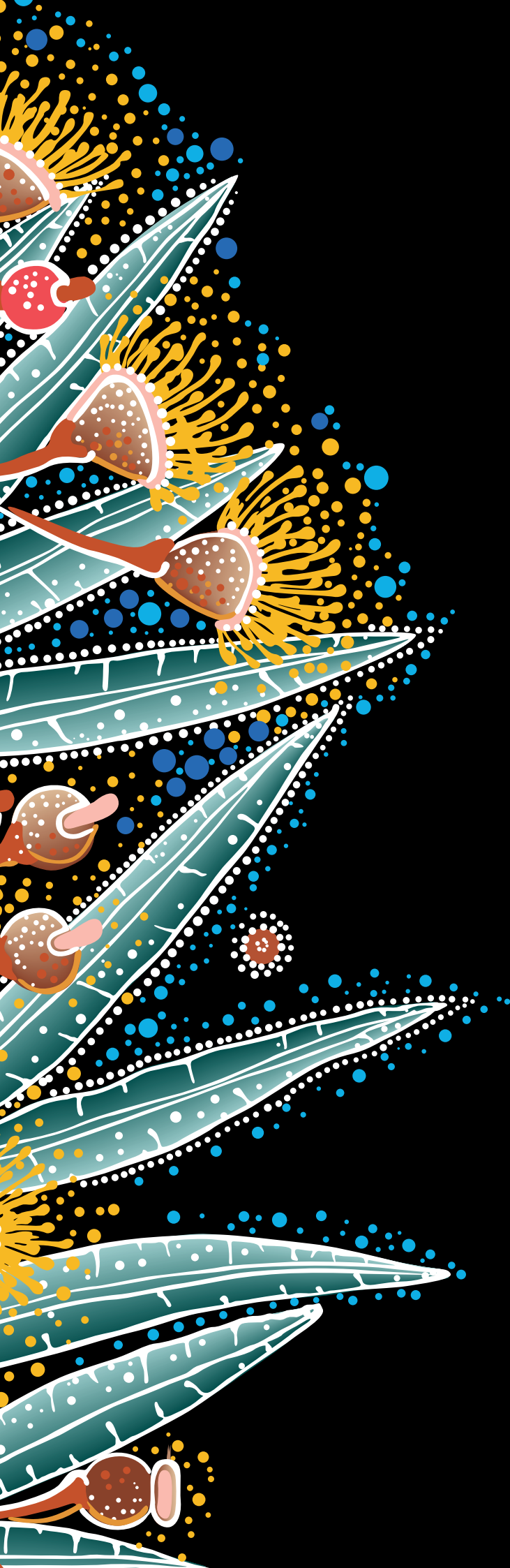




2025 ANNUAL REPORT

Acknowledgement

We acknowledge and wholly support all Traditional Owners for their continuing connection to this country and their communities. We recognise their continuing connection to these lands and waters, and thank them for protecting this country and its ecosystems since time immemorial. We pay respect to them and to their Elders past, present and emerging.

Artwork: Graphic elements from *A Journey to QAIHC*, Chern'ee © 2025.



The Queensland Aboriginal and Islander Health Council (QAIHC) is a public company that is limited by guarantee. QAIHC is registered as a charity with the Australian Charities and Not-for-profits Commission. The responsibility for this annual report rests with QAIHC.

Chairperson: Dorothy Smith

Acting Chief Executive Officer: Paula Arnol

ABN: 97 111 116 762

Auditor: Mazars Audit (QLD) Pty Limited

Report Period: 1 July 2024 to 30 June 2025



We view sustainability as way of doing business. We respect the Earth and our forests as well as our staff, suppliers, local communities and our Members. This report has been printed on ecoStar+, an environmentally responsible paper. ecoStar+ has been made Carbon Neutral and the fibre source is FSC (CoC) Recycled certified. ecoStar+ is manufactured from 100% post consumer recycled paper in a process chlorine free environment under the ISO 14001 environmental management system.



Contents

Who we are	2
A message from the Chairperson	4
A message from the CEO	6
Our governance.....	8
Board of Directors	9
Our Members	12
QAIHC Regional Snapshot	14
Member Highlights	16
Policy, Advocacy, Leadership and Strategy	28
Public health	30
Sector Development	32
Workforce Development	38
State Member's Conference	40
Education & Advocacy	42
Organisational Structure	46
Our Financials.....	48
Auditor's Independence Declaration	49
Statement of Profit or Loss and Other Comprehensive Income.....	50
Statement of Financial Position	51
Statement of Changes in Equity	52
Statement of Cash Flows	53
Notes to the Financial Statements.....	54
Directors' Declaration	70
Independent Auditor's Report	71



Who we are

The Queensland Aboriginal and Islander Health Council (QAIHC) is a leadership and policy organisation. QAIHC was established in 1990 and is the peak organisation representing all Aboriginal and Torres Strait Islander community-controlled health organisations (ACCHOs) in Queensland at both a state and national level.

Our Values

QAIHC's organisational values are: excellence, cultural practice, leadership, honesty, respect, integrity, innovation, diversity and uniqueness

Our Purpose

To advocate and lobby for accessible and equitable comprehensive primary health care to all Aboriginal and Torres Strait Islander people in Queensland; and to embed sustainable investment in models of care through quality governance, strong leadership and representation; underpinned by cultural security and guided by community values.

Our Vision

Empowering a sustainable Aboriginal and Torres Strait Islander community-controlled health sector, underpinned by cultural safety, strong leadership, governed by principles of self-determination.

Our Goals

QAIHC will lead and support the Aboriginal and Torres Strait Islander community controlled sector to provide better outcomes for their communities by:

- leading health system reform across Queensland;
- engaging with Members, partners and key stakeholders to influence and shape the development of key health policy and planning reform across the sector;
- implementing Aboriginal and Torres Strait Islander self-determination within QAIHC, enabling resilient cultural identity and connection to our Members and communities;
- reforming investments to support equitable access to quality comprehensive primary health care services across Queensland; and
- co-design with Members a robust framework for future pandemics and climate change impacts.





About this Report

The intent of this Annual Report is to tell the story of what we do, why we do it, and how our work provides support and assistance to our Members who work tirelessly to improve the health and wellbeing of Aboriginal and Torres Strait Islander people in Queensland.

This year's report outlines the achievements of QAIHC, including our financial results. This annual report is primarily aimed at the following audiences:

- The organisations we serve — our Members;
- Federal and State Government and non-government partners who provide funding and much needed in-kind support;
- Stakeholders who provide support to the organisations we serve;
- Employees of QAIHC who provide high-quality, professional advice and services to our Members.



A message from our Chairperson

On behalf of the Board of Directors, I am pleased to present the QAIHC 2025 Annual Report to our Members and stakeholders.

When thinking about this message, I have taken the opportunity to reflect on the work that the QAIHC Secretariat has undertaken over the past year to support our Members, deliver programs that strengthen our communities, develop our future workforce, and advocate for reforms that will improve the viability and vibrancy of our sector.

It has been a year of transition and progress. I want to begin by acknowledging Matthew Cooke, who served as QAIHC Chairperson for much of this reporting period. Matthew's leadership and advocacy over many years have helped shape the direction of Aboriginal and Torres Strait Islander health in Queensland, and his contribution to both QAIHC and the broader ACCHO sector has been significant. On behalf of the Board and our Members, I thank him sincerely for his commitment and vision.

As the newly appointed Chairperson, I am proud to lead an organisation that continues to put our communities and our Members at the centre of everything we do. Over the past year, we have advanced key initiatives designed to strengthen our sector and support better health outcomes for our people.

Strengthening our sector

QAIHC has continued to deliver on our *Blueprint 2.0*, our 10-year vision for a strong, sustainable, and community-led health system. Through the Statewide Member Engagement Roadshow, we've connected directly with Members across Queensland to listen to local priorities and co-design solutions. These conversations are shaping our *Operational Plan* and guiding how we negotiate on your behalf with Queensland Health to invest the \$26 million secured in the 2024 Queensland State Budget to build capability, strengthen services, and support regional leadership.

Growing our workforce

The launch of the *QAIHC Workforce Strategy* at our 2025 Workforce Symposium marked a major milestone in building a skilled and sustainable Aboriginal and Torres Strait Islander health workforce. This strategy sets the foundation for attracting, developing, and retaining talent across our sector, ensuring that our services can meet the health needs of our communities into the future.

Advocating for reform

This year, we have continued to advocate strongly for policies and investments that enable our Members to lead solutions that work for their communities. From shaping the next phase of the *National*

Health Reform Agreement (NHRA) to engaging with the incoming Queensland Government, QAIHC has ensured that the voice of the community-controlled sector is heard at every level.

Celebrating excellence

The 2024 QAIHC Members' Conference, Awards for Excellence, and Annual General Meeting were highlights. These gatherings celebrated the strength and innovation within our sector and showcased the impact of our Members' work on the ground. The energy, collaboration, and shared vision during these events reminded us why community control matters and why we must keep pushing for better outcomes for our people.

Looking ahead, we remain committed to supporting our Members, championing reforms that deliver real change, and working in partnership with government and stakeholders to build a health system that is truly designed by and for Aboriginal and Torres Strait Islander peoples.

It is a privilege to serve as QAIHC's Chairperson, and I look forward to working alongside our Members, our Board, and the QAIHC team as we continue to strengthen our sector and improve the health and wellbeing of our communities.

Dorothy Smith,
QAIHC Chairperson



A message from our CEO

I am pleased to introduce QAIHC's Annual Report, a record of how we supported our Members and strengthened our sector in 2024/25.



Paula Arnol,
QAIHC A/CEO

This report aims to highlight our collaborative achievements and sector strengthening activities undertaken throughout the year.

Over the past year, QAIHC has partnered with our Members to deliver programs that make a real difference for Aboriginal and Torres Strait Islander peoples across Queensland. We have been focused on building skills, pushing for reforms, and continuing to advocate and influence nationally and across the state to ensure our sector's priorities are translated into government policies and strategies.

Our workforce is key to our success, and I wish to highlight the work undertaken and led by our Sector Development team in rolling out the *QAIHC Workforce Strategy*.

This work is creating job opportunities, building career pathways, and making sure our Member services have the skilled, culturally capable people they need to support communities now and into the future.

This Annual Report also provides an insight into our governance, our Board of Directors, our Members, and the structure of our organisation. It outlines how we represent the interests of the sector, advocate on key policies and strategies and maintain the financial strength needed to deliver on our commitments to our Members.

As I look to 2025/26, we do so with optimism and confidence. We have envisaged another year of growth, where we continue to build on the

strong foundations laid this year. QAIHC maintains our strong partnerships and relationships with our Members, governments, and stakeholders. QAIHC has successfully pivoted through the transition from one government to another, maintaining its strong influence on policy, and we will continue to champion the priorities of the ACCHO sector following the changes.

Thank you to our Members, our Board, key stakeholders and the dedicated QAIHC Secretariat for your ongoing commitment to our sector. Together, we can continue to shape a stronger, more vibrant future for our Members and our communities.



Our governance

QAIHC's Board of Directors, through our frameworks and policies, lead our effective governance activities and relationships that make up our organisation. Good governance is embedded in the practices and procedures guiding the QAIHC Secretariat to implement its work effectively and openly in an environment of both state and national political changes.

The QAIHC Board of Directors ensures that our peak organisation has a strong, secure long-term future guided by our constitutional objects:

The Company is established to be a not for profit charitable institution whose objects are to:

- fulfill the functions of a peak state body representing as well as directly responding to the needs and interests of Aboriginal and Torres Strait Islander community controlled health services;
- provide education, training and other services to support Aboriginal and Torres Strait Islander Community Controlled Health Services and other organisations involved in promoting health in the Community;
- assist the advancement of the social determinants that impact on the health of Aboriginal or Torres Strait Islander people;
- assist and support the delivery of holistic and culturally appropriate health related services;
- deliver education and training to Aboriginal or Torres Strait Islander people;
- support the reduction of poverty within the Community to assist in the improvement of Aboriginal and Torres Strait Islander health; and
- advance Aboriginal and Torres Strait Islander culture to enable the regaining or sustaining of Community health and wellbeing.

During the past 12 months we have undertaken this by:

- overseeing the 10-year Blueprint implementation;
- recent Constitution amendments;
- re-establishing the organisation's strategic direction and priorities;
- interacting with key stakeholders to inform them of achievements and ensuring they have input into determining strategic goals and direction;
- regularly scanning the external operating environment to ensure that the organisation's strategic direction remains both appropriate and achievable;
- monitoring organisational performance and evaluating the achievement of the strategic and business plans and annual budget outcomes;
- reporting back to Members at the Annual General Meeting (AGM);
- establishing the policy framework for governing the organisation from which all operational policies and actions are developed;

- ensuring the organisation has appropriate corporate governance structures in place including standards of ethical behaviour and promoting a culture of corporate and social responsibility;
- defining key relationships between the organisation and its stakeholders and other key individual and organisations/groups;
- appointing, setting targets in order to evaluate the performance of and reward as appropriate, the CEO;
- monitoring CEO and organisational compliance with the relevant federal, state and local legislation and bylaws, and with the organisation's own policies;
- providing advice and guidance to the CEO as required;
- assessing risks facing the organisation, establishing a risk management plan and monitoring compliance;
- evaluating the effectiveness of the organisation as a Board.

Board of Directors

The QAIHC Board of Directors consists of up to nine directors including an elected Chairperson and Deputy Chairperson, five QAIHC Regional Directors, and when required, up to two Independent Directors.

The Board of Directors governs the work of the Secretariat and is guided by the Constitution to ensure that our purpose is being followed. It also makes recommendations on issues concerning Membership, identifies and clarifies policy issues, and oversees the Strategic Plan.

The Board of Directors is also responsible for the appointment of the CEO, setting performance expectations, and providing advice and guidance to the CEO.

Board of Directors

Matthew Cooke — resigned as Chairman and appointed Regional Director Central Qld at AGM 5 June 2025.

Dorothy Smith — appointed Chairperson at AGM 5 June 2025 (previously the Regional Director North & North West Qld).

Rachel Atkinson — appointed Deputy Chairperson at AGM 5 December 2023.

Andrew Malcolm — appointed Regional Director Far North Queensland at AGM 5 June 2025.

Elizabeth Adams — appointed Regional Director South & South West Queensland at AGM 5 June 2025.

Renee Blackman — appointed Regional Director South East Queensland at AGM 5 June 2025.

Retiring Directors

David Collins — Regional Director South East Qld retired on 19 July 2024.

Stevan Ober — Regional Director Central Qld retired on 2 August 2024.

Adrian Carson — Skills-based Director retired on 2 August 2024.

Noeleen Selke — Regional Director Far North Queensland retired on 21 February 2025.

Sheryl Lawton — Regional Director South and South West Qld retired on 20 March 2025.

2023-24 Board of Directors Meetings

During the financial year, five (5) Board meetings of Directors were held. Attendances by each director were as follows:

Director	Eligible Board Meetings	Board Meetings Attended
Matthew Cooke	5	4
Dorothy Smith	5	5
Rachel Atkinson	5	5
Andrew Malcolm	2	2
Elizabeth Adams	1	1
Renee Blackman	2	1
David Collins	0	0
Steven Ober	2	2
Adrian Carson	0	0
Noeleen Selke	3	3
Sheryl Lawton	3	3

Board Directors

As at 30 June 2025



Dorothy Smith

(BIRRI GUBBA/BINDAL/MER)
CHAIRPERSON

Dorothy is a proud Birri Gubba/ Bindal/Mer woman. She has been a director of QAIHC since April 2023 and was appointed as the QAIHC Board Chairperson on 5 June 2025.

Dorothy Smith is a dedicated leader in the community-controlled sector, with over 15 years of experience in government, business development, and First Nations community engagement. As Chairperson of TAIHS and QAIHC she brings strategic capability, governance expertise, and a deep commitment to advancing Indigenous-led solutions.

As the Managing Director of Goodjoo Pty Ltd, a fully Aboriginal and Torres Strait Islander-owned enterprise development and consulting business, Dorothy works alongside specialised collectives to deliver impactful solutions for corporate, nonprofit, and government partners. A proud Traditional Owner from the Bindal people of Townsville and a descendant of the Komet People of Murray Island, she is passionate about economic empowerment, social enterprise, and culturally responsive governance.



Rachel Atkinson

(YORTA YORTA)
DEPUTY CHAIRPERSON

Rachel Atkinson is a proud Yorta Yorta woman who has dedicated her working life to improving the lives of Aboriginal and Torres Strait Islander people.

Rachel has extensive lived experience in working in rural, remote and regional Aboriginal and Torres Strait Islander communities. This includes over 25 years' experience as CEO of large community-based Aboriginal and Torres Strait Islander organisations delivering health and social services. She has been CEO of PICC since its incorporation in 2007, and has overseen its growth to become the larger service provider and employer on Palm Island.

Rachel is currently Chair of the Queensland Aboriginal and Torres Strait Islander Child Protection Peak, a board member and community representative of the Queensland First Children and Families Board, Co-Chair of Family Matters Queensland and a Director of the SNAICC National Executive. She has previously served as the Board Chair of the Queensland Aboriginal and Islander Health Council (QAIHC), and has been serving as the Deputy Chair of QAIHC since 5 December 2023.



Andrew Malcolm

REGIONAL DIRECTOR
FAR NORTH QUEENSLAND

Andrew Malcolm, raised between Yarrabah and Palm Island, brings deep community insight and over 30 years of experience in Indigenous health, governance, and infrastructure.

A former board member of Wuchopperen Health Service and Okola Corporation, Andrew has held numerous leadership roles across regional and national organisations.

He is currently Chair of NATSIHA and Gindaja Board of Directors, where he champions culturally responsive, community-led healthcare. Andrew's governance style is collaborative and strength-based, rooted in transparency and equity. A qualified carpenter and registered builder, he has worked across government, community, and private sectors, combining his knowledge of infrastructure, environmental health, and innovation to drive sustainable solutions in Aboriginal and Torres Strait Islander health and well-being.



Matthew Cooke

(BAILAI)
REGIONAL DIRECTOR
CENTRAL QLD

Matthew Cooke is the Chief Executive Officer of Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd, trading as Nhulundu Health Service.

Matthew is a proud Aboriginal and South Sea Islander from the Bailai (Byellee) people in Gladstone, Central Queensland. Matthew has a background in serving the Aboriginal and Torres Strait Islander community-controlled health sector as both a Director and CEO over the past 17 years. He is also the Executive Chairperson of the First Nations Bailai, Gurang, Gooreng Gooreng, Taribelang Bunda People Aboriginal Corporation and a member of the Australian Institute of Company Directors and a Director of the Institute for First Nations Governance Professionals.

Matthew is actively involved in all aspects of Aboriginal and Torres Strait Islander affairs at national, state, regional and local levels. In 2007 he was named Young Leader in Aboriginal and Torres Strait Islander Health, in 2008 received the Deadly Vibe Young Leader Award and in 2011 received the Australian Institute of Management 2011 Young Manager of the Year Award — Gladstone.



Elizabeth Adams

(MARDIGAN/BUDJITI)
REGIONAL DIRECTOR SOUTH
AND SOUTH WEST QLD

Elizabeth “Lizzie” Adams is a proud and passionate Mardigan and Budjiti woman from south west Queensland.

She is CEO of Goolburri Aboriginal Health Advancement Co Ltd in Toowoomba, Executive Director of the Jaydon Adams Memorial Foundation and Chair of the Queensland Aboriginal and Torres Strait Islander Child Protection Peak.

Lizzie has always been fuelled by a passion for improving health outcomes for Aboriginal and Torres Strait Islander people. As CEO of Goolburri Lizzie has grown the organisation from humble beginnings to a thriving service with eight office locations and a wide range of health services employing more than 80 people.

As Executive Director of the Jaydon Adams Memorial Foundation, set up in memory of her son, she seeks to address the social determinants that impact Aboriginal youth and families. The foundation provides mental health first aid training, cultural safety training, social and emotional wellbeing services and the Strong Minds, Strong Spirits Program.



Renee Blackman

(GUBBI GUBBI/KABI KABI)
REGIONAL DIRECTOR SOUTH EAST QLD

Renee is a proud member of the Gubbi Gubbi (Kabi Kabi) nation and actively advocates for the health and wellbeing of Aboriginal and Torres Strait Islander people.

Her career began with the role of Aboriginal Health Worker in the early 1990s in Brisbane. She gained a Bachelor of Nursing from Australian Catholic University in 2000 and has worked in urban and remote settings ever since as a Registered Nurse. Renee has over 30 years' experience in operational health care, management and leadership roles across the health service system which includes primary health care, acute care and community health. In 2016 Renee was the Health Services Director at ATSICHS Brisbane and is now the Chief Executive Officer for ATSICHS Brisbane.

Our Members

As a formal Membership organisation, QAIHC looks after the needs of its Members. The ongoing support of our Members is fundamental to QAIHC's current and future work programs and ongoing success.

Members

Members have specific rights that allow them to participate in some internal processes. These rights are detailed in the rules of the organisation that are contained in the Constitution.

Important responsibilities that Members have include:

- following rules and approving changes in the Constitution
- electing the Board of Directors
- authorising major transactions including the dissolution of the organisation.

There are several Membership categories defined in the Constitution. Full Members are entitled to vote at elections and on key matters.

QAIHC defines an Aboriginal and Torres Strait Islander community-controlled health organisation (ACCHO) using the following criteria, as reflected in the Constitution. An ACCHO:

- is an independent, not-for-profit organisation, that is incorporated as an Aboriginal and/or Torres Strait Islander organisation;
- has been initiated by, and is controlled and operated by Aboriginal and/or Torres Strait Islander peoples; thereby acknowledging the right of Aboriginal and/or Torres Strait Islander peoples to self-determination;
- is based in a local Aboriginal and/or Torres Strait Islander community, or communities;
- is governed by a majority Aboriginal and/or Torres Strait Islander Board which is elected by Members of the local Aboriginal and/or Torres Strait Islander community or communities where it is based; and decision making of the Board is determined by this Board;
- delivers services that build strength and empowerment in Aboriginal and/or Torres Strait Islander communities and people.

FAR NORTH QUEENSLAND



NORTH AND NORTH WEST QUEENSLAND



CENTRAL QUEENSLAND



SOUTH AND SOUTH WEST QUEENSLAND

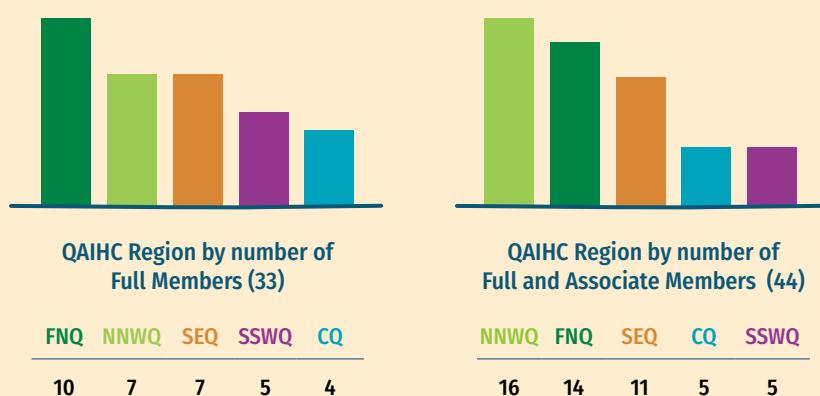


SOUTH EAST QUEENSLAND



QAIHC Regional Snapshot

QAIHC has five defined regions that are contained in the Constitution and were determined by Members after a long consultation process. Each region consists of four to 10 full Members, as shown on the map opposite with demographic data included below.



Regional Statistics / Population Table

QAIHC Region	Indigenous	Non-Indigenous	Total Population	Indigenous % of the Total Population	% of the QLD Indigenous Population
South East Queensland	117,263	3,577,339	3,694,602	10.4%	42.9%
Far North Queensland	51,206	238,916	290,122	10.3%	18.8%
North and North West Queensland	48,720	413,660	462,380	7.3%	17.8%
Central Queensland	32,149	421,280	453,429	4.6%	11.8%
South and South West Queensland	23,781	291,500	315,281	3.1%	8.7%
Sub Total	273,119	4,942,695	5,215,814	5.2%	100%

Data Source: Australian Bureau of Statistics. (2021, June 30). *Estimates of Aboriginal and Torres Strait Islander Australians*. ABS. Accessed: 4/9/2025
<https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>.



Member highlights



Far North Queensland



Mulungu celebrated NAIDOC Week with an all ages community event. Members of the Mareeba community joined Mulungu in celebrating the achievements of community leaders who were guiding the younger generation. From traditional dancing and arts and craft to music and market stalls, it was a day filled with culture, unity and joy.





Mookai Rosie Bi-Bayan in Cairns has expanded its midwifery service with the launch of the Mookai Maternal Health Program.



In November Apunipima celebrated its 30-year Milestone during their health summit for Cape York stakeholders.

Member highlights



Far North Queensland



Wuchopperen Health Service has been awarded a \$39,936 grant to help kick starts its research into reducing diseases caused by Strep A infections.



Gindaja Treatment and Healing Indigenous Corporation in Yarrabah celebrated after breaking ground on the final stages of its capital works Master Plan to upgrade its 15-bed alcohol and drug treatment Residential Recovery Centre.



Consultation with Gurriny Yealamucka.





Consultation with Mamu Health Service Limited.



Consultation with Torres Health.



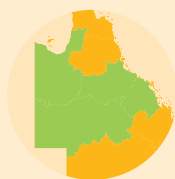
Consultation with NPA Family and Community Services.



Consultation with the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA).



Member highlights



North and North West Queensland



Townsville Aboriginal and Islander Health Service (TAIHS) honoured for its 50 years of service at the 2024 QAIHC Awards for Excellence Gala Dinner.



Consultation with Palm Island Community Company.



Consultation with Girudala Community Co-Operative Society.



Consultation with ATSICHS Mackay .

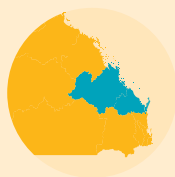




Consultation with Gidgee Healing and Injilini Aboriginal & Torres Strait Islander Corporation for Children & Youth Services.



Member highlights



Central Queensland



Consultation with Galangoor Duwalami Primary Healthcare Service.



Consultation with Nhulundu Health Service.



Consultation with Yoonthalla Services Woorabinda.

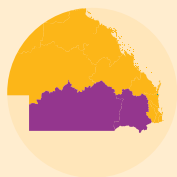




Bidgerdii Community Health Service marked 30 years of service to Aboriginal and Torres Strait Islander communities across its Central Queensland footprint by hosting a gala dinner at the Rockhampton Leagues Club in May 2025.



Member highlights



South and South West Queensland



Two Carbal team Members, Karen Schofield and Lisa Joan Cameron, are celebrating after completing studies to become a qualified Enrolled Nurse (EN) and Aboriginal Health Worker (AHW), respectively.



Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health (CWAATSICH) celebrated the opening of its new health and wellbeing centre and was honoured for its 30 years of service at the QAIHC 2024 Awards for Excellence Gala Dinner.



Consultation with Cherbourg Regional
Aboriginal & Islander Community
Controlled Health Service (CRAICCHS)



Consultation with Cunnamulla
Aboriginal Corporation



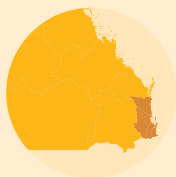
Consultation with Goolburri
Aboriginal Health Advancement Co.



ATSICHS Mackay —
Member engagement consultation.



Member highlights



South East Queensland



Kambu Health celebrated NAIDOC Week with its inaugural NAIDOC Gala Ball 2024 at the historic Queensland Museum Rail Workshops in Tulumur (Ipswich).



Yulu-Burri-Ba was honoured for its 40 years of service at the QAIHC 2024 Awards for Excellence Gala Dinner.



Kalwun Development Corporation was honoured for its 30 years of service at the QAIHC 2024 Awards for Excellence Gala Dinner.



The Institute for Urban Indigenous Health (IUIH) marks 15 years of progress and impact



ATSIHCS Brisbane proudly celebrated the opening of the new Mari-Mari-Ba facility (formerly known as the Joyce Wilding Hostel) on Brisbane's southside in September, marking a new chapter in supporting Aboriginal and Torres Strait Islander women who are homeless, at risk of homelessness, or in crisis.

Policy, Advocacy, Leadership and Strategy

In 2024–25, our Policy, Advocacy, Leadership and Strategy team worked together to strengthen QAIHC's role as the peak body representing ACCHOs across Queensland through high-level advocacy, strategic submissions, and active representation on state, national, and cross-sector committees.

QAIHC influenced major reforms relating to future funding pathways, health system integration, and culturally safe service delivery. Extensive statewide engagement informed the *Blueprint 2.0 Implementation Plan (2025–2029)*, aligning QAIHC's strategic priorities with Member needs.

The team also delivered QAIHC's State Members' Conference on 3–4 June 2025 in Meanjin. Through engaging presentations and conversations, delegates explored opportunities to deliver real community-led solutions for our people under the theme *Real in Qld — Practical Local Reform*.

At the same time, the Health Information Team (HIT) delivered sector-leading analytics, continuous quality improvement frameworks, and training initiatives, empowering Members with actionable insights and tools to deliver high-quality, sustainable, and culturally safe care.

Policy and advocacy activities

1. Strategic policy development and submissions

Throughout 2024–25, QAIHC advanced its policy leadership role by preparing evidence-based submissions and position papers that shaped national and state-level reforms, key examples include:

- **Cabinet Budget Review Committee (CBRC) Submission —**
Following the repeal of the Path to Treaty Act, QAIHC provided recommendations for reallocating funds to achieve tangible outcomes in housing, education, health, and employment.
- **Measuring outcomes for First Nations communities —**
Called for reforms to embed holistic wellness frameworks, improve measurement of Closing the Gap targets, and strengthen Indigenous Data Sovereignty.
- **Primary Health Network (PHN) Business Model Review —**
Recommended reforms to ensure PHNs meet First Nations health priorities in the context of Medicare reforms, workforce shortages, climate-related emergencies, and Closing the Gap (CtG) commitments.
- **First Nations Disability Forum —**
Proposed stronger representation for Aboriginal and Torres Strait Islander people and organisations in shaping national disability policy and culturally safe support frameworks.



2. Representation and influence on key committees

QAIHC maintained an active role across state, national, and cross-sector forums to influence policy and program development:

- **Closing the Gap and System Reforms** — Represented Queensland ACCHOs in the Coalition of Peaks, ensuring Queensland's priorities are embedded in CtG reforms.
- **National Health Reform Agreement (NHRA)** — Actively participated in reform discussions, advocating for First Nations priorities in activity-based funding and regional governance.
- **Queensland Emergency Department Strategic Advisory Panel** — Led advocacy on reducing readmissions, improving emergency care, and strengthening culturally safe workforce practices.
- **Cape and Torres Health Commissioning (CaTHC)** — Partnered with Queensland Health and the Department of Health and Aged Care to progress a community-controlled commissioning model for the Torres and Cape regions.
- **Justice Policy Partnership** — Ensured First Nations health and workforce considerations were central to justice reform initiatives.

3. Regional engagement and sector strengthening

QAIHC delivered a comprehensive statewide engagement process under a Queensland Health service agreement to strengthen regional capability and influence investment strategies:

- Conducted regional forums and member consultations across Far North, Central, Southern, South West, North, and North West Queensland.
- Gathered input from 32 of 33 Members to inform QAIHC's *Blueprint 2.0 Implementation Plan (2025–2029)*, shaping QAIHC's four-year priorities.
- Developed resources to improve sector understanding of NHRA funding pathways and activity-based funding reforms.



Health Information Team (HIT) activities

While policy and advocacy focused on reform, QAIHC's Health Information Team (HIT) drove evidence-based practice and sector capability through data, analytics, and continuous quality improvement (CQI):

1. Data analytics and reporting

- Produced Monthly Activity Reports using PenCS Practice Aggregation Tool (PAT), providing insights on patient visits, 715 health checks, MBS billing trends, immunisations, and risk indicators.
- Delivered nKPI and OSR dashboard reports for internal planning and member support, including updated nKPI Quick Reference Guides and mapping specifications in March 2025.
- Conducted six training sessions on CAT Plus software to improve data quality and MBS optimisation across member services.

2. Collaborative data governance

- Participated in Joint Data Analytics Working Group (JDAWG) with Queensland Health and PHNs to strengthen integrated data governance and health system planning.
- Contributed to the National Primary and Acute Care Data Linkage Project (NPACDLP), enhancing understanding of patient pathways and outcomes.
- Joined the Centre of Excellence for Aboriginal Digital Health, working towards national leadership in Aboriginal digital health solutions.

Public health

In 2024-2025, QAIHC's Public Health team strengthened public health outcomes through targeted campaigns, policy leadership, and sector engagement.

Key initiatives included the *Getting Frisky? Don't Be Risky* campaign to reduce STIs and BBVs, influenza vaccination promotion, and resources to support childhood immunisation. The team also released new position statements on oral health, cancer screening, dementia, medication shortages, and prison health.

The Public Health team engaged with State and Federal agencies on emerging health priorities, hosted the Clinical Leaders Forum, and developed training for new health professionals. Workforce development remained a priority, with support for physician trainees, GP registrars, and students to build a strong future health workforce.

These efforts ensure culturally safe, evidence-based strategies that support ACCHOs and improve health outcomes for Aboriginal and Torres Strait Islander communities.

Public health campaigns

Public Health strengthened community awareness through impactful campaigns. The *Getting Frisky? Don't Be Risky* campaign responded to rising rates of sexually transmitted infections (STIs) and blood-borne viruses (BBVs) by improving access to condoms and promoting testing and treatment. Developed in partnership with ACCHOs, the campaign used culturally tailored resources to reduce stigma and encourage positive health behaviours.

The team also rolled out the *Flu is Bad, Get the Jab* campaign to promote influenza vaccination and commenced work on resources to improve childhood immunisation rates. These materials support Member Services to engage families holistically, linking routine immunisations with growth and health checks for children.

Position statements

QAIHC has developed a range of public health Position Statements endorsed by the Board and now available on the QAIHC website following dissemination to stakeholders and relevant policy forums.

These include the QAIHC Oral Health Position Statement, Breast Cancer Screening Position Statement; Cognitive Impairment and Dementia, Medication shortages, QAIHC adaptation of the NACCHO Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People, 2024, supporting for Qld Health to transfer notifiable diseases data on rheumatic heart disease to the RHD register; support for QAIHC as a 'prescribed entity' to access Qld health Data such as potentially preventable hospitalisations and perinatal health data; and a Prison Health Position Statement.



Clinical Leaders Forum

The annual Clinical Leaders Forum was held on 3 March and attracted attendees from across Queensland. Topics included QAIHC projects The RACP Sector Orientation Project, the *Getting Frisky? Don't be risky* sexual health campaign, the Queensland Rural Generalist Pathway, tuberculosis, Japanese encephalitis virus, syphilis and changes to the RHD register, the ATLAS Indigenous Primary Care Surveillance and Research Network, the First Nations Molecular Point of Care program, Medicare.

RACP Sector Orientation Project

The Public Health team has been funded by the RACP to produce an online orientation course for new health professionals entering the ACCHO sector. The project team has already interviewed prominent leaders in the sector in Queensland and the ACT.



State and National Public Health Oversight

The Public team maintains networks with communicable disease and chronic disease epidemiology to keep our clinical leaders in our Membership aware of developments. QAIHC routinely engages with Qld Health, Federal Government and non-government organisations on a range of health issues.

Public Health Policy

The PH team is continuing to support Member services with new programs emerging state-wide and federally as well as internal QAIHC priorities. These included:

- Lung cancer screening program.
- Introduction of MyMedicare reforms especially with the changes to the Chronic Disease Management plan MBS items which will be phased out and replaced with new items.
- Sexual health and BBV supports through youth health assessments.
- Enhancing healthcare provider knowledge about Hepatitis B and C management.

The Public Health team supports QAIHC staff internally with clinical advice to media officers in the Communications team, the Health Information team for data translation, and a range of other matters.



Training and grants

The QAIHC Public Health team is committed to developing a strong and skilled health workforce for the ACCHO sector. In 2024, we provided supervised training and mentorship for Public Health Physician trainees, offering practical experience in health policy, program development, and epidemiological data analysis.

We also supported a PhD student placement and began creating specialised training modules on the ACCHO sector for RACP trainees.

To strengthen general practice training, QAIHC partnered with JCU GP Training to deliver a GP Training Masterclass in Cairns, introducing approximately 20 GP registrars to the ACCHO model of care. In addition, we continued our engagement with the Joint Colleges Training Services to support GP education and ensure future practitioners are equipped to work effectively in Aboriginal and Torres Strait Islander communities.



Sexual health and BBV support

QAIHC's Sexual Health Officer leads the QAIHC Sexual Health Network, which fosters collaboration among Member Services to improve prevention, testing, and treatment for STIs and BBVs. The network promotes best practice through data sharing, education, and Continuing Quality Improvement initiatives, helping healthcare providers deliver effective sexual health programs.

Medication access

Medication shortages remain a significant challenge for our sector. QAIHC continues to advocate strongly for equitable access to essential medicines, working closely with NACCHO and Queensland Health to identify solutions. Our team provides policy advice, submissions, and media on key issues, including the Pharmacy Ownership Business Rules, to support Members.



Sector Development

The Sector Development Division leads QAIHC's work to strengthen the ACCHO sector through workforce growth, program delivery, and Member support.

In 2024–25, we delivered programs spanning aged care, hearing health, chronic disease prevention, cancer care, social and emotional wellbeing (SEWB), and Medicare optimisation. Our work has been guided by the priorities of the *QAIHC Blueprint 2.0 (2024–2034)*, with Member feedback gathered through regional roadshows shaping the design and delivery of initiatives.

Elder Care Program (Funded by NACCHO)

The Elder Care Program continues to provide culturally safe aged care navigation for Elders and their families across Queensland.

Senior Program Officer Marion Dwyer engaged directly with the workforce, travelling to services including Bidjerridj, Girudala, ATSICHS Mackay, Manngoor Dja, Nhulundu, and Goolburri to deliver training, mentoring, and practical support. She also represented Queensland at the South Australian Elder Care Yarning Circle and the BSPHN Care Finder Community of Practice, highlighting QAIHC's leadership nationally.

A major milestone was the extension of program funding to June 2026. From July 2025, Queensland will benefit from 35 additional FTE positions, increasing the state's Elder Care workforce to 79 FTE. This expansion is improving reach into regional and remote communities and enhancing continuity of care for Elders.

Impact: The Elder Care Program has built workforce capability, improved access to aged care, and ensured Elders receive care that is culturally safe, family-centred, and community-led.



Ear and Hearing Health (Funded by NACCHO)

QAIHC strengthened its commitment to hearing health through workforce development, sector engagement, and community outreach.

A key milestone was the appointment of Jaymie Lynch as Hearing Health Coordinator, joining Senior Programs Manager Lee Yeomans. Together, they worked with EarTrain TAFE NSW to deliver nationally recognised training and mentoring, while travelling widely to support Members across Queensland. Jaymie is also completing the EarTrain program to expand her clinical expertise, adding to QAIHC's in-house capacity.

QAIHC conducted a statewide survey to map workforce capacity, training, and equipment needs, with findings to inform future planning. Preventive health workshops, NAIDOC events, and community outreach further raised awareness, distributed culturally safe resources, and promoted regular ear checks. Services are now better prepared for the introduction of new hearing health nKPIs.

Impact: This work is reducing the long-term impacts of preventable hearing loss and ensuring children can listen, learn, and thrive in their communities.

Social Health Programs

The Social Health Programs team, led by Tiana Lea (Manager, Social Health Programs) and Annie Parks (SEWB Coordinator), delivered significant outcomes across alcohol and other drugs (AOD), suicide prevention, and SEWB. Their work is strengthening responses at community, regional, and state levels.

In April 2025, QAIHC hosted the SEWB State Gathering in Brisbane, attracting 80 participants from Member services across Queensland. The event provided a vital platform for peer learning, collaboration, and workforce development and will be profiled as a special highlight in this report. Regular regional SEWB forums were also delivered in South-East Queensland, Far North Queensland, and North-West Queensland, building strong local networks and identifying regional priorities.

Through the Culture Care Connect program (funded by NACCHO), QAIHC delivered Indigenous-specific

suicide prevention training such as Safe Yarn and I-Assist, while strengthening prevention networks in Cherbourg and Far North Queensland. Under Breakthrough Our Way and AOD Connecting Community (funded by Queensland Health), QAIHC advanced development of an AOD framework that embeds cultural determinants of health and reinforces the central role of ACCHOs in integrated care. Training sessions were delivered in Cairns and Thursday Island, alongside regular policy input to Queensland Health.

Impact: These initiatives have built regional networks, enhanced frontline capability, and provided platforms for collaboration, ensuring SEWB and AOD responses remain community-driven, culturally grounded, and aligned with the *Blueprint 2.0*.



My health for life (Funded by Diabetes Australia)

QAIHC coordinated delivery of the My Health for Life (MH4L) program through five member services — ATSICHS Mackay, Girudala, Gindaja, Gumbi Gumbi, and Mudth-Niyleta. The program supports participants to address the root causes of chronic disease, offering six free health coaching sessions to encourage healthier choices around diet, exercise, and self-care.

Members adapted the program to ensure it was culturally safe and co-designed with community. QAIHC partnered with the National Diabetes Services Scheme and the Queensland Healthier Alliance to provide the My Health, My Way brochures, reviewed by Aboriginal Health Workers and clinicians, covering diet, physical activity, foot care, and diabetes management.

In partnership with Diabetes Australia, QAIHC supported a program rebrand, embedding a stronger cultural lens. At NAIDOC Musgrave Park, the program achieved a 46% increase in online engagement, demonstrating its appeal and relevance.

Impact: MH4L continues to empower individuals to make positive lifestyle changes while giving Members a flexible, culturally tailored tool to reduce chronic disease in their communities.



Cancer Care (Funded by NACCHO)

QAIHC advanced its cancer care priorities through the appointment of Mandy Draper as Preventative Health Officer – Cancer Care. An Aboriginal Health Practitioner, Mandy has focused on building strong relationships with Members and stakeholders to ensure prevention and screening initiatives are culturally safe and responsive. A key achievement was her visit to Palm Island, where she supported delivery of the new National Lung Cancer Screening Program trial in partnership with the Palm Island Community Company (PICC) and Heart of Australia. Mandy has also begun embedding cancer awareness into preventive health activities, working with Members to highlight early detection and holistic, community-led approaches to care.

Impact: This program is laying the foundations for stronger cancer prevention and screening pathways, with the goal of improving outcomes for Aboriginal and Torres Strait Islander communities across Queensland.

Palliative Care (Funded by Queensland Health)

QAIHC received two-year project officer funding from Queensland Health to explore how communities can improve access to palliative care services.

In October 2024, QAIHC hosted a statewide Palliative Care Forum in Cairns, attended by 40 stakeholders, including representatives from the First Nations Health Office, Palliative Care Network Chair, Queensland Ambulance Service, Blue Care, HHS specialists, and ACCHOs such as Mamu, Mulungu, Gurriny Yealamucka, and Ngoonbi. The forum, emceed by NATSIHA representatives Gail Wason and

Linda Richards, highlighted the importance of collective action to ensure culturally respectful end-of-life care.

The forum led to new contracts between member services and the First Nations Health Office, focused on improving palliative care literacy and access in the outer Cairns region.

Impact: The program is helping to establish culturally safe palliative care models that respect community, family, and cultural needs at the end of life.

Workforce development – Building sector capacity

In October 2024, QAIHC strengthened its commitment to workforce growth with the appointment of a dedicated Workforce Development Jurisdiction Manager and Senior Workforce Support Coordinator. These new roles have allowed QAIHC to focus exclusively on supporting Members with workforce planning, maximising funding opportunities, and building strategic partnerships.

The Workforce Development team oversees QAIHC's major workforce programs, including the Indigenous Health Workforce Traineeship (IHWT), the First Nations Health Worker Traineeship Program (FNHWTP), and the nationally accredited training component of the SEWB Workforce Support Program (NIAA). Together, these programs support hundreds of ACCHO staff

across Queensland to gain new qualifications, strengthen leadership and management skills, and build career pathways in the sector.

This work laid the foundations for the launch of the *QAIHC Workforce Strategy 2025–2030* in June 2025, a key milestone under the *Blueprint 2.0*. The Strategy, launched at the inaugural Workforce Symposium, provides a sector-wide framework to strengthen workforce capacity, grow career pathways, and position ACCHOs as Employers of Choice.

Impact: Workforce development is now a central focus of QAIHC's Sector Development Division, ensuring Members have the advocacy, support, and programs needed to build a strong and resilient workforce.



Medicare Benefits Schedule (MBS) Optimisation (Funded by NACCHO)

The MBS Optimisation Program, overseen by Senior Coordinator — MBS & Training, Sandy Robertson, continued to build Member capability in Medicare claiming and chronic disease management. The program focuses on strengthening systems and workforce confidence to ensure Members can maximise Medicare revenue, reinvest in services, and improve access to care.

A key element of the program was the continuation of the MBS Community of Practice, which meets monthly and connects Practice Managers, Medicare Officers, and frontline staff across the sector. These sessions provide a trusted platform for knowledge-sharing, problem-solving, and embedding continuous quality improvement.

Sandy also provided direct support to Member services, advising on complex MBS scenarios, delivering tailored training, and linking teams with national peak bodies for up-to-date guidance. This work has helped Members troubleshoot challenges, strengthen compliance, and ensure billing practices align with best practice.

Impact: The program has built confidence and capability among frontline and administrative staff, supported optimal Medicare claiming, and strengthened peer networks that are improving chronic disease management and the sustainability of primary health care services.



Certificate III in Business — Medical Administration (QAIHC/UNE Partnerships)

QAIHC's collaboration with UNE Partnerships (UNEP) reached its 15th year in 2025, marking one of the organisation's longest running and most valued training partnerships. Through this program, Medicare reception and administrative staff gain a nationally recognised qualification tailored to the needs of ACCHOs.

In 2024–25, 14 participants graduated, with a further 22 students commencing in November 2025. The program continues to

support frontline staff who play a vital role in ensuring accurate claiming, efficient administration, and quality patient experiences.

Impact: The UNEP partnership is building a skilled administrative workforce with the technical knowledge and confidence to strengthen Medicare claiming systems and support sustainable business practices across member services.



Chronic disease workshops

QAIHC also delivered two Chronic Disease Prevention and Management Workshops in Brisbane during 2024–25. These multi-day events brought together health workers, practitioners, nurses, and coordinators from across Queensland to strengthen skills in chronic disease care.

Presentations were delivered in partnership with organisations including Rheumatic Heart Disease Queensland, Cancer Council Queensland, Diabetes Australia, Lung Foundation, QAIHC Palliative Care, EarTrain, and Deadly Ears. Participant feedback was overwhelmingly positive, with 90% reporting measurable increases in knowledge. Topics such as palliative care, lung health, and CQI were rated especially valuable.

Impact: The workshops have become a highly regarded platform for professional development and collaboration, reinforcing QAIHC's role in supporting continuous learning and high-quality, culturally safe chronic disease care.



Strategic Advisory — Wellbeing & Engagement

QAIHC welcomed Bo de la Cruz as Strategic Advisor — Wellbeing & Engagement in May 2025. In this role, Bo has strengthened Member engagement and advanced wellbeing and health promotion priorities across the state.

Bo engaged with Members in Far North Queensland and represented QAIHC at the Members' Conference and SEWB Conference. She has provided strategic advice across lung cancer awareness, SEWB, and hearing health initiatives, while supporting the delivery of culturally safe crisis prevention training. At a system level, Bo initiated partnerships with Health and Wellbeing Queensland and Children's Health Queensland HHS, embedding QAIHC's voice in state-level collaboration.

She has also been appointed to the Growing Deadly Families Oversight Committee and the CHQ Anti-Racist Education Intervention Project Advisory Group, contributing to systemic reform in maternity care and cultural safety.

Impact: This advisory role has broadened QAIHC's influence, strengthened state and regional partnerships, and ensured member priorities are reflected in program delivery and policy reform.

Sector Development Division Impact

Through 2024–25, the Sector Development Division has:

- Strengthened culturally safe service delivery in aged care, hearing, cancer, and palliative care.
- Expanded workforce capability and career pathways across SEWB, AOD, MBS, and health worker training.
- Advocated for system reform and place-based solutions, positioning ACCHOs as Employers of Choice.
- Partnered with funders and Members to grow a resilient, culturally grounded workforce for Queensland.

These outcomes reflect the *QAIHC Blueprint 2.0* priorities and demonstrate how feedback gathered through the regional roadshows is being translated into tangible results for communities.

Highlights at a Glance 2024–25

Elder Care Program

- Funding extended to **June 2026**
- **35 new FTE positions** funded in Queensland (total 79 FTE)
- On-the-ground training delivered at **six member services**

Social Health Programs

- **80 participants** attended the SEWB State Gathering in Brisbane
- Regional SEWB forums delivered in **FNQ, SEQ and NWQ**
- Suicide prevention training (*Safe Yarn & I-Assist*) delivered across multiple regions

Ear and Hearing Health

- Statewide survey completed across **member services**
- **Nationally recognised training** delivered in partnership with EarTrain TAFE NSW
- Hearing health promoted at **NAIDOC** and community events

My health for life

- Delivered in **five member services** (ATSICHS Mackay, Girudala, Gindaja, Gumbi Gumbi and Mudth-Niyleta)
- **46% increase** in engagement following NAIDOC rebrand campaign
- Program tailored to community needs with culturally safe resources

Cancer Care

- Appointment of **Preventative Health Officer — Cancer Care**
- Supported delivery of the **National Lung Cancer Screening Program trial** on Palm Island

Wellbeing & Engagement

- Regional visits across **Far North Queensland**
- Represented QAIHC at Members and SEWB Conferences
- Appointed to **two state-level committees** (Growing Deadly Families, CHQ Anti-Racist Education)





Workforce Development

- **196 workforce Members supported** across Queensland
- From **45 ACCHOs** engaged in workforce programs
- **68% of students enrolled at Diploma level**, strengthening leadership and management capability

MBS Optimisation & Training

- **50+ participants** from 23 member services trained at Joint Chronic Disease Workshops
- **14 graduates** from Cert III Business — Medical Administration
- **22 new students** commenced in Nov 2025
- Monthly **MBS Communities of Practice** convened

Palliative Care

- Statewide **Palliative Care Forum in Cairns** with 40 stakeholders
- New contracts signed with member services and First Nations Health Office
- Advancing culturally safe end-of-life care



Workforce Development

*Workforce development was raised consistently through the QAIHC Blueprint 2.0 regional roadshows as the number one priority for the ACCHO sector. Members called for greater support to grow, retain, and sustain a skilled and culturally grounded workforce. In response, QAIHC established a dedicated **Workforce Development function** in October 2024, ensuring the organisation could focus exclusively on this critical area and deliver on the Blueprint's vision.*

Building capacity — Workforce team and programs

QAIHC appointed a Workforce Development Jurisdiction Manager in October 2024 and welcomed a Senior Workforce Support Coordinator in June 2025. Together, this team now oversees QAIHC's major workforce initiatives, including the Indigenous Health Workforce Traineeship (IHWT), the First Nations Health Worker Traineeship Program (FNHWTP), and the accredited training component of the NIAA SEWB Workforce Support Program.

Through these programs, QAIHC supported more than **190 staff across 45 ACCHOs** to enrol in qualifications ranging from

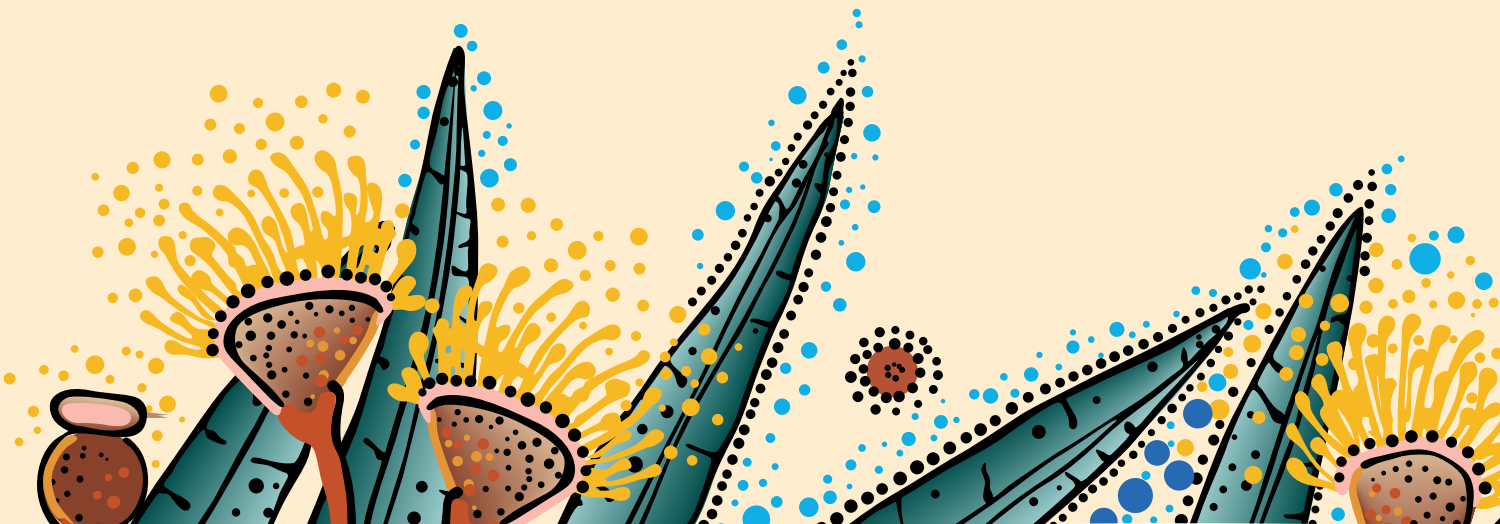
Certificate III to Diploma level. Notably, **68% of students undertook Diploma-level study**, strengthening leadership and management capacity across the sector.

Beyond program delivery, the Workforce team worked with the CheckUP Industry Workforce Advisor to deliver workforce planning workshops with Girudala (March 2025) and Mulungu (May 2025). These sessions supported senior management to design local attraction and retention strategies, and map career pathways aligned to community priorities.

QAIHC also advanced advocacy and collaboration by:

- Partnering with RTOs to improve culturally safe training delivery.
- Contributing to the **National Skills Agreement — Closing the Gap** workforce commitments.
- Advising the Queensland Government on reforms to increase training access.
- Representing the sector on **Industry Reference Groups** for Health (HLT) and Community Services (CHC).

Impact: Through program delivery, regional planning, and advocacy, QAIHC has expanded Member support, strengthened training pathways, and laid the foundations for long-term workforce reform — directly addressing the Blueprint 2.0's top priority.



Workforce Strategy 2025–2030 – A Roadmap for the Future

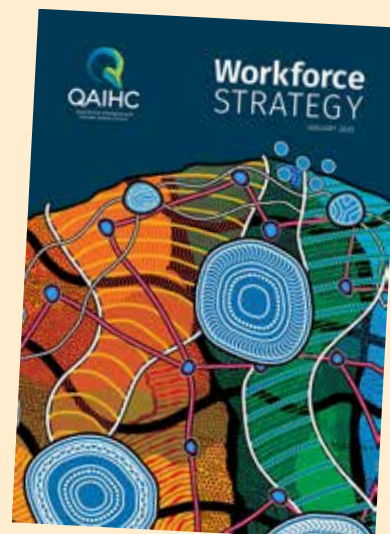
In June 2025, QAIHC launched the *Workforce Strategy 2025–2030*, a five-year framework developed in close collaboration with Members, partners, and workforce leaders. Rooted in the *Blueprint 2.0*, the Strategy sets out clear priorities for:

- Career pathways and leadership development.
- “Grow your own” workforce models tailored to local communities.
- Culturally safe training and professional development.

- Workforce planning and succession strategies.

The Strategy is a living document that will guide workforce investment and align partner contributions, ensuring ACCHOs remain Employers of Choice.

Impact: The Workforce Strategy provides a shared roadmap to grow, sustain, and celebrate the Aboriginal and Torres Strait Islander health workforce in Queensland.



Inaugural Workforce Symposium – Blueprint in Action

The Strategy was formally launched at QAIHC’s first Workforce Symposium, held in Brisbane in June 2025. Themed ***Bringing our workforce back together: health workers first, stronger communities***, the event brought together 65 delegates from more than 40 organisations to share solutions, celebrate achievements, and plan for the future.

Highlights included:

- Keynote addresses from QAIHC Chairman Matthew Cooke, Acting CEO Paula Arnol, and Assistant Minister Amanda Stoker MP, who reaffirmed government support for workforce reform.
- Member-led panels on succession planning, youth pathways, and leadership development.
- A creative art collaboration led by Casey Coolwell and Jaymie Lynch, celebrating the cultural strength of the workforce.

- Showcases of local workforce initiatives from Gurriny Yealamucka and Apunipima.

The Symposium created momentum, uniting Members, partners, and leaders around the newly launched Workforce Strategy.

Impact: The Symposium gave life to the Workforce Strategy and demonstrated how QAIHC is delivering on the *Blueprint 2.0*. It provided a united platform for Members to shape the future workforce, reinforcing workforce development as the sector’s most important agenda.

Together, QAIHC’s workforce programs, the *Workforce Strategy*, and the inaugural Symposium mark a landmark year for workforce reform. These achievements reflect the *Blueprint 2.0* priorities and demonstrate how member feedback is being translated into tangible outcomes — setting a strong foundation for continued investment and growth in 2025–26 and beyond.



State Members Conference

The 2024 State Members Conference, held in Meanjin on 3–4 June 2025, was a celebration of the strength, resilience, and leadership of Queensland's Aboriginal and Torres Strait Islander community-controlled health sector.

Under the theme *Real in Queensland: Practical Local Reform*, the event brought together Members, government representatives, and sector leaders to advance a shared vision for health equity and self-determination. Over two days, the atmosphere was one of challenge, resilience, optimism, collaboration, and pride in what is being achieved together.

Proceedings opened with a strong focus on the Closing the Gap agenda, reinforcing the central role of culture, community control, and Indigenous data sovereignty in improving health outcomes. The Honourable Tim Nicholls, Minister for Health and Ambulance Services, affirmed the Queensland Government's commitment to health equity, workforce expansion, and place-based service delivery, acknowledging the critical role of Aboriginal and Torres Strait Islander community-controlled health organisations in leading local solutions.

Inspiring contributions from Māori leaders provided powerful insights into sustaining self-determination and navigating political change, offering valuable lessons for Queensland's own reform journey. The Cape and Torres Health Commissioning model was showcased as an innovative example of community-led healthcare commissioning with the potential to transform service delivery across the state.

The second day of the conference highlighted the growing importance of data sovereignty and governance. Presentations from ANU researchers and international experts demonstrated how culturally informed data frameworks can empower communities and strengthen sector-led decision-making. QAIHC also presented outcomes from the Regional Engagement Roadshow, which consolidated Member feedback on culture, workforce development, system reform, and governance, ensuring that the voices of our Members continue to shape policy and practice.

Throughout the conference, Members spoke about local innovation, cultural leadership, and succession planning, demonstrating the strength and capability of the sector. The discussions confirmed that transformation must be community-led, culture-based, and grounded in practical, local reform.



The 2024 State Members Conference was more than just a gathering; it was a celebration of achievements, a sharing of wisdom, and a renewal of purpose. It strengthened partnerships, amplified Member voices, and inspired collective action, leaving no doubt that together we are shaping a future where Aboriginal and Torres Strait Islander peoples and communities lead the way in improving health outcomes across Queensland.





Education and advocacy



NAIDOC series

8 July 2024 — During NAIDOC Week 2024, a series of three social media posts featured some of QAIHC's Board Members talking about what keeps their fire burning. The Board Members spoke on how the newly announced funding allocation by the Miles government would help transform the ACCHO sector in Queensland.



Cancer care strategy launch

20 August 2024 — In late August of 2024 QAIHC, in partnership with Queensland Health, was honoured to release the *Achieving Health Equity in Cancer Care with Aboriginal and Torres Strait Islander Queenslanders: Joint Queensland Aboriginal and Islander Health Council and Queensland Health Framework 2024* alongside Health Minister Shannon Fentiman. This Framework is an important step in improving cancer care for Aboriginal and Torres Strait Islander communities, focusing on cultural safety, prevention, and patient-centred support.



Hearing Health

24 January 2025 — In late January 2025, QAIHC was proud to release a suite of hearing health resources for hubs. The Design team worked with Lee Yeomans of Sector Development to design the culturally safe resources.



Building strong partnerships

08 August 2024 — At the inaugural Joint First Nations Forum, the heads of QAIHC Member services and Queensland HHSs gathered to strengthen and deepen the relationship between Queensland's HHSs and the ACCHO sector. Over two days, Members and QH staff engaged in tabletop discussions focused on partnership health checks, partnership health plans, place-based solutions health checks, and place-based solutions health plans.

FLOOD SAFETY TIPS

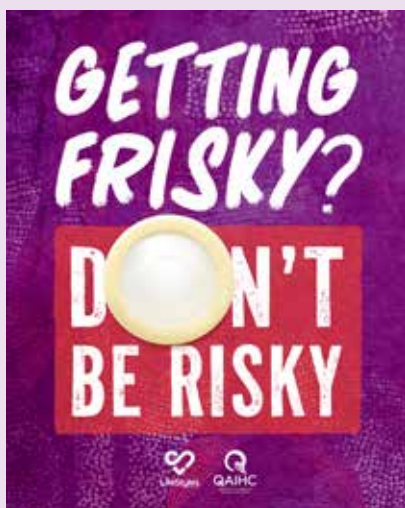
- ✓ **FOOD SAFETY**
If floodwater touched it, throw it out. If power was off for 4+ hrs, perishable food is unsafe.
- ✓ **BOIL OR TREAT DRINKING WATER**
If unsure, always boil before drinking.
- ✓ **MOULD DANGER**
Open windows, use fans, and remove damp materials to protect your health.
- ✓ **MOSQUITOES & DISEASE**
Cover up, use repellent, and remove standing water.
- ✓ **CLEAN-UP SAFETY**
Wear gloves, boots, and be mindful of sharp debris.
- ✂ **TETANUS RISK**
If you're 50+ and haven't had a booster in 10 years, get one. If unvaccinated, visit a clinic.

QAIHC

Flood safety tips

4 February 2025 — In early February a monsoonal rain event in North Queensland triggered flooding and a possible public health crisis. QAIHC released messaging encouraging people to band together and look after the vulnerable. QAIHC also shared safety tips and disaster recovery resources.

Education and advocacy



Getting Frisky? Don't be Risky.

14 February 2025 — For National Condom Day (Valentine's Day) QAIHC and Lifestyles teamed up to create the *Getting Frisky? Don't be Risky* safe sex campaign. The Communications and Design team, under the guidance of Public Health created safe condom use posters and brochures for distribution to Members' clients, as well as sending 500 condoms to each Member service.



Sector Leader — Federal Election Special

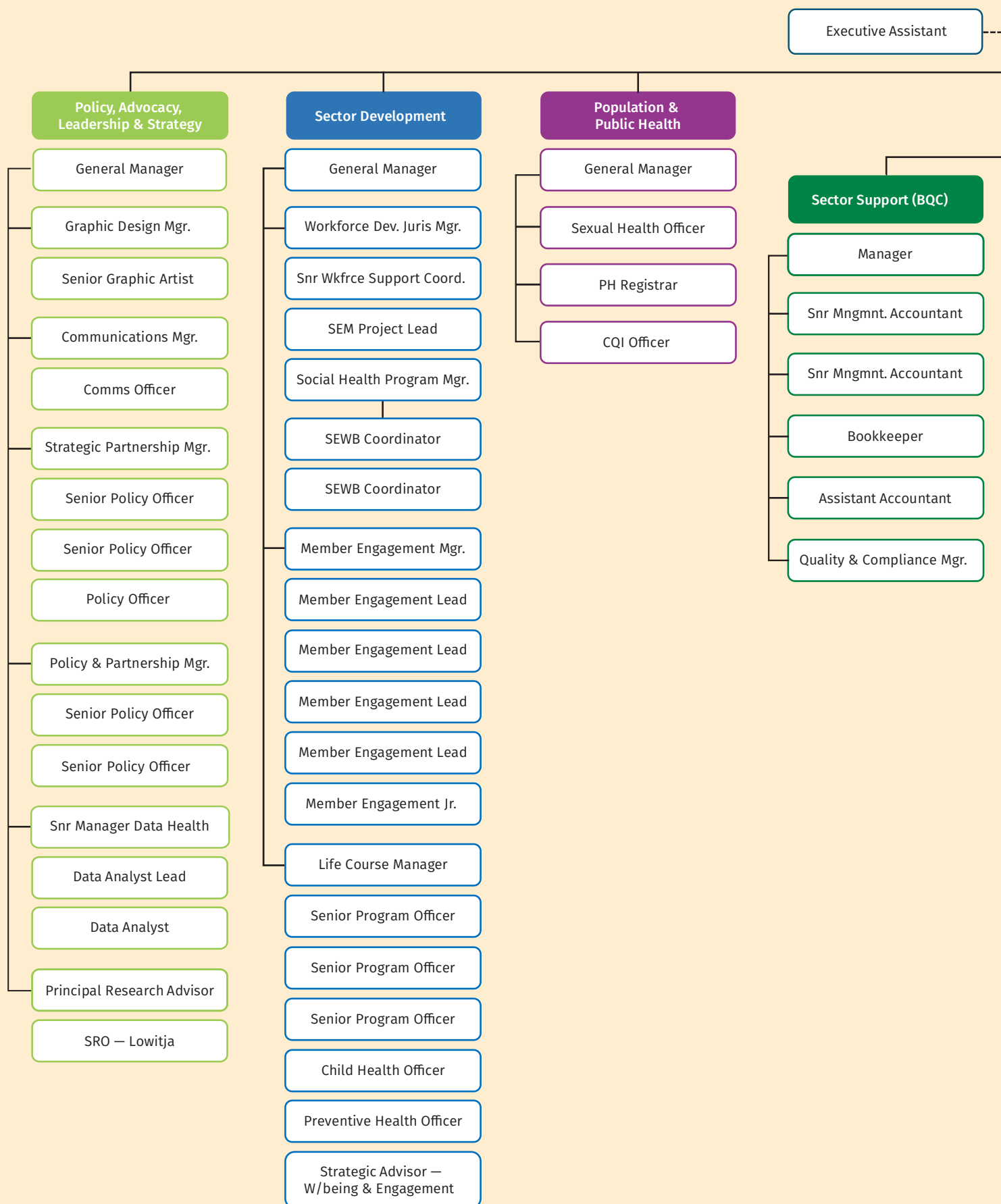
18 March 2025 — QAIHC's Design and Communications teams produced an out-of-sequence special edition of *Sector Leader* magazine for the 2025 Federal Election. While being careful to not endorse a particular party or candidate, QAIHC shared its priorities for the election, where political parties stood on First Nations health and deep dives into what will be needed to actually close the gap.

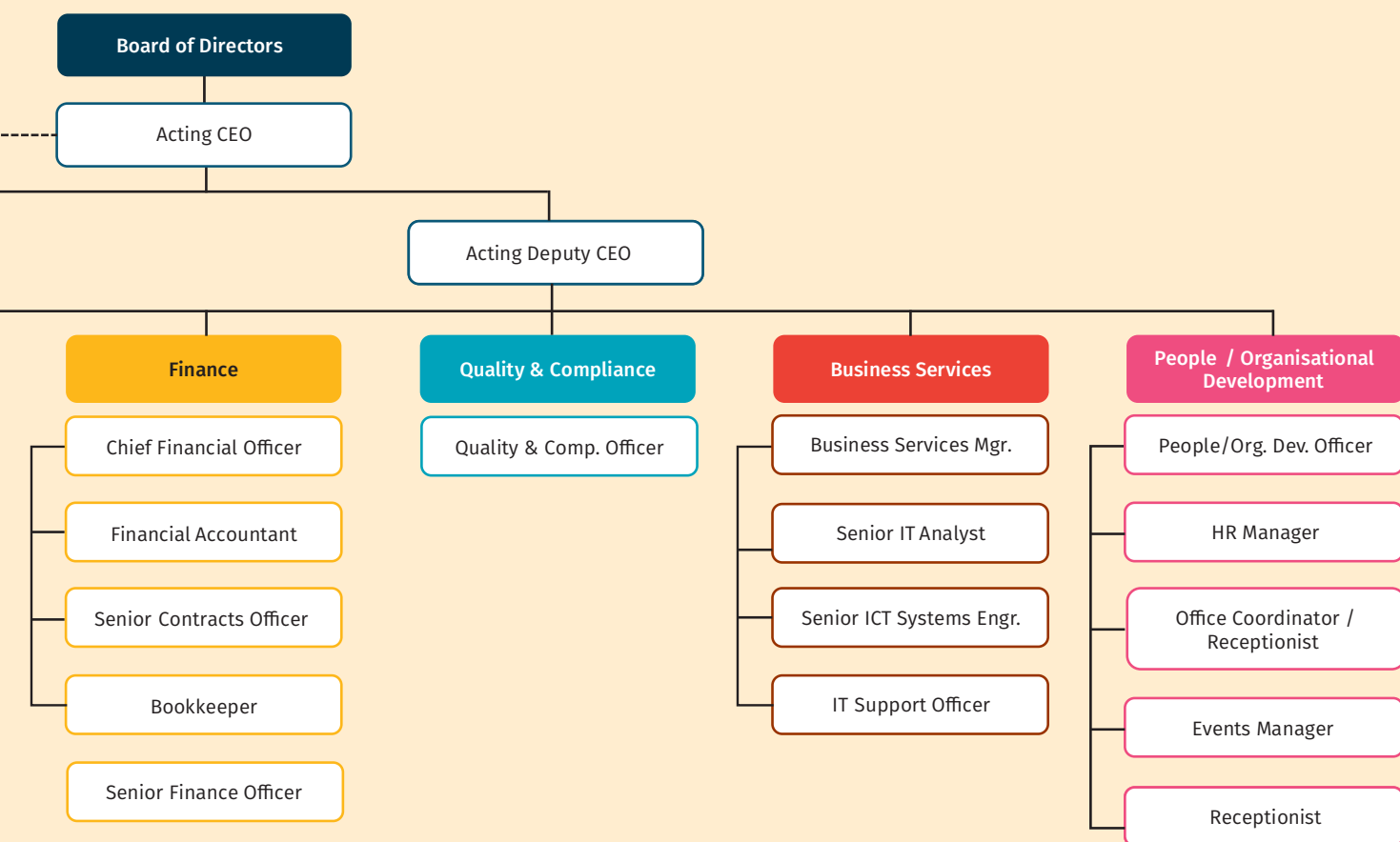


Flu is bad, get the jab

24 April 2025 — Design, Communications and Public Health partnered to produce the *Flu is bad, get the jab* campaign, aimed at encouraging influenza vaccination in the lead-up to winter. The campaign resources included social frames and posters. QAIHC's annual flu vaccination day became the background for QAIHC's campaign, encouraging several Indigenous staff to flex their vaccinations for the socials.

Organisational Structure





Update as of:	30 June 2025		Updated by:	Ron Nelson	
Current Employee Headcount	Brisbane Staff	Cairns Staff	FTE	CAS	Previous Employee Headcount
52	51	1	49.4	0	54

Our Financials





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Auditor's independence declaration to the Directors' of Queensland Aboriginal and Islander Health Council

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

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

Forvis Mazars Assurance Pty Limited
Authorised Audit Company: 338599

Michael Georghiou
Director
Brisbane, 19 September 2025

Forvis Mazars Assurance Pty Limited
ABN: 13 132 902 188 | Authorised Audit Company: 338599
Liability limited by a scheme approved under Professional Standards Legislation

Statement of Profit or Loss and Other Comprehensive Income

For the year ending 30 June 2025

	Note	2025 \$	2024 \$
Revenue	3	18,635,298	13,225,872
Other income	3	2,171,485	2,165,663
Employee expense	4	(7,152,208)	(7,669,091)
Depreciation and amortisation expense	4	(948,801)	(971,006)
Interest expense on leased assets		(82,107)	(99,182)
Bad and doubtful debts expense	4	(16,716)	(17,928)
Repairs, maintenance and vehicle running expenses		(104)	(58,790)
Fuel, light and power expense		(56,573)	(174,763)
Training expense		(407,477)	(55,878)
Audit, legal and consultancy fees		(1,405,440)	(351,906)
Marketing expenses		(220,140)	(233,467)
Bank charges & fees		(11,866)	(6,463)
Catering expenses		(95,915)	(67,601)
Cleaning, waste removal & security		(104,499)	(114,889)
Computer maintenance & software expenses		(405,899)	(399,990)
Dues & subscriptions expenses		(93,668)	(28,272)
Fringe benefits tax expense		(67,351)	(8,671)
Insurance expense		(49,759)	(44,974)
Printing, postage, stationery & storage		(142,319)	(103,438)
Program expenses		(4,511,235)	(1,905,841)
Repairs & maintenance expense		(506,035)	(227,833)
Recruitment expense		(97,573)	(16,462)
Sitting fees		-	(11,600)
Staff uniforms & amenities		(64,023)	(42,046)
Seminars, conferences & venue fees		(93,022)	(115,947)
Travel and accommodation		(796,900)	(613,889)
Travel allowance		(129,948)	(145,648)
Telephone, internet & website expense		(75,493)	(74,536)
Unexpended grants		(2,871,150)	(1,775,767)
Donations		-	(16,310)
Gain/(Loss) on disposal of plant and equipment		(1,214)	-
Current year surplus before income tax		399,346	39,347
Tax expense		-	-
Net current year surplus		399,346	39,347
Net current year surplus attributable to members of the entity		399,346	39,347

The accompanying notes form part of these financial statements.

Statement of Financial Position

For the year ending 30 June 2025

	Note	2025 \$	2024 \$
ASSETS			
Current Assets			
Cash on hand	5	10,645,548	8,390,468
Trade and other receivables	6	276,863	830,460
Other current assets	7	535,127	369,802
Total Current Assets		11,457,538	9,590,731
Non-current Assets			
Plant and equipment	8a	156,650	176,745
Intangibles	8b	24,458	6,929
Right of use — leased assets	12	1,018,060	1,774,049
Total Non-Current Assets		1,199,168	1,957,723
TOTAL ASSETS		12,656,706	11,548,454
LIABILITIES			
Current Liabilities			
Trade and other payables	9	1,690,831	1,162,498
Contract liabilities	10	3,856,484	2,998,684
Employee provisions	11	540,943	433,592
Lease liabilities	12	809,166	835,569
Total Current Liabilities		6,897,424	5,430,343
Non-current Liabilities			
Employee provisions	11	52,047	39,581
Lease liabilities	12	249,398	1,020,040
Total Non-current Liabilities		301,445	1,059,621
TOTAL LIABILITIES		7,198,869	6,489,964
NET ASSETS		5,457,837	5,058,491
EQUITY			
Retained earnings		5,457,837	5,058,491
TOTAL EQUITY		5,457,837	5,058,491

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the year ending 30 June 2025

	Retained Surplus \$	Total \$
Balance at 1 July 2023	5,019,144	5,019,144
Comprehensive income		
Surplus for the year attributable to members of the entity	39,347	39,347
Total comprehensive income attributable to members of the entity	39,347	39,347
Balance at 30 June 2024	5,058,491	5,058,491
Balance at 1 July 2024	5,058,491	5,058,491
Comprehensive income		
Surplus for the year attributable to members of the entity	399,346	399,346
Total comprehensive income attributable to members of the entity	399,346	399,346
Balance at 30 June 2025	5,457,837	5,457,837

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the year ending 30 June 2025

	Note	2025 \$	2024 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Commonwealth, state and local government grants		18,491,558	13,119,504
Receipts from other income		2,559,757	4,130,697
Payments to suppliers and employees		(17,870,574)	(14,508,393)
Interest received		143,740	106,368
Interest paid		(82,107)	(99,182)
Net cash generated from operating activities		3,242,375	2,748,994
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of plant and equipment		-	-
Payment for plant and equipment		(71,632)	(53,606)
Net cash used in investing activities		(71,632)	(53,606)
CASH FLOWS FROM FINANCING ACTIVITIES			
Lease received/(payments)		(915,662)	(845,512)
Net cash used in financing activities		(915,662)	845,512
Net increase/(decrease) in cash held		2,255,080	1,849,876
Cash on hand at beginning of the financial year		8,390,468	6,540,591
Cash on hand at end of the financial year	5	10,645,548	8,390,468

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

The financial statements cover QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL as an individual entity, incorporated and domiciled in Australia. QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL is a company limited by guarantee.

The financial statements were authorised for issue on 19 September 2025 by the directors of the Company.

Note 1: Basis of Preparation

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

The financial statements have been prepared on an accruals basis and are based on historical cost modified, where applicable, by the measurement at fair value of selected non current assets, financial assets and financial liabilities. Material accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

Note 2: Summary of Material Accounting Policies

(a) Revenue and Other Income

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Company expects to receive in exchange for those goods or services. Revenue is recognised by applying a five step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability. None of the revenue streams of the Company have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

All revenue is stated net of the amount of goods and services tax.

Specific revenue streams

Grant revenue

Where grant income arises from an agreement which is enforceable and contains sufficiently specific performance obligations then the revenue is recognised when control of each performance obligation is satisfied. Each performance obligation is considered to ensure that the revenue recognition reflects the transfer of control and within grant agreements there may be some performance obligations where control transfers at a point in time and others which have continuous transfer of control over the life of the contract. Where control is transferred over time, generally the input methods being either costs or time incurred are deemed to be the most appropriate methods to reflect the transfer of benefit.

Professional services

The Company earns revenue from provision of professional services, incorporating consulting advice. Revenue is recognised over time in the accounting period when services are rendered. Fee arrangements include fixed fee arrangements, unconditional fee for service arrangements ("time and materials") and variable fee arrangements. For fixed fee arrangements, revenue is recognised based on the stage of completion with reference to the actual services provided as a proportion of the total services expected to be provided under the contract. The stage of completion is tracked on a contract by contract basis using a milestone based approach. Estimates of revenues (including interim billing), costs or extent of progress toward completion are revised if circumstances change. Any resulting increases or decreases in estimated revenues or costs are reflected in profit or loss in the period in which the circumstances that give rise to the revision become known by management.

In fee for service contracts, revenue is recognised up to the amount of fees that the Company is entitled to invoice for services performed to date based on contracted rates. The Company estimates fees for variable fee arrangements using a most likely amount approach on a contract by contract basis. Management makes a detailed assessment of the amount of revenue expected to be received and variable consideration is included in revenue only to the extent that it is highly probable that the amount will not be subject to significant reversal. The Company has determined that no significant financing component exists in respect of the professional services revenue streams since the period between when the Company transfers a promised good or service to a customer and when the customer pays for that good or service will be one year or less. A receivable in relation to these services is recognised when a bill has been invoiced, as this is the point in time that the consideration is

unconditional because only the passage of time is required before the payment is due.

Other income

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

(b) Plant and Equipment

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

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 either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset.

A formal assessment of recoverable amount is made when impairment indicators are present.

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

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 plant and equipment, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

Class of Asset	Depreciation Rate
Plant and equipment	10% - 33%
Communication equipment	33%
Computing equipment	33% - 40%
Artwork	N/A
Leasehold improvements	22% - 50%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised as income in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

(c) Leases

At inception of a contract, the Company assesses whether a lease exists i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration? This involves an assessment of whether:

- The contract involves the use of an identified asset this may be explicitly or implicitly identified within the agreement.
If the supplier has a substantive substitution right then there is no identified asset.
- The Company has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use.

Right of use – asset

At the lease commencement, the Company recognises a right of use asset and associated lease liability for the lease term. The lease term includes extension periods where the Company believes it is reasonably certain that the option will be exercised. The right of use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received. The right of use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy

Lease liability

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company's incremental borrowing rate is used. Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term. Where the lease liability is remeasured, the right of use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right of use asset has been reduced to zero.

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

Exceptions to lease accounting

The Company has elected to apply the exceptions to lease accounting for both short term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low value assets. The Company recognises the payments associated with these leases as an expense on a straight line basis over the lease term.

(d) Financial Instruments

(i) Initial Recognition and Measurement

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

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

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

(ii) Classification

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

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

(iii) Amortised Cost

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows are solely payments of principal and interest on the principal amount outstanding.

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

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

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

(iv) Impairment of Financial Assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for financial assets measured at amortised cost.

When determining whether the credit risk of a financial assets has increased significant since initial recognition and when estimating ECL, the Company considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Company's historical experience and informed credit assessment and including forward looking information.

The Company uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

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

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

Credit losses are measured as the present value of the difference between the cash flows due to the Company in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

(v) *Trade Receivables*

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

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

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

(vi) *Other financial assets measured at amortised cost*

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

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

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

(e) Employee Provisions

Short-term employee provisions

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Other long-term employee provisions

Provision is made for employees' long service leave and annual leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service.

Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss as part of employee benefits expense.

The Company's obligations for long-term employee benefits are presented as non-current employee provisions in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions.

(f) Cash on Hand

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

(g) Trade and Other Receivables

Trade and other receivables include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment.

(h) Goods and Services Tax (GST)

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

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 ATO is included with other receivables or 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 ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(i) 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*.

(j) Intangible Assets

Software

Software is initially recognised at cost. It has a finite life and is carried at cost less any accumulated amortisation and any impairment losses. Software has an estimated useful life of between 3 and 4 years. It is assessed annually for impairment.

(k) Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of reporting period.

(l) Comparative Figures

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

(m) Trade and Other Payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(n) Critical Accounting Estimates and Judgements

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

(o) Economic Dependence

The Queensland Aboriginal and Islander Health Council is dependent on the Departments of Health (Federal & State), National Aboriginal Community Controlled Health Organisation and National Indigenous Australians Agency for the majority of its revenue used to operate the business. At the date of this report the Board of Directors has no reason to believe these Departments will not continue to support the Queensland Aboriginal and Islander Health Council.

(p) New and Amended Standards and Interpretations

A number of new standards and interpretations are effective for annual periods beginning after 1 July 2024 and earlier application is permitted. However the Entity has not early adopted the new and amended standards and interpretations in preparing these financial statements as these are not significant to the Organisation's overall financial position.

Note 3: Revenue and Other Income

		2025	2024
	Notes	\$	\$
Revenue			
Revenue from (non-reciprocal) government grants and other grants			
— Federal Government grants – Department of Health & National Indigenous Australians Agency		3,146,587	2,094,813
— State Government grants – Queensland Health		7,271,366	2,854,057
— James Cook University		-	52,000
— My Health for Life (Diabetes Queensland)		190,000	190,000
— Royal Australian College of Physicians		263,787	97,854
— National Aboriginal Community Controlled Health Organisation		5,185,521	4,815,053
— Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships		145,000	145,000
— Other grants		152,428	560,000
— Unexpended grants	17, 18	2,136,869	2,310,728
		18,491,558	13,119,504
Other revenue			
— Interest received on investments in government and fixed interest securities		143,740	106,368
		143,740	106,368
Total revenue		18,635,298	13,225,872
Other income			
— Rental income		387,733	316,181
— Business Quality Centre		1,040,574	1,252,975
— Reimbursements		651,120	565,693
— Miscellaneous Income		92,058	30,814
Total other income		2,171,485	2,165,663
Total revenue and other income		20,806,783	15,391,535

Note 4: Surplus for the year

	2025 \$	2024 \$
Surplus for the year includes the following:		
Employee benefits expense:		
— Provision — Annual Leave	92,813	8,073
— Provision — Long Service Leave	31,330	52,089
— Superannuation Expense	698,427	681,708
— Wages & Salaries Expense	6,274,758	6,880,350
— Workcover Expense	54,880	46,871
Total employee benefits expense	7,152,208	7,669,091
Depreciation and amortisation:		
— amortisation of intangible assets	3,471	31,850
— plant and equipment	70,727	88,096
— leased assets	874,603	851,060
Total depreciation and amortisation	948,801	971,006
Bad and doubtful debts:		
— trade and other receivables	16,716	17,928
Total depreciation and amortisation	16,716	17,928

Note 5: Cash on Hand

	2025 \$	2024 \$
Cash at bank	10,645,548	8,390,468
Total cash on hand as stated in the statement of financial position and statement of cash flows	10,645,548	8,390,468

Note 6: Trade and Other Receivables

	2025 \$	2024 \$
Current		
Accounts receivable	101,688	638,570
Expected credit losses	(23,927)	(7,211)
	77,761	631,359
Premises bonds and guarantees	199,102	199,102
Total current accounts receivable and other receivables	276,863	830,460

Note 7: Other Current Assets

	2025 \$	2024 \$
Accrued Income	150,301	281,166
Prepayments	384,824	88,636
	535,125	369,802

Note 8: Plant and Equipment

	2025 \$	2024 \$
a. PLANT AND EQUIPMENT		
Plant and equipment:		
At cost	414,429	412,340
Less accumulated depreciation	(341,025)	(313,855)
	<u>73,404</u>	<u>98,486</u>
Communication equipment		
At cost	164,818	152,296
Less accumulated depreciation	(137,199)	(111,445)
	<u>27,619</u>	<u>40,852</u>
Computing equipment		
At cost	448,578	420,143
Less accumulated depreciation	(419,064)	(408,577)
	<u>29,514</u>	<u>11,565</u>
Artwork		
At cost	19,248	14,248
Less accumulated depreciation	-	-
	<u>19,248</u>	<u>14,248</u>
Leasehold improvements		
At cost	52,903	50,469
Less accumulated depreciation	(46,039)	(38,875)
	<u>6,865</u>	<u>11,594</u>
Total plant and equipment	<u>156,650</u>	<u>176,745</u>
b. INTANGIBLES		
In-house software		
At cost	145,072	145,072
Less accumulated amortisation	(140,826)	(138,143)
	<u>4,246</u>	<u>6,929</u>
Copyrights on artwork		
At cost	21,000	-
Less accumulated amortisation	(788)	-
	<u>20,212</u>	<u>-</u>
Total intangibles	<u>24,458</u>	<u>6,929</u>

Movements in Carrying Amounts

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

	Plant & equipment \$	Communication equipment \$	Computers & IT equipment \$	Artwork \$	Leashold improvement \$	In-house software \$	Copyrights \$	Total \$
2024								
Balance at the beginning of the year	119,992	39,875	33,904	12,748	17,799	25,694	-	250,012
Additions at cost	14,666	31,644	-	1,500	5,796	13,085	-	66,691
Disposals	-	-	-	-	-	-	-	-
Depreciation and amortisation expense	(36,172)	(30,667)	(22,339)	-	(12,001)	(31,850)	-	(133,029)
Carrying amount at the end of the year	98,486	40,852	11,565	14,248	11,594	6,929	-	183,674
2025								
Balance at the beginning of the year	98,486	40,852	11,565	14,248	11,594	6,929	-	183,674
Additions at cost	2,089	12,521	31,440	5,000	2,434	-	21,000	74,484
Disposals	-	-	(2,733)	-	-	-	-	(2,733)
Depreciation and amortisation expense	(27,170)	(25,754)	(10,758)	-	(7,164)	(2,683)	(788)	(74,317)
Carrying amount at the end of the year	73,404	27,619	29,514	19,247	6,864	4,246	20,212	181,108

Note 9: Trade and Other Payables

	Note	2025 \$	2024 \$
Current			
Accounts payable		1,140,886	662,961
Credit card liabilities		10,398	2,845
Other payables		63,061	107,678
Provisions		90,853	64,100
Accrued expenses		315,430	160,256
Deposits Held		-	-
GST collected		70,203	166,919
GST paid		-	(2,261)
Total current accounts payables and other payables		<u>1,690,831</u>	<u>1,162,498</u>
Less other payables (net amount of GST payable)		<u>(70,203)</u>	<u>(164,658)</u>
Financial liabilities as accounts payable and other payables		<u>1,620,627</u>	<u>1,162,498</u>

Note 10: Contract Liabilities

	2025 \$	2024 \$
Deferred income	2,390	5,550
Unexpended grants	2,871,150	2,415,134
Grants received in advance	<u>982,944</u>	<u>578,000</u>
	<u>3,856,484</u>	<u>2,998,684</u>

Note 11: Employee Provisions

	2025 \$	2024 \$
CURRENT		
Provision for employee benefits: annual leave	443,901	355,783
Provision for employee benefits: long service leave	<u>97,042</u>	<u>77,809</u>
	<u>540,943</u>	<u>433,592</u>
NON-CURRENT		
Provision for employee benefits: long service leave	<u>52,047</u>	<u>39,581</u>
	<u>52,047</u>	<u>39,581</u>
	<u>592,990</u>	<u>473,173</u>
Analysis of total provisions:	Employee Benefits	Total
Opening balance at 1 July 2024	473,173	473,173
Additional provisions raised during the year	676,114	676,114
Amounts used	<u>(556,296)</u>	<u>(556,296)</u>
Balance at 30 June 2025	<u>592,990</u>	<u>592,990</u>

Employee Provisions

Employee provisions represents amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the company does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been discussed in Note 2(e).

Note 12: Leased Assets and Liabilities

Right of use — leased assets	Buildings \$	Motor vehicles \$	Plant & equipment \$	Total \$
Year ended 30 June 2025				
Balance at beginning of the year	1,602,062	67,336	104,651	1,774,049
Additions	35,456	-	36,043	71,498
Disposals	-	(11,632)	-	(11,632)
Less: Depreciation charge	(732,902)	(20,769)	(62,184)	(815,855)
Balance at 30 June 2025	904,616	34,935	78,510	1,018,060

Lease liabilities

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

	< 1 year \$	1-5 years \$	> 5 years \$	Total undiscounted lease liabilities \$	Lease liabilities included in Statement of Financial Position \$
Year ended 30 June 2025					
Lease liabilities	809,166	249,398	-	1,058,564	
Lease liabilities — current					809,166
Lease liabilities — non current					249,398
					1,058,564
Year ended 30 June 2024					
Lease liabilities	835,569	1,020,040	-	1,855,609	
Lease liabilities — current					835,569
Lease liabilities — non current					1,020,040
					1,855,608

Note 13: Commitments and Contingencies

As at 30 June 2025, the Company has committed to grant related contracts totaling \$775,928 (2024: \$0).

Note 14: Events After the Reporting Period

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

Note 15: Related Party Transactions

The related parties of the entity include:

1. the key management personnel (KMP) because they have authority and responsibility for planning, directing and controlling the activities of the entity directly; and
2. spouses, children and dependents who are close family members of the KMP; and
3. any entities controlled or jointly controlled by KMP's or controlled or jointly controlled by their close family members.

Key Management Personnel

Key management personnel of the Company are those persons having authority and responsibility for planning, directing and controlling the activities of entity. These include the Directors and Senior Executive Leadership Team as listed below.

Directors

The following Directors were in office during the financial year ended 30 June 2025:

Director Name	Date from	To Date
Matthew Cooke – Chairman	6 December 2022 (FY21-22 (AGM)	5 June 2025 (FY23-24 AGM)
Matthew Cooke – Director – Central Qld Regional	5 June 2023 (FY23-24 AGM)	Current
Rachel Atkinson – Deputy Chairperson	5 December 2023 (FY22-23 AGM)	Current
Noeleen Selke – Director – Far North QLD Regional	2-May-24	21 February 2025
Dorothy Smith – Director – North and North West QLD	5 December 2023 (FY22-23 AGM)	Current
Dorothy Smith – Chairman	5 June 2025 (FY23-24 AGM)	Current
Steven Ober – Director – Central QLD Regional	6 December 2022 (FY21-22 (AGM)	3 August 2024
Sheryl Lawton – Director – South and South West QLD	6 December 2022 (FY21-22 (AGM)	20 March 2025
David Collins – Director – South East QLD	28 June 2023	19 July 2024
Adrian Carson – Skills-Based Director	8 Sept 2021	2 August 2024
Elizabeth Adams – Director – South & South West Queensland	5 June 2025 (FY23-24 AGM)	Current
Andrew Malcolm – Director – Far North Queensland	24 February 2025	Current
Renee Blackman – Director – South East Queensland	25 February 2025	Current

(i) Stipend paid for Board Chair

During the year ended 30 June 2025, the total fees paid to Board Chair (Matthew Cooke) amounted to \$36,667 (2024:\$40,000).

(ii) Other related party transactions

During the year, the entity entered into following transactions with member entities. The Directors may hold executive positions and/or Directorships in these member organisations.

Orangisation's full names (for the table over page):

FNCCI – Byellee Corporation Limited t/a First Nations Chamber of Commerce and Industry.

Nhulundu – Nhulundu Health Service

IES – Indigenous Energy Solutions Pty Ltd

CRRIH – Centre for Rural and Indigenous Health

Apunipima – Apunipima Cape York Health Council

NATSIHA – Northern Aboriginal & Torres Strait Islander Health Alliance

TAIHS – Townsville Aboriginal & Islanders Health Service

PICC – Palm Island Community Company

Galangoor – Galangoor Duwalami Primary Health Care

CWAATSICH – Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Limited

YBB – Yulu Burri Ba Aboriginal Corporation

IUIH – Institute for Urban Indigenous Health

2025	FNCCI	Nhulundu	IES	CRRIH	Apunipima	NATSIHA	TAIHS	PICC	Galangoor	CWAATSICH	YBB	IUIH
Revenue												
Business Quality Centre – Information Technology Services	3,770	46,059	-	3,000	-	1,100	-	-	-	-	-	-
Business Quality Centre – Communication Services	-	-	-	-	-	-	-	-	-	6,210	-	-
Business Quality Centre – Accounting & Finance Services	-	165,169	-	25,629	-	5,525	-	-	139,532	-	-	-
Business Quality Centre – Accreditation Services	-	-	-	-	-	-	84,500	-	-	-	-	-
Expense Reimbursement for BQC Information Technology Services	178	3,000	-	-	-	-	-	-	-	-	-	-
Expense Reimbursement for Accreditation Services	-	-	-	-	-	-	23,376	-	-	-	-	-
Expense Reimbursement for grant activities	-	2,992	-	-	-	258	-	-	-	-	-	-
Sale of Information Technology Equipment	15,938	2,726	-	3,553	-	-	-	-	-	-	-	-
Sale of Software	493	480	325	-	-	-	-	-	-	-	-	-
Donations received	-	1,000	-	-	-	-	-	-	-	-	-	-
Paid Workshop Attendance	-	-	-	-	218	-	-	-	-	-	218	-
Vehicle Rent	-	-	-	832	-	-	-	-	-	-	-	-
Sublease of Car Park and Office Space – Mulgrave Road, Cairns	-	-	-	-	-	13,000	-	-	-	-	-	22,695
Sublease of Car Park and Office Space – Russell Street, Brisbane	24,979	4,167	-	-	-	-	-	-	-	-	-	-
	45,357	225,592	325	33,014	218	19,883	107,876	-	139,532	6,210	218	22,695
Expenses												
Stipend Paid for Board Chair (refer to item (i))	-	36,667	-	-	-	-	-	-	-	-	-	-
Disaster Recovery Payments – Flood & Cyclone Assistance	-	3,730	-	-	-	-	9,091	-	-	-	-	-
Communication Equipment for Board Member	-	2,547	-	-	-	-	-	-	-	-	-	-
Payment to Board Member for TORCH Project Contribution	-	4,897	-	-	-	-	-	-	-	-	-	-
Wages Reimbursed for Board Member	-	3,670	-	-	-	-	-	-	-	-	-	-
Travel and Accommodation Costs Reimbursed for Board Member	-	100,000 *	-	4,516	-	-	-	-	-	765	-	-
Travel and Accommodation Costs Reimbursed for Staff	-	-	-	5,843	1,191	697	4,773	4,519	-	-	-	-
Participation of events	-	-	-	-	-	-	-	-	-	-	-	-
Sponsorship payment	15,000	-	-	-	-	-	-	-	-	-	-	-
Grant Funding Payment	-	94,120	-	200,000	13,709	250,000	152,253	32,593	-	453,164	27,112	244,482
Subcontracting Arrangement	-	-	-	157,500	-	-	-	-	-	-	-	-
	15,000	245,631	-	367,859	14,900	250,697	166,116	37,112	-	453,929	27,112	244,482

* During the 2024–25 financial year, a provision of \$100,000 was recognised for the expected travel and accommodation costs of Matthew Cooke. As of the reporting date, the entity had not received the final calculation from the Member entity. Accordingly, the provision was based on an estimate derived from the information available at the time.

2024	FNCCI	Nhulundu	IES	CRRIH	Apunipima	NATSIHA	TAIHS	PICC	Galangoor	CWAATSICH	YBB	IUIH
Revenue												
Business Quality Centre – Information Technology Services	3,554	46,218	-	90	-	-	-	-	-	-	-	-
Business Quality Centre – Communication Services	813	-	-	-	-	-	-	-	-	-	-	-
Business Quality Centre – Accounting & Finance Services	-	164,044	-	-	-	-	16,800	-	96,000	-	-	-
Sale of Information Technology Equipment		13,707										
Sale of Software	119	7,207	-	65	-	-	-	-	-	-	-	-
Paid Workshop Attendance	-	455	-	-	345	-	455	-	909	-	-	-
Sublease of Car Park and Office Space – Mulgrave Road, Cairns	-	-	-	-	-	-	-	-	-	-	-	61,336
	4,486	231,631	-	155	345	-	17,255	-	96,909	-	-	61,336
Expenses												
Stipend Paid for Board Chair (refer to item (i))	-	40,000	-	-	-	-	-	-	-	-	-	-
Disaster Recovery Payments – Flood & Cyclone Assistance	-	-	-	-	27,273	-	-	-	-	-	-	-
Payment to Board Member for TORCH Project Contribution	-	-	-	289,723	-	-	-	-	-	-	-	-
Staff wages reimbursement	-	-	-	-	-	-	-	-	-	-	-	52,600
Travel and Accommodation Costs Reimbursed for Board Member	-	20,701	-	3,939	-	-	-	-	-	-	-	-
Travel and Accommodation Costs Reimbursed for Staff	-	-	-	-	3,906	-	-	-	1,950	-	-	-
Participation of events	364	-	-	-	-	-	-	-	-	-	-	-
Sponsorship payment	-	-	-	-	-	-	-	-	12,000	-	-	-
Grant Funding Payment	-	-	-	77,500	100,000	-	30,000	100,000	-	-	-	-
Subcontracting Arrangement	-	-	-	-	-	-	-	-	-	-	-	-
	364	60,701	-	371,162	131,179	-	30,000	100,000	13,950	-	-	52,600

Senior Executive Leadership Team

Queensland Aboriginal Islander Health Council's Senior Executive Leadership Team consists of the following positions as at 30 June 2025:

Acting Chief Executive Officer

General Manager, Sector Development

General Manager, Public Health

General Manager, Policy, Advocacy, Leadership & Strategy

Total remuneration of \$1,078,991 (2024: \$1,596,347) was paid to the Senior Executive Leadership Team for the year ended 30 June 2025.

(i) Retirement Benefits

Appart from superannuation contributions, no other retirement benefits have been made by the entity to key management personnel during the reporting year.

(ii) Loans

No loans have been made, guaranteed or secured by the entity to key management personnel during the reporting year.

(iii) Other Transactions

A housing benefit of \$64,295 (2024: \$25,050) paid to Acting Chief Executive Officer for the period ended 30 June 2025.

Note 16: Financial Risk Management

The company's financial instruments consist mainly of deposits with banks, local money market instruments, short-term and long-term investments, receivables and payables, and lease liabilities.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2025 \$	2024 \$
Financial assets			
Cash and cash equivalents	5	10,645,548	8,390,468
Trade and other receivables	6	276,863	830,460
Total financial assets		10,922,411	9,220,928
Financial liabilities			
Financial liabilities at amortised cost:			
— Trade and other payables	9	1,620,627	1,162,498
— Contract liabilities	10	3,856,484	2,998,684
— Lease liabilities	12	1,058,564	1,855,608
Total financial liabilities		6,535,675	6,016,790

Financial Risk Management Policies

The finance, risk and audit committee (FRAC) is responsible for monitoring and managing the company's compliance with its risk management strategy and consists of senior Board members. The finance committee's overall risk management strategy is to assist the company in meeting its financial targets while minimising potential adverse effects on financial performance. Risk management policies are approved and reviewed by the finance committee on a regular basis. These include credit risk policies and future cash flow requirements.

Note 17: Schedule of Grants — Government Funding Bodies

Grant Receipts (financial year)	c/f Unexpended 2024	Released 2025	Funds returned 2025	Expended 2025	c/f Unexpended 2025
Department of Health — Federal	-	-	-	-	-
IHWT Traineeship	1,232,804	696,821	-	1,756,648	172,977
Single Employer Model	-	945,000	-	523,188	421,812
DOH IHWT Administration	-	211,581	-	203,804	7,777
Total	1,232,804	1,853,402	-	2,483,640	602,567
Department of Health — State (QLD)					
Secretariat Core Sector Development	-	2,867,187	-	2,617,187	250,000
Improving Immunisation Coverage	-	406,611	-	335,572	71,039
Mornington Health Council	-	1,439,411	-	1,433,885	5,526
First Nations Health Office	41,086	-	41,086	-	-
Workforce	202,410	-	-	169,457	32,953
AOD Youth	4,440	209,771	4,440	190,842	18,929
Increasing FNH Sector — Capacity	-	2,000,000	-	1,474,072	525,928
Palliative Care	16,133	207,880	16,133	206,882	998
Readiness Assessment Framework Review	35,105	-	-	35,105	-
Breakthrough Ice Education	7,061	140,506	7,061	98,717	41,789
Total	306,235	7,271,367	68,721	6,561,720	947,161
National Indigenous Australians Agency (Federal)					
NIAA — Social Emotional & Wellbeing	92,036	1,293,185	-	857,492	527,729
Total	92,036	1,293,185	-	857,492	527,729
National Aboriginal Community Controlled Health Organisation					
Primary Health	-	3,345,024	-	3,174,599	170,425
Ear Health Coordinator	96,139	-	-	96,139	-
Ear Health	170,000	408,000	-	554,777	23,223
First Nation Health Traineeship	69,545	165,341	69,545	110,034	55,307
Optimal Utilisation of Medicare Benefits	140,636	331,200	-	329,592	142,244
COVID 19 Transitional Planning	118,416	-	-	102,561	15,855
Culture Care Connect	14,941	182,865	-	197,254	552
Elder Care (TIF)	4,195	358,384	-	232,312	130,267
BBV STI	-	207,437	-	137,465	69,972
Mental Health & Wellbeing	-	48,889	-	13,997	34,892
Face to Face Activities Grant	-	3,183	-	3,183	-
Cancer Program	-	135,198	-	109,682	25,516
Total	613,872	5,185,521	69,545	5,061,593	668,254
Total	2,244,947	15,603,475	138,266	14,964,444	2,745,712

Note 18: Schedule of Grants — Other Organisations

Grant Receipts (financial year)	c/f Unexpended 2024	Released 2025	Funds returned 2025	Expended 2025	c/f Unexpended 2025
Diabetes Queensland	21,395	190,000	-	211,395	(0)
DSDSATSIP — Youth Hub	140,000		-	140,000	-
DSDSATSIP — Close the Gap	-	145,000	-	143,633	1,367
Lowitja Institute	8,791	90,000	-	98,791	-
Goanna	-	10,000	-	3,179	6,821
Commonwealth Australia Medical Research Future Fund	-	9,571	-	2,340	7,231
The Royal Australasian College of Physicians — STP	-	32,607	-	32,607	-
The Royal Australasian College of Physicians — STP Project Support	-	231,180	-	145,939	85,241
UNSW Sydney — First Nations Molecular Point-of-Care	-	42,857	-	18,079	24,778
Total	170,186	751,216	-	795,964	125,437

Note 19: Auditors' Remuneration

Remuneration of the auditor of the Company, Forvis Mazars Assurance Pty Ltd for auditing the financial statements is \$33,000 (2024: \$25,000)

Note 20: Company Details

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

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL
36 Russell Street
SOUTH BRISBANE, QLD 4101

Note 21: Members' Guarantee

The Company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$10 towards meeting any outstanding obligations of the entity. At 30 June 2025, the number of members was 33 (2024: 33).

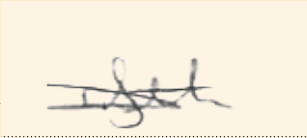
Directors' Declaration

The directors of the registered entity declare that, in the Directors' opinion:

- 1. The financial statements and notes, as set out on pages 9 to 28, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - (a) comply with Australian Accounting Standards; and
 - (b) give a true and fair view of the financial position of the registered entity as at 30 June 2025 and of its performance for the year ended on that date.
- 2. In the Directors' opinion, there are reasonable grounds to believe that Queensland Aboriginal and Islander Health Council will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013.

Director: Dorothy Smith
Date: 19 September 2025

Signature: 



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Independent Audit Report to the members of Queensland Aboriginal & Islander Health Council

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Queensland Aboriginal & Islander Health Council (the registered entity), which comprises the statement of financial position as at 30 June 2025, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, and the directors' declaration.

In our opinion, the accompanying financial report of Queensland Aboriginal & Islander Health Council is in accordance with Division 60 of the *Australian Charities and Not-for-Profits Commissions Act 2012*, including:

- a) giving a true and fair view of the registered entity's financial position as at 30 June 2025 and of its financial performance for the year then ended; and
- b) complying with Australian Accounting Standards Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2022*.

Basis for Opinion

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

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

Other Information

The Directors of the registered entity are responsible for the other information. The other information comprises the information included in the registered entity's annual report for the year ended 30 June 2025, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report, or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Forvis Mazars Assurance Pty Limited
ABN: 13 132 902 188 | Authorised Audit Company: 338599
Liability limited by a scheme approved under Professional Standards Legislation



Responsibilities of the Directors for the Financial Report

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

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

The Directors are responsible for overseeing the registered entity's financial reporting process.

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 Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Company'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 Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

Forvis Mazars Assurance Pty Limited
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Independent Audit Report



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

Forvis Mazars Assurance Pty Limited
Authorised Audit Company: 338599

A handwritten signature in black ink, appearing to read "M. Georghiou".

Michael Georghiou
Director
Brisbane, 25 September 2025

Forvis Mazars Assurance Pty Limited
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