

Gidgee Healing

Annual Report '19

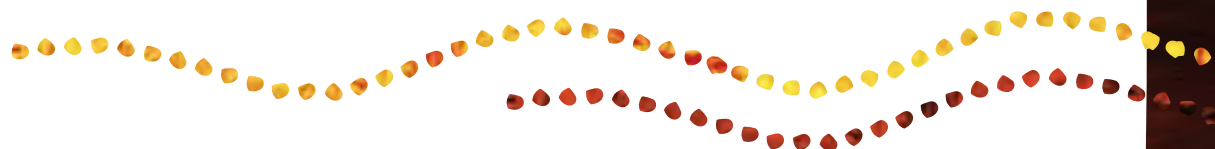
Healing in community

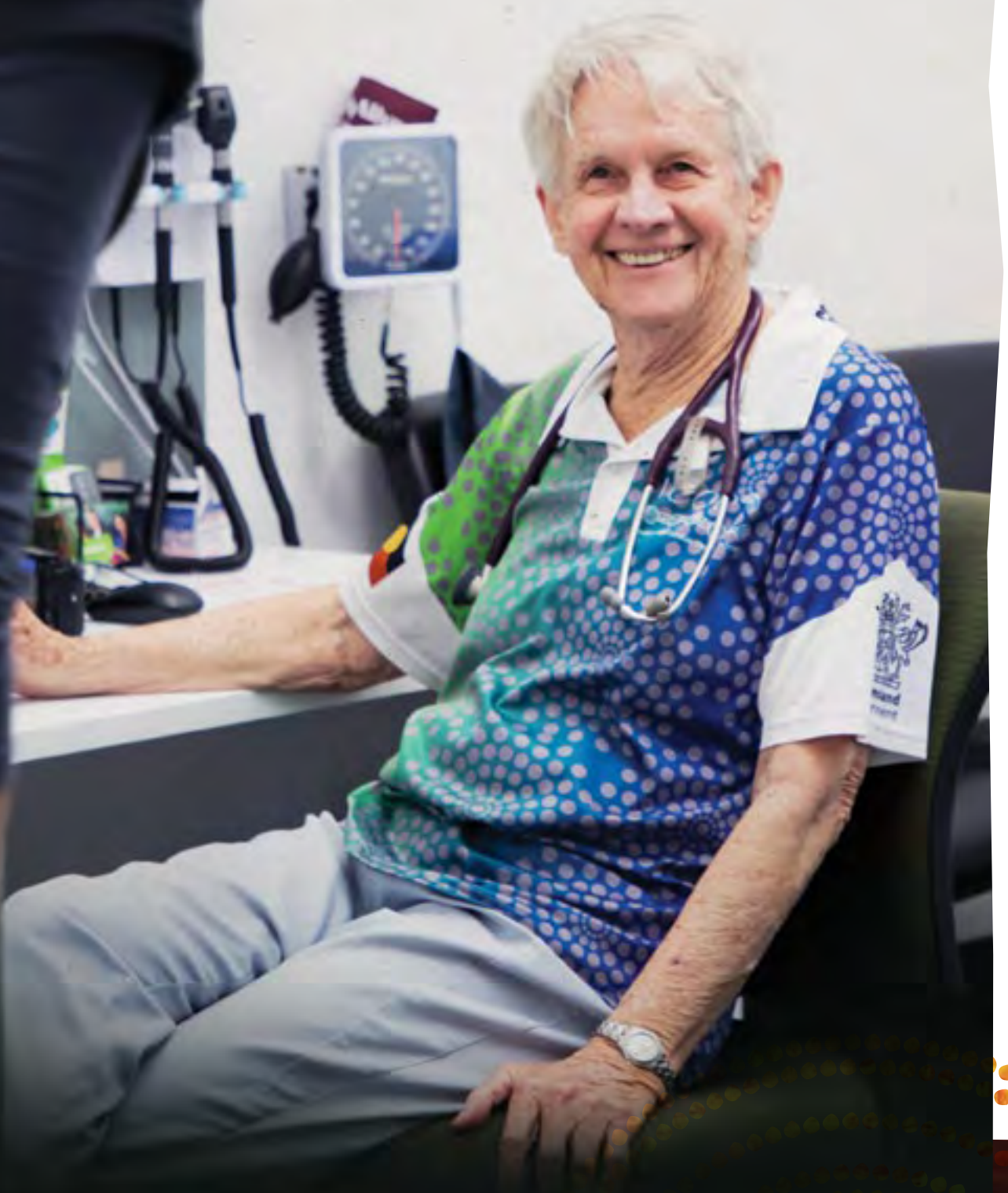
Gidgee Healing Service Delivery Area



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*all that has gone before
and everything yet to come ...*

Our Story

The current incarnation of Gidgee Healing has evolved over many years. Recognition of the fundamental need for culturally appropriate health care for Indigenous communities in Mount Isa and surrounding areas has been articulated for decades.

The initial endeavours to establish an Aboriginal health service began in the 1970s, driven by community members who recognised the need for a tailored and specific approach to Aboriginal and Torres Strait Islander health. The demands of delivering continuity of service in a remote environment, and fulfilling the needs of community, while managing the complex frameworks of the political, funding, and health care landscape have been a consistent challenge over many years.

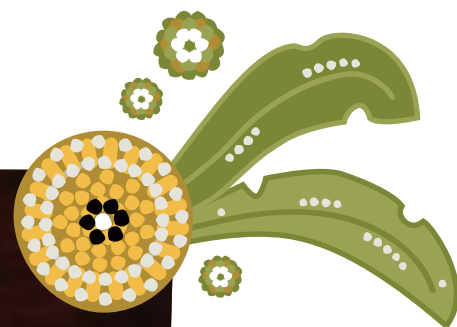
In 2008, Mount Isa Aboriginal Community Controlled Health Services Ltd was formed, which today trades as Gidgee Healing. While the name of this entity clearly states the function of the service, it seemed empty of meaning or significance for the communities it was established to serve. And so, a name was sought that held cultural relevance for the Indigenous communities of Mount Isa and beyond.

After much dialogue with Community, the name Gidgee Healing emerged. The Gidgee tree is a strong and resilient wood, rich in healing properties. There is much about the Gidgee tree that embodies the values of the health service.

Today, Gidgee Healing represents all that has gone before and everything yet to come. It's an amalgamation of struggles past and future potential. It brings the experience and lessons learned from the past to inform the hopes and ambitions for the positive health outcomes for Indigenous communities in the future.

2019 Highlights

- Integrated human services framework
- New model of care for Normanton Recovery Centre
- Galvanised regional relationships
- Increased Aboriginal and Torres Strait Islander Workforce from 42% to 66%



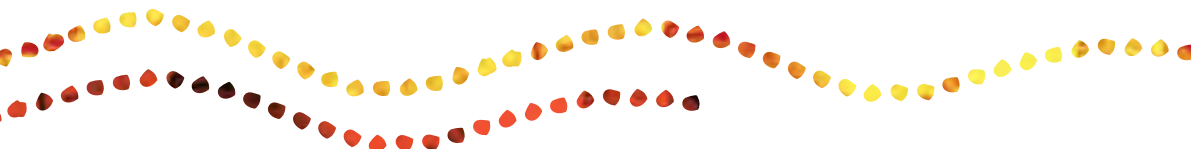
Our Essence – The Gidgee Wood

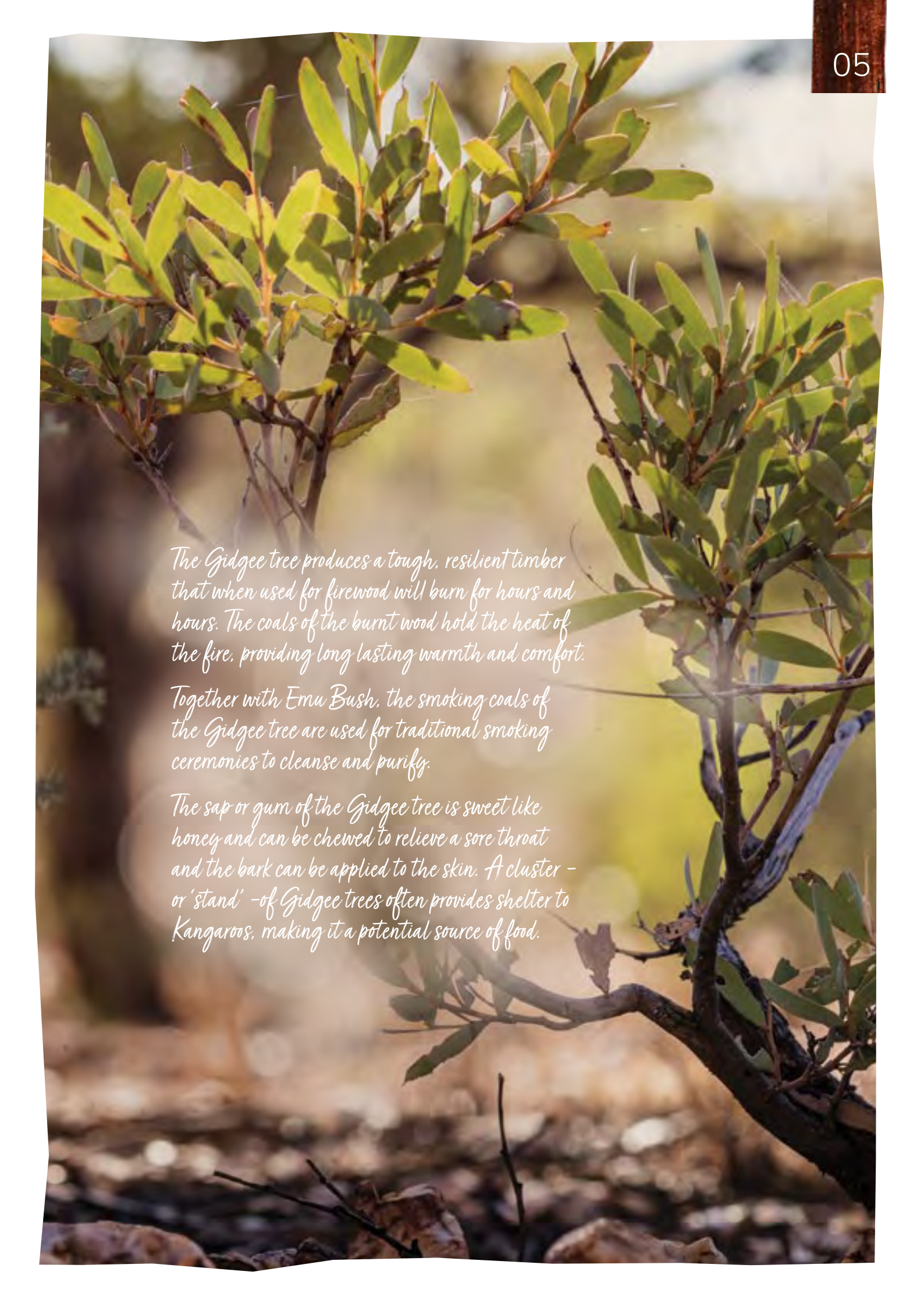
The name Gidgee Healing is a tribute to the Gidyea or Gidgee tree, which is native to Mount Isa and other arid regions of Australia. The tree has special significance to our traditional owners who have used it extensively for generations.

As a health care service provider, the essence of Gidgee Healing embodies the healing properties of its namesake plant in a literal sense, however, there are other parallels with the tree and its use that are deeply ingrained in the DNA of the organisation. Resilience, healing, shelter, community, tradition, comfort, and care are all qualities associated with the use of the Gidgee tree and are embedded in our ethos.

The phrase 'Gidgee wood' has become synonymous with the Gidgee Healing philosophy – the Gidgee way. It's how we talk about the way we do things. The Gidgee Way or The Gidgee Wood is at the core of our purpose and principles and permeates everything we do. It's our litmus test and sense-check. It's the measure, mode and means by which we deliver services and make decisions. It underpins our vision, mission and values and represents our present and our future. And it's the mirror we hold ourselves up to.

Just as the abundant healing and nurturing qualities of the Gidgee tree work across different spheres, so too does Gidgee Healing's approach to wellness. We are committed to working with every individual as a whole being – mind, body, and spirit – not just a series of symptoms and pathologies to be 'fixed'. Our approach to healing embraces the physical, mental, emotional and cultural dimensions of everyone in our care.





The Gidgee tree produces a tough, resilient timber that when used for firewood will burn for hours and hours. The coals of the burnt wood hold the heat of the fire, providing long lasting warmth and comfort.

Together with Emu Bush, the smoking coals of the Gidgee tree are used for traditional smoking ceremonies to cleanse and purify.

The sap or gum of the Gidgee tree is sweet like honey and can be chewed to relieve a sore throat and the bark can be applied to the skin. A cluster - or 'stand' - of Gidgee trees often provides shelter to Kangaroos, making it a potential source of food.

Goal, Vision, Values

Our Goal

To provide high quality, sustainable and comprehensive Primary Health Care services that are culturally safe, responsive to community needs, and integrated with other complementary service providers.

Our Vision

To make a significant and growing contribution towards achieving equity in health outcomes for the Aboriginal and Torres Strait Islander peoples across our geographic service area, including the Mount Isa, North West and Lower Gulf regions.

Our Values

Cultural respect

Gidgee Healing recognises the cultural diversity that exists amongst its clients and respects the rights, views, values and expectations of Aboriginal and Torres Strait Islander peoples in service delivery.

Health sector responsibility

Gidgee Healing recognises that, while responsibility for improvement of Aboriginal and Torres Strait Islander health rests with the health system as a whole, it can play a key role in ensuring responsiveness of the sector.

Holistic approach

Gidgee Healing has adopted a view of health that encompasses the wellbeing of an individual, family and community, and recognises the broader social, cultural, spiritual and environmental influences on health.

Community control of primary healthcare

Gidgee Healing supports community control, participation and decision making as a fundamental component of the health system.

Building capacity

Gidgee Healing recognises the ongoing need to build capacity for improved health outcomes through both its own services and mainstream services, as well as through workforce, physical infrastructure and data management.

Working together

Gidgee Healing recognises the importance of working with a range of government, nongovernment and private providers to ensure coordination of efforts for maximum benefits to Aboriginal and Torres Strait Islander people.

Local decision making

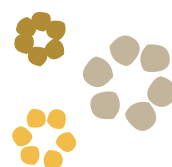
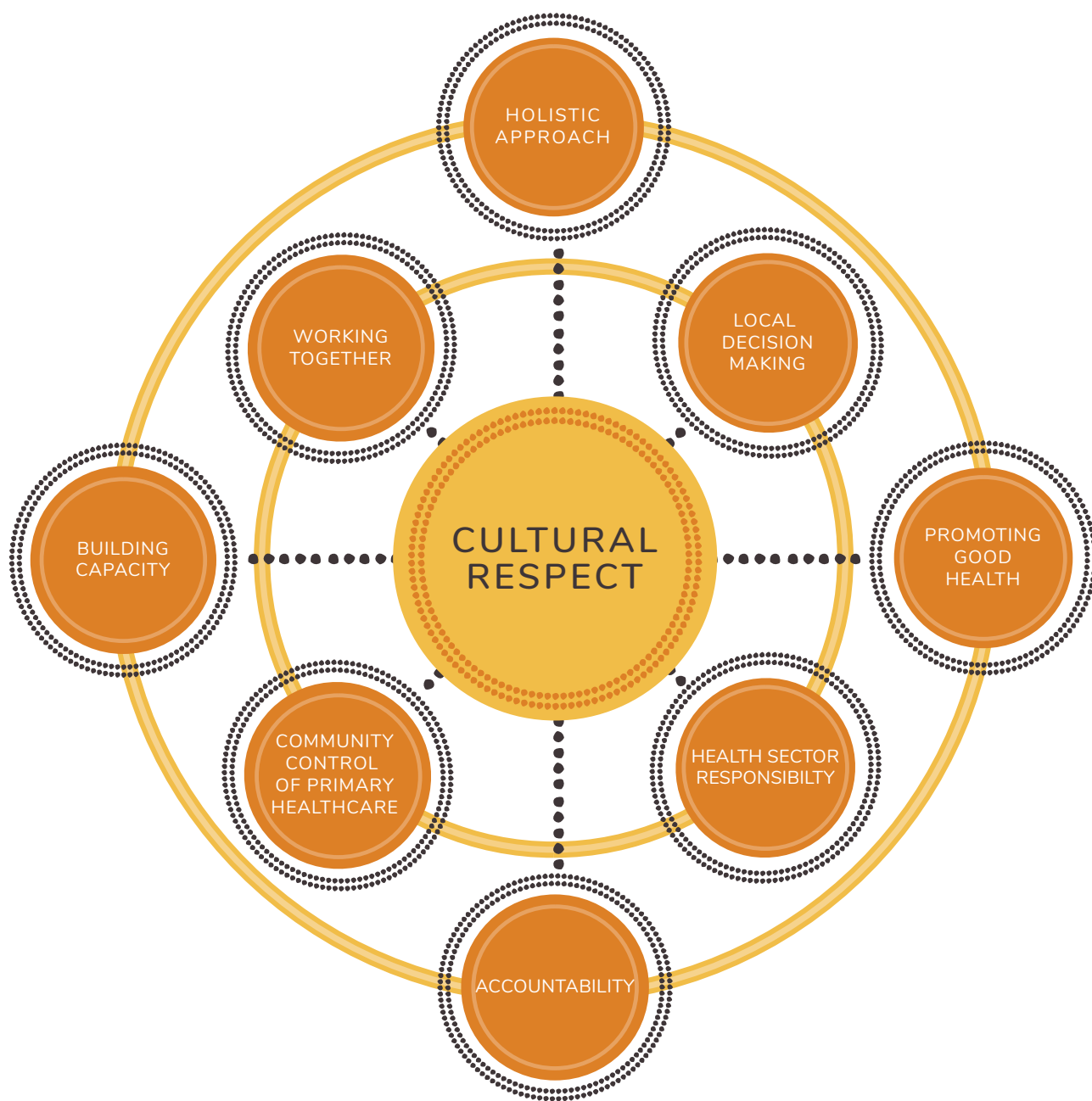
Gidgee Healing is committed to local level consultation and input to health service planning and delivery.


Accountability

Gidgee Healing is committed to improving the health of the Aboriginal and Torres Strait Islander community of Mount Isa and the other communities in our geographic area.

Promoting good health

Gidgee Healing recognises the importance of illness prevention as a fundamental component of its health service delivery.





Our Heart

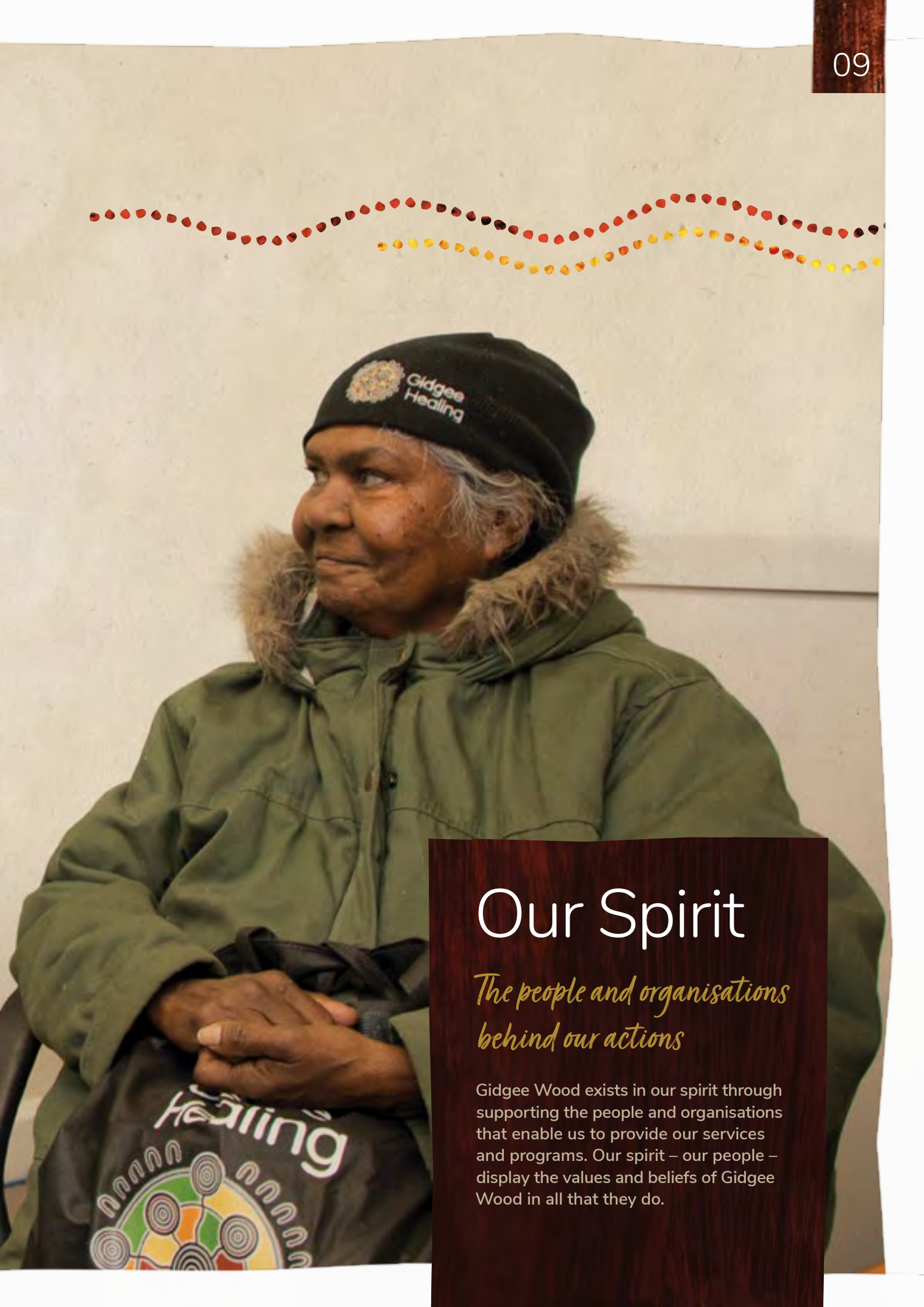
The health and wellbeing of the communities in our region are at the heart of what we do.

The Gidgee Wood is embodied in our heart – our ‘why’ – by being community controlled, and empowering the Mob.

We believe that access to culturally safe and appropriate care is everyone's right, and we're committed to making sure it is accessible through a range of channels. We want to empower people to take care of their health and make it easy to access the means to do this.

We are dedicated to nurturing a healthier, happier community by providing positive health outcomes originating from community, by community. We are passionate about facilitating long-term positive impacts on the health and well-being of Aboriginal and Torres Strait Islander people in our region and beyond.


Gidgee Healing aspires to be a trusted extension of community to help navigate Australia's complex healthcare system and integrate otherwise disconnected services. We provide access services in aged care, mental health, social and emotional wellbeing, drug and alcohol misuse, and family support. Our heart – our purpose – is like the trunk of the Gidgee tree, with many networks of branches and leaves connected to and growing from it.



Our Spirit

*The people and organisations
behind our actions*

Gidgee Wood exists in our spirit through supporting the people and organisations that enable us to provide our services and programs. Our spirit – our people – display the values and beliefs of Gidgee Wood in all that they do.

A scenic photograph of a riverbank. In the foreground, a large, light-colored rock sits in the shallow water of a river. The water is calm, reflecting the surrounding greenery and the white-barked trees on the bank. The trees have distinctive white bark with some reddish-brown markings. The background is filled with dense green foliage and more trees. The overall atmosphere is peaceful and natural.

Chairperson's Message

Gidgee Healing embarked on the 2019 financial year coming out of a period of exponential growth.

This last year has seen the organisation take some time for self-reflection, to consider what needs to be done to consolidate that growth, achieve our strategic goals, and make sure we are well equipped to continue meeting the needs of the communities in which we serve. We are now a much larger, and far more complex organisation than we have ever been, and it has been important to pause and ensure we have the people, systems, and processes in place to support us to serve our purpose into the future.

Our Philosophy — The Gidgee Wood

As always, our namesake Gidgee tree continues to be our guiding light in achieving our strategic goals. The Gidgee Wood is our source of truth and sense of direction. The characteristics of shelter, healing, and community that have long been associated with the Gidgee tree continue to underpin our service offering, and the last year has been characterised by embedding this philosophy in all that we do. Operationalising strategic vision is a challenging process of translating high level concepts into everyday practices. While there is still much to do to ensure the Gidgee Wood lives within our DNA, we have achieved great things in this period as we move closer to providing a truly integrated, wrap-around health and well-being service.



Organisational Stewardship

The beginning of the period saw us welcome a new CEO to the helm. Renee Blackman has continued to embed and extend the great work that Dallas Leon set in motion. She has made a remarkable start to her leadership of Gidgee Healing, making significant inroads to implement the structures and processes needed to support the growth of recent years and ensure our longevity.

Through Renee's first year of leadership, Gidgee Healing has undergone an organisational restructure, seen the implementation of a new finance system, and made significant inroads to bedding down our relationships with our Tripartite Agreement partners and the communities we now serve in the Lower Gulf Region. She has focussed her efforts on consolidating our recent rapid evolution by ensuring our organisation has the internal mechanisms in place to sustain the growth and continue to deliver on our vision. This work has gone a long way to ensure that we remain true to our community controlled philosophy by engaging in industry best practices to support the broader needs of our expanded service delivery area and associated workforce.

Outside the organisation, Renee has done a lot of work around strengthening relationships with our remote communities, health care partners, and funding partners. These relationships are fundamental to Gidgee Healing achieving its vision and goals.

Moving forward, Renee will continue to focus on the organisation's internal growth and development. She is passionate about making sure we have the right people to deliver our vision. And she is committed to having the systems, structures and supports in place to set them up for success. Under Renee's stewardship, I believe that Gidgee Healing is well positioned for great success in the provision of truly community controlled care.



Regional Consolidation

Gidgee Healing has continued to evolve our presence in our regional communities. This year we have focussed on nurturing relationships with local Elders and Traditional Owners to better understand the health concerns of community. We've worked closely with our partners in the Tripartite Agreement — North West Hospital and Health Service, and the Western Queensland Primary Health network — to deepen those connections and work even better together in serving the needs of the Indigenous populations of the Lower Gulf.

As part of this effort, we hosted a tour of the Lower Gulf communities with the Chairs and CEOs of each of the entities. The goal was to meet with local health councils, mayors, and other community leaders to discuss how our integrated model could serve their people better. We were joined in Normanton by the Minister and Director General of Queensland Health, Hon Dr Steven Miles, MP and Michael Walsh, who were very interested in our approach, the success we have achieved to date, and how this might be applied elsewhere. This is a model that is yet to be successful anywhere else. We are deeply proud of the work that has been done to date.

Strategic Projects

During the previous reporting period, we conducted a tender process to select a consultant to undertake a review of our communication strategy and cultural safety practices. This work was carried out during the 2019 financial year by Cox Inall Ridgeway who worked alongside our teams to develop an overarching communications strategy which is currently being implemented by the People and Culture team.

Cox Inall Ridgeway has continued to work with us to help ensure we have processes in place that support Gidgee Healing to meet best practice standards with regards to the culturally safe operation of our organisation. They have worked with us holistically to look at all aspects of our organisational culture, bringing everything back to our 'why' — the Gidgee Wood. This essence embodies all elements of our cultural integrity framework. From this process we are also considering operational factors like staff wellness, workforce strategy, and people and culture. This work has also extended to a review of our strategic vision and direction.

The lessons we're learning from these strategic projects are also informing our governance project.



Governance

As our delivery model continues to evolve, and we work to strengthen our relationships in the Lower Gulf communities, we have been revisiting our governance model and how this also needs to mature to continue to align with the principles of an Aboriginal Community Controlled Health Service, now that we are a truly regional organisation.

The Board has been working with our CEO to scope a dedicated project to investigate and address our requirements relating to our governance structure to ensure we are meeting our commitment to remain a community controlled provider. The project will work with our members to help us identify the way forward to ensure all our communities are represented on our Board.

During the year we filled Board vacancies for a community-based and a skills-based role. We are pleased to welcome Alan Nyhuis and Patricia Richards to the Board. Alan has a background in the community services sector and is also a qualified legal professional. Patricia is currently working with the Queensland Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP). Both bring extensive knowledge and experience of working with Indigenous communities and have already added significant value. The vacancies are currently filled on a casual basis and will be up for re-election for the 2020 financial year.

Future Focus

As we look to the future, Gidgee Healing will remain focussed on consolidating growth and operationalising our strategic vision. Our next major milestone will be the evolution of our governance model to ensure our communities in the Gulf region are represented in our organisation at the highest level.

In terms of service delivery, there have been many conversations around our potential involvement in the NDIS. It is important to us that our members can access services, and while we are currently not looking to become an NDIS provider, we are investigating what NDIS means to the northwest and gulf communities, and how we might support and facilitate access to good services for our members and their communities.

On a personal level, I'm excited about this phase for Gidgee Healing. This next chapter of our evolution is all about continuous improvement and finding ways to better serve our communities. It's about capitalising on our successes, learning from our mistakes and dedicating ourselves to becoming a leader as an Aboriginal Community Controlled Health Service and become an employer of choice for Aboriginal and Torres Strait Islander people.

CEO's Message

It's a great thrill and an honour to present my first annual report as CEO of Gidgee Healing.

The last year has continued the theme of change and growth within the organisation, with a reinvigorated focus on our vision as our beacon to guide our journey.

In the midst of great change, it can be easy to lose sight of the original purpose for adapting. Since coming on board, I've worked with the team to refocus on our 'why' — our purpose — to remind ourselves of why we come to work each day to do what we do: To achieve meaningful and long lasting positive outcomes for the people in our region.

Revisiting our essence through our namesake, the Gidgee tree has been at the core of the process of re-grounding ourselves. The strength, resilience, solace, and warmth offered by Gidgee wood speaks to the work we strive to do and the impact we wish to have on our communities. Many qualities come together in one remarkable tree to enrich the lives of our people. And this is our ultimate vision for Gidgee Healing.



Regional Services

Consolidating our services in the Lower Gulf has been a highlight of our activities this year. It was wonderful for me to personally meet the people in these communities and talk to them about what Gidgee Healing has to offer and what we are working towards. The broader engagement strategy in our regional centres has taken a multi-faceted approach in which our new communications and marketing team has been instrumental.

Our relationship with the North West Hospital and Health Service (NWHHS) and the Western Queensland Primary Health Network (WQPHN) has gone from strength to strength as we have further consolidated the Tripartite Agreement. Together we have stood our ground to challenge the status quo with regards to services that were not necessarily serving our populations well. We have been united in our front to have the difficult conversations with entrenched clinical leaders that have been necessary to implement an Aboriginal Community Controlled Health Service model. We are incredibly grateful to have had our partners in our corner. Never before has there been an appetite within other key health organisations to have the discussions needed to bring about such significant change. This is a huge testament to the groundwork laid by our previous CEO Dallas Leon.

During the year we had our first joint planning day, with senior managers from all three organisations. One of the main challenges highlighted as part of the planning process was maintaining a consistent clinical workforce. The James Cook University (JCU) Centre for Rural and Remote Health (CRRH) (previously MICRRH) has been instrumental in supporting us in this regard. We have a long history with the centre and over the last 12 months, they have been a key factor in supporting Gidgee Healing through undergraduate student placement, post graduate student placement, and GP Registrar training in the rural and remote areas we've grown into. They will continue to be central to tackling this issue through our own 'home grown' pipeline of health professionals from people in the region and encouraging previous locals to return.

Realisation of Human Services

One of the most significant changes we have made to our service provision this year is to expand our capability through the delivery of fully realised human services, focussing on family as the centre.

Since last year, when we reported the formation of a consortium with North and West Remote Health and Save the Children to support vulnerable children and families, we have brought these services back into Gidgee Healing as part of a fully integrated human services portfolio.

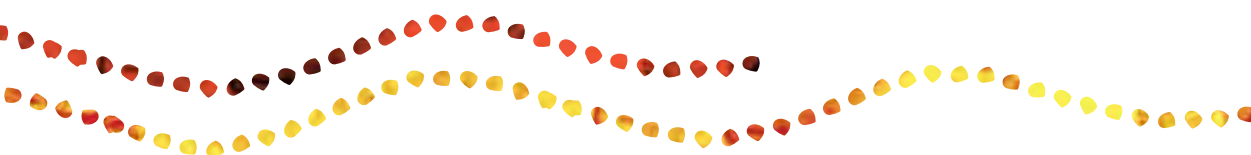
Evolving a comprehensive portfolio of human services has enabled us to provide this support in a way that is fully integrated with our primary health care services while keeping family at the heart of service provision. It has been an essential part of developing a truly holistic service delivery model.

Normanton Recovery Centre

With Gidgee Healing now the sole provider of services at the Normanton Recovery Centre, we have been deep in review and discovery to identify a model of care that will work for our community and support Gidgee Healing to create a place that truly looks after people who are recovering.

Our newly appointed Director of Human Services has engaged a new Centre Manager and together we have been working with the Queensland Aboriginal and Islander Health Council (QAIHC) and other experts in this space to review the previous model and explore other models that have proven successful.

We are looking forward to implementing a new model of care over the next 12 months that will provide culturally appropriate recovery care to the communities we serve.



Aboriginal Employer of Choice

We have set a target to achieve 75% Aboriginal and Torres Strait Islander representation in our workforce at every level. We are currently at 64% which has increased from 45% in the previous financial year.

Over and above representation, Gidgee Healing is seeking to become an Aboriginal employer of choice. To this end, we are working with organisations such as Young People Ahead (YPA) to identify young people in our community who are specifically interested in careers in health, to support them with traineeships that will set them up in their future careers.

Our traineeship program provides participants a Certificate III in Community Services, which affords them a broad knowledge base and plenty of scope upon which to build a career in health. Over the last 12 months, four trainees have successfully completed the program, with three now in full time employment with Gidgee Healing and the fourth currently completing a bachelor of nursing.

Gidgee Healing's long standing partner, the JCU CCRH will also be integral to this strategy, helping to place undergraduate and postgraduate students in Gidgee Healing clinics.

We are also exploring ways of attracting experienced workers with transferable skills who are looking for a change in career. Gidgee Healing provides a supported move into the health industry, providing a soft entry and framework for transitioning into the clinical space, through trusted mentors and professional development.

Quality and Safety

Over the last 12 months, we have had a strong push to enhance quality and safety across the organisation. This has included revisiting our risk management and quality frameworks. We have, in essence, held a mirror up to ourselves to check in and make sure we are remaining accountable as the organisation continues to evolve.

We have worked hard to lay the foundations for a culture of good governance and embedded quality and safety across the organisation, from service delivery to corporate administrative functions. Our LogiQC safety, quality and risk system is now automated and provides a solid framework to support us in the application of best practice principles.

Challenges

One of the biggest challenges for any remote and rural service provider is to maintain a consistent workforce. We continue to work hard to find ways to attract a good rural generalist workforce across health and human services to ensure consistency of service provision for our communities. Attracting and retaining the right workforce across the board — not just doctors and nurses — is the most clear and present risk to Gidgee Healing being able to achieve its goals.

Keeping two-way transparent communication flowing with our communities is something we will continue to focus on. This is an essential part of our charter to provide an Aboriginal Community Controlled model of health care. It is the means by which we measure how well we are meeting the needs of community and how we can do better.

While our relationships with our partners NWHHS and WQPHN are healthy and strong, our challenge is to continue to nurture these linkages. This continued unity will ensure we are providing the most culturally appropriate healthcare to our communities. Systems integration between our organisations continues to be an issue and a potential barrier to delivering a truly integrated model of healthcare.

Looking Ahead

Our immediate future is focussed on continuing to consolidate the massive growth that Gidgee Healing has experienced in the last five years. This will in part be achieved by tackling our biggest challenges head on.

A big push for the coming year will be to grow our human and health services workforce by developing our own health professionals and attracting new graduates to the region. We are actively seeking to create pathways to training and employment for local people that will ultimately build pipelines into health and human services professions. Gidgee Healing aims to lead our sector in the availability of Aboriginal health workers to support service provision.

We are working with a range of organisations such as Health Workforce Queensland, YPA, and James Cook University to explore possible education initiatives that would help to supply a home-grown pipeline of health professionals. Possible avenues include school based and vocational courses, and delivering more tertiary undergraduate courses locally, with Gidgee Healing providing work placement opportunities.

As an Aboriginal Community Controlled Health Service, we are also keen to explore the opportunity to provide communities the choice for traditional healing within our suite of services.

Personally, I feel as though I have achieved a great deal in my first 12 months with Gidgee Healing. I have a terrifically motivated and capable team and I have thoroughly enjoyed working with them to tackle the challenges and opportunities that have been presented in this time. This first year seems to have flown by and I feel as though there is still significant value that I can bring to the organisation as we continue to work towards providing a holistic, integrated model of health and human services to the communities of Mount Isa and the Lower Gulf.

Renee Blackman, CEO



The Board



Shaun Solomon

CHAIR

Shaun is a Birri and Ewamian man who has lived in the North West for most his life and has been working in Mount Isa for the past 17 years. Indigenous Health and Higher Education has been the focus of Shaun's career, which has enabled him to work closely with the Aboriginal and Torres Strait Islander peoples of North West Queensland. Shaun also sits as a member of the North Queensland Training Network.



Mona Phillips

DEPUTY CHAIR

Mona is a Jaru/Waanyi woman who has an extensive history of working in and around the Gulf and North-Western Queensland as well as the Northern Territory. Mona's work experience covered a wide range in social health; including health promotion, alcohol and drug addictions and domestic and family violence. At the age of 50 Mona gained a Social Science Degree in Aboriginal Community Management and Development. Mona was a founding member and has been on the Gidgee Healing board since 2014.



Michael Martin

DIRECTOR

Michael Martin OAM FCPA is a skilled based Director and was appointed in 2013. He is Chair of the Audit and Risk Committee and provides Financial Management leadership to the Board. Michael lives in the Northern Territory where he is active in Health and is a member of a number of Government Boards. Michael is committed to Indigenous Health and was National Chair of Men's Health in 1999 and 2000. He travels to Mt Isa regularly on Board matters.





**Leann
Shaw**

DIRECTOR

Leann is Nugubu and Wik woman who has a long history of working in various health and social services across the region, including alcohol, tobacco and other drugs and women's health and issues. Leann is committed to Indigenous rights and ensuring community is supported to achieve better health and well-being.



**Darren
Walden**

DIRECTOR

Darren is Waanyi and Gangalidda man with family and cultural links to Doomadgee and other Lower Gulf communities. Darren has lived in and worked in Mt Isa for around 32 years which includes experience with local Native Title Boards and approximately 22 years working directly in the Aboriginal health field. He is a strong advocate for the community.



**Patricia
Richards**

DIRECTOR

Patricia is a Waluwarra woman from the Georgina River. She is deeply involved with the local Mt Isa community and works within the Department of Aboriginal and Torres Strait Islander partnership (DATSIP). Patricia's community involvement is one of her greatest assets. She volunteers with various sporting organisations, working across remote communities within the north west region to build strong relationships and partnerships with government, non-government and the private sector. Patricia was appointed to the Board in 2019 to fill a casual vacancy.



**Alan
Nyhuis**

DIRECTOR

Alan Nyhuis has been a Mount Isa local since 2013. With a background in law and social work, he is passionate about using his knowledge and experience to promote Indigenous interests, particularly in the health and wellbeing space. Alan has extensive experience in the community services sector, working with families and young people at risk and in crisis.

People and Culture

The People and Culture team was formed in June 2019 as part of an organisational restructure. The team performs a key function in enabling Gidgee Healing to meet its strategic and operational business objectives.



They provide a suite of professional human resources services, including systems, policies, and processes that support our people — the cornerstone of our integrated service delivery model. The Marketing and Communication function also sits within the People and Culture Team. Prior to the restructure these functions existed within the broader Corporate Services team.

As we work towards our vision of becoming an Aboriginal Employer of Choice, we have continued our 'home-grown' approach to attracting and retaining the right people to our organisation. We are committed to developing and upskilling our existing workforce and sourcing locals wherever possible. We are creating pathways to careers in health, by working with organisations such as YPA to offer opportunities for traineeships, and James Cook University to create work placement opportunities for students. We have set a target to achieve 75% Aboriginal and Torres Strait Islander representation in our workforce at every level. Currently, the level of representation stands at 64% which has increased from 45% in the previous financial year.

Two key projects were undertaken by consultants Cox Inall Ridgeway during the year, focussing on cultural safety and communication within the organisation. This work resulted in an overarching communications strategy which is currently being implemented by the People and Culture team.

Systems and Support

Based on feedback from employees, we reviewed our Employee Assistance Program (EAP) to identify a better service for our people. Our new provider is local to Mount Isa and offers specialist one-on-one Indigenous counselling in a range of settings to suit the individual.

To better support our end-to-end HR processes, we have identified an integrated cloud based system that will provide a one-stop-shop for all things related to taking care of our people. From recruitment and onboarding, to a learning management system, remuneration and benefits, and payroll, the system will streamline our processes, and support people to shine in their roles.

Professional Development

Our commitment to providing a holistic and integrated model of care to Indigenous Australians is supported by keeping our employees up to date with current industry best practices through ongoing professional development. This is essential for capacity building and succession planning. We have invested heavily in professional development during the 2019 financial year, allocating more than \$5,000 towards professional development for every employee.



Home-grown Expertise

In addition to ongoing professional development, an important part of pursuing our goal of becoming an Aboriginal Employer of Choice has been to provide training and education options to support entry to a career in health.

Our traineeship program offers participants Certificates III and IV in Aboriginal and Torres Strait Islander Primary Health Care. In the next financial year, we will offer a Certificate III in Community Services which provides a broad knowledge base and is an excellent platform upon which to build a career in health. We also plan to offer:

- Certificate III in Business Administration (Medical)
- Certificates III and IV in fitness
- Bachelor of Nursing

We are exploring ways of attracting experienced workers with transferable skills who are looking for a change in career. Gidgee Healing provides a supported move into the health industry, providing a soft entry and framework for transitioning into the clinical space, through trusted mentors and professional development.

Three 'Gidgee Graduates' completed their traineeship during the 2019 financial year. There are already 24 people enrolled in Gidgee Healing training for the 2020 financial year.



Above left to right: 'Gidgee Graduates' Cameron Leon, Brodie Germaine and Janice Irvine have completed their Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care

Our Partners and Stakeholders

We work in synergistic relationships with a range of stakeholder groups to deliver the best possible culturally appropriate health care for Indigenous communities in our region. We are proud to work alongside:

- Mount Isa Centre for Rural and Remote Health (MICRRH)
- Traditional Owner groups
- Mornington Island Health Council
- Doomadgee Health Council
- Local Indigenous Health Councils
- Local Government
- Indigenous Community Groups
- Visiting clinicians
- headspace National Youth Mental Health Foundation
- Various Allied Health professionals
- Injilinj
- Queensland Department of Education
- Young People Ahead (YPA)

Funding

Our work is made possible through funding from various sources and we gratefully acknowledge support from:

- Australian Government Department of Health
- Queensland Health
- Australian Government Department of Social Services
- Institute for Urban Indigenous Health
- Australian Government Department of Prime Minister and Cabinet
- Western Queensland Primary Health Network
- CheckUP Australia
- Queensland Department of Child Safety, Youth and Women
- Commonwealth Department of Social Services
- Queensland Department of Education
- headspace National Youth Mental Health Foundation





Our Mind

The thought, planning and structures that support our actions

The Gidgee Wood underpins our way of thinking by ensuring our ethos is embedded in our strategy, governance structures, business planning, and systems and processes.





Corporate Governance

External Structures

Gidgee Healing operates as a public company limited by guarantee. We are subject to the rules and regulations of the Corporations Act as set out by the Australian Securities and Investments Corporation (ASIC). We are also a registered charity, regulated by the Australian Charities and Not-for-profits Commission (ACNC).

Importantly, we are also Community Controlled. This means that the community can have a say in how the organisation is governed, and that eligible members can participate in general meetings, nominate as candidates for the Board, and serve as Directors.

Board and Management

The overall control and oversight of Gidgee Healing is the responsibility of the Board, which sets the strategic direction and performance targets, and monitors progress towards achieving those targets. Operational responsibility for performance is delegated to management, under the leadership of the Chief Executive Officer.

The Board is comprised of up to seven Elected Directors chosen by the members, and up to two Skills-Based Directors appointed by the Elected Directors. Each Director brings specific skills and expertise that support the organisation's strategic direction and goals. The Board is well-placed to provide the leadership and governance oversight needed by the organisation.

Governance Charter

During the year, the Board maintained a formal governance charter that clearly defines and articulates our governance practices, systems and processes. The charter ensures our good governance practices continue consistently beyond the terms of the current Directors and management.

Clinical Governance

An effective clinical governance framework is fundamental to providing a safe and consistent health service. While we have always practised good clinical governance as a component of our corporate governance, the development of a formal clinical governance framework has been a critical step in our evolution as a health service provider.

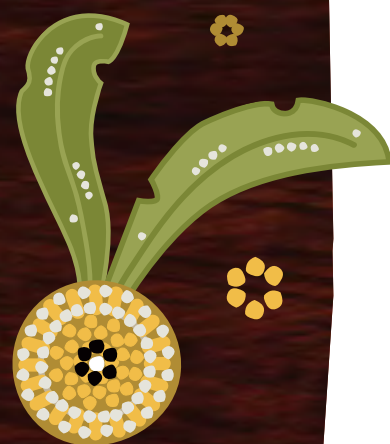
In the context of a rapidly growing, large, and geographically diverse organisation, the framework provides structure and consistency around the policies, procedures, tools and processes necessary to support the delivery of health services that are culturally appropriate, safe, effective, integrated, high quality and continuously improving. The framework is structured with a focus on accountability at each location, overseen by the Clinical Governance Committee, with ultimate accountability falling to the Board of Directors. Importantly, our approach to clinical governance has been developed specifically for our holistic, wrap-around model of care.

Looking Forward

In the shifting landscape of the health care sector, along with the Community Controlled aspects of our organisation, a robust governance framework remains critical to our operation and success.

The Board will continue to:

- Ensure our governance framework is robust and reflects best practice in Community Controlled organisations as well as our legislative environments
- Ensure we have the right skills and knowledge to govern effectively and remain relevant to our communities
- Ensure we have the right systems in place to ensure business continuity, should any director or senior manager leave the organisation



Risk Management

During the year, Gidgee Healing maintained its systematic approach to identifying, mitigating and managing risk by updating the Risk Management Framework as new risks are identified. Staff across the organisation continue to track and manage risks on a day-to-day basis under the oversight of the Audit and Risk Committee of the Board.

ISO 9000 and Other Quality Systems

As we continue to develop our services and find better ways to provide a consistent, high quality health care experience for our patients, we are conscious of maintaining a cycle of continuous improvement for our quality management systems. During the period, we maintained our ISO 9001 accreditation and AGPAL accreditation for the Pioneer clinic and achieved accreditation for the Normanton and Burke Street Primary Health Care centres. Our quality management system is facilitated through LOGIQC safety, quality and risk management software which is developed specifically for the health care sector.



Our Actions

The services and programs that we deliver

The Gidgee Wood is embodied in our actions by ensuring our care model is driven by community, delivering culturally safe, holistic primary healthcare that comes from a place of promoting wellness rather than 'fixing' symptoms or ailments in isolation.

We provide a range of comprehensive primary healthcare services including health checks, chronic disease management, and maternal and child health. Our primary health care clinics integrate family wellbeing, social and emotional wellbeing, visiting specialists, allied health, healthy lifestyle promotion and education, and day-to-day health services.

Gidgee Healing is committed to enacting meaningful and realistic reform in the delivery of health care services in

our region. We are working towards a truly integrated health care model that ensures all other health services are delivered in a holistic, integrated way so that each patient is considered as an individual – mind, body and spirit. We are the central hub for access to aged care, mental health, social and emotional and wellbeing, drug and alcohol misuse, and family support. No matter the entry point Gidgee Healing patients are provided holistic wrap-around care coordinated through a single provider.

Health Services

As Gidgee Healing grows and evolves, we are continually seeking to better serve our communities in ways that are meaningful, culturally appropriate, and that deliver improved health outcomes for Indigenous Australians.

Over the last financial year, we have consolidated our presence in the Lower Gulf communities, including a transition of services and funding on Mornington Island from the Hospital Health Service to Gidgee Healing's Community Controlled model of Primary Health Care.

We have redoubled our efforts in applying best practices in quality, safety, and clinical governance in all our centres and we are thrilled to have achieved AGPAL accreditation for the Burke Street and Normanton Primary health care Centres during the period.

Service Integration

We have been working hard to refine our service delivery model to embody our vision of truly integrated care. In doing so, we have broken down silos that previously existed, both in our organisational structure and our service delivery model. This is most notably apparent in our provision of allied health services, which is now embedded within our primary health care clinics. We have specialist teams who work across our primary health clinics to ensure a holistic approach to health care.

Our Service Delivery Teams

MOUNT ISA PRIMARY HEALTH CARE CENTRES

As part of our push towards greater integration, we have brought our Burke Street and Pioneer clinics under a single management structure. This has helped to improve continuity of service, provide more consistency in health practitioners, and move our primary health care practices towards a more holistic and comprehensive model.

During the period we strengthened our focus on chronic disease management, reinvigorating our weekly 'chronic disease days'. Once a week, we gather an integrated team in one place so that our patients have all the health professionals they need together in one location at the same time. This makes it easier to access everything required for complex chronic diseases such as diabetes, kidney disease, cardiovascular disease, etc.

LOWER GULF PRIMARY HEALTH CARE CENTRES

We have been working hard to increase engagement with communities across the Lower Gulf region. The main aim has been to encourage people to become more proactive about their health care. As a result, we have seen a significant rise in active patient numbers in our clinics, resulting in 715 health assessment and chronic disease management plans. Gidgee Healing continues to provide holistic care for acute health conditions and is also working towards a greater focus on early intervention and preventative medicine.

We have now successfully transitioned Mornington Island health services and associated funding to the Community Controlled model. This became effective in January 2019, making Gidgee Healing responsible for the provision of all community health services on Mornington Island. With the reallocation of funding, we have been able to double the number of staff to better serve the local community.

Gidgee is continuing to build a service model that represents the unique health needs and desired outcomes of each of the communities we serve. We are working with local Health Councils, Shire Councils and communities in Doomadgee, Mornington Island, and Normanton to better understand what people are looking for from their health service. We will model each primary health care centre and service on this information.

RHD Screening

Over the last financial year, Gidgee Healing has conducted targeted screening for rheumatic heart disease (RHD) in Mornington Island and Doomadgee. Australia has one of the highest rates of acute rheumatic fever (ARF) and RHD in the world. Indigenous people are up to eight times more likely than other groups to be hospitalised and nearly 20 times as likely to die from this disease. Symptoms can go unnoticed for years but have serious implications when left untreated. Our screening program means that we can provide ongoing treatment to significantly improve quality of life and increase life expectancy.



NUKAL MURRA

The Nukal Murra ('plenty hands') alliance was formed in 2018 to deliver Integrated Team Care (ITC) across the region. ITC arrangements aim to work with Aboriginal and Torres Strait Islander people with chronic health issues to help them to manage their conditions and improve health outcomes by coordinating care plans with health service providers. The Nukal Murra alliance is responsible for delivering ITC services throughout the region and is funded by the Western Queensland Primary Health network (WQPHN) under the Indigenous Australians' Health Programme (IAHP).

In our first full reporting period since commencing operation, the Nukal Murra team has continued to work closely with the local Renal Health Unit team to provide a timely transport service for clients to travel to and from their weekly dialysis appointments. The team was recognised at the opening of the Renal Unit transition from Townsville Hospital and Health Service during National Kidney Week in April, where the entire Nukal Murra team was in attendance.

While the service is based in Mount Isa, the team regularly visits communities outside our core service area to raise awareness of the service. Over the financial year, 1,017 referrals to Nuka Murra were received from across the region.

REGIONAL ALLIED HEALTH SERVICES

Since launching Allied Health Services in October 2017, this element of our offering has undergone an iterative process to identify the best possible way to embed the services across our entire health portfolio. Gidgee Healing Allied Health services aim to:

- Listen to and address the needs of community
- Stay connected and engaged with community and its stakeholders
- Provide access to equitable, sustainable, culturally appropriate, and consistent Allied Health Services
- Provide household and social support for clients wanting to keep their independence and improve their quality of life

The organisational restructure of Gidgee Healing during the reporting period has removed our previous siloed approach to providing these services, so that our allied health professionals are working side-by-side with primary health care workers and Aboriginal health workers to provide truly integrated care. Clients are referred to Allied Health based on the outcome of their Team Care Arrangement and Aboriginal Health Checks. This helps to promote early intervention and prevention, rather than a reactive approach. Since integrating Allied Health with Primary Health Care, the uptake of allied health services has increased by 60%.

Service delivery for Allied Health in the Lower Gulf continues to be impacted by limited resources — both infrastructure and staffing — and local factors, although these are slowly showing improvement. With new team members on board we anticipate our service delivery will increase, particularly in the Mount Isa clinics. We are currently exploring opportunities for reducing the number of 'no shows' at scheduled appointments and increasing Medicare billing for Allied Health.

Our Allied Health Services include Physiotherapy, Dietetics, Exercise Physiology, Speech Pathology, Podiatry, Occupational Therapy, and Mental Health Social Work. In May 2019, the Mental Health Co-ordinator role commenced transitioning from Health Services to the Human Services portfolio, to inform an integrated Social and Emotional Wellbeing approach.

CHILD MATERNAL HEALTH

Our Child and Maternal Health team is a key focal point between health and human services. Our integrated approach to care places family squarely at the heart of all that we do. This team works across the portfolios to help families build a network that supports kids throughout their development journey. The goal is to integrate early childhood services from neo-natal care to play group, day care, and kindy, with education and health services to inform and support families around the early intervention and treatment of chronic disease, developmental and learning disabilities, and behavioural and mental health issues.

Foetal Alcohol Spectrum Disorder

Gidgee Healing has been working in collaboration with Griffith University's Menzie's Institute to co-create a culturally appropriate, flexible solution to assessing child neurodevelopment in our communities. The Yapatjarrathati project is funded by a grant from the Australian Government Department of Health. It centres on using primary health care as the central point of coordination for assessment, and supports practitioners in the use of a co-designed, tiered assessment process to quickly identify and support children who are struggling. The project provides fully-funded tele-mentoring to support practitioners when assessing and managing child neurodevelopmental. Tele-mentoring is provided by a clinical psychologist, speech pathologist, and/or paediatrician.

Gidgee Healing agreed to provide a base in Mount Isa for the Yapatjarrathati assessment services. Dr Marjad Page (GP) and Aunty Karen West (Elder and Aboriginal Health Worker) helped coordinate and trial the first stage of implementing the tiered assessments.

During the trial period, Dr Page and the Family Health Team decided to embed part of the neurodevelopmental assessment into the Aboriginal Health Check. This provided an opportunity to identify children who may be at risk of prenatal alcohol exposure, or other neurodevelopmental, socio-emotional, mental health, chronic health, and/or medical problems, and potentially in need of support. The Health Check was expanded to follow evidence-based guidelines and parts of the tiered assessment process were integrated with the Health Check.

As of 30 June 2019, 22 children ranging in age from one month to 13 years had completed the new Health Check.

Healthy Skin Project

The Healthy Skin Project, previously coordinated by the North West HHS, has now transitioned to the ACCHO model and sits with Gidgee's Child and Family Health team. The intent of the Healthy Skin program is to deliver community based prevention, early detection and treatment of pathogens causing skin infections in our communities.

The program aims to:

- Increase access to opportunistic screening for vulnerable client groups, including contact tracing and providing support and education for clients and families requiring ongoing treatments and follow-up
- Improve the prevention, education and early detection of skin infections by developing community relevant information and local education strategies aimed at healthy hygiene in the home, school and community settings
- Improve the responsiveness of the health system by providing a range of educational and training activities to patients, families and the health workforce in rural and remote settings with limited access to skin infection
- Reduce the current burden of disease associated with skin related infections experienced by Aboriginal and Torres Strait Islander people

Deadly Ears

Aboriginal and Torres Strait Islander children currently have one of the highest rates of otitis media—or middle ear disease—in the world. Deadly Ears is a Queensland Health program focussing on reducing the rates and impacts of middle ear disease and conductive hearing loss for Aboriginal and Torres Strait Islander children across Queensland. We have been working with the program to streamline the screening processes and connect with kids in the communities in our service delivery area. There is evidence that some children are missing out on access to this important program and falling through the cracks. This is largely due to the focus on acute care that has been prevalent in remote communities to date.

Our partnership with Deadly Ears has seen significant work occur in our remote Primary Health Care centres, with our teams working collaboratively to implement screening, promotion, treatment and to support the delivery of surgical intervention in our communities.

PHARMACY PROJECT

During the reporting period, Gidgee Healing has been involved in a project supporting the integration of a pharmacist within Gidgee Healing's Health Services portfolio. The Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (IPAC) study is a collaborative partnership between James Cook University (JCU), the National Aboriginal Community Controlled Health Organisation (NACCHO), and the Pharmaceutical Society of Australia (PSA). It aims to improve chronic disease outcomes by integrating a pharmacist into the primary health service. The project was modelled on existing evidence supporting the role of a practice

pharmacist co-located with clinics to enhance chronic disease management as well as quality use of medicines.

A pharmacist was embedded within our primary health care team to help improve medication-related practices across the whole Gidgee Healing footprint. The pharmacist travelled to all our sites to engage and support clients and staff with regards to medication management, medication adherence, and education about medication use. The IPAC study aims to improve prescribing practices as well as communication between clients, stakeholders and Gidgee Healing in specific regard to medications.



Challenges

Our biggest challenge continues to be the attraction and retention of clinical staff — especially GPs. Throughout the year we have been heavily reliant on a locum medical workforce, which creates a barrier to service continuity for our communities. As an organisation, we are working strategically to develop our own 'home-grown' health professionals in our local communities and attract new graduates to the region. We are creating pathways to training and employment for local people that will ultimately build pipelines into health sector professions.

As we grow, we are now facing issues around infrastructure. From a staffing perspective and the volume of patients we are now seeing, our facilities are no longer fit for purpose. We are exploring options for how we might address this in the immediate future but also for longer term.

Future Focus

Moving forward, the next 12 months will be heavily focussed on creating infrastructure that will better serve our communities. Specifically, we aim to construct our own purpose built facility on Mornington Island and identify a suitable location for our primary health care clinic in Doomadgee. In Mount Isa, we are exploring options to consolidate our two clinics in one location to provide the community with a one-stop-shop for health and wellness.

We are continuing to build our Aboriginal Health Worker workforce, which will be fundamental to our model. During the 2018 financial year, we employed just two Aboriginal Health Workers. At the time of this report, Gidgee Healing employs 15. We will continue to build that workforce, taking on more trainees and creating a career path within our organisation.

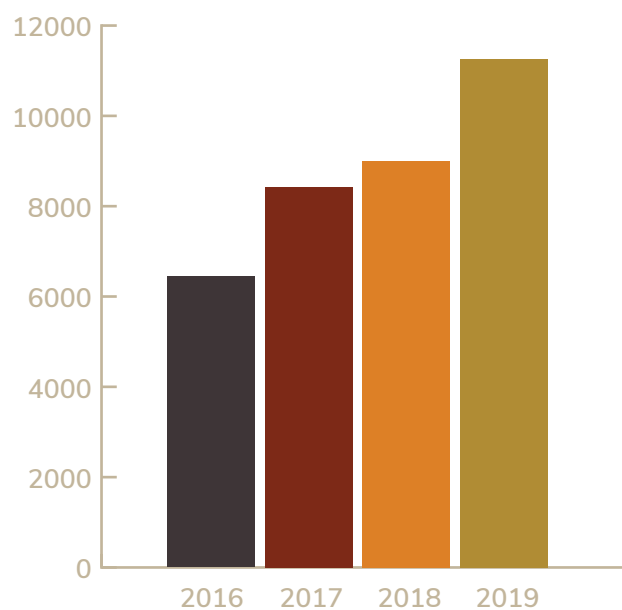
Growing our Aboriginal Health Worker workforce is fundamental to reorientating our model of care. To be truly community centred, the care needs to be led by members of community. We want the first clinician that our clients see to be — at least 75% of the time — an Aboriginal Health Worker. This workforce will also take the lead in case management and care coordination for chronic disease.



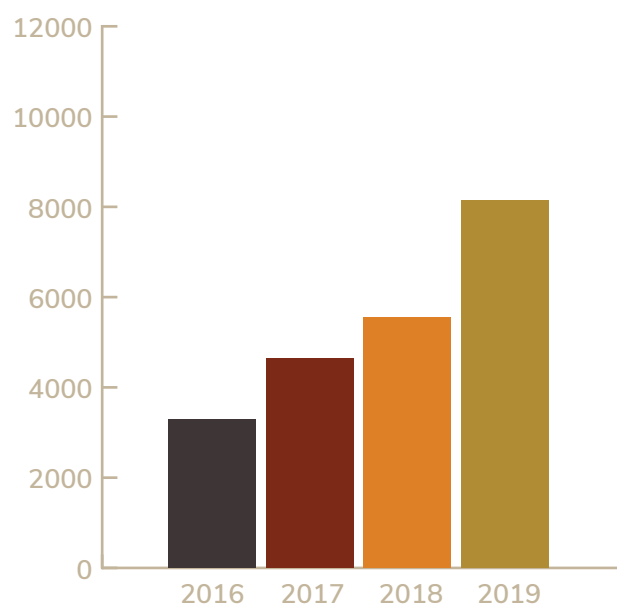
FIGURE 1

Number of current patients

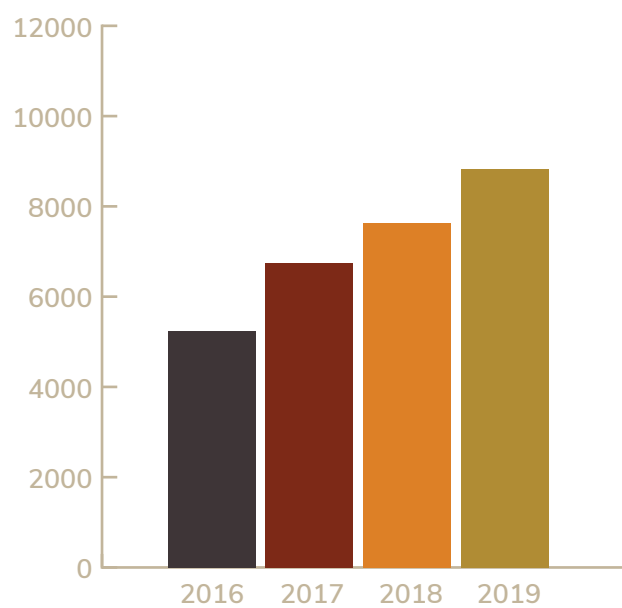
Total patients



Total active patients



Total Aboriginal and Torres Strait Islander Patients



Total Active Aboriginal and Torres Strait Islander Patients

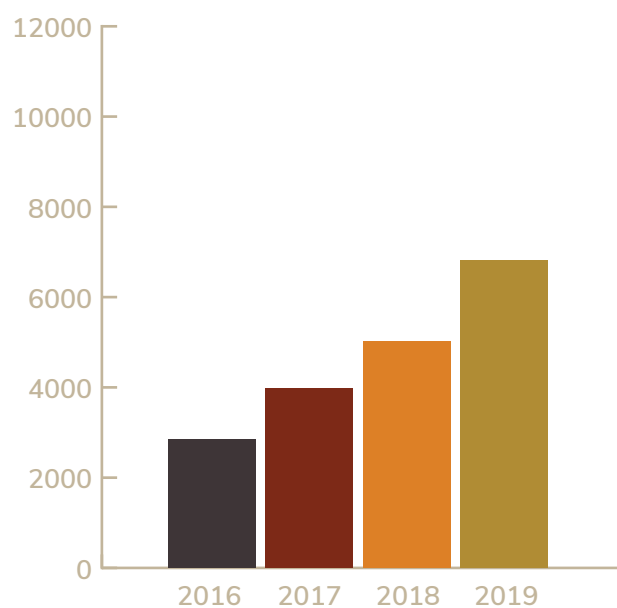


FIGURE 2

Number of health checks

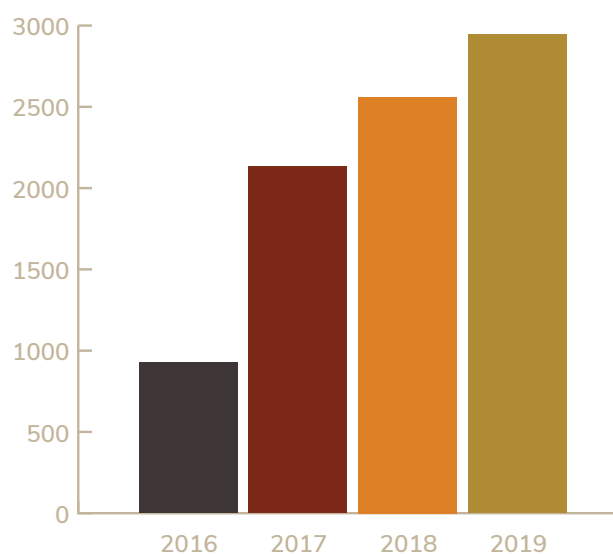


FIGURE 3

Number of GP management plans completed

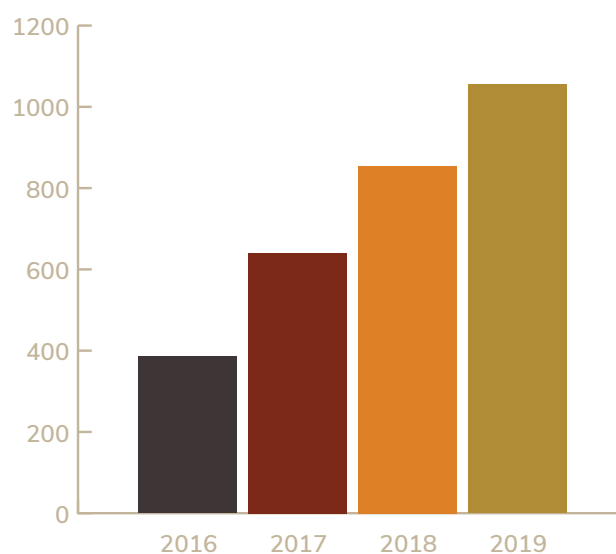
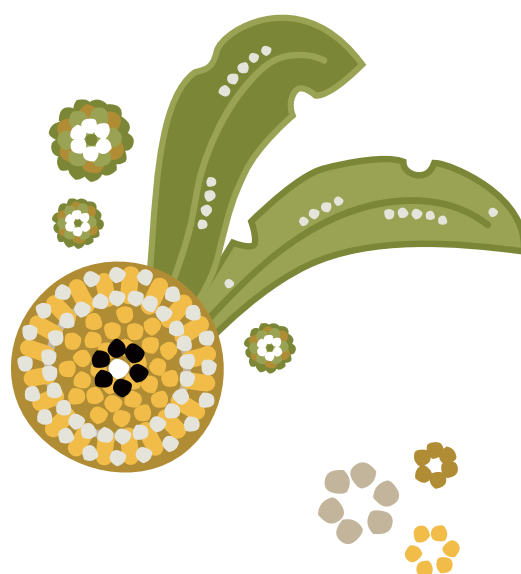
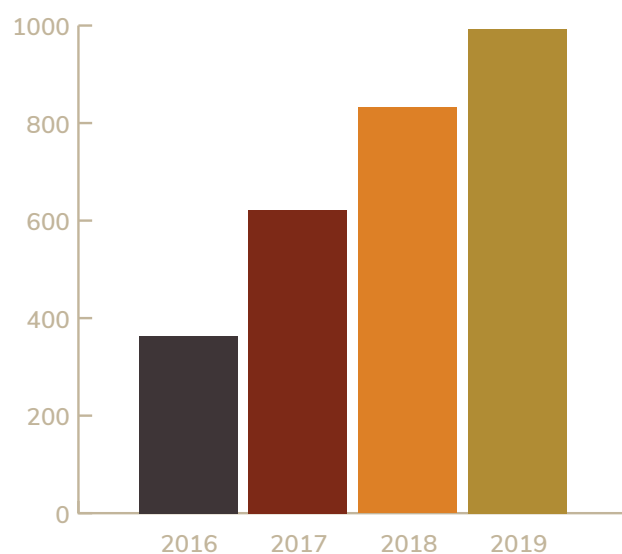


FIGURE 4

Number of multidisciplinary care





Human Services

Gidgee Healing's Human Services portfolio was designed as part of a major realignment of our service delivery model. It has brought together similar program and service delivery elements to create a shared sense of purpose across the portfolio. Family and community are fundamental to the delivery of each program and are at the heart of everything we do in this space. The portfolio is distinct from our health services and yet intersects with our clinical teams to foster positive social, physical, and mental outcomes holistically, in line with our overarching philosophy of providing truly integrated care.

There is a whole raft of social issues faced by the communities we serve that are inextricably linked with overall health outcomes. The Human Services portfolio works with individuals, families and communities to build resilience, strength, and skills. We aim to help people with approaches that are realistic, sustainable, and interconnected with physical health outcomes.

The Human Services Portfolio addresses issues such as:

- Mental health
- Family wellbeing
- Physical and emotional safety
- Social and emotional wellbeing
- Improving meaningful education, training and employment outcomes
- Food security
- Housing stability and enhancing social inclusion
- Access to required supports and services



New Ways of Working

The Human Services portfolio was formed in April 2019, and so was only operating for the final three months of the reporting period. This ramp-up period has focussed on building solid foundations for the portfolio to get the fundamentals of service delivery right from the start. It has been a concentrated phase of discovery and building new delivery models that are appropriate for our communities.

Considerations during the establishment phase have included:

- Defining a clear strategy
- Continuous quality improvement
- Agile approaches to iterative service design and development
- Co-designing programs and services with community
- Grass roots community engagement on the ground in communities
- Sourcing the best possible leadership team
- Integration between social and emotional wellbeing and primary health care
- Clinical Governance

From an operational perspective, grouping these services together enables development of leaders across the portfolio. We view all service delivery experts as leaders in their space. The opportunity for collaboration across specialisations helps to ensure we have the necessary workforce capability to meet the needs of the communities we serve. Bringing a range of skills, knowledge and

experiences also boosts our problem solving capability so that as a team we are better able to address community needs and overcome some of the challenges of service delivery in the context of remote communities.

Activating an integrated, holistic, and community-centred approach to service delivery maximises the effectiveness of our internal resources. It also serves to help us to integrate our programs with other parts of the business, and ensures a partnership approach with external community stakeholders. This ensures we maximise service delivery to the community and are fully armed to identify gaps and meet some of the challenges that confront us as we deliver services.

Quality, safety and clinical governance have been key considerations in the development of delivery models and will continue to be embedded across the portfolio as foundational pillars of service delivery. Gidgee Healing's Clinical Director has oversight of both our service delivery portfolios to ensure consistency and compliance with our clinical governance framework.

In May 2019, the Mental Health Co-ordinator commenced transitioning from Health Services to the Human Services portfolio, to inform an integrated Social and Emotional Wellbeing approach to improve mental health outcomes across our communities.

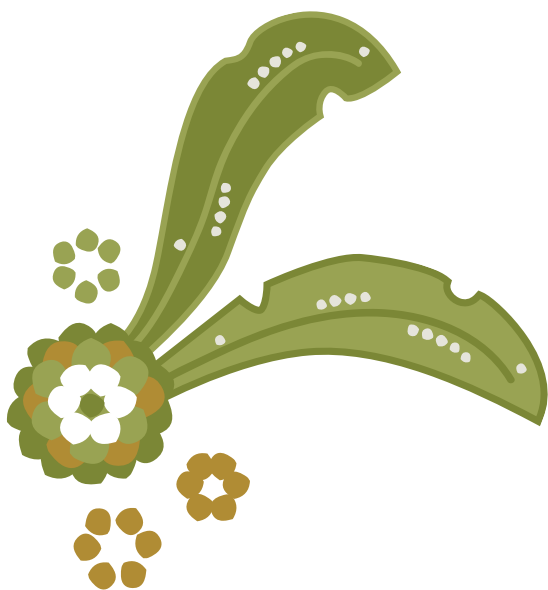
The scope of this role includes:

- Clinical education
- Co-ordination and triage of people seeking assistance for social and emotional wellbeing concerns
- Collaborating with GPs, and all service delivery programs across Gidgee Healing



Highlights and Achievements

Some of the programs and services under the Human Services remit are relatively new to Gidgee Healing. Some have been delivered for several years. However, even our longest running programs have never been offered as part of a fully integrated human services portfolio. Full service integration has only been operational a few months at the time of reporting, and for ease of reporting, highlights of individual services and programs are outlined below.



SOCIAL AND EMOTIONAL WELLBEING

Our flagship Social and Emotional Wellbeing program kicked off at the end of the 2019 financial year. The program was launched in Mount Isa and partners with the Western Queensland Primary Health Network (WQPHN). This core suite of services is at the heart of our entire Human Services portfolio. Gidgee Healing's Family Wellbeing, Deadly Choices, headspace and Normanton Recovery and Community Wellbeing Service teams all work in concert with the Social and Emotional Wellbeing program to deliver enhanced access and social outcomes across our communities.

The program takes a grass roots approach to working with our communities to help people get the right support at the right time, by the right person. Workers are selected based on their presence in local community and vocation to work in the health sector. They are already regarded by their mob as natural mentors and have earned a level of trust that gives them leverage to support people to engage with the health service that's right for them.

There are plans in place to expand the program to Normanton during the 2020 financial year, and hopefully even further afield in the future.



The Gidgee Healing SEWB strategy has been developed in consultation with the communities in which we work. It is based on eight domains of social and emotional wellbeing which overlap, depending on individual needs at a given point in time. This model is based on the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023.



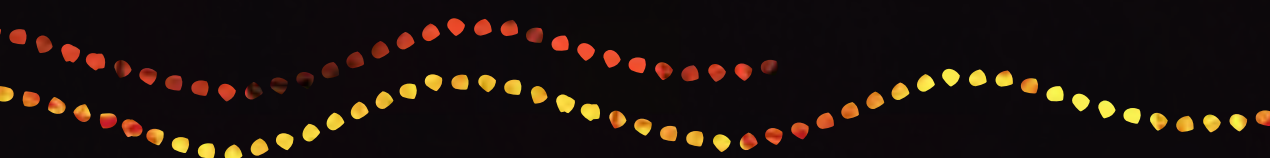
FAMILY WELLBEING

The Family Wellbeing program was established at the beginning of the period and is dedicated to preventing Aboriginal and Torres Strait Islander children entering the child protection system. It was initially formed as a service partnership with North and West Remote Health, and Save the Children, with Gidgee Healing as the lead agency. The program has since been brought wholly back to Gidgee Healing, under the leadership of Val Dempsey, who is highly experienced in working in the area of early intervention and child safety for non-government organisations.

Gidgee Healing is funded under the Department of Child Safety, Youth and Women to deliver Family Wellbeing Services across the North West region. Family Wellbeing Services assist Aboriginal and Torres Strait Islander families to keep safe, through the provision of holistic case management and therapeutic support. Our work includes integration across the human services portfolio and cross referrals for health services.

Highlights of the 2019 financial year include:

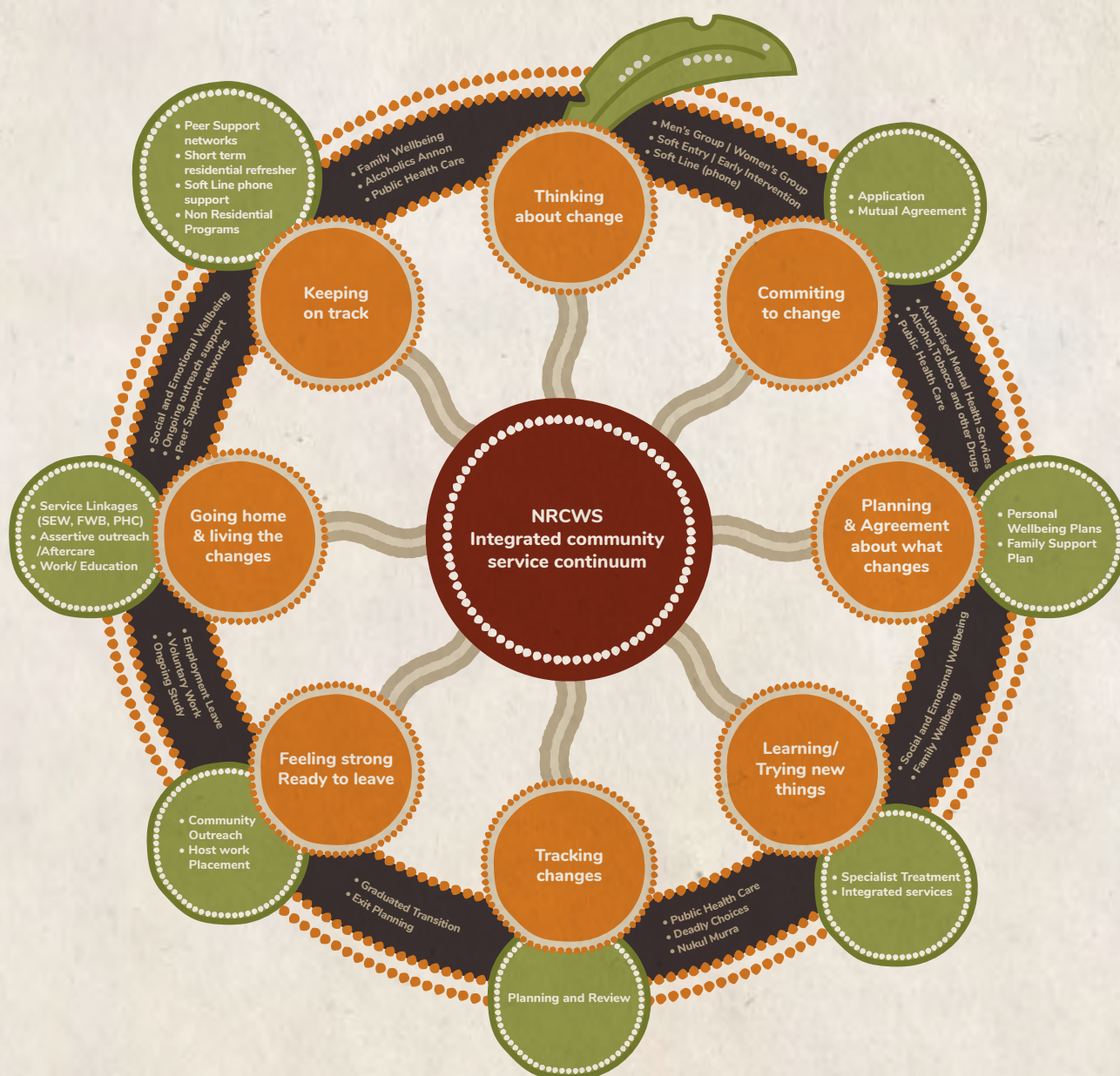
- Successful launch of the program across all Gidgee Healing service areas with rapid uptake of access to services
- Engagement and collaboration with Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP)
- Successful independent audit of the program's Human Services Quality Framework which forms the basis of the service delivery model
- Established pathways for integration with Social and Emotional Wellbeing and headspace programs, including the Family and Connect initiative



NORMANTON RECOVERY AND COMMUNITY WELLBEING SERVICE

Since moving into a new contract with Gidgee Healing as the sole service provider, the Normanton Recovery and Community Wellbeing Service (NRCWS) has been in a period of change as we transition to a new model of care. We are passionate about creating a place of healing that will provide a haven for people to transition successfully back to their families and communities, and to continue receiving the aftercare needed for holistic social and emotional wellbeing.

In developing our new model of care for NRCWS, Gidgee Healing has collaborated with the Queensland Aboriginal and Islander Health Council (QAIHC) to benchmark against best practice facilities with models of care that have proven successful in Indigenous communities. Our model is centred on the recovery, well-being, and self-determination of individuals and their families whose lives are challenged by the misuse of alcohol and other drugs.



Cultural Relevance and Accountability

We believe that culturally appropriate care is fundamental. Moving forward, a central feature of the NRCWS model of care will be to provide greater access to cultural activities and traditional healing modalities. As the model continues to evolve, we will incorporate the knowledge and insight of residents of the service, and the wider communities of the Lower Gulf region to ensure the service remains effective and maintains relevance to the people we serve.

Fully Integrated Service Delivery

Separate elements of health and well-being do not occur in isolation. Just as our philosophy is to treat every individual as a whole person, Gidgee Healing strives to integrate all that we do, within and across our own service offering and the broader health services sector. NRCWS residents enjoy shared care arrangements with a range of service providers outlined below.

Health and Wellbeing

- Primary Health Care Clinics
- Social and Emotional Wellbeing providers
- Family Wellbeing providers
- Alcohol, Tobacco and Other Drugs (ATODs) advisory services
- Authorised Mental Health Services (AMHS)
- North West Regional Health Service
- Centacare
- Save the Children

Education and Training

- Bynoe
- TAFE

Work Placement and Employment

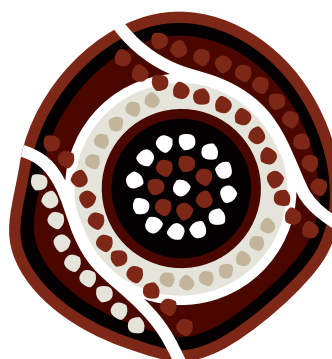
- Bynoe
- Gulf Labour Hire
- TAFE
- Carpentaria Land Council
- Army Reserve
- Carpentaria Shire Council
- Local mining companies
- Local property owners

Wrap Around Services

The NRCWS model now articulates a more comprehensive range of services that have greater capacity to meet each person 'where they are at'. Besides the 20 bed residential facility, the NRCWS service continuum will develop and maintain a stronger focus on a holistic, community centred approach, including:

- Early intervention, prevention and promotion activities through 'soft' entry points such as regular men's and women's groups, yarnin' circles, etc
- Non-residential day programs
- Proactive outreach aftercare support
- Family support programs
- Community prevention and promotion initiatives

As our model continues to mature, we are seeking to implement local peer support networks and a warm-line telephone support service. We are also hoping to move towards transitional housing and support models as residents move through the process of recovering from misuse of alcohol and other drugs.



Service Excellence Through Lifelong Learning

The NRCWS model aspires to service excellence by fostering a lifelong learning environment for both residents and staff. A skilled workforce is the linchpin to these aspirations. We currently offer the NRCWS team regular training, mentoring and supervision opportunities. Most team members have completed a range of culturally informed training in programs such as:

- Dadirri (We Al-li)
- Deadly Thinking
- Be Strong
- Staying Strong
- Family Wellbeing

In addition, Gidgee healing has placed a strong emphasis on providing NRCWS staff with opportunities to undertake formally credentialed training. This year:

- Six staff graduated with a Certificate IV in Mental Health (pictured below).
- Two staff members commenced a Diploma of Counselling
- One staff member commenced a Diploma in Leadership and Management.



HEADSPACE

Gidgee Healing has been the lead agency for headspace in Mount Isa since 2014. We are the only service in the region that delivers a holistic suite of youth focussed services under one roof. The headspace team includes mental health clinicians (including clinical lead), care coordinators, an Aboriginal and Torres Strait Island care coordinator, part time general psychologist, and GP, as well as community engagement, administrative support staff and service manager. In addition, there are three specialist vocational staff members working collaboratively with the clinical team to support young people with mental illnesses who are seeking to enter or remain in education or employment. The headspace team collaborates across the Human Services portfolio, and crosses over with the Health Services portfolio, to close the loop on our wrap-around model for Indigenous youth.

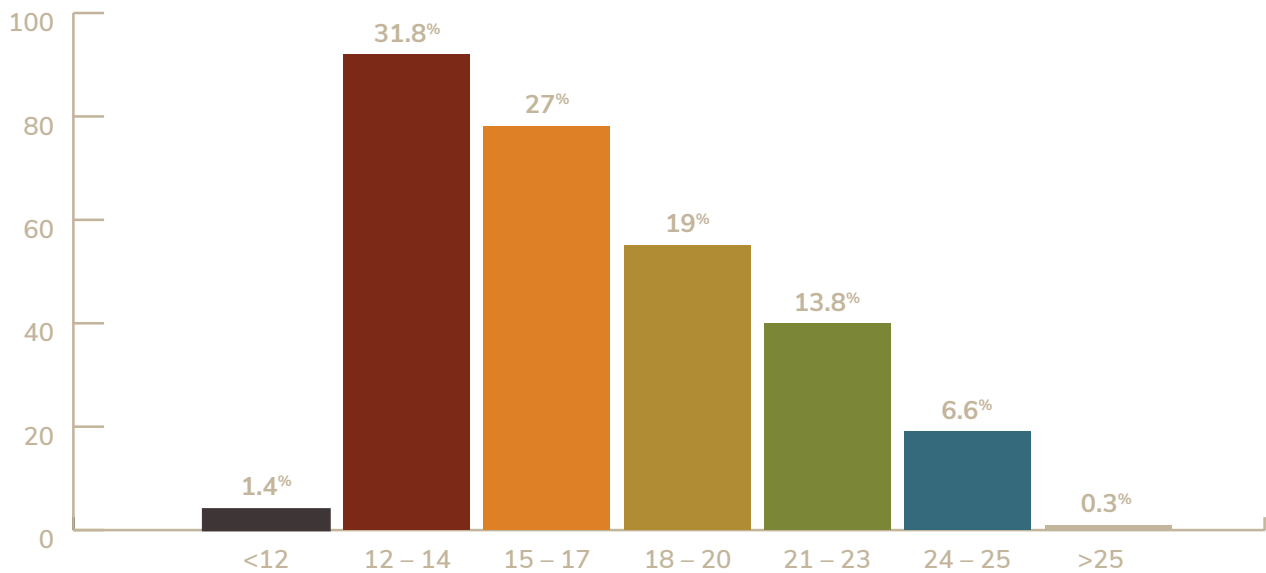
We have continued to build on the success of previous years, especially in relation to increased engagement and access facilitated by targeted awareness and education activities throughout the community. Awareness activities during key events like Youth Week, headspace Week, and NAIDOC Week, as well as our weekly coffee cart, create opportunities for young people to connect and increase awareness in the broader community. This year has seen an increase in Aboriginal and Torres Strait Islander clients, and overall growth in client numbers across the board.

In an early collaboration across the portfolio and the community, Gidgee Healing's Family Wellbeing and Social and Emotional Wellbeing programs collaborated with headspace Mount Isa to deliver the pilot 'Battle Won' program. Facilitated by headspace's clinical lead, Marcel Noronha, and partnering with John and Jacinta's Doyle's Three Sons Fitness, the program provides counselling and general psychological support to young people participating in Three Sons' various physical challenges.

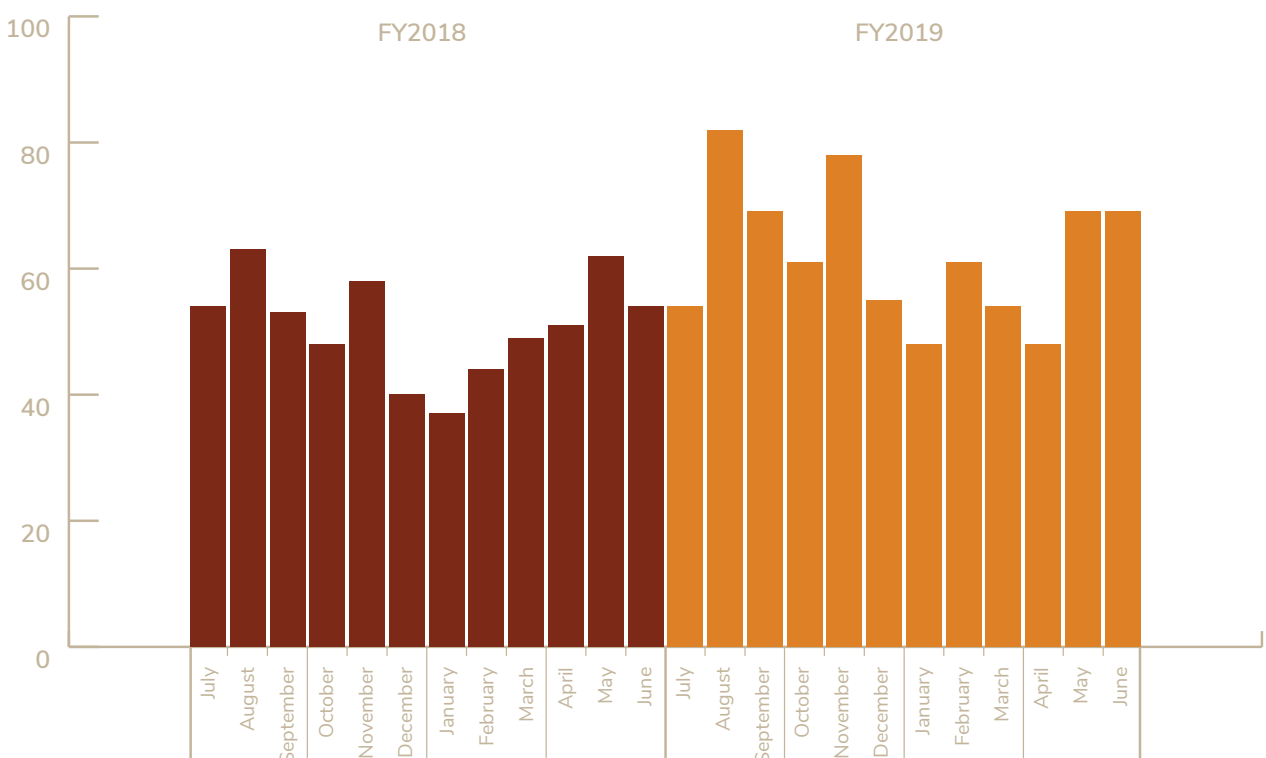
In the photo (L-R):

Gerard Broersen – Gallang Place trainer (training service provider), Chris Ruyg – Wellbeing Manager – Graduate, Stephanie Owens – Activity Officer – Graduate, Megan Henry – Case Worker – Graduate, Nadine Thomas – NRCWS Service Manager, Other Graduates not shown in photo: Owen Richardson – Case Worker, Josephine Ploenges – Case Worker

Young people serviced by age Mount Isa

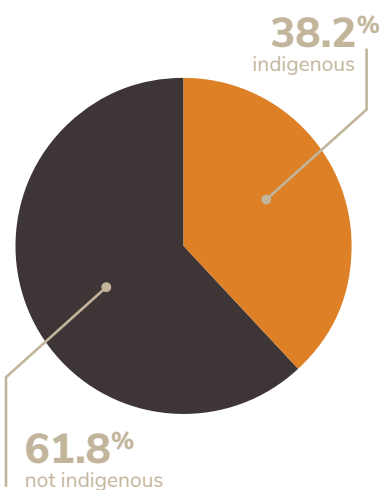


Young people who received a service at headspace Mount Isa

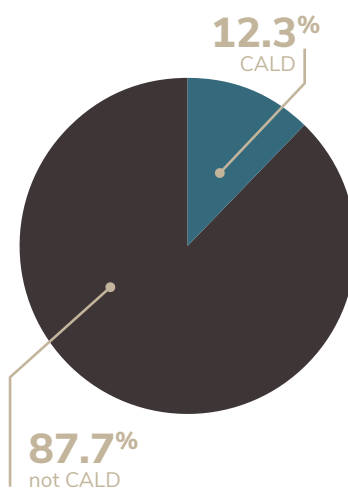


Population groups

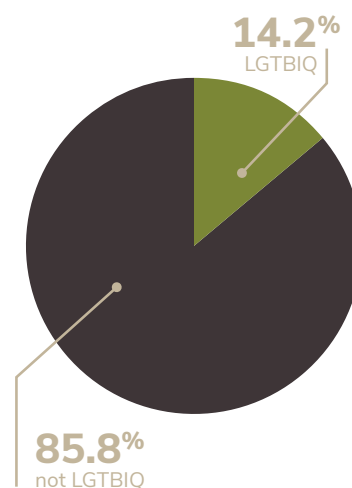
Aboriginal and
Torres Strait Islander



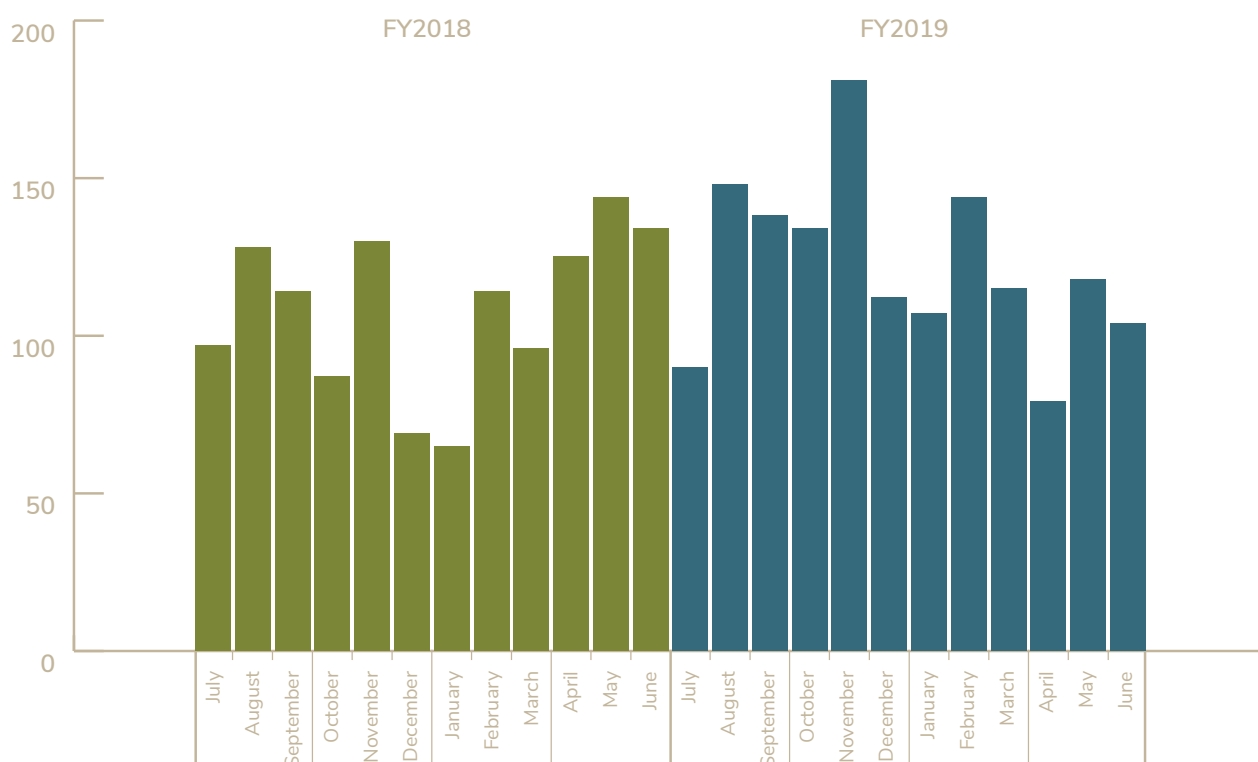
Culturally or
Linguistically Diverse
(CALD)



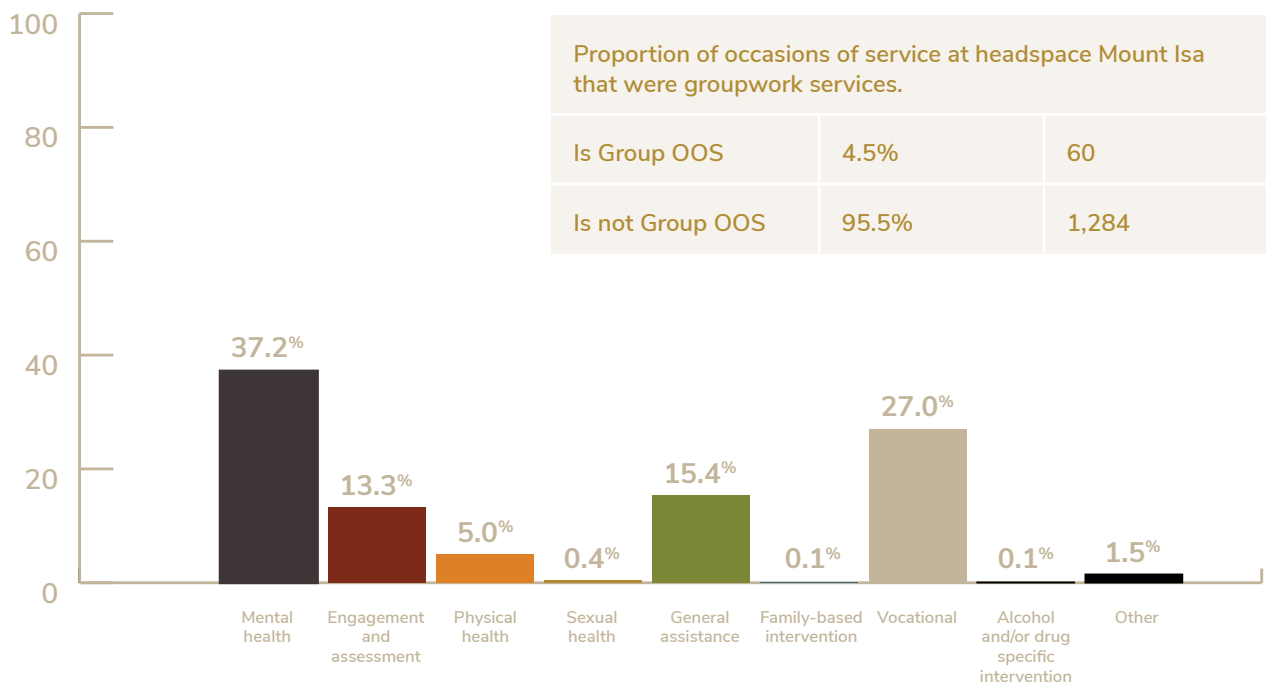
Lesbian, Gay, Bisexual,
Trans, Intersex, Questioning
(LGBTIQ)



Occasions of service provided at headspace Mount Isa



Nature of services Mount Isa



BE WELL, LEARN WELL

Gidgee Healing is working in partnership with CheckUP to deliver Queensland's Department of Education, Be well Learn well (BWLW) program. BWLW is an early intervention program that provides allied health therapy services to Aboriginal and Torres Strait Islander students in remote Queensland state schools.

Our work is focussed at Mornington Island and Doomadgee State Schools, and aims to identify and address behavioural and learning issues to improve educational outcomes for Aboriginal and Torres Strait Islander students from Kindergarten to Year 12.

The program brings together education and health workforces, providing direct therapy support for students in a school setting, rather than a clinical setting. This approach is central to the program's delivery, allowing for an integrated workforce of education

and health professionals to respond holistically and intuitively to the risk factors influencing child development and schooling outcomes.

The allied health therapy services are delivered at least twice per term and include speech pathology, occupational therapy, psychology and clinical psychology. The program assists teachers to develop strategies for students with complex needs and empowers parents and carers in their relationship with the school. During the 2019 financial year the program worked with 41 students in Doomadgee and 33 students in Mornington Island, together with their teachers and families.

BWLW is also being delivered in six other remote state schools across Cape York in partnership with the Apunipima Cape York Health Council.

Challenges

The breadth and depth of our Human Services portfolio is enormous. We have been ambitious in our aims for this suite of services, but we are committed to fulfilling our goals of a fully realised way of delivering human services with family at the centre.

Some of the challenges we face in achieving our goals include making sure our program managers are provided opportunities to develop the capability to deliver on our vision. We are working hard to ensure our key people receive the professional development they need, and are empowered to make decisions about the direction and delivery of our programs.

Quality and safety must always underpin everything that we do. While this is not a challenge in and of itself, the busy-ness of simply getting services to people that need them can sometimes turn our attention from these fundamental elements. During 2019, we have implemented a range of practices and procedures to embed quality and safety in the delivery of all our programs, with a particular focus on preparing further programs for audit in 2020.

The landscape of funding for Indigenous health and wellbeing services is complex. While we are committed to providing a truly integrated model of care, funding mechanisms are often discrete in their mechanisms for allocation. We will continue to work to address the disparity between funding channels and meeting the needs of our communities.

Future Focus

As we look to the future, we will continue to refine our understanding of the Human Services portfolio and how it complements Gidgee Healing's other service delivery areas.

We are looking forward to expanding our portfolio in the coming year to include Deadly Choices, as well as sourcing new business opportunities to address gaps in services for domestic and family violence, alcohol and other drugs, and mental health. Our Social and Emotional Wellbeing services will hopefully be extended to new communities, and will be further developed as our flagship program, embedded across all other service delivery areas.

Our Human Services portfolio is fundamental to the success of Gidgee Healing as a health service provider. These programs open up pathways to clinical services in order to provide truly holistic and integrated care that supports the unique resiliencies and strengths of all communities.







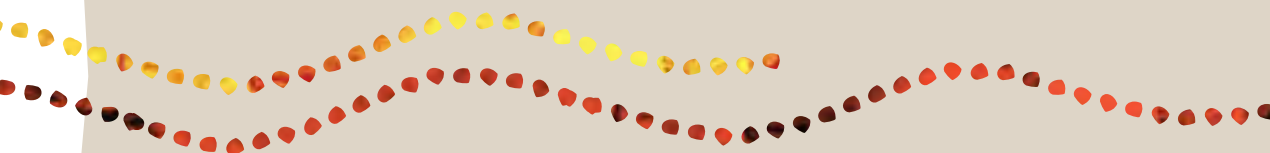
Gidgee Healing

Annual Report '19

Financial statements

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Director's Report

For the year ending 30 June 2019

The directors present their report together with the financial report of Mount Isa Aboriginal Community Controlled Health Services Ltd for the year ended 30 June 2019 and auditor's report thereon.

The directors present their report together with the financial report of Mount Isa Aboriginal Community Controlled Health Services Ltd for the year ended 30 June 2019 and auditor's report thereon.

Directors names

The names of the directors in office at any time during or since the end of the year are:

Shaun Solomon

Mona Phillips

Michael Martin

Leann Shaw

Darren Walden

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

Short-term and long-term objectives and strategies

The company's short-term and long-term objectives are to:

- Provision of Primary Health Care services to the Indigenous community of Mount Isa and the surrounding region

To achieve its short-term and long-term objectives, the company has adopted the following strategies:

- Gaining more funding and employing more staff

Principal activities

To carry out the company's strategies and to achieve its short-term and long-term objectives, the company engaged in the following principal activities during the year.

The principal activity of the company during the financial year was the provision of Primary Health Care services to the Indigenous community of Mount Isa and the surrounding region.

Key performance indicators

To help evaluate whether the activities the company established during the year have achieved its short-term and long-term objectives, the company uses the following key performance indicators to measure, analyse and monitor its performance:

Community feedback and the Quality of services provided.

Information on directors

Shaun Solomon	Elected Director, Chairperson
Qualifications	Graduate Diploma of Indigenous Health Promotion; Certificate III Aboriginal Primary Health Care.
Experience	Fellow, Australian Rural Leadership Foundation; Board Member (Secretary) Young People Ahead; Member, Australian Health Promotion Association; Cultural Training Facilitator, North West Hospital and Health Service, James Cook University, Generalist Medical Training.

Director's Report

For the year ending 30 June 2019

The directors present their report together with the financial report of Mount Isa Aboriginal Community Controlled Health Services Ltd for the year ended 30 June 2019 and auditor's report thereon.

Information on directors (Continued)

Mona Phillips	Elected Director
Qualifications	B. App. Sc. Indigenous Community Management and Development; Certificate IV Health Promotion; Certificate IV Training and Assessment; Alcohol and Drug Treatment training; Alcohol and Drug Basic and Advanced Counselling Skills; Train the Trainer; Domestic and Family Violence; Adult Child of an Alcoholic; Mental Health First Aid; Certificate IV Mental Health TAFE Mount Isa; Tracey Westerman Certificate in Mental Health; Strengths Based Training Approach and Supervision Policy and Practice; Rape and Domestic Violence Supervision Aboriginal DV and FV case work; Reporting Child Abuse and Neglect and Mandatory Reporting of DV and FV.
Experience	Retired. Adjunct JCU Mount Isa Centre for Rural and Remote Health; 35 years experience working voluntarily in Aboriginal organisations.
Michael Martin	Independent Director
Qualifications	BA, Graduate Diploma Administration, B Commerce, FCPA, GAICD.
Experience	Board Member, Top End Health Services Board NT; Partner, MDS Partners Management Consultancy; Managing Director, Top Hospital Executive Management Consultancy Services; Chairman NT Build; Chairman NT Remuneration Tribunal.
Leann Shaw	Elected Director
Qualifications	Associate Degree - Indigenous Community Management and Development; Diploma - Aboriginal Studies; Certificate III - Community Services; United Nations Diplomacy Training Course; various courses in Mental Health, Alcohol and Drug Services.
Experience	Board member, Young People Ahead; Yarning Circle facilitator; Indigenous Rehabilitation Assistance, MICRRH; Former Project Officer, Anyinginyi.
Darren Walden	Elected Director
Qualifications	Health Worker / Support Worker; Train the Trainer; Safety and Emergency Technician.
Experience	Youth Worker, Injilinj Aboriginal and Torres Strait Islander Corporation for Children and Youth Services; former Board Member Prescribed Body Corporate Waanyi; Former Board Member North Gawalanja Aboriginal Corporation Waanyi.

Meetings of directors

Directors	Directors' meetings	
	Number eligible to attend	Number attended
Shaun Solomon	9	9
Mona Phillips	9	9
Michael Martin	9	9
Leann Shaw	9	9
Darren Walden	9	7

Director's Report

For the year ending 30 June 2019

The directors present their report together with the financial report of Mount Isa Aboriginal Community Controlled Health Services Ltd for the year ended 30 June 2019 and auditor's report thereon.

Members guarantee

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute to a maximum of \$10 each towards meeting any outstandings and obligations of the company. At 30 June 2019 the number of members was 670. The combined total amount that members of the company are liable to contribute if the company is wound up is \$670.

Signed in accordance with a resolution of the board of directors.

Director:

Shaun Solomon

Shaun Solomon

Director:

Michael Martin

Michael Martin

Dated this

20

day of

November

2019



Level 38, 345 Queen Street
Brisbane, QLD 4000

Postal address
GPO Box 1144
Brisbane, QLD 4001

☎ +61 7 3222 8444

The Directors
Mount Isa Aboriginal Community Controlled Health Services Limited
8 Burke Street
Mount Isa QLD 4825

Auditor's Independence Declaration

In relation to the independent audit for the year ended 30 June 2019, to the best of my knowledge and belief there have been no contraventions of APES 110 *Code of Ethics for Professional Accountants*.

PITCHER PARTNERS

JASON EVANS
Partner


Brisbane, Queensland
20 November 2019

Brisbane Sydney Newcastle Melbourne Adelaide Perth

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Statement of Profit or Loss and other Comprehensive Income

For the year ending 30 June 2019

	Note	2019 \$	2018 (Restated*) \$
Revenue and other income			
Revenue from grants	3	21,798,577	20,642,769
Other revenue and other income	4	<u>5,742,879</u>	<u>4,565,710</u>
		<u>27,541,456</u>	<u>25,208,479</u>
Less: expenses			
Employee benefits expense	5	(17,309,608)	(12,759,121)
Depreciation and amortisation expense		(727,646)	(540,393)
Travel, accommodation and conference expenses		(2,130,486)	(1,701,656)
Medical services and supplies		(595,465)	(571,548)
Bad & doubtful debts		-	(40)
Repairs, maintenance & vehicle running expenses		(917,835)	(784,782)
Rent expense		(537,684)	(548,398)
Audit, legal & consultancy expense		(737,605)	(897,842)
Auspice fees		(700,934)	(1,336,232)
Other expenses		<u>(4,185,819)</u>	<u>(3,385,807)</u>
		<u>(27,843,082)</u>	<u>(22,525,819)</u>
Net surplus/(deficit) before income tax expense		(301,626)	2,682,660
Income tax expense	1(f)	<u>-</u>	<u>-</u>
Net surplus/(deficit) for the year		<u>(301,626)</u>	<u>2,682,660</u>
Other comprehensive income for the year		<u>-</u>	<u>-</u>
Total comprehensive income/(deficit)		<u>(301,626)</u>	<u>2,682,660</u>

* For details of restatement refer to note 22

Statement of Financial Position

For the year ending 30 June 2019

	Note	2019 \$	2018 (Restated*) \$
Current assets			
Cash and cash equivalents	6	11,003,483	9,685,800
Receivables	7	2,440,703	1,556,703
Other assets	8	22,400	21,161
Other financial assets	9	-	10,384
Total current assets		<u>13,466,586</u>	<u>11,274,048</u>
Non-current assets			
Property, plant and equipment	10	2,172,729	2,765,433
Intangible assets	11	620,731	-
Other financial assets	9	32,433	22,049
Total non-current assets		<u>2,825,893</u>	<u>2,787,482</u>
Total assets		<u>16,292,479</u>	<u>14,061,530</u>
Current liabilities			
Payables	12	3,055,026	2,017,558
Provisions	13	530,363	820,702
Other liabilities	14	4,605,725	2,828,489
Total current liabilities		<u>8,191,114</u>	<u>5,666,749</u>
Non-current liabilities			
Provisions	13	48,450	40,240
Total non-current liabilities		<u>48,450</u>	<u>40,240</u>
Total liabilities		<u>8,239,564</u>	<u>5,706,989</u>
Net assets		<u>8,052,915</u>	<u>8,354,541</u>
Equity			
Accumulated surplus		<u>8,052,915</u>	<u>8,354,541</u>
Total equity		<u>8,052,915</u>	<u>8,354,541</u>

* For details of restatement refer to note 22

Statement of Changes in Equity

For the year ending 30 June 2019

	Note	Accumulated surplus \$	Total equity \$
Balance as at 1 July 2017		5,923,800	5,923,800
Restatement of prior year	22	<u>(251,919)</u>	<u>(251,919)</u>
Restated balance as at 1 July 2017		<u>5,671,881</u>	<u>5,671,881</u>
Balance as at 1 July 2017		5,671,881	5,671,881
Net surplus for the year as reported in 2018 financial statements		2,984,770	2,984,770
Restatement of prior year	22	<u>(302,110)</u>	<u>(302,110)</u>
Restated net surplus for the year		<u>2,682,660</u>	<u>2,682,660</u>
Total comprehensive income for the year		<u>2,682,660</u>	<u>2,682,660</u>
Balance as at 1 July 2018		8,354,541	8,354,541
Deficit for the year		<u>(301,626)</u>	<u>(301,626)</u>
Total comprehensive income for the year		<u>(301,626)</u>	<u>(301,626)</u>
Balance as at 30 June 2019		<u>8,052,915</u>	<u>8,052,915</u>

Statement of Cash Flows

For the year ending 30 June 2019

	Note	2019 \$	2018 \$
Cash flow from operating activities			
Receipts from customers		30,905,908	24,992,362
Payments to suppliers and employees		(28,956,600)	(21,495,486)
Interest received		<u>124,048</u>	<u>105,950</u>
Net cash provided by operating activities		<u>2,073,356</u>	<u>3,602,816</u>
Cash flow from investing activities			
Payment for property, plant and equipment		(102,743)	(905,860)
Payment for investments		-	(21,541)
Payment for intangibles		<u>(652,930)</u>	<u>-</u>
Net cash provided by / (used in) investing activities		<u>(755,673)</u>	<u>(927,401)</u>
Reconciliation of cash			
Cash at beginning of the financial year		9,685,800	7,010,385
Net increase in cash held		<u>1,317,683</u>	<u>2,675,415</u>
Cash at end of financial year		<u>11,003,483</u>	<u>9,685,800</u>

Notes to Financial Statements

For the year ending 30 June 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report that has been prepared in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and Australian Accounting Standards - Reduced Disclosure Requirements, Interpretations and other applicable authoritative pronouncements of the Australian Accounting Standards Board.

The financial report covers Mount Isa Aboriginal Community Controlled Health Services Ltd as an individual entity. Mount Isa Aboriginal Community Controlled Health Services Ltd is a company limited by guarantee, incorporated and domiciled in Australia. Mount Isa Aboriginal Community Controlled Health Services Ltd is a not-for-profit entity for the purpose of preparing the financial statements.

The financial report was approved by the directors as at the date of the directors' report.

The following are the significant accounting policies adopted by the company in the preparation and presentation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Basis of preparation of the financial report

Historical Cost Convention

The financial report has been prepared under the historical cost convention, as modified by revaluations to fair value for certain classes of assets and liabilities as described in the accounting policies.

(b) New and revised accounting standards effective at 30 June 2019

The company has applied all new and revised Australian Accounting Standards that apply to annual reporting periods beginning on or after 1 July 2018, including AASB 9: *Financial Instruments* (AASB 9).

AASB 9 replaces AASB 139: *Financial Instruments: Recognition and Measurement*. The key changes introduced by AASB 9 in relation to the accounting treatment for financial instruments include:

- simplifying the general classifications of financial assets into those measured at amortised cost and those measured at fair value;
- permitting entities to irrevocably elect, on initial recognition, for gains and losses on equity instruments not held for trading to be presented in other comprehensive income (OCI);
- simplifying the requirements for embedded derivatives, including removing the requirement to separate and measure embedded derivatives at fair value, in relation to embedded derivatives associated with financial assets measured at amortised cost;
- requiring entities that elect to measure financial liabilities at fair value, to present the portion of the change in fair value arising from changes in the entity's own credit risk in OCI, except when it would create an 'accounting mismatch';
- introducing a new model for hedge accounting that permits greater flexibility in the ability to hedge risk, particularly with respect to non-financial items; and
- introducing a new 'expected credit loss' impairment model (replacing the 'incurred loss' impairment model of previous accounting standard).

The company has adopted AASB9 from 1 July 2018 and has applied the exemption in relation to full retrospective application of AASB 9 and as a result, the company's comparative information has not been restated to reflect the requirements of the new standard.

The application of AASB 9 has not materially impacted the classification and measurement of the company's financial assets and financial liabilities.

Further details of the company's accounting policies in relation to accounting for financial instruments under AASB 9 are contained in note 1(g).

Notes to Financial Statements

For the year ending 30 June 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(c) Revenue

Revenue from grants is recognised in the Statement of Comprehensive Income when it is controlled. When there are conditions attached to grant revenue relating to the use of those grants for specific purposes it is recognised in the Statement of Financial Position as a liability until such conditions are met or services provided.

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

(d) Other revenue and other income

Services

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

Interest

Interest revenue is measured in accordance with the effective interest method.

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

(e) Unexpended grants

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

(f) Income tax

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

(g) Financial instruments

Initial recognition and measurement

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

Financial instruments are initially measured at fair value adjusted for transaction costs, except where the instrument is classified as fair value through profit or loss, in which case transaction costs are immediately recognised as expenses in profit or loss.

Classification of financial assets

Financial assets recognised by the company are subsequently measured in their entirety at either amortised cost or fair value.

Classification of financial liabilities

All other financial liabilities recognised by the company are subsequently measured at amortised cost.

Trade and other receivables

Trade and other receivables arise from the company's transactions with its customers and are normally settled within 30 days.

Notes to Financial Statements

For the year ending 30 June 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(g) Financial instruments (Continued)

Consistent with both the company's business model for managing the financial assets and the contractual cash flow characteristics of the assets, trade and other receivables are subsequently measured at amortised cost.

Impairment of financial assets

The following financial assets are tested for impairment by applying the 'expected credit loss' impairment model:

- (a) debt instruments measured at amortised cost;
- (b) debt instruments classified at fair value through other comprehensive income; and
- (c) receivables from contracts with customers and contract assets.

The company applies the simplified approach under AASB 9 to measuring the allowance for credit losses for both receivables from contracts with customers and contract assets. Under the AASB 9 simplified approach, the company determines the allowance for credit losses for receivables from contracts with customers and contract assets on the basis of the lifetime expected credit losses of the financial asset. Lifetime expected credit losses represent the expected credit losses that are expected to result from default events over the expected life of the financial asset.

The company assumes that the credit risk on a financial instrument has increased significantly since initial recognition when contractual payments are more than 30 days past due.

(h) Cash and cash equivalents

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

(i) Property, plant and equipment

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

Plant and equipment is brought to account at cost for individual items over \$2,000.

Depreciation

Land is not depreciated. The depreciable amount of all other property, plant and equipment is depreciated over their estimated useful lives commencing from the time the asset is held available for use, consistent with the estimated consumption of the economic benefits embodied in the asset.

Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

Class of fixed asset	Depreciation rates	Depreciation basis
Leasehold improvements at cost	10 - 20%	Straight line
Plant and equipment at cost	10 - 30%	Straight line
Motor vehicles at cost	12.5 - 25%	Straight line

(j) Intangible assets

IT software development costs

Costs incurred in developing IT software are initially recognised as an asset, and are subsequently amortised over their estimated useful lives commencing from the time the asset is available for use. The amortisation method applied to an intangible asset is consistent with the estimated consumption of economic benefits of the asset. Subsequent to initial recognition, IT software development costs recognised as an intangible asset are measured at cost, less accumulated amortisation and any accumulated impairment losses.

Notes to Financial Statements

For the year ending 30 June 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(k) Impairment of non-financial assets

Goodwill, intangible assets not yet ready for use and intangible assets with indefinite useful lives are not subject to amortisation and are therefore tested annually for impairment, or more frequently if events or changes in circumstances indicate that they might be impaired.

For impairment assessment purposes, assets are generally grouped at the lowest levels for which there are largely independent cash flows ('cash generating units'). Accordingly, most assets are tested for impairment at the cash-generating unit level. Because it does not generate cash flows independently of other assets or groups of assets, goodwill is allocated to the cash generating unit or units that are expected to benefit from the synergies arising from the business combination that gave rise to the goodwill.

Assets other than goodwill, intangible assets not yet ready for use and intangible assets with indefinite useful lives are assessed for impairment whenever events or circumstances arise that indicate the asset may be impaired.

An impairment loss is recognised when the carrying amount of an asset or cash generating unit exceeds the asset's or cash generating unit's recoverable amount. The recoverable amount of an asset or cash generating unit is defined as the higher of its fair value less costs to sell and value in use (where 'value in use' is determined as the present value of the future cash flows expected to be derived from an asset or cash-generating unit).

Impairment losses in respect of individual assets are recognised immediately in profit or loss unless the asset is measured at a revalued amount, in which case the impairment loss is treated as a revaluation decrease and is recognised in other comprehensive income to the extent that it does not exceed the amount in the revaluation surplus for the same class of asset. Impairment losses in respect of cash generating units are allocated first against the carrying amount of any goodwill attributed to the cash generating unit with any remaining impairment loss allocated on a pro rata basis to the other assets comprising the relevant cash generating unit.

A reversal of an impairment loss for an asset measured at cost is recognised in profit or loss. A reversal of an impairment loss for an asset measured at a revalued amount is treated as a revaluation increase and is recognised in other comprehensive income, except to the extent that an impairment loss on the same class of asset was previously recognised in profit or loss, in which case a reversal of that impairment loss is also recognised in profit or loss.

(l) 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.

The amount recognised as a provision is the best estimate of the expenditure required to settle the present obligation at the end of the reporting period.

(m) Leases

Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and benefits incidental to ownership.

Operating leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as an expense on a straight-line basis over the term of the lease.

Lease incentives received under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

Notes to Financial Statements

For the year ending 30 June 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(n) Employee benefits

(i) Short-term employee benefit obligations

Liabilities arising in respect of wages and salaries, annual leave and other employee benefits (other than termination benefits) expected to be settled wholly before twelve months after the end of the reporting period are measured at the (undiscounted) amounts based on remuneration rates which are expected to be paid when the liability is settled. The expected cost of short-term employee benefits in the form of compensated absences such as annual leave is recognised in the provision for employee benefits. All other short-term employee benefit obligations are presented as payables in the statement of financial position.

(ii) Long-term employee benefit obligations

The provision for other long-term employee benefits, including obligations for long service leave and annual leave, which are not expected to be settled wholly before twelve months after the end of the reporting period, are measured at the present value of the estimated future cash outflow to be made in respect of the services provided by employees up to the reporting date. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee turnover, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that are denominated in the currency in which the benefits will be paid. Any remeasurements for changes in assumptions of obligations for other long-term employee benefits are recognised in profit or loss in the periods in which the change occurs.

Other long-term employee benefit obligations are presented as current liabilities in the statement of financial position if the company does not have an unconditional right to defer settlement for at least twelve months after the reporting date, regardless of when the actual settlement is expected to occur. All other long-term employee benefit obligations are presented as non-current liabilities in the statement of financial position.

(iii) Retirement benefit obligations

Defined contribution superannuation plan

The company makes superannuation contributions to the employee's defined contribution superannuation plan of choice in respect of employee services rendered during the year. These superannuation contributions are recognised as an expense in the same period when the related employee services are received. The company's obligation with respect to employee's defined contributions entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the statement of financial position.

(o) Goods and services tax (GST)

Revenues, expenses and purchased assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(p) Comparatives

Where necessary, comparative information has been reclassified and repositioned for consistency with current year disclosures.

Notes to Financial Statements

For the year ending 30 June 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(q) Economic dependence

Mount Isa Aboriginal Community Controlled Health Services Ltd is dependent on the Departments of both the State and Commonwealth Governments for the majority of its revenue used to operate the business. At the date of this report, the Board of Directors has reason to believe these Departments will continue to support Mount Isa Aboriginal Community Controlled Health Services Ltd.

NOTE 2: ACCOUNTING STANDARDS ISSUED BUT NOT YET EFFECTIVE

The AASB has issued a number of new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods, some of which are relevant to the company. The company has decided not to early adopt any of these new and amended pronouncements. The company's assessment of the new and amended pronouncements that are relevant to the company but applicable in future reporting periods is set out below.

AASB 16: Leases (applicable for annual reporting periods commencing on or after 1 January 2019).

AASB 16 will replace AASB 117: Leases and introduces a single lessee accounting model that will require a lessee to recognise right-of-use assets and lease liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. Right-of-use assets are initially measured at their cost and lease liabilities are initially measured on a present value basis. Subsequent to initial recognition:

Right-of-use assets are accounted for on a similar basis to non-financial assets, whereby the right-of-use asset is accounted for in accordance with a cost model unless the underlying asset is accounted for on a revaluation basis, in which case if the underlying asset is:

- i. investment property, the lessee applies the fair value model in AASB 140: Investment Property to the right-of-use asset; or
- ii. property, plant or equipment, the lessee can elect to apply the revaluation model in AASB 116: Property, Plant and Equipment to all of the right-of-use assets that relate to that class of property, plant and equipment; and

(b) lease liabilities are accounted for on a similar basis as other financial liabilities, whereby interest expense is recognised in respect of the liability and the carrying amount of the liability is reduced to reflect lease payments made.

AASB 16 substantially carries forward the lessor accounting requirements in AASB 117. Accordingly, under AASB 16 a lessor would continue to classify its leases as operating leases or finance leases subject to whether the lease transfers to the lessee substantially all of the risks and rewards incidental to ownership of the underlying asset, and would account for each type of lease in a manner consistent with the current approach under AASB 117.

The directors of the company has not yet determined the likely impact of the initial application of AASB 16 on its financial statements.

AASB 1058: Income of Not-for-Profit Entities, AASB 2016-7: Amendments to Australian Accounting Standards - Deferral of AASB 15 for Not-for-Profit Entities and AASB 2016-8: Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities (applicable for annual reporting periods commencing on or after 1 January 2019).

AASB 1058 replaces the income recognition requirements in AASB 1004: Contributions applicable to private sector not-for-profit entities with a model based on the principles of AASB 15: Revenue from Contracts with Customers. Consequently, AASB 1058 requires private sector not-for-profit entities to recognise all revenue from contracts with customers when the related performance obligations are satisfied, irrespective of whether the ultimate beneficiary of the goods or services provided by the not-for-profit entity is the grantor of the funds or another entity. An agreement involving a not-for-profit entity would be classified as a contract with a customer if the agreement:

- (a) creates enforceable rights and obligations between the parties; and
- (b) includes a promise by the not-for-profit entity to transfer a good or service that is sufficiently specific for the entity to determine when the obligation is satisfied.

For contracts with customers that comprise a donation component, AASB 1058 requires such components to be treated

Notes to Financial Statements

For the year ending 30 June 2019

NOTE 2: ACCOUNTING STANDARDS ISSUED BUT NOT YET EFFECTIVE (CONTINUED)

as part of the performance obligation(s) unless the entity can demonstrate that component is not related to the promised goods or services.

When an arrangement does not meet the criteria for a contract with a customer, the inflows are accounted for in accordance with AASB 1058, which requires:

- (a) the asset received by the not-for-profit entity to be accounted for in accordance with the applicable Australian Accounting Standard; and
- (b) any difference between the consideration given for the asset and its fair value to be recognised in accordance with its substance (such as a contract liability, a financial instrument and/or a contribution by owners), and any residual amount recognised as income.

However, AASB 2018-8 provides a temporary option for not-for-profit entities to not apply the fair value initial measurement requirements for right-of-use assets arising under leases with significantly below-market terms and conditions principally to enable the entity to further its objectives. Electing to initially measure such right-of-use assets at cost rather than fair value has the corresponding effect of reducing the amount of income recognised by the entity under AASB 1058.

AASB 1058 also permits a not-for-profit entity to recognise volunteer services as an asset or expense (as applicable) and any related contributions by owners or revenue as an accounting policy choice, provided that the fair value of the services can be measured reliably.

AASB 15 will provide (except in relation to some specific exceptions, such as lease contracts and insurance contracts) a single source of accounting requirements for all contracts with customers, thereby replacing all current accounting pronouncements on revenue. The core principle of AASB 15 is that an entity recognises revenue to depict the transfer of promised goods or services to a customer in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. To give effect to this principle, AASB 15 requires the adoption of the following 5-step model:

1. identify the contract(s) with a customer;
2. identify the performance obligations under the contract(s);
3. determine the transaction price;
4. allocate the transaction price to the performance obligations under the contract(s); and
5. recognise revenue when (or as) the entity satisfies the performance obligations.

AASB 1058, AASB 15, and the applicable amending standards, mandatorily apply to annual reporting periods commencing on or after 1 January 2019, and will be first applied by the Group in the financial year commencing 1 July 2019.

The directors of the company has not yet determined the likely impact of the initial application of AASB 1058 on its financial statements.

Notes to Financial Statements

For the year ending 30 June 2019

	2019 \$	2018 \$
NOTE 3: REVENUE FROM GRANTS		
Revenue from grants		
- State / federal government grants	20,542,897	18,225,721
- Private grants	<u>1,255,680</u>	<u>2,417,048</u>
	<u>21,798,577</u>	<u>20,642,769</u>
NOTE 4: OTHER REVENUE AND OTHER INCOME		
Interest income	124,048	106,457
Medicare receipts	3,056,307	2,878,321
Other revenue	<u>2,562,524</u>	<u>1,580,932</u>
	<u>5,742,879</u>	<u>4,565,710</u>
NOTE 5: NET SURPLUS		
Net surplus has been determined after:		
Employee benefit expense		
- Salaries and wages	11,539,483	8,014,945
- Superannuation	1,000,618	731,329
- Medical fees - Locum	2,690,139	1,735,105
- Medical fees - Contractor	875,861	1,154,924
- Other	<u>1,203,507</u>	<u>1,122,818</u>
	<u>17,309,608</u>	<u>12,759,121</u>
NOTE 6: CASH AND CASH EQUIVALENTS		
Cash on hand	50	50
Cash at bank	<u>11,003,433</u>	<u>9,685,750</u>
	<u>11,003,483</u>	<u>9,685,800</u>
NOTE 7: RECEIVABLES		
CURRENT		
Trade receivables	2,100,442	1,452,872
Other receivables	<u>340,261</u>	<u>103,831</u>
	<u>2,440,703</u>	<u>1,556,703</u>
NOTE 8: OTHER ASSETS		
CURRENT		
Prepayments	<u>22,400</u>	<u>21,161</u>

Notes to Financial Statements

For the year ending 30 June 2019

	2019 \$	2018 \$
NOTE 9: OTHER FINANCIAL ASSETS		
CURRENT		
<i>Financial assets measured at amortised cost</i>		
Term deposits (term > 3 months < 12 months)	<u>-</u>	<u>10,384</u>
NON CURRENT		
<i>Financial assets measured at amortised cost</i>		
Term deposits (term > 12 months)	<u>32,433</u>	<u>22,049</u>
NOTE 10: PROPERTY, PLANT AND EQUIPMENT		
Leasehold improvements		
At cost	2,943,970	2,943,971
Accumulated depreciation	<u>(1,072,458)</u>	<u>(685,639)</u>
	<u>1,871,512</u>	<u>2,258,132</u>
Plant and equipment		
Plant and equipment at cost	960,184	857,439
Accumulated depreciation	<u>(747,512)</u>	<u>(559,144)</u>
	<u>212,672</u>	<u>298,295</u>
Motor vehicles at cost	926,605	926,605
Accumulated depreciation	<u>(838,060)</u>	<u>(717,599)</u>
	<u>88,545</u>	<u>209,006</u>
Total plant and equipment	<u>301,217</u>	<u>507,301</u>
Total property, plant and equipment	<u>2,172,729</u>	<u>2,765,433</u>
Reconciliations		
Reconciliation of the carrying amounts of property, plant and equipment at the beginning and end of the current financial year		
<i>Leasehold improvements</i>		
Opening carrying amount	2,258,132	1,911,721
Additions	-	712,294
Depreciation expense	<u>(386,620)</u>	<u>(365,883)</u>
Closing carrying amount	<u>1,871,512</u>	<u>2,258,132</u>
<i>Plant and equipment</i>		
Opening carrying amount	298,295	328,270
Additions	102,744	90,047
Depreciation expense	<u>(188,367)</u>	<u>(120,022)</u>
Closing carrying amount	<u>212,672</u>	<u>298,295</u>
<i>Motor vehicles</i>		
Opening carrying amount	209,006	159,976
Additions	-	103,518
Depreciation expense	<u>(120,461)</u>	<u>(54,488)</u>
Closing carrying amount	<u>88,545</u>	<u>209,006</u>

Notes to Financial Statements

For the year ending 30 June 2019

	2019 \$	2018 \$
NOTE 11: INTANGIBLE ASSETS		
Software at cost	655,295	2,365
Accumulated amortisation and impairment	<u>(34,564)</u>	<u>(2,365)</u>
	<u>620,731</u>	<u>-</u>
Reconciliations		
Reconciliation of the carrying amounts of intangible assets at the beginning and end of the current financial year		
Software at cost		
Opening balance	-	-
Additions	652,930	-
Amortisation	<u>(32,199)</u>	<u>-</u>
Closing balance	<u>620,731</u>	<u>-</u>
NOTE 12: PAYABLES		
CURRENT		
<i>Unsecured liabilities</i>		
Trade creditors	1,611,182	963,420
GST payable	314,648	282,831
Employment related payables	736,627	421,872
Accrued expenses	<u>392,569</u>	<u>349,435</u>
	<u>3,055,026</u>	<u>2,017,558</u>
NOTE 13: PROVISIONS		
CURRENT		
Employee benefits	<u>530,363</u>	<u>820,702</u>
NON CURRENT		
Employee benefits	<u>48,450</u>	<u>40,240</u>
NOTE 14: OTHER LIABILITIES		
CURRENT		
Unexpended grants	3,027,385	2,828,489
Grants received in advance	<u>1,578,340</u>	<u>-</u>
	<u>4,605,725</u>	<u>2,828,489</u>

Refer note 23 for further details unexpended grants.

Notes to Financial Statements

For the year ending 30 June 2019

	2019 \$	2018 \$
NOTE 15: CASH FLOW INFORMATION		
Reconciliation of cash flow from operations with profit after income tax		
Net surplus/(deficit) after income tax	(301,626)	2,682,660
Adjustments and non-cash items		
Depreciation and amortisation	727,646	540,393
Changes in operating assets and liabilities		
(Increase) / decrease in receivables	(884,000)	(844,207)
(Increase) / decrease in other assets	(1,239)	36,062
Increase / (decrease) in other liabilities	1,777,236	592,070
Increase / (decrease) in payables	1,037,468	312,144
Increase / (decrease) in provisions	(282,129)	283,694
Cash flows from operating activities	<u>2,073,356</u>	<u>3,602,816</u>

NOTE 16: KEY MANAGEMENT PERSONNEL COMPENSATION

Key management personnel compensation	<u>1,258,279</u>	<u>1,071,671</u>
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NOTE 17: RELATED PARTY TRANSACTIONS

(a) Transactions with key management personnel of the entity or its parent and their personally related entities

During the year, an independent skills based director Michael Martin was paid a total of \$39,000 plus GST via Top Hospital Executive Management. A balance of \$nil remains as of 30 June 2019 (2018: \$nil). This excludes director fees and incidental costs associated with director meetings.

During the year, director fees of \$71,852 (2018: \$47,340) were approved.

Other than the above there were no transactions with any related entities during the year.

NOTE 18: CAPITAL AND LEASING COMMITMENTS

Operating lease commitments

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

Payable		
- not later than one year	906,371	512,381
- later than one year and not later than five years	<u>501,640</u>	<u>153,395</u>
	<u>1,408,011</u>	<u>665,776</u>

NOTE 19: CONTINGENT LIABILITIES

There are no contingent liabilities that have been incurred by the Company in relation to 2019 or 2018 Financial Year.

Notes to Financial Statements

For the year ending 30 June 2019

NOTE 20: EVENTS SUBSEQUENT TO REPORTING DATE

There has been no matter or circumstance, which has arisen since 30 June 2019 that has significantly affected or may significantly affect:

- (a) the operations, in financial years subsequent to 30 June 2019, of the company, or
- (b) the results of those operations, or
- (c) the state of affairs, in financial years subsequent to 30 June 2019, of the company.

NOTE 21: MEMBERS' GUARANTEE

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute to a maximum of \$10 each towards meeting any outstandings and obligations of the company. At 30 June 2019 the number of members was 67. The combined total amount that members of the company are liable to contribute if the company is wound up is \$670.

NOTE 22: ADJUSTMENT TO LEASEHOLD IMPROVEMENTS

Mount Isa Aboriginal Community Controlled Health Services Ltd has been donated or has constructed a number of buildings on leasehold land, or alternatively made leasehold improvements to leased premises. It was their intention to occupy these premises for the initial lease term and to extend that term for what ever options were made available to them. Accordingly, the company was writing their leasehold improvements off over the term they intended to occupy the premises, which in some cases extended beyond the original lease term. The company has decided that it is unlikely that they will occupy the premises beyond the original lease terms and the leasehold improvements should have, from inception, been written off over the original lease term. As such, the prior period have been restated as follows:

	Original \$	Incl/(Dec) \$	Restated \$
Opening Balance - 1 July 2017			
Balance Sheet			
Property, plant and equipment	2,651,887	(251,919)	2,399,968
Net assets	5,923,802	(251,919)	5,671,881
Accumulated surplus	5,923,802	(251,919)	5,671,881
Total equity	5,923,802	(251,919)	5,671,881
30 June 2018			
Balance Sheet			
Property, plant and equipment	3,319,462	(554,029)	2,765,433
Net assets	8,908,570	(554,029)	8,354,541
Accumulated surplus	8,908,570	(554,029)	8,354,541
Total equity	8,908,570	(554,029)	8,354,541
Statement of profit or loss			
Depreciation and amortisation expense	238,283	302,110	540,393
Net surplus for the year	2,984,770	(302,110)	2,682,660

Notes to Financial Statements

For the year ending 30 June 2019

NOTE 23: UNEXPENDED GRANTS SCHEDULE

	\$	\$	\$	\$	\$	\$
Active grants						
Indigenous Primary Health Care	-	11,647,965	878,942	(14,733,513)	(2,206,606)	-
Burke St rehabilitation (funded thru IPHC)	334	-	-	(334)	-	-
New Directions Expansion	115,799	1,423,486	-	(1,074,712)	464,573	464,573
IPHC transition	-	-	-	(30,206)	(30,206)	-
Connected Beginnings	108,194	250,000	-	(90,304)	267,890	267,890
Diabetes Collaboration	20,876	-	-	(20,876)	-	-
Quality Improvement Incentive	-	-	-	(2,637)	(2,637)	-
Nukal Murra	-	280,000	384,786	(809,957)	(145,171)	-
Clinic Care Coordination	83,044	130,700	-	(30,993)	182,751	182,751
Mornington Island Capital Works	303,406	-	-	(59,104)	244,302	-
Social and Emotional Wellbeing	311,832	183,376	(90)	(330,358)	164,760	164,760
Be Well Learn Well	-	458,348	51,988	(304,542)	205,794	-
Normanton	685,307	2,300,000	59,544	(2,281,510)	763,341	763,341
Mens Health (Movember)	-	-	-	(244)	(244)	-
Tackling Smoking - IUIH	-	1,222,250	10,568	(977,321)	255,497	255,497
STI - Qld Health	-	465,308	50,000	(478,915)	36,393	36,393
Pioneer - Qld Health recurrent	-	728,006	512,280	(1,920,739)	(680,453)	-
Family Well Being	730,034	1,937,868	4,260	(1,945,988)	726,174	726,174
IPS trial (mental health)	88,880	260,000	-	(258,123)	90,757	90,757
Headspace - Recurrent	28,447	998,379	22,191	(1,099,026)	(50,009)	-
Headspace - NMhCAF / SDF	1,000	-	-	(1,000)	-	-
Headspace - c/fwd approvals	-	-	-	-	-	-
Headspace - Other	28,251	-	-	(28,251)	-	-
	<u>2,505,404</u>	<u>22,285,686</u>	<u>1,974,470</u>	<u>(26,478,655)</u>	<u>286,905</u>	<u>2,952,135</u>
Inactive grants						
Tackling Smoking - IUIH 2015/16	47,036	-	-	(47,036)	-	-
Tackling Smoking - Dept of Health 2015/16	75,250	-	-	-	75,250	75,250
Tackling Smoking - Recurrent 2013/14	178,598	-	-	(178,598)	-	-
Tackling Smoking - Marketing 2013/14	22,201	-	-	(22,201)	-	-
	<u>323,085</u>	<u>-</u>	<u>-</u>	<u>(247,835)</u>	<u>75,250</u>	<u>75,250</u>
Total	<u>2,828,489</u>	<u>22,285,686</u>	<u>1,974,470</u>	<u>(26,726,490)</u>	<u>362,155</u>	<u>3,027,385</u>

*Deficits cannot be carried forward

Directors' Declaration

For the year ending 30 June 2019

The directors declare that:

1. there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
2. 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: Shaun Solomon
Shaun Solomon

Director: Michael Martin
Michael Martin

Dated this 20 day of NOVEMBER 2019



Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

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

Responsibilities of the Directors' and Those Charged with Governance for the Financial Report

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

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

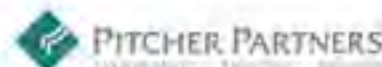
Those charged with governance are responsible for overseeing the Registered Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from 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 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 the financial report.

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Registered Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by responsible entities.



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

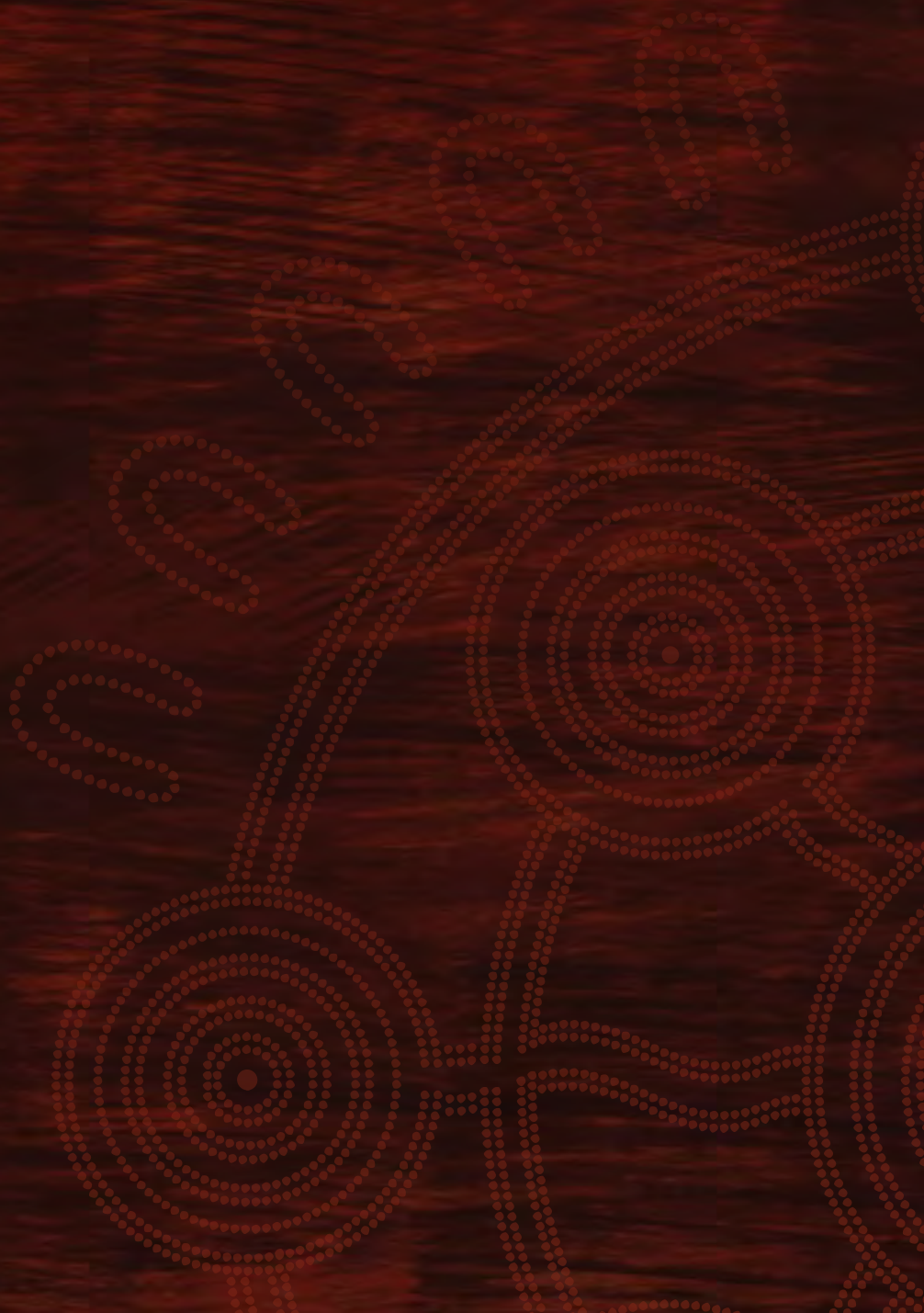
We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Pitcher Partners

PITCHER PARTNERS

J. Evans
JASON EVANS
Partner

Brisbane, Queensland
20 November 2019





Gidgee Healing

gidgeehealing.com