

2021

**annual
report**



TAIHS
Townsville Aboriginal & Islander Health Service





Wulgurukaba Walkabouts Dancers performing traditional dance and music at the Bindal Sharks All Blacks Carnival
Image credit - Rosana Kersh Photography

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.

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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.

Uncle Dr Ernest Hoolihan attending Elders Luncheon
Image credit - Rosana Kersh Photography

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

Michael Illin has worked within the health sector, in both government and non-government agencies, over the last 15 years. Mr Illin has an interest in improving health outcomes for Aboriginal and Torres Strait Islander patients in community-controlled and mainstream health services. He also holds a passion for working with vulnerable and disadvantaged youths and has worked within residential care facilities for Indigenous youths for a period of over 10 years. Mr Illin 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.



Topsy (Mary) Tapim . Deputy Chairperson

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

Topsy is the Founder and Facilitator of the Shield of H.E.R.S (Honour, Empower, Respect, Survive) Aboriginal & Torres Strait Islander Women's group; Chairperson of the Cultural Authority Body of the Domestic & Family Violence Support Service; Committee member of the Qld Police Service First Nation Peoples Reference Group; Director/Secretary of the Aboriginal & Torres Strait Islander Women's Legal Service NQ; and, Board Member of the Youth Offender Accountability Board with Department of Youth Justice.

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.



Leone Malamoo . Director

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. Sterling Wedel . Director

Sterling is an active member of the following North Queensland Regional Aboriginal Corporation Language Centre Dulguburra Yidinji Aboriginal Corporation and the NQ Land Council.

I am a Proud Dulguburra Yidinji Man of Yungaburra on the Atherton Tablelands, Born and raised in Townsville, and a proud father of 4 daughters.

I have worked with Queensland Health for over 14 years , Specialising in Security, Mental Health Rehabilitation, Indigenous liaison and Staff development!

I have also worked for 7 years within the Community Legal Sector, specialising in Court support and Transitioning from Prison to Community.



Sterling Wedel . Director

Sterling Wedel is an active member of the North Queensland Regional Aboriginal Corporation Language Centre, Dulguburra Yidinji Aboriginal Corporation and the North Queensland Land Council. He is a proud Dulguburra Yidinji Man of Yungaburra on the Atherton Tablelands. Mr Wedel was born and raised in Townsville and is proud father of four daughters.

He has worked with Queensland Health for over 14 years and has specialised in security, mental health rehabilitation, Indigenous liaison and staff development. He has also worked for seven years within the community legal sector, specialising in court support and transitioning from prison to community.



Randal Ross . Director

Randal Ross is an Aboriginal, Torres Strait Islander and South Sea Islander man and was born in Townsville from Bindal/Juru and Kaanjin descent. He has links to Erub (Darnley Island) in the Torres Strait and Tanna, Ambryn and Santo Islands in the South Pacific. Mr Ross originally started working in juvenile justice and child protection in both Queensland and New South Wales and for over 15 years he was instrumental in the development of Indigenous men's leadership programs in Canberra through the Department of Families, Community Services and Indigenous Affairs.

He is committed to Indigenous men's health and healing for families, men, women and young people. As a co-founder of Red Dust Healing, he has travelled nationally and internationally as a part of that organisation's work and programs.



Dorothy Smith . Director

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.



Anne Taylor . Director

Director Anne Taylor, born in Ayr and raised across the river in Home Hill, is of Irish and Torres Strait Islander descent and has been living in Townsville for 21 years. Anne's Torres Strait Islander lineage connects her to the Dauer Meriam tribe from Mer (Murray Island).

Anne has a broad range of experience in child protection and family reforms, community development, project management, procurement and contract management in the North Queensland region such as Burdekin, Palm Island, Charters Towers/Hughenden, Ingham & Townsville.

Her interest is focussed on Aboriginal and Torres Strait Islander peoples who continue to experience low or poor social and emotional wellbeing outcomes and over-representation in all key social and health issues across Australia. From 2018 - 2019, she led the implementation of the First 1000 Days Australia movement in Townsville.

chairperson's annual report

On behalf of the Board of Directors of the Townsville Aboriginal and Torres Strait Islanders Corporation for Health Services (TAIHS), I am pleased to present the Chairperson's Annual Report for 2020-2021. I would like to acknowledge the staff and management team for their tireless work, commitment, and dedication in the provision of services throughout our various programs that's enabled our organisation to grow.

During this period of the year, we have seen changes within the Corporation with Dallas Hure exiting as our Chief Executive Officer (CEO) and then having senior staff acting in various roles across many program areas. I would like to thank Lynette Anderson and Jennifer Savage who worked tirelessly, acting in the role of the CEO, who maintained stability with a strength-based partnership in collaboration with directors, staff, stakeholders, community, and members of the corporation. With the core business of TAIHS remaining as working towards better health outcomes for the Aboriginal and Torres Strait Islanders people within Townsville community and the surrounding districts, this period of the year has been very challenging for everyone in dealing with COVID 19.

In going about their daily duties of providing appropriate education around the pandemic to allow our Aboriginal and Torres Strait Islander people to make informed decisions

around becoming vaccinated, I would like to congratulate our staff with a heartfelt thank you for a job well done.

I am also pleased to report that this year also saw good financial growth that's assisted in the facilitation of the Board's commitment to our strategic development of infrastructure of the Peel Street premises in Garbutt. The Board will commit to improved governance through training and development and to ensure that we continue to provide quality service delivery and maintaining a high standard when meeting our auditing and accreditation obligations across the spectrum of our programs.

On behalf of the Board, I would like to assure our staff, clients, members, and stakeholders that TAIHS will continue to strive to deliver a standard of high quality culturally appropriate services to our local community and surrounding districts and to work towards better health outcomes and life expectancy.

Michael Illin, Chairperson



acting ceo's report

Throughout the last half of 2020 and the first half of 2021, TAIHS as an organisation has continued to deliver our services within the Primary Health and in the numerous programmes in the community services. We have been forced to adapt to different ways we deliver our core services in the wake of the ongoing COVID-19 global pandemic.

Through our COVID-19 committee, which was established in the very early stages of the pandemic, our medical staff have taken up the challenge to ensure our clinics have responded to the needs of our patients, in as far as their medical needs alongside the need to optimise the rollout of the COVID-19 vaccination programme.

The TAIHS COVID-19 Committee has continued to conduct its business and fulfill all its responsibilities through the use of teleconferencing and videoconferencing. Technology has also played a strong role in the delivery of medical consultations to our patients in the regional areas.

I congratulate the clinical staff across the region for their ongoing efforts to ensure the safety and wellbeing of our patients and clients.

My thanks also go to our partners in the sector, the Queensland Aboriginal and Islander Health Council, The Northerner Queensland Primary Health Clinic, Townsville Health and Hospital Services and Queensland Health for providing us with up to data, information, alerts, and the funding that still remains necessary if we are to achieve the high rates of vaccination of our Aboriginal and Torres Strait Islander people necessary for population immunity.

An initiative that TAIHS has undertaken is the embedding of the ten Principles for a National Child Safe Organisation. These principals will build into the organisation's strategic plan and compliment frontline and program areas across Clinical and Community Services. This will be a great achievement for TAIHS as an organisation but more importantly we are showing our commitment to the safety and wellbeing of children and young people who access our services to our clients, community, and sector stakeholders.

Within the community services sector, TAIHS has continued to deliver a range of programmes aimed at the social, emotional wellbeing and safety for our children, youth, families, and adults.

The range of services that TAIHS provides includes services to assist families who have come to the attention of Child Safety, young people and adults experiencing homelessness, families of children who are experience vulnerabilities, people who are suffering the effects of alcohol or other

drugs. I mention these, because quite often our community members are not aware of the range of services that TAIHS provides and are usually quite surprised when they hear it.

To conclude, I would like to thank our clinical team for the great work they are doing in promoting and delivering COVID-19 vaccinations to our patients. I believe it is imperative for all of us to encourage our colleagues, families, and friends to roll up their sleeves and get the jab. It is not a matter of if this deadly virus will reach our communities, in and around Townsville, but when it will strike. TAIHS' philosophy of 'prevention is better than cure' is never more apt than the present and we will do our collective best to keep our mob safe and healthy.

**Jennifer Savage,
Acting CEO**





primary health

June 2020 - July 2021

Aunty Mary Horope and Uncle Mick Horope attending Elders Luncheon
Image credit - Rosana Kersh Photography

Primary Health Care Services

Townsville Regional Service Area

Aboriginal and Torres Strait Islander Patients seen at TAIHS clinics

Service Area	Total ATSI population in local govt. area	Median age	Number of TAIHS patients	Number of TAIHS ATSI patients	% of ATSI population that are TAIHS patients
Townsville Region	18,007	21	5,950	5384	30%

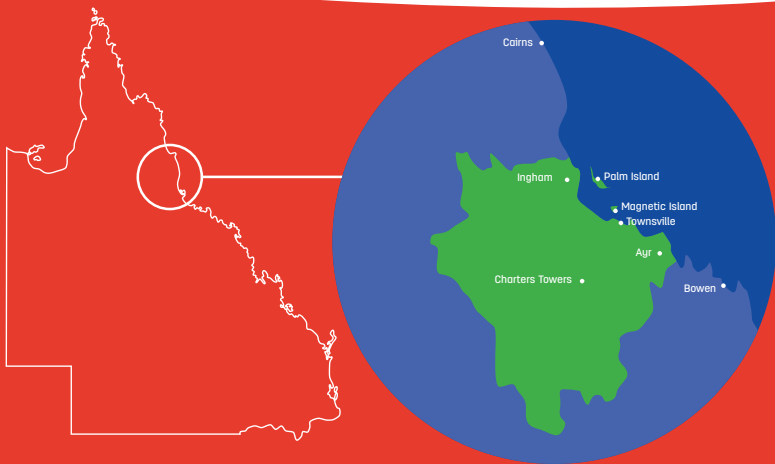
Principles of comprehensive Primary Health Care

- 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 the client needs and contribute to the achievement of positive client outcomes

Significant Achievements

- Workforce model that underpins clinical services workforce stabilization
- Moving toward digital transformation
- Digital Consumer Feedback surveys
- Training and education – building of the medical officer training room
- Quality improvement annual systems assessment
- Expansion of the Social and Emotional Wellbeing team

Data from 2016 Census Australian Bureau of Statistics and Medical Director using PATCAT data extraction method.



90%

of all TAIHS Patients identify as either Aboriginal, Aboriginal and Torres Strait Islander or both.

21 years of age

The average age of Aboriginal and Torres Strait Islander people living in Townsville and surrounding areas

30%

of all TAIHS Patients identify as either Aboriginal, Aboriginal and Torres Strait Islander or both.



Bernika Spratt-Yoren and her mother Sherelle Spratt | Image credit - Rosana Kersh Photography

TAIHS Health Care Partners and Programs

Indigenous Australians' Health Program

Australian Government and Department of Health fund the Indigenous Australians' Health Program that supports the delivery of primary health care services including maternal and child health care, chronic disease prevention, detection and management of illness and to support access to GP, specialist and allied and other health professionals for Aboriginal and Torres Strait Islander people. It also aims to build a health system that continually improves quality and is responsive to the health needs of Aboriginal and Torres Strait Islander people

Medical Outreach – Indigenous Chronic Disease Program

The Medical Outreach – Indigenous Chronic Disease Program supports a service delivery model that includes a multidisciplinary team approach in delivering services. Multi-disciplinary teams may consist of specialists, allied health professionals and general practitioners and other health providers.

CheckUP Australia

- CheckUP Australia through the Rural Health Outreach Fund provides funding for General Practitioner and Allied Health Services to Outreach sites. CheckUP Australia also support funding for specialist visits to the main clinic at Garbutt.

Project Outback Dental

- Project Outback Dental provide oral health and dental services at the main clinic in Townsville, this service is supported by Queensland Health.

Hearing Australia

- Hearing Australia is a Commonwealth funded and provides the Hearing Assessment Program
- This program provides Hearing Assessments for 0-5 year old children
- Shares data of the outcome of hearing assessments with TAIHS
- Supports the Service to provide an ear health surveillance program
- Raises awareness of importance of Ear and Hearing Health

QUMAX – Quality Use Of Medicines Maximised For Aboriginal & Torres Strait Islander People

The Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People (QUMAX) Program supports services provided by Aboriginal Community Controlled Health Organisations (ACCHOs) and Community Pharmacists who participate in the Program. The Program provides support in seven categories:

- Dose Administration Aid (DAA) arrangements
- Quality Use of Medicines (QUM) pharmacy support
- Home Medicines Review (HMR) models of support

- QUM devices
- QUM education
- Cultural awareness
- Transport.

This Program ceased on June 30th 2021 and has been replaced with the Indigenous Health Services Pharmacy Support Program.

Queensland Illicit Drugs Court Diversion Program (QIDDP)

The Alcohol and Other Drugs Services Program aims to divert at risk clients away from the court system using early intervention. This program includes brief interventions, education and information, motivational interviewing, relapse prevention and referral.

At TAIHS this program sits within the Social and Emotional Wellbeing team and also supports the linking patients into other health service areas.

Tackling Indigenous Smoking and Deadly Choices Program The Institute for Urban Indigenous Health support the Queensland wide Deadly Choices Program. This program reports on population health promotion activities aimed at preventing uptake of smoking and supporting the promotion of cessation. It does this by delivering the Deadly Choices Healthy Lifestyle Program.

Australian General Practice Training Program and James Cook University

The Australian General Practice Training Program provides on-site vocational training in general practice. A one-off special funding project was additionally funded by James Cook to purchase training equipment and build a training space within the clinical service area.

Enhanced Response to the Syphilis Outbreak in Aboriginal and Torres Strait Islander People

The National Aboriginal Community

Controlled Health Organisation (NACCHO) provides funding for the syphilis outbreak response. The program at TAIHS has included increasing the numbers of testing to control the infectious syphilis cases across the Townsville region, Build the workforce capacity to provide testing and treatment and to enhance the management of testing related data. TAIHS was able to purchase a mobile van and fit out for community-based screening activities.

Blood Borne Viruses and Sexually Transmissible Infections

The National Aboriginal Community Controlled Health Organisation (NACCHO) provides funding for the Blood Borne Viruses and Sexually Transmissible Infections program. This enables TAIHS to increase workforce capacity to test, treat, develop and implement BBV and STI prevention strategies that are sustainable and evidenced based.



Cate's Chemist - TAIHS Garbutt Clinic

Strong Healthy Families Project

The National Indigenous Australians Agency provides funding for the Strong Healthy Families Program. This project is in recognition of the impact of current and past and intergenerational trauma, disposition, separation of families, ongoing social disadvantage, racism and other historical social and cultural issues that impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander individuals, families and communities.

The Project aims to assist in the process of healing people through a strength based, culturally safe, trauma aware and healing informed approaches.

At TAIHS these services are delivered primarily through the Social and Emotional Wellbeing team and the Maternal and Child Health team.

Integrated Team Care

The North Queensland Primary Health Care Network (NQPHN) and the Northern Aboriginal Torres Strait Islander Health Alliance (NATSIHA) provide the support for the Integrated Team Care program at TAIHS. This program aims to increase access to services and support, improve the integration and coordination of health-related services, meet the needs of vulnerable and disadvantaged populations and reduce the disparity in burdens of disease.

Making Tracks Program

The Townsville Hospital and Health Service provides support and funding for the Making Tracks Program. This program aims to improve access to specialist outreach services for First Nations people living in Queensland. This year a Patient Pathways officer was onboarded to work with the Townsville University with the aim of reducing failure to attend rates of patients booked for outpatient appointments.

Mental Health and Social Emotional Mental Wellbeing

The Townsville Hospital and Health Service funds mental health professionals to deliver acute Mental Health on site at the Garbutt Clinic. This service includes access to Psychiatry Services.

Maternity Care

The Townsville Hospital and Health Service funds Midwifery services to be delivered on site at the Garbutt Maternal and Child Health Unit. This position also provides support to the TAIHS childhood vaccination program.

Chronic Kidney Disease

The Townsville Hospital and Health Service funds the provision of 6 service visits a year for Renal specialist services at TAIHS.

WATCH Trial (Watchfull waiting for Aboriginal and Torres Strait Islander Children with Acute Otitis Media)

TAIHS maintained participation in the Watch and Inflate Research project through out the year.

Covid-19 Response

Emergency preparedness and managing community-based transmission of covid.

The TAIHS Covid Emergency Planning team-maintained oversight of the covid response over the year. During periods of lock down the committee worked to ensure continuity of clinical services and oversights the safety requirements for staff patients and the wider TAIHS community.

Ensuring adequate supplies of Personal Protective Equipment available for all service areas, providing staff education and communiques related to Covid updates.

Updated policy regularly to reflect the National and State health directives.

Roll out of covid vaccination program

TAIHS was able to plan for the build of 2 undercover waiting areas at the Garbutt clinic these structures enabled improved compliance with social distancing by providing patients with a covered area in instances when waiting rooms were full. Completion of these structures was completed in August 2021.

Arrival of the Covid vaccination

TAIHS provided both Astra Zeneca and Pfizer to the TAIHS community. The vaccination process will continue well into 2022 to ensure 80% vaccination rates for First Nations People in the Townsville and surrounding regions.

Key Actions and Challenges

Increasing clinical workforce capacity was a focus for Primary Health Service areas in 2020-2021. To sustain a better model of workforce management casual pools were implemented for various clinical rolls.

Maintaining effectively resourced outreach services proved a challenge over the year, the recruitment of outreach site practice managers supported decrease in workforce turnover and improved functioning of service delivery to ensure continuity of clinical services.

The ability for TAIHS to effectively respond to fast changing health care environment impacted by covid meant that some service areas may not have been able to grow and perform at expected levels of service provision.

Significant Achievements

- Workforce model that underpins clinical services workforce stabilization
- Moving toward digital transformation
- Digital Consumer Feedback surveys
- Training and education – building of the medical officer training room
- Quality improvement annual systems assessment
- Expansion of the Social and Emotional Wellbeing team

dental services

Project Outback Dental (POD) Pty Ltd is in its fifth year of providing dental services to patients eligible for TAIHS services through an outsourcing arrangement. These patients are seen at the TAIHS Dental clinic and in the private practices of MYTOOTHDOCTOR in Aitkenvale and Bushland Beach based on need and appointment availability at no cost to the patient. On occasion, some children and adults with special needs were also treated pro-bono at the Mater Hospital by Dr Garret Robles, or provided dental services outside the scope of the contract, such as dentures.

TAIHS Dental continues to alleviate pressure on adult public dental waiting lists for First Nations patients by looking after its own patients in a timely, effective, and culturally appropriate manner. All Oral Urgent Treatment (OUT), including emergency procedures, are undertaken within the same day or within the same week. There is currently no waitlist to seek urgent dental treatment at TAIHS.

The following summarises the services rendered to TAIHS Dental patients in the FY 2020-2021.

Demographic Summary

A total number of 3,956 appointments were made for dental patients. However 2,000 (~50%) of these patient appointments failed to attend. Out of the total number of patients who attended, 56% were female and 44% were male. We are seeing a slight increase in the number of male patients seeing the dentist. Similar to last year's statistics, the biggest composition of the dental population by age group is over 55 comprising 23% of total, a one percent increase from last year.

Table 1 summarises the number of patients seen by gender and age group. Figure 1 presents patient attendance by gender while Figure 2 compares the patient attendance by age group. Figure 3 further shows the number of patients who failed to attend their appointments compared to the number of appointments made. Failure to attend appointment on the day remains the main issue at TAIHS Dental.

The dental practice management software used does not have all the desired demographic data, such as ethnicity, which have to be retrieved manually. The annexed list of dental patients seen in FY 2020-2021 provide such non-aggregate data. Please note that some TAIHS patients seen in private practice may also not have been included in both the general and individual statistics.

Clinical Summary

In terms of dental procedures, 978 scale and cleans were provided, 1,135 fillings were done, and 484 extractions of varying degrees of difficulties were performed.

All emergency dental patients with referrals are seen on the day or within the same week. All elective procedures are scheduled. TAIHS Dental has progressed toward the restorative phase of dental work for the majority of its patients which may suggest a continuous improvement of oral health for the TAIHS community members. There is also an increasing number of new patients suggesting significant improvement in the reliability of dental service delivery to its clients.

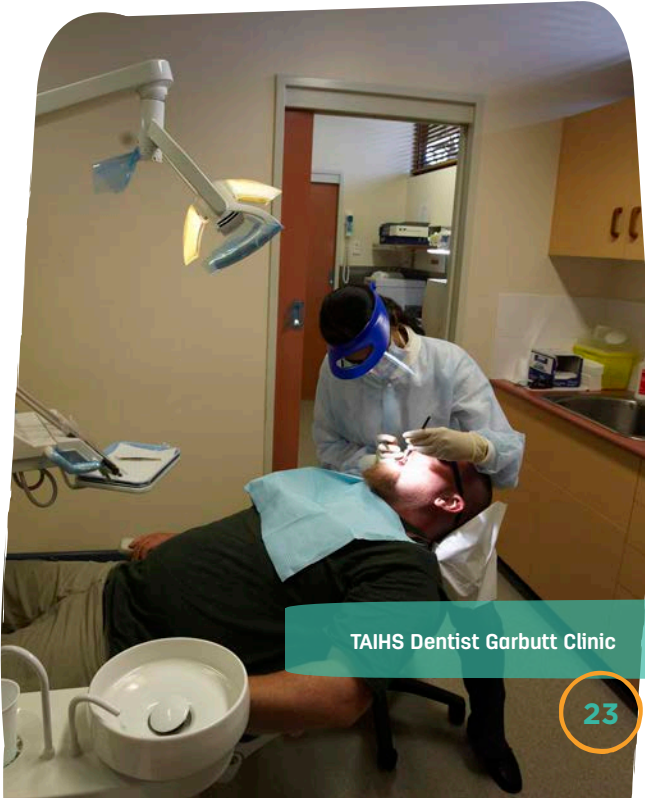
For complex oral surgery, Dr Robles has also referred a number of TAIHS Dental patients to specialists or general dentists with relevant expertise. Project Outback Dental has paid for these treatments for the benefit of TAIHS Dental patients who are in pain and cannot be seen in the public system immediately.

While TAIHS Dental provides basic dental services to patients, there are patients whose needs cannot be fully met with the current arrangement. These are patients needing complex treatment under general anaesthetic, such as children with early childhood caries and adult patients with special needs who are without concession cards and cannot be seen immediately in the public system. There are also elderly patients who need dentures or major prosthodontic work. As such, POD has taken the initiative to revive the dental laboratory by buying equipment at its own cost with the goal of delivering

more affordable dentures and mouthguards to patients. TAIHS may also be able to seek funding for these additional services in the future.

Value of Dental Services

The total value of production for the last financial year is \$382,498.65 at 2013 Qld Health rate, which is 9 per cent higher than the previous year. This is equivalent to \$478,123.31 in current value. Figure 4 illustrates the production or value of dental services provided per month during FY 2020-2021. Please note that the service production value rendered to TAIHS patients does not include TAIHS patients seen in private practice locations of Project Outback Dental and MYTOOTHDOCTOR. The dental software does not provide a way of segregating such data. Dr Robles had parental leave for two weeks in the month of August which will explain the decrease in production for the month.



TAIHS Dentist Garbutt Clinic

Table 1: Summary of Dental Patients Seen, by Age

	No of Appts	No of DNA Appts	Gender		Age Breakdown										55+ yrs	50-54 yrs	45-49 yrs	40-44 yrs	35-39 yrs	30-34 yrs	25-29 yrs	20-24 yrs	15-19 yrs	10-14 yrs	5-9 yrs	0-4 yrs
			Male	Female																						
July 20	261	145	51	64	3	9	3	6	5	10	5	8	13	7	11	35										
Aug 20	165	88	41	35	2	4	8	1	4	5	5	4	7	8	5	25										
Sept 20	363	205	80	76	4	6	9	18	7	11	9	14	12	14	5	47										
Oct 20	281	141	55	77	3	10	9	9	15	9	13	7	8	14	10	30										
Nov 20	430	216	76	136	5	14	14	17	22	14	19	14	5	19	22	47										
Dec 20	344	164	81	113	0	11	14	12	18	20	16	15	8	15	18	40										
Half Year	1844	959	384	501	17	54	57	63	71	69	67	62	53	77	71	224										
Jan 21	260	117	55	93	5	9	7	11	10	13	14	13	7	6	18	35										
Feb 21	385	184	98	123	5	20	13	12	12	14	22	10	14	26	24	49										
Mar 21	438	222	114	124	3	15	18	17	19	20	32	13	8	14	20	59										
Apr 21	400	209	91	106	5	9	8	14	11	13	21	8	15	26	22	45										
May 21	277	120	84	76	1	14	9	12	10	19	16	14	11	7	21	26										
Jun 21	352	189	82	89	3	11	15	10	7	14	16	7	8	15	24	41										
Half Year	2112	1041	524	611	22	78	70	76	69	93	121	65	63	94	129	255										
Annual	3956	2000	908	1112	39	132	127	139	140	162	188	127	116	171	200	479										

Figure 1: Patient Attendance by Gender

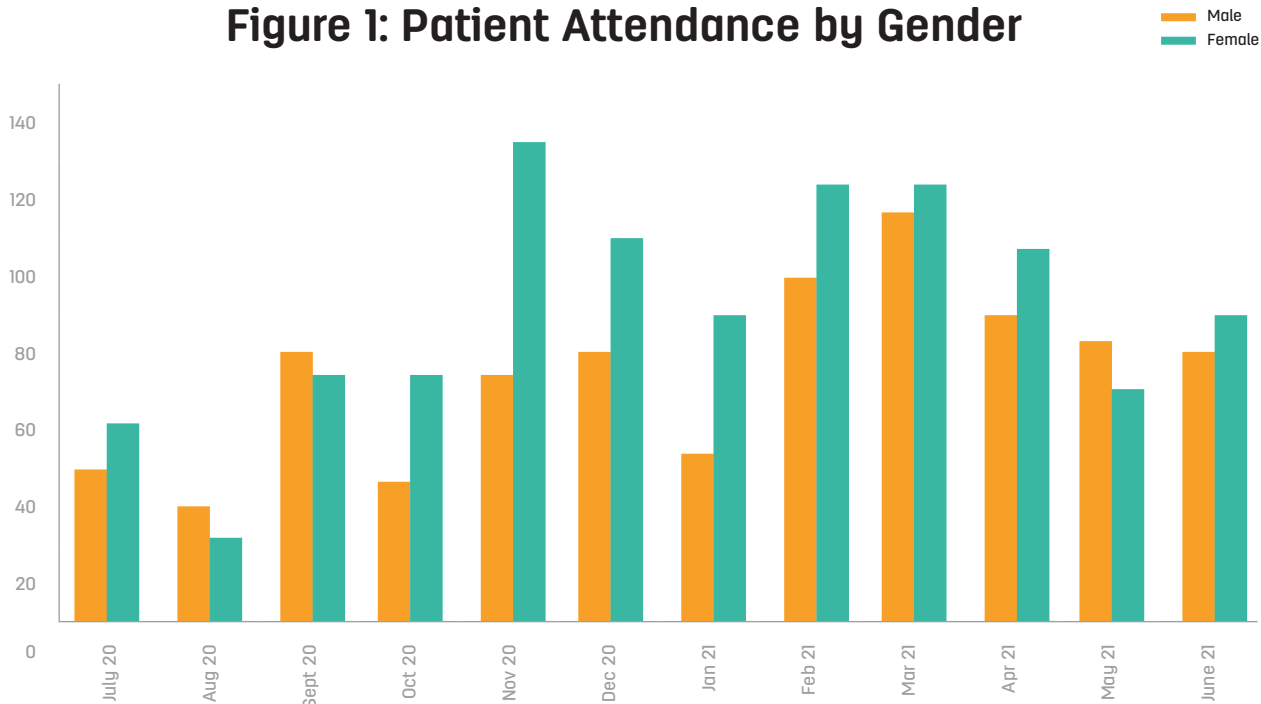


Figure 2: Age Breakdown

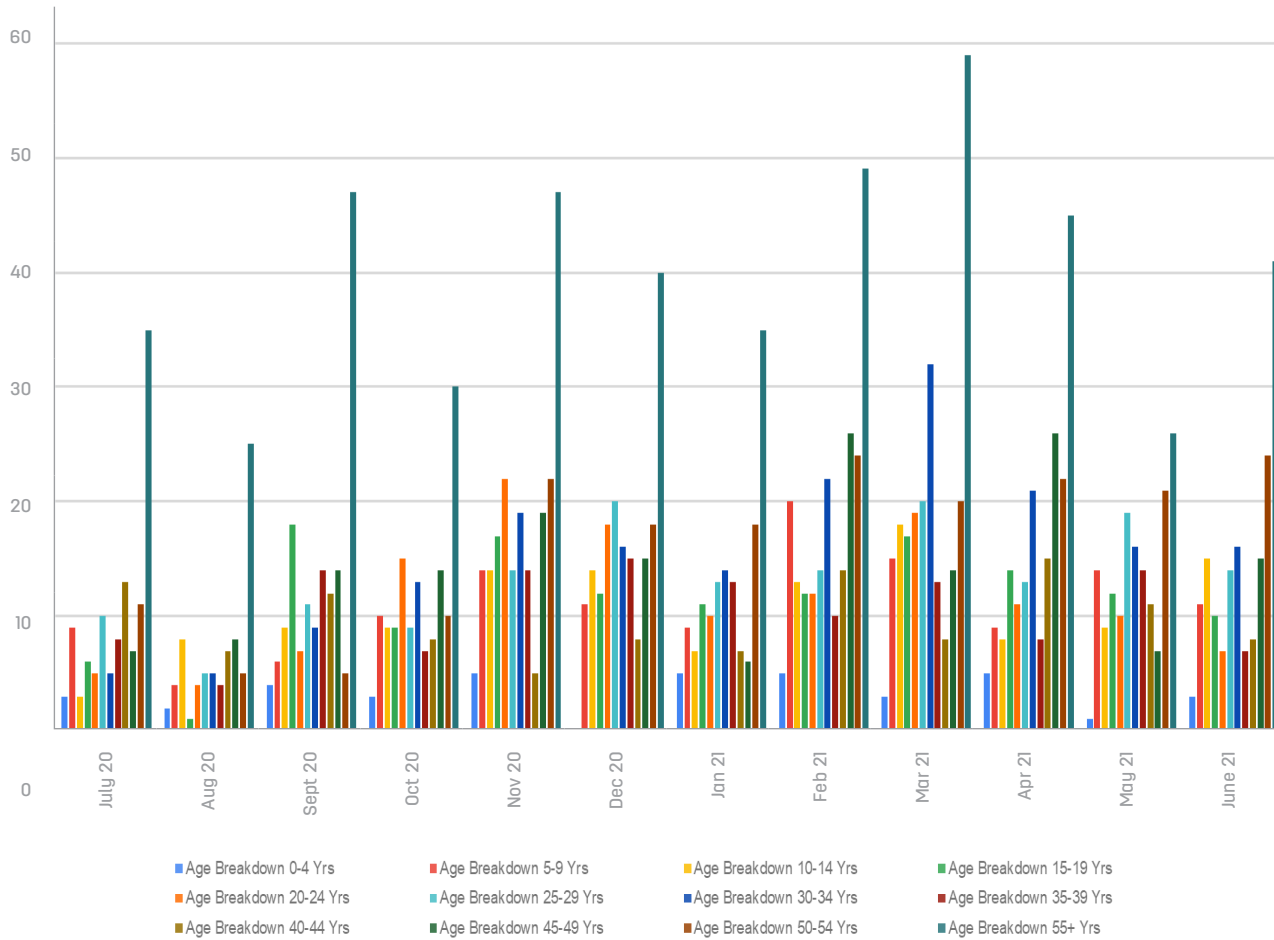


Figure 3: Number of Appointments Made vs Number of Failure to Attend

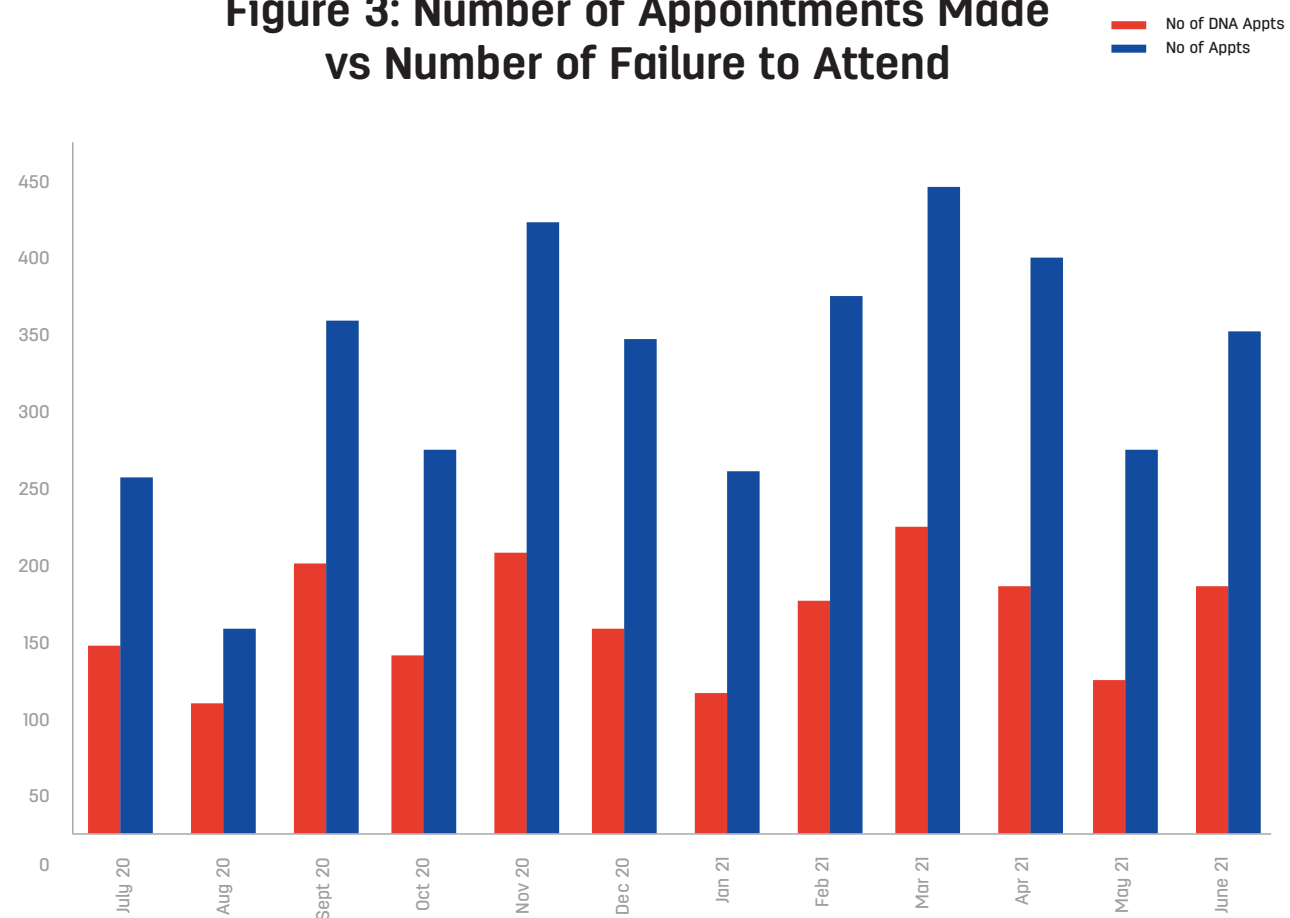
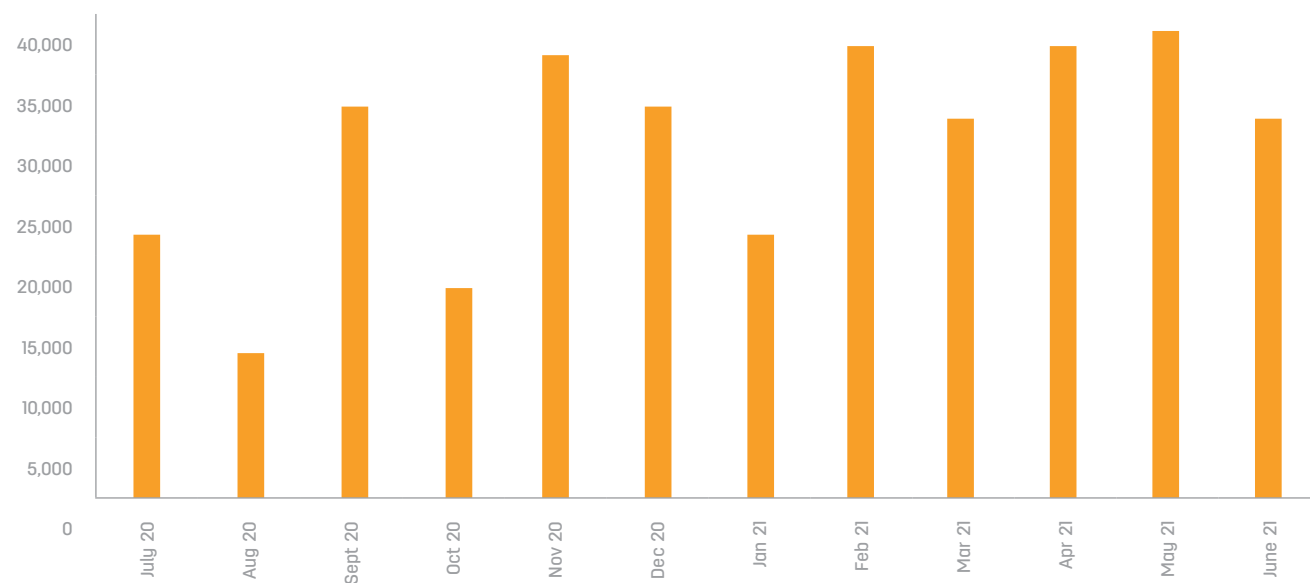


Figure 4: Production Per Month



Aunty Patricia Kyle attending Elders luncheon | Image credit - Rosana Kersh Photography



youth + accommodation

June 2020 - July 2021

Image taken at Bindal Sharks All Blacks Carnival
Image credit - Rosana Kersh Photography

Lighthouse - Turnbull Street

Funded by Dept Children, Youth Justice and Multicultural Affairs (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 2020– 30 June 2021

279

young people used this service

34

sleep-ins

13,228

contracts with young people

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.

1 July 2020 – 30 June 2021

76 young people
received a counseling service

TAIHS Youth Support Services (TYSS) - Peel Street

Funded by Dept Children, Youth Justice and Multicultural Affairs - expires December 2023

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

1 July 20– 30 June 2021

158 young people supported
(Between 1 July 2020 – 30 June 2021)

261 young people supported
with information advise and referral

Ferdy's Haven - Palm Island

Funded by Department of Prime Minister & Cabinet – expires June 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.

168
referrals received

37
active clients

1425
overnight stays

Bail Support Service (BSS) - Peel Street

Funded by Dept Children, Youth Justice and Multicultural Affairs - expires June 2023

TAIHS Bail Support Service was a type 2 service under Supervised community Accommodation (SCA). SCA was defunded by the Department of Child Safety, Youth and Women on 31st of January 2021. TAIHS Bail Support Service is now a stand-alone Service which commenced 1st of February 2021 and is Funded till 2023. 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 Youth Justice, Queensland Police, other Stakeholders, and self-referrals from young people.

1 February 21 – 30 June 21

42
referrals received

284
number of instances of support

42
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 - Monday to Friday and operates two sessions - Primary School aged 9-11/12. High school aged 12/13-17.

Engagement and Structured programs will be run each night.

4,538 contacts with young people

Supported Accommodation Services (SHS)

Funded by Department of Communities, Housing and Digital Economy - 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 16-21 years of age no matter their circumstances or background.

1 July 2020 to 30 June 2021

34 adult clients

41 young shelter clients

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
June 2020 - July 2021

Family attending Bindal Sharks All Blacks Carnival
Image credit - Rosana Kersh Photography

The Family Wellbeing Service

Our Family Wellbeing Service is now in its 5th year of operation Family Wellbeing House, Yamani Meta, has been open for over 3 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.

1 July 2020 to 30th June 2021

Yamani Meta

Established in 2018, Yamani Meta (Yamani = Rainbow and Meta = House) is our dedicated deadly space for early and family learning, conveniently located at 16 Peel Street Garbutt, open 9:00 am - 4:00 pm Monday to Friday.

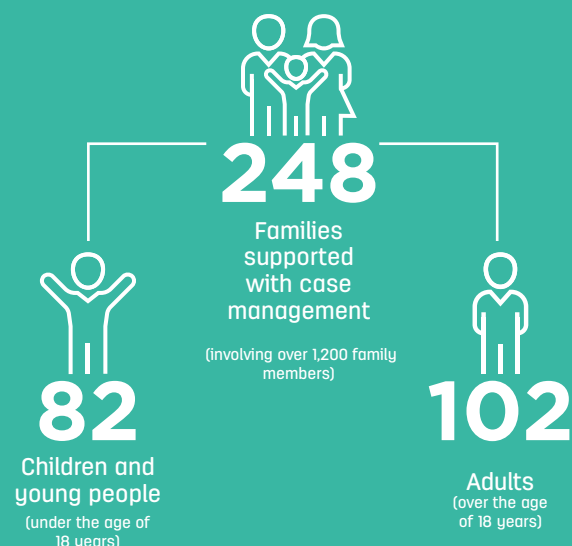
There are activities and programs specifically focussed on growing up smart, healthy and deadly kids.

Yamani Meta is a culturally safe environment, that offers award winning programs that have a focus on key family development domains, including:

- Nutrition
- Early Learning
- Safety and Security
- Responsive Caregiving
- Health

We offer a range of activities, including:

- Nutrition and cooking groups
- Playgroup
- Adult group work
- Storytelling
- Health topics
- Cultural activities



114 programs

TAIHS Foster + Kinship Service

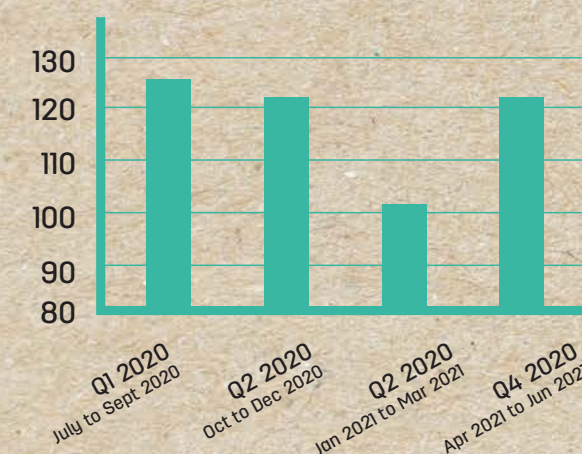
The TAIHS Foster & Kinship Care service is dedicated in ensuring Aboriginal and Torres Strait Islander children in out of home care remain within their own kinship networks or in a family placement with Aboriginal or Torres Strait Islander carers until it is safe to return to their parents home.

Through the hard work of the small but deadly team 7.5 FTE we are able to ensure that children remain connected to their families, community and culture and do not end up lost in the 'system' with non indigenous carers.

We are funded to provide 100 placements for children and young people 0-18 but due to the dedicated staff and our wonderful carers we have been able to support many children above this quota in the 20/21 financial year.

Number of children placed with TAIHS carers'

104 benchmark



The Family Participation Program

The TAIHS Family Participation Program (FPP) was established in 2018 with the aim of enabling Aboriginal and Torres Strait Islander children, parents and families to lead significant decision making processes regarding child protection matters that affect them.

FPP aims to develop family-based solutions that can provide protection and care needs of children utilising Family Led Decision Making process (FLDM), which gives parents, families and children a voice to create their own plans in a culturally safe place.

FPP work with families to make processes regarding child protection needs understood. From January 2019, FPP has been receiving referrals from Child Safety and self-referrals from families who are at risk of have Child Safety involvement.

185 families referred



corporate
June 2020 - July 2021

Workforce

202
Total Staff

Where our staff worked - 2020 to 2021

17 staff  **8%**

Corporate

30 staff  **15%**

Youth + Accommodation

64 staff  **32%**

Children + Families

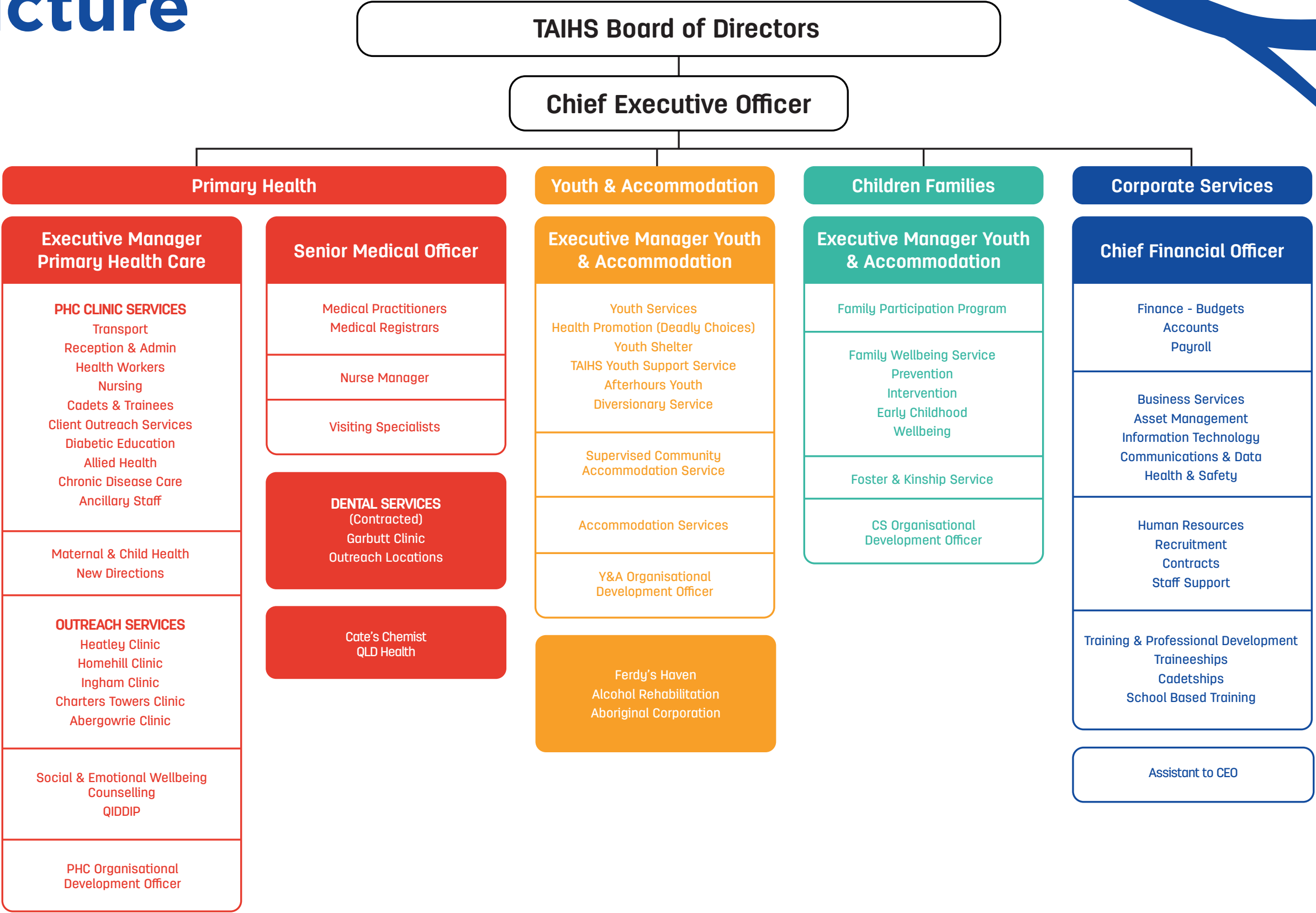
91 staff  **45%**

Primary Health

\$28,471,482
TAIHS INCOME 20/2021

86% Grants + **11%** Medicare + Practice Incentive Payments

organisational structure





financials

June 2020 - July 2021

Townsville Aboriginal and Torres Strait Islander Corporation for Health Service

Trading as
Townsville Aboriginal + Islander Health Service

ABN 66010 113 603
Annual Report - 30 June 2021

Torres Strait Islander Dancers performing traditional dance and music at the Bindal Sharks All Blacks Carnival
Image credit - Rosana Kersh Photography

directors' report

The directors present their report, together with the financial statements, on the corporation for the year ended 30 June 2021.

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:

Desmond Cowburn	(term ended at AGM 22/07/2020)
Eva Kennedy	(term ended at AGM 22/07/2020)
Leone Malamoo	(re-elected at AGM 22/07/2020)
Mary Topsy Tapim	(elected at AGM 22/07/2020)
Dorothy Smith	(elected at AGM 22/07/2020)
Liela Murison	(term ended at AGM 25/11/2020)
Coralie Cassady	(term ended at AGM 25/11/2020)
Esther Illin	(term ended at AGM 25/11/2020)
Michael Illin	(re-elected at AGM 25/11/2020)
Sterling Wedel	(elected at AGM 25/11/2020)
Randal Ross	(elected at AGM 25/11/2020)
Anne Taylor	(elected at AGM 25/11/2020)

The Annual General Meeting for 2018/19 was delayed due to Covid-19 restrictions, so did not occur until 22 July 2020. The 2019/20 Annual General Meeting was held in November 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

Name: Michael Illin

Title: Chairperson
Elected at AGM 13/02/2019, appointed Chairperson 19/02/2019 and re-appointed Chairperson 25/11/2020

Qualifications: Diploma Primary Health Care
Degree in Health Management (in progress)

Experience and expertise: 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. 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. 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.

Name: Leone Malamoo

Title: Director
Elected at AGM 13/02/2019 and re-elected at AGM 22/07/2020

Qualifications: Master of Public Health (Health Promotion), James Cook University. Master of Philosophy in Applied Epidemiology, Australian National University.

Experience and expertise: 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.

Special Responsibilities: Director, Financial and Audit Risk Committee. Appointed 19/02/2019.

Name: Sterling Wedel

Title: Director
Elected at AGM 25/11/2020

Qualifications: Bachelor of Laws (Deferred), James Cook University.
Diploma of University Studies, Pressure Point Control Techniques (PPCT) Instructor,
Defensive Tactics Instructor, Aggressive Behaviour Management (ABM) Instructor,
Occupational Violence Prevention (OVP) Instructor, Managing Actual & Potential Aggression (MAPA) Instructor

Experience and expertise: Sterling is an active member the North Queensland Regional Aboriginal Corporation Language Centre, and Dulguburra Yidinji Aboriginal Corporation and the NQ Land Council. He is a proud Dulguburra Yidinji Man of Yungaburra on the Atherton Tablelands, was born and raised in Townsville, and a proud father of 4 daughters.

Sterling has worked with Queensland Health for over 14 years, specialising in Security, Mental Health Rehabilitation, Indigenous liaison and Staff development. He has also worked for 7 years within the Community Legal Sector, specialising in Court support and Transitioning from Prison to Community.

Name: Anne Taylor

Title: Director
Elected at AGM 25/11/2020

Qualifications: Cert III - Business Office Administration
Mura Ama Wakaana Cultural Awareness Trainer
Diploma - Government Leadership Skills
Diploma - Community Services
Bachelor of Human Services Scholarship Program (In Progress)
Certificate IV Life Coaching (In Progress)

Anne Taylor, born in Ayr and raised across the river in Home Hill, is of Irish and Torres Strait Islander descent and has been living in Townsville for 21 years with her partner Lee and three daughters Wahkana, Raven and Kiamani. Anne’s Torres Strait Islander lineage connects her to the Dauer Meriam tribe from Mer (Murray Island).

Experience and expertise: The Queensland Government has provided Anne with an avenue to enter the workforce and the positions she has held over the years has allowed her to build her skills, ability, knowledge and experience in working with and for individuals and families experiencing vulnerability, disadvantage and marginalisation.

Anne successfully turned that early employment opportunity into a career that is rewarding and fulfilling and is one that has helped shape and influences her professionally to who she is today. Anne has a broad range of experience in child protection and family reforms, community development, project management, procurement and contract management in the North Queensland

region such as Burdekin, Palm Island, Charters Towers/Hughenden, Ingham & Townsville.

She currently holds a Diploma in Community Services and in 2017, she decided to complete further studies in Bachelor of Human Services through the University of Southern Queensland and is also studying Certificate IV in Life Coaching.

In Government, Anne has demonstrated great motivation and commitment towards addressing key themes, trends and gaps in how Government, Non-Government Agencies and private businesses provide services in her community, particularly to children, young people and families experiencing vulnerabilities. In particular, her interest is focussed on Aboriginal and Torres Strait Islander peoples who continue to experience low or poor social and emotional wellbeing outcomes and overrepresentation in all key social and health issues across Australia.

From 2018 - 2019, she led the implementation of the First 1000 Days Australia movement in Townsville. The First 1000 Days Australia resonated with Anne's work experiences, values and vision in creating greater opportunities, empowering and building self-determination in Aboriginal and Torres Strait Islanders peoples using a collective impact process to 'Closing the Gap' to improve greater life outcomes for individuals, families and the communities.

Special Responsibilities: Director, Director, Financial and Audit Risk Committee. Appointed 19/02/2019.

Name: Dorothy Smith

Title: Director
Elected at AGM 22/07/2020

Qualifications: Currently studying a double degree in Business and Psychology
Studied for two years at JCU towards a Nursing Science Degree.

Experience and expertise: Dorothy is a Cultural Engagement Officer. 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.

Special Responsibilities: Director, Financial and Audit Risk Committee (FINCOM formerly know as FARC) Appointed 18/08/2020

Name: Mary Topsy Tapim

Title: Director
Elected at AGM 22/07/2020

Qualifications: Diploma in Community Services
Currently in the process of completing a Bachelor of Social Science

Experience and expertise: 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

Topsy is the Founder and Facilitator of the Shield of H.E.R.S (Honour, Empower, Respect, Survive) Aboriginal & Torres Strait Islander Women's group; Chairperson of the Cultural Authority Body of the Domestic & Family Violence Support Service; Committee member of the Qld Police Service First Nation Peoples Reference Group; Director/Secretary of the Aboriginal & Torres Strait Islander Women's Legal Service NQ; and, Board Member of the Youth Offender Accountability Board with Department of Youth Justice.

Name: Randall Ross

Title: Director
Elected at AGM 25/11/2020

Qualifications: Bachelor of Community Welfare – JCU 2.5 years (Deferred last 6 months)
Cert 4 Business Management (NSW)
Cert 4 Community Night Patrol (NSW)
Cert 4 Workplace Assessor & Training
Certificate: Dialogue, Theories & Practice for Peacebuilding: Mindanao Peacebuilding Institute Foundation Philippines 2012
Certificate: Fundamentals of Peacebuilding: Mindanao Peacebuilding Institute Foundation Philippines 2012

Experience and expertise: Randall is a Senior Lore/Law Man of Yuru, Bindal Nation – Dyirbal & Birrigubba Language Group. He is currently a manager for Cultural & Community Relations at North West Remote Health. He also co-founded the internationally recognised 'Red Dust Healing', where he is a senior facilitator. In addition, Randall co-authored Garbutt Magpies: 'Boys to Men: 25 years on'.

Randall holds various offices and memberships, including Chairperson for Garbutt Bomber Sporting & Cultural Association; Director of Garbutt Magpies Sporting & Cultural Association; First Nation Council of Elders & Leaders Inaugural Member Central Queensland University (Townsville); Ronald McDonald House Aboriginal and Torres Strait Islander Advisory Council Member; Townsville Hospital & Health Aboriginal & Torres Strait Islander Community Advisory Council Member.

Meetings of directors

The number of meetings of the corporation's board of directors ("the board") held during the year ended 30 June 2021, and the number of meetings attended by each director were:

		Position	Held	Attended
Michael Illin	(re-elected at AGM 25/11/2020)	Chairperson	16	16
Liela Murison	(term ended at AGM 25/11/2020)	Deputy-Chairperson	16	7
Leone Malamoo	(re-elected at AGM 22/07/2020)	Director	16	13
Coralie Cassady	(term ended at AGM 25/11/2020)	Director	16	5
Esther Illin	(term ended at AGM 25/11/2020)	Director	16	2
Desmond Cowburn	(term ended at AGM 22/07/2020)	Director	16	1
Eva Kennedy	(term ended at AGM 22/07/2020)	Director	16	0
Dorothy Smith	(elected at AGM 22/07/2020)	Director	16	13
Mary Topsy Tapim	(elected at AGM 22/07/2020)	Director	16	14
Sterling Wedel	(elected at AGM 25/11/2020)	Director	16	10
Randall Ross	(elected at AGM 25/11/2020)	Director	16	5
Anne Taylor	(elected at AGM 25/11/2020)	Director	16	10

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
Directors

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



Donna Sinanian
Partner

Townsville 25/10/2021

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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.

Statement of profit or loss and other comprehensive income For the year ended 30 June 2021

	Note	2021 (\$)	2020 (\$)
Revenues	3	24,664,328	25,010,873
Other revenue	3	3,807,154	3,685,839
Unexpired grants brought forward		429,991	288,270
Unexpired grants returned to funding bodies			-
Unexpired grants carried forward to next year		(1,077,976)	(728,388)
Expenses			
Employee benefits expense	4	(18,674,700)	(19,674,698)
Motor vehicle expense		(471,345)	(334,833)
Property expense		(1,587,876)	(1,442,587)
Administration expense		(1,528,212)	(1,537,343)
Meeting expense		(16,501)	(21,980)
Medical supplies expense		(144,024)	(132,396)
Client expense		(606,402)	(568,141)
Travel and training expense		(187,438)	(320,582)
Subcontractors		(1,915,006)	(2,431,276)
Depreciation & amortisation expense		(734,602)	(933,585)
Return unspent funds / transfer to buffer		(8,864)	(1,849)
Surplus before income tax expense		1,948,528	857,324
Income tax expense		-	-
Surplus after income tax expense for the year attributable to the members of Townsville Aboriginal And Torres Strait Islander Corporation For Health Services		1,948,528	857,324
Other comprehensive income for the year, gain/(loss) on revaluation of land and buildings		-	-
Total comprehensive income for the year attributable to the members of Townsville Aboriginal And Torres Strait Islander Corporation For Health Services		1,948,528	857,324

Statement of financial position As at 30 June 2021

	Note	2021 (\$)	2020 (\$)
Assets			
Current assets			
Cash and cash equivalents	5	9,539,387	8,365,270
Trade and other receivables		28,949	535,481
Contract asset		215,424	50,471
Other	6	664,400	491,551
Total current assets		10,448,160	9,442,773
Non-current assets			
Property, plant and equipment	7	9,370,302	9,199,550
Total non-current assets		9,370,302	9,199,550
Total assets		19,818,462	18,642,323
Liabilities			
Current liabilities			
Trade and other payables	8	2,301,198	1,986,719
Contract liability	9	1,861,845	1,585,510
Short term provisions	10	897,569	826,556
Lease liability		138,884	217,487
Borrowings	11	69,186	175,406
Total current liabilities		5,268,683	4,791,678
Non-current liabilities			
Long term provisions	10	289,961	415,724
Lease liability		227,385	235,724
Borrowings	11	-	1,115,763
Total non-current liabilities		517,346	1,766,741
Total liabilities		5,786,030	6,558,419
Net assets		14,032,432	12,083,904
Equity			
Reserves		152,742	152,742
Retained surplus		13,879,690	11,931,162
Total Equity		14,032,432	12,083,904

Statement of changes in equity For the year ended 30 June 2021

	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 & 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
Other comprehensive income for the year	-	-	-
Balance at 30 June 2020	11,931,162	152,742	12,083,904
	Retained surplus (\$)	Reserves (\$)	Total Equity (\$)
Balance at 1 July 2020	11,931,162	152,742	12,083,904
Surplus after income tax expense for the year	1,948,528	-	1,948,528
Other comprehensive income for the year	-	-	-
Balance at 30 June 2021	13,879,690	152,742	14,032,432

Statement of cash flows For the year ended 30 June 2021

	Note	2021 (\$)	2020 (\$)
Cash flows from operating activities			
Receipts from customers (inclusive of goods and services tax)		30,688,651	29,678,874
Payments to suppliers and employees (inclusive of goods and services tax)		(25,647,582)	(26,753,326)
Net payment to ATO (goods and services tax)		(1,812,091)	(1,741,064)
Interest paid		(39,716)	(108,961)
Interest received		3,196	9,075
Net cash inflow from operating activities		3,192,458	1,084,598
Cash flows from investing activities			
Payment for property, plant and equipment		(761,238)	(315,689)
Net cash (outflow) from investing activities		(761,238)	(315,689)
Net cash provided by / (used in) financing activities			
Repayment of lease liability		(274,025)	(492,445)
Repayment of bank loans		(983,077)	(70,535)
Net cash inflow/(outflow) from financing activities		(1,257,103)	(562,980)
Net increase in cash and cash equivalents		1,174,117	205,929
Cash and cash equivalents at the beginning of the financial year		8,365,270	8,159,341
Cash and cash equivalents at the end of the financial year	5	9,539,387	8,365,270

Notes to the financial statements

30 June 2021

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 (CATSI Act).

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 (CATSI Act). 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.

The company recognises revenue as follows:

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the company is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the company: 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 company satisfies the performance obligations stated within the funding agreements. If conditions are attached to the grant which must be satisfied before the company 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.

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 2021 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.

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 and any accumulated impairment losses. 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 Note 1(e) 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.

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.

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.

Contract liabilities

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

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.

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 and finite life intangible assets. 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. Revenue

	2021 (\$)	2020 (\$)
Revenue from (non-reciprocal) Government Grants and Other Grants: Commonwealth Government Grants		
Department of Health	6,387,254	6,743,462
Department of the Prime Minister and Cabin	1,967,240	1,847,240
Department of Housing and Public Works	1,583,802	1,534,406
State Government Grants		
Department of Child Safety, Youth and Women	9,851,989	10,113,464
Queensland Health	2,251,46	2,130,321
Department of Education and Training	237,639	232,126
Other Grants		
Northern Queensland Primary Health Network	911,268	1,184,642
Institute for Indigenous Health	581,960	574,994
Northern Aboriginal and Torres Strait Islander Health Alliance	291,865	291,865
CheckUP	141,133	214,840
Sundry Grants	405,513	134,438
Other Revenue		
Interest income	3,196	9,057
	24,664,328	25,010,873
Other Revenue		
Project generated Medicare receipts	2,609,589	2,389,318
Practice incentive payments	538,895	617,243
Other revenue	658,670	679,278
	3,807,154	3,685,839
Total Revenue	28,471,482	28,696,712

Note 4. Profit for the year

a) Expenses:

	2021 (\$)	2020 (\$)
Depreciation and amortisation		
Land and buildings	117,076	110,520
Leasehold buildings	92,665	92,665
Motor vehicles	14,399	19,182
Plant and equipment	297,558	288,837
Right of use assets	212,903	422,381
Total depreciation and amortisation	734,601	933,585
Employee benefits expense	18,674,700	19,674,698
Audit or review services	33,500	33,250
Rental expense on minor operating leases	86,948	88,232

Note 5. Current assets - cash and cash equivalents

	2021 (\$)	2020 (\$)
Cash on hand	6,563	7,160
Cash at bank	9,532,824	8,358,110
	9,539,387	8,365,270

Note 6. Current assets - other

	2021 (\$)	2020 (\$)
Prepayments	394,001	248,880
Goods and services tax paid	260,260	241,356
Security deposit – electricity	583	583
Loan establishment fees	732	732
Credit card	8,824	-
	664,400	491,551

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

	2021 (\$)	2020 (\$)
Freehold land at fair value		
Independent valuation June 2019	3,353,500	3,353,500
Total land	3,353,500	3,353,500
Buildings at fair value		
Independent valuation June 2019	4,406,198	4,406,198
Building additions & improvements	70,202	24,630
Less: Accumulated depreciation	(227,596)	(110,520)
Total buildings	4,248,804	4,320,308
Leasehold buildings at cost	463,323	463,323
Improvements at cost	(391,892)	(299,227)
Less: Accumulated depreciation	71,431	164,096
Total land and buildings	7,673,735	7,837,904
Plant and equipment		
At cost	4,245,123	3,521,109
Less accumulated depreciation	(3,033,606)	(2,733,138)
Total plant and equipment	1,211,518	787,971
Motor vehicles		
At cost	208,399	238,281
Less accumulated depreciation	(150,606)	(180,488)
Total motor vehicles	57,793	57,793
Total plant and equipment	1,269,310	845,764
Right use of assets		
At cost	649,544	1,803,865
Less accumulated amortisation	(304,998)	(1,390,530)
Total right of use assets	344,547	413,335
Capital Works In Progress		
Capital expenditure projects	82,710	80,526
Plant and equipment purchases	-	22,021
Total capital works in progress	82,710	102,547
Total property, plant and equipment	9,370,302	9,199,550

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 2020	3,353,500	4,400,834	164,096	57,793	413,335	809,992	9,199,550
Additions	-	-	-	-	144,114	713,483	857,597
Improvements	-	45,572	-	-	-	-	45,572
Works in progress	-	2,184	-	-	-	-	2,184
Revaluation increment/decrement	-	-	-	-	-	-	-
Right of use assets	-	-	-	-	-	-	-
Depreciation expense	-	(117,076)	(92,665)	(14,399)	(212,902)	(297,558)	(734,601)
Balance at 30 June 2021	3,353,500	4,331,514	71,431	43,394	344,547	1,225,917	9,370,302

Note 8. Current liabilities - trade and other payables

	Note	2021 (\$)	2020 (\$)
Trade payables		622,550	335,392
Goods and services tax collected		679,791	716,852
Accrued expenses		735,883	677,530
Payroll liabilities		141,516	111,883
Buffers held		110,231	110,231
Capital commitments		-	22,021
Other liabilities		11,227	11,226
Credit card		-	1,584
		2,301,198	1,986,719

Note 9. Schedule of contract liabilities

	2021 (\$)	2020 (\$)
Government Grants:		
Department of Health		
New Directions Palm Island	39,066	40,274
Sexual Health	260,478	542,277
Total Department of Health	299,544	582,551
Department of Child Safety, Youth and Women		
Family Participation Program	141,161	197,707
Family Wellbeing Services	175,685	89,485
Family Wellbeing Packages	76,686	76,686
Family Wellbeing Services – Domestic Violence Specialist	-	30,385
Youth Support Services	45,645	3,630
Foster and Kinship Service	14,015	-
Supervised Community Accommodation Service	8,131	8,131
Bail Support Service	151,640	47,978
After Hours Diversion Service	12,528	-
Youth Justice Palm Island	31,246	9,679
Youth Justice SBA - Capital one-off	29,089	29,089
Cultural Mentoring Program (Yalga)	55,087	-
Total Department of Child Safety, Youth and Women	740,913	492,770
Department of Prime Minister and Cabinet		
Stronger Families - Smart Healthy Kids	30,460	2,957
Stronger Families - Strong Healthy Families	20,181	-
Ferdy's Haven – COVID-19 Booster	8,375	120,000
Ferdy's Health Workforce	2,150	-
Total Department of Prime Minister and Cabinet	61,165	122,957
Northern Queensland Primary Health Network		
AOD Clinical Youth Service	21,106	57,134
Maternal Child Health Service Development	82,389	80,552
AOD Palm Island - Graduate Certificate in Family Therapy training	-	61,745
Integrated Team Care	349	349
Total Northern Queensland Primary Health Network	103,844	199,780
Queensland Health		
Public Dental Health	50,000	-
COVID-19 Immediate Support Measures	2,218	30,215
Chronic Disease Across the Lifespan (Outreach)	303,168	-
Enhanced Maternal Child Health	18,185	2,595
Illicit Drug Diversion Initiative	2,191	2,191
Total Queensland Health	375,762	35,001
Other Grants		
Northern Aboriginal and Torres Strait Islander Health Alliance - Integrated Team Care	12,454	8,013
National Aboriginal Community Controlled Health Organisation – COVID-19 Response	20,000	110,000
National Community Connectors Program	141,414	-
Western Sydney University - Watch & Inflate	7,156	7,156
Institute for Indigenous Health – Deadly Choices	45,883	12,787
Department of Education & Training – Pathways To Early Learning Development	16,443	4,226
General Medical Training – Equipment	37,266	10,269
Total Other Grants	280,61	152,451
Total contract liabilities	1,861,845	1,585,510

Note 10. Provisions - employee benefits

	2021 (\$)	2020 (\$)
Current		
Provision for employee benefits: annual leave	733,950	716,252
Provision for employee benefits: long service leave	163,619	110,304
	897,569	826,556
Non-Current		
Provision for employee benefits: long service leave	289,961	415,724
Total provisions for employee benefits	1,187,530	1,242,280

Note 11. Borrowings

Borrowings consist of the following:

	2021 (\$)	2020 (\$)
Current		
Bank Loan - Peel Street	69,186	175,406
Bank Loan - Fulham Road	-	-
	69,186	175,406
Non-Current		
Bank Loan - Peel Street	-	1,115,763
		1,115,763
Total Borrowings	69,186	1,291,169

The bank loan is secured by a first registered mortgage over the freehold properties located at 10 Peel Street, Garbutt and 421 Fulham Road, Heatley QLD 4814.

Note 12. Capital and leasing commitments

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

	2021 (\$)	2020 (\$)
Payable - minimum lease payments		
- not later than 12 months	64,308	95,677
- between 12 months and 5 years	208,560	71,820
	272,868	167,497

At 2021 reporting date, the following obligations under non-cancellable operating leases were in place: (a) lease of photocopiers; this lease was ended during the 2021 financial year. A new lease agreement with an alternate service provider commenced in July 2021 and is a five year agreement. Fleetplus lease for Nissan X-Trail (registration 964BJ6) commenced November 2020, for a 12 month only finance term.

At 2020 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.

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 set out below:

	2021 (\$)	2020 (\$)
Aggregate compensation	1,171,039	859,912

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.

	2021 (\$)	2020 (\$)
Recurring fair value measurements		
Property, plant and equipment		
Freehold land	3,353,500	3,353,500
Freehold buildings	4,406,198	4,406,198
	7,759,698	7,759,698

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 2021

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 2021 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

September 2021
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 2021, the statement of 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 2021 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.

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Responsibilities of the Directors for the Financial Report

The directors of the corporation are responsible for the preparation of the financial report and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the needs of the members 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. **Emphasis of Matter – COVID-19**

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of 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.

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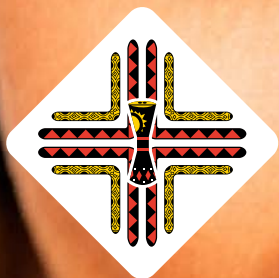


Donna Sinanian
Partner

Townsville 25/10/2021



Dr Belinda and Health Practitioner Clinton Washington with daughters Ella and Jada | Image credit - Rosana Kersh Photography



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