



# PAHA

Pilbara Aboriginal Health Alliance

ANNUAL REPORT

2024





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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.

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

## 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 TIMELINE

2019 - 2024







# CHAIR REPORT

*Ashley Councillor*

WOW! It has been a great year for us at PAHA and across the region for the Aboriginal Health Sector.

Our involvement in Pilbara Aboriginal Health Planning Forum and associated sub-committees have seen some great initiatives, including Men's On Country Camps, discussions and planning for the Yule River Bush Meeting Call to Action and Strategic Planning for the upcoming years that target improvements to engagement, opportunities and outcomes for Aboriginal people across the Pilbara.

PAHA continues to be an effective and culturally intelligent provider of project management for multiple initiatives including the Dialysis Unit in Tom Price, Aboriginal Family Partnership Project and Culture Care Connect programs within the three ACCHS in the Pilbara.

PAHA brought together the Members Services, Mawarnkarra Health Services, Puntukurnu Aboriginal Medical Services and Wirraka Maya Health Services to discuss and develop our Strategic Plan for 2024 - 26, Constitution updates to remain compliant and relevant, the growth and journey for our organisation over the recent and past years and into the future.

I would like to thank my fellow Directors for their contribution to all Board matters over this past year and look forward to continuing our journey together in the upcoming year. We continue to practice good governance and strive to advocate for better health outcomes for our Aboriginal communities and families through increased resourcing for all ACCHS in the region and cultural integrity of our mainstream partners.





# CEO REPORT

*Chris Pickett*

2023/24 was a year of consolidation for the Pilbara Aboriginal Health Alliance and I am proud to reflect on the significant strides we have made toward fulfilling our mission to be recognised and respected as the strong, united advocate for achieving better health outcomes for Aboriginal and Torres Strait Islander peoples in the Pilbara. Now in our third year of operation, we continue to grow in strength and impact as highlighted in this Annual Report.

*Now in our third year of operation,  
we continue to grow in strength  
and impact as highlighted in this  
Annual Report.*

There were many project highlights during the year, and these are covered in more detail later in this report. Of particular note is the work we have done around the consolidation of the Culture Care Connect program, how we worked with community and the Pilbara Suicide Prevention Network to co-design a Pilbara After Care Model of Care and Suicide Prevention Plan. Twelve open community forums were conducted across the Pilbara to inform this body of work. Resource development, recruitment, and training for The Australian Family Partnership Program, continued throughout the year and we are on track to take this to the field during 24/25. This is an exciting program designed to support and guide first time Aboriginal mums early in their pregnancy and into their child's early years, a true upstream investment in the future health of our communities.

I am also very proud of the work we did during the year to ensure that the Closing the Gap priorities and the Call to Action



from the 2023 Yule River meeting were the cornerstones of planning in the Pilbara Aboriginal Health Planning Forum (PAHPF). A new Strategic Plan for the Forum is in development and will be guided by local priorities set at Yule River. The PAHPF and its subcommittees continue to be effective in advancing Aboriginal health issues and I thank their Chairs and members for their commitment. The work done by the PAHA Secretariat in organising these committees and arranging meetings across the Pilbara deserves recognition.

The announcement that PAHA was successful in its bid for Commonwealth funding to bring dialysis services to Tom Price and surrounding communities proved the power of grass roots community advocacy. The commitment of community individuals and Aboriginal organisations in the region to enable patients to receive their treatments close to home was the key success factor and we look forward to their guidance during the development of the project during 2025. Heartfelt thanks go to those organisations committing financial support to this project.



A key financial priority this year has been securing ongoing funding beyond the initial 3-year investment provided by BHP. We are actively engaged in negotiations and strategic planning to ensure that PAHA's operations remain sustainable and that we can continue to serve our communities effectively in the years to come.

This year, PAHA has taken significant steps in advocating for the needs of our communities. We have been actively involved in representing regional interests in new investments in housing and ensuring access to potable water in communities. Additionally, PAHA has played a crucial role in representing our members' interests in the development of the Statewide Model of Care for Aboriginal Environmental Health. These achievements underscore our commitment to addressing the critical health determinants that impact the well-being of Aboriginal and Torres Strait Islander peoples in the Pilbara.

A major highlight of the year was the joint Board meeting held in Roebourne in June. This gathering brought together members from all three member boards across the Pilbara for the first time since PAHA's formation. The meeting provided an invaluable opportunity to showcase our ongoing projects and engage in meaningful discussions about the Boards' vision for PAHA's future. This collaborative effort marks a significant milestone in our journey, reflecting the strength of our partnership and our shared commitment to the health and well-being of our communities.

At PAHA, we are supported by a small, dedicated team, whose commitment and passion have been instrumental in achieving our goals this year. I want to express my heartfelt thanks to all our staff for their unwavering dedication and hard work. Your contributions are at the core of our success, and I am grateful for your continued efforts.

Looking ahead, our focus will remain on supporting our member Aboriginal Medical Services whose guidance and support has been unwavering, securing long-term funding, expanding our programs, and continuing to build strong partnerships within the health sector. We are committed to exploring new opportunities and markets that will enhance our ability to serve the Aboriginal and Torres Strait Islander communities in the Pilbara.

To our partners, stakeholders, and the communities we serve, I want to express my deepest gratitude for your support. Together, we are making a real difference in the lives of many, and I am confident that with your continued support, PAHA will achieve even greater heights in the coming year.





# BOARD MEMBERS



**ASHLEY COUNCILLOR**  
CHAIR



**STANLEY WATSON**  
VICE CHAIR



**RICHARD ANSEY**



**PHYLLIS SIMMONS**



**NORA COOKE**



**SELINA STEWART**



**JOLLEEN HICKS**



**LAWRENCE  
WHYOULTER**



**JANELLE BOOTH**





**WINSOME HENRY**  
EXECUTIVE MANAGER  
OPERATIONS



**CHRIS PICKETT**  
CHIEF EXECUTIVE OFFICER



**JODIE BURGESS**  
EXECUTIVE OFFICER  
SECRETARIAT



**PAHA**  
Pilbara Aboriginal Health Alliance  
**STAFF**



**SANDY RODRICKS**  
SENIOR ADMINISTRATION  
OFFICER



**DONNA THORPE**  
PAHA ADMINISTRATION  
ASSISTANT



**SAMANTHA BARBA**  
AFPP NURSE COORDINATOR



**KESI-MAREE PRIOR**  
CULTURE CARE CONNECT  
COORDINATOR



**MAHLI KHALU**  
AFPP NURSE HOME VISITOR



# MEMBERS



[www.mawarnkarrahealthservice.org.au](http://www.mawarnkarrahealthservice.org.au)



[www.puntukurnu.com.au](http://www.puntukurnu.com.au)



[www.wmhsac.com](http://www.wmhsac.com)

Our Member Services offer a wide range of essential primary care services that are critical to the health and wellbeing of communities across the Pilbara. These services include General Practice, which provides routine medical care, health checks, and management of chronic conditions, and Nursing, which supports wound care, vaccinations, and chronic disease monitoring. Allied Health services include physiotherapy, occupational therapy, and podiatry, all aimed at improving physical health and mobility.

Mental Health services offer counselling and support for individuals and families, ensuring accessible mental health care in remote areas. Our member services also provide specialised Child and Maternal Health services, supporting mothers, infants, and children with preventive and developmental care. Environmental Health teams work to address hygiene, water safety, and sanitation issues within communities, helping to create a safer, healthier environment. Additionally, individuals with disabilities through National Disability Insurance Scheme (NDIS) services, enabling them to access the care and resources they need to live independently. Together, these services form a comprehensive care network, delivering over 70,000 occasions of care annually across a vast area of 508,000 square kilometres. This reach and scope highlight our commitment to making high-quality, culturally appropriate healthcare accessible to all residents of the Pilbara, no matter how remote.



**JOAN HICKS**  
MHS CEO



**ROBBY CHIBAWÉ**  
PAMS CEO



**JUNE COUNCILLOR**  
WMHSAC CEO



# ALL BOARD

**A significant highlight of the year was the joint Board meeting held on June 18th at the Ngurin Cultural Center in Ieramugadu (Roebourne). This gathering brought together the Directors from Mawarnkarra, Wirraka Maya, and Puntukurnu to review our Constitution and strategic direction, reinforcing the future of PAHA.**

Our Staff provided presentations to update the Directors on PAHA's programs, including Our Story Our Way, the Australian Family Partnership Program, and Culture Care Connect.

The Murru Minya team facilitated a yarning circle, allowing Directors to discuss how research is conducted and its impact on the community.

This event was an excellent opportunity for unity and reflection, where we celebrated our achievements with pride while confronting the challenges ahead. We also brainstormed innovative solutions. It provided a valuable space for exchanging insights and ideas, emphasising our shared commitment to enhancing and refining our services through collaboration.



*Enthusiastic!*

**This significant gathering brought together the Member Directors from all three Member Boards across the Pilbara for the first time since PAHA's formation.**

*Inspired!*

**Invaluable opportunity to showcase our ongoing projects and engage in meaningful discussions about the Boards' vision for PAHA's future.**







**Collaborative effort marks a significant milestone in our journey.**



**Reflecting the strength of our partnership**



**Shared commitment to the health and well-being of our communities.**





# VISION MISSION VALUES

## VISION

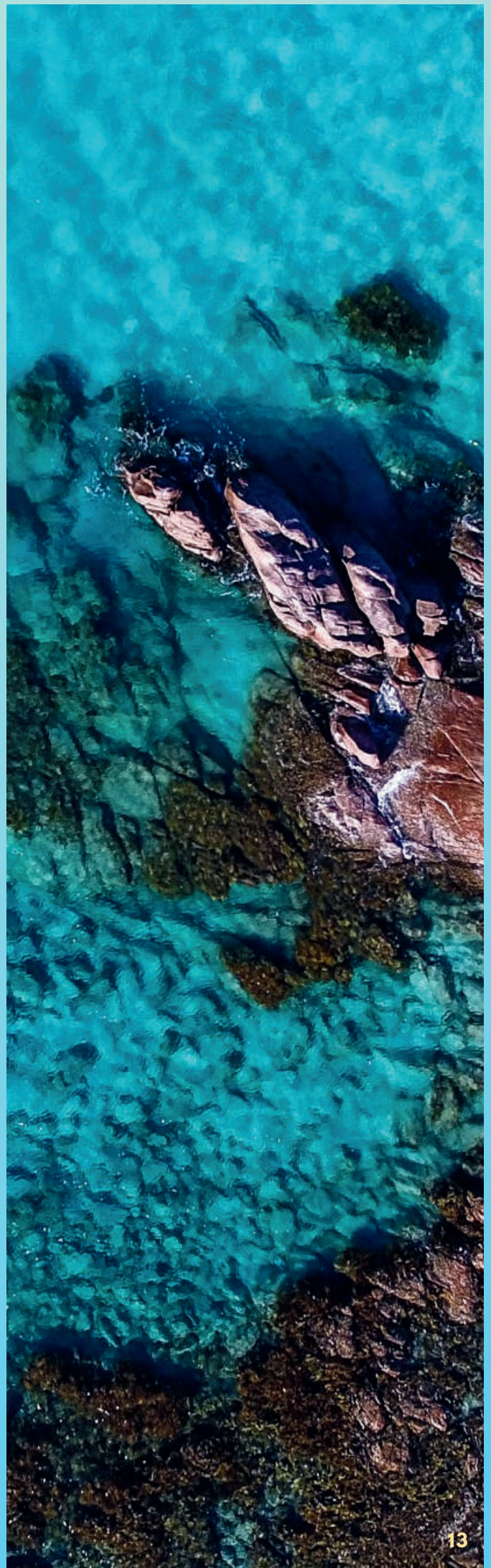
**To strengthen our  
member services**

## 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**





# 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  
Services



**1**

united voice





# OUR SUCCESS JOURNEY

In the three years since its incorporation PAHA has established itself as a key agency in the mission to improve First Nations health outcomes in the Pilbara. PAHA also contributes to these efforts at the State and National level by providing policy and program design advice on regional health issues through the Aboriginal Health Council of WA (AHCWA) and the National Aboriginal Community Controlled Health Organisation (NACCHO). PAHA has increased investment in First Nations health initiatives in the Pilbara by \$12.5m through new programs such as the Australian Family Partnership Program, Culture Care Connect Suicide Prevention and most recently the Tom Price Renal Dialysis Unit.

The Pilbara Aboriginal Health Alliance (PAHA) is dedicated to enhancing suicide prevention efforts across the Pilbara region. Our initiatives focus on equipping individuals with essential skills and capacity to create suicide safer Pilbara communities. In the past year we have enhanced the suicide safety skills of 108 individuals through various training programs including safeTALK, ASIST and I-ASIST. Additionally, we have supported the delivery of Aboriginal and Torres Strait Islander Mental Health First Aid Training and other suicide-specific training to a further 89 individuals across the Pilbara.

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 through Our Story Our Way™.

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, NACCHO, AHCWA and Commonwealth Department of Health and Aged Care

## Commonwealth Projects Managed

AFPP (formerly ANFPP)  
Culture Care Connect (contracted through NACCHO)  
Tom Price Renal Dialysis Unit

## 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  
Board Member 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 - AHCWA  
Member - CASWA  
Member - District Leadership Group

## 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 extends heartfelt thanks to the organisations that made our years of operation possible, including those who provided generous financial support and advocated on our behalf.**



**BHP**



**AHCWA**  
Aboriginal Health Council  
of Western Australia

**NACCHO**



National Aboriginal Community  
Controlled Health Organisation

**The Australian Family  
Partnership (AFPP) and  
Culture Care Connect  
(CCC) are funded by the  
Department of Health.**

**PAHA received funding  
from the Australian  
Government for the  
Better Renal Services for  
First Nations people  
Tom Price dialysis unit.**



# OUR STORY OUR WAY

The PAHA Board has conceptualised a transformative work program known as 'Our Story Our Way' (OSOW) to create an Aboriginal community-controlled data ecosystem across the Pilbara. OSOW will build an accessible data warehouse system into which Pilbara health and social data can be captured, organised, analysed and curated in order to inform health services planning, service improvement, funding applications, research and knowledge translation led by Aboriginal people.

OSOW is directed by a permanent OSOW Working Group including June Councillor as Chief Investigator and Jolleen Hicks, Michael Saylor, Richard Ansey, Billy Landy, Lawrence Whyoulter, Rowena Brown and Nora Cooke.



## OUR VISION FOR OSOW

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.



## PAHA's work plan describes four strategic workstreams

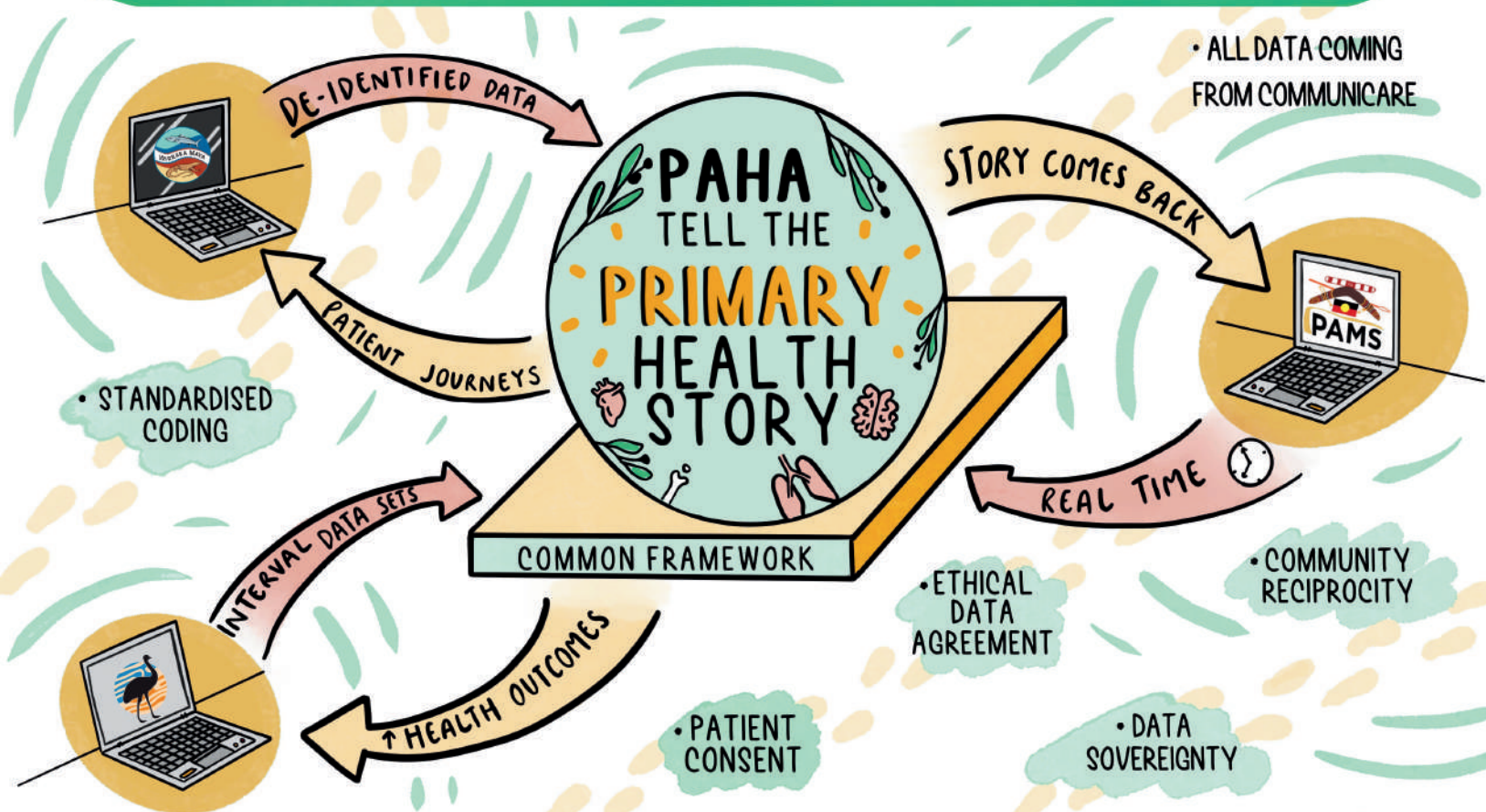
# 1

### Internal Member Service Data Sharing Workstream 1

to enable all three Member organisations to pool de-identified data, generate dashboards and build contemporary health profiles and performance reports. By enabling confidential client-level data exchange complying with privacy legislation, Aboriginal-led systems for data exchange will produce unparalleled insights into clinical service needs, health promotion programs and place-based partnerships to act on key social and economic determinants.

#### INTERNAL DATA WORKSTREAM : CULTURAL NAME

STREAM OWNER: MAWARNKARRA AMS : DIRECTOR LEAD: JOLLEEN HICKS & MICHAEL SAYLOR

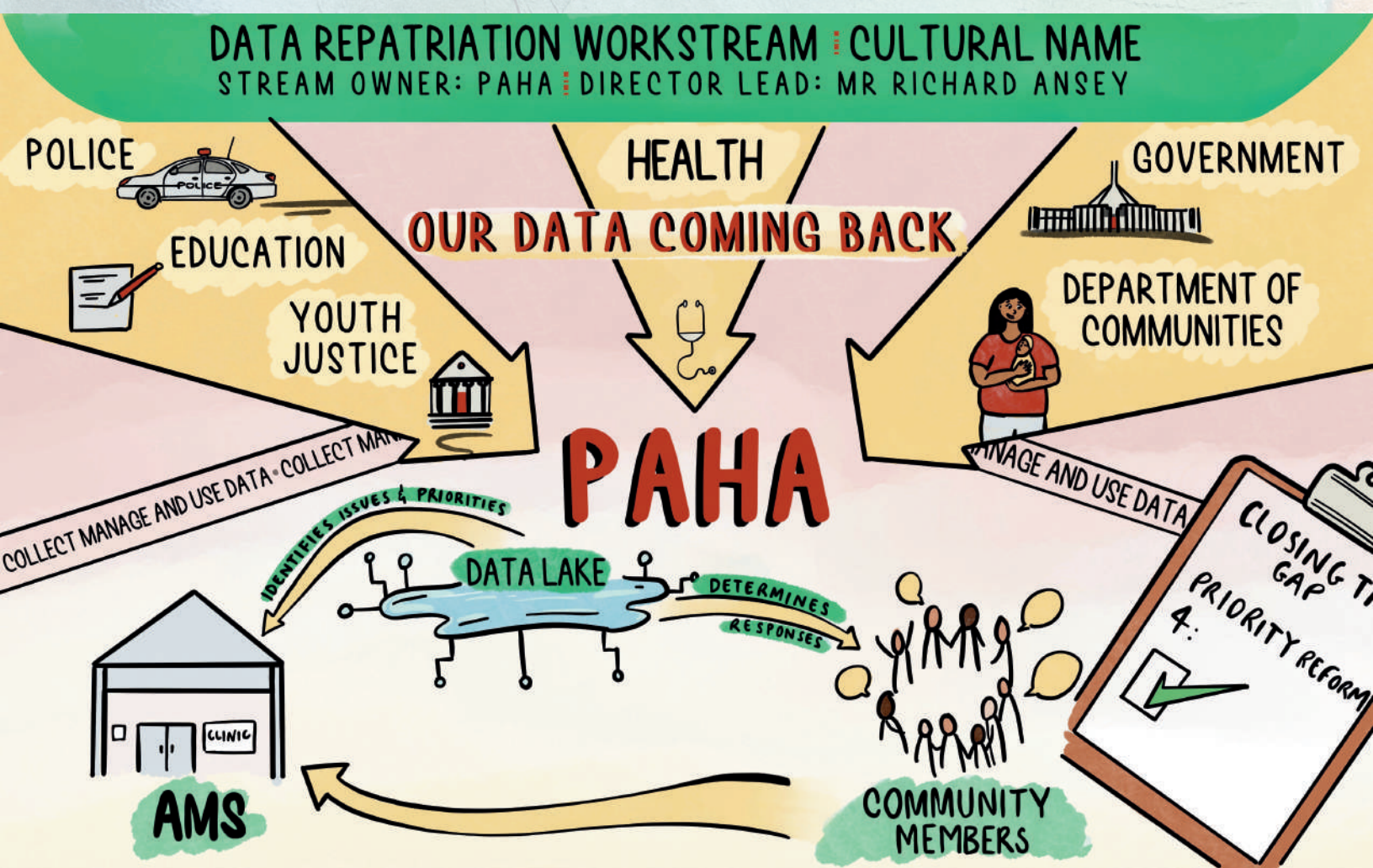




# 2

## Data Repatriation Workstream 2

Aligned with Priority Reform 4, PAHA's Data Repatriation Workplan focuses on enhancing regional data access by mapping data custodians, securing agreements for de-identified Pilbara data, and ensuring regular updates. By repatriating data through partnerships, including with the Office of Digital Government, and adhering to all legislative requirements, PAHA will establish a secure repository that returns data to communities, enabling locally informed decision-making.



**PAHA**  
Pilbara Aboriginal Health Alliance

**OUR STORY, OUR WAY**  
DATA INTEGRATION PROJECT





# 3

## Community Prioritisation Workstream 3

to develop innovative health storyboards presenting data from workstreams 1 and 2 to engage Aboriginal communities across the Pilbara to prioritise health needs, service developments and future research questions. Each community sets their methods for recruiting participants for yarning circles.



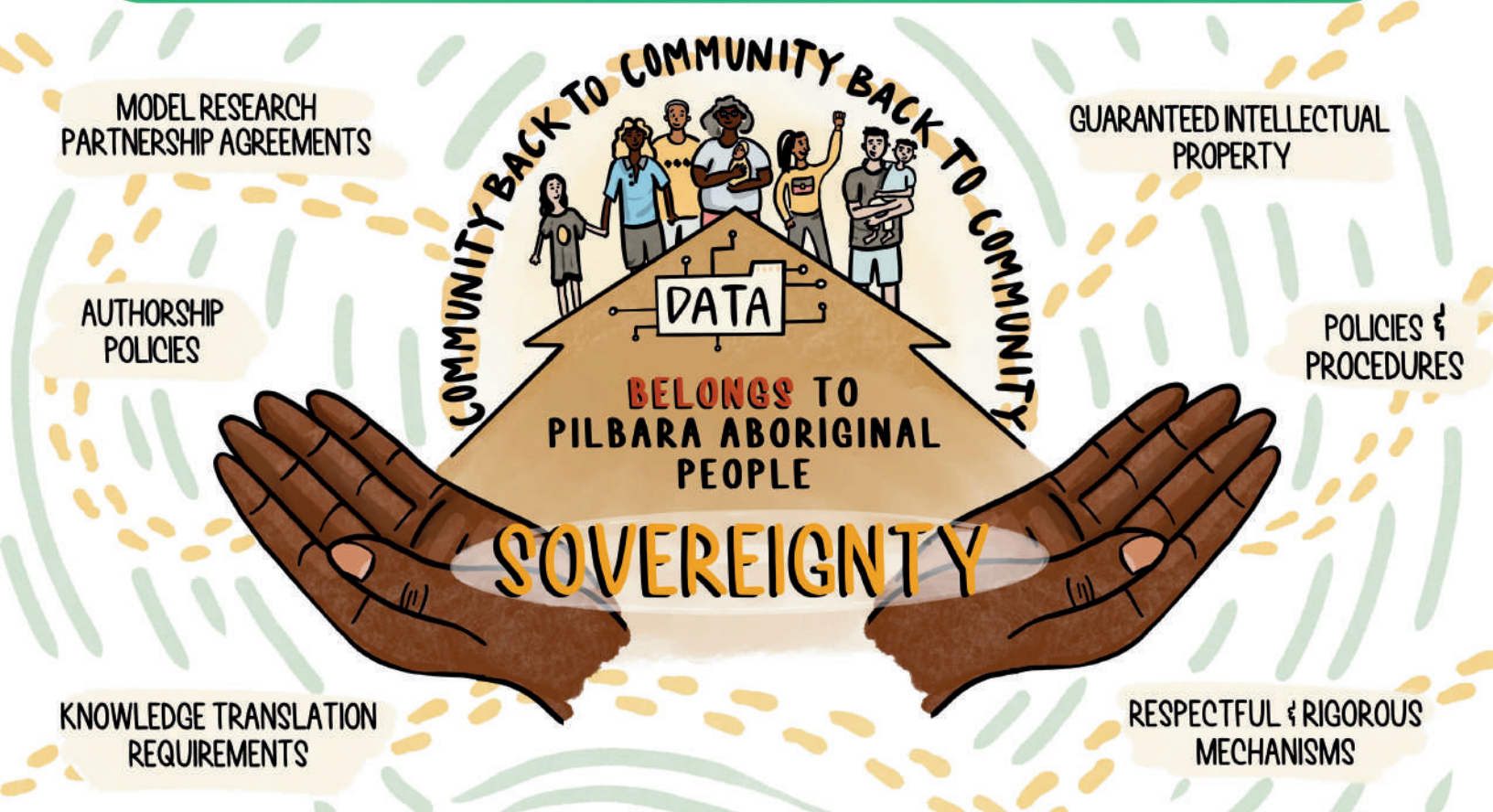


# 4

## Research Commissioning Workstream 4

to develop research policies and procedures for active research commissioning in response to research priorities identified by Pilbara Aboriginal communities. These will include standards for codesign, knowledge translation and cultural safety.

**RESEARCH GOVERNANCE WORKSTREAM: CULTURAL NAME**  
 STREAM OWNER: WIRRAKA MAYA AMS : DIRECTOR LEAD: ROWENA BROWN & NORA COOKE



**PAHA**  
 Pilbara Aboriginal Health Alliance

**OUR STORY, OUR WAY**  
 DATA INTEGRATION PROJECT





**Significant progress has been made during 23/24FY. PAHA and the Office of Digital Government in the WA Department of Premier and Cabinet (DPC) have joined in partnership to enable PAHA to access deidentified data held by PeopleWA initially to create a State of the Pilbara Closing the Gap report, This partnership was highlighted in the WA Government's second Implementation Plan required under the National Agreement on Closing the Gap.**



**Chris Pickett**  
Chief Executive Officer  
Pilbara Aboriginal Health Alliance

**Natalia Kacpersek**  
Chief Data Officer  
Office of Digital Government

**Greg Italiano**  
Chief Information Officer  
Office of Digital Government

During August 2023, PAHA received high-quality responses to the expression of interest for OSOW partners launched at the 3rd Lowitja Institute International Indigenous Health and Wellbeing Conference held in June 2023. This led to the selection of Outcomes Health as Preferred Partner for OSOW Workstream 1 in December 2023. Joint webinars with Outcomes Health have been held during 2024 with PAHA Member services to ensure their issues are prioritised in next steps.

By combining Workstream 2 with Workstream 3, data will be used to create innovative multimedia health storyboards incorporating Aboriginal health concepts so that Aboriginal communities can discuss and make sense of these data to identify their priorities for service development, new investments and commissioned research. These storyboards will acknowledge history and our continuing struggle for our rights. To conduct this work, OSOW will pioneer 'yarning circles' in seven communities and set down their strategies for community-led solutions to improve regional planning and external health partnerships. Because of PAHA's commitment to Indigenous Data Sovereignty, these workstreams required an application to the WA Aboriginal Human Research Ethics Committee (WAAHEC) which is one of only three independent Aboriginal ethics committees recognised by the National Health and Medical Research Council (NHMRC). PAHA received notification of WAAHEC approval in November 2023.



To progress Workstream 2, PAHA continued to work with the Office of Digital Government and presented to the PeopleWA Advisory Governance Group in November 2023 in support of a comprehensive application for access to data held by WA Government departments. This presentation was well-received.

On 17 May 2024 the Chief Data Officer from the Office of Digital Government advised that Custodians from People WA had approved PAHA's application to use PeopleWA linked data to develop place-based profiles to support the National Agreement on Closing the Gap in the Pilbara. We believe this is another 'first' for Aboriginal-led data control.

To progress access to health data currently held by the WA Department of Health, an additional application was required to the WA Department of Health Human Ethics Committee. This was lodged in May 2024, earning initial assessment that the Committee is 'very supportive of this research'. Additional requests for information have been progressed.

PAHA has also finalised a Partner Agreement and Commitment to Data Sovereignty to support partners in their internal processes to guarantee Indigenous Data Sovereignty.

These steps represent steady progress navigating government structures in our journey toward an Aboriginal community-controlled data ecosystem for our Pilbara Aboriginal Communities. Throughout 2023/24FY, PAHA continued to identify philanthropic sources to sustain this work. To continue to raise awareness, OSOW is prominently featured on the PAHA website. Resources include slide decks created with Tuna Blue to communicate the vision and capability we have for OSOW. While we do not speak for any other Aboriginal communities, we believe our experiences as we progress with OSOW will be of interest to many who like us have been too far away from the central processes of health policy, resource allocation and research. Remote Aboriginal communities are strong, resilient and insightful. Our leadership is also committed to intergenerational change. Through OSOW, local Aboriginal people will be employed and given extraordinary opportunities to acquire high-level technical skills and ensure our efforts to create an Aboriginal-controlled data ecosystem are truly transformative across time.

OSOW will fulfil the promise of the "Pilbara Healing Journey from Desert to the Sea". Its impact on longterm health gain will accrue through four main mechanisms: (1) more accurate needs assessment and identification by communities of service gaps they prioritise (2) responsive investments in health promotion, primordial prevention, chronic disease management and service co-ordination (3) commissioned research in the future producing evidence about health conditions, strategies and programs of direct benefit to Aboriginal people in the Pilbara, and (4) increased empowerment through Aboriginal 'governance of data' alongside Aboriginal 'data for governance'.





# CULTURE CARE CONNECT

The Culture Care Connect: Community-Controlled Suicide Prevention Networks Program has made significant strides in addressing the disproportionate impact of suicide and mental health challenges on our communities. Our holistic approach integrates suicide prevention planning with quality aftercare services, aiming to create a coordinated framework that minimises the prevalence of suicidal thoughts and behaviours, and reduces the impact of suicide on individuals, families, and communities.

Under the leadership of our regional Culture Care Connect Coordinator, Kesi-Maree Prior, a comprehensive consultation and co-design process began in April 2023. This initiative culminated in the development and finalisation of the Pilbara Aftercare Model of Care and the Pilbara Network Suicide Prevention Plan by October 2023. The program's core mission is to offer culturally appropriate and effective support mechanisms to empower and strengthen communities, enhancing their ability to become suicide safer.

A key to our program's success has been the collaborative partnerships with our partner services, government and non-government stakeholder networks. Joining forces with Wirraka Maya Health Service Aboriginal Corporation (WMHSAC), Puntukurnu Aboriginal Medical Service (PAMS), and Mawarnkarra Health Service (MHS). Our partnership has facilitated the integration of three full-time Aftercare Workers into each Social and Emotional Wellbeing Team within these organisations, focusing on delivering tailored aftercare services. This embedded approach is designed to mitigate the impact of suicide within Aboriginal and Torres Strait Islander communities across the Pilbara region.



Figure 1: MHS CCC Launch June 2023





Figure 2: AHCWA State Sector Conference

In June 2024, Marwarnkarra Health Service proudly became the first site to launch the Culture Care Connect Program in the Pilbara. This milestone marks a significant achievement, reflecting the successful development of our regional model of care and demonstrating our commitment to addressing suicide prevention in a culturally sensitive manner.

The progress and success of the Pilbara Culture Care Connect Program have garnered national attention over the past year. Our Network Coordinator's presentation at the 2023 NACCHO Conference and the 2024 AHCWA State Sector Conference showcased our innovative approach and underscored our program's impact. Additionally, the Pilbara Suicide Peer Network demonstrated the benefit of effective collaboration to reduce the impact of suicide in regionally remote areas using our Culture Care Connect program as the example of a gold standard approach.

One of our most notable accomplishments has been the return of the engagement journey to the communities we serve. The development of the Pilbara Network Suicide Prevention Plan and the Pilbara Aftercare Model of Care was carried out with significant community input and feedback. By handing back this process to the local communities, we ensure that the solutions and strategies are rooted in the lived experiences and cultural contexts of those most affected.

The Culture Care Connect Program has made remarkable progress in its first year, thanks to the collaborative efforts of our dedicated team members, regional partners, and community stakeholders. As we continue to build on this foundation, our focus remains on fostering a suicide-safer environment through culturally respectful and effective preventive measures and support services. We look forward to further advancements and sustained impact in the years to come.





# SUICIDE PREVENTION TRAINING

Creating suicide-safer communities is a fundamental goal of the Culture Care Connect Program. This objective is pursued by empowering local communities through education, skills development, awareness initiatives, and stigma reduction. By enhancing community capacity, we aim to foster environments where individuals are better equipped to recognise and respond to suicide risk, ultimately contributing to a significant reduction in suicide rates.



*Figure 3: SafeTALK- Hedland Community June 2024*

A cornerstone of our approach involves delivering comprehensive training programs designed to build suicide safety skills and awareness. Our Culture Care Connect Coordinator has played a pivotal role in facilitating various suicide awareness and intervention trainings across the Pilbara region. This year, we have successfully implemented key training programs such as safeTALK, ASIST, and I-ASIST.

These programs are instrumental in equipping individuals with the skills and confidence needed to identify and address suicidal thoughts and behaviours. SafeTALK focuses on teaching participants to recognise the signs of suicide and engage in supportive conversations. ASIST provides advanced intervention strategies to assist those at risk, while I-ASIST incorporates these skills into a culturally responsive framework for Aboriginal and Torres Strait Islander communities.

In the past year, our training initiatives have had a tangible impact on the community. We have enhanced the suicide safety skills of 108 individuals through various training programs. Additionally, we have supported the delivery of Aboriginal Mental Health First Aid and other suicide-specific training to 89 more individuals across the Pilbara. These efforts have not only expanded the pool of trained individuals but also fostered a more informed and responsive community network.

The Culture Care Connect Program remains committed to building suicide-safer communities through strategic education and capacity-building efforts. By equipping individuals with the necessary skills, increasing community awareness, and addressing stigma, we are fostering environments that support mental health and well-being. Our ongoing training initiatives and community engagement efforts are essential steps toward creating a more resilient and supportive Pilbara region.



## COMMUNITY EVENTS

Supporting community events is a vital component of the Culture Care Connect Program's strategy to foster suicide-safer environments. By participating in and endorsing significant events like Rowan's Walk, World Suicide Prevention Day, Hedland Says No to Family Violence, RUOK Day, and Mental Health Week, we create opportunities to connect with community members, raise awareness, and provide crucial information about available support services.

A critical aspect of our participation in these events is providing clear and accessible information about where individuals can seek help. By distributing resources such as contact details for local support services, crisis hotlines, and counselling options, we ensure that community members are aware of the assistance available to them. This proactive approach helps bridge the gap between individuals in need and the support systems designed to help them.



Figure 5: Hedland Says No To Family Violence 2024





# Australian Family Partnership Program



**The Australian Family Partnership Program (AFPP) is dedicated to strengthening First Nations family support and enhancing maternal and child health outcomes throughout the Pilbara region. PAHA, as the contractual and reporting authority, oversees and supports the program's implementation at Wirraka Maya Health Service Aboriginal Corporation, Puntukurnu Aboriginal Medical Service, and Mawarnkarra Health Service. A regional nurse coordination model ensures collaboration and consistency in delivering high-quality services.**



Each AFPP team includes a Nurse Home Visitor (NHV) and a Family Partnership Worker (FPW), supported by a dedicated Social Worker. These teams work closely with clinicians, families, and the community, providing comprehensive support and education to improve maternal and child health outcomes. The program will be operational in Newman, Jigalong, Hedland and Roebourne and surrounds.

Although the AFPP is still in its early stages in the Pilbara, it is gaining significant momentum. In August 2023, PAHA successfully recruited Samantha Barba as a full-time Regional Nurse Coordinator (NC). Samantha has been instrumental in developing key resources, which are now ready for site review and implementation. She actively participates in all Nurse Supervisor Communities of Practice and training sessions, provides AFPP education to AMS clinical staff, and maintains regular communication with stakeholders in the child and maternal health sector.



*Figure 1: PAHA AFPP Regional Nurse Coordinator*

## PROGRAM HIGHLIGHTS

- **September 2023:** Samantha travelled to Darwin to meet with the AFPP team at Danila Dilba Health Service in Malak and Top End Health Service. This visit provided valuable insights into the program's operations in both town-based and remote community outreach services, laying the groundwork for future service partnerships.



*Figure 2: AFPP Team Danila Dilba Health Service, Darwin*



*Figure 3: Top End Health Service, Tiwi Islands*



- **October 2023:** PAHA hosted a week-long AFPP Pilbara Roadshow in collaboration with the National Support Service (NSS). NSS representatives visited all AMS sites to gain a deeper understanding of the program within the Pilbara context and address clinicians' questions about implementation. The roadshow culminated in a presentation to the Pilbara Aboriginal Health Planning Forum (PAHPF), offering the national education and training body firsthand experience of the region's vastness and enabling clinical teams to engage in discussions about the program.



Figure 4: AFPP Roadshow, Mawarnkarra Health Service



Figure 5: AFPP Roadshow, Puntukurnu Health Service

- In February 2024, Samantha from PAHA and Liesl from PAMS attended the AFPP Nurse Supervisor Forum in Adelaide, furthering their professional development and networking within the program.



Figure 6: AFPP Nurse Supervisor Forum, Adelaide, February 2024



Figure 7: Mahli Khalu, WMHSAC AFPP NHV

- At Wirraka Maya Health Service Aboriginal Corporation (WMHSAC), Mahli has been recruited as a full-time NHV since April 2024 and is currently working with PAHA to transition into the WMHSAC child and maternal health team. Mahli, a proud Mununjali and Noonucal woman with roots in Southeast Queensland, brings extensive experience from her previous role with the AFPP in Brisbane and the National Support Service. She is eager to engage with local communities in the Pilbara and learn about their unique ways of knowing, being, and doing. The FPW role at WMHSAC is currently advertised, and a part-time Social Worker job description is in development.



- At Puntukurnu Aboriginal Medical Service (PAMS), recruitment of two NHVs is actively underway. PAMS has received the FPW job description from PAHA, with an offer of assistance in advertising and recruitment.
- Mawarnkarra Health Service (MHS), is the third site to be rolled out, and they are currently in the consultation, design and recruitment phase. The PAHA NC has provided program education to clinical teams and continues to provide program support.

## KEY ACHIEVEMENTS

- Successful recruitment of all NHVs as First Nations women, ensuring culturally relevant and sensitive care.
- The Pilbara will be offering opportunistic clinical interventions as part of AFPP program delivery, setting a precedent for other regions.



Figure 8: AFPP site visit, Puntukurnu Aboriginal Medical Service Newman

## FUTURE PLANNING

The future of the AFPP in the Pilbara region is centred on continued growth and deeper integration within each Aboriginal Medical Service. The program seeks to become a fully embedded and vital part of local healthcare, offering consistent and culturally appropriate support to women and communities throughout the region. By enhancing child and maternal social and emotional wellbeing services, alongside preventative environmental health measures, AFPP will holistically address health concerns, fostering early intervention and better long-term outcomes. Through ongoing collaboration and strengthened partnerships, the program will remain responsive to the unique needs of each community, empowering local women and nurturing healthier, more resilient families across the Pilbara.







## TOM PRICE RENAL DIALYSIS UNIT

Keeping Aboriginal elders with end-stage renal disease on their own country protects culture and develops self-determination. Currently, Aboriginal residents of Tom Price and Paraburdoo as well as the Aboriginal communities of Wakathuni, Bardulanha (5 mile Windel Community), Bellary Springs and Youngaleena must relocate to Perth (1452km) or South Hedland (404km) or travel 3 times a week to access dialysis treatment. Walytja Palyantjaku Tjutaku Aboriginal Corporation ('Purple House') estimates there are at least 14 Aboriginal people from these communities on dialysis and at least an additional 13 Aboriginal people with pre-dialysis stage chronic kidney disease (CKD 3-5). PAHA has been successful in its application for Commonwealth Grant Funds under the Indigenous Australian's Health Programme (Better Renal Services for First Nations Peoples - Round 2) to build a 4-chair renal dialysis unit in Tom Price. Once construction is completed, the renal dialysis unit will offer culturally safe renal dialysis services six days a week with staff who are well-trained and meet Licensing requirements. The purpose of the grant is to increase access to culturally appropriate dialysis services for First Nations people with end stage kidney disease living in remote locations. The Grant activities commence on 1 June 2024 with an activity completion date of 30 June 2026 and an agreement end date of 30 November 2026.





# PAHRA

Pilbara Aboriginal  
Health Research  
Alliance



The Pilbara Aboriginal Health Alliance (PAHRA) manages the process for review and approval of Aboriginal health research proposals prior to submission to the WA Aboriginal Health Ethics Committee. It reviews research proposals to ensure they meet regional research priorities and adhere to a set of governing principles designed to ensure the region achieves benefit from the research and that research is conducted in a culturally appropriate way. Research priorities and governing principles can be found at <https://paha.org.au/research/> or by scanning the QR code below.

The Pilbara Aboriginal Health Research Alliance is guided by a panel comprising of the CEOs from the Aboriginal Medical Services serving the Pilbara region, the PAHA CEO, the Regional Director of WA Country Health Service, and an Independent Research Advisor.

Over the past twelve months, our Research Panel has been active, reviewing 24 research applications up from 12 in 2022-2023. This surge in applications is largely attributable to the Government of Western Australia's Global Health Challenge, seeking a world-leading medical research and innovation solution to address a critical health service delivery issue in the Pilbara region. The Global Health Challenge aims to develop and propose a technology-driven solution, supported by research, to enhance health outcomes for individuals living in regional and remote Western Australia.

Ten finalists have advanced to the proof-of-concept stage, which will conclude in late 2024. During the past year, these finalists have progressed their solutions on the ground in the Pilbara, including regional site visits to Newman, Jigalong, Port Hedland, Roebourne, and Karratha. The winning solution will be awarded a \$5 million prize, supported by the Future Health Research and Innovation Fund, Rio Tinto, and BHP, with the winner announced in late 2024.

For more information on The Challenge, please visit : <https://thechallenge.health.wa.gov.au>





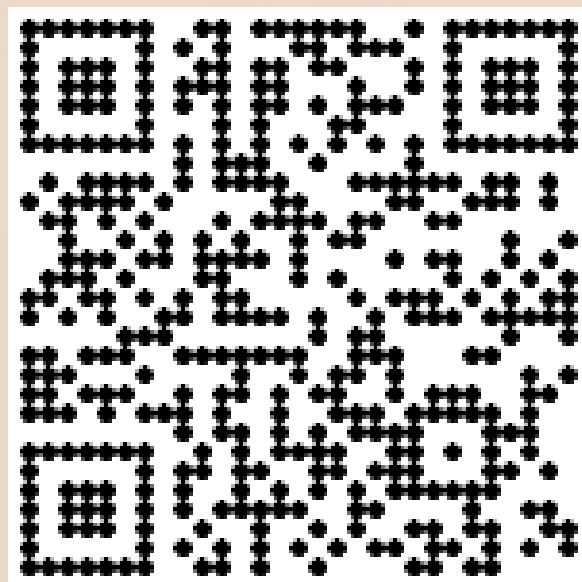
# RESEARCH APPLICATIONS RECEIVED 2023 -2024

|                         |                                                                                                                                                            |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Murdoch University      | ICARE Co-designed perinatal and early years care                                                                                                           |
| Murdoch University      | Partnering for protection from the impacts of extreme heat events on Wakathuni community in the Pilbara                                                    |
| Department of Health    | What are the current trends in the frequency and nature of amphetamine type stimulant related hospital presentations in Hedland WA?                        |
| Melbourne University    | Equitable access to health and disability services for Aboriginal and Torres Strait Islander children with intellectual and other developmental disability |
| Curtin University       | Quality of Life Tracking Framework                                                                                                                         |
| Telethon Kids Institute | Updated Journey Together                                                                                                                                   |
| Curtin University       | Food Security                                                                                                                                              |
| Grounded Impact         | Stage One Consultation - Karlka Nyiyaparli                                                                                                                 |
| Real Serious Games      | Meta Yarn                                                                                                                                                  |
| Curtin University       | Breathing Space - Hedland                                                                                                                                  |
| Telethon Kids Institute | Improving Childhood Vaccine in the Pilbara                                                                                                                 |
| Circa - TIS             | Tracking Indigenous Smoking Program Evaluation 2023-2026                                                                                                   |
| PAHA                    | Our Story Our Way                                                                                                                                          |
| Ear Science             | Ear and Hearing Care in the East Pilbara                                                                                                                   |
| WACHS                   | Case coding and notification of Acute Rheumatic Fever and Rheumatic Heart Disease in the Pilbara: a 10-year retrospective clinical audit                   |
| Curtin University       | Safer care for children in hospital: Strengthening and sustaining the paediatric ESCALATION system (SPECS)                                                 |
| WACHS                   | Neisseria Gonorrhoea Notification, Susceptibility Testing and Test Cure Pilbara WA Audit 2022.                                                             |
| Lyfe Languages          | A globally scalable and sustainable Pilbara community co-designed innovation ecosystem                                                                     |
| Telstra health          | Digital Twin                                                                                                                                               |
| Curve Tomorrow          | Digital care pathways                                                                                                                                      |
| Agili8                  | Smarter. Faster and Safer Virtual Care using XRAI Vision                                                                                                   |
| CSIRO & Metro Health    | Digital yarning using interoperable computer integration for sharing medical records and photographs to Close the Gap                                      |
| Curtin University       | Healthy Connections                                                                                                                                        |
| University of WA        | Health Innovation - Transformative Interconnected Digital Ecosystem (HI-TIDE)                                                                              |





**FOR MORE INFORMATION REGARDING PAHRA, PLEASE  
SCAN THE QR CODE BELOW:**







# PILBARA ABORIGINAL HEALTH PLANNING FORUM (PAHPF) REPORT 2023-2024

## Overview

The Pilbara Aboriginal Health Planning Forum (PAHPF) has made significant strides in promoting better health outcomes for residents of the Pilbara, particularly focusing on Aboriginal and Torres Strait Islander communities. Throughout 2023 and 2024, the forum has been actively engaged in strategic planning and community collaboration, aligning its initiatives with the 2023 Yule River Call to Action and the Closing the Gap (CTG) Priority Reforms and Targets.



## Meetings and Strategic Initiatives

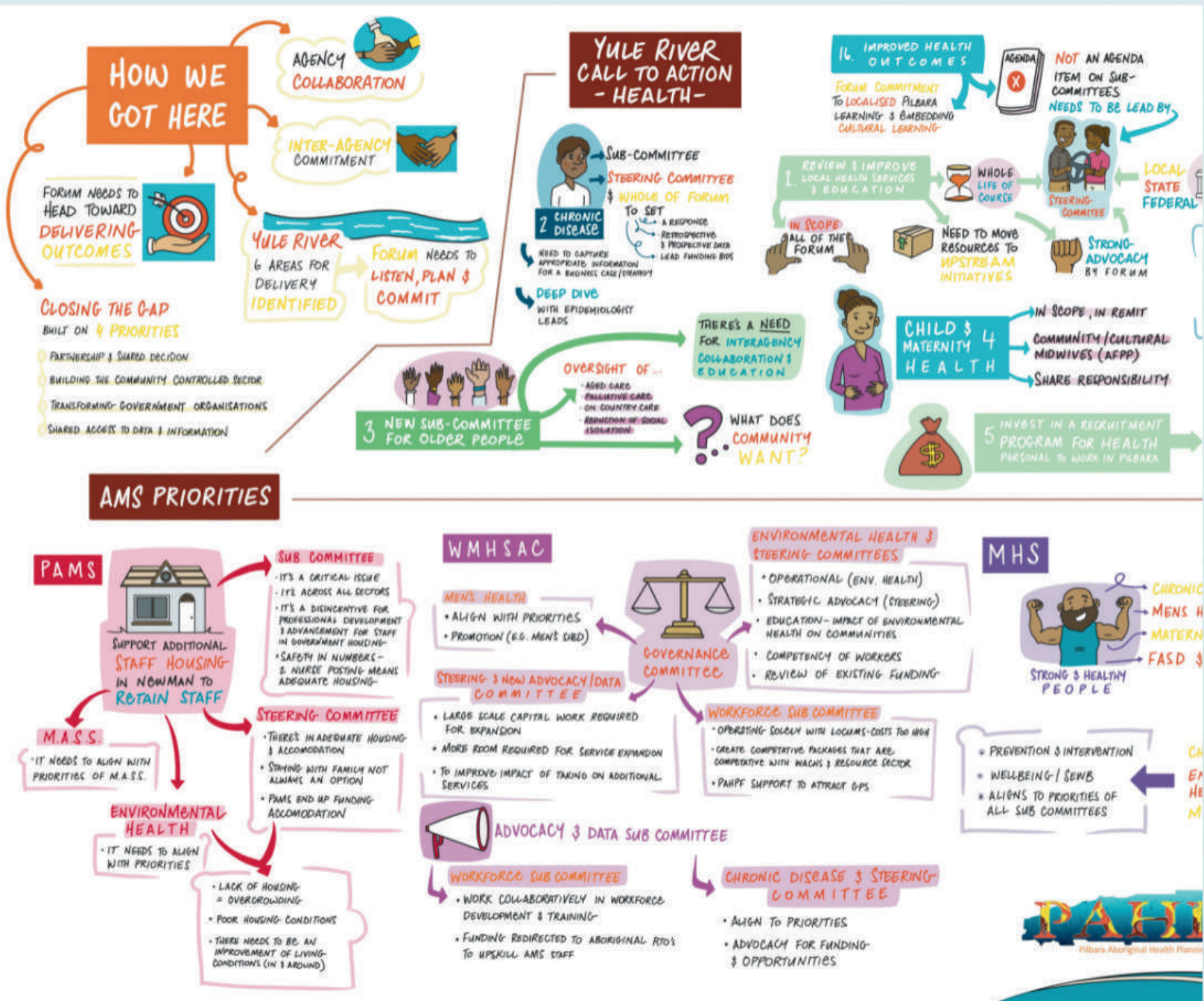
### MEETINGS CONDUCTED

PAHPF held five meetings across the Pilbara region during 2023 and 2024. These meetings were instrumental in facilitating discussions and planning around key health issues affecting the region.

### STRATEGIC PLANNING WORKSHOP

A notable highlight was the Strategic Planning Workshop held in Newman. This workshop saw one of the largest face-to-face gatherings of regional stakeholders, fostering a collaborative environment. The workshop's focus was to align PAHPF's strategic direction with the Yule River Call to Action and CTG Priority Reforms and Targets 1, 2, 4, 9, 13, 14, and 17. As part of the day's session a deep dive into the strategic action of our Subcommittees was conducted with a focus on outlining achievable action plans, relevancy and gaps.





## STRENGTHENING SUBCOMMITTEES

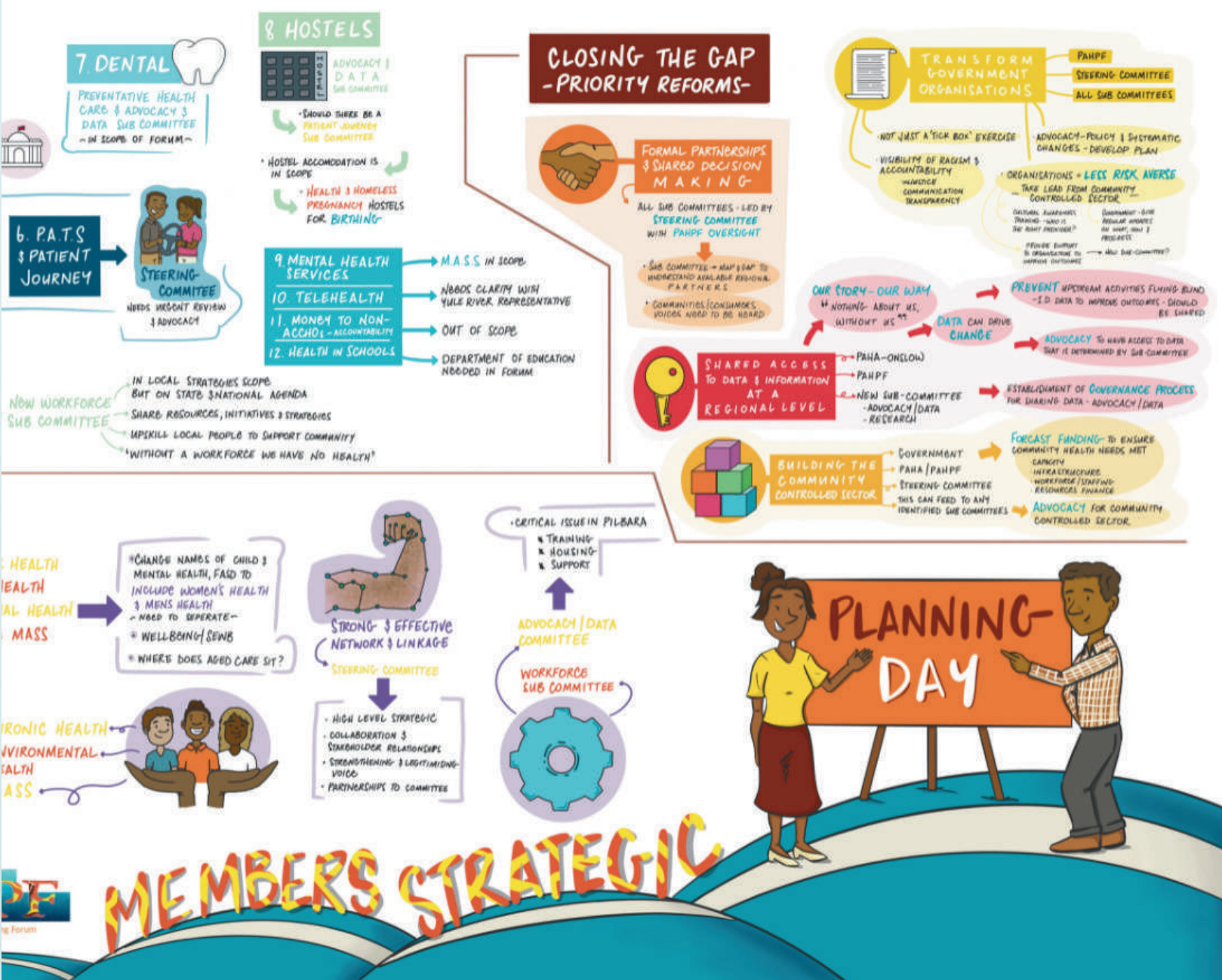
The PAHPF subcommittees have been revitalised under the guidance of the new draft Strategic Plan. Their action plans are now closely aligned with CTG and Yule River initiatives, enhancing their effectiveness and impact.

## Key Initiatives and Achievements

### STEERING COMMITTEE

The Committee is made up of executive leaders from our Core Membership and is responsible to lead the implementation of strategies and activities contained in the current draft Pilbara Aboriginal Health Planning Forum (PAHPF) Strategic Plan. The PAHPF Steering Committee continued to provide direction and guidance to the sub committees of the PAHPF for the inclusion of all key areas of focus.





## CHRONIC DISEASE

The Committee have successfully re-established relationships with subcommittee members, leading to increased interest and participation in our meetings.

A review and revision was conducted of the meeting format to better serve our members, incorporating working group updates, educational segments with guest presenters, and increasing the number of face-to-face meetings, as requested by our members.

A comprehensive and achievable strategic working plan focused on addressing the major chronic disease challenges in our region was developed.



## **ENVIRONMENTAL HEALTH**

Committee members attended the Northwest Environmental Health (EH) Forum in Broome to discuss issues specific to the Kimberly and Pilbara regions. The committee has also implemented AEH services, which involve reporting de-identified Clinical EH Referral information from the Healthy Home app to review regional disease trends and plan coordinated EH initiatives. Additionally, EH Clinical Referral education was provided to Pilbara AMS and WACHS sites.

The committee has supported the planning for a multi-agency EH Practitioner Clinical Referral Response Training in July, as well as three community EH blitzes and a Senior Management workshop aimed at standardising EH referrals across the Pilbara. In 2024, the newly elected Chair attended the AHCWA EH MoC Forums and represented the Pilbara on the data sub-group. Furthermore, the Chair presented an abstract paper on Clinical Referrals in the Pilbara at the NATSIEH Conference in Melbourne.

## **MASS – (PILBARA SOCIAL EMOTIONAL WELLBEING (SEWB)/MENTAL HEALTH /ALCOHOL AND OTHER DRUG (AOD) AND SUICIDE PREVENTION - MANAGERS GROUP)**

A comprehensive regional map and gap analysis has been undertaken to identify critical deficiencies and guide strategic improvements. As part of the regional suicide prevention plan the development of a draft Frontline Worker Critical Incident Response Protocol has been undertaken. To establish a robust foundation for all services, member organisations have endorsed the Applied Suicide Intervention Skills Training (ASIST) and Indigenous Applied Suicide Intervention Skills (I-ASIST) Training as the baseline training for all service providers. Further, a two-fold evaluation process for postvention responses has been created to rigorously assess and enhance the effectiveness of interventions following suspected death by suicide. To address the significant gap in mental health support for children aged 0-12, members are actively advancing advocacy efforts to remedy this shortfall.

We have aligned the MASS Strategic Action Plan with the Yule River Call to Action and the Close the Gap priorities, underscoring the importance of culturally informed, safe, and effective service delivery. This alignment ensures that our approach meets the specific needs of the communities we serve while adhering to recognised standards for excellence and equity. By integrating these established priorities with our continuous improvement mechanisms, the MASS Committee is committed to creating a more cohesive and responsive mental health, alcohol and other drug, social and emotional wellbeing, and suicide support system throughout the region. This strategic alignment facilitates a comprehensive and culturally sensitive framework that aims to significantly enhance the quality and accessibility of mental health services.



## MEN'S HEALTH

The Men's Health subcommittee conducted a series of "On Country Yarns" in various locations, including Roebourne, Hedland, Jigalong, and Newman. These sessions provided a platform for open dialogue on men's health issues, fostering community engagement and support. Future events are being planned so we encourage you to keep an eye on our social media pages.

## FORMATION OF THE THRIVING FAMILIES SUBCOMMITTEE

One of the significant developments was the formation of the Thriving Families Subcommittee. This subcommittee is a merger of the Maternal and Child Health and Foetal Alcohol Spectrum Disorder (FASD) subcommittees. The merger aims to improve information sharing and collaboration while reducing the burden of meeting requirements for the clinical attendees. The Thriving Families Subcommittee is expected to play a crucial role in addressing maternal and child health issues and the impact of FASD in the community.

## Conclusion

The efforts of the Pilbara Aboriginal Health Planning Forum in 2023 and 2024 have laid a strong foundation for improved health outcomes in the region. Through strategic planning, community collaboration, and the strengthening of subcommittees, PAHPF is making significant progress towards closing the gap in health disparities for Aboriginal and Torres Strait Islander communities in the Pilbara. The continued focus on strategic initiatives and community engagement will be crucial in sustaining and building on these achievements in the coming years.





# SUMMARY OF FINANCIALS

**For the Year Ended 30 June 2024**

## **Financial Statements**

Directors' Report

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

### Directors' Report

30 June 2024

The directors present their report on Pilbara Aboriginal Health Alliance for the financial year ended 30 June 2024.

#### 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  |
| Jolleen Hicks      |                      |
| Nora Cooke         |                      |
| Phyllis Simmons    |                      |
| Rowena Brown       | Resigned 29/11/2023  |
| Selina Stewart     |                      |
| Stanley Watson     |                      |
| Lawrence Whyoulter |                      |
| Janelle Booth      | Appointed 12/10/2023 |
| Ashley Councillor  | Appointed 29/11/2023 |

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 \$ 438,332 (2023: \$233,029).

#### Principal activities and significant changes in nature of activities

The principal activities of Pilbara Aboriginal Health Alliance 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'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.

#### 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.



Directors' Report

30 June 2024

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 2024 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:

Stanley Watson  
Director: .....

Richard A  
Director: .....

Dated 20th November 2024



AUDITOR'S INDEPENDENCE DECLARATION To the Board of Directors of Pilbara Aboriginal Health Alliance Inc. In accordance with the requirements of the Australian Charities and Not-for-profits

Commission Act 2012, in relation to our audit of the financial report of Pilbara Aboriginal Health Alliance Inc for the year ended 30 June 2024, to the best of my knowledge and belief, there have been:

- a) No contraventions of the auditor independence requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- b) No contraventions of any applicable code of professional conduct in relation to the audit.

DRY KIRKNESS (AUDIT) PTY LTD



ROBERT HALL CA

Director

Perth

Date: 20 November 2024



**Pilbara Aboriginal Health Alliance**

**Statement of Profit or Loss and Other Comprehensive Income**

**For the Year Ended 30 June 2024**

|                                                      | <b>Note</b> | <b>2024</b><br><b>\$</b> | <b>2023</b><br><b>\$</b> |
|------------------------------------------------------|-------------|--------------------------|--------------------------|
| <b>Revenue</b>                                       |             |                          |                          |
| Grants received                                      | 4           | 4,873,959                | 1,754,397                |
| Other income                                         | 4           | 46,072                   | 213,837                  |
|                                                      |             | <b>4,920,031</b>         | <b>1,968,234</b>         |
| <b>Expenses</b>                                      |             | <b>(1,112,739)</b>       | <b>(634,504)</b>         |
| Employee benefits expense                            |             | (11,993)                 | -                        |
| Depreciation expense                                 |             | (91,324)                 | (103,810)                |
| Board meeting expenses                               |             | (83,916)                 | (52,961)                 |
| Motor vehicle expenses                               |             | (2,721,101)              | (509,403)                |
| Program expenses                                     |             | (211,351)                | (147,143)                |
| Travel expenses                                      |             | (249,275)                | (287,384)                |
| Other expenses                                       |             | 438,332                  | 233,029                  |
| <b>Surplus before income tax</b>                     |             | <b>-</b>                 | <b>-</b>                 |
| Income tax expense                                   |             |                          |                          |
| <b>Surplus after income tax</b>                      |             | <b>438,332</b>           | <b>233,029</b>           |
| <b>Other comprehensive income, net of income tax</b> |             |                          |                          |
| <b>Total comprehensive income for the year</b>       |             | <b>438,332</b>           | <b>233,029</b>           |

The accompanying notes form part of these financial statements.



**Pilbara Aboriginal Health Alliance**

**Statement of Financial Position**

**As At 30 June 2024**

|                               |             | <b>2024</b> | <b>2023</b> |
|-------------------------------|-------------|-------------|-------------|
|                               | <b>Note</b> | <b>\$</b>   | <b>\$</b>   |
| <b>ASSETS</b>                 |             |             |             |
| CURRENT ASSETS                |             |             |             |
| Cash and cash equivalents     | 5           | 4,546,786   | 3,935,709   |
| Trade and other receivables   | 6           | 90,388      | -           |
| TOTAL CURRENT ASSETS          |             | 4,637,174   | 3,935,709   |
| NON-CURRENT ASSETS            |             |             |             |
| Property, plant and equipment | 7           | 21,132      | -           |
| TOTAL NON-CURRENT ASSETS      |             | 21,132      | -           |
| TOTAL ASSETS                  |             | 4,658,306   | 3,935,709   |
| <b>LIABILITIES</b>            |             |             |             |
| CURRENT LIABILITIES           |             |             |             |
| Trade and other payables      | 8           | 3,506,500   | 3,222,235   |
| TOTAL CURRENT LIABILITIES     |             | 3,506,500   | 3,222,235   |
| NON-CURRENT LIABILITIES       |             |             |             |
| TOTAL LIABILITIES             |             |             |             |
| NET ASSETS                    |             | 3,506,500   | 3,222,235   |
|                               |             | 1,151,806   | 713,474     |
| <b>EQUITY</b>                 |             |             |             |
| Retained earnings             |             | 1,151,806   | 713,474     |
| TOTAL EQUITY                  |             | 1,151,806   | 713,474     |

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**

**2024**

|                                               | <b>Note</b> | <b>Retained<br/>Earnings<br/>\$</b> | <b>Total<br/>\$</b> |
|-----------------------------------------------|-------------|-------------------------------------|---------------------|
| <b>Balance at 1 July 2023</b>                 |             | 713,474                             | 713,474             |
| Surplus attributable to members of the entity |             | 438,332                             | 438,332             |
| <b>Balance at 30 June 2024</b>                |             | <u>1,151,806</u>                    | <u>1,151,806</u>    |

**2023**

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

The accompanying notes form part of these financial statements.



## Statement of Cash Flows

For the Year Ended 30 June 2024

|                                                           | Note | 2024<br>\$  | 2023<br>\$  |
|-----------------------------------------------------------|------|-------------|-------------|
| <b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>              |      |             |             |
| Receipts from customers                                   |      | 4,777,815   | 4,503,317   |
| Payments to suppliers and employees                       |      | (4,133,613) | (1,161,608) |
| Net cash provided by/(used in) operating activities       | 13   | 644,202     | 3,341,709   |
| Purchase of property, plant and equipment                 |      | (33,125)    | -           |
| Net cash provided by/(used in) investing activities       |      | (33,125)    | -           |
| Net increase/(decrease) in cash and cash equivalents held |      | 611,077     | 3,341,709   |
| Cash and cash equivalents at beginning of year            |      | 3,935,709   | 594,000     |
| Cash and cash equivalents at end of financial year        | 5    | 4,546,786   | 3,935,709   |

The accompanying notes form part of these financial statements.



## Pilbara Aboriginal Health Alliance

# Notes to the Financial Statements

## For the Year Ended 30 June 2024

The financial report covers Pilbara Aboriginal Health Alliance as an individual entity. Pilbara Aboriginal Health Alliance 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 2024 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 is Australian dollars.

The financial report was authorised for issue by those charged with governance on 20 November 2024.

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.

### 2 Material Accounting Policy Information

Material accounting policy information relating to the presentation of these financial statements and presented below are consistent with prior reporting periods unless otherwise stated.

#### (a) Revenue and other income

##### Revenue from contracts with customers

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.

##### 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 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.



Pilbara Aboriginal Health Alliance

Notes to the Financial Statements

For the Year Ended 30 June 2024

2 Material Accounting Policy Information (continued)

(a) Revenue and other income (continued)

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) Property, plant and equipment

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

Items of property, plant and equipment acquired for significantly less than fair value have been recorded at the acquisition date fair value.

Plant and equipment

Plant and equipment are measured using the cost model.

In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Corporation and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss during the financial period in which they are incurred.

Depreciation

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

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

| Fixed asset class | Depreciation rate |
|-------------------|-------------------|
| Motor Vehicles    | 0-25%             |
| Office Equipment  | 0-30%             |

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are recognised in profit or loss when the item is derecognised. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.



## Notes to the Financial Statements

For the Year Ended 30 June 2024

### 2 Material Accounting Policy Information (continued)

#### (d) Financial instruments 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

##### *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.

##### *Impairment of financial assets*

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets: The Company uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Company uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Company in full, without recourse to the Company to actions such as realising security (if any is held); or
- the financial assets is more than 90 days past due.

##### *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 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.

#### **Financial liabilities**

The financial liabilities of the Company comprise trade and other payables.

#### (e) Impairment of non-financial assets

At the end of each reporting period the Company determines whether there is evidence of an impairment indicator for non-financial assets.



## Notes to the Financial Statements

For the Year Ended 30 June 2024

### 2 Material Accounting Policy Information (continued)

#### (e) Impairment of non-financial assets (continued)

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

#### (f) New accounting standards and interpretations issued but not yet effective

The Company has adopted all standards which became effective for the first time at 30 June 2024, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Company. Any new, revised, amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Accounting policy information; whilst does not satisfy one of the following requirements has been removed from these financial statements:

- changes in accounting policies
- documentation of choice in the accounting standards
- an accounting policy developed in the absence of an explicit accounting standard requirement
- significant judgement or estimation
- complex transaction and accounting policy needed to explain treatment

#### (g) New accounting standards and interpretations issued but not yet effective or early adopted Any new or

amended Accounting Standards or Interpretations that are not yet effective have not been early adopted.

The Company has assessed the impact of these new or amended Accounting Standards or Interpretations most relevant to the Company as having no significant impact.



## Notes to the Financial Statements

For the Year Ended 30 June 2024

### 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

|                                | 2024             | 2023             |
|--------------------------------|------------------|------------------|
|                                | \$               | \$               |
| -Contract income               | 66,000           | 60,000           |
| -Other grants                  | 810,000          | 800,000          |
| -Grants NACCHO                 | 834,920          | 821,500          |
| -Grants - Department of Health | 3,163,039        | 72,897           |
| -Other income                  | 46,072           | 213,837          |
|                                | <u>4,920,031</u> | <u>1,968,234</u> |

### 5 Cash and Cash Equivalents

|                          |                  |                  |
|--------------------------|------------------|------------------|
| Cash at bank and in hand | 4,546,786        | 3,935,709        |
|                          | <u>4,546,786</u> | <u>3,935,709</u> |

### 6 Trade and Other Receivables

|                   |               |          |
|-------------------|---------------|----------|
| CURRENT           |               |          |
| Trade receivables | 90,388        | -        |
|                   | <u>90,388</u> | <u>-</u> |



## Notes to the Financial Statements

For the Year Ended 30 June 2024

### 7 Property, Plant and Equipment

|                                            | 2024<br>\$    | 2023<br>\$ |
|--------------------------------------------|---------------|------------|
| PLANT AND EQUIPMENT                        |               |            |
| Motor vehicles                             |               |            |
| At cost                                    | 12,070        | -          |
| Accumulated depreciation                   | -             | -          |
| Total motor vehicles                       | 12,070        | -          |
| Office equipment                           | 21,055        | -          |
| At cost                                    | (11,993)      | -          |
| Accumulated depreciation                   | -             | -          |
| Total office equipment                     | 9,062         | -          |
| <b>Total property, plant and equipment</b> | <b>21,132</b> |            |

#### (a) Movements in carrying amounts

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

|                                       | Motor Vehicles<br>\$ | Office Equipment<br>\$ | Total<br>\$   |
|---------------------------------------|----------------------|------------------------|---------------|
| <b>Year ended 30 June 2024</b>        |                      |                        |               |
| Balance at the beginning of year      | 12,070               | 21,055                 | 33,125        |
| Additions                             | -                    | -                      | -             |
| Disposals                             | -                    | -                      | -             |
| Depreciation expense                  | -                    | (11,993)               | (11,993)      |
| <b>Balance at the end of the year</b> | <b>12,070</b>        | <b>9,062</b>           | <b>21,132</b> |

### 8 Trade and Other Payables

|                  |                  |                  |
|------------------|------------------|------------------|
| CURRENT          |                  |                  |
| Trade payables   | 951,065          | 635,161          |
| GST payable      | 20,188           | -                |
| Unearned revenue | 2,535,247        | 2,587,074        |
|                  | <b>3,506,500</b> | <b>3,222,235</b> |

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.



Pilbara Aboriginal Health Alliance

Notes to the Financial Statements

For the Year Ended 30 June 2024

9 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 2024 the number of members was 3 (2023: 3).

10 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.

Key Management Personnel Remuneration

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

|                              | 2024    | 2023    |
|------------------------------|---------|---------|
|                              | \$      | \$      |
| Short-term employee benefits | 109,349 | 332,154 |
| Long-term benefits           | -       | -       |
| Post-employment benefits     | 11,893  | 34,876  |
|                              | 121,242 | 367,030 |

11 Auditors' Remuneration

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

|       |       |
|-------|-------|
|       |       |
| 4,500 | 5,500 |
| 4,500 | 5,500 |

12 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2024 (30 June 2023:None).



Pilbara Aboriginal Health Alliance

Notes to the Financial Statements

For the Year Ended 30 June 2024

13 Cash Flow Information

| (a) Reconciliation of cash                                                                                                                              |  | 2024      | 2023      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-----------|
|                                                                                                                                                         |  | \$        | \$        |
| 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                                                                                                                               |  | 4,546,786 | 3,935,709 |
| (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                                                                                                                                     |  | 438,332   | 233,029   |
| Cash flows excluded from profit attributable to operating activities                                                                                    |  |           |           |
| Non-cash flows in profit:                                                                                                                               |  |           |           |
| - depreciation                                                                                                                                          |  | 11,993    | -         |
| Changes in assets and liabilities:                                                                                                                      |  |           |           |
| -(increase)/decrease in trade and other receivables                                                                                                     |  | (90,387)  | 118,302   |
| -increase in trade payables                                                                                                                             |  | 336,091   | 573,597   |
| -(decrease)/increase in other payables                                                                                                                  |  | (51,827)  | 2,416,781 |
| Cashflows from operations                                                                                                                               |  | 644,202   | 3,341,709 |

14 Events After the End of the Reporting Period The financial report was authorised for issue on 20 November 2024 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.

15 Statutory Information

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

Pilbara Aboriginal Health Alliance  
Unit 8/ 4 Rason Link  
South Hedland WA 6722



**Pilbara Aboriginal Health Alliance**  
**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 2024 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:

*Stanley Watson*

Board Member .....

*Richard Amy*

Board Member .....

Dated 20th November 2024



## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PILBARA ABORIGINAL HEALTH ALLIANCE LIMITED

### Report on the Financial Report

#### Opinion

We have audited the financial report of Pilbara Aboriginal Health Alliance Limited (the Company), which comprises the statement of financial position as at 30 June 2024 and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of material accounting policy information and other explanatory information and the directors' declaration.

In our opinion, the accompanying financial report of the Pilbara Aboriginal Health Alliance Limited is prepared, in all material respects, in accordance with the Australian Accounting Standards-Simplified Disclosures and the Australian Charities and Not-for-profits Commission Act 2012, including:

- i) giving a true and fair view of the Company's financial position as at 30 June 2024 and of its financial performance for the year then ended; and
- ii) complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the Australian Charities and Not-for-profits Commission Regulations 2022.

#### Basis for Opinion

We have 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 Company in accordance with the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 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 ethical requirements in accordance with the Code.

We confirm that the independence declaration required by the Australian Charities and Not-for-profits Commission Act 2012, which has been given to the management committee of the Company, would be in the same terms if given to the management committee as at the date of this auditor's report.

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



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

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

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

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

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

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

We also:

- Identify and assess 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 controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.



- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with management 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.

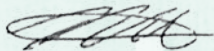
We also provide management with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, actions taken to eliminate threats or safeguards applied.

### **Report on Other Legal and Regulatory Requirements**

In our opinion, Pilbara Aboriginal Health Alliance Limited has complied with sections 60-30(3)(b), (c) and (d) of the Australian Charities and Not-for-profits Commission Act 2012:

- by providing us with all information, explanation and assistance necessary for the conduct of the audit;
- by keeping financial records sufficient to enable a financial report to be prepared and audited;
- by keeping other records required by Part 3-2 of the Australian Charities and Not-for-profits Commission Act 2012, including those records required by Section 55-5 that correctly record its operations, so as to enable any recognised assessment activity to be carried out in relation to the Company.

DRY KIRKNESS (AUDIT) PTY LTD



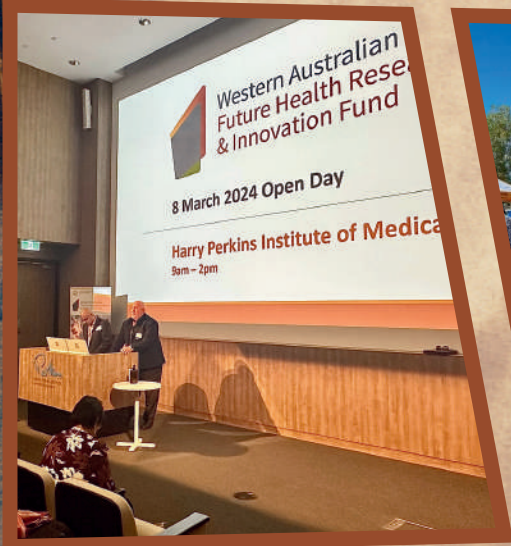
ROBERT HALL CA

Director

Perth

Date: 20 November 2024













Mawarnkarra  
HEALTH SERVICE  
ROEBOURNE WA



PAMS  
Puntukurnu Aboriginal  
Medical Service



HEALTH SERVICE  
ABORIGINAL CORPORATION

*Pilbara Healing Journey  
from the Desert to the Sea*

