



# INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD

ANNUAL REPORT 2019/20



## Acknowledgements

We honour the many Goori Tribal Nations whose territories we work across within South East Queensland.

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

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

IUIH and its Members serve one of Australia's largest and fastest growing Indigenous populations, which the Australian Bureau of Statistics predicts will reach 129,835 by 2031.

The Institute was established in 2009 by its four founding Member Organisations. Since then, IUIH has established the Moreton Aboriginal and Torres Strait Islander Community Health Service. Together these five entities comprise the regional IUIH Network of South East Queensland.

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### **Please note -**

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

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On behalf of the Board of the Institute for Urban Indigenous Health (IUIH) Ltd, we are proud to present this Annual Report for the 2019/20 Year.

The 2019/20 Year was dominated by the impact of the COVID-19 pandemic, requiring the IUIH Network to rapidly adapt its models of care and ways of working to protect our communities both from the spread of the coronavirus and to ensure continued delivery of essential primary health care and community services. With COVID-19 significantly impacting on the IUIH Network from March 2020, it is also important to reflect on the year as a whole, including the work of the Network in the months before the onset of the pandemic.

The 2019/20 Year marked the Institute's **first ten years**, having been established as a company by our Member Organisations on 15 October 2009. The milestone provided an opportunity for the Network to reflect on the challenges and achievements of the past decade, whilst also sharpening our focus on the current and future challenges of meeting the needs of Australia's largest and fastest growing Indigenous population. The achievements of the IUIH's first ten years are considerable and provide further evidence of the effectiveness of our unique approach in South East Queensland – an approach which remains dependent on the collective vision and action of the IUIH and its Member Organisations.

The Network continued to expand access to comprehensive primary health care services, securing funding from the Queensland Government towards the construction and operation of the Network's first **purpose-built 'Hub' model** at Coomera. The 'Hub' model represents a significant reform to the IUIH's Model of Care, enhancing delivery of integrated and truly family-centred care whilst also increasing the Network's capacity to respond to rapid population growth across the region. Operated by Kalwun, the 'Hub' commenced operations in late 2019 and will have capacity – when fully-funded – to deliver care to a patient population of more than 5,000 people. With the Australian Bureau of Statistics predicting that our population will reach 129,835 by 2031, the IUIH Network will establish similar facilities in strategic locations across South East Queensland into 2020/21 and beyond.

To further strengthen our capacity to deliver on our vision of *healthy, strong and vibrant Aboriginal and Torres Strait Islander children, families and communities*, the IUIH established the new Family Health & Well-being Business Unit – bringing together and integrating delivery of child and maternal health, specialist paediatric services, early childhood development, early childhood education (Deadly Kindies), family support and community legal services.

From March 2020, the IUIH Network mobilised a **comprehensive response to COVID-19**. The Network activated regional governance structures, capabilities and resources to enable a rapid response. This included the development and dissemination of the *IUIH Network COVID-19 Toolkit* to guide the continued operation of primary health care clinics and other services across the Network, the regional purchasing and warehousing of

personal protective equipment (PPE) supplies to ensure sufficient stock for effective delivery of services, and rapid adoption of telehealth by the Network to enable continued access to primary health care and other services throughout the pandemic. The Network also established Australia's – possibly the world's – **first Indigenous respiratory/fever clinic** in Caboolture in April 2020. This was followed by a further four respiratory clinics, established in key locations across South East Queensland – Woodridge, Booval, Nerang and Dunwich. In the early days of the pandemic, the Network mobilised a region-wide campaign to deliver influenza vaccinations to our communities. This resulted in over 5,000 vaccinations being delivered within its first six weeks, representing over half of the total number of vaccinations delivered in 2019. In total, the IUIH Network delivered some **15,644 influenza vaccinations** in 2019/2020.

To protect vulnerable Elders that had become isolated from family and community supports as a result of COVID-19, the IUIH led a **national Elders Emergency Response** in every capital city region in Australia – including throughout South East Queensland. Funded by the Commonwealth Government, the IUIH partnered with 12 community controlled health and aged care services across Australia to deliver support to vulnerable Elders who were not in receipt of aged care services. At 30 June 2020, over 12,500 hours of 'welfare-checking', provision of meals and transport and connection to health and other well-being services had been delivered to some 1,369 Elders across Australian capital cities. The response is expected to exceed the 2,300 Elders originally targeted by the response. With over 50% of Elders receiving support identified as requiring ongoing aged care support, the IUIH will work with partners into 2020/21 to support Elders to access aged care services.





The IUIH continued to expand access to home care services for Elders, providing supports to 3,278 Elders across South East Queensland, the Sunshine Coast and the Fraser Coast. The Institute is now considered the **largest community controlled provider of aged care supports in Australia**. The IUIH delivered supports to 402 new Elders/clients in 2019/20 and increased the number of Home Care Packages delivered to 256 – a 123% increase from the 2018/19 Year.

Despite the impact of COVID-19, the IUIH Network continued to improve access for Aboriginal and Torres Strait Islander people to comprehensive primary health care, with the active patient population of the Network growing to over **40,000 clients**.

The Network saw over **7,000 new patients** in 2019/20. Although the Network delivered fewer annual Health Checks (20,693) and Chronic Disease Management Plans (6,133) than in previous years, the IUIH Network generated more Medicare income in the 2019/20 Year (\$17.998 million) than in the 2018/2019 Year (\$17.3 million). These funds continued to be returned to our communities in the form of additional and previously unfunded primary health care, dental and children's therapy services and expanded allied health services and chronic disease self-management programs.

The Network continued to deliver dental services from its 21 active dental chairs and

two mobile dental vans, providing services to over **12,000 dental clients** in 2019/20 – more than the 2018/19 Year (11,435).

Ensuring that the delivery of dental services remains integrated with broader primary health care, over 80% of patients receiving dental services completed a Health Check at their local Community Controlled Health Service. Dental services delivered during the pandemic were delivered in accordance with advice from the Australia Dental Association and the Australian Health Protection Principal Committee.

The Moreton Aboriginal and Torres Strait Islander Community Health Service (Moreton ATSICHS), operated by IUIH, continued to deliver comprehensive primary health care services to Aboriginal and Torres Strait Islander communities across the Moreton Bay region. The 2019/20 Year saw 1,842 new Indigenous patients access the five Moreton ATSICHS clinics across the Moreton Bay Region. The number of Health Checks delivered totalled 6,224, a decrease on the 6,646 completed in the 2018/19 Year. Moreton ATSICHS delivered more GP Management Plans (2,127) than the previous year (2,120), but slightly fewer Team Care Arrangements (2,085 compared to 2,101) and more Reviews (5,817 compared to 5,626). Moreton ATSICHS delivered almost **150,000 client contacts to over 12,000 active patients**. Critical to ongoing sustainability and expansion of services, Moreton ATSICHS increased MBS income in 2019/20 to \$5.646 million (compared to \$5.357 million in 2018/2019).

The Institute continued to expand delivery of allied health and specialist services across the Network. In 2019/20, IUIH delivered over **25,000 adult allied health services**, a significant increase on the 19,000 delivered in 2018/19. IUIH delivered **4,499 specialist occasions of service** across the Network in the following specialist disciplines: Cardiology (573); Dermatology (384); ENT (421); Endocrinology (149); General Medicine (61); Gerontology (28); Paediatrics (3,119); Psychiatry (997); and Respiratory Medicine (70). Despite the suspension of elective surgery due to COVID-19, a total of 87 eyes were treated for cataracts through IUIH's surgical pathway.

The Institute continued to support delivery of its Deadly Choices Program across Queensland, in partnership with local Community Controlled Health Services. With COVID-19 preventing the delivery of school and community-based programs and activities, IUIH rapidly converted its Deadly Choices Programs to an on-line format, utilising social media platforms – Facebook, Instagram and TikTok – to deliver **Deadly Choices COVID-19 safe messaging to Indigenous communities across Queensland** AND enable continued delivery of the full range of Deadly Choices programs (ie. DC Fit, Good Quick Tukka, Tobacco Cessation and DC Education) and health promotion messaging.

Despite unprecedented challenges and uncertainty, the IUIH Network achieved much in the 2019/20 Year. Like previous years, this Report highlights but a few. On behalf of the

IUIH Board, we acknowledge the support of our Member Organisations – ATSICHS Brisbane, Kalwun, Kambu and Yulu-Burri-Ba. We also acknowledge the support and leadership of the IUIH Board. Finally, we extend special thanks and appreciation to the staff of the Institute and all Member Organisations for their hard work, dedication and commitment to the health and well-being of our South East Queensland families and communities.

Sadly, earlier this year saw the passing of our patron, Aunty Pamela Mam. Aunty Pam was considerably invested in her role as Patron of the Institute, participating until recently in monthly staff induction and maintaining an active interest in the work and progress of the Network. We will honour the legacy of Aunty Pam by continuing to follow her instructions to us **"... nothing is to stop, everything must continue."**

**Lynette Shipway**  
Chairperson, IUIH Board

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







# Strategic Direction 2017-2021

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## **Our Vision**

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

## **Our Mission**

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

## **Our Values**

**Focus on families** - the wellbeing of Indigenous families of South East Queensland are at the centre of all our efforts.

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

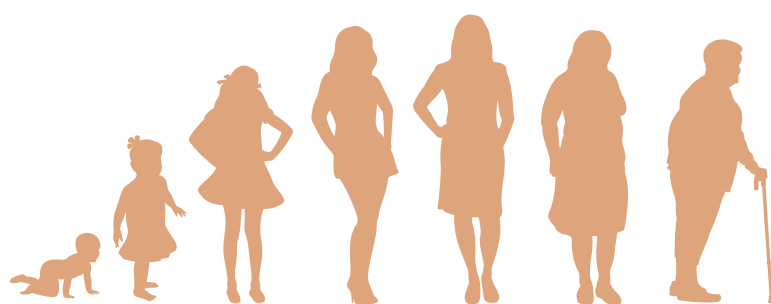
**Strategic focus** in every activity and relationship.

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

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

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

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



## Strategic Priorities

*Early Childhood (0-8 years)*

*Young Adulthood (9-17 years)*

*Adulthood (18-50 years)*

*Elderhood (50+ years)*

## Strategic goals

Improve access to quality health and social support services	Build and sustain healthy families across the lifespan	Foster collaboration and innovation	Strengthen enabling systems and governance
Access to primary health care.	Mobilised Indigenous communities that promote health and wellbeing.	Expanded and new partnerships.	An expanded and strengthened workforce.
Integrated primary health care and social services.	Family centred models of care.	A strong evidence base for urban Indigenous health.	Data to support planning, development and delivery of services.
Models of coordinated care.	Family support and early intervention services.	New models of service delivery.	Stronger governance of IUIH and the Network.
Quality and safety.	Early childhood health and education services.	Strategies that address the key determinants of health.	Systems that support IUIH and the Network.
	Expanded youth health services.		Optimised revenue to support sustainability.
	Access to aged care services for Elders.		
	Access to the NDIS for people with a disability.		



# 2019/20 IUIH Network Report Card

**Increasing access to health care across South East Queensland**

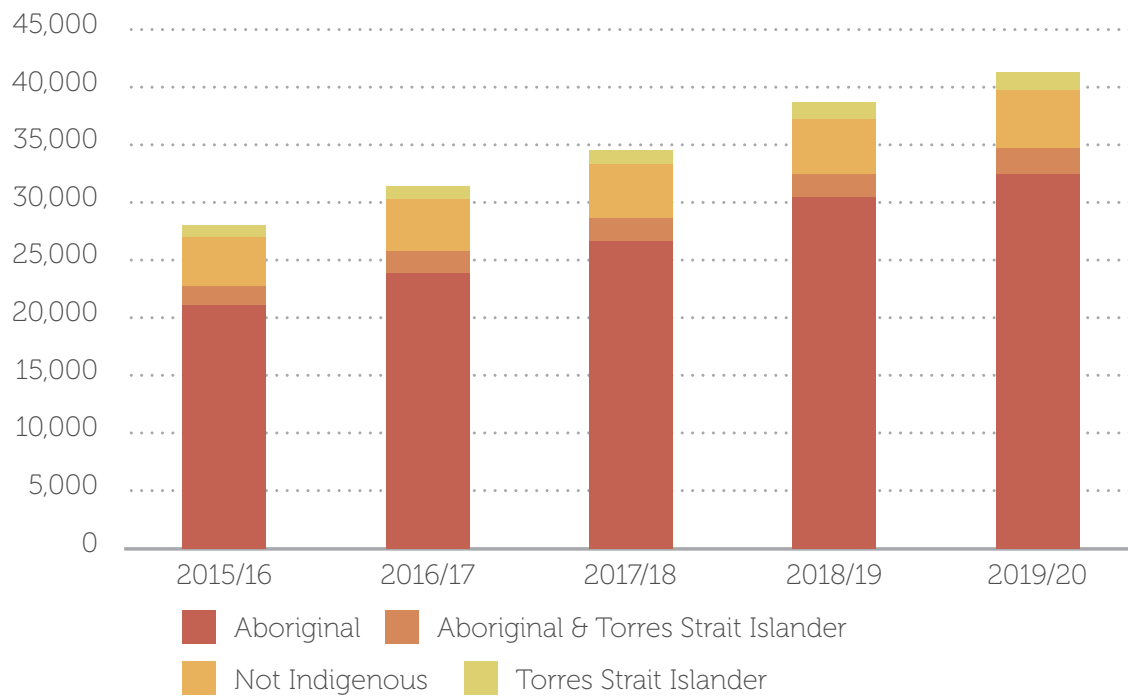
In 2019/20, the regional IUIH Network had more than **40,000 active clients**, including more than **7,000 new patients**.

*Across South East Queensland the IUIH Network delivered:*

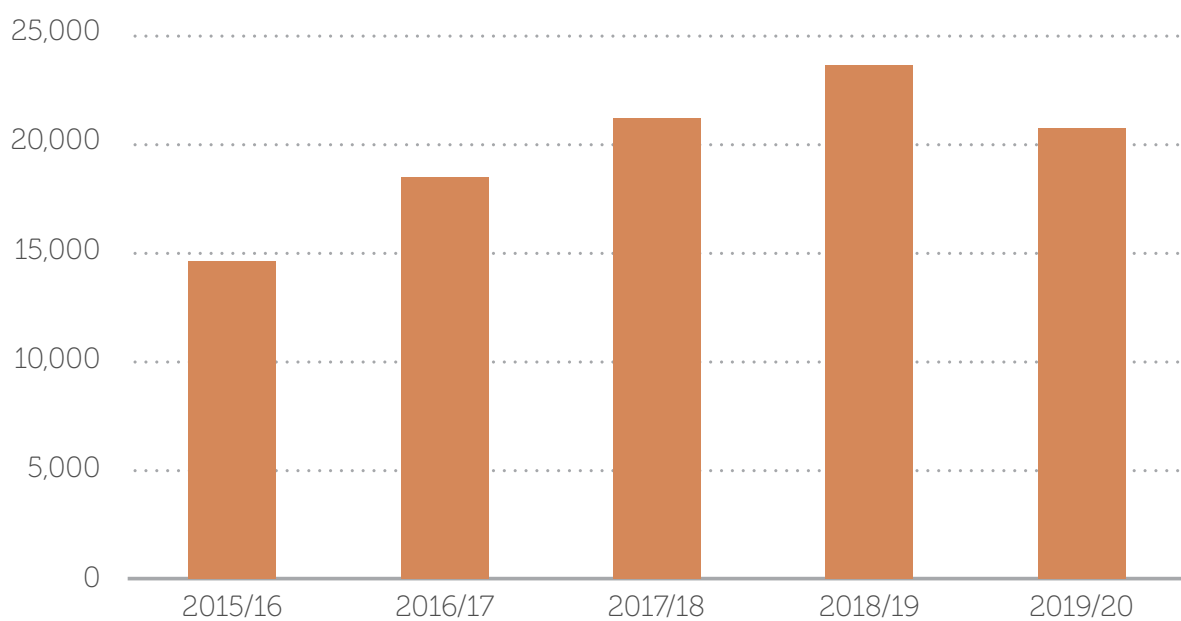
- ✓ More than 20,000 annual health checks
- ✓ More than 6,000 GP Management Plans
- ✓ 5,636 Team Care Arrangements
- ✓ 13,371 GP Care Plan and Team Care Arrangements Reviews
- ✓ Increased MBS revenue which was reinvested into more services



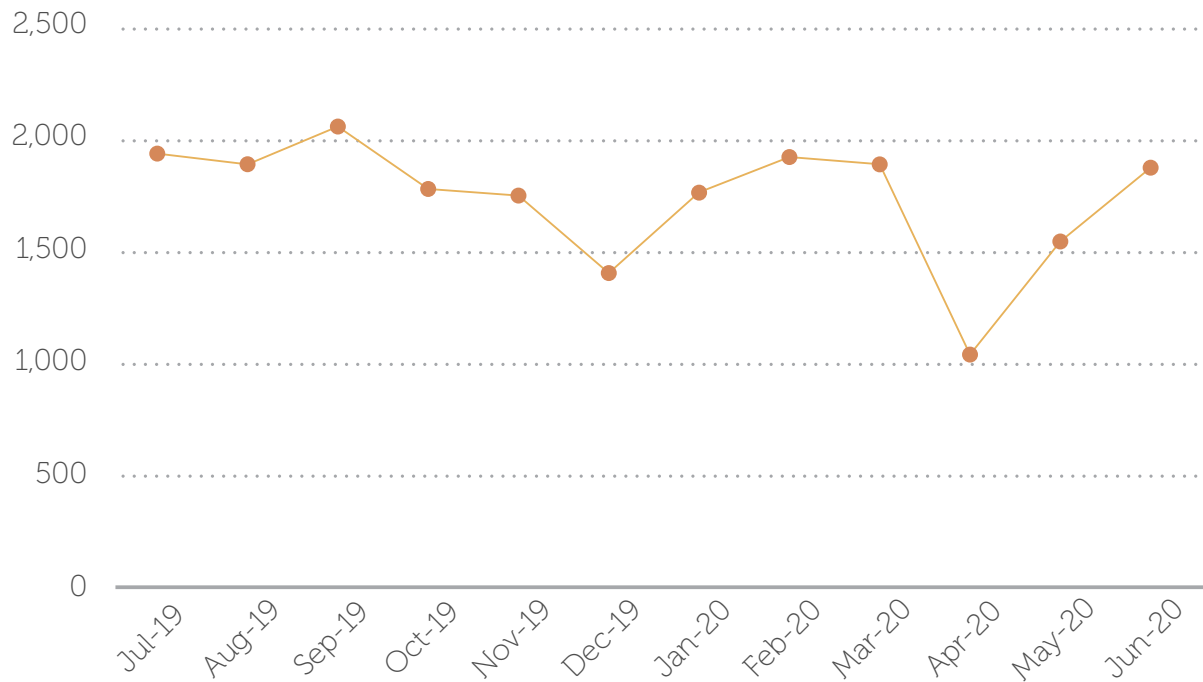
### IUIH Network Patients



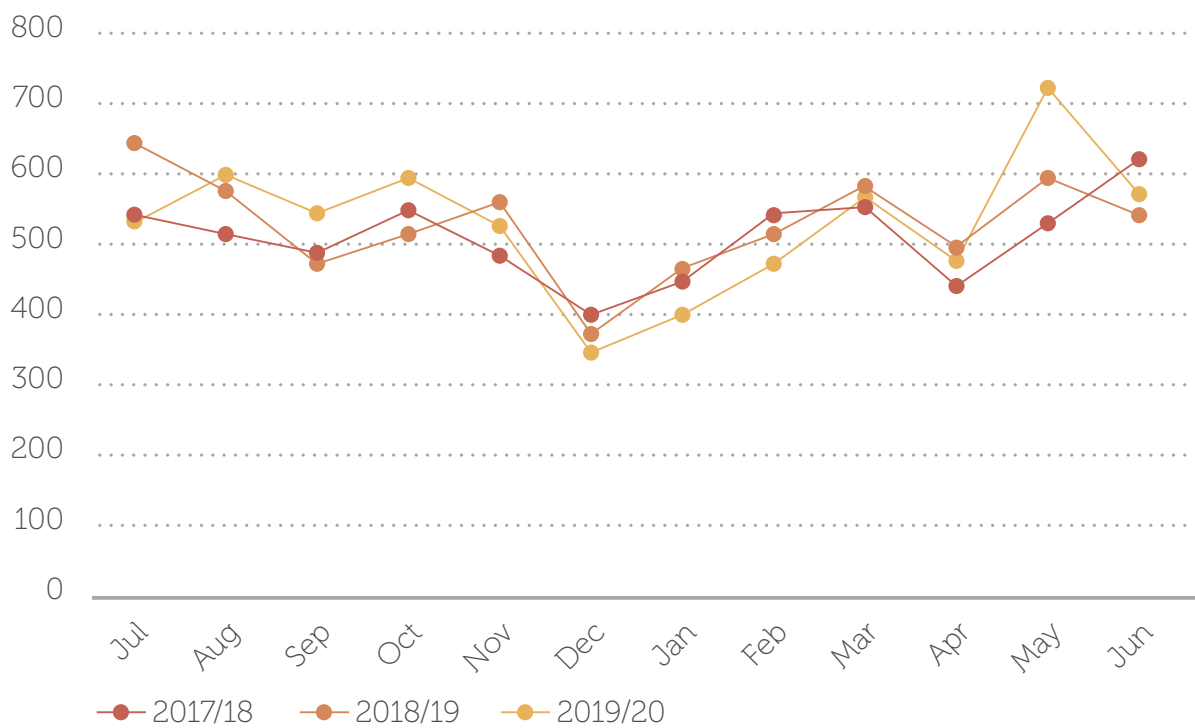
### IUIH Network Total Health Checks



### IUIH Network Team Care Arrangements



### IUIH Network GP Management Plans







### **Coomera Hub**

In December 2019, Kalwun Development Corporation established the Coomera Hub, a new concept in clinic design capable of providing services to many more clients than the traditional clinic model. With a funding contribution from the Queensland Government the first of the 'hub model' clinics was established at Coomera on

the Northern Gold Coast. The new hub model is designed to reach many more clients while retaining the close connection and relational basis of interactions with care providers, along with the emphasis on integration and care coordination that has long been a feature of IUIH Network clinics.

### **Goodna Clinic**

In June 2020, IUIH finalised the purchase of the building in which the Goodna Clinic is located when the landlord indicated his intention to sell the premises. The purchase of the building secured the asset for the local Aboriginal and Torres Strait Islander community and prevented the potential closure of the clinic.

## Strengthening Regional Governance

The IUIH Network CEO Forum operates as the key joint planning and strategic engagement forum between and among the IUIH and its Member Community Controlled Health Services. During 2019/20, given the continued growth and diversification of the IUIH Network, the CEO Forum agreed to develop and implement regional strategies through the establishment of specific sub-committees each chaired by a different CEO and with representation from all Members.

***The sub-committees are:***

- Clinical Governance
- Workforce Development
- Child and Family Services
- Social Health
- Aged Care and NDIS

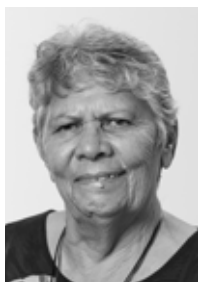
To address COVID-19, the Clinical Governance Committee merged with the regional Lead Clinicians' Group to become the COVID-19 Steering Committee, which provided clinical oversight to the IUIH Network's response across the region. The Workforce Development Committee was quickly activated to take on the massive task of workforce redeployment to redistribute staff who were unable to fulfil their usual functions towards the COVID-19 response effort. The flexibility and cooperation of IUIH Network staff during this time is to be commended.



IUIH Network Clinics



# Governing Board 2019/20



## Chairperson

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

Chairperson of Yulu-Burri-Ba Aboriginal Corporation for Community Health on North Stradbroke Island, Cleveland, Capalaba and Wynnum.



## Deputy Chairperson

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

CEO of Kambu Aboriginal and Torres Strait Islander Corporation for Health in Ipswich and founding director of IUIH. Director at Health Workforce Queensland and Queensland Aboriginal & Islander Health Council (QAIHC).

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## Board Members



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

CEO of Kalwun Development Corporation Ltd delivering a range of health and wellbeing services on the Gold Coast. Current Director of Gold Coast PHN and CheckUp. Former Chair of Queensland Aboriginal & Islander Health Council (QAIHC).



**Selwyn Button (Gungarri) (I) (from November 2019)**

Registrar, Office of the Registrar of Indigenous Corporations (ORIC). Director of The Lowitja Institute and Queensland Rugby Union. Former Assistant Director-General State Schools, CEO Queensland Aboriginal & Islander Health Council (QAIHC) and Chairperson ATSICHS Brisbane.



**Dr William Glasson AO (I)**

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



**Mr Andrew Niven (Djaku-nde) (ND ATSICHS Brisbane)**

Director of ATSICHS Brisbane and Senior Data Analyst at University of Queensland.



**The Honourable Paul Lucas (I)**

Former Queensland Deputy Premier and Minister for Health. Adjunct Professor Australian Catholic University and Bond University. Solicitor and Urban Planner. Director of various government, for-profit and not-for-profit companies.



**Maurie Burke (I)**

Retired Accountant. Holds several other Board and Finance Committee positions.



**Charmaine Harch**

Company Secretary.

**ND = Nominated Director  
I = Independent**

## Governing Board Committees

<p><b>Finance and Risk Management Committee</b> <i>(to 31 December 2019)</i></p> <p>Maurice (Maurie) Burke (Chair) Lynette Shipway Stella Johnson Hon. Paul Lucas Adrian Carson (CEO)</p>	<p><b>Finance and Audit Committee</b> <i>(from 1 January 2020)</i></p> <p>Maurice (Maurie) Burke (Chair) Lynette Shipway Stella Johnson Andrew Niven Adrian Carson (CEO)</p>
<p><b>Remuneration and Performance Committee</b> <i>(to 31 December 2019)</i></p> <p>Lynette Shipway (Chair) Stella Johnson Hon. Paul Lucas</p>	<p><b>Performance Quality and Risk Committee</b> <i>(from 1 January 2020)</i></p> <p>Hon. Paul Lucas (Chair) Dr. William (Bill) Glasson Maurice (Maurie) Burke Andrew Niven Selwyn Button</p>
	<p><b>Governance Committee</b> <i>(from 1 January 2020)</i></p> <p>Lynette Shipway (Chair) Stella Johnson Kieran Chilcott Selwyn Button</p>

# 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 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 Organisation.

Throughout the 2019/20 financial year, IUIH has continued to invest in our Cultural Integrity by focussing on the structural and systematic embedding of *The Ways Statement* through the following activities:

Strategic (Intent)	Operational (Processes)	Workforce (Relational)
IUIH System of Care Conference	HR Recruitment and Selection Process	Workforce Integrity Gatherings
Annual Socialisation Plan	Research Design	Team Check-ins
Executive Development Program	Family-Centred Practice Framework	Yarnin' Up Modules (Peer-to-Peer Guided Education Tools)
Formation of the Family Health and Wellbeing Business Unit	Manager Interview Questions and Balance Checklist	Aunty Pamela Mam Staff Awards
IUIH Network Regional Orientation eLearn program	HR Lifecycle and CIIF	Gather and Grow Staff Yarnin' Sessions

## Highlights

- ✓ Socialisation Activities – 270 participants
- ✓ Executive Development Program – 14 graduates
- ✓ IUIH Network Orientation Program – 328 attendees
- ✓ Workforce Integrity Gathering – 280 participants
- ✓ Aunty Pamela Mam Awards – 10 awards presented





## Pandemic Response 2020

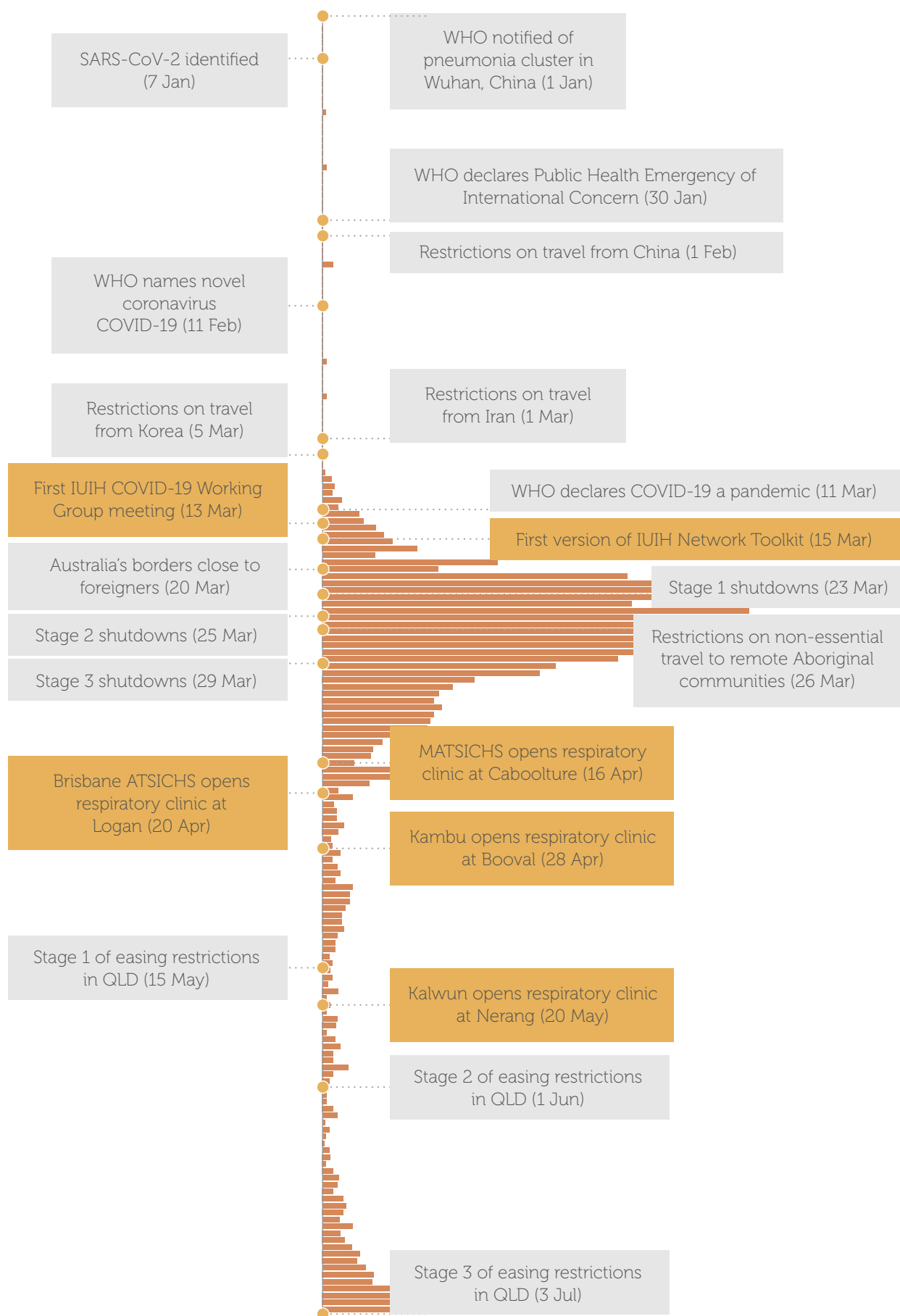
From March 2020, the IUIH Network began mobilising a comprehensive response to the Covid-19 pandemic in anticipation of the potential impact on Aboriginal and Torres Strait Islander people residing in urban areas. The IUIH Network activated regional governance structures, capabilities and resources to enable a rapid response. In recognition of its ability to quickly mobilise culturally capable health and social service responses to support our Communities, the

IUIH Network attracted over \$16 million in Commonwealth and State government funding to address the pandemic. Although directing most of our efforts in South East Queensland, funding was also provided to IUIH to deliver COVID-19 messaging in Far North Queensland and a targeted aged care response in capital cities across Australia. The main areas of IUIH's pandemic response, which were stepped up and down as required, are summarised in the table opposite.

Category	Description	Comments
IUIH network COVID-19 Working Group	Working group bringing together clinical decision makers from across IUIH and member organisations, covering all key areas of service responsibility, along with invited public health representation. Reports to the IUIH Network CEO Forum.	Meeting weekly throughout, has enabled rapid-cycle decision – implementation – feedback – revision of the COVID-19 Toolkit
IUIH Network COVID-19 Toolkit	Comprehensive instruction manual, synthesising current public health advice and applying this into practice in the SEQ ACCHS context	Revised weekly throughout to incorporate changing public health advice and local experience
Regional ordering and warehousing of PPE supplies	Capitalising on pre-existing systems to rapidly mobilise systems for ordering, stock-piling, tracking and distributing of PPE supplies	Enabled smoothing of potential fluctuations in PPE access
Respiratory (Fever) Clinics	Four stand-alone clinics rapidly established with funding from the Commonwealth through PHNs in Caboolture, Logan, Booval and Nerang; adapted model in development for North Stradbroke Island	Purpose is to provide a safe environment for assessment and testing of clients with potential COVID-19
Telehealth Team and infrastructure	Early establishment of a uniform telehealth system across SEQ ACCHS, an IUIH Telehealth Team to provide training and help-desk support across the region, as well as a community-based response to ensure access and capability of community members to access telehealth services when required	Rapid transition of service delivery mode from 100% face to face, to around 40-50% telehealth during tighter COVID restrictions
Influenza vaccination – walk-through clinics	Mobile regional infrastructure and workforce deployed to designated locations across SEQ to provide rapid access to influenza vaccination early	Over 5,000 influenza vaccinations given within first 6 weeks – over half the total vaccinations given in 2019.
Training resources	Development of e-Learning and other training resources to support implementation of COVID-19 response	COVID-19 “Tile” created in the existing IUIH System of Care online resource to provide regional access
Data reports	Rapid development of reports using the recently established IUIH Data Warehouse	Monitoring of clinic activity, uptake of telehealth, testing activity, fever clinic operations
Weekly All-staff Forum	Weekly update from the IUIH CEO and Clinical Director across IUIH on MS Teams, with interactive Q&A / discussion	Expanded to include briefings / updates from senior staff
IUIH Network Pandemic Plan	Development of a detailed, practical plan for the upscaling and downscaling of the IUIH Network COVID-19 response	Based on practical experience over the March – June 2020 pandemic period

## COVID-19 Key Announcements and Responses

Timeline overlaid on an epi curve of daily new and cumulative cases in Australia



## **Pandemic Response: Deadly Choices Program**

The Deadly Choices social media platforms enabled IUIH to maintain engagement with clients and communities and to disseminate timely and accurate COVID-19 information and advice. Having amassed almost 85,000 Facebook followers and over 18,000 Instagram followers, the Deadly Choices social media platforms (Facebook, Instagram, Twitter and TikTok) proved to be valuable and agile tools for COVID-19 related health promotion messages across Australia.

Given that COVID-19 social distancing measures meant that face to face delivery of the Deadly Choices programs could not proceed, new delivery modalities were introduced that relied more heavily on social media, social marketing and online platforms to deliver Deadly Choices healthy lifestyle programs. These included delivering Good Quick Tukka, Tobacco podcasts, DC FIT and Deadly

Kindies programs via Facebook Live. The Facebook Live sessions have been scheduled at least once a day since social distancing regulations were put in place. Each Deadly Choices Live session includes a range of key health messages that also include a link to the Deadly Choices Community Tobacco Survey. The survey asks a range of questions pertaining to smoking status, smoking habits throughout COVID-19, reasons for these smoking behaviours, quitting attempts and tobacco related knowledge. Throughout this period over 2,260 surveys were collected.

The Tobacco Surveys collected between April – June helped inform weekly Tobacco Vodcasts which aimed to provide information to the community and gave community members a chance to connect and share with others their quit journey. Throughout April – June the Tobacco Vodcast reached over 61,000 community members with 39,000 views.



## **Pandemic Response: National COVID-19 Elders Initiative**

Since May 2020, IUIH has led an Australian Government funded national COVID Elders Response in every capital city region of Australia, including throughout South East Queensland. Through sub-contracting arrangements with 12 Aboriginal Community Controlled Health and Aged Care services, this initiative was targeted at vulnerable Indigenous Elders who were not currently receiving aged care supports and who have elevated risks of social isolation and lack of support during the COVID-19 crisis. At the early stage of this response (30 June 2020), over 12,500 hours of welfare checking, provision of meals and transport and connection to health and other wellbeing services had supported 1,369 Elders nationally. Based on this trajectory, it is expected that this measure will reach well above the project target of supporting more than 2,300 Elders by October 2020. In addition to COVID-related needs, 50% of clients had been identified as requiring ongoing aged care supports for the first time, including 4 Elders who needed immediate admission into an Aged Care Residential facility.

## **COVID-19 Elders Response:**

### **Gordon's story**

*Gordon\* had minimal support from family and friends and had lost his job due to health issues, which were also heavily impacted due to COVID-19. Gordon had been struggling with his mental health and had been experiencing financial issues for some time. He had expressed concerns about becoming homeless and being unsure of what the future held. Before receiving help, he was unable to store food safely due to lack of facilities and would often go without food or resort to purchasing unhealthy options that lacked nutritional value. Through assistance from the National Elders COVID Response, Gordon now has better information regarding COVID-19 through his weekly check-ins and his overall mental health has improved. Gordon has been placed into more suitable accommodation, is receiving meal support and has commented how much better he feels having nutritious meals. Gordon has expressed that his life has improved significantly due to the COVID Elder's program and is very thankful for the support. He is looking forward to transitioning back into being independent again.*

*\*Name changed to protect privacy*



### **IUIH System of Care Conference October 2019**

Following on from the success of its inaugural conference in 2018, IUIH held its second System of Care conference in October 2019. The conference included 145 delegates, 48 presenters, and 10 trade displays. Delegates attended from across Australia and comprised people from other community controlled health organisations, government departments, primary health networks and universities. The conference highlighted IUIH's regional ecosystem, with a particular emphasis on business models which support sustainability and community control. In addition, half-day workshops were added to the program for delegates to gain further understanding of topics such as clinical care and research. A survey conducted at the conference showed that 97% of participants felt their aims for attending the conference were met. The conference was supported by the Commonwealth Department of Health, Griffith University, Kia Motors, National Aboriginal and Torres Strait Islander Health Worker Association, Indigenous Allied Health Australia

and Health Workforce Queensland. The conference culminated in a dinner to celebrate the ten year anniversary of the IUIH Network. Attended by multiple supporters of the IUIH Network, including the Hon Warren Snowdon MP and the Hon Steven Miles, the dinner showcased the IUIH Network's achievements in its first ten years of operation and allowed IUIH to recognise and thank its key stakeholders.

***"What stood out for me was the knowledge and passion IUIH staff held. The collaboration between Indigenous organisations to achieve great health outcomes at a local level. The vast number of great initiatives IUIH is delivering within the community to encourage and engage community members who have disengaged with health services."***

Conference participant

### ***IUIH System of Care e-Learning Platform***

The IUIH System of Care web-based e-Learning and Resources Package is an interactive web-based suite of resources and courses which cover all aspects of the IUIH System of Care.

***The package courses include:***

- Our History, Our Journey
- System of Care
- Access and Community Engagement
- Reception and Clinic Welcome
- Cycle of Care
- Clinical Governance
- Workforce Design and Development
- Data Knowledge and Continuous Quality Improvement
- Business Management – Profit for Purpose
- Establishing a New Clinic
- Deadly Choices Healthy Lifestyle Program
- Work it Out Chronic Disease Management and Rehabilitation Program
- MomenTIM Youth Program

Further details, including information on licence agreements, is available by emailing [soc.resources@iuih.org.au](mailto:soc.resources@iuih.org.au)









# Improving Access to Health Care across the Lifespan

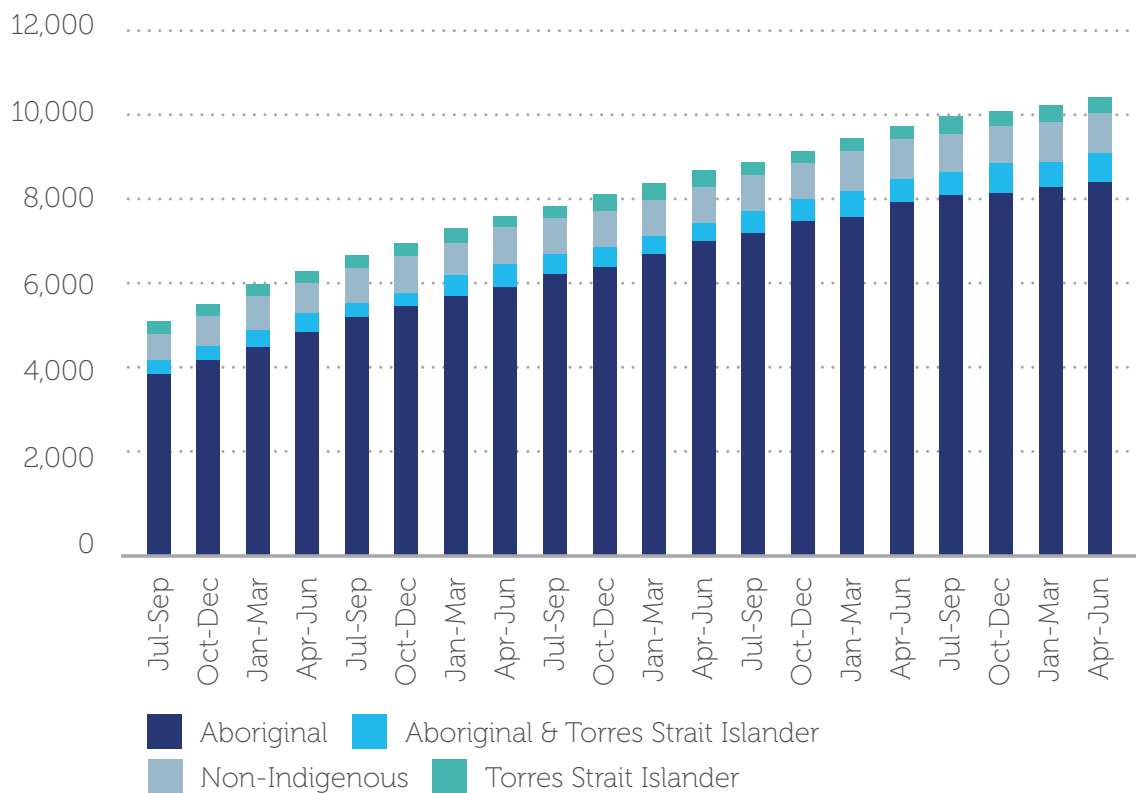
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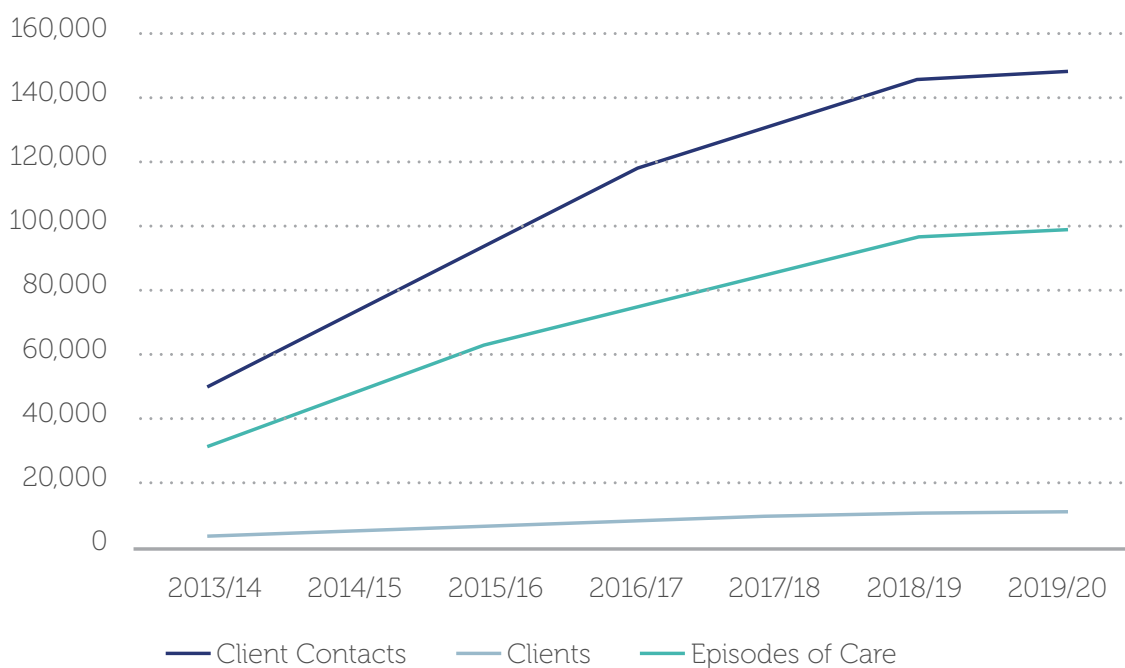
# 2019/20 Moreton ATSICHS Report Card

## Increasing Access to Health Care

Access *Moreton ATSICHS Patients*



Activity *Moreton ATSICHS Clients and Episodes of Care*



# Child Health and Wellbeing

## Early Childhood Health and Education



Services for UIUH's youngest clients start in pregnancy and continue through the early years and into the school-aged population. For each child to reach their potential we must first support the pregnant woman to birth her baby at term, following effective antenatal care and addressing any social and economic issues so that she is free from stress and hardship where possible.

In 2019/20, the intensity of care provided through UIUH's **Birthing in our Community (BiOC)** Program was rapidly strengthened. With over 60% of women presenting with highly complex family needs, the BiOC Team delivered


comprehensive, evidence-based and culturally-informed services with a strong focus on social and emotional health and well-being and mother/infant attachment. In 2019/20, 373 women birthed 381 Indigenous babies at the Mater Mothers' Hospital. Of these, 69% of the women and 68% of the babies were clients of BiOC.

BiOC continues to provide opportunities for Aboriginal and Torres Strait Islander people to enhance their skills and qualifications with the graduation of a second midwifery cadet in 2019/20 after five years as a BiOC Team member.

In 2019/20, UIUH developed a culturally appropriate **Deadly Mums App** tool which can be used by mums and families across Australia. Designed by and for Aboriginal and Torres Strait Islander people the app helps health teams engage, guide and support Indigenous families with culturally safe pregnancy tips, resources, appointment tracking and activities to guide families through their pregnancy journey. The Deadly Mums app is available for download in the Apple and Google play stores.

### BiOC Program outcomes achieved in 2019/20

- ✓ 88% of women had 5 or more antenatal visits
- ✓ 90% of women had their first antenatal visit in the first trimester
- ✓ 76.3% of women were not smoking after 20 weeks gestation
- ✓ 93.4% of mums delivered their babies at full term
- ✓ 92.7% of babies were of optimal birth weight at birth
- ✓ 64% of babies were exclusively breastfeeding on discharge from hospital



*"I am currently booked into a hospital in NSW ... It feels as though I am a number in the system and the midwife didn't even bother to address me by my name ... Although I have been involved and loved the BiOC program for over 6 years, it now means so much more to me. The love and care for each woman and their family is truly incredible. Not only do the midwives go above and beyond but the family support workers, admin staff and drivers all have an extremely important role to play in ensuring mum and her support network feel safe to ensure baby arrives safely into this world ... Thank you for ... working so hard to expand the program so that every Indigenous family has the same opportunities that I have had".*

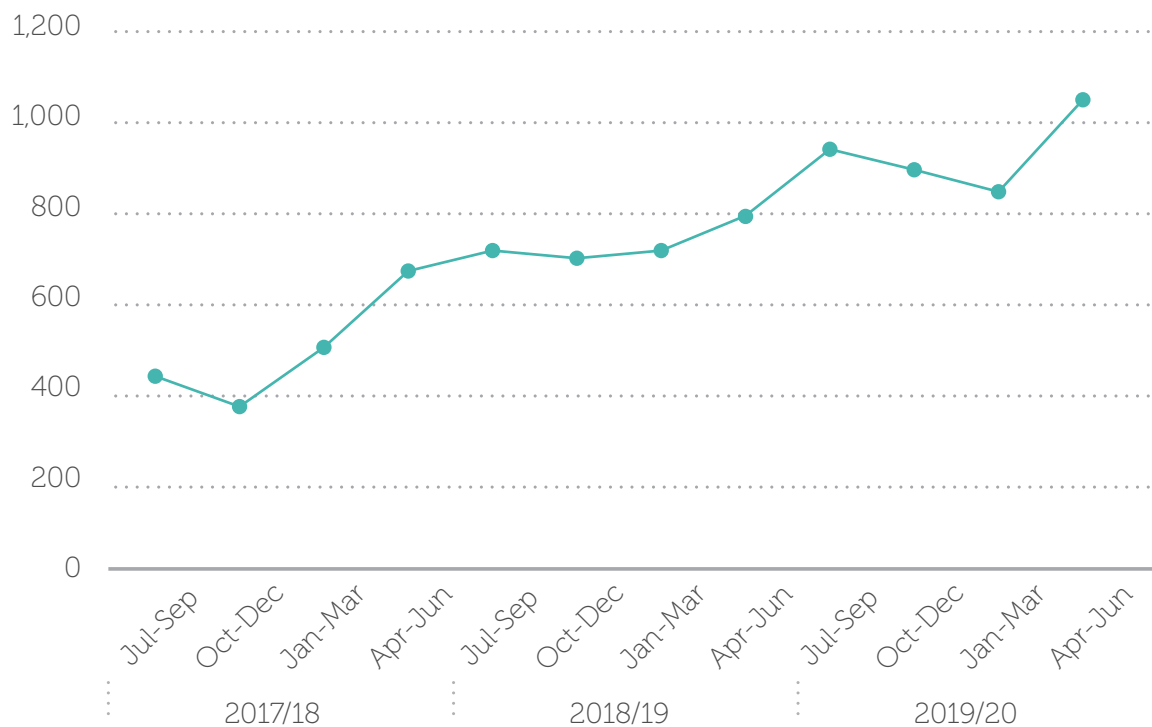
4th time BiOC Mum

The 7 paediatricians and 9 paediatric coordinators who comprise IUIH's **specialist paediatric service** provides specialist paediatrician outreach services through 14 clinics across all our Members Services and to Galangoor Duwalami Primary Health Care Service in Hervey Bay by telehealth and ad hoc face to face clinics.

The paediatric service also provides a real-time Multidisciplinary Assessment Team clinic that

includes a speech pathologist, occupational therapist, psychologist, paediatrician and paediatric coordinator. The aim of the service is to provide intensive assessment with diagnostic outcomes specific for children under 6 years of age in order to identify and fast track intervention prior to the child commencing school. In addition, **paediatric therapy services**, including occupational therapy, speech pathology and audiology services continue to be delivered across the region.

### *IUIH Network Specialist Paediatrician Service Contacts*







**Practising  
dental flossing**

Through the COVID-19 pandemic the team has adapted to ensure our mob have access to paediatrician, speech and occupational therapy via multiple mediums. Information is also exchanged through our **Deadly Kindy programs**, including through weekly newsletters for parents, yarning sessions with families, upskilling sessions for teachers and/or written classroom activities. Some of our Deadly Kindy sites set up group sessions via Telehealth for children of 'essential workers' who continued to attend kindy during the COVID lockdown. Telehealth is now an option for all clients of paediatric services.



**Vision  
testing**

The Brisbane North Primary Health Network provides funding under their school readiness project for IUIH's **paediatric therapy team** to provide speech pathology and occupational therapy into the Koobara Kindy thereby **integrating early childhood health and education services**. On three days during November 2019, IUIH Audiologists and Optometrists attended Koobara kindergarten to complete screening assessments for ears and eyes. The dental team also attended to provide whole group education around dental hygiene and healthy eating. A total of 28 children were individually screened across three days and recommendations for follow-up provided to the families of the children and the kindergarten.



**Ear/hearing  
testing**

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

## Family Wellbeing Services

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

**In 2019/20, 331 new clients were referred into the Family Wellbeing Service from a variety of sources from within the government and non-government sectors. Approximately 1,500 hours of targeted group sessions were provided to clients of the Moreton ATSICHS Family Wellbeing Service**



*"I don't know where I would be without the support of the Family Wellbeing Service particularly during this COVID pandemic. I have truly appreciated the consistent support of helping me cope with my mental health and keeping my household stable when I thought I would never survive having my children home for extended periods with some of their challenging behaviours."*

Family Wellbeing Service Single Mum

## **Family Wellbeing Services: Karen's Story**

*Karen\* is a mum who has experienced significant domestic violence. Two of her children were taken from her care by her ex-partner who refused to allow her to have contact with them. Karen was experiencing extreme grief and loss resulting in a hospital admission. She had withdrawn into herself so much so that she had stopped taking phone calls and attending appointments at her local IUIH clinic. The Family Wellbeing Service persisted in making contact and finally visited Karen who described herself as a 'broken woman'.*

*The Family Wellbeing Service built an integrated team response around Karen that engaged the IUIH Social Health Team, Karen's GP, the IUIH Legal Service, the Centre Against Domestic Abuse (CADA) and Relationships Australia to create a strong support network. This support team assisted Karen to obtain a family law order which resulted in her children being returned to her care fulltime. Karen had gained such strength and confidence from her support network that she was able to confront her family members and get help from the police to retrieve an older daughter from an abusive situation. Karen now has all her children back in her care and has enrolled her eldest daughter into school after a considerable absence.*

*It has been a privilege to walk alongside this Mother to see her grow in strength and regain her power. This is a testament that a little bit of support, persistence and belief in a person can make a massive difference to families and individuals.*

*\*Name changed to protect privacy*

## Deadly Choices Schools Program

The **Deadly Choices Schools Program** is an 8-week program delivered by IUIH and partners in primary and secondary schools across 6 regions in Queensland:

- Far North Qld
- Yarrabah, Innisfail, Mareeba, Cairns and surrounding
- North Qld – Mackay, Townsville and surrounding areas
- North West Qld – Mt Isa, Normanton and surrounding areas
- Central Qld – Rockhampton, Gladstone and surrounding areas
- South West Qld – Cunnamulla, Charleville and surrounding areas
- South East Qld – Gold Coast, Brisbane, Ipswich, Bayside, Moreton and surrounding areas.

The program covers: leadership, smoking, nutrition, physical activity, harmful substances and healthy relationships. The aim of the Deadly Choices Schools Program is to empower our young Aboriginal and Torres Strait Islander people to be role models in living a healthy lifestyle.

### Key statistics: Deadly Choices Schools program

Total Number of Programs Delivered (Primary – SEQ)	<b>62</b>
Total Number of Programs Delivered (Primary – outside SEQ)	<b>57</b>
Total Number of Programs Delivered (Senior – SEQ)	<b>47</b>
Total Number of Programs Delivered (Senior – outside SEQ)	<b>89</b>
Program graduates (Primary – SEQ)	<b>887</b>
Program graduates (Primary – SEQ) that completed a health check	<b>461</b>
Program graduates (Primary – outside SEQ)	<b>989</b>
Program graduates (Primary – outside SEQ) that completed a health check	<b>177</b>
Program graduates (Senior – SEQ)	<b>462</b>
Program graduates (Senior – SEQ) that completed a health check	<b>291</b>
Program graduates (Senior – outside SEQ)	<b>720</b>
Program graduates (Senior – outside SEQ) that completed a health check	<b>146</b>



## DC FIT Program

The **DC FIT Program** is a group program designed for Aboriginal and Torres Strait Islander people between the ages of 16-25 years of age. All DC FIT programs were suspended in March 2020 due to COVID-19 restrictions. To ensure that community engagement was maintained, the DC FIT team delivered sessions via Facebook Live for the remainder of the 2019/20 year. A total of 48 sessions were delivered via Facebook Live which proved to be a popular method of delivery with whole family units regularly participating at home. Sessions included high and low intensity and strengths based workouts, yoga, Pilates and exercise programs specifically designed for our seniors.

By the conclusion of the 2019/20 year, a total of 43 staff had qualified to deliver DC FIT, with a further 21 employees currently undertaking their Certificate III or Certificate IV in Fitness. Upon completing their certificates, IUIH will have a workforce of 64 staff across the state qualified to deliver the program.

**In 2019/20, the Queensland Minister for Health and Ambulance Services, the Hon Steven Miles MP participated in a DC FIT session.**



## Moreton ATSICHS Youth Services

The Brisbane North Youth Wellbeing Program provides mentorship, case management support and assertive outreach for 12-25 year-olds and is integral to providing early intervention support to clients within IUIH Social Health and Family Wellbeing Services. Their purpose is to ensure the provision of an effective and holistic approach to promote a healthy transition to adulthood and support service responsiveness to the needs of Aboriginal and Torres Strait Islander young people.

The Youth Wellbeing Program provides access to:

- ✓ **Stepped care** case management and active engagement/mentorship that is culturally responsive and appropriate
- ✓ **Counselling** and ongoing support for young people and their families (where appropriate)
- ✓ **Referral pathways** to social health services including therapeutic groups, counselling and psychology services
- ✓ **Group support** which aims to increase awareness and understanding of cultural identity, relationships, mental health, alcohol and other drugs, and active healthy lifestyle choices. Yarning sessions aim to build resilience and protective factors and offer time and space to explore key issues further from a young person's perspective.
- ✓ **Integration** with internal and external stakeholders to foster and support youth needs across psychosocial domains.



## Addressing Adult Chronic Disease

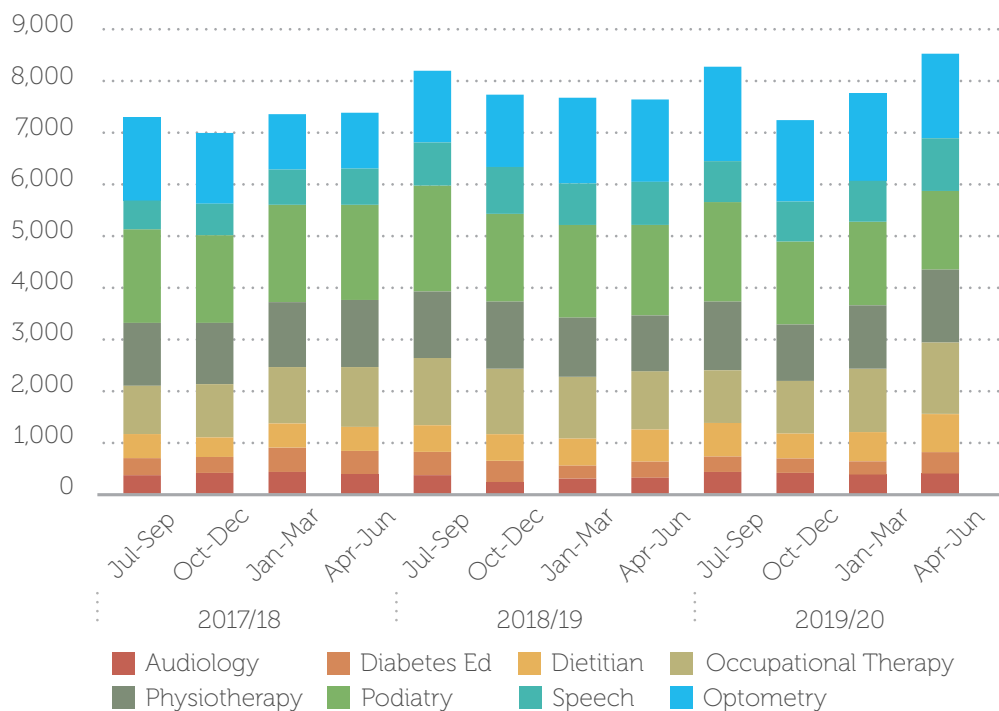
### Adult Therapy Services

Adult allied health therapy services including audiology, dietetics, diabetes education, exercise physiology, occupational therapy, podiatry, physiotherapy, speech pathology and optometry services, continue to be provided across the region. To adapt to the pandemic environment and continue to deliver services, the regional IUIH allied health team quickly and efficiently transferred service delivery to telehealth. In addition, all allied health staff have been working to improve recording and reporting of health outcomes by consistently using the Australian Therapy Outcome Measure for Indigenous Clients (ATOMIC). While only available for the last quarter of the 2019/20 year, this data will continue to be captured and reported.

**In 2019/20, over 25,000 adult allied health appointments were completed across the region including:**

- 149 adult Occupational Therapy clients
- 132 adult Physiotherapy clients
- 203 adult dietetics clients

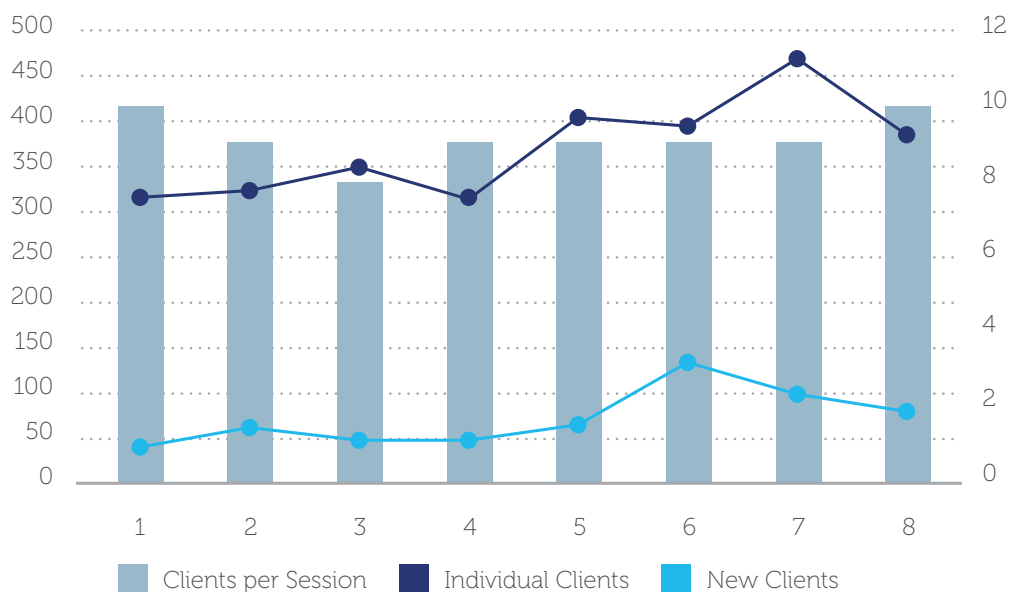
## IUIH Network Allied Health Occasions of Service



## Work It Out Program

The Work It Out Program is a group based chronic disease management and rehabilitation program for adults with established 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.

### Work It Out Program Clients 1 July 2019 to 31 December 2019



Note: These data are for the period 1 July 2019 to 31 December 2019. Due to COVID-19 there is no Work It Out activity data for the period January to June 2020.



## Medical Specialist Services

Specialty	Occasions of Service
Cardiologist	573
Dermatologist	384
Ear, Nose and Throat specialist	421
Endocrinologist	149
General Physician	61
Geriatrician	28
Paediatrician	3,119
Psychiatrist	997
Respiratory Physician	70
<b>TOTAL</b>	<b>4,499</b>

## Adult Surgical Pathways

The IUIH has established eye and ear surgical pathways that assist in addressing lengthy wait times for tertiary care, including:

- Cataract treatment pathway – in partnership with the Springfield Mater Hospital
- Ear, Nose and Throat (ENT) pathway – in partnership with the Mater Children's Hospital, Check UP and visiting ENT specialist, Dr Fiona Panizza

A significant amount of coordination is required to schedule the surgeries. The eye and hearing health services work collaboratively with member services and visiting medical specialists to identify clients who require tertiary care.

The team provides support on the day of surgery and post-surgery to assist clients with hospital paperwork, transport, social support and to troubleshoot any issues that may arise. Access to these pathways has resulted in better health outcomes for clients including improved vision, hearing, learning capabilities, independence and quality of life.

**Despite suspension of elective surgeries due to COVID-19 restrictions, in 2019/20, a total of 87 eyes were treated for cataracts through IUIH's surgery pathway.**

## Dental Health

With Queensland Government funding, IUIH supports Aboriginal and Torres Strait Islander adults who are eligible for public dental health services (Queensland Health eligible clients). In addition, it provides free dental health services to other clients of IUIH Network clinics. IUIH's Dental Health Services are integrated into clinics thereby enabling coordinated primary health and dental care. Dental health clients routinely complete a health check prior to or soon after their dental visit.

Clients have access to general and preventative services, and can access prosthodontic services from ATSICHS Brisbane. This service now has a full time and part time prosthetist, providing removable dentures, and

flexible removable sport mouth guards. An internal referral process to ATSICHS Brisbane, provides clients with access to a maxillofacial specialist. Dental Health Services contributed to IUIH Pandemic Response to COVID-19, ensuring safe dental services at all times on advice from Australian Dental Association (ADA) and Australian Health Protection Principal Committee (AHPPC). IUIH moved quickly to implement high level restrictions in performing dental procedures across the IUIH Member clinics and postponed all routine aerosol generating procedures when advised. The ADA's dental telehealth consultations - Item 919, approved by Queensland Health - was implemented during this time, and emergency triage services implemented.

### Dental Health Services 2019/20

- ✓ 21 active dental chairs across 10 SEQ clinics and an additional 2 mobile dental vans
- ✓ Over 12,000 clients received dental treatment
- ✓ Over 80% of patients completed a health check prior to their dental visit
- ✓ Increase in workforce to strengthen prosthodontic service
- ✓ An additional two Indigenous dental assistant trainees supported in Certificate III studies across the network



### **IUIH Dental Health Services: Tony's story**

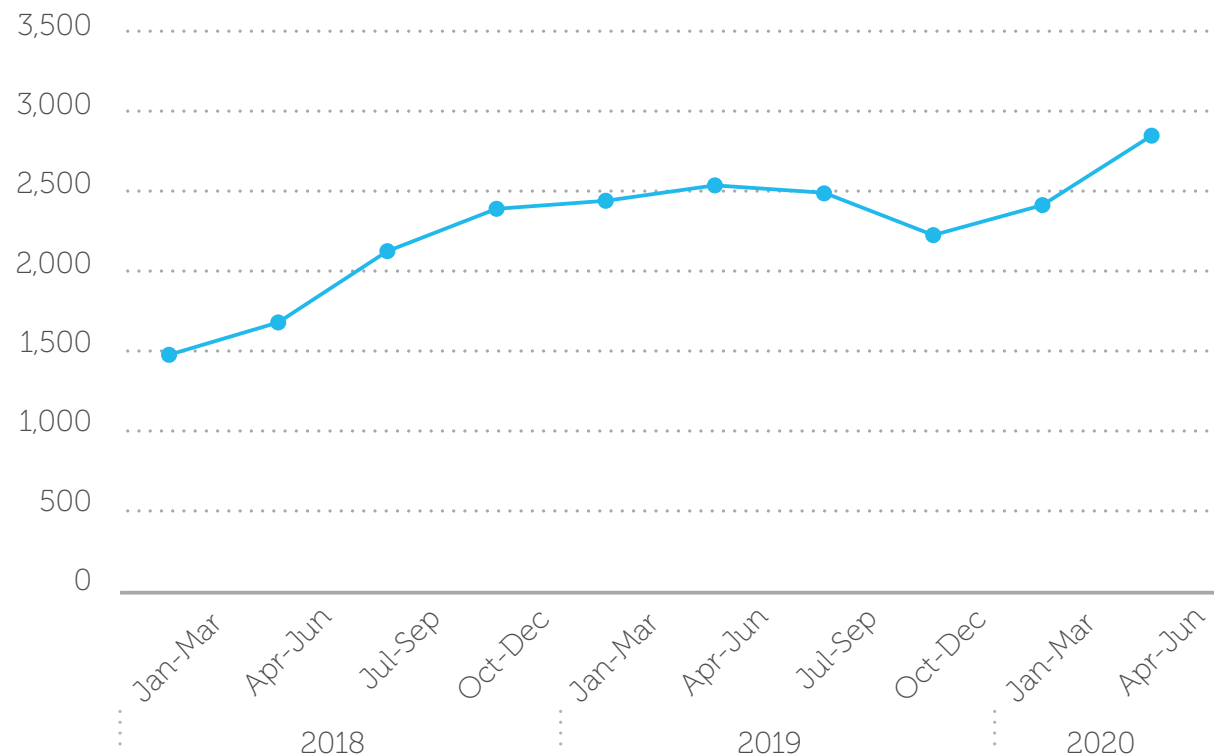
*Tony\* is a 38 year old man who attended the emergency department of the Royal Brisbane and Women's Hospital (RBWH) in March 2020 with trauma to the head, after being assaulted. The RBWH referred Tony to Moreton ATSICHS for follow-up dental treatment, as Tony had broken teeth as a result of the assault. The Moreton ATSICHS dental team contacted Tony for an urgent dental review. After initial consultation it was clear that Tony's upper front teeth were fractured, loose, and avulsed and needed urgent attention. Working under the Australian Dental Association's COVID-19 Stage 3 restrictions which allowed for emergency procedures, the dentist was able to reposition and splint his front teeth and provide Tony with a referral to the IUIH Social Health team for social health support.*

*Five months after that emergency visit to the Moreton ATSICHS dental team, Tony's front teeth have been treated and he continues to access the dental services. He has also connected with the local Moreton ATSICHS clinic accessing support from GPs, nurses, Aboriginal Health Workers as he requires.*

*\*Name changed to protect privacy*

# Social Health

## Social Health Clients



## Inner City Referral Service

The Inner City Referral Service (ICRS) provides support to Aboriginal and Torres Strait Islander people who live within a 5km radius of the Brisbane GPO to access culturally appropriate health services, including many who are sleeping rough. The ICRS is the only health service providing health outreach services in the inner city area, thereby supporting this population which has a high proportion of unmanaged chronic physical health needs, unmanaged and severe mental health experiences and/or are using substances to cope with daily life. The team's experience is that offering culturally competent and compassionate outreach services to our people - especially when they are marginalised - serves to make a stronger, healthier and deadlier community who have more options to make healthier choices in their lives.

ICRS activities include:

- ✓ Stepped care case management and active engagement/mentorship that is culturally responsive and appropriate
- ✓ Linking, coordinating and supporting client care
- ✓ Referral pathways to primary, allied and Social Health services including counselling and psychology services
- ✓ Assertive outreach and intensive case management support
- ✓ Integration with internal and external stakeholders to foster and support client needs and enable access to health supports
- ✓ Active participation and collaboration with key partners across the Inner City Brisbane region: ATSICHS Brisbane, Micah Projects, Brisbane City Council, Queensland Police Service, Homeless Health Outreach Team, AOD service providers, hospital emergency departments (The Princess Alexandra Hospital and Royal Brisbane and Women's Hospital), community housing providers and other government departments.

### **Inner City Referral Service: Fred's story**

*The ICRS received a referral from the Queensland Police Service seeking support for a 41-year-old man named Fred\* who was sleeping rough under William Jolly Bridge. The referral stated that Fred was a double amputee resulting from a traumatic accident, has a long-term disability and mental health needs. ICRS tried to visit Fred at his reported sleeping location without success but eventually found him at a drop-in centre for homeless people in South Brisbane.*

*Fred accepted the support of ICRS who secured accommodation for Fred at the nearby Bowman Johnson Hostel, which had just re-opened its facility after COVID-19 restrictions had forced its temporary closure. ICRS accompanied Fred to his intake interview and Fred was accepted to stay at the hostel. There Fred was also able to access in-house case management. ICRS stayed involved and helped Fred access a shower chair through IUIH Connect, linked him to ATSICHS' Woolloongabba clinic for a full adult health check and referrals to physiotherapy, occupational therapy and psychiatry services. ICRS also helped Fred to make an application for permanent housing and for long-term support through the NDIS. ICRS is currently supporting Fred to attend his health appointments and to coordinate care between ICRS, Bowman Johnson Hostel staff, housing and the NDIS.*

*\*Name changed to protect privacy*

## Prison Transition Program

The IUIH delivers culturally capable Transition Services for Aboriginal and Torres Strait Islander people leaving the Woodford Correctional Centre, Brisbane Women's Correctional Centre and the Southern Queensland Correctional Centre. A predominantly Aboriginal and Torres Strait Islander workforce provides intensive support for clients impacted by issues relating to mental health and well-being. Funded by the Queensland Government and linked to the *Indigenous Mental Health Intervention Program*, IUIH's transition services also include clinical and non-

clinical services including GP, mental health, AOD and social support to enable a smooth transition back to community and ongoing engagement with a healthcare provider. The IUIH Prison Transition Program provides support for Aboriginal and Torres Strait Islander clients with a mental health plan six weeks before release from prison and six months post-release. The program aims to reduce recidivism by supporting clients to engage with appropriate services to address their physical, mental health, substance use, child safety, housing and financial concerns.

## 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 in. This was primarily due to the very limited availability of culturally safe care. Between 2011 and 2016, the proportion of Indigenous Elders living in SEQ grew by 77% (65+ cohort). This is much higher than the equivalent national Indigenous Elders growth rate of 45% and the national non-Indigenous growth rate of 20%. It was in response to this population growth and need, that IUIH has pioneered new access and care pathways (including expanded services) for Indigenous Elders.

IUIH is providing supports to 3,278 Elders across the South East Queensland, Wide Bay and Sunshine Coast regions - with IUIH now considered to be the largest community-controlled provider of community aged care supports in Australia. Services provided include the Commonwealth Home Support Program (CHSP), Regional Assessment Service (RAS)

and Home Care Package (HCP) programs. Under a nationally acclaimed best practice approach and from the premise that 'every door is the right door', Elders have access to a fully integrated model of care that supports seamless access to primary health, aged care and disability services. A critical component of this navigated journey has been the creation of culturally supportive access and assessment pathways to address major barriers to accessing mainstream aged care and disability services. IUIH was invited by the Royal Commission into Aged Care Quality and Safety to articulate how this integrated care model could assist to shape systematic reforms being considered by the Commissioners to better support Indigenous Elders on a national scale.

Since May 2020, IUIH has been able to provide additional supports to its aged-care clients through relaxed flexibility provisions introduced by the Australian Government to minimise the impacts COVID-19. Additional to the national IUIH-led

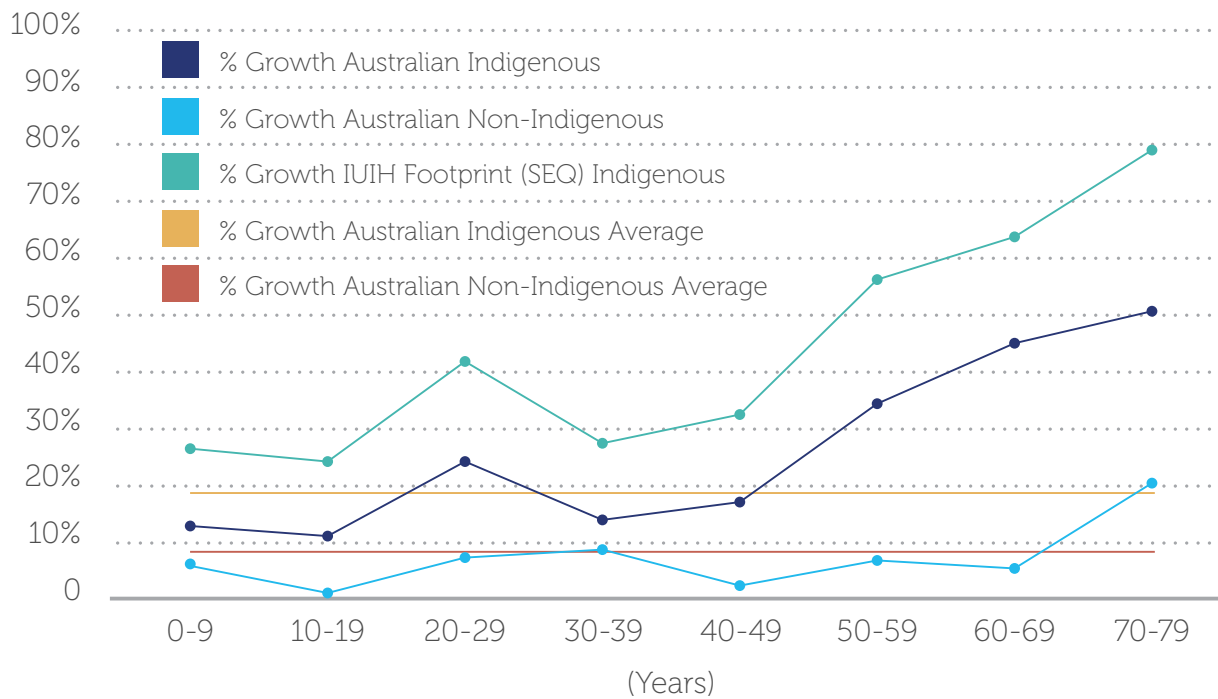
COVID Elders Response referred previously, this important measure has allowed IUIH to maintain engagement through the delivery of welfare checks, meals and information. Elders have highlighted the importance of this service, and a continued need for these supports beyond the COVID-19 period.

Key achievements in 2019/20 include:

- ✓ 402 new aged care clients
- ✓ 256 Home Care Packages were delivered (123% increase from 2018/19)
- ✓ 58% of IUIH's community aged care staff identify as Aboriginal and/or Torres Strait Islander, all of whom are trained by IUIH to Certificate 3 level training under IUIH's award winning Deadly Jobs training strategy

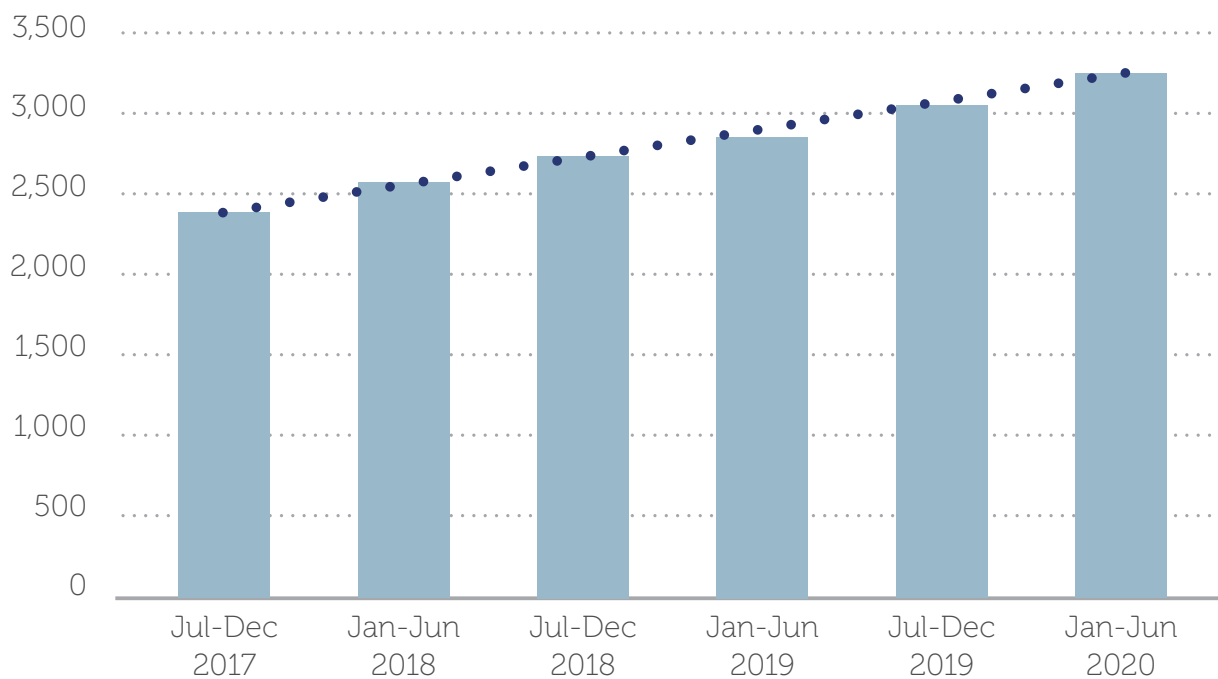
## Population Growth by Age, Indigenous Status, Region

(Source: ABS 2016 Census)

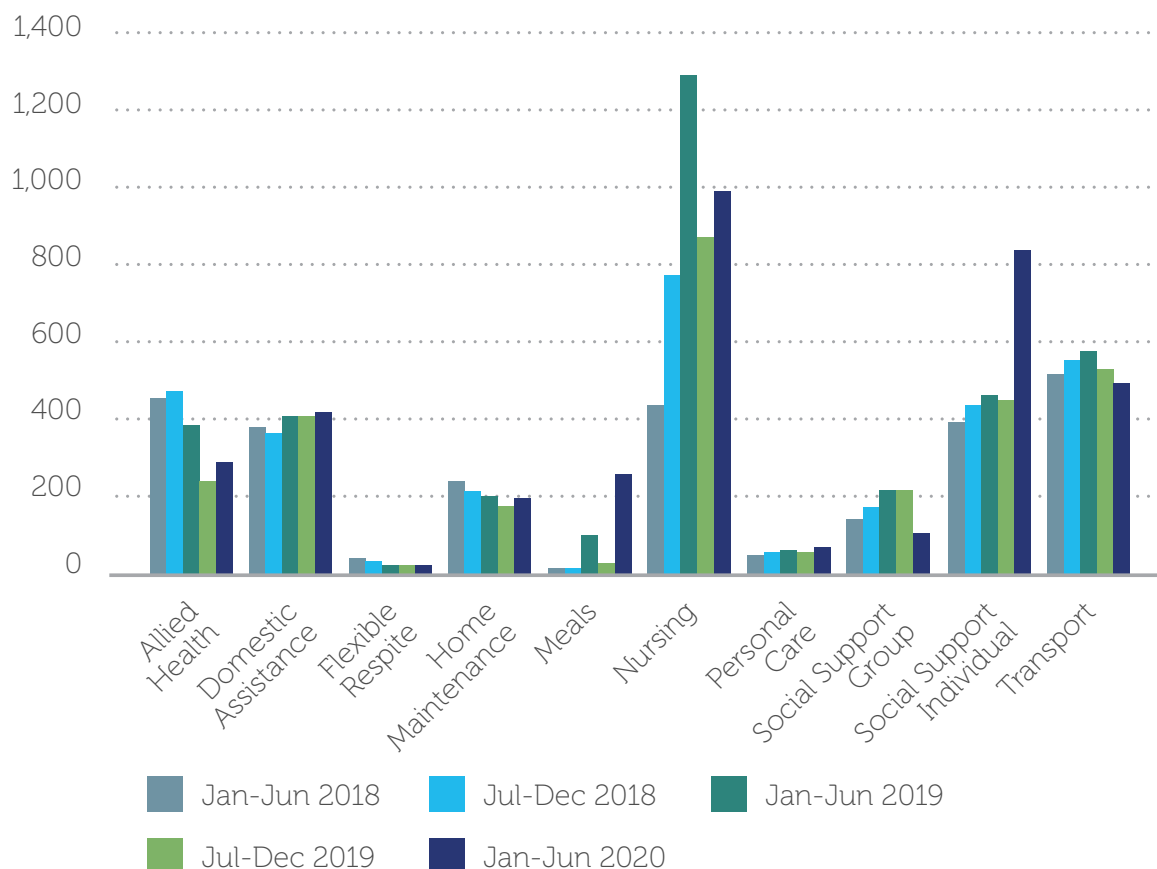


## Growth in IUIH Indigenous Aged Care Clients

(SEQ, Wide Bay and Sunshine Coast)



## IUIH Aged Care Clients – Service Use by Type



## Senior Indigenous Games

The *Senior Indigenous Games Program* is focused on Aboriginal and Torres Strait Islander people aged 50 years and over. The games are modified to accommodate players reliant on wheelchairs and walking frames. Participants must be registered with their local ACCHS who promote the games, recruit the players and supply transport for those who do not have access to their own. In 2019/20, the program was delivered in SEQ, Mareeba, Cunnamulla, Charleville and Mt Isa. The games are a fun way of ensuring our Elders remain physically active and socially connected.

**In 2019/20, 40 Senior Indigenous Games were held with a total of 535 participants**



## Disability Services

### ***NDIS Pilot Project of National Significance***

In April 2019, the National Disability Insurance Agency (NDIA) funded IUIH to conduct a National Disability Insurance Scheme (NDIS) Pilot Project of National Significance (NDIS Pilot). The purpose of this NDIS Pilot was to trial Indigenous-designed and delivered Access and Plan Development pathways into the NDIS for Aboriginal and Torres Strait Islander people with a disability in SEQ – pathways which would run in parallel to the NDIA's 'mainstream' Local Area Coordination and Early Childhood Early Intervention partners. Importantly, the NDIS Pilot was aptly ascribed as

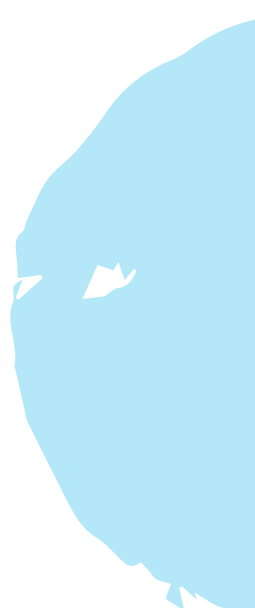
having 'nationally significant' objectives, namely, to build the requisite evidence to reshape NDIS program architecture so that the needs of Aboriginal and Torres Strait Islander people with disabilities across Australia could be systematically supported in an accessible and culturally safe manner. Data supplied by the National Disability Insurance Agency highlights that the NDIS Pilot was showing astonishing results, achieving 3 times better 'access met' rates (89% of participants) and 10 times better 'plan approval' rates (74% of participants) than usual pathways.

#### ***In 2019/20, the IUIH NDIS Pilot resulted in:***

- **324 individuals assessed for NDIS eligibility**
- **271 plans submitted and approved by the NDIA**
- **An additional 159 plans prepared and awaiting decision**
- **An additional 211 individuals indicating interest in having their eligibility assessed**

### ***Disability Service Provision***

For clients who are deemed ineligible for NDIS, but still require low-level assistance, IUIH offers an access pathway to the Queensland Community Support Scheme (QCSS). As at 30 June 2020, 1049 clients had received support through the QCSS. In June 2020, IUIH achieved accreditation under the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission. As an NDIS provider, IUIH is now developing an implementation strategy to commence NDIS service delivery across the Moreton Bay region in 2020-21.



## **NDIS Pilot Project of National Significance**

### **– Jerry's Story**

*Jerry\* is five years old and has a diagnosis of Autism Spectrum Disorder - Level 2. Jerry's family had only been able to access a limited amount of allied health services through local clinics, but more support was required to meet Jerry's needs. Jerry's mum had significant concerns for Jerry. He still wore nappies, displayed aggressive behaviours towards his peers at day-care, and would not sleep in his own bed - sometimes not going to sleep until 2am. Jerry was also not able to sit down and eat with the family, and mum had to prepare separate meals for Jerry. The biggest concern for Mum was that Jerry was non-verbal.*

*The NDIS Pilot project team supported the family to access the NDIS for Jerry to ensure all of Jerry's support needs were considered to create his first NDIS plan. Through his NDIS funding, Jerry now receives intensive therapies (speech, OT, psychology) weekly. Remarkably, after 7 months, Jerry is now using the toilet independently, sleeps in his own bed with his new cuddly companion, and with the use of visual aids is now using words to communicate with his educators and family members. Jerry has also learned ways to help himself cope when he is feeling angry and annoyed, and this has reduced his aggressive behaviours towards others. Jerry is also now able to sit and eat a meal with the family, and he will eat what the rest of the family is eating. Mum is thankful for the NDIS project that has supported her to access the NDIS, so that Jerry can access all the supports he needs.*

*\*Name changed to protect privacy*





# Universal Services and Programs

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# Promotion and Prevention: Deadly Choices

## Community and Sporting Events

In 2019/20, the Deadly Choices team conducted alcohol, drug and sugar free community and sporting events at which healthy lifestyles and the importance of regular contact with health services are promoted. Due to the COVID-19 outbreak and subsequent social distancing mandates, no large scale events were held from March to June 2020. To combat this, our Deadly Choices team worked closely with IUIH's Communications and Marketing team to facilitate large scale events and activities online via Facebook Live. One prominent example of this was World No Tobacco Day. Conducted through Facebook Live, with a number of special panel guests including Professor Tom Calma (National Coordinator), *Tackling Indigenous Smoking*, Quitline, Deadly Choices Ambassadors, community members and all Deadly Choices Queensland consortium members, participants spoke about their own personal experiences with tobacco smoking and how it has affected their lives directly and indirectly.

### Key Deadly Choices events 2019/20

- **Launch of DC Fit with Minister for Heath, the Hon Steven Miles MP**
- **Deadly Choices Golf Day**
- **Deadly Origin – Deadly Maroons and Deadly Blues**
- **Murri Carnival and Junior Murri Carnival**
- **The Long Walk**
- **Murri Touch Carnival**
- **Little Deadlies Days Out (Rockhampton and Townsville)**

**The Deadly Choices World No Tobacco Day Facebook Live panel discussion attracted 24,297 people across Australia and New Zealand.**

Events – SEQ	No. of Events	No. of Participants – SEQ
Camps – Junior & Senior	4	270
Local Community/Sporting Events	11	1030
Regional Events	12	n/a
Events – Outside SEQ	No. of Events	No. of Participants – Outside SEQ
Camps – Junior & Senior	2	74
Local Community/Sporting Events	55	3248
Regional Events	19	n/a



## **Tobacco Education Program**

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

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

### **Key Statistics – Deadly Choices Tobacco Education Program 2019/20 – South East Queensland**

Number of DC Tobacco Education Programs delivered	31
Number of participants completing DC Tobacco Education program	292
Active Tobacco Champions across SEQ	TBC
Tobacco Stalls held	719
Tobacco Stalls participants	4423
Smoke Free Pledges signed	2989

### **Key Statistics – Deadly Choices Tobacco Education Program 2019/20 – Outside South East Queensland**

Number of DC Tobacco Education Programs delivered	74
Number of participants completing DC Tobacco Education program	604
Tobacco Stalls held	1064
Tobacco Stalls participants	6227
Smoke Free Pledges signed	5124



## Deadly Numbers



# Integrating and Coordinating Care

## IUIH Connect Plus

The *IUIH Connect Program* has been delivered in the Brisbane north and south regions since 2013. The program provides a single point of contact for individuals, carers, families, community members and service providers who require assistance in identifying available health, social and other services for Aboriginal and Torres Strait Islander clients and their families.

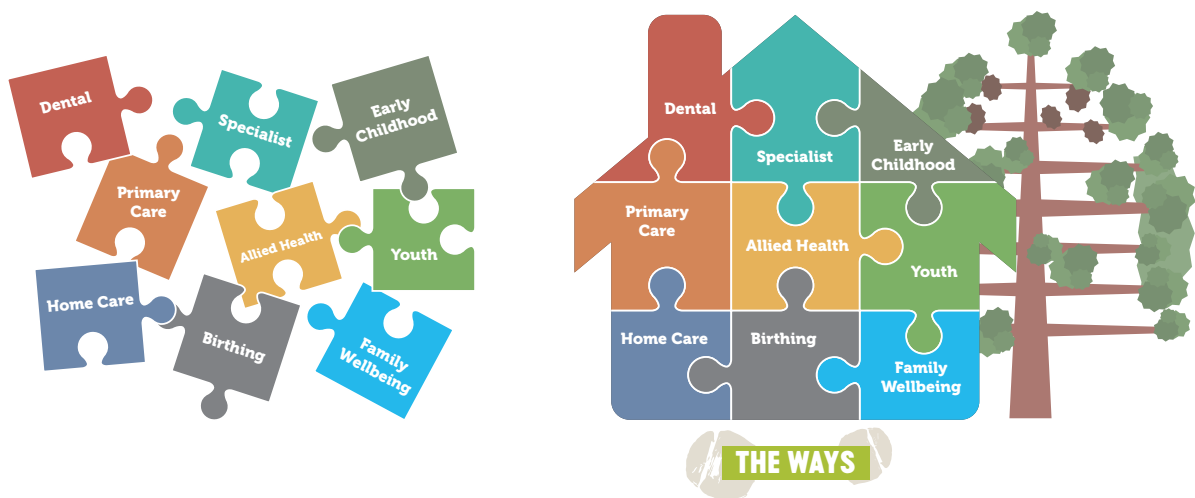
In June 2020, Queensland Health provided additional funding to support delivery of the IUIH Connect Plus program as part of the critical response to the health, economic and social impact of COVID-19 in South East Queensland. This funding enabled the program to expand operationally by offering a 7am to 7pm, 7 day a week service accessible through an 1800 number and geographically to the West Moreton and Gold Coast regions. The *IUIH Connect Plus team* provide rapid assessment, triage and connection for Aboriginal and Torres Strait Islander clients and their families to services and support including transport to medical appointments, food parcels or meals, medical aids and household supplies.

By working closely with Queensland Health, Primary Health Networks, Community Controlled Health Services (CCHSs), and mainstream general practices and community-based social support services, the *IUIH Connect Plus team* provided a total of 3,039 occasions of service from 531 referrals and 1,020 funding requests in 2019-20.

**1,020 Funding Requests**

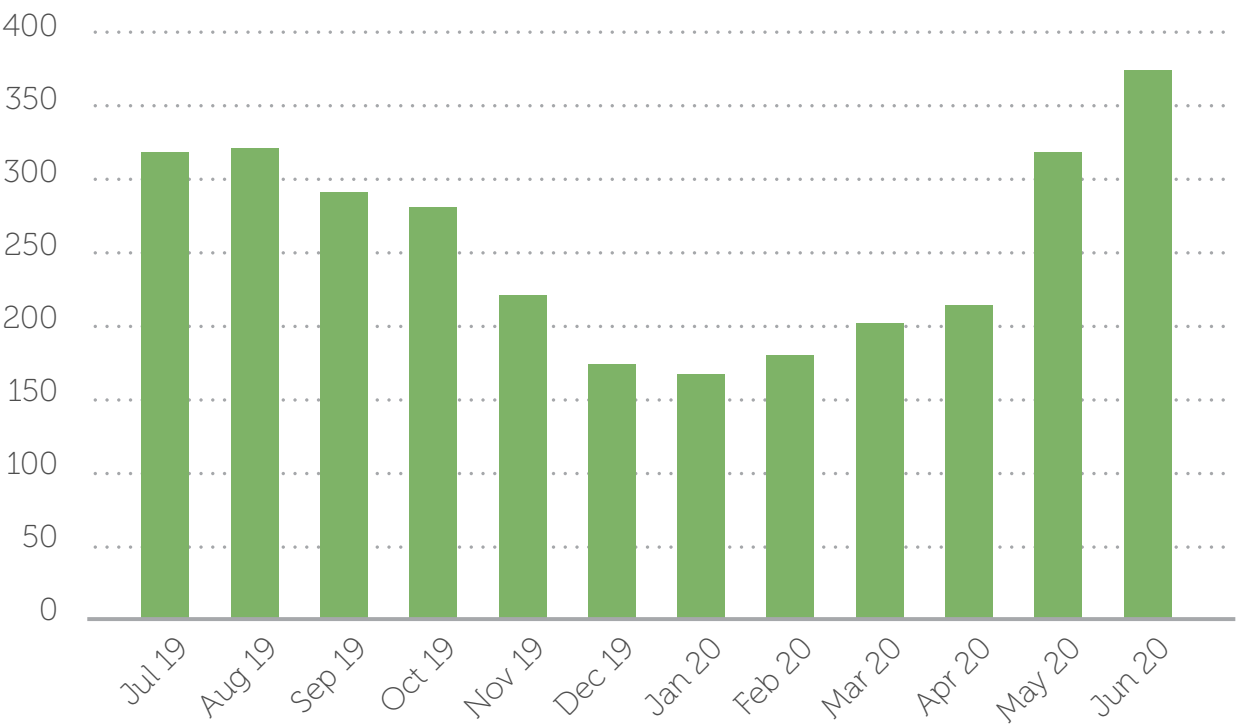
**255 Referrals from the  
Queensland Police  
Service**

**276 Referrals from  
Hospitals / Community**





*IUIH Connect Plus Occasions of Service, July 2019-June 2020*



## **IUIH Connect Plus: Uncle Jay's Story**

*Uncle Jay\* is a 68-year-old male with end-stage kidney disease. He attends the Royal Brisbane and Women's Hospital (RBWH) three times a week for dialysis.*

*Uncle Jay received a notice from the Queensland Civil and Administrative Tribunal (QCAT) giving him 7 days to respond to the suggestion that he was no longer able to make healthcare decisions for himself. This caused Uncle Jay considerable confusion and distress. Uncle Jay sought the advice of the Indigenous Hospital Liaison Service at the RBWH which, with his agreement, referred Uncle Jay to IUIH Connect Plus.*

*On receipt of the referral, the IUIH Connect Plus team collaborated with multiple stakeholders and connected Uncle Jay with the:*

- IUIH Community Legal Service who represented him at the court hearing which resulted in the QCAT notice being dismissed*
- Department of Housing for safe and affordable housing options, as Uncle's previous living arrangements were unsafe*
- Case conferences and planning for ongoing support services and strategies (eg advocating for and assisting Uncle to attend the ATSICHS Northgate clinic and ensuring his ongoing connection with the RBWH Indigenous Hospital Liaison Services).*

*This assistance was provided by IUIH Connect Plus over seven days and an ongoing plan of support was developed with the involvement of the range of stakeholders that would be involved in Uncle Jay's care and implemented within two weeks from referral.*

*Uncle Jay is not on a health order now and is continuing his health journey with support from a range of hospital and community services coordinated by the IUIH Support Plus team. He continues to make his own decisions regarding his healthcare.*

*\*Name changed to protect privacy*

## Integrated Team Care Program

The Integrated Team Care Program comprises the Australian Government funded *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 south regions.

The IIAMPC team support these practices by providing them with information and support on IUIH services, Close the Gap scripts and Primary Incentives Program Indigenous Health Incentive, assisting clients with transport

to and from medical appointments and delivering the *Turning good intentions into culturally safe practice: Working effectively with Aboriginal and/or Torres Strait Islander people* training.

In the 2019-20 financial year, the IIAMPC team provided 1,221 transports, assisted 596 clients to attend medical specialist appointments, provided 1,701 follow up calls to clients and service providers and assisted 116 clients with medication drop-offs. In response to COVID-19, the IIAMPC team has assisted with food assistance deliveries.

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

**In 2019/20, 15,095 Medical Aids were provided to a total of 2,631 CCSS clients.**

### Brisbane South

- ✓ 1,074 phone follow ups with clients
- ✓ 738 transport occasions of service
- ✓ 276 medical specialist appointments

### Brisbane North

- ✓ 627 phone follow ups with clients
- ✓ 483 transport occasions of service
- ✓ 266 medical specialist appointments

## Pharmacy Service

In 2019/20 an additional clinical pharmacist was added to the team, now consisting of a Senior Pharmacist, 2 FTE Pharmacists and a Pharmacy Support Worker. The team provides support across the IUIH Network to build a high level of access, knowledge and confidence throughout our workforce, as well as amongst clients and community, in the safe and effective use of medicines.

With the advent of COVID-19, pharmacy activity continued, but moved into virtual mode during periods of greater COVID-19 restrictions, including conducting case conferences through telehealth and liaising with clinic workforce through video-conferencing. Paradoxically, Home Medicine Review completion rates

**increased by a total of 63%** (101 completed) for the region and this is a testament to the efforts of our clinical pharmacists and pharmacy support worker.

IUIH Pharmacy also played a key role in contactless medication supply logistics for the five IUIH Network COVID-19 Respiratory Clinics, including: ensuring all clinics had arrangements for supply of medicines to clients and were well stocked with essential impest medications (particularly when medication shortages became apparent); sourcing and distributing a record number of influenza vaccines; and directly assisting members of community with medication supply issues. IUIH Pharmacy also managed to source a compassionate supply of 400 asthma inhalers when these were unavailable nationally.

**In 2019/20, 15,644 influenza vaccinations were provided to clients.**



# Enabling Services and Programs

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## IUIH Community Legal Service

Throughout 2019/20, IUIH Legal services continued to support and provide high quality legal advice, access to appropriate referral pathways, drafting of legal documents, advocacy and representation. The team supported 200 new referrals in 2019/20 securing positive outcomes for clients in matters pertaining to:

- family law and divorce
- child safety
- domestic violence
- tenancy and other housing issues
- debt

Positive outcomes include:

- ✓ family reunification
- ✓ family safety and stability
- ✓ financial stability
- ✓ educational growth and legal savviness.

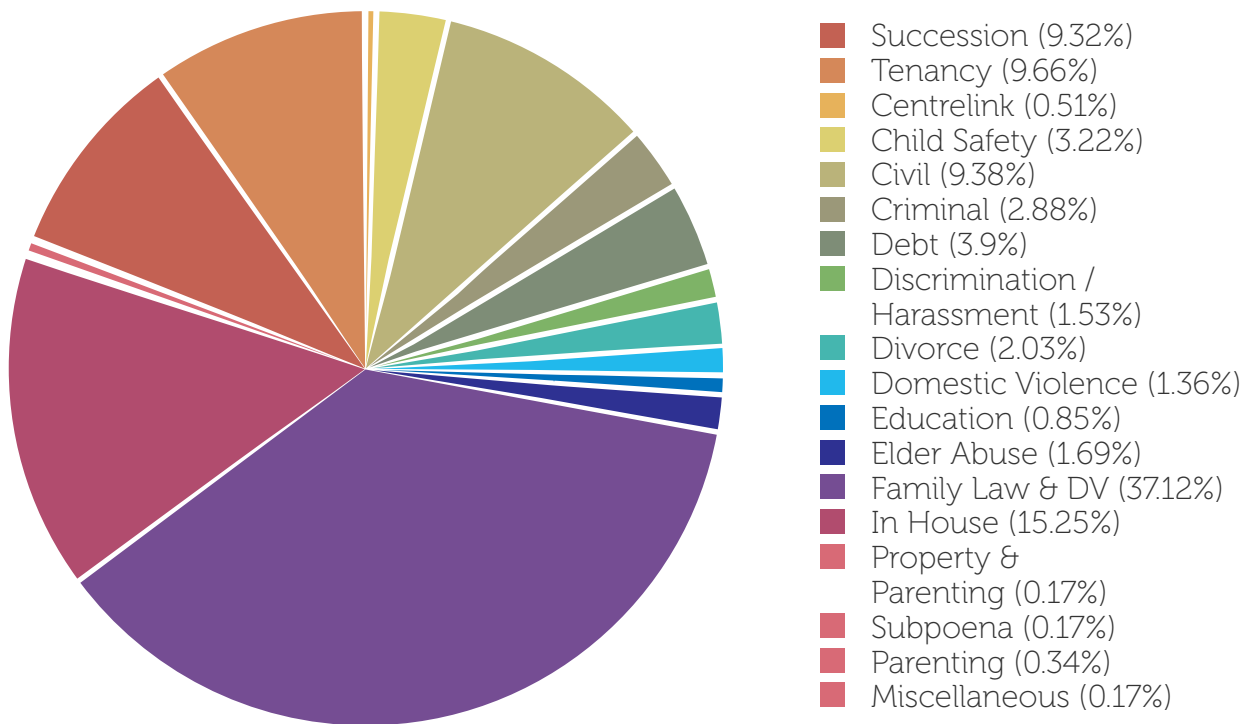


*"It's a great pleasure to know that our Indigenous peoples have such dedicated, caring, informative and professional workers in the field of Health and Justice. I have recently had experience with the Justice Team [at IUIH] and can only describe them both as above. Thanks ladies"*

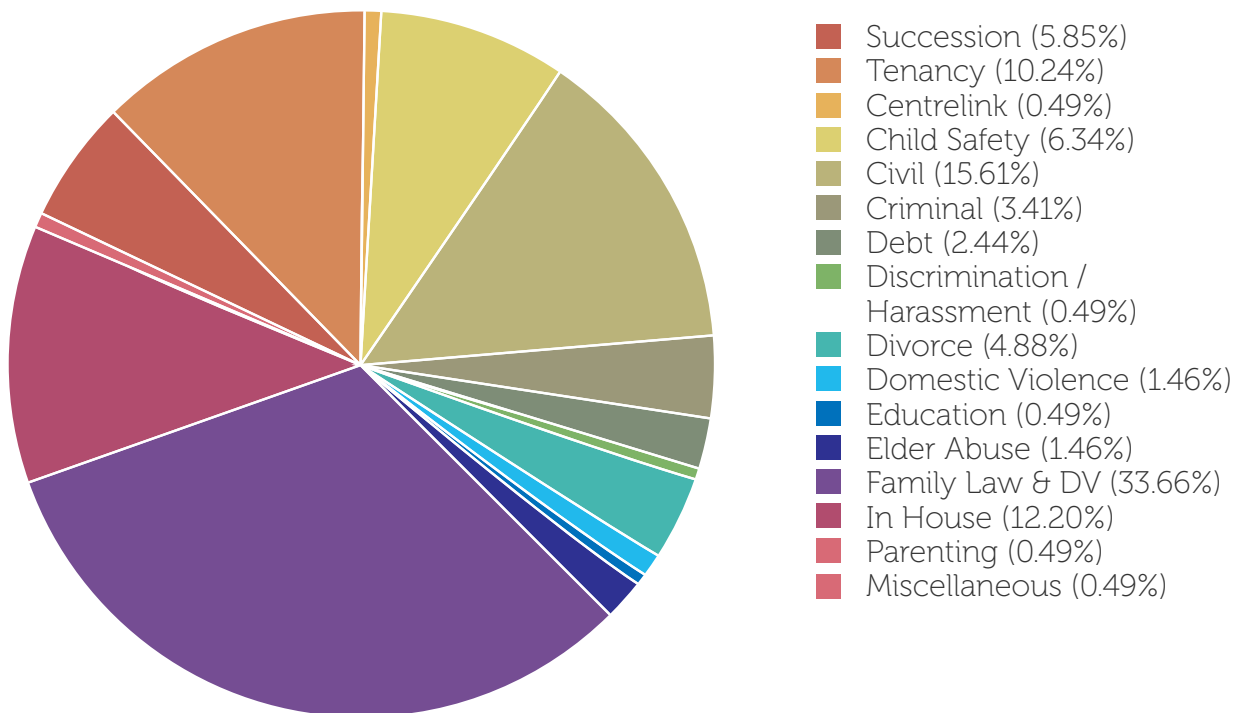
IUIH Community Legal Service client



### Client Consultations 1 July 2017 to 30 June 2020



### Client Consultations 1 July 2019 to 30 June 2020



# Continuous Quality Improvement

CQI is now established across the Network with clinical teams meeting regularly to discuss anonymised quantitative data gathered from the electronic health record system alongside feedback gathered from quality assurance systems and processes.

The development of a data warehouse and clinical dashboards has improved the ability of managers and teams to benchmark performance, set targets, track progress and reliably measure outcomes.

In 2020 IUIH member services participated in their first Organisational Clinical Governance Health Checks. Under the auspices of The Regional Clinical Governance Committee, senior clinicians were invited to conduct structured reviews of clinical quality and safety designed to identify and share examples of best practice across the network and highlight areas for improvement.



## CQI Facilitation and Team Activation

A small team of facilitators, comprising data analysts, MMEX trainers and medical educators, delivers monthly online CQI sessions for clinical teams across the network. These meetings create an inter-professional environment for learning and sharing best practice.

During 2020 rapid adaptations have been required to maintain service delivery during different phases of the pandemic. Telehealth,

physical distancing, use of personal protective equipment (PPE) and respiratory assessment clinics have been incorporated into clinical practice by implementing the IUIH COVID-19 Pandemic Toolkit. In such an environment, continuing to deliver screening activities and preventive health checks has proved challenging. The role of CQI facilitators includes maintaining focus, encouraging leadership, fostering teamwork and celebrating success.

## Research and Data

A strong research program has continued to support IUIH's strategic goal of building the evidence base for Aboriginal and Torres Strait Islander healthcare. A number of research projects continued or were initiated during 2019/20:

### ***IUIH System of Care***

A mixed methods evaluation of the new Hub/Pod model which is exploring the feasibility of predictive risk modelling to support home support prioritisation for people with high risk chronic conditions.

### ***Deadly Choices evaluation***

A full evaluation framework was finalised for all Deadly Choices activity, including the state-wide evaluation of the *Tackling Indigenous Smoking* program, and school-based Deadly Choices education programs.

### ***Social Health***

IUIH is participating in an NHMRC project led by the South Australian Health and Medical Research Institute which is examining novel interventions to address methamphetamine use in Aboriginal and Torres Strait Islander communities. IUIH has also developed an evaluation framework and protocol for the Family Wellbeing Service (FWS).

### ***Sexual and reproductive health and blood borne viruses***

Research initiatives in 2019/20 include:

- Evaluation of a new telehealth supported model of care for patients with Hepatitis C
- Qualitative interviews with Aboriginal and Torres Strait Islander patients that inject drugs from the perspective of Hepatitis C acquisition and treatment
- Systems for improved surveillance and quality improvement in sexual and reproductive health services led by the South Australian Health and Medical Research Institute
- Overcoming barriers to accessing hepatitis C Direct Acting Antiviral (DAA) treatment in primary care: a continuous quality improvement approach
- Aboriginal and Torres Strait Islander Hepatitis B Health Promotion Project (The Hep B Project)

## **Workforce Development – student and postgraduate research**

In 2019/20 research projects included:

- Assessing the effectiveness of an Indigenous health placement in developing a student's reflective skills and cultural responsiveness
- Impact of student placements in urban Indigenous health settings on student's perceptions and intent to work



## **Data Systems**

In 2019/2020 the integration of data intelligence into clinical workflow, management and decision-making was further developed throughout the IUIH network. The IUIH data warehouse became operational, providing a usable source of up-to-date, regional information about the healthcare services provided across the IUIH Network. Attention has now turned to building a suite of data dashboards and reports that will provide access to up-to-date information by authorised

staff, reducing time spent waiting for required information and supporting evidenced-based decision-making throughout the network. To optimise this process, all IUIH business units have been undertaking a 'data discovery' mapping process, which has involved identifying their data needs for reporting, planning and delivery of services. This process will ensure all dashboard content is produced in an effective and optimal way, allowing maximum impact of the service to users.

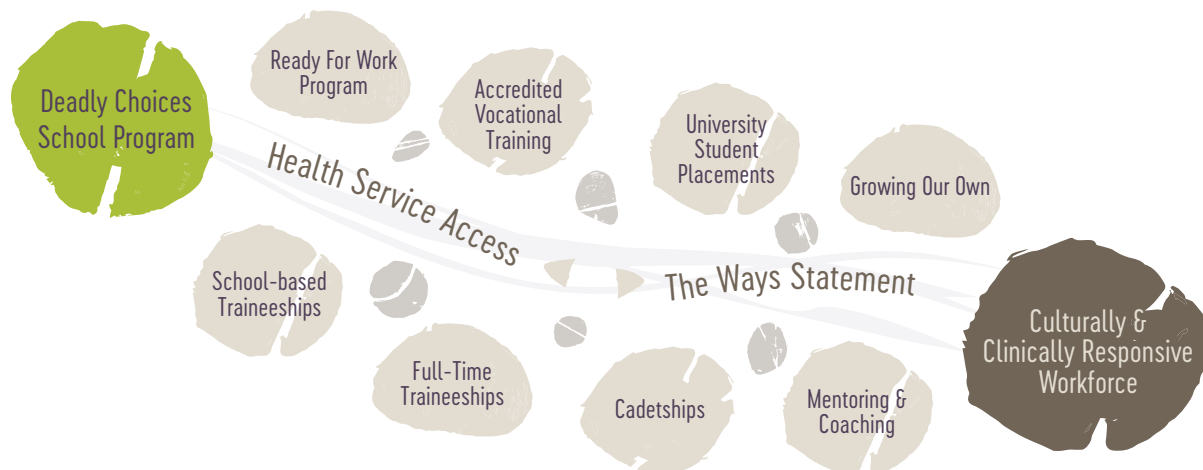
# Organisational Development

## Establishment of the IUIH Training Academy

In January 2020, IUIH partnered with Indigenous Allied Health Australia (IAHA) to establish an Aboriginal and Torres Strait Islander Health Academy in South East Queensland. Expanding on the delivery of IUIH's school-based traineeships in Allied Health Assisting, the Academy enables the creation of pathways into employment and further education. Through IUIH's System of Care and holistic approach to health, the Academy targets participants who face significant barriers to learning and employment in order to address this significant social determinant of health, with wraparound support, case management and mentoring provided to each trainee. Twenty trainees will be recruited in 2020 with an additional 20 in 2021.



### IUIH's workforce pathway



### **School-based traineeships: Shakira's story**

*Shakira started her journey as an Allied Health Assistant School-Based Trainee in May 2018. Along Shakira's traineeship journey she faced many challenges of juggling work, life and school and overcame many barriers to stay engaged with her traineeship. With the wrap around support of IUIH's mentoring and training team, as well as strong connections with Shakira's teachers at The Murri School, Shakira successfully graduated from year 12 in 2019 and completed her traineeship early 2020. Shakira's growth and development through her traineeship has resulted in permanent employment with IUIH.*

### **Trainees and Training**

Through partnerships with universities, registered training organisations and the Department of Employment, Small Business and Training (DESBT), the IUIH has developed a workforce pathway.

#### **In 2019/20:**

- **IUIH supported 3 full-time traineeships (2 x Cert III Allied Health Assistance and 1 x Business/Optical Assisting)**
- **69 students enrolled in a Cert III Individual Support, Early Childhood Education Support or Business, supported by the Department of Small Business and Training's Skilling Queenslanders for Work Program**
- **12 young people completed a Ready for Work Program supported by the Department of Small Business and Training's Skilling Queenslanders for Work Program, with 50% of these students transitioning into traineeships, employment or accredited training.**

### **IUIH's Workforce Pathway: Ebony's story**

*Ebony's journey reflects the IUIH workforce pathway and illustrates its effectiveness in supporting our mob to gain education and employment.*

*Ebony started her journey in 2018 with the Ready for Work program, which builds participants' employability and transferable skills. Participants gain knowledge and confidence to overcome any barriers and prepare for further studies and/or employment. From this program Ebony gained part-time employment as a receptionist at IUIH head office and enrolled in a Certificate III in Business.*

*The Optometry Team saw Ebony's potential and interest in furthering her studies so she was offered a traineeship to complete her Certificate III in Business as well as additional eye health units. Ebony transitioned to a trainee Eye Health Assistant in October 2019.*

*Ebony applied her knowledge of working on reception to increasing her skills and ability at clinics with the eye health team. Her confidence grew and she powered through the Business component of her course, achieving her Certificate III in Business qualification in February 2020.*

*Due to finish her Eye Health units in September 2020, Ebony has not let COVID-19 stop her reaching her goal and is once again applying her experience and knowledge to both her administration and eye health role, continuing to gain confidence and grow other school based trainees that shadow her in her role.*

Not de-identified - In Ebony's words



## **Traineeships: Tamika's story**

*Tamika left school when she was 13 years old, did home schooling for one year and then worked on farms. She had been in an abusive relationship and became depressed, eventually turning to drugs and alcohol. She became so reliant that she wasn't getting her oldest daughter to school and ultimately had her daughters taken out of her care and put into the care of their father. Tamika's life snowballed out of control; she got evicted from her home, lost her driver's licence and her car. She moved back to her Dad's place and started to get things back on track.*

*IUIH's Social Health Team suggested that Tamika enrol in a Ready for Work program and through that program she applied for a Traineeship. The strong relationship that she had with her grandmother and years of spending time with her in an aged care facility made Tamika decide she wanted to study aged care and disability. Tamika was successful in gaining a traineeship in Certificate III in Individual Support with the IUIH. She says: "Being in this program, I felt I belonged and felt culturally safe. I did not feel judged. There were many people to support me on my journey".*

*Because of the traineeship Tamika was able to see her children for a week out of each fortnight. Her mental health improved, even though the anxiety is still there at times. She was able to apply for a rental place and have stable accommodation for her daughters. This was her constant motivation - "to keep working and provide for my family". Tamika said "It was so important to get up every day, and work hard on my studies, although my self-doubt constantly told me" I can't do this, It's too hard." I didn't want to go back to being a deadbeat. I think what really helped was the fact that I had IUIH mentors to support me, a trainer to remind me that I can do it, that the words in my head 'might not be true' but there was not only the educational support but getting my P's back, saving to get my licence and a car. I would not have been able to work towards these if I did not change my bad habits. I had to create new habits and my new habits were attending work and completing my studies. The IUIH mentor helped me look for and apply for housing and I had staff that could referee for me on the rental applications. Others in the study program supported me, provided me with encouragement and lifted my spirits up when I felt I could not do something."*

*Tamika has always wanted to own her own home and she is a step closer to seeing that goal achieved. She wants to continue to provide for her children and show them that you do not have to rely on government. She wants to work hard and continue to support her Elders and keep them strong in the community. She wants to continue to better herself and would like to go on and study Nursing.*

*"In this VET journey I could see some light at the end of the tunnel and people around me who constantly reminded me to keep focused on what was important," Tamika said.*

## Growing Our Own Workforce

IUIH has continued to roll out its **Executive Development Program** across the IUIH Network with 14 participants completing and an additional 23 participants continuing. With COVID-19, this program was re-configured to enable virtual attendance with positive feedback from participants and presenters. The IUIH has also piloted an intensive First Year program, designed to support staff in their first year of employment, particularly those newly graduated, into the workforce. The program features an inter-professional approach and brings together allied health, GP Registrars and clinical leaders. IUIH has also expanded its e-learning offerings in 2019/20 with several bespoke training packages developed to support staff in understanding and growing in their role.

## Medical Education

GP registrars remain an important part of our current and future medical workforce. 12 GP registrar placements have been delivered by IUIH and member services during 2020. Disruption to the AGPT program due to COVID has meant some registrars joining next year's cohort to complete their training.

*"I have become more culturally aware when working with Aboriginal and Torres Strait Islander people. Definitely had the best support by the staff and overall enjoyed my whole experience."*

University student on placement at IUIH

## University Engagement and Student Placements

The IUIH continued to provide student placements for a large number of students in 2019/20, adapting where possible to virtual offerings once COVID-19 impacted, with a total of 375 student placements completed.

In recognition of the partnership IUIH has with The University of Queensland, a team of collaborators was awarded an Australian Award for University Teaching in the category of Awards for Programs that Enhance Learning by Universities Australia. The award recognised the outstanding contribution to the quality of student learning and experience in higher education, leadership in educational partnerships and collaborations and commitment to innovation and quality teaching.

### In 2019/20:

- **375 student placements completed**
- **87% of students reported satisfaction with their placement experience**
- **20 different IUIH staff delivered 28 lectures across 4 universities (UQ, QUT, ACU, Griffith)**

	<b>Semester 2, 2019</b> <i>Attended Placement</i>	<b>Semester 1, 2020</b> <i>Attended Placement</i>	<b>Semester 2, 2019</b> <i>Cancelled placement due to COVID-19</i>
Architecture		90	6
Audiology	1	1	2
Business/Commerce	5		1
Counselling	1		1
Dentistry/Dental Research*	9	3	6
Diabetes Education	1		
Exercise Physiology	5	1	
Health Sciences/ Public Health	8	3	
Human Services	1		
Law		1	
Medicine	3	47	2
Nursing/ Midwifery	10	4	2
Nutrition & Dietetics	6	1	
Occupational Therapy	118		2
Optometry	1	2	1
Pharmacy	1		
Physiotherapy	1		3
Podiatry	3	2	6
Political Science	1	3	1
Psychology	3	2	
Speech Pathology	2		2
Sports Coaching	10		
TAFE/ VET/ RTO*	19	5	
Research Students	1		
<b>Total</b>	<b>210</b>	<b>165</b>	<b>35</b>

# Corporate Services

## Human Resources

	19/20	18/19	17/18	16/17	15/16	14/15	13/14	12/13	11/12	10/11	09/10
Number of employees	655	621	572	457	412	313	210	142	57	29	7
Percentage of employees identifying as Aboriginal and/or Torres Strait Islander	49.2%	48.8%	48%	51.2%	49.4%	52%	56%	60%	-	-	-

## Information and Communication Technology

System Users	<b>1,672</b>
MMEX Users	<b>830</b>
IT supports provided	<b>23,836</b>

## Quality and Compliance

Topic	2019-20
CQI	392
Compliments	471
Internal Audits conducted	247
Standards (Re-certifications)	<ul style="list-style-type: none"> <li>• ISO 9001:2015</li> <li>• HSQF – Family Wellbeing Service and Clinical</li> <li>• Food Safety Accreditation – Zillmere and Hervey Bay</li> <li>• Clinical Accreditation (AGPAL) – Deception Bay and Strathpine clinics</li> <li>• QIP – Dental Accreditation (all sites)</li> </ul>
Standards (New certifications achieved)	<ul style="list-style-type: none"> <li>• HSQF – Mental Health</li> <li>• Clinical Accreditation (AGPAL) Margate Clinic</li> <li>• Dental Accreditation – Stradbroke Island</li> <li>• Legal Accreditation – Community Legal Centre</li> <li>• NDIS Stage 1 and 2</li> </ul>
Workplace Health and Safety	<ul style="list-style-type: none"> <li>• 192 WH&amp;S audits conducted</li> <li>• 24 fire safety checks and drills</li> </ul>

## Communications and Marketing

- ✓ 511,007 Facebook reach
- ✓ 18,100 Instagram reach
- ✓ 6,921 TikTok followers

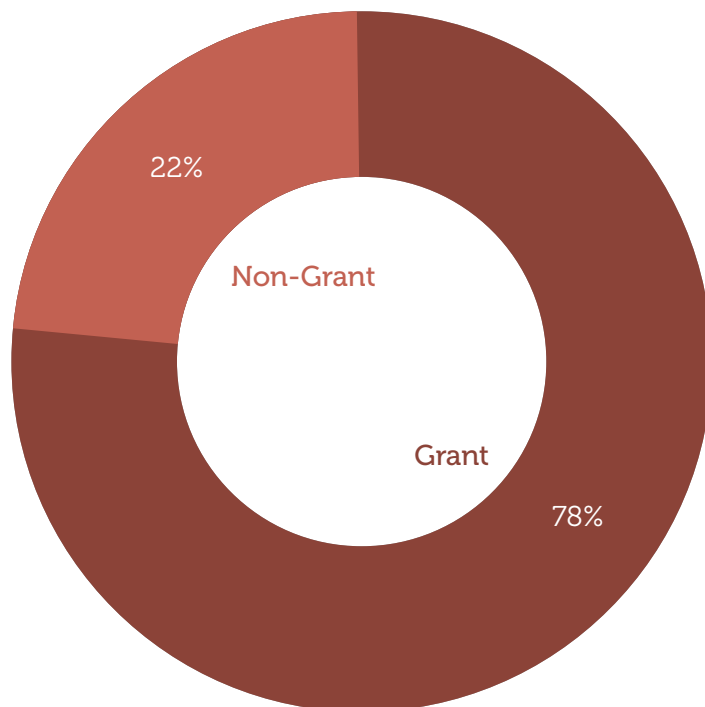
## Warehouse

- ✓ 3,125 orders processed
- ✓ 874 products available online

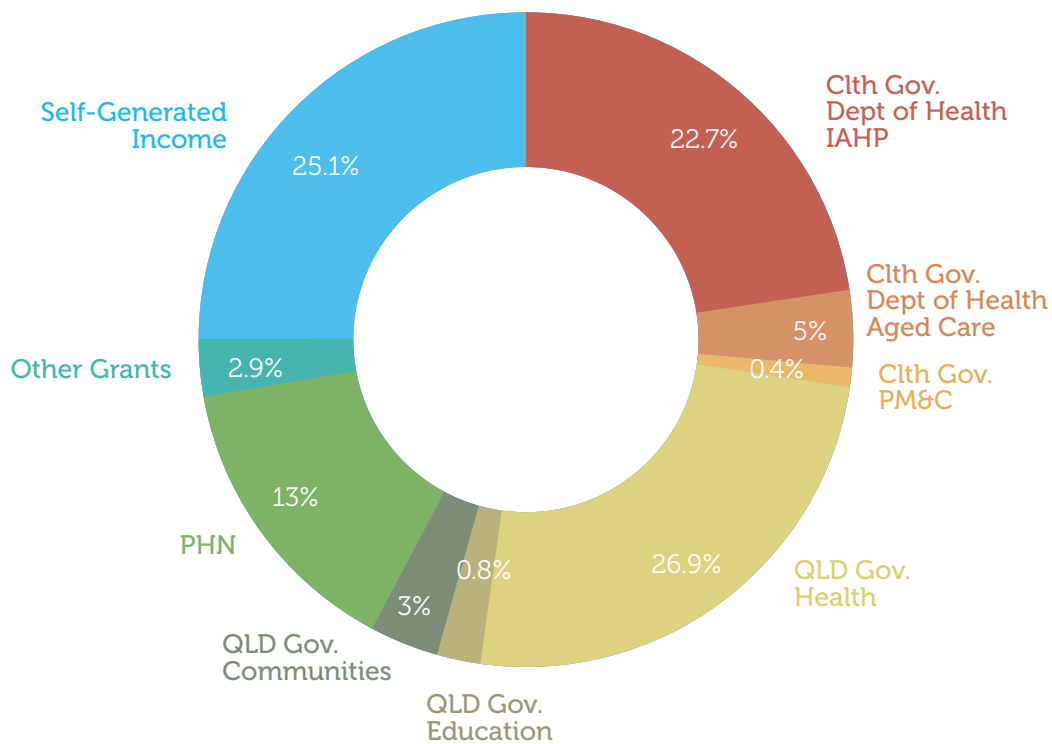
## Finance

	2019/20	2018/19	2017/18	2016/17	2015/16
Total Expenditure	\$88,485,000	\$86,489,000	\$70,836,993	\$56,003,503	\$46,964,290
Current Assets	\$21,097,000	\$12,557,000	\$13,159,295	\$14,845,195	\$13,049,861
% change	68%	(4.6%)	(11.4%)	13.8%	23.9%
Total Assets	\$48,528,000	\$31,358,000	\$27,909,064	\$28,851,251	\$21,920,138
% change	55%	12.34%	(3.3%)	31.6%	21.9%
Equity	\$24,674,000	\$20,166,000	\$17,877,844	\$17,635,483	\$14,581,900
% change	22%	12.8%	1.4%	20.9%	15.8%
Capital Infrastructure Acquisition	\$3,123,000	\$2,539,000	\$1,772,480	\$6,053,049	\$2,126,604

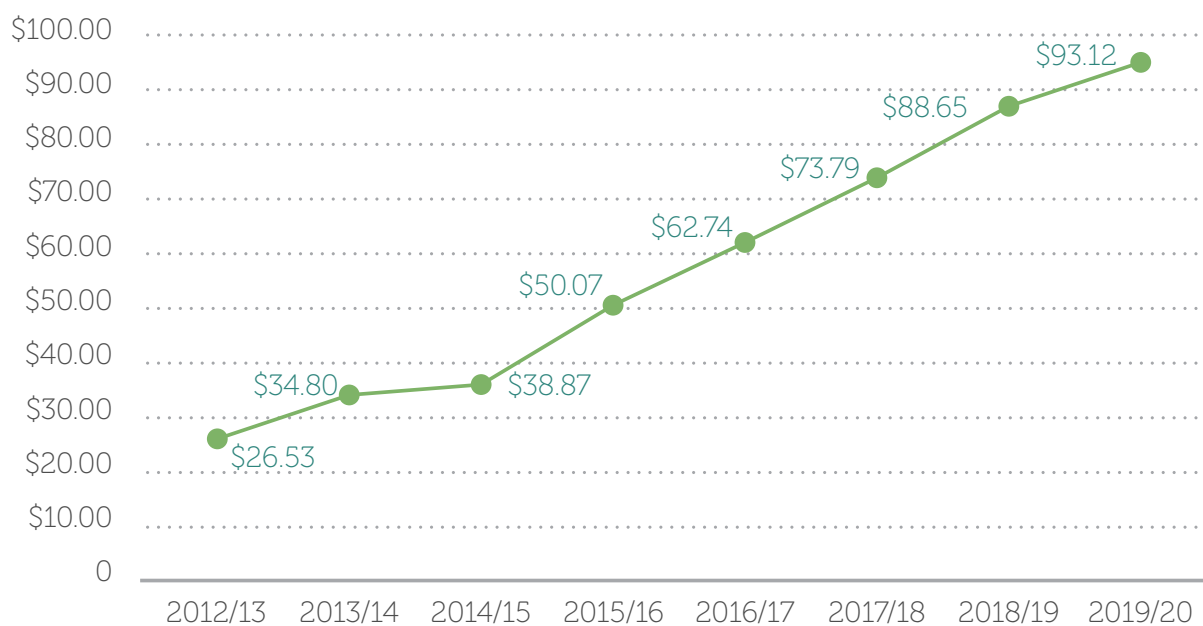
## IUIH Grant vs Non - Grant Income 2019/20



## IUIH Sources of Income 2019/20



## IUIH Total Income (\$m) 2012/13 to 2019/20



# Acknowledgements

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

- Australian Government Department of Health
- Australian Government Department of Social Services
- Australian Government Department of Prime Minister and Cabinet
- National Disability Insurance Agency
- Queensland Department of Health
- Health and Wellbeing Queensland
- Queensland Department of Communities, Disability Services and Seniors
- Queensland Department of Education
- Queensland Department of Employment, Small Business and Training
- Queensland Department of Child Safety, Youth and Women
- Department of Justice and Attorney-General
- Registry of Births, Deaths and Marriages
- Metro North Hospital and Health Service
- Metro South Hospital and Health Service
- West Moreton Hospital and Health Service
- Gold Coast Hospital and Health Service
- Mater Misericordiae Ltd
- Check-Up Queensland
- Brisbane North Primary Health Network
- Brisbane South Primary Health Network
- Gold Coast Primary Health Network
- Darling Downs and West Moreton Primary Health Network
- Wide Bay and Sunshine Coast Primary Health Network
- Central and Eastern Sydney Primary Health Network
- Fred Hollows Foundation
- Inala Wangarra Inc
- Brisbane Indigenous Media Association
- The Murri School (Aboriginal and Islander Independent Community School)
- University of Queensland
- UQ Poche Centre for Indigenous Health
- Australian National University
- Griffith University
- Charles Darwin University
- Menzies School of Health Research
- South Australian Health and Medical Research Institute Ltd
- Indigenous Allied Health Australia
- General Practice Training Queensland
- Royal Australian College of General Practitioners Ltd
- Brien Holden Vision
- Leading Aged Services Australia
- Preston Campbell Foundation
- Arthur Beetson Foundation
- JT Academy
- Victorian Aboriginal Community Controlled Health Organisation
- National Aboriginal Community Controlled Health Organisation
- Queensland Aboriginal and Islander Health Council
- Council on the Ageing Australian Ltd
- The Uniting Church – Blue Care
- Creche and Kindergarten Association Ltd
- Foodbank Queensland Ltd
- Heart Foundation Australia
- Hepatitis Queensland Inc
- Ozcare
- Alcohol and Drug Foundation Inc
- Aspire 4 Life
- Australian College of Midwives

### **Aged Care National Project Partners**

- Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd
- Kalwun Development Corporation Ltd
- Kambu Aboriginal and Torres Strait Islander Corporation for Health
- Yulu Burri Ba Aboriginal Corporation for Community Health
- Winnunga Nimmityjah Aboriginal Health and Community Services Ltd
- Wellington Aboriginal Corporation Health Service
- Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation
- Aboriginal Community Care SA
- Karadi Aboriginal Corporation
- The Victorian Aboriginal Health Service Co-operative Ltd South-West Aboriginal Medical Service

### **Deadly Choices Sporting Partnerships**

- Brisbane Broncos NRL and NRLW
- North Queensland Cowboys
- Gold Coast Titans
- Queensland Rugby League
- New South Wales Rugby League
- Parramatta Eels
- Cronulla Sharks
- South Sydney Rabbitohs
- Canberra Raiders
- Brisbane Lions Football Club
- Gold Coast Suns Football Club
- Queensland Reds
- Essendon Football Club
- Hawthorn Football Club
- Tiwi Bombers (AFL)
- Queensland Firebirds (Netball)

### **Deadly Choices Licensees 2019-20:**

- Bendigo and District Aboriginal Cooperative
- Central Australian Aboriginal Congress Aboriginal Corporation
- Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation
- Karadi Aboriginal Corporation
- Maari Ma Health Aboriginal Corporation
- Mackay Hospital and Health Service
- Mallee District Aboriginal Service Ltd
- The Victorian Aboriginal Health Service Co-operative Ltd
- Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

### **Deadly Choices Subcontract Partners:**

- Bidgerdii Aboriginal and Torres Strait Islander Corporation Community Health Service
- Galangoor Duwulami Aboriginal and Torres Strait Islander Corporation Primary Health Care Service
- Gurriny Yealamucka Health Services Aboriginal Corporation
- Mamu Health Service Ltd
- Mulungu Aboriginal Corporation Primary Health Care Service
- Wuchopperen Health Service Ltd
- Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd
- Townsville Aboriginal and Islander Health Service
- Mount Isa Aboriginal Community Controlled Health Service Ltd ( Gidgee Healing)
- Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd
- Kalwun Development Corporation Ltd
- Cunnamulla Aboriginal Corporation for Health
- Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Ltd





# Audited Financial Statement

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# **INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**

**ABN: 32 140 019 290**

**Financial Report For The Year Ended  
30 June 2020**

# **Institute for Urban Indigenous Health Ltd**

**ABN: 32 140 019 290**

## **Financial Report For The Year Ended 30 June 2020**

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# INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD

ABN: 32 140 019 290

## DIRECTORS' REPORT

The Directors of the Institute for Urban Indigenous Health Ltd (the Institute) present their report, together with the financial statements of the entity for the year ended 30 June 2020 and the Independent Audit Report thereon.

### Governing Board Directors

The following persons are directors of the Institute and have been in office since the start of the financial year to the date of this report, unless otherwise stated:

Lynette Shipway

Stella Taylor-Johnson

Kieran Chilcott

Andrew Niven

Doctor William Glasson AO

Maurice Burke

The Honourable Paul Lucas

Selwyn Button appointed on 27 November 2019

### Principal Activities

During the year, the principal activities of the Institute were the coordination of planning, development and delivery of primary health care services to Aboriginal and Torres Strait Islander people within the South East Queensland region, largely focused on detection, prevention, treatment and control of disease.

There have been no significant changes in the nature of these activities during the year. There has been minimal impact on the Institute due to COVID-19.

### Objectives

From 2017 to 2021 the Institute will direct its efforts to improving 'family wellness' across the life course, moving beyond its focus on the provision of comprehensive primary healthcare to address key social and cultural determinants of Indigenous health in South East Queensland, with a view to reduce the prevalence and severity of disease.

This shift in direction recognises both the vital contribution that education and employment outcomes, physical environments and social inclusion have on health outcomes and the Institute's significant achievements in health care delivery. The Institute will remain committed to the provision of health services, ensuring these services are family-centered and fully integrated with the range of social support services required by Aboriginal and Torres Strait Islander families.

### Strategies

To achieve these objectives, the Institute has adopted the following strategic goals:

- Improve access to quality health and social support services, through:
  - Access to primary health care
  - Integrated primary health care and social services
  - Models of coordinated care
- Build and sustain healthy families across the lifespan, through:
  - Mobilised Indigenous communities that promote health and wellbeing
  - Family centered models of care
  - Family support and early intervention services; early childhood health and education services
  - Expanding youth health services
  - Access to aged care services for Elders
  - Access to the NDIS for people with a disability
- Foster collaboration and innovation, through:
  - Expanded and new partnerships
  - Strong evidence base for urban indigenous health
  - New models of service delivery
  - Strategies that address the key determinants of health
- Strengthen enabling systems and governance, through:
  - An expanded and strengthened workforce
  - Data to support planning, development and delivery of services
  - Stronger governance of IUIH and the Network
  - Optimised revenue to support sustainability

### Information on Directors

<i>Lynette Shipway</i>	—	<i>Chairperson &amp; Director (Nominee Yulu-Burri-Ba)</i>
Qualifications	—	Dip.Bus M'ment, Assoc Dipl. Comm'ty Welfare & Indigenous Ed, Cert IV Assessing & Training
Experience	—	Nominee Director since 2011; currently Chairperson of the Yulu-Burri-Ba Aboriginal Corporation for Community Health, North Stradbroke Island, Wynnum & Capalaba
Committees	—	Chair of the Governance Committee (Remuneration & Performance Committee) and member of the Finance & Audit (Finance & Risk Management) Committee

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

<i>Stella Taylor-Johnson</i>	—	<i>Deputy Chairperson &amp; Director (Nominee Kambu Health)</i>
Qualifications	—	Certs. M'ment, Social Welfare & Community Mediation
Experience	—	Nominee Director since 2009; CEO of Kambu Aboriginal and Torres Strait Islander Corporation for Health in Ipswich; founding Director of IUIH; Director of Health Workforce Qld
Committees	—	Member of the Governance Committee (Remuneration & Performance Committee) and Finance & Audit (Finance & Risk Management) Committee
<i>Kieran Chilcott</i>	—	<i>Director (Nominee Kalwun)</i>
Qualifications	—	B.Ed, Dip M'ment, Certs IV Mental Health, Project M'ment, Bus (Governance), Assessment & Workplace Training
Experience	—	CEO of Kalwun Development Corporation Ltd; Director of Gold Coast PHN; Director of CheckUP; former chair of QAIHC
Committees	—	Member of the Governance Committee
<i>Andrew Niven</i>	—	<i>Director (Nominee ATSICHS Brisbane)</i>
Qualifications	—	B.Bus
Experience	—	Director of ATSICHS Brisbane and Senior Data Analyst, University of Queensland
Committees	—	Member of the Performance, Quality & Risk Committee and Finance & Audit Committee
<i>Doctor William Glasson AO</i>	—	<i>Director (Independent)</i>
Qualifications	—	MBBS, FRANZCO, FRACS, FRCOPHTH, FRACGP, Dip App Sci (Optom), GAICD
Experience	—	Director of Terrace Eye Centre; Consultant Ophthalmologist at various hospitals; outreach to rural Indigenous Australian populations; Director of Avant Mutual Group; Adjunct Professor - University of Queensland; past president AMA; AMA Gold Medal
Committees	—	Member of the Performance, Quality & Risk Committee
<i>Maurice Burke</i>	—	<i>Director (Independent)</i>
Qualifications	—	B.Com
Experience	—	Retired Accountant; holding several other board and Finance Committee positions
Committees	—	Chair of the Finance & Audit (Finance & Risk Management) Committee and Member of the Performance, Quality & Risk Committee
<i>The Honourable Paul Lucas</i>	—	<i>Director (Independent)</i>
Qualifications	—	B.Econ, LL.B, M.B.A, M.U.R.P, Prof. Cert Arb., National, Accredited Mediator, Cert IV Training & Assessment, Grad-CDC, F.A.I.C.D
Experience	—	Former Queensland Deputy Premier and Minister for Health; Adjunct Professor - Australian Catholic & Bond Universities; Solicitor and Urban Planner; Director of various Government, for-profit and non-profit companies
Committees	—	Chair of the Performance, Quality & Risk Committee; former member of the Finance & Audit (Finance & Risk Management) Committee
<i>Selwyn Button</i>	—	<i>Director (Independent)</i>
Qualifications	—	B.Teach, Cert Gov NFP
Experience	—	Registrar of ORIC; Director of The Lowitja Institute; Director of Qld Rugby Union; former CEO of QAIHC; former assistant DG State School Indigenous Education Dept of Education
Committees	—	Member of the Governance Committee and Performance, Quality & Risk Committee

**Meetings of Directors**

During the financial year, 12 Board and Committee meetings were held. Attendances by each director were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Lynette Shipway	11	9
Stella Taylor-Johnson	10	6
Kieran Chilcott	6	5
Andrew Niven	8	7
Doctor William Glasson AO	7	6
Maurice Burke	11	11
The Honourable Paul Lucas	11	11
Selwyn Button	5	5

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

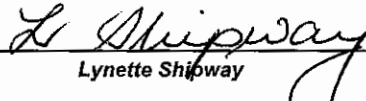
The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2020, the total amount that members of the entity are liable to contribute if the entity is wound up is \$40 (2019: \$40).

**Auditor's Independence Declaration**

The lead auditor's independence declaration for the year ended 30 June 2020 has been received and can be found on page 4 of the financial report.

This directors' report is signed in accordance with a resolution of the Board of Directors.

Director

  
\_\_\_\_\_  
Lynette Shipway

Dated this      23rd      day of      September      2020

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

**AUDITOR'S INDEPENDENCE DECLARATION UNDER ACNC ACT S 60-40 TO THE DIRECTORS OF THE  
INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**

In accordance with Subdivision 60-C of the *Australian Charities and Not-for-profits Commission Act 2012*, I am pleased to provide the following declaration of independence to the directors of Institute for Urban Indigenous Health Ltd. As the lead audit partner for the audit of the financial statements of Institute for Urban Indigenous Health Ltd for the year ended 30 June 2020, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2020 there have been no contraventions of:

- i. the auditor independence requirements of the *Australian Charities and Not for Profits Commission Act 2012* in relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.

Name of Firm: Lyons Judge Accountants and Advisers

Name of Registered Company Auditor:



.....  
Carmela Chong

Date: 23 September 2020  
.....

Address:

Level 25, 239 George St, BRISBANE QLD 4000

The accompanying notes form part of these financial statements.



**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 2020**

	<b>Note</b>	<b>2020</b>	<b>2019</b>
		<b>\$</b>	<b>\$</b>
Revenue	2	93,120,067	86,780,003
Other income	2	-	1,870,040
Employee benefits expense		(50,633,888)	(48,401,888)
Depreciation expense		(3,756,163)	(1,160,945)
Loss on sale of property, plant and equipment		(542,471)	(6,556)
Unexpended grants liability		-	(2,301,508)
Other expenses		(33,552,333)	(34,617,927)
Share of net profits of associates and joint ventures		-	-
<b>Current year surplus before income tax</b>		<b>4,635,212</b>	<b>2,161,219</b>
Income tax expense		-	-
<b>Net current year surplus</b>		<b>4,635,212</b>	<b>2,161,219</b>
<b>Other comprehensive income</b>		<b>-</b>	<b>-</b>
<b>Total comprehensive income for the year</b>		<b>4,635,212</b>	<b>2,161,219</b>
Surplus attributable to members of the entity		4,635,212	2,161,219
Total comprehensive income attributable to members of the entity		4,635,212	2,161,219

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 2020**

	Note	2020 \$	2019 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	19,052,803	9,505,385
Trade and other receivables	4	1,580,244	1,803,447
Inventories	5	62,962	54,244
Other current assets	6	401,162	1,113,764
<b>TOTAL CURRENT ASSETS</b>		<u>21,097,171</u>	<u>12,476,840</u>
<b>NON-CURRENT ASSETS</b>			
Financial assets	7	-	2,675,383
Property, plant and equipment	8	19,314,872	15,827,903
Intangible assets	9	227,656	297,921
Right-of-use assets	10	7,888,190	-
<b>TOTAL NON-CURRENT ASSETS</b>		<u>27,430,718</u>	<u>18,801,207</u>
<b>TOTAL ASSETS</b>		<u>48,527,889</u>	<u>31,278,048</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	11	10,303,573	6,607,131
Right-of-use asset lease liability		2,562,373	-
Employee benefits	12	3,013,657	2,485,594
<b>TOTAL CURRENT LIABILITIES</b>		<u>15,879,603</u>	<u>9,092,726</u>
<b>NON-CURRENT LIABILITIES</b>			
Trade and other payables	11	-	-
Right-of-use asset lease liability		5,543,147	-
Employee benefits	12	2,430,865	2,019,646
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>7,974,012</u>	<u>2,019,646</u>
<b>TOTAL LIABILITIES</b>		<u>23,853,615</u>	<u>11,112,372</u>
<b>NET ASSETS</b>		<u>24,674,275</u>	<u>20,165,676</u>
<b>EQUITY</b>			
Retained surplus		24,674,275	20,039,063
Reserves		-	126,613
<b>TOTAL EQUITY</b>		<u>24,674,275</u>	<u>20,165,676</u>

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 2020**

<b>Note</b>	Retained Surplus \$	Revaluation Surplus \$	Financial Assets Reserve \$	Total \$
<b>Balance at 1 July 2018</b>	17,877,844			17,877,844
<b>Comprehensive Income</b>				
Surplus for the year attributable to owners of the entity	2,161,219	-	126,613	2,287,832
<b>Total comprehensive income attributable to owners of the entity</b>	2,161,219	-	126,613	2,287,832
<b>Balance at 30 June 2019</b>	20,039,063	-	126,613	20,165,676
<b>Balance at 1 July 2019</b>	20,039,063	-	126,613	20,165,676
Cumulative adjustment upon adoption of new accounting standards - AASB 16 and AASB 1058	-	-	-	-
<b>Balance at 1 January 2019 (restated)</b>	20,039,063	-	126,613	20,165,676
<b>Comprehensive Income</b>				
entity	4,635,212		(126,613)	4,508,599
<b>Total comprehensive income for the year</b>	4,635,212	-	(126,613)	4,508,599
<b>Total transactions with owners and other transfers</b>	-	-	-	-
<b>Balance at 30 June 2020</b>	24,674,275	-	-	24,674,275

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 2020**

	<b>Note</b>	2020 \$	2019 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from customers		96,999,388	84,539,864
Payments to suppliers and employees		(83,071,471)	(84,944,513)
Interest received		26,268	360,179
Net cash generated from operating activities		<u>13,954,185</u>	<u>(44,470)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Proceeds from sale of property, plant and equipment		-	2,412,614
Payment for property, plant and equipment		(7,172,866)	-
Proceeds from sale of investments in equity instruments designated as at fair value through other comprehensive income		2,548,770	-
Payment for investments in equity instruments designated as at fair value through other comprehensive income		-	(2,675,383)
Net cash used in investing activities		<u>(4,624,096)</u>	<u>(262,769)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Repayment of lease liabilities		217,329	-
Net increase/(decrease) in cash and cash equivalents		<u>217,329</u>	<u>-</u>
Net increase in cash held		9,547,418	(307,239)
Cash and cash equivalents at the beginning of the financial year		<u>9,505,385</u>	<u>9,812,624</u>
Cash and cash equivalents at the end of the financial year	3	<u><u>19,052,803</u></u>	<u><u>9,505,385</u></u>

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 2020**

**Note 1            Summary of Significant Accounting Policies**

**Basis of Preparation**

The Institute for Urban Indigenous Health Ltd applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-profits Commission Act 2012. The 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 have been rounded to the nearest dollar.

The financial statements were authorised for issue on 23rd September 2020 by the directors of the company.

**Accounting Policies**

**(a) Revenue**

**Revenue recognition**

The Institute has applied AASB 15: *Revenue from Contracts with Customers* (AASB 15) and AASB 1058: *Income of Not-for-Profit Entities* (AASB 1058) using the cumulative effective method of initially applying AASB 15 and AASB 1058 as an adjustment to the opening balance of equity at 1 July 2019. There were no adjustments to the opening balance of equity at 1 July 2019. Therefore, the comparative information has not been restated and continues to be presented under AASB 118: Revenue and AASB 1004: Contributions. The details of accounting policies under AASB 118 and AASB 1004 are disclosed separately since they are different from those under AASB 15 and AASB 1058, and the impact of changes is disclosed in Note 1.

**In the current year**

**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 (for example 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.

**Operating Grants, Donations and Bequests**

When the Institute receives operating grant revenue, 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 Institute:

- 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 Institute:

- 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, revenue or contract liability arising from a contract with a customer); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Institute recognises income in profit or loss when or as it satisfies its obligations under the contract.

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020**

**Capital Grant**

When the Institute 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, revenue or contract liability arising from a contract with a customer) recognised under other Australian Accounting Standards.

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

**Interest Income**

Interest income is recognised using the effective interest method.

**Dividend Income**

The Institute recognises dividends in profit or loss only when the Institute's right to receive payment of the dividend is established.

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

**In the comparative period**

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

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

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

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

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

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

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

**(b) Inventories**

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.

Inventories acquired at no cost, or for nominal consideration, are valued at the current replacement cost as at the date of acquisition.

**(c) Property, Plant and Equipment**

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.

**Freehold Property**

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.

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.

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.

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.

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.

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020**

**Plant and Equipment**

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

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.

**Depreciation**

The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated on a straight-line 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.

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

<b>Class of Fixed Asset</b>	<b>Depreciation Rate</b>
Leasehold Improvements and Buildings	2.5%
Plant and Equipment	10-40%
IUIH Motor Vehicles	10%
Managed Projects	2.5%

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. 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.

**(d) Leases**

**The Institute as lessee**

At inception of a contract, the Institute 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 Institute where the Institute is a lessee. However all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

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 Institute uses the incremental borrowing rate.

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

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

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

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Institute anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

**Concessionary Leases**

For leases that have significantly below-market terms and conditions principally to enable the Institute to further its objectives (commonly known as peppercorn/concessionary leases), the Institute has adopted the temporary relief under AASB 2018-823 and measures the right of use assets at cost on initial recognition.

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020**

**(e) Financial Instruments**

*Initial recognition and measurement*

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

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified 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.

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.

**Classification and subsequent measurement**

*Financial liabilities*

Financial liabilities are subsequently measured at:

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

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

- a contingent consideration of an acquirer in a business combination to which AASB 3: Business Combinations applies;
- held for trading; or
- initially designated as at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense over in profit or loss over the relevant period.

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

A financial liability 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.



**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
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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 made an irrevocable election to measure any subsequent changes in fair value of the equity instruments in other comprehensive income, while the dividend revenue received on underlying equity instruments investment will still be recognised in profit or loss.

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

**Derecognition**

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

*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.

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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.

Evidence of credit impairment includes:

- significant financial difficulty of the issuer or borrower;
- a breach of contract (e.g. default or past due event);
- a lender has granted to the borrower a concession, due to the borrower's financial difficulty, that the lender would not otherwise consider;
- the likelihood that the borrower will enter bankruptcy or other financial reorganisation; and
- the disappearance of an active market for the financial asset because of financial difficulties.

*Low credit risk operational simplification approach*

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.

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.

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A financial asset is considered to have low credit risk if:

- there is a low risk of default by the borrower;
- the borrower has a strong capacity to meet its contractual cash flow obligations in the near term; and
- 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.

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.

**Recognition of expected credit losses in financial statements**

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.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

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.

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.

**(f) Impairment of Assets**

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.

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.

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.

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.

**(g) Employee Benefits**

**Short-term employee benefits**

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including 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.

The company's obligations for short-term employee benefits such as annual leave and TOIL are recognised as part of current employee benefits in the statement of financial position.

**Other long-term employee benefits**

The entity classifies employees' long service leave 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.

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.

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**Retirement benefit obligations**

*Defined contribution superannuation benefits*

All employees of the entity receive defined contribution superannuation entitlements, for which the entity pays the fixed superannuation guarantee contribution (currently 9.5% 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.

**(h) Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

**(i) Trade and Other Debtors**

Trade and other debtors include amounts due from members as well as amounts receivable from customers for goods sold.

Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(e) for further discussion on the determination of impairment losses.

**(j) Goods and Services Tax (GST)**

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

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

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

**(k) Trade and Other Payables**

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

**(l) Income Tax**

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*.

**(m) Intangible Assets**

**Software**

Software and trademarks are 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.

**(n) Provisions**

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

**(o) Comparative Figures**

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

**(p) Critical Accounting Estimates and Judgements**

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.

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**Key estimates**

*(i) Valuation of freehold land and buildings*

At 30 June 2020 the directors have performed a directors' valuation on the freehold land and buildings. The directors therefore believe the carrying amount of the land correctly reflects the fair value.

*(ii) Useful lives of property, plant and equipment*

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

**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 use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows, the directors believe that obligations for annual leave entitlements satisfy the definition of short term employee benefits and, therefore, are measured at the present value.

**(q) Economic Dependence**

The Institute is dependent upon the ongoing receipt of Federal and State Government grants and community and corporate donations to ensure the ongoing continuance of its programs. At the date of this report management has no reason to believe that this financial support will not continue.

**(r) 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.

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**(s) New and Amended Accounting Standards Adopted by the Company**  
**Initial application of AASB 16**

The Entity was already using performance obligations to recognise income in accordance with the AASB 15 and AASB 1058, therefore was no quantitative impact on initial application on 1 July 2019.

On 1 July 2019, the date of initial application of AASB 16: Leases, the entity elected to use the modified retrospective method for transition and accordingly the information presented for 2019 has not been restated.

The table below provides details of the reclassification of the Entity's lease portfolio to Right-of-use Asset on 1 July 2019 due to implementation of AASB 16:

Category	Carrying amount under AASB 117	Re-classification	Carrying amount under AASB 16
Leased buildings	6,686,010	(6,686,010)	-
Reclassified to: Right-of-use-asset		6,686,010	6,686,010
Leased motor vehicles	1,202,180	(1,202,180)	-
Reclassified to: Right-of-use-asset		1,202,180	1,202,180

**Note 2 Revenue and Other Income**

	2020 \$	2019 \$
<b>Revenue</b>		
Revenue		
— Government grants	72,533,654	64,905,869
— Medicare income	7,862,563	7,328,446
— Services income	12,695,025	14,153,166
— Fundraising and donations	2,557	32,343
<b>Total revenue</b>	<u>93,093,799</u>	<u>86,419,824</u>
Other revenue		
— Interest income	26,268	360,179
	<u>26,268</u>	<u>360,179</u>
<b>Total revenue</b>	<u>93,120,067</u>	<u>86,780,003</u>
<b>Other income</b>		
— Business interruption insurance	-	1,870,040
<b>Total other income</b>	<u>-</u>	<u>1,870,040</u>
<b>Total revenue and other income</b>	<u>93,120,067</u>	<u>88,650,043</u>

**Note 3 Cash and Cash Equivalents**

	2020 \$	2019 \$
<b>CURRENT</b>		
Cash at bank	14,048,308	7,326,537
Cash on hand	4,495	5,635
Short term deposits	5,000,000	2,173,213
	<u>19,052,803</u>	<u>9,505,385</u>
	<u>19,052,803</u>	<u>9,505,385</u>

**Note 4 Trade and Other Receivables**

	Note	2020 \$	2019 \$
<b>CURRENT</b>			
Trade receivables		1,359,597	1,566,157
Rental bonds		240,147	254,202
Provision for impairment		(19,500)	(16,912)
Total current accounts receivable and other debtors		<u>1,580,244</u>	<u>1,803,447</u>

The entity's normal credit term is 14 days.

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**Note 5 Inventories**

	2020	2019
	\$	\$
CURRENT		
At cost:		
Inventory	62,962	54,244
	<u>62,962</u>	<u>54,244</u>

**Note 6 Other Assets**

	2020	2019
	\$	\$
Accrued Income	211,346	915,898
Prepayments	189,817	197,866
	<u>401,162</u>	<u>1,113,764</u>

**Note 7 Financial Assets**

	2020	2019
	\$	\$
NON-CURRENT		
Investments in equity instruments designated as at fair value through other comprehensive income	-	2,675,383
Total non-current assets	<u>-</u>	<u>2,675,383</u>
	2020	2019
	\$	\$

a. **Financial assets mandatorily measured at fair value through profit or loss**

b. **Investments in equity instruments designated as at fair value through other comprehensive income**

Listed investments:

— shares in listed corporations - 2,675,383

c. **Financial assets at amortised cost**

**Note 8 Property, Plant and Equipment**

	2020	2019
	\$	\$
<b>BUILDING AND IMPROVEMENTS</b>		
At fair value	16,076,471	11,912,241
Less accumulated depreciation	(1,016,623)	(782,067)
Total Building and Improvements	<u>15,059,849</u>	<u>11,130,174</u>
<b>PLANT AND EQUIPMENT</b>		
At cost	5,056,523	5,394,764
Less accumulated depreciation	(2,866,925)	(2,854,004)
Total Plant and Equipment	<u>2,189,598</u>	<u>2,540,761</u>
<b>IUIH MOTOR VEHICLES</b>		
At cost	941,763	941,763
Less accumulated depreciation	(470,506)	(417,984)
Total IUIH Motor Vehicles	<u>471,257</u>	<u>523,779</u>
<b>MANAGED PROJECTS</b>		
At cost	1,974,753	1,956,556
Less accumulated depreciation	(380,585)	(323,366)
Total Managed Projects	<u>1,594,168</u>	<u>1,633,190</u>
Total property, plant and equipment	<u>19,314,872</u>	<u>15,827,903</u>

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**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:

	<b>Building &amp; Improvements \$</b>	<b>Plant &amp; Equipment \$</b>	<b>IUIH Motor Vehicles \$</b>	<b>Managed Projects \$</b>	<b>Total \$</b>
<b>2019</b>					
Balance at the beginning of the year	9,925,732	2,283,718	581,976	1,695,784	14,487,210
Additions at cost	1,461,280	923,416	-	-	2,384,696
Additions at fair value	-	-	-	-	-
Disposals	-	(9,046)	-	-	(9,046)
Revaluations	-	-	-	-	-
Depreciation expense	(256,838)	(657,327)	(58,198)	(62,594)	(1,034,957)
Impairment losses	-	-	-	-	-
Reversals of impairment losses	-	-	-	-	-
Carrying amount at the end of the year	<u>11,130,174</u>	<u>2,540,761</u>	<u>523,779</u>	<u>1,633,190</u>	<u>15,827,903</u>
<b>2020</b>					
Balance at the beginning of the year	11,130,174	2,540,761	523,779	1,633,190	15,827,903
Reclassified to right-of-use asset on initial application of AASB 16	-	-	-	-	-
Additions at cost	4,352,592	488,195	-	18,197	4,858,984
Additions at fair value	-	-	-	-	-
Disposals	(162,468)	(159,710)	-	-	(322,178)
Revaluations	-	-	-	-	-
Depreciation expense	(260,449)	(679,648)	(52,521)	(57,218)	(1,049,837)
Impairment losses	-	-	-	-	-
Reversals of impairment losses	-	-	-	-	-
Carrying amount at the end of the year	<u>15,059,848</u>	<u>2,189,598</u>	<u>471,257</u>	<u>1,594,168</u>	<u>19,314,872</u>

**Asset Revaluations**

At 30 June 2020, an internal valuation was conducted and management do not believe there has been a significant change to the fair market value.

**Note 9 Intangible Assets**

	2020 \$	2019 \$
Software & licenses - at cost	935,260	900,972
Accumulated amortisation	(715,125)	(611,410)
Trademarks - at cost	14,123	14,123
(Accumulated amortisation)	(6,603)	(5,764)
Net carrying amount	<u>227,656</u>	<u>297,921</u>

**Movements in Carrying Amount**

	<b>Software &amp; licenses \$</b>	<b>Trademarks \$</b>	<b>Total \$</b>
<b>2019</b>			
Balance at the beginning of the year	228,819	9,288	238,107
Additions	128,206	-	128,206
Disposals	-	-	-
Amortisation charge	(121,103)	(929)	(122,032)
Impairment losses	-	-	-
	<u>235,922</u>	<u>8,359</u>	<u>244,281</u>
<b>2020</b>			
Balance at the beginning of the year	235,922	8,359	244,281
Additions	91,865	-	91,865
Disposals	-	-	-
Amortisation charge	(107,652)	(838)	(108,490)
Impairment losses	-	-	-
	<u>220,135</u>	<u>7,521</u>	<u>227,656</u>



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**Note 10 Right-of-use assets**

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

**Options to extend or terminate**

The option to extend or terminate are contained in several of the property leases of the Entity. There were no extension options for equipment leases. 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 probable to be exercised have been included in the calculation of the right-of-use asset.

**i) AASB 16 related amounts recognised in the balance sheet**

<u>Right-of-use assets</u>	<b>2020</b>
	<b>\$</b>
Leased building	8,197,707
Accumulated depreciation	<u>(1,511,697)</u>
	<u>6,686,010</u>
Leased motor vehicles	2,171,095
Accumulated depreciation	<u>(968,915)</u>
	<u>1,202,180</u>
 Total right-of-use asset	 <u><u>7,888,190</u></u>

**Movements in carrying amounts:**

Leased buildings:

Recognised on initial application of AASB 16 (previously classified as operating leases under AASB 117)	8,197,707
Depreciation expense	<u>(1,511,697)</u>
Net carrying amount	<u><u>6,686,010</u></u>

Leased motor vehicles:

Opening balance transferred from Property Plant and Equipment on initial application of AASB 16	2,171,095
Addition to right-of-use asset	
Depreciation expense	<u>(968,915)</u>
Net carrying amount	<u><u>1,202,180</u></u>

**ii) AASB 16 related amounts recognised in the statement of profit or loss**

	<b>2020</b>
	<b>\$</b>
Depreciation charge related to right-of-use assets	(2,480,611)
Interest expense on lease liabilities	(457,533)
Short-term leases expense	-
Low-value asset leases expense	-

**Note 11 Trade and Other Payables**

	<b>2020</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
<b>CURRENT</b>		
Trade payables	1,985,188	1,654,672
Deferred income	4,109,997	534,892
Other current payables	2,363,473	2,195,058
GST payable	(20,937)	(78,998)
Unexpended grants	201,705	975,562
Unexpended CDC Package Trust Funds	<u>1,664,147</u>	<u>1,325,946</u>
	<u><u>10,303,573</u></u>	<u><u>6,607,131</u></u>

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020**

**Note 12 Provisions**

	2020	2019
	\$	\$
CURRENT		
Provision for employee benefits: annual leave	3,013,657	2,485,594
	-	-
NON-CURRENT		
Provision for employee benefits: long service leave	2,430,865	2,019,646
	-	-
	<u>5,444,522</u>	<u>4,505,240</u>

**Note 13 Capital and Leasing Commitments**

**(a) Finance Lease Commitments**

	2020	2019
	\$	\$
Payable – minimum lease payments:		
— not later than 12 months	-	-
— between 12 months and five years	-	-
— later than five years	-	-
Minimum lease payments	-	-
Less future finance charges	-	-
Present value of minimum lease payments	<u>-</u>	<u>-</u>

**(b) Operating Lease Commitments**

Non-cancellable operating leases contracted for but not capitalised in the financial statements

	2020	2019
	\$	\$
Payable – minimum lease payments		
— not later than 12 months	-	3,377,842
— between 12 months and five years	-	3,163,933
— later than five years	-	-
	<u>-</u>	<u>6,541,775</u>

The property lease commitments are non-cancellable operating leases contracted for but not recognised in the financial statements with a five-year term. Increases in lease commitments may occur in line with the consumer price index (CPI).

The motor vehicle lease commitments are non-cancellable finance leases contracted for with a two or three-year term. No capital commitments exist in regards to the lease commitments at year-end. Increases in lease commitments may occur in line with CPI. The leases have an effective yield of 5% and are secured by the underlying motor vehicles.

**Note 14 Contingent Liabilities and Contingent Assets**

There are no contingent assets or liabilities that have been incurred by the Institute in relation to 2020 or 2019.

**Note 15 Events After the Reporting Period**

The directors are not aware of any significant events since the end of the reporting period.

**Note 16 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.

	2020	2019
	\$	\$
Total key management personnel remuneration		
— Remuneration	1,627,367	2,317,748
— other long-term benefits	154,103	200,006
	<u>1,781,470</u>	<u>2,517,754</u>

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020**

**Note 17 Other Related Party Transactions**

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

Unless otherwise stated, none of the transactions incorporate special terms and conditions and no guarantees were given or received. Outstanding balances are usually settled in cash.

	2020 \$	2019 \$
<b>Sales of Goods and Services to Member Entities</b>		
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd	2,164,949	2,396,263
Kalwun Development Corporation Ltd	282,503	227,343
Kambu Aboriginal & Torres Strait Islander Corporation for Health	1,287,697	1,383,566
Yulu-Burri-Ba Aboriginal Corporation for Community Health	873,833	1,057,155
	<u>4,608,982</u>	<u>5,064,327</u>

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

	2020 \$	2019 \$
<b>Purchases of Goods and Services from Member Entities &amp; Related Parties</b>		
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd	4,189,079	3,825,045
Kalwun Development Corporation Ltd	5,742,099	3,033,577
Kambu Aboriginal & Torres Strait Islander Corporation for Health	675,847	323,116
Yulu-Burri-Ba Aboriginal Corporation for Community Health	1,242,017	1,235,692
Lacey Events Trust	-	13,728
	<u>11,849,042</u>	<u>8,431,158</u>

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

	2020 \$	2019 \$
<b>Outstanding Accounts Receivable Balances</b>		
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd	222,785	201,790
Kalwun Development Corporation Ltd	24,310	18,038
Kambu Aboriginal & Torres Strait Islander Corporation for Health	94,519	337,681
Yulu-Burri-Ba Aboriginal Corporation for Community Health	75,168	94,918
	<u>416,782</u>	<u>652,427</u>

Outstanding balances as at 30 June 2020 arising from the sale of goods and services are included in Note 4 and are unsecured receivables. These are based on commercial trading terms of 14 days nett and all balances are considered recoverable.

	2020 \$	2019 \$
<b>Outstanding Accounts Payable Balances</b>		
Aboriginal & Torres Strait Islander Community Health Service Brisbane Ltd	-	-
Kalwun Development Corporation Ltd	-	-
Kambu Aboriginal & Torres Strait Islander Corporation for Health	-	-
Yulu-Burri-Ba Aboriginal Corporation for Community Health	55,506	-
	<u>55,506</u>	<u>-</u>

Outstanding balances as at 30 June 2020 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 nett and all balances are considered payable.

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020**

**Note 18 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	2020 \$	2019 \$
<b>Financial assets</b>			
Financial assets at fair value through profit or loss:			
— held for trading Australian listed shares	7		
Financial assets at amortised cost:			
— cash and cash equivalents	3	19,052,803	9,505,385
— trade and other receivables	4	1,580,244	1,803,447
— government and fixed interest securities	7		
Investments in equity instruments designated as at fair value through other comprehensive income	7	-	2,675,383
<b>Total financial assets</b>		<u>20,633,047</u>	<u>13,984,215</u>
<b>Financial liabilities</b>			
Financial liabilities at amortised cost:			
— trade and other payables		10,303,573	6,607,131
— lease liabilities			
<b>Total financial liabilities</b>		<u>10,303,573</u>	<u>6,607,131</u>

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.

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**  
**ABN: 32 140 019 290**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020**

**Note 19            Entity Details**

The registered office of the entity is:

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

The principal place of business is:

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

**Note 20            Members' Guarantee**

The entity is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$10 towards meeting any outstanding obligations of the entity. At 30 June 2020 the number of members was 4.

**INSTITUTE FOR URBAN INDIGENOUS HEALTH LTD**

**ABN: 32 140 019 290**

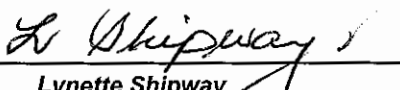
**DIRECTORS' DECLARATION**

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

1. The financial statements and notes, as set out on pages 5 to 25, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
  - (a) comply with Australian Accounting Standards - Reduced Disclosure Requirements; and
  - (b) give a true and fair view of the financial position of the registered entity as at 30 June 2020 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

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

Director

  
\_\_\_\_\_  
**Lynette Shipway**

Dated this 23rd day of September 2020

## **INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS**

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

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

#### **Opinion**

We have audited the financial report of The Institute for Urban Indigenous Health Ltd (the registered entity), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

- (i) giving a true and fair view of the registered entity's financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### **Basis for Opinion**

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

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

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

The directors are responsible for the other information. The other information comprises the information included in the registered entity's annual report for the year ended 30 June 2020, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any

form of assurance conclusion thereon.

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

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

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

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

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

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that



are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity's internal control.

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

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

Auditor's name and signature:

Carmela Chong



.....

Name of firm:

Lyons Judge Accountants and Advisers

Address:

Level 25, 239 George St, BRISBANE QLD 4000

Dated this .....<sup>23</sup>..... day of September 2020



**compassion, commitment, dedication**



***'nothing is to stop, everything must continue'***



