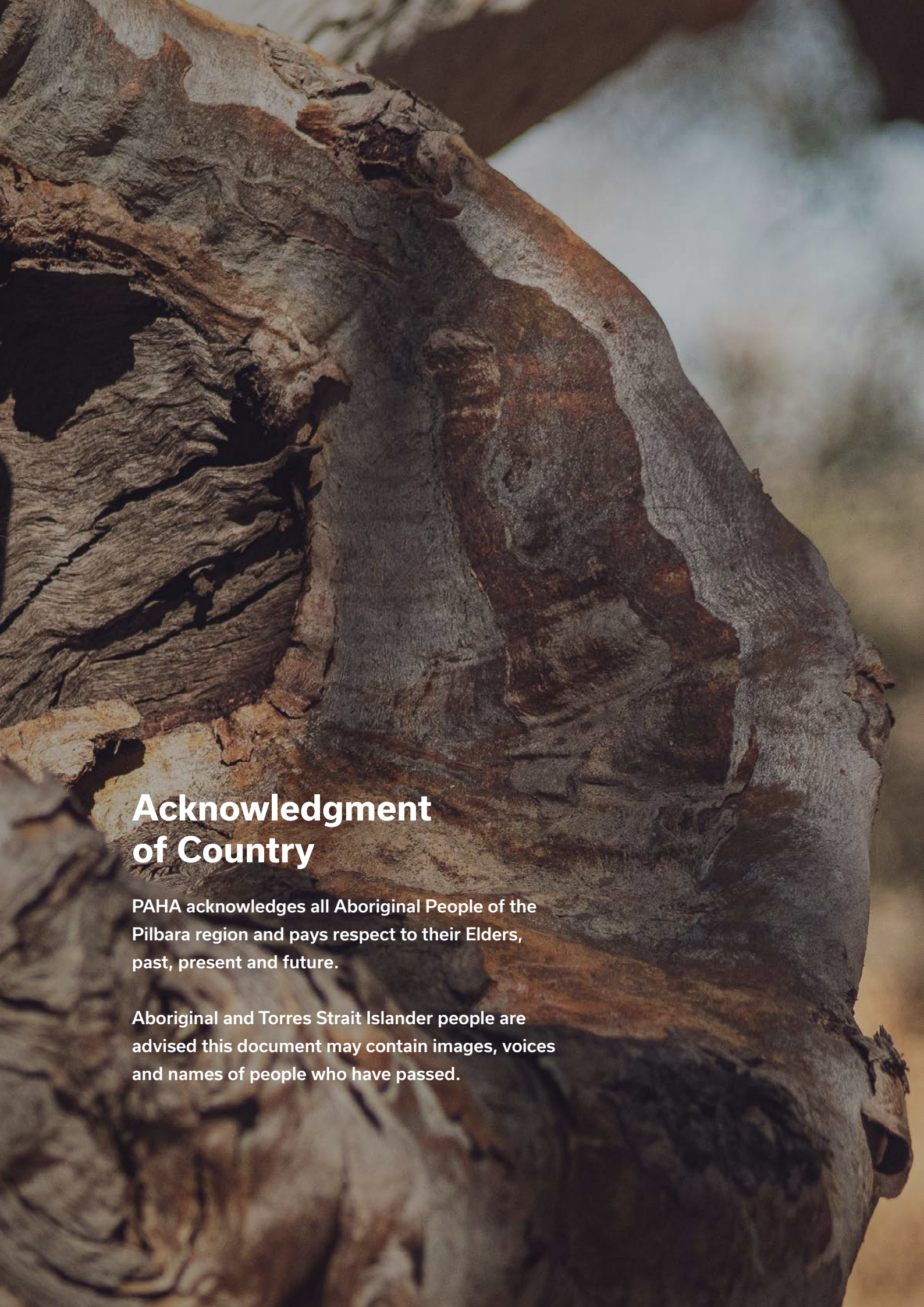
Pilbara Aboriginal Health Alliance

PILBARA HEALING JOURNEY FROM THE DESERT TO THE SEA

Looking Back. **Leading Forward.**

2024 - 2025
ANNUAL REPORT



Acknowledgment of Country

PAHA acknowledges all Aboriginal People of the Pilbara region and pays respect to their Elders, past, present and future.

Aboriginal and Torres Strait Islander people are advised this document may contain images, voices and names of people who have passed.

Contents

Looking Back. **Leading Forward.**

About

1.1 About

Organisation Profile

The Pilbara Aboriginal Health Alliance (PAHA) brings together the collective strength and vision of the region's three Aboriginal Community Controlled Health Services (ACCHS) - Mawarnkarra Health Service, Wirraka Maya Health Service Aboriginal Corporation, and Puntukurnu Aboriginal Medical Service.

United in purpose, PAHA works to strengthen Aboriginal health and wellbeing across the Pilbara through collaboration, cultural leadership, and community-driven solutions.

Guided by a Board representing each member organisation and supported by a Working Group of leaders and CEOs, PAHA stands as a powerful foundation for holistic, community-led healthcare in the Pilbara.

Objectives

- Advocate for Pilbara Aboriginal and Torres Strait Islander health priorities at a regional level.
- Apply for and manage funding on behalf of Partner organisations.
- Coordinate regional forums, conferences, committees, working groups and research.
- Hold and review Member health data in a culturally secure way.
- Fundraise to support regional health promotion.
- Build and maintain strong partnerships across the region.
- Promote and uphold cultural protocols and practices.
- Operate as a transparent and accountable representative body.
- Strengthen Member organisations through training, support and capacity building.

1.2 About

PAHA Ecosystem

PAHA Partners

Mawarnkarra Health Service

Puntukurnu Aboriginal Medical Service

Wirraka Maya Health Service Aboriginal Corporation

PAHA Board and Working Group

Pilbara Aboriginal Health Planning Forum

PAHPF Steering Committee

Pilbara Aboriginal Health Alliance

Pilbara AMS Lead Clinicians Forum

BHP Partnership Meeting

Pilbara Mental Health, AOD, SEWB, Suicide Pre/Postvention Committee (MASS)

PAHPF Chronic Disease Subcommittee

PAHPF Environmental Health Forum

PAHPF Thriving Families Subcommittee

PAHPF Men's Health Subcommittee

PAHPF Aged Care Subcommittee

PAHPF Work Force Subcommittee

Hedland Community Wellbeing Working Group

Newman Community Wellbeing Working Group

Karratha Community Wellbeing Working Group

Pilbara Postvention Response Cells

Pilbara Community Alcohol & Other Drugs Leadership Council Meeting (PCADS)

Pilbara Aboriginal Health Research Advisory Panel

PAHRA Pilbara Aboriginal Health Research Alliance

PAHA Funders

BHP | RIO TINTO | AHCWA | NACCHO | AHCWA & PAMS

COMMONWEALTH | EH DIRECTORATE | AMSANT

Aboriginal Leadership Groups

Pilbara Yule River Annual Bush Meeting

Roebourne Leadership Table

Karratha Aboriginal Interagency Meeting Group

Tom Price Aboriginal Health Reference Group

Aboriginal Data Governance Committee

PAHA Programs

Australian Family Partnership Program

AFPP Leadership Meeting

AFPP Program Manager's Meeting

AFPP Nurse Supervisor Meeting

AFPP Community of Practice (CoP) Nurse Home Visitor (NHV) meeting (includes PAMS, MHS, WHMSAC) (monthly)

AFPP Community of Practice (CoP) Family Partnership Worker(FPW) meeting (includes PAMS, MHS, WHMSAC)

Culture Care Connect Program

NACCHO CCC Network Coordinators Community of Practice (CoP)

NACCHO CCC Network Aftercare worker Community of Practice (CoP)

CCC WA Network Coordinators Community of Practice (CoP)

CCC Pilbara Communities of Practice (CoP)

Shire of Ashburton Expansion

Tom Price Renal Dialysis Unit

Tom Price Staff Accommodation

Caring on Country

Tom Price Renal Dialysis Steering Group

Windawarri AC Board

Regional Implementation Committee (RIC)

Environmental Health Program

EH Directorate monthly meetings

EH Service Community of Practice (CoP) PAHEH bi-monthly meetings

Aftercare Training Research Project

Working Group

Northern Australia Suicide Prevention Education and Training Program

Northern Australia Partnership Meeting- Steering Group

Other groups and stakeholders we engage with

- WACHS Pilbara Executive
- ONSLOW 19.2
- District Health Advisory Committees
- Pilbara Renal Steering Committee 'on hold'
- Pilbara Suicide Peer Network
- WA I-ASIST stakeholder Group
- Hedland Family Violence Action Group
- SEWB Clinical Terminology Steering Committee
- Rural Health West Regional Working Group
- Pilbara Hearing Interagency Group
- Tom Price & Paraburdoo Community Stakeholder Meeting
- Pilbara Safe Spaces Program Control Group
- Data and Linkage Advisory Committee
- Commonwealth DOHA First Nations Division
- WA Health Aboriginal Health Directorate
- Statewide Clinical Leads
- Statewide SEWB Committee
- Pilbara District Leadership Group
- Pilbara Isolated Critical Incident Protocol Group 'on hold'
- Pilbara District Emergency Management Committee
- Operational Area Support Groups
- Aboriginal Health Council Western Australia (AHCWA)
- AHCWA Aboriginal Medical Services CEO Network
- AHCWA Environmental Health Committee
- WA Aboriginal Health Ethics Committee (WAAHEC)

Memberships

Aboriginal Health Council Western Australia (AHCWA)

Lowitja Institute

Pibara4Purpose

Coalition of Peaks - pending

National Aboriginal Community Controlled Health Organisation (NACCHO)

Council of Aboriginal Services WA (CASWA)

1.3 About

Values, Vision & Mission

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

PILBARA HEALING JOURNEY
FROM THE DESERT TO THE SEA

1.4 About

PAHA Timeline

2019	JUN 2019	Federation reformed by the three Aboriginal Medical Services to establish PAHA
	SEP 2019	First working group meeting held
2020	DEC 2020	Funding received from LotteryWest
2021	FEB 2021	Incorporation completed
	MAR 2021	PAHA publicly launched
	APR 2021	First Board meeting held
	APR 2021	First Strategic Planning meeting held
	SEP 2021	Funding from BHP
	OCT 2021	CEO appointed and PAHA operations formally commence
2022	JUL 2022	Our Story Our Way (OSOW) concept initiated
	DEC 2022	Culture Care Connect contract commences
2023	MAR 2023	Australian Family Partnership Program (AFPP) commences
2024	JUN 2024	Joint AMS Board meeting held
	DEC 2024	Caring on Country Partnership with Rio Tinto commences
2025	JAN 2025	Ashley Councillor appointed new CEO
	JUN 2025	Environmental Health Project commences
	JUL 2025	WA Country Health Service Partnership commences

Looking Back. **Leading Forward.**

Our People

2.1 Our People

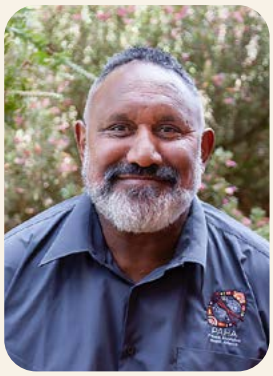
The Board

Ashley Councillor

CEO

Stanley Watson

Chairperson
Nyiyaparli,
Newman,
PAMS Board



Richard Ansley

Torres Strait Islander,
Wickham, Mawarnkarra
Medical Service Chair

Phyllis Simmons

PAHA Vice Chair
Yamatji, Roebourne,
Mawarnkarra Medical
Service Board

Nora Cooke

Ngarla, South Hedland,
WMHSAC Board

Selina Stewart

PAHA Vice Chair
Binikurra, South Hedland,
WMHSAC Chair

Jolleen Hicks

Ngarluma, Roebourne,
Mawarnkarra Medical
Service Board

Lawrence Whyoulter

Martu, Kunawaritji,
PAMS Board

Janelle Booth

Martu, Jigalong,
PAMS Board

Nanna Doris Eaton

Njamal & Pitjikarli
Elder, South Hedland,
WMHSAC Board

2.2 Our People

PAHA Staff

Ashley Councillor
CEO

Winsome Henry
Deputy CEO

Iona Hutchison
Executive Assistant

Donna Thorpe
Corporate Services Officer

Ainslie Poore
Senior Policy Officer

Jodie Burgess

Sector Support Officer

Henry Lockyer

Caring on Country Health Project Manager

Kesi-Maree Prior

Culture Care Connect Coordinator

Samantha Barba

Australian Family Partnership Nurse Coordinator

Scott Mackenzie

Environmental Health Project Developmental Officer

2.3 Our People

Our Partners

Mawarnkarra Health Service

Mawarnkarra provides Roebourne and surrounding communities with accredited health care, outreach, and programs addressing smoking, SEWB, nutrition, environmental health, and women's safety. It is also an NDIS provider.

Puntukurnu Aboriginal Medical Service

Puntukurnu Aboriginal Medical Service (PAMS) serves the Martu Nyiyaparli across the East Pilbara, providing holistic, comprehensive care through visiting clinicians and allied health practitioners.

Wirraka Maya Health Service Aboriginal Corporation

Wirraka Maya Health Service Aboriginal Corporation (WMHSAC) is an Aboriginal Community Controlled Health Service in the West Pilbara, providing comprehensive primary care, allied health, and outreach services to support the health and wellbeing of local communities.

The Pilbara

A vast and rugged region of Western Australia, known for its striking red landscapes, rich Aboriginal culture, and world-class mining industry.

Location

Northern Western Australia, about 1,200km north of Perth stretching from the Indian Ocean to the desert

Size

~ 500,000km2
Twice the size of the UK and eight times the size of Tasmania

Industry

Major hub of Australia's Iron Ore Industry, producing over a third of the world's supply

Population

~ 60,000 people total
~ 7,000 Aboriginal people, representing roughly 14% - 19% of the total population

Languages

Home to 32 language groups, each with a deep connection to Country

ACCHS

3 Aboriginal Medical Services (7 clinics)

2.4 Our People

Funders and Supporters

The Pilbara Aboriginal Health Alliance 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.

FUNDERS

BHP

Rio Tinto

NACCHO
National Aboriginal Community Controlled Health Organisation

Government of Western Australia
WA Country Health Service

Government of Western Australia
Department of Health

The Australian Family Partnership Program and Culture Care Connect are funded by the Department of Health.

Australian Government

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

Mawarnkarra
HEALTH SERVICE

PAMS
Puntukurnu Aboriginal Medical Service

WIRRAKA MAYA
HEALTH SERVICE
ABORIGINAL CORPORATION

SUPPORTERS

National Indigenous Australians Agency

Chevron

Gilbert + Tobin

Looking Back. **Leading Forward.**

Reports

3.1 Reports

CEO Report

The 2024–2025 reporting period was one of transformation, growth, and deepened community connection for the Pilbara Aboriginal Health Alliance (PAHA).

It has been an honour to step into the role of CEO in January 2025, building on the strong foundations laid by previous CEO Chris Pickett, Deputy CEO Winsome Henry and all PAHA staff and the incredible work undertaken with our member services and partners.

This year marked the final year of leadership under Chris Pickett, whose tenure was defined by strategic consolidation and community-led innovation. Under Chris's guidance, PAHA strengthened its foundations through the expansion of regional programs such as Culture Care Connect and the Australian Family Partnership Program. These initiatives, designed to support Aboriginal families and improve long-term health outcomes, were bolstered by continued Commonwealth funding commitments beyond June 2025.

A major highlight of the year was the co-design of the Pilbara After Care Model of Care and Suicide Prevention Plan. This work, developed in partnership with the Pilbara Suicide Prevention Network and informed by community voices across 12 open forums, shows the power of collaboration and Aboriginal leadership in shaping solutions that reflect local needs and values.

Since taking on this role, I've made it a priority to listen, learn and engage deeply with our communities and partners, bringing a strong focus to cultural governance, capacity building, and inclusive leadership. From participating in the AHCWA CEO Network and the Pilbara District Leadership Group, to co-presenting at the Lowitja Institutes 4th International Indigenous Health and Wellbeing Conference and contributing to national conversations on ethics in Aboriginal health research, I've seen firsthand the strength and innovation within our sector.

We celebrate a major milestone with the successful bid for the Commonwealth funding to establish dialysis services in Tom Price, a testament to the power of grassroots advocacy from Aboriginal families living in the town and surrounding communities, as well as the unwavering commitment of local Aboriginal organisations and other stakeholders. An additional successful funding commitment from Rio Tinto of $5 million, and a five-year partnership, will enable wraparound care and preventative health programs to be delivered on Country, where they matter most. Acknowledging the advocacy and continued support from the Regional Implementation Committee (RIC) TO Sub-Committee. A key focus of 2025 has been the continued development of the Tom Price Renal Dialysis Unit. Through culturally grounded consultation, we are ensuring the design process reflects local priorities and community values.

PAHA has initiated and continues to nurture a strong and collaborative relationship with the Office of Digital Government (ODG), which manages PeopleWA within the Department of

the Premier and Cabinet (DPC). Through our Data Integration Project, Our Story Our Way, this partnership is working towards the development of the first-ever State of the Pilbara Closing the Gap Report.

This work is underpinned by the Priority Reforms of the National Agreement on Closing the Gap, particularly the commitment to shared access to data, shared decision making, strengthening the Aboriginal community-controlled sector, and enabling community-led, place-based solutions. These principles are central to PAHA's vision for transformational change driven by Pilbara Aboriginal voices.

We also launched a partnership with Creating Communities to amplify Aboriginal-led health stories and advocacy efforts across the region. We are motivated to increase opportunities to celebrate successes of PAHA and our member services; Mawarnkarra Health Services, Puntukurnu Aboriginal Medical Services and Wirraka Maya Health Service Aboriginal Corporation.

The year culminated in West Australian state recognition for PAHA's leadership, with Kesi-Maree Prior, Culture Care Connect Coordinator, receiving the Outstanding Contribution Award at the WA State LiFE Awards and the Contribution to the ACCHS Sector Award at the AHCWA State Sector Gala Dinner.

As PAHA enters its fourth year of operation, it does so with strengthened partnerships, a clear strategic direction, and a deepened commitment to community-led health transformation.

"THE MOMENTUM WE'VE BUILT IS A TESTAMENT TO WHAT'S POSSIBLE WHEN ABORIGINAL VOICES LEAD, AND I AM LOOKING FORWARD TO WHAT WE CAN ACHIEVE TOGETHER IN THE YEARS TO COME".

ASHLEY COUNCILLOR
CEO

3.2 Reports

From the Chair

This year we saw lots of changes at the Pilbara Aboriginal Health Alliance. I'd like to thank Chris Pickett for all the work he has done for PAHA and for our people. He helped us build something strong.

I want to welcome Ashley as our new CEO. It is good to see him listening to our mob and working with community in the right way.

I am also proud to welcome Nana Doris Eaton to our Board. Her wisdom and knowledge will guide us as we keep moving forward together.

Thank you to our Directors and Staff for and to everyone who has walked with us this year.

"TOGETHER WE CAN KEEP WORKING FOR BETTER HEALTH FOR OUR PEOPLE."

STANLEY WATSON
CHAIRPERSON

"This work has to come from us. Our communities know what they need, we just need to make sure the system listens."

HENRY LOCKYER

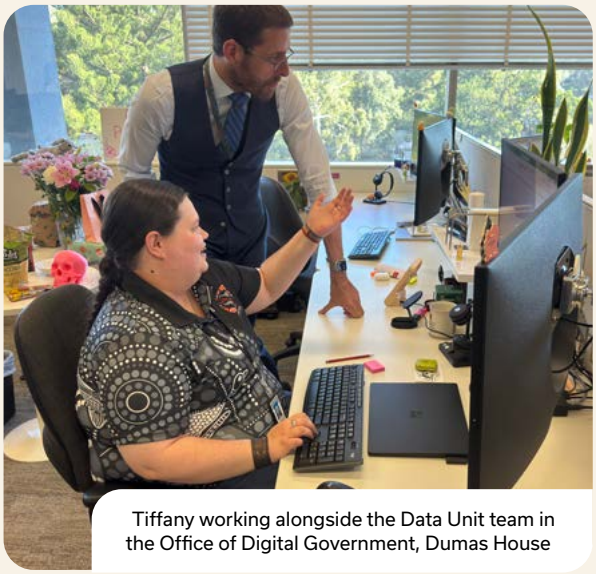
Proud Banjima man, community leader, and PAHA Caring on Country Health Project Manager

Scan the QR code to learn more about Henry's vision for Caring on Country.

Looking Back. **Leading Forward.**

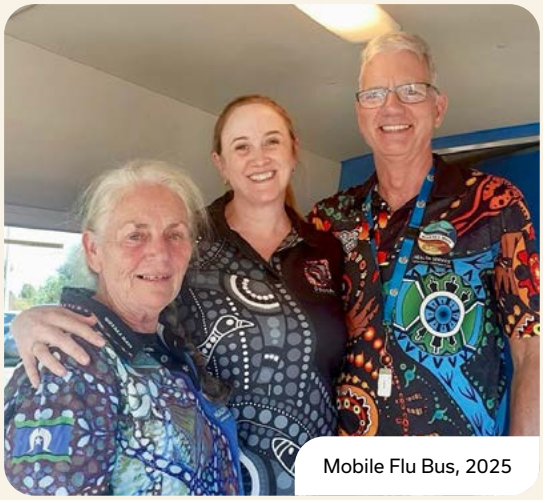
Programs & Initiatives

AHCWA State Sector Conference, 2025



Tiffany working alongside the Data Unit team in the Office of Digital Government, Dumas House

AFPP National CEO's, 2024



Mobile Flu Bus, 2025

Mawarnkarra Health Service AFPP, 2025

Culture Care Connect Summit 2025

4.1 Programs & Initiatives

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, organized, 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, Mr Milton Chapman, Lawrence Whyoulter, Rowena Brown and Nora Cooke. Our vision for OSOW remains 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 one-page strategic work plan available on our website describes four strategic workstreams to build a data ecosystem. Significant progress has been made during 24/25FY. To progress Workstream 1, joint webinars with Outcomes Health have continued with PAHA Member services to ensure their issues are prioritised in next steps in expanding capacity for service-based continuous quality improvement and gap analyses.

To progress Workstream 2, PAHA applied to PeopleWA to obtain data to produce a Pilbara-wide Closing the Gap Report. This application was approved in September 2024 by Mr Greg Italiano, Government Chief Information Officer. Access to Department of Health data held within PeopleWA also required Department of Health Human Research Ethics Committee (DoH HREC) approval. An application was submitted, feedback incorporated and DoH HREC approval was received in writing in August 2024.

Ms Tiffany Carpenter was appointed in November 2024 as PAHA Statistician to analyse PeopleWA data for the first ever Pilbara Closing the Gap report. All project members signed PWAGG Terms and Conditions. In March 2025, PAHA submitted a formal publication request for 100-page technical data report. This contained analysis for five of the socioeconomic targets specified in the National Agreement on Closing the Gap as available through PeopleWA.

As at June 2025, PAHA is waiting for final Publication Approval. Once data are approved for public release, PAHA will prepare for Workstream 3. Until PAHA receives Publication Approval, knowledge translation and data sharing cannot commence. PAHA has continued meetings with ODG to resolve Indigenous Data Sovereignty including flowcharts for data suppression more appropriate to ACCO / ACCHO data requests. ODG will also assist in obtaining data for the other 12 targets.

As a sign of our growing partnership with ODG, OSOW was highlighted on page 27 of the WA Government's Closing the Gap Implementation Plan 2023 - 2025. OSOW was also highlighted on page 30 of the WA Government's Annual Report for 2024 for the National Agreement on Closing the Gap. OSOW was presented at the 4th International Indigenous Health and Wellbeing Conference hosted by the Lowitja Institute in Adelaide in June 2025.

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'. Box 1 summarises the importance of OSOW for the four Priority Reforms of the National Agreement on Closing the Gap.

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.

Scan here to learn more about Our Story, Our Way.

4.2 Programs & Initiatives

Culture Care Connect

Culture Care Connect is a community-controlled suicide-prevention network in the Pilbara that empowers Aboriginal and Torres Strait Islander communities by developing holistic, culturally safe prevention and after-care initiatives.

This year has been marked by deepened momentum, strong cultural leadership, and strengthened community and stakeholder engagement for the Culture Care Connect program across the Pilbara.

The program continues to embed Aboriginal ways of working that are strengths-based, culturally safe, and responsive to the unique needs of our region. With a strong focus on collaboration, the program has supported the development and delivery of locally tailored aftercare services, capacity building, and strategic engagement that reflects community priorities.

Culture Care Connect was proudly represented at key national forums throughout the year, where the Pilbara's co-designed model of care, workforce wellbeing framework, and community-led approach were shared with wider audiences. Presentations were delivered in partnership with local services at the National Culture Care Connect Summit in Cairns, the WA Association for Mental Health Conference, the NACCHO Conference, and the National Suicide Prevention Conference, amplifying the voice of the Pilbara on national platforms.

Our Culture Care Connect Coordinator has demonstrated extensive dedication and passion over the years in supporting suicide prevention, aftercare, and postvention efforts across the Pilbara. Through tireless commitment and deep cultural understanding, the Coordinator has played a vital role in helping our communities reduce the impact of suicide and foster healing. In recognition of this significant and ongoing work, the Coordinator was honoured with the WA LiFE Award for Outstanding Contribution in March 2025 and was named a highly commended finalist at the National LiFE Awards in May 2025.

Culture Care Connect Summit, 2024

Regionally, Culture Care Connect remained grounded in community through active participation in key events such as the Yule River Bush Meeting, Rowan's Walk, and the place-based launches of aftercare services through Puntukurnu Aboriginal Medical Service and Wirraka Maya

Culture Care Connect Summit, 2024

Health Service Aboriginal Corporation, and the Onslow community launch of the Pilbara Network Suicide Prevention Plan. These events, alongside the inaugural Pilbara Culture Care Connect Gathering, created opportunities to listen, reflect, and strengthen community leadership in suicide prevention. The program also supported the delivery of ASIST and I-ASIST training across the Pilbara and in Perth, building a culturally capable and confident workforce with over 80 participants trained this year, including more than 20 Aboriginal and Torres Strait Islander people.

Ongoing work continued through the facilitation and attendance at Culture Care Connect Communities of Practice at local, state, and national levels, as well as participation in working groups and sector collaborations.

The program's Aftercare Training and Research Project, now ethics-approved, is being driven to support the development of regionally specific training that will improve staff recruitment and retention by ensuring training is culturally relevant and community-informed.

Additionally, PAHA is proud to be a partner in the Northern Australia Suicide Prevention and Training Project and looks forward to the establishment of this initiative in the Pilbara, where it will grow grassroots capacity, further reduce the impact of suicide, and complement existing community-led efforts.

This year has further affirmed that culturally grounded, community-led solutions are essential in preventing suicide and supporting healing across our region. The Culture Care Connect program has continued to embed culturally safe, strengths-based approaches that respond to the unique needs of Pilbara communities. Through strong partnerships, cultural integrity, and a commitment to walking alongside community, the program has helped ensure the Pilbara remains a leading voice in Aboriginal social and emotional wellbeing across the nation.

THANK YOU TO ALL OUR PARTNERS, SERVICES, AND COMMUNITIES FOR WALKING ALONGSIDE CULTURE CARE CONNECT. TOGETHER, WE ARE CREATING A SUICIDE-SAFER PILBARA, ONE THAT IS LED BY CULTURE, STRENGTHENED THROUGH CONNECTION, AND DRIVEN BY COLLECTIVE HOPE.

4.3 Programs & Initiatives

Australian Family Partnership Program

Delivering culturally safe, family-centred support for Aboriginal and Torres Strait Islander families in the Pilbara, providing holistic care from pregnancy through early childhood via expert teams at PAHA and local AMSs.

Between July 2024 and June 2025, Australian Family Partnership Program supported 16 mothers, all Aboriginal and/or Torres Strait Islander, or non-Indigenous mothers of First Nations babies.

While still growing, the program has built strong connections, with mothers reporting increased confidence, better healthcare access, and stronger relationships with health teams.

AFPP Teams attending training in Roebourne, 2025

HIGHLIGHTS & ACHIEVEMENTS

Culturally safe workforce: Nurse Home Visitors bring deep cultural knowledge or are mothers of Aboriginal/Torres Strait Islander children.

Community-led care: Local Family Partnership Workers strengthen trust and engagement.

Maternal environmental health referrals: Ensures healthy homes for thriving pregnancies.

Positive family outcomes: Improved access to housing, immunisation, mental health support, and parenting confidence.

Integration with health services: AFPP is embedded in maternal and child health pathways, reducing duplication.

Partnerships: Ongoing collaboration ensures the program reflects local priorities and Aboriginal ways of knowing, being, and doing.

Collaboration and learning: PAHA attended the National AFPP Conference, sharing and learning best practices.

AFPP and WMHSAC Child and Maternal Health Team

FUTURE DIRECTIONS

With the national AFPP licence ending, the Pilbara program will transition to a locally led model from 2026, expanding to all pregnant mothers of First Nations babies at participating AMSs. The next phase will focus on early engagement with antenatal services, workforce stability, staff training, enhanced data systems, and stronger links with environmental health, housing, and social wellbeing programs.

Community feedback will shape the redesign to ensure a truly community-led approach.

Puntukurnu Aboriginal Medical Service AFPP

LEADING FORWARD

AFPP is improving family health and wellbeing across the Pilbara, strengthening connections with health services, building parenting confidence, and supporting long-term outcomes for Aboriginal and Torres Strait Islander children.

Collaboration between PAHA, AMSs, and the Department of Health ensures thriving pregnancies, healthy homes, and strong futures for the next generation.

AFPP Maternal EH Referrals

Scan here to learn more about AFPP.

Environmental Health

Between July 2024 and June 2025, PAHA continued to advocate for stronger environmental health outcomes across the region. PAHA worked alongside Aboriginal Medical Services (AMSs), local Aboriginal Environmental Health (EH) service providers, government agencies and community partners to promote shared learning and regional collaboration toward healthier living environments.

WA Rural Health West Conference, 2024

While PAHA does not provide direct AEH services, it plays a key advocacy role. Through regional leadership, PAHA brings together AEH service providers, clinical teams and communities to identify gaps, share de-identified data and support targeted local community initiatives.

In collaboration with AMSs and local AEH teams, PAHA supported Clinical EH Referral education sessions for 195 AMS staff to strengthen understanding of the clinical environmental health referral process. This regional effort contributed to a rise in clinical EH referrals to the highest recorded in the Pilbara to date.

At a broader level, PAHA has maintained strong advocacy for environmental health and prevention, representing the Pilbara on the AHCWA Environmental Health Model of Care Working Group and partnering with the Water Corporation to support improved community water quality and access.

THROUGH THIS ADVOCACY AND COORDINATION ROLE, PAHA CONTINUES TO AMPLIFY COMMUNITY VOICES, STRENGTHEN CROSS-SECTOR PARTNERSHIPS AND CHAMPION THE ENVIRONMENTAL CONDITIONS NEEDED FOR HEALTHY FAMILIES AND THRIVING COMMUNITIES ACROSS THE PILBARA.

Tom Price multi agency EH meeting, 2024

WA Rural Health West Conference, 2025

Tom Price multi agency EH education session, 2024

4.4 Programs & Initiatives

Caring on Country

The Caring on Country Project continues to emerge as a flagship, Aboriginal-led health initiative for the Pilbara Aboriginal Health Alliance (PAHA).

Over the reporting period, PAHA significantly advanced the foundation, structure, and cultural integrity of the Project, strengthening its role in promoting community-driven health and wellbeing across the Hamersley Ranges region.

The Project reflects PAHA's commitment to culturally-grounded and community-driven health planning, ensuring that all work is guided by genuine partnerships with Communities, Elders, Aboriginal organisations and local service providers.

OUTCOMES

Appointment of the Caring on Country Health Project Manager

This year, a major milestone was the appointment of Henry Lockyer, a proud Banyjima man from the Pilbara, as Caring on Country Health Project Manager. Henry's leadership has boosted the Project's cultural authority and local legitimacy, strengthened PAHA's ties across the sub-region, and ensured the Project is shaped by local knowledge and lived experience. His consistent, on-Country engagement with families, Elders, and organisations has been widely recognised as a culturally responsive and respected addition.

Strengthening Relationships with Local Service Providers and Stakeholders

Over the year, PAHA focused on building strong relationships and fostering collaboration, leading to more respectful and transparent partnerships, improved coordination among agencies, a clearer understanding of shared health service priorities and gaps, and increased willingness among local organisations to engage in future co-design efforts.

Strengthened Cultural Governance: Establishment of the Hamersley Ranges Community Health Aboriginal Reference Group

Cultural governance in the sub-region was strengthened with the transition from the Tom Price Kidney Dialysis Unit Aboriginal Reference Council to the Hamersley Ranges Community Health Aboriginal Reference Group (HR-CHARG). This shift expands the focus from dialysis to holistic Community health, including the Caring on Country Project, chronic disease prevention, social and emotional wellbeing, and service access. HR-CHARG now provides a culturally legitimate platform for Aboriginal voices, leadership, and decision-making, ensuring greater integrity and authority over health matters in the Hamersley Ranges region.

Scan here to learn more about Caring on Country.

Foundations for Community-Led Co-Design

Solid groundwork for co-design has already been established through ongoing engagement with local families and Elders, trust-building, and identifying key community priorities. Structures and processes are now in place to ensure that all formal consultations in the following reporting period will be culturally safe and genuinely driven by Community needs.

Ways of Working – Respect, Reciprocity and Local Leadership

The Caring on Country Project is founded on PAHA's culturally respectful principles, emphasising ongoing engagement, honouring local cultures, and prioritising Aboriginal governance. Deep listening and yarning underpin relationship-building, while local leadership is actively supported. These strong relationships are essential foundations, ensuring the Project's integrity and continued progress.

Relationship to the Tom Price Kidney Dialysis Unit (TPKDU)

While Caring on Country is a broader health and cultural initiative, its success is closely connected to the work undertaken through the TPKDU project.

The expansion to HR-CHARG ensures that both initiatives share culturally grounded leadership and Community input. Community priorities identified for the dialysis unit, inclusive of transport, family support, and culturally safe care, also inform the broader Caring on Country approach.

Through learnings from the TPKDU work, PAHA have strengthened our ability to design and deliver Aboriginal-led, Community-driven health services across the sub-region. This alignment ensures that both projects reinforce each other and contribute to a coherent, Community-led health ecosystem.

THE ROAD AHEAD

PAHA remains committed to:

- Formal Community and service provider consultations across the Hamersley Ranges.
- Co-design of the Caring on Country health service model and Community-led priorities.
- Continued strengthening of Aboriginal governance through HR-CHARG.
- Supporting Community members to shape the design of future services, workforce models and referral pathways.
- Embedding cultural safety, respect and reciprocity in every action and engagement.

4.5 Programs & Initiatives

Tom Price Kidney Dialysis Unit

This reporting year, the Tom Price Kidney Dialysis Unit (TPKDU) project has taken major steps towards improving renal care access for Pilbara communities. For too long, families have faced the hardship of leaving home and Country to receive life-saving dialysis treatment. This initiative is about bringing care closer to where it belongs.

KEY ACHIEVEMENTS

- Site secured and land approvals initiated
- Community consultations held, guided by the Tom Price Renal Dialysis Aboriginal Reference Council
- Design concepts developed, prioritising cultural safety and community needs

LEADING FORWARD

2025: Appoint builder, commence construction, and establish staff accommodation

2026: Fit out the clinic, install equipment, recruit staff, and finalise approvals

The design reflects strong community input, featuring curved forms, natural materials, shaded outdoor spaces, and culturally safe treatment areas. Funded by the Australian Government under the Indigenous Australians' Health Program this project demonstrates the power of collaboration, community spirit and listening to lived experience.

Once complete, the TPKDU will allow patients to receive dialysis on Country, surrounded by family and culture - a significant step forward for health equity in the Pilbara.

TPKDU Aboriginal Reference Group, 2025

4.6 Programs & Initiatives

Pilbara Aboriginal Health Planning Forum

The 2024–25 year strengthened cross-sector collaboration across the Pilbara Aboriginal Health Planning Forum, with member organisations working collectively to progress Closing the Gap priorities, embed the WA Aboriginal Empowerment Strategy, and respond to community-identified needs. Subcommittees refined their governance and strategic priorities, ensuring regional alignment and culturally informed decision-making.

PAHPF continued to provide a unified voice for regional Aboriginal health, supporting shared planning, coordinated responses, and evidence-informed advocacy.

Environmental Health Sub-Committee

The PAHEH sub-committee continues to strengthen its direction and influence, with strong attendance and engagement from Aboriginal Environmental Health (AEH) service providers across the Pilbara.

Under the Sub-Committee's action areas, Healthy Home Assessments and joint community EH programs have been delivered in Roebourne, Jigalong, Warralong and Yandeyarra throughout 2025. Activities included healthy skin promotion and treatment, washer-dryer trailer use, and community events such as slip-and-slide days and BBQs. Collaboration with local schools for skin checks and hair care days has proven effective and is now expanding to other communities.

Clinician-led EH referral education has also driven a notable increase in Clinical EH referrals, with Aboriginal Medical Services now responsible for around 75% of all submissions. De-identified data from AEH service providers continues to guide targeted planning, with skin-related conditions rising from 59% to 73%. This insight has helped tailor EH programs to emerging needs, while work has begun to address heat-related illness through the EH referral framework.

PAHEH Members, 2024

The Department of Health has kept the Sub-Committee informed of ongoing vector control initiatives, including Pete's Legacy, the Repellent Dispenser Community Initiative and the Fight the Bite Campaign, which are active across the Pilbara, Kimberley and Gascoyne.

The sentinel chicken program has also been renewed, with fortnightly blood sampling to recommence in September. Animal management remains part of routine operations with practice and planning shared amongst the sub-committee members.

At the request of the PAHPF Steering Committee, the Department of Housing and the Water Corporation have joined the Sub-Committee to strengthen collaboration and transparency in water education and testing.

Roebourne Community Event, 2025

LOOKING FORWARD

PAHEH will continue to build Pilbara-wide partnerships and coordinated planning with key stakeholders, including Housing, Water Corporation and local AEH service providers.

Workforce Subcommittee

The Workforce Subcommittee, established in September 2024, strengthened regional workforce coordination through six well-attended meetings and the endorsement of its Terms of Reference and Strategic Action Plan.

Key themes included:

- Persistent shortages across clinical and outreach services
- Exploration of a Pilbara-wide recruitment and incentive strategy
- Innovative models such as a single-employer GP model and use of retired GPs in mentorship roles
- Strong commitment to growing the Aboriginal workforce, including shifting training investment to Aboriginal-led RTOs
- Development of clearer career pathways for nurses, allied health and Aboriginal Health Workers

Guest presentations provided contemporary insights into workforce innovation and national reform directions.

Aged Care Subcommittee

The Aged Care Subcommittee made meaningful progress with the endorsed merger of the Pilbara Aged Care Regional Network and the PAHPF Aged Care Subcommittee. This refresh aims to streamline governance, improve consistency and strengthen regional advocacy.

New representatives have been invited to join the expanded Committee, bringing broader expertise from across aged-care, disability and community services. Their involvement will support work on:

- ageing-in-place
- culturally informed elder care
- workforce capability
- improved access in smaller and remote communities

The Subcommittee's Terms of Reference and Strategic Action Plan were endorsed, positioning the group for stronger, coordinated action in the year ahead.

PAHPF Strategic Planning Workshop, 2024

Men's Health Subcommittee

The Men's Health Subcommittee strengthened its cultural foundations and regional engagement.

Key achievements included:

- Appointment of a new Chairperson from the Roebourne Men's Shed
- A renewed commitment to ensuring men are represented at all meetings and events
- Development of the inaugural Men's OCHRE (On-Country Health Reconnection Exchange) event scheduled for August 2025

The OCHRE event will bring together men from across the Pilbara to reconnect culture, health, Country and community, setting the foundation for an annual regional gathering.

Les Thompson, Subcommittee Chairperson

Chronic Disease Subcommittee

The Chronic Disease Subcommittee focused on increasing coordinated, culturally appropriate responses to chronic health conditions. The Committee prioritised:

- Stronger screening and prevention programs
- Improved multidisciplinary care for diabetes, kidney disease, cardiovascular disease and respiratory conditions
- Better data consistency and reporting to support regional planning
- Regular presentations from specialists to build local capability and support shared learning

Participation increased throughout the year, strengthening collective action and sector alignment.

Thriving Families Subcommittee

(formerly FASD and Maternal/Child Health)
The merging of the former FASD and Maternal/Child Health subcommittees into the Thriving Families Subcommittee reflects a regional shift toward holistic, family-strengthening approaches.

The Committee identified that progressing priority actions requires consistent senior-level involvement from organisations. A formal request has been submitted to the Steering Committee to strengthen representation and ensure appropriate decision-making authority. Meetings are currently paused while governance is reviewed, with reactivation expected to support improved coordination across child health, maternal wellbeing and family services.

MASS Committee (SEWB, Mental Health, AOD & Suicide Prevention)

The MASS Committee continued to lead regional coordination across SEWB, mental health, AOD and suicide prevention. Key achievements included:

- Completion of a regional Map and Gap Analysis, identifying priority needs
- Progress on the Pilbara Network Suicide Prevention Plan
- Development of a Frontline Worker Critical Incident Response Protocol
- Endorsement of ASIST and Indigenous ASIST as core training
- Strengthened postvention responses with updated protocols and evaluation tools
- Delivery of Mental Health First Aid and SEWB workforce training
- National recognition of the Cultural Care Connect model
- Expansion of AOD coordination, including the Hedland AOD Group and HOPE partnerships

Challenges identified - such as inconsistent suicide notification processes and gaps in child mental health- will remain priorities moving forward.

Collaborative Impact and Community Engagement

PAHPF strengthened partnerships with Aboriginal leaders and communities by embedding the Yule River Call to Action into governance, supporting lateral violence prevention initiatives, and maintaining a strong regional evidence base to guide planning.

LOOKING FORWARD

PAHPF enters the next reporting year with strengthened governance, refreshed committee structures and deeper regional collaboration. The Forum is well positioned to progress Aboriginal-led decision making, drive system improvements and support culturally safe, community-informed health outcomes across the Pilbara.

Scan here to learn more about PAHPF.

"Improving the health and wellbeing of Aboriginal people in the Pilbara is not just a professional goal for me; it's a personal mission," said Ashley Councillor. "I am honoured to serve as CEO of the Pilbara Aboriginal Health Alliance and look forward to working alongside our communities, stakeholders, and staff to create impactful and lasting change."

ASHLEY COUNCILLOR

Pilbara Aboriginal Health Alliance CEO

4.7 Programs & Initiatives

Pilbara Aboriginal Health Research Alliance

The Pilbara Aboriginal Health Research Alliance (PAHRA) continued to lead and coordinate culturally safe, community-driven health research across the Pilbara region throughout the 2024–2025 financial year. With a strong focus on governance and transparency, PAHRA reviewed 13 research applications that addressed a wide range of health priorities identified by Aboriginal communities.

Notable projects included initiatives to improve digital health engagement in classrooms, enhance hearing and mental health strategies, and develop screening tools for neurodevelopmental conditions in primary healthcare.

Other studies explored collaborative telehealth models for eye care, co-designed perinatal and early years care, and frameworks to support aftercare and recovery workforce development in the Pilbara. The evaluation of the Culture Care Connect (CCC) Program also provided valuable insights into culturally responsive service delivery.

The Government of WA launched a global challenge in early 2024, challenging medical research and innovators to resolve a problem of health service delivery in the Pilbara Region. The winner of The Challenge was announced on 10th October 2024 in Karratha. We are pleased to advise that Lions Outback Vision was announced as the winner, their standout innovation introduced Australia's first mobile retinal camera with fully integrated artificial intelligence. The solution uses artificial intelligence to screen for eye diseases such as diabetic retinopathy and cataracts, significantly improving early detection for people in remote areas who would otherwise be required to travel to urban areas.

To support the sustainability of its operations, PAHRA introduced a $1,500 administration fee for each application. This fee helps cover the costs of convening the Panel, engaging independent reviewers, and maintaining robust tracking and reporting systems. We extend our sincere thanks to all researchers who contributed this fee, recognising their support for a community-led research governance model.

PAHRA also strengthened its internal processes by adopting Smartsheet for application tracking and implementing a structured monthly review schedule. These improvements ensure timely feedback and uphold the integrity of the Panel's decision-making. The Alliance remains committed to empowering Aboriginal communities through ethical, impactful, and culturally respectful research.

Research Applications

Organisation Name	Project Title
TKRI	Journey Together (sub study 5)
University of Sydney	Drumbeat.Ai: Artificial intelligence to triage ear disease in Aboriginal and Torres Strait Islander people living in rural and remote Australia
UNSW	Performance of a low-cost purpose-designed ultrasound perfusion system to reduce still-birth and perinatal hypoxic damage in rural and remote communities.
Monash University - Ear Science Institute Australia	Digital Health Engagement: Enhancing strategies around hearing health & mental health in aboriginal classrooms
Griffith University	The Tracking Cube: Improving health equity by screening neurodevelopment in primary healthcare
Australian Commissions on Safety & Quality in Health Care	Improving the recognition of sepsis in First Nations peoplesw
Flinders University	Optimizing screening & surveillance models for car for liver disease in remote indigenous communities (SSOLID)
UWA	A Growth & Recovery Workforce Training Framework to support aftercare in the Pilbara
UWA	Understanding Hearing Loss to address the health needs of Older Aboriginal and Torres Strait Islander People - A life course approach
Inside Policy	Evaluation of the CCC Program
Lions Eye Institute	Collaborative telehealth for eye care in WA
Murdoch University	ICARE Co-designed perinatal and early years care

Looking Back. **Leading Forward.**

Financials

DRY KIRKNESS

21 October 2025
The Board of Directors
Pilbara Aboriginal Health Alliance Limited
3 Hunt Street
South Hedland WA 6722

Dear Board Members,

PILBARA ABORIGINAL HEALTH ALLIANCE LIMITED

We wish to advise that we have completed the audit of the above-mentioned company for the year ended 30 June 2024.

The Australian Auditing Standards encourages auditors to issue a management letter on completion of each audit as a means of advising management of any matters noted during the course of the audit.

Our audit work involves the review of only those systems and controls adopted by the management upon which we wish to rely for the purposes of determining our audit procedures. Furthermore, our audit should not be relied upon to disclose defalcations or other similar irregularities, although their disclosure, if they exist, may well result from the audit tests we undertake. While we have considered the control environment in accordance with Australian Auditing Standards, we have not tested controls and hence do not comment on whether systems and controls are operating effectively.

We advise that we have not encountered any significant matters during the course of our audit that we believe should be brought to your attention.

We wish to thank all directors and staff for their support during the audit.

Should you have any questions please do not hesitate to contact me.

Yours sincerely,

DRY KIRKNESS (AUDIT) PTY LTD

ROBERT HALL CA
Director

Pilbara Aboriginal Health Alliance Limited

Financial Statements

For the Year Ended 30 June 2025

Pilbara Aboriginal Health Alliance Limited

Contents

For the Year Ended 30 June 2025

Pilbara Aboriginal Health Alliance Limited

Directors' Report

30 June 2025

The directors present their report on Pilbara Aboriginal Health Alliance Limited for the financial year ended 30 June 2025.

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
Jolleen Hicks
Nora Cooke
Phyllis Simmons
Selina Stewart
Stanley Watson
Lawrence Whyoulter
Janelle Booth
Ashley Councillor Resigned 25/09/2025

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 deficit of the Company after providing for income tax amounted to $ (50,934) (2024: $438,332).

Principal activities and significant changes in nature of activities

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

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

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

Significant changes in state of affairs

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

Indemnification and insurance of officers and auditors

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

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.

Pilbara Aboriginal Health Alliance Limited

Directors' Report

30 June 2025

Events after the reporting date

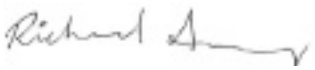
No matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

Auditors independence declaration

The lead auditors independence declaration for the year ended 30 June 2025 has been received and can be found on page 3 of the financial report.

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

Director: .....



Director: .....

Dated 31st October 2025

31st October 2025

DRY KIRKNESS

AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the Pilbara Aboriginal Health Alliance Limited for the year ended 30 June 2025, I declare that, to the best of my knowledge and belief, there have been:

a) No contraventions of the auditor independence requirements of the Corporations Act 2001 and 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: 31 October 2025

Pilbara Aboriginal Health Alliance Limited

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2025

	Note	2025 $	2024 $
Revenue			
Grants received		4,991,677	4,873,959
Other income		110,693	46,072
	4	5,102,370	4,920,031
Expenses			
Employee benefits expense		(1,458,936)	(1,112,739)
Depreciation and amortization expense	7&8	(9,281)	(11,993)
Board meeting expenses		(56,353)	(91,324)
Motor vehicle expenses		(148,527)	(83,916)
Program expenses		(2,804,967)	(2,721,101)
Travel expenses		(263,111)	(211,351)
Other expenses		(411,415)	(249,275)
Finance expenses		(714)	-
Surplus/(loss) before income tax		(50,934)	438,332
Income tax expense		-	-
Surplus/(loss) after income tax		(50,934)	438,332
Other comprehensive income, net of income tax		-	-
Total comprehensive income for the year		(50,934)	438,332

The accompanying notes form part of these financial statements.

Pilbara Aboriginal Health Alliance Limited

Statement of Financial Position

As At 30 June 2025

	Note	2025 $	2024 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	4,863,824	4,546,786
Trade and other receivables	6	67,689	90,388
TOTAL CURRENT ASSETS		4,931,513	4,637,174
NON-CURRENT ASSETS			
Property, plant and equipment	7	22,742	21,132
Right-of-use assets	8	107,509	-
TOTAL NON-CURRENT ASSETS		130,251	21,132
TOTAL ASSETS		5,061,764	4,658,306
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	3,775,810	3,506,500
Lease liabilities	8	37,632	-
Employee benefits	10	73,786	-
TOTAL CURRENT LIABILITIES		3,887,228	3,506,500
NON-CURRENT LIABILITIES			
Lease liabilities	8	73,664	-
TOTAL NON-CURRENT LIABILITIES		73,664	-
TOTAL LIABILITIES		3,960,892	3,506,500
NET ASSETS		1,100,872	1,151,806
EQUITY			
Retained earnings		1,100,872	1,151,806
TOTAL EQUITY		1,100,872	1,151,806

Pilbara Aboriginal Health Alliance Limited

Statement of Changes in Equity

For the Year Ended 30 June 2025

2025

	Note	Retained Earnings $	Total $
Balance at 1 July 2024		1,151,806	1,151,806
Loss attributable to members of the entity		(50,934)	(50,934)
Balance at 30 June 2025		1,100,872	1,100,872

2024

	Note	Retained Earnings $	Total $
Balance at 1 July 2023		713,474	713,474
Surplus attributable to members of the entity		438,332	438,332
Balance at 30 June 2024		1,151,806	1,151,806

Pilbara Aboriginal Health Alliance Limited

Statement of Cash Flows

For the Year Ended 30 June 2025

	Note	2025 $	2024 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		6,200,257	4,777,815
Payments to suppliers and employees		(5,875,401)	(4,133,613)
Net cash provided by/(used in) operating activities	15	324,856	644,202
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property, plant and equipment	7(a)	(7,818)	(33,125)
Net cash provided by/(used in) investing activities		(7,818)	(33,125)
Net increase/(decrease) in cash and cash equivalents held		317,038	611,077
Cash and cash equivalents at beginning of year		4,546,786	3,935,709
Cash and cash equivalents at end of financial year	5	4,863,824	4,546,786

Pilbara Aboriginal Health Alliance Limited

Notes to the Financial Statements

For the Year Ended 30 June 2025

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

The principal activities of the Company for the year ended 30 June 2025 were to contribute to improving the health of Australia's Aboriginal and Torres Strait Islander people and assist in 'closing the gap' by facilitating the sharing and exchange of relevant, high-quality knowledge.

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

The financial report was authorised for issue by those charged with governance on 31 October 2025.

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

Pilbara Aboriginal Health Alliance Limited

Notes to the Financial Statements
For the Year Ended 30 June 2025

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.

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.

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

(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.

Pilbara Aboriginal Health Alliance Limited

Notes to the Financial Statements
For the Year Ended 30 June 2025

2 Material Accounting Policy Information (continued)

(d) Financial instruments (continued)

Financial assets (continued)

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

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.

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.

Pilbara Aboriginal Health Alliance Limited

Notes to the Financial Statements

For the Year Ended 30 June 2025

2 Material Accounting Policy Information (continued)

(f) Leases

(i) Right-of-use asset

At the lease commencement, the Company recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Company believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model, depreciated over the lease term on a straight-line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

(ii) Lease liability

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

(g) Employee benefits

Provision is made for the Company's liability for employee benefits, those benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

(h) 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 2025, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Company.

(i) 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.

Pilbara Aboriginal Health Alliance Limited

Notes to the Financial Statements

For the Year Ended 30 June 2025

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

	2025	2024
	$	$
- Contract income	60,000	66,000
- Other grants	57,562	10,000
- Grants NACCHO	952,208	834,920
- Grants - BHP Iron Ore	801,591	800,000
- Grants - Department of Health	2,853,668	3,163,039
- Grants - Rio Tinto	266,648	-
- Other income	110,693	46,072
	5,102,370	4,920,031

5 Cash and Cash Equivalents

Cash at bank and in hand	4,863,824	4,546,786
	4,863,824	4,546,786

6 Trade and Other Receivables

CURRENT		
Trade receivables	67,689	90,388
	67,689	90,388

Pilbara Aboriginal Health Alliance Limited

Notes to the Financial Statements

For the Year Ended 30 June 2025

7 Property, Plant and Equipment

PLANT AND EQUIPMENT

	2025	2024
	$	$
Motor vehicles		
At cost	12,070	12,070
Accumulated depreciation	(2,414)	-
Total motor vehicles	9,656	12,070
Office equipment		
At cost	28,874	21,055
Accumulated depreciation	(15,788)	(11,993)
Total office equipment	13,086	9,062
Total property, plant and equipment	22,742	21,132

(a) Movements in carrying amounts of property, plant and equipment

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

	Motor Vehicles	Office Equipment	Total
	$	$	$
Year ended 30 June 2025			
Balance at the beginning of year	12,070	9,062	21,132
Additions	-	7,818	7,818
Disposals	-	-	-
Depreciation expense	(2,414)	(3,794)	(6,208)
Balance at the end of the year	9,656	13,086	22,742

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

Pilbara Aboriginal Health Alliance Limited

Notes to the Financial Statements
For the Year Ended 30 June 2025

8 Leases

Right-of-use assets

	Motor Vehicles	Total
	$	$
Year ended 30 June 2025		
Depreciation charge	(3,073)	(3,073)
Additions to right-of-use assets	110,582	110,582
Balance at end of year	107,509	107,509

Lease liabilities

The maturity analysis of lease liabilities based on contractual undiscounted cash flows is shown in the table below:

	< 1 year	1 - 5 years	> 5 years	Total undiscounted lease liabilities	Lease liabilities included in this Statement Of Financial Position
	$	$	$	$	$
2025					
Lease liabilities	41,308	79,173	-	120,481	111,296

Statement of Profit or Loss and Other Comprehensive Income

The amounts recognised in the statement of profit or loss and other comprehensive income relating to leases where the Company is a lessee are shown below:

	2025	2024
	$	$
Interest expense	714	-
Depreciation of right-of-use assets	3,073	-
	3,787	-

9 Trade and Other Payables

CURRENT		
Trade payables	95,402	951,065
GST payable	69,970	20,188
Unearned revenue	3,610,438	2,535,247
	3,775,810	3,506,500

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 Limited

Notes to the Financial Statements

For the Year Ended 30 June 2025

10 Employee Benefits

	2025	2024
	$	$
Current liabilities		
Provision for annual leave	73,786	-
	73,786	-

11 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 2025 the number of members was 3 (2024: 3).

12 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 Limited during the year are as follows:

Short-term employee benefits	415,093	356,896
Long-term benefits	5,889	5,930
Post-employment benefits	43,379	39,258
	464,361	402,084

13 Auditors' Remuneration

Remuneration of the auditor for:		
- auditing or reviewing the financial statements	11,650	4,500
	11,650	4,500

14 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2025 (30 June 2024:None).

Pilbara Aboriginal Health Alliance Limited

Notes to the Financial Statements

For the Year Ended 30 June 2025

15 Cash Flow Information

(a) Reconciliation of cash

	2025 $	2024 $
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	4,863,824	4,546,786

(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	(50,934)	438,332
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	9,281	11,993
- interest	714	-
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	22,698	(90,387)
- increase in trade payables	(805,880)	336,091
- (decrease)/increase in other payables	1,075,191	(51,827)
- increase/(decrease) in employee benefits	73,786	-
Cashflows from operations	324,856	644,202

16 Events After the End of the Reporting Period

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.

17 Statutory Information

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

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

Pilbara Aboriginal Health Alliance Limited

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 2025 and of its performance for the year ended on that date; and
- the financial statements and notes satisfy the requirements of the *Australian Accounting Standards - Simplified Disclosures, the Associations Incorporation Act 2015 and Australian Charities and Not-for-profits Commission Act 2012.*

On behalf of the members of the Board:

Board Member ..... Board Member .....

Dated 31st October 2025 31st October 2025

DRY KIRKNESS

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 2025 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 2025 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: 31 October 2025

Pilbara Aboriginal Health Alliance

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paha.org.au

PilbaraAboriginalHealthAlliance

Pilbara Aboriginal Health Alliance - PAHA