Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

2019 - 2020 Annual Report

WINNUNGA NIMMITYJAH

ABORIGINAL HEALTH & COMMUNITY SERVICES

Aboriginal Health in Aboriginal Hands

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Chairperson's Report



What a year we have had! A year of unprecedented challenges but at the same time a year in which the traditional standard of excellence at Winnunga has continued, and shone even brighter.

This year saw the commencement of construction of our new building which is, of course, a momentous occasion for staff and all our clients. It is a project of great significance for the local Aboriginal community as we look forward to a new state of the art, purpose built health facility. I want to thank everyone to date for your patience and forbearance, knowing the construction has and will continue for the coming months necessarily cause significant disruption. It will be worth the temporary inconvenience when we open our state of the art facility.

I am pleased to report that progress is being made on the development of the framework for the construction and operation of an Aboriginal specific drug and alcohol residential rehabilitation facility. This is, to say the least, long overdue and I am hoping that the Government will ensure this vital project is fast tracked to ensure firstly that local Aboriginal and Torres Strait Islander peoples have ready access to a culturally appropriate residential drug and alcohol rehabilitation service and to ensure also that the Drug and Alcohol Court will have an appropriate diversion option for Aboriginal peoples brought before the Court.

In relation to housing, the ACT remains the only state or territory in Australia which does not have an Aboriginal housing plan or strategy. The health status of Aboriginal residents of Canberra mirrors that of Aboriginal peoples across the nation, including in relation to the disproportionately high number of members of the community with diagnosed mental health and substance use issues. In addition, the ACT has the second-highest rate of removal of Aboriginal children from their family and in out-of-home care.

The COVID-19 pandemic has presented Winnunga with a major logistical and clinical challenge and once again, we rose to the challenge in spectacular fashion. The Aboriginal and Torres Strait Islander community are, because of the already high burden of chronic disease we experience, undoubtedly at high-risk if we do contract the COVID-19. For this reason we all need to remain especially vigilant in observing all of the advice form the Government and medical experts about social distancing and hygiene. It is important too that we remain calm and considerate.

On a sad note, the death of Aunty Ethel Baxter in May 2020 robbed Canberra and Queanbeyan of one of its most loved and respected community members and Elders. On behalf of the Winnunga AHCS Board of Directors I extend my sincerest condolences to Aunty Ethel's family. It has been my honour and privilege to have worked together with Aunty Ethel on the Winnunga AHCS Board, which she served on for 16 years. We will dearly miss her sound guidance, insight to the community and her wicked sense of humour. Rest in peace Aunty.

I thank all the Winnunga AHCS staff and the Board of Directors - Aunty Lynette Goodwin; Alana Harris; Shanaye Baxter; and Katrina Fanning - for your unwavering commitment to Winnunga, the work we do, and the community we serve. It is because of your resilience and care that Winnunga continues to be the quality service it is.

I am truly grateful for our wonderful CEO Julie Tongs. Her commitment to the health and well-being of the Aboriginal community and her tenacity as an advocate underpins the high quality of service delivery for which Winnunga is known nationwide. This year has unveiled challenges one could not imagine - from the devastating bushfires to the COVID-19 pandemic, yet Winnunga AHCS has remained and further stepped up to be the rock in many people's lives. You have much about which to be proud. I cannot thank you enough.

Finally, I urge you all to stay safe and to nurture your children and families and to never forget that Winnunga AHCS exists for you.

Craig Ritchie, Chairperson

Chief Executive Officer's Report



This year has certainly brought with it some unexpected challenges. The passing of Aunty Ethel Baxter, who was not only my good friend but also a pillar of strength providing careful guidance to Winnunga AHCS, was particularly difficult. We will be holding a commemorative day as soon as COVID-19 restrictions are lifted to celebrate the life of Aunty Ethel.

Winnunga AHCS has been focussed on ensuring we are as well prepared as we can possibly be to play our part in supporting the Aboriginal community in the face of the continued threat from the Coronavirus (COVID-19). I cannot thank my staff enough for the way in which they have responded to this crisis. Winnunga AHCS stepped up to provide thorough triaging and procedures for clients who presented with respiratory symptoms. It has been imperative we maintain safe social distancing measures among clients, as well as clients and staff. To ensure we have been able to maintain our standard clinical services to members of the community who are attending for other reasons, we implemented a temporary reception and waiting area at the rear of the building for clients who do not present with respiratory matters. I know that the COVID-19 pandemic continues to present increased challenges to many people in our community and at times this is not easy.

Due to COVID-19 all Winnunga AHCS groups were ceased in March 2020. The Social Health Team ramped up telephone support and of course continued to support vulnerable clients face to face as needed. I am pleased to report we have delivered services to 4,645 clients, through 66,455 encounters. This is an increase of 9% from the previous year's occasions of service and as such even more significant due to the obstacles we have encountered as a result of the pandemic. Unfortunately we were not able to carry out the Annual Sorry Day Bridge Walk due to the pandemic, however look forward to being able to do so next year. I thank all our funding bodies for working together to ensure Winnunga AHCS has been able to continue providing services to the community.

Winnunga AHCS's annual client satisfaction survey, which is usually conducted over the January to June period, had to be postponed due to the COVID-19 pandemic. In order to best reach the majority of clients the survey is undertaken using a paper format and disseminated by Winnunga AHCS workers. The survey is also made available electronically, however very few (if any) responses are received via this option.

While it was pleasing to see the issue of Black Deaths in Custody recently gain some public and media attention I am concerned at the lack of any sustained attention to the issue. My concern is particularly focussed on the situation here in the ACT where we have the highest rate of age standardised Indigenous incarceration in Australia, with the Productivity Commission revealing in its latest report on imprisonment in Australia that there has been a 279% increase in the number of Aboriginal people in prison in the ACT in the last nine years. The average increase across Australia is about 50%. This is unacceptable.

There is a crisis in Australia, led in fact by the ACT, in the imprisonment of Aboriginal peoples. It is unarguably the most serious human rights issue facing Australia. It demands a genuine commitment from all of us to ensure that this ugly and festering legacy of the dispossession of the First Nations people of this country is fully and finally resolved.

To achieve this will require a concerted and sustained effort. As I said, the recent focus on black deaths in custody is welcome. However, I have seen similar periodic outpourings of conscience and passion from the non-Aboriginal community over the years, indeed decades, and to be blunt virtually nothing has changed. After a short while, with conscience salved, the passion and determination simply washes away, to the relief of governments, but leaving my people bereft, disillusioned and possibly even worse off. If you are not serious, if you are not in it for the long haul, if your advocacy and activism is time-limited, if you don't think that black lives matter 365 days of the year, then absolutely nothing will change.

Thank you to our Chairperson Craig Ritchie for remaining calm and focussed throughout the year, and to all the Directors of the Board for your support and governance.

Julie Tongs OAM, Chief Executive Officer

Aunty Ethel Baxter

The death of Aunty Ethel Baxter robbed Canberra and Queanbeyan of one of its most loved and respected Elders and members of the Aboriginal community. On behalf of the Board and Staff, Winnunga AHCS CEO Julie Tongs extended her most sincere condolences to all of Aunty Ethel's family and to her army of friends. Julie said 'Aunty Ethel was one of my best friends and I valued not just her friendship but came to rely, most particularly in the 16 years she served as a member of the Winnunga AHCS Board, on her wisdom and her unswerving support for me and for the Aboriginal and Torres Strait Islander community.'

Aunty Ethel's love of her community and her undying support of it, is perhaps best known through her long history of fostering Aboriginal and at times non Aboriginal children. Over a period of 30 years Aunty Ethel fostered 50 children. Many of the children she fostered were with her for an extended period and they and their families along with her own children and grandchildren constituted a large extended family. Aunty Ethel was 76 years old when she died.



Aunty Ethel Baxter was a Director of the Winnunga AHCS Board for 16 years.

Aunty Ethel was a Wiradjuri woman, born in Dubbo in May 1944. She was one of seven children. Her father died when she was only ten years old. Aunty Ethel's parents realised the importance of education but at that time in Dubbo Aboriginal children were not welcomed at school which led Aunty Ethel's father to take formal steps to be identified as non-Aboriginal in order for his children to be able to attend school. Following her father's death Aunty Ethel moved with her mother and family to Wellington.

At Wellington she lived in a galvanised iron structure which her mother built with the aid of her children. It had a dirt floor and was divided into different spaces by hessian bags. They also used bags sewn together as blankets. There was no electricity or running water and upended four gallon drums were used as seats round the kitchen table.

Aunty Ethel married Donald Baxter. Donald died when he was only 40. Aunty Ethel brought up her three children, Donald, Adrian and Lorna, as well as her brother's children. She has 16 grandchildren and six great grandchildren. After moving to Queanbeyan Aunty Ethel was employed for many years at Karabar High School, initially as a Teacher's Aid and after completing studies at the University of Canberra she was employed as an Aboriginal Education Assistant.

In 1986 Aunty Ethel formed the Aboriginal Education Consultative Committee in Queanbeyan to support Aboriginal education. In 2003 she was Aboriginal Elder of the year. In 2007 she received the Healthy Communities Award. In 2009 she was honoured as the Queanbeyan Citizen of the Year. She was a Director of the Winnunga AHCS Board for 16 years.

Aunty Ethel Baxter's legacy is one which she and all her family can be enormously proud of. She left her mark on not just the Aboriginal community but the broader community. Her most enduring legacy, however, will be the impact which her selflessness in fostering as many as 50 children while bringing up her own children as well as nieces and nephews, and the love and care she rendered them when they were in such need, will have had on their lives and their future.

Winnunga AHCS will be dedicating an event to celebrate and remember the life of Aunty Ethel, as soon as it is safe to do so.

Rest in Peace Aunty Ethel. We have been so privileged to have known you.

Affiliate

The Winnunga AHCS Affiliate responded proactively to the COVID-19 pandemic early in 2020. The Winnunga AHCS Influenza Pandemic Plan (2015) put the services in a good place in terms of preparation, as the COVID-19 response is largely based on influenza pandemic planning. The Winnunga AHCS Pandemic Plan began to be actioned in February and was fully activated in March. Actions included:

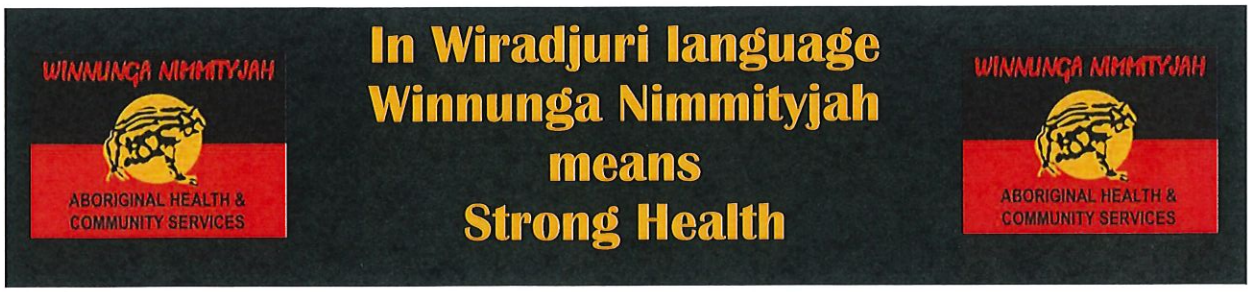
- Sharing the Winnunga AHCS Influenza Pandemic plan with NACCHO and other Affiliates.
- Ensuring effective lines of communication with ACT Health and Capital Health Network so rapidly changing public health guidelines reach Winnunga AHCS staff quickly and are implemented in a timely way.
- Ensuring rapid lines of communication to staff.
- Checking PPE stocks, boosting PPE supply and implementing infection control procedures.
- Commencing increased data collection for respiratory conditions and COVID-19.
- Client communications via social media, the Winnunga AHCS Newsletter, notices in the clinic, the Winnunga AHCS website and direct advice to clients.
- Modifying clinical service delivery to maintain client care while minimising COVID-19 risk. This included implementing telemedicine consultations to reduce the number of clients who need to attend in person, and providing influenza vaccinations to vulnerable clients in their home.
- Ensuring the Winnunga AHCS prison health service at the Alexander Maconochie Centre has equipment and procedures in place to test for and respond to COVID-19.

Winnunga AHCS commenced a one room respiratory clinic on March 11, based on our Pandemic Plan. The respiratory clinic had an external entrance with all clients screened outside the building. An expression of interest to become a Commonwealth funded GP Respiratory Assessment Clinic was submitted on 23 March. Assessment and training by ASPEN was required to confirm suitability. Some contract negotiations were needed to ensure Winnunga AHCS was not required to see non-Indigenous mainstream clients and that reporting could be done using Communicare. Full transition to a Commonwealth funded GP Respiratory Assessment Clinic (and rear clinic entrance) commenced on 28 April.

Winnunga AHCS has been actively involved with the ACT government on the Territory COVID-19 response since February 2020. This has included representation on ACT committees (*ACT Primary Care Emergency Planning Working Group* and *ACT COVID-19 Planning for Custodial Settings Working Group*). We have a good working relationship with ACT Health Protection and are able to actively advocate and problem solve when issues arise. The ACT Government has been supportive of Winnunga AHCS and responsive to any problems that have arisen.

The Winnunga AHCS Public Health Medical Officer (PHMO) represents the service on the national *Aboriginal and Torres Strait Islander Advisory Group on COVID-19*. The Winnunga AHCS CEO and PHMO have also worked with NACCHO and other stakeholders on co-ordinated COVID-19 responses.

Winnunga AHCS internal CQI, reporting and evaluation processes have been supported this year through development of data collection templates in Communicare. These templates record data specific to the service to streamline health care provision and assist in monitoring, reporting and evaluation. In addition, the Data Officer and PHMO have ongoing roles in monitoring and improving data quality. Winnunga AHCS uses service level data, regional and state level data, research, evaluations and community feedback to assess unmet demand and to develop strategies to address these. Examples include our prison health service and advocacy for an Aboriginal specific residential drug and alcohol rehabilitation service.



Affiliate

Winnunga AHCS worked with the ACT Aboriginal and Torres Strait Islander Health Forum to influence improving outcomes for Indigenous health. This Forum has assisted for example in delivering ear health services/procedures for children needing grommets, which has historically attracted unacceptable wait times and along with other matters considered the new IAHP funding model. The Winnunga AHCS CEO continued in the role of Chairperson for the Forum throughout 2019-2020.

Winnunga AHCS provided policy advice on areas such as the ACT Health Digital Health Record, the IAHP evaluation, the KPMG Data Quality Assessment and Support Project, the AIHW nKPI and OSR Review, CREATE resources, The ABS Aboriginal and Torres Strait Islander health survey, draft National Ear and Hearing Health performance indicators, data sharing and release legislation and PIP-QI.

In addition over the year, Winnunga provided advocacy and information to:

- Advocacy for ACT Government to continue funding the ACT Legal Aid Commission's domestic violence service.
- AMC Healthy Prison Review.
- Family Violence correspondence to Professor Bartels, ANU Centre for Social Research and Methods, Canberra.
- Caring for an ageing Australia – Nous Group.
- Review of draft CREATE resource ACCHOs in practice.
- QE2 Review.
- ACT Budget Submission.

Winnunga AHCS shares with and learns from other services and Affiliates through the PHMO network, NACCHO Policy Subcommittee, NACCHO CQI Network and one-to-one interactions on specific issues. Throughout the year Winnunga AHCS has provided ongoing input to these groups.

Winnunga AHCS provided training placements for Australian National University medical students, GP registrars, psychiatry registrars, public health medicine registrars and nursing students. This experience in a culturally safe Aboriginal Community Controlled Health Service setting gives students better understanding and skills for when they return to mainstream health services.

Research projects conducted by students and registrars provide valuable information for service delivery. This year projects included an early (6 months) Implementation Evaluation of the Winnunga Alexander Maconochie Centre Health and Wellbeing Service, a client experience survey of Winnunga AHCS clients at the Alexander Maconochie Centre and a client influenza immunisation survey.

The Winnunga AHCS PHMO is an Affiliate representative member of the Health Services Data Advisory Group (HSDAG) and the HSDAG Working Group on nKPI revisions. The PHMO has provided extensive input on HASDAG agenda items, and also participated in the OSR and nKPI Data Framework Working Group. The Winnunga AHCS CEO is also a member of the NATSIHP Implementation Plan Advisory Group and Winnunga AHCS is represented on the ACT Clinical Council and the Opioid Therapeutic Advisory Committee.

Unfortunately Winnunga AHCS is not a member of the Coalition of Peaks, even though we are one of only two Aboriginal Community Controlled organisations in the ACT. However, the organisation has contributed to the Closing the Gap work through consultation and NACCHO input.

Aboriginal Community Controlled Health Services are more than just another health service - we put Aboriginal health in Aboriginal hands

Winnunga Updates

COVID-19 Pandemic

Winnunga AHCS organisational activities were reviewed and tailored in direct response to the Coronavirus (COVID-19) pandemic. The review formed a part of a number of Plans the organisation implemented, including the Winnunga AHCS Risk Management Plan and the Winnunga AHCS Pandemic Plan, to ensure all areas of the organisation (clinical and non-clinical) were captured.



Dendup Tshering Forensic Cleaner

Organisational COVID-19 focus areas have been:
Cultural safety and support
Service delivery
Staffing arrangements
Client and staff safety
Communication
Administrative requirements (including financial and contractual) monitoring and review

Cultural Safety and Support
Winnunga AHCS continues to maintain cultural safety through the provision of services and support provided by Aboriginal staff and the CEO. All workers in the Winnunga AHCS Social Health Team (SHT) are Aboriginal and/or Torres Strait Islander. The SHT is the main non-clinical service delivery team within the organisation, and continues to attend to all cultural safety and support matters, including in a support role during client consultations with non-Aboriginal clinical staff when requested.

Service Delivery
The Winnunga AHCS Pandemic Plan has been actioned and is monitored by the Public Health Medical Officer and Executive Director of Clinical Services. The SHT, responsible for the cultural and social determinants of health activities for Aboriginal and/or Torres Strait Islander clients, continues to deliver support and services to the community, as well as to Winnunga AHCS non-Aboriginal clinical staff.

Due to social distancing measures needing to be implemented, all groups and community events were postponed until further notice. Client contact and services wherever possible are delivered via telephone. A list of the most vulnerable clients has been compiled with additional telephone contact implemented. SHT staff continue to keep in daily contact as required.

All staff understand and comply with additional safety and hygiene measures, including if needing to transport clients or to carry out any outreach or face to face work.

Additional cleaning services have been contracted.

Staffing Arrangements (non-clinical staff)
All service delivery staff at Winnunga AHCS continue to work on site. Preparations in the event some staff are required to work from home, have been completed.

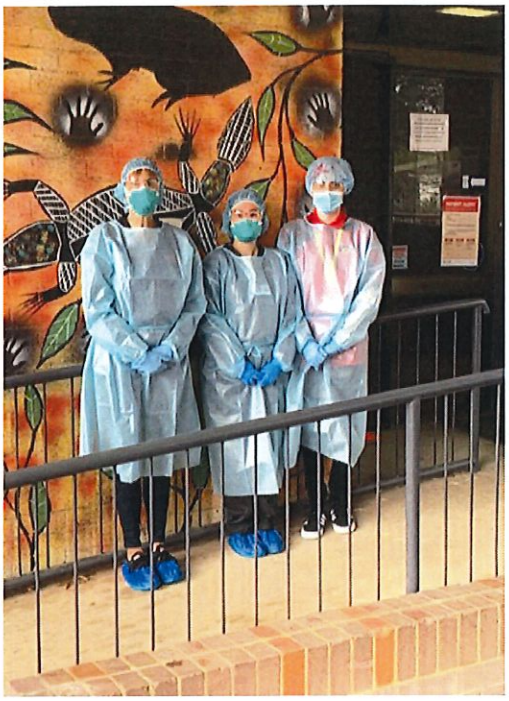
The SHT and Medical Reception work together. The SHT is cross-skilled and able to step in to provide medical reception support as needed (ie if staff are absent, or to attend to increased telephone calls).

All meetings with external providers have been carried out via telephone, and wherever possible this also applies for internal meetings. Social distancing, good hand hygiene and the use of PPE is followed by all staff. Work spaces have been adapted to ensure staff are 1.5 metres or further apart.



All staff are aware of who their immediate supervisor is, as well as which manager to contact in the event their supervisor is absent. Staffing arrangement continue to be monitored, and will be responded to immediately in the event a Winnunga AHCS staff member contracts COVID-19. All government measures are adhered to and followed as per the essential service guidelines.

Client and Staff Safety
All staff are required to adhere to the measures the organisation has adopted during the COVID-19 pandemic, including social distancing, reduced face to face contact with clients and external providers, appropriate use of PPE and good hand hygiene. All clients who attend Winnunga AHCS in person are triaged by a nurse in line with the Winnunga AHCS respiratory clinic (COVID-19 clinic) procedures. Following triage, clients are guided to the appropriate areas of the organisation and required to adhere to the increased physical safety measures.



Left to right: Michele (Practice Nurse Manager, Tam (Nurse) and Tyson (Medical Receptionist)

Communication
Communication has increased via social media, the Winnunga AHCS website and Newsletter. Community, clients, stakeholders and staff have been encouraged to utilise these platforms. Information posters are clearly displayed throughout the premises. A list of all staff contact numbers has been updated for ease of any urgent messaging to be disseminated. Funding bodies/contract managers have been contacted individually and remain updated in the event further changes are needed to be negotiated and/or implemented to contracted deliverables.

Administrative Requirements (including financial and contractual)
Funding submissions were lodged to address the increased demand on clinical service delivery. Winnunga AHCS delivered a respiratory clinic (COVID-19 clinic) since 11 March 2020 which was then up-scaled with the support of Government funding. Winnunga AHCS continues to provide normal clinical services to all our clients as much as possible, using a mix of clinical care at the service, telephone services and home visits.

Additional data items have been created in the Winnunga AHCS Communicare system to ensure capturing and monitoring of changes in community need can be robustly monitored and responded to.

All legal and contractual obligations have continued to be met.

Organisational Monitoring and Review
Winnunga AHCS understands under the current climate situations can change monthly, weekly or daily. The Board of Directors together with the CEO and Management Team remain vigilant and adaptable to ensure that Winnunga AHCS is ready to respond accordingly, and continues to be a safe and trusted point of contact for Aboriginal and Torres Strait Islander peoples of the ACT and surrounding region.



Left to right: Liz (Nurse), Tam (Nurse) and Dr Peter

Winnunga AHCS New Purpose Built Facility

On 6 September as part of Winnunga AHCS NAIDOC celebrations, we turned the sod in preparation for the commencement of construction of the new Winnunga AHCS purpose built facility. Aunty Louise Brown delivered the Welcome to Country, Billy T performed a smoking ceremony and ABC's Dan Boucher MC'd the event. Minister Rachel Stephen-Smith, Winnunga AHCS Chairperson Craig Ritchie, Aunty Louise Brown and Julie Tongs turned the sod to commemorate this significant milestone.

We thank everyone thus far who has worked hard with us to make this building a reality, including Alistair Coe the leader of the Liberal Party and his team, ACT Greens leader Shane Rattenbury, former ACT Health Minister Megan Fitzharris, Minister Rachel Stephen-Smith, Judd Studios, SAFM Solutions and Built our Head Contractor.



Julie Tongs, CEO of Winnunga AHCS wrote to the Honourable Greg Hunt, Commonwealth Minister for Health, to express her appreciation and to thank him, on behalf of the Aboriginal community, for agreeing to the grant of $4.5 million to Winnunga.

The grant will go towards the incorporation within the new Winnunga health facility, currently under construction, of dental facilities and to ensure the final fit out of the building. The funding will also ensure that a fuller range of services will be able to be accommodated in the new space, focusing on not just the physical health needs of the Aboriginal community but on their social, emotional and cultural wellbeing.



Julie said she was indebted to Minister Hunt and to the Commonwealth Government for recognising the needs of the Aboriginal and Torres Strait Islander community of Canberra and the region and for agreeing to the grant. Julie also acknowledged the significant support she received from members of both the ACT Government and the Opposition in advocating for the funding ultimately agreed to by the Commonwealth.

We are pleased to report the building has remained on track and we look forward to it being completed by the end of the 2020 calendar year. For further updates on the development, please visit our facebook page or go to the Winnunga AHCS Newsletters which can be found on our website.

SELF DETERMINATION

Aunty Judy Harris Park

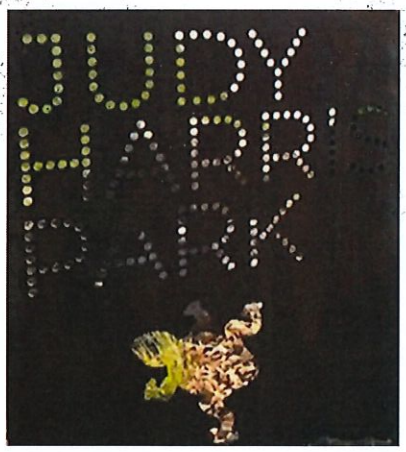
On 7 September at the naming of the newest community park in the Molonglo Valley suburb of Coombs after the late Judy Harris OAM, Winnunga AHCS CEO Ms Julie Tongs said 'It is an honour she thoroughly deserved.' Ms Tongs said Ms Harris had been associated with Winnunga AHCS since its infancy and had chaired its Board for 20 years.



Aunty Judy Harris OAM,
9 May 1945 – 9 March 2015



'Without Judy Harris Winnunga AHCS would not be what it is today, a successful Aboriginal health and community service, with a yearly client base of more than 5,000 people.' Ms Tongs said Judy Harris, who was born in Cowra, had made enormous sacrifices to achieve improved health facilities and improved health outcomes for Aboriginal peoples throughout the Australian Capital Territory and region. 'She was a life-long friend and mentor,' Ms Tongs said.



The Park has now been officially opened before residents move into the area so that the amenities will be accessible from day one for parents and children rather than having to wait for them to be provided.

Accreditation

Winnunga AHCS has successfully maintained accreditation with the National Quality Improvement Program (QIP) under both AGPAL and QIC. Each cycle of accreditation encompasses a period of three years and we are approaching our fourth cycle in the coming financial year. Work has commenced on our mid-cycle review and we remain committed to ensuring Winnunga AHCS delivers a best practice Aboriginal community controlled comprehensive health and community service, with accreditation continuing to be an important component of this commitment.

Bobbi Campbell Returns to Winnunga AHCS

Bobbi Campbell, Principal at McInnes Wilson Lawyers returned to Winnunga AHCS in the capacity of delivering pro-bono legal assistance. Prior to joining McInnes Wilson Lawyers, Bobbi advised the Commonwealth Government on policy and programs, governance, assurance and communications.

We are pleased to be working together with Bobbi on a range of matters, including the significant burden of reporting Winnunga AHCS continues to comply with through contractual obligations, and what could be done to ease some of this burden.

Bobbi is a long time friend and supporter of Winnunga AHCS and we thank her and McInnes Wilson Lawyers for their assistance and time.



Left to right: Kiki Korpinen, Bobbi Campbell,
Julie Tongs and Ana Herceg

National Female Elder of the Year

The 2019 National NAIDOC Ball and Awards night was held in Canberra and what an incredible night it was. Our very own Aunty Thelma Weston, NSP (Needle Syringe Program) Reception Officer at Winnunga AHCS, was announced the National NAIDOC Female Elder of the Year. Aunty Thelma said she was very surprised but honoured to receive the Award. Congratulations Aunty Thelma from all of us at Winnunga AHCS.



Hon Linda Burney MP, Aunty Thelma Weston and Hon Ken Wyatt AM, MP

AMC NAIDOC Event

Julie Tongs, Winnunga AHCS CEO congratulated AMC management for organising the NAIDOC Day event at the prison. Julie said she was pleased to have attended the event and considered it a success.

The event allowed families, loved ones and friends of Aboriginal and Torres Strait Islander detainees in the AMC to spend half a day in relaxed surroundings with detainees. The AMC hosted a BBQ lunch and engaged Dale Huddlestone and The Riverbank Band who entertained the gathering with songs close to the hearts of the Aboriginal community. Johnny Huckle, as always, went out of his way to engage and amuse the high number of children attending the event.

Events at the AMC such as the NAIDOC Day have a range of positive impacts mostly related to maintaining connection between detainees and their families but also in providing an opportunity for detainees to be sensitised to the price they are paying for their criminal behaviour and of the opportunities that a life without crime present. The event was happy and joyous and certainly provided an outlet for detainees subject on a daily basis to extended hours locked in cells and to a life of unremitting boredom.

It was an event that surely reflected the intentions of the ACT Government when it set out to establish a human rights compliant and rehabilitation focussed prison that would be unique in Australia and reflect world's best practice in corrections management. While it is clear the management of the AMC bears no resemblance to that originally envisioned and is, in fact, in the eyes of most the antithesis of a human rights compliant and rehabilitation focussed prison, it is not too late for ACT Corrective Services to accept that it has failed to meet the Government's expectations for the AMC and to start again and turn its management of the prison around to what was originally intended.

ANFPP 10th Year Conference

Australian Nurse-Family Partnership Program

The Winnunga AHCS Australian Nurse-Family Partnership Program (ANFPP) attended the national ANFPP 10th year conference in Alice Springs. The ANFPP is a nurse lead home visitation program for first time mothers having an Aboriginal and/or Torres Strait Islander baby starting from between weeks 16 – 28 of their pregnancy, until the child is two years of age.

For most of our ANFPP Team, it was their first time visiting the beautiful Arrernte country. The annual conference attracted ANFPP sites from across Australia and despite the geographical distance, there were many shared learning experiences that each of the sites took away with them. The Winnunga AHCS ANFPP Team consists of a Nurse Supervisor, two Aboriginal Family Partnership Workers and three Nurse Home Visitor. The Team shared their experiences below:

Bron - *'I didn't realise that despite the distances between the ANFPP sites, we had some shared common issues like client recruitment. It was good to know this and help work through strategies together'*

Fallon - *'One of the big learnings for me is that to build successful relationships with clients, you need to allow more time for this to develop, sometimes it could take hours or days from the first meeting, other times it could be*

just having a cuppa or having a few more catch ups so the client is comfortable with you and the Program. I think this is really important'

Rona - *'It was an eye opening experience. I was impressed to hear how Aboriginal languages were still so strong and used by many of the other ANFPP sites to communicate with their clients'*

Stacy - *'It was incredible to hear about the distances travelled by some of the ANFPP sites. Some sites travel hours or hundreds of kilometres just to see their clients'*

Ada - *'What we've learnt is that you've got to adapt the Program to meet the needs of clients. We have a greater understanding of clients having personal things happening in their lives that may prevent them from getting to appointments and may we need to reschedule a few times and that's okay. It really is about building a long term partnership with a client because that partnership begins when the client is pregnant to when the child is two years old'*



Julie Tongs together with some of Winnunga AHCS ANFPP workers Ada, Stacey and Fallon

ActewAGL Donations

Thanks to donations collected from ActewAGL and passed on to GIVIT who are a national not-for-profit, Winnunga AHCS gladly accepted the welcomed donations of toiletry items which were provided to inmates at the Alexander Maconochie Centre (AMC).

Winnunga AHCS Social Health Team Acting Manager Nicole Donnelly said the small gesture went a long way. 'It was lovely to receive the donations and especially knowing they were going to the inmates at the AMC and the difference it can make.'

'Thank you to ActewAGL and GIVIT for their generosity' Nicole said.

GIVIT support all agencies, services and charities in Australia who work directly with impoverished, marginalised and vulnerable people.



Caroline Odgers from GIVIT (left) and Winnunga AHCS Acting Social Health Team Manager Nicole Donnelly.

Thank You



The team at Clayton Utz recently assisted Winnunga AHCS in preparing the Design and Construct contract, which is a significant piece of legal work outlining obligations for the construction of the new Winnunga AHCS facility.

Julie Tongs personally thanks Edwina, Eloise and Lina from Clayton Utz in providing this work within a pro-bono arrangement.

Left to right: Edwina, Eloise and Lina from Clayton Utz

Gugan Gulwan and Winnunga AHCS Children's Christmas Party

This year Winnunga AHCS and Gugan Gulwan held a joint Children's Christmas Party. We thank the Rotary Club Belconnen, Department of Health, National Indigenous Australian Agency, Woolworths Erindale and Marymead for assisting through generous donations over the Christmas period. Here are some photos from the event.



















Respiratory Clinic

The Aboriginal and Torres Strait Islander community are, because of the already high burden of chronic disease we experience, undoubtedly at high-risk if we do contract COVID-19. For this reason we all need to be especially vigilant in observing all of the advice form the Government and medical experts about social distancing and hygiene, in particular the need to regularly wash our hands and not touch our faces. It is important too that we remain calm and considerate.

Aboriginal Health in Aboriginal Hands

These are indeed worrying times and Winnunga AHCS is aware of the high levels of understandable anxiety that many in the community are experiencing. If you are anxious and worried or if you know of someone you think is struggling to cope please do not hesitate to contact Winnunga AHCS and ask us if we are able to assist or if we can point you to someone that may be able to help.

Winnunga AHCS has continued to provide services to all First Nations people.

Telephone consultations: Winnunga doctors can do telephone consultations, so if you don't need to physically come to Winnunga, please don't. To organise a telephone consultation please call Winnunga on 6284 6222. The doctor may need to call you back so give reception a number you can be contacted on.

Two different entrances: There are two separate clinic entrances at Winnunga. Respiratory Clinic - this is the old front main entrance. Anyone who has a fever, cough, sore throat, shortness of breath or other COVID-19 symptoms should go to this entrance. You will be asked to wear a mask while waiting at the Respiratory Clinic. Rear Entrance - this is the new entrance at the back of the building for all other consultations. Reception and the waiting room for this entrance are in demountable buildings in the rear car park.

External triage and temperature testing: Nurses and Social Health Team workers are stationed outside Winnunga to direct clients. The nurse will take your temperature and check whether you need to go to the Respiratory Clinic.

Social distancing and hand washing: Chairs in our waiting areas are placed 1.5 metres apart to support social distancing. Please do not gather in groups while waiting at Winnunga. Please use the hand sanitiser provided while waiting at Winnunga, before entering the clinic and on your way out.

The Winnunga AHCS respiratory clinic commenced on 11 March. Up to 30 June there were 569 clinical assessments conducted in the respiratory clinic, with 257 COVID-19 tests done.

We thank all of you who have called in advance to talk to a nurse or a doctor to find out whether you may be able to have a consult over the phone rather than needing to attend in person. This assists greatly with the volume of clients physically coming to Winnunga and in turn with social distancing, keeping everyone as safe as possible.

It has also been good to see many people getting their flu shots as this year it is especially important that you do so.

It is a very difficult time for many and we know we can all struggle at times with social isolation. The Winnunga Social Health Team (SHT) is contacting people a lot more via telephone now, and we will continue to do so.

You can also call to talk to a SHT worker during the week on 02) 6284 6222.





Visitors at Winnunga

Winnunga AHCS's Australian Nurse-Family Partnership Program (ANFPP) welcomed the Rumbalara Aboriginal Co-operative ANFPP Team from Shepparton in Victoria for a site shadow visit. It was a great few days with both Teams coming together to learn from each other, share experiences and for continuing to build important partnerships, which in turn means better support and outcomes for our ANFPP clients.



Connected Beginnings Program

The Connected Beginnings Program aims to support improving the health, wellbeing and development of Aboriginal and Torres Strait Islander children from 0 to 5 years. The Program coordinates services within Winnunga AHCS and external clinical providers. Connected Beginnings integrates early childhood assessment and intervention services, maternal and child health education, and family support services so that children remain healthy and engaged throughout their school years, to maximise school attendance and engagement at Koori pre-school or school.

Integration builds on collaboration and coordination between early childhood professionals across agencies and is more than simply co-locating services. The achievement of integration means shared outcomes for a family, and reduction in the need for duplication of information. This has encouraged professionals to work within a multidisciplinary team for a shared care outcome for the child and family. The aim result is, families only having to tell their story minimal times and then, only clarification is needed to get a better understanding of the child's healthcare needs and the family's requirements to manage the healthcare need or behavioural issue.

Site visits were conducted with the 5 Koori pre-schools of Canberra. Contact with external clinical service providers/stakeholders continued to be established and strengthened - early childhood intervention partnerships assisted in identifying existing gaps in external services.

Throughout the second half of the reporting period, bush fires, smoke and COVID-19 emerged. With restrictions increasing as a result of the pandemic, our movements were limited particularly around home visits and face to face contact with clients. Phone consults become the main point of contact for discussing health and behavioural concerns, as well as providing health and wellbeing checks for social support for children within the Program.

Winnunga's Early Childhood Intervention Team have engaged robustly and at times, have had to think outside the box, to ensure children of the Connected Beginnings Program have the required referrals and support services in place for example within a school setting to improve their health, wellbeing and development.

Together we can stay connected, the possibilities for tomorrow's generation are endless, when we remain connected.



Tackling Indigenous Smoking (TIS)



In 2020, Winnunga AHCS entered into its 10th year of being part of a national network of population health promotion tobacco action workers, who are mostly referred to as TIS workers. Winnunga AHCS first recruited staff to the Department of Health funded program back in 2010 and over this time the program has developed and expanded to provide a suite of resources, its own branding, promotional gear and community activities, all working in together to provide a focus on tobacco harm and smoking related illness.

Over the reporting year the Team worked with Jack Wilson, Australian Ninja Warrior and Aboriginal health advocate, to feature in a Canberra television and radio media campaign, and ran a school banner project which saw Aboriginal and Torres Strait Islander students creating artwork which was digitally transferred onto banners and placed around the Namadji Super school.



Winnunga AHCS NAIDOC Event TIS Stall

The TIS Team's main functions are getting out into the community at schools, events, institutions, workplaces and agencies to increase awareness of the impact of smoking on individuals and the Aboriginal and Torres Strait Islander community. The program has an emphasis on community partnerships and collaborations, and facilitates access for tobacco control and quit support through the capacity building of staff and others in the community.



Ninja Jack at ad shoot



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH & COMMUNITY SERVICES

TACKLING SMOKING
Promoting a healthy lifestyle
WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICE

Men's Group



The Men's Group is for Aboriginal and/or Torres Strait Islander men of all ages and is held every Monday at Winnunga AHCS art room between 12pm and 2.30pm. It is facilitated by the Winnunga AHCS Social Health Team. A healthy lunch is provided for all participants. Transport can be arranged if required. The Group covers issues such as, healthy eating, cooking for a family, reducing alcohol consumption, quitting or reducing smoking, the importance of physical activity, having regular health checks, managing depression and anxiety, and oral health care.



This year the cold Canberra winter didn't dampen the spirits or determination of our Men's Group to stay active and get out and about. Each week, the men came together to engage in various activities, have a yarn, discuss important issues including health and everyday lifestyle concerns. The Group took part in a number of excursions, including checking out some of Canberra's iconic attractions, such as the Australian War Memorial and Namadgi National Park.

Winnunga AHCS Social Health Team worker Sid Eades said it meant a lot to have these activities. 'It gives me great satisfaction to be able to take the Men's Group on outings and see everyone enjoy themselves and the experiences together.'

2019 NACCHO Ochre Day Conference

A number of Winnunga AHCS staff together with some of the Winnunga AHCS Men's Group participants attended the 2019 National Aboriginal Community Controlled Health Organisation (NACCHO) Ochre Day Men's Health Conference in Melbourne. This year's conference theme 'Men's health, our way. Let's own it!' provided a national forum for Aboriginal and/or Torres Strait Islander male delegates, organisations and communities to share knowledge, design concepts and strengthen relationships that work to directly improve the health outcomes of Aboriginal and/or Torres Strait Islander men.



Held over two days, the conference was attended by over 200 delegates nationally. Some of the guest speakers included well known actor and presenter Ernie Dingo, former NRL player and community leader Preston Campbell, Associate Professor Ray Lovett and Lomas Amini. Preston Campbell spoke passionately about what it meant to be a leader and an Elder. He also shared his experience about how his NRL career had taught him the value of self-reflection and honesty in articulating a vision for his community.

Another discussion topic that had an impact on participants was when Ernie Dingo and Lomas Amini presented information to the delegates about their 'Camping on Country' program. Ernie and Lomas spoke about the importance of remote men's health and culture camp explaining how each month, the program visits a remote community and runs men's health and culture camps which included local Leadership and Lore Men for that country and how the camps provided a space for local leaders to discuss health issues they faced in their community and what programs are working or not working.

For Winnunga AHCS staff member Thomas Williams attending the Ochre Day conference and learning about the various services and programs meant a lot to him. 'This is my second time attending the conference and I'm grateful for the opportunity. As a young Indigenous man, it's very important that we keep having this so we can hear and learn about different services, programs and initiatives that could benefit our community, for both the Elders and young people' Thomas said. 'I really enjoyed hearing Preston Campbell speak about his journey and what he is doing now to help community. I also hope that great initiatives like the 'Camping on Country' program becomes a national thing as I can see it really benefitting our men over here in the ACT and NSW' he further added.

Karabar High School Clontarf Academy

Winnunga AHCS was very pleased to assist the Karabar High School Clontarf Academy in organising a visit to Parliament House for a special meeting with Aboriginal MP Ms Linda Burney, the first Aboriginal woman to be elected to the House of Representatives.



Winnunga AHCS CEO Julie Tongs attended the meeting between the Clontarf boys and Linda Burney.

The ten Aboriginal boys who participated in the visit are all either Year 8, 10, 11 or 12 students at Karabar High in Queanbeyan. The boys enjoyed a tour through Parliament House before meeting with Linda.

Linda was very generous with her time and engaged in an extended question and answer session during which each of the boys asked questions about her life, her role as a politician as well as questions about her priorities and what motivated her in life. Linda responded that one of the things that most satisfied her as a politician and an advocate, was in achieving change that had a positive impact on the lives of people. She told the boys she was particularly pleased to have been able to play an active role in issues such as reconciliation, marriage equality and improved child care.

Linda advised the boys that she believed it was important for all citizens, including members of the Aboriginal community, to take an active interest in politics.

Home Maintenance Program

The Winnunga AHCS Home Maintenance Program continued to provide services to Aboriginal and/or Torres Strait Islander clients and families who are at risk of experiencing homelessness. Over this reporting period the Program delivered services to 140 individuals, and a total of 706 occasions of service. Services included lawn mowing, whipper-snippering and rubbish removal. Priority continued again this year to be given to clients residing in ACT Housing properties who had been identified through Housing ACT Managers as requiring assistance to ensure they would not be evicted from their tenancy.

Deadly Choices

Winnunga AHCS again this year partnered with Deadly Choices and the Canberra Raiders to encourage Aboriginal and/or Torres Strait Islander peoples to make healthy choices for themselves and their family.



Deadly Choices Raiders jersey



Nathan Blacklock and Julie Tongs showcasing their Deadly Blues jerseys

Winnunga AHCS Boxing Club/Gym

The Winnunga AHCS Boxing Club/Gym continued to offer General Fitness and Boxing Basic sessions as well as trainers for the more competitive fighters. Some of our fighters competed at national and local events including the Golden Gloves with great success. The Boxing Club/Gym has grown over the years with over 200 members, including general and elite competitors. The gym has acquired a range of equipment to improve and diversify its training regime, for both elite competitors, and those attending for general fitness/intermediate boxing skills. We build and maintain good relationships with surrounding groups, and run sparring sessions with local and interstate gyms including professional boxers.

Our membership base is made up of various ages, genders and demographics. The boxing program provides a combination of boxing classes and also general fitness routines to assist members manage weight loss and improve overall fitness levels. In addition the program provides an opportunity for young people who may have behavioural issues or difficulties with schooling to stay engaged and actively participate in a meaningful, culturally safe and supportive program. A huge thank you again this year to all the staff and volunteers of the Winnunga AHCS Boxing Club/Gym.

If you'd like to know more about the Winnunga Boxing Club/Gym, please contact us on 0409 863 934 see our Facebook page under Winnunga Boxing or email us at: winnungaboxingact@gmail.com

Winnunga AHCS Justice Reinvestment Program

The Winnunga AHCS Justice Reinvestment (JR) Program provided intensive support to 13 families between July and December 2019 and to 14 families in the January to June 2020 period. The JR Program continued to provide face to face as well as over the telephone support to clients throughout the entire year. This has been a significant achievement given the additional complications brought about by the COVID-19 pandemic and the need, for example, to adhere to social distancing measures whilst working with clients with complex issues and trauma, at times requiring daily contact.

No More Boondah (NMB)



The Winnunga AHCS No More Boondah Group continued to meet every Tuesday in reception one (up until March 2020), with up to eight people each session. The Group allows clients and staff to discuss any issues they have with remaining smoke free, attempting to quit or just to have a yarn about the overall harms of smoking. Phone consults are offered on a weekly or fortnightly basis if clients can't attend due to work, school or other commitments.

The No More Boondah Group provides clients and staff access to a range of products to help the 'quit' and to also stay quit free. These products are also known as Nicotine Replacement Therapy (NRT):

- Gum
- Cool drops
- Inhalators
- Mouth spray
- Patches

Since March 2020 No More Boondah hasn't been running in a face to face group format due to COVID-19, however transitioned into a phone call based Program. Clients have been able to continue to attend Winnunga AHCS to collect their NRT packs when required. We have had the privilege to have heard and shared many success stories over the year and are pleased to report multiple staff members have been smoke free for quite some time now - saving a huge amount of money. Clients have been able to control their breathing, remain smoke free and believe they will be able to live a longer and healthier life.

Hearing Health



Winnunga AHCS Hearing Health Team: Thomas and Brooke

Winnunga's Hearing and Ear Health team is a small but effective collaboration consisting of Thomas Williams our Aboriginal Ear Health worker and Brooke McIntosh our Audiologist. Thomas is new to the role and is enjoying the work so far! Thomas had just completed his hearing and ear health studies in Newcastle when the impacts of COVID-19 commenced. The pandemic has limited his access to screening and testing children and adults, but he is enjoying the work that we can do and is looking forward to furthering his hands-on experience as soon as possible.

The Team have continued to provide hearing assessments and ear health reports for all Winnunga AHCS client regardless of age - babies to grandparents and everyone in between. For clients who have needed further support we organised referrals to GPs, Ear Nose and Throat Doctors, Nurses, Speech Therapists (through ACT Child Development Service), Hearing Australia (for hearing aids) and additional social support if required, through the Winnunga AHCS Social Health Team.

We were fortunate to secure some new equipment this year. For the first time we are able to offer OAE testing (Transient Evoked Otoacoustic Emissions testing). Similar to the equipment used in the Newborn Hearing Screening program, we are able to assess cochlea function with electrophysiological precision. This test is for anyone, ranging from newborns to adults. It helps to confirm behavioural hearing tests and offers an alternative to hearing tests when clients are too young or unable to test due to disabilities. We also have a new portable Tympanometry machine, which can reliably test babies under 6 months of age and we have the capacity to use a digital otoscope for Telehealth appointments.

As part of our regular school visit program, we attended many ACT Government Primary Schools and Koori Preschools during Term 3 and 4 of 2019. We conducted our usual hearing surveillance and testing and were able to inform family, carers and schools of any hearing issues identified and provide appropriate follow up. Families appreciate the convenience of this model of service, the advice and follow up we provide. Unfortunately, this program was disrupted in Term 1 and 2 of 2020 by the COVID-19 restrictions, however we look forward to resuming our school visits in the coming financial year.

The Team have liaised closely with Hearing Australia who provide Commonwealth funded hearing aids, amplification, assistive listening devices and rehabilitation to eligible clients. We organised multiple and regular clinics, run out of Winnunga, to help make their service more accessible for all our clients. It has been a varied and interesting year with some unexpected challenges. We continue to strive for the best possible outcomes for our clients and derive great satisfaction from assisting people of all ages to improved hearing and ear health.

Cooking Group

Winnunga AHCS provides support through the Cooking Group to Aboriginal and Torres Strait Islander peoples. The aim of the Group is to raise awareness and assist participants to purchase, prepare and cook healthy meals. The groups are held at the Art Room in Narrabundah and Social Health Team Staff provide transport for clients to be picked up, to and from the venue.



A Winnunga AHCS Dietitian attends the Cooking Group with the aim to raise awareness of how preparing and cooking healthy foods can improve the health and well-being of participants. Participants can also attend their medical appointments on the same day they are at Winnunga AHCS for the Cooking Group.

Midwifery Program



Stephanie Hourigan, Liz Hagan and Megan Chidgey

The Aboriginal Midwifery Access Program continues to thrive at Winnunga AHCS and has this year seen us welcome 66 babies into the community. The Program offers patient-centred antenatal and postnatal care to local Aboriginal and/or Torres Strait Islander families either in clinic at Winnunga AHCS or in the client's home (or other location). The model of care is designed to be flexible in order to make maternity care accessible and culturally safe. For birthing options, clients have access to the Centenary Hospital for Women and Children, Calvary Public Hospital and Queanbeyan District Hospital. We aim to remove the barriers that prevent women from accessing maternity care in mainstream services by providing culturally safe, non-judgmental and flexible maternity care. This is achieved by providing care in a safe space and at a pace that allows us to develop a relationship with the client (and family). The Midwifery Access Worker assists and supports the midwives in providing culturally sensitive care by attending home visits and generally engaging with clients. The Midwifery Access Worker provides client transport for health related appointments which increase attendance rates. Other benefits such as in-house pathology services, pregnancy/birth education and access to a range of health and social services at Winnunga AHCS often negate the need for women to attend external services.

Our scope of care continues to include high risk pregnancies where a multi-disciplinary approach is required in order to provide clients with optimal medical and midwifery care. For high-risk clients a majority of their care will take place in the hospital setting where we attend with the patient in a supportive role. In these scenarios our role pivots into that of health care manager and support person where we liaise with varying medical teams such as haematology, neurology, endocrine and obstetrics to ensure all aspects of the client's health are managed and co-ordinated. By supporting clients during medical appointments we can ensure continuity of care, consistency of information and bridge the gap between mainstream services and the client. Attending hospital appointments with patients improves their experience and increases attendance rates for external appointments.

The Midwifery Program has strong working relationships with each hospital which allows for seamless transitions of care. Following the birth of the baby the Program provides up to 6 weeks of postnatal care in the clients' home assisting mothers with feeding, weight monitoring, emotional wellbeing assessments and mother-crafting/health education. The Program is enhanced by other supports that Winnunga AHCS provides and continues to link women and families in particular with, No More Boondah, Australian Nurse Family Partnership Program and Connected Beginnings.

We have had an increase in numbers in the last 12 months due to the launch of Canberra Maternity Options, which provides a single access point for all public maternity care in the ACT. A central number was initiated for women to access to discuss the different models of care available within the ACT and surrounds. At initial contact if the woman or family identify as Aboriginal and/or Torres Strait Islander they are offered Winnunga AHCS for their midwifery care. This has allowed the Program to capture more women within the community. Winnunga AHCS worked with ACT Health to ensure brochures and advertising used culturally safe language. The Team continue to work with ACT Health towards a seamless referral system into Winnunga AHCS. This new strategy from ACT Health has allowed 18 new women to access Winnunga AHCS who were not previously engaged with an Aboriginal Health Service.

The year has certainly not been without its challenges. In response to the COVID-19 pandemic we needed to keep making changes to the way we delivered care to women and babies to ensure we kept them safe. Government recommendations were implemented and clarification sought on what changes we were to make, also using the Royal Australian and New Zealand College of Obstetricians and Gynecologists information as a guide. We quickly sent SMS messages and fact sheets by mail to notify women and their family of changes we had to implement to reduce risk of the virus spreading further within the community. The Winnunga AHCS Midwifery Program continues to provide care within a COVID safe model.

Road to Recovery



Winnunga AHCS have three Drug and Alcohol Workers within the Social Health Team (SHT) qualified to deliver the intensive one on one support through the Road to Recovery Program to many clients. The Program provided holistic case management as well as referred clients to other service areas within Winnunga AHCS.

There are many reasons for participants wanting to take part in Program. Referrals have been from individuals themselves, general practitioners, courts, other service providers and from Probation and Parole. Some mandated reasons for people engaging in the Program included due to domestic violence, Child and Youth Protection Services (CYPS) and for Traffic Infringements.

As part of the Intensive case management provided by workers, support and advocacy for individuals and their families has been delivered for up to 6 months. Some of the positive outcomes participants who have successfully completed the RTR Program during the past 12 months included:

* Individual's getting their driver's license back. This process enabled people to return to the workforce and generate income to support their families
* Going back into University or CIT for higher education studies
* Individuals addressing reporting requirements from CYPS and as a result were reunited with their families
* Several participants successfully completed their Probation and Parole reporting requirements and had their reporting requirements reduced
* Completing detox and rehabilitation programs
* Linking clients to other Winnunga AHCS services including GP services, healthy lifestyle groups, counselling, psychiatric and psychological services

During the COVID-19 pandemic the SHT Drug and Alcohol Workers continued to provide the Road to Recovery Program to individuals and families within ACT, Queanbeyan and surrounding region, both face-to-face and over the phone. The Road to Recovery Program is a culturally safe program focusing on alcohol and other drugs misuse, as well as the often unintended consequences this has on individuals, families and communities. The program consists of six modules:

- Introduction
- Effects of alcohol
- Let's yarn about drugs, alcohol
- Effects of drugs
- The healthy brain
- Relapse Prevention: Strength based and motivational counselling.

Parenting Group

Winnunga's AHCS's Parenting Group is held on Wednesday's from 10:00am until 12:00pm. The Group is a safe environment for mothers, fathers and carers. New friendships are made, children can play and parents can share topics that may assist each other. Staff and parents together observe and celebrate as children reach milestones. A healthy morning tea is provided for parents, carers and children to enjoy while completing a variety of arts and crafts. This year we have done Easter activities, cooking, drawing/colouring in, Christmas activities, sensory activities and art and crafts.

We participated in a number of outings including to Floriade, parks, Christmas parties and Easter egg hunts. We had a number of guest speakers attend the Group including Larry Brandy from the ANU, The Australian Nurse and Family Partnership Program and Domestic Violence Crisis Service.

Due to COVID-19 we haven't been able to have the Group run since March 2020, but we've still kept in contact with families to make sure they're doing ok and feeling supported. We look forward to the Group starting up again so that we can see how much families and children have grown.

Women's Group



The Women's Group continued to be delivered this year by the Winnunga AHCS Social Health Team (SHT) staff. The Group was off to a great start, meeting every Thursday between 11am and 3pm, with 20 to 30 participants each week.

Clients and staff attended craft workshops in conjunction with the ANU Art School. We spent several weeks out at Lanyon Homestead learning the art of Possum Skin sewing and understanding the Possum itself. As a group we created a beautiful hand-crafted Possum Skin cloak. The Group then went on to attend screen printing workshops at the ANU Art School. These prints, along with our cloak, will be showcased in the new year, at an ANU art exhibition.



In addition to these exciting outings, we also spent many Thursdays around the table in the Art Room, eating a good homely cooked feed, having a laugh and creating arts and crafts. Many guests were invited to the Group, including one of the Winnunga AHCS GPs who attended several times.

Unfortunately, due to the Coronavirus, the Women's Group along with the other Social and Emotional Wellbeing Groups, had to be cancelled. Many of our clients are vulnerable and as a duty of care to everyone we are practicing social distancing. However, this has not stopped the SHT from contacting clients to ensure they are going ok in these trying times. We are continually encouraging more women interested in coming and joining the Group once we recommence. Both staff and clients are keen to get back into group.

Dieticians

Over the 2019-2020 financial year we have all been challenged by the COVID-19 pandemic. This has however also provided the opportunity for us to further explore telehealth as a means for providing nutrition counselling to the Winnunga AHCS community. Via telehealth and more recently through face-to-face consults again we have worked together with individuals and families through additional lifestyle challenges faced as a result of COVID-19.

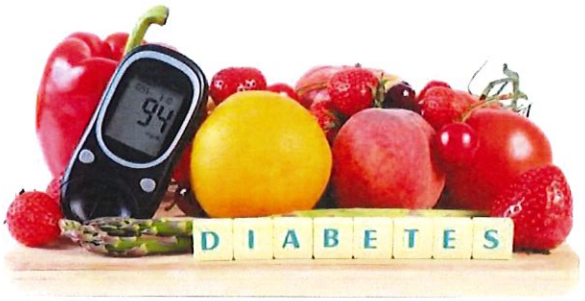


We have been privileged to work closely with the Winnunga AHCS multidisciplinary team providing client-centered care. We also continue to provide nutrition counselling to support people manage a large variety of health concerns from diabetes, cholesterol management and weight management to allergies and intolerances. We continue to enjoy working with such a wonderfully caring team to serve the local Aboriginal community.



WINNUNGA NIMMITYJAH
ABORIGINAL HEALTH & COMMUNITY SERVICES

Diabetes Clinic



At Winnunga AHCS, we run a monthly Diabetes Clinic. The Clinic is a good way to receive information on how to best manage diabetes and it's also a great way to meet people. The Diabetes Clinic provides an opportunity to sit and yarn with other participants and staff, in an atmosphere that's informal and friendly.

The Clinic offers holistic care which includes general chats around health issues, diabetes care plans, blood sugar level checks and blood pressure checks. A Winnunga AHCS doctor and nurse are always on hand during the Clinic along with ACT Health staff whom include a diabetes educator, a dietician and a podiatrist.

The Clinic will commence again once COVID-19 restrictions are lifted and will be held on the second Wednesday of each month, 10am to 12pm. No appointment is necessary, just turn up on the day. If you'd like further information about the Diabetes Clinic, please call us on 6284 6222 .

Wellbeing Group

The Winnunga AHCS Wellbeing Group met weekly until the emergence of the COVID-19 pandemic. The Group provides support to Aboriginal and Torres Strait Islander peoples in a safe, social and culturally appropriate forum for members to discuss and raise awareness of mental health, including anxiety and depression. The forum enables participants to come together and provide support to each other. Social Health Team (SHT) Staff provide transport for participants to and from the Group. Participants assist to prepare, cook and enjoy healthy meals. SHT Staff facilitate the Group, provide additional individual discussions and social health support to participants.

Members enjoy the opportunities to catch up with family and friends at the sessions over a cup of coffee. Winnunga AHCS clinical staff including a psychiatrist attends the groups and provides support on mental health as well as raises awareness to the Group participants. One on one opportunities are also made available to participants as needed.

Through the Wellbeing Group Winnunga AHCS is able to provide clients with support to pay off fines (such as parking or speeding infringements) through the Work Development Program (WDP). This may happen through for example attending medical appointments and Group participants also doing voluntary work within the Group.

IUIH Elders Program

Winnunga AHCS received a contract from IUIH in May 2020 to support vulnerable Elders in the community who were not in receipt of aged care services through another provider. This Program includes providing meals, transport, welfare checks, referrals to clinicians and other support as required. At the end of June 2020, 63 elders were being supported under this Program by Winnunga AHCS.

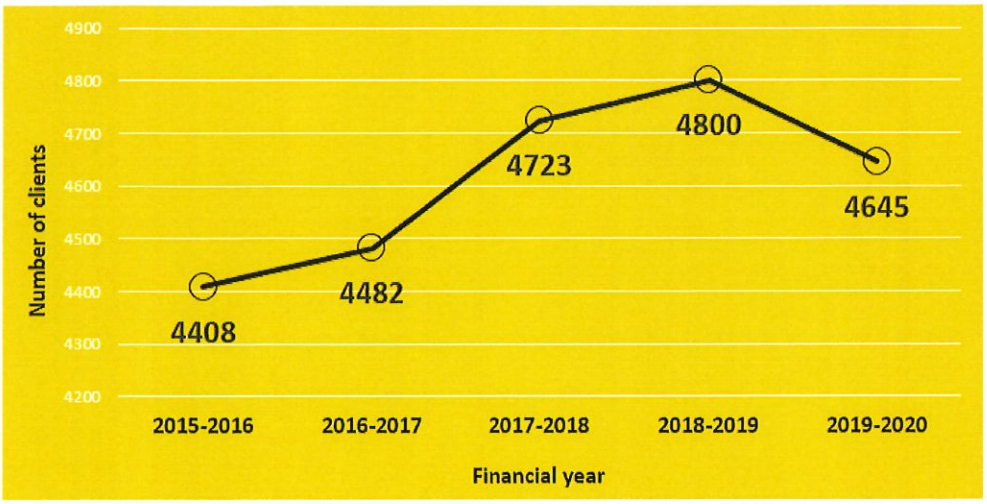


Social Health Team Workers (left to right): Richard, Craig, Chris and Thomas getting ready to deliver pre-cooked meals to Elders.

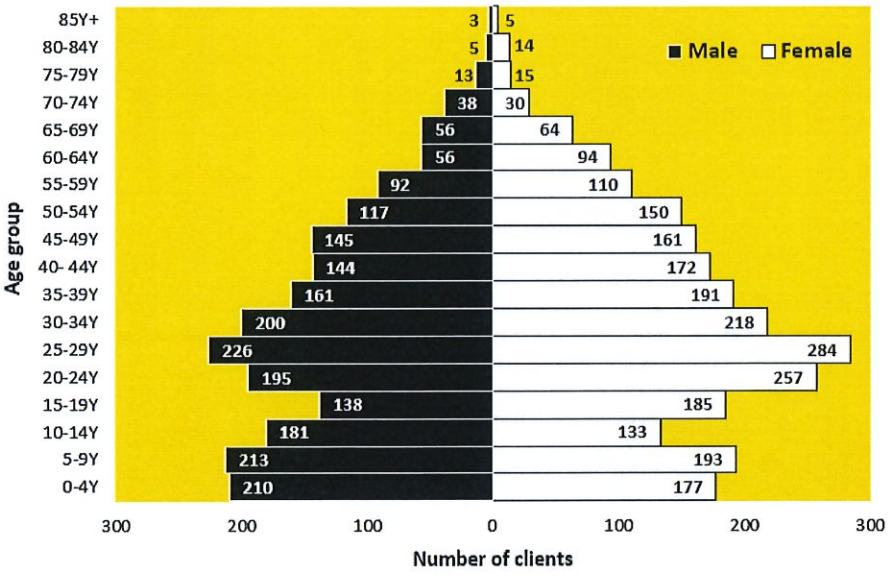
Our Service Reach

In 2019-2020 there were 4,645 clients seen by Winnunga AHCS. This was a 3% decrease from the last financial year directly due to the COVID-19 pandemic. 51% of clients were under the age of 30 years, while 19% were aged 50 years and over. Females comprised 53% of clients and 47% were male. 82% of clients were Aboriginal and/or Torres Strait Islander.

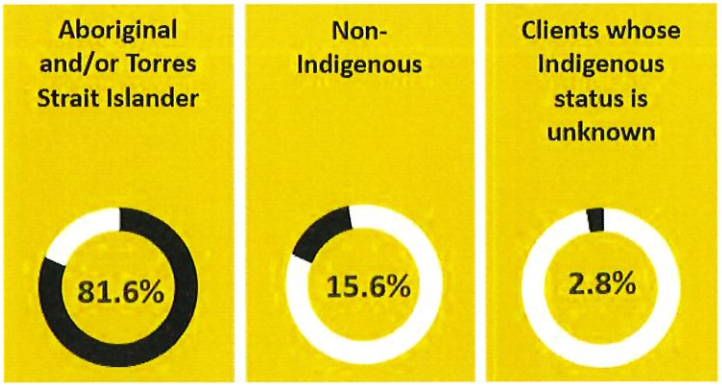
Winnunga annual client numbers, 2015 – 2020



Age and sex distribution of clients, 2019-2020



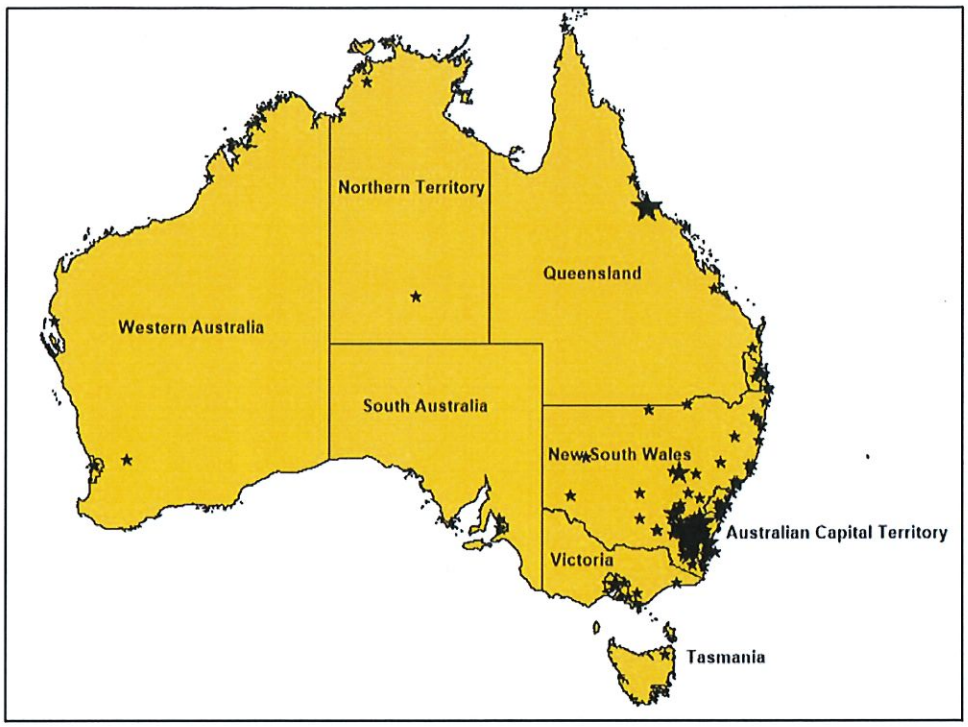
Proportion of clients by Aboriginal and/or Torres Strait Islander status, 2019-2020



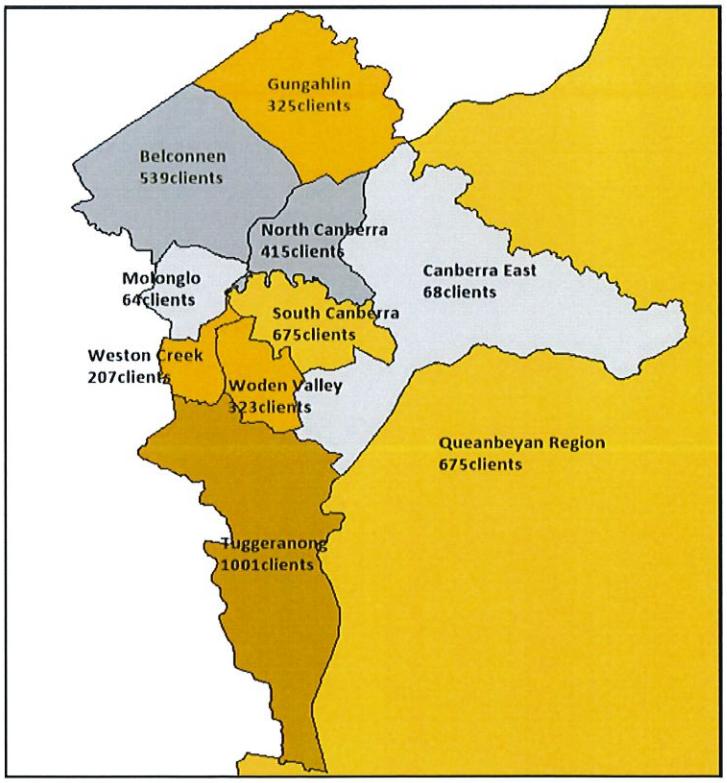
Client Locality

Winnunga AHCS clients came from 243 different suburbs in 128 postcodes. Clients visited Winnunga AHCS from all States and Territories. 94% of Winnunga AHCS clients lived in the ACT and Queanbeyan region. ACT residents comprised 80% of all clients.

Home suburbs of Winnunga AHCS clients, 2019-2020



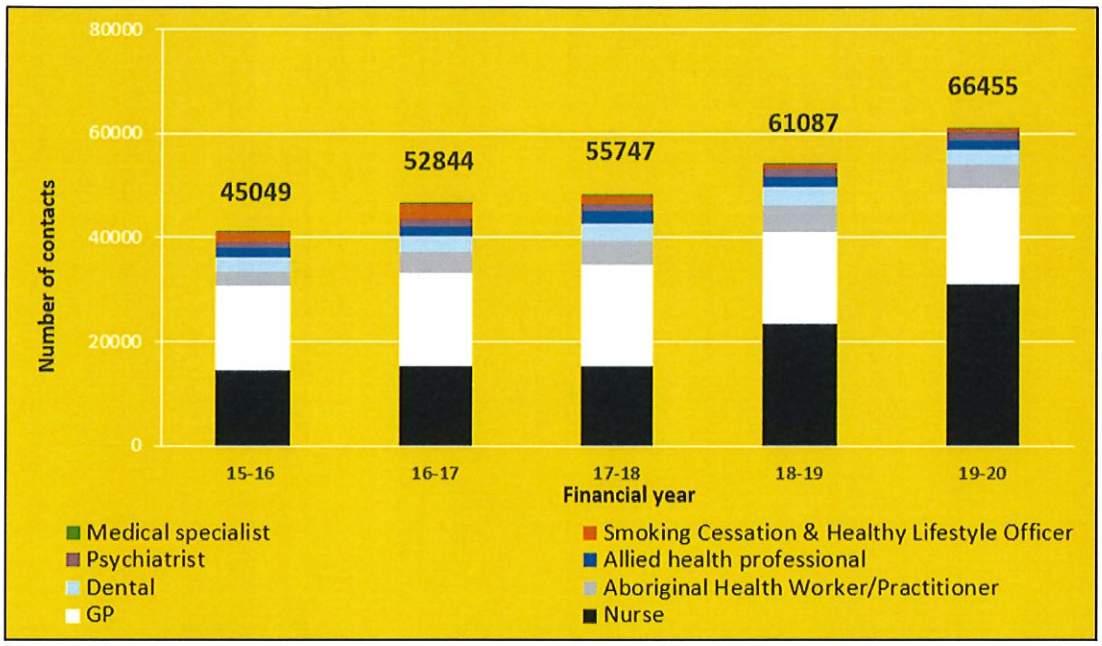
Winnunga AHCS clients in the ACT and Queanbeyan region, 2019-2020



Client Contacts

In 2019-2020 there were 66,455 occasions of service provided by Winnunga AHCS (excluding groups, transport and administrative services). This was an increase of 9% from the 2018-2019 financial year. Nurses provided 47% of services, followed by GPs (28%) and the Social Health Team (16%). There were 3,628 transport episodes recorded.

Number of client contacts by provider type and financial year, 2015-2020



Allied health and Medical Specialist client contacts, 2019-2020

3001
Occasions of service provided by Allied Health Professionals

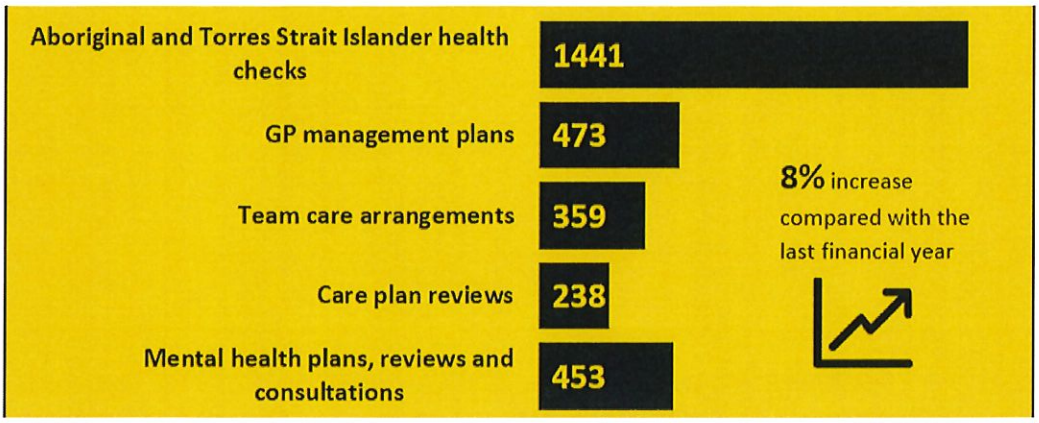
10.1% Audiologist	**18.7%** Dietician	**36.8%** Psychologist
5.5% Podiatrist	**5.2%** Optometrist	**0.6%** Diabetes educator
13.1% Allied health other	**9.9%** Physiotherapist	**0.2%** Pharmacist

1802 occasions of service provided by Medical Specialists

12% increase compared with the previous financial year for Medical Specialist services.

Health Checks and Care Plans

Aboriginal and Torres Strait Islander health checks, chronic disease management and mental health Medicare services, 2019-2020



Chronic Conditions, Nursing Assessments and No More Boondah Program

Chronic Conditions

- **1099** clients were registered as having chronic conditions
- **26,704** occasions of service were provided
- **99%** of registered chronic disease clients were Aboriginal and/or Torres Strait Islander

Nursing Assessments

- **2,549** clients were provided nursing assessments, an increase of **18%** compared with the previous financial year
- **5,672** nursing assessments were conducted, an increase of **30%**

No More Boondah Smoking Cessation Program

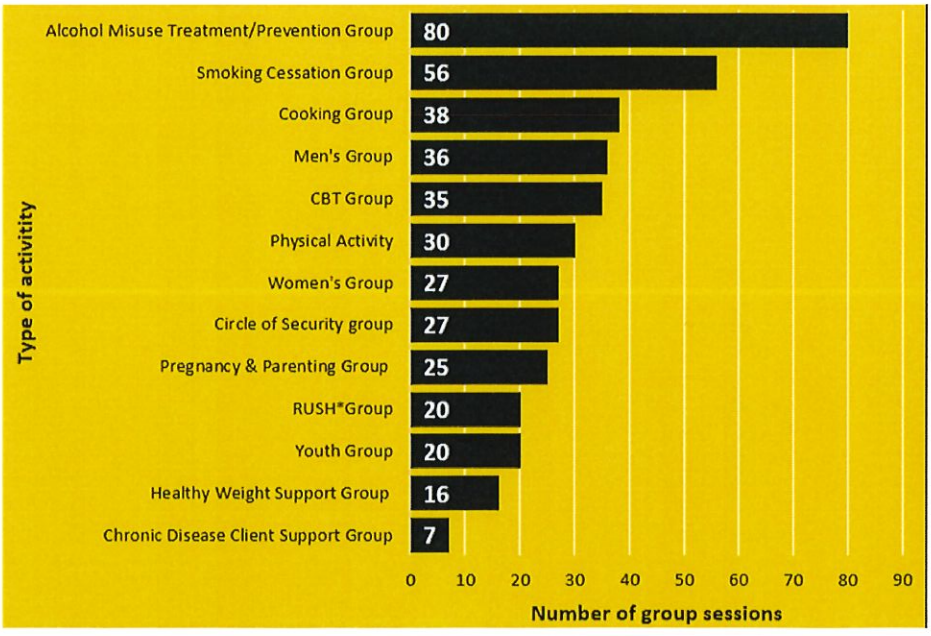
- **209** clients were provided with **407** occasions of service
- **56** No More Boondah smoking cessation group sessions were held

Social Health Team Group Activities

The Social Health Team conducted 417 group activities in 2019-2020.

All group activities were temporarily ceased from March 2020 due to the COVID-19 pandemic.

**Real Understanding of Self-Help Program*



Alexander Maconochie Centre

Winnunga AHCS provided **274 Clients** with **10,964** occasions of service

- **164%** increase in encounters compared with the last financial year
- **88%** of encounters were provided by nurses
- **48** clients were registered as Winnunga AMC Clinic clients in the reporting period

Services were provided by GPs, Nurses, Psychologists and the Social Health Team

Midwifery Services

*Antenatal care was provided to **102** women in **420** encounters*
***70** women were provided postnatal care*

66

Babies were born in this financial year

The Winnunga AHCS Midwifery Team provided **262** clients with **2854** episodes of care in 2019-2020.

Dental Services

The dental team provided **2651** services for **793** clients

Australian Nurse Family Partnership Program Services

ANFPP provided **33** clients with **866** encounters in the 2019-2020 financial year

There was a **37%** increase in occasions of service compared with the 2018-2019 financial year

Section 2 - Financial Reports

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Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Directors' Report

30 June 2020

The directors present their report on Winnunga Nimmityjah Aboriginal Health and Community Services Ltd for the financial year ended 30 June 2020.

General information

Directors

The names of the directors in office at any time during, or since the end of, the year are:

Names	Position
Craig Ritchie	Chairperson
Shanaye Baxter	Deputy Chairperson
Alana Harris	Secretary/Public Officer
Ethel Baxter	Ordinary Member (Deceased on 10 May 2020)
Lynette Goodwin	Ordinary Member
Katrina Fanning	Treasurer

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal activities and significant changes in nature of activities

The principal activities of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd during the financial year were provision of health care services to members of the Aboriginal and Torres Strait Islander community.

There were no significant changes in the nature of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd's principal activities during the financial year.

Members' guarantee

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd is a company limited by guarantee. In the event of, and for the purpose of winding up of the company, the amount capable of being called up from each member and any person or association who ceased to be a member in the year prior to the winding up, is limited to $10, subject to the provisions of the company's constitution.

At 30 June 2020 the collective liability of members was $140 (2019: $260).

Operating results

The profit of the Company amounted to $7,271,607 (2019: $762,119).

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Auditor's Independence Declaration under Section 60-40 of the Charities and Not-for-profits Commission Act 2012 to the Responsible Persons of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2020, 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.

Vincents Audit Pty Ltd

Phillip W Miller CA
Director

Dated in Canberra on 8 September 2020.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2020

	Note	2020 $	2019 $
Revenue from operating activities	5	19,972,025	12,704,614
Employee benefit expenses		(9,104,867)	(8,900,391)
Depreciation and amortisation expense		(324,942)	(223,046)
Equipment costs		(205,829)	(214,029)
Medical Supplies		(99,186)	(71,830)
Travel,support and training		(108,459)	(121,967)
Workshops and promotion		(359,777)	(476,212)
Client assistance		(447,994)	(382,153)
Repairs and maintenance		(70,503)	(42,697)
Consultation expenses		(29,654)	57,449
Property costs		(76,480)	(127,387)
Motor vehicle expenses		(317,429)	(338,792)
Other operating expenses		(1,269,443)	(1,101,440)
Loss on disposal of assets		(285,855)	-
Profit before income tax		7,271,607	762,119
Income tax expense		-	-
Profit from continuing operations		7,271,607	762,119
Profit for the year		7,271,607	762,119
Other comprehensive income, net of income tax			
Items that will not be reclassified subsequently to profit or loss			
Gain from revaluation of asset		3,806	79,548
Other comprehensive income for the year, net of tax		3,806	79,548
Total comprehensive income for the year		7,275,413	841,667

The Company has initially applied AASB 15 and AASB 1058 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 111, AASB 118, AASB 1004 and related interpretations.

The Company has initially applied AASB 16 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 117 and related interpretations.

The accompanying notes form part of these financial statements.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Statement of Financial Position

30 June 2020

	Note	2020 $	2019 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	**12,007,537**	9,029,092
Trade and other receivables	7	**13,554**	123,922
Other assets	8	**198,867**	202,288
TOTAL CURRENT ASSETS		**12,219,958**	9,355,302
NON-CURRENT ASSETS			
Property, plant and equipment	9	**10,915,365**	3,815,315
Right-of-use assets	10	**236,719**	-
TOTAL NON-CURRENT ASSETS		**11,152,084**	3,815,315
TOTAL ASSETS		**23,372,042**	13,170,617
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	**2,383,118**	1,275,967
Short-term provisions	12	**113,685**	111,222
Other financial liabilities	13	**5,720,369**	4,267,292
Employee benefits	14	**1,281,100**	1,141,972
TOTAL CURRENT LIABILITIES		**9,498,272**	6,796,453
NON-CURRENT LIABILITIES			
Employee benefits	14	**183,900**	186,041
Lease liabilities	16	**233,945**	-
TOTAL NON-CURRENT LIABILITIES		**417,845**	186,041
TOTAL LIABILITIES		**9,916,117**	6,982,494
NET ASSETS		**13,455,925**	6,188,123
EQUITY			
Reserves	15	**2,020,868**	2,062,657
Retained earnings		**11,435,057**	4,125,466
		13,455,925	6,188,123
TOTAL EQUITY		**13,455,925**	6,188,123

The Company has initially applied AASB 15 and AASB 1058 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 111, AASB 118, AASB 1004 and related interpretations.

The Company has initially applied AASB 16 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 117 and related interpretations.

The accompanying notes form part of these financial statements.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Statement of Changes in Equity

For the Year Ended 30 June 2020

2020

	Retained Earnings	Asset Revaluation Reserve	Accumulated Capital Reserve	Total
	$	$	$	$
Balance at 1 July 2019	**4,125,466**	**1,079,548**	**983,109**	**6,188,123**
Surplus/(deficit) for the year	**7,271,607**	**-**	**-**	**7,271,607**
Revaluation increment/(decrement)	**-**	**(3,805)**	**-**	**(3,805)**
Transfers from retained earnings to reserve				
Transfers from retained earnings to reserve	**37,984**	**-**	**(37,984)**	**-**
Balance at 30 June 2020	**11,435,057**	**1,075,743**	**945,125**	**13,455,925**

2019

	Retained Earnings	Asset Revaluation Surplus	Accumulated Capital Reserve	Total
	$	$	$	$
Balance at 1 July 2018	3,320,267	1,000,000	1,026,189	5,346,456
Surplus/(deficit) for the year	762,119	-	-	762,119
Revaluation increment/(decrement)	-	79,548	-	79,548
Transfers from retained earnings to reserve				
Transfers from retained earnings to reserve	43,080	-	(43,080)	-
Balance at 30 June 2019	4,125,466	1,079,548	983,109	6,188,123

The Company has initially applied AASB 15 and AASB 1058 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 111, AASB 118, AASB 1004 and related interpretations.

The Company has initially applied AASB 16 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 117 and related interpretations.

The accompanying notes form part of these financial statements.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Statement of Cash Flows

For the Year Ended 30 June 2020

	Note	2020 $	2019 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		20,250,140	15,189,377
Payments to suppliers and employees		(9,569,890)	(10,580,141)
Interest received		13,655	27,657
Net cash provided by/(used in) operating activities		10,693,905	4,636,893
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property, plant and equipment		(7,604,854)	(922,289)
Net cash provided by/(used in) investing activities		(7,604,854)	(922,289)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Payment of lease liabilities - Principle & interest		(110,606)	-
Net cash provided by/(used in) financing activities		(110,606)	-
Net increase/(decrease) in cash and cash equivalents held		2,978,445	3,714,604
Cash and cash equivalents at beginning of year		9,029,092	5,314,488
Cash and cash equivalents at end of financial year	6	12,007,537	9,029,092

The accompanying notes form part of these financial statements.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2020

The financial report covers Winnunga Nimmityjah Aboriginal Health and Community Services Ltd as an individual entity. Winnunga Nimmityjah Aboriginal Health and Community Services Ltd is a not-for-profit Company, registered and domiciled in Australia.

The principal activities of the Company for the year ended 30 June 2020 were provision of health care services to members of the Aboriginal Torres Strait Islander community.

The functional and presentation currency of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd is Australian dollars.

The financial report was authorised for issue by those charged with governance on the date of signing.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012*.

2 Change in Accounting Policy

Revenue from Contracts with Customers - Adoption of AASB 15

The Company has adopted AASB 15 *Revenue from Contracts* with Customers and AASB 1058 *Income of Not-for-Profit Entities* for the first time in the current year with a date of initial application of 1 July 2019.

The Company has applied AASB 15 and AASB 1058 using the cumulative effect method which means the comparative information has not been restated and continues to be reported under AASB 111, AASB 118, AASB 1004 and related interpretations. All adjustments on adoption of AASB 15 and AASB 1058 have been taken to retained earnings at 1 July 2019.

No changes to the Company's accounting policies and the impact on these financial statements from applying AASB 15 and AASB 1058.

Leases - Adoption of AASB 16

The Company has adopted AASB 16 *Leases* using the modified retrospective (cumulative catch-up) method from 1 July 2019 and therefore the comparative information for the year ended 30 June 2019 has not been restated and has been prepared in accordance with AASB 117 *Leases* and associated Accounting Interpretations.

Impact of adoption of AASB 16

The impact of adopting AASB 16 is described below:

Company as a lessee

Under AASB 117, the Company assessed whether leases were operating or finance leases based on its assessment of whether the significant risks and rewards of ownership had been transferred to the Company or remained with the lessor. Under AASB 16, there is no differentiation between finance and operating leases for the lessee and therefore all leases which meet the definition of a lease are recognised on the statement of financial position (except for short-term leases and leases of low value assets).

Notes to the Financial Statements

For the Year Ended 30 June 2020

2 Change in Accounting Policy

Leases - Adoption of AASB 16

Impact of adoption of AASB 16

The Company has elected to use the exception to lease accounting for short-term leases and leases of low value assets, and the lease expense relating to these leases are recognised in the statement of profit or loss on a straight line basis.

Practical expedients used on transition

AASB 16 includes a number of practical expedients which can be used on transition, the Company has used the following expedients:

- contracts which had previously been assessed as not containing leases under AASB 117 were not re-assessed on transition to AASB 16;
- lease liabilities have been discounted using the Company's incremental borrowing rate at 1 July 2019;
- right-of-use assets at 1 July 2019 have been measured at an amount equal to the lease liability adjusted by the amount of any prepaid or accrued lease payments;
- a single discount rate was applied to all leases with similar characteristics;
- the right-of-use asset was adjusted by the existing onerous lease provision (where relevant) at 30 June 2019 rather than perform impairment testing of the right-of-use asset;
- excluded leases with an expiry date prior to 30 June 2020 from the statement of financial position and lease expenses for these leases have been recorded on a straight-line basis over the remaining term;
- used hindsight when determining the lease term if the contract contains options to extend or terminate the lease;
- for leases which were classified as finance leases under AASB 117, the carrying amount of the right-of-use asset and the lease liability at 1 July 2019 are the same value as the leased asset and liability on 30 June 2019.

3 Summary of Significant Accounting Policies

(a) Income Tax

The Company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997.*

Notes to the Financial Statements

For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies

(b) Leases

For comparative year

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

For current year

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.
- The Company has the right to direct the use of the asset i.e. decision making rights in relation to changing how and for what purpose the asset is used.

Lessee accounting

The non-lease components included in the lease agreement have been separated and are recognised as an expense as incurred.

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.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies

(b) Leases

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.

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.

(c) Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

Revenue from contracts with customers

For current year

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.

Grant revenue

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the Company obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

Notes to the Financial Statements

For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies

(c) Revenue and other income

Grant revenue

When grant revenue is received whereby the Company incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

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

Other income

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

Statement of financial position balances relating to revenue recognition

Contract assets and liabilities

Where the amounts billed to customers are based on the achievement of various milestones established in the contract, the amounts recognised as revenue in a given period do not necessarily coincide with the amounts billed to or certified by the customer.

When a performance obligation is satisfied by transferring a promised good or service to the customer before the customer pays consideration or the before payment is due, the Company presents the contract as a contract asset, unless the Company's rights to that amount of consideration are unconditional, in which case the Company recognises a receivable.

When an amount of consideration is received from a customer prior to the entity transferring a good or service to the customer, the Company presents the contract as a contract liability.

Contract cost assets

The Company recognises assets relating to the costs of obtaining a contract and the costs incurred to fulfil a contract or set up / mobilisation costs that are directly related to the contract provided they will be recovered through performance of the contract.

Costs to obtain a contract

Costs to obtain a contract are only capitalised when they are directly related to a contract and it is probable that they will be recovered in the future. Costs incurred that would have been incurred regardless of whether the contract was won are expensed, unless those costs are explicitly chargeable to the customer in any case (whether or not the contract is won).

The capitalised costs are amortised on a systematic basis that is consistent with the transfer to the customer of the goods or services to which the asset relates.

Notes to the Financial Statements

For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies

(c) Revenue and other income

Statement of financial position balances relating to revenue recognition

Set-up / mobilisation costs

Costs required to set up the contract, including mobilisation costs, are capitalised provided that it is probable that they will be recovered in the future and that they do not include expenses that would normally have been incurred by the Company if the contract had not been obtained. They are recognised as an expense on the basis of the proportion of actual output to estimated output under each contract. If the above conditions are not met, these costs are taken directly to profit or loss as incurred.

Costs to fulfil a contract

Where costs are incurred to fulfil a contract, they are accounted for under the relevant accounting standard (if appropriate), otherwise if the costs relate directly to a contract, the costs generate or enhance resources of the Company that will be used to satisfy performance obligations in the future and the costs are expected to be recovered then they are capitalised as contract costs assets and released to the profit or loss on an systematic basis consistent with the transfer to the customer of the goods or services to which the asset relates.

(d) Goods and services tax (GST)

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

Receivables and payables are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(e) Property, plant and equipment

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

Items of property, plant and equipment acquired for nil or nominal consideration have been recorded at the acquisition date fair value.

Assets measured using the revaluation model are carried at fair value at the revaluation date less any subsequent accumulated depreciation and impairment losses. Revaluations are performed whenever there is a material movement in the value of an asset under the revaluation model.

Land and buildings

Land and buildings are measured using the revaluation model.

Plant and equipment

Plant and equipment are measured using the cost model.

Notes to the Financial Statements
For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies

(e) Property, plant and equipment

Depreciation

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

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

Fixed asset class	Depreciation rate
Buildings	2.5%
Plant and Equipment	10% - 50%
Furniture, Fixtures and Fittings	10% - 33.3%
Computer Equipment	33.3% - 50%
Leasehold improvements	4% - 10%
Medical equipment	10% - 20%
Capital grant and leasehold improvements	4% - 20%

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

(f) Financial instruments

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).

Financial assets

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

Classification

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

- amortised cost
- fair value through profit or loss - FVTPL

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

Notes to the Financial Statements

For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies

(f) Financial instruments

Financial assets

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.

Financial assets through profit or loss

All financial assets not classified as measured at amortised cost are measured at FVTPL.

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost
- debt investments measured at FVOCI

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 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

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.

Notes to the Financial Statements
For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies

(f) Financial Instruments

Financial assets

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 flowa are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

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.

Financial liabilities

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.

(g) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

Notes to the Financial Statements

For the Year Ended 30 June 2020

3 Summary of Significant Accounting Policies

(h) Employee benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

(i) Provisions

Provisions are recognised when the Company 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 the reporting period.

(j) Economic dependence

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd is dependent on the Australian Commonwealth Government for the majority of its revenue used to operate the business. At the date of this report the directors have no reason to believe the Australian Commonwealth Government will not continue to support Winnunga Nimmityjah Aboriginal Health and Community Services Ltd.

(k) Adoption of new and revised accounting standards

The Company has adopted all standards which became effective for the first time at 30 June 2020, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Company or refer to Note 2 for details of the changes due to standards adopted.

4 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Notes to the Financial Statements

For the Year Ended 30 June 2020

4 Critical Accounting Estimates and Judgments

Key estimates - impairment of property, plant and equipment

The Company assesses impairment at the end of each reporting period by evaluating conditions specific to the Company that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Key estimates - fair value of financial instruments

The Company has certain financial assets and liabilities which are measured at fair value. Where fair value has not able to be determined based on quoted price, a valuation model has been used. The inputs to these models are observable, where possible, however these techniques involve significant estimates and therefore fair value of the instruments could be affected by changes in these assumptions and inputs.

Key estimates - provisions

As described in the accounting policies, provisions are measured at management's best estimate of the expenditure required to settle the obligation at the end of the reporting period. These estimates are made taking into account a range of possible outcomes and will vary as further information is obtained.

Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

5 Revenue and Other Income

	2020 $	2019 $
Revenue from operating activities		
- Medicare and medical income	**1,728,193**	1,728,588
- Interest received	**13,655**	27,657
- Other income	**311,677**	52,440
- Donations	**147,032**	3,963
- Grants	**17,771,468**	10,891,966
Total revenue and other income	**19,972,025**	12,704,614

6 Cash and Cash Equivalents

Cash on hand	**700**	700
Bank balances	**12,006,837**	9,028,392
	12,007,537	9,029,092

Notes to the Financial Statements

For the Year Ended 30 June 2020

7 Trade and Other Receivables

	2020	2019
	$	$
CURRENT		
Trade receivables	2,304	112,672
Deposits/Bonds	11,250	11,250
Total current trade and other receivables	13,554	123,922

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

(a) Impairment of receivables

The Company applies the simplified approach to providing for expected credit losses prescribed by AASB 9, which permits the use of the lifetime expected loss provision for all trade receivables. To measure the expected credit losses, trade receivables have been grouped based on shared credit risk characteristics and the days past due. The loss allowance provision as at 30 June 2020 is determined as follows, the expected credit losses incorporate forward looking information.

The Company measures the loss allowance for trade receivables at an amount equal to lifetime expected credit loss (ECL). The ECL on trade receivables are estimated using a provision matrix by reference to past default experience of the debtor and an analysis of the debtor's current financial position, adjusted for factors that are specific to the debtors, general economic conditions of the industry in which the debtors operate and an assessment of both the current as well as the forecast direction of conditions at the reporting date.

There has been no change in the estimation techniques or significant assumptions made during the current reporting period.

The Company writes off a trade receivable when there is information indicating that the debtor is in severe financial difficulty and there is no realistic prospect of recovery, e.g. when the debtor has been placed under liquidation or has entered into bankruptcy proceedings or when the trade receivables are over 4 years past due, whichever occurs first.

8 Other Assets

	2020	2019
	$	$
CURRENT		
Prepayments	150,003	164,608
Accrued income	37,693	22,705
Listed shares	11,171	14,975
	198,867	202,288

Notes to the Financial Statements
For the Year Ended 30 June 2020

9 Property, plant and equipment

	2020 $	2019 $
Capital works in progress		
At cost	**8,390,844**	884,279
Buildings		
At fair value	**1,000,001**	1,000,001
Accumulated depreciation	**(75,000)**	(50,000)
Total buildings	**925,001**	950,001
Total land and buildings	**9,315,845**	1,834,280
Plant and equipment		
At cost	**303,624**	299,579
Accumulated depreciation	**(152,546)**	(121,325)
Total plant and equipment	**151,078**	178,254
Furniture, fixtures and fittings		
At cost	**187,364**	185,024
Accumulated depreciation	**(66,113)**	(53,006)
Total furniture, fixtures and fittings	**121,251**	132,018
Computer equipment		
At cost	**592,681**	550,447
Accumulated depreciation	**(431,552)**	(364,869)
Total computer equipment	**161,129**	185,578
Medical equipment		
At cost	**233,240**	207,739
Accumulated depreciation	**(111,380)**	(95,006)
Total medical equipment	**121,860**	112,733
Capital grant and leasehold improvements		
At cost	**1,523,916**	2,203,163
Accumulated depreciation	**(604,744)**	(955,741)
Total Capital grant and leasehold improvements	**919,172**	1,247,422
Artwork		
At fair value	**125,030**	125,030
Total plant and equipment	**1,599,520**	1,981,035
Total property, plant and equipment	**10,915,365**	3,815,315

Notes to the Financial Statements

For the Year Ended 30 June 2020

9 Property, plant and equipment

(a) Movements in Carrying Amounts

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

	Capital Works in Progress	Buildings	Plant and Equipment	Furniture, Fixtures and Fittings	Computer Equipment	Medical equipment	Capital grant and leasehold improvements	Artwork	Total
	$	$	$	$	$	$	$	$	$
Year ended 30 June 2020									
Balance at the beginning of the year	884,279	950,001	178,254	132,018	185,578	112,733	1,247,422	125,030	3,815,315
Additions	7,506,565	-	4,047	5,770	42,230	31,739	14,503	-	7,604,854
Disposals	-	-	-	(1,265)	-	(216)	(284,374)	-	(285,855)
Decreases									
Depreciation expense	-	(25,000)	(31,223)	(15,272)	(66,679)	(22,396)	(58,379)	-	(218,949)
Balance at the end of the year	8,390,844	925,001	151,078	121,251	161,129	121,860	919,172	125,030	10,915,365

Notes to the Financial Statements

For the Year Ended 30 June 2020

10 Leases

The Company has applied AASB 16 using the modified retrospective (cumulative catch-up) method and therefore the comparative information has not been restated and continues to be reported under AASB 117 and related Interpretations.

Company as a lessee

The Company has leases over a range of assets including land and buildings, vehicles, machinery and IT equipment.

The Company has chosen not to apply AASB 16 to leases of intangible assets.

Information relating to the leases in place and associated balances and transactions are provided below.

Terms and conditions of leases

Buildings

The Company lease land and buildings for their corporate offices and other operating facilities, the lease lasts for 5 years and include a renewal option to allow the Company to renew for up to twice the non-cancellable lease term.

The corporate office lease contains an annual pricing mechanism based on increase of 3% at each anniversary of the lease inception.

Vehicles

The Company leases vehicles and equipment with lease terms varying from 2 - 5 years, the lease payments are fixed during the lease term.

Right-of-use assets

	Land and Buildings	Vehicle and Equipment	Total
	$	$	$
Year ended 30 June 2020			
Balance at the beginning of the year	168,325	174,387	342,712
Depreciation	(45,493)	(60,500)	(105,993)
Balance at end of year	122,832	113,887	236,719

Notes to the Financial Statements

For the Year Ended 30 June 2020

11 Trade and Other Payables

	2020	2019
	$	$
Current		
Trade payables	1,939,066	217,914
GST payable	(123,112)	473,483
Sundry payables	(8,593)	20,083
Accruals	566,043	563,317
	2,383,118	1,275,967

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

12 Provisions

CURRENT		
Removal of lease concession	70,767	70,767
Make good provision	42,918	40,455
	113,685	111,222

13 Other Financial Liabilities

CURRENT		
Grants in advance	5,720,369	4,267,292

14 Employee Benefits

CURRENT		
Long service leave	689,238	629,198
Annual leave	591,862	512,774
	1,281,100	1,141,972
NON-CURRENT		
Long service leave	183,900	186,041

15 Reserves

(a) Asset revaluation reserve

The asset revaluation reserve records movement from the revaluation of non-current assets.

(b) Accumulated capital reserve

The general reserve records funds set aside for future expansion of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd.

Notes to the Financial Statements

For the Year Ended 30 June 2020

16 Lease liabilities

The Company has applied AASB 16 using the modified retrospective (cumulative catch-up) method and therefore the comparative information has not been restated and continues to be reported under AASB 117 and related Interpretations.

(a) Lease for motor vehicle and equipment

	2020	2019
	$	$
Minimum lease payments:		
- not later than one year	**45,016**	62,734
- between one year and five years	**66,636**	111,652
Minimum lease payments	**111,652**	174,386

Finance leases are in place for motor vehicles and multifunction devices and normally have a term of 5 years.

(b) Lease for building

	2020	2019
	$	$
Minimum lease payments under non-cancellable operating leases:		
- not later than one year	**45,970**	46,033
- between one year and five years	**76,323**	122,293
	122,293	168,326

Operating leases are in place for 45 Boolimba Crescent, Narrabundah ACT, with a term of term of 5 years with the option to renew. Lease payments are increased on an annual basis to reflect market rentals.

Land rent is paid to the ACT Government for the Crown Lease of Block 9 Section 29, Narrabundah ACT, with a land rent assessment issued every three years.

17 Members' Guarantee

The Company is incorporated under the *Australian Charities and Not-for-profits Commission Act 2012* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstandings and obligations of the Company. At 30 June 2020 the number of members was 14 (2019: 26).

Notes to the Financial Statements

For the Year Ended 30 June 2020

18 Key Management Personnel Remuneration

The total remuneration paid to key management personnel of the Company is $1,301,519 (2019: $1,272,911).

19 Fair Value Measurement

The Company measures the following assets and liabilities at fair value on a recurring basis:

Property, plant and equipment

- Buildings
- Artwork

20 Capital Commitments and Contingencies

Significant capital expenditure contracted for at the end of the reporting period but not recognised as liabilities is $12,978,158 (30 June 2019: None). The capital works in progress are expected to be completed in January 2020.

The builder has pledged $1million retention sum which is currently held by a third party on behalf of Winnunga until the end of the 12-months defect liability period.

The construction costs are funded by both Commonwealth of Australia and ACT Government.
In addition to the funding received during the reporting period, Winnunga has also subsequently received $4.5million in July 2020 from Commonwealth of Australia transferred through ACT Government.

ACT Government also committed to cover 100 per cent of the COVID-19 related infrastructure cost incurred by Winnunga that are not covered by Commonwealth supports.

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2020 (30 June 2019:None).

21 Related Parties

(a) The Company's main related parties are as follows:

Key management personnel - refer to Note 18.

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

The total remuneration paid to the directors of the company was $26,342 (2019: $18,525)

(b) Transactions with related parties

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

Notes to the Financial Statements

For the Year Ended 30 June 2020

22 Significant event during the year – COVID 19

Winnunga has assessed that there has been some financial or business impact on Winnunga's business due to the COVID-19 event, and Winnunga has remained open during the pandemic.

Winnunga has obtained multiple grants to provide a respiratory clinic to assess clients in response to COVID-19. There is an expectation that close monitoring of operations must be maintained to assess if any future restrictions that might also affect future income.

Winnunga's financial position has not been affected by the impact of the COVID-19 pandemic. COVID-19 has also not impacted on the ability of Winnunga to deliver contracted services to meet it's contracts or funding requirements, as the operations of Winnunga were able to continue as normal. There are no plans or intentions as a result of COVID-19 that may affect Winnunga assets and liabilities, and Winnunga has the financial resources to meet its any remaining operating costs for the period of expected shutdown."

23 Events after the end of the Reporting Period

The financial report was authorised for issue on 01 September 2020 by those charged with governance.

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

24 Statutory Information

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

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd
63 Boolimba Crescent
Narrabundah ACT 2602

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012.*

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013.*

Responsible person ..... Responsible person .....

Dated 7 September 2020

VINCENTS
ABN: 44 387 658 295

Independent Audit Report to the members of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd (the registered entity), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the responsible entities' declaration.

In our opinion the financial report of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

(i) giving a true and fair view of the registered entity's financial position as at 30 June 2020 and of its financial performance for the year ended; and

(ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013.*

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* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other 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 responsible entities 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 2020, 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.

Responsibilities of Responsible Entities for the Financial Report

The responsible entities of the registered entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as management determines is necessary to enable the preparation of the financial report that gives a true and fair view that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is 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 management either intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

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Level 2. 14 Moore Street. Canberra ACT 2601 t 61.2 6274 3400 f 61.2 6274 3499
GPO Box 680. Canberra ACT 2601 w www.vincents.com.au

VINCENTS
ABN: 44 387 658 295

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 Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

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

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

Vincents Audit Pty Ltd

Phillip Miller CA
Partner

Canberra, 8 September 2020

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Level 2. 14 Moore Street. Canberra ACT 2601 t 61.2 6274 3400 f 61.2 6274 3499
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Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

Disclaimer

For the Year Ended 30 June 2020

The additional financial data presented on page 30 is in accordance with the books and records of the Company which have been subjected to the auditing procedures applied in our statutory audit of the Company for the year ended 30 June 2020. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than Winnunga Nimmityjah Aboriginal Health and Community Services Ltd) in respect of such data, including any errors or omissions therein however caused.



Phillip W Miller CA

(NB page 30 refers to page 60 of this report)

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

For the Year Ended 30 June 2020

Detailed Profit or Loss Account

	2020 $	2019 $
Income		
Grants	**17,771,468**	10,891,966
Donations	**147,032**	3,963
Other income	**2,053,525**	1,808,685
Total income	**19,972,025**	12,704,614
Less: Expenses		
Accounting fees	**38,310**	28,382
Accreditation fees	**-**	9,265
Advertising	**480,281**	569,627
Auditors remuneration	**41,850**	24,109
Bank charges	**1,977**	1,900
Bereavement expenses	**42,731**	13,004
Cleaning	**113,491**	100,277
Domestic Supplies	**11,106**	14,751
Depreciation expenses	**324,942**	223,046
Director expenses	**26,342**	18,525
Dental instruments	**-**	548
Freight and cartage	**4,659**	2,881
Insurance	**75,018**	70,598
Other employee costs	**308,627**	330,781
Postage	**5,609**	6,872
Printing and stationery	**41,600**	41,738
Salaries	**8,013,399**	7,821,227
Security costs	**10,875**	1,715
Sponsorship	**3,455**	2,455
Storage costs	**85,512**	27,795
Subscriptions	**92,283**	75,385
Sundry expenses	**3,636**	3,895
Superannuation contributions	**733,129**	701,445
Telephone and internet	**190,708**	87,719
Workers compensation insurance	**49,712**	46,937
Equipment costs	**205,829**	214,029
Medical Supplies	**99,186**	71,830
Travel,support and training	**108,459**	121,967
Workshops and promotions	**359,777**	476,212
Client assistance	**447,994**	382,153
Repairs and maintenance	**70,503**	42,697
Consultation expenses	**29,654**	(57,449)
Property costs	**76,480**	127,387
Motor vehicle expenses	**317,429**	338,792
Loss on disposal of assets	**285,855**	-
Total Expenses	**12,700,418**	11,942,495
Profit before income tax	**7,271,607**	762,119

WINNUNGA NIMMITYJAH
ABORIGINAL HEALTH & COMMUNITY SERVICES

In Wiradjuri language
Winnunga Nimmityjah means
Strong Health

WINNUNGA NIMMITYJAH
ABORIGINAL HEALTH & COMMUNITY SERVICES