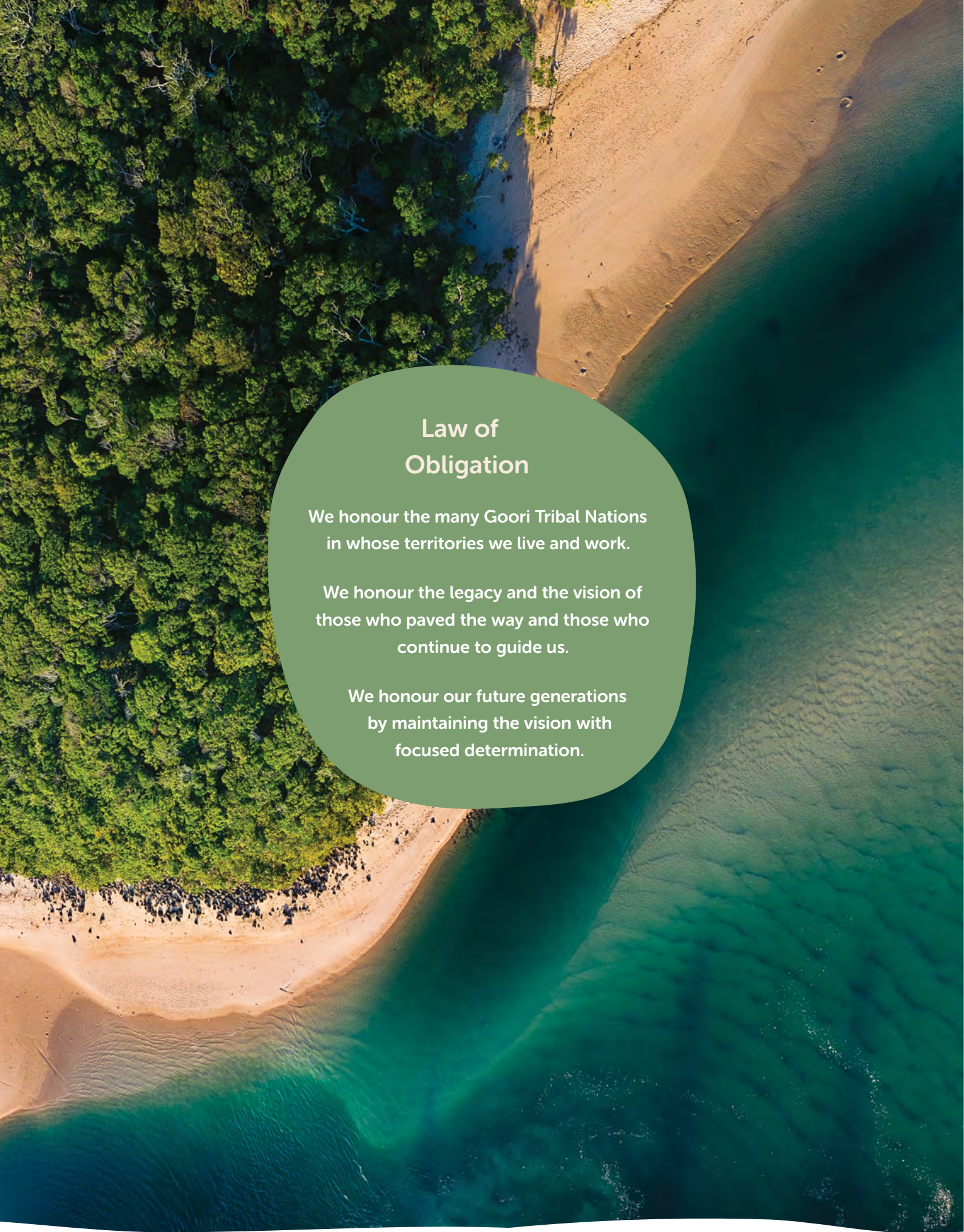


Annual Report | 2024-2025







## Law of Obligation

We honour the many Goori Tribal Nations in whose territories we live and work.

We honour the legacy and the vision of those who paved the way and those who continue to guide us.

We honour our future generations by maintaining the vision with focused determination.

## About IUIH

Established in 2009, the Institute for Urban Indigenous Health (IUIH) is a regional, not-for-profit Community Controlled Health Organisation constituted by its Member Organisations in South East Queensland. Collectively, we are known as the IUIH Network.

Through regional planning, service development, advocacy, purchasing and commissioning, alongside a coordinated approach to service delivery, IUIH works with and for its Network to achieve transformational change for our Community.

The IUIH Network service footprint is in Australia's largest and second fastest-growing Indigenous region. Nearly 1 in 8 of Australia's Aboriginal and Torres Strait Islander people live in SEQ, and in 2024/25 the region had an estimated Aboriginal and Torres Strait Islander population of 127,869 people, projected to grow to 148,902 people by 2031.







## Abbreviations

<b>AGPAL</b>	Australian General Practice Accreditation Ltd	<b>IAHA</b>	Indigenous Allied Health Australia
<b>ATSICHS</b>	Aboriginal and Torres Strait Islander Community Health Service	<b>IUIH</b>	Institute for Urban Indigenous Health
<b>CCHS</b>	Aboriginal Community Controlled Health Service	<b>MRFF</b>	Medical Research Future Fund
<b>CEO</b>	Chief Executive Officer	<b>NDIS</b>	National Disability Insurance Scheme
<b>CQI</b>	Continuous Quality Improvement	<b>PHNs</b>	Primary Health Networks
<b>GP</b>	General Practitioner	<b>POWA</b>	Pathways Our Way Academy
<b>HHSs</b>	Hospital and Health Services	<b>QAIHC</b>	Queensland Aboriginal and Islander Health Council
<b>HSQF</b>	Human Services Quality Framework	<b>RAUGH</b>	Research Alliance for Urban Goori Health
		<b>RTO</b>	Registered Training Organisation

**Please note:** The terms *Aboriginal and Torres Strait Islander*, *First Nations* 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. ISBN: 978-0-9925441-2-6

## Connect with us

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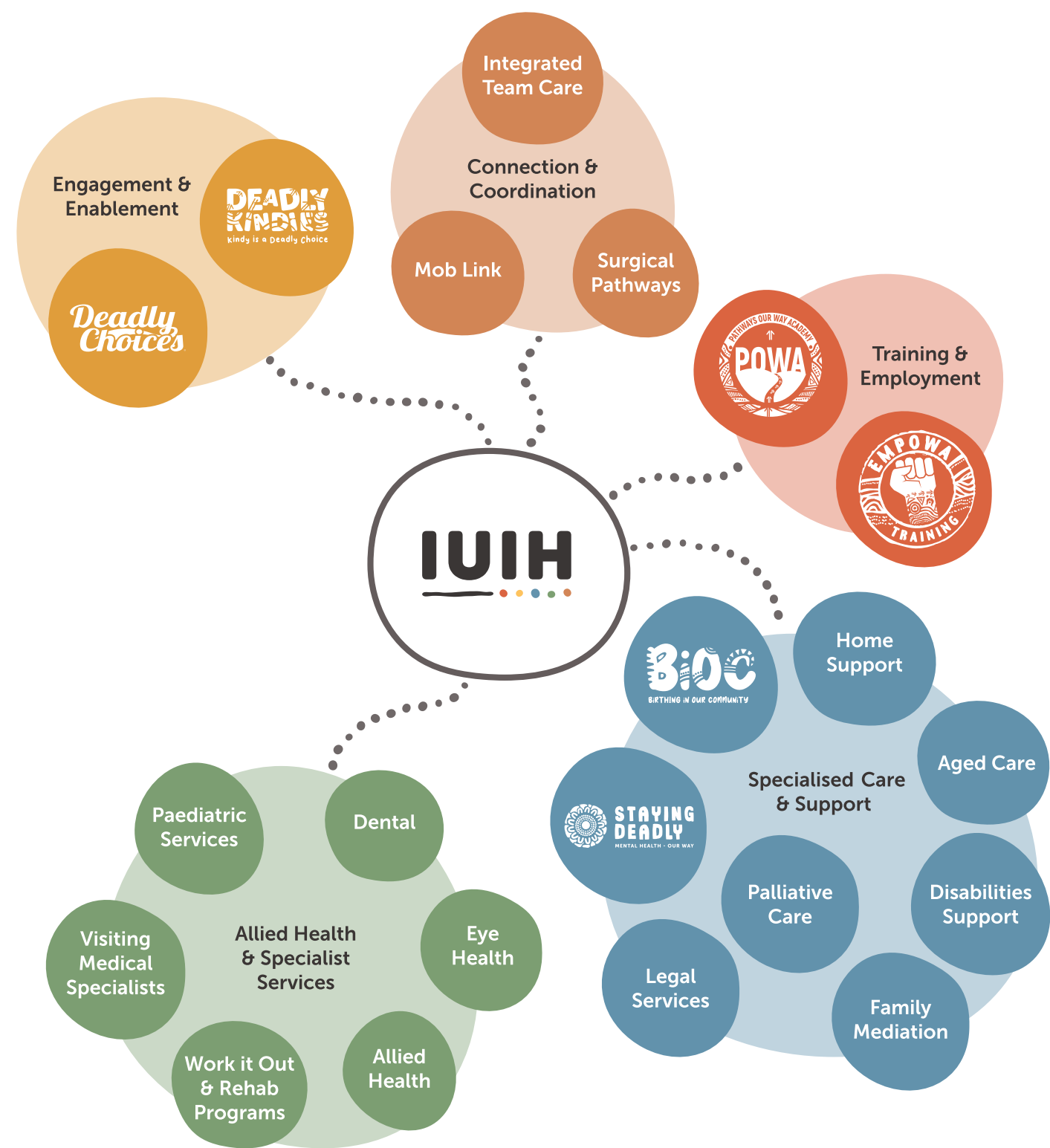
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Regional Programs and Services





# A message from the Board Chair

On behalf of the Institute for Urban Indigenous Health Limited (IUIH) Board of Directors, I am honoured to present the Annual Report for the 2024/25 year.

The year 2024 marked 15 years since the establishment of IUIH and our regional IUIH Network. This milestone is not just a testament to our growth, from five clinics and 8,000 clients to a thriving entity of 17 clinics (with 5 more in the pipeline) and around 5,000 regular clients, it is also a celebration of the dedication, resilience, and vision of those who have contributed to our mission.

This year, we have continued to grow the geographic reach and scope of our services to support access by our people to community controlled comprehensive primary healthcare across the region. We have delivered more than half a million episodes of care, completed more than 20,000 health checks, 5,387 GP management plans, around 5,000 team care arrangements and nearly 10,000 cycle of care reviews. Nearly 8,500 medical specialist occasions of service, and more than 28,000 allied health occasions of service, were provided this year. In addition, 24,313 dental services were provided to 10,644 adults and 5,549 children.

In late 2023, the first *Staying Deadly* hub was established at Silkstone, to provide specialised support to people with moderate to severe mental health challenges and drug and alcohol dependency. In May 2025, a second hub commenced operations at Woolloongabba, in partnership with ATSICHS Brisbane, and planning is underway for a third hub in the Moreton Bay region. In 2024/25, the *Staying Deadly* hubs delivered care to 527 clients and nearly 10,000 hours of service. In December 2024, the new *Staying Deadly Headspace* youth mental health service commenced operations at Moreton ATSICHS’ Deception Bay clinic. In addition, this year IUIH Network clinics provided 14,453 primary mental health and substance use occasions of service.

In 2024/25, IUIH significantly increased its support for people living with a disability, with twice the number of people assessed for NDIS eligibility (692 people), and 422 Aboriginal and Torres Strait Islander people choosing IUIH as their Support Coordination provider.

We continued delivering support services for our Elders, with 5,123 Elders accessing IUIH Network aged care services and more than 11,000 aged care support services provided.

This year we were able to extend the operating hours of our *Mob Link* service (now 7am – 8pm, 7 days per week). Care coordination and availability of clinical care after hours was provided through *Mob Link*, with 18,956 people referred to Mob Link and nearly 40,000 Mob Link supports provided, including more than 16,000 clinical services.

The *IUIH Community Legal Service* opened 682 new legal matters, and 184 people accessed family mediation services.

Recognising the critical role that employment plays as a social determinant of health, and the ongoing need for a skilled workforce to meet community growth and demands, the IUIH Network further developed *EMPOWA Training*, a Community Controlled Registered Training Organisation (RTO) that supports a culturally safe pathway to education and employment for Aboriginal and Torres Strait Islander people. After achieving RTO accreditation in June 2024, this year *EMPOWA Training* welcomed its first cohort of learners into the Certificate III in Aboriginal and Torres Strait Islander Primary Health Care. In 2024/25, IUIH’s *Pathways Our Way Academy* supported 75 school-based trainees and 29 adult members of the Community to complete their qualifications. In addition, the IUIH Network supported 431 university student placements from 14 tertiary institutions and across 29 disciplines.

In May 2024, the Queensland State Budget allocated \$92.5 million over four years towards the construction and operation of five IUIH Network comprehensive primary healthcare hubs. In addition, funding of \$20 million over four years was allocated to ATSICHS Brisbane for expansion of its Logan clinic into a comprehensive health and wellbeing precinct. This year, progress towards establishment of the new hubs has included scoping of ground works, obtaining building approvals and schematic design.

Throughout 2024/25, for the fourth year since its establishment, IUIH continued to lead the SEQ First Nations Health Equity Partnership with the five Hospital and Health Services (HHSs) and four Primary Health Networks (PHNs) within our footprint, Mater Health, and the Queensland Ambulance Service.

Through the Partnership, new IUIH-led service models have been implemented including (but not limited to) cardiac, respiratory, and post-operative rehabilitation services, specialised pain management clinics, regional dental services, cancer care pathways, and early intervention service for vulnerable young people. The Partnership has forged stronger care pathways to

support our people across their healthcare journey, especially in the interface between hospitals and community based healthcare and all partners are to be commended for their commitment to these reforms.

On behalf of the Board, I offer my sincere thanks and gratitude to our Member Organisations – ATSICHS Brisbane, Kalwun Development Corporation, and Yulu-Burri-Ba – for your continued commitment and investment in our collective efforts at the regional level, and your individual efforts at the local level. Our collectivity is our strength.

We experienced changes to our Board, with long standing Independent Director Maurie Burke retiring and Independent Director Selwyn Button leaving to take up a role as a Productivity Commissioner. Maurie’s contribution to IUIH in the areas of financial and risk management over 13 years has been enormous and he will be missed. During his 5 years on the IUIH Board, Selwyn has contributed his considerable expertise in governance and as the inaugural chair of the RTO oversight committee. This year the Board was joined by new Directors Rachel Fraser and Donna Murray, and Anthony Morgan (ATSICHS Brisbane nominee) was appointed as Deputy Chairperson. I extend the gratitude of IUIH and my personal thanks to Maurie and Selwyn for their outstanding service and wish them well with their new endeavours.

In October 2024, after thirteen years at the helm our former Chief Executive Officer, Adrian Carson, passed the baton of executive leadership to our new CEO, Wayne Ah Boo. Adrian’s leadership and commitment will be greatly missed and on behalf of the Board, I thank him for his service, drive and vision. As we turn the page to a new chapter, we embrace Wayne’s leadership and capability with the confidence that our organisation is in safe hands. While change can be daunting, we remain steadfast in our commitment to the values that have defined us. Our history has taught us that adaptability is key, and we will continue to evolve, guided by the strength of our ancestors and the voices of our communities.

I extend special thanks to the staff across the IUIH Network – whatever your role, your contribution is valuable and valued. Your staunch commitment to our Elders, our families, and Community honours the legacy of our Patron, Aunty Pamela Mam, and we continue to be guided by her words – *‘nothing is to stop, everything must continue.’*



Kieran Chilcott  
CHAIRPERSON





# Strategic Overview





# Strategic Direction 2022-2025

## Our Vision

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

## Our Purpose

Leadership in health system reform and provision of a high quality, integrated system of health and social support services.

## Strategic Goals

**COMMUNITY CONTROL**

Mobilise our communities to promote health and wellbeing

Public health campaigns that target risk factors.

Health and wellbeing.

Community collectivism.

Training and employment pathways.

Community control in design and delivery of healthcare.

Strong community governance.

**ACCESS**

Improve access to quality health and social support services

Access to primary health care and regional services across the life course.

Services that connect and coordinate care across the care continuum.

Service models that bring care closer to home.

**INNOVATION & LEADERSHIP**

Foster collaboration, innovation and leadership in health system reform

Planning and commissioning of services across SEQ.

New service models.

Leadership and expertise in national, state and regional policy and system reform.

Research and evaluation that builds the evidence base.

Aboriginal and Torres Strait Islander leadership across the Network.

Strong pandemic and disaster management.

**SYSTEMS & GOVERNANCE**

Strengthen and enhance enabling systems and governance

An expanded and strengthened workforce.

Data to support planning, development, and delivery of services.

Robust clinical governance across the IUIH Network.

Strong governance and relationships across the Network.

Systems that support IUIH and the Network.

Optimised revenue to support sustainability.

## Our Values

### Respect

We believe that respectful relationships are essential to achieving Our Vision. We understand that respectful relationships are built on the recognition that we all have a contribution to make. Therefore, we commit to treating each other and our partners with dignity, generosity, and responsiveness.

### Discipline

We have an opportunity to achieve transformative change in the health and wellbeing of our Communities and an obligation to make the most of this opportunity. This will require us to be disciplined, to maintain loyalty to each other and to Our Vision, and to maintain and nurture unity, integrity and reliability in fulfilling our commitments to one another.

### Excellence

We are humbled and honoured to have been asked by our Communities to work on their behalf, and in doing so, we have a moral obligation to strive for excellence in outcomes and our practices. We strive to continuously learn through capacity development opportunities, from new and innovative models, and from each other.

### Culture

We are here because of those who came before us. We draw upon Aboriginal teachings and ways for strength, wisdom and guidance. We uphold holistic approaches to healthcare and strive to achieve balance in our mental, spiritual, emotional and physical wellbeing.

### Fairness

We work to improve the health and wellbeing of our Communities. Our decision-making reflects their best interests and leads to just and equitable treatment of all Aboriginal and Torres Strait Islander people across South East Queensland. We are inclusive in our practices, our communications and discussions.

### Relationships

We believe that effective relationships with Community, with our partners and with each other are foundations for achieving Our Vision and fulfilling our commitments. We commit to fostering working relationships underpinned by trust, honesty, understanding, teamwork and mutual support.



Governing Board 2023/24

Chairperson

Kieran Chilcott (Yugarabul)

NOMINEE DIRECTOR, KALWUN SINCE 21 DEC 2016

CEO of Kalwun Development Corporation Ltd delivering a range of health and wellbeing services on the Gold Coast. Current Director of CheckUp Australia and the Central West HHS. Independent Chair of Aboriginal and Torres Strait Islander Housing Queensland's Aboriginal and Torres Strait Islander Housing Queensland's Nominations & Remuneration Committee. Co-Chair of the Queensland Government First Children and Family Board. Previously Chairperson of Queensland Aboriginal and Islander Health Council and the Gold Coast Primary Health Network.

Deputy Chairperson

Anthony Morgan (Bundaberg Connections)

NOMINEE DIRECTOR, ATSICHS BRISBANE SINCE 04 OCT 2023

Director at ATSICHS Brisbane and General Manager of Corporate Services at Aboriginal and Torres Strait Islander Housing Queensland. Previously Corporate Services Manager in Queensland Government and for two Primary Health Networks.

Maurice Burke JP

INDEPENDENT DIRECTOR FROM 21 NOV 2015 TO 21 NOV 2024

Retired Accountant. Former Director (Financial Accounting and Administration) Queensland Department of Main Roads. Former Director and Finance Committee Chair of a retirement village organisation. Currently and previously a member of various not-for-profit finance and audit committees.

Gregory Egert (Goenpul, Yuggera, Kabi Kabi)

NOMINEE DIRECTOR, YULU-BURRI-BA SINCE 29 NOV 2021

Chairperson of Yulu-Burri-Ba Aboriginal Corporation for Community Health (North Stradbroke Island, Cleveland, Capalaba, and Wynnum) and Triple Media. Elder-in-Residence at Murri School Brisbane and the Indigenous Futures Centre, University of Queensland (guiding the Research Committee and Chair, Community and Partner Advisory Board). Previously director of numerous Aboriginal Boards.

Selwyn Button (Gungarri)

INDEPENDENT DIRECTOR FROM 27 NOV 2019 TO 31 DEC 2024

Commissioner at the Australian Productivity Commission. Chair of the Aboriginal Centre for Performing Arts. Director at Queensland Rugby Union. Previously Partner at PriceWaterhouseCoopers Indigenous Consulting, Chair of the Lowitja Institute, National Registrar of the Office of the Registrar of Indigenous Corporations, Assistant Director-General State Schools at Education Queensland, CEO of the Queensland Aboriginal and Islander Health Council and Chair of ATSICHS Brisbane.

Dr William Glasson AO

INDEPENDENT DIRECTOR SINCE 22 NOV 2014

Director at Terrace Eye Centre and the Queensland Ocular Oncology Service and Consultant Ophthalmologist at various hospitals. Adjunct Professor, University of Queensland (Medicine). Indigenous ophthalmology support and training throughout Queensland. Director of various member and not-for-profit organisations. Previously Australian Medical Association President (State and Federal).

Elizabeth Jameson AM

INDEPENDENT DIRECTOR SINCE 25 MAR 2024

Experienced company director, corporate/commercial lawyer, business founder and owner. Director of various not-for-profit companies including Chair of the Endeavour Foundation and independent member of the John Villiers Trust Audit & Risk Committee. Member of the Queensland Law Society and Fellow of the Australian Institute of Company Directors since 2003.

Rachel Fraser

INDEPENDENT DIRECTOR SINCE 22 NOV 2024

Director of Corporate Services at Centacare. Chair of the Audit and Risk Committee and member of the St Joseph's College Advisory Council. Experienced Chief Finance Officer (CFO), previously as General Manager and CFO of the St Vincent de Paul Society Queensland. Governance consultant with more than 30 years' experience across a broad range of sectors and industries.

Donna Murray (Wiradjuri and Wonnarua)

INDEPENDENT DIRECTOR SINCE 19 MAR 2025

CEO at Indigenous Allied Health Australia and IAHA Northern Territory Workforce Development. Adjunct Professor at Charles Darwin University. 2021 Impact Award winner with Pro Bono Australia in recognition of contributions to social change. Member of the Australian Institute of Company Directors, Director of Thirrili Ltd and Chair of Yamagigu Pty Ltd.

Charmaine Harch

COMPANY SECRETARY

Corporate governance professional. Fellow of the Governance Institute of Australia since 2013, member of the Australian Institute of Company Directors and associate member of the Queensland Law Society. Australian lawyer – non-practising. Previously Company Solicitor of the Cerebral Palsy League (QLD), Jellinbah Resources and solicitor at various legal firms.



L-R: Gregory Egert, Kieran Chilcott (Chair), Donna Murray, Rachel Fraser, William Glasson, Anthony Morgan, Elizabeth Jameson

FINANCE AND AUDIT COMMITTEE

- Maurice Burke (Chair to 21/11/24)
- Rachel Fraser (Chair from 18/12/24)
- Kieran Chilcott
- Anthony Morgan
- Wayne Ah Boo (IUIH CEO)

PERFORMANCE QUALITY AND RISK COMMITTEE

- Dr. William Glasson (Chair)
- Gregory Egert
- Elizabeth Jameson
- Rachel Fraser

GOVERNANCE COMMITTEE

- Kieran Chilcott (Chair)
- Selwyn Button (to 31/12/24)
- Gregory Egert (from 09/04/25)
- Anthony Morgan

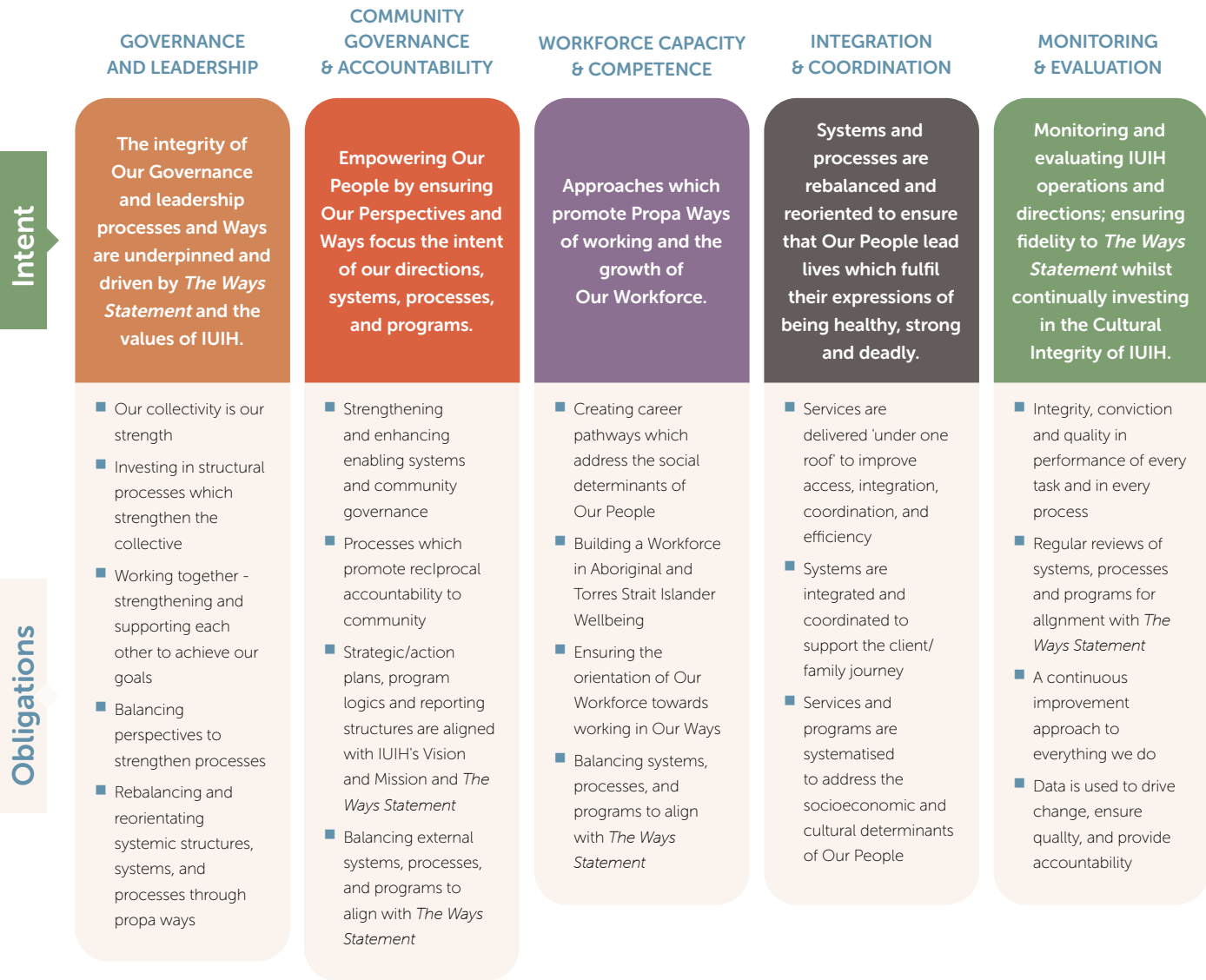
REGISTERED TRAINING ORGANISATION COMMITTEE

- (established 2 Feb 2024)
- Selwyn Button (Chair to 31/12/24)
- Donna Murray (Chair from 09/04/25)
- Wayne Ah Boo (IUIH CEO)
- Tracey Castle (external member)
- Jim McGowan (external member)
- Alison Nelson (IUIH)

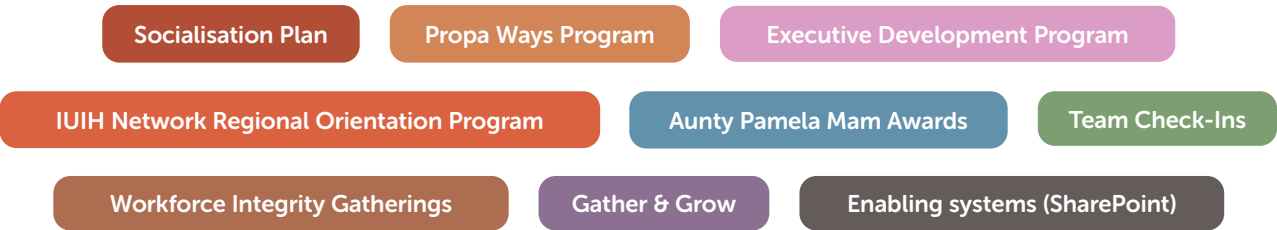


Cultural Integrity

The IUIH Cultural Integrity Investment Framework and The Ways Statement are representations of IUIH’s approach to embedding Our Stance, Our Values and Our Knowledge within all aspects of IUIH’s operations and directions. Originally endorsed in 2016, The Ways Statement has guided IUIH in an evolutionary process of transforming IUIH’s Strategic (Intent), Operational (Processes) and Workforce (Relational) approaches, further solidifying IUIH’s Cultural Integrity as an Aboriginal Community Controlled Health Service (CCHS).



Activities that supported the development and growth of our workforce included:



Community Engagement 2024/25

In early 2025, IUIH compiled a report detailing an aggregated overview of Community perspectives collected during 2024 through continuous community engagement yarns with 265 Aboriginal and Torres Strait Islander people across South East Queensland. Yarning with Community is a critical component of IUIH’s commitment to fostering meaningful connections, promoting health and wellbeing and empowering the voices of our Mob.

At the April 2025 *Deadly Choices* Women’s Netball Carnival, IUIH’s Public Health and Community Engagement teams collaborated to engage Indigenous women in sensitive conversations about the importance of regular sexual health screening, and to understand Community perceptions and preferences. Issues raised included the need for increased promotion of available services, cultural sensitivities, logistical issues that potentially impede access, and trust in healthcare providers.

Community priorities and perceptions of care



Top 5 priorities for community members aged 15-29

1. Mental Health Services: Increased funding and encouragement for people to reach out for mental health support.
2. More Youth Programs: Additional programs specifically designed for young people.
3. Better Availability and Access: Improved availability of health services and easier access to clinics.
4. Transport: Better transportation options to access services and appointments.

Top 5 priorities for community members aged 30-44

1. Youth Programs: More youth-focused activities and programs, including cultural and educational initiatives.
2. Mental Health Services: Increased access to mental health services and support for families.
3. Community Engagement: More community-based events and better communication to connect with the community.
4. Transport: Better transportation options to access services and appointments.
5. More Clinics and Services: Increased availability of medical and dental services, with shorter wait times and more consistent staff.

Top 5 priorities for adults aged 45+

1. Transport: Better transportation options to access services and appointments.
2. More Clinics and Services: Increased availability of medical and dental services, with shorter wait times and more consistent staff.
3. Youth Programs: More youth-focused activities and programs, including cultural and educational initiatives.
4. Mental Health Services: Increased access to mental health services and support for families.



2024/25 Report Card

In the following tables, data are provided for the IUIH-operated Moreton ATSICHS clinics and the Pamela Mam Health Centre, and for the IUIH Network as a whole. IUIH Network data includes data for the Moreton ATSICHS clinics and the Pamela Mam Health Service as well as clinics operated by IUIH Network member organisations.

Access

	2020/21	2021/22	2022/23	2023/24	2024/25
IUIH Network Patients and Episodes of Care (SEQ)					
Regular Clients	33,977	38,465	39,555	39,675	41,380
Episodes of Care	456,384	484,450	445,504	496,958	508,543
Moreton ATSICHS Patients and Episodes of Care (Moreton Bay)					
Regular Clients	9,324	10,510	10,695	10,131	10,124
Episodes of Care	101,086	109,171	104,791	103,746	101,988
Pamela Mam Health Centre Patients and Episodes of Care (Goodna)					
Regular Clients	2,334	2,716	2,932	2,857	3,535
Episodes of Care	31,772	37,572	30,221	30,683	32,870

IUIH Network 2024/25

41,380 regular clients.

508,543 episodes of care.

MATSICHS 2024/25

10,124 regular clients.

101,988 episodes of care.

Pamela Mam Health Centre 2024/25

3,535 regular clients.

32,870 episodes of care.



Activity

IUIH NETWORK CYCLE OF CARE AND MBS INCOME

	2020/21	2021/22	2022/23	2023/24	2024/25
IUIH Network Cycle of Care and MBS Income (SEQ)					
Health Checks	20,952	18,499	22,530	23,737	20,539
GP Management Plans	6,696	5,585	6,638	6,886	5,387
Team Care Arrangements	6,195	5,221	5,987	6,533	4,916
GPMP & TCA Reviews	14,214	10,182	11,167	12,253	9,925
Total MBS Income	\$19.7m	\$18.6m	\$19.96m	\$22.16m	\$20.83m
Moreton ATSICHS Cycle of Care and MBS Income (Moreton Bay)					
Health Checks	6,400	5,713	5,758	5,857	4,693
GP Management Plans	2,405	1,920	1,737	1,780	1,354
Team Care Arrangements	2,317	1,865	1,689	1,695	1,276
GPMP & TCA Reviews	6,317	4,443	3,637	3,930	3,178
Total MBS Income	\$6.26m	\$5.68m	\$5.1m	\$4.9m	\$4.56m
Pamela Mam Health Centre Cycle of Care and MBS Income (Goodna)					
Health Checks	1,090	1,165	1,233	1,457	1,777
GP Management Plans	379	550	486	590	655
Team Care Arrangements	343	491	472	581	610
GPMP & TCA Reviews	856	964	906	834	1,216
Total MBS Income	\$1.2m	\$1.3m	\$1.33m	\$1.3m	\$1.7m

IUIH Network 2024/25

20,539 annual health assessments.

5,387 GP Management Plans.

4,916 Team Care Arrangements.

9,925 cycle of care reviews.

\$20.8m in MBS income.

MATSICHS 2024/25

4,693 annual health assessments.

1,354 GP Management Plans.

1,276 Team Care Arrangements.

3,178 cycle of care reviews.

\$4.56m in MBS income.

Pamela Mam Health Centre 2024/25

1,777 annual health assessments.

655 GP Management Plans.

610 Team Care Arrangements.

1,216 cycle of care reviews.

\$1.7m in MBS income.



Regional Summary





# Highlights





# Overview

## Changes and Challenges

- At the Board level, our long-standing director Maurie Burke retired and Selwyn Button resigned due to his appointment as a national Productivity Commissioner. New Directors Rachel Fraser and Donna Murray joined the Board, and Anthony Morgan (ATSICHS Brisbane nominee) was appointed Deputy Chairperson.
- We farewellled Adrian Carson as CEO of IUIH, acknowledging his 13 years of contribution and leadership through a period of rapid growth for our Network and the disruption of COVID-19.
- In March 2025, we prepared for, and navigated, the impact of Tropical Cyclone Alfred on IUIH Network operations.
- In May 2025, our Deadly Choices Melbourne Storm partnership was ceased by mutual agreement, in consultation with our Deadly Choices Community Controlled Health Service partner in Victoria.



## Successes

- We celebrated 15 years of IUIH and reflected on the significant impact in SEQ that the Network has made in such a short period. Our evolution was documented in a book titled *The Journey So Far* which is available on the IUIH website.
- In July 2024, Kalwun Development Corporation celebrated 30 years and in June 2025 Kalwun was acknowledged as the QAIHC Member Service of the Year.
- In October 2024, the IUIH Network hosted the third highly successful *SEQ First Nations Health Equity in Action Conference* at the Brisbane Convention Centre.
- In December 2024, we relocated the Strathpine Clinic to 496-498 Gympie Road, Strathpine. We also secured properties at Margate and Deception Bay for the longer-term future of Moreton ATSICHS. The new *Staying Deadly Headspace* service for young Aboriginal and Torres Strait Islander people commenced operation at the Deception Bay clinic.
- IUIH's EMPOWA Training welcomed its first learners.
- Project Managers were appointed to design and build the \$30m Dakabin Hub, funded by the Australian Government.
- In February 2025, the 2025 *Deadly Choices* season launch brought together all of our *Deadly Choices* partners for the first time. Funded by the Australian Government in 2024/25 to increase annual 715 health checks in New South Wales, Victoria, and Tasmania, the national rollout of *Deadly Choices* was extended into 2025/26.
- In March 2025, the annual Workforce Integrity Gathering and Aunty Pam Mam staff awards were held, the *Growth Hub* IUIH Network Learning Management System went live, the extension of the Goodna primary health care clinic was completed and the clinic relaunched as the Pamela Mam Health Centre to honour IUIH's patron and her legacy.
- In May 2025, the *Deadly Choices Together in Touch* event was held with 16 Teams participating.
- IUIH funded renovations to the ATSICHS Brisbane Woolloongabba clinic to enable the establishment of the Inner Brisbane *Staying Deadly Hub*, with the Hub officially operating from this location from the end of May 2025.
- ATSICHS Brisbane commenced construction of 73 accommodation units for seniors at Deception Bay. In June 2025, the site was visited by the Hon Sam O'Connor MP, Minister for Housing and Public Works and the Hon Fiona Simpson MP, Minister for Aboriginal and Torres Strait Islander Partnerships.
- IUIH advocacy resulted in 35 funding proposals which generated approximately \$7.5 million in funding for the IUIH Network. This includes funding for Yulu-Burri-Ba's *Birthing in Our Community* service, growth funding to IUIH and Kalwun for the *Commonwealth Home Support Program*, and an extension of funding for *Mob Link*.



“Aunty Pam was a leader by action...she was a very humble person, and she was driven by her three principles of commitment, compassion and dedication.”

Wayne Ah Boo, Chief Executive Officer, IUIH



## Kalwun Development Corporation – 30 Year Celebration

In July 2024, Kalwun Development Corporation celebrated 30 years of ‘courage, commitment and excellence’ with a community family fun day and gala dinner.

Reflecting on Kalwun’s remarkable journey, Chief Executive Officer Kieran Chilcott expressed immense pride in how far the organisation had come from ‘humble beginnings’ to an organisation with nearly 200 staff across nine locations. He noted that over the years, people had often mistaken Kalwun Development Corporation as a building company, due to its name. While that misconception was a source of amusement, Kieran notes that Kalwun’s founders were correct in their naming of the organisation given its role in building lasting clinics, services and programs for the local Aboriginal and Torres Strait Islander community, and ‘strong partnerships and relationships that reach across the nation ... and most importantly, strong, safe and happy First Nations children, families and communities.’



## Pamela Mam Health Centre Opening

On Monday 31 March 2025, IUIH officially launched the Pamela Mam Health Centre at Goodna, on what would have been Aunty Pam’s 87th birthday, with the clinic renamed in her honour as IUIH’s Patron, and with her family and friends in attendance.

The official ceremony was opened by Uncle Eddie Ruska, who gave the official Welcome to Country, followed by a performance from the Nunukul Yuggera Dance Company. Master of Cermonies, Steve Renouf, invited IUIH Chairperson Kieran Chilcott, IUIH Chief Executive Officer Wayne Ah Boo, and Community members Aunty Annette Smith and Aunty Nasuven Enares, to address the gathering.

On behalf of the family, Aunty Pam’s daughter, Tomisina Ahwang, began her remarks by reminding the gathering of Aunty Pam’s inspiring words – ‘nothing is to stop, everything must continue.’ Tomasina said, “today is such a significant day, not only for me and for my family, but for the Aboriginal and Torres Strait Islander Community of Goodna and surrounding areas. The beautiful building and staff that you have, I wish you all the best.”

Concluding remarks were made by The Honourable Milton Dick MP, Member for Oxley, who shared his commitment to closing the gap and expressed his thanks and gratitude to clinic staff. In closing the ceremony, the Kutaw Zoeru Torres Strait Island Dance Group performed while Uncle Eddie held a smoking ceremony inside the upgraded clinic.

Aunty Pam, a descendant of the Kuku-Yalanji people, was a trailblazer for our Community. Her legacy lives on through her children and grandchildren, and though her extraordinary impact on Aboriginal and Torres Strait Islander health service development and outcomes. Her wisdom, values and commitment to Propa healthcare for our people is held in the highest regard at IUIH. The rebranding of the clinic is a fitting recognition of the role Aunty Pam played in establishing community-controlled healthcare in Queensland and her example continues to guide us.





# New Deadly Choices Campaigns

## Fend off the Flu

Launched in 2024, this new campaign encourages our Aboriginal and Torres Strait Islander Community to book in for the flu shot, which is safe and free for Mob at IUIH Network clinics. With April to September being the peak season for flu, the campaign promotes annual flu shots early in the season (April or May).

## Annual Health Check Campaign

With funding from Health and Wellbeing Queensland, the *Deadly Choices* team developed a community-focused television commercial which was aired on television and social media channels between May and July 2025 throughout SEQ, Far North Queensland and North Queensland. The campaign aimed to encourage Aboriginal and Torres Strait Islander people to obtain their MBS 715 annual health check at their local Community Controlled Health Service.

Directed by acclaimed Batjala Mununjali and Wakka Wakka filmmaker, Wayne Blair, who has been part of the *Deadly Choices* journey since 2010, and produced by Indigenous production house Taxi Group, the advertisement celebrates Community while promoting healthy lifestyle choices. It stars proud Goa-Gunggari-Wakka Wakka actor Leah Purcell in the role of Aunty, and a young boy connected to IUIH through our *Birthing in Our Community* program as Harry. At the heart of the campaign is Community – showcasing healthy and strong intergenerational relationships, reinforcing everyday deadly choices and highlighting local Community Controlled Health Services.



The flu shot is safe and free for Mob. It can prevent you from getting super crook. The flu shot helps stop the spread of flu in Community, especially to our Mob most likely to get super crook, including our old people, bubs and jarjums under five, pregnant mums and anyone with a chronic condition.

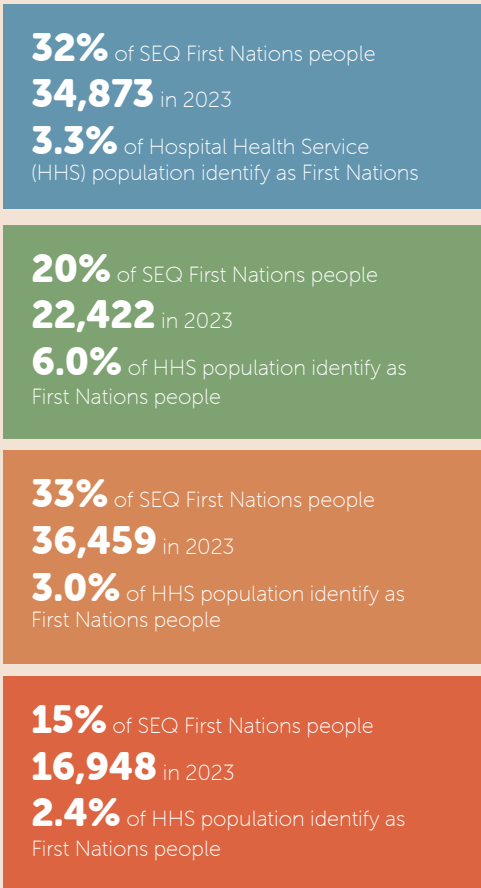
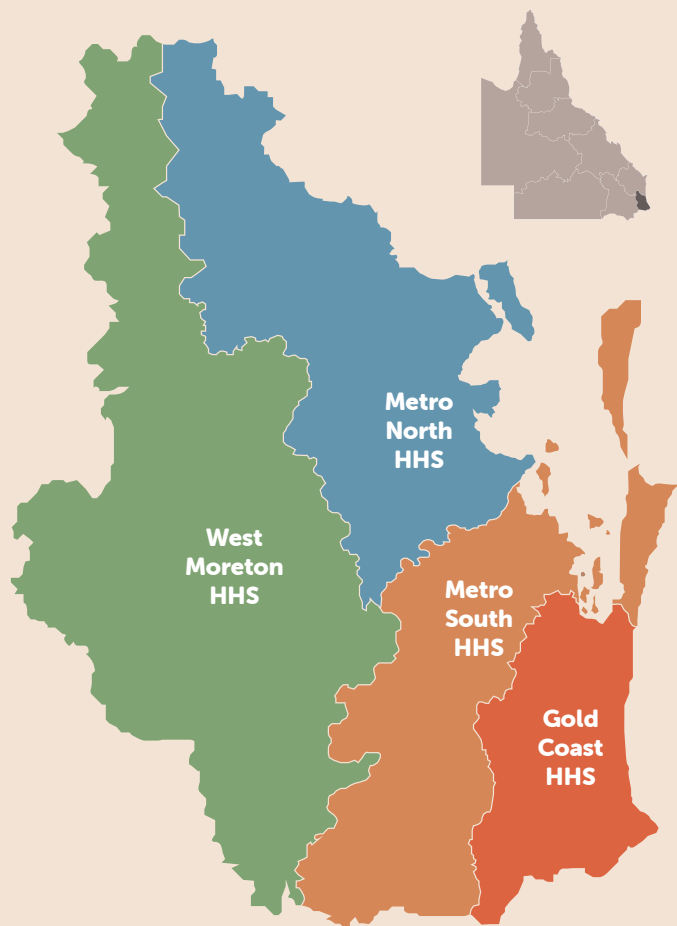


SEQ First Nations Health Equity in Action Conference



On **22-23 October 2024**, the SEQ First Nations Health Equity Governance Committee hosted the second **SEQ Health Equity In Action Conference** in Brisbane.

Bringing together **218 participants**, the conference showcased effective service delivery, workforce development and research partnerships to share knowledge and learnings across the region, and to promote replication and scale up of priorities identified in the **SEQ First Nations Health Equity Strategy 2021-31**.



The Conference exposed participants to:

- The SEQ regional partnership approach to achieving health equity through implementation of the *SEQ First Nations Health Equity Strategy 2021-31*.
- The need to take a whole-of-health system approach to effect change together to Close the Gap in SEQ.
- Practical ways of operationalising the aspirations of the regional strategy through a showcase of effective models and partnerships.
- Data and evidence about the health status of First Nations people in SEQ and their access to health services.

**Key service models** that conference participants identified as successful approaches to achieve health equity that could be expanded and/or replicated across SEQ:

- **Heart and Lung rehabilitation** programs
- Specialist heart and lung outreach programs delivered by **Metro North HHS** and **IUIH** in IUIH Network clinics
- **Cancer care pathways** across the region
- **Mob Link, Mob ED** and the **Mob Link/Queensland Ambulance Service** collaboration
- **Staying Deadly** specialised mental health hubs and **Staying Deadly Headspace**
- Collaboration to deliver **after hours services**

**Key themes and recommendations** that emerged in conference workshops and participant feedback:

- **Need for a system focused approach** that integrates care and ensures a smooth transition of people across the healthcare continuum
- **Importance of partnerships** that respect and utilise the strengths of partner organisations
- **Ongoing community engagement** which ensures that the voices of our Aboriginal and Torres Strait Islander communities are reflected in the prioritisation, design and delivery of healthcare services
- **Affirmation of a collective commitment** to preference **Aboriginal and Torres Strait Islander Community Controlled Health Organisations** in the delivery of First Nations specific models of care
- **Commitment** to evidence-based care
- **Identification and implementation** of service delivery models that bring care closer to home
- **Scaling up** and/or replicating **good practice and service models** that have proved successful

What can I do next?

Talk to a colleague about something I learned

Connect with partners to identify and implement improvements to care pathways

Test the systems and processes in my organisation for staff and patients to raise concerns about racism

Support secondments for staff and rotations for students with partner organisations

Systematise offering referrals to Mob Link on discharge from hospital or emergency departments

SEQ First Nations Health Equity Governance Committee





# Access to Health Care Across the Lifespan

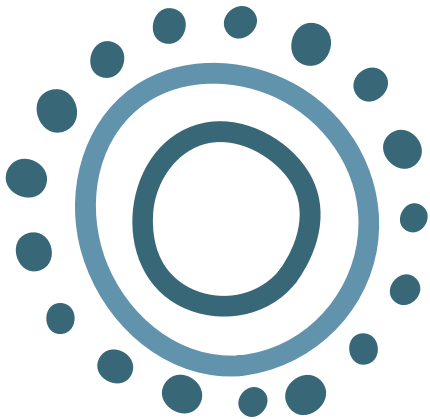




# Child Health and Wellbeing

## Birthing In Our Community

The BiOC program is offered through four community based hubs located in Salisbury, Moreton Bay, Redlands and Logan. The BiOC Hubs deliver Indigenous-led pregnancy care that provide women pregnant with an Aboriginal and/or Torres Strait Islander baby access to their own midwife, family support worker and multidisciplinary team for the duration of their pregnancy and birth.



Indicator	2024/25
Number of mothers in SEQ BiOC programs	623
Number of Aboriginal and/or Torres Strait Islander babies born	629
Percentage of women who attended 5 or more antenatal visits	90.5%
Percentage of women smoking beyond 20 weeks' gestation	18.6%
Percentage of babies born at term (at least 37 weeks gestation)	90.1%
Percentage of babies with healthy birthweight at birth	90.6%
Percentage of babies exclusively breastfeeding on discharge	55.7%

In 2024/25  
**623 women birthed**  
**629 babies through BiOC hubs.**

In 2024/25  
**there were 8,304 service contacts**  
**with the Paediatric Services Team.**

## Paediatric Services

IUIH's *Paediatric Services* Team integrates paediatricians, paediatric nurses, psychology, paediatric speech pathology, paediatric occupational therapy and audiology services to provide multidisciplinary care to clients. The team outreaches across 14 clinics in South East Queensland and to Galangoor Duwalami Primary Health Care Service in Hervey Bay through telehealth and six-weekly face to face clinics. The service provides intensive assessment with diagnostic outcomes for children aged less than 6 years to identify and fast track intervention prior to starting school.

In 2024/25  
**521 children accessed the**  
***Deadly Kindies* Program,**  
**including 147 children that**  
**attended intensive support services.**



## Deadly Kindies Program

Operating since 2017, the *Deadly Kindies* program reduces out-of-pocket expenses for families with eligible aged children who are up to date with their 715 health check and enrolled in kindergarten. The program provides families with *Deadly Kindies* branded packs of essential items that a child will need at kindergarten. It also provides intensive support to families with kindergarten aged children who are otherwise disconnected from the health and early childhood education systems and a fortnightly playgroup during school terms.

In February 2025, a playgroup was established in partnership with the Murri School at Acacia Ridge. An Early Years Educator facilitates the playgroups, supporting interactive play with parents, with visiting services including from a Child Health Nurse, Dental Assistant and Audiologist. The *Deadly Kindies* program has an extensive social media presence, with important information and online resources for families and educators, including play-based activities, age appropriate books primarily by First Nations authors, and short videos.



Youth Services

Moreton ATSIChS  
Youth Wellbeing Program

The *Brisbane North Youth Wellbeing Program* provides mentoring, case management support and assertive outreach for young people aged 12–25 years, and is integral to delivering early intervention support to clients within IUIH Social Health and Family Wellbeing Services.

The *Youth Wellbeing Program* provides access to:

- *stepped care* case management and active engagement/mentorship that is culturally responsive and supports clients to achieve their individual goals
- *counselling* and ongoing support for young people and their families
- *referral pathways* to social health services, including therapeutic groups and counselling services
- *services and programs that are integrated* with those offered by internal and external stakeholders to foster and support youth needs across psychosocial domains.



First Nations Youth Service Pathway

In 2023, IUIH secured Queensland Health funding to establish a care pathway for vulnerable Aboriginal and Torres Strait Islander youth.

Over the past year, the IUIH Network First Nations Youth Team has continued to provide vital supports for First Nations youth aged 10–17 across SEQ. The program operates on a ‘hub and spoke’ model with the core, regional hub located within Mob Link, connecting to spoke team members located within IUIH Network organisations across SEQ.

In 2024/25, the hub expanded to include a Registered Nurse Team Leader, a Registered Nurse Care Coordinator, two Indigenous Youth Care Coordinators, and an Aboriginal Health Practitioner. Together this multidisciplinary youth team works with key referrers to secure access pathways into the *First Nations Youth Service*, and with a vast array of services to ensure young people are supported to access the care, supports and services they need.

In 2024/25, 371 young people were referred into the care pathway, of which 315 were Aboriginal and/or Torres Strait Islander youth. Significant challenges for these young people, and often co-existing, were acute medical issues, family crises, mental health and wellbeing challenges, disengagement from school, exposure to violence, involvement in the child protection or youth justice systems, housing instability and homelessness. Almost half of all supports provided (48%) were high intensity, a quarter were medium intensity supports (25%) and the remainder were low intensity supports (27%).

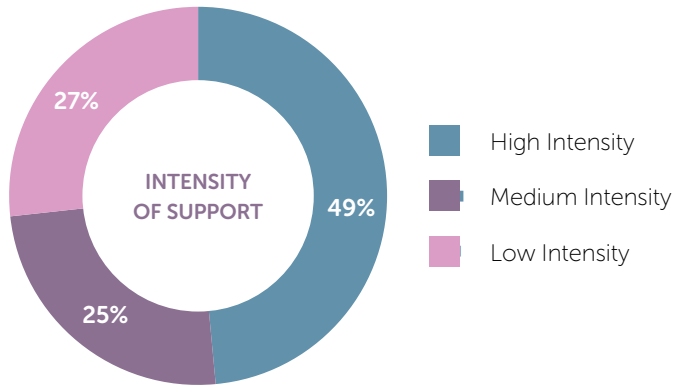
In 2024/25

**371 young people were referred to the First Nations Youth Service pathway.**



Youth Service Pathway Referrals	
Hospital and Health Services	49%
Mainstream providers including Youth Justice, Queensland Police and Child Safety	10%
Community Controlled Health Services	7%
Self-referred	33%
Not stated	1%

HHS Referrals into the Youth Service Pathway	
Children's Health Queensland	62%
Metro North HHS	27%
Metro South HHS	6%
West Moreton HHS	3%
Gold Coast HHS	2%



Jenny\* is a teenage mother of an infant who self-referred to the *First Nations Youth Service* for support after a Child Safety notification regarding her child’s welfare. With Jenny’s consent, the Youth Care Coordinator (YCC) contacted the Child Safety Officer (CSO) to confirm the nature of the concerns that had triggered the notification, then worked with Jenny to develop a plan for access to a range of supports, including from the *IUIH Community Legal Service*, and re-establishing connection with her Family Wellbeing Worker. Jenny also disclosed that she was pregnant and was connected to the *Birthing in Our Community Program* for midwifery care, connection with other mums and wrap around supports. Jenny was supported to advocate to Child Safety regarding anxiety and distress caused to her by multiple rescheduling of home visits. The CSO was able to develop a plan for home visits that would alleviate Jenny’s stress and maximise the success of the scheduled visits.

Jenny’s situation highlights the IUIH Network’s ‘no wrong door’ approach to service delivery, the range of supports that can be mobilised to support a family, including connection to services outside the IUIH Network and the important advocacy work undertaken by IUIH Network staff to leverage the best possible outcomes for First Nations people in challenging circumstances.

\* Name changed to protect privacy.



# Addressing Adult Chronic Disease

## Medical Specialist Services

Occasions of Service 2024/25	
Cardiologist	1,233
Dermatologist	343
Ear Nose and Throat Specialist	47
Endocrinologist	705
Obstetrician/Gynaecologist	155
Ophthalmologist	176
Paediatrician	3,104
Psychiatrist	2,582
Other	146
Total	8,491

## Regional Allied Health Services

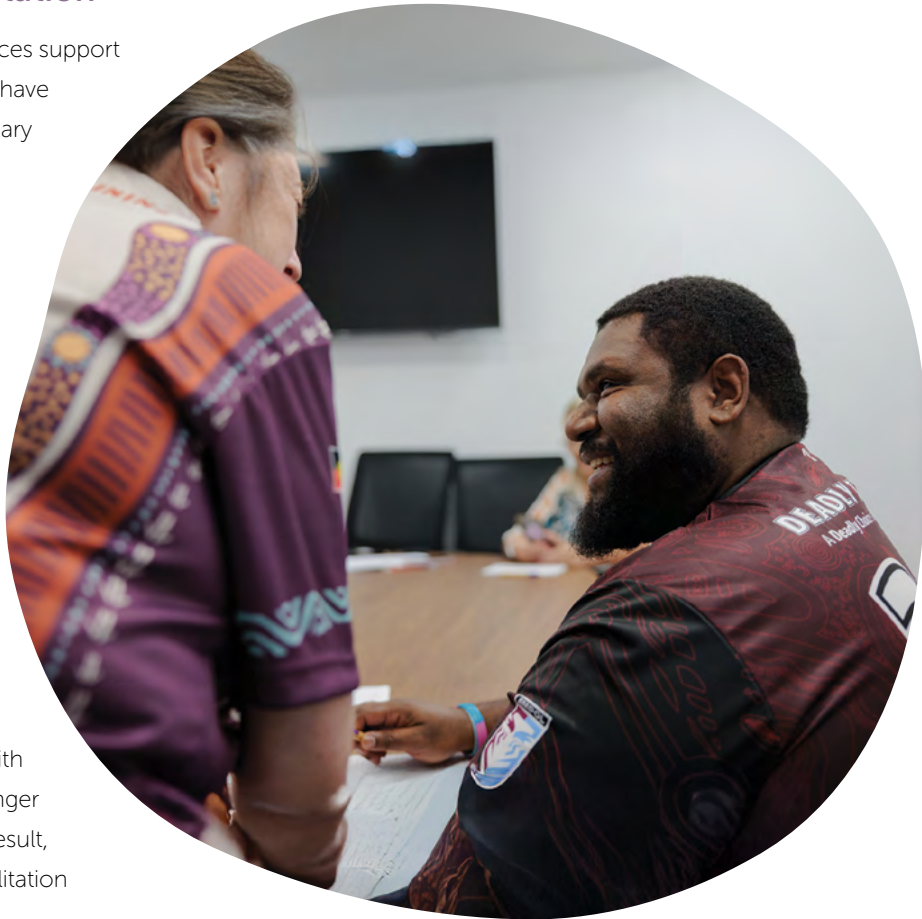
2024/25	
Audiology	2,546
Diabetes Education	1,295
Dietetics	3,035
Occupational Therapy	3,759
Optometry	4,623
Physiotherapy	5,178
Podiatry	6,473
Speech pathology	1,851
	28,760

## Cardiac and Pulmonary Rehabilitation

IUIH's cardiac and pulmonary rehabilitation services support Aboriginal and Torres Strait Islander people who have experienced or are managing cardiac or pulmonary events or conditions.

Through a multidisciplinary team, the service provides specialised rehabilitation as a culturally safe alternative to hospital rehabilitation for community members not previously accessing cardiac or pulmonary rehabilitation, and for high acuity patients who commence rehabilitation in hospital and subsequently transition into the IUIH service. Outcomes include improved aerobic capacity and endurance, improved quality of life, social connectedness and greater understanding of how to manage their cardiac and pulmonary conditions.

This year there has been an increase in clients with complex heart and lung conditions, requiring longer connection with the rehabilitation service. As a result, fewer clients have been referred from the rehabilitation service to IUIH's *Work It Out Program*.



## Work It Out Program

The *Work It Out Program* is a group based chronic disease management and rehabilitation program for community members at risk of, or who already have, a chronic disease. 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 healthcare.

“The [rehab program] is very good – the exercising, socially, mental health or anything. I don’t feel under pressure. All the participants feel the same ... the [staff] make us welcome, encourage us and are basically pleasant people.”

Rehabilitation and Work It Out Program Client, 2025

In 2024/25

28 clients graduated from IUIH’s Cardiac and Pulmonary Rehabilitation Service into the *Work It Out Program*.  
  
This is in addition to clients who solely accessed the *Work It Out Program* for their chronic disease self-management needs.





In 2024/25

137 cataract surgeries were completed.

## Adult Surgical Pathways

IUIH's adult cataract surgery pathway assists in addressing lengthy wait times for tertiary care.

The pathway begins when clients access IUIH's in-house optometrists for diagnosis and referral, and is completed when the client returns to this point for post-operative care. The pathway involves a culturally safe process of explaining clinical information in a yarn-based format, assisting with hospital paperwork, attending hospital surgical days to liaise with surgical and hospital staff, and telehealth consultations following surgery until return to face-to-face care in the clinic. Transport and 'at the elbow' support is provided by IUIH and its Member Organisations. The system-wide changes brought about by the pathway have successfully reduced wait times, increased chances of care completion and streamlined multiple health points to improve client satisfaction and their relationship with the health system.

## Dental Health

The IUIH Network continued its strong focus on delivering dental care for its clients. Most forms of dentistry, including fillings, extractions, dentures, sports mouthguards, and preventive care were offered across the region.

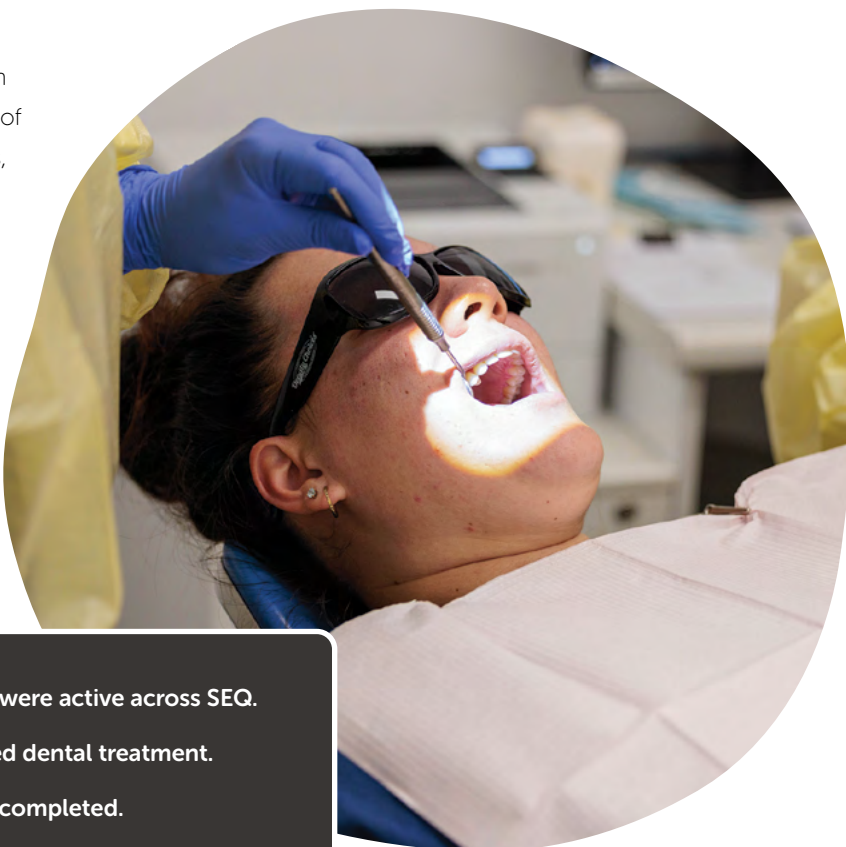
An injection of *Connected Community Pathways* funding from Queensland Health enabled significant regional expansion. Reaching Queensland Health eligible clients and other families on low incomes, in 2024/25 IUIH provided an additional 3,513 dental services across the region.

In 2024/25

20 dental chairs and 2 mobile dental vans were active across SEQ.

10,664 adults and 5,549 children received dental treatment.

24,313 unique dental appointments were completed.





Social Health

IUIH's *Social Health Program* includes the following service elements:

- *crisis intervention*, support, and opportunistic engagement
- *referrals and warm handover* to internal and external services as required
- *team care and family centred care planning*
- *advocacy services and social support* to access housing, crisis accommodation, domestic and family violence services and Centrelink
- *transition care planning* for people in prisons, including pre-release planning and post-release community based support and connection to healthcare
- *therapeutic modalities* ranging from brief intervention to specialised care
- *alcohol and other drugs counselling and support*
- *paediatric psychological assessments and provision of paediatric medical and allied health services*
- *intensive case management*
- *assertive outreach services.*

In 2024/25

2,376

psychiatry appointments

2,807

psychology appointments

3,333

counsellor appointments

2,645

social worker appointments

1,510

drug and alcohol appointments

“The Social Health Team is a valued asset to us the Indigenous Community. They advocate and speak up for us when we can’t speak for ourselves.”

Social Health Client

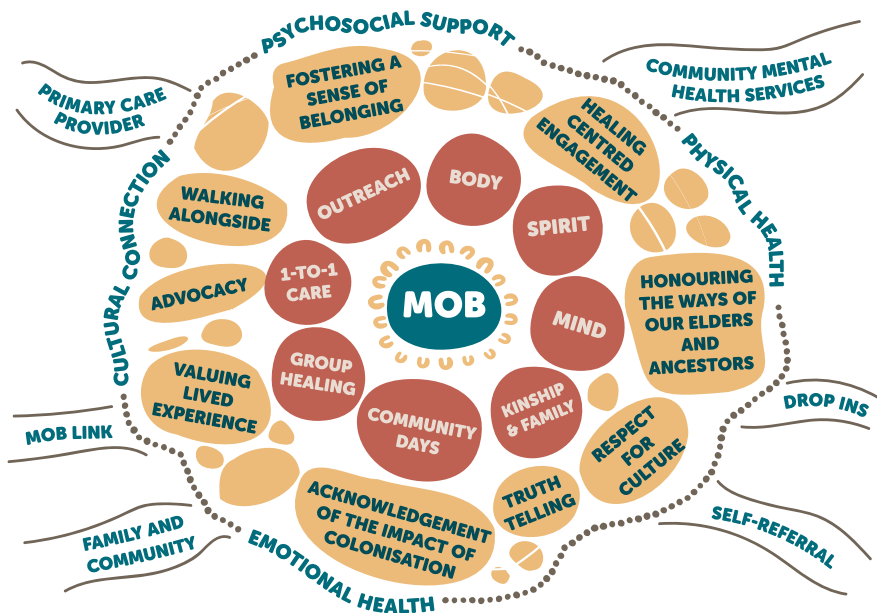


Staying Deadly

In late 2023, the first *Staying Deadly* hub was established at Silkstone, to provide specialised support to people with moderate to severe mental health challenges and drug and alcohol dependency. In May 2025, a second hub commenced operations at Woolloongabba in partnership with ATSICHS Brisbane, and planning is underway for a third hub in the Moreton Bay region. In 2024/25, the *Staying Deadly* hubs delivered care to 527 clients and nearly 10,000 hours of service. In December 2024, the new *Staying Deadly Headspace* youth mental health service commenced operations at Moreton ATSICHS’ Deception Bay clinic.

In 2024/25

527 people were supported with specialised mental health services through the Staying Deadly Hubs.



Model of Care

Transition Support Services

IUIH delivers culturally responsive *Transition Support Services* for Aboriginal and Torres Strait Islander people transitioning from prison to community. An Aboriginal and Torres Strait Islander workforce provides intensive support, which includes medical care, mental health, substance use and social support services. The team supports Aboriginal and Torres Strait Islander clients six weeks before release from prison and six months post-release to enable a smooth transition back to community and ongoing engagement with a healthcare provider. The program aims to reduce recidivism by supporting clients to engage with appropriate services to address their physical and mental health, substance use, child safety, housing, and financial concerns.

The Transition Support Team also supports Aboriginal and Torres Strait Islander people who live within a 5km radius of the Brisbane city centre, including many people who are sleeping rough. This is the only health outreach service in the inner city area to support this population, many of whom have unmanaged chronic physical health needs, severe mental health challenges and/or are using substances to cope with daily life. The team’s experience is that offering culturally competent and compassionate outreach services to people – especially when they are marginalised – serves to make a stronger, deadlier community who have more options to make healthier choices in their lives.

Way Back Support Service

IUIH, in collaboration with Community and Brisbane Youth Service, delivers a culturally safe non-clinical suicide prevention support service for people who have attempted suicide or are in a suicidal crisis. The program is currently funded by the Brisbane North PHN. The evidence-based service provides high quality follow up care to reduce the risk of further suicidal behaviour by keeping those at high risk connected to support services and networks.

In 2024/25

80

 people were referred into the Transition Support Service by Prison Mental Health Services.

116

people accessed community-based prison transition supports.

118

people sleeping rough in the inner city were supported to address their health, wellbeing and housing needs.

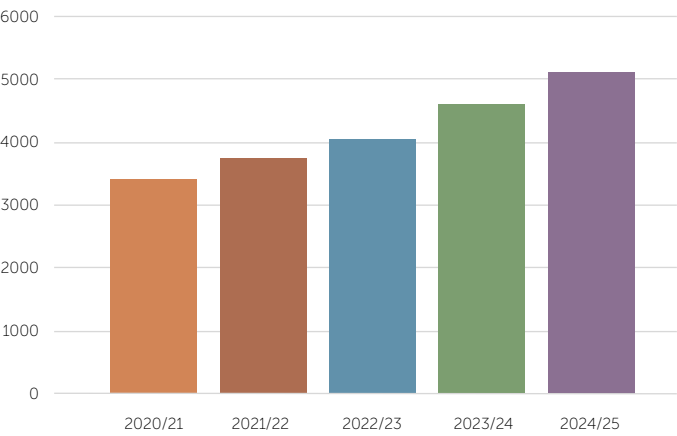


Supporting Our Elders

Aged Care Services

Before the establishment of IUIH's aged care programs in 2015, very few Aboriginal and Torres Strait Islander Elders were accessing the care they needed. Supporting more than 5,000 Elders across the SEQ, Wide Bay and Sunshine Coast regions in 2024/25, IUIH is the largest community controlled provider of aged care services in Australia.

GROWTH IN IUIH INDIGENOUS AGED CARE CLIENTS



In 2024/25  
5,123 Elders were supported by IUIH's Aged Care Services to access 6,640 in home support services.

IUIH Aged Care Services provide:

- a Regional Assessment Service, which supports clients to navigate entry into, and progression within, the Aged Care System
- the *Commonwealth Home Support Program*, which provides entry-level supports for what is usually a person's first step into the Aged Care System
- *Home Care Packages*, which are individually funded and tailored care for clients with more intensive or complex support needs.

IUIH AGED CARE CLIENTS BY SERVICE TYPE, 2024/25

Service Type:	Clients
Allied Health	1,684
Domestic Assistance	1,261
Respite Care	557
Home Maintenance	571
Meals	776
Nursing	2,388
Personal Care	352
Social Support Group	764
Social Support Individual	1,639
Transport	1,574
Total	11,566



Senior Indigenous Games

The *Senior Indigenous Games* engages Aboriginal and Torres Strait Islander people aged 50 years and over in games that are modified to accommodate players with mobility issues. Participants must be registered with their local CCHS which promotes the games, recruits the players, and supplies transport for those who need it. The games are a fun way of ensuring our Elders remain physically active and socially connected.

In 2024/25  
519 Elders participated in Deadly Choices Senior Indigenous Games events in SEQ.



# Universal Services and Programs





# Promotion and Prevention: Deadly Choices

## Deadly Choices Schools Program

Delivered by IUIH and program partners in primary and secondary school settings in multiple regions across Queensland, *Deadly Choices* offers a suite of education programs that are 6-8 weeks in duration. The programs cover:

- leadership
- smoking and other harmful substances
- nutrition and physical activity
- healthy relationships.

The aim of the *Deadly Choices* school programs is to empower young people to be role models in living a healthy lifestyle.

## Community and Sporting Events

In 2024/25, 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 were promoted.

## Tobacco Education Program

The *Deadly Choices Tobacco Education Program* is delivered in a range of settings including schools and with community groups. It aims to prevent the uptake of smoking, to encourage smokers to quit and to create support for smoke-free environments. Tobacco Champions work with clients to support their quit smoking efforts.

The *Deadly Places, Smoke-Free Spaces* campaign complements and reinforces the healthy lifestyle messages delivered through broader *Deadly Choices* social marketing campaigns, with a focus on tobacco cessation and smoke-free environments.



In 2024/25

**355** Deadly Choices education programs were delivered across SEQ, with **4,300** education program graduates.

In 2024/25

**72** community and sporting events were held in SEQ. These included:

- Junior Murri Carnival
- Queensland Murri Carnival
- Deadly Choices Touch Carnival
- Deadly Choices Netball Carnival
- Men's Golf Day
- World No Tobacco Day
- Seniors' Games







Deadly Choices Teams - Queensland

South Queensland

- IUIH West Moreton
- Yulu-Burri-Ba Aboriginal Corporation for Community Health
- Aboriginal & Torres Strait Islander Community Health Service Brisbane
- Moreton Aboriginal and Torres Strait Islander Community Health Service
- Kalwun Health Service
- Cunnamulla Aboriginal Corporation for Health
- North Coast Aboriginal Corporation for Community Health (Tackling Indigenous Smoking only)
- Goolburri Aboriginal Health Advancement (Tackling Indigenous Smoking only)

Central and North Queensland

- IUIH Hervey Bay
- Bidgerdii Community Health Service
- Aboriginal and Torres Strait Islander Community Health Service Mackay
- Townsville Aboriginal and Islander Health Service
- Palm Island Community Company (Tackling Indigenous Smoking only)

Far North Queensland

- Wuchopperen Health Service
- Mulungu Aboriginal Corporation Primary Health Care Service
- Mamu Health Service
- Bynoe Community Advancement Co-operative Society

Deadly Choices Teams Across Australia

Australian Capital Territory

- Winnunga Nimmityjah Aboriginal Health and Community Services

New South Wales

- Armajun Health Service Aboriginal Corporation
- Biripi Aboriginal Corporation Medical Centre
- Bourke Aboriginal Health Service
- Bulgarr Ngaru Medical Aboriginal Corporation
- Condobolin Aboriginal Health Service
- Eleanor Duncan Aboriginal Health Service
- Greater Western Aboriginal Health Service
- Maari Ma Health Aboriginal Corporation
- Wellington Aboriginal Corporation Health Service

Tasmania

- Karadi Aboriginal Corporation

Victoria

- Bendigo and District Aboriginal Cooperative
- Gippsland and East Gippsland Aboriginal Cooperative
- Mallee District Aboriginal Services
- Rumbalara Aboriginal Cooperative
- Victorian Aboriginal Health Service
- Wathaurong Aboriginal Cooperative

Deadly Choices Partnerships Across Australia

QUEENSLAND

- Apunipima Cape York Health Council
- ATSICHS Mackay
- Bidgerdii Community Health Service
- Cherbourg Regional Aboriginal & Islander Community Controlled Health Service
- Cunnamulla Aboriginal Corporation for Health
- Galangoor Duwalami
- Gidgee Healing
- Gurriny Yealamucka Health Service
- Kowanyama Aboriginal Shire Council
- Mackay Hospital and Health Service
- Mamu Health Service
- Mulungu Aboriginal Corporation Primary Health Care Service
- North Coast Aboriginal Corporation for Community Health
- Townsville Aboriginal & Islander Health Service

SOUTH EAST QUEENSLAND

- ATSICHS Brisbane
- Moreton ATSICHS
- Kalwun Health Corporation
- Pamela Mam Health Centre
- Yulu-Burri-Ba Aboriginal Corporation for Community Health

NEW SOUTH WALES

- Biripi Aboriginal Corporation Medical Centre
- Bourke Aboriginal Health Service
- Bulgarr Ngaru Medical Aboriginal Corporation
- CESPHIN
- Greater Western Aboriginal Health Service
- Maari Ma Health
- Riverina Medical Dental Aboriginal Corporation
- Walhallow Aboriginal Corporation
- Wathaurong Aboriginal Cooperative
- Wellington Aboriginal Corporation Health Service
- Yerin Eleanor Duncan Aboriginal Health Services
- Yoorana Gunya Faily Healing Centre

AUSTRALIAN CAPITAL TERRITORY

- Winnunga Nimmityjah Aboriginal Health and Community Services

VICTORIA

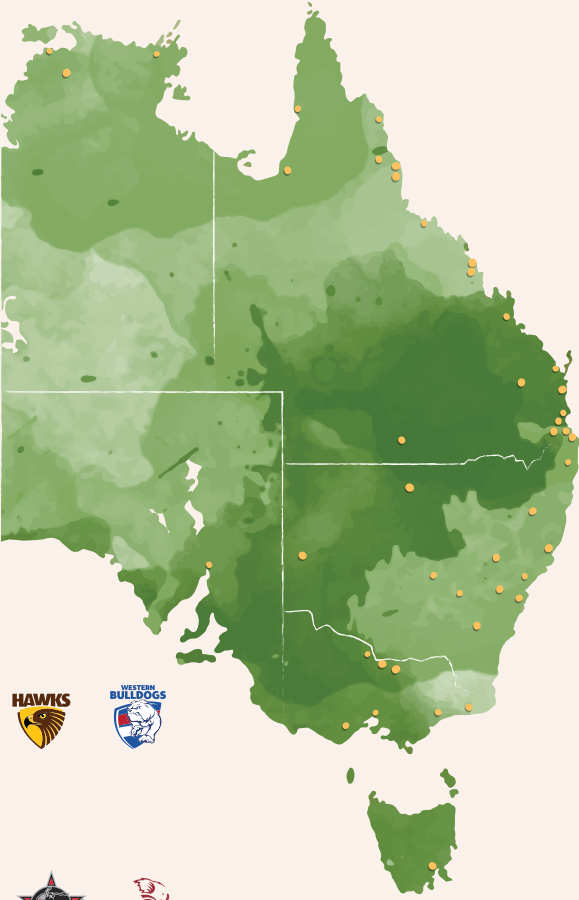
- Gippsland Aboriginal Cooperative
- Kirrae Health Service
- Mallee District Aboriginal Services
- Moogji Aboriginal Council
- Njernda Aboriginal Corporation Medical Centre
- Rumbalara Aboriginal Cooperative
- Victorian Aboriginal Health Service

NORTHERN TERRITORY

- Danila Dilba Health Service
- Miwatj Health Aboriginal Corporation
- Sunrise Health Service Aboriginal Corporation

SOUTH AUSTRALIA

- Healthy Dreaming
- Tasmania
- Karadi Aboriginal Corporation



Our Club partners

NRL



AFL



OTHER







## Disability Services

To overcome access barriers, the IUIH *Disability Services* Team supports Aboriginal and Torres Strait Islander people with a disability to access the *National Disability Insurance Scheme* (NDIS), develop their NDIS plan and connect with IUIH Network services or other service providers to activate their plan.

## Pharmacy Service

In 2024/25, *IUIH Pharmacy* further expanded to provide direct onsite visits to all IUIH Network clinics. IUIH Pharmacy continues to provide support to the Community by conducting regional medication safety audits, mitigating medication shortages, contributing to research, hosting students to foster the next generation, and providing medication based yarns with Community.

In 2024/25

**692** Indigenous people with disabilities completed an eligibility test through IUIH's Disability Access Pathway.

**422** Indigenous NDIS clients chose IUIH as their Support Coordination provider.

**331** Indigenous NDIS clients chose IUIH as their allied health service provider.

In 2024/25

IUIH Network pharmacists attended **274** case conferences and conducted **181** Home Medicine Reviews.





Integrating And Coordinating Care

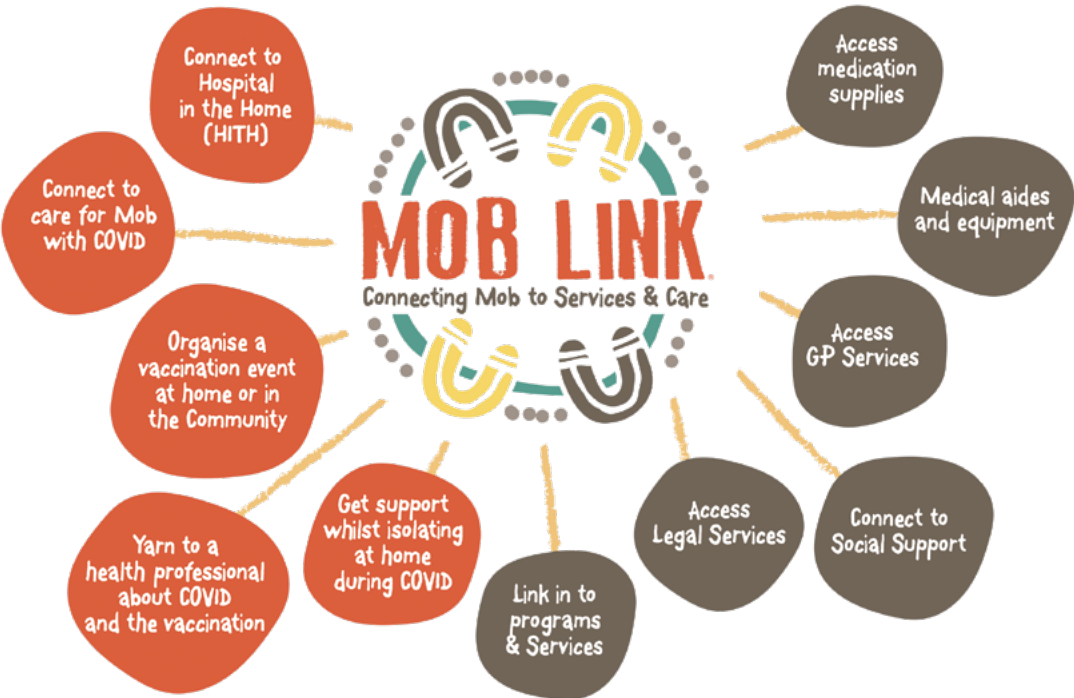
Mob Link

Mob Link is a unique, regional Aboriginal community-controlled service in SEQ providing access for First Nations people 7am – 8pm, 7 days a week, to:

- a 1800 call centre, staffed by Aboriginal and Torres Strait Islander people
- health and health-related information, advice, services and supports
- virtual clinical care – including triage, assessment, and provision of immediate, same-day and short-term monitoring, treatment and supports
- transition care coordination – for clients requiring short-term case management, including on discharge from hospital back into community-based care
- specialist primary care services which may be time critical but are not available in all primary healthcare services/clinics.

SUPPORTS PROVIDED THROUGH MOB LINK 2024/25

Advocacy	1,341
Care Coordination	7,369
Child, Youth & Family	2,826
Clinical Services	16,766
Housing Assistance	389
Outreach Service	301
Social Health Services	2,276
Transport Services	6,620
Total	37,888



Integrated Team Care Program

The Integrated Team Care Program is comprised of two Australian Government funded programs – Improving Indigenous Access to Mainstream Primary Care Program (IIAMPC) and the Care Coordination and Supplementary Services Program (CCSS). The IIAMPC assists mainstream general practitioner and allied health practices to provide culturally safe services to Aboriginal and Torres Strait Islander clients residing in the Brisbane North and Brisbane South regions.

In 2024/25  
3,812 clients accessed the CCSS Program.

The CCSS Program aims to improve chronic disease management, follow up care and specialist referral for Aboriginal and Torres Strait Islander people.





# IUIH Legal Service

The *IUIH Legal Service* was established as a Health Justice Partnership in 2017, and in 2019 IUIH became the first CCHS in Australia to become an officially recognised and accredited Community Legal Centre. The *IUIH Legal Service* provides high quality and timely legal services to clients who are referred from IUIH programs and services, including *Mob Link*. Services provided include legal advice, access to appropriate referral pathways, drafting of legal documents, advocacy, and court representation.

**In 2024/25**  
the IUIH Legal Service opened **682** new matters.

	Number of new matters
Child Protection	105
Domestic Violence	84
Elder Law & Elder Abuse	204
Family Law	198
Other	91
Total	682

*IUIH's Legal Service does not cover most criminal, personal injury (including WorkCover) or immigration matters.*

## Elders Legal and Support Service (ELASS)

Since January 2023, IUIH has been subcontracted by Caxton Legal Centre to deliver an *Elders Legal and Support Service* to Indigenous clients in the Moreton Bay North region. Under the subcontracting arrangement, the *IUIH Legal Service* employs a full time lawyer to provide advice, casework and representation to Indigenous clients aged 50 years and over who are at risk of, or are experiencing, elder abuse.

**In 2024/25**  
ELASS assisted **204** individual clients with information, advice, referrals and ongoing casework.

## Logan Health Justice Partnership – Child Protection Early Legal Advice and Support

In February 2024, the *IUIH Legal Service* commenced a 12 month project in partnership with ATSICHS Brisbane and Griffith University's *Partners in Place* program to provide early child protection advice to women birthing at the Logan Hospital. The service is targeted to women at risk of intervention by, or in contact with, the child protection system. In April 2025, IUIH, ATSICHS Brisbane and Griffiths University were successful in obtaining a Medical Research Future Fund (MRFF) Indigenous health grant to continue the project for a further two years. In 2024/25, IUIH's child protection lawyer assisted 105 clients with information, advice, referrals and ongoing casework in their child protection matters.

**In 2024/25**  
The Child Protection Early Legal Advice and Support lawyer assisted **105** individual clients with information, advice, referrals and ongoing casework.



## Family Mediation Service

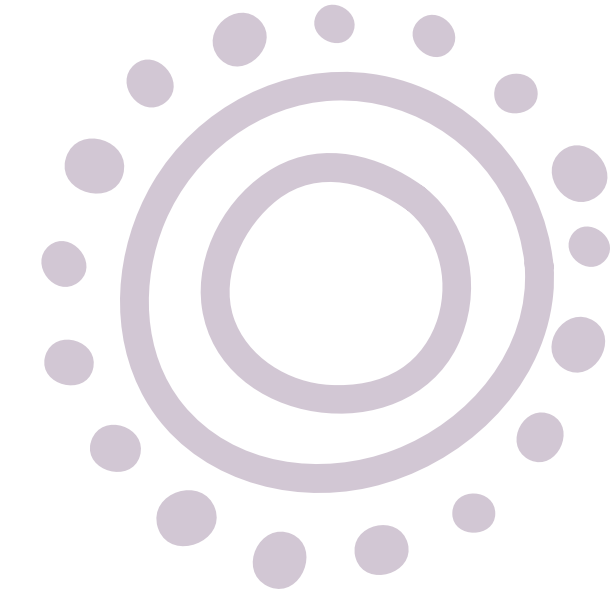
IUIH receives funding under the Commonwealth Government's *Family Relationship Services* (First Nations Family Dispute Resolution) program to provide culturally safe dispute resolution services to Aboriginal and Torres Strait Islander people in SEQ, focusing on dispute resolution for parenting and financial arrangements post separation, and grandparenting matters. IUIH's *Family Mediation Service* receives referrals from across the IUIH Network, from the Family Court of Australia and from other external stakeholders.

In 2024/25 the *Family Mediation Service* provided services to 184 individuals. In 2024/25 two identified staff members in the family mediation service undertook training to become accredited family dispute resolution practitioners.

**In 2024/25**  
the Family Mediation Service provided services to **184** individuals.

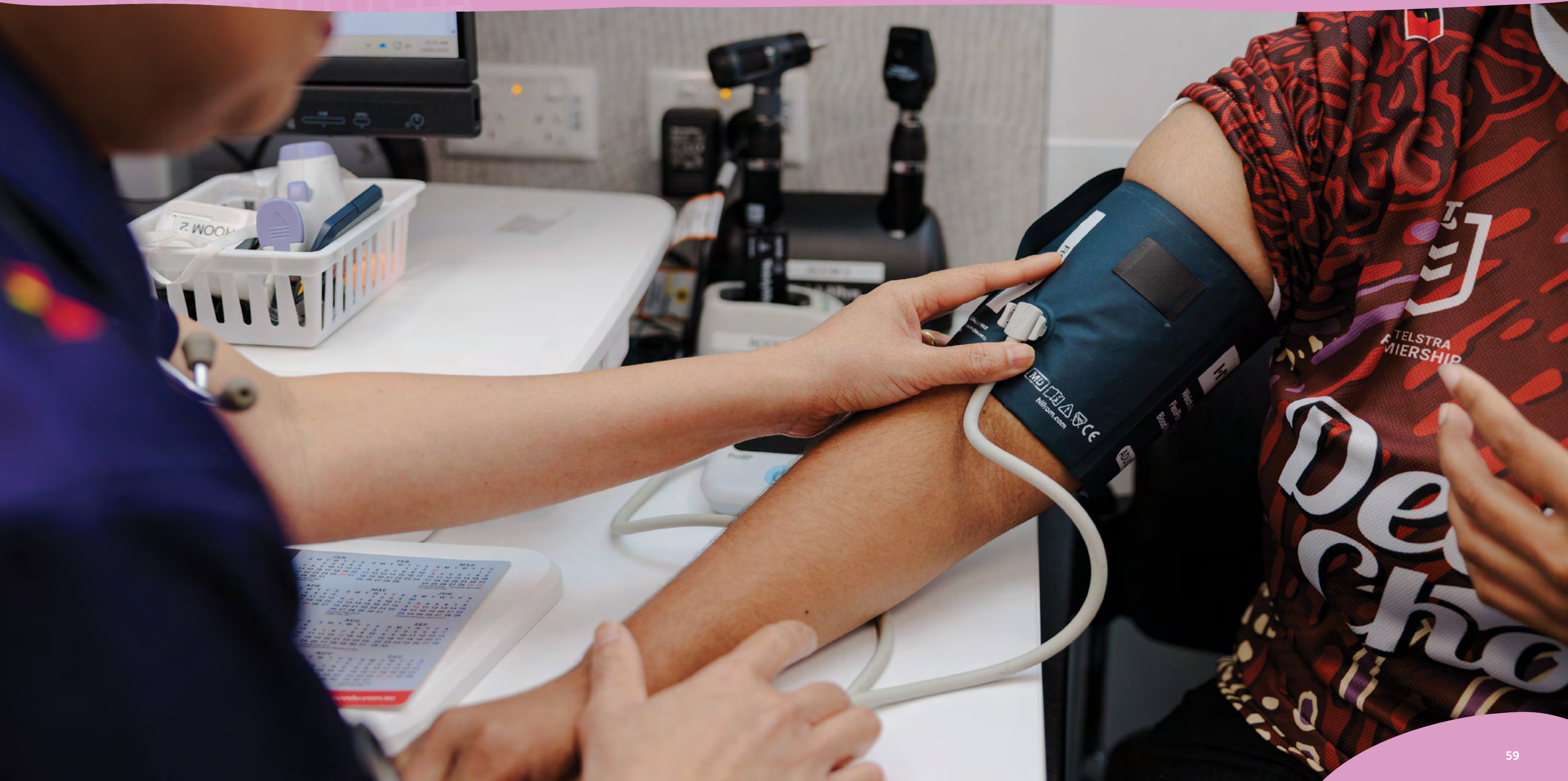
**"I would highly recommend [the Mediation Service] to mob... The person that looked after us is compassionate, empathetic and really good at keeping the conversation child focus(sed)... If I knew mediation could be such an enriching experience with such a positive outcome I would have booked mediation sooner."**

*Family Mediation Service Client, 2024*





# Enabling Services and Programs





Research

IUIH Network Knowledge and Research Centre

Recognising the importance of Aboriginal and Torres Strait Islander-led ethics, governance, and data sovereignty, the IUIH Network has taken steps to embed these principles across its research agenda. A key initiative was the establishment of the *IUIH Knowledge and Research Centre* in 2025, which plays a pivotal role in establishing a research vision and agenda to advance evidence-based practice and sector-wide learning. This builds on the foundational work of the IUIH Network Data and Research Governance Committee, established in 2023 to provide guidance through community, technical, and independent expertise.



Research Partnerships

IUIH/UQ Poche

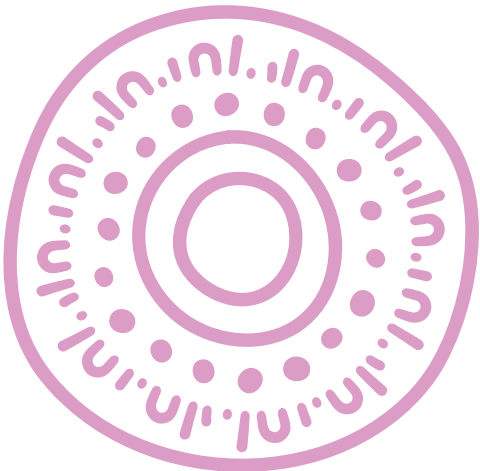
The partnership between the University of Queensland Poche Centre for Indigenous Health (UQ Poche Centre) and IUIH, which aims to drive a transformative urban Indigenous health and healthcare system research agenda, has continued in 2024/25 with ongoing collaboration and coordination on various research projects.

Research Alliance for Urban Goori Health (RAUGH)

The RAUGH partnership between Metro North HHS, the UQ Poche Centre and IUIH, has continued to provide opportunities for collaboration. RAUGH’s vision is to transform health service delivery and achieve parity for urban Aboriginal and Torres Strait Islander people by ensuring the health care system is responsive to their health and wellbeing needs.

The Research Alliance for Urban Community Controlled Health Services (RAUCCHS)

The RAUCCHS partnership was established in 2022 as an opportunity to bring together researchers and urban CCHSs to deliver an innovative national Indigenous urban health research agenda. The RAUCCHS, which is comprised of urban CCHSs from across Australian capital cities, aims to achieve transformational changes in systems, policy, and care through world class research that enhances the capacity of CCHSs to achieve their vision for their community’s wellbeing.



Research projects

IUIH continued to expand its commitment to rigorous research activity in 2024/25 with over 20 medium to large-scale projects conducted at IUIH during this period. These included:

- *IUIH System of Care Mark II (ISoC2)*, a mixed-methods evaluation of the IUIH Network’s Hub/Pod model of comprehensive primary health care service delivery, continued throughout 2024/25. The project is a partnership with the UQ Poche Centre, the Australian National University, Charles Darwin University and the University of New South Wales. The research is due to be completed in late 2025 and already has preliminary findings that support the innovative model of care.
- *Birthing In Our Community (BiOC) Study– Learning, Wondering and Inquiring: Leading system reform and elevating the health and wellbeing of our families through BiOC* is led by IUIH in partnership with the UQ Poche Centre. Using a mixed-methods approach, the study evaluates the feasibility, sustainability and scalability of BiOC programs throughout the Greater Brisbane area. Early findings from yarns with community and staff demonstrate the success of BiOC and suggest how the much-needed services might be upscaled.
- *Closing Final Gaps in Maternal and Infant Health: The Deadly Fit Mums Program* aims to develop new scalable approaches to improve maternal and/or early childhood exercise and nutrition. Using a mixed-methods approach, the study assesses the impact of the *Deadly Fit Mums Program*. The 5-year project is funded by a MRFF Maternal Health and Healthy Lifestyles Grant and is led by UQ Poche in partnership with IUIH.
- *Digital Infrastructure for Improving First Nations Maternal & Child Health (DIFFERENCE)* is advancing efforts to collaboratively design ethical, culturally grounded digital infrastructure to support maternal and child health outcomes for First Nations families. The initial qualitative research—focused on the perspectives of Aboriginal and Torres Strait Islander support practitioners and mums regarding data sharing in service delivery and research contexts—has been completed. One academic paper has been submitted for publication, with a second in development. These findings are now guiding the design and early testing of the digital infrastructure model.

- *Transdisciplinary Co-Design of Innovative, Client-Centred Models for Indigenous Mental Health Services in South-East Queensland* aims to improve timely access by Aboriginal and Torres Strait Islander clients to culturally appropriate, safe health care services for the prevention, treatment, and management of mental health issues. This MRFF-funded project is led by the UQ Poche Centre in partnership with IUIH and the Queensland Centre for Mental Health Research. This study is almost complete and is informing new models of mental health care across community-controlled and mainstream services in ways that privileges the knowledge and lived experience of Indigenous clients.
- *Blak and Proud: Safe and Deadly Healthcare* aims to improve the health and wellbeing of Brotherboys, Sistergirls, and other Indigenous people who identify as Lesbian, Gay, Bisexual, Transgender, Queer or Intersex (BBSGLGBTQI+) living in SEQ. Commencing in 2024, this MRFF funded project is led by the UQ Poche Centre in partnership with IUIH, ATSICHS Brisbane and various organisations driving change for Aboriginal and/or Torres Strait Islander BBSGLGBTQI+ people.
- *Supporting Agency and Connectivity to Drive Primary Healthcare Innovation for Young Aboriginal and Torres Strait Islander People in Southeast Queensland* was a project comprised of a Lowitja Major Grant (2022-2024) and a Lowitja Knowledge Translation Grant (2024-2025). The projects are now finalised and have generated valuable insights into fostering leadership and agency among young Aboriginal and Torres Strait Islander people in youth health and wellbeing. Key outputs have included engagement through community events, contributions the IUIH Network’s 2022-2032 Youth Strategy, two conference presentations, and an academic manuscript currently in preparation for publication.
- *Data Linkage of Healthcare Records Across Primary and Tertiary Healthcare Services for Aboriginal and Torres Strait Islander People in SEQ* aims to link the health data of IUIH and selected ATSICHS Brisbane clients with Metro North HHS data sources from 2010 to 2022. The retrospective health record analysis will explore trends in access and utilisation of primary and tertiary healthcare services and pathways. The RAUGH-funded project is led by the UQ Poche Centre, in partnership with IUIH and Metro North HHS.



- *Exploring A Culturally Safe, Comprehensive, Indigenous Led and Controlled GP Registrar Training Program In South East Queensland*, this one-year study (2025) investigates and enhances IUIH's culturally safe GP registrar training program in SEQ, addressing community needs and literature gaps through Indigenous-led inquiry. By mapping processes and embedding cultural safety principles, it aims to improve healthcare practice and bolster registrar recruitment and retention. Findings will strengthen medical workforce development and promote health equity for Aboriginal and Torres Strait Islander communities.
- *Working Toward HCV Elimination: Exploring the Transformative Potential of a Comprehensive New Community-Controlled Hepatitis C (HCV) Outreach Model of Care for Aboriginal and Torres Strait Islander People in South East Queensland* is a two-year Indigenous-led research project that commenced in 2025. It evaluates a new person-centred HCV outreach model delivered by IUIH, featuring peer-led engagement, point-of-care testing, and culturally governed health promotion. The project uses both qualitative and quantitative methods to assess service delivery, community engagement, and peer worker training under strong cultural governance. Outcomes will inform scalable HCV care models across the IUIH Network and support elimination efforts nationally.

- *SPANning the Gap in Pain Management: A Process Evaluation of the Establishment of a Community-Based Service to Improve Persistent Pain* evaluates a culturally tailored, pain care model for Aboriginal and Torres Strait Islander people – the *Persistent Pain Service: A Caring Pathway for Mob*. Designed and delivered jointly by IUIH and Metro North HHS, the service is evaluated by exploring client experiences, service effectiveness, and potential scalability using Indigenous-led and mixed-methods approaches. Early outcomes show improved access and satisfaction in comparison with mainstream models, with findings set to inform future health policy and practice through community engagement and national dissemination.



## Continuous Quality Improvement

Continuous Quality Improvement (CQI) involves:

- routinely reviewing deidentified data and feedback
- studying how trends and emerging issues impact services
- planning and adjusting the way services are delivered according to this evidence
- embracing innovative ways of delivering services in consultation with staff, managers and clients.

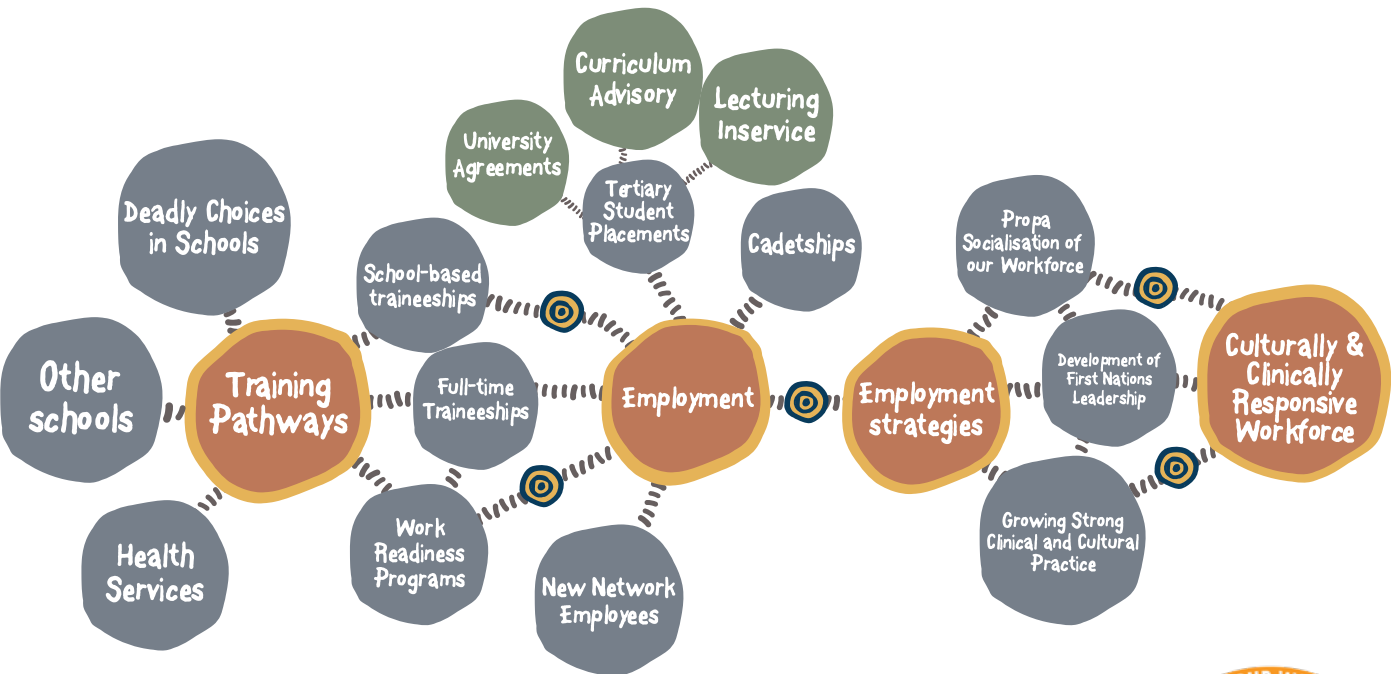
Throughout 2024/25, the IUIH Network Lead Clinicians Group was instrumental in supporting implementation of CQI activities across the region and IUIH's CQI facilitators provide monthly updates for managers and staff about patterns of service access and clinical effectiveness.





# Growing Our Own Workforce

## IUIH Training and Employment Pipeline



## Pathways Our Way Academy (POWA)

IUIH has continued to expand POWA, offering school-based traineeships in allied health assistance and a range of full-time traineeships for community members wanting to return to or enter the workplace. POWA is supported by Indigenous Allied Health Australia, the National Indigenous Australians Agency and the Department of Employment, Small Business and Training.

All POWA trainees are provided with wrap-around support, a range of placement options and opportunities for further employment. They are also supported to engage with local universities to explore pathways into university studies on completion of their traineeship.

In 2024/25, IUIH supported 104 full-time students/trainees, including 29 adult Community members and 75 school-based trainees, enrolled across the following courses:

- Certificate III Business
- Certificate III Individual Support
- Certificate III Dental Assisting
- Certificate I Business.

In 2024/25

A total of **104** full time students/trainees were enrolled.

**75** school-based trainees were enrolled.

**27** school-based trainees have completed their traineeship and the remainder are continuing.

**63%** of those completing gained employment within the IUIH Network.



## EMPOWA Training

Recognising the critical role that employment plays as a social determinant of health, and the ongoing need for skilled workforce to meet community growth and demands, the IUIH Network established *EMPOWA Training*, a Community Controlled Registered Training Organisation, that will support a culturally safe pathway to education and employment for Aboriginal and Torres Strait Islander people.

Achieving Australian Skills Quality Authority (ASQA) accreditation in June 2024, *EMPOWA Training* has this year welcomed its first cohort of learners into the Certificate III in Aboriginal and Torres Strait Islander Primary Health Care. It will continue to build a comprehensive suite of face-to-face, flexible and culturally supportive training programs, designed for Aboriginal and Torres Strait Islander job seekers and existing staff that are entering or re-entering the job market and require entry-level qualifications, and have an interest in working in the health or social services sector. The qualifications on offer at EMPOWA Training are based on robust consultation, the specified workforce needs of the CCHS sector, and broader industry requests.

### Qualification Name

Certificate III in Individual Support (Ageing, Disability)
Certificate III in Allied Health Assistance
Certificate II in Health Support Services
Certificate III in Aboriginal and Torres Strait Islander Primary Health Care
Certificate III in Community Services
Certificate II in Skills for Work and Vocational Pathways
Certificate III in Business
Certificate III in Business (Medical Administration)
Certificate I in Workplace Skills

EMPOWA Training is committed to supporting trainees and learners on their training and employment journey. Trainees and learners will be offered, at no cost, intensive and tailored assistance to reduce barriers and help them achieve their goals and aspirations.

### Student Supports

Access to mentors and peer support
Assistance with purchasing training equipment
Help obtaining identification documents (birth certificates), Blue Cards and Yellow Cards
Free access to culturally responsive healthcare, mental health supports and disability services
Support finding appropriate housing
Support to obtain a driver's license





University Engagement and Student Placements

In 2024/25, IUIH provided placements for students from the following disciplines:

Audiology	Nurse Practitioner
Biomedical Science	Nursing
Certificate III in Health Administration	Nutrition and Dietetics
Certificate IV in Mental Health	Occupational Therapy
Certificate IV in Youth Work	Optometry
Grad Cert in Child and Family Health	Organisational Psychology
Dental Hygiene	Pharmacy
Diabetes Education	Physiotherapy
Early Childhood Development	Podiatry
Exercise Physiology	Psychology
Health Management	Public Health
Health Science	Social Science
Health, Sport and Physical Education	Social Work
Information Technology	Speech Pathology
Medicine	

- Australian Catholic University
- Bond University
- Deakin University
- Griffith University
- James Cook University
- Newcastle University
- Queensland Tafe
- Queensland University of Technology
- Sunshine Coast University
- University of Melbourne
- University of Notre Dame
- University of Queensland
- University of Southern Queensland
- University of Technology Sydney

In 2024/25

**431 student placements were completed across 29 disciplines and from 14 tertiary institutions.**

**27 students identified as Aboriginal or Torres Strait Islander.**

**These placements were directly coordinated and supported by IUIH.**



Medical Education

IUIH remains committed to teaching and training health professionals at all stages of their careers by:

- engaging with Queensland’s universities, medical schools and vocational training organisations
- facilitating student placements and internships
- partnering with HHSs in their medical specialist training programs
- offering six- and twelve-month GP vocational training placements
- employing doctors working towards RACGP and/or ACCRM Fellowship
- supporting GP Registrars to continue their journeys with CCHSs upon completion of training.

Growing Our Own Leaders

IUIH has continued to roll-out its *Executive Development Program* across the IUIH Network with 23 staff members completing the program in 2024/25. Through the program, participants complete a project and present it to Senior Management and Board Members with many projects developing into new IUIH initiatives. Twelve of our Aboriginal and Torres Strait Islander staff completed the *Growing Propa Leadership program* and 13 staff members completed the *Clinical Leadership Program*, designed by IUIH to grow leadership across an integrated care system.

In 2024/25

**48 employees completed IUIH leadership development programs.**



“I thoroughly enjoyed the three day course. I learned so much about IUIH, how much time and effort goes into growing our own, yarning and building connections.”

Propa Ways Orientation participant, 2024



Corporate Services

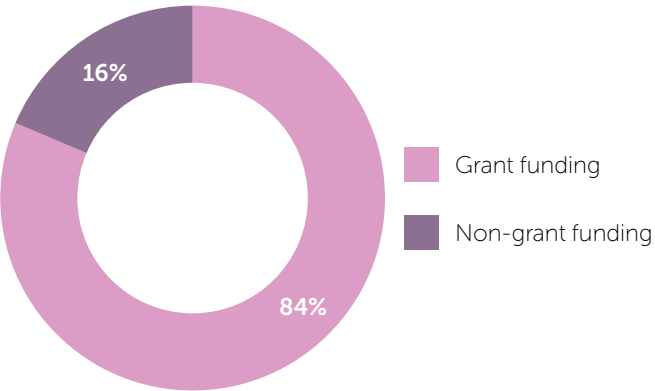
Human Resources

	2024/25
Number of staff identifying as Aboriginal and/or Torres Strait Islander	490
Percentage of staff identifying as Aboriginal and/or Torres Strait Islander	47.4%
Percentage of Executive Leadership Team identifying as Aboriginal and/or Torres Strait Islander	44.4%
Percentage of staff in leadership or management roles identifying as Aboriginal and/or Torres Strait Islander	28.0%

Finance

	2024/25	2023/24	2022/23	2021/22	2020/21
Total Expenditure	\$170,604,101	\$138,735,736	\$127,018,362	\$104,175,042	\$107,571,284
Current Assets	\$78,063,972	\$72,535,174	\$54,893,450	38,635,919	\$30,463,476
% change	7.6%	32.1%	42.10%	26.08%	44.4%
Total Assets	\$142,413,593	\$120,842,342	\$90,440,901	\$66,884,391	\$57,571,228
% change	17.9%	33.6%	35.20%	16.20%	18.6%
Equity	\$70,039,672	\$53,574,661	\$46,626,504	\$38,096,838	\$34,280,073
% change	30.7%	14.9%	22.20%	10.02%	38.9%
Capital Infrastructure Acquisition	\$19,220,020	\$11,115,804	\$7,245,262	\$3,975,824	\$3,429,965

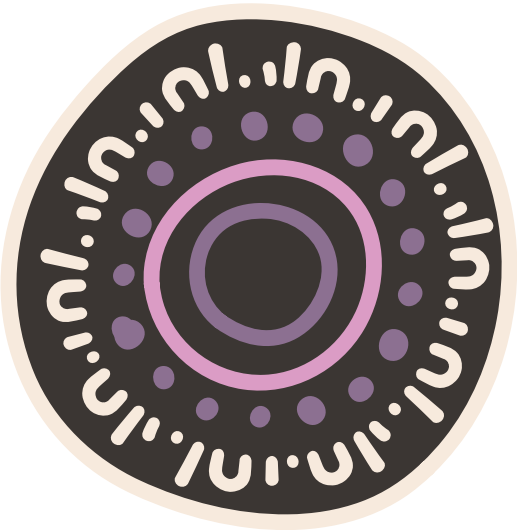
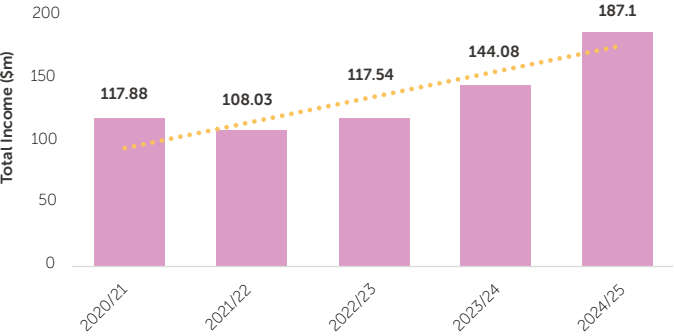
IUIH GRANT VS NON- GRANT INCOME 2024/25



IUIH SOURCES OF INCOME 2024/25

Australian Government grants	29.5%
Australian Government (PHN) grants	8.1%
Queensland Government grants	39.2%
Other grants	6.9%
Self-generated	16.3%

IUIH TOTAL INCOME 2020/21 TO 2024/25



Accreditation

Topic	2024/25
Total Standards Maintained	24
Internal Audits conducted	352
Standards (Re-certifications)	<ul style="list-style-type: none"><li>AGPAL – Margate, Caboolture, Morayfield, and Strathpine clinics</li><li>ISO 9001 : 2015 – Deadly Choices, Allied Health, Organisational Development, and Aged Care Morayfield</li><li>HSQF – Families and Youth, Mental Health, Social Health, Prison Transition Services, and QCSS</li><li>Legal</li><li>Food Safety – Hervey Bay and Zillmere</li></ul>
Standards (New certifications achieved)	<ul style="list-style-type: none"><li>HSQF – Family Preservation and Restoration Program</li><li>HSQF – Alcohol and Other Drugs</li><li>BiOC North</li></ul>

Communications and Marketing

12,582 IUIH Facebook (FB) followers

140,503 IUIH FB reach

126,314 Deadly Choices FB followers

2.66 million Deadly Choices FB reach

Warehouse

6,467 orders processed

101,148 items picked

10,754 parcels dispatched

1,982 IUIH Instagram followers

80,639 IUIH Instagram reach

30,679 Deadly Choices Instagram followers

1.45 million Deadly Choices Instagram reach

Workplace Health and Safety

267 WH&S monthly audits conducted

44 fire safety checks and drills completed

22 staff fire safety training session

45 program risk assessment reviews

20,001 Deadly Choices Tik Tok followers

4.26 million Deadly Choices TikTok reach

Information and Communication Technology

13,601 IT supports provided



# Acknowledgements

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

- Arthur Beetson Foundation
- Aspire 4 Life
- Australian College of Midwives
- Australian and New Zealand School of Government
- Australian Government Attorney-General's Department
- Australian Government Department of Health, Disability and Ageing
- Australian Government Department of Prime Minister and Cabinet, National Indigenous Australians Agency
- Australian Government Department of Social Services
- Australian National University
- Bond University
- Brisbane City Council
- Brisbane North Primary Health Network
- Brisbane South Primary Health Network
- Caxton Legal Centre
- Central and Eastern Sydney Primary Health Network
- Charles Darwin University
- Check-Up Queensland
- Children's Health Queensland
- City Specialist Clinic
- Council on the Ageing Australia Ltd
- Creche and Kindergarten Association Ltd
- Darling Downs & West Moreton Primary Health Network
- Fred Hollows Foundation
- Foodbank Queensland Ltd
- Gold Coast Hospital and Health Service
- Gold Coast Primary Health Network
- Griffith University
- Health and Wellbeing Queensland
- Hearing Australia
- Heart Foundation Australia
- Inala Wangarra Inc
- Indigenous Allied Health Australia
- Lowitja Institute
- Mater Misericordiae Ltd
- Metro North Hospital and Health Service
- Metro South Hospital and Health Service
- Micah Projects
- Moreton Bay Regional Council
- My Midwives
- National Aboriginal Community Controlled Health Organisation
- National Disability Insurance Agency
- Ozcare
- Preston Campbell Foundation
- Queensland Aboriginal and Islander Health Council
- Queensland Centre for Mental Health Research
- Queensland Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism
- Queensland Department of Families, Seniors, Disability Services and Child Safety
- Queensland Department of Education
- Queensland Department of Trade, Employment and Training
- Queensland Department of Health
- Queensland Department of Justice
- Queensland Mental Health Commission
- Queensland University of Technology
- Registry of Births, Deaths and Marriages

- Royal Australian College of General Practitioners Ltd
- Royal Australian and New Zealand College of Psychiatrists
- The Benevolent Society
- The Murri School (Aboriginal and Islander Independent Community School)
- The Uniting Church – Blue Care
- Triple A
- University of Queensland
- UQ Poche Centre for Indigenous Health
- Victorian Aboriginal Community Controlled Health Organisation
- West Moreton Hospital and Health Service
- Country to Coast PHN
- Yourtown

## Aged Care National Project Partners

- Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd
- Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation
- Kalwun Development Corporation Ltd
- North Coast Aboriginal Corporation for Community Health
- South-West Aboriginal Medical Service
- Victorian Aboriginal Health Service
- We Care Aboriginal and Torres Strait Islander Service for the Aged and Disabled Association Inc
- Wellington Aboriginal Corporation Health Service

## Deadly Choices Sporting Partnerships

- Brisbane Broncos NRL and NRLW
- Brisbane Lions Football Club
- Canterbury Bankstown Bulldogs
- Coles
- Collingwood Football Club
- Collingwood Magpies Netball
- Cronulla Sharks
- Dolphins Rugby League
- Essendon Football Club
- Gold Coast Titans
- Hawthorn Football Club
- Melbourne Storm
- New South Wales Rugby League
- North Queensland Cowboys
- NRL All Stars
- Professional Bull Riders Association
- Queensland Cricket – Brisbane Heat
- Queensland Rugby League
- Queensland Firebirds (Netball)
- South Sydney Rabbitohs
- Sydney Roosters
- Sunshine Coast Lightning
- Tennis Australia
- Wynnum Many Seagulls

## Deadly Choices Licensees

- Apunipima Cape York Health Council
- Central Australian Aboriginal Congress
- Central West Hospital and Health Service
- Cherburg Regional Aboriginal and Islander Community Controlled Health Service
- Cronulla Sharks
- Danila Dilba Biluru Butji Binnilutlum Health Corporation
- Gidgee Healing

- Karadi Aboriginal Corporation
- Katherine West Health Board
- Kowanyama Aboriginal Shire Council
- Maari Ma Health Aboriginal Corporation
- Mackay Hospital and Health Service
- Palm Island Community Company
- Sunrise Health Service Aboriginal Corporation
- Victorian Aboriginal Health Service
- Wurli-Wurlinjang Health Service

## Deadly Choices Subcontract Partners

- Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd
- Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd
- Bidgerdii Community Health Service
- Bynoe Community Advancement Cooperative Society
- Cunnamulla Aboriginal Corporation for Health
- Galangoor Duwulami Aboriginal and Torres Strait Islander Corporation Primary Health Care Service
- Goolburri Aboriginal Health Advancement Company Ltd
- Kalwun Development Corporation Ltd
- Mamu Health Service Ltd
- Mulungu Aboriginal Corporation Primary Health Care Service
- North Coast Aboriginal Corporation for Community Health
- Townsville Aboriginal and Islander Health Service
- Wuchopperen Health Service Ltd
- Yulu-Burri-Ba Aboriginal Corporation for Community Health

## Deadly Choices National Roll Out Partners

- Armajun Health Service Aboriginal Corporation
- Biripi Aboriginal Corporation Medical Centre
- Bourke Aboriginal Health Service
- Bulgarr Ngaru Medical Aboriginal Corporation
- Condobolin Aboriginal Health Service
- Eleanor Duncan Aboriginal Health Service
- Greater Western Aboriginal Health Service
- Maari Ma Health Aboriginal Corporation
- Wellington Aboriginal Corporation Health Service
- Bendigo and District Aboriginal Cooperative
- Gippsland and East Gippsland Aboriginal Cooperative
- Mallee District Aboriginal Services
- Rumbalara Aboriginal Cooperative
- Victorian Aboriginal Health Service
- Wathaurong Aboriginal Cooperative
- Karadi Aboriginal Corporation
- Winnunga Nimmityjah Aboriginal Health and Community Services



# Audited Financial Statement





**INSTITUTE FOR URBAN INDIGENOUS  
HEALTH LTD**

**ABN: 32 140 019 290**

**Financial Report For The Year Ended  
30 June 2025**

**Institute for Urban Indigenous Health Ltd**

**ABN: 32 140 019 290**

**Financial Report For The Year Ended  
30 June 2025**

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**AUDITOR'S INDEPENDENCE DECLARATION  
UNDER SECTION 60-40 OF THE CHARITIES AND NOT-FOR-PROFIT COMMISSION ACT 2012  
TO THE DIRECTORS OF INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**

As lead auditor for the audit of Institute for Urban Indigenous Health Ltd for the year ended 30 June 2025, I declare that to the best of my knowledge and belief, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

**MGI Audit Pty Ltd**



**G I Kent**  
Director

Brisbane

1 October 2025

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**

**ABN: 32 140 019 290**

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED  
30 JUNE 2025**

	Note	2025 \$	2024 \$
Revenue and other income	2	184,343,071	142,304,237
Finance income	3	2,726,042	1,778,157
Employee benefits expense		(92,269,962)	(78,054,604)
Depreciation and amortisation expense		(6,142,581)	(6,401,781)
Finance expenses	3	(356,651)	(291,944)
Loss on sale of property, plant and equipment		(456,679)	-
Unexpended grants liability		(3,751,056)	(2,215,133)
Other expenses		(67,627,172)	(51,772,274)
<b>Current year surplus before income tax</b>		<b>16,465,012</b>	<b>5,346,659</b>
Income tax expense	1(k)	-	-
<b>Net current year surplus</b>		<b>16,465,012</b>	<b>5,346,659</b>
<b>Other comprehensive income</b>			
Net gain on revaluation of land and buildings		-	-
<b>Total other comprehensive (losses)/income for the year</b>		<b>-</b>	<b>-</b>
<b>Total comprehensive income for the year</b>		<b>16,465,012</b>	<b>5,346,659</b>
Total comprehensive income attributable to members of the entity		16,465,012	5,346,659

The accompanying notes form part of these financial statements.



**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**  
**STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2025**

	Note	2025 \$	2024 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	64,764,485	61,177,305
Trade and other receivables	5	5,701,883	10,364,199
Inventories	6	271,023	135,803
Other current assets	7	7,326,581	857,867
<b>TOTAL CURRENT ASSETS</b>		<b>78,063,972</b>	<b>72,535,174</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	8	58,616,008	41,529,207
Intangible assets	9	-	2,742
Right-of-use assets	10	5,733,613	6,775,219
<b>TOTAL NON-CURRENT ASSETS</b>		<b>64,349,621</b>	<b>48,307,168</b>
<b>TOTAL ASSETS</b>		<b>142,413,593</b>	<b>120,842,342</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	11	50,602,859	47,050,261
Property loan (current)	20	213,504	
Lease liabilities		3,041,431	3,275,442
Employee benefits	12	7,144,184	6,459,510
<b>TOTAL CURRENT LIABILITIES</b>		<b>61,001,978</b>	<b>56,785,213</b>
<b>NON-CURRENT LIABILITIES</b>			
Property loan (non-current)	20	5,052,828	-
Lease liabilities		3,557,060	7,969,884
Employee benefits	12	2,762,055	2,512,584
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>11,371,943</b>	<b>10,482,469</b>
<b>TOTAL LIABILITIES</b>		<b>72,373,921</b>	<b>67,267,682</b>
<b>NET ASSETS</b>		<b>70,039,672</b>	<b>53,574,661</b>
<b>EQUITY</b>			
Retained surplus		70,039,672	53,574,661
Reserves	19	-	-
<b>TOTAL EQUITY</b>		<b>70,039,672</b>	<b>53,574,661</b>

The accompanying notes form part of these financial statements.

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**  
**STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2025**

Note	Asset Revaluation Reserve \$	Retained Surplus \$	Total \$
<b>Balance at 1 July 2023</b>	2,613,358	45,614,644	48,228,002
Surplus for the year attributable to owners of the entity	-	5,346,659	5,346,659
Other comprehensive income for the year	-	-	-
<b>Balance at 30 June 2024</b>	<b>2,613,358</b>	<b>50,961,303</b>	<b>53,574,661</b>
<b>Balance at 1 July 2024</b>	2,613,358	50,961,303	53,574,661
Surplus for the year attributable to owners of the entity	-	16,465,012	16,465,012
Other comprehensive income for the year	-	-	-
<b>Balance at 30 June 2025</b>	<b>2,613,358</b>	<b>67,426,315</b>	<b>70,039,672</b>

The accompanying notes form part of these financial statements.



INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD  
ABN: 32 140 019 290  
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from Commonwealth, state and local government grants		189,005,387	136,342,255
Payments to suppliers and employees		(165,551,878)	(113,281,249)
Interest received		2,726,042	1,778,157
Finance costs		(356,651)	(291,944)
Net cash generated from operating activities		25,822,900	24,547,219
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of property, plant and equipment		(20,550,548)	(7,851,519)
Proceeds from disposal of property, plant and equipment		65,689	-
Net cash used in investing activities		(20,484,859)	(7,851,519)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Repayment of lease liabilities		(6,803,688)	(3,468,553)
Property loan		5,052,828	-
Net cash (used in)/provided by financing activities		(1,750,860)	(3,468,553)
Net increase in cash held		3,587,180	13,227,147
Cash and cash equivalents at beginning of the financial year		61,177,305	47,950,158
Cash and cash equivalents at end of the financial year	4	64,764,485	61,177,305

The accompanying notes form part of these financial statements.

INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD  
ABN: 32 140 019 290  
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

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

The financial statements were authorised for issue on 01 October 2025 by the directors of the company.

**Note 1                      Summary of Significant Accounting Policies**

**Basis of Preparation**

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-profits Commission Act 2012. The Entity is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Compliance with Australian Accounting Standards ensures that the financial statements and notes also comply with International Financial Reporting Standards. Material accounting policies adopted in the preparation of the financial statements are presented below and have been consistently applied unless otherwise stated.

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

**Accounting Policies**

**(a)                      Revenue and Other Income**

The Entity is first required to determine whether amounts received are accounted for as Revenue per AASB 15: Revenue from Contracts with Customers or Income per AASB 1058: Income of Not-for-Profit Entities.

Funding arrangements which are enforceable and contain sufficiently specific performance obligations are recognised as revenue under AASB 15. Otherwise, such arrangements are accounted for under AASB 1058, where upon initial recognition of an asset, the Entity is required to consider whether any other financial statement elements should be recognised (for example, financial liabilities representing repayable amounts), with any difference being recognised immediately in profit or loss as income.

**Revenue and Other Income**

*Operating Grants, Donations and Bequests*

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

When both these conditions are satisfied, the Entity:

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

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

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

**Other Income**

*Contributed Assets*

The Entity receives assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116 and AASB 138).

On initial recognition of an asset, the Entity recognises related amounts being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer.

The Entity recognises income immediately in profit or loss as the difference between initial carrying amount of the asset and the related amounts.

*Capital Grant*

When the Entity receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions) recognised under other Australian Accounting Standards.

The Entity recognises income in profit or loss when or as the Entity satisfies its obligations under terms of the grant.

**Interest income**

Interest income is recognised using the effective interest method.



	<p><b>Dividend income</b></p> <p>The Entity recognises dividends in profit or loss only when the Entity's right to receive payment of the dividend is established.</p> <p>All revenue is stated net of the amount of goods and services tax.</p>										
(b)	<p><b>Inventories</b></p> <p>Inventories held for sale are measured at the lower of cost and net realisable value. Inventories held for distribution are measured at cost adjusted, when applicable, for any loss of service potential.</p> <p>Inventories acquired at no cost, or for nominal consideration, are valued at the current replacement cost as at the date of acquisition.</p>										
(c)	<p><b>Property, Plant and Equipment</b></p> <p>Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.</p> <p><b>Freehold Property</b></p> <p>Freehold land and buildings are shown at their fair value based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings.</p> <p>In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.</p> <p>Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.</p> <p>Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.</p> <p>Freehold land and buildings that have been contributed at no cost, or for nominal cost, are initially recognised and measured at the fair value of the asset at the date it is acquired.</p> <p><b>Plant and Equipment</b></p> <p>Plant and equipment are measured on a cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised in profit or loss. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(f) for details of impairment).</p> <p>Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.</p> <p><b>Depreciation</b></p> <p>The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is 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. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.</p> <p>The depreciation rates used for each class of depreciable assets are:</p> <table><tr><th>Class of Fixed Asset</th><th>Depreciation Rate</th></tr><tr><td>Buildings</td><td>5-20%</td></tr><tr><td>Plant and equipment</td><td>20-67%</td></tr><tr><td>Motor vehicles</td><td>20%</td></tr><tr><td>Managed projects</td><td>20%</td></tr></table> <p>The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.</p> <p>Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. Gains are not classified as revenue. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.</p>	Class of Fixed Asset	Depreciation Rate	Buildings	5-20%	Plant and equipment	20-67%	Motor vehicles	20%	Managed projects	20%
Class of Fixed Asset	Depreciation Rate										
Buildings	5-20%										
Plant and equipment	20-67%										
Motor vehicles	20%										
Managed projects	20%										
(d)	<p><b>Leases</b></p> <p><b>The Entity as lessee</b></p> <p>At inception of a contract, the Entity assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Entity where the Entity is a lessee. However all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an expense on a straight-line basis over the term of the lease.</p> <p>Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Entity uses the incremental borrowing rate.</p>										

	<p>Lease payments included in the measurement of the lease liability are as follows:</p> <ul style="list-style-type: none"><li>— fixed lease payments less any lease incentives;</li><li>— variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;</li><li>— the amount expected to be payable by the lessee under residual value guarantees;</li><li>— the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;</li><li>— lease payments under extension options if lessee is reasonably certain to exercise the options; and</li><li>— payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease</li></ul> <p>The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.</p> <p>Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest.</p> <p>Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Entity anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.</p>
	<p><b>Concessionary Leases</b></p> <p>For leases that have significantly below-market terms and conditions principally to enable the Entity to further its objectives (commonly known as peppercorn/concessionary leases), the Entity has adopted the relief under AASB 2019-8 and measures the right of use assets at cost on initial recognition.</p> <p><b>The Entity as lessor</b></p> <p>The Entity leases some rooms in their building to external parties .</p> <p>Upon entering into each contract as a lessor, the Entity assesses if the lease is a finance or operating lease.</p> <p>The contract is classified as a finance lease when the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases not within this definition are classified as operating leases.</p> <p>Rental income received from operating leases is recognised on a straight-line basis over the term of the specific lease.</p> <p>Initial direct costs incurred in entering into an operating lease (for example legal cost, cost to setup) are included in the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.</p> <p>Rental income due under finance leases are recognised as receivables at the amount of the Entity's net investment in the leases.</p> <p>When a contract is determined to include lease and non-lease components, the Entity applies AASB 15 to allocate the consideration under the contract to each component.</p>
(e)	<p><b>Financial Instruments</b></p> <p><i>Initial recognition and measurement</i></p> <p>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 the date that the Entity commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).</p> <p>Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified as "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.</p> <p>Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component or if the practical expedient was applied as specified in AASB 15: Revenue from Contracts with Customers.</p> <p><b>Classification and subsequent measurement</b></p> <p><i>Financial liabilities</i></p> <p>Financial liabilities are subsequently measured at:</p> <ul style="list-style-type: none"><li>— amortised cost; or</li><li>— fair value through profit or loss.</li></ul> <p>A financial liability is measured at fair value through profit or loss if the financial liability is:</p> <ul style="list-style-type: none"><li>— a contingent consideration of an acquirer in a business combination to which AASB 3: Business Combinations applies;</li><li>— held for trading; or</li><li>— initially designated as at fair value through profit or loss.</li></ul> <p>All other financial liabilities are subsequently measured at amortised cost using the effective interest method.</p> <p>The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense over in profit or loss over the relevant period.</p>



The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

A financial liability is held for trading if it is:

- incurred for the purpose of repurchasing or repaying in the near term;
- part of a portfolio where there is an actual pattern of short-term profit-taking; or
- a derivative financial instrument (except for a derivative that is in a financial guarantee contract or a derivative that is in effective hedging relationships).

Any gains or losses arising on changes in fair value are recognised in profit or loss to the extent that they are not part of a designated hedging relationship.

The change in fair value of the financial liability attributable to changes in the issuer's credit risk is taken to other comprehensive income and is not subsequently reclassified to profit or loss. Instead, it is transferred to retained earnings upon derecognition of the financial liability.

A financial liability cannot be reclassified.

*Financial assets*

Financial assets are subsequently measured at:

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

Measurement is on the basis of two primary criteria:

- the contractual cash flow characteristics of the financial asset; and
- the business model for managing the financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured fair value through other comprehensive income:

- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates; and
- the business model for managing the financial asset comprises both contractual cash flows collection and the selling of the financial asset.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The Entity initially designates a financial instrument as measured at fair value through profit or loss if:

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an "accounting mismatch") that would otherwise arise from measuring assets or liabilities or recognising the gains and losses on them on different bases;
- it is in accordance with the documented risk management or investment strategy and information about the groupings is documented appropriately, so the performance of the financial liability that is part of a group of financial liabilities or financial assets can be managed and evaluated consistently on a fair value basis; and
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

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

*Equity instruments*

At initial recognition, as long as the equity instrument is not held for trading or is not a contingent consideration recognised by an acquirer in a business combination to which AASB 3 applies, the Entity can make an irrevocable election to measure any subsequent changes in fair value of the equity instruments in other comprehensive income, while the dividend revenue received on underlying equity instruments investment will still be recognised in profit or loss.

Regular way purchases and sales of financial assets are recognised and derecognised at settlement date in accordance with the company's accounting policy.

**Derecognition**

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

*Derecognition of financial liabilities*

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

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

*Derecognition of financial assets*

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

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

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

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

On derecognition of a debt instrument classified as fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investment revaluation reserve is reclassified to profit or loss.

On derecognition of an investment in equity which the Entity elected to classify under fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investments revaluation reserve is not reclassified to profit or loss, but is transferred to retained earnings.

**Impairment**

The Entity recognised a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income;
- lease receivables;
- contract assets (e.g. amount due from customers under construction contracts);
- loan commitments that are not measured at fair value through profit or loss; and
- financial guarantee contracts that are not measured at fair value through profit or loss.

Loss allowance is not recognised for:

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

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

The Entity recognised a loss allowance for expected credit losses on:

- the general approach;
- the simplified approach;
- the purchased or originated credit-impaired approach; and
- low credit risk operational simplification.

*General approach*

Under the general approach, at each reporting period, the Entity assesses whether the financial instruments are credit-impaired, and:

- if the credit risk of the financial instrument has increased significantly since initial recognition, the Entity measures the loss allowance of the financial instruments at an amount equal to the lifetime expected credit losses; and
- if there is no significant increase in credit risk since initial recognition, the Entity measures the loss allowance for that financial instrument at an amount equal to 12-month expected credit losses.

*Simplified approach*

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

This approach is applicable to:

- trade receivables; and
- lease receivables.

In measuring the expected credit loss, a provision matrix for trade receivables was used taking into consideration various data to get to an expected credit loss (i.e. diversity of its customer base, appropriate groupings of its historical loss experience, etc.).

*Purchased or originated credit-impaired approach*

For financial assets that are considered to be credit-impaired (not on acquisition or originations), the Entity measured any change in its lifetime expected credit loss as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.



	<p>Evidence of credit impairment includes:</p> <ul style="list-style-type: none"><li>— significant financial difficulty of the issuer or borrower;</li><li>— a breach of contract (e.g. default or past due event);</li><li>— a lender has granted to the borrower a concession, due to the borrower’s financial difficulty, that the lender would not otherwise consider;</li><li>— the likelihood that the borrower will enter bankruptcy or other financial reorganisation; and</li><li>— the disappearance of an active market for the financial asset because of financial difficulties.</li></ul> <p><i>Low credit risk operational simplification approach</i></p> <p>If a financial asset is determined to have low credit risk at the initial reporting date, the Entity assumed that the credit risk has not increased significantly since initial recognition and, accordingly, can continue to recognise a loss allowance of 12-month expected credit loss.</p> <p>In order to make such a determination that the financial asset has low credit risk, the Entity applied its internal credit risk ratings or other methodologies using a globally comparable definition of low credit risk.</p> <p>A financial asset is considered to have low credit risk if:</p> <ul style="list-style-type: none"><li>— there is a low risk of default by the borrower;</li><li>— the borrower has a strong capacity to meet its contractual cash flow obligations in the near term; and</li><li>— adverse changes in economic and business conditions in the longer term, may, but not necessarily, reduce the ability of the borrower to fulfil its contractual cash flow obligations.</li></ul> <p>A financial asset is not considered to carry low credit risk merely due to existence of collateral, or because a borrower has a lower risk of default than the risk inherent in the financial assets, or relative to the credit risk of the jurisdiction in which it operates.</p> <p><b>Recognition of expected credit losses in financial statements</b></p> <p>At each reporting date, the entity recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit and loss and other comprehensive income.</p> <p>The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.</p> <p>Assets measured at fair value through other comprehensive income are recognised at fair value with changes in fair value recognised in other comprehensive income. The amount in relation to change in credit risk is transferred from other comprehensive income to profit or loss at every reporting period.</p> <p>For financial assets that are unrecognised (e.g. loan commitments yet to be drawn, financial guarantees), a provision for loss allowance is created in the statement of financial position to recognise the loss allowance.</p>
(f)	<p><b>Impairment of Assets</b></p> <p>At the end of each reporting period, the Entity reviews the carrying amounts 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 of disposal 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 in profit or loss.</p> <p>Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.</p> <p>Where it is not possible to estimate the recoverable amount of an individual asset, the entity estimates the recoverable amount of the cash-generating unit to which the asset belongs.</p> <p>Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.</p>
(g)	<p><b>Employee Benefits</b></p> <p><b>Short-term employee benefits</b></p> <p>Provision is made for the company’s obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, annual leave and time-off-in-lieu (TOIL). Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.</p> <p>The company’s obligations for short-term employee benefits such as wages, annual leave and time-of-in-lieu (TOIL) are recognised as part of current trade and other payables in the statement of financial position.</p> <p><b>Other long-term employee benefits</b></p> <p>The Entity classifies employees’ long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the company’s obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees.</p>

	<p>The company’s obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the Entity does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.</p> <p><b>Retirement benefit obligations</b></p> <p><i>Defined contribution superannuation benefits</i></p> <p>All employees of the Entity receive defined contribution superannuation entitlements, for which the Entity pays the fixed superannuation guarantee contribution (currently 11.5% of the employee’s average ordinary salary) to the employee’s superannuation fund of choice. All contributions in respect of employees’ defined contribution entitlements are recognised as an expense when they become payable. The company’s obligation with respect to employees’ defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the company’s statement of financial position.</p>
(h)	<p><b>Cash and Cash Equivalents</b></p> <p>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. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.</p>
(i)	<p><b>Trade and Other Debtors</b></p> <p>Trade and other debtors include amounts due from members as well as amounts receivable from customers for goods sold.</p> <p>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.</p> <p>Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(e) for further discussion on the determination of impairment losses.</p>
(j)	<p><b>Goods and Services Tax (GST)</b></p> <p>Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).</p> <p>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.</p> <p>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.</p>
(k)	<p><b>Income Tax</b></p> <p>No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the Income Tax Assessment Act 1997.</p>
(l)	<p><b>Intangible Assets</b></p> <p><b>Software</b></p> <p>Software is initially recognised at cost. Where software is acquired at no cost, or for a nominal cost, the cost is its fair value as at the date of acquisition. It has a finite life and is carried at cost less any accumulated amortisation and impairment losses. Software has an estimated useful life of between 2 and 5 years.</p>
(m)	<p><b>Provisions</b></p> <p>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 reporting period.</p>
(n)	<p><b>Comparative Figures</b></p> <p>When required by Accounting Standards comparative figures have been adjusted to conform to changes in presentation for the current financial year.</p>
(o)	<p><b>Critical Accounting Estimates and Judgements</b></p> <p>The directors evaluate estimates and judgements 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.</p>
	<p><b>Key estimates</b></p> <p><i>(i) Valuation of freehold land and buildings</i></p> <p>At 30 June 2025 the directors have performed a directors’ valuation on the freehold land and buildings. The directors have reviewed the key assumptions adopted by the valuers in 2024 and do not believe there has been a significant change in the assumptions at 30 June 2025. The directors therefore believe the carrying amount of the land and buildings of \$50,690,240 correctly reflects the fair value less costs to sell at 30 June 2025.</p>



Key judgements

(i) Performance obligations under AASB 15

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

(ii) Lease term and Option to Extend under AASB 16

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

(iii) Employee benefits

For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the entity expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows (despite an informal internal policy that requires annual leave to be used within 18 months), the directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

(p) Economic Dependence

The Entity is dependent on the ongoing receipt of Federal and State Government grants and community and corporate donations 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 this financial support will not continue.

(q) Fair Value of Assets and Liabilities

The Entity measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

"Fair value" is the price the Entity would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the Entity at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the Entity's own equity instruments (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instrument, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and where significant, are detailed in the respective note to the financial statements.

(r) New and Amended Accounting Standards Adopted by the Entity

There were no new or amended accounting standards issued by the Australian Accounting Standards Board (AASB) that were applicable to the Entity during the reporting period. As such, there have been no changes to the entity's accounting policies for the year ended 30 June 2025.

Note 2 Revenue and Other Income

Government Grants

The majority of the Institute for Urban Indigenous Health Ltd's funding is in the form of grants from governmental department bodies. The Entity has assessed that the majority of its grant agreements are enforceable and contain sufficiently specific performance obligations. This determination was made on the basis that the funding agreements require the Entity to provide comprehensive healthcare to Aboriginal and Torres Strait Islander people within the South East Queensland region, with the number of individuals to be serviced, types of services to be provided and duration of such programs prescribed within the relevant agreements. The Entity therefore recognises funding received under such agreements as Revenue under AASB 15. Revenue is recognised as the Entity delivers the required services, which is on a straight-line basis over the duration of the underlying program.

The Entity has also received capital grants to construct facilities which are to be used to further its objectives of providing comprehensive healthcare to Aboriginal and Torres Strait Islander people within the South East Queensland region. As consistent with Note 1, the grant is recognised as income as the Entity constructs the facilities under AASB 1058. Income is recognised based on the cost incurred to date relative to total expected costs to be incurred as this measure is expected to reflect the Entity's progress towards completion.

	2025 \$	2024 \$
<b>Revenue</b>		
Revenue from grants:		
— Services income	19,726,183	17,212,396
— Medicare income	7,846,651	7,841,564
— Government grants	156,545,090	117,181,614
— Donations income	53,535	35,943
<b>Total revenue</b>	<b>184,171,459</b>	<b>142,271,517</b>
<b>Other Income</b>		
— Rental income from operating leases	171,612	32,721
<b>Total other income</b>	<b>171,612</b>	<b>32,721</b>
<b>Total revenue and other income</b>	<b>184,343,071</b>	<b>142,304,237</b>

Note 3 Finance Income and Expenses

	2025 \$	2024 \$
<b>Finance Income</b>		
Interest income		
— Assets measured at amortised cost	2,726,042	1,778,157
<b>Total finance income</b>	<b>2,726,042</b>	<b>1,778,157</b>
<b>Finance Expenses</b>		
interest expense		
— interest on lease liabilities	356,651	291,944
<b>Total finance expense</b>	<b>356,651</b>	<b>291,944</b>

Note 4 Cash and Cash Equivalents

Note	2025 \$	2024 \$
Cash at bank	16,592,660	29,645,370
Cash on hand	4,810	5,679
Short term deposits	48,167,015	31,526,256
17	<b>64,764,485</b>	<b>61,177,305</b>

Note 5 Trade and Other Receivables

Note	2025 \$	2024 \$
CURRENT		
Trade receivables	4,812,707	9,454,975
GST receivables	590,993	653,980
Rental bonds	298,183	255,245
Total current trade and other receivables	<b>5,701,883</b>	<b>10,364,199</b>

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

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

The entity's normal credit term is 14 days.



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Note 6 Inventories

	2025	2024
	\$	\$
CURRENT		
At cost:		
Inventory	271,023	135,803
	<u>271,023</u>	<u>135,803</u>

Note 7 Other Assets

	2025	2024
	\$	\$
CURRENT		
Accrued income	200,000	22,544
Prepayments	7,126,581	835,323
	<u>7,326,581</u>	<u>857,867</u>

Note 8 Property, Plant and Equipment

	2025	2024
	\$	\$
LAND AND BUILDINGS		
At fair value	56,792,640	40,030,195
Less accumulated depreciation	(6,102,400)	(4,065,968)
Total land, buildings and improvements	<u>50,690,240</u>	<u>35,964,227</u>

PLANT AND EQUIPMENT

At cost	3,650,137	3,353,346
Less accumulated depreciation	(2,657,463)	(2,413,000)
	<u>992,674</u>	<u>940,345</u>

IUIH MOTOR VEHICLES

At cost	834,176	1,026,726
Less accumulated depreciation	(510,446)	(684,007)
	<u>323,730</u>	<u>342,719</u>

MANAGED PROJECTS

At cost	790,048	790,048
Less accumulated depreciation	(298,205)	(272,319)
	<u>491,843</u>	<u>517,729</u>

ASSETS UNDER CONSTRUCTION

At cost	6,117,521	3,764,187
	<u>6,117,521</u>	<u>3,764,187</u>

Total plant and equipment	<u>7,925,768</u>	<u>5,564,980</u>
Total property, plant and equipment	<u>58,616,008</u>	<u>41,529,207</u>

Movements in Carrying Amounts

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

	Land, Building & Improvements \$	Plant & Equipment \$	IUIH Motor Vehicles \$	Managed Projects \$	Assets Under Construction \$	Total \$
Year ended 30 June 2025						
Balance at the beginning of the year	35,964,227	940,345	342,719	517,729	3,764,187	41,529,207
Additions at cost	17,695,251	474,597	118,209	-	2,353,334	20,641,390
Additions at fair value						
Disposals	(523,612)	(14,304)	(63,132)	-	-	(601,048)
Depreciation expense	(2,445,625)	(407,964)	(74,065)	(25,886)	-	(2,953,541)
Carrying amount at the end of the year	<u>50,690,240</u>	<u>992,674</u>	<u>323,730</u>	<u>491,843</u>	<u>6,117,521</u>	<u>58,616,008</u>

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Land and Buildings  
The Company owns the following land and buildings:

- 13 Church St, Goodna QLD 4300
- 29 Deakin St, Brendale QLD 4500
- 21 King St, Caboolture QLD 4510
- 297 Old Gympie Rd, Dakabin QLD 4503
- 22 Cox Rd, Windsor QLD 4030
- 11 Boardman Rd, Kippa-Ring QLD 4021
- 13 Silvyn St, Redcliffe QLD 4020
- 15 Silvyn St, Redcliffe QLD 4020
- 17 Silvyn St, Redcliffe QLD 4020
- 128 Blackstone Rd, Silkstone QLD 4304
- 50 William Berry Dr, Morayfield QLD 4506
- 498 Gympie Rd Strathpine QLD 4500
- 326 Oxley Avenue, Margate QLD 4019
- 657-659 Deception Bay Road, Deception Bay QLD 4508

Note 9 Intangible Assets

Software and Licenses

	2025	2024
	\$	\$
At cost	66,000	115,320
Accumulated amortisation	(66,000)	(112,578)
Net carrying amount	<u>-</u>	<u>2,742</u>

Movements in Carrying Amounts of Intangible Assets

Year ended 30 June 2025

Balance at the beginning of the year	2,742
Additions	-
Disposals	-
Amortisation charge	(2,742)
	<u>-</u>

Note 10 Leases

Company as a lessee

The Entity's lease portfolio includes equipment, motor vehicles and buildings. These leases have an average of 5 years as their lease term.

Right-of-use assets

	Buildings \$	Vehicles \$	Total \$
Year ended 30 June 2025			
Balance at beginning of year	4,874,969	1,900,250	6,775,219
Depreciation charge	(1,463,593)	(1,734,866)	(3,198,459)
Revaluations	(18,382)	(1,400,105)	(1,418,488)
Additions to right-of-use assets	37,863	3,537,477	3,575,341
Balance at end of year	<u>3,430,857</u>	<u>2,302,756</u>	<u>5,733,613</u>

Lease Liabilities

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

	<1 year \$	1-5 years \$	> 5 years \$	Total undiscounted lease liabilities \$	Lease liabilities included in this Statement of Financial Position \$
2024					
Lease liabilities	<u>3,275,442</u>	<u>7,353,116</u>	<u>616,768</u>	<u>11,245,326</u>	<u>11,245,326</u>
2025					
Lease liabilities	<u>3,041,431</u>	<u>3,557,060</u>	<u>-</u>	<u>6,598,491</u>	<u>6,598,491</u>

Extension options

The options to extend or terminate are contained in several of the property leases of the Entity. These clauses provide the Entity opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the Entity. The extension options or termination options which were reasonably certain to be exercised have been included in the calculation of the right-of-use asset.



Statement of Profit or Loss and Other Comprehensive Income

The amounts recognised in the statement of profit or loss and other comprehensive income relating to interest expenses on lease liabilities and short-term leases are shown below:

	2025	2024
	\$	\$
Interest expense on lease liabilities	356,651	291,944
	356,651	291,944

Note 11 Trade and Other Payables

	2025	2024
	\$	\$
CURRENT		
Trade payables	3,750,246	2,083,753
Deferred grant income	34,330,401	35,387,980
Other current payables	11,063,382	7,396,692
GST payable	1,458,830	2,181,837
Total current trade and other payables	50,602,859	47,050,261

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

	Note	2025	2024
		\$	\$
Financial liabilities at amortised cost classified as accounts payable and other payables			
Total current trade and other payables		50,602,859	47,050,261
Less deferred grant income		(34,330,401)	(35,387,980)
Less GST payable (net amount)		(1,458,830)	(2,181,837)
Financial liabilities as trade and other payables	17	14,813,627	9,480,445

Note 12 Employee Benefits

	2025	2024
	\$	\$
CURRENT		
Provision for annual leave	4,857,215	4,359,975
Provision for long service leave	2,286,969	2,099,535
	7,144,184	6,459,510
NON-CURRENT		
Provision for long service leave	2,762,055	2,512,584
	2,762,055	2,512,584

Provision for employee benefits

Provision for employee benefits represents amounts accrued for annual leave and long service leave.

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

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

Note 13 Contingent Liabilities and Contingent Assets

QLeave was established on 1 July 1992 by the Queensland Government to administer PLSL benefits for the building and construction industry. Subsequently, the scheme was extended to Queensland's contract cleaning industry on 1 July 2005 and to the community services industry on 1 January 2021, following the enactment of the Community Services Industry (Portable Long Service Leave) Act 2020.

IUIH believes it does not need to register with the scheme as it does not fall under the definition of an employer under Section 9 of the Community Services Industry (Portable Long Service Leave) Act 2020. IUIH is not part of the community services sector, but rather it is part of the Aboriginal and Torres Strait Islander Community Controlled Heath Service sector, which is widely recognised by all levels of Government as a separate and distinctive sector in its own right that delivers holistic, comprehensive and culturally appropriate healthcare to First Nations communities.

Note 14 Events After the Reporting Period

The financial report was authorised for issue on 01 October 2025 by the responsible persons.

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.

Note 15 Key Management Personnel Compensation

Key Management Personnel

Key management of the Institute include all of the non-executive directors of the Board, the CEO and Executive Leadership Team.

	2025	2024
	\$	\$
KMP compensation:		
— short-term employee benefits	3,009,684	2,656,669
— other long-term benefits	304,388	341,378
	3,314,072	2,998,046

Note 16 Other Related Party Transactions

Other related parties include the four IUIH Member Entities & other Related Parties where all transactions between the Entity and its related entities are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

In October 2024, Kambu Aboriginal & Torres Strait Islander Corporation for Health withdrew as a Member Entity. Therefore, transactions for 2024-2025 only relate to the period July to October 2024.

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

	2025	2024
	\$	\$
Sales of Goods and Services to Member Entities		
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd	1,066,578	1,178,878
Kalwun Development Corporation Ltd	258,577	246,028
Kambu Aboriginal & Torres Strait Islander Corporation for Health	95,955	740,375
Yulu-Burri-Ba Aboriginal Corporation for Community Health	573,489	687,013
	1,994,599	2,852,294

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

	2025	2024
	\$	\$
Purchases of Goods and Services from Member Entities & Related Parties		
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd	17,183,587	7,649,511
Kalwun Development Corporation Ltd	15,154,282	4,567,671
Kambu Aboriginal & Torres Strait Islander Corporation for Health	68,250	505,970
Yulu-Burri-Ba Aboriginal Corporation for Community Health	3,958,630	2,791,094
	36,364,749	15,514,246

Services purchased from Member Entities & Relates 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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	2025	2024
	\$	\$
<strong>Outstanding Accounts Receivable Balances</strong>		
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd	150,315	63,756
Kalwun Development Corporation Ltd	92,199	43,142
Kambu Aboriginal & Torres Strait Islander Corporation for Health	15,359	50,042
Yulu-Burri-Ba Aboriginal Corporation for Community Health	62,776	34,100
	<u>320,649</u>	<u>191,040</u>

Outstanding balances as at 30 June 2025 arising from the sale of goods and services are included in Note 5 and are unsecured receivables. These are based on commercial trading terms of 14 days net and all balances are considered recoverable.

	2025	2024
	\$	\$
<strong>Outstanding Accounts Payable Balances</strong>		
Kalwun Development Corporation Ltd	(33,000)	-
Kambu Aboriginal & Torres Strait Islander Corporation for Health	-	61,600
	<u>(33,000)</u>	<u>61,600</u>

Outstanding balances as at 30 June 2025 arising from the purchase of goods and services are included in Note 11 and are unsecured payables. These are based on commercial trading terms of 30 days net and all balances are considered payable.

**Note 17**                      **Financial Risk Management**

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

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

	Note	2025	2024
		\$	\$
<strong>Financial assets</strong>			
Financial assets at amortised cost:			
— cash and cash equivalents	4	64,764,485	61,177,305
— trade and other receivables	5	<u>5,701,883</u>	<u>10,364,199</u>
<strong>Total financial assets</strong>		<u>70,466,368</u>	<u>71,541,505</u>
<strong>Financial liabilities</strong>			
Financial liabilities at amortised cost:			
— trade and other payables	11	14,813,627	9,480,445
— lease liabilities		<u>6,598,491</u>	<u>11,245,326</u>
<strong>Total financial liabilities</strong>		<u>21,412,118</u>	<u>20,725,770</u>

**Note 18**                      **Fair Value Measurements**

The Entity measures and recognises the following assets and liabilities at fair value on a recurring basis after initial recognition:

- financial assets at fair value through profit or loss;
- financial assets at fair value through other comprehensive income; and
- freehold land and buildings.

The Entity does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

**Valuation techniques**

The Entity selects a valuation technique that is appropriate in the circumstances and for which sufficient data is available to measure fair value. The availability of sufficient and relevant data primarily depends on the specific characteristics of the asset or liability being measured. The valuation techniques selected by the Entity are consistent with one or more of the following valuation approaches:

- the market approach, which uses prices and other relevant information generated by market transactions for identical or similar assets or liabilities;
- the income approach, which converts estimated future cash flows or income and expenses into a single discounted present value; and
- the cost approach, which reflects the current replacement cost of an asset at its current service capacity.

Each valuation technique requires inputs that reflect the assumptions that buyers and sellers would use when pricing the asset or liability, including assumptions about risks. When selecting a valuation technique, the Entity gives priority to those techniques that maximise the use of observable inputs and minimise the use of unobservable inputs. Inputs that are developed using market data (such as publicly available information on actual transactions) and reflect the assumptions that buyers and sellers would generally use when pricing the asset or liability are considered observable, whereas inputs for which market data is not available and therefore are developed using the best information available about such assumptions are considered unobservable.

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**Note 19**                      **Reserves**

**Asset revaluation reserve**

The asset revaluation reserve records fair value movements on property, plant and equipment held under the revaluation model.

**Note 20**                      **Other borrowings**

	2025	2024
	\$	\$
Property loan (current)	213,504	-
Property loan (non-current)	<u>5,052,828</u>	<u>-</u>
	<u>5,266,332</u>	

**Information about the Entity's borrowings**

The principal features of the Entity's borrowings are as follows:

A loan of \$ 5,337,500 is to assist with the purchase of commercial property located at 657-659 Deception Bay Road, Deception Bay QLD 4508. The loan has a term of 25 years, with a principle and interest repayment structure and an indicative interest rate of 5.921% per annum. The facility is secured against the acquired property. A loan offset arrangement is in place as at 30 June 2025.

The loan is recognised as a financial liability in accordance with AASB 9 Financial Instruments.

**Note 21**                      **Auditor's Remuneration**

	2025	2024
	\$	\$
Remuneration of the auditor:		
— auditing or reviewing the financial statements	72,500	65,000
— taxation services	<u>2,210</u>	<u>2,400</u>
	<u>74,710</u>	<u>67,400</u>

**Note 22**                      **Statutory Information**

The registered and principal place of business of the entity is:

Institute for Urban Indigenous Health Ltd  
22 Cox Road  
Windsor QLD 4030

**Note 23**                      **Members' Guarantee**

The Company is registered with the Australian Charities and Not-for-profits Commission Act 2012 and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the Company. At 30 June 2025 the number of members was 3 (2024: 4).

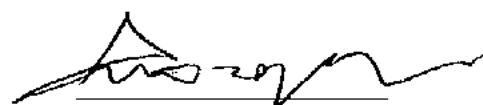


INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD  
ABN: 32 140 019 290  
RESPONSIBLE PERSONS' DECLARATION

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

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

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-Profits Regulations 2022*.

  
~~Kieran Chilcott~~  
Anthony Morgan

Dated this 1st day of October 2025



accountants + auditors

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INDEPENDENT AUDIT REPORT  
TO THE MEMBERS OF  
INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD

Report on the Audit of the Financial Report

Auditor's Opinion

We have audited the financial report of Institute for Urban Indigenous Health Ltd (the Company), which comprises the statement of financial position as at 30 June 2025, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the Director's declaration.

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

- (i) giving a true and fair view of the Company's financial position as at 30 June 2025 and of its performance for the year ended; and
- (ii) complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the *ACNC Act 2012* and the *Australian Charities and Not-for-Profits Regulations 2022*.

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 auditor independence requirements of the *ACNC Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (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.

Other Information

The Directors are responsible for the other information other than the financial report.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report, or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.



## Responsibilities of Directors for the Financial Report

The Directors of the Company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures and the *ACNC Act 2012*, and for such internal control as the Director's determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Director's 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 Director's either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

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

## 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 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 judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtains 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, internal omissions, misrepresentations, or the override of internal control.
- Obtain and 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 Company's internal control.
- Evaluate the appropriateness of accounting policies used and reasonableness of accounting estimates and related disclosures made by the Director's.
- Conclude on the appropriateness of the Director's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.

## Auditor's Responsibilities for the Audit of the Financial Report (Continued)

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

## MGI Audit Pty Ltd



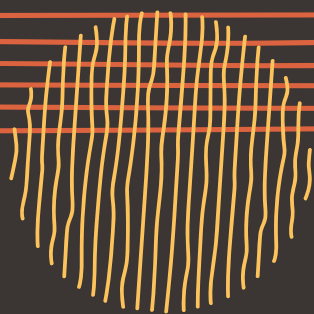
**G I Kent**

Director

1 October 2025

Brisbane





**IUIH** Institute for Urban  
Indigenous Health

