

Our People to Live Stronger and Longer

2021–2022 Annual Report



Aboriginal
Health & Medical
Research Council
of NSW

Acknowledgement of Country

The Aboriginal Health & Medical Research Council (AH&MRC) office is in Little Bay, Sydney New South Wales (NSW). We acknowledge the Bidjigal and Gadigal Clans, who traditionally occupy the lands along the Sydney Coast, and pay our respect to Elders past, present and emerging.



Dedications

This report is dedicated to the staff working in our Aboriginal Community Controlled Health Organisations (ACCHOs) across NSW. Your commitment to improving the health and wellness of First Nations people is unrivalled. Thank you for working on the frontlines of the COVID-19 pandemic, and for keeping our communities safe.

Contents

Acronyms

Section 1: Our Organisation **1**

About this report	2
Theme of this year's report	2
Our audience	2
About AH&MRC	3
At a glance	4
Our Member Services	5
Strategic plan for 2022-2025	7
Membership list	8
Members map	9

Section 2: Our Leadership **11**

Message from the Chairperson	12
Message from the CEO	14
Board of directors	16
AH&MRC organisational structure	18
2021-2022 year in review	19
2021-2022 highlights	20

Section 3: Our Business Performance **22**

Health Programs team	23
Registered Training Organisation	30
Ethics and Research	32
Business Development team	34
Policy and Public Health team	36
Service Performance and Quality team	38

Section 4: Emergency Response **41**

COVID-19 and vaccinations	42
Flood response and prevention	45

Section 5: Our Members – Success Stories **47**

Section 6: Financial Reporting **51**

Acronyms

ACCHC	Aboriginal Community Controlled Health Committee
ACCHO	Aboriginal Community Controlled Health Organisation
ACCHRS	Aboriginal Community Controlled Health Related Service
AGM	Annual General Meeting
AH&MRC	Aboriginal Health and Medical Research Council
AHPRA	Australian Health Practitioner Regulatory Authority
AHRC	Aboriginal Health Resource Co-operative
AHS	Aboriginal Health Service
AHW	Aboriginal Healthcare Worker
AMS	Aboriginal Medical Service
AOD	Alcohol and Other Drugs
CAPO	Coalition of Aboriginal Peak Organisations
CEO	Chief Executive Officer
CQI	Continuous Quality Improvement
CTG	Close The Gap
EA	Executive Assistant
FARM	Finance, Audit & Risk Management
GP	General Practitioner
HREC	Human Research Ethics Committee
IHWT	Indigenous Health Workforce Traineeship
IPEPA	Indigenous Program of Experience in the Palliative Approach
KCC	Kyanga Cultural Consultancy
LHD	Local Health District
MBS	Medical Benefits Scheme
MHR	My Health Record
MOU	Memorandum of Understanding
NACCHO	National Aboriginal Community Controlled Health Organisation
NAIDOC	National Aborigines and Islanders Day Observance Committee
NDIS	National Disability Insurance Scheme
NH&MRC	National Health and Medical Research Council
NIAA	National Indigenous Australians Agency
NRT	Nicotine Replacement Therapy
NSW	New South Wales
NSWALC	New South Wales Aboriginal Land Council
PHIT	Public Health and Intelligence Team
PHN	Primary Health Network
PIMS	Patient Information Management System
PPE	Personal Protective Equipment
RACGP	Royal Australian College of General Practitioners
RDN	Rural Doctors Network
RTO	Registered Training Organisation
SEWB	Social and Emotional Wellbeing
SPQ	Service Performance and Quality Team
TIS	Tackling Indigenous Smoking
WNTD	World No Tobacco Day

The background is a solid purple color with a pattern of small, light purple circles of varying sizes. A large, thick, light purple abstract shape curves from the top left towards the bottom center. In the bottom right corner, there are faint, stylized light purple shapes that resemble leaves or petals.

Section 1

Our Organisation

About this report

This Annual Report provides detailed information on who we are, how we have supported our Member Services to deliver high quality health care, and how we have improved health outcomes of Aboriginal people in NSW.

While the impacts of the COVID-19 pandemic peaked in 2021 in Australia, this report celebrates our achievements across each of the AH&MRC's business divisions and illustrates how we've been able to continue our important work despite such a disruptive and challenging year.



Theme of this year's report

This year's theme is 'Our People to Live Stronger and Longer', reflects the direction the AH&MRC has taken in our strategic plan for 2022 - 2025. This theme signifies that AH&MRC's plan will continue to provide the best practices and remain relevant by addressing all health issues and lengthening the quality of life for First Nations people. The AH&MRC will continue to lead by example to ensure that all of our health partnerships, staff and government recognise and respect the rich cultural heritage and diversities of our First Nations communities in NSW.

Our audience

The Annual Report is a useful publication for the following groups:

- + Our Member Services who continue to work and improve the health and wellbeing of Aboriginal people in NSW.
- + Our funding bodies including National Aboriginal Community Controlled Health Organisation (NACCHO), and State and Federal governments who provided funding and grants this year.
- + Our industry partners who collaborate to develop and implement evidence-based health programs and promotions.
- + AH&MRC staff who are committed to strengthening the Aboriginal Community Controlled Health Sector.
- + Members of the general public who want to know who we are and learn about the social impact of the work we do.
- + Policy makers who want to learn more about Closing the Gap (CTG) and our policy priority areas.



About AH&MRC

The AH&MRC is the voice on Aboriginal Health and peak body representing ACCHOs in NSW that play a vital role in addressing the needs of Aboriginal people and improving Aboriginal health outcomes.

We support 48 ACCHOs to deliver culturally safe, high-quality primary health care services to Aboriginal communities across NSW.

In partnership with Aboriginal and non-Aboriginal health organisations at a local, state and national level, we address the social determinants of health and wellbeing for Aboriginal people. We work to strengthen the ACCHO workforce and ensure Aboriginal people are involved in the decision-making and delivery of health services.



Left: First Aboriginal Medical Service Redfern 1971

Our history

The AH&MRC, formerly the Aboriginal Health Resource Co-op (AHRC), was established in 1985 following a recommendation of the Brereton Report by the NSW Aboriginal Task Force on Aboriginal Health in 1982-83.

The Report recognised Aboriginal Community control as a crucial element in laying the foundation for a better standard of health care for Aboriginal people. The role of the AH&MRC, is to advocate, advise and support ACCHOs in administering and improving holistic health outcomes for Aboriginal Communities in NSW.

Since the first ACCHO was established in Redfern in 1971, there are now more than 140 ACCHOs across Australia.



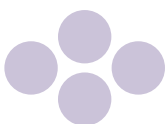
Our purpose

The AH&MRC works for its Member Services across NSW to ensure access to an adequately resourced and skilled workforce who can provide high quality, comprehensive primary health care services for Aboriginal Communities.



Our vision

That ACCHOs are sustainable, driving holistic and culturally strong approaches to addressing health inequities for Aboriginal people in NSW.



Our values

Our fundamental values are unity, loyalty, inclusion, and respect. We provide professional development opportunities for staff through career planning sessions and encourage a supportive work culture. These values reflect our commitment to strengthen Indigenous employment opportunities and extend further professional support to our Member Services.

At a glance

Member Services

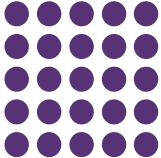
 **48** 2022 **Members**

 **47** 2021 **Members**

Member service regions

15	8	11	14
Northern NSW	Metro NSW	Southern NSW	Western NSW

Executive team

 **25** Went on 25 **site visits**

Service Performance and Quality team

15 **Training sessions**
Provided 15 Continuous Quality Improvement (CQI) training sessions to **8 Member Services**

Health Programs team

 **350+**
employees engaged over the duration of all workforce training

Business Development team

 **20** Indigenous **Trainees** recruited

Our Member Services

ACCHOs are leading the way to deliver high quality, culturally safe services to Aboriginal communities.

The Constitution and Regional Model was endorsed at the 2019 Annual General Meeting and remains the same. This consolidated twelve Membership regions to four regions. Two Directors for each region were elected to represent Member Services as part of the new Regional Model.

The four Membership regions in NSW are:

- + Metropolitan region
- + Northern region
- + Southern region
- + Western region

Full membership (ACCHOs)

Our 48 Member Services are guided by Aboriginal communities to deliver comprehensive health care services. ACCHOs are non-profit organisations that:

- + Provide holistic and culturally appropriate primary health care and Aboriginal health related services to their communities.
- + Are governed by an Aboriginal board of management elected by their local Aboriginal community.

Associate membership

Associate Members are Aboriginal Community Controlled Health Committees (ACCHC) or Aboriginal Community Controlled Health Related Services (ACCHRS) who are led by Aboriginal communities to deliver comprehensive and culturally appropriate health related services.

- + **ACCHC:** A non-profit incorporated Aboriginal Community Controlled Organisation operating in the state which is elected and governed by a local Aboriginal community with the aim to establish an ACCHO. *There are currently no ACCHC Associate Members.*
- + **ACCHRS:** A non-profit incorporated Aboriginal Community Controlled Organisation that specialises in Aboriginal health related services and is:
 - Committed to the definition of Aboriginal holistic health.
 - Is elected and governed by a local Aboriginal community.
 - Operates an Aboriginal community multi-purpose centre, health post or clinic in association with, or receives satellite services through, an ACCHO such as Link-Up or Ngaimpe Aboriginal Corporation – The Glen Centre.

Membership benefits

The AH&MRC provides support, training and services to ensure Member Services are able to deliver comprehensive health care to their communities. The AH&MRC offers support in the following areas:

Governance and management

The AH&MRC provides regular governance training to its Member Services. We provide support for Member Services in understanding the Acts, the Rule Books and Constitutions, the sequence of a board meeting, financial report reading and interpretation.

Strategic advice and support

The AH&MRC assists our Member Services with their strategic plans and provides business support. The AH&MRC identifies grant and funding opportunities and assists in applications. We also assist in writing policy submissions and advocating for our Member Services to key ministers and stakeholders.

CQI

The AH&MRC has a dedicated Service Performance and Quality Team to assist with a Member Service's clinical governance and Medicare claims. We can also assist in data cleansing of the Patient Information Management Systems (PIMS).

Education and workforce

AH&MRC's Registered Training Organisation (RTO) provides culturally competent training to increase the skills of our Member Services workforce. Our RTO courses are Nationally Accredited and AHPRA Accredited.

Communication and engagement

The AH&MRC assists with communications and marketing activities including advertising Member Services job opportunities, programs and services, as well as creating culturally competent resources and communications assets that are relevant and engaging for Aboriginal communities.

COVID-19 response

The AH&MRC has a dedicated COVID-19 Response Team who assist Member Services with COVID-19 vaccination roll-out, Personal Protective Equipment (PPE) and resources. The AH&MRC COVID-19 Response Team have regular meetings with the NSW Ministry of Health and have regular communications with our Member Services through fortnightly teleconferences in conjunction with NSW Ministry of Health and the Centre for Aboriginal Health.

Networking opportunities

In partnership with the Royal Australian College of General Practitioners (RACGP), the AH&MRC convenes a General Practitioner (GP) Advisory Committee. The GP Advisory Committee brings together GPs and practitioners to network and share knowledge. The AH&MRC also hosts an Executive Assistant (EA) network for EAs from across the sector to share skills and experience.



Strategic plan for 2022 – 2025

The Strategic Plan is being developed by the Board of AH&MRC of NSW in collaboration with the AH&MRC staff, Members, and key stakeholders.

The new vision and modelling will enable **Our People to Live Stronger and Longer.**

AH&MRC's Work AH&MRC's work will be informed by research and best practices and remain relevant.

Our People Refers to AH&MRC staff, our Aboriginal Members, Associate Members, their staff, and the communities they serve.

Live Stronger Refers to having the social determinants of health addressed and Aboriginal culture respected.

Live Longer The quality and length of life continues to grow.

More details to come in the new financial year.



Membership list

Metropolitan region

- 1 Aboriginal Medical Service Co-Operative Ltd Redfern
- 2 Awabakal Newcastle Aboriginal Co-Operative Ltd
- 3 Link-Up NSW
- 4 Marrin Weejali Aboriginal Corporation
- 5 The Glen Centre (Ngaimpe Aboriginal Corporation)
- 6 Tharawal Aboriginal Corporation
- 7 Ungooroo Aboriginal Corporation
- 8 Yerin Eleanor Duncan Aboriginal Health Centre

Southern region

- 9 Albury Wodonga Aboriginal Health Service Inc.
- 10 Brungle Aboriginal Health Service
- 11 Cummeragunja Housing & Development Aboriginal Corporation – Viney Morgan Clinic
- 12 Griffith Aboriginal Medical Service Inc.
- 13 Illawarra Aboriginal Medical Service Aboriginal Corporation
- 14 Katungul Aboriginal Corporation Regional Health & Community Services
- 15 Murrin Bridge Aboriginal Health Service Inc.
- 16 Riverina Medical & Dental Aboriginal Corporation
- 17 South Coast Medical Service Aboriginal Corporation
- 18 The Oolong Aboriginal Corporation
- 19 Waminda – South Coast Women’s Health & Welfare Aboriginal Corporation

Western region

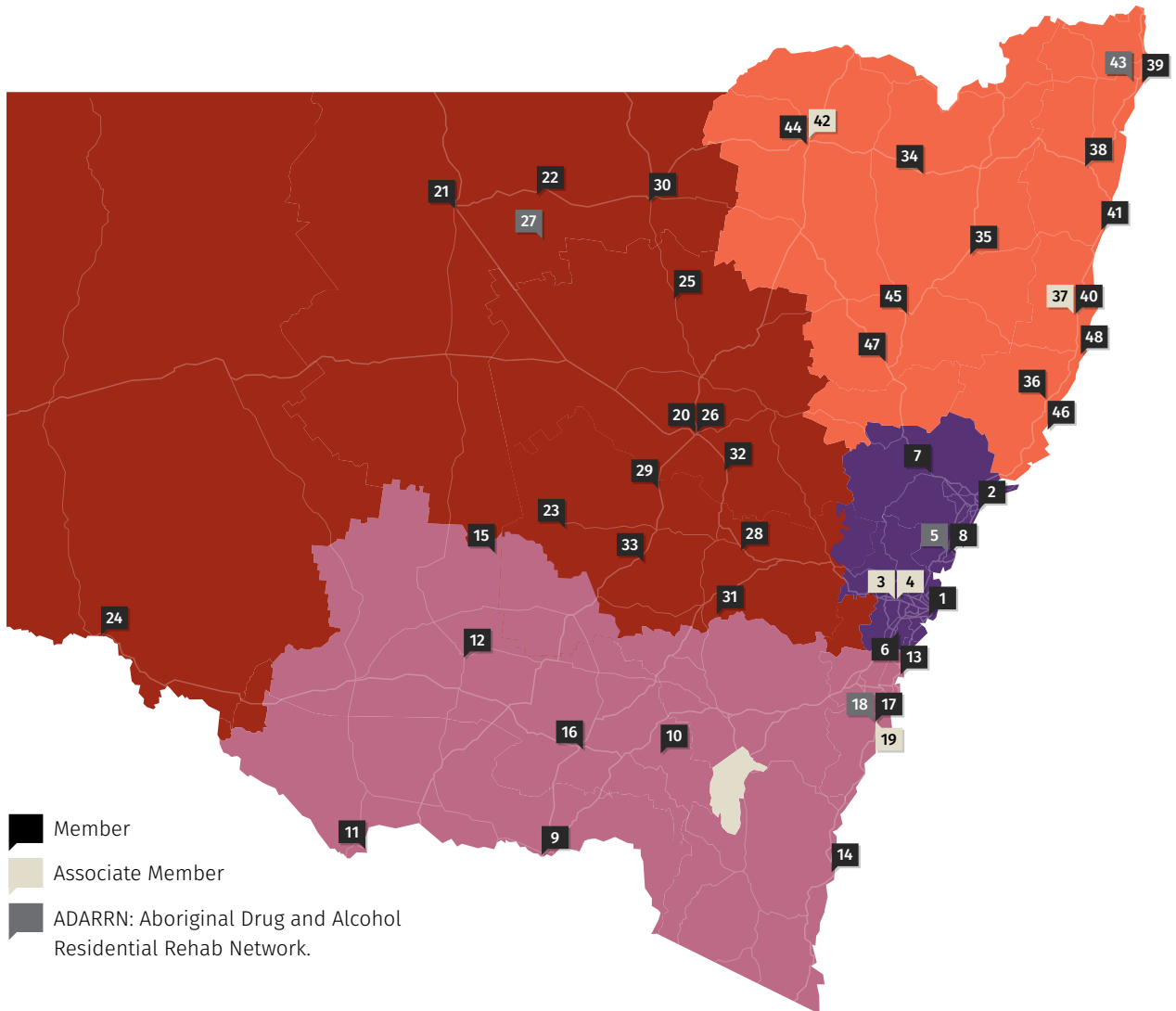
- 20 Bila Muuji Aboriginal Corporation Health Service
- 21 Bourke Aboriginal Health Service Ltd
- 22 Brewarrina Aboriginal Health Service
- 23 Condobolin Aboriginal Health Service Ltd
- 24 Coomealla Health Aboriginal Corporation
- 25 Coonamble Aboriginal Health Service Inc.
- 26 Dubbo Aboriginal Medical Service
- 27 Orana Haven Aboriginal Corporation
- 28 Orange Aboriginal Health Service Inc.
- 29 Peak Hill Aboriginal Medical Service Inc.
- 30 Walgett Aboriginal Medical Service Limited
- 31 Weigelli Centre Aboriginal Corporation
- 32 Wellington Aboriginal Corporation Health
- 33 Yoorana-Gunya Family Healing Centre Aboriginal

Northern region

- 34 Armajun Aboriginal Health Service Inc.
- 35 Armidale Aboriginal Health Service – Pat Dixon Medical Centre
- 36 Biripi Aboriginal Corporation Medical Centre
- 37 Booroongen Djugun Aboriginal Corporation
- 38 Bulgarr Ngaru Medical Aboriginal Corporation
- 39 Bullinah Aboriginal Health Service
- 40 Durri Aboriginal Corporation Medical Service
- 41 Galambila Aboriginal Health Service Inc.
- 42 Maayu Mali Residential Rehabilitation
- 43 Namatjira Haven Drug & Alcohol Healing Centre
- 44 Pius X Aboriginal Corporation
- 45 Tamworth Aboriginal Medical Service Inc.
- 46 Tobwabba Aboriginal Medical Service Inc.
- 47 Walhallow Aboriginal Health Corporation
- 48 Werin Aboriginal Corporation Medical Clinic



Members map



Aboriginal Community Controlled Health Organisations

Community controlled, holistic primary health care

ACCHOs are dedicated to deliver culturally safe, primary health care to Aboriginal people.

For Aboriginal people, primary health is about the whole of community approach to achieve good health and wellbeing.

Health care professionals working together

Large ACCHOs employ medical practitioners, Aboriginal health care workers and nurses. Small services rely on Aboriginal health workers and nurses for the delivery of primary health care services.

ACCHOs are the first point of care for Aboriginal patients.

Delivering a range of health care services

Health care services that are preventative and focus on health education including:

- + Child and maternal health
- + Oral and dental health
- + 715 health checks
- + Eye and ear health
- + Preventative programs to quit smoking and health and wellbeing
- + Social emotional and well being services.



Section 2

Our Leadership



Message from the Chairperson

This year, the COVID-19 pandemic has still created challenges for all of NSW, but in spite of lockdowns and restrictions the AH&MRC Board have managed to achieve several milestones and also collectively worked on a new vision and strategic plan for the years 2022–2025.

Before I delve into these achievements, I would first like to acknowledge the legacy of AH&MRC, Elders past and present, and our emerging leaders. These leaders have laid the foundation of AH&MRC's success and the organisation's achievements this financial year would not have been possible without them. I also acknowledge the Executive and all Staff of AH&MRC, CEO Rob Skeen, Company Secretary Charlie Coyle, Deputy Chairperson Kane Ellis, Directors, Lyn Kilby, Tracy Singleton, Kenneth Knox, Stacy Parry, Lindsay Hardy and Aunty Val Keed.

The new Strategic direction of AH&MRC

The AH&MRC Board of Directors has been proactive in setting a new direction of change for the AH&MRC. The new strategic plan for 2022-2025 will focus on creating research and best practices for all our community and people. In reality, the vision is directed to helping our people live longer and healthier lives with all aspects

of health and wellbeing. The vision will allow AH&MRC to focus on building the capacity of our ACCHOs in NSW, while challenging State and Federal Governments, as well as Primary Health Networks (PHN), on how our Member Services should be engaged.

The new strategic plan will also focus on education and training and with the expansion of the RTO Training centre (AHMRC Training), we will be able to provide the right resources to our Aboriginal workforce and Members to ultimately live stronger and longer. This vision and strategic plan was completed with all Members Services in NSW.

Board highlights

The AHRMC Board of Directors, through the Finance, Audit & Risk Management Committee (FARM) have worked closely with CEO & Director, Finance & Corporate Services ensuring we are in line with all funding bodies and funding agreements.



Additionally, we have delivered a small surplus for the Financial Year 2021/2022 and continue to maintain a healthy balance sheet. We have had a healthy input into our Financial Year 2022/2023 budgeting processes, this is transparent and realigns to the current AH&MRC operations.

Closing the Gap

On behalf of the AH&MRC Board of Directors, I would like to congratulate Robert Skeen, AH&MRC's CEO and the Policy Team, for being involved in numerous NSW Government meetings and consultations in working towards an increase in engagement with Member Services in relation to Parliamentary inquiries, policy submissions and participation in NSW Closing the Gap meetings.

The outcomes of these meetings has resulted in AH&MRC contributing to the development of the Jurisdictional Implementation Plan on Closing the Gap.

Ethics

I would like to congratulate the Human Resources Ethics Committee (HREC) and all the Elders who have participated over the years, for winning the 2022 Indigenous Governance Awards. This was an enormous achievement from all involved, and already this year was a big year for the HREC Committee, as they celebrate 25 years of being a Ethics Committee. HREC were also able to field upward of 127 new applications and 76 publications in the 2021–2022 financial year.

Acknowledgements

I would like to thank our key stakeholders: NACCHO, CAPO, NSW Health, the Ministry of Health and the Department of Health for their ongoing support of AH&MRC, its Membership and Aboriginal communities across NSW.

I would like to acknowledge the staff of the AH&MRC for their ongoing support during these challenging times. Thank you for ensuring Members Services are kept up to date with the latest training, COVID-19 updates, as well as provision of PPE stock and supplies.

The Board of Directors and I look forward to the 2022–2023 financial year where we will continue to serve Aboriginal communities in NSW, and ensure that health care is culturally safe, accessible and tailored to the needs of our communities.



Phillip Naden
Chairperson of the Board



Message from the CEO

In the 2021–2022 financial year the AH&MRC continued to work closely with our Member Services in a culturally respectful way, ensuring all mobs are catered for in the design and delivery of the health care services in NSW, and also being part of the emergency response for COVID-19 and floods.

Furthermore, this year has been about creating and launching our strategic plan for 2022–2025 and making sure that all areas of the business are aligning with the new changes from both Federal and NSW Governments. Our vision was an important part of this strategic plan and we wanted AH&MRC's work through research and best practices with health which would allow us to provide our mob with strategies to live long and healthy lives.

Hence the new vision will be AH&MRC's work to enable Our People to Live Stronger and Longer.

Emergency response

Responding to COVID-19 is an evolving process, given the nature of the virus. This past financial year, AH&MRC has been on the front foot of research, partnerships and providing timely updates and information to our Member Services. Our dedicated COVID-19 Response Team has ensured our Member Services have access to PPE, funding, a skilled workforce and communications to keep their communities safe.

As a result of our vision, we were fortunate enough to partner with BHP Foundation who donated much needed funds to purchase a motorhome that has since been converted into a clinic to allow services to do outreach events. The primary aim was to increase access to vaccination, however it has also been outfitted to allow for a variety of holistic healthcare, specifically routine health checks.

In addition, we launched numerous Communication strategies to promote COVID-19 and flu vaccinations that we promoted on TV as well as collateral utilised by our Member Services.

Although the easing of restrictions has allowed our Member Services to maintain full capacity, we are still working closely with the NSW Government in making sure we are providing the resources and information we can to our Member Services in a timely manner.



Health sector

With the merging and naming of the new department within our Health Programs team we are now able to tailor more initiatives to all areas of health and wellbeing. This will be a growing department with a key focus to launch new strategies for all areas of health and maintain experienced staff to manage these areas for our Member Services.

One of AH&MRCs key priorities for the last financial year was for Member Services to ensure our communities are getting the help and support they need. The key areas impacted were our rural communities, who were offered education and support relating to basic health necessities.

Reviewing policy and advocacy work

The AH&MRC advocates for policy reform to improve the health outcomes of First Nations people at every given opportunity. As a result of the AH&MRC policy team expansion, we have been able to increase the amount of consultation with members and be able to represent the ACCHOs within NSW at Parliamentary inquiries, policy submissions, and extend our participation in NSW Closing the Gap meetings. These Aboriginal health initiatives mean that we will be funded by the NSW Government in the 2022-23 Budget.

Ethics and research

In its 25th year, not only did the Human Research Ethics Committee (HREC) review a record number of applications, the Committee also received an Indigenous Governance Award from Reconciliation Australia.

Our HREC plays an important role in our organisation and as a nation – our identity and character can be strengthened by a respectful appreciation of the various Cultural Protocols that exist by engaging the distinct Aboriginal communities across Australia.

Historically, research has not always been a positive experience for Aboriginal and Torres Strait Islander people and communities. Too many times it has a negative, traumatic, and racialised impact upon these communities. Our HREC work is vital to ensuring the proposed research is carried out with integrity and, in a practical sense, supports and strengthens any research proposed for our communities. I am proud to see, being a previous HREC member myself, that the HREC has finally been recognised for this achievement.

Improving service performance and quality

Our Service Performance and Quality Team (SPQ) works closely with our Member Services to identify opportunities for continuous quality improvement and improve service delivery. In spite of the lockdowns, the Service Performance and Quality Team provided 15 training sessions to 8 Member Services. In addition, as requested by our Member Services, they have provided CQI forums virtually and face-to-face which continue to shape the strategies and direction of the SPQ team.

Education and training

With the appointment of a new Director and staff into the AH&MRC's RTO, we have experienced continued growth with students and have also been able to provide a larger scope of courses, as requested by our Member Services. With this expansion comes new processes, new systems and new branding with the new name being AHMRC Training which will launch further next year. In this financial year the RTO enrolled over 190 students, which is 40 more than last year.

As part of our partnership with Smart and Skilled we will be able to have courses available to all our Member Services or Trainees using fee-free help. Additionally, our scope will also reach Nationally, which ensures we can provide courses to all areas of Australia, not just NSW.

Acknowledgements

The AH&MRC has grown its capacity this financial year, and will continue to grow, to support the ACCHO Sector and Aboriginal communities in NSW. The achievements of AH&MRC and our Member Services in the last financial year have been significant and I would like to acknowledge all AH&MRC and Member Service staff for their hard work and commitment. I would also like to acknowledge our stakeholders and partners including NACCHO, NIAA (National Indigenous Australians Agency), Department of Health & Ageing, NSW Ministry of Health, and Centre for Aboriginal Health; without your funding and support, the achievements outlined in this report would not have been possible. Finally, I would like to thank AH&MRC's Chairperson Phillip Naden and Board of Directors, for their continued support of AH&MRC staff and the work we do. We are incredibly proud of our achievements this financial year, and look forward to reaching more milestones together in the new financial year.



Robert Skeen
AH&MRC CEO

AH&MRC Board of directors

Phillip Naden Chair



Phillip Naden is a proud Aboriginal descendant of the Gamilaroi people from Northwestern NSW, and Wiradjuri people from Peak Hill and Condobolin NSW where he was born.

Phillip is currently the CEO of the Dubbo and Coonamble Aboriginal Medical Services and has extensive experience in policing, justice, business management. He also recently completed his master's degree in business. Phillip has been elected for a fixed two-year term as Chairperson commencing in 2019.

Kane Ellis Deputy Chair



Kane Ellis is proud of his Aboriginal heritage and has strong connections to his land and people. Kane's father is a Jingili man from the upper Barkley region in the Northern Territory, ranging from Tennant Creek to Borroloola. His mother's country is the Darwin area, the Larrakia people.

Kane is currently the CEO of the Illawarra Aboriginal Medical Service. He commenced his career as an Aboriginal Health Worker at the Danila Dilba Health Service in 1998 and is passionate about improving the lives of Aboriginal people.

Lynette Kilby



Lynette Kilby is a proud Wiradjuri woman from Griffith and raised her five children on a mission. Lynette is currently the Director of the Griffith Aboriginal Medical Service. Her work is community minded, advocating for Aboriginal people across health, legal, aged care, childcare and education sectors.

Lynette has lived experience of the hardships many Aboriginal and Torres Strait Islander people continue to face. Lynette was employed by the Aboriginal Legal Service NSW/ACT Limited, a position she held for over 20 years, until April 2020.

Aunty Valda Keed



Aunty Val was born in Peak Hill, New South Wales and is a descendent from a long line of proud Wiradjuri people in this area. Aunty Val is the Chairperson of the AH&MRC Human Research Ethics Committee (HREC), a position she has held since 2007. Aunty Val has generously shared her cultural knowledge and guidance with many researchers over the years and enjoys educating researchers on the most culturally appropriate ways to consult, engage and acknowledge the Aboriginal Community and their involvement in human research. Aunty Val is passionate about supporting her mob to be further involved in the human research space in New South Wales and continues to support the HREC to deliver high quality, transparent and informed ethical reviews of research.

Aunty Val was a founding member of the AH&MRC since its establishment (initially as the Aboriginal Health Resource Committee) in 1985. Aunty Val has held a number of positions on the AH&MRC Board of Directors over the years, representing the Lower Central West area on many occasions. Aunty Val is currently the Chairperson of the Peak Hill Aboriginal Medical Service and has also been 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 Joint Management Group.



Tracy Singleton



Tracy Singleton is a Gumbaynggirr woman from the Nambucca Valley, and Chief Executive Officer of Galambila Aboriginal Health Service in Coffs Harbour.

Tracy's professional and community leadership, and board experience stems from senior positions in Health, Housing, Education and Aboriginal affairs within the Queensland and NSW Public Sector, non-Government Organisations, and Aboriginal Community Controlled Organisations. Tracy has a strong commitment to Aboriginal social and economic prosperity, and a shared understanding of the needs and capabilities of Aboriginal business.

Tracy brings to the AH&MRC Board a strong focus on Aboriginal health advocacy, and influence.

Kenneth Knox



Kenneth Knox has been an Aboriginal Men's Health Worker at Pius X Aboriginal Corporation for the past two years. Kenneth has a passion for social justice and is currently studying social work at Deakin University in Geelong.

Stacy Parry



Stacy Parry is a Gomeri woman and educator. Stacy has been a teacher for over 17 years for the Department of Education and is a Board Member of Yerin Eleanor Duncan. Yerin is the supporting organisation for the Eleanor Duncan Aboriginal Health Centre.

Lindsay Hardy



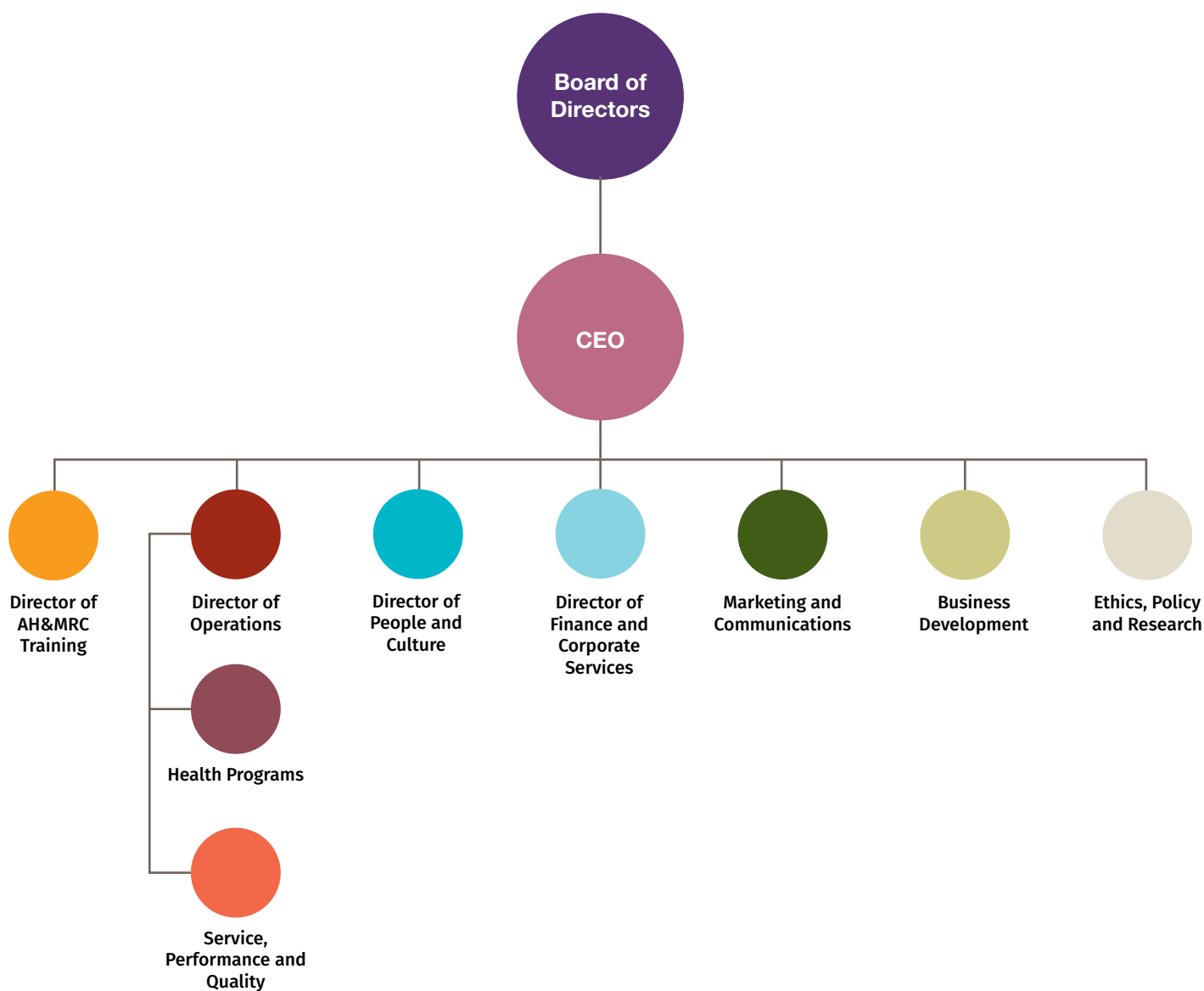
Lindsay is a Bidjara & Gunggari Murrri from Central Queensland, over 30 years' experience in engagement and collaborations with community, government, NGO, and private sector organisations which has always been the significant determinant in influencing his direction to help improve opportunities for his people.

Lindsay is the current Deputy Chair of Yerin Eleanor Duncan Aboriginal Health Service presently works as the Indigenous Employment Partner/Manager Student Services for the Wollotuka Institute of education and Research to help build a diverse and inclusive workforce that represents our Aboriginal and Torres Strait students and communities.

Board meeting dates

Board meeting 1	17 August 2021
Board meeting 2	27 October 2021
2020 Annual General Meeting	30 November 2021
Board meeting 3	2 March 2022
Board meeting 4	5 April 2022

AH&MRC organisational structure



2021–2022 year in review

Building our profile



78k Website visits



2,132 Instagram followers



3,003 Facebook followers



1,034 LinkedIn followers



3,753 Twitter followers



96k last year

+102

2,030 last year

+828

2,175 last year

+61

863 last year

+77

3,676 last year

Registered training organisational



198 students enrolled

Business development



\$1.9m of grants and donations

Ethics, policy and research



127 New applications



1 Award
2022 Indigenous Governance Awards



18

18 HREC Members
An increase of 1 from 2021

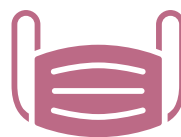
Advisory and internal committees



28

Advisory Boards

COVID-19 response



109 LACLs with masks in July 2021

100 requests for PPE from Member Services

Provided **9 ACCHOs**, **26 LALCs** and **24 ACCOs** with PPE as part of a deal brokered with Aboriginal Affairs

2021–2022 highlights

The AH&MRC continued to support Member Services to improve the health and wellbeing of Aboriginal communities in NSW. Through health promotion, education, training, advocacy and business support we provide ongoing benefits to our membership.

Our organisation

In the 2021–2022 year, the AH&MRC organisation was restructured to better serve our Member Services and communities.

This restructure meant the Public Health and Intelligence Team and the Sector Support Team merged into one department called Health Programs. This change will now help AH&MRC prioritise all our program units and allow for expansion into other health areas that are needed for the community.

With the redevelopment of our RTO, this department is now called AHMRC Training. This change is to ensure that we can now provide more scope of courses and also provide a service to more members and stakeholders across the whole health network.

Additionally, Public Health was made a permanent division and sits within the Policy team.

Our emergency response

COVID-19

In the 2021–2022 financial year the AH&MRC supported Member Services on-going COVID-19 initiatives in prevention, vaccinations and also ensuring our Member Services had access to resources, PPE and communications.

This year AH&MRC turned our efforts toward the roll-out of the COVID-19 vaccines and to get tested within the community.

In addition, the *Join Us You Mob* vaccination brand was launched which extended across campaigns for both the influenza vaccine, COVID-19 vaccine and subsequent boosters. This featured in TV advertisements across regional areas and with collateral items like posters and social media tiles to be used across all our ACCHOs. This ad ran for 5 weeks, 4–6 times daily with a maximum reach of 2.2 million in Northern NSW and 1.6 million reach in Southern NSW.

Flood prevention and support

At the peak of the crisis, local ACCHOs were among the first to provide relief and they continue to play a central role in the ongoing response. The AH&MRC has

undertaken extensive consultation with its Member Services within the Aboriginal Community Controlled Health sector, regarding the support received from the government in the immediate and long-term response.

AH&MRC were able to support Bullinah AMS with funding and resources to provide a temporary health clinic to service the area.

AH&MRC received approximately \$100,000 from NACCHO which we were able to use for donations of food and supplies to outreach areas.

AH&MRC employees of the Northern NSW region were involved in providing support and time to the businesses and areas in the Northern Rivers including Coraki that were affected by flood waters. AH&MRC donated food and supplies, including gumboots for affected families.

Health programs

The Health Programs team is a newly created department that incorporates the Public Health and Intelligence Team and the Sector Support Team, and consists of 9 separate health units.

In 2021–2022 the Health Programs team was able to be part of 24 reference groups and research committees which resulted in the creation of resources and online sessions to better serve our Member Services.

As part of continued support and learning, the team were part of seven workforce forums where they engaged with industry stakeholders and discussed the health and wellbeing barriers that Aboriginal communities face. Over 350 employees were engaged in workforce training.

Following feedback from our Member Services, the team has been developing resources and communication methods, with 3 health diaries distributed to 35 sites collectively and 5,200 copies distributed.

Alcohol, drugs and mental health

The alcohol, drugs and mental health unit delivered a series of regional health forums for its Members Services, and the broader Aboriginal Health Sector in 2022. The unit was successful with 4 grants for 12 Member Services that were used for resources and events.



Chronic care

The chronic care unit have created a new website 'Living Longer Stronger', which incorporates resources for all health care professionals who treat Aboriginal clients with chronic conditions such as cardiovascular disease, diabetes, kidney disease, respiratory disease or musculoskeletal conditions.

As part of the on-going delivery and training to Member Services, the team were still able to complete 6 site visits.

Sexual health

The sexual health unit ran several webinars to upskill the workforce in providing sexual health care to Aboriginal people, distributed 500 condoms to 49 Member Services, and attended 2 community events.

NDIS

The NDIS program aims to build the capacity of the community controlled health sector to deliver disability services. The unit attended the NDIS forum, held in March, and served as a platform for ACCHOs and stakeholders to share their experiences and challenges. This event set the pace for the rest of the program and inspired AH&MRC to engage Katungul Aboriginal Corporation to develop two success story videos.

Supporting Member Services

Service performance and quality

The Service Performance and Quality team worked with 8 Member Services to improve their model of care and optimise their services to achieve best practice. The team offered training and one-on-one consultation to assist ACCHO staff in embedding CQI processes into their model of care. The team also held a CQI State Forum, widely attended by 55 guests from 26 Member Services. As an on-going initiative the team assisted 7 Member Services with their RACGP Accreditation.

Business development

The Business Development team supported AH&MRC and Member Services to achieve business and financial sustainability. The team continued the Indigenous Health Workforce Traineeship and launched this program during the 2021-2022 financial year, which resulted in recruitment of 20 Indigenous trainees. Additionally, through successful grants and donations the team were able to support ACCHOs with various medical donations and with \$1.9 million in grants.

Upskilling our ACCHO workforce

Registered training courses

This year with the redevelopment of the department and brand, the team welcomed a new Director of Training, supported by a new experienced team of trainers and administrative staff. The team began building the foundations to regrow the RTO, providing more courses and facilities for all areas of learning. This new scope will provide 16 courses, up from 5 the previous year. Furthermore, the Team enrolled 198 students, with a completion rate of 41 students.

Ethics, policy and research

Human Research Ethics Committee (HREC)

The HREC grew its ranks in the new financial year from 17 to 18, recruiting 5 new committee members. The HREC were able to review a record number of 127 new applications, with a total of 645 reviews including applications to amend existing proposals; applications to extend existing proposals; and consideration of drafts for publication.

Additionally, in its 25th year, the AH&MRC HREC has received from Reconciliation Australia, an Indigenous Governance Award for Category 1 – Outstanding examples of Governance in Indigenous led non-incorporated initiatives. It stood out to the judges because of its long history with dedicated and committed Elders, staff and committee members.

Advocating for policy reform

In this financial year, the Policy team submitted 5 Policy Submissions and was invited to present at 4 Parliamentary inquiries.

The Policy team advocated for policy reform on behalf of AH&MRC and our Member Services. The Policy team contributed to the development of the Jurisdictional Implementation Plan on Closing the Gap and worked with NSW Health to develop a suite of Aboriginal Health initiatives that were funded through the 2022-23 Budget.

Public health

The Public Health team continues to work to identify, prevent, and minimise public health risks to AH&MRC's Member Services have and additionally been able to lead the response to COVID-19 by staying at the forefront of advice and information and acting as a central conduit to translate critical information from Government to our Member Services.



Section 3

Our Business Performance

Health Programs team

24

represented on 24 reference group and or research committees

4

resources kits developed

5

services provided YHYF merchandise

350+

employees engaged over the duration of the all workforce training

15+

sexual health kits were distributed amongst 6 services

500+

condoms were distributed to 49 of our Member Services

7

workforce forums attended

10+

video resources created

25

member site visits

The Health Programs team is a newly created department that incorporates the Public Health and Intelligence Team and the Sector Support Team.

The Health Programs team strives to acquire and share knowledge on best practice through displaying clear direction and influence to members and key stakeholders.

Health Programs stay informed and collaborate with our Member Services to deliver effective and relevant activities, such as:

- + Resource development
- + Sector engagement
- + State program area advisory/research committee representatives
- + Policy support – informing of challenges and needs of the sector
- + RTO support – information sharing to ensure the RTOs education scope is consistent with workforce needs
- + Program enhancement (through funding grants and recommendations on improvement)
- + Information sharing (key stakeholder information sharing to keep the sector informed)

The Health Programs team consists of the following units:

- + Chronic care
- + Sexual health
- + Alcohol and other drugs
- + Mental health
- + NDIS
- + Ear and eye health
- + YHYF – promotion of 715 health checks
- + Smoking cessation
- + Suicide prevention

The highlight of the year for the Health Programs team was to be outward facing. Due to COVID, the units haven't been able to engage with Member Services the way they would like to, so instead have focused on resources, forums attendance and growth opportunities with key stakeholders.

Your Health, Your Future

'Your Health, Your Future' promotes the concept of self-determination and encourages Aboriginal and Torres Strait Islander People to take care of their health and is part of the promotional campaign for 715 health checks.



The YHYF artwork was created by artist Aleera Baker who is a proud Olkolo/Kutjala woman. This artwork represents AH&MRC's commitment to ensuring access to high quality health care services for Aboriginal communities. The colours used show the connection to our land and the importance of this in our health journey. Each element points to the health challenges that our people face and the journey to healing – Aleera Baker, Artist

Research committees

The Health Programs team commenced work on respective program areas in January 2022 due to environmental factors such as COVID-19. Each unit conducted various research committees with Member Services, Stakeholders and other third-party partnerships. As a result, the team was able to actively engage and develop the following:

- + VOICE – Developing an indigenous specific patient reported experience measure (PREM)
- + Koori Quit Pack
- + Be Well
- + NSW Aboriginal smoking scoping project
- + PUTUWA steering committee
- + Improving the health and wellbeing of Aboriginal & Torres Strait Islander mothers and babies
- + Building resilience in Aboriginal Communities evaluation committee
- + Managed alcohol program
- + Patterns of care – cancer

New resources and distributions

Following feedback from our Member Services, the team has been developing resources and communication methods to help with some of the ongoing challenges that members face.

Throughout the past year, the unit has developed:

- + Smoking Cessation Diary – 15 sites requested over 1,500 copies
- + Chronic Care Diary – 15 sites requested over 2,000 copies
- + Journey to Healing Diary – 5 sites requested over 1,500 copies, and over 200 copies distributed at forums

Workforce forums

As part of continued support and learning Health Programs were part of seven workforce forums throughout the year, where they engaged with industry stakeholders and discussed the health and wellbeing barriers that Aboriginal communities face.

These forums included:

- + Ngununggula Workshop – 60 registrants and 40 attendees
- + Preventative Health Conference 2022
- + National Aboriginal and Torres Strait Islander Eye Health Conference 2022
- + Delivered four Health Program regional forums:
 - Southern Region: Nowra – 41 registrants and 27 attendees
 - Western Region: Dubbo – 38 registrants and 17 attendees
 - Metropolitan Region: Sydney – 32 registrants and 22 attendees
 - Northern Region: Coffs Harbour – 41 registrants and 20 attendees
- + SEWB and AOD Workforce Forum – 55 registrant and 47 attendees
- + Aboriginal Health & Medical Research Council NDIS Forum 2022 – 14 attendees
- + NDIS Ready Yarning Circle

Upskilling our ACCHO workforce

The Health Programs team provided 15 training opportunities and events to upskill Members, with over 350 participants engaged over the duration of these training sessions.





Southern Forum



Western Forum



Northern Forum



Metro Forum



SEWB and AOD Workforce Forum



Artwork storyline

The artwork *“Living Longer Stronger”* was created by Kamilaroi woman Rhonda Sampson. This is a visual representation of the AH&MRC’s commitment to addressing the prevalence of chronic diseases in Aboriginal populations in NSW through the development of the Living Longer Stronger resource kit.

The artwork centres around an individual who may have a chronic health condition or disease. Surrounding the individual is a representation of AH&MRC’s focuses on the prevention, early detection and optimal management of chronic conditions, with a view to eliminating the life expectancy disparities and health equity gap currently experienced by Aboriginal and Torres Strait Islander communities.

The five chronic conditions within this artwork cover kidney disease, cardiovascular disease, respiratory disease, musculoskeletal conditions and diabetes which are the main chronic conditions that Aboriginal and Torres Strait Islander people experience. Each of these are represented along the knowledge pathway.

For each of the chronic health conditions detailed on this website there is information pertaining to signs and symptoms, common medications, risk factors, care team, health checks and positive messages. Health care professionals can use these to:

- + Explain necessary tests
- + Provide positive messages for patients
- + Encourage patients to have regular health checks i.e. the Aboriginal and Torres Strait Islander Peoples Health Assessment (MBS Item 715)

Sexual health

10

site visits

2

community engagement events for sexual health as part of YHYF

3

Member Services supported in sexual health promotions

The sexual health unit, known as the 'Doin it right' program, operates with the following objectives:

- + Support AH&MRC Member Services to deliver locally tailored sexual health promotion campaigns
- + Ensure AH&MRC Member Services have access to resources that encourage safe sexual health (such as condoms)
- + Collaborate with AH&MRC Member Services to ensure accurate data collection and record management of sexual health data
- + Undertake direct community engagement activities promoting safe sexual behaviours in partnership with AH&MRC Member Services
- + Facilitate delivery of training activities to increase the capacity of the workforce to manage sexual health priorities amongst communities

Sexual health survey

The AH&MRC conducted a sexual health survey with five sites completing the survey. The questions were to provide information about the following:

- + Funding and expectations
- + Programs and or activities delivered relating to sexual health
- + Whether condom distribution is required
- + Access to resources
- + Co-convening of community sexual health awareness days
- + Existing partnerships and the use of these
- + Barriers to capturing sexual health information

The results will enable the team to develop a workplan for the next financial year to improve ongoing support.

NDIS

4

site visits

The NDIS unit aims to build the capacity of the community controlled health sector to deliver disability services. This will in turn increase Aboriginal and Torres Strait Islander people's access to sustainable, reliable and culturally safe disability services, thus improving health outcomes. The AH&MRC recognises the complexity of NDIS so we took the time to understand the barriers to service delivery (for ACCHOs) and barriers to access (for people with a disability) in order to deliver solutions and improve outcomes.

NDIS forum

The NDIS forum, held in March, served as a platform for ACCHOs and stakeholders to share their experiences and challenges. It was also an opportunity for attendees to learn from NDIS consultants and the NSW NDIS engagement branch, who spoke about the benefits of engaging with the scheme and the various ways this can be achieved. This event set the pace for the rest of the program and inspired AH&MRC to engage Katungul Aboriginal Corporation to develop two success story videos.

One of these videos was of Uncle Jack who shared his personal story of how engaging with a community controlled NDIS provider improved his wellbeing.

In the second video, the Director of Health Services spoke on the pathways to service delivery and the benefits experienced by their community. Similar stories were shared at the Darwin Yarning Circle, which NACCHO hosted for remote and very remote ACCHOs, stakeholder organisations and people with disabilities.

Since commencement, Member Services have been working alongside a consultant that has supported them with scoping, business planning, and registration support. This enabled members to either increase their capacity to deliver services or form partnerships with existing local providers they can refer their patients to. The AH&MRC continues to support Member Services on this journey to bridge the access gaps for Aboriginal and Torres Strait Islander communities.



NDIS Forum, held in March.

Right: Uncle Jack



Left: Marcia

Registered Training Organisation

**“To produce and deliver high quality training whilst ensuring a culturally enriched learning experienced for all our students. Our course design and training aims to empower our students to ‘Djurwamari’ (Grow with Purpose)”.
David Roberts – Director of Training.**

The AH&MRC of NSW RTO has launched the new AHMRC Training sub-brand with an official launch to the general public in 2023.



AHMRC Training welcomed a new Director of Training, David Roberts, supported by a new experienced team of trainers and administrative staff to assist students throughout their entire learning journey. 2021–2022 represented a foundational building block as part of a three year plan to rebuild and regrow the RTO of AH&MRC.

Change of scope

AHMRC Training now offers 16 courses (up from five the previous year), which means the training needs of the sector can be better met.

Despite courses being paused for six months due to COVID-19, AHMRC Training was still able to achieve a record number of 198 enrollments, with a current completion rate of 41 students.

Current courses

Certificate IV in Aboriginal and Torres Strait Islander Governance

Certificate III in Individual Support

Certificate IV in Community Services

Certificate IV in Alcohol and Other Drugs

Certificate IV in Mental Health

Diploma of Counselling

Diploma of Alcohol and Other Drugs

Diploma of Mental Health

Certificate II in Skills for Work and Vocational Pathways

Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care

Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care

Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care

Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice

Certificate III in Fitness

Certificate IV in Fitness

Pending approval

Certificate III in Allied Health

Diploma of Leadership and Management

New and improved

A pause in the running of courses during the pandemic enabled services to be upgraded to support a better learning experience.

Improvements include:

- + Upgraded Student Management System and Learning Management System to provide an enhanced virtual and workplace learning experience
- + Introduced Teams for Education as a learning tool and provided all students with the Office 365 suite
- + Resolved over 1,000 outstanding Smart and Skilled data errors dating back to 2016
- + Upgraded the training rooms at Little Bay to increase practical based learning
- + Developed two MOUs with CSU and IAHI
- + Created a new website with direct course enrollment
- + New CRM to support ASQA compliance and AHPAH accreditation
- + New contract to deliver Aboriginal Primary Health in Tasmania

Student Enrolments

Calendar Year	Total	Completed
2019	19	12
2020	124	30
2021	106	41
2022 YTD	92	

Workforce development and support unit project

The central purpose of this WDSU project is to develop and support the capacity, confidence and responsiveness of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (SEWB) and Alcohol and Other Drug (AOD) workforce. This includes supporting frontline staff, supervisors and managers, to address the significant and increasing need for SEWB, mental health and AOD assistance for Aboriginal and Torres Strait Islander individuals, families and communities.

In the last 12 months, this unit:

- + Undertook a needs analysis of the NIAA funded SEWB/AOD workforces to determine the training and professional development required
- + Delivered four regional forums for the AH&MRC Member Services workforces and one statewide forum for the SEWB & AOD Workforces
- + Delivered 11 professional development workshops to 190 participants



AHMRC Training transport vehicle

With location challenges getting to and from Little Bay, AH&MRC have purchased a 12 seater bus to aid in transport for students, venue hire clients and members.

The artwork for AHMRC training was created by Kamilaroi woman Rhonda Sampson. The artwork is AHMRC Training new branding and will officially launch in 2023.

Ethics and Research

The AH&MRC Ethics Team is responsible for providing Secretariat support to the Ethics Committee and handling all research applications, enquiries, projects, content development and resources related to ethics research at the AH&MRC.

The Ethics team is guided by the feedback and consultation of the Ethics Committee. The Team works closely with the Ethics Committee to ensure that research that affects Aboriginal people and communities in NSW is ethically sound and developed in a culturally appropriate way.

The AH&MRC Ethics Committee hosted a Gala Dinner to celebrate their 25th year anniversary, which was held at the AH&MRC Members meeting in April 2022.

Outlined below is the number of research projects reviewed by the AH&MRC Ethics Committee, including applications to amend existing proposals, applications to extend existing proposals, and consideration of drafts for publication.

127 **116** **145**

new applications

annual progress reports

amendments

76 **133** **18**

publications

requests for further information

declined applications

645 **total reviews**

HREC recruitment

The AH&MRC focused on the recruitment of reviewers for the HREC. This recruitment occurred via social media as a necessary step to ensure that the HREC continues to have capacity to review applications as the number of submissions increases over time. This process was successful with additional increase in membership of the HREC by adding 5 new Committee members, taking

the total to 18 this financial year. The AH&MRC continues to advertise for reviewers on the website and via social media as an ongoing recruitment process to the HREC.

Training and resources

The AH&MRC provided training opportunities for all HREC members and the Secretariat; this included the following:

- + The AH&MRC secretariat offered online Ethics and Research training to HREC members in November 2021 via Praxis. All members who finished the training received certificates of participation.
- + The Secretariat attended the annual OHMR HREC Chairs meeting on December 10, 2021. The HREC Chairs Meeting is a chance to update HREC executives on statewide and national items and discuss common issues.

During the 2021–2022 financial year, the AH&MRC and the HREC improved systems and updated and developed resources which are publicly available. The resource centre on the AH&MRC Ethics webpage now includes a total of 35 resources that applicants can use when developing an application.

The following documents have been updated and developed by the AH&MRC and the HREC, to provide advice or assist researchers when developing an application:

Distress protocol

This template may be used when developing a research project which includes sensitive topics and provides the project team with guidance in the event a participant demonstrates signs of distress.

Research agreement

This agreement template has been developed for applicants to use when engaging with Aboriginal Community Controlled Organisations. It includes a cover letter, consent form and the agreement. This template may be used for each party when determining what their agreed roles and responsibilities may be.

HREC review timelines

This review timeline has been developed to guide applicants when submitting a new application, annual progress report, amendment request, publication or enquiry for review. This document may help applicants to determine when they should expect to receive a formal letter or response from the HREC.

Aboriginal governance flowchart

This flowchart has been developed to visually assist applicants to understand how to incorporate Aboriginal governance into all stages of their research.



Members of the HREC Committee accepting the Indigenous Governance Award.

Updated HREC terms of reference

The Terms of Reference outline the objective, functions, accountability, scope and membership of the HREC.

Amendments include the removal of a 20 HREC member limit, updated advice around the HREC membership and replacing the Chairperson with Co-chairs.

Updated secretariat standard operating procedures

This document outlines the structures and procedures that the HREC and Ethics Secretariat follows. It is consistent with the NSW Department of Health Guidelines Operating Manual: Human Research Ethics Committees.

- + Removed the limit of 20 HREC members
- + Updated advice around the HREC membership
- + Replaced the Chairperson to Co-chairs

Ethics application support letter form

The purpose of this form is to request support for your research project from the AH&MRC.

HREC meetings

The AH&MRC HREC meetings usually held in person at AH&MRC, were moved to online last financial year. The HREC committee convened eight (8) meetings in the 2021–2022 financial year at six (6) weekly intervals.

We are winners!

Reconciliation Australia, the Australian Indigenous Governance Institute, and the BHP Foundation proudly announced the winners of the 2022 Indigenous Governance Awards.

The Awards share and promote success from Aboriginal and Torres Strait Islander communities and organisations around Australia.

Normally held every two years, this is the first time the Awards have taken place in four years due to COVID-19.

“After the unavoidable disruptions and postponements throughout the past two years, it’s our honour and privilege to showcase these finalists and their stories of uncompromising strength and resilience.” CEO of Reconciliation Australia, Karen Mundine said.

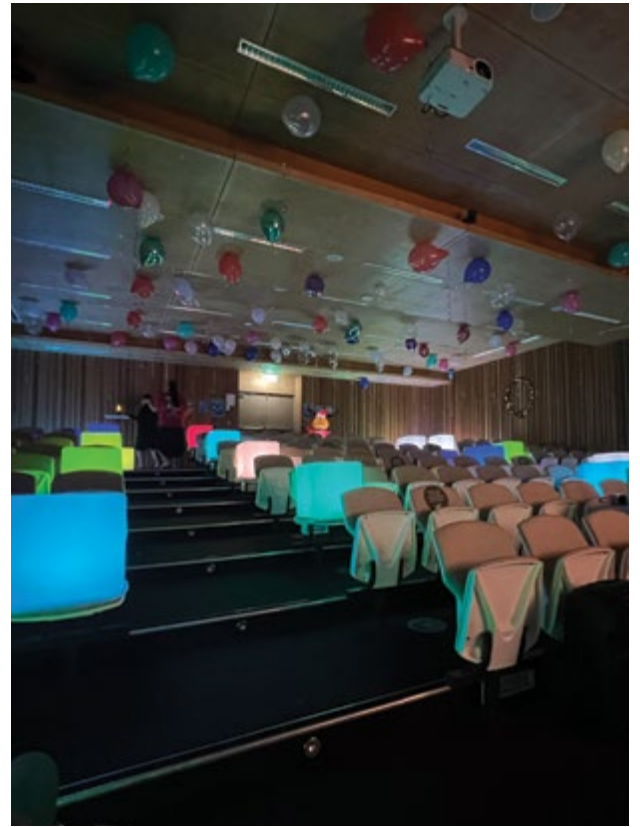
Following a rigorous judging process, the Aboriginal Health & Medical Research Council (AH&MRC) Human Research Ethics Committee based in Sydney was named the **winner of Category 1 – Outstanding examples of Governance in Indigenous led non-incorporated initiatives.**



Award received from the 2022 Indigenous Governance Awards.



Venue Hire – 60th Birthday Party in the foyer at Little Bay



Christmas Party set up in the Auditorium, Little Bay



Christmas Party set up in the Auditorium, Little Bay



Annual AH&MRC CQI State Forum



Venue Hire – Department of Communities and Justice event in the Auditorium, Little Bay

Policy and Public Health Team

The AH&MRC Policy Team is made up of four dedicated Policy Officers who deliver advocacy and escalation of system and policy issues that affect the ACCHO sector and Aboriginal and Torres Strait Islander communities in accessing health care.

They advocate for health policies and programs that:

- + Improve access to health services for Aboriginal Communities in New South Wales
- + Support the delivery of culturally safe health care services
- + Are co-designed with and/or reflect the collective views of the ACCHO sector and promote genuine partnership
- + Are evidence based and build on best practice community-controlled models of care

As part of the growth of the Policy Team the Public Health team has now been made a permanent division within AH&MRC and is engaged with the Policy Team. AH&MRC's Public Health team continues to work to identify, prevent, and minimise public health risks to the AH&MRC's Member Services. AH&MRC's Public Health team have been able to lead the response to COVID-19 by staying at the forefront of advice and information and acting as a central conduit to translate critical information from Government to our Member Services.

AH&MRC's Public Health team held regular meetings with the executive members of ACCHO's to ascertain and respond to their service's needs, particularly in the face of communicable diseases, like COVID-19, influenza, and Japanese Encephalitis.

Throughout the year, AH&MRC's Public Health team continued to work with NSW Health and the Australian Department of Health and Ageing to ensure that Aboriginal voices and experiences were considered in the development of policies, resources, and procedures.

During the 2021-2022 financial year, the Policy team worked on several key programs including:

Health policy

- + Set and deliver the AH&MRC's policy priorities
- + Deliver high quality policy analysis and advice to government and other partners, that elevates the voices of the NSW ACCHO sector
- + Support workforce growth and capability building within the New South Wales ACCHO Sector by designing a training program for Member Services
- + Engage on critical policy issues with stakeholders including NACCHO, NSW Health and other peak, advocacy and research bodies
- + Deliver strong advocacy for critical policy issues on behalf of the AH&MRC's Member Services

Closing the gap

- + Contribute to the development of the Jurisdictional Implementation Plan on Closing the Gap
- + Support CAPO's state-wide community consultations
- + Work with NSW Health to develop a suite of Aboriginal Health initiatives that were funded through the 2022-23 Budget

Public health

- + Provide public health advice to the AH&MRC to support the sector's response to the COVID-19 Pandemic, including the development of an ACCHO specific Infection Control Manual for COVID-19
- + Provide Member Services with PPE including masks and rapid antigen tests
- + Work to support testing and vaccine uptake in Aboriginal communities through the development of culturally appropriate health promotion material
- + Provide support to the sector following the NSW Floods (2022)

Resources

As part of the AH&MRC Policy team's continued support, a number of resources and publications have been developed to highlight local solutions and keep communities informed.

These documents include:

Health policy

- + Submission to the Inquiry into Food Production and Supply in NSW

- + Submission to the Select Committee on the response to major flooding across New South Wales in 2022
- + Submission to the Inquiry into the provision of general practitioner (GP) and related primary health services to outer metropolitan, rural, and regional Australians (CTH)
- + Submission to the Exposure Draft of the CATSI Amendment Bill 2021
- + Submission to the Inquiry into Crisis Communications to CALD Communities

Public health

- + Japanese Encephalitis poster
- + COVID and flu vaccination co-administration poster
- + COVID/winter booster poster and social media tiles
- + Flu vaccine television advertisements
- + Infection Control manual

Policy and public health achievements

5

Submissions

4

Invited to appear before 4 Parliamentary inquiries.

Provided policy analysis and advice which helped shape reform across a number of areas, including supporting the government's response to COVID19

Japanese Encephalitis Fact Sheet

What is Japanese encephalitis?
Japanese encephalitis is caused by the Japanese encephalitis virus. It is spread through mosquito bites.

Symptoms
Ninety-nine percent of people who are bitten by an infected mosquito do not show symptoms of Japanese encephalitis. Those who do show symptoms mostly have mild symptoms.

Mild symptoms include:

- + Fever 37.5°C or higher
- + Headache
- + Vomiting

A few people with Japanese encephalitis develop severe symptoms because of inflammation of the brain.

Severe symptoms include:

- + Neck stiffness
- + Disorientation
- + Tremors
- + Seizures

If you experience any of these severe symptoms it is important that you go to an Emergency Department.

Prevention
The best way to prevent Japanese Encephalitis is to avoid being bitten by mosquitoes

How to stop being bitten by mosquitoes

- + Wear light, loose fitting long-sleeved shirts, long pants, covered footwear and socks.
- + Apply topical mosquito repellent that contains DEET when outdoors
- + Use mosquito nets when sleeping and ensure your home has mosquito screens on doors and windows
- + Tip out water holding containers around the home where mosquitoes could breed
- + Use mosquito coils to reduce mosquito bites

How is it spread?
The Japanese encephalitis virus spreads when a human is bitten by a mosquito that has previously bitten an animal infected with the virus. The virus can't spread between humans. Pigs and some birds spread the virus.

Treatment
There is no specific treatment available for Japanese encephalitis.

Aboriginal Health & Medical Research Council of NSW

This Winter you can get your Flu and COVID Vaccine at the same time

JOIN US YOU MORE
COVID 19 EDUCATION

Service Performance and Quality team

In 2020, the Service Performance & Quality team (SPQ) was created from the Sector Support team of the AH&MRC to address the individual issues that Member Services face. ACCHSs in NSW range from small services with few staff in remote areas to sizeable services in metro regions with numerous staff. Each Member requires tailored assistance and support for their unique way of delivering health care and meeting community needs. The SPQ team provides recommendations and guidance for ACCHSs to continually make improvements to their service delivery model.

The SPQ team is a unique unit that supports services on the ground with on-demand requests.

They assist with the following:

- + Development of models
- + Policies and procedures
- + Identifying gaps and support service to implement improvements
- + Evaluating KPIs and implement service improvements
- + Data entry, cleaning and training to ensure high-quality data is maintained
- + Development of templates
- + Mentoring staff
- + Empowering staff in their individual roles

12 month highlights

Supported 8 Member Services with 15 CQI and Medicare training sessions

The current CQI Collaborative includes 35 representative staff from 16 Member Services

Second CQI Forum including 55 staff from 26 ACCHSs

Assisted 7 Member Services with their RACGP Accreditation

Accreditation mapping across 9 different standards

Governance and Financial Board training for 5 Member Services

Assisted Member Service NASH PKI transition

Member Services training and opportunities

Despite ongoing interruptions caused by COVID-19, the SPQ team was able to provide 15 training sessions to 8 Member Services. These sessions received favourable feedback from attendees that acknowledged they benefited from the AMS holistic model of care, MBS maximisation and data management, workforce and governance modules offered. Attendee feedback guides continued improvement to the training programs being offered.

AH&MRC CQI collaborative & state CQI forum

A CQI Collaborative was formed last year upon request from attendees of the CQI Forum 2021. Currently, 16 Member Services comprise the group which includes 35 representative staff. Since the formation of this group, there have been two virtual meetings and one face-to-face workshop held in OAMS in March 2022. The output from the collaborative discussions will continue to shape the strategies and direction of the SPQ team work plan objectives and priorities.

CQI Collaborative



The SPQ Team hosted a second CQI Forum in Sydney at the Pullman Hyde Park, in June 2022. This is an annual gathering to assist Member Services with quality improvement initiatives and processes. The forum was well-received by attendees and attracted 55 staff from 26 ACCHSs and included presentations from five Member Services, QIP and the PIMS vendors.

To recognise their hard work, the following CQI awards were presented:

Emerging Talent Award – **Kristi Kirk** from Tamworth Aboriginal Medical Service

Digital Innovation Award – **Yerin Eleanor Duncan** **Aboriginal Health Service**

Staff member of the Year Award – **Melinda Bell** from Tharawal Aboriginal Corporation

Quality Team of the Year Award – **Bulgarr Ngaru Medical** **Aboriginal Corporation**

Quality Organisation of the Year Award – **Orange** **Aboriginal Medical Service**

Sustainability Impact Award – **Waminda South Coast Women’s Health and Welfare Aboriginal Corporation – (Blak Cede)**

Outstanding Contribution to Quality Management Practice Awards:

Admin – **Albury Wodonga Aboriginal Health Service**

Data – **Werin Aboriginal Corporation**

Clinics – **Ungooroo Aboriginal Corporation**

Programs – **Illawarra Aboriginal Medical Service**

Governance and financial board training

In collaboration with the ATSI ICT Aboriginal group, the SPQ Team facilitated Governance and Financial Board Training for five Member Services.

Digital health

The SPQ Team continues to work with the Australian Digital Health Agency (ADHA) to provide ACCHSs with the latest updates in digital health. Telehealth information, NASH PKI transition support and MHR education was provided to its Member Services this year.



Left: CQI Collaborative

Below: CQI State Forum





Section 4

Emergency Response

COVID-19 communications

Weekly meetings

The AH&MRC COVID-19 Team held weekly meetings for Members Services CEOs to raise any concerns they had. Senior health officials were invited to meetings, including NSW Chief Health Officer, Kerry Chant, to ensure information was relayed in a timely manner to Member Services and CEOs.

COVID-19 CEO updates

The AH&MRC provided weekly updates to CEOs through an email communicating all relevant information about COVID-19 numbers, grants, assets, training and important meetings.

Facebook COVID-19 testing campaign

AH&MRC created a video, featuring CEO Robert Skeen's voice and an animated character to explain the importance of COVID-19 testing and prevention measures.

1.5k

People reached

43

seconds

37

lead clicks



Join Us You Mob campaign

'Join Us You Mob' is a vaccination brand identity that assists the AH&MRC to integrate its vaccination activities across the organisation with a common visual identity.

Thanks to Government grants and donations a successful TVC was produced and distributed, along with supporting marketing collateral to all Member Services.



The design shows past, present and future Aboriginal community members gathering safely to share knowledge. Around them, is a layer of new cultural vaccination behaviours, that provides protection from infection and disease.

Brand Development Process

Aboriginal Artist, Alison Williams and Inception Strategies formed a partnership to develop some culturally appropriate and clinically relevant branding for AH&MRC in process that began with sketching and painting on canvas and completed with a comprehensive digital design.

TV campaign

The 'Join Us You Mob' TV advertisement was successfully filmed and distributed through WIN TV to regional NSW. The campaign extended across campaigns for both the influenza and COVID-19 vaccine and subsequent boosters.

The 'Join Us You Mob' campaign slogan was designed to encourage people to get vaccinated to protect their "mob". The slogan was used in social media campaigns, information posters and television advertisements.



Clip 1: Tamara Taylor and her son



Clip 2: Gujaga Gamay Dancers

Media stats

Target audience was 25-60 year olds

Ran for 5 weeks, 4-6 times daily

Aired on channels Nine, Seven and Ten

Also increased reach within Tamworth & Lismore.

All of NSW coverage on LIFE

Audience reach

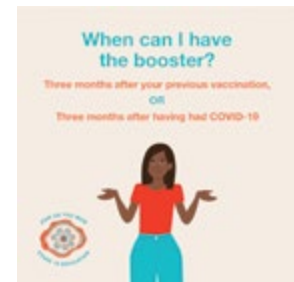
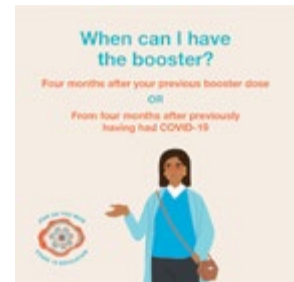
2.2m

people reached across northern NSW

1.6m

people reached across southern NSW

Supporting collateral



Winter Booster/Forth COVID-19 Vaccination

A fourth dose of the COVID-19 vaccine has been recommended to increase vaccine protection over the winter months.

Who can have the additional booster?

- All Aboriginal people aged 50 years and over

When can I have the additional booster?

- Four months after your previous booster dose
- OR
- From four months after previously having had COVID-19

Why should I get it?

- An additional booster dose will decrease risk of contacting COVID-19 and developing severe illness because of COVID-19

Can I have it with the flu vaccine?

- The flu vaccine can be given at the same time as the additional booster dose of COVID-19 vaccine.

Flood response and prevention

The 2021–2022 floods had a devastating effect on Aboriginal communities along the east and south coast of Australia, highlighting the need for resources to help Aboriginal communities prepare and rebuild.

At the peak of the crisis, local ACCHOs were among the first to provide relief and they continue to play a central role in the ongoing response. The AH&MRC has undertaken extensive consultation with its Member Services within the Aboriginal Community Controlled Health sector, regarding the support received from the government in the immediate and long-term response.

Submission to government

The AH&MRC's Policy and Public Health team have continued to advocate for member services affected by the floods. In a submission to the Select Committee on the Response to Major Flooding Across NSW, the AH&MRC recommended:

- + That the NSW Government expand funding for ACCHOs in flood impacted areas to support long term recovery. This should include funding for additional social and emotional workforce supports critical for community healing
- + That the NSW Government undertake a review of the state's Emergency Management Plan, its sub-plans and regional plans with a view to strengthen their coverage

of Aboriginal and Torres Strait Islander communities to ensure that they are adequately accounted for

- + That beyond the aforementioned work, the NSW Government look to develop a standalone disaster management framework for Aboriginal and Torres Strait Islander communities, that accounts for their unique needs and risks

Outreach

Partnering with Bullinah Aboriginal Health Service (Bullinah AHS), the AH&MRC were able to allocate AH&MRC staff and funding to provide relief efforts to the townships in Ballina, Tweed, Durri AMS and Bulgarr Ngaru Medical Aboriginal Corporation (BNMAC).

Bullinah AHS

Bullinah's AHS was damaged from the floodwaters, the AH&MRC was able to provide funding to replace key items within the building:

- + Funding to replace all air conditioning units. As part of the AH&MRC capital works strategy, we continue to petition for increased capital works funding to be prioritised to flood impacted services
- + Coordinated and provided funds to replace any medication lost or damaged (e.g. lack of refrigeration) by patients evacuated

The 'Your Health, Your Future' motorvan (which was outfitted as a basic healthcare clinic) was sent to Bullinah AHS to serve as a mobile outreach clinic to visit evacuation centres within Northern NSW and increase capacity given damage to clinic buildings.





Funding

The AH&MRC played a critical part in advocating for funding for services, and received approximately \$100,000 from NACCHO which we were able to use for donations of food and supplies to outreach areas.

The AH&MRC also received \$100,000 from NIAA which in turn was donated to BNMAC and Bullinah AHS.

Furthermore, the AH&MRC continue to work alongside AA and NIAA to provide longer term funding to meet the mental health needs of communities impacted by flooding and prepare for future natural disasters.

Donations

AH&MRC employees of the Northern NSW region were involved in providing support and time to the businesses and areas in the Northern Rivers, including Coraki, that were affected by flood waters.

Those who were part of the volunteer response, supported the Koori Mail's makeshift recovery centre which became a full-scale operation for the whole community in Lismore and surrounding areas.

The AH&MRC donated food and supplies, including gumboots for affected families.

Other employees supported the NSW Aboriginal Land Council in Moree who provided food and supply packages to Aboriginal flood affected communities in the Northern NSW Region.

With funds received from Aboriginal Affairs, the AH&MRC were able to provide packs of sunscreen and mosquito repellent to the Northern Rivers. Funds also allowed the needs of local community members to be met, as well as the provision of outreach medical services in evaluation centres.



Section 5

**Our Members –
Success Stories**



Ungooroo health and wellbeing community expo

The AH&MRC supported the Ungooroo Community Expo in Singleton by providing the community with free health assessments, including blood pressure checks, hearing tests and free flu vaccines.

The AH&MRC's Mental Health Team and Youth Support Workers were also available to answer questions and help people connect with relevant services and organisations.



Bourke community event – Mayi Festival

The AH&MRC approached the Bourke Aboriginal Corporation Health Service (BACHS) to work in partnership to deliver a community event that promoted the importance of annual Aboriginal Health checks (also known as 715s).

BACHS were in the planning phase of their first community event since the COVID-19 pandemic, known as the MAYI festival. The event offers a day of remembrance and healing for community, and the timing of its delivery created an opportunity for the AH&MRC to sponsor the event and promote the 'You Health, Your Future' (YHYF) program.

MAYI's meaning is derived from the many clan groups that reside in Bourke and surrounding areas – originally made up of 22 clan groups, 15 clan groups still remain in the region. The meaning of MAYI (meaning 'one') was introduced by Uncle Phil Saunders, who opened the event with a warm welcome, expressing the importance of the event and name.

Uncle Phil Saunders said that "there are many things that make us different, but for this brief moment, we are one, one mob, standing together on such an important and special day".

The AH&MRC sponsored the event and hosted a stall to promote the YHYF program. The YHYF enhances health literacy, increases awareness and knowledge of annual health checks, and provides further engagement through health promotional days at a community level, in collaboration with Member Services. The messaging and engagement with Aboriginal communities by the AH&MRC serves to be culturally safe, educational, and is modelled off understanding the structural theories of Aboriginal perspectives and lived experience.

The YHYF program engages directly with community and works collaboratively with Member Services to increase health education through promotion of the importance of annual 715s.



Yoorana Gunya launches wellness van for holistic care

Yoorana Gunya has launched their wellness van called Walan Marra Ngayiny, translating to very strong mind in Wiradjuri.

The purpose of the van is for Yoorana Gunya to continue to provide a holistic model of care to their clients by being able to take their programs out on country and to utilise the van to provide coffee, water and fresh food to program participants.

Yoorana Gunya envision being able to set up the van out on country on the river and hold a variety of programs including womens and mens groups, Aboriginal Mental Health First Aid training and more.

Yoorana Gunya held a Suicide Prevention and Mental Health Awareness day on Thursday 30th June 2022, to officially launch their wellness van. The day consisted of traditional dances by Dinawans Connection, Johnny Cakes made by Yoorana Gunya Director, Aunty Mavis, cultural art activities, information regarding support available, and of course coffee from the van and a BBQ. The wellness van has also made a trip out to Weigelli Centre Aboriginal Corporation.

After the negative impact COVID-19 has had on many remote communities, Yoorana Gunya was thrilled to be able to hold an event where the community could join together and raise awareness about mental health, whilst celebrating with good food, culture, community and connection.



AH&MRC and CAHS launch joint basketball sponsorship with basketball legend, Tyson Demos

Coonamble Aboriginal Health Service (CAHS) and the AH&MRC launched a joint sponsorship venture with former Illawarra Hawks NBL player, Tyson Demos. Tyson has achieved so much in his basketball career, including his work with the Indigenous Community Basketball League (ICBL) and his involvement in the Healthy Deadly Kids project run by Illawarra AMS.

CAHS and the AH&MRC's partnership sees both organisations supporting Tyson Demos and a group of NBL All-stars to compete in the Gilgandra Windmill Basketball Carnival located in Central West NSW, which will be held during November 2022.

The team will head six hours west of Wollongong, on a 500 kilometre trip, to compete in the Carnival. The team will also participate in community activities, including a youth basketball camp to raise awareness of important health issues affecting Aboriginal communities.

The Gilgandra Windmill Basketball Carnival has been running for 44 years; Teams travel from as far as Sydney, Newcastle, Lightning Ridge, Bourke and Dubbo to participate. While the Carnival is not Aboriginal and Torres Strait Islander (ATSI) focused, there will be a strong ATSI representation over the weekend. From an estimated 45-50 teams and roughly 500 players in total, 50% identify as ATSI.

With Tyson as an ambassador for the joint venture, CAHS and the AH&MRC are confident that the weekend will help to inspire Aboriginal communities – especially young people – to get involved and have fun. Both organisations look forward to meeting the teams and getting involved over the three days.





Section 6

Financial Reporting

Aboriginal Health and Medical Research Council of NSW

ABN: 66 085 654 397

Auditor's Independence Declaration under Section 60-40 of the Charities and Not-for-profits Commission Act 2012 to the Directors 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 2022, 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



Gabriel Faponle
Audit Partner
Registered Company Auditor No. 513644

Dated at Dubbo on the 6th day of September 2022

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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 external audit, conducted via the Crowe Australasia external audit division and Unison SMSF Audit. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.

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Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2022

	Note	2022 (\$)	Restated 2021 (\$)
Revenue	5	9,623,746	8,532,249
Other revenue	5	382,565	509,649
Employee benefits expense		(4,301,452)	(505,198)
Travel and accommodation expenses		(504,675)	(472,457)
Audit, legal and consultancy expenses	6	(696,984)	(575,871)
Rent and occupancy expense	6	(31,385)	(39,864)
Venue expenses		(371,530)	(360,642)
Repairs and maintenance expense		(85,447)	(102,246)
Computer software & consumables expense		(225,654)	(181,551)
Depreciation and impairment expense	6	(478,245)	(581,190)
Programs and promotion expense		(2,632,282)	(2,168,573)
Printing and postage expense		(86,270)	(47,408)
Telephone expense		(47,700)	(75,841)
Motor vehicle running expense		(82,481)	(29,686)
Recruitment and training		(238,213)	(73,104)
Other expense		(209,024)	(259,774)
Surplus/(deficit) before income tax		14,969	(626,113)
Income tax expense		-	-
Surplus/(deficit) for the year		14,969	(626,113)
Other comprehensive income		-	-
Derecognition of provision for college repairs	4	-	1,616,915
Other comprehensive income for the year, net of tax		-	1,616,915
Total comprehensive income for the year		14,969	990,802

The accompanying notes form part of these financial statements.

Statement of Financial Position

as at 30 June 2022

	Note	2022 (\$)	Restated 2021 (\$)
Assets			
Current assets			
Cash and cash equivalents	7	5,737,396	2,489,289
Trade and other receivables	8	369,912	385,500
Other financial assets	9	3,785,190	4,087,499
Other assets	10	291,520	1,534,335
Total current assets		10,184,018	8,496,623
Non-current assets			
Property, plant and equipment	11	13,828,703	14,125,161
Intangible assets	12	25,777	34,920
Total non-current assets		13,854,480	14,160,081
Total assets		24,038,498	22,656,704
Liabilities			
Current liabilities			
Trade and other payables	13	664,892	673,005
Other financial liabilities	14	2,542	1,053
Short-term provisions	15	195,402	458,305
Other liabilities	16	4,355,827	2,742,583
Total current liabilities		5,218,663	3,874,945
Non-current liabilities			
Long-term provisions	16	57,771	34,662
Total non-current liabilities		57,771	34,662
Total liabilities		5,276,434	3,909,607
Net assets		18,762,064	18,747,095
Equity			
Retained earnings		18,762,064	18,747,095
Total equity		18,762,064	18,747,095

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the Year Ended 30 June 2022

	Note	Retained earnings (\$)	Total (\$)
2022			
Balance at 1 July 2021		18,747,095	18,747,095
Surplus attributable to members of the company		14,969	14,969
Balance at 30 June 2022		18,762,064	18,762,064
2021			
Balance at 1 July 2020		17,756,292	17,756,292
Deficit attributable to members of the company		(626,113)	(626,113)
Total other comprehensive income for the period	4	1,616,915	1,616,915
Balance at 30 June 2021		18,747,095	18,747,095

The accompanying notes form part of these financial statements.

Statement of Cash Flows
For the Year Ended 30 June 2022

	Note	2022 (\$)	2021 (\$)
Cash flows from operating activities:			
Receipts from grants and other customers		12,696,147	12,275,048
Payments to suppliers and employees		(10,227,157)	(10,466,814)
Interest received		18,313	28,542
Net cash provided by/(used in) operating activities	23	2,487,303	1,836,776
Cash Flows From Investing Activities:			
Proceeds from sale plant and equipment		-	46,326
Purchase of property, plant and equipment		(193,478)	(440,358)
Purchase of financial assets		952,793	(656,329)
Net cash provided by/(used in) investing activities		759,315	(1,050,361)
Cash Flows From Financing Activities:			
Net increase/(decrease) in cash and cash equivalents held		3,246,618	786,415
Cash and cash equivalents at beginning of year		2,488,236	1,701,821
Cash and cash equivalents at end of financial year	7	5,734,854	2,488,236

The accompanying notes form part of these financial statements.

Notes to the financial statements

For the Year Ended 30 June 2022

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

The principal activities of the company for the year ended 30 June 2022 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 – Simplified Disclosures Requirements and Interpretations issued by the Australian Accounting Standard Boards ('AASB') and the *Australian Charities and Not-for-profits Commission Act 2012*.

New or amended Accounting Standards and Interpretations adopted

The company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

The following Accounting Standards and Interpretations are most relevant to the company:

Conceptual Framework for Financial Reporting (Conceptual Framework)

The company has adopted the revised Conceptual Framework from 1 January 2020. The Conceptual Framework contains new definition and recognition criteria as well as new guidance on measurement that affects several Accounting Standards, but it has not had a material impact on the company's financial statements.

AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

The company has adopted AASB 1060 from 1 January 2021. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based on the requirements of IFRS for SMEs. As a result, there is increased disclosure in these financial statements for key management personnel, related parties, and financial instruments.

Note 2 Summary of Significant Accounting Policies

a / Income Tax

The company 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.

Notes to the financial statements

For the Year Ended 30 June 2022

Finance leases, which transfer to the company 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 company 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 straightline basis over the lease term.

c / Revenue recognition

The company recognises revenue as follows:

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the company is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the company: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative standalone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are recognised as a refund liability.

Donations

Donations are recognised at the time the pledge is made.

Grants

Grant revenue is recognised in profit or loss when the company satisfies the performance obligations stated within the funding agreements.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Notes to the financial statements

For the Year Ended 30 June 2022

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

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

Fixed asset class	Depreciation rate
Buildings	1% – 2.5%
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, deposits held at call with financial institutions, and short-term investments highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

g / Provisions

Provisions are recognised when the company 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.

Notes to the financial statements

For the Year Ended 30 June 2022

Note 3 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 company assesses impairment at the end of each reporting period by evaluating conditions specific to the company that may be indicative of impairment triggers.

The company 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 company 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 company has certain financial assets and liabilities which are measured at fair value. Where fair value was 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 noncurrent 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 company 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 – Coronavirus (COVID-19) pandemic

Judgement has been exercised in considering the impacts that the Coronavirus (COVID-19) pandemic has had, or may have, on the company based on known information. This consideration extends to the nature of the products and services offered, customers, supply chain, staffing and geographic regions in which the company operates. Other than as addressed in specific notes, there does not currently appear to be either any significant impact upon the financial statements or any significant uncertainties with respect to events or conditions which may impact the company unfavourably as at the reporting date or subsequently as a result of the Coronavirus (COVID-19) pandemic.

Notes to the financial statements

For the Year Ended 30 June 2022

Note 4 Prior year adjustment

During the 2021 financial year, funding from National Indigenous Australians Agency of \$159,852 and another funding from Department of Health of \$1,160,000 was incorrectly recognised as revenue prior to appropriately meeting the performance obligation as per funding agreement.

The Management have made a decision that provisions for building maintenance was no longer required and decided to recognise as revenue as a prior year adjustment. It was noted that a college assets were not mapped appropriately in the depreciation register. This caused an adjustment of \$215,714 in 2022. Management has assessed that the college and repair provision should be derecognised by the amount \$1,616,915, leaving a credit of \$215,714 to be absorbed in 2022. All three adjustments have been processed to reflect in the 2021 financial year by restating the prior year financial statements.

Note 4 Revenue and Other Income

	2022 (\$)	2021 (\$)
Revenue – Funding		
State/Federal government grants	3,548,622	4,963,880
Other organisations	6,056,810	3,529,336
Total Revenue – Funding	9,605,432	8,493,216
Interest income		
Interest received	18,314	39,033
Total interest income	18,314	39,033
Total revenue	9,623,746	8,532,249
Other income		
Charitable income and fundraising	106,038	28,115
RTO activities	(3,710)	356,512
commissions	280,237	125,023
Total other income	382,565	509,649
Total revenue and other income	10,006,311	9,041,898

Notes to the financial statements

For the Year Ended 30 June 2022

Note 6 Result for the Year

The result for the year includes the following specific expenses:

	2022 (\$)	2021 (\$)
Rental expense		
Rent and occupancy expense	31,385	39,864
Total rental and occupancy expense	31,385	39,864
Audit, legal and consultancy expense		
Audit fee	52,383	52,768
Legal and professional fee	6,610	11,500
Consultancy expense	637,991	511,603
Total audit, legal and consultancy expense	696,984	575,871
Depreciation expense		
Building – depreciation	115,649	115,649
Plant and equipment – depreciation	251,302	397,728
Fit out – depreciation	2,912	2,912
Motor vehicle – depreciation	99,240	58,341
Website – amortisation	9,142	6,560
Total depreciation expense	478,245	581,190

Note 7 Cash and Cash Equivalents

	2022 (\$)	2021 (\$)
Cash at bank	5,737,396	2,489,289
Total cash and cash equivalents	5,737,396	2,489,289

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:

	Note	2022 (\$)	2021 (\$)
Cash and cash equivalents		5,737,396	2,489,289
Credit card	14	(2,542)	(1,053)
Balance as per statement of cash flows		5,734,854	2,488,236

Notes to the financial statements

For the Year Ended 30 June 2022

Note 8 Trade and Other Receivables

	2022 (\$)	2021 (\$)
Current		
Trade receivables	353,919	385,500
GST receivable	14,787	-
Undeposited Funds	1,206	-
Total current trade and other receivables	369,912	385,500

Note 9 Other Financial Assets

	2022 (\$)	2021 (\$)
Current		
Term deposit investments	3,785,190	4,087,499
Total other financial assets	3,785,190	4,087,499

Note 10 Other Assets

	2022 (\$)	2021 (\$)
Current		
Prepaid expense	231,815	412,493
Accrued income	41,784	22,879
Other assets	15,000	466,391
Investments	2,921	632,571
Total other assets	291,520	1,534,334

Notes to the financial statements

For the Year Ended 30 June 2022

Note 11 Property, plant and equipment

	2022 (\$)	2021 (\$)
Land and Buildings		
At cost	13,650,000	13,650,000
Accumulated depreciation	(346,948)	(231,299)
Total land and buildings	13,303,052	13,418,701
Plant and equipment		
Works in progress		
At cost	42,769	15,297
Total work in progress	42,769	15,297
Plant and equipment		
At cost	2,062,662	2,025,751
Accumulated depreciation	(1,923,954)	(1,621,936)
Total plant and equipment	138,708	403,815
Motor vehicles		
At cost	451,234	233,365
Accumulated depreciation	(216,472)	(58,341)
Total motor vehicles	234,762	175,024
Office Fit out		
At cost	116,486	116,485
Accumulated depreciation	(7,074)	(4,161)
Total office out	109,412	112,324
Total plant and equipment	525,651	706,460
Total property, plant and equipment	13,828,703	14,125,161

Notes to the financial statements

For the Year Ended 30 June 2022

a / 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:

	Works in Progress (\$)	Land and Buildings (\$)	Plant and Equipment (\$)	Motor Vehicles (\$)	Office Fit out (\$)	Total (\$)
Year ended 30 June 2022						
Balance at the beginning of the year	15,297	13,418,701	403,815	175,024	112,324	14,125,161
Additions	27,472	—	7,027	158,979	—	193,478
Depreciation expense	—	(115,649)	(272,134)	(99,241)	(2,912)	(489,936)
Balance at the end of the year	42,769	13,303,052	138,708	234,762	109,412	13,828,703

b / Asset revaluation

Land and buildings were independently valued at 30 June 2020 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 Intangible Assets

	2022 (\$)	2021 (\$)
Software		
At cost	135,710	45,710
Accumulated amortisation and impairment	(109,933)	(10,791)
Total Intangibles assets	25,777	34,919

Note 13 Trade and Other Payables

	2022 (\$)	2021 (\$)
Current		
Trade payables	564,306	393,042
GST payable	—	35,066
Accrued expense	26,430	101,493
Other payables	74,156	143,403
Total trade and other payables	664,892	673,004

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 2022

Note 14 Financial Liabilities

	2022 (\$)	2021 (\$)
Current		
Credit card	2,542	1,053
Total financial liabilities	<u>2,542</u>	<u>1,053</u>

Note 15 Other Liabilities

	2022 (\$)	2021 (\$)
Current		
Income received in advance	4,343,299	2,440,397
Other liabilities	12,528	302,186
Total other liabilities	<u>4,355,827</u>	<u>2,742,583</u>

Note 16 Provisions

	2022 (\$)	2021 (\$)
Current		
Employee benefits	195,402	185,569
Provisions for building maintenance	-	272,736
Total current provisions	<u>195,402</u>	<u>458,305</u>
Non-current		
Employee benefits	57,771	34,662
Total non-current provisions	<u>57,771</u>	<u>34,662</u>

Notes to the financial statements

For the Year Ended 30 June 2022

Note 17 Capital Management

The company 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 Finance and Risk Management committee ensures that the overall risk management strategy is in line with this objective.

The Finance and Risk management 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 18 Financial Risk Management

The company is exposed to a variety of financial risks through its use of financial instruments.

The company'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 company is exposed to are described below:

Specific risks

- + Liquidity risk
- + Credit risk
- + Market risk currency risk, interest rate risk and price risk

Financial instruments used

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

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

Notes to the financial statements

For the Year Ended 30 June 2022

a / Liquidity risk

Liquidity risk arises from the company'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 company'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 company 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	
	2022 (\$)	2021 (\$)	2022 (\$)	2021 (\$)	2022 (\$)	2021 (\$)
Financial liabilities due for payment						
Accounts payable and other payables (excluding estimated annual leave and deferred income)	667,434	636,637	—	—	667,434	636,637
Total contractual outflows	667,434	636,637	—	—	667,434	636,637
Financial assets – cashflows realisable						
Cash and cash equivalents	5,737,396	2,489,289	—	—	5,737,396	2,489,289
Accounts receivable and other debtors	661,432	1,919,835	—	—	661,432	1,919,835
Total contractual inflows	6,398,828	4,409,124	—	—	6,398,828	4,409,124

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 company.

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 company 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 2022

c / Interest rate risk

The company'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 company 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 +1.00% and -1.00% (2021: +1.00%/-1.00%), 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.

	2022		2021	
	+1.00%	-1.00%	+1.00%	-1.00%
	(\$)	(\$)	(\$)	(\$)
Net results	37,852	(37,852)	40,875	(40,875)
Equity	37,852	(37,852)	40,875	(40,875)

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

	2022 (\$)	2021 (\$)
Banking and finance	99%	87%
Shares	1%	13%
	<u>100%</u>	<u>100%</u>

Note 19 Members' Guarantee

The company is registered with the *Australian Charities and Not-for-profits Commission Act 2012* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30 June 2022 the number of members was 47 (2021: 47).

Notes to the financial statements

For the Year Ended 30 June 2022

Note 20 Key Management Personnel Disclosures

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 total of remuneration paid to the key management personnel of Aboriginal Health and Medical Research Council of NSW during the year are as follows:

	2022 (\$)	2021 (\$)
Short-term employee benefits	710,442	974,979
Long-term benefits	59,024	2,333
Post-employment benefits	12,827	100,592
Total key management personnel remuneration	782,293	1,077,904

Note 21 Contingencies

In the opinion of those charged with governance, the company did not have any contingencies at 30 June 2022 (30 June 2021:None).

Note 22 Related Parties

a / The Company'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 2022

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:

	2022 (\$)	2021 (\$)
Surplus/(deficit) for the year	14,969	(626,112)
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
+ depreciation and amortisation	478,246	581,190
Changes in assets and liabilities:		
+ (increase)/decrease in trade and other receivables	15,588	165,474
+ (increase)/decrease in other assets	613,163	(478,179)
+ increase/(decrease) in trade and other payables	179,040	82,397
+ (increase)/decrease in other liabilities	(187,151)	61,516
+ increase/(decrease) in income in advance	1,613,243	711,514
+ increase/(decrease) in provisions	(239,795)	19,124
Cashflows from operations	2,487,303	516,924

Note 24 Events after the end of the Reporting Period

The financial report was authorised for issue on 31 August 2022 by those charged with governance.

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

Note 25 Statutory Information

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

Aboriginal Health and Medical Research Council of NSW

35, Harvey Street

LITTLE BAY NSW 2036

Aboriginal Health and Medical Research Council of NSW

ABN: 66 085 654 397

Directors' Declaration

The directors declare that in their opinion:

- there are reasonable grounds to believe that the registered company 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*.

Director 

Director 

Dated 06/09/2022



Independent Auditor's Report

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

Report on the Audit of the Financial

Opinion

We have audited the financial report of Aboriginal Health and Medical Research Council of NSW (the company), which comprises the statement of financial position as at 30 June 2022, the statement of Profit or Loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the declaration by the 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 Aboriginal Health and Medical Research Council of NSW's financial position as at 30 June 2022 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 Aboriginal Health and Medical Research Council of NSW 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.

Liability limited by a scheme approved under Professional Standards Legislation.

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 company, Findex Group Limited. The only professional service offering which is conducted by a partnership is external audit, conducted via the Crowe Australasia external audit division and Unison SMSF Audit. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.

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Other Information

The directors are responsible for the other information. The other information comprises the information contained in the Aboriginal Health and Medical Research Council of NSW's Annual Report for the year ended 30 June 2022 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 Directors and Those Charged with Governance for the Financial Report

Management is 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 Aboriginal Health and Medical Research Council of NSW'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 Aboriginal Health and Medical Research Council of NSW or to cease operations, or have no realistic alternative but to do so.

The directors are responsible for overseeing the company'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 company'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 company'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 company 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 the audit.

A handwritten signature in blue ink that reads "Crowe Audit Australia".

CROWE AUDIT AUSTRALIA

A handwritten signature in blue ink, appearing to read "Gabriel Faponle".

Gabriel Faponle
Audit Partner
Registered Company Auditor No. 513644

Dated at Dubbo on the 6th day of September 2022



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