



Aboriginal
Health & Medical
Research Council
of NSW



Annual Report 2018–19

Acknowledgement of Country

The Aboriginal Health & Medical Research Council (AH&MRC) would like to acknowledge the Bidjigal and Gadigal Clans, who traditionally occupied the Sydney Coast and pay respect to Elders past and present.

Who we are

AH&MRC is the peak body representing the Aboriginal Community Controlled Health Services (ACCHSs) in New South Wales (NSW) at both a State and National level. We work in collaboration with Aboriginal and non-Aboriginal health partners to address the social determinants of health and wellbeing.

AH&MRC's Membership comprises of 46 Members who provide holistic and culturally appropriate primary health care and Aboriginal health-related services to the community which it serves.

We have strong fundamental values of unity, loyalty, inclusion and respect and are committed to carrying out our duties with professionalism and integrity.



Attendees at the **Yarn Up – Bring Smoking Cessation to the Table** event.

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Message from the CEO



This year's AH&MRC Annual Report is an important milestone as it is a reflection of all we have achieved this year. We have accomplished tremendous results in the face of many challenges.

AH&MRC undertook a major restructure of our organisation in preparation for the changing landscape within Aboriginal and mainstream health and whilst it is recognised this work was essential to meet the future direction of the sector, it must also be acknowledged that the challenges and impact on our staff has been significant. AH&MRC would also like to acknowledge our Members who throughout this turbulent year have collaborated with AH&MRC on meaningful and varied projects.

I am proud to report that in 2018/2019 AH&MRC delivered training on governance and finance to 141 ACCHS staff within NSW. Added to this, in 2018/19 AH&MRC launched the Your Health Your Future (YHYF) Campaign. The YHYF campaign has 18 Members onboard, collaborating with the AH&MRC on strategies to increase the quality and quantity of Aboriginal and Torres Strait Islander Health Assessments in NSW.

AH&MRC continues to influence Government through advocating reviews, policy and submission writing. Through our work, AH&MRC strives to ensure that there are mandatory cultural safety standards within all mainstream healthcare settings.

Leading an organisation through change is difficult, however, it is made less so when surrounded by a supportive Board and positive visionary leaders within AH&MRC.

This year AH&MRC's Annual Report reflects the incredible work undertaken by staff who are consistently working in line with our strategic direction, values and vision. I continue to be inspired by the courage and determination of those we support, their stories and the challenges they face in pursuit of a positive future.

Raylene Gordon

Former Chief Executive Officer

Message from the Chairperson

The 2018/19 financial year has been another important year for AH&MRC. There have been significant structural changes to AH&MRC in order to successfully deliver programs and provide additional support to Members.

AH&MRC is resolute in achieving our vision for ACCHSs to be sustainable and are committed to driving holistic and culturally strong approaches to redressing health inequities for Aboriginal peoples in NSW.

We acknowledge that AH&MRC must adapt to change and continually strive for improvement. We will continue to work for AH&MRC's Membership across NSW to maintain and further develop a strong infrastructure within the ACCHSs, continue to deliver high quality expertise and advice at a State and National level and strengthen the broader health system to provide accessible, responsive and culturally safe care to Aboriginal and Torres Strait Islander peoples.

We have established 24 new projects in the areas of workforce, families, Elders and the health and wellbeing of Aboriginal and Torres Strait Islander people. In addition, we have developed YHYF, a collaborative project in which AH&MRC and NSW Members work in partnership to build health promotion capacity at a service and Regional level.

There were many successes during the reporting period. For example, engagement with NSW ACCHSs to ensure optimal vaccination rates for Elders in NSW. Continuous Quality Improvement (CQI) initiatives at one service increased Elder vaccination rates from 20% to 60% between July to November 2018.

AH&MRC continues to grow from strength to strength with next year focusing on AH&MRC's Registered Training Organisation (RTO). We will continue to work in partnerships that support the ACCHS workforce and provide health care workers with the guidance to deliver informed and culturally safe care. We are committed to our 46 Member Services across NSW and will continue to provide support through training opportunities, development of policy at a National and State level, regional workshops, strategic partnerships, ethical research and education.

On behalf of AH&MRC's Board of Directors, I would like to express how proud we are to lead AH&MRC with a workforce focused on excellence. I would like to thank the AH&MRC's Board of Directors LaVerne Belleair, Christine Corby, Donna Taylor, Tim Horan, Anne Greenaway, Summer Hunt, Valda Keed and James Williams for their strategic insight. A special acknowledgement to AH&MRC's CEO, Raylene Gordon whose knowledge and expertise has driven a vision that has ignited passion and innovation within the organisation and AH&MRC staff for their continued focus on success.

Scott Monaghan

Chairperson of the Board



AH&MRC Board of Directors

AH&MRC is governed by twelve Board of Directors who are Aboriginal people elected by AH&MRC Members on a regional basis. AH&MRC represents and supports its Members and their respective communities on Aboriginal health at a State and National level.



AH&MRC Board of Directors (L to R):
James Williams, LaVerne Belleair, Summer Hunt, Donna Taylor,
Anne Greenway, Scott Monaghan and Christine Corby.

Chairperson of the Board Scott Monaghan

Scott has had twenty-one years of senior management experience in Aboriginal Community Controlled Health Organisations (ACCHOs).

He has been the CEO of Bulgarr Ngaru Medical Aboriginal Corporation since 2005, providing primary health care to the people of the Clarence Valley on the North Coast of NSW.

Scott is the Secretary of the Many Rivers Aboriginal Medical Services Alliance which includes the AMSs from Taree to Tweed Heads in its membership (established in 2005). Since 2016, Scott has been the Director of the National Aboriginal Community Controlled Health Organisation (NACCHO).

Ms Anne Greenway

Anne Greenaway has recently retired from full-time work as CEO of Merrimans Local Aboriginal Land Council and was the past CEO of South Coast Medical Service Aboriginal Corporation, Moruya Women's Refuge and Katungul Aboriginal Corporation Community & Medical Services (ACC&MS). With over 30 years' experience in Aboriginal education and training, community controlled health and housing as well as active participation and representation on a wide range of Aboriginal issues, Anne plans to continue to live and participate in the local community.

Until recently Ms Greenaway was on the Board of Katungul ACC&MS, an association that spans over 26 years and chaired Katungul's Finance and Risk Management Committee and is on the Board of SEARMS and chairs its Finance and Risk Management Committee. Anne is a strong advocate for women's and children's health and wellbeing issues and currently chairs the Little Yuin Preschool and Family Centre.

Anne has been a Director of AH&MRC for both the Far South Coast (1998-2005) and the Illawarra regions (2007-2010). She holds a Bachelor of Arts and Master of Letters (History) and Diploma of Business (Management, Governance and Training). Ms Greenaway worked for TAFE NSW for 17 years in Aboriginal Education and Training and is a Member, Board Member/past Board Member of: Aboriginal Child, Family and Community Care State Secretariat NSW Inc (AbSec), Cobowra Community Development and Employment Program (CDEP), Aboriginal and Torres Strait Islander Employment Network (ATSIEN), South Eastern Region Aboriginal Legal Service (SEALS), Oolong House, SEARMS and SESIAHS (South Eastern Sydney and Illawarra Area Health Service) Area Health Advisory Committee.

Anne is about to be a great grandmother for the seventh time.

Summer Hunt

Summer Hunt is a proud Aboriginal Barkindji woman born in Mildura and raised in a small community called Dareton. She is a mother of three boys and one girl and a grandmother to a beautiful baby girl.

Summer has over seven years' experience working as an Aboriginal Health Worker, five years as Team Leader and three years as a Deputy CEO. She has an Advanced Diploma of Indigenous Primary Health Care, a Graduate Certificate in Family Therapy, a Diploma in Practice Management and is a Justice of the Peace.

Currently, Summer is the CEO of Coomealla Health Aboriginal Corporation and has had the pleasure of sitting on the AH&MRC Board of Directors for the past two years.

LaVerne Belleair

LaVerne Belleair is from the Bundjalung Nation (North Coast NSW) where she grew up in and around the Minjungbal region before moving to Sydney. LaVerne strongly believes that empowering Aboriginal people will create opportunities to make better informed decisions and choices regarding personal management of health care, ultimately resulting in better health outcomes.

Ms Belleair's background involves management and strategic planning. Currently Ms Belleair is the Chief Executive Officer (CEO) of Aboriginal Medical Service Cooperative Limited, Redfern. LaVerne was formerly the Director of Aboriginal Health at the Northern Sydney Local Health District. LaVerne's role was to develop various Aboriginal Health models of care along with development and implementation of regional, strategic health plans that meet the needs of the local Aboriginal community.

Ms Belleair has extensive experience in health as such has worked in community health for the former Northern Rivers Area Health Service and managed the Aboriginal Health Management Training Program, Australian College of Health Service Executives (NSW Branch).

Ms Belleair has a Bachelor of Business, is a member of the Alumni at Griffith University, Gold Coast Campus and has a Professional Certificate in Indigenous Research in Training and Practices from the University of Melbourne.

Raylene Gordon

Raylene is a descendent of the Kamilaroi people of Moree.

Raylene has recently returned to the position of CEO of Awabakal Ltd after serving as CEO of AH&MRC for 8 months. Raylene has been the CEO of Awabakal Ltd since April 2015. Raylene's background is in Health and Education. She has tertiary qualifications in both and has had many years' experience in driving change in these areas at the community level. Raylene's career has largely been in Aboriginal affairs and advocating for the right to equitable health and education outcomes for Aboriginal people.

Raylene commenced her career in teaching and then progressed to Government where she was a bureaucrat working in program and policy development, although she experienced many successes in senior management roles within the Government, Raylene decided it was not where she wanted to be.

Raylene believes her skill set sits best with the community sector where accountability, transparency and innovation are required on a daily basis. The community sector is where you see the smallest of things make the biggest difference.

Raylene's official skills are in strategic leadership, community development and change management.

James Williams

James Williams is a proud Wiradjuri man from the Riverina area living in Griffith NSW. James Williams started his career in Aboriginal health in 2004 as the first receptionist for the Griffith Aboriginal Medical Service.

Over the years James grown within the organisation, taking on Health Worker roles including Alcohol and Other Drugs (AOD) and Outreach Worker before being the successful applicant for the position of Operations Manager at Griffith AMS.

James's portfolio includes Cert IV in Primary Health (Practice) & Diploma in Leadership and Management. This is James's second term as a Director for the AH&MRC.



Christine Corby

Christine Corby, OAM, is a Gamilaraay woman from north-western NSW.

She holds the role of CEO of Walgett Aboriginal Medical Service Limited (WAMS) and Brewarrina Aboriginal Medical Service (BAMS)

She is a Justice of the Peace and holds a Diploma in Health Sciences from the University of Sydney, Graduate Diploma in Health Management from the University of New England and a Diploma of Business Management from the AH&MRC Registered Training Organisation (RTO) in Little Bay.

Her involvement in the Aboriginal health sector since 1986 has seen Christine heavily involved in many committees involving Aboriginal affairs, rural communities and social activities.

Tim Horan

Mr Tim Horan is new to the Central West health scene, having spent 20 years with the NSW Police. He has been involved in supporting local communities for many years and is committed to the people of western NSW, particularly those communities that are socially disadvantaged.

Mr Horan has been a Councilor on Walgett and Coonamble Shire Council and has served as Mayor of Coonamble Council since March 2004. Mr Horan was employed by the Coonamble Aboriginal Health Service as the CEO in August 2008 and has helped drive the new service forward, guiding the organisation as it provides vital health services to the area and contributes to Closing The Gap (CTG) initiatives.

Donna Taylor

Ms Taylor is a proud Murri woman from the Kamilaroi Nation, born and raised in Moree, Northern NSW.

After completing High School in Moree, Ms Taylor started her career as a secretary to Mr Lyall Munro, who was an executive member of the National Aboriginal Conference (NAC) in the early 1980s.

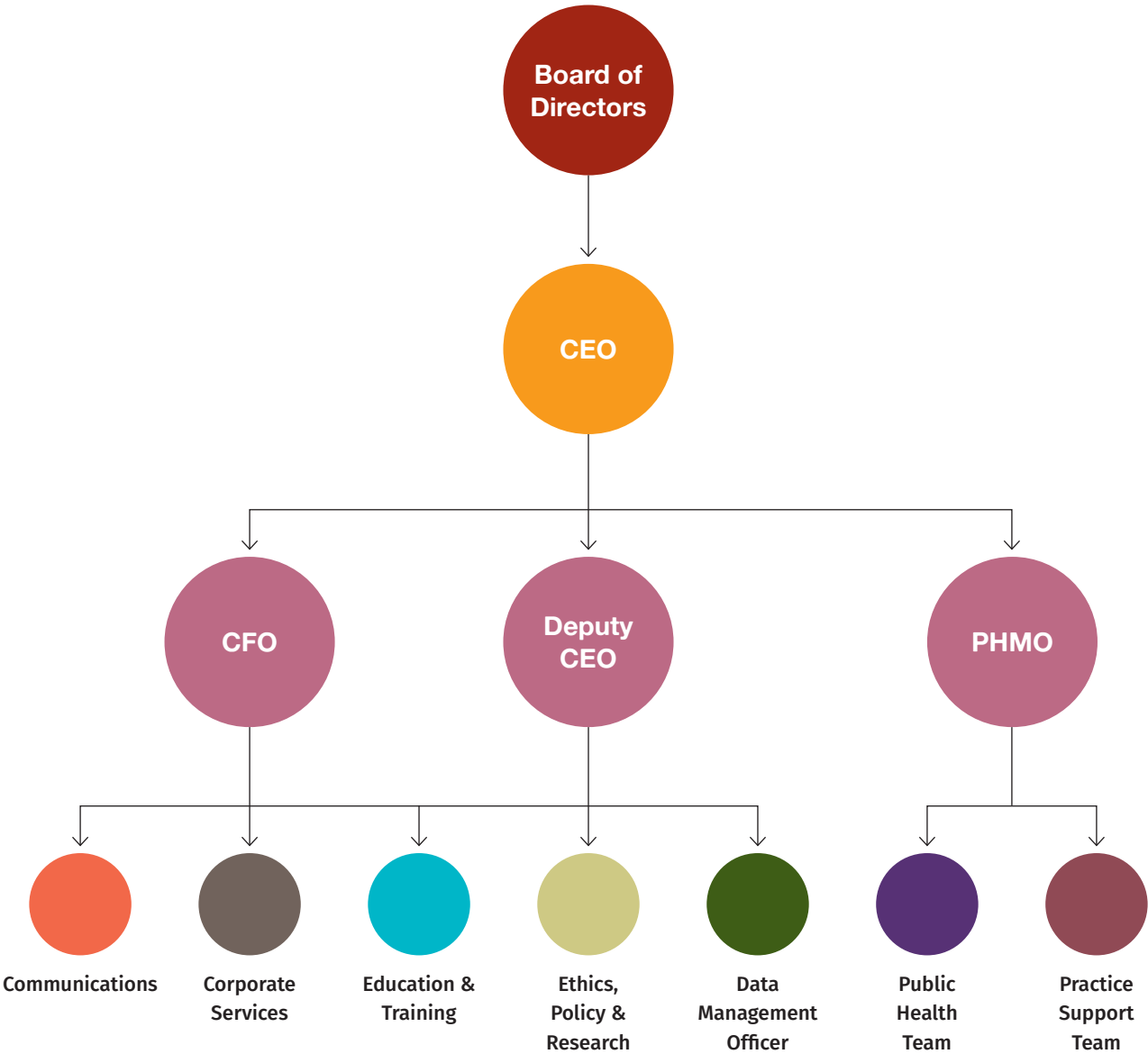
Ms Taylor has worked for Pius X Aboriginal Corporation for the past 20 years, commencing as a trainee bookkeeper and now in the role of CEO. She has also served as a representative on the Moree Health Service Advisory Committee and the Roy Thorne Rehabilitation Committee.

Valda Keed

Mrs Valda Keed was born in Peak Hill, NSW and is descended from a long line of proud Wiradjuri people in this area.

She was a founding member of AH&MRC since its establishment (initially as the Aboriginal Health Resource Committee) in 1985. Valda has held the position of AH&MRC Lower Central West Regional Director on many occasions over the years and is the current Regional Director, she is also currently the Chairperson of the Peak Hill AMS. Valda is involved in many community-based organisations in the region, including the Peak Hill Local Aboriginal Land Council, Warramunga Aboriginal Advancement Co-operative, Mid Lachlan Aboriginal Housing Management Association, Weigelli Drug and Alcohol Centre (Cowra), and the National Parks Peak Hill/Bogan River Aboriginal Reference Group. As an AH&MRC Director, Valda also holds the Chairperson position on the AH&MRC Ethics Committee.

AH&MRC Organisational structure



AH&MRC RTO

AH&MRC's RTO has gone through significant changes over the last two years.

All new training delivery has been ceased and courses within the AH&MRC RTO's training scope have been reduced to ensure that the RTO always remains compliant.

Under the new structure, the Aboriginal Health College (AHC) has been renamed to the AH&MRC RTO. This decision was finalised after the Board of Directors agreed that the RTO should sit under AH&MRC, rather than exist as a separate arm of the organisation.

The previous way of doing business has been stripped back and the RTO has introduced new policies, procedures, compliance measures, course design, newly created roles, IT infrastructure, building compliance, venue and events hire.

It was decided that AH&MRC's Surry Hills Office be relocated to the RTO in Little Bay in order to promote collaboration and unity between AH&MRC and the RTO.

Achievements

The old branding of the RTO has been removed and the building has been rebranded with a new logo and concept. A fit-out for the interior design of the campus has been completed and modernised.

Venue hire through the RTO is now operational, complete with a Venue Hire and Events Coordinator employed for all bookings. Please go to www.ahmrc.org.au/about/venue-hire/ to learn more.

Education and Training staff have reviewed and removed courses offered by the RTO. Overtime the RTO will increase the scope of courses offered. When this occurs AH&MRC will encourage our Members to play a bigger role within the RTO. Without the support and guidance from our Members, the success of the RTO will not be achieved. Please contact AH&MRC if you would like to be involved.

On Thursday the 6th of December 2018, the AH&MRC RTO celebrated two Aboriginal graduates, Mr Shahn Lee and Ms Jade Dawson, successfully completing their Diploma of Nursing. This qualification leads to registration with the Australian Health Practitioners Regulation Agency (AHPRA).

Future Directions

The relocation of AH&MRC's Surry Hills office to Little Bay will be an exciting and challenging move, re-shifting the strategic direction of AH&MRC and strengthening the training arm of the organisation.

Rebuilding relationships with the local Aboriginal community in La Perouse is a priority that will hopefully be achieved through the RTO's Cultural Reference Advisory Group. Engagement with the La Pa Alliance Group will be ongoing and AH&MRC is grateful for the opportunity to have the La Perouse community collaborating with the RTO.

AH&MRC will soon be launching online training models including *Doin' It Right* sexual health training. From here we will continue to grow our online training to include accredited and non-accredited training.



AH&MRC RTO
Graduates Shahn Lee
and Jade Dawson

Public Health Team

The Public Health Team has experienced positive change and growth over the past year. The Public Health Team, previously the Government Policy and Partnership Unit, has been renamed to reflect the Public Health programs and advocacy work the Team does to benefit ACCHSs and the wider Aboriginal community. The Team continues to work strongly in co-design, continuous improvement, innovation and leadership in policy as it relates to Aboriginal people at a National, State and Regional level, focusing on the needs of our Member Services.

The Public Health Team

In line with the recent restructure, new roles within the Public Health Team have been created and filled using a careful interview screening process. As a result, AH&MRC has a dynamic Team who are hard at work on a vast array of projects. Having a Team of experienced and talented Public Health Officers who each bring a different lens to their work has allowed AH&MRC to better service our Members and the projects they work across. The Public Health Team has reflected on Members' feedback to strengthen regional support. As a result, each of our Public Health Officers are now committed to designated regions, with the aim of facilitating a Member-centric approach and advancing the specific needs of different regions across NSW.

Your Health Your Future

The YHYF Campaign has been the Public Health Team's most exciting new development this year. With a focus on improving the quality and quantity of Aboriginal and Torres Strait Islander Health Assessments completed in the ACCHS sector, the YHYF Campaign also aims to strengthen community awareness of the importance of the Aboriginal and Torres Strait Islander Health Assessment being completed at an AMS. The YHYF campaign's key components are community health advocacy and empowerment, workforce upskilling and training, use of health promotional Ambassadors, brand awareness and capturing data through improved Patient Information Management Systems (PIMS). Eighteen of our Member Services are participating in phase one of the YHYF Collaborative.

Aboriginal Health Symposia

AH&MRC and the NSW Ministry of Health (MoH) have co-developed four Aboriginal Health Symposia to be held across NSW. The main objective of the Symposia is to support high functioning Aboriginal health partnerships between Public Health Units and ACCHSs in NSW. The purpose of the Symposia is to share knowledge, strengthen partnerships and reinforce mutual understanding of stakeholders' roles in protecting Aboriginal communities in the event of a public health outbreak or emergency. The first Symposium, held in Dubbo, was a huge success. The Public Health Team hopes to achieve the same level of success and momentum for the three remaining Symposia co-hosted across NSW.



Waminda's Dead or Deadly Program participants taking part in the World No Tobacco Day Twitter Festival.

Yarn Up

Over the past year the Public Health Team has hosted highly successful conferences attended by our Member Services. This year AH&MRC hosted the Tobacco Network in Sydney to participate in the Yarn Up Roundtable, a collaboration between AH&MRC, our Member Services and NSW Health. Yarn Up – Bringing Smoking Cessation to the Table, was attended by ninety industry professionals. The first half of the event was a discussion on the effectiveness of the ATRAC Yarning Tool. This session was used as a springboard to provide feedback and recommendations in a roundtable format. The second half of the event was an open discussion for Member Services to share stories and knowledge about their own smoking cessation projects and network with community controlled and mainstream services from across NSW. Participants who attended provided positive feedback, stating how useful the forum was. Participants also gave invaluable feedback on the ATRAC Yarning Tool and how it can be condensed and adapted to be more user-friendly and accessible.

Submissions, policy and reviews

Submissions, policy and reviews undertaken by the Public Health Team include National Redress Scheme for Institutional Child Sexual Abuse Bill 2018; Closing The Gap Refresh Submission State and National response; represented NACCHO at the stakeholder workshop for End of Life and Palliative Care Framework; consultation on proposed amendments to the Corporations Act 2006; reviewed and responded to: the Indigenous Medicines Review Services; the CQI framework for Aboriginal and Torres Strait Islander Primary Health; the Arthritis National Action Plan; the National Primary Health Care Data Asset & Data Plan; the National Women's Health Strategy, the National Men's Health Strategy; the Aboriginal and Torres Strait Islander MBS Taskforce; drafted policy paper for NACCHO CEO to address the Obesity Summit and took part in the Special Commission of Inquiry into the Drug 'Ice'.



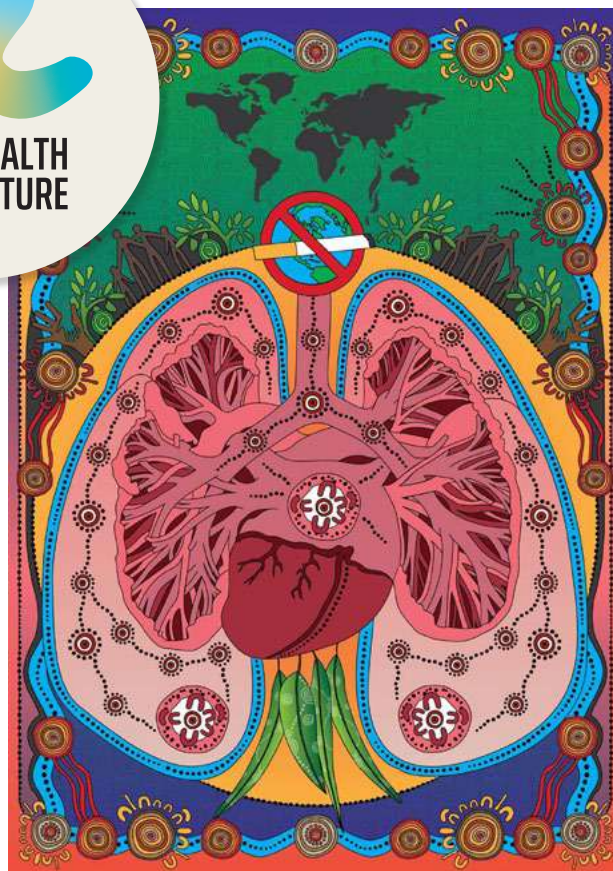
Ask for your free flu shot today!

Good health starts here

The flu vaccine is the best way to give your family protection against influenza and keep our communities strong right from the start. The vaccine is safe for pregnant women and is free for all Aboriginal people over the age of 6 months.



www.ahmrc.org.au



Tobacco and Lung Health Artwork by Artist Carissa Paglino

The artwork aims to increase awareness of the negative impact that tobacco has on people's lung health and the fundamental role lungs play for the health and well-being of all people, as well as our natural environment. The artwork communicates the effects of smoking tobacco on individual health, community health and on the environment we live in.

Influenza Season Preparedness

In response to requests from AH&MRC's Board to take a proactive approach to public health emergency preparedness, AH&MRC was pleased to lead a project on strengthening the capacity of Member Services to optimally prepare for influenza season in an ongoing and sustainable way.

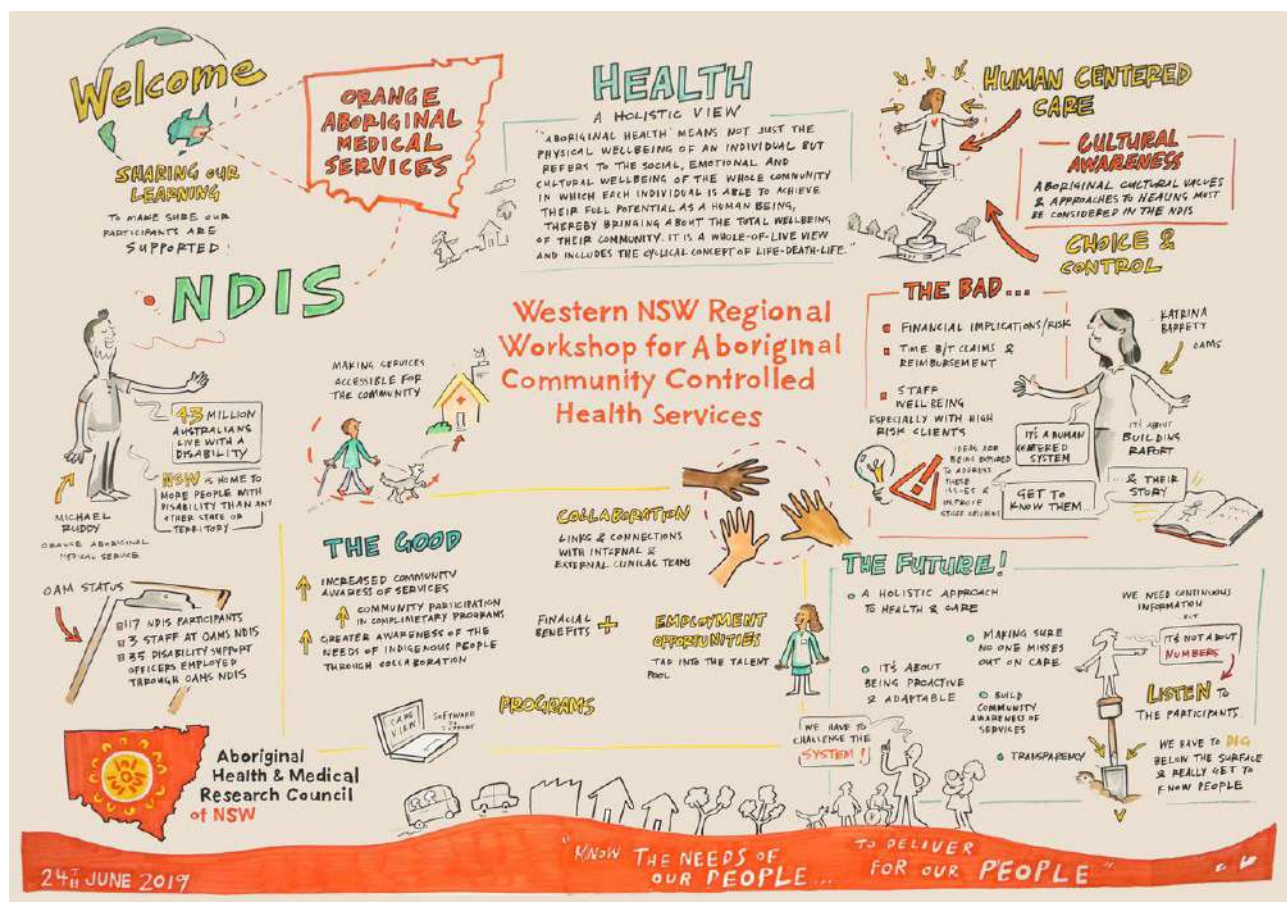
With support from Ely Taylor, a Public Health Officer trainee seconded to AH&MRC for six months in 2019 from NSW Health, this project has so far delivered on a range of initiatives. These include: a mapping and landscape analysis to identify key priorities and existing resources; development of a draft ACCHS Influenza Preparedness Toolkit that will be finalised following ongoing consultation and adaptation; an AH&MRC Annual Flu Plan that informed our approach to the 2019 flu season; development of campaign resources that were shared with all AH&MRC Member Services this year to support local responses, and included posters and hand sanitisers; monthly newsletter columns in Message Stick; an immunisation video to raise community awareness with a respected Aboriginal leader; and an online webinar for ACCHS staff on influenza

preparedness developed in partnership with the Royal Australian College of General Practitioners (RACGP) and the Centre for Aboriginal Health (CAH).

AH&MRC is committed to ongoing action to ensure our Member Services are optimally prepared for the influenza season each year and look forward to continuing to build on efforts so far.

Development of tools and resources

In response to the needs of our Member Services, AH&MRC has developed some useful tools and resources for Aboriginal communities this year. Examples include: Healthy Living Kits For Kids, a resource which has evolved from an initial request from an ACCHS CEO to assist the rural Aboriginal community in dealing with a head lice outbreak; conversion of our *Doin' It Right* sexual health resource to an online format; YHYF resources to compliment the health promotion of the Aboriginal and Torres Strait Islander Health Assessment; and influenza season resources for this year's promotion of free vaccinations for Aboriginal communities.



Practice Support Team

The Practice Support Team, previously the Comprehensive Care Practice Unit, has been refreshed in the past year. The Team has been re-designed, with roles, projects and operations being streamlined so that the Practice Support Team are able to better service Members. The Practice Support Team is a team of dynamic and highly dedicated Practice Support Officers and a Practice Support Manager who deliver programs and activities to strengthen the capability of NSW ACCHSs. The Team endeavors to assist, educate, train, fund and provide resources for ACCHSs to meet sector demands.

Governance Support Program

The past financial year included the development of eight foundational modules in Board Governance and finance catering to sector needs. This training was delivered through 14 onsite workshops for Tharawal, Bourke, RivMed, Armajun, Waminda, Cummeragunja, Werin, Waminda, Aboriginal Drug and Alcohol Network (ADAN), Walhallow, Biripi and Illawarra, delivery of training to over 141 Board of Directors, CEO's and ACCHS staff and evaluation of the project and extra resources delivered through the pilot phase. The momentum, positive evaluation and resources developed as part of the program have been built out into the Governance Support Program.

The Governance Support Program provides in-house governance and finance workshops and expert advice from industry consultants. The Program provides support for CEOs & staff in Board Governance, constitution and rule book reviews and writing, assistance in Board financial fundamentals and ongoing consultancy services for expert advice and mentoring.

AH&MRC have achieved several milestones in Board Governance including the establishment of partnerships with ATSI ICT Aboriginal Corporation to deliver and co-design governance services tailored to the ACCHS sector. The strengthened sector knowledge regarding Board Governance has allowed for stronger ACCHSs. Board Governance is a vital part of ACCHSs serviceability and needs to be maintained for sector sustainability.

Clinical Governance CQI Workshops

AH&MRC has delivered tailored workshops within ACCHSs to improve practical skill set and so that the ACCHS workforce can embed and use CQI processes within their Service. As a result of a growing specialisation in governance, AH&MRC has developed a CQI Clinical Governance body of work. The overarching objective of this project is to empower ACCHSs to increase revenue through improved Clinical Governance processes and ensure fiscal sustainability in the face of an ever-changing funding landscape. Due to the multifaceted nature of this project, a two-phased approach has been adopted to encourage robust collaboration between stakeholders at every level and ensure the delivery of a tailored, culturally safe and responsive initiatives.



Werin Board of Directors and CEO conducted a two day Governance & Finance Workshop facilitated by AH&MRC & ATSI ICT Aboriginal Corporation.



Tharawal Board of Directors & Staff conducted a two day Governance & Finance Workshop facilitated by AH&MRC & ATSI ICT Aboriginal Corporation.

Social and Emotional Well-Being (SEWB)

AH&MRC is committed to an evidence and sector informed approach to SEWB Workforce support, and to date this has involved: a review of the literature and SEWB landscape; co-design of tools and resources with Macquarie University and the SEWB workforce; development of SEWB welcome packs for sector resourcing; and the pilot and evaluation of sector-informed SEWB training modules and trauma-informed models of care.

AH&MRC has attended conferences and forums such as the 2018 NSW Aboriginal Mental Health and Wellbeing Workforce Forum, Cyberbullying Forum and has continuously supported Member Services in their attendance of SEWB Conferences.

AH&MRC has also supported the upskilling and training of ACCHS staff in Aboriginal & Torres Strait Islander Mental Health First Aid Training; SMART Recovery Facilitator Training; and education and consultation through regional forums and NSW workforce needs assessments.

AH&MRC's SEWB team continues to strengthen the community control of Aboriginal health with the establishment of a project governance structure and regular consultation with the SEWB Network to facilitate identification of issues requiring further attention. Notable topics raised to date have included: strengthened Elder engagement, AOD training, incarceration and racism.

AH&MRC is committed to ongoing efforts in strengthening the capacity of the ACCHS and non-ACCHS workforce in order to promote holistic approaches to SEWB for Aboriginal peoples and communities.



SEWB Network Participants and AH&MRC Staff at the SEWB Regional Forum

Aboriginal Drug & Alcohol Network (ADAN)

ADAN organised the 13th Aboriginal Drug & Alcohol Network Symposium in Coffs Harbour in 2019. The theme of the Symposium was You Matter, with a focus on the AOD workforce and how vital their work is for improving health outcomes for Aboriginal people. In addition to this, ADAN has designed branded resources, represented the Aboriginal AOD workforce on State and National advisory committees, collaborated with Network of Alcohol and Other Drugs (NADA) and Lives Lived Well NSW on AOD Treatment Guidelines for working with Aboriginal and Torres Strait Islander People in a non-Aboriginal setting.

As a result of being involved in the Guidelines Project, ADAN has developed a partnership with Lives Lived Well NSW and will be provided funding to complete cultural audits of mainstream AOD services using the Cultural Audit tool which was created as part of the project. While initially starting as a project of AH&MRC, we are proud to share that ADAN are on their way to becoming an incorporated body and will be an independent organisation as of July 2020.



Aboriginal Drug and Alcohol Network 2019 Symposium in Coffs Harbour.



Ear Health Collaborative Meeting

Ear Health Program

The Ear Health Program has stimulated ongoing engagement and communication with ACCHS collaborative Members through the organisation of four face to face meetings (2018–2019), regular teleconferences and email correspondence. Collaborative Members created and implemented their own health promotion activities using the Plan, Do, Study, Act (PDSA) template (Jan–Jun 2019) for the continuation or creation of ear health promotion initiatives. Many ACCHSs developed their own interactive health resources to supplement ear health screenings performed as part of the children's Aboriginal and Torres Strait Islander Health Assessment in schools, community gatherings and within AMSs.

The Ear Health Program has increased knowledge and understanding of ear health promotion through the distribution of ear resources to Members such as *Care for Kids*, *Healthy Ear Happy Kids* and Menzies Clinical Guidelines. The Program has developed a universal template for ear health data upload and management in partnership with national groups.

The ACCHS sector has expressed an interest in increased training, screening, management and referral of children for ear disease as a result of hearing success stories from Member Services.

My Health Record

AH&MRC has worked with Australian Digital Health Agency (ADHA) to strengthen the capacity of digital health initiatives, primarily the My Health Record (MHR), in the ACCHS sector in NSW.



My Health Record Storybooks: Adult, Parent/Carer/Guardian & Youth

In the last financial year, AH&MRC have hosted webinars, presented at ACCHS sites and forums and hosted Q&As to encourage discussions about MHR. AH&MRC, State Affiliates and the ADHA attended national meetings to discuss the issues and limitations of MHR and its roll out to Aboriginal communities.

AH&MRC commissioned Aboriginal artists to create artwork for the MHR Storybooks. The Storybooks were inspired by the three demographics: youth, adults and parents/carers/guardians. In addition to the Storybooks, the artwork was also used to design water bottles, bags and mouse pads. These items were distributed to our Members Services to provide support for staff to explain the MHR system to the community.

AH&MRC is committed to ongoing efforts that strengthen awareness of the MHR system and the capacity of the ACCHS sector in NSW to engage in digital health initiatives.

Medicare and Accreditation

In the past financial year, AH&MRC conducted site visits to 10 Member Services, and participated in PIMS reviews to identify opportunities to strengthen health assessments and care plans, follow up services, chronic conditions management and recalls, as well as provide other general assistance and guidance to Member Services. These PIMS reviews have informed the development of AH&MRC Clinical Governance modules, and strengthened our capacity to scale up Business Support to all our Member Services in the future.

AH&MRC will continue to support and work with ACCHSs to contribute to their financial stability, ensure their accreditation sustainability and enhance their delivery of holistic primary health care services to their respective communities.

AH&MRC Ethics Committee

The AH&MRC Ethics Committee has experienced a year of change and growth. During this period, the Ethics Committee said goodbye to Aunty Joyce Williams. Aunty Joyce Williams was an Aboriginal Elder on the Ethics Committee for many years, providing essential cultural guidance and strategic advice. With the resignation of Aunty Joyce, the Ethics Committee has welcomed a number of new members and will continue to grow over the coming months. Additional members will ensure that there is a greater representation of the community and that the Ethics Committee is better resourced to undertake thorough reviews of research applications.

In 2018 the Ethics Committee made the decision to move to a paperless application system. 2019 has been spent building on these efforts. The Ethics Committee has maintained this new process and continues to innovate and change the way it does business. The Ethics Committee will be introducing a new software system over the next few months. The software system has been designed to streamline processes and provide clarity around the submission requirements. As a result, the Ethics Committee review and approval of research will ultimately be more time and resource efficient.

The Ethics Committee continues to build on its relationship with the Justice Health & Forensic Mental Health Network. The partnership is a priority for the Ethics Committee, aimed at ensuring meaningful and ethical research addresses the overrepresentation of Aboriginal people facing mental health hardships. The partnership has facilitated open communication between the Ethics Committee and the Justice Health Chief Executive to ensure that the need for community consultation and engagement in this research is addressed.

The Ethics Committee team have been hard at work connecting with research stakeholders through presentations and workshops. These activities aim to educate researchers on the submission process in order to improve the quality of applications received. The Ethics Committee coordinated four sessions for the 21st Century Aboriginal Health Research Seminar, presented to the Western Health Research Network and Western Sydney University.

Over the next 12 months the Ethics Committee will be focused on strengthening the engagement of ACCHSs in the process of ethical review and ensure that all Aboriginal health research in NSW is conducted in an ethical and culturally appropriate manner. We look forward to growing and maintaining an efficient and engaged Ethics Committee team to service our Members.

Financial Statements

For the year ended 30 June 2019

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Aboriginal Health and Medical Research Council of NSW

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Auditor's Independence Declaration under Section 307C of the Corporations Act 2001 to the Responsible Persons of Aboriginal Health and Medical Research Council of NSW

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019, there have been:

- (i) no contraventions of the auditor independence requirements as set out in section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

CROWE AUDIT AUSTRALIA

John Thompson
Audit Partner
Registered Company Auditor No. 302046

Dated at Dubbo on the 28th August 2019

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Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2019

	Note	2019 (\$)	2018 (\$)
Revenue	5	8,432,443	4,483,961
Other revenue	5	322,480	547,823
Employee benefits expense		(2,895,458)	(2,813,726)
Travel and accommodation expense		(491,426)	(774,493)
Audit, legal and consultancy expense	6	(757,474)	(407,556)
Rent and occupancy expense	6	(526,418)	(786,138)
Venue expense		(300,088)	(212,277)
Repairs and maintenance expense		(71,433)	(248,612)
Computer software & consumables expense		(110,860)	(139,044)
Depreciation and impairment expense	6	(148,736)	(97,219)
Program printing and promotion expense		(795,987)	(1,166,475)
Printing and postage expense		(60,907)	(45,329)
Telephone expense		(31,472)	(39,496)
Motor vehicle running expense		(17,537)	(18,946)
Recruitment and training		(193,081)	(222,154)
Bad debts expense		—	(1,905)
Other expense		(331,809)	(162,617)
Surplus/(deficit) before income tax		2,022,237	(2,104,203)
Income tax expense		—	—
Net surplus/(deficit) from continuing operations		2,022,237	(2,104,203)
Other comprehensive income		—	—
Total other comprehensive surplus/ (deficit) for the year		2,022,237	(2,104,203)

The entity has not restated comparatives when initially applying AASB 9, AASB 15, AASB 16, AASB 1058, the comparative information has been prepared in accordance with the previous accounting standards applicable for that period.

The accompanying notes form part of these financial statements.

Statement of financial position

as at 30 June 2019

	Note	2019 (\$)	2018 (\$)
Assets			
Current assets			
Cash and cash equivalents	7	2,398,270	5,319,336
Trade and other receivables	8	883,300	18,700
Other financial assets	9	4,924,373	112,389
Other assets	10	230,190	85,482
Total current assets		8,436,133	5,535,907
Non-current assets			
Property, plant and equipment	11	14,154,581	351,014
Total non-current assets		14,154,581	351,014
Total assets		22,590,714	5,886,921
Liabilities			
Current liabilities			
Trade and other payables	12	444,967	93,052
Other financial liabilities		6,606	—
Other liabilities	13	824,000	—
Short-term provisions	14	2,021,564	2,025,156
Total current liabilities		3,297,137	2,118,208
Non-current liabilities			
Long-term provisions	14	45,582	9,165
Borrowings		—	85,000
Total non-current liabilities		45,582	94,165
Total liabilities		3,342,719	2,212,373
Net assets		19,247,995	3,674,548
Equity			
Issued capital		50	50
Retained earnings		19,247,945	3,674,498
Total equity		19,247,995	3,674,548

The entity has not restated comparatives when initially applying AASB 9, AASB 15, AASB 16, AASB 1058, the comparative information has been prepared in accordance with the previous accounting standards applicable for that period.

The accompanying notes form part of these financial statements.

Consolidated statement of changes in equity for the year ended 30 June 2019

	Note	Retained earnings (\$)	Total (\$)
2019			
Balance at 1 July 2018		3,674,548	3,674,548
Surplus/(deficit) attributable to members of the entity		2,022,237	2,022,237
Prior year revaluation increments to property	11(b)	13,650,000	13,650,000
Prior year error in depreciation expense	15	(98,790)	(98,790)
Balance at 30 June 2019		19,247,995	19,247,995
2018			
Balance at 1 July 2017		5,778,751	5,778,751
Surplus/(deficit) attributable to members of the entity		(2,104,203)	(2,104,203)
Balance at 30 June 2018		3,674,548	3,674,548

The entity has not restated comparatives when initially applying AASB 9, AASB 15, AASB 16, AASB 1058, the comparative information has been prepared in accordance with the previous accounting standards applicable for that period.

The accompanying notes form part of these financial statements.

Consolidated statement of cash flows

for the year ended 30 June 2019

	Note	2019 (\$)	2018 (\$)
Cash flows from operating activities			
Receipts from grants		8,313,160	4,354,815
Payments to suppliers and employees		(7,226,475)	(7,492,588)
Receipts from other customers		1,113,863	547,823
Interest received		89,966	111,146
Net cash provided by/(used in) operating activities	23	2,290,514	(2,478,804)
Cash flows from investing activities			
Purchase of property, plant and equipment		(401,089)	(139,696)
Term deposit investment during the year		(4,817,097)	—
Net cash provided by/(used in) investing activities		(5,218,186)	(139,696)
Cash flows from financing activities			
Net increase/(decrease) in cash and cash equivalents held		(2,927,672)	(2,618,500)
Cash and cash equivalents at beginning of year		5,319,336	7,937,836
Cash and cash equivalents at end of financial year	7	2,391,664	5,319,336

The accompanying notes form part of these financial statements.

Notes to the financial statements

for the year ended 30 June 2019

The financial report covers Aboriginal Health and Medical Research Council of NSW as an individual entity. Aboriginal Health and Medical Research Council of NSW is a not-for-profit entity, registered and domiciled in Australia.

The principal activities of the entity for the year ended 30 June 2019 were to represent, support and advocate for the members and their communities on Aboriginal health at state and national levels.

The functional and presentation currency of Aboriginal Health and Medical Research Council of NSW is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

Note 1 Basis of Preparation

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

Note 2 Change in Accounting Policy

The accounting policies and methods of computation are the same as those adopted in prior years except for the new and amended accounting standards which came into effect on 1 July 2018 and 1 January 2019, which are detailed below.

The 30 June 2019 financial statements, and respective notes to the financial statements have been prepared in accordance with the new and amended accounting standards. The accounting policies in note 3 below have also been updated to reflect the new and amended accounting standards in effect during the year.

The 30 June 2018 prior year comparatives have been prepared in accordance with the previous accounting standards applicable for that period. The relevant accounting policies for 30 June 2018 can be found in the entity's 2018 Annual Report, note 1 Summary of Significant Accounting Policies.

Note 3 Summary of Significant Accounting Policies

a / Income Tax

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

b / Leases

The determination of whether an arrangement is or contains a lease is based on the substance of the arrangement. This requires an assessment of whether the fulfilment of the arrangement is dependent on the use of a specific asset or assets and the arrangement conveys a right to use the asset.

Leases where the lessor retains substantially all the risks and benefits of ownership are classified as operating leases.

Finance leases, which transfer to the entity substantially all the risks and benefits incidental to ownership of the leased item, are capitalised at the inception of the lease at the fair value of the leased property or, if lower, at the present value of the minimum lease payments. Lease payments are apportioned between the finance charges and reduction of the lease liability so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised as an expense in profit or loss.

Capitalised leased assets are depreciated over the shorter of the estimated useful life of the asset and the lease term if there is no reasonable certainty that the entity will obtain ownership by the end of the lease term.

Operating lease payments are recognised as an expense in the Statement of profit or loss on a straight-line basis over the lease term. Lease incentives are recognised in the Statement of profit or loss as an integral part of the total lease expense.

c / Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the entity and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

Rendering of services

Revenue in relation to rendering of services is recognised depending on whether the outcome of the services can be estimated reliably. If the outcome can be estimated reliably then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period.

If the outcome cannot be reliably estimated, then revenue is recognised to the extent of expenses recognised that are recoverable.

d / Goods and services tax (GST)

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

Receivables and payable are stated inclusive of GST.

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

e / Property, plant and equipment

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

Items of property, plant and equipment acquired for nil or nominal consideration have been recorded at the acquisition date fair value.

Assets measured using the revaluation model are carried at fair value at the revaluation date less any subsequent accumulated depreciation and impairment losses. Revaluations are performed whenever there is a material movement in the value of an asset under the revaluation model.

Land and buildings

Land and buildings are measured using the revaluation model.

Plant and equipment

Plant and equipment are measured using the cost model.

Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity, commencing when the asset is ready for use.

Notes to the financial statements for the year ended 30 June 2019

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

Fixed asset class	Depreciation rate
Plant and Equipment	5%–40%
Motor Vehicles	25%

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

f / Cash and cash equivalents

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

g / Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

h / Adoption of new and revised accounting standards

Financial Instruments – Adoption of AASB 9

AASB 9, and related amendments, took effect for the entity on 1 July 2018, replacing AASB 139 Financial Instruments: Recognition and Measurement. AASB 9 consolidates the requirements for the classification and measurement of financial assets and liabilities, derecognition of financial instruments, impairment of financial assets and hedge accounting.

Financial assets

Under AASB 9, financial assets previously held at fair value continue to be measured at fair value, including any transaction costs directly attributable to the acquisition of the financial assets. Where financial assets are carried at fair value through the profit and loss, the transaction costs are expensed through profit or loss. Financial assets carried at amortised cost are subsequently measured at amortised cost using the effective interest method.

Cash is held at fair value. Trade receivables are initially recorded at the fair value amounts to be received and are subsequently measured at amortised cost using the effective interest method. The entity derecognises financial assets when the contractual rights to the cash flows from the financial assets have expired, or the entity transfers substantially all the risks and rewards associated with ownership of the financial asset.

Where receivables result from contracts with customers and do not contain a significant financing component, such receivables are measured at their transaction price as required by AASB 15 Revenue from Contracts with Customers. See further below for the entity's AASB 15 accounting policy.

Financial liabilities

A financial liability is derecognised upon extinguishment; when the obligation is discharged, cancelled or expires. Where there has been an exchange between an existing borrower and lender of debt instruments with substantially different terms, or there has been a substantial modification of the terms of an existing financial liability, such an exchange or modification is treated as a derecognition of the original financial liability and the recognition of a new financial liability. The difference in the respective carrying amounts is recognised in profit or loss.

Expected credit loss

AASB 9 introduces a new expected-loss impairment model that involves the timely recognition of a loss allowance for expected credit losses. This requires the entity to apply a forward-looking credit loss approach and allows the application of a simplified approach by recording lifetime expected credit losses on trade receivables.

The entity applies the simplified approach to its trade receivables and measures the loss allowance at an amount equal to lifetime expected credit losses. The impact of the application of the expected-loss impairment requirements of AASB 9 on the entity's trade and other receivables was not material.

Revenue from Contracts with Customers - Adoption of AASB 15

The entity has adopted AASB 15 Revenue from Contracts with Customers for the first time in the current year with a date of initial application of 1 July 2018.

The key changes to the entity's accounting policies and the impact on these financial statements from applying AASB 15 are described below.

The entity has applied AASB 15 using the cumulative effect method which means the comparative information has not been restated and continues to be reported under AASB 111, AASB 118 and related interpretations. All adjustments on adoption of AASB 15 have been taken to retained earnings at 1 July 2018.

Leases: Adoption of AASB 16

The new lease standard (AASB 16) will become effective from the annual reporting period commencing 1 July 2019. The entity early adopted AASB 16 using the modified retrospective approach under paragraph C8(b)(ii), along with practical expedients permitted by the standard. The modified retrospective approach does not require the restatement of comparative financial information.

Income of Not-for-Profit Entities: Adoption of AASB 1058

This Standard applies to annual reporting periods beginning on or after 1 January 2019. Earlier application is permitted, provided entities also apply AASB 15 Revenue from Contracts with Customers to the same period.

It clarifies and simplifies the income recognition requirements that apply to not-for-profit (NFP) entities, in conjunction with AASB 15 Revenue from Contracts with Customers. These Standards supersede all the income recognition requirements relating to private sector NFP entities and the majority of income recognition requirements relating to public sector NFP entities, previously in AASB 1004 Contributions.

As permitted by AASB 1058, the entity adopted AASB 1058 on modified retrospective basis, so that prior year comparative results have not been restated. The actual impact on equity upon adoption was \$13,650,000 due to recognition of peppercorn lease. The land component would not be depreciated in the future years. The building component will be depreciated over the useful life of the building.

Note 4 Critical Accounting Estimates and Judgements

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

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

The significant estimates and judgements made have been described below.

Key estimates – impairment of property, plant and equipment

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

The entity measures some of its assets at fair value on either a recurring basis, depending on the requirements of the applicable accounting standards. 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 transaction between independent, knowledgeable and willing market participants at the measurable date.

Key estimates – fair value of financial instruments

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

Key estimates – provisions

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 before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and time of in lieu. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Provision is made for employees' long service leave entitlements 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. The company's obligations for long-term employee benefits are presented as non-current employee provisions in its statement of financial position, except where the company 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 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.

Key estimates – receivables

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

Note 5 Revenue and Other Income

	2019 (\$)	2018 (\$)
Sales revenue		
State/Federal government grants – operating	4,228,008	3,034,675
Other organisations – operating	4,085,152	1,320,140
Total organisations – operating	8,313,160	4,372,815
Interest income		
Interest received from investments	119,283	111,146
Total interest income	119,283	111,146
Total revenue	8,432,443	4,483,961
Other income		
Charitable income and fundraising	136,445	1,738
RTO activities	20,676	420,868
Other	165,359	125,217
Total other income	322,480	547,823
Total revenue and other income	8,754,923	5,031,784

Notes to the financial statements
for the year ended 30 June 2019

Note 6 Result for the Year

The result for the year includes the following specific expenses:

	2019 (\$)	2018 (\$)
Expenses		
Rental expense on operating leases		
Minimum lease payments	432,757	538,092
Rates, utility and service charges	93,661	248,046
Total rental and occupancy expense	526,418	786,138
Audit, legal and consultancy expense		
Audit fee	48,000	47,000
Legal & professional fee	3,122	41,146
Consultancy expense	706,352	319,410
Total audit, legal and consultancy expense	757,474	407,556
Significant expenses		
Plant and equipment – depreciation	120,807	70,947
Motor vehicles – depreciation	27,928	26,273
Total depreciation expense	148,735	97,220
Plant and equipment		
Disposal at carrying value	—	(3,317)
Net gain/(loss) on disposals	—	(3,317)

Note 7 Cash and Cash Equivalents

	2019 (\$)	2018 (\$)
Cash on hand	—	387
Cash at bank	2,398,270	5,318,949
Total cash and cash equivalents	2,398,270	5,319,336

Reconciliation of cash

Cash and Cash equivalents reported in the statement of cash flows are reconciled to the equivalent items in the statement of financial position as follows:

	2019 (\$)	2018 (\$)
Cash and cash equivalents	2,398,270	5,319,336
Credit cards	(6,606)	—
Balance as per statement of cash flows	2,391,664	5,319,336

Note 8 Trade and Other Receivables

	2019 (\$)	2018 (\$)
Current		
Trade receivables	883,300	18,700
Total current trade and other receivables	<u>883,300</u>	<u>18,700</u>

Note 9 Other Financial Assets

	2019 (\$)	2018 (\$)
Current		
Term deposit investments	4,924,373	112,389
Total other financial assets	<u>4,924,373</u>	<u>112,389</u>

Note 10 Other Assets

	2019 (\$)	2018 (\$)
Current		
Prepaid expense	195,759	81,934
Accrued income	29,318	—
Shares held	5,113	3,548
Total other assets	<u>230,190</u>	<u>85,482</u>

Notes to the financial statements
for the year ended 30 June 2019

Note 11 Property, plant and equipment

	2019 (\$)	2018 (\$)
Land and Buildings		
Land and Building		
At fair value		
At independent valuation	13,650,000	—
Total land and buildings	13,650,000	—
Plant and equipment		
Capital works in progress		
At cost	60,646	—
Total capital works in progress	60,646	—
Furniture and Equipment		
At cost	1,998,946	1,658,499
Accumulated depreciation	(1,583,363)	(1,363,765)
Total furniture and equipment	415,583	294,734
Motor vehicles		
At cost	111,713	111,713
Accumulated depreciation	(83,361)	(55,433)
Total motor vehicles	28,352	56,280
Total plant and equipment	14,154,581	351,014

a / Movements in carrying amounts of property, plant and equipment

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

	Works in Progress (\$)	Land & Buildings (\$)	Furniture & Equipment (\$)	Motor Vehicles (\$)	Total (\$)
Year ended 30 June 2019					
Balance at the beginning of the year	—	—	294,734	56,280	351,014
Additions	60,646	—	340,442	—	401,088
Additions at fair value	—	13,650,000	—	—	13,650,000
Depreciation expense	—	—	(120,801)	(27,928)	(148,729)
Prior year depreciation recognised in equity	—	—	(98,791)	—	(98,791)
Balance at the end of the year	60,646	13,650,000	415,584	28,352	14,154,582
Year ended 30 June 2018					
Balance at the beginning of year	—	—	229,301	82,553	311,854
Additions	—	—	139,696	—	139,696
Disposals	—	—	(3,317)	—	(3,317)
Depreciation expense	—	—	(70,946)	(26,273)	(97,219)
Balance at the end of the year	—	—	294,734	56,280	351,014

b / Asset revaluations

Land and buildings were independently valued at 17 July 2019 by MMJ Advisory. The valuation is based on present value of the market rental of the market lease less the lessee's contribution to any outgoings to determine a reasonable market profit rental. The present value of the profit rental has been obtained at an assessed rate of return.

Note 12 Trade and Other Payables

	2019 (\$)	2018 (\$)
Current		
Trade payables	282,495	41,789
GST payable	11,581	(59,245)
Accrued expense	96,869	63,550
Other payables	54,022	46,958
Total trade and other payables	444,967	93,052

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

Notes to the financial statements
for the year ended 30 June 2019

Note 13 Other Liabilities

	2019 (\$)	2018 (\$)
Current		
Income received in advance	824,000	—
Total other liabilities	824,000	—

Note 14 Provisions

	2019 (\$)	2018 (\$)
Current		
Provisions	2,021,564	2,025,156
Total current provisions	2,021,564	2,025,156
Non-current		
Provisions	45,582	9,165
Total non-current provisions	45,582	9,165

a / Movement in carrying amounts – detailed table

	Employee Benefits (\$)	Leasehold building Maintenance (\$)	Total (\$)
Current			
Opening balance at 1 July 2018	135,505	1,889,651	2,025,156
Additional provisions raised during the year	208,794	—	208,794
Provisions used	(166,804)	—	(166,804)
Balance at 30 June 2019	177,495	1,889,651	2,067,146

Employee Provisions

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

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

Note 15 Prior Year Adjustment

Assets at the college campus were not depreciated since 2014. This was an incorrect treatment of assets under AASB 116. This year the assets have been depreciated and have been recognised as prior year adjustment. The total impact of this prior year adjustment to retained earnings is \$98,791.

Note 16 Capital Management

The entity manages its capital to ensure that adequate cash flows are generated to fund its mentoring programs and that returns from investments are maximised within tolerable risk parameters. The Executive committee ensures that the overall risk management strategy is in line with this objective.

The Executive committee operates under policies approved by the board of directors. Risk management policies are approved and reviewed by the board on a regular basis. These include credit risk policies and future cash flow requirements.

The company capital consists of financial liabilities, supported by financial assets.

Management effectively manages the company's capital by assessing the financial risks and responds to changes in these risks in the market. These responses may include the consideration of debts levels.

There have been no changes to the strategy adopted by management to control the capital of the company since the previous year. The strategy of the company is to minimise debt, maximise returns and to manage cash flow timing to ensure that funds are available, without penalty or loss of interest, to meet the requirements of the programs.

Note 17 Capital and Leasing Commitments

a / Operating lease commitments

	2019 (\$)	2018 (\$)
Minimum lease payments under non-cancellable operating leases:		
Not later than one year	273,426	—
Total lease commitments	273,426	—

The property lease commitments are non-cancellable operating leases contracted for but not recognised in the financial statements with a five-year term. Increase in lease commitments may occur in line with the Consumer Price Index (CPI).

Notes to the financial statements

for the year ended 30 June 2019

Note 18 Financial Risk Management

The entity's overall risk management plan seeks to minimise potential adverse effects due to the unpredictability of financial markets.

The most significant financial risks to which the entity is exposed to are described below:

Specific risks

- + Liquidity risk
- + Credit risk
- + Market risk – interest rate risk and price risk

Financial instruments used

The principal categories of financial instrument used by the entity are:

- + Trade receivables
- + Cash at bank
- + Investments in listed shares
- + Trade and other payables

	2019 (\$)	2018 (\$)
Financial assets		
Cash and cash equivalents	2,398,270	5,319,336
Trade receivables and other assets	1,113,489	104,182
Other financial assets	4,924,373	112,389
Total financial assets	8,436,132	5,535,907
Financial liabilities		
Trade payables and other liabilities	451,573	93,052
Long term loan	—	85,000
Total financial liabilities	451,573	178,052
Total net financial asset	7,984,559	5,357,855

Financial Risk Management Policies

The entity is responsible for monitoring and managing the entity's compliance with its risk management strategy and consists of senior Board members and staff. The board's overall risk management strategy is to assist the entity in meeting its financial targets while minimising potential adverse effects on financial performance. Risk management policies are approved and reviewed by the Executive committee on a regular basis. These include credit policies and future cash flow requirements.

a / Liquidity risk

Liquidity risk arises from the entity's management of working capital and the finance charges and settling its debts or otherwise meeting its obligations related to financial liabilities. The entity manages this risk through the following mechanisms:

- + preparing forward-looking cashflow analysis in relation to its operational, investing and financing activities;
- + maintaining a reputable credit profile;
- + managing credit risk related to financial assets;
- + only investing surplus cash with major financial institutions; and comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

The entity's policy is to ensure that it will always have sufficient cash to allow it to meet its liabilities as and when they fall due. The entity maintains cash and marketable securities to meet its liquidity requirements for up to 30-day periods.

The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates and does not reflect management's expectations that banking facilities will be rolled forward.

The table below reflects the undiscounted contractual maturity analysis for non-derivative financial liabilities. The entity does not hold directly any derivative financial liabilities.

	Within 1 Year		1 to 5 Years		Total	
	2019 (\$)	2018 (\$)	2019 (\$)	2018 (\$)	2019 (\$)	2018 (\$)
Financial liabilities due for payment						
Accounts payable and other payables (excluding estimated annual leave and deferred income)	451,573	93,052	—	85,000	451,573	178,052
Property lease liabilities	273,426	341,757	—	86,278	273,426	428,035
Balance at the end of the year	724,999	434,809	—	171,278	724,999	606,087
Financial assets – cashflows realisable						
Cash and cash equivalents	2,398,270	5,319,336	—	—	2,398,270	5,319,336
Accounts receivable and other debtors	1,113,490	22,258	—	194,323	1,113,490	216,581
Total contractual inflows	3,511,760	5,341,594	—	194,323	3,511,760	5,535,917

b / Credit risk

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in a financial loss to the entity.

Credit risk arises from cash and cash equivalents and deposits with banks and financial institutions, as well as credit exposure to outstanding receivables and committed transactions. The entity does not have any material credit risk exposure as its major source of revenue is the receipt of grants.

The credit is further mitigated as over 90% of the grants being received from state and federal governments are in accordance with funding agreements which ensure regular funding for a period of 12 months.

Notes to the financial statements for the year ended 30 June 2019

c / Interest rate risk

The entity's exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows or fair value of fixed rate financial instruments.

The financial instruments which expose the entity to interest rate risk are limited to government and fixed interest securities, and cash on hand.

The following table illustrates the sensitivity of the net result for the year and equity to a reasonably possible change in interest rates of +2.00% and -2.00% (2018: +2.00%/-2.00%), with effect from the beginning of the year. These changes are considered to be reasonably possible based on observation of current market conditions and economist reports.

The calculations are based on the financial instruments held at each reporting date. All other variables are held constant.

	2019		2018	
	+2.00%	-2.00%	+2.00%	-2.00%
	(\$)	(\$)	(\$)	(\$)
Net results	98,487	(98,487)	106,387	(106,387)
Equity	98,487	(98,487)	106,387	(106,387)

d / Price risk

Price risk relates to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices of securities held being available-for-sale or fair value through profit and loss.

The entity's investments are held in the following sectors at reporting date:

	2019	2018
Banking and finance	100%	100%
	100%	100%

Sensitivity analysis

The following table illustrates sensitivities to Aboriginal Health and Medical Research Council of NSW's exposures to changes in the interest rates and equity prices. The table indicates the impact on how surplus and equity values reported at the end of the reporting year would have been affected by changes in the relevant risk variable that management considers to be reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

Note 19 Members' Guarantee

The company is incorporated under the Corporations Act 2001 and is an entity limited by guarantee. It is regulated under the Australian Charities and Not-for-profits Commission Act 2012. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2019 the number of members was 46 (2018: 49).

Note 20 Key Management Personnel Remuneration

Person(s) having authority and responsibility for planning, directing and controlling the activities of the company directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel. The totals of remuneration paid to the key management personnel of Aboriginal Health and Medical Research Council of NSW during the year are as follows:

	2019 (\$)	2018 (\$)
Short-term employee benefits	689,781	475,422
Total key management personnel remuneration	689,781	475,422

Note 21 Contingencies

In the opinion of those charged with governance, the entity did not have any contingencies at 30 June 2019 (30 June 2018: None).

Note 22 Related Parties

a / The entity's main related parties are as follows

Key management personnel – refer to Note 20.

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

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated. There were no other related party transactions during the year.

Notes to the financial statements
for the year ended 30 June 2019

Note 23 Cash Flow Information

a / Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

	2019 (\$)	2018 (\$)
Surplus/(deficit) for the year	2,022,237	(2,104,203)
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
+ depreciation and amortisation	148,730	97,219
+ net gain/(loss) on disposal of property, plant and equipment	—	3,317
Changes in assets and liabilities:		
(increase)/decrease in trade and other receivables	(864,600)	(7,959)
(increase)/decrease in other assets	(139,595)	210,941
increase/(decrease) in trade and other payables	233,598	(537,949)
(increase)/decrease in other liabilities	33,319	—
increase/(decrease) in income in advance	824,000	—
increase/(decrease) in provisions	32,825	(140,170)
Net cashflows from operating activities	2,290,514	(2,478,804)

Note 24 Events after the end of the Reporting Period

The financial report was authorised for issue on 28 August 2019 by those charged with governance.

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

Note 25 Statutory Information

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

Aboriginal Health and Medical Research Council of NSW

Level 3, 66 Wentworth Avenue
SURRY HILLS NSW 2010

Aboriginal Health and Medical Research Council of NSW

ABN: 66 085 654 397


Directors' Declaration

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


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

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

Chairperson


Scott Monaghan

Deputy Chairperson


Laverne Bellear

Dated

28th day of August 2019.

28/08/2019



Independent Auditor's Report

To the Members of Aboriginal Health and Medical Research Council of NSW

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Aboriginal Health and Medical Research Council of NSW (the entity), which comprises the statement of financial position as at 30 June 2019, the statement of profit and loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the declaration by Directors.

In our opinion, the accompanying financial report of the Aboriginal Health and Medical Research Council of NSW is in accordance with the Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the entity's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

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

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

Other Information

Directors are responsible for the other information. The other information comprises the information contained in the entity's Annual Report for the year ended 30 June 2019 but does not include the financial report and our auditor's report thereon.

The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is the Crowe Australasia external audit division. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.

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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 Directors and Those Charged with Governance for the Financial Report

Directors are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting and for such internal control as management determines 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, management is responsible for assessing the 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 management either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

Directors are responsible for overseeing the entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from 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 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 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 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 those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during the audit.

Crowe Audit Australia

CROWE AUDIT AUSTRALIA

A handwritten signature in black ink, appearing to read "John Thompson".

John Thompson
Audit Partner
Registered Company Auditor No. 302046

Dated at Dubbo on the 28th August 2019

About the artwork: Yamanha

“Yamanha” means accompany and it’s exactly how AH&MRC helps to support, nurture and improve the standards of Aboriginal health in communities.

The song line to this artwork is AH&MRC of NSW in the centre meeting place with the coloured circles of their logo. Half circles are all the staff, support staff, professional research and medical team who continually work out better ways to improve the health for Aboriginal people.

This meeting place has pathways leading out to communities. The core messages of trust, compassion and better health standards are brought out to all communities across the state.

The blue colours are the coastal communities, the green of the suburban and bush country and the browns colours of the outback which represents our whole state of NSW. The small circles are the major towns in those communities with roads, tracks and pathways helping the staff of AH&MRC to connect and improve the standards of living. The bright colours are our people gaining their health and feeling happy thanks to the help of AH&MRC.

This artwork was created by local Indigenous Dalmarri artists and owners, Trevor and Jason.

dalmarri.com.au



**Aboriginal Health &
Medical Research
Council of NSW**
www.ahmrc.org.au