



PAHA
Pilbara Aboriginal Health Alliance

2023 ANNUAL **REPORT**



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ORGANISATION PROFILE

The Pilbara Aboriginal Health Alliance (PAHA) is a partnership between the three Aboriginal Community Controlled Health Organisations (ACCHO's) based in the Pilbara region of WA, namely, Mawarnkarra Health Service; Wirraka Maya Health Service Aboriginal Corporation; and Puntukurnu Aboriginal Medical Service (Member ACCHO's). It is a small not for profit charity governed by a Board comprising three representatives from each of the members and supported by a Working Group comprising the Board Chair, member CEOs and the PAHA CEO.

OBJECTIVES

Represent and advocate on the priorities and interests of Pilbara Aboriginal and Torres Strait Islander health at a regional level;

Apply for grants and other funds on behalf of our Members and to auspice those funds received to our Members;

Coordinate Pilbara regional forums; conferences; committees; working groups; and research relating to Aboriginal and Torres Strait Islander health;

Hold and evaluate the collective health data of our Members within a culturally secure environment;

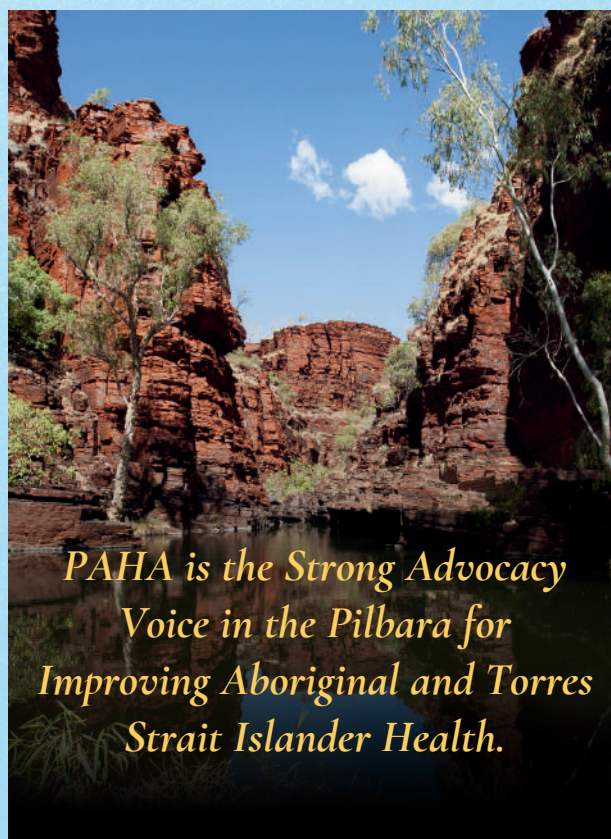
Fundraise to promote regional health messages;

Build and maintain strong Partnerships that will support Aboriginal and Torres Strait Islander health in the Pilbara region;

Promote and practice respect for cultural rules, processes, and protocols relating to Pilbara Aboriginal cultures;

Be an accountable and transparent representative body;

Strengthen our Member organisations through training; support; and capacity building.



*PAHA is the Strong Advocacy
Voice in the Pilbara for
Improving Aboriginal and Torres
Strait Islander Health.*

CHAIR REPORT

Richard Ansey

What a year it has been for PAHA!

The team participated at the Lowitja International Conference in Cairns, focusing on Data, Data Sovereignty, and Aboriginal Health. Ashley Councillor and I from Wirraka Maya Health Service Aboriginal Corporation, presented "Our Story Our Way," an amazing project we are working on.

I believe we have a well governed organisation in PAHA and have set a strategic direction which will make a difference for our people in the Pilbara.

PAHA made significant progress against its operational plan during 22/23 and brought a range of new projects to the Region.

We are thrilled to be working together with the Australian Family Partnership Program which will see an increase in support and improved health outcomes for Mums and Bubs in the Pilbara, we are sure this program will be a deadly success.

A very busy year for our Culture Care Connect program which helps bring together programs for suicide prevention planning, early intervention, crisis management, after care service support and education to raise awareness.



The PAHPF Men's Health committee together with a mob from around the Pilbara spent a great day out in Hedland. We yarned, fished (without much luck) and had a great BBQ feed. Our second On Country Yarn was held in the Roebourne area. All Pilbara men were welcome to attend to have a fish, BBQ and yarn. A big thank you shout out to Rio Tinto for their support for this second event. Well done to the desert mob who out fished the seaside mob. We are now planning our next trip out to the Western Desert in 2024 so keep an eye out on our social media page for updates.

I would like to thank my fellow Board Directors for their contribution and support to me during the year. I believe we have a well governed organisation in PAHA and have set a strategic direction which will make a difference for our people in the Pilbara.



CEO REPORT

Chris Pickett

It has been a year of significant accomplishments and milestones for the Pilbara Aboriginal Health Alliance (PAHA). I would like to express my gratitude to the Board, our dedicated staff, and our community partners for their unwavering support throughout the year.

PAHA has performed well during the year and I would say has been batting above average for such a small organisation with some major initiatives undertaken.

We are well underway with our Culture Care Connect Suicide Prevention Program and recently submitted the Regional Suicide Prevention Plan and Aftercare Support model to our funders. This followed on from extensive community consultations across the Pilbara. Our CCC Regional coordinator has also been very active in delivering ASIST and IASIST training across the Pilbara.

We have commenced the Australian Family Partnership Program, recruited our staff, undertaken the training and commenced implementation - These two projects are \$9m all up over 3 years.

In addition, we have progressed Our Story Our Way, our major data project through WAAHEC ethics, established a solid collaboration with the Office of Digital Government and presented our data access requirements to the State Data custodians group which was very well received. PAHA is also specifically mentioned in the WA State Closing the Gap implementation plan for its work on Our Story Our Way.

Along the way we have advocated strongly around housing and environmental health and have made significant inroads with the Department of Communities which we expect will show fruit in the next 6-12 months, both in terms of maintenance investment and new builds. I represent the Pilbara on the joint State Government/AHCWA Committee designing the new Environmental Health model of care and the Pilbara is the first region to be consulted on its initial thinking about how EH should be delivered here, with a meeting scheduled for 11th December.

Increasing access to dialysis services in the Pilbara has also been a key focus for PAHA. I Co Chair the Renal Services Steering Committee for the Pilbara alongside WACHS and there are signs we might have some solutions for the underserved areas of the Pilbara such as

Karratha/Roebourne and Tom Price and surrounding communities early in the New Year. Fingers crossed.

There has been an enormous body of work to firmly establish and reorient the Planning Forum subcommittees and we expect those to be very productive next year. The Forum itself needs revitalisation to ensure it is much more proactive and outcomes focus, and we have a Forum Strategic Planning Meeting scheduled for late February next year.

I am very happy with the reputation PAHA is establishing as a go to organisation for support and advice and are maintaining excellent relationships with the Commonwealth, State and other key stakeholder agencies. The work being done for the State around the Pilbara Health Challenge has been praised by Minister Stephen Dawson and the Challenge participants themselves.

In terms of the future we have a huge portfolio of work to address next year and are working hard to secure funding to enable us to deliver on our Strategic Plan.

In a strategic move to enhance our operational efficiency, PAHA successfully relocated its office to Lotteries House in South Hedland. This new space whilst still small is more suited to our current needs. Please drop in and say hello if you get a chance.

We have grown a bit over the past 18 months or so and now have 8 staff. This high calibre of staff is professional, passionate and committed who continue to amaze me with their capacity for work and their commitment to getting better outcomes. Thanks Lutanna, Brianna, Sandy, Samantha, Jodie, Kesi-M and Winnie. I love each and every one of you for your efforts.

In closing, I would like to express my sincere gratitude to the PAHA Board for their dedication and support and the trust you have placed in me and the PAHA team. Together, we are making a meaningful impact on the health and well-being of the Aboriginal community in the Pilbara region.



BOARD MEMBERS



BOARD MEMBERS



RICHARD ANSEY
CHAIR



BILLY LANDY
VICE CHAIR



STANLEY WATSON



PHYLLIS SIMMONS



CAROL WILLIAMS



SELINA STEWART



JOLLEEN HICKS



NORA COOKE



**ROWENA KITTY-
BROWN**



PAHA STAFF



CHRIS PICKETT
CHIEF EXECUTIVE OFFICER



JODIE BURGESS
EXECUTIVE OFFICER
SECRETARIAT



WINSOME HENRY
EXECUTIVE MANAGER
OPERATIONS



KESI-MAREE PRIOR
CULTURE CARE CONNECT
COORDINATOR



MEMBER CEO'S



JUNE COUNCILLOR
WMHSAC CEO



ROBBIE CHIBAWE
PAMS CEO



JOAN HICKS
MHS CEO

MEMBERS



www.mawarnkarrahealthservice.org.au



www.puntukurnu.com.au



www.wmhsac.com

Our Member Services provide comprehensive primary care services to communities across the Pilbara. These include General Practice, Nursing, Allied Health, Mental Health, Child and Maternal Health, Environmental Health and NDIS services. In total they deliver more than 70,000 occasions of care each year across an area of 508,000sq kms.



VISION MISSION VALUES

VISION

**To strengthen our
member services**

MISSION

**PAHA is recognised and
respected as the strong,
united advocate for
achieving better health
outcomes for Aboriginal
and Torres Strait
Islander peoples in the
Pilbara.**

VALUES

**Culture
Accountability
Integrity
Respect
Transparency**





PAHA PROSPECTUS

HEALTHY COMMUNITY, HEALTHY COUNTRY

The Pilbara Aboriginal Health Alliance (PAHA) works tirelessly alongside its member medical services to open up access to vital healthcare for Aboriginal people in the Pilbara. PAHA and its three Aboriginal medical service members impact people, families and community every day, connecting them with whole-of-life health services that support their physical, social, emotional and cultural wellbeing in new and effective ways.

OUR STORY

PAHA was born out of a need for a strong, collective voice for better health outcomes in the Pilbara. Out of reach from most mainstream health systems, Aboriginal people in the vast Pilbara region face some of the most complex and challenging health problems in Western Australia. Three well-respected Aboriginal medical services, the Mawarnkarra Health Service, Puntukurnu Aboriginal Medical Service, and Wirraka Maya Health Service, together advocate through PAHA to bring system change, vital funding, and attention to the health challenges these remote communities endure.

Together, we represent a powerful alliance – a unified voice that stands for health equity, solutions and strong cultural leadership.

OUR COMMUNITY OF MEMBERS

Puntukurnu, Marwarnkarra, and Wirraka Maya health and medical services provide culturally safe, comprehensive primary care through medical and allied health practitioners, wellbeing workers and counsellors. Each service emphasises prevention and early detection alongside clinical care, working together to serve the communities of the Pilbara



OUR VISION

PAHA will not rest until all Aboriginal people in the Pilbara are healthy in body, mind and spirit. Our people are at the heart of our mission, and we are proud to develop and strengthen Aboriginal health and medical services in the Pilbara in a way that respects culture, community and country.

We strengthen systems, promote health, and make lasting system change



OUR WORK



We help Aboriginal Medical Services thrive

We expand the reach and impact of Pilbara Aboriginal Medical Services by building their skills and capabilities, acting as their unified voice in crucial forums, and providing key support services – so they can get on with changing lives.



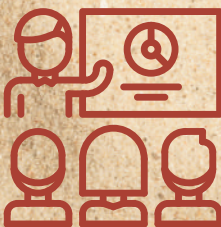
We bring healthcare to the hardest-to-reach places

We support our member services to bring healthcare to remote communities, and where the need is greatest. We also work upstream, co-designing programs with communities that promote health and prevent disease.



We solve old problems in new ways

We advocate for ownership of the data collected about Aboriginal people, and combine it with ancient ways of knowing, being and doing to build community-led solutions to challenging health problems.



We change the system for the better

We advocate for change that genuinely makes lives better. We bring attention to the issues Pilbara communities face, we support co-ordinated health service planning, and we engage with communities to truly understand their needs.



MAKE AN IMPACT WITH US

PAHA is a 100% Aboriginal community controlled non-profit organisation that receives no ongoing government funding; we rely on the support of generous companies and community members to do our vital work. You can help PAHA make lasting change to Aboriginal communities in the Pilbara.

We warmly welcome your support and invite you to be in touch with us - we look forward to exploring how we can work together.



70,000+

episodes of care
each year



10,000

people



32

language groups



3

Aboriginal Medical
Service



1

united voice



SUCCESS STORY

PAHA is the Voice of Aboriginal & Torres Strait Islander health in the Pilbara

In the two years since its incorporation PAHA has made a significant contribution to Aboriginal Health in the Pilbara. PAHA is recognised by governments, community health service providers and the business sector as the go to organisation for advice and support on regional Aboriginal Health issues.

PAHA played a significant role in successful emergency management, logistics and supply support during the Covid Pandemic as the sector representative and continues as the sector Emergency Management representative.

PAHA provides advice to Federal and State Government agencies on a range of regional issues including Renal Services, Environmental Health, Housing and Closing the Gap reforms. We have a strong collaborative partnership with the State Government Office of Digital Government and are establishing the first significant shared data project in WA under CTG Priority Reform 4.

PAHA also contributes to health policy development through the Aboriginal Health Council of WA and its Member CEOs.

PAHA has a robust governance structure and strong internal administrative and financial controls. It's Strategic and Operational Plan is guided by 3 Directors and the CEO from each of its members, Puntukurnu Aboriginal Medical Service, Wirraka Maya Health Services and Mawarnkarra Health Service.

This success would not have been possible without the generous support of BHP and Lotterywest.

Commonwealth Projects Managed

AFPP (formerly ANFPP)
Culture Care Connect (contracted through NACCHO)

State Project Coordination

The Global Health Challenge

Regional Coordination and Management

Pilbara Aboriginal Health Planning Forum and Subcommittees
Pilbara Aboriginal Health Research Alliance

Representation on Regional and Statewide Committees

District Leadership Group
Environmental Health Committee
District Emergency Management Committee
Chair of Pilbara for Purpose
Pilbara Renal Steering Committee
Pilbara Aboriginal Interagency Committee

CTG Priority Reform 4

Shared access to location specific data and information

Expansion of Services

Coordinating the expansion of Aboriginal Health Services to under serviced Pilbara Communities

Memberships

Associate Member - NACCHO
Associate Member - ACHWA
District Leadership Group Member - CASWA

Project/Program Steering Committees

Pilbara Community Alcohol and Drug Service
Leadership Council

Our Story Our Way

An Aboriginal community-controlled data ecosystem to inform health services planning, service improvement, funding applications, research and knowledge translation led by Aboriginal people.

FUNDERS & SUPPORTERS

PAHA expresses its deep gratitude to the organisations that made our years of operation possible including those who helped us support our partner Aboriginal Health Services during the Covid outbreak earlier last year.



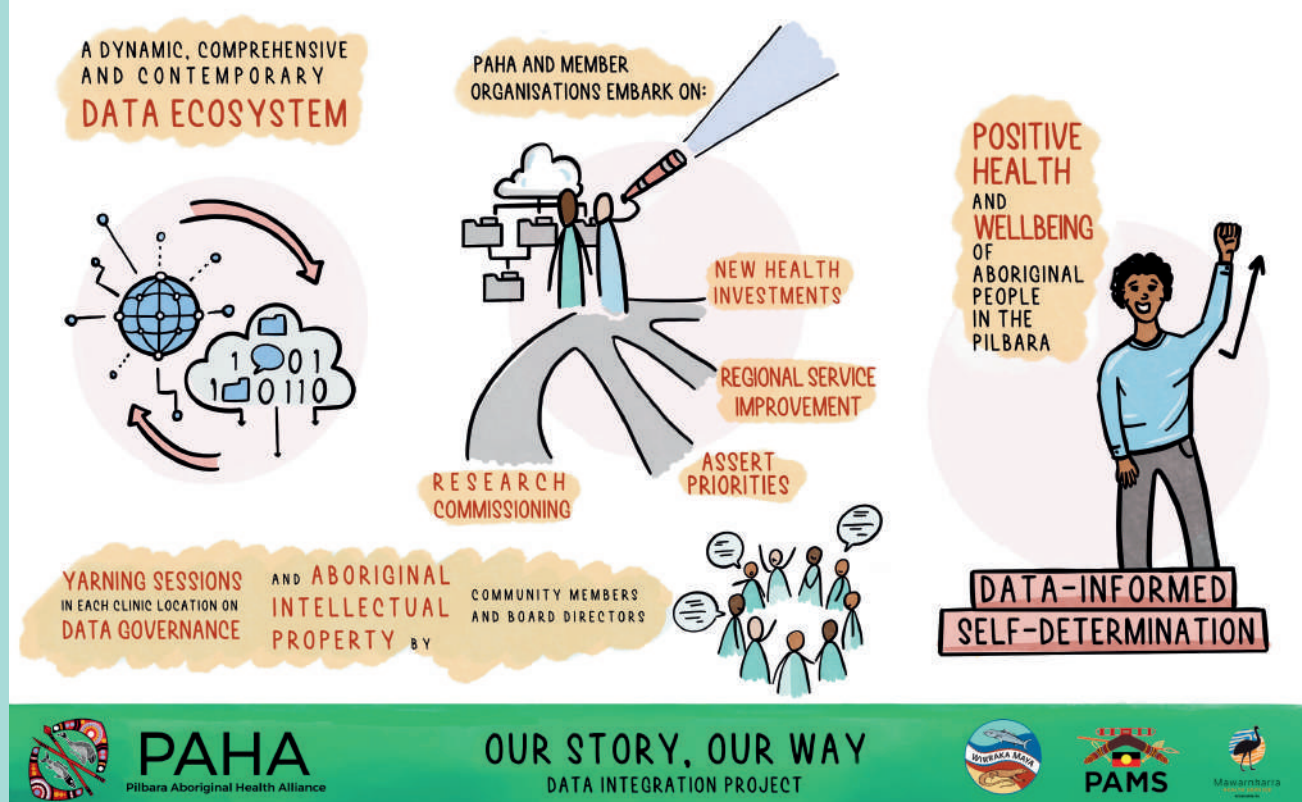
OUR STORY OUR WAY (OSOW)



Our Story Our Way (OSOW) will create an Aboriginal community-controlled data ecosystem across the Pilbara including an accessible data warehouse into which Pilbara health and social data can be captured, organized, analysed and curated in order to inform health services planning, service improvement, funding applications, research and knowledge translation led by Aboriginal people. Four workstreams have been agreed by the PAHA Board and three Aboriginal community-controlled health services in the Pilbara to realize the full suite of benefits of Priority Reform 4 of the National Agreement on Closing the Gap commencing 27 July 2020.

OUR VISION FOR OSOW

OUTCOME, IMPACT AND BENEFIT



- ✓ Our vision for OSOW is improved health and wellbeing for Aboriginal people in the Pilbara through best practice data sovereignty, intellectual property, contemporary health services planning and development, and evidence-based decision-making.
- ✓ In this initiative, the health needs for more than 20 Aboriginal communities in the Pilbara will be thoroughly examined with communities given the unprecedented opportunity to use their own health data to identify their priorities and, importantly, their solutions. This requires new arrangements to return data collected about Aboriginal people and previously known only to governments to where decisions are best made: in local communities. PAHA is investigating return of data through the Office of Digital Government within the WA Department Premier and Cabinet. Data will be securely warehoused and curated by PAHA adhering to all legislative and statutory requirements.
- ✓ Our vision brings to fruition the promise of Priority Reform 4 in the current National Agreement on Closing the Gap commencing 27 July 2020. At present however, data collected from and about Aboriginal people in the Pilbara are not sufficiently well shared with Aboriginal people in the Pilbara and their community-controlled organisations.

PARTNERING (RFP) WITH PAHA - OSOW

The Pilbara Aboriginal Health Alliance (PAHA) is seeking organizational and individual partnerships with appropriately skilled experts (herein referred to as 'potential partners' to support the development and implementation of OSOW. The purpose of each partnership is to collaborate with PAHA Member Organisations to support, as agreed, components of four OSOW workstreams. RFPs are encouraged for one, all or part of these workstreams. PAHA will consider best use of available resources, transactional costs and impact when selecting the final number of partners for OSOW. Partners will work under the guidance and leadership of PAHA's governance structures for OSOW. We expect all Potential Partners to show how they will respect and uphold the local Aboriginal community's rights to sovereignty and self-determination of the process.





CULTURE CARE CONNECT

Culture Care Connect: Community-Controlled Suicide Prevention Networks Program acknowledges the disproportionate impact of suicide and mental health on our communities. Through the integration of suicide prevention planning, and quality aftercare services Culture Care Connect enables a coordinated approach to reduce the prevalence of suicidal thoughts and behaviours to reduce the impact of suicide on individuals, families, and communities. The Culture Care Connect Program will develop holistic, supportive, and preventive initiatives to empower and support communities to be suicide safer.

In January 2023 PAHA recruited a regional Culture Care Connect Coordinator, Kesi-Maree Prior to lead the program development across the Pilbara. Partnering with Wirraka Maya Health Service Aboriginal Corporation (WMHSAC), Puntukurnu Aboriginal Medical Service (PAMS) and Mawarnkarra Health Service (MHS) to deliver the aftercare service.

Understanding and acknowledging the pre-existing work within the suicide prevention and postvention space it was paramount to include those agencies already implementing strategies to prevent suicide. This includes WA Country Health Services' Suicide Prevention Coordinator, PAMS's Community Liaison Officer, and StandBy Pilbara's Postvention Coordinator.

Through consultation and facilitated co-design forums, PAHA with support from PAMS's Community Liaison Officer, WACHS's Suicide Prevention Coordinator and StandBy Pilbara's Postvention Coordinator consulted on regional suicide prevention plan, inclusive of all current prevention initiatives across the region and co-designed a regional placed based aftercare model of care. In partnership with the three Pilbara Aboriginal Community Controlled Health Organisations across the Pilbara PAHA will also co-design, develop and implement an aftercare model of care to support individuals, families and communities impacted by suicidal behaviours. This effective collaborative partnership was paramount to reducing consultation fatigue, preventing duplication of initiatives, ensuring that identified gaps are identified and the formation effective partnerships to ensure positive outcomes for the communities of the Pilbara. The collaboration also supports the reduction in burnout and key role turnover.

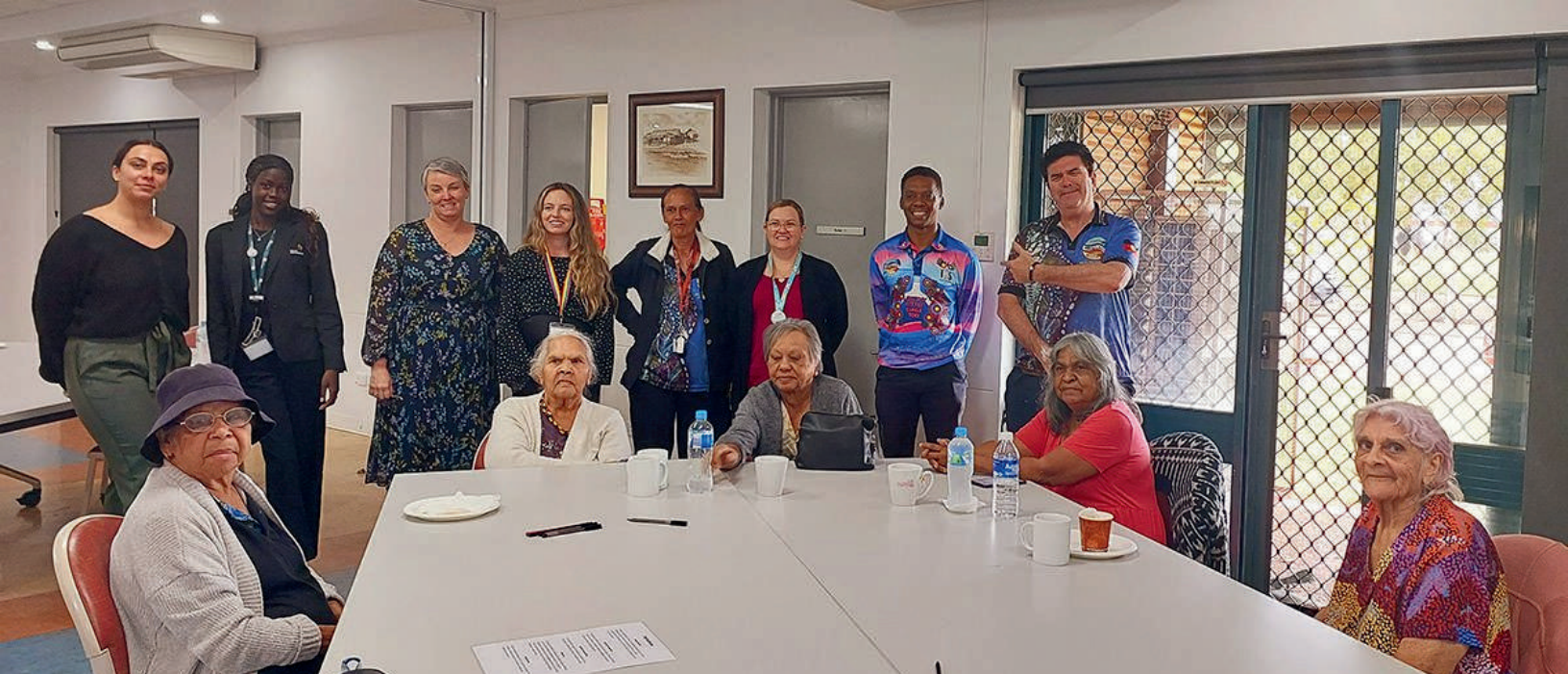


Figure 1: Hedland Community Forum: Stakeholders, Community Members and Elders

To effectively undertake a consultation and co-design process in the Pilbara region, given the vastness of location, placed-based cultural nuances and social challenges it was important to consider the need to facilitate the process in multiple locations. This included but was not limited to; Hedland, Karratha/ Roebourne, Newman, Onslow along with smaller communities, and remote Aboriginal Communities. Using face to face open community forums alongside survey's that could be completed through a yarn was important to ensure as many voices as possible were heard during this process.

Cultural and personal safety was a primary focus throughout the forum process. The open forums allowed us to understand the community needs and identify existing gaps in service deliverables, what is working effectively, and what can be improved to increase mental wellbeing and decrease the impact of suicide. The forums were open to all including local Elders, local community champions, those with lived experience, youth champions, key stakeholders, government and non-government service providers, community groups.

12 open community forums were planned across Hedland, Newman, Onslow and Roebourne between April 2023 and October 2023. Three phases were planned. Phase 1: understanding; what exists, what is working and what can be improved upon. Phase 2: Co-design; review of the existing suicide prevention initiatives and co-design of the Pilbara Aftercare model of care. Phase 3: Review.

The Pilbara aftercare service is a coordinated care approach. Knowing that suicide doesn't come from nowhere and that no one service can be everything to one person. It is based a central point of contact, working from a person centred, solutions focused approach the aftercare worker will coordinate the care and maintain contact, risk assessment and safety planning throughout the process.

A healthy relationship between all stakeholders is important to ensure referral pathways are enabled, met, and meeting the needs of the individual.

The next step in our process is a workshop involving our partner services. Following this the Pilbara aftercare service will be implemented over the coming months. We plan to launch the program with our 3 partner services WMHSAC, PAMS, and MHS to the community. Present to our Pilbara Mental Health, AOD, SEWB and Suicide leadership committee, the Pilbara Aboriginal Health Planning Forum and stand-up individual placed based service provider meetings to ensure transparency of referral pathways to and from.

SUICIDE PREVENTION TRAINING

Creating suicide safer communities occurs through building capacity within community. This can be achieved through education and skills development, community awareness and stigma reduction.

Our Culture Care Connect Coordinator supports initiatives across the Pilbara through the facilitation of suicide awareness and intervention training such as safeTALK, ASIST and I-ASIST.

safeTALK

safeTALK is a four-hour training that equips people to be more alert to someone thinking of suicide and better able to connect them with further help. Through the training participants learn how to reach out to someone thinking about suicide and help them keep safe by promptly connecting them to further support. Your role as a connector is the focus of this training.

ASIST

LivingWorks ASIST (Applied Suicide Intervention Skills Training) is a 2-day, interactive, skills-based workshop that prepares people to provide suicide first aid using a unique 6-task model. Anyone aged 16+ years is encouraged to take LivingWorks ASIST. It provides a suicide first-aid intervention model for relationships with family, friends, and co-workers. It can also be incorporated into more formal helping roles such as counselling, health care, crisis services, or chaplaincy. You can play a vital role in creating Networks of Safety from suicide.



Figure 2: ASIST Training - Onslow 2023

I-ASIST

LivingWorks I-ASIST is the comprehensive adaptation of ASIST for Indigenous communities. I-ASIST is a 2-day suicide intervention skills workshop delivered in a culturally appropriate way. Our network of Aboriginal and Torres Strait Islander trainers helps bring life-saving skills and the capacity for suicide prevention to community.

COMMUNITY EVENTS

Supporting Community Events such as Rowan's Walk, World Suicide Prevention Day, Hedland Says No to Family Violence, RUOK day, Mental Health Week events and more allows an opportunity to connect with community, reduce stigma through awareness raising and share information on where to get help.

Our Culture Care Connect Coordinator was the Master of Ceremonies for the annual Hedland Says no to family violence march and Rowan's Walk- Hedland for 2023.



Figure 3: Rowan's Walk Hedland 2023; photo courtesy of The Portrait Project by Rafiq





THE PILBARA ABORIGINAL HEALTH PLANNING FORUM



The Pilbara Aboriginal Health Alliance provides secretariat support to the Forum and its subcommittees.

PAHPF as the Forum is known locally has been operating for more than 15 years as the key cross agency Forum of Commonwealth, State and local Aboriginal health agencies across the Pilbara. Its role is to take a multi-agency approach to improving health outcomes for Aboriginal peoples in the Pilbara.

The Forum is chaired on an annual rotational basis by the three CEOs of the Pilbara Aboriginal Medical Services. Meetings are held bi-monthly and are also rotated across the Pilbara to ensure a focus on the area in which the meeting is held.

The Forum is supported by Sub Committees which are tasked to progress health improvements in their area of specialty. The subcommittees are:

- Child and Maternal Health
- Chronic Disease
- Social Emotional Wellbeing/Mental Health/Alcohol and Other Drugs
- Men's Health;
- Environmental Health
- Foetal Alcohol Spectrum Disorders



A Steering Committee provides guidance to the PAHPF subcommittees.

SUMMARY OF FINANCIALS

For the Year Ended 30 June 2023

Financial Statements

Directors' Report

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

Statement of Profit or Loss and Other
Comprehensive Income

Statement of Financial Position

Statement of Changes in Equity

Statement of Cash Flows

Notes to the Financial Statements

Responsible Persons' Declaration

Independent Audit Report



Pilbara Aboriginal Health Alliance Limited

Directors' Report

30 June 2023

The directors present their report on Pilbara Aboriginal Health Alliance Limited for the financial year ended 30 June 2023.

General information

Information on directors

The names of each person who has been a director during the year and to the date of this report are:

Richard Ansey

Billy Landy Resigned 12/10/2023

Carol Williams Resigned 23/06/2023

Jolleen Hicks

Nora Cooke

Phyllis Simmons

Rowena Brown

Selina Stewart

Stanley Watson Appointed 15/02/2023

Anthea Farmer Resigned 15/02/2023

Melvin Farmer Resigned 15/02/2023

Lawrence Whyoulter Appointed 23/06/2023

Janelle Booth Appointed 12/10/2023

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

Review of operations

The surplus of the Company after providing for income tax amounted to \$ 233,029 (2022: \$650,738).

Principal activities and significant changes in nature of activities

The principal activities of Pilbara Aboriginal Health Alliance Limited during the financial year were:

- To contribute to improving the health of Aboriginal and Torres Strait Islander people in the Pilbara; and
- Represent and advocate on the priorities and interests of Pilbara Aboriginal and Torres Strait Islander health at a regional level.

There were no significant changes in the nature of Pilbara Aboriginal Health Alliance Limited's principal activities during the financial year.

Significant changes in state of affairs

No significant changes in the Company's state of affairs occurred during the financial year.

Indemnification and insurance of officers and auditors

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of Pilbara Aboriginal Health Alliance Limited.

Pilbara Aboriginal Health Alliance Limited

Directors' Report
30 June 2023

Environmental issues

The Company's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory of Australia.

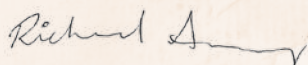
Events after the reporting date

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

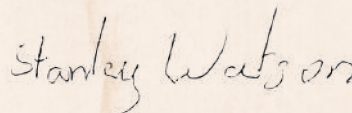
Auditors independence declaration

The lead auditors independence declaration for the year ended 30 June 2023 has been received and can be found on page 3 of the financial report.

Signed in accordance with a resolution of the Board of Directors:



Director:
Richard Ansey



Director:
Stanley Watson

Dated 29 November 2023

Pilbara Aboriginal Health Alliance Limited

Auditor's Independence Declaration under Section 60-40 of the Charities and Not-for-profits Commission Act 2012 to the Responsible Persons of Pilbara Aboriginal Health Alliance Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2023, there have been:

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

(ii)no contraventions of any applicable code of professional conduct in relation to the audit.

29 November 2023

[Enter place of signing]

Statement of Profit or Loss and Other Comprehensive Income
For the Year Ended 30 June 2023

	Note	2023 \$	2022 \$
Revenue			
Grants received	4	1,754,397	1,566,643
Other income	4	213,837	14,905
		1,968,234	1,581,548
Expenses			
Employee benefits expense		(634,504)	(194,426)
Board meeting expenses		(103,810)	(68,038)
Motor vehicle expenses		(52,961)	-
Program expenses		(509,403)	(523,797)
Travel expenses		(147,143)	-
Other expenses		(287,384)	(144,549)
		233,029	650,738
Surplus before income tax			
Income tax expense		-	-
Surplus after income tax		233,029	650,738
Other comprehensive income, net of income tax			
Total comprehensive income for the year		233,029	650,738

The accompanying notes form part of these financial statements.

Pilbara Aboriginal Health Alliance Limited

Statement of Financial Position

As At 30 June 2023

	Note	2023 \$	2022 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	3,935,709	594,000
Trade and other receivables	6	-	118,302
TOTAL CURRENT ASSETS		3,935,709	712,302
NON-CURRENT ASSETS			
TOTAL ASSETS		3,935,709	712,302
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	3,222,235	61,564
TOTAL CURRENT LIABILITIES		3,222,235	61,564
NON-CURRENT LIABILITIES			
TOTAL LIABILITIES		3,222,235	61,564
NET ASSETS		713,474	650,738
EQUITY			
Retained earnings		713,474	650,738
TOTAL EQUITY		713,474	650,738

The accompanying notes form part of these financial statements.

Pilbara Aboriginal Health Alliance Limited

Statement of Changes in Equity
For the Year Ended 30 June 2023

2023

	Retained Earnings	Total
Note	\$	\$
Balance at 1 July 2022	650,738	650,738
Surplus attributable to members of the entity	233,029	233,029
Funds carried over from last year for PAMS		
Project Officer Grant	(115,000)	(115,000)
Adjustment for opening retained earnings from Wirraka Maya Health Service Aboriginal Corporation	(52,116)	(52,116)
Historic balancing	(3,177)	(3,177)
Balance at 30 June 2023	713,474	713,474

2022

	Retained Earnings	Total
Note	\$	\$
Balance at 1 July 2021	-	-
Surplus attributable to members of the entity	650,738	650,738
Transactions with owners in their capacity as owners		
Balance at 30 June 2022	650,738	650,738

The accompanying notes form part of these financial statements.

Statement of Cash Flows
For the Year Ended 30 June 2023

	Note	2023 \$	2022 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		4,503,317	1,621,400
Payments to suppliers and employees		(1,161,608)	(1,027,400)
Net cash provided by/(used in) operating activities	12	3,341,709	594,000
Net increase/(decrease) in cash and cash equivalents held		3,341,709	594,000
Cash and cash equivalents at beginning of year		594,000	-
Cash and cash equivalents at end of financial year	5	3,935,709	594,000

The accompanying notes form part of these financial statements.

Pilbara Aboriginal Health Alliance Limited

Notes to the Financial Statements

For the Year Ended 30 June 2023

The financial report covers Pilbara Aboriginal Health Alliance Limited as an individual entity. Pilbara Aboriginal Health Alliance Limited is a not-for-profit Company Limited by Guarantee, registered and domiciled in Australia.

The principal activities of the Company for the year ended 30 June 2023 were to contribute to improving the health of Australia's Aboriginal and Torres Strait Islander people and assist in 'closing the gap' by facilitating the sharing and exchange of relevant, high-quality knowledge.

The functional and presentation currency of Pilbara Aboriginal Health Alliance Limited is Australian dollars.

The financial report was authorised for issue by those charged with governance on 29 November 2023.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

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

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Significant accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

2 Summary of Significant Accounting Policies

(a) Revenue and other income

Revenue from contracts with customers

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Company expects to receive in exchange for those goods or services.

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Company have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

Revenue recognition policy for contracts which are either not enforceable or do not have sufficiently specific performance obligations

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

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116 and AASB 138);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions); and

Notes to the Financial Statements

For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies (continued)

(a) Revenue and other income (continued)

Revenue recognition policy for contracts which are either not enforceable or do not have sufficiently specific performance obligations (continued)

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

Grant revenue

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the Company obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

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

Pilbara Aboriginal Health Alliance Limited receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of profit or loss and other comprehensive income.

Other income

Other income is recognised on an accruals basis when the Company is entitled to it.

(b) Income tax

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

(c) Goods and services tax (GST)

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

Receivables and payable are stated inclusive of GST.

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

(d) Financial instruments

Financial instruments are recognised initially on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Notes to the Financial Statements

For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies (continued)

(d) Financial instruments (continued)

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Company classifies its financial assets into the following categories, those measured at:

- amortised cost

Financial assets are not reclassified subsequent to their initial recognition unless the Company changes its business model for managing financial assets.

Amortised cost

The Company's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income, foreign exchange gains or losses and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

Trade receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Company has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Where the Company renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

Financial liabilities

The Company measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Company comprise trade payables, bank and other loans and lease liabilities.

Notes to the Financial Statements

For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies (continued)

(e) Cash and cash equivalents

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

(f) Adoption of new and revised accounting standards

The Company has adopted all standards which became effective for the first time at 30 June 2023, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Company.

3 Critical Accounting Estimates and Judgments

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

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

The significant estimates and judgements made have been described below.

Key estimates - fair value of financial instruments

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

Key estimates - receivables

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

4 Revenue and Other Income

	2023	2022
	\$	\$
-Contract income	60,000	60,000
-Other grants	872,897	1,006,643
-Grants NACCHO	821,500	-
- Grants PAMS	-	500,000
-Other income	213,837	14,905
	1,968,234	1,581,548

5 Cash and Cash Equivalents

2023	2022
\$	\$

Notes to the Financial Statements

For the Year Ended 30 June 2023

5 Cash and Cash Equivalents (continued)

	2023	2022
	\$	\$
Cash at bank and in hand	3,935,709	594,000
	<u>3,935,709</u>	<u>594,000</u>

6 Trade and Other Receivables

CURRENT

Trade receivables

- 118,302

Total current trade and other receivables

- 118,302

7 Trade and Other Payables

CURRENT

Trade payables

635,161 -

GST payable

- 61,564

Unearned revenue

2,587,074 -

3,222,235 61,564

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

8 Members' Guarantee

The Company is registered with the *Australian Charities and Not-for-profits Commission Act 2012* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$ 50 each towards meeting any outstanding obligations of the Company. At 30 June 2023 the number of members was 3 (2022: 6).

9 Related Parties

The Company's main related parties are as follows:

Board Members

The names and the position held by the Company's board members are mentioned in the directors' report.

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

Notes to the Financial Statements

For the Year Ended 30 June 2023

Key Management Personnel Remuneration

The totals of remuneration paid to the key management personnel of Pilbara Aboriginal Health Alliance Limited during the year are as follows:

	2023	2022
	\$	\$
Short-term employee benefits	332,154	-
Long-term benefits	-	-
Post-employment benefits	34,876	-
	367,030	-

10 Auditors' Remuneration

Remuneration of the auditor for:
-auditing or reviewing the
financial statements

	5,500	-
	5,500	-

11 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2023 (30 June 2022:None).

12 Cash Flow Information

(a) Reconciliation of cash

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

Cash and cash equivalents	3,935,709	594,000
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(b) Reconciliation of result for the year to cashflows from operating activities

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

Profit for the year	233,029	650,738
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
Changes in assets and liabilities:		
-(increase)/decrease in trade and other receivables	118,302	(118,302)
-increase/(decrease) in trade payables	573,597	61,564
-increase/(decrease) in other payables	2,416,781	-
Cashflows from operations	3,341,709	594,000

Notes to the Financial Statements

For the Year Ended 30 June 2023

13 Events After the End of the Reporting Period

The financial report was authorised for issue on 29 November 2023 by those charged with governance.

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

14 Statutory Information

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

Pilbara Aboriginal Health Alliance Limited
3 Hunt Street
South Hedland WA 6722

Board Members' Declaration

The board members declare that in the board members' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the attached financial statements and notes thereto present fairly the Association's financial position as at 30 June 2023 and of its performance for the year ended on that date; and
- the financial statements and notes satisfy the requirements of the *Australian Accounting Standards - Simplified Disclosures, the Associations Incorporation Act 2015 and Australian Charities and Not-for-profits Commission Act 2012*.

On behalf of the members of the Board:

Board Member
Richard Ansey

Board Member
Stanley Watson

Dated 29 November 2023

Independent Audit Report to the members of Pilbara Aboriginal Health Alliance Limited

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Pilbara Aboriginal Health Alliance Limited, which comprises the statement of financial position as at 30 June 2023, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the responsible persons' declaration.

In our opinion the financial report of Pilbara Aboriginal Health Alliance Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Registered Entity's financial position as at 30 June 2023 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards - Simplified Disclosures and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Registered Entity in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of Responsible Entities for the Financial Report

The responsible persons of the Registered Entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Simplified Disclosures and the ACNC Act, and for such internal control as the responsible entities determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the responsible persons 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.

Pilbara Aboriginal Health Alliance Limited

Independent Audit Report to the members of Pilbara Aboriginal Health Alliance Limited

Auditor's Responsibilities for the Audit of the Financial Report

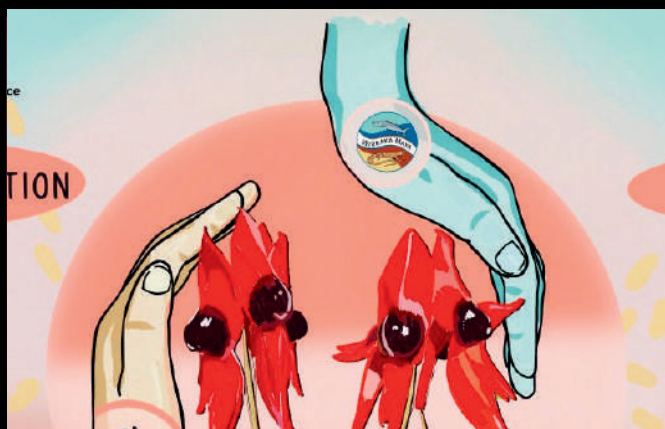
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that 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.

Location
29 November 2023

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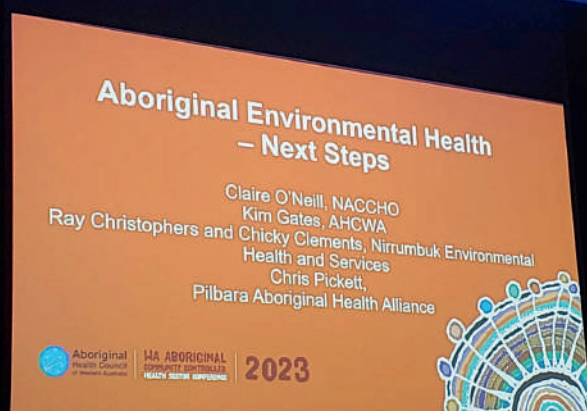
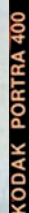
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Mawarnkarra
HEALTH SERVICE
ROEBOURNE WA



PAMS
Puntukurnu Aboriginal
Medical Service



HEALTH SERVICE
ABORIGINAL CORPORATION

*Pilbara Healing Journey
from the Desert to the Sea*

