



**TAIHS**  
Townsville Aboriginal &  
Islander Health Service

# Annual Report 19/20





National Aboriginal and Torres Strait Islander Children's Day





# Acknowledgement

Townsville Aboriginal and Islander Health Services (TAIHS) acknowledges the Traditional Custodians of the lands and seas on which we live and work, and pay our respects to Elders past and present.

TAIHS remains committed to acknowledging the Wulgurukaba and Bindal people as the Traditional Owners of Townsville and the land where our service originated. We also acknowledge the Traditional Owners of the surrounding regions where we are committed to delivering quality care for Aboriginal and Torres Strait Islander people.



# Our history

The Townsville Aboriginal and Islanders Health Services (TAIHS) was established in 1974. At that time, it was the fourth Aboriginal community controlled health service (ACCHS) established in Australia, and was part of the wider move for Aboriginal and Torres Strait Islander communities to take control of the delivery of health care services in their communities.

Today, our strategic direction is determined by a Board of Directors comprising Aboriginal and Torres Strait Islander people from across the region. TAIHS's organisational mission and vision statements demonstrate a commitment to providing holistic and culturally appropriate health services, underpinned by a philosophy of community participation, and a strong focus on care and service coordination.







## Our vision

**We strive to provide a truly comprehensive model of care that responds to the physical, social, emotional, cultural and spiritual needs of our people.**

## Our mission

**Excellence in the delivery of culturally appropriate services to support Aboriginal and Torres Strait Islander people to achieve better health and wellbeing outcomes.**

## Our values

**TAIHS is committed to working in accordance with the following values to achieve our strategic vision:**

- Working in partnership with our community to support empowerment and self-determination
- Adopting a culturally appropriate and holistic approach to addressing the health and wellbeing needs of our clients
- Providing high quality, evidence based care to achieve the best outcomes for our clients
- Striving for levels of excellence that meet and exceed community expectations
- Being accountable to our stakeholders by delivering on our commitments and maintaining the highest professional standards in service delivery and ethical practice
- Developing a learning organisation that supports the development of staff, teamwork and embraces positive change
- Upholding our organisational integrity– we value honesty, professionalism and respect in all that we do



# Our Board of Directors



**Michael Illin**  
Chairperson



**Liela Murison**  
Deputy Chairperson



**Coralie Cassady**  
Director



**Esther Illin**  
Secretary



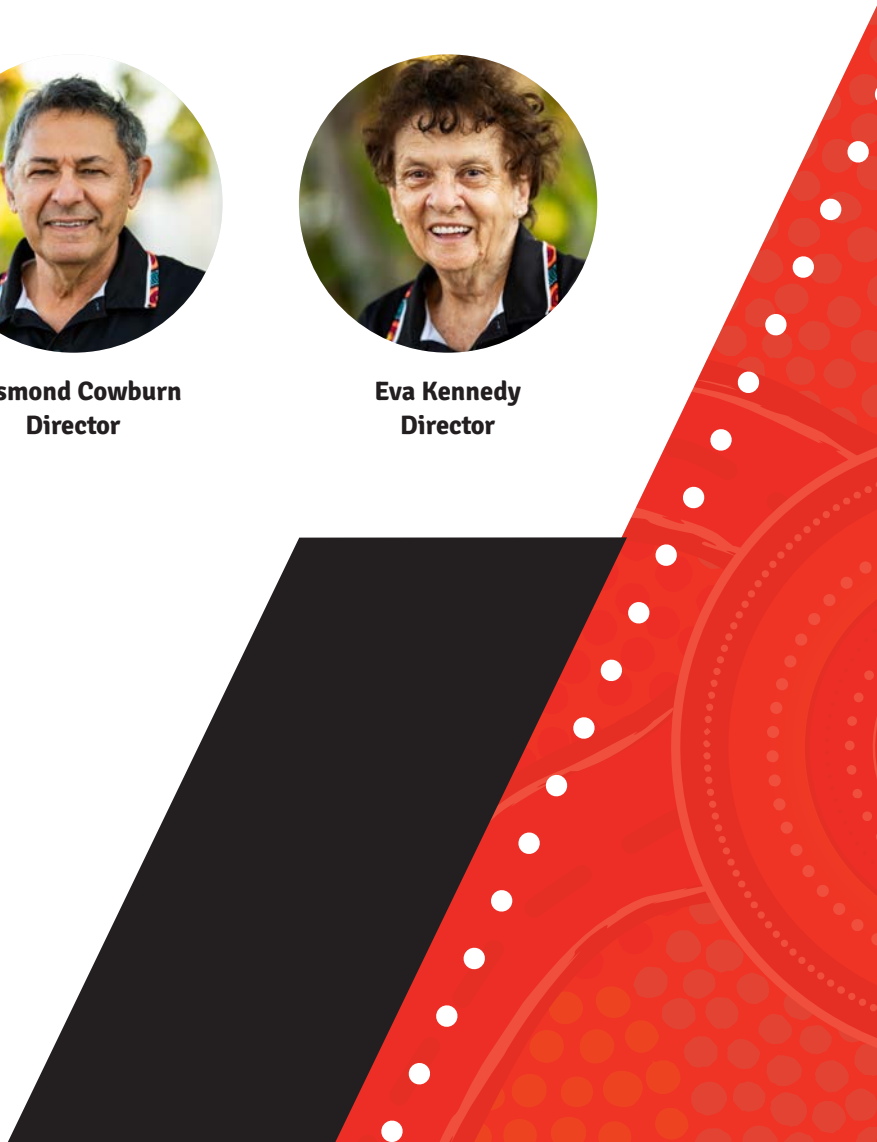
**Desmond Cowburn**  
Director



**Eva Kennedy**  
Director



**Leone Malamoo**  
Director









# Acting CEO's Report

**It was a great privilege and honour to act in the TAIHS Chief Executive Officers' position as we reach the end of another busy year at TAIHS.**

As with the rest of the nation and the world, our community was rocked by the emergence of the COVID-19 Pandemic. It posed a totally new and unknown set of conditions, that I and my colleagues had to come to grips with very quickly, in order that limited impacts were felt for our patients and clients as well as the 200 staff that was employed.

It is due to the wonderful commitment and determination of our staff - the primary health staff across all sites, the community services staff, staff who provided the workplace health and safety, corporate staff, doctors who provided their expertise in relaying the information received from the Public Health Units in banding together for a common cause, that saw us through.

Looking back now, I can now fully appreciate the fantastic effort of everyone pulling together as a unified collective. Our staff have done a truly tremendous job, and I am sure that with that same determination and grit, TAIHS will be able to look forward to 2021 with a clear vision and optimism.

The TAIHS main clinic in Gorden Street underwent a major refurbishment of the air-conditioning system, as it was in badly need of replacement. This created another upheaval, especially for the patients and staff. We were hit with a double whammy, of re-housing clinical spaces and Covid-19 screening.

Fortunately for TAIHS, and possibly the foresight of previous management, we had adequate space requirements in the form of the Peel Street property. Receptionists, doctors, allied health workers and other clinicians had alternative working space during the 3 weeks when the air-conditioning workers were on site. Some workers felt so comfortable there, they wanted to stay.

Since then, we are using the Peel Street facilities more optimally, basically, to create larger workspaces in the current COVID-19 environment.

I am looking forward to TAIHS continuing to provide the best services that we can to our community and will be for a long time to come.

I would like to also give a special mention to our partners in health services who were also there with us during these tumultuous times - Project Outback Dental, Cates Pharmacy, Ede's Events and Queensland Health, NACCHO and QAIHC for additional COVID 19 support.



**Jennifer Savage,  
Acting CEO**



# Chairperson's Report

**As the Chairperson of the Townsville Aboriginal and Torres Strait Islanders Corporation for Health Services can I firstly acknowledge the traditional owners and pay my respect to the elder's past, present and emerging. Can I further acknowledge and pay respect to our Torres Strait Islander and South Sea Islander families in the Townsville region and district. Can I also acknowledge all past and present Directors of the Townsville Aboriginal and Torres Strait Islanders Corporation for Health Services, and additionally the hard work and service delivery produced by all staff members. In 2020 I have continued on a learning journey and thank my fellow Board Members, our Financial and Audit Risk Committee members for the valuable advice.**

The year of 2020 has seen many challenges especially during the COVID 19 pandemic and the significant changes which created many restrictions around our state and territory borders as well as in the workplace and home, and as the Chairperson of this Corporation I sincerely thank all staff members who dedicated a tireless effort which was duly noted by all members of the Board. TAIHS remains financially strong going into 2021 and the Corporation has continued to grow with a need to ensure that the workforce structure meets the company's Strategic Objectives. Plans remain in place for our major building project at TAIHS in Garbutt for 2021 and as previously proposed the amalgamation of our Gordon Street and Peel Street properties.

I would like to acknowledge all the great services we deliver under the Townsville Aboriginal and Torres Strait Islanders Corporation for Health Services which clearly identifies that TAIHS is more than just a Health Service.

Thank you to the members for your continued support to TAIHS over the year.



**Michael Illin,  
Chairperson**



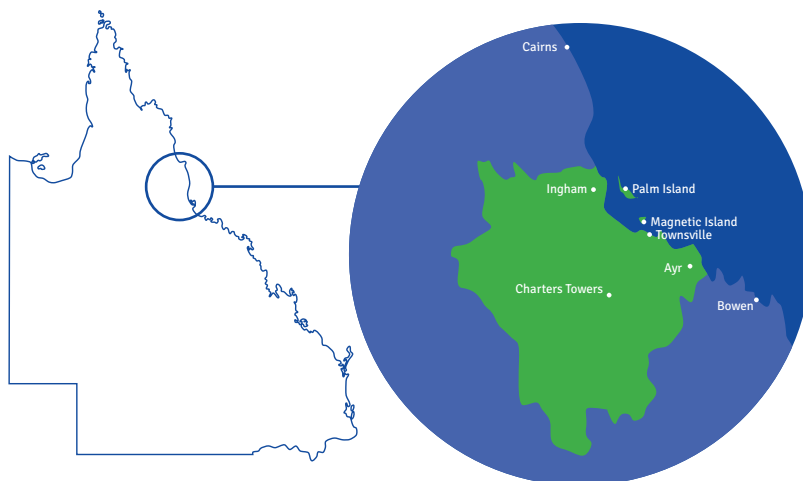


# Primary Health

# Townsville Regional Service Area

## Aboriginal and Torres Strait Islander Patients seen at TAIHS clinics by location

Service Area	Total ATSI population in local govt. area	Number of TAIHS patients by postcode	% of ATSI population that are TAIHS patients
Townsville/Thuringowa	11,714	5,274	45.00%
Charters Towers	1,033	318	30.78%
Ingham (Hinchinbrook)	660	251	38.03%
Totals	13,407	5,843	43.58%



### Principles of comprehensive Primary Health Care

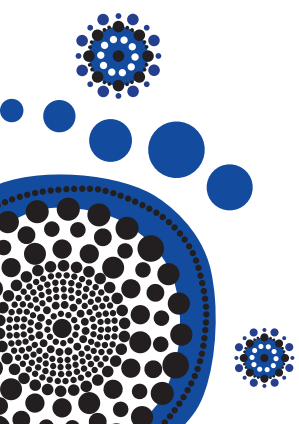
- Self-determination
- Population health
- Socio-economic drivers that inform the development of systems of care
- Holistic, individualised assessment and care planning
- Equality of health outcomes for Aboriginal and Torres Strait Islander peoples
- Community directed service development
- Community engagement and participation
- Partnerships that meet client needs and contribute to the achievement of positive client outcomes





# Significant Achievements

In 2017, TAIHS established a co-located mental health service at Gordon Street, in partnership with the Townsville Hospital and Health Service. This partnership has significantly lowered patient risk and the TAIHS SEWB Model of Care continues to expand which includes General Counselling, Social Work, AOD Counselling, Early Childhood Counselling, Early Childhood Development and Therapies, Financial Counselling services, Complex Care Coordination and Mental Health Nursing Services).



**The Gorden Street clinic has expanded its specialist and allied health services, with services now including:**

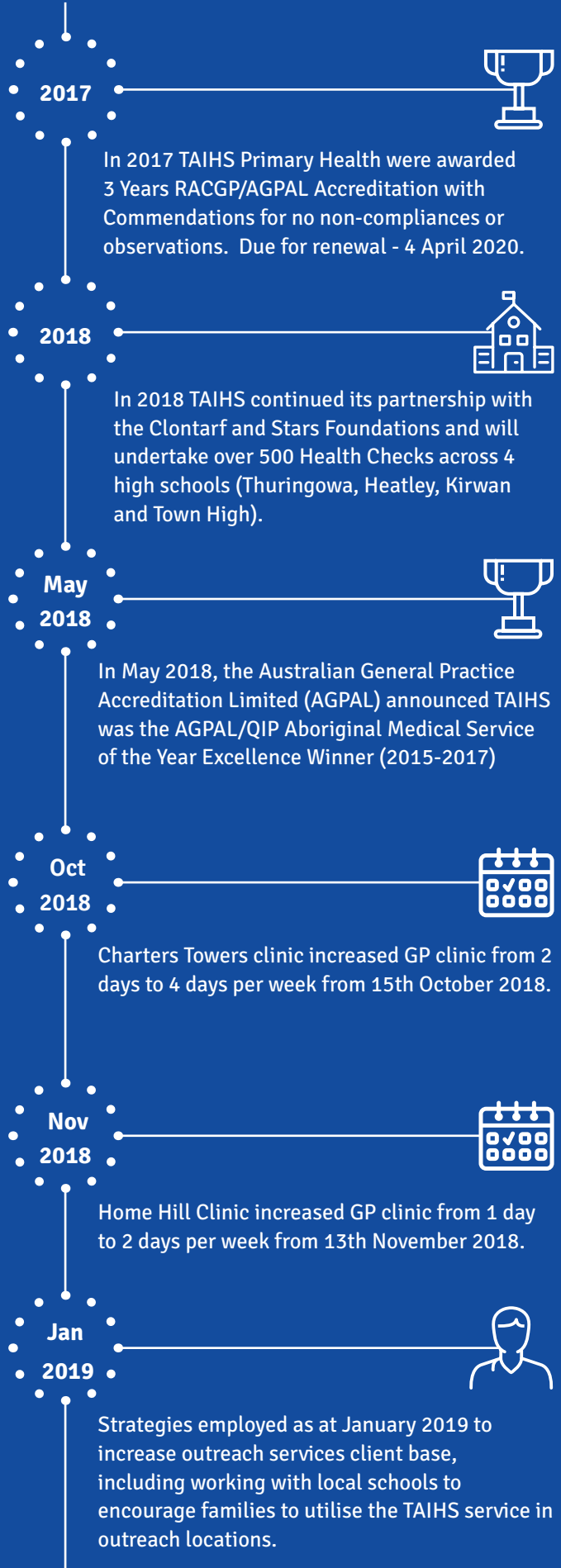
**Specialists:**

- Endocrinologist
- Nephrologist
- Paediatrician
- Cardiologist/  
Sonographer
- Skin Doctor
- Pain Specialist

**Allied Health:**

- Podiatrist
- Optometrist
- Audiologist
- Dietician
- Diabetic Educator
- Occupational Therapy
- Speech Pathology
- Physiotherapist
- NDIS Registration  
and Care Coordination  
Services
- Social Work/Counselling

Primary Health continues to be involved in a number of regional and National research projects focused on Continuous Quality Improvement (CQI) in line with National Key Performance Indicators and the National CQI Framework.







# Covid-19 Response

**The first case of Covid-19 was diagnosed in Australia on 25 January 2020. This highly contagious novel coronavirus posed a significant risk for Aboriginal and Torres Strait Islander peoples due to the pre existing burden of illness in this population group. TAIHS proactively formed a Covid-19 steering committee on 6 March 2020.**

The committee initially held daily meetings as there was a lot of information from QLD Health and the Federal Department of Health that needed processing.

This committee was formed to provide guidance and advice through the pandemic. The committee identified the extreme risk posed by this virus. The committee analysed the requirements needed to allow for a Business Continuation plan in order to continue providing health care through this period. Extra funding of \$162 000 was sought to purchase emergency equipment to cope with the pandemic. Equipment purchased allowed the main clinic to function safely through the pandemic with the safety of clients and staff being of the highest priority. Some of the essential equipment this allowed us to have access to:

- Two portable toilets
- Signage around the outside and inside of the clinic
- Marquee/Pavilion
- Sneeze Guards

This funding included a marquee to continue treating patients as the main TAIHS clinic at Gorden street needed urgent repairs at the same time. Patients were screened and treated in the marquee as major repairs were being performed in the clinic. This maintained patient and staff safety while allowing TAIHS to continue essential services to patients.

We intend further use of these funds in planning for Covid-19 vaccination programs when they eventuate and in upgrading our equipment levels should another pandemic affect us.

The committee was advised by TPHU(Townsville Public Health Unit) though regular videoconferencing and any new advice was relayed to staff through email or communications withing the clinics. This enabled our response to the Covid-19 pandemic to be fluid, adaptable and able to meet the latest QLD Health and Public Health guidelines. TPHU held an in service as well, educating staff members regarding COVID-19.

The community was engaged and advised through TAIHS website and Facebook posts. There were 24 separate Facebook threads and numerous TAIHS website updates. QLD health advice was linked to the TAIHS website and these were constantly updated as new advice came through. TAIHS wanted to make sure that information was distributed quickly and efficiently. A TV interview was scheduled with the local station but this was cancelled due to the fast moving nature of the pandemic. An information flyer was sent to clients advised of the pandemic and reception staff were advised on how to field calls regarding any concerns about the pandemic.

## Notice to patients of the TAIHS Primary Heath Clinic

TAIHS Garbutt has implemented the Department of Health standards for the management of COVID-19 known as Novel Coronavirus. You will see that TAIHS Garbutt Clinic has a marquee at the front, where you will be required to complete a survey in regards to the COVID-19.

We know COVID-19 spreads between people usually when a sick person coughs or sneezes. We all have an important role to play in protecting ourselves and those around us.

### **Protect your family. Protect your community;**

- Stay at home if you are unwell,
- Avoid touching your face,
- Wash your hands,
- Cover coughs and sneezes
- Stay 1.5 meters away from people who are coughing or sneezing

If you have an appointment at TAIHS coming up and you are unwell with running nose, high fever, body chills and pounding headaches, please call reception on 4759 4000.

I sincerely apologise for any inconvenience to you and your family. Should you require any further assistance please don't hesitate to contact your Practice Manager at your discretion on 4759 4000.

Yours Sincerely

Jennifer Savage  
Acting CEO



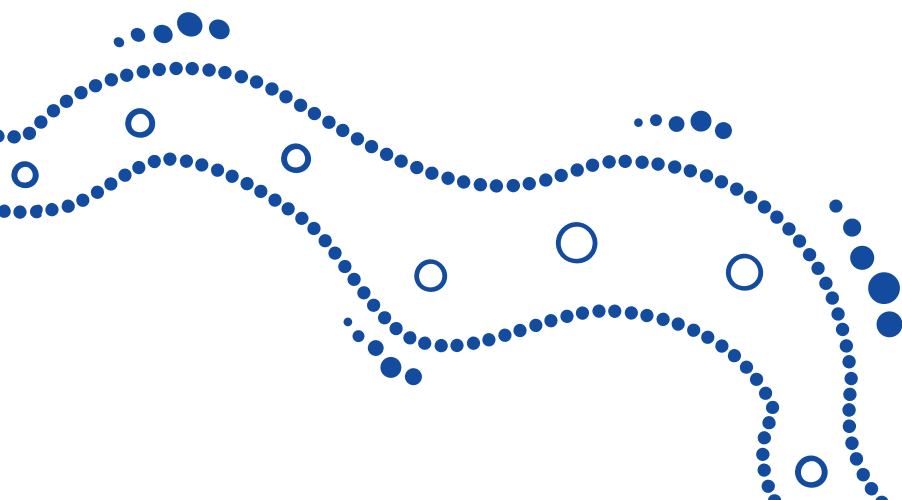
## TAIHS ensured safety of their staff and patients

### TAIHS ensured the safety of all staff by:

- Telephone triaging all patients who called up: Patients who called for appointments were advised not to present to the clinic if they had any symptoms of COVID-19. Patients were advised to present to a fever clinic instead.
- Patients who presented to TAIHS clinics were screened prior to entry into the clinic: Temperature checks and a questionnaire used as screening tools
- Staff members were advised to socially distant as per QLD Health guidelines
- Staff at high risk were identified
- Staff at high risk were allowed to work from home
- Staff were advised on Government assistance should they be unable to work
- Staff were also advised on Jobkeeper and Government programs should the clinics close
- Staff were also advised of the ability to work at reduced hours and at half pay in order to reduce their risk of exposure in the workplace.
- Staff were offered EAP to help manage stress and anxiety during the pandemic.
- Any staff members who were ill were advised not to present to work
- As the pandemic progressed TAIHS staff were advised to have an Influenza vaccination.

### TAIHS ensured safety of patents:

- Patients were advised to socially distance and isolate if they fell ill
- Signage was put up inside and outside the clinics advise about COVID-19
- Distance markers were put up in the clinics to ensure distancing
- Extra hand sanitising stations were put up in all of the clinics.
- An on site fever clinic was established for screening without the patient needing to come in to the main TAIHS clinic. Staff and patient contact was minimised in this way.



## Posters put up around our clinics and in the marquee, many sourced from QAIHC:

# Coronavirus

## HEALTH ALERT

*Please read before you enter the clinic*

Do you have any of the following?

Fever
 Cough
 Sore throat
 Shortness of breath
 Travelled overseas/ been around someone who may have Coronavirus

**If you do, follow these instructions:**

**1**

Wash your hands with soap and water or use antibacterial gel

**2**

Apply a face mask over your nose and mouth

**3**

Tell reception about your symptoms immediately

**Stop the spread**

For information, visit [health.gov.au/health-topics/novel-coronavirus](https://health.gov.au/health-topics/novel-coronavirus)

**QAIHC**  
Queensland Aboriginal and Islander Health Council

# STOP

the spread of **GERMS**

**1** WASH your HANDS

**2** COVER your COUGH

**3** STAY HOME if you're sick

If you're concerned, visit your GP or call 13HEALTH (13 43 25 84).

Queensland Government

## Simple steps to reduce the risk of coronavirus for yourself and others

the power of humanity

**Wash your hands often** with soap and water, for at least 20 seconds, or use alcohol-based hand rub.

**Cough or sneeze** into your elbow or a tissue. Throw the tissue in a rubbish bin and wash your hands immediately.

**Avoid close contact** with anyone who has fever or a cough.

**Stay at home if you feel sick.** If you have a fever, cough or difficulty breathing call your local doctor or 1800 020 080 for advice.

**Have a plan for your family** in case you need to stay home in isolation.

**If you are well,** you do not need to wear a mask.

**Stay calm and do not panic.** Most people who get coronavirus will have mild sickness.

**Elderly people** and those with existing illnesses are at greatest risk.

**Questions?** Call the Coronavirus Health Information Line on 1800 020 080. You can ask for an interpreter in your language.

## How to Handrub?

**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

**(a) Duration of the entire procedure: 20-30 seconds**

**1a**

Apply a palmful of the product in a cupped hand, covering all surfaces.

**1b**

Rub hands palm to palm.

**2**

Rub hands palm to palm.

**3**

Right palm over left dorsum with interlocked fingers and vice versa.

**4**

Palm to palm with fingers interlocked.

**5**

Backs of fingers to opposing palms with fingers interlocked.

**6**

Rotational rubbing of left thumb clasped in right palm and vice versa.

**7**

Rotational rubbing, backside and foreward with clasped fingers of right hand in left palm and vice versa.

**8**

Once dry, your hands are safe.

World Health Organization

**Patient Safety**

**SAVE LIVES**  
Clean Your Hands

## COVID-19: IDENTIFYING THE SYMPTOMS

**Coronavirus (COVID-19)**

SYMPTOMS	COVID-19	COLD	FLU
<b>Fever</b>	Symptoms range from mild to severe	Rare	Common
<b>Cough</b>	Common	Common	Common
<b>Sore Throat</b>	Sometimes	Common	Common
<b>Shortness of breath</b>	Sometimes	No	No
<b>Fatigue</b>	Sometimes	Sometimes	Common
<b>Aches &amp; Pains</b>	Sometimes	No	Common
<b>Headaches</b>	Sometimes	Common	Common
<b>Runny or Stuffy Nose</b>	Sometimes	Common	Sometimes
<b>Diarrhoea</b>	Rare	No	Sometimes, especially for children
<b>Sneezing</b>	No	Common	No

Adapted from national productivity. WHO. Centers for Disease Control and Prevention.

**HELP STOP THE SPREAD**

**TOGETHER WE CAN HELP STOP THE SPREAD AND STAY HEALTHY.**

For more information about Coronavirus (COVID-19) visit [health.gov.au](https://health.gov.au)

Queensland Government



**Implementation of fever clinic**

TAIHS Townsville had a mobile COVID-19 testing site set up. This was done behind the clinic where patients could access the testing without interaction with TAIHS staff. There was also no need for our patients to travel to other fever clinics or expose our staff if screening was required. Waiting times were low and access to the site was very good. The site was accepted well by the local community.

**Personal Protective Equipment**

TAIHS sourced PPE from PHN and QLD health. AS our population has a high degree of chronic illness and were at high risk of complications, TAIHS ensured a large supply of PPE. Supplies were audited weekly at each clinic and any potential shortfalls were identified. TAIHS supplies of PPE were adequate through the pandemic.

**Clinic Management during COVID-19**

TAIHS developed an Emergency response plan and a COVID-19 safe plan. This was done at clinic level by frontline TAIHS staff taking in to account needs of the local population and capacity of each clinic. The response was coded as Green, Amber, Red and Black depending on the severity and caseload of COVID-19 cases. This ensured that staff were aware of what their response would be in each scenario as the pandemic progressed.

Emphasis was placed on:

- Social Distancing
- Hand Hygiene
- Advising against congregation of more than 2 people
- Signage across all sites

Clinics were taped out to guarantee safe distancing. Contingency plans for staff allocation from other clinics were made if it was necessary to continue clinics functioning.

Organizational relief contacts were identified as well should the need arise to source emergency food supplies, medication and equipment.

Patients were screened through telephone questions, paper based tick and flick and prior to entering the clinic with temperature checks. High risk patients were not permitted to enter the clinic.

Staff were advised not to present to work if they felt unwell.

Each clinic identified an isolation room for use in case an ill patient presented and could not be turned away.

Telemedicine was encouraged and meetings between staff members at different clinics were done by video- or teleconferencing. Patient and Staff contact were minimised in this way.

Management, Committee members and TAIHS staff communicated through email regarding the pandemic ensuring that everyone knew what was happening. Information was distributed as soon as PHU or QLD health issued new directives.

POCT was discussed but not advised as QLD health could offer a faster turnaround time. POCT has also subsequently been thrown into doubt.

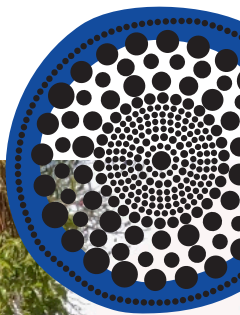
There was ongoing liaison with TPHU throughout the pandemic with advice and guidance to tailor our response.

The initial plan laid out by the Committee were robust and did not need any fundamental changes during the pandemic.

### Looking forward

TPHU will do another in service and we will maintain a close working relationship with QLD health, TPHU and PHN. The COVID-19 committee has monthly meetings now and is staying up to date with all of the latest COVID-19 advice. Follow up meetings with TPHU have been arranged and we will continue our close co-operation with them in planning any future pandemic plans.

Increased funding for medical, IT and telehealth equipment. This will help in case there is a second wave or another pandemic in future. Better IT equipment will permit safe and secure telehealth or videoconferencing.





# Key Actions + Challenges

## **Implement the Syphilis Enhance Response working in partnership with Queensland Health, Townsville Public Health Unit, QAIHC and the Commonwealth Department of Health to:**

- Increase screening and point of case testing (target group: 15-40 years and antenatal patients);
- Including sexual health screening/testing as part of the patient Annual Health Check
- Focussed management of Cardiovascular Disease and the establishment of CVD Care Coordination Nursing portfolio
- Review of Asthma and COPD Care Pathways and the establishment of Respiratory Care Coordination Nursing portfolios
- Increase community engagement activities in Ingham to encourage community access to TAIHS primary health services
- Expansion of specialised Social and Emotional Wellbeing Complex Care Services and the establishment of Mental Health Care Coordination Nursing portfolios and expansion of social work services
- Ensure positive test results are treated and followed up directly (including full set of baseline STI tests, treatment, education/health literacy, provision of sexual health aids, contact tracing and repeat testing of 'at risk' patients)
- Integration of Early Child Assessment and Development Services across SEWB, Maternal and Child Health and Family Wellbeing services
- Build on existing Continuous Quality Improvement Strategy to include internal clinical audits with a focus on opportunities for improvement

Primary Health Care has partnered with Brien Holden Vision to coordinate the new program "Provision of Eye Health Equipment & Training". This will support the increased rate of diabetes retinal screening and help build capacity to provide primary eye care and further support referral pathways and practices to comprehensive eye examinations for our patients. Retinal screening will commence in Home Hill and Charters Towers by the end of the year.

Maternal and Child Health is involved with INFLATE Clinical Trial Research with Western University. The goal of this INFLATE Trial is to see if nasal balloon auto-inflation is effective in treating Otitis media with effusion (OME) in Aboriginal and Torres Strait Islander children aged 3-16 years.

Our Aboriginal and Torres Strait Islander Health Professionals travelled to Brisbane to take part in the Cultural Mentor Workshop organised by Remote Vocational Training Scheme and have now commenced cultural mentoring with our Registrars.

# Health Report Card

## CHILD IMMUNISATIONS

Child (Ages 1,2,5) nKPI essential Immunisations at Last Birthday, Active Patients

### 66%

% of regular clients  
aged 12 months to  
<24 months that are  
fully immunised

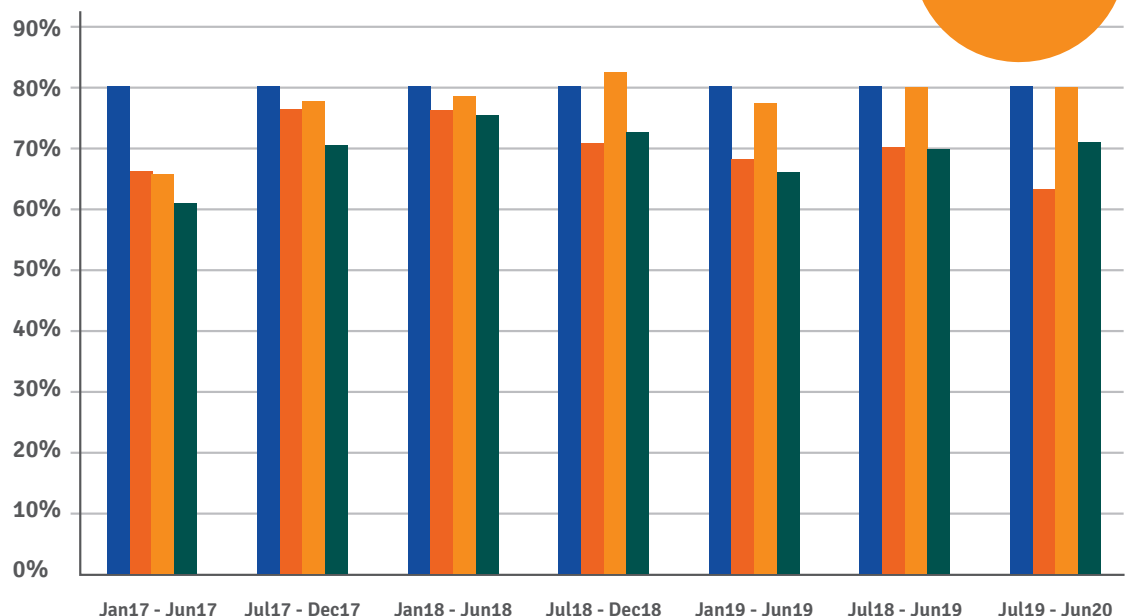
### 80%

% of regular clients  
aged 24 months to  
<36 months that are  
fully immunised

### 72%

% of regular clients  
aged 60 months to  
<72 months that are  
fully immunised

**BENCHMARK**  
80%



■ Benchmark \$ Indigenous children fully immunised

■ % of regular clients aged 12 months to <24 months that are fully immunised

■ % of regular clients aged 24 months to <36 months that are fully immunised

■ % of regular clients aged 60 months to <72 months that are fully immunised





## MBS 715 ASSESSMENTS

715's completed by age group

# 46%

% of regular clients  
aged 0-4 years with  
715 claimed

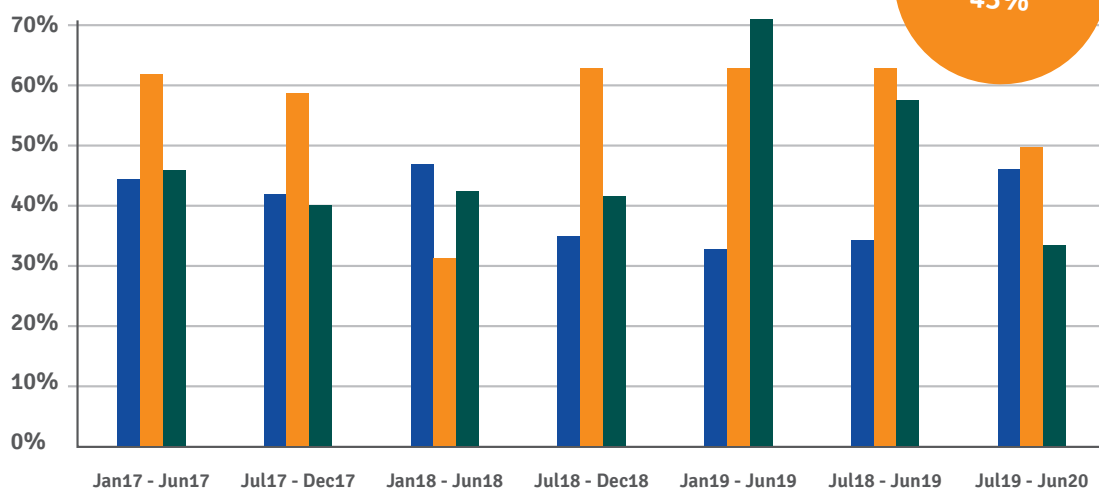
# 50%

% of regular clients  
aged 24-64 years  
with 715 claimed

# 33%

% of regular clients  
aged 65 years + with  
715 claimed

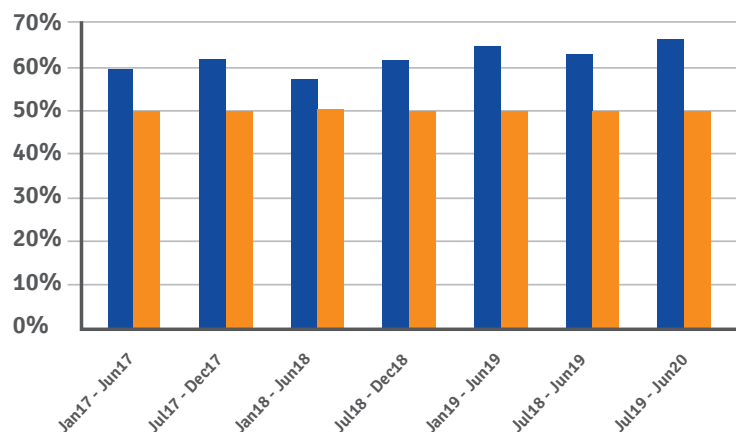
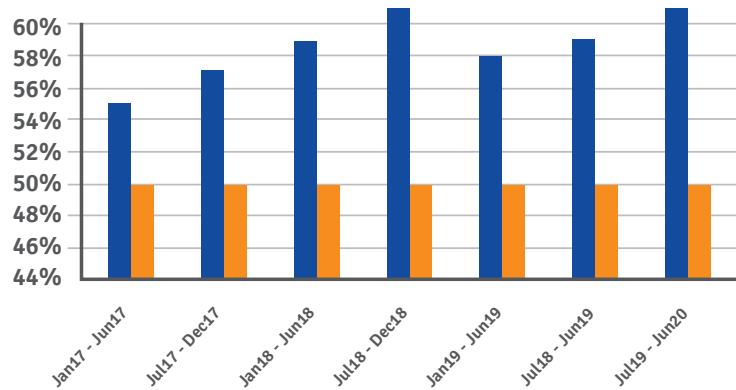
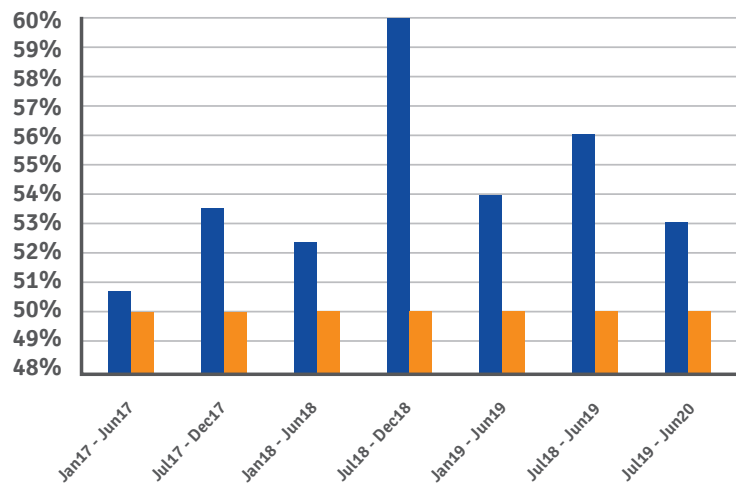
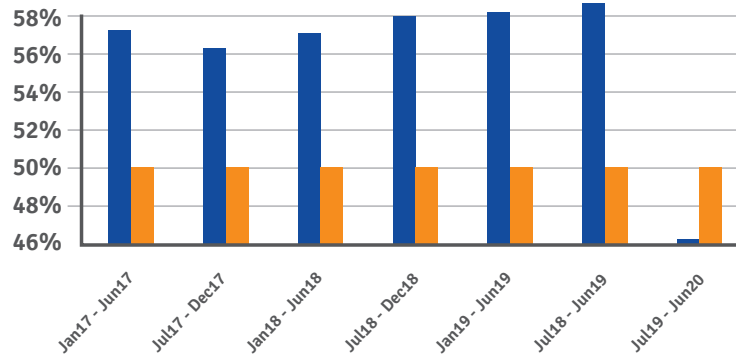
**BENCHMARK**  
43%



■ % of regular clients aged 0-4 years with 715 claimed

■ % of regular clients aged 65+ years with 715 claimed

■ % of regular clients aged 24-64 years with 715 claimed







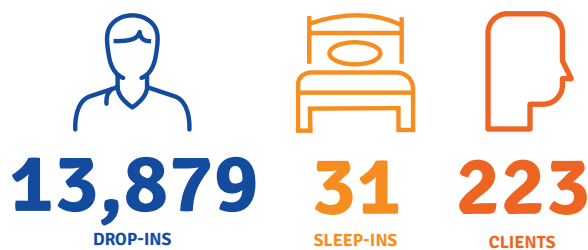
# Youth + Accommodation

# Lighthouse - Turnbull Street

**Funded by Department Of Child Safety, Youth and Women - expires June 2023**

The Lighthouse is designed to support 10 to 17 year olds who are disengaged and/or at risk of engaging in at risk behaviours and criminal activity. The Lighthouse offers a safe place to form connections, including cultural connections.

**1 July 2010 – 30 June 2019**

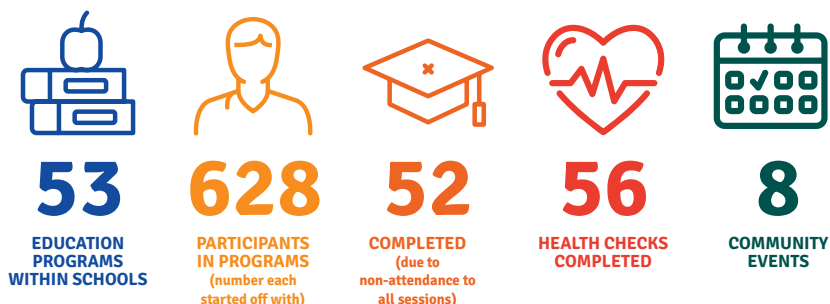


# Peel Street

## Deadly Choices – Peel Street

**Funded by Institute for urban Indigenous Health Limited - expires June 2021**

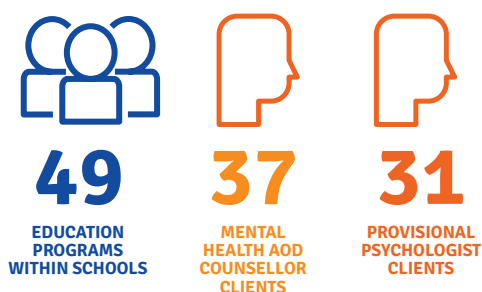
DC is a Health Promotion Program empowering Aboriginal and Torres Strait Islander peoples to make healthy choices for themselves and their families – to stop smoking, to eat good food and exercise daily.



## Youth AOD and Mental Health Services – Peel Street

**Funded by North Queensland Primary Health Network - expires June 2022**

The Youth Mental Health Service supports young people aged 0-25 years of age providing culturally appropriate individual and group psychological and therapeutic services.





## TAIHS Youth Support Services (TYSS) - Peel Street

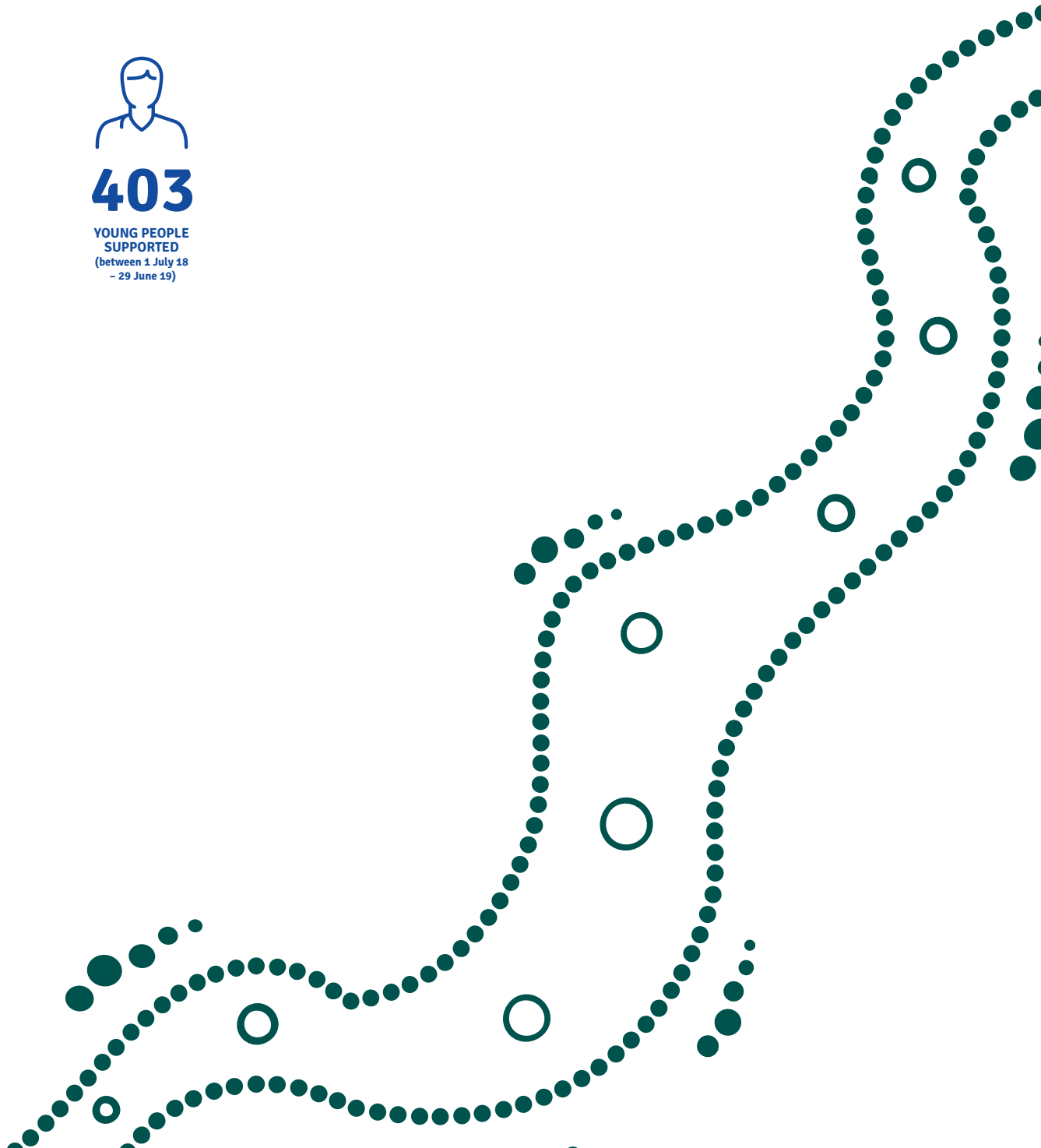
**Funded by Dept. Of Child Safety, Youth and Women - expires March 2021**

TYSS provides general youth support services to young people aged 8-21 including the provision of information, referral, advice, assessment and case management.



**403**

**YOUNG PEOPLE  
SUPPORTED**  
(between 1 July 18  
- 29 June 19)



# Hugh Street

## Supported Community Accommodation (SCA) - Hugh St

**Funded by Department of Child Safety, Youth and Women – expires January 2021**

The SCA is a service for young people in the Youth Justice system who are at risk of remand in custody, who have been granted bail with the condition of residing at the Supervised Community Accommodation Service. The majority of clients will be 14 and older however there may be occasions where young people of the age of 10 that will reside at the SCA.



**54**

CLIENTS  
REFERRED

## Bail Support Service (BSS) - Hugh St

**Funded by Dept. Of Child Safety, Youth and Women - expires January 2021**

TAIHS Bail Support Service provides a culturally safe and informed holistic approach to young persons aged 10-17 who have come in contact with the youth justice system. Referrals can come from self-referral including young people.

**1st December 2018– 29th June 2019**



**116**

REFERRALS  
RECEIVED



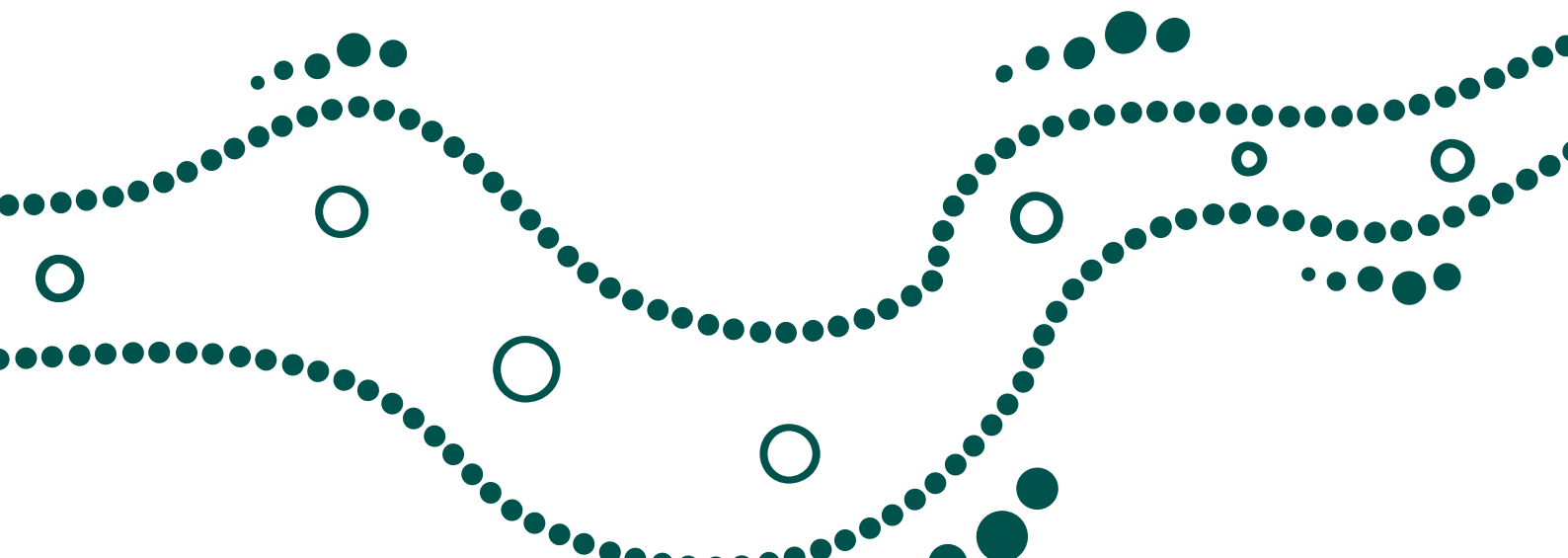
**43**

ACTIVE  
CLIENTS  
(30 TAIHS21MA)



**43**

FAMILIES  
ENGAGED



# Ferdy's Haven, Palm Island

## National Indigenous Australians Agency - expires October 2023

To promote individual and community wellbeing and reduce substance abuse through the provision of culturally appropriate AOD prevention, education, treatment, rehabilitation and aftercare services on Palm Island.

**165**REFERRALS  
RECEIVED**608**

ACTIVE CLIENTS

**1,341**

OVERNIGHT STAYS

# Youth Service – Palm Island

## Funded by the Department of Child Safety, Youth & Women - expires June 2022

The TAIHS Youth Service on Palm Island is aimed to support Aboriginal and Torres Strait Islander males on Palm Island between the ages of 7 and 13 years of age to address the risk factors that have contributed to them coming to the attention of Police and Youth Justice.

**18**ACTIVE  
CLIENTS**18**FAMILIES  
ENGAGED



# The Upper Ross Youth Hub

TAIHS has subcontracted Community Gro to provide a “drop in” centre, located in Upper Ross to increase diversionary options and to reduce young people held on remand in Watch houses or Detention.

The Centre opened on the 26th August 2019. The staff consists of a Coordinator and a male and female youth workers.

The centre will be operational 5 days a week - Thursday to Monday, 3 – 11 pm, and will grow 7 nights a week.

Engagement and Structured programs will be run each night.



# Supported Accommodation Services (SHS)

## **Funded by Dept Housing and Public Works - expires June 2023**

TAIHS Adult crisis Accommodation Service has seventeen self-contained units to reduce homelessness within our community. Staff assist all clients with health and wellbeing needs and work towards them becoming more self-determined and maintaining long term sustainable housing.

TAIHS Youth Shelter provides crisis accommodation for up to 6 for all young people aged between 16-25 years of age who are homeless or at risk of homelessness.



## **New SHS Structure**

- One manager over both Adult and Youth Accommodation Services
- New position of Practice Leader
- Case Workers – Day/Evening
- Night Worker – active shift at each Site



# Children + Families

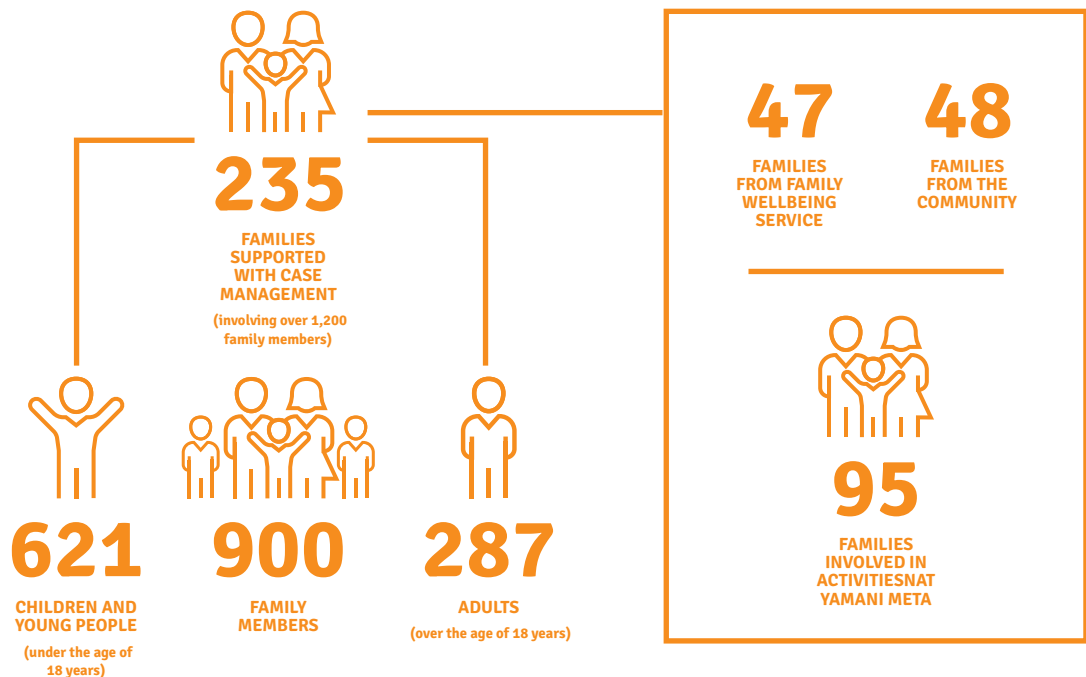


# The Family Wellbeing Service

Our Family Wellbeing Service is now in its 4th year of operation.

Family Wellbeing House, Yamani Meta, has been open for over 2 years.

It provides a child-centred and home-like environment for the Family Wellbeing Service to co-facilitate a range of programs in a culturally-safe space that promotes pride in culture.



# TAIHS Foster + Kinship Service

The TAIHS Foster and Kinship Support Team has been finding culturally appropriate placements for children in out of home care for approximately 15 years.

We are dedicated to finding kin or members of the community that keep children connect to their mob and maintain their link to their community.

We are a small but deadly team of 7 who are passionate about ensuring children maintain their sense of belonging and know who and where their mob are.

We are funded to provide care for 104 children and we consistently exceed our benchmarks which unfortunately indicates the number of Aboriginal and Torres Strait Islander children coming into care continues to rise. Our dedicated team strives to maintain those family connections for these children and ensures they do not get lost in the 'system'.

## Number of children placed





# The Family Participation Program

The TAIHS Family Participation Program (FPP) seeks to enable Aboriginal and Torres Strait Islander children, parents and families to lead significant decision making processes regarding child protection matters that affect them.

The FPP is a new service that has been taking Child Safety referrals and family self-referrals since 1 January 2019.

Since January 2019, FPP staff have undertaken extensive training in how to support Family-Led Decision Making process which is the cornerstone of supporting family self-determination.

**1st January – 30th June 2019**



**117**

FAMILIES  
REFERRED



# Corporate



# TAIHS

Townsville Aboriginal &  
Islander Health Service  
[www.taihs.org.au](http://www.taihs.org.au)

## Operating Expenses

TAIHS' income for 2019/20 is \$28,696,712

### 83%

Our largest source of income continues to be grant funding, which accounts for approximately 83% of our income.

### 1.6%

Rental income and guest contributions account for approximately 1.6%

**Other Income:** Including GP registrar reimbursements – is also raised.

### 12%

Medicare and Practice Incentive Payments, generated by the health services, account for approximately 12%



# Expansion Plans

**In August 2016 TAIHS purchased the property at 10 Peel Street for \$1.88 million, to support further development. The need for further development was identified in response to the continued growth of TAIHS workforce and services.**

The property is adjacent to our Gorden Street Medical Centre in Garbutt, and under the proposed development these two properties will be amalgamated.

TAIHS was providing accommodation services from Peel Street until January 2019 – when these services relocated to Camp Street, Mundingburra.

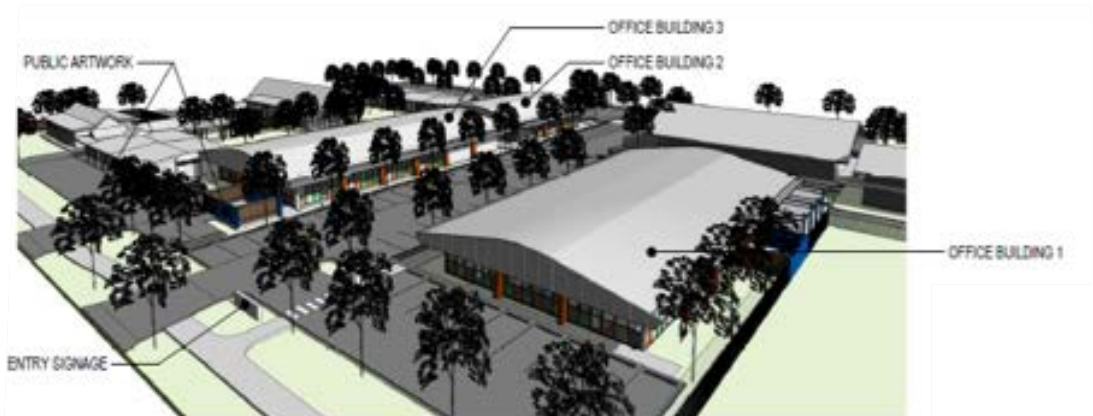
We will commence building once we have received approval from Townsville City Council to commence building.

Once the development is completed, all TAIHS services – except residential services and satellite clinics – will be based at Garbutt.





## Aerial View North-West Corner



## Aerial View South-West Corner



## Aerial View South



# Workforce

**In 2019 TAIHS engaged the Institute for Urban Indigenous Health (IUIH) to undertake a health workforce review.**

In 2019 TAIHS also engaged the Queensland Aboriginal and Islander Health Council (QAIHC) to undertake an organisational review.

While the IUIH review looks specifically at health workforce and clinical processes – to identify any gaps / areas for improvement – the QAIHC review is organisation-wide, and follows on from the last organisational review in 2016.

The areas in scope for the QAIHC review included:

- Governance (Board)
- Financial
- Corporate Governance (Management)
- Human Resources
- Service Delivery.

## Where our staff work



**CORPORATE**  
19/8%



**CHILDREN  
& FAMILIES**  
46/20%



**YOUTH &  
ACCOMODATION**  
84/37%



**PRIMARY  
HEALTH**  
80/35%



## TAIHS Board of Directors

### Chief Executive Officer

Primary Health	Youth & Accommodation	Families & Children	Corporate Services
<b>Executive Manager Primary Health Care</b>  <b>PHC CLINIC SERVICES</b> Transport Reception & Admin Health Workers Medical Practitioners Nursing Cadets & Trainees Client Outreach Services Diabetic Education Allied Health Chronic Disease Care Ancillary Staff Visiting Specialists Deadly Choices	<b>Executive Manager Youth &amp; Accommodation</b>  TAIHS Youth Support Service Afterhours Youth Diversionary AOD & Youth Mental Health Service Cultural Mentoring Service Redirecting Young Footprints  Specialised Homelessness Service Youth Shelter Adult Crisis Accommodation  Specialised Community Accommodation Service Bail Support Service  Ferdys Haven AOD Rehabilitation Ferdys Haven Community Engagement  Y & A Organisational Development Officer	<b>Executive Manager Families &amp; Children</b>  Family Participation Program  Family Wellbeing Service Pathways for Early Learning and Development (PDLD) Indigenous Youth and Family Service Smart Health Kids  Foster & Kinship Service  CS Organisational Development Officer	<b>Chief Financial Officer</b>  Finance Budgets Accounts Payroll  Facilities Asset Management Information Communication & Technology Workplace, Health & Safety  Human Resources Recruitment Employment Contracts Staff Support  Corporate Services Assistants
<b>Maternal &amp; Child Health New Directions</b>  <b>OUTREACH SERVICES</b> Heatley Clinic Homehill Clinic Ingham Clinic Charters Towers Clinic Abergowrie Clinic  Social & Emotional Wellbeing Counselling QIDDIP  PHC Organisational Development Officer			









# Financials



# Townsville Aboriginal and Torres Strait Islander Corporation for Health Services

**Trading As**

**TOWNSVILLE ABORIGINAL & ISLANDER HEALTH SERVICE  
ABN 66 010 113 603**

**Financial Report - 30 June 2020**



# Directors' report

## 30 June 2020

The directors present their report, together with the financial statements, on the corporation for the year ended 30 June 2020.

### Directors

The following persons were directors of the corporation during the whole of the financial year and up to the date of this report, unless otherwise stated:

Michael Illin

Liela Murison

Coralie Cassady

Esther Illin

Leone Malamoo (re-elected at AGM 22/07/2020)

Desmond Cowburn (term ended at AGM 22/07/2020)

Eva Kennedy (term ended at AGM 22/07/2020)

Dorothy Smith (elected at AGM 22/07/2020)

Topsy Tapim (elected at AGM 22/07/2020)

### Vision

TAIHS... More than a Health Service

We strive to provide a truly comprehensive model of care that responds to the physical, social, emotional, cultural and spiritual needs of our people.

### Mission

Excellence in the delivery of culturally appropriate services to support Aboriginal and Torres Strait Islander people to achieve better health and wellbeing outcomes.

### Values

TAIHS is committed to working in accordance with the following values to achieve our strategic vision:

- Working in partnership with our community to support empowerment and self-determination
- Adopting a culturally appropriate and holistic approach to addressing the health and wellbeing needs of our clients
- Providing high quality, evidence based care to achieve the best outcomes for our clients
- Striving for levels of excellence that meet and exceed community expectations
- Being accountable to our stakeholders by delivering on our commitments and maintaining the highest professional standards in service delivery and ethical practice
- Developing a learning organisation that supports the development of staff, teamwork and embraces positive change
- Upholding our organisational integrity– we value honesty, professionalism and respect in all that we do

## Strategic Goals

1. To improve access to a comprehensive range of primary health care, wellbeing and community support services for Aboriginal and/or Torres Strait Islander people in Townsville and the surrounding region.
2. To establish strong and sustainable cross-sectoral partnerships to enhance health and wellbeing outcomes for Aboriginal and/or Torres Strait Islander people in Townsville and the surrounding region.
3. To support the development of a high quality, skilled and competent Aboriginal and Torres Strait Islander workforce within the health and community services sector.
4. To be a recognised and trusted voice on issues related to the health and wellbeing of Aboriginal and/or Torres Strait Islander families in Townsville and the surrounding region.
5. To consistently demonstrate strong leadership, effective and sustainable financial management and accountable governance practices.

## Information on Directors

<b>Name:</b>	Michael Illin
<b>Title:</b>	Chairperson Elected at AGM 13/02/2019, appointed Chairperson 19/02/2019 and re-appointed Chairperson 18/08/2020
<b>Qualifications:</b>	Diploma Primary Health Care Degree in Health Management (in progress)
<b>Experience and expertise:</b>	<p>Michael has worked within the Health sector in both Government and non-Government agencies over the last 15 years. He has a specific interest in assisting in the provision of positive Health outcomes, experiences for all Aboriginal and Torres Strait Islander consumers in Community Controlled and mainstream Health services.</p> <p>Michael also holds a passion for working with vulnerable and disadvantaged youths, providing guidance in their young childhood and teenage years. Previously he had worked with Residential Care Facilities Indigenous Youths for a period of over 10 years. Michael has always been an advocate for Aboriginal and Torres Strait Islanders affairs in Townsville and further to the North / North West Queensland region and has gained the greatest learning achievements from many of the knowledgeable and respected Elders past and present, who have taught and guided him from an early age.</p> <p>Michael is currently employed as the Team Leader of 14 Indigenous Liaison Officers within the Townsville Hospital Health Service and is a facilitator for the Cultural Practice Program that delivers to the wider workforce.</p>

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<b>Name:</b>	Liela Murison
<b>Title:</b>	Deputy Chairperson Elected at AGM 13/02/2019, appointed Deputy Chairperson 19/02/2019 and re-appointed Deputy Chairperson 18/08/2020
<b>Qualifications:</b>	Graduate Diploma Health Promotion Certificate IV in Primary Health Associate Diploma in Primary Health Enrolled Nurse
<b>Experience and expertise:</b>	Liela has over 40 years' experience in the health sector.

<b>Name:</b>	Leone Malamoo
<b>Title:</b>	Director Elected at AGM 13/02/2019 and re-elected at AGM 22/07/2020
<b>Qualifications:</b>	Master of Public Health (Health Promotion), James Cook University. Master of Philosophy in Applied Epidemiology, Australian National University
<b>Experience and expertise:</b>	Leone has worked in the health sector for 19 years, including as an Executive Assistant and Payroll Assistant at an Aboriginal Medical Service; Community Liaison for the SEARCH project at Sax Institute; Research work for Link-Up Queensland, Central Queensland University, James Cook University, and Thesis projects, Public Health Officer Queensland Health.
<b>Special Responsibilities:</b>	Director, Financial and Audit Risk Committee - Appointed 19/02/2019, reappointed 18/08/2020.

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<b>Name:</b>	Coralie Cassady
<b>Title:</b>	Director Elected at AGM 13/02/2019
<b>Qualifications:</b>	Graduate Diploma in Communications Diploma in radio-broadcasting Advanced Diploma in Primary Health Care
<b>Experience and expertise:</b>	Coralie is a published author, former mainstream newspaper columnist, carer and long-standing advocate for mental health issues.

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<b>Name:</b>	Esther Illin
<b>Title:</b>	Director Elected at AGM 23/11/2016 and re-elected at AGM 13/02/2019
<b>Experience and expertise:</b>	Esther worked for Queensland Health as an Indigenous Health Worker for 40 years. She was the first Indigenous Rehabilitation Officer in Townsville; she created that position from research and fulfilled the requirements and developed this position across 30 years. Esther has completed tertiary studies in community development, and studied disability services in Sydney.  Esther has previously served as a Board Member on the TAIHS board.



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<b>Name:</b>	Dorothy Smith
<b>Title:</b>	Director Elected at AGM 22/07/2020
<b>Qualifications:</b>	Currently studying a double degree at JCU Diploma of Business and Bachelor of Psychology. Studied for 2 years towards a Nursing Science degree at JCU.
<b>Experience and expertise:</b>	Dorothy is currently the Coordinator of the Women's Healing Service for Palm Island Community Company. She is the Vice President of Kindergarten Headstart; member of the Townsville University Hospital Indigenous Advisory Council; and founding member and Vice Chair of the First Nations Reference Group for Qld Police Service and worked in the Queensland Police Service, Queensland Health and Child Safety sector for the last 15 years.  Dorothy represented Australia and Indigenous Australia in Oztag.
<b>Special Responsibilities:</b>	Director, Financial and Audit Risk Committee - Appointed 18/08/2020

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<b>Name:</b>	Topsy Tapim
<b>Title:</b>	Director Elected at AGM 22/07/2020
<b>Qualifications:</b>	Diploma in Community Services Currently in the process of completing a Bachelor of Social Science
<b>Experience and expertise:</b>	<p>Topsy has worked in the social services/community development sector in both government and Non-government agencies/organisations for the past 30 years; dedicating her entire career to working with families and individuals who experience various vulnerabilities. She has over 15 years' experience working with women and children who have witnessed or experienced domestic and family violence and is a long-standing social justice advocate</p> <p>Topsy is the Founder and Facilitator of the Shield of H.E.R.S (Honour, Empower, Respect, Survive) Aboriginal &amp; Torres Strait Islander Women's group; Chairperson of the Cultural Authority Body of the Domestic &amp; Family Violence Support Service; Committee member of the Qld Police Service First Nation Peoples Reference Group; Director/Secretary of the Aboriginal &amp; Torres Strait Islander Women's Legal Service NQ; and, Board Member of the Youth Offender Accountability Board with Department of Youth Justice.</p> <p>Topsy's parents; The Late. Mr David and Mrs Mary Tapim (snr) are founding members of this very organisation, which has been a strong influence in her decision to take part as a Director.</p>

## Meetings of directors

The number of meetings of the corporation's Board of Directors ('the Board') held during the year ended 30 June 2020, and the number of meetings attended by each director were:

		Position	Held	Attended
Michael Illin		Chairperson	18	18
Liela Murison		Deputy-Chairperson	18	16
Leone Malamoo	(re-elected at AGM 22/07/2020)	Director	18	16
Coralie Cassidy		Director	18	17
Esther Illin		Director	18	18
Desmond Cowburn	(term ended at AGM 22/07/2020)	Director	18	15
Eva Kennedy	(term ended at AGM 22/07/2020)	Director	18	18
Dorothy Smith	(elected at AGM 22/07/2020)	Director	0	0
Mary Topsy Tapim	(elected at AGM 22/07/2020)	Director	0	0

## Contributions on winding up

The corporation is incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act)*. If the corporation is wound up, the rulebook states that each member is required to contribute a maximum of \$Nil each towards meeting any outstanding obligations of the entity. At 30 June 2020, the total amount that members of the corporation are liable to contribute if the corporation is wound up is \$Nil (2019: \$Nil).

## Auditor's independence declaration

A copy of the auditor's independence declaration has been received and can be found on page 51. This report is made in accordance with a resolution of directors.

On behalf of the directors



**Michael Illin**

Director

20 October 2020  
Townsville









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# Auditor's Independence Declaration under Section 339B of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* to the Directors of Townsville Aboriginal and Torres Strait Islander Corporation for Health Services

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2020, there have been:

1. No contraventions of the auditor independence requirements as set out in the *Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act)* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.

Crowe Audit Australia

**Crowe Audit Australia**



**Donna Sinanian**  
Partner

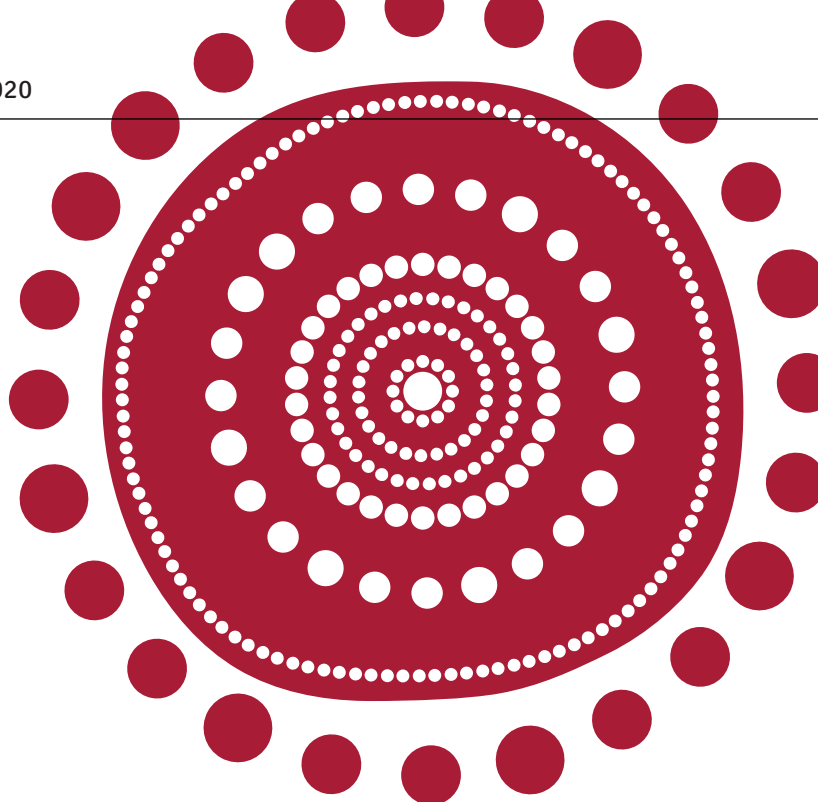
20 October 2020  
Townsville

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The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is the Crowe Australasia external audit division. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.





## Contents

### 30 June 2020

Statement of profit or loss and other comprehensive income .....	53
Statement of financial position .....	54
Statement of changes in equity .....	55
Statement of cash flows .....	56
Notes to the financial statements .....	57
Directors' declaration.....	73
Independent auditor's report to the members of Townsville Aboriginal and Torres Strait Islander Corporation For Health Services.....	74

# Statement of profit or loss and other comprehensive income

## For the year ended 30 June 2020

	Note	2020 (\$)	2019 (\$)
<b>Revenues</b>			
Government and other grants	3	25,010,873	23,370,927
Other revenue	3	3,685,839	3,781,565
Unexpired grants brought forward		288,270	919,773
Unexpired grants returned to funding bodies		-	-
Unexpired grants carried forward to next year		(728,388)	(987,346)
<b>Expenses</b>			
Employee benefits expense	4	(19,674,698)	(18,402,481)
Motor vehicle expense		(334,833)	(713,488)
Property expense		(1,442,587)	(1,248,716)
Administration expense		(1,537,343)	(1,459,183)
Meeting expense		(21,980)	(17,396)
Medical supplies expense		(132,396)	(149,358)
Client expense		(568,141)	(794,638)
Travel and training expense		(320,582)	(427,112)
Subcontractors		(2,431,276)	(1,978,183)
Depreciation and amortisation expense	4	(933,585)	(522,355)
Return unspent funds/transfer to buffer		(1,849)	41,144
<b>Surplus before income tax expense</b>		<b>857,324</b>	<b>1,413,153</b>
Income tax expense		-	-
<b>Surplus after income tax expense for the year attributable to the members of Townsville Aboriginal and Torres Strait Islander Corporation For Health Services</b>		<b>857,324</b>	<b>1,413,153</b>
Other comprehensive income for the year			
Gain/(loss) on revaluation of land and buildings		-	(40,635)
<b>Total comprehensive income for the year attributable to the members of Townsville Aboriginal and Torres Strait Islander Corporation For Health Services</b>		<b>857,324</b>	<b>1,372,518</b>

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes

# Statement of financial position

## As at 30 June 2020

	Note	2020 (\$)	2019 (\$)
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	5	8,365,270	8,159,341
Trade and other receivables		535,481	429,700
Contract assets		50,471	-
Other	6	491,551	710,551
Total current assets		9,442,773	9,299,592
<b>Non-current assets</b>			
Property, plant and equipment	7	9,199,550	8,981,729
Total non-current assets		9,199,550	8,981,729
<b>Total assets</b>		18,642,323	18,281,321
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	8	1,986,719	4,363,000
Contract liability	9	1,585,510	-
Short term provisions	10	826,556	863,070
Lease liabilities		217,487	-
Borrowings	11	175,406	178,044
Total current liabilities		4,791,678	5,404,114
<b>Non-current liabilities</b>			
Long term provisions	10	415,724	371,400
Lease liability		235,254	-
Borrowings	11	1,115,763	1,183,660
Total non-current liabilities		1,766,741	1,555,060
<b>Total liabilities</b>		6,558,419	6,959,174
<b>Net assets</b>		12,083,904	11,322,147
<b>Equity</b>			
Reserves		152,742	152,742
Retained surplus		11,931,162	11,169,405
<b>Total equity</b>		12,083,904	11,322,147

The above statement of financial position should be read in conjunction with the accompanying notes

# Statement of changes in equity

## For the year ended 30 June 2020

	Retained Surplus (\$)	Reserves (\$)	Total Equity (\$)
Balance at 1 July 2018	9,756,252	193,376	9,949,628
Surplus after income tax expense for the year	1,413,153	-	1,413,153
Other comprehensive income for the year, gain on revaluation	-	(40,634)	(40,634)
Balance at 30 June 2019	11,169,405	152,742	11,322,147

	Retained Surplus (\$)	Reserves (\$)	Total Equity (\$)
Balance at 1 July 2019	11,169,405	152,742	11,322,147
Adjustment to opening balance for, right of use asset and liability	(95,567)	-	(95,567)
Amended balance at 1 July 2019	11,073,838	152,742	11,226,580
Surplus after income tax expense for the year	857,324	-	857,324
<b>Balance at 30 June 2020</b>	<b>11,931,162</b>	<b>152,742</b>	<b>12,083,904</b>



# Statement of cash flows

## For the year ended 30 June 2020

	Note	2020 (\$)	2019 (\$)
<b>Cash flows from operating activities</b>			
Receipts from customers (inclusive of goods and services tax)		29,678,874	27,247,484
Payments to suppliers and employees (inclusive of goods and services tax)		(26,753,326)	(22,998,816)
Net payment to ATO (goods and services tax)		(1,741,064)	(1,711,618)
Interest paid		(108,960)	(66,230)
Interest received		9,075	17,921
Net cash inflow from operating activities		1,084,598	2,488,741
<b>Cash flows from investing activities</b>			
Payment for property, plant and equipment		(315,689)	(414,393)
Net cash (outflow) from investing activities		(315,689)	(414,393)
<b>Cash flows from financing activities</b>			
Repayment of bank loans		(70,535)	(137,970)
Repayment of lease liability		(492,445)	-
Net cash (outflow) from financing activities		(562,980)	(137,970)
Net increase in cash and cash equivalents		205,929	1,936,378
Cash and cash equivalents at the beginning of the financial year		8,159,341	6,222,963
<b>Cash and cash equivalents at the end of the financial year</b>	5	<b>8,365,270</b>	<b>8,159,341</b>

# Notes to the Financial Statements 30 June 2020

## Note 1. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated. The financial statements are for the entity Townsville Aboriginal and Torres Strait Islander Corporation for Health Services.

### Basis of preparation

The Townsville Aboriginal & Torres Strait Islander Corporation for Health Services is a not-for-profit entity, incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*. The corporation is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

### New or amended Accounting Standards and Interpretations adopted

The corporation has applied the following standards and amendments for the first time in their annual reporting period commencing 1 July 2019:

#### AASB 15 Revenue from Contracts

The corporation has adopted AASB 15 from 1 July 2019. The standard provides a single comprehensive model for revenue recognition. The core principle of the standard is that an entity shall recognise revenue to depict the transfer of promised goods or services to customers/clients/service users at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard introduced a new contract-based revenue recognition model with a measurement approach that is based on an allocation of the transaction price.

#### AASB 16 Leases

The corporation has adopted AASB 16 from 1 July 2019. The standard replaces AASB 117 ‘Leases’ and for lessees eliminates the classifications of operating leases and finance leases. Except for short-term leases and leases of low-value assets, right-of-use assets and corresponding lease liabilities are recognised in the statement of financial position. Straight-line operating lease expense recognition is replaced with an amortisation charge for the right-of-use assets and an interest expense on the recognised lease liabilities. For classification within the statement of cash flows, the interest portion is disclosed in operating activities and the principal portion of the lease payments are separately disclosed in financing activities.

## Note 1. Significant accounting policies (cont.)

### AASB 1058 Income of Not-for-Profit Entities

The corporation has adopted AASB 1058 from 1 July 2019. The standard replaces AASB 1004 *'Contributions'* in respect to income recognition requirements for not-for-profit entities. The timing of income recognition under AASB 1058 is dependent upon whether the transaction gives rise to a liability or other performance obligation at the time of receipt. Income under the standard is recognised where: an asset is received in a transaction, such as by way of grant, bequest or donation; there has either been no consideration transferred, or the consideration paid is significantly less than the asset's fair value; and where the intention is to principally enable the entity to further its objectives. For transfers of financial assets to the entity which enable it to acquire or construct a recognisable non-financial asset, the entity must recognise a liability amounting to the excess of the fair value of the transfer received over any related amounts recognised. Related amounts recognised may relate to contributions by owners, AASB 15 revenue or contract liability recognised, lease liabilities in accordance with AASB 16, financial instruments in accordance with AASB 9, or provisions in accordance with AASB 137. The liability is brought to account as income over the period in which the entity satisfies its performance obligation. If the transaction does not enable the entity to acquire or construct a recognisable non-financial asset to be controlled by the entity, then any excess of the initial carrying amount of the recognised asset over the related amounts is recognised as income immediately. Where the fair value of volunteer services received can be measured, a private sector not-for-profit entity can elect to recognise the value of those services as an asset where asset recognition criteria are met or otherwise recognise the value as an expense.

### Impact of adoption

AASB 15, AASB 16 and AASB 1058 were adopted using the modified retrospective approach and as such comparatives have not been restated. There was no material impact on opening retained profits as at 1 July 2019.

The corporation recognises revenue as follows:

### Revenue from contracts with customers

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

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

### Grants

Grant revenue is recognised in profit or loss when the corporation satisfies the performance obligations stated within the funding agreements. If conditions are attached to the grant which must be satisfied before the corporation is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

## Note 1. Significant accounting policies (cont.)

### Interest

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

### Other revenue

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

## Income tax

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

## Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

## Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with banks, and other short-term, highly liquid investments with original maturities of three months or less.

## Trade and other receivables

The Corporation applies the AASB 9 simplified approach to measuring expected credit losses which uses a lifetime expected loss allowance for all trade receivables. To measure the expected credit losses, trade receivables has been grouped based on shared credit risk characteristics and the days past due. The expected loss rates are based on the payment profiles of sales over a period of 12 months before 30 June 2020 and the corresponding historical credit losses experienced within this period. The historical loss rates are adjusted to reflect current and forward-looking information on macroeconomic factors affecting the ability of the customers to settle the receivables. The expected loss rates based on the nature of the organisations trade receivables is determined to be nil.



## Note 1. Significant accounting policies (cont.)

### Property, plant and equipment

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

#### Freehold property

Freehold land and buildings are shown at their fair value based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings.

In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings that have been contributed at no cost, or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.

#### Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation. 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 its estimated recoverable amount and impairment losses are recognised in profit or loss. A formal assessment of recoverable amount is made when impairment indicators are present (refer to page 55 for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost are recognised at the fair value of the asset at the date it is acquired.

#### Depreciation

The depreciable amount of all fixed assets including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a diminishing value or straight line basis over the asset's useful life to the entity commencing from the time the asset is held.

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

Buildings	2.50%
Plant and equipment	10% - 67%

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the corporation. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss. When revalued assets are sold, amounts are included in the revaluation surplus.

## Note 1. Significant accounting policies (cont.)

### Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

### Trade and other payables

These amounts represent liabilities for goods and services provided to the corporation prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

### Employee benefits

#### Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

#### Other long-term employee benefits

The liability for long service leave not expected to be settled within 12 months of the reporting date is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

### Fair value measurement

The corporation measures some of its assets at fair value on a recurring basis, based on the requirements of the applicable Accounting Standard.

"Fair value" is the price the corporation would receive to sell an asset in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset. The fair values of assets that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

## Note 1. Significant accounting policies (cont.)

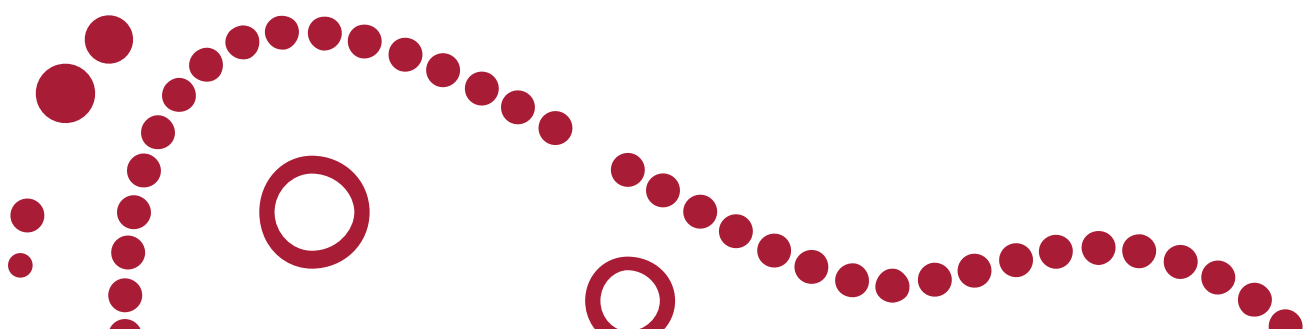
### Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.



## Note 2.

# Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

### Coronavirus (COVID-19) pandemic

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

### Estimation of useful lives of assets

The corporation determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

### Impairment of non-financial assets

The corporation assesses impairment of non-financial assets at each reporting date by evaluating conditions specific to the corporation and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

### Employee benefits provision

As discussed in Note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.



## Note 3.

# Revenues

	2020 (\$)	2019 (\$)
<b>Revenue from Government Grants and Other Grants:</b>		
<b>Commonwealth Government Grants</b>		
Department of Health	6,743,462	6,201,866
Department of the Prime Minister and Cabinet	1,847,240	1,934,979
Department of Housing and Public Works	1,534,406	1,461,045
<b>State Government Grants</b>		
Department of Child Safety, Youth and Women	10,113,464	8,785,077
Queensland Health	2,130,321	2,021,302
Department of Education and Training	232,126	217,659
<b>Other Grants</b>		
Northern Queensland Primary Health Network	1,184,642	1,347,614
Institute for Indigenous Health	574,994	607,815
Northern Aboriginal and Torres Strait Islander Health Alliance	291,865	283,002
CheckUP	214,840	220,452
Sundry Grants	134,438	175,851
Queensland Aboriginal and Islander Health Council	-	90,000
Department of Social Services	-	6,344
Interest income	9,075	17,921
	25,010,873	23,370,927
<b>Other Revenue:</b>		
Project generated Medicare receipts	2,389,318	2,579,963
Practice incentive payments	617,243	575,996
Other revenue	679,278	625,606
	3,685,839	3,781,565
<b>Revenue</b>	<b>28,696,712</b>	<b>27,152,492</b>

## Note 4.

### Profit for the year

	2020 (\$)	2019 (\$)
<b>Expenses:</b>		
Depreciation and amortisation		
Land and buildings	110,520	111,262
Leasehold buildings	92,665	92,665
Motor vehicles	19,182	26,977
Plant and equipment	288,837	291,451
Right of use assets	422,381	-
Total depreciation and amortisation	933,585	522,355
Employee benefits expense	19,674,698	18,402,481
Audit services	33,250	32,500
Rental expense on operating leases	88,232	577,895

## Note 5.

### Current assets - cash and cash equivalents

	2020 (\$)	2019 (\$)
Cash on hand	7,160	6,510
Cash at bank	8,358,110	8,152,831
	<b>8,365,270</b>	<b>8,159,341</b>

Cash at bank is a “restricted asset” in that amounts representing unexpended grants may only be applied for the purpose specified in the Program Funding Agreement. Of the cash and cash equivalents, \$1,585,510 has been released by funding bodies, but remains unexpended at 30 June 2020.

## Note 6.

### Current assets - other

	2020 (\$)	2019 (\$)
Prepayments	248,880	248,609
Goods and services tax paid	241,356	250,668
Security deposit - electricity	583	583
Loan establishment fees	732	732
Accrued income	-	209,959
	<b>491,551</b>	<b>710,551</b>

## Note 7.

# Non-current assets - property, plant and equipment

	2020 (\$)	2019 (\$)
<b>Freehold land at fair value</b>		
Independent valuation June 2019	3,353,500	3,353,500
Total land	3,353,500	3,353,500
<b>Buildings at fair value</b>		
Independent valuation June 2019	4,406,198	4,406,198
Building additions & improvements	24,630	-
Less: Accumulated depreciation	(110,520)	-
Total buildings	4,320,308	4,406,198
<b>Leasehold buildings at cost</b>		
Improvements at cost	463,323	463,323
Less: Accumulated depreciation	(299,227)	(206,562)
Total leasehold buildings	164,096	256,761
<b>Plant and equipment</b>		
At cost	3,521,109	3,276,093
Less accumulated depreciation	(2,733,138)	(2,444,301)
Total plant and equipment	787,971	831,792
<b>Motor vehicles</b>		
At cost	238,281	238,281
Less accumulated depreciation	(180,488)	(161,306)
Total motor vehicles	57,793	76,975
<b>Right use of assets</b>		
At cost	1,803,865	-
Less accumulated amortisation	(1,390,530)	-
Total right of use assets	413,335	-
<b>Capital Works In Progress</b>		
Capital expenditure projects	80,526	26,630
Plant and equipment purchases	22,021	29,873
Total capital works in progress	102,547	56,503
<b>Total property, plant and equipment</b>	<b>9,199,550</b>	<b>8,981,729</b>



## Note 7. Non-current assets - property, plant and equipment Continued

### Asset Revaluations

The freehold land and buildings were independently valued at 30 June 2019 by Herron Todd White. The valuation resulted in a decrement to freehold land of \$75,000 and an increment to freehold buildings of \$34,365, resulting in a net decrement of \$40,635 being recognised in the revaluation surplus for the year ended 30 June 2019. The Directors feel that there is no significant change in the valuation at 30 June 2020.

### Reconciliations

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	Land (\$)	Buildings (\$)	Leasehold Buildings (\$)	Motor Vehicles (\$)	Right of use assets (\$)	Plant & Equipment (\$)	Total (\$)
Balance at 1 July 2019	3,353,500	4,432,828	256,761	76,975	638,807	861,665	9,620,536
Additions	-	-	-	-	196,909	245,016	441,925
Improvements	-	24,630	-	-	-	-	24,630
Works in progress	-	53,896	-	-	-	(7,852)	46,044
Depreciation expense	-	(110,520)	(92,665)	(19,182)	(422,381)	(288,837)	(933,585)
<b>Balance at 30 June 2020</b>	<b>3,353,500</b>	<b>4,400,834</b>	<b>164,096</b>	<b>57,793</b>	<b>413,335</b>	<b>809,992</b>	<b>9,199,550</b>

## Note 8. Current liabilities - trade and other payables

	Note	2020 (\$)	2019 (\$)
Trade payables		335,392	372,935
Prepaid income		-	1,136,188
Unexpired grants current year	9	-	987,346
Goods and services tax collected		716,852	746,131
Accrued expenses		677,530	710,944
Payroll liabilities		111,883	208,726
Buffers held		110,231	110,231
Capital commitments		22,021	56,503
Other liabilities		11,226	32,236
Credit card		1,584	1,760
		<b>1,986,719</b>	<b>4,363,000</b>

## Note 9. Schedule of contract liabilities

	2020 (\$)	2019 (\$)
<b>Government Grants:</b>		
<b>Department of Health</b>		
New Directions Palm Island	40,274	1,208
Sexual Health	542,277	293,352
<b>Total Department of Health</b>	<b>582,551</b>	<b>294,560</b>
<b>Department of Child Safety, Youth and Women</b>		
Family Participation Program	197,707	181,344
Family Wellbeing Services	89,485	63,143
Family Wellbeing Packages	76,686	76,686
Family Wellbeing Services – Domestic Violence Specialist	30,385	-
Youth Support Services	3,630	1,101
Supervised Community Accommodation Service	8,131	58,025
Bail Support Service	47,978	46,569
After Hours Diversion Service	-	13,343
Youth Justice Palm Island	9,679	756
Youth Justice SBA - Capital one-off	29,089	-
<b>Total Department of Child Safety, Youth and Women</b>	<b>492,770</b>	<b>440,967</b>
<b>Department of Prime Minister and Cabinet</b>		
Stronger Families - Smart Healthy Kids	2,957	2,960
Stronger Families - Strong Healthy Families	-	19,581
Ferdy's Haven – COVID-19 Booster	120,000	-
<b>Total Department of Prime Minister and Cabinet</b>	<b>122,957</b>	<b>22,541</b>
<b>Northern Queensland Primary Health Network</b>		
AOD Clinical Youth Service	57,134	102,201
Youth Mental Health Services	-	47,196
Maternal Child Health Service Development	80,552	35,160
AOD Palm Island	-	6,351
AOD Palm Island - Graduate Certificate in Family Therapy training	61,745	-
AOD Townsville	-	2,415
Active Healthy Northern Queensland - Palm Island	-	952
Integrated Team Care	349	349
<b>Total Northern Queensland Primary Health Network</b>	<b>199,780</b>	<b>194,624</b>
<b>Queensland Health</b>		
COVID-19 Immediate Support Measures	30,215	-
Enhanced Maternal Child Health	2,595	2,595
Illicit Drug Diversion Initiative	2,191	2,191
<b>Total Queensland Health</b>	<b>35,001</b>	<b>4,786</b>
<b>Other Grants</b>		
Queensland Aboriginal & Islander Health Council - Sexual Health	-	24,869
Northern Aboriginal and Torres Strait Islander Health Alliance - Integrated Team Care	8,013	4,350
National Aboriginal Community Controlled Health Organisation – COVID-19 Response	110,000	-
Watch & Inflate	7,156	-
Institute for Indigenous Health - Deadly Choices	12,787	-
Department of Education & Training - Pathways To Early Learning Development	4,226	649
General Medical Training – Equipment	10,269	-
<b>Total Other Grants</b>	<b>152,451</b>	<b>29,868</b>
<b>Total contract liabilities</b>	<b>1,585,510</b>	<b>987,346</b>

## Note 10.

### Provisions - employee benefits

	2020 (\$)	2019 (\$)
Current		
Provision for employee benefits: annual leave	716,252	728,573
Provision for employee benefits: long service leave	110,304	134,497
	826,556	863,070
Non-Current		
Provision for employee benefits: long service leave	415,724	371,400
<b>Total provisions for employee benefits</b>	<b>1,242,280</b>	<b>1,234,470</b>

## Note 11.

### Borrowings

**Borrowings consist of the following:**

	2020 (\$)	2019 (\$)
Current		
Bank Loan - Peel Street	175,406	150,579
Bank Loan - Fulham Road	-	27,465
	175,406	178,044
Non-Current		
Bank Loan - Peel Street	1,115,763	850,849
Bank Loan - Fulham Road	-	332,811
	1,115,763	1,183,660
<b>Total Borrowings</b>	<b>1,291,169</b>	<b>1,361,704</b>

The bank loans are secured by a first registered mortgage over the free hold properties located at 10 Peel Street, Garbutt and 421 Fulham Road, Heatly QLD 4814.

## Note 12.

# Capital and leasing commitments

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

	2020 (\$)	2019 (\$)
Payable - minimum lease payments		
- not later than 12 months	95,677	666,762
- between 12 months and 5 years	71,820	498,413
	<b>167,497</b>	<b>1,165,175</b>

At reporting date, the following obligations under non-cancellable operating leases were in place: (a) lease of photocopiers, commenced in December 2015 and is a five year agreement; (b) lease of solar panel system, commenced in August 2016 and is a five year agreement.

At 2019 reporting date, the following obligations under non-cancellable operating leases were in place: (a) lease of photocopiers, commenced in December 2015 and is a five year agreement; (b) lease of motor vehicles (fleet of 57 vehicles), commenced in 2014/2015 and is a five year agreement; (c) lease of commercial premise, commenced in July 2016 and is a three year agreement; (d) lease of telephone system, commenced in July 2016 and is a five year agreement; and (e) lease of solar panel system, commenced in August 2016 and is a five year agreement.

## Note 13.

# Key management personnel disclosures

### Compensation

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the corporation, directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel.

The aggregate compensation made to directors and other members of key management personnel of the corporation is setout below:

	2020 (\$)	2019 (\$)
<b>Aggregate compensation</b>	<b>859,912</b>	<b>923,671</b>



## Note 14.

### Fair value measurements

The corporation has the following assets, as set out in the table below, that are measured at fair value on a recurring basis after their initial recognition. The corporation does not subsequently measure any liabilities at fair value on a recurring basis and has no assets or liabilities that are measured at fair value on a non-recurring basis.

	2020 (\$)	2019 (\$)
<b>Recurring fair value measurements</b>		
<b>Property, plant and equipment</b>		
Freehold land	3,353,500	3,353,500
Freehold buildings	4,406,198	4,406,198
	<b>7,759,698</b>	<b>7,759,698</b>

For freehold land and buildings, the fair values are based on an external independent valuation performed in the 2019 year, which had used comparable market data for similar purposes.

## Note 15.

### Contingent liabilities

The Corporation has no contingent liabilities at 30 June 2020 and 30 June 2019.

## Note 16.

### Events after the reporting period

No matter or circumstance has arisen since 30 June 2020 that has significantly affected, or may significantly affect the corporation's operations, the results of those operations, or the corporation's state of affairs in future financial years.

# Directors' declaration

## 30 June 2020

In accordance with a resolution of the directors of The Townsville Aboriginal and Torres Strait Islander Corporation for Health Services, the directors of the corporation declare that:

1. The financial statements and notes, as set out on pages 45 to 72, are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*; and
  - (a) comply with Australian Accounting Standards - Reduced Disclosure Requirements; and
  - (b) give a true and fair view of the financial position of the corporation as at 30 June 2020 and of its performance for the year ended on that date.
2. In the directors' opinion there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

On behalf of the directors



**Michael Illin**  
Chairperson

20 October 2020  
Townsville



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# Independent Auditor's Report to the Members of Townsville Aboriginal and Torres Strait Islander Corporation for Health Services

## Opinion

We have audited the financial report of Townsville Aboriginal and Torres Strait Islander Corporation for Health Services (the Corporation), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the corporation is in accordance with the Corporations (*Aboriginal and Torres Strait Islander*) Act 2006, including:

- (a) giving a true and fair view of the corporation financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1 and the Corporations (*Aboriginal and Torres Strait Islander*) Act 2006.

## Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the corporation in accordance with the auditor independence requirements of the Corporations (*Aboriginal and Torres Strait Islander*) Act 2006 and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the Corporations (*Aboriginal and Torres Strait Islander*) Act 2006, which has been given to the directors of the corporation, would be in the same terms if given to the directors as at the time 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.



## Emphasis of Matter – COVID-19

We draw attention to Note 2 to the financial report, which describes the effects of the World Health Organisation's declaration of a global health emergency on 31 January 2020 relating to the spread of COVID-19. Our opinion is not modified in respect of this matter.

## Responsibilities of the Directors for the Financial Report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, 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 ability of the Corporation 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 Corporation 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 an aguarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

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



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

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

*Crowe Audit Australia*

**Crowe Audit Australia**



**Donna Sinanian**

Partner

**Dated this**

21 October 2020

Townsville





**Townsville Aboriginal & Islander Health Service**

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