Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

2017 - 2018
Annual Report

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Chairperson's Report

This year Winnunga AHCS continued to advocate, highlighting the relative disadvantage of Aboriginal peoples in the Territory. These include the high rates of child removal, adverse health outcomes, poor educational outcomes, homelessness and high incarceration rates. Unfortunately it appears there are further indications of worsening trends and we urge the Government to commit to the actions consistently proposed by Winnunga AHCS.

The starting point must be the development of a comprehensive policy statement covering all needs and demands across the full spectrum of health and community services. Sadly, this remains lacking in the Territory, and no action has occurred in this regard to date.

For any progress to be made, the Government has an important role to perform which must be aimed at developing Aboriginal led and controlled service delivery responses. The Territory, being a smaller political entity demographically and geographically, is well placed to meet the changes sought and to be a progressive leader across Australia. We look forward to working with the ACT Government to achieve the best outcomes (equal to mainstream services) for all Aboriginal and/or Torres Strait Islander peoples in the coming year.

Winnunga AHCS actively engaged in the Boomanulla Oval tender process, working hard to ensure the Oval is returned to Aboriginal control and management. The documentation was submitted to the ACT Government in September 2017, and we are still waiting to hear the final outcome of this process.

In May 2018 Winnunga AHCS reached a significant milestone of 30 years of continuous service delivery in the ACT and region. I acknowledge for the last 21 years this has occurred under the leadership of our current CEO Julie Tongs. A special Community Event was held to celebrate this achievement, which will be followed by a Winnunga AHCS Gala Event in the coming financial year.

We remain multi-accredited, with a well proven business model incorporating appropriate accountability and governance structures ensuring a strong focus on governance, ethics, sustainability and a robust accountability and transparency framework.

The annual general meeting was held on 24 November 2017. Due to the transition from an Incorporated Association to a company limited by guarantee through ASIC (Australian Securities and Investments Commission), we were required to hold two meetings, one for the old entity Winnunga AHS and the other for the new company Winnunga AHCS. This also meant two lots of financials were provided at the meeting reflecting both the old and the new organisations. The five Directors were re-elected, and Katrina Fanning successfully filled the vacant position.

I acknowledge and thank Julie Tongs, Winnunga AHCS CEO for yet another successful year as well as Board Directors, Aunty Ethel Baxter, Alana Harris, Aunty Lynette Goodwin, Katrina Fanning and Shanaye Baxter, for your diligence, expertise and governance throughout the year.

Craig Ritchie, Chairperson

Chief Executive Officer's Report

Over the last five years, we have seen a 14% increase in client numbers, which reached 4,723 clients in 2017-2018. Clients came from 259 different suburbs and 147 postcodes. 55,747 occasions of service were delivered (excluding transport, groups and administrative services), which is an increase of 5% from the previous reporting period. In addition 4,125 episodes of transport were recorded. The Social Health Team (SHT) delivered 436 group activities, an increase of 11% compared to the 2016-2017 financial year. The SHT provided 178 clients with 1,281 occasions of service at the Alexander Maconochie Centre (AMC, adult prison) and Bimberi Youth Detention Centre. This is an increase of 26% in client numbers and 75% in encounters from the previous reporting period.

The annual client satisfaction survey was undertaken in June 2018. 77 responses were received with 75% reporting they had used Winnunga AHCS services for more than 3 years. 85% of respondents stated they were either very satisfied or satisfied with Winnunga's services. 14% reported their satisfaction as being neutral and one respondent reported being unsatisfied. No one reported being very unsatisfied. 97% of respondents reported they would recommend Winnunga services to others.

We have commenced implementing an autonomous health and wellbeing service in the AMC within our own model of care, funded by the ACT Government. This service will not only provide culturally safe services to detainees, it will interface with Winnunga AHCS to provide continuity of care and support to families of detainees. Implementation of this service has required working closely with Justice Health and ACT Corrective Services. The decision by the Government to invite Winnunga AHCS to establish health and wellbeing services in the AMC is most welcomed and we particularly thank ACT Corrections Minister Shane Rattenbury for his consistent support in establishing this program. This is ground-breaking and a first for Australia. It will in time be seen as a historic moment in the care of Indigenous detainees in prisons right across Australia. The decision to establish Winnunga AHCS services in the AMC was a recommendation of the Moss Inquiry into the treatment in custody of Steven Freeman, following his tragic death, and will be an enduring legacy to his memory.

This year marked 30 years of Winnunga AHCS. The anniversary celebration community event held in May 2018 provided us an opportunity to express our pride in what Winnunga AHCS has achieved over the last three decades and the life changing and enhancing impact we have had on the lives of thousands of Aboriginal and/or Torres Strait Islander peoples in our local community, from the broader region and indeed from across Australia.

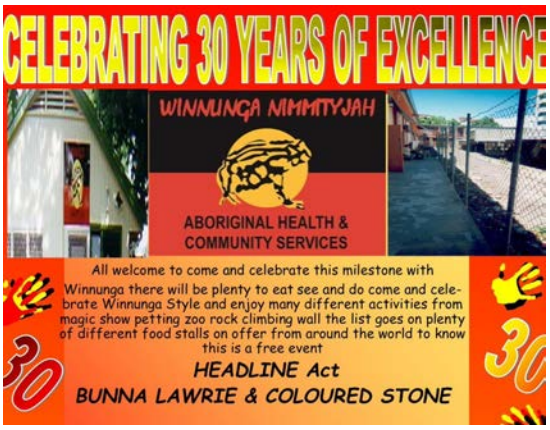
It was also an opportunity for me to personally, and on behalf of the Board, to thank and acknowledge those who had the foresight, energy and dedication to establish the service as well as everybody who has worked at or supported Winnunga AHCS in any way over the last 30 years.

At one level, of course, our work will never be done. The continuing disadvantage, discrimination, historical trauma and poverty experienced by so many members of our community, and the adverse consequences on health and welfare which flow from that, continue to require our urgent attention, and a much greater commitment by all levels of Government and by Australian society.

Finally, I thank Craig Ritchie and the entire Winnunga AHCS Board for their rigorous strategic setting, governance and support over the year and all Winnunga staff for their ongoing commitment and work, often extending over and above their required duties, to ensure we remain the service of choice to Aboriginal and/or Torres Strait Islander peoples in the ACT and region.

Julie Tongs OAM, Chief Executive Officer

Affiliate



Winnunga AHCS maintained clinical and organisational accreditation against the AGPAL and QIC standards and we are preparing for the upcoming accreditation assessment cycle to be carried out early in the 2018-2019 financial year.

Winnunga AHCS internal Continuous Quality Improvement (CQI) and reporting processes have been supported through development of data collection templates in Communicare. These templates assist clinical and program staff to record the work they conduct, and also record data in an extractable form for both reporting and CQI processes.

MBS claiming, client numbers and encounter numbers have been monitored monthly and progress fed back to Winnunga AHCS managers. This assists with clinical governance, staffing and financial management.

Winnunga AHCS clinical staff have been supported to improve influenza vaccination rates in 2018, in response to high influenza rates in the ACT in 2017. By June 2018 Winnunga AHCS influenza vaccinations had increased by 30% over the same time period as in 2017. In addition we negotiated with ACT Health to ensure Winnunga AHCS had a consistent supply of vaccines during the period of influenza vaccine shortages.

An audit and CQI process has been used to improve cardiovascular disease (CVD) risk assessment at Winnunga AHCS. This started with an ANU medical student clinical audit and research project which compared two CVD risk calculators, based on nKPI data extractions. Clients in the high CVD risk category were followed up, and Winnunga AHCS staff were encouraged to undertake more CVD risk assessments. In addition a short term Integrated Team Care Project funded by the ACT's Capital Health Network enabled more clients to be recalled for CVD risk assessments and chronic disease management plans. CVD risk assessments in the June 2018 nKPI report increased by 37% over June 2017.

Winnunga AHCS is implementing an autonomous health and wellbeing service in the Alexander Maconochie Centre (AMC, adult prison) with our own model of care, funded by the ACT Government. This service will not only provide culturally safe services to detainees, it will interface with Winnunga AHCS to provide continuity of care and support to families of detainees. Implementation of this service has required working closely with Justice Health and ACT Corrective Services.

Specialist in-reach services have continued to increase, with a mix of public (ACT Government) and private service providers visiting Winnunga AHCS. In 2017-18 visiting specialist client contacts increased by 7% and allied health contacts by 19% over the previous financial year. The greatest increase was psychology client contacts, which more than doubled. There is high demand for psychology services, and psychology clinical services were increased this year. Optometry and podiatry clinics were also introduced and these contributed to significantly increased allied health client contacts.

Student and Registrar placements at Winnunga AHCS provide more than just clinical experience. They provide exposure to culturally safe, community controlled comprehensive primary health care for Aboriginal and Torres Strait Islander peoples. This gives students knowledge and understanding they can take with them and use when they return to mainstream services. Over this reporting period, Winnunga AHCS provided clinical placements for ANU medical students, a GP registrar and psychiatry registrars.

Research at Winnunga AHCS strengthens the relationships we have with academic institutions and the ANU Medical School. This year Winnunga AHCS participated in the WATCH and INFLATE otitis media trials with the University of Western Sydney. ANU medical student research projects provide mutual benefits. Students learn how to conduct respectful research with Aboriginal and /or Torres Strait Islander peoples, and Winnunga AHCS benefits from in-depth clinical audit and research studies. ANU medical students undertook research on the association between cardiovascular disease risk and mental health conditions at Winnunga AHCS, and conducted a study comparing Winnunga AHCS referrals to the Emergency Department with mainstream GP referrals. In addition we

provided advice and feedback to the ANU Medical School and the ACT Health Human Research Ethics Committee on gaps in their processes for assessing research proposals involving Aboriginal peoples.

The Winnunga AHCS PHMO is an Affiliate representative member of the Health Services Data Advisory Group (HSDAG). The PHMO has provided extensive input on HSDAG agenda items, and also participated in the OSR and nKPI Data Framework Working Group.

The Winnunga AHCS PHMO and Data Officer provided ongoing assessment and advice to the Australian Government Department of Health on NKPIs, OSR changes, data extraction changes and the new Health Data Portal content and governance. They have also monitored data extraction changes in Communicare and provided feedback to Telstra Health when issues have arisen.

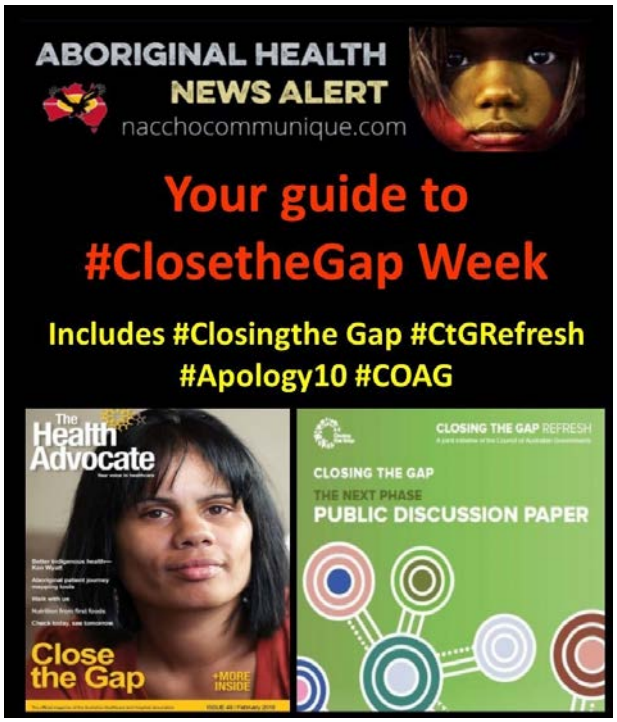
The Winnunga AHCS PHMO presented information to the Australian Government (through the HSDAG) and ANU researchers on work conducted at Winnunga AHCS comparing CVD risk assessment algorithms, including how this affects interpretation of the CVD risk assessment nKPIs. The PHMO also participated in an ANU led (Australian Government funded) CVD Risk Assessment Alignment Roundtable in February 2018.

Winnunga AHCS provided feedback to the Australian Government on the proposed IAHP Funding Model, including highlighting problems with using nKPIs as performance measures, and issues with the use of Episodes of Care as a basis for funding distribution.

Policy advice was provided on: the ANAO IAHP audit, the Primary Mental Health Care Minimum Dataset, My Health Record Secondary Use of Data consultation, Nous Review of the PIP Indigenous Health Incentive and Voluntary Indigenous Identifier, KPMG Data Quality Assessment and Support Project and the National Aboriginal and Torres Strait Islander Primary Health Care CQI Framework.

Winnunga AHCS CEO conducted a vast range of policy advice on many issues including but not limited to, removal of children, incarceration, deaths in custody, Boomanulla Oval, ACT Treaty, housing and homelessness, alcohol and other drug treatment options, and My Health Record.
Responses to draft policies included:

- Response to ACT Draft Drug Strategy Plan
- Review on Methadone Program at AMC
- Closing the Gap Refresh
- Call for Indigenous Housing Strategy
- Call for Government Indigenous Policy



Self - Determination

Winnunga Updates

Accreditation

Winnunga AHCS successfully maintained accreditation with the National Quality Improvement Program (QIP) under both AGPAL and QIC. We are looking forward to undertaking the upcoming accreditation cycle assessments in the new financial year. This will be our third round of accreditation, each encompassing a period of three years. We are committed to ensuring we provide a best practice Aboriginal community controlled holistic health and community service, with accreditation playing a significant part in this commitment.

Storage Container - A New Addition to Winnunga AHCS Premises

Once a plain white storage container, now transformed into an eye catching and culturally safe office and meeting space, was funded by the Justice and Community Safety Directorate (JACS) as part of the Justice Reinvestment (JR) Trial Program.

Left to right: Buddy Martin, Rayne Huddleston and Uncle Mick Huddleston

The new space was beautifully painted by talented and respected artists Uncle Mick Huddleston, Buddy Martin and Rayne Huddleston.

The JR Trial Program is a family focussed program which aims to assist in reducing the over representation of Aboriginal and/or Torres Strait Islander peoples in the ACT justice system. It is a partnership between Winnunga AHCS and JACS.

After Hours Service

The Winnunga AHCS after hours service came to an end in February 2018. We thank the hundreds of clients who made good use of the service over the last 12 months, with the majority reporting they would alternatively have had to go to the hospital or not have seen a doctor at all, if it wasn't for the extended hours Winnunga AHCS was able to offer during that period of time.

The feedback received, together with the significant volume of people attending the service, again confirmed there is an ongoing need for Winnunga AHCS to deliver out of hours services. We will continue to look into ways this may be possible in a stable, ongoing capacity in the future - rather than in an ad hoc time limited manner.

WINNUNGA NIMMITYJAH

ABORIGINAL HEALTH & COMMUNITY SERVICES

Client Satisfaction Survey

Winnunga conducted the annual client satisfaction survey in June 2018. The purpose of the survey was to seek client feedback over a snapshot period (1 June to 26 June). The survey was disseminated to people at medical reception areas and was made available in hard copy.

77 responses were received with 75% reporting they had used Winnunga services for more than three years, 18% between 1 and 3 years, and 6% between 1 and 6 months. No one reported using the Winnunga services for less than 1 month.

The services most reported being utilised were doctors/nurses, which stood at 96%. This was followed by the dental clinic at 60%, counselling and mental health support at 52%, groups (including women's group, men's group, no more boondah, diabetes, mums and bubs, healthy cooking, wellbeing/anxiety group, touch football, basketball and boxing club/gym) at 48%, transport at 40%, eye health at 30%, support with matters such as Centrelink, probation/parole, legal issues, housing/accommodation matters, and care and protection 35%, tobacco, drug and alcohol support at 27%, hearing at 26%, dieticians at 26%, diabetes and liver clinic at 22%, physiotherapy at 18%, community days/events at 17%, midwifery program at 14% and NSP at 8%.

Three questions were allocated specifically for smoking cessation support, which were answered by 100% of survey participants. 36% reported they had received support from Winnunga with smoking cessation. Of the 36%, 61% stated the most useful support was the No More Boondah Group, followed by Nicotine Replacement Therapy at 57%, counselling at 21%, phone contact by workers at 18%, information/education at 18% and visits to workplaces at 7%.

When asked the question *Overall how satisfied are you with Winnunga's services?* 85% of respondents stated they were either very satisfied or satisfied. 14% reported their satisfaction as being neutral and one respondent reported being unsatisfied. No one reported being very unsatisfied.

When responding to '*Would you recommend Winnunga Services to others?*' 97% reported 'yes', and 3% reported 'no'.

When asked '*what do you like best about the services provided by Winnunga?*' responses included:
* Social Health Team * Culturally safe environment, catching up with friends and family in the community * The group meetings are my best as every person gains more knowledge about our culture and other meaning that is within us * Always positive and always keeps a family friendly approach towards others (in house and out). * Mob *Staff, access to lots of services in one place * Closeness of community * Professionalism * I appreciate the fact that they have a holistic health approach and no matter what I need majority of it I come to the one place where I feel comfortable and I feel they are very non-judgemental and understanding at all times * That everyone is supportive to people in trying to better their lives and there here to help.

When asked *'How do you think Winnunga could improve on the services we deliver?'* responses included * If the services are open on weekend from 8am till 1pm * I think you do the best yous can * The Government to not STOP FUNDING all the time * I think you already deliver a satisfactory service * Activities/outings * Follow up. Call people back. Provide more proficient service * To arrange programs every three or six months to be out within the bushland scrub to live off the land with our culture and nature.

Other general comments provided included the following * I have found Winnunga has helped me with a broad range of issues. Very grateful to staff and Winnunga as a service * I love Winnunga, my partner and my son come here and to be honest I wouldn't be comfortable them going anywhere else * Were else can we go I have being coming to Winnunga for 20 years so there you go * Thanks for helping me and my kids out!! * Yes all staff need to be able to have same rules for everyone that use the service. People need help in all areas and assistant need to be same right across not only some get things and others don't * Keep up the good work * Thanks to the good people of Winnunga I have a chance at a ligit future without crime and drugs and prison.

The Management Team has carefully considered all of the feedback provided through the 2018 client satisfaction survey. Winnunga AHCS will continue to investigate ways we can start implementing some of the ideas clients raised through the feedback received.

Winnunga to Deliver Autonomous Services at the AMC

In 2018 Winnunga AHCS commenced implementing autonomous services in the Alexander Maconochie Centre (AMC) for detainees, within our own model of care. The decision by the Government to invite Winnunga AHCS to establish health and wellbeing services in the AMC is most welcomed and we particularly thank ACT Corrections Minister Shane Rattenbury for his consistent support in establishing this program. This is ground-breaking and a first for Australia. It will in time be seen as a historic moment in the care of Indigenous detainees in prisons right across Australia.

The decision to establish Winnunga AHCS services in the AMC was a recommendation of the Moss Inquiry into the treatment in custody of Steven Freeman, following his tragic death, and will be an enduring legacy to his memory.

Julie Tongs, Minister Rattenbury and John Singer (chairperson of NACCHO), at the December NACCHO Board meeting where the Winnunga standalone services to be delivered within its own model of care announcement was made by the Minister

Visitors to Winnunga

Members from the Albury Wodonga Aboriginal Health Service's True Australia Aboriginal Survivors, Stolen Generations Support Group, were in Canberra in October 2017 to conduct family history research at the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS).

A trip to Canberra wouldn't be complete for Jo Taylor, Aunty Avis Gale, Aunty Pansy Mitchell, Donna Thomas and Lyn Johnson who sought out Winnunga so they could drop in to meet the staff and check out the Winnunga facility.

The cheerful group said they had a great time and enjoyed looking around Winnunga, and were particularly grateful to have met the staff, including Aunty Thelma Weston, who showed them around during their visit.

Julie Tongs and Caroline Hughes Inducted in the ACT Women's Honour Roll

The ACT Minister for Women, Ms Yvette Berry, announced on International Women's Day that Ms Julie Tongs OAM and Ms Caroline Hughes, both proud Aboriginal women and acknowledged leaders in the Canberra community had been inducted in the ACT Women's Honour Roll.

The ACT Women's Awards are framed as recognition of those women in our community who have made an outstanding contribution to the lives of women and girls in the ACT. It is pertinent that any recognition of an Aboriginal woman for such an award recognise that their primary focus will almost certainly have been to address the incidents of the disadvantage and racial discrimination which Aboriginal men and women have endured in Australia for over 200 years. While we universally applaud all who work to address gender imbalance in our society, we should reserve special applause for Aboriginal leaders such as Caroline and Julie who deal daily with the consequences of racial discrimination on top of gender bias and sexual discrimination.

Ms Caroline Hughes

Ms Julie Tongs OAM

ANFPP and Connected Beginnings Programs

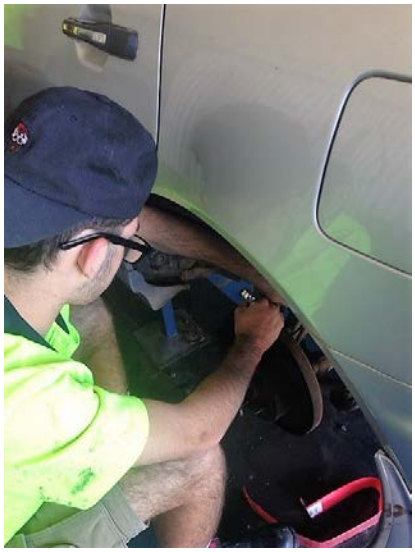
During this reporting period Winnunga AHCS commenced the implementation of the Australian Nurse Family Partnership Program (ANFPP) as well as the Connected Beginnings Program. The Programs provide enhanced opportunities with intensive support for pregnant women, their children and families and are an extension of the pre and post-natal services which have been delivered by Winnunga AHCS. The aim of the Programs are to ensure identified families are provided with appropriate wrap around supports for both clinical as well as psychosocial matters for the best possible start in life for babies, monitoring milestones and ensuring children and families are robustly prepared and school ready.

Program Evaluations

We have commenced two Winnunga AHCS program evaluations, led by external academic evaluators. The first is an evaluation of the Justice Reinvestment Trial led by Australian National University researchers. The second is an evaluation of the Winnunga AHCS Healthy Weight Program which will be led by researchers from the University of Canberra. High quality external evaluation is important for an objective assessment of programs. Winnunga AHCS is closely involved in the planning, ethics applications and implementation of both evaluations to ensure they are culturally safe and appropriate for our service.

Automotive Program

The Certificate 1 automotive program was delivered on Mondays either at the Winnunga Hanger in Fyshwick, or at the Canberra Institute of Technology (CIT) premises. The program engages young people who are involved in formal education or who are part of the community with an interest in learning more about automotive skills.



The Certificate 1 program teaches students the basics of a minor vehicle service, delivers hands on experience in working with equipment, and provides an insight into what it's like working in a workshop environment. The Program is delivered over a 36 week period and at the end of the Program it is hoped all students have achieved their certificates with an increase in skills, personal development and greater employment opportunities.

Our Women

Women's Group

The Women's group continued to meet on Thursdays in the Winnunga AHCS Art Room, with 20-30 women and children attending each session. Throughout the year women enjoyed the different arts and crafts, including painting, sewing, paper crafts, candle making, jewellery making and making bath bombs. Morning tea and a healthy lunch was prepared each time on a rotational basis by clients and staff.

Guest speakers at the Group this year included:

- OATSIA – to discuss ACT Aboriginal and Torres Strait Islander Reform
- ACT Law Reform Advisory Council – group discussion about issues in the ACT
- Elisa Carmichael (Artist) – traditional Torres Strait Islander basket weaving
- Marshal O'Brien (Psychologist) – to discuss Intergenerational trauma within Indigenous communities

Strong Women Strong Families Conference

Winnunga's Australian Nurse-Family Partnership Program (ANFPP) attended the ANFPP annual National Conference 'Strong Women, Strong Families, The Answers are Within' in Brisbane in June 2018 on the lands of the Turrbal and Yuggera Nations.

The conference was an opportunity for our newest team to network and learn from and with other national and international health professionals, organisations and delegates. Some of the speakers and presenters at the annual conference included Dr Mark Wenitong, Odette Best and Debbie Sheehan, Central Australian Aboriginal Congress, Wellington Aboriginal Corporation Health Service and the Institute for Urban Indigenous Health.

Winnunga AHCS ANFPP Team with CEO Julie Tongs

Winnunga ANFPP team member and Home Visitor Nurse Rona Bunag said her new found knowledge will assist greatly when it comes to understanding and working with her clients.

Midwifery Access Program

The Winnunga AHCS Aboriginal Midwifery Access program continued to provide culturally safe midwifery care to Aboriginal and/or Torres Strait Islander families. The midwifery team pride themselves on offering flexible care for all women who enter the program. Throughout this reporting period the Midwifery Team looked after young women as well as older women, with ages ranging from 14 to 42 years. The midwives have successfully linked clients in with Karinya House for additional support and accommodation, and referred younger clients to CC Cares to promote education and completion of primary, secondary and/or tertiary education.

Unlike other continuity models in the ACT, the midwives cater for all pregnancies including high risk pregnancies. We have observed an increase in women with high risk pregnancies over this last 12 months. High risk pregnancies include gestational diabetes or pre-existing diabetes, advanced maternal age (women over 35 years of age) previous obstetric complications or pre-existing chronic health conditions. Women with chronic health conditions such as thyroid disorders, hepatic C, hypertension, obesity, heart conditions, and mental health disorders have also accessed the program.

The midwives have cared for women who have developed complications such as pre-eclampsia, fetal abnormalities, premature rupture of membranes and cholestasis. In order to provide antenatal care for high risk women the midwives co-ordinate care with the Fetal Medicine Unit, GPs, obstetricians, cardiologist, psychiatrist, genetics, neonatologist, endocrinologist, dieticians and diabetic educators. The midwives attend all pregnancy appointments with specialists to maintain continuity of care and continue to have good working relationships with staff within these clinical areas, which provides comfort and confidence for clients and their families. The midwives are strong advocates for the women and their families and excel in case managing clients to individualise care and optimize outcomes.

The Team provide clients a choice of which hospital they would like to birth at and in the past 12 months have worked with Calvary Bruce Hospital, The Canberra Hospital and Queanbeyan Hospital. The Team successfully negotiated with the Rutledge Street Medical Centre in Queanbeyan whom agreed to bulk bill all Aboriginal Midwifery Access patients wishing to birth in Queanbeyan. There are currently four GP/obstetricians practising out of this Centre. Care is in collaboration with these doctors for women who are birthing in Queanbeyan.

The Midwifery Team continued to work together with other Winnunga AHCS Programs, including the Social Health Team, Australian Nurse Family Partnership Program, No More Boondah, dental, psychiatry, nursing, and specialist clinics such as the liver clinic and gyneacology clinic. The Aboriginal Access worker provides a critical link for women and assists in supporting and engaging women throughout their pregnancy care. Importantly, the Access Worker also provides transport for women who would otherwise not be able to access antenatal care through mainstream services due to financial, transport and family difficulties.

Mums and Bubs/Parenting Group

Mums and Dads have been encouraged to attend this Group to come along and share their stories, check babies weight, measurements, interact with other group members and receive additional support and assistance as required. The Group provides therapy based education to participants and a number of specialists attended the Group in this reporting period, including dieticians, nutritionists, speech therapists, occupational therapists, nurses and doctors.

The Group has continued to be held on Wednesdays in the Winnunga Art Room and new members are always welcome to come along with their children. A healthy meal is served and all conversations are conducted in a culturally safe and supportive environment.

Our Men

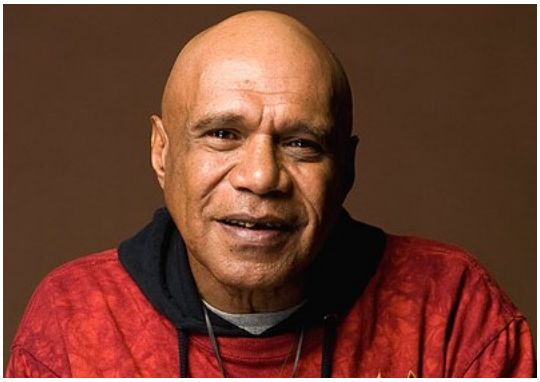
Men's Group

The Winnunga Men's Group was held on Monday's in the Winnunga Art Room. The Group is delivered in a culturally safe and appropriate environment that emphasises supporting one another without judgement.

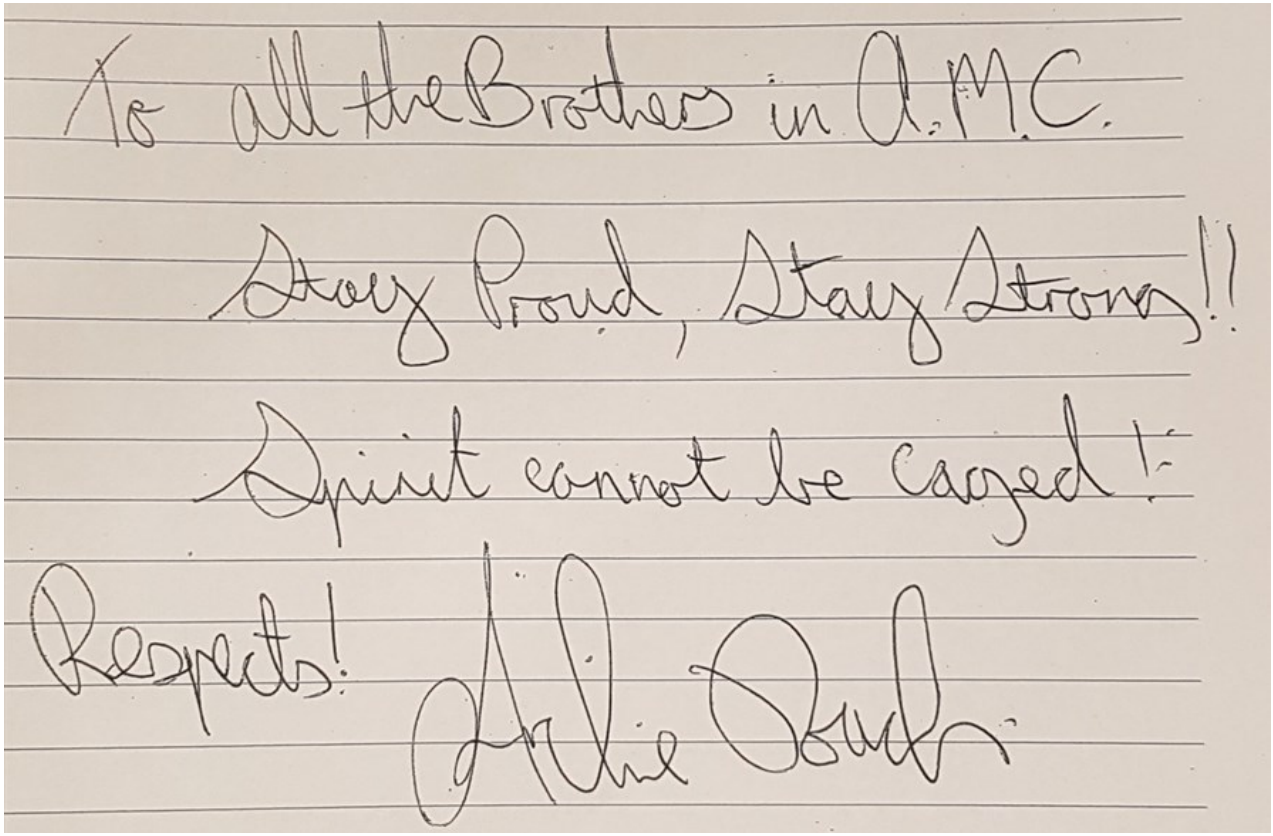
As part of the Group, men have undertaken activities including learning to cook healthy meals, cooking for a family, recognising and addressing the signs of anxiety and depression and being role models to people around you as well as in the broader community.

A number of guest speakers attended the Group including from the Road Ready Program, Centrelink and NDIS. The Group outings over the year included to the Arboretum, Kingston Foreshore and Florey Park.

Archie Roach's Special Message to 'All the Brothers in the AMC'



Archie Roach, at a recent meeting with Winnunga AHCS CEO Julie Tongs, asked her if she would deliver a message from him to all of his brothers detained at the Alexander Maconochie Centre. Archie is of course not just the most recognisable and loved Aboriginal singer in Australia but is one of Australia's living treasures. Julie said that prior to his request to deliver his handwritten letter to the AMC he sang two of his most haunting and famous songs; *Charcoal Lane* and *Took the Children Away*.



To all the Brothers in A.M.C.

Stay Proud, Stay Strong!!

Spirit cannot be Caged!

Respects! Archie Roach

Getting Healthy and Staying Healthy

Deadly Choices Launch

Winnunga AHCS was asked to host the launch of 'Deadly Choices' in the ACT. Deadly Choices is an excellent initiative supported by Australian Rugby League with the aim of encouraging all Aboriginal people to undertake an Aboriginal health check and to seek and receive appropriate health care. It was fantastic that Mal Meninga, Steve Renouf, Dane Gagai and Cooper Cronk were all present at Winnunga for the launch.

Cooper, Aunty Lynette, Dane and Julie

Deadly Choices aims to empower Aboriginal and/or Torres Strait Islander peoples to make healthy choices for themselves and their families – to stop smoking, to eat good food and exercise daily. Deadly Choices also encourages our people to access their local Community-Controlled Health Services and complete an annual 'Health Check'.

The Deadly Choices activation, which is usually a Queensland based initiative, was a first of its kind for Winnunga AHCS and the ACT, and the local ACT community didn't need much encouragement to take action for their health.

Winnunga CEO Julie Tongs was impressed by the community's response and stated 'Not only did a large crowd turn up to support this great initiative but within two days, before the official launch of Deadly Choices, we had over 40 health checks done and over 40 Deadly Choices tops handed out'.

After each health check was completed, every eligible client received a special edition Deadly Choices Kangaroos World Cup jersey. The Deadly Choices tops were available for the duration of the Rugby League World Cup competition.

Deadly Choices is a community-based healthy lifestyle campaign launched in 2013. Through media campaigns, sports carnivals and community events Deadly Choices has prompted:

New Winnunga AHCS recruits?

- almost 19,000 annual health check-ups in South East Queensland;
- 1,155 smoke-free household pledges;
- more than 3,300 smoker interventions; and
- active patient numbers are expected to triple to over 330,000 in the next few years.

No More Boondah (NMB)

The NMB program continued to be delivered on Thursdays at Winnunga AHCS. For people who found it difficult to attend the face to face weekly session, outreach, phone support and follow up was made available. NMB assists people to identify why they smoke, what triggers their smoking and work together to develop strategies to avoid or delay smoking. Participants of the group have often tried many times to stop, and agree at NMB the support they receive, together with assistance and education, provides for a positive stop smoking attempt.

Clients may also access Winnunga AHCS doctors who can assist with Nicotine Replacement Therapy such as patches, gum, inhalers and other treatments.

Road to Recovery

The Road to Recovery Program continued to be delivered over a six week active face to face engagement cycle - through a client centred and culturally safe manner for both individuals and families needing support around their alcohol and other drug issues. Each week, a different topic/ module is covered which include: the program introduction, the effects of alcohol, yarning about drugs and alcohol, the effects on the body, healthy brain and relapse prevention, strength based and motivational counselling. Clients receive information on the harms and impacts of substance misuse as well as discuss the underpinning issues, which often lead to 'self-medicating'.

Winnunga AHCS' Drug and Alcohol workers deliver the Road to Recovery Program and provide invaluable support to clients. They work closely with participants exploring situations where people may drink or use drugs first without thinking about the impacts and consequences, and looking at what changes could be made for achieving more positive outcomes. Following completion of the initial six weeks, the Program continues to support clients through counselling, information and education around the effects of alcohol and other drugs and strategies to assist with relapse prevention. The Program is based on harm minimisation and ensures clients receive culturally appropriate counselling and access to holistic health care.

The Road to Recovery Program is a voluntary program. Clients can refer themselves or be referred by someone else.

Wellbeing Group

TALKING DEADLY

The Wellbeing Group met on Fridays in the Winnunga AHCS Art Room. The group is run in a culturally appropriate and safe environment where clients can discuss their emotions, feelings and thoughts. A Winnunga psychiatrist attended the Group each week and in this financial year delivered different sessions including on topics such as depression, grief, anxiety, separation, anger and sleep hygiene.

Winnunga AHCS Touch Football

The 2017-2018 Winnunga AHCS touch football teams had another great year. In the summer competitions the Winnunga Warriors men's team made it all the way to the semi-finals and the Winnunga Possums mixed team made it to the grand final taking out the competition in another close game, 9 points to 8.

In January the Winnunga Possums mixed team went to Cootamundra to play at a weekend competition. The Possums made their way right through till the elimination round where we lost in a tough game - playing in the A grade division.

In January both the Winnunga Warriors and Winnunga Possums travelled to Yass to compete in the Yass Knockout. The Winnunga Warriors played well and made it to the B grade finals round 1. The Possums also played well making it to the B grade finals round 1.

In April we took the Winnunga mixed team to Dubbo to play in the 2018 Social Gala Day. Winnunga made it all the way to the B division grand final, coming in second place - only losing the grand final by 1 point.

We are heading towards the end of the winter competition for 2018. The Winnunga Black Stars men's team tried something new and commenced playing in the premier league where the game is more structured and fast paced. We are currently sitting in fifth spot . The Winnunga Boomerangs mixed team is in second position in B grade. We are undefeated this season and are in a good position, if we can keep it up, to get another grand final victory.

Hearing Health

It's been a busy year for our Hearing and Ear Health Team. Reeion and Brooke have worked to cover hearing appointments at Winnunga for clients from babies to adults, hearing surveillance at schools and Koori preschool as well as at Bimberi and home visits. A high number of referrals have been made to Australian Hearing for hearing aids, to ENT for surgery and to CDS (Child Development Service) for Speech and Language assessments and therapies. The Team has worked closely with the Winnunga Early Childhood Team especially our GPs, Nurses and Paediatrician who provide support and a seamless referral process for our clients.

We have strived to focus on our youngest clients especially the under five year olds. Early intervention is essential for hearing loss and ear health, and leads to more successful outcomes for speech and language development, communication and school readiness. As part of this focus we were featured on a WIN TV local news story with one of our Winnunga families. Brooke our Audiologist has continued to work two days a week at Winnunga as well as another two days a week at Australian Hearing (the Commonwealth government organisation that provides hearing aids to our eligible clients). This has been beneficial to both our adult and paediatric clients. Clients have continuity of service as we can see people for both diagnostic audiology and hearing aid fittings - all done here at Winnunga.

Specialised hearing clinics have been implemented for our youngest clients at Australian Hearing, as they have specialised equipment for hearing tests for under three year olds. This has worked well as our clients already know us, feel culturally safe and they are seen in a shorter timeframe with superior results.

We have continued regular visits to Bimberi Youth Justice Centre and look forward to furthering our role at AMC.

Healthy Cooking Group

The Healthy Cooking Group assisted many clients over the year who wanted to make a positive and supported change in their own lives and that of their families. The program provided social support, education and showcased the benefits of preparing and eating healthy affordable meals.

A Winnunga AHCS dietician regularly attended the Group to discuss food alternatives and nutrition contents. This Group has a strong educational focus on healthy eating and is delivered in a 'hands on' method where clients can put their newly learnt skills to use straight away.

Winnunga AHCS delivered 37 Healthy Cooking Groups in 2017-18

Healthy Weight Program

The Healthy Weight Program works towards a healthier lifestyle and better health outcomes for our clients and the community. The Program assists people who are overweight or at risk of being overweight who would like to make positive changes in their lives.

Over the year, the Healthy Weight Program provided information on the risks associated with being overweight, resources around portion control, advocacy, referrals, counselling, support and consistent follow up for Program participants. Clients were provided the opportunity to attend the gym three times a week in one hour sessions with a personal trainer for both physical as well as social and emotional wellbeing, with great outcomes. Every second Tuesday the clients have time after the gym session to enjoy a cuppa and sandwiches, and to share their stories and tips on their own personal journey.

The Healthy Weight Program is working towards an intergenerational change through education, access to services, support for clients and the community and a reduction in the overall representation of Aboriginal peoples living with or at risk of chronic disease.

The Winnunga AHCS Healthy Weight Program recorded 2,529 encounters for 110 clients in 2017-18

Diabetics Clinic

The Diabetes clinic continued to be held on the 2nd Wednesday of every month with the Clinics well attended. Over this reporting period however, the Clinic was postponed for one month due to ACT Health staff not being able to attend, and on occasions some specialists were also not able to attend. We anticipate in the coming 12 months to revert back to regular engagement by ACT Health staff.

A number of clients continued to come to the Clinic regularly and we are pleased to note there have also been some new faces over this reporting period. The Clinic averages between 10 and 16 clients per month. Clients are offered holistic care including through the provision of health checks, care plans (and review of care plans), diabetes cycle of care, bloods and seasonal flu vaccinations. The staff from ACT Health include a Diabetes Educator, a Dietician and a podiatrist. Both Winnunga AHCS doctors, Dr Robinah and Dr Ana see clients who attend the diabetes clinic on the day.

Clients report the clinics are casual, relaxed, and a good place to sit and yarn with each other and the staff, the atmosphere is jovial and informal. Lunch is provided and clients discuss their health in general and also share other the stories in regards to their own journey with diabetes.

Dieticians

Over the 2017-18 financial year, Winnunga AHCS dieticians Lyndall and Eucale provided services and information to many clients ranging from young children right through to elderly people. Nutrition counselling has been an important component and has assisted people to better deal with a large variety of health concerns. The Dieticians have worked collaboratively with other Winnunga AHCS programs including Connected Beginnings, where together with the Paediatric Nurse they have engaged with families and children who are most vulnerable, often conducting home visits, to bring nutrition services into the home.

Nutrition workshops and cooking with families have been delivered together with Winnunga AHCS Social Health Team staff - often cooking healthy budget friendly family meals together with children and parents. Eucale and Lyndall also assisted to link families, struggling with access to healthy food, with appropriate external services in our community.

Healthy Liver Clinic

The Healthy Liver Clinic continued to be attended weekly by a Winnunga AHCS GP and the Winnunga AHCS Chronic Disease Nurse. During Clinic time, clients identified with Liver Disease are reviewed and investigations have been requested and arranged with and for clients as needed. Clients are usually contacted by the Chronic Disease Nurse and invited to participate in, as well as actively manage their health with information and support. Clients who are contacted and engaged with in this way have voiced their excitement at having Liver Disease management, treatment and cure for Hepatitis C, and state that Winnunga AHCS is their preferred choice of setting to engage in treatment, as it is a culturally appropriate and does not require having to attend at the Hospital.

Over this 12 month period, Professor Farrell has visited Winnunga AHCS a total of six times. During Professor Farrell's visits, attendance for the Clinic is exceptionally good, as clients have opportunity to spend time with a specialist, ask questions and also commence on the most appropriate treatment for their condition. Clients express feeling more in touch and more engaged with their health when they have this time to be with the specialist.

We are pleased to report there have been 85 clients engaged, at various stages of treatment, during this reporting period.

Our Community

Winnunga Kids Christmas Party

The Winnunga AHCS Children's Christmas Party incorporating holistic health, was held on Friday 15 December. Approximately 800 people attended the event which was received favourably by the community.

A No More Boondah/Tobacco Cessation information stall delivered by the Social Health Team provided a vast amount of information to people from all walks of life, including people who had recently quit, were contemplating giving up and ones who had remained smoke free for a long period of time. The Social Health Team was also well placed to inform people of the range of support, services and programs offered throughout the year, ranging from mental health and drug and alcohol support, housing, Winnunga AHCS groups and early childhood services.

Members of the AFP were again present on the day. Given this is the third consecutive year the AFP have engaged in the event, the community appears to be starting to feel more comfortable with their presence. This continues to provide opportunities for the breaking down of some of the barriers between the community and the police. There is still a long way to go, however we are observing some improvement in relationships.

A significant aspect of the Event again this year for many families was the opportunity to celebrate Christmas. As we are well aware socioeconomic disadvantage impacts adversely on the ACT Aboriginal community, and hence this is not always a relaxing and festive time of the year. Every child (with parental consent) was photographed with Santa and received a present. Johnny Huckle entertained the community and a magician provided many laughs for children – as well as adults.

Face painting, balloon sculpting, a water slide, petting zoo, a jumping castle as well as Mrs Clause, a cheeky elf and a bogong moth kept everyone occupied. A fantastic array of foods was available on the day and all seemed to have fun.

ACT and Commonwealth Government officials attended, including Alison Playford and David Pryce from JACS. Bobbi Campbell (DoH) and her team delivered additional donated gifts for children and assisted with wrapping of some presents. Marymead again this year donated presents as well. Without these donations it would be very difficult to ensure each child receives a present, and this is important as for some children it is the only visit they get from Santa.

30 Years of Excellence Community Celebration

It is right and appropriate that we celebrate such a significant milestone in the life of our service. The anniversary celebration provided us an opportunity to express our pride in what Winnunga AHCS has achieved over the last 30 years and the life changing and enhancing impact we have had on the lives of thousands of Aboriginal and/or Torres Strait Islander peoples in our local community, from the broader region and indeed from across Australia.

It was also an opportunity for the CEO to personally, and on behalf of the Board, to thank and acknowledge those who had the foresight, energy and dedication to establish the service as well as everybody who has worked at or supported Winnunga AHCS in any way over the last 30 years. Dramatic improvements have been achieved in the health and quality of life of Aboriginal peoples.

At one level, of course, our work will never be done. The continuing disadvantage, discrimination, intergenerational trauma and poverty experienced by so many members of our community, and the adverse consequences on health and welfare which flow from that continue to require our urgent attention, and a much greater commitment by all levels of Government and by Australian society.

Winnunga AHCS has a vital role to play in supporting our community and working to ensure that when, in 30 years' time, we celebrate our 60th anniversary we will be celebrating the fact that the gap in life outcomes between the Aboriginal and non-Aboriginal community has been closed across all measures and that genuine equality and true reconciliation has been achieved. Without political leadership, a significantly greater commitment to self-determination, appropriate resourcing and the implementation of policies designed in partnership with the community and delivered in partnership with Aboriginal community controlled organisations, it is almost inevitable that the gap will not close and we will not achieve either equality or reconciliation.

While the 30th anniversary celebrations were a wonderful and joyous occasion it was also particularly pleasing that the ACT Minister for Health, Ms Meegan Fitzharris used the occasion to confirm the ACT Government had agreed that ownership of the promised new $12 million purpose built Winnunga AHCS health and community services facility would be vested in the Aboriginal community through Winnunga AHCS. This decision is an important acknowledgement by the Minister of the importance of self-determination, and a sign of respect of the central importance and standing of Winnunga AHCS. We thank the Minister for supporting us in this way.

Bunna Lawrie and Coloured Stone with Julie Tongs

There was a jumping castle, magician, Elvis and Priscilla, animals on stilts, rock climbing, petting zoo, clowns, face painting, balloon art, various food stalls and entertainment provided by Bunna Lawrie and Coloured Stone, and Uncle Johnny Huckle. Our celebrations kicked off with the master of ceremony Dan Bourchier of ABC Canberra inviting everyone into the big marquee. Ngunnawal elder Aunty Agnes Shea began with a warm and entertaining Welcome to Country, followed by various speeches from local Politicians representing all major political parties as well as speeches from Winnunga AHCS Chairperson Craig Ritchie, CEO Julie Tongs and former Chief Minister and current Winnunga AHCS employee Jon Stanhope.

A minute's silence was, held to remember significant people who are no longer with us, including Olive Brown, Kaye Mundine, Aunty Judy Harris and Dr Pete. It was also a special day to premiere our documentary, which celebrates Winnunga AHCS's 30 years and tells the story of our history, what we do, and the supports and services we provide to the community.

World No Tobacco Day

The annual World No Tobacco Day was held on 31 May. There was something for everyone, activities for little kids and adults alike, including interactive smoking awareness activities, information displays and a healthy lunch.

Tobacco Action Worker Chanel Webb

People had the opportunity to meet and chat with Winnunga's tobacco workers and find out more about the federally funded Tackling Indigenous Smoking program and Winnunga's highly successful No More Boondah program, which has been running for over 11 years.

Tobacco Action Worker Chanel Webb said 'it was important to have events like this because it raises community awareness about smoking harm and tobacco related illnesses'.

The World Health Organization (WHO) and partners mark World No Tobacco Day (WNTD) highlighting the health and additional risks associated with tobacco use, and advocating for effective policies to reduce tobacco consumption.

Ms Webb said it was very pleasing to see her colleagues at Winnunga embrace the spirit of WNTD. 'Five of my colleagues pledged to go a 24 hour period of abstinence from tobacco. They went from midnight Wednesday 30 May until midnight Thursday 31 May'.

'Each of them were issued with a survival pack which included patches, gum, lollies, fag lollies, fidget spinner and a tips card. We also recorded their carbon monoxide level before and after with the Smokerlyzer for comparison purposes' she explained.

One person who knows only too well of the benefits of not smoking is our amazing colleague Beth Sturgess who joined Winnunga's No More Boondah quit smoking support program that assists people to identify why they smoke, what triggers their smoking and what strategies can help to avoid or delay their smoking. Come August 2018, Beth will be almost 2 years smoke free! When you break down the stats and look at where Beth is currently at (as of 13 June), she has been smoke free for 671 days to be exact, has not smoked 16,790 cigarettes and saved $13,432.00. Pretty impressive aye!

Winnunga AHCS Tobacco Control Workers provided 501 clients with 1,856 occasions of services in 2017-18

TACKLING SMOKING
Promoting a healthy lifestyle
WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICE

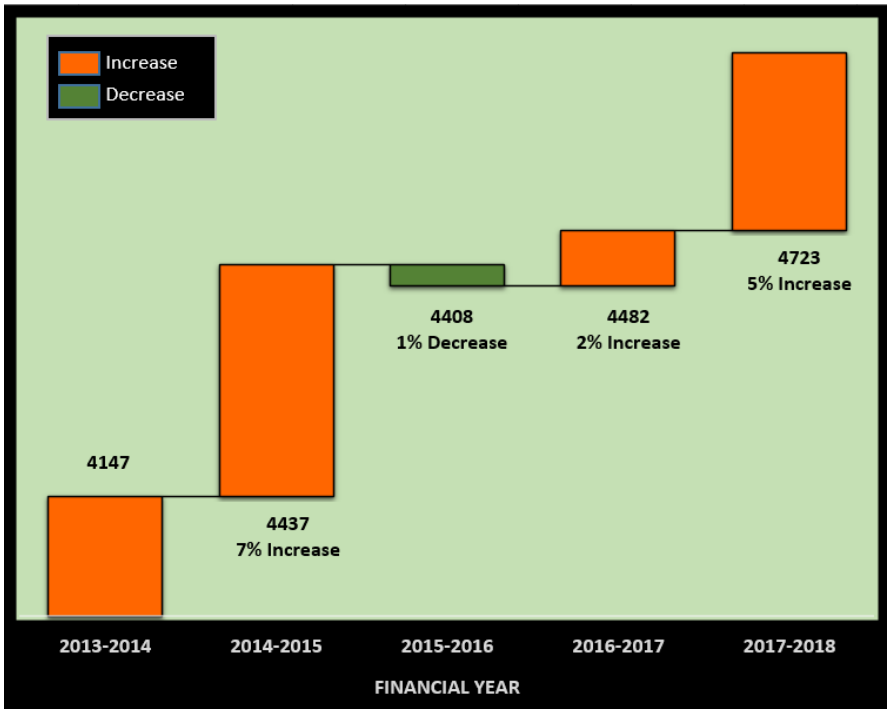
WINNUNGA NIMMITYJAH
ABORIGINAL HEALTH & COMMUNITY SERVICES

We delivered 52 No More Boondah Group activities in this reporting period

Our Service Reach

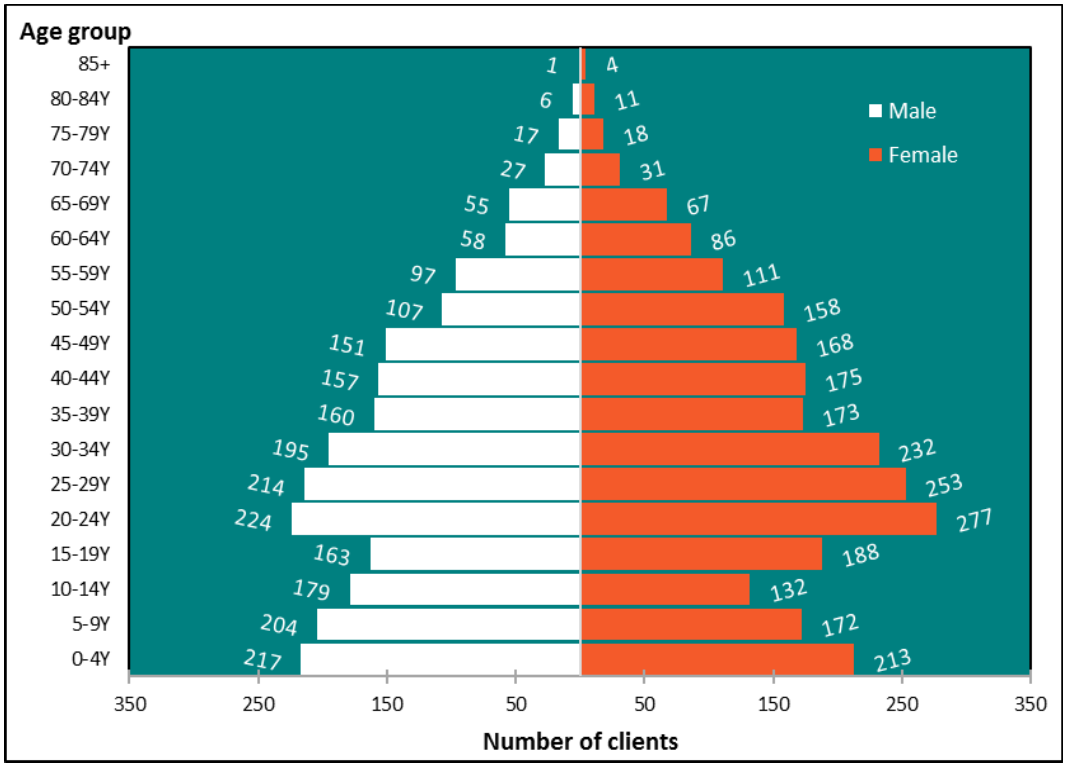
Winnunga AHCS annual client numbers have grown from 4,147 in the 2013-14 financial year to 4,723 in the 2017-18 financial year. This is a 14% increase over the 5 year period with an average annual percentage growth of 2.8 %.

Figure 1: Winnunga AHCS annual client numbers growth 2013-2018



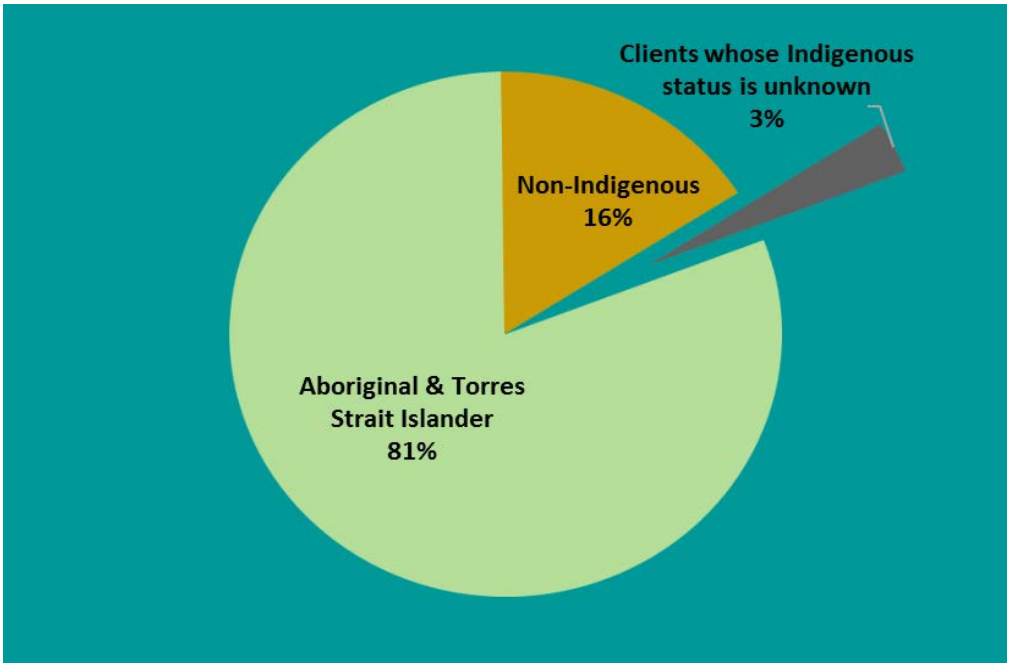
In 2017-18 there were 4,723 clients seen by Winnunga AHCS. This is a 5% increase from the previous financial year. 52% of clients were under the age of 30 years, while 18% were aged 50 years and over. Females comprised 53% of clients and 47% were male.

Figure 2: Age and sex distribution of Winnunga AHCS clients, 2017-2018



81% of Winnunga AHCS clients were Aboriginal and/or Torres Strait Islander.

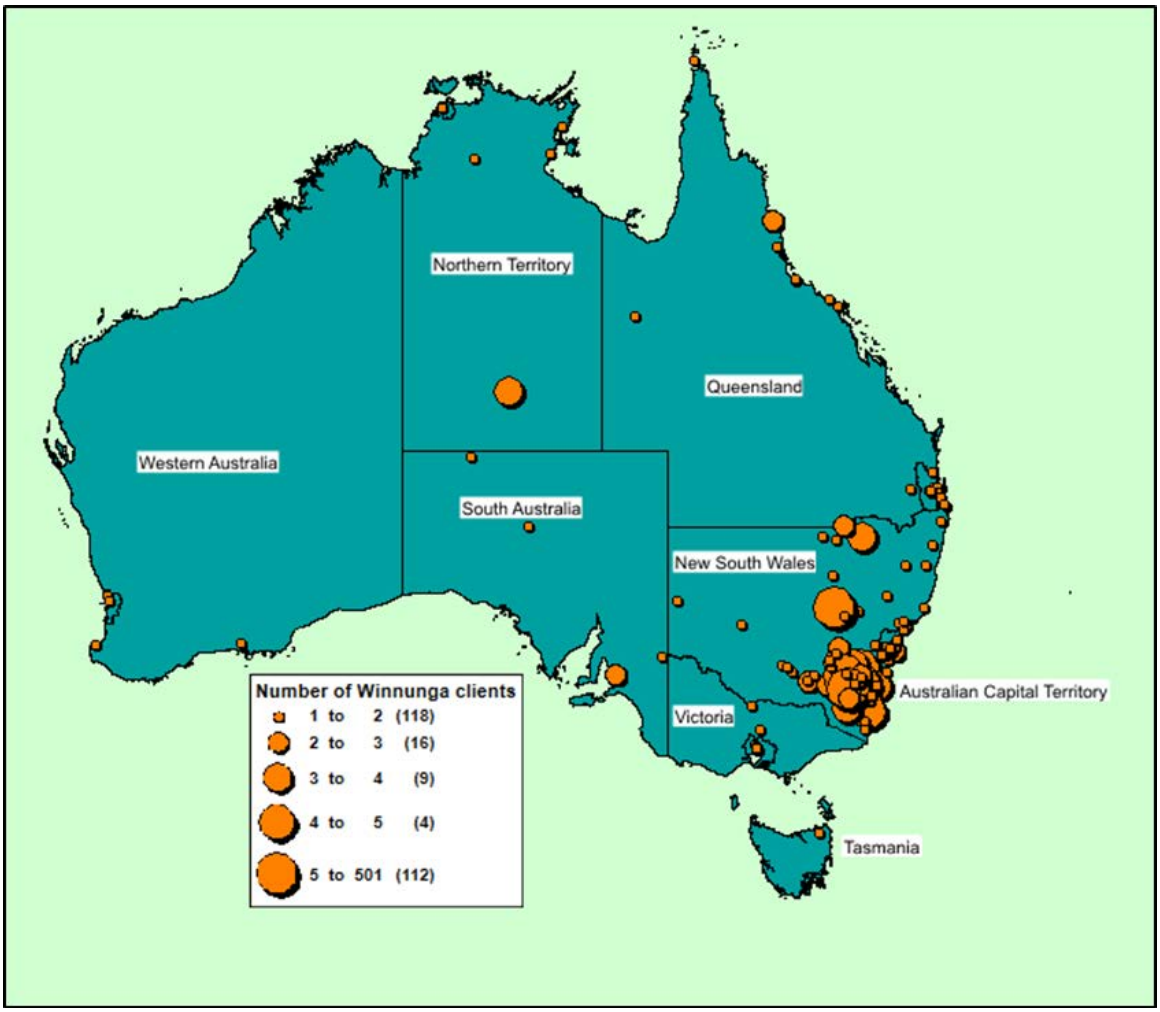
Figure 3: Proportion of clients by Aboriginal and Torres Strait Islander status, 2017-2018



Client Locality

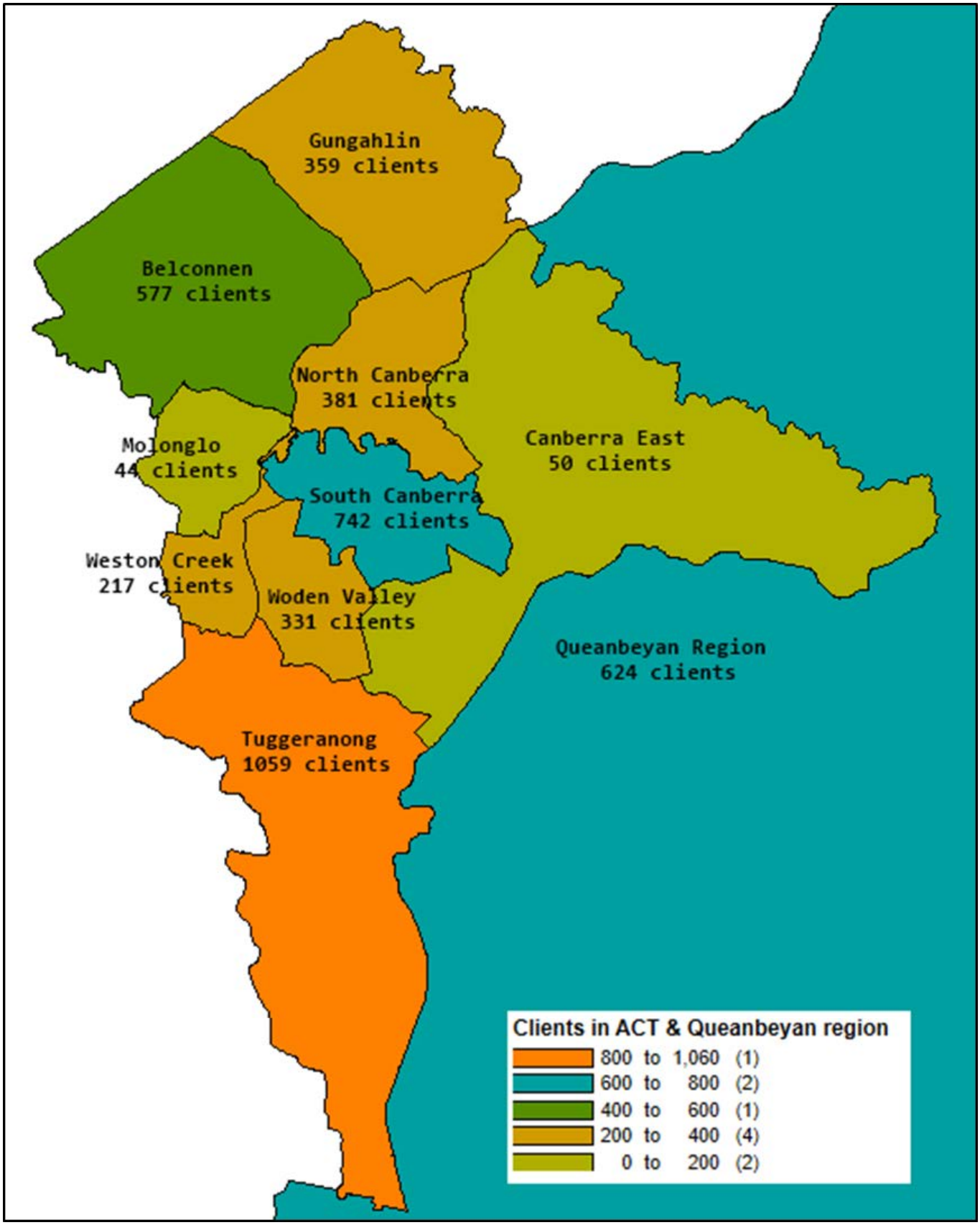
In this reporting period, Winnunga AHCS clients came from 259 different suburbs in 147 postcodes. Clients visited Winnunga AHCS from all States and Territories of Australia.

Map 1: Home suburbs of Winnunga AHCS clients, 2017-2018



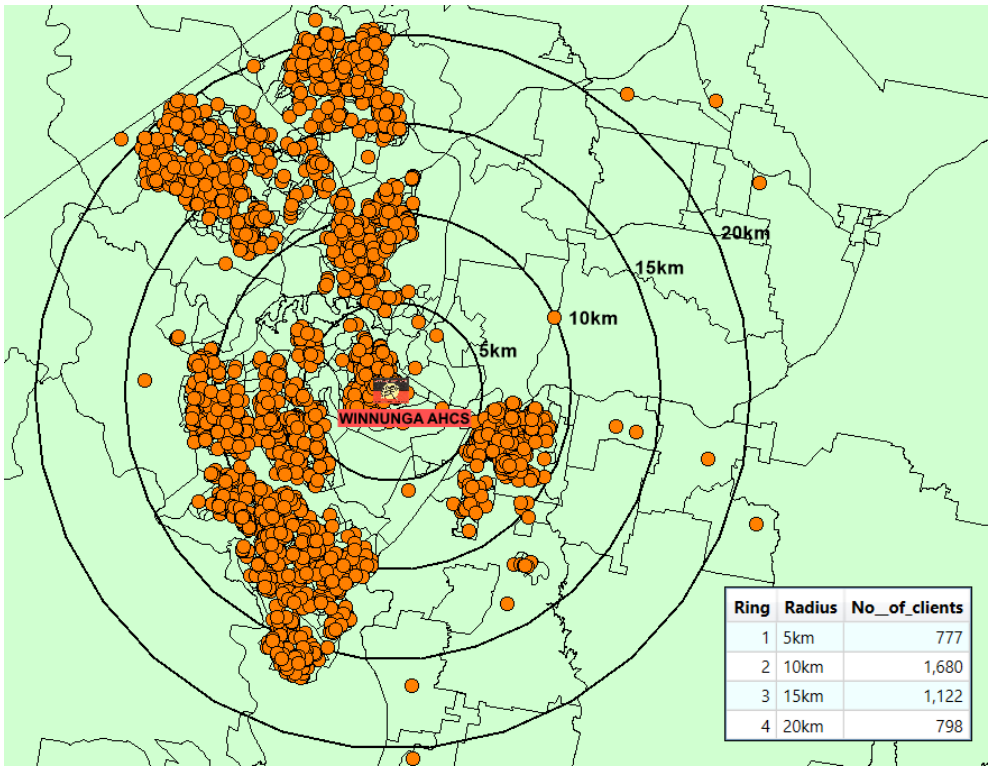
93% of clients lived in the ACT and Queanbeyan region. ACT residents comprised 80% of all clients.

Map 2: Winnunga AHCS clients in the ACT and Queanbeyan region, 2017-2018



52% of clients lived within a 10km radius of Winnunga AHCS, and 93% lived within a 20km radius.

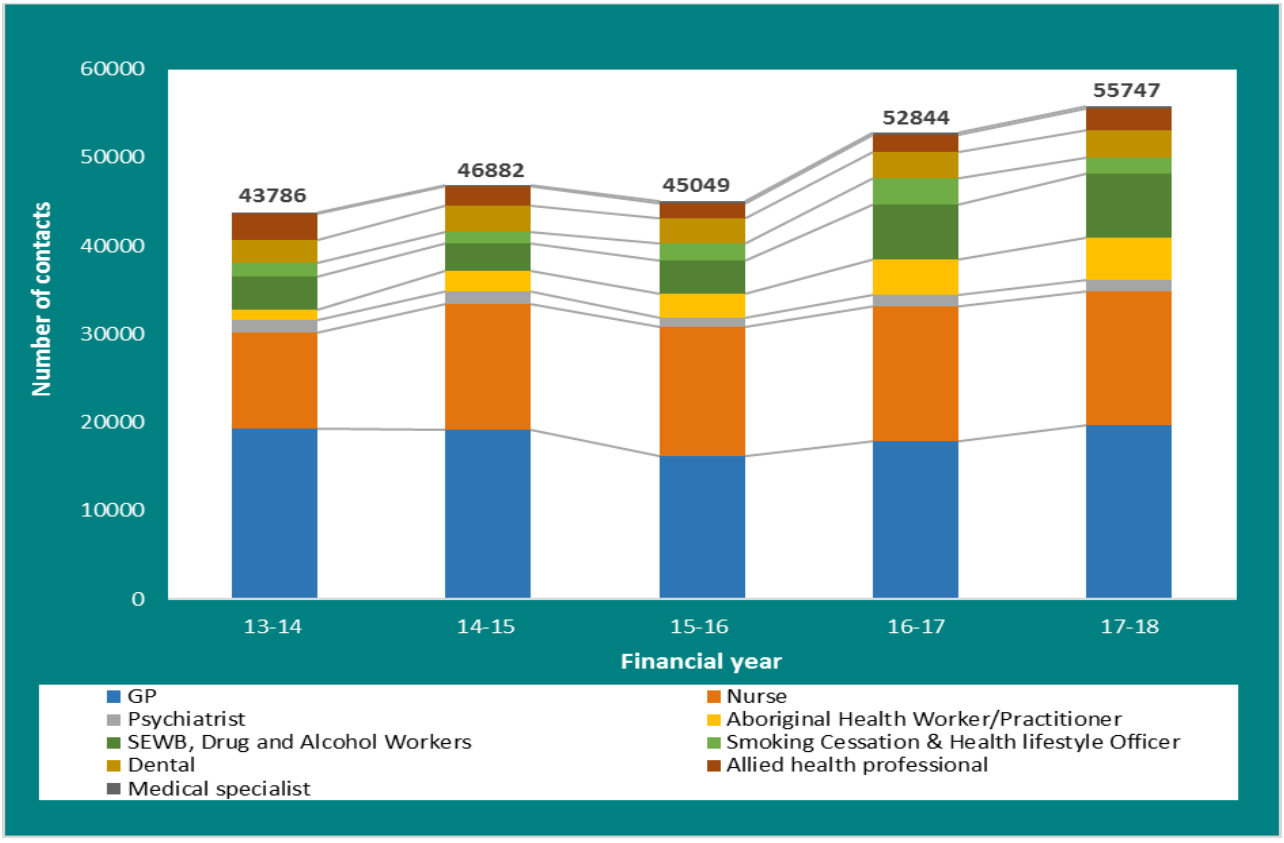
Map 3: Distribution of Winnunga AHCS clients living within a 5, 10, 15 and 20km radius of Winnunga AHCS, 2017-2018



Client contacts

Winnunga AHCS provided 55,747 client occasions of service (excluding groups, transport and administrative services). This was an increase of 5% from the 2016-2017 financial year.

Figure 4: Number of client contacts by provider type and financial year, 2013-2018

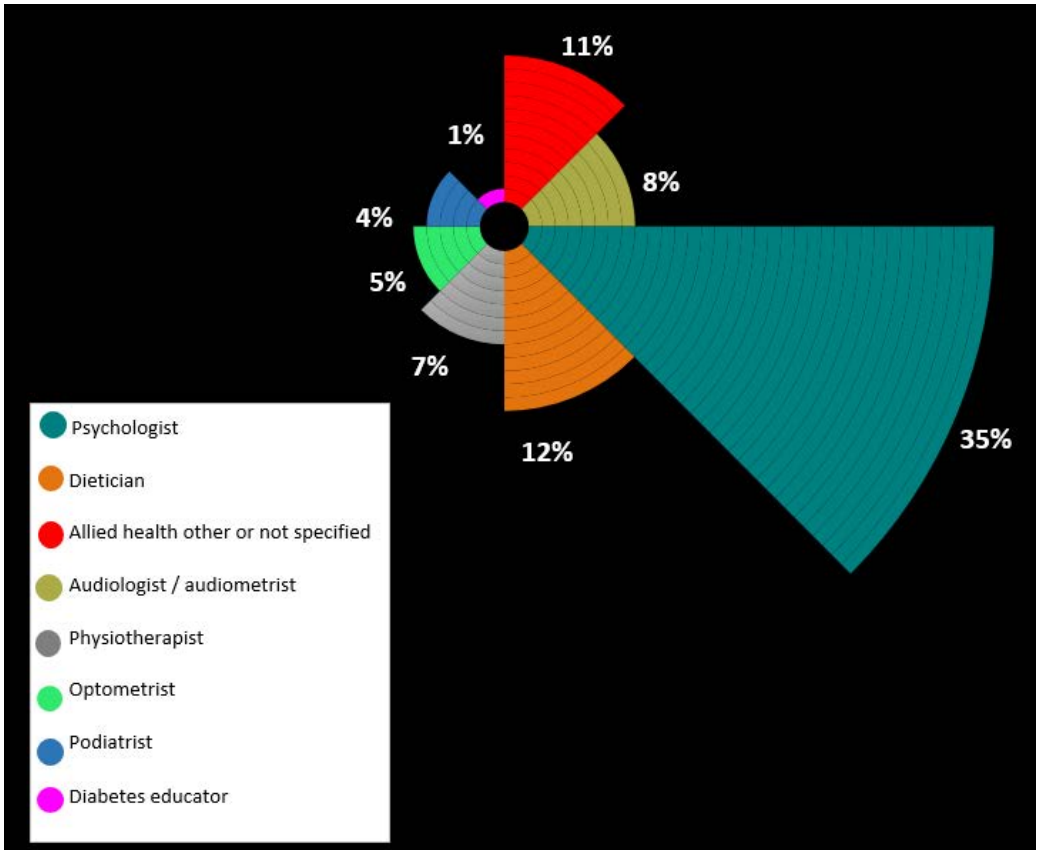


4,125 transport episodes were recorded. GPs provided 35% of services, followed by nurses (27%), Social and Emotional Wellbeing Workers and Drug and Alcohol Workers (13%), and Aboriginal Health Workers and Practitioners (8%).

Allied Health and Medical Specialist Services

There were 3,644 allied health provider contacts in 2017-18, an increase of 43% from the previous financial year. There were also large increases in psychology, optometry and podiatry services due to increased clinic hours for these specialties. Medical specialists provided 229 client services during the year.

Figure 5: Allied health client contacts by type of provider, 2017-2018



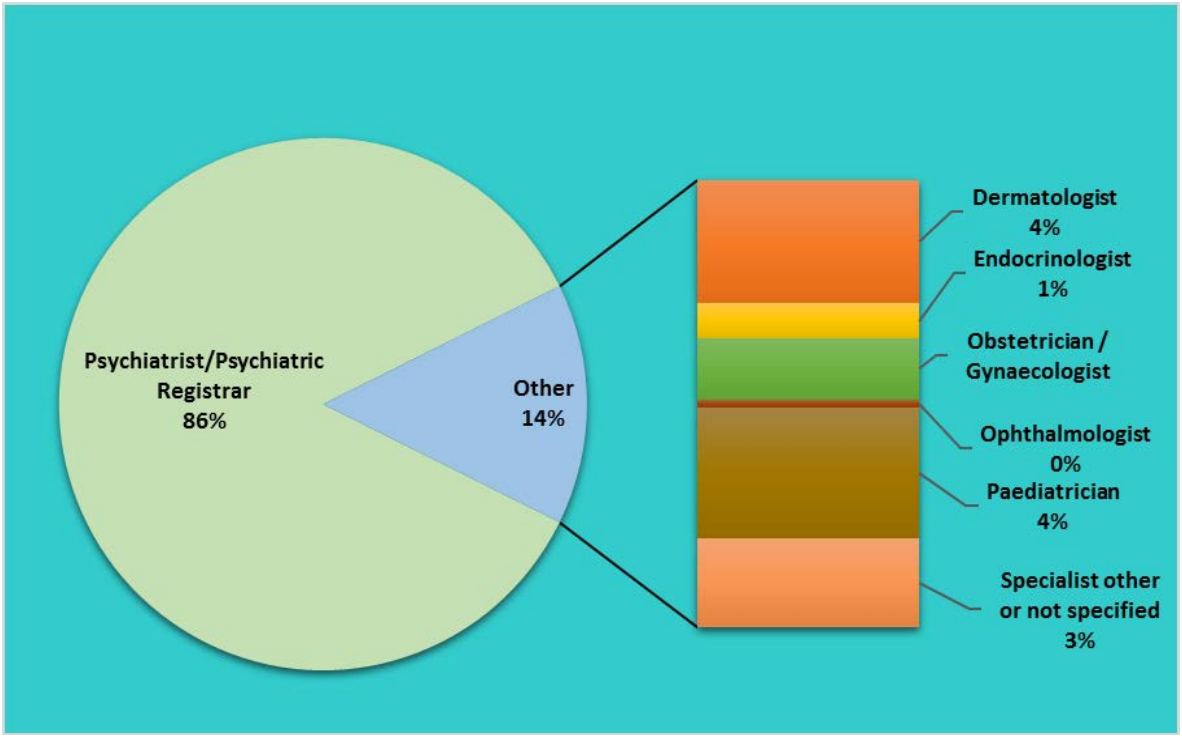


Figure 6: Medical specialist client contacts by type of specialist, 2017-2018

Assessments

Nursing assessments

Winnunga AHCS nurses provided 1,795 individuals with 4,443 Nursing Assessments. This was an increase of 49% compared with the previous financial year.

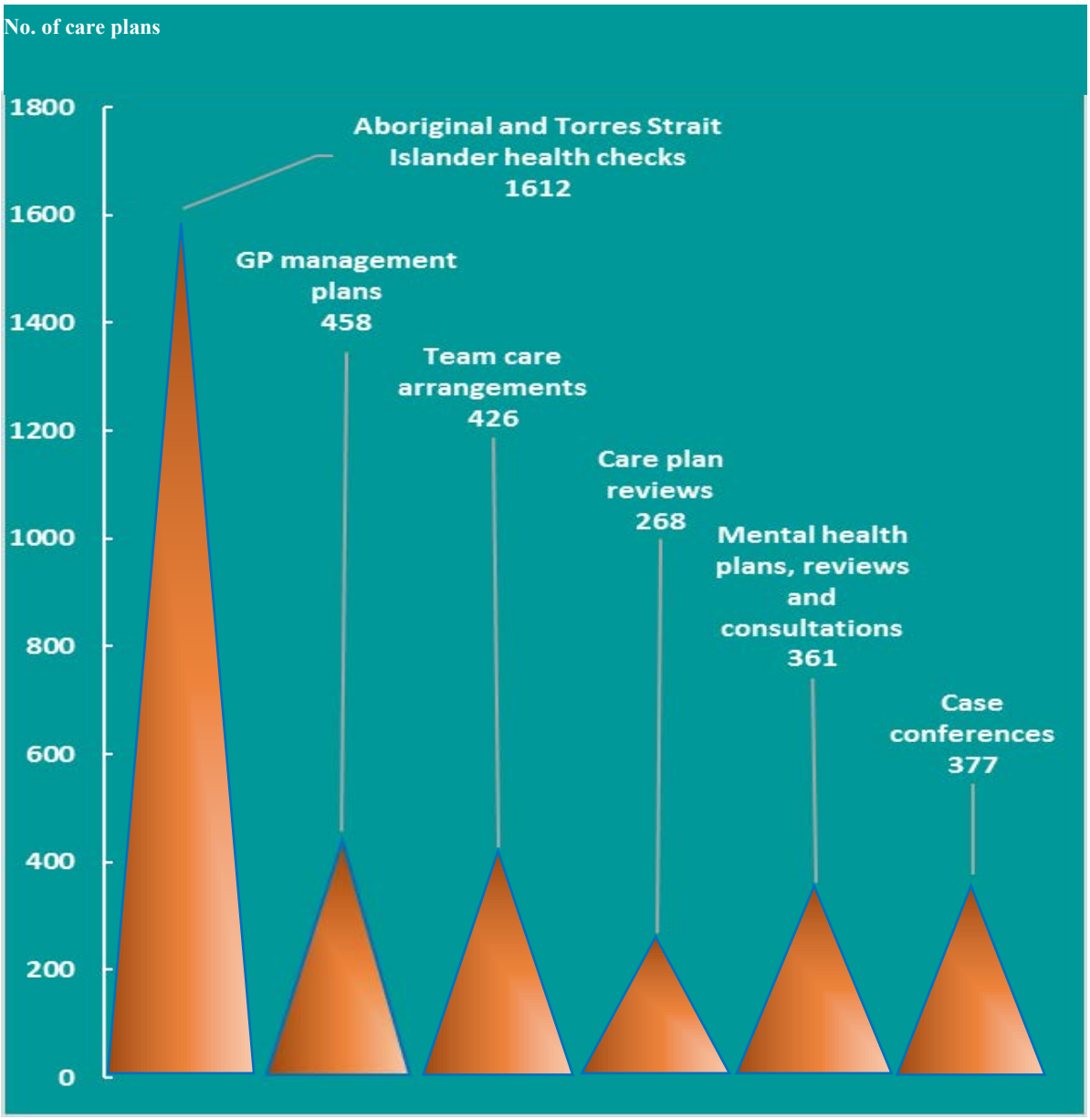
Cardiovascular disease risk assessments

Winnunga AHCS has focussed on increasing cardiovascular disease (CVD) risk assessments, and following up clients who have been assessed as high risk. In the two year period to 30 June 2018, 483 Aboriginal and/or Torres Strait Islander regular clients aged 35 to 74 years had their CVD risk assessed. This was 96% of all clients who had all risk factors recorded to enable CVD risk assessment, and 42% of all Aboriginal and/or Torres Strait Islander regular clients aged 35-74 years. A clinical audit and CQI process has enabled an increase of 37% in the number of risk assessments carried out compared with June 2017.

Health Checks, Care Plans and Case Conferences

3,502 Aboriginal and Torres Strait Islander Health Checks, GP Chronic Disease Management Plans, Mental Health Care Plans and Case Conferences were conducted by Winnunga AHCS in 2017-18.

Figure 7: Aboriginal and Torres Strait Islander health checks, chronic disease management, mental health and case conference Medicare services, 2017-2018



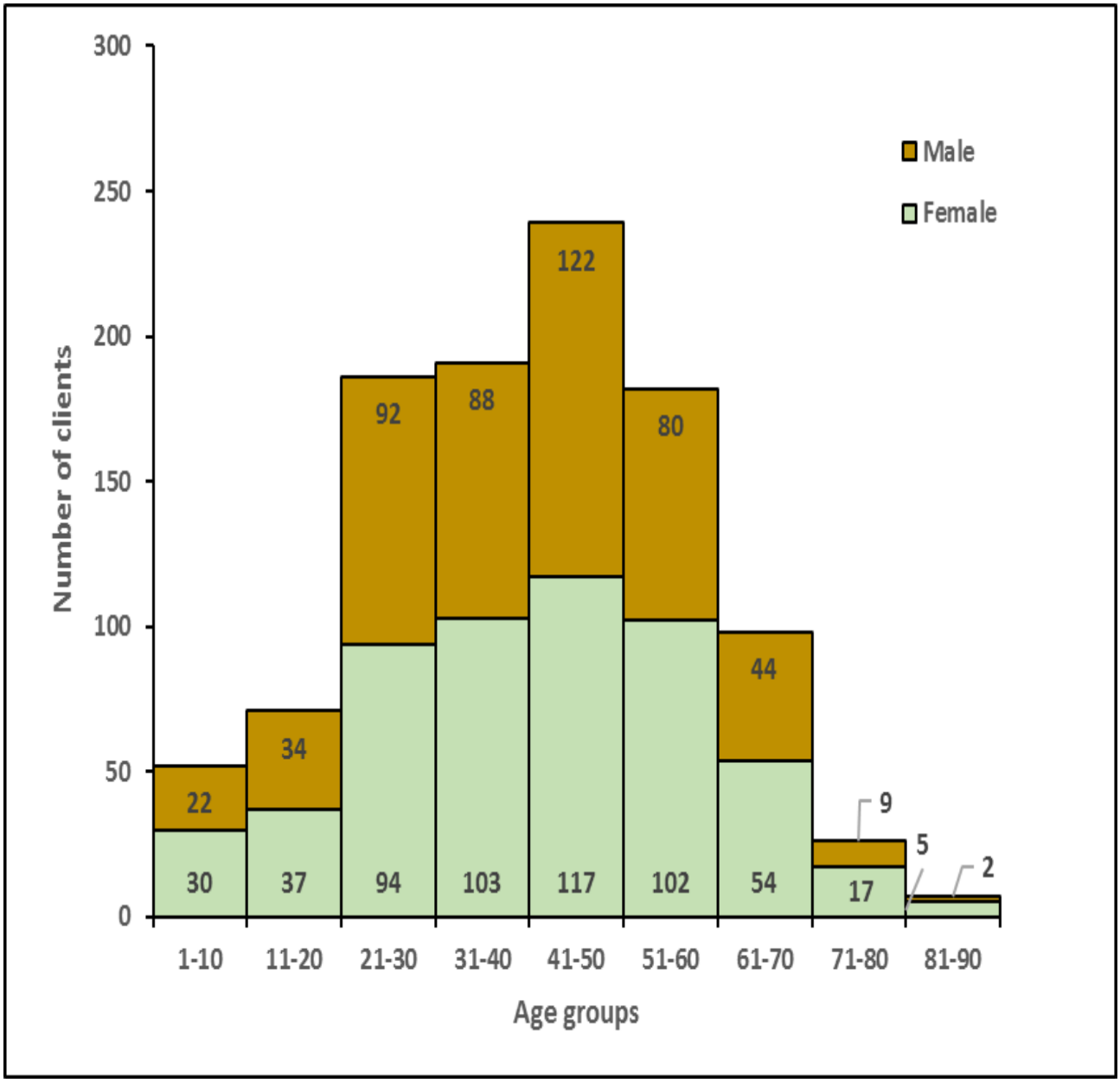
Chronic Conditions

In 2017-2018 there were 1,053 clients registered as having chronic conditions who visited Winnunga AHCS. These clients were provided with 25,795 occasions of service, which was a 13% increase from the last financial year.

98% of registered chronic disease clients were Aboriginal and/or Torres Strait Islander. 53% were female and 47% were male.

85% of clients with chronic conditions visiting Winnunga AHCS were aged between 21 and 70 years of age

Figure 8: Clients with chronic conditions visiting Winnunga AHCS by age group and sex, 2017-2018



Dental Services

In 2017-2018 the dental team provided 3,220 occasions of service to 865 clients.

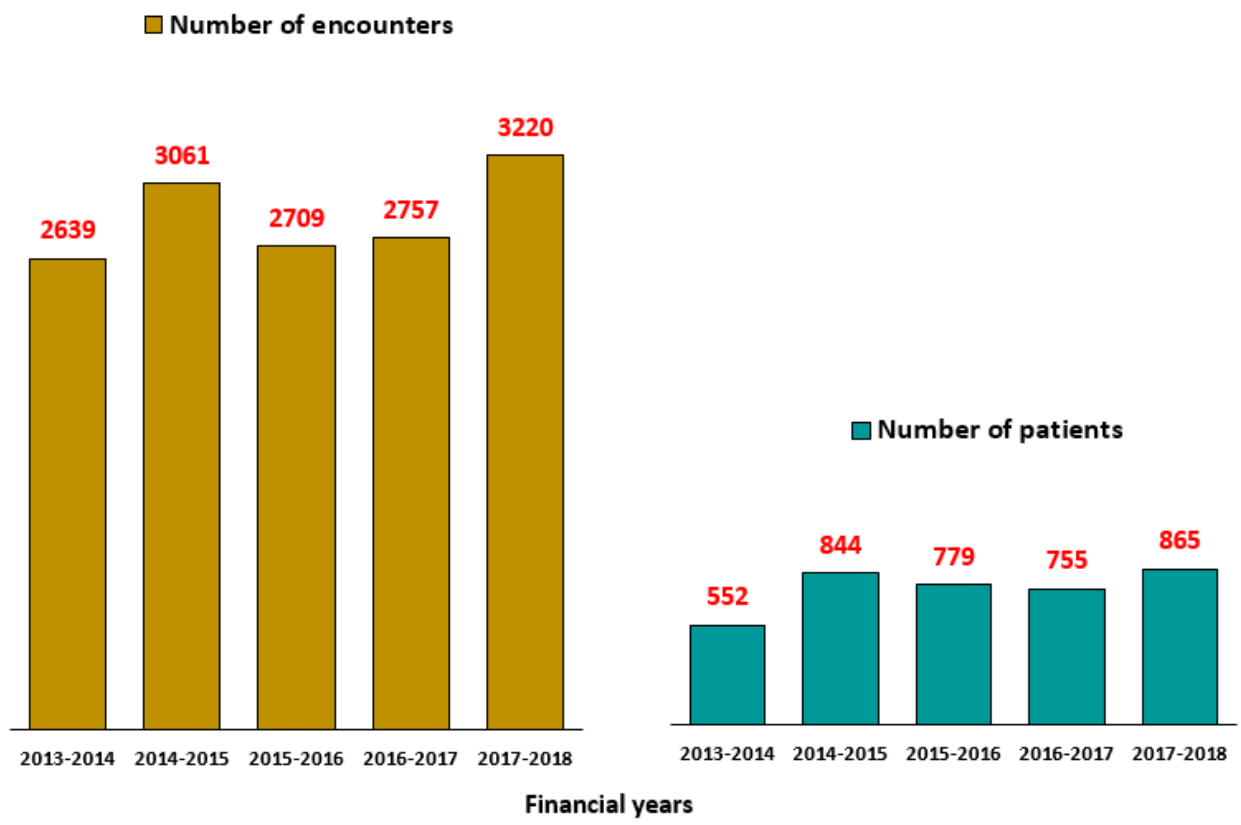
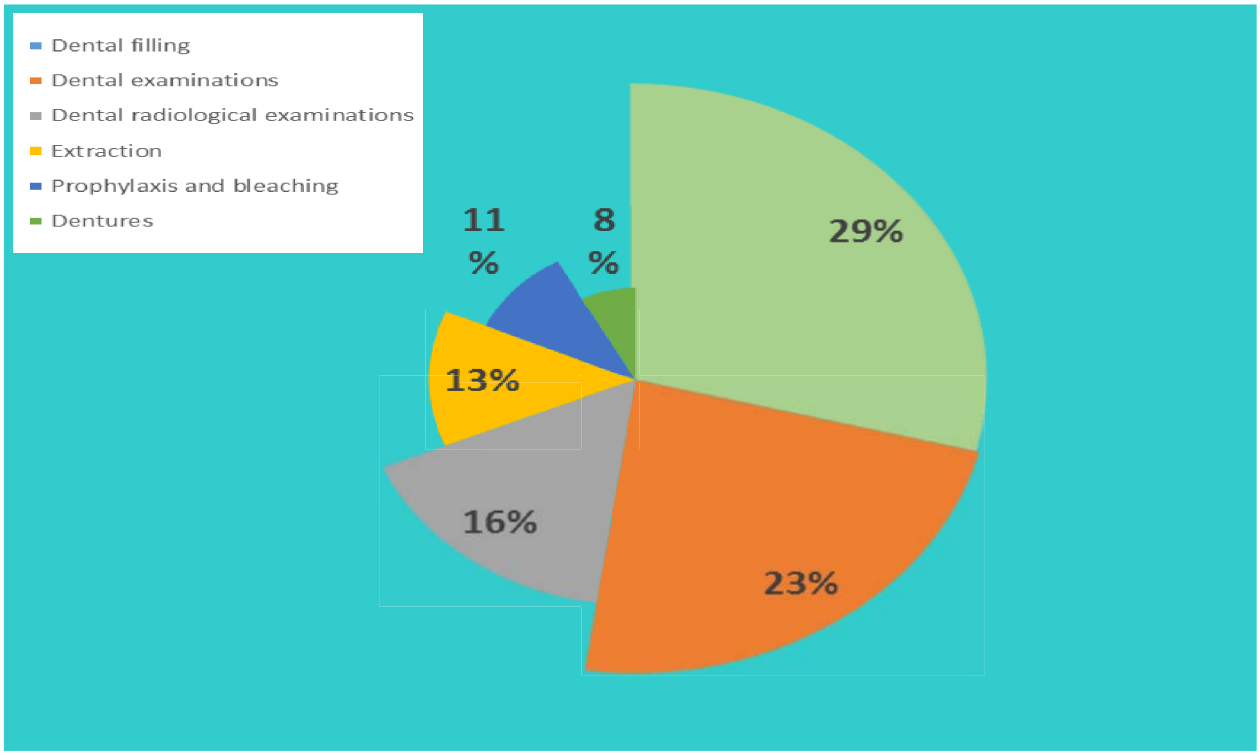


Figure 9: Dental services and client numbers, 2013-2018

29% of dental procedures were dental fillings and 23% were dental examinations.

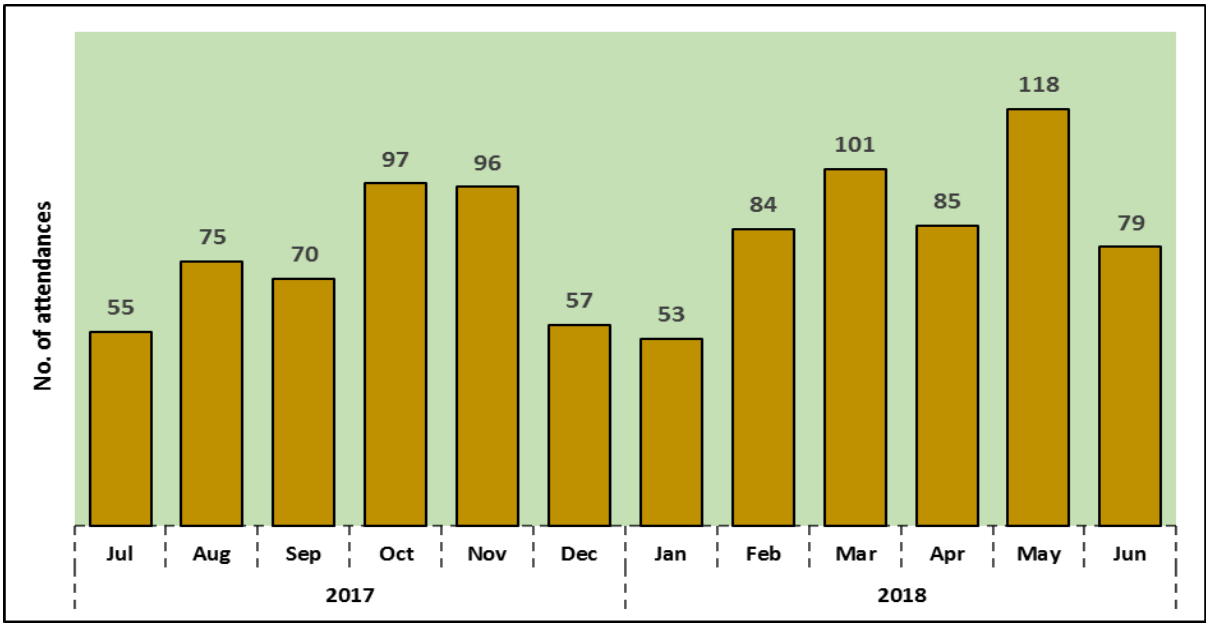
Figure 10: Types of dental services provided at Winnunga AHCS, 2017-2018



Healthy Weight Program

The Healthy Weight Program recorded 2,529 encounters for 110 clients in 2017-18.
There were 140 Healthy Weight Program group activities conducted with 970 episodes of participation.

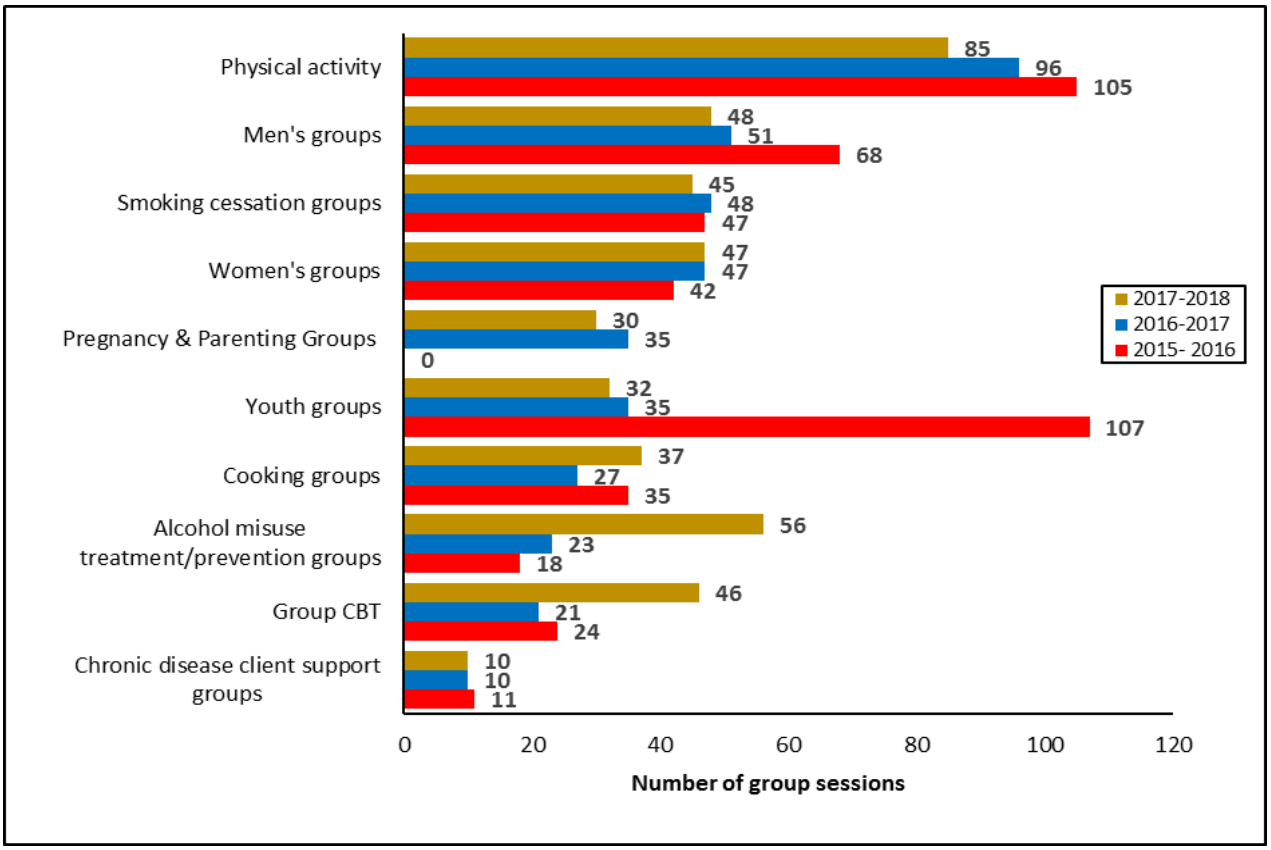
Figure 11: Healthy Weight Program group attendances by month, 2017-2018



Social Health Team Group Activities

The Social Health Team conducted 436 group activities in 2017-2018. This was an increase of 11% compared to the previous financial year. Alcohol misuse treatment/prevention groups increased by 143% and Cognitive Behavioural Therapy groups by 119% compared to the previous financial year.

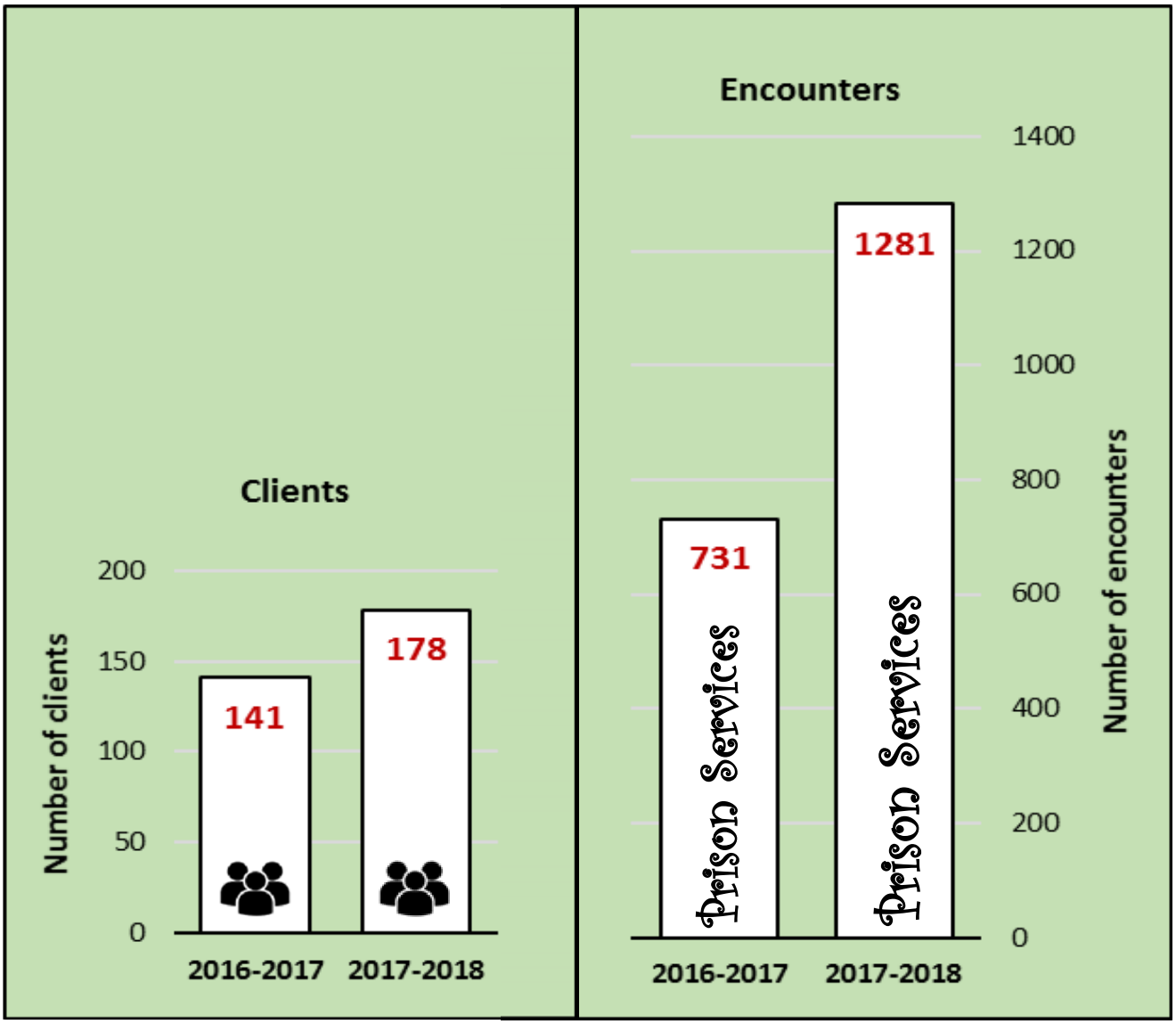
Figure 12: Social Health Team group sessions, 2015-2018



Prison Health and Wellbeing Services

The Social Health Team provided 178 clients with 1,281 occasions of service at the Alexander Maconochie Centre and Bimberi Youth Detention Centre in 2017-2018. There was a 26% increase in client numbers and a 75% increase in encounters this financial year.

Figure 13: Prison Services and Client Numbers, 2017-2018

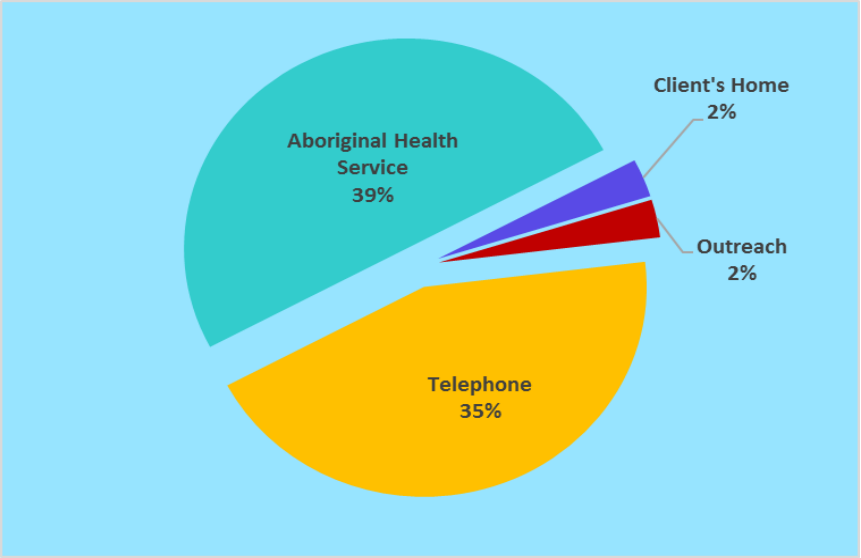


Health and Wellbeing Services for Everyone

Smoking Cessation

Winnunga AHCS Tobacco Control Workers provided 501 clients with 1,856 occasions of services in 2017-2018. Services were delivered at Winnunga AHCS, in clients' homes, by telephone and in other locations. The Tobacco Control Workers also conducted 52 No More Boondah Group activities in this reporting period.

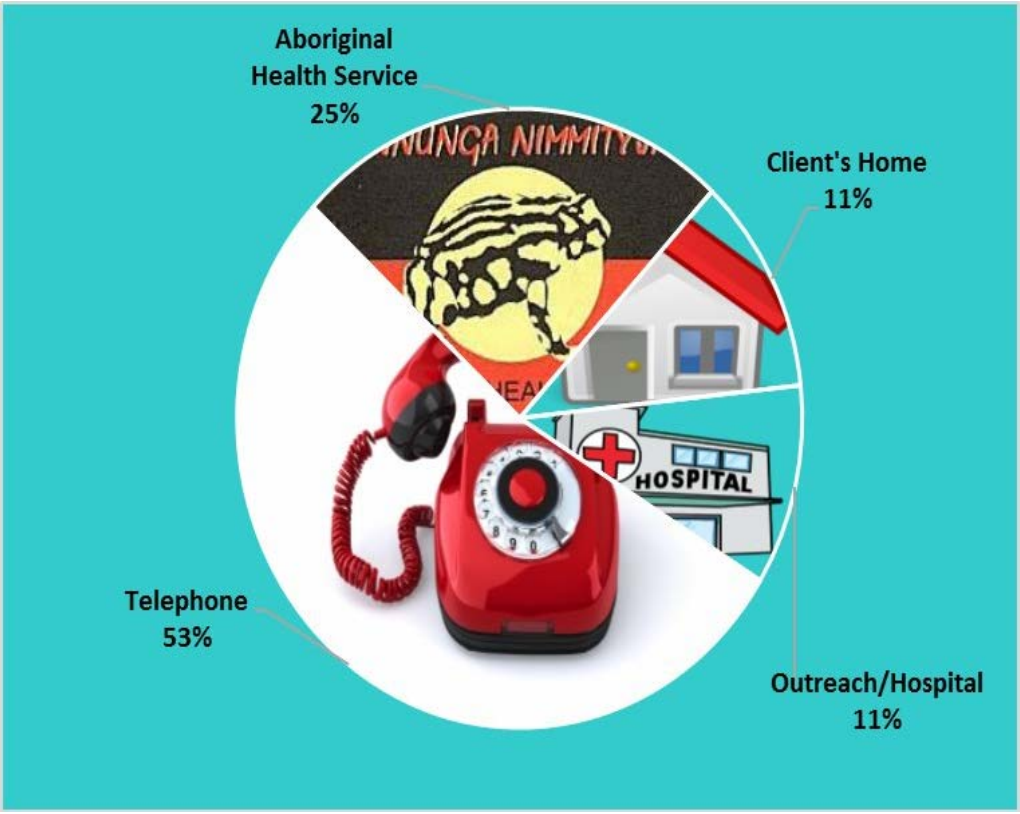
Figure 14: Locations of services provided by Winnunga AHCS Tobacco Control Workers, 2017-2018



Midwifery Services

The Winnunga AHCS Midwifery Team provided 229 individuals with 2,126 episodes of care in 2017-2018. Antenatal care was proved to 106 women through 464 encounters. 30 Mums and Bubs/Parenting groups were delivered. 66 births were recorded. 91% of babies had a normal birth weight and 9% had a low birth weight (<2500g). 68% of women recorded breastfeeding at birth.

Figure 15: Location of services provided by the Winnunga AHCS Midwifery Team, 2017-2018



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Summary of Operating Results for the Year Ended 30 June 2018

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC HEALTH SERVICE (ACT) INCORPORATED
AND
WINNUNGA NIMMITYJAH ABORIGINAL HEALTH AND COMMUNITY SERVICE LTD
SUMMARY OF OPERATING RESULTS FOR THE YEAR ENDED 30 JUNE 2018

	2018			2017		
STATEMENT OF PROFIT AND LOSS	**INC**	**LTD**	**TOTAL**	**INC**	**LTD**	**TOTAL**
INCOME	26,300	11,405,817	**11,432,117**	10,052,250	600	**10,052,850**
EXPENDITURE	26,300	11,385,882	**11,412,182**	7,534,329	2,189,865	**9,724,194**
SURPLUS / (DEFICIT)	0	19,935	**19,935**	2,517,921	-2,189,265	**328,656**
STATEMENT OF FINANCIAL POSITION	**INC**	**LTD**	**TOTAL**	**INC**	**LTD**	**TOTAL**
ASSETS						
CURRENT ASSETS						
CASH AT BANK		5,314,488	**5,314,488**	1,000	5,237,570	**5,238,570**
INTER COMPANY LOAN			**0**	5,934,075	-5,934,075	**0**
RECEIVABLES		384,753	**384,753**	116,869		**116,869**
OTHER		184,352	**184,352**	183,429		**183,429**
TOTAL CURRENT ASSETS	0	5,883,593	**5,883,593**	6,235,373	-696,505	**5,538,868**
NON CURRENT ASSETS						
PROPERTY PLANT AND EQUIPMENT	1	2,813,477	**2,813,478**	2,708,877		**2,708,877**
TOTAL ASSETS	1	8,697,070	**8,697,071**	8,944,250	-696,505	**8,247,745**
LIABILITIES						
CURRENT LIABILITIES						
CREDITORS AND ACRUALS		813,515	**813,515**	324,175	412,243	**736,418**
GRANTS IN ADVANCE		1,055,406	**1,055,406**	787,500		**787,500**
PROVISIONS		1,011,138	**1,011,138**	70,774	889,820	**960,594**
OTHER		286,222	**286,222**	246,015		**246,015**
TOTAL CURRENT LIABILITIES	0	3,166,281	**3,166,281**	1,428,464	1,302,063	**2,730,527**
NON CURRENT LIABILITIES						
PROVISIONS		184,334	**184,334**	0	190,697	**190,697**
TOTAL NON CURRENT LIABILITIES	0	184,334	**184,334**	0	190,697	**190,697**
TOTAL LIABILITIES	0	3,350,615	**3,350,615**	1,428,464	1,492,760	**2,921,224**
NET ASSETS	1	5,346,455	**5,346,456**	7,515,786	-2,189,265	**5,326,521**
EQUITY						
RESERVES		1,000,000	**1,000,000**	1,000,001		**1,000,001**
ACCUMULATED FUNDS	1	3,320,266	**3,320,267**	5,429,975	-2,189,265	**3,240,710**
ACCUMULATED GRANT FUNDS		1,026,189	**1,026,189**	1,085,810		**1,085,810**
TOTAL EQUITY	1	5,346,455	**5,346,456**	7,515,786	-2,189,265	**5,326,521**

NOTES

As a result of the 2016 AGM resolution to convert Winnunga from an Incorporated Association to a company, Winnunga operated for part of the 2017 year as an incorporated association (INC) and for part of the year as a company limited by guarantee (LTD). Above is a summary of the activities of both structures and the total collumn illustrates the combined activities for both structures for the years ended 30 June 2017 and 30 June 2018.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Directors' Report
30 June 2018

The directors present their report on Winnunga Nimmityjah Aboriginal Health and Community Services Ltd for the financial year ended 30 June 2018.

General information

Directors

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

Names	Position	Appointed/Resigned
Craig Ritchie	Chairperson	
Shanaye Baxter	Deputy Chairperson	
Alana Harris	Secretary/Public Officer	
Ethel Baxter	Ordinary Member	
Lynette Goodwin	Ordinary Member	
Katrina Fanning	Treasurer	Appointed 29/11/2017

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 was the 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 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 2018 the collective liability of members was $ 260 (2017: $ 260).

Operating results

The surplus of the Company after providing for income tax amounted to $ 19,935 (2017: $ (2,189,265)).

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

Director: ..... Director: .....

Dated this ....4th.... day of ....September.... 2018

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Auditor's Independence Declaration under Section 60-40 of the Australian Charities and Not-for-profits Commision 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 2018, 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.

MCS Audit Pty Ltd

Phillip W Miller CA
Director

Dated in Canberra on: 5th September 2018

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 2018

	Note	2018 $	2017 $
Other income	4	11,405,818	600
Employee benefit expenses		(8,661,154)	(2,182,730)
Depreciation and amortisation expense		(176,343)	-
Equipment costs		(180,982)	-
Medical Supplies		(73,701)	-
Travel,support and training		(84,740)	-
Workshops and promotion		(464,480)	-
Client assistance		(319,799)	-
Repairs and maintenance		(208,806)	-
Consultation expenses		(188,762)	-
Property costs		(145,394)	-
Motor vehicle expenses		(271,445)	-
Other expenses		(610,277)	(7,135)
Profit before income tax		19,935	(2,189,265)
Income tax expense		-	-
Profit from continuing operations		19,935	(2,189,265)
Profit for the year		19,935	(2,189,265)
Other comprehensive income, net of income tax			
Items that will not be reclassified subsequently to profit or loss			
Transfer due to change in legal structure	2(j)	7,515,786	-
Other comprehensive income for the year, net of tax		7,515,786	-
Total comprehensive income for the year		7,535,721	(2,189,265)

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 2018

	Note	2018 $	2017 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	5,314,488	5,237,570
Trade and other receivables	6	384,753	-
Other assets	8	184,352	-
TOTAL CURRENT ASSETS		5,883,593	5,237,570
NON-CURRENT ASSETS			
Property, plant and equipment	7	2,813,477	-
TOTAL NON-CURRENT ASSETS		2,813,477	-
TOTAL ASSETS		8,697,070	5,237,570
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	813,515	6,346,318
Short-term provisions	10	286,222	-
Employee benefits	12	1,011,138	889,820
Other financial liabilities	11	1,055,406	-
TOTAL CURRENT LIABILITIES		3,166,281	7,236,138
NON-CURRENT LIABILITIES			
Employee benefits	12	184,334	190,697
TOTAL NON-CURRENT LIABILITIES		184,334	190,697
TOTAL LIABILITIES		3,350,615	7,426,835
NET ASSETS		5,346,455	(2,189,265)
EQUITY			
Reserves	13	2,026,189	-
Accumulated surplus		3,320,266	(2,189,265)
		5,346,455	(2,189,265)
TOTAL EQUITY		5,346,455	(2,189,265)

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 2018

2018

	Note	Accumulated surplus	Accumulated capital grants	Asset revaluation reserve	Total
		$	$	$	$
Balance at 1 July 2017		(2,189,265)	-	-	(2,189,265)
Surplus/(deficit) for the year		19,935	-	-	19,935
Transfer due to change of legal structure		5,429,975	1,085,810	1,000,000	7,515,785
Transfers to retained earnings from reserve		59,621	(59,621)	-	-
Balance at 30 June 2018		3,320,266	1,026,189	1,000,000	5,346,455

2017

	Accumulated surplus	Accumulated capital grants	Asset revaluation reserve	Total
	$	$	$	$
Surplus/(deficit) for the year	(2,189,265)	-	-	(2,189,265)
Balance at 30 June 2017	(2,189,265)	-	-	(2,189,265)

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 2018

	Note	2018 $	2017 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		12,052,313	5,237,570
Payments to suppliers and employees		(11,725,638)	-
Interest received		31,187	-
Net cash provided by/(used in) operating activities		357,862	5,237,570
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property, plant and equipment		(280,944)	-
Net cash provided by/(used in) investing activities		(280,944)	-
CASH FLOWS FROM FINANCING ACTIVITIES:			
Net increase/(decrease) in cash and cash equivalents held		76,918	5,237,570
Cash and cash equivalents at beginning of year		5,237,570	-
Cash and cash equivalents at end of financial year	5	5,314,488	5,237,570

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 2018

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 2018 was the provision of health care services to members of the Aboriginal and 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.

The Company is an entity to which ASIC Corporations (Rounding in Financial/Directors' Reports) Instrument 2016/191 applies and, accordingly amounts in the financial statements and Directors' Report have been rounded to the nearest thousand dollars.

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 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*.

(b) Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses in the period in which they occur.

(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.

Grant revenue

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

When grant revenue is received whereby the entity 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

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(c) Revenue and other income

Grant revenue
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.

(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.

Buildings

Land and buildings are measured using the revaluation model.

Plant and equipment

Plant and equipment are measured using the cost model.

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:

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(e) Property, plant and equipment

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 using trade date accounting, i.e. 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

Financial assets are divided into the following categories which are described in detail below:

- loans and receivables;
- financial assets at fair value through profit or loss;
- available-for-sale financial assets; and
- held-to-maturity investments.

Financial assets are assigned to the different categories on initial recognition, depending on the characteristics of the instrument and its purpose. A financial instrument's category is relevant to the way it is measured and whether any resulting income and expenses are recognised in profit or loss or in other comprehensive income.

All income and expenses relating to financial assets are recognised in the statement of profit or loss and other comprehensive income in the 'finance income' or 'finance costs' line item respectively.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(f) Financial instruments

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The Company's trade and other receivables fall into this category of financial instruments.

In some circumstances, the Company renegotiates repayment terms with customers which may lead to changes in the timing of the payments, the Company does not necessarily consider the balance to be impaired, however assessment is made on a case-by-case basis.

Financial assets at fair value through profit or loss

Financial assets at fair value through profit or loss include financial assets:

- acquired principally for the purpose of selling in the near future
- designated by the entity to be carried at fair value through profit or loss upon initial recognition or
- which are derivatives not qualifying for hedge accounting.

The Company has some derivatives which are designated as financial assets at fair value through profit or loss.

Assets included within this category are carried in the statement of financial position at fair value with changes in fair value recognised in finance income or expenses in profit or loss.

Any gain or loss arising from derivative financial instruments is based on changes in fair value, which is determined by direct reference to active market transactions or using a valuation technique where no active market exists.

Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity. Investments are classified as held-to-maturity if it is the intention of the Company's management to hold them until maturity.

Held-to-maturity investments are subsequently measured at amortised cost using the effective interest method, with revenue recognised on an effective yield basis. In addition, if there is objective evidence that the investment has been impaired, the financial asset is measured at the present value of estimated cash flows. Any changes to the carrying amount of the investment are recognised in profit or loss.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that do not qualify for inclusion in any of the other categories of financial assets or which have been designated in this category. The Company's available-for-sale financial assets comprise listed securities.

All available-for-sale financial assets are measured at fair value, with subsequent changes in value recognised in other comprehensive income.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(f) Financial instruments

Gains and losses arising from financial instruments classified as available-for-sale are only recognised in profit or loss when they are sold or when the investment is impaired.

In the case of impairment or sale, any gain or loss previously recognised in equity is transferred to the profit or loss.

Losses recognised in the prior period statement of profit or loss and other comprehensive income resulting from the impairment of debt securities are reversed through the statement of profit or loss and other comprehensive income, if the subsequent increase can be objectively related to an event occurring after the impairment loss was recognised in profit or loss.

Impairment of financial assets

At the end of the reporting period the Company assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Financial assets at amortised cost

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance account, all other impairment losses on financial assets at amortised cost are taken directly to the asset.

Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

Available-for-sale financial assets

A significant or prolonged decline in value of an available-for-sale asset below its cost is objective evidence of impairment, in this case, the cumulative loss that has been recognised in other comprehensive income is reclassified from equity to profit or loss as a reclassification adjustment. Any subsequent increase in the value of the asset is taken directly to other comprehensive income.

(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.

(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

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(h) Employee benefits

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) Change of legal structure

At the 2016 Annual General Meeting, the members of Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Incorporated (the "Association") resolved to change the legal structure of the Association to a company limited by guarantee, Winnunga Nimmityjah Aboriginal Health and Community Services Ltd (the "Company") . On 28 March 2017, the Company was established with the intention of transferring all operations from the Association on 1 July 2017.

Due to the Australian Taxation Office deciding upon an immediate transfer of the Association's income tax exemption status, a partial transfer of operations was required on 28 March 2017. To ensure that the entities were able to comply with taxation requirements, various employee related transactions were effected in the Company during the period 28 March 2017 to 30 June 2017. As a result the Company commenced partial operation during the 2017 financial year.

The Association ceased all operations on 30 June 2017 and transferred all accumulated surplus balances and all operating assets and liabilities to the Company on the 1 July 2017. The Company commenced full operations from 1 July 2017.

(k) 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 .

3 Critical Accounting Estimates and Judgements

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.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2018

3 Critical Accounting Estimates and Judgements

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 - 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.

4 Revenue and Other Income

	2018 $	2017 $
Other Income		
- Medicare and medical income	1,992,957	-
- Interest received	31,188	-
- Other income	61,785	-
- Donations	1,300	600
- Grants	9,318,589	-
	11,405,819	600
Total Revenue and Other Income	11,405,819	600

5 Cash and Cash Equivalents

Cash at bank and in hand	5,314,488	5,237,570
	5,314,488	5,237,570

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2018

6 Trade and Other Receivables

	2018	2017
	$	$
CURRENT		
Trade receivables	372,594	-
	372,594	-
Deposits/Bonds	12,159	-
Total current trade and other receivables	384,753	-

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.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2018

7 Property, plant and equipment

	2018 $	2017 $
Buildings		
At fair value		
At fair value	1,000,000	-
Accumulated depreciation	(25,000)	-
Total buildings	975,000	-
Total land and buildings	975,000	-
PLANT AND EQUIPMENT		
Plant and equipment		
At cost	269,482	-
Accumulated depreciation	(82,599)	-
Total plant and equipment	186,883	-
Furniture, fixtures and fittings		
At cost	206,780	-
Accumulated depreciation	(37,576)	-
Total furniture, fixtures and fittings	169,204	-
Computer equipment		
At cost	428,860	-
Accumulated depreciation	(307,491)	-
Total computer equipment	121,369	-
Medical equipment		
At cost	175,327	-
Accumulated depreciation	(74,500)	-
Capital grant and leasehold improvements		
At cost	2,149,942	-
Accumulated depreciation	(889,748)	-
Total Capital grant and leasehold improvements	1,260,194	-
Total plant and equipment	1,838,477	-
Total property, plant and equipment	2,813,477	-

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2018

7 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:

	Buildings	Plant and Equipment	Furniture, Fixtures and Fittings	Computer Equipment
	$	$	$	$
Year ended 30 June 2018				
Balance at the beginning of the year	1,000,000	114,295	137,452	80,690
Additions	-	96,017	42,215	81,752
Depreciation expense	(25,000)	(23,429)	(10,463)	(41,073)
Balance at the end of the year	975,000	186,883	169,204	121,369

	Medical equipment	Capital grant and leasehold improvements	Total
	$	$	$
Year ended 30 June 2018			
Balance at the beginning of the year	95,216	1,281,223	2,708,876
Additions	22,368	38,592	280,944
Depreciation expense	(16,757)	(59,621)	(176,343)
Balance at the end of the year	100,827	1,260,194	2,813,477

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2018

8 Other Assets

	2018	2017
	$	$
CURRENT		
Prepayments	158,879	-
Accrued income	10,008	-
Listed shares	15,465	-
	184,352	-

9 Trade and Other Payables

Current		
Trade payables	183,079	-
Warriors basketball	-	2,503
GST payable	169,557	-
Loan - WNAHS Inc	-	5,934,076
Sundry payables	(801)	10,274
Accruals	461,680	399,465
	813,515	6,346,318

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.

10 Provisions

CURRENT		
Removal of lease concession	70,767	-
Capital works provision	175,000	-
Make good provision	40,455	-
	286,222	-

11 Other Financial Liabilities

CURRENT		
Amounts received in advance	1,055,406	-
	1,055,406	-

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2018

12 Employee Benefits

	2018	2017
	$	$
Current liabilities		
Long service leave	498,159	443,993
Annual leave	512,979	445,827
	1,011,138	889,820
Non-current liabilities		
Long service leave	184,334	190,697
	184,334	190,697

13 Reserves

Asset revaluation reserve		
Opening balance	1,000,000	-
Closing balance	1,000,000	-
Accumulated capital grants		
Transfer in - Change in legal structure	1,085,810	-
Less: Transfer to capital depreciation	(59,621)	-
Closing balance	1,026,189	-
	2,026,189	-

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2018

14 Leasing Commitments

(a) Finance leases

	2018 $	2017 $
Minimum lease payments:		
- not later than one year	262,712	208,602
- between one year and two years	28,002	44,413
- between two and five years	24,252	50,613
Minimum lease payments	314,966	303,628

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

(b) Operating leases

Minimum lease payments under non-cancellable operating leases:		
- not later than one year	76,171	26,300
- between one year and five years	77,667	26,773
- later than five years	232,018	83,247
	385,856	136,320

An operating lease is in place for 45 Boolimba Crescent, Narrabundah ACT, with a term of five 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.

15 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 2018 the number of members was 26 (2017: 26).

16 Key Management Personnel Remuneration

The total remuneration paid to key management personnel of the Company is $ 1,218,374 (2017: $ 333,222).

17 Fair Value Measurement

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

- Property, plant and equipment
  - Buildings

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2018

18 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2018 (30 June 2017:None).

19 Related Parties

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

Key management personnel - refer to Note 16.

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 Directors of the Company was $25,301 (2017: 7,732).

(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.

Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Incorporated (the "Association") is a related party of the Company and provided support to the newly formed company in the 2017 financial year. The Company was incorporated on 28 March 2017 and was supported by the Association which recorded all transactions for the 2017 year, except for salary and wage related transactions which were transferred to the Company, along with all bank account balances as at 30 June 2017.

All transactions are recorded in the Company from 1 July 2017. The legal title for the land at 63 Boolimba Crescent, Narrabundah ACT remains with the Association until legal title can be passed to the Company. The company leases the land for $NIL cost, and pays all land holding costs for the Association by agreement.

	Opening balance	Closing balance
Loans from related parties		
2018	**5,934,076**	-

20 Events after the end of the Reporting Period

The financial report was authorised for issue on the date of signing 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.

21 Statutory Information

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

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 4th September 2018

Principal Phillip W Miller CA
Address Level 2, 14 Moore Street
GPO Box 680
Canberra ACT 2601
Phone (02) 6274 3400
Web www.vincents.com.au
ASIC Authorised Audit Company No. 408893

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 2018, 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 2018, 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.

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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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.

MCS Audit Pty Ltd
Phillip Miller
Director

Canberra, 5th September 2018

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Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

For the Year Ended 30 June 2018

Disclaimer

The additional financial data presented on page 25 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 2018. 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.

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Phillip Miller CA

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

For the Year Ended 30 June 2018

Profit and Loss Account

	2018 $	2017 $
Income		
Grants	9,318,589	-
Medicare and medical income	1,992,957	-
Interest received	31,188	-
Donations	1,300	600
Other revenue	61,785	-
Total income	11,405,819	600
Less: Expenses		
Accounting fees	38,760	-
Accreditation fees	19,487	-
Advertising	105,762	-
Auditors remuneration	43,000	-
Bank charges	1,977	-
Bereavement expenses	35,050	-
Cleaning	83,907	-
Domestic Supplies	14,799	-
Depreciation	176,343	-
Director expenses	23,492	7,135
Freight and cartage	2,294	-
Insurance	52,252	-
Other employee costs	318,742	64,504
Postage	5,563	-
Printing and stationery	5,979	-
Salaries	7,582,284	1,949,504
Security costs	1,531	-
Sponsorship	4,658	-
Storage costs	22,043	-
Subscriptions	54,183	-
Sundry expenses	4,180	-
Superannuation contributions	689,796	168,722
Telephone and internet	91,362	-
Workers compensation insurance	70,332	-
Equipment costs	195,374	-
Capital equipment purchases	(14,392)	-
Medical Supplies	73,701	-
Travel,support and training	84,740	-
Workshops and promotions	464,480	-
Client assistance	319,799	-
Repairs and maintenance	208,806	-
Consultation expenses	188,762	-
Property costs	145,394	-
Motor vehicle expenses	271,445	-
Total Expenses	11,385,885	2,189,865
Surplus/(deficit)	19,934	(2,189,265)

WINNUNGA NIMMITYJAH

ABORIGINAL HEALTH &
COMMUNITY SERVICES