

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

2018 – 2019 Annual Report



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Artwork for report cover supplied by Uncle Mick Huddleston

Chairperson's Report

I am proud to continue in the position of Chairperson in one of the best Aboriginal community controlled health organisations in the country. This year has seen its share of challenges as well as great achievements, which Winnunga AHCS CEO Julie Tongs has guided the service through with great competency. Thank you Julie for your 22nd year of service, commitment and determination.



The long awaited new purpose built Winnunga AHCS facility is becoming very real, with building due to commence in October 2019. The behind the scenes work has taken a number of years, and we are about to start reaping the reward. This time next year we will be very close to being able to continue delivering quality services to the community, from a quality building. The feedback gathered from Winnunga AHCS clients and community has greatly assisted with the design and client flow for the new space, and I also thank the productive consultations engaged in and supported by the Old Narrabundah Community Council.

On a disappointing note Winnunga AHCS was not successful in securing the Boomanulla Oval tender. As a result a facility which should be administered by an Aboriginal community controlled and managed organisation, is being managed by the ACT Government with little prospect for Aboriginal governance and management going forward.

The 2019 ACT Government Budget allocated \$300,000 for co-design and planning of an Aboriginal and Torres Strait Islander alcohol and drug residential rehabilitation facility. We are yet to learn more about what this will involve but are pleased that the Minister has said that Winnunga AHCS will play an integral part in the development of this facility, and that our advocacy has been successful in getting this matter back on the agenda of bureaucrats.

Since January 2019, we have operated the standalone Winnunga AHCS Health and Wellbeing Clinic in the Alexander Maconochie Centre AMC (ACT adult prison), within our own model of care. This is an Australian first and one we believe will prove to be one of the most significant advances in the care and rehabilitation of Aboriginal detainees. Development of this service required meeting the RACGP Standards for health services in Australian prisons with infrastructure, staffing, equipment and policies. The service provides high quality holistic care for Aboriginal and/or Torres Strait Islander peoples in prison and continuity upon a client's release from prison. The service is staffed by nurses, a GP, Social Health Team Workers and a psychologist. There have been some delays in clients being handed over from Justice Health, and some minor implementation issues, however the first six months have otherwise been successful. Health care provision, CQI, monitoring, reporting and evaluation have been supported through new clinical templates developed specifically for the Winnunga AHCS prison health and wellbeing service.

It was a joyous moment for all at the ACT NAIDOC Awards, when the MC said the winner of the ACT Aboriginal/Torres Strait Islander Organisation of the Year is Winnunga Nimmitjiah Aboriginal Health and Community Services. I felt privileged as the Chairperson of this wonderful organisation to be able to accept the trophy on behalf of my fellow Board Members and all the staff at Winnunga. Aunty Thelma Weston won the Elder of the Year Award so congratulations Aunty on behalf of myself, the Board and the staff. Julie won the Person of the Year award and it was great for her to be recognised for the work she has done over more than 20 years of dedication to Winnunga AHCS.

Thank you again to the CEO Julie Tongs, all the Winnunga staff, and Board Directors Aunty Ethel Baxter, Aunty Lynette Goodwin, Alana Harris, Shanaye Baxter and Katrina Fanning - I have absolute appreciation for what each of you do everyday to make Winnunga the spectacular organisation that it is.

Craig Ritchie, Chairperson

Chief Executive Officer's Report

I wish to take this opportunity, in the first instance, to thank all of my staff at Winnunga AHCS for your hard work, passion, devotion and commitment, to all of our clients and to the Aboriginal community over this last year. I am so proud of everything that we have achieved together and of the positive effect we have had on the lives of thousands of our brothers and sisters. Each one of you can be rightly proud of the work you do. Each of you has in some way as a part of the Winnunga AHCS Team, made a difference. A real and measurable difference in the lives of members of our community, which is not a privilege that many people can claim to have been a part of.



I thank the Chairperson, Craig Ritchie and members of our Board for their personal support and guidance. I thank also all of the organisations and individuals who support us in the work we do including the public servants from both the Commonwealth and ACT Public Service. I look forward to continuing to work with you to advance the interests of our clients and the Aboriginal community.

While there is much to celebrate there are also a range of continuingly poor outcomes being suffered by many Aboriginal residents of the ACT. The ACT has the highest ratio of Aboriginal peoples in prison of any State or Territory in Australia. We also have the highest rate of contact of Aboriginal children with the care and protection system and the third highest rate of removal of Aboriginal children from their families. 35% of Aboriginal children live in poverty and the rate of illicit drug use in our community is the highest in Australia. There is still much more that needs to be done. Together we at Winnunga AHCS can continue to make a difference but it is clear we will never close the gap in life outcomes experienced by our peoples until Governments of all persuasions make a genuine commitment to work with us and to invest in services and support to the degree needed to address the disadvantage and poverty experienced by so many Aboriginal peoples.

In response to a request from the Chief Minister and Treasurer we submitted, a budget submission covering the comprehensive needs of the Aboriginal community of Canberra. The submission has as an over-arching theme, the right of Aboriginal peoples to self-determination, which is a process of choice to ensure Indigenous communities are able to meet their social, cultural, personal and economic needs. In the submission I again pointed out to the Chief Minister a range of issues that highlight the extent of the disadvantage experienced by Aboriginal peoples living in Canberra, including high rates of child removal, adverse health outcomes, poor educational outcomes and high incarceration rates. I consequently reiterated that the starting point must be the development of a comprehensive policy statement covering all the matters concerning Aboriginal peoples across the full spectrum of health and community services and the development of an action plan for the delivery of the agreed policies.

I have also asked again for the ACT Government to make good on the promise made over a decade ago for the design and construction of an Aboriginal residential alcohol and other drug rehabilitation facility in the ACT. The level of drug use when combined with poverty and historical trauma within the Aboriginal community is at crisis levels and the absence of appropriate drug treatment options exacerbates the relative disadvantage experienced by Aboriginal peoples in Canberra. I urge the Government to move to close this critical gap in services as a top priority.

I was pleased to accommodate a request by the ACT Liberal Party to release its Aboriginal policy platform at Winnunga AHCS, just as I welcome similar requests from other parties. It was gratifying that the Liberal Party had taken the time to consult closely with Winnunga AHCS in the development of its policy priorities.

Following on from our Community Event held in May 2018, on 12 September we celebrated Winnunga AHCS's 30 years of service excellence at a corporate event with significant people who have and remain great supporters of Winnunga AHCS. It was an emotional evening acknowledging the difficult yet rewarding journey of the organisation, sharing the evening with people I have had the privilege of working with over the decades and remembering people who are no longer with us - all of whom have contributed towards making Winnunga AHCS the best practice service it is today.

Julie Tongs OAM, Chief Executive Officer

Affiliate

Winnunga AHCS provides a culturally safe environment in which health and community services are delivered that support the achievement of optimal health and social outcomes for Aboriginal peoples.

The Winnunga AHCS NACCHO Affiliate has the following objectives:

- * Improve Winnunga AHCS's capacity and capability with a focus on clinical governance.
- * Support Winnunga AHCS to maintain clinical and organisational accreditation.
- * Provide assistance and technical advice on use of data to analyse, evaluate and report on organisation activity.
 - * Support and implement CQI approaches, research and evaluation.
- * Strengthen service level responses to public health issues such as chronic disease, communicable disease and substance misuse.
 - * Improve care pathways and coordination to improve patient outcomes.
- * Improve the cultural competence of local health services, including hospitals, and address racism in the Australian health care system.
 - * Advocate for the health and wellbeing of Aboriginal peoples.
 - * Contribute to ACT and national policy development and program reforms.
 - * Represent the sector on Forums and Committees.
- * Facilitate partnerships and improve collaboration and communication between stakeholders to support delivery of comprehensive, culturally appropriate health services.

The Winnunga AHCS NACCHO Affiliate achieves these objectives through active engagement with Winnunga AHCS management, health service staff and programs; direct support in data analysis, reporting, CQI, research and evaluation; monitoring and acting on external developments relevant to Winnunga AHCS and Aboriginal health; engagement and advocacy with external stakeholders; and participation in multiple committees, working groups and consultations.

Winnunga AHCS has been operating the standalone Winnunga AHCS Health and Wellbeing Clinic in the Alexander Maconochie Centre (AMC, ACT adult prison) since January 2019, within our own model of care. This is an Australian first and one we believe will prove to be one of the most significant advances in the care and rehabilitation of Aboriginal detainees. Development of this service required meeting the RACGP Standards for health services in Australian prisons with infrastructure, staffing, equipment and policies. The service provides high quality holistic care for Aboriginal and/or Torres Strait Islander peoples in prison and continuity upon a client's release from prison. The service is staffed by nurses (6:30am to 8:30pm every day) and GPs (weekday working hours and on-call at all other times), with daily Social Health Team and psychologist support. There have been delays in clients being handed over from Justice Health, and some minor implementation issues, however the first 6 months have otherwise been successful. Health care provision, CQI, monitoring, reporting and evaluation have been supported through new clinical templates developed specifically for the Winnunga AHCS prison health and wellbeing service.

Aboriginal Health in Aboriginal Hands

Winnunga AHCS continued to provide substantial advice to Government and key stakeholders by participating in committees, networks and consultations. Winnunga AHCS is actively engaged in the ACT Aboriginal and Torres Strait Islander Health Forum. The Winnunga CEO is a NACCHO Board member and a member of the NATSIHP Implementation Plan Advisory Group. The Winnunga AHCS PHMO is an Affiliate representative member of the Health Services Data Advisory Group.

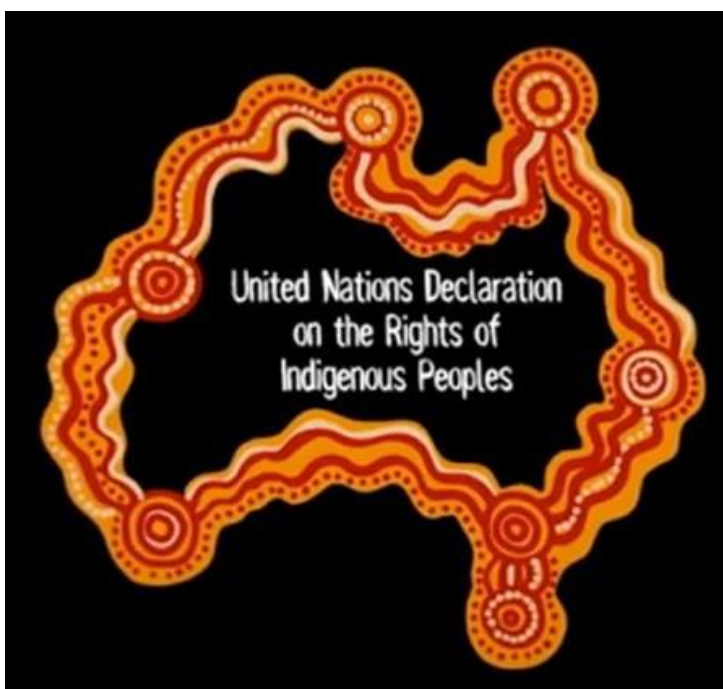
Winnunga AHCS publishes a monthly Newsletter which provides information to the community, stakeholders and the media on what is happening at the service, including information about programs and success stories. The Newsletter also highlights broader issues of concern and provides a mechanism for advocacy. Recent topics raised have included multiple corrections and prison issues, Stolen Generations compensation, housing and substantial problems with ACT child protection and out-of-home care services.

Two facilities which should be administered by Aboriginal community controlled and managed organisations are now being managed by ACT Government: the Ngunnawal Bush Healing Farm and Boomanulla Oval. Both are currently underutilised. Winnunga AHCS engaged substantially in the development of the Ngunnawal Bush Healing Farm and in management plans for Boomanulla Oval, however we have now withdrawn from both facilities as the Government has provided no prospect for Aboriginal governance and management.



There is a serious gap in substance misuse services in the ACT, particularly the lack of a residential Aboriginal drug and alcohol rehabilitation facility. This is compounded by the absence of Aboriginal community controlled involvement in the delivery of drug and alcohol treatment services. Winnunga AHCS has reiterated that a major cause of offending within the Indigenous community is related to drug misuse and addiction and in order to address the level of offending and subsequent incarceration, greater effort must be put into treating drug misuse and addiction. Winnunga AHCS has advocated for two responses: development of an Aboriginal specific drug and alcohol residential rehabilitation facility to which offenders could be referred to as an alternative to imprisonment or upon exiting prison post sentence, and a greater focus on treating drug use and addiction whilst incarcerated.

The 2019 ACT Government Budget allocated \$300,000 for co-design and planning of an Aboriginal and Torres Strait Islander alcohol and drug residential rehabilitation facility. We are yet to learn more about what this will involve but are pleased that Winnunga has been informed by the Minister it will play an integral part, and that our advocacy has been successful in getting to this stage.



Foundational Rights (Article 3)

Self-Determination

Indigenous peoples have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.

Winnunga Updates

Winnunga AHCS 30th Anniversary Gala Event

Following on from our Community Event held in May 2018, on 12 September we celebrated Winnunga AHCS's 30 years of service excellence at a corporate event at the National Portrait Gallery with significant people who have and remain great supporters of Winnunga AHCS.

Aunty Matilda House performed a smoking ceremony, and Uncle Wally Bell delivered the welcome to country. A dance performance by the talented Descendance Aboriginal and Torres Strait Islander Dance Theatre was well received by the



audience, and guests were later entertained by Baker Boy, AKA rapper Danzal Baker, an Indigenous hip-hop artist from Arnhem Land whose lyrics move between English and Yolgnu.

Dan Boucher, MC for the event seamlessly guided the evening. A panel discussion was held together with John Singer Chairperson of National Aboriginal Community Controlled Health Organisation (NACCHO), Craig Ritchie Winnunga AHCS Chairperson

and Julie Tongs, all of whom were provided with a moment to reflect on what Winnunga AHCS means to them from the three different perspectives.



Adrian Carson CEO of the Institute for Urban Indigenous Health, presented Winnunga AHCS with a spectacular boomerang artwork, acknowledging the significant work of Julie Tongs over the decades with Winnunga AHCS locally, nationally as well as a thank you for the support and work Julie has directly conducted with their service. Julie acknowledged four outstanding women on the night all of whom have continued to support the work of Winnunga AHCS, Ms Louise Taylor, Ms Justine Saunders, Ms Gai Brodtmann and Mrs Lesley Snow.

It was an emotional evening remembering and acknowledging all the people Winnunga AHCS and in particular Julie has had the privilege of working with over the decades, including people who are no longer with us. A minute silence was held in honour of all whom have passed before us and have contributed towards making Winnunga AHCS the best practice service it is today.

We look forward to continuing to deliver robust quality services for the next 30 years!



Accreditation

Winnunga AHCS for the third time around, successfully achieved accreditation with the National Quality Improvement Program (QIP) under both AGPAL and QIC. Each cycle of accreditation encompasses a period of three years. We remain committed to ensuring Winnunga AHCS delivers a best practice Aboriginal community controlled comprehensive health and community service, with accreditation continuing to be an important component of this commitment.

New Purpose Built Facility

We are moving towards construction of the new Winnunga AHCS purpose built facility which will when completed transform Winnunga's capacity to better meet the needs of our community. Winnunga AHCS has outgrown the existing building, which is more than 40 years old and no longer fit for purpose.



The new facility will accommodate (and provide an option to expand) clinical and other service delivery capacity, improve staff working conditions, streamline patient flow and provide a better client experience. Planning is well advanced and contractors are in place. The ACT Government agreed that ownership of the new purpose built facility would be vested in the Aboriginal community through Winnunga AHCS. An ACT Government investment of \$12 million (received as a grant) will partially cover costs and we are seeking additional funding sources to complete the shortfall. If this is not found the fit-out of the second storey of the new building will be left as a 'cold shell'. The existing building will be kept and repurposed at a later date. We anticipate building will commence in October 2019 with completion in October 2020.

Program Evaluation and CQI

Two Winnunga AHCS program evaluations led by external academic evaluators were completed in late 2018. The first was an evaluation of the Justice Reinvestment Trial and the second an evaluation of the Winnunga AHCS Healthy Weight Program.

The Justice Reinvestment Trial provided intensive case management to 10 clients and their families who had recently been in contact with the justice system and have children. The Program was externally evaluated by researchers from the ANU with findings proving very positive. Winnunga AHCS has been funded by ACT Government to continue the Justice Reinvestment Program until the end of December 2019, with recurrent funding expected for future years.

The Healthy Weight Program evaluation (University of Canberra) found the Program was associated with an average weight loss of 2.5 kg for clients completing the core 3-month program, and that clients continued to lose weight over time. These weight losses equal or exceed estimates reported in similar types of programs in Indigenous populations. The qualitative evaluation identified multiple evidence-based and culturally-based program strategies that predisposed, enabled and reinforced behaviour change and contributed to clients' weight loss. Despite the positive evaluation we have yet to find ongoing funding to continue the Healthy Weight Program.

Winnunga AHCS continues to undertake research projects and continuous quality improvement processes. A focus on influenza vaccination in the 2019 winter has resulted in an increase in influenza vaccines administered of 38% compared with 2018. Planned research projects for 2019-20 include looking at client perspectives on influenza vaccinations and client experience at the AMC. Winnunga AHCS triage and client flow pathways through clinical services have been modified to maximise efficiency. In addition Medicare 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.

Client Satisfaction Survey

Winnunga conducted the annual client satisfaction survey between 28 May and 11 June 2019. The purpose of the survey was to seek client feedback over a snapshot period. The survey was disseminated to people at medical reception areas and was made available in hard copy. 43 responses were received with 88% reporting they had used Winnunga services for more than three years, 7% between 1 and 3 years, and 5% between 1 and 6 months. No one reported using Winnunga services for less than 1 month.

The services most reported being utilised were doctors/nurses, which stood at 93% . This was followed by the dental clinic at 58%, counselling and mental health support at 58%, groups (including women's group, men's group, no more boondah, mums and bubs, healthy cooking, wellbeing/anxiety group, touch football, basketball and boxing club/gym) at 44%, physiotherapy at 37%, community days/events at 37%, transport at 33%, support with matters such as Centrelink, probation/parole, legal issues, housing/accommodation matters, and care and protection at 23%, eye health at 19% and tobacco, drug and alcohol support at 16%.

When asked 'Overall how satisfied are you with Winnunga's services?' 84% of respondents stated they were either very satisfied or satisfied. 12% reported their satisfaction as being neutral and 5% of respondents reported being unsatisfied. No one reported being very unsatisfied.

When responding to 'Would you recommend Winnunga Services to others?' 93% reported 'yes', and 5% reported 'no' (NB one respondent did not answer the question).

When asked 'what do you like best about the services provided by Winnunga?' responses included:

<i>Aboriginal mob.</i>	<i>Welcoming, nice.</i>	<i>Walk in, no appointments for Dr.</i>
<i>Accommodates for all services which can not be accessed through other services.</i>	<i>Everyone is very nice caring and helpful, overall very good service by all.</i>	<i>They truly care. I feel very supported and my health has improved substantially.</i>
<i>Community events.</i>	<i>Non-clinical people.</i>	<i>Transport.</i>
<i>Very efficient.</i>	<i>Good staff out front!!</i>	<i>Groups are amazing.</i>
<i>The lack of preconception regarding chronic illness relating to addiction.</i>	<i>Simply being an Aboriginal medical centre.</i>	<i>Meet other people.</i>

When asked 'How do you think Winnunga could improve on the services we deliver?' responses included:

<i>Winnunga could improve there services by doing something about wait times.</i>	<i>Clinic in the Northside.</i>	<i>There is nothing they need to improve.</i>
<i>Engage more groups.</i>	<i>More available doctors.</i>	<i>Could have some activities while you wait for the doctor.</i>

Other general comments provided included:

<i>Winnunga is to be commended for the breadth of services offered as well as the high standard at which it is offered.</i>	<i>Im really grateful and not Indigenous so grateful.</i>	<i>Perhaps in the new centre – a shower area for mob who are homeless or don't have access to basic needs/ services.</i>
<i>Need follow through with client visit.</i>	<i>Thank you for everything.</i>	<i>Well done Winnunga. Great service.</i>

Winnunga AHCS thanks everyone who participated in the 2019 survey. This is an important tool for receiving client feedback and we will carefully consider all responses provided and commence to investigate ways we can start implementing some of the ideas clients raised through the feedback received.

ACT NAIDOC Awards

This year's ACT NAIDOC Awards were very special for Winnunga AHCS. We are very proud of the recognition received on the night. Our Chairperson Craig Ritchie said: 'It was a joyous moment for all when the MC said the winner of the ACT Aboriginal/Torres Strait Islander Organisation of the Year is Winnunga Nimmityjah Aboriginal Health and Community Services. I felt privileged as the Chairperson of this wonderful organisation to be able to accept the trophy on behalf of my fellow Board Members and all the wonderful staff at Winnunga. Aunty Thelma Weston won the Elder of the Year Award so congratulations Aunty on behalf of myself, the Board and the staff. Julie won the Person of the Year award and great for her to be recognised for the work she has done over more than 20 years of dedication to Winnunga. Thank you all again, this award belongs to each and every one of you and the Board members and I have absolute appreciation for what you do everyday.'



L-R: Board Directors Aunty Lynette Goodwin & Craig Ritchie accepting the 'Organisation of the Year' award



Aunty Thelma 'Elder of the Year'

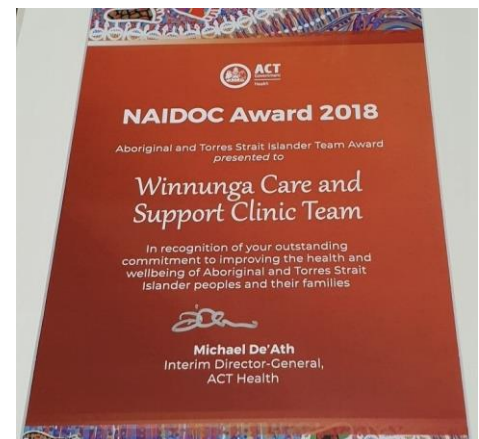


*Julie Tongs, OAM
'Person of the Year'*

ACT Health NAIDOC Award

Winnunga AHCS was awarded the 2018 ACT Health Aboriginal and Torres Strait Islander 'Team' NAIDOC Award for the Care and Support Clinic Team. Ros Kirk, ACT Program of Experience in the Palliative Approach (PEPA) Manager at Clare Holland House, nominated us in the 'Team' award category for those who demonstrate outstanding effort and commitment to improving health care delivery and services to Aboriginal and Torres Strait Islander peoples and their families of the ACT and surrounding region.

Winnunga AHCS meets monthly with staff and specialists from the Clare Holland House to discuss mutual clients who may be requiring palliative care or are identified as needing palliative care in the not too distant future. We try to ensure clients are identified early on, supports are put in place, and end of life plans so we know clients' wishes when it comes time for them to enter palliative care, whether it be at the Clare Holland House, or at home or at the Tent Embassy. Our care and supportive approach allows for both clinical and Social Health Team engagement.



Morning Tea at Government House

Winnunga AHCS was invited by the Governor-General, His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd) and Lady Cosgrove to a morning tea at Government House in Yarralumla during NAIDOC Week. The gathering was an opportunity for Sir Peter and Lady Cosgrove to meet local Indigenous leaders and the ACT NAIDOC Week award winners.

L-R: Aunty Thelma, Aunty Lynette Goodwin, Julie Tongs OAM



Chief Justice Helen Murrell and Justices of the ACT Supreme Court

Winnunga AHCS welcomed Chief Justice Helen Murrell and Justices of the ACT Supreme Court to Winnunga AHCS in August 2018 for a visit and discussion about our service. It was very generous of the Judges to give up so much of their time to meet with Julie and staff, and to better understand the nature of the services we provide to the Aboriginal community of Canberra and the region. It is of course a matter of deep concern that Aboriginal peoples in Canberra are massively over represented in all parts of the criminal justice system and we were encouraged and pleased that the Chief Justice and the members of her Court are not only aware of the very fraught relationship which Aboriginal residents of Canberra have with the police and the courts but that they are interested in understanding the circumstances that have led to Aboriginal peoples being arrested and jailed at rates that are consistently as high as any not only in Australia but also in the world.

Wiyi Yani U Thangani (Women's Voices)

Julie Tongs was extremely pleased to accompany the Aboriginal and Torres Strait Islander Social Justice Commissioner Ms June Oscar AO to the AMC to meet with Aboriginal women, as a part of the Wiyi Yani U Thangani project gathering also held at Gugan Gulwan. Winnunga AHCS is extremely grateful to June for the focus she brought to the specific needs of Aboriginal women. June has been engaged for some time in speaking with Aboriginal women in the criminal justice system as part of a project designed to draw attention to the explosion in the number of Aboriginal women being incarcerated across Australia including in the ACT. Aboriginal women are massively over represented in prisons in Australia and the situation in the ACT is as bad or worse than in most other Australian jurisdictions. Not only were we pleased that June had chosen to include the ACT in her review of the circumstances of Aboriginal women in prison, (it is not uncommon for the ACT Aboriginal community to be overlooked and ignored by national bodies) but the women she visited in the AMC were thrilled to be acknowledged and listened to about their life experiences and treatment in the AMC.



June Oscar and members of her team together with Julie Tongs at the AMC.

Governor General Visits Winnunga AHCS

Winnunga AHCS was honoured and pleased by a visit from his Excellency the Governor-General Sir Peter



Cosgrove and Lady Cosgrove. CEO Julie Tongs briefed their Excellency's on the range of services which are provided to the Aboriginal and Torres Strait Islander community of Canberra and the region. Sir Peter was particularly interested in the range and breadth of services which are provided to the community and learn that of all the clients which Winnunga AHCS sees each year that almost 20% are non-Indigenous.

Sir Peter was also very interested to explore with Julie Tongs the rationale for the decision that has been taken in the ACT by the ACT Government and Winnunga AHCS to establish an autonomous Aboriginal managed and staffed health clinic within the AMC to administer to the health needs of Aboriginal prisoners.

Following the briefing Sir Peter and Lady Cosgrove joined all staff for afternoon tea. It was Chris Saddler (Aboriginal Health Practitioner at Winnunga AHCS) and Lieutenant Nam's birthday so the visitors sang happy birthday to both. Sir Peter gave Chris and Julie a medal with the inscription Governor General of the Commonwealth of Australia with the Crown and a wattle tree.

My Health Record

Winnunga AHCS partnered with the Australian Digital Health Agency to deliver information, training and advice on My Health Record, an online summary of a person's key health information. It allows people to share and control their health information with doctors, hospitals and other healthcare providers from anywhere, at any time. We have seen a significant rise in clients' use of My Health Record and are calling on more Aboriginal peoples around Australia to also consider the benefits of having one. The Australian Digital Health Agency's CEO, Tim Kelsey and Chief Medical Adviser, Professor Meredith Makeham visited Winnunga AHCS. Winnunga has more than 7,000 clients, many with multiple chronic conditions. It was an early adopter of My Health Record and now has more than 2,430 clients with a registered My Health Record.



Tim Kelsey at Winnunga AHCS with Julie Tongs, Rose Longford and Kacey Boyd.

Certificate II in Automotive Vocational Program

Five deadly local fellas successfully completed the Certificate II in Automotive Vocational Program. Congratulations to Jack Williams, Shaun Williams, Corey Black, Jerome Russell and Connor Williams who completed the 36 week certificate. The Certificate II in Automotive is a program developed for young people through a partnership between Winnunga AHCS and the Canberra Institute of Technology (CIT).



Left to right: Jack Williams, Shaun Williams, Julie Tongs, Corey Black, Jerome Russell and Craig Williams. Connor Williams also graduated but was not available for the photo.

The program is designed so that students who still attend High School are picked up during school hours by Winnunga AHCS and taken to CIT as well as the Winnunga AHCS

Workshop in Fyshwick, where students get first-hand practical automotive experience, and obtain formal qualifications. Craig Williams and Kylee Shea, Winnunga AHCS Social Health Team Workers are the program supervisors. Craig said it was a proud moment to see the students successfully complete the course.

New equipment was purchased during the year to enable students to engage in practical applications that are real skills required to work in the automotive industry. This equipment assisted in achieving the units of competency for this qualification as well as prepare students for employment in the automotive, mechanical, tyre fitting and aligning industry.

NACCHO Youth Summit

National Aboriginal Community Controlled Health Organisation (NACCHO), the peak body representing 143 Aboriginal Community Controlled Health Services (ACCHSs) across the country held the inaugural NACCHO Youth Health Conference Future Leaders of Tomorrow, in Brisbane.

Around 75 young people from around the country attended, where health and public policy issues affecting our youth were discussed. Two of our staff members Minyaada Swan and Shane Morris represented Winnunga AHCS at the Summit and said the experience was both amazing and an important one.



Minyaada Swan and Shane Morris

The Minister for Indigenous Australians Ken Wyatt officially launched the Australian Institute of Health and Welfare's (AIHW) report Aboriginal and Torres Strait Islander Adolescent and Youth Health and Wellbeing 2018. The report aims to contribute to better outcomes for Indigenous young people today, as they move into adulthood, and for future generations of Indigenous Australians.

Children's Christmas Party

The Winnunga AHCS Children's Christmas Party incorporating holistic health, was held on Friday 14 December. Approximately 600 people attended the event which was a larger than anticipated turnout due to the unfavourable weather. A No More Boondah/Tobacco Cessation information stall was delivered by the Social Health Team which provided a range of information and promotional material. In addition Social Health Team staff informed people of the range of support, services and programs offered by Winnunga AHCS.



The annual event continues to be relied on by many families, providing an opportunity to celebrate Christmas. Socioeconomic disadvantage continues to impact 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.

Face painting, balloon sculpting, a petting zoo, jumping castle, a rock climbing wall, karaoke, as well as Mrs Clause, a cheeky elf and a kangaroo kept everyone occupied. Plenty of food, drinks and treats were enjoyed by all.

ACT and Commonwealth Government officials attended. Marymead, PM&C, Department of Health (Indigenous Health Division), JACS and individual members of the Canberra community again this year donated presents. Without these donations it would be very difficult to ensure each child receives a gift, and this is important as for some children it is the only visit they get from Santa.



Sorry Day Bridge Walk

Over 2,000 people attended this year's Winnunga AHCS Sorry Day Bridge Walk at Regatta Point, walking together in unity over the Commonwealth Avenue Bridge. The Sorry Day Bridge Walk is held to



commemorate the tabling of the Bringing Them Home Report in the Federal Parliament on 26 May 1997, over 20 years ago. The report captured the findings of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their families. Sadly not a lot has changed over the decades as Aboriginal children continue to be removed from their families at alarming rates. The Master of Ceremonies ABC Canberra presenter Dan Bouchier introduced Aunty Louise Brown who delivered a Welcome to Country. Billy Tompkins provided a Smoking Ceremony and entertainment was performed by Todd Williams and Al Green. Speeches were made on the day by Winnunga AHCS CEO Julie Tongs, Winnunga AHCS Chairperson Craig Ritchie, and ACT Minister for Aboriginal and Torres Strait Islander Affairs Rachel Stephen-Smith.



A significant number of local ACT schools attended the event and took part in the annual Banner Competition. The banners were designed by the students, teachers and support staff, were very colourful and had thought provoking messages on them.

The Archibald 2019

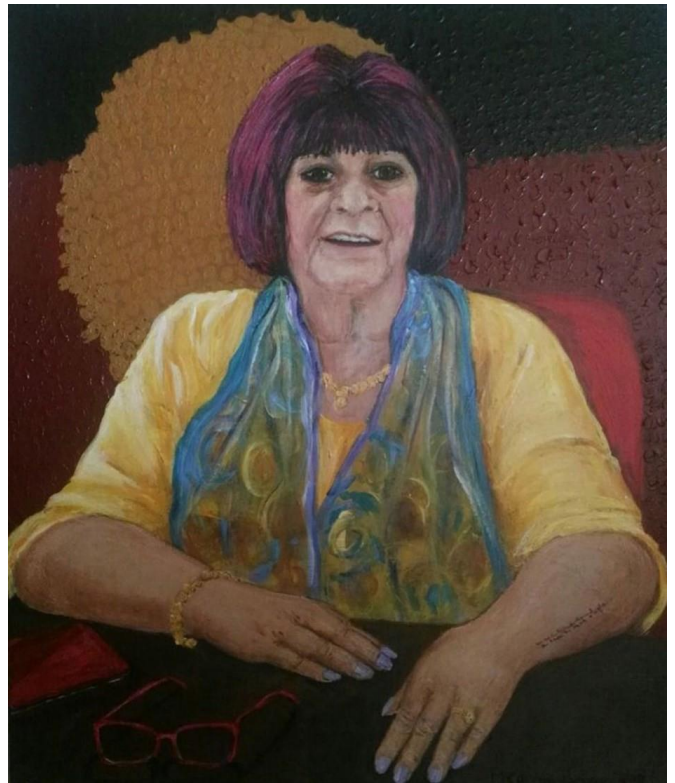
Portrait artist Julie McCarron-Benson submitted an engaging portrait of Winnunga AHCS CEO, Julie Tongs into The Archibald 2019. Titled 'Here to Make a Difference' the portrait encompasses the sitter's attitude to her lifelong struggle to develop access to health care and equity for people of Aboriginal ancestry.

As a nod to Julie Tongs' Wiradjuri ancestry, the artist used the Aboriginal flag as background, painted in ochres and textured with rough dots.

'This portrait of Julie Tongs is as I see her; a bundle of energy, worn smooth through years of lobbying, negotiating and outright fortitude,' said artist Julie McCarron-Benson.

'I have seated her looking directly at the viewer. I have tried to portray her sense of fun, her willingness to engage, and with her left hand slightly stretched across the table towards the viewer, her inclination for inclusion,' Ms McCarron-Benson continued.

'Julie and I enjoyed the process of painting her portrait and while we don't expect to even make the final for the Archibald's 2019, we both share the hope that we do.' There were more than 800 entries nation wide.



Portrait of Julie Tongs titled 'Here to Make a Difference' by artist Julie McCarron-Benson.

Ochre Day Conference 2018

A number of Winnunga AHCS staff attended the National Ochre Day conference held in Tasmania. The conference, organised by the National Aboriginal Community Controlled Health Organisation (NACCHO), provided a national forum for all Aboriginal and Torres Strait Islander male delegates, organisations and communities to learn from Aboriginal male health leaders, discuss health concerns, share ideas and examine ways of improving men's health.



*Winnunga AHCS Ochre Day Conference participants
Shane Morris, Craig Williams, Sid Eades and
Thomas Williams*

Women's Group

The Women's group continued to meet every week on Thursdays in the Winnunga AHCS Art Room between 11.00am and 3.00pm, with an average of 20 participants (including children). Social Health Team provided transport and a healthy meal to all participants. The Group provides a respectful and confidential space for women to come together to chat, laugh, create and enjoy lunch.

Throughout the year, women enjoyed the different arts and crafts, including painting, sewing, and paper crafts as well as started to explore further using other mediums. A healthy lunch was prepared each time on a rotational basis by clients and staff.

The Women's Group participated in a screen-printing workshop at the ANU in late 2018, leading to an opportunity to continue similar workshops in future years.

A number of guest speakers visited the Group, including from:

- The Australian National University, in relation to a range of workshops they could provide for The Women's Group;
- Domestic Violence Crisis Service;
- WATCH Trial representative around hearing health;
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA); and
- a psychiatrist provided information to the Group

We are always welcoming of new women to the Group.

ANFPP Visits Wellington ACHS

Creating meaningful and important partnerships is something the Winnunga AHCS Australian Nurse Family Partnership Program (ANFPP) have embraced enthusiastically. At the invitation of Wellington Aboriginal Corporation Health Service (WACHS), the Winnunga AHCS ANFPP Team, made a site visit to Dubbo in October 2018.

The three day visit gave the Team a good insight into how an organisation that has been delivering the Australian Nurse Family Partnership Program for a while, works and have processes and practices in place to successfully achieve the program outcomes. The Winnunga AHCS ANFPP Team said some of the highlights and benefit of the visit included discussions around community engagement, shadow visits, graduations, group activities, resource and milestone packs, and promotional equipment used.

The Winnunga AHCS ANFPP Team would like to extend their sincerest gratitude to ANFPP WACHS for not only taking the time to take us under their wing, but for their continued encouragement and support for our endeavour to deliver a successful ANFPP program in Canberra. And lastly, we would like to say thanks to Lyndall and her WACHS Team for the phenomenal preparation work they put into making our visit the success it was. This truly is collaboration at its very best between our Aboriginal health service and theirs, for the greater good of our First Nations peoples.



Australian 
Nurse-Family
 Partnership Program

Midwifery Access Program

The Aboriginal Midwifery Access Program continues to thrive at Winnunga AHCS and has seen us welcome 57 babies into the community. The Midwifery Program provides antenatal and postnatal care to Indigenous families in the Canberra region. We offer expert antenatal and postnatal care in the Winnunga AHCS clinic at Narrabundah or in the client's home (or other location). Our care is patient-centred and designed to be flexible in order to make maternity care accessible. For birthing options, clients have access to the Centenary Hospital for Women and Children, Calvary Public Hospital and Queanbeyan District Hospital. The Midwifery Program has strong working relationships with each hospital which allows for seamless transitions of care. Following the birth of baby the Program provides up to six weeks of postnatal care in the client's home assisting mothers with feeding, weight monitoring, emotional wellbeing assessments and mother-crafting/health education.

The Midwifery Program prides itself on providing client-centred accessible care. We aim to remove barriers that prevent women from accessing maternity care in mainstream services by providing culturally safe, non-judgmental and flexible maternity care. This is achieved by providing care in a safe space and at a pace that allows us to develop a relationship with the client (and family) together with the Midwifery Access Worker. The Midwifery Access Worker assists and supports the Midwives in providing culturally appropriate care by attending home visits, generally engaging with clients and transporting to health related appointments which increase attendance rates. Other benefits such as in-house pathology services, pregnancy/birth education and access to a range of health and social services at Winnunga AHCS often negate the need for women to attend external providers.

We continued to work hard in collaboration with the hospitals to ensure a high standard of culturally safe care. This is being obtained by working alongside the Aboriginal and/or Torres Strait Islander support services at the hospitals during the pregnancy and hospital admission. Referral pathways have been established for early connection, which has allowed clients to become familiar with the hospital and supports available prior to admission. We have also observed an increase in numbers from across the border and set up a shared care arrangement with Queanbeyan Maternity and Obstetrics and successfully negotiated Bulk Billing services with Obstetrician's in Queanbeyan for clients accessing our program. Work has continued with Canberra College, CC Cares - referring younger clients to further their education and supports with parenting.

This year we have strengthened ties with Winnunga AHCS No More Boondah (Smoking Cessation Program) and the Australian Nurse Family Partnership Program (ANFPP). A marked increase in clients wishing to engage and seek assistance in smoking cessation has been noted. We work alongside No More Boondah workers to assist and educate pregnant women on the dangers of smoking during pregnancy and effects on children in the family home. No More Boondah workers provide education, advice/follow-up and appropriate Nicotine Replacement Therapy to women and family members. The ANFPP continues to engage with first time mothers who are a part of the Midwifery Program. The Midwifery Team aims to engage first time mothers with ANFPP in early pregnancy to enhance health and social outcomes. A collaborative effort ensures first time mothers are receiving expert clinical care and parenting advice.

Connected Beginnings Program

The Winnunga AHCS Connected Beginning Program supports families with children aged 2 to 5 years. The Program aims to ensure that children are healthy and prepared for school through recognition and identification of issues and early interventions. The Program engages with and integrates early childhood assessment and intervention services, early childhood education, maternal health and family support services so that children remain healthy and engaged throughout their school years. The Program also aims to embed continuity of supports and services with education and health/human services to maximise school engagement and attendance throughout the child's schooling.

Visits continued to early childhood facilities during this reporting period, including to Koori Preshcools and work with TARROT, the Trauma Assessment, Referral and Rehabilitation Outreach Team (primarily with Dr Ngiare Brown), providing medical and therapeutic trauma assessment and referrals for children affected by trauma and with complex comorbidities. The Winnunga AHCS Child and Maternal Health Team has been engaged robustly as required and referrals to a Paediatrician have been facilitated.

Men's Group

The Men's Group continued to be delivered on Mondays 12:00pm to 2:00pm. We are pleased to report this year has seen a growth in the number of participants. Respect and trust has been further developed allowing everyone to enjoy active engagement. The Group went on a number of outings including to:

- Australian War Memorial
- National Park
- Zone Bowling
- Tidbinbilla
- BBQ's in different parks around Canberra
- Winnunga AHCS events throughout the year

The Men's Group empowered one of the participants to impart his knowledge of Aboriginal Art and Culture, with art workshops having commenced within the group. Participants have really enjoyed learning more about Aboriginal Art and have all said that the painting has assisted them to feel more relaxed and culturally connected. There have been many success stories for our Men, including some obtaining/having their driving license returned by participating in Work Development Program opportunities and many having successfully completed the Winnunga AHCS AoD Road to Recovery Program. The Men's Group is open to all Aboriginal and/or Torres Strait Islander men and provides a supportive space that is culturally mindful in order to share life experiences in a safe and respectful place.

Home Maintenance Program

The Winnunga AHCS Home Maintenance Program continued to provide services to Aboriginal and/or Torres Strait Islander individual clients and families who are at risk of experiencing homelessness. In the July to December 2018 period 111 individuals were supported and 103 individuals throughout January to June 2019. In total 733 occasions of service was provided by the Team over the entire year. Services included lawn mowing, whipper-snipping and rubbish removal. Priority continued to be given to clients residing in ACT Housing properties who had been identified through Housing ACT Managers as requiring assistance to ensure they would not be evicted from their tenancy.



World No Tobacco Day

Don't Let Tobacco Take Your Breath Away! That was the message for World No Tobacco Day (WNTD) 2019. With this year's focus being on 'tobacco and lung health', the Winnunga AHCS Tackling Indigenous Smoking (TIS) Team held an event to acknowledge and increase awareness on the negative impact that tobacco has on people's lung health, from cancer to chronic respiratory disease and the fundamental role lungs play for the health and well-being of all people.

The WNTD event at Winnunga AHCS was fun filled with lots of activities and valuable information on about quit smoking treatment options including details about our No More Boondah quit smoking program. It was also an interesting and worthwhile experience for participants who got their carbon monoxide levels tested on the day. The TIS Team were pleased to have Cancer Council ACT take part and assist with spreading the important campaign message.

A big shout out goes to our deadly Winnunga AHCS staff who put their hands up and challenged themselves to become 'pledgers' to go smoke free for 24 hours. This year's pledgers were Nicole, Sam, Chris, Kylee, Judy and Shannon. It wasn't easy for the participants but they did it with sheer determination and their goodies bag to get them through the challenge.



Getting Healthy and Staying Healthy

Deadly Choices Launch

The Deadly Choices 'Deadly Blues' campaign was launched at Winnunga AHCS in May 2019 with Deadly Choices ambassador Steve Renouf, rugby league legend Nathan Blacklock, Stuart Clark former Australian cricketer and now the Chief Operating Officer of New South Wales Rugby League and Ian Lacey Executive Officer at The Institute for Urban Indigenous Health (IUIH). Aunty Louise delivered the welcome to country.



Aunty Louise

The campaign, which also involves NRL clubs and other elite sports, is being run by IUIH and has been backed by the Australian Government. The initiative sees Indigenous people receive a free NSWRL-inspired shirt when they attend any of the Aboriginal Community Controlled Health Services for a full health assessment and to receive preventative health messages. The Deadly Blues program aims to target chronic disease, nutrition, physical activity and smoking which can have a negative impact on Indigenous communities.

The Deadly Blues campaign was launched in the lead-up to the Holden State of Origin series in 2019 with players helping to deliver the message for Indigenous communities throughout Australia to take control of their health. A healthy BBQ lunch and plenty of photo opportunities were enjoyed by the community and we thank everyone who braved the weather to come to the launch of this important campaign.



Stuart Clark, Nathan Blacklock, Julie Tongs and Steve Renouf

Deadly Choices Activation with Canberra Raiders

Winnunga AHCS partnered with Deadly Choices and the Canberra Raiders for the Deadly Choices activation. The launch was held at the GIO Stadium on 25 May 2019 as part of the NRL Indigenous round (Raiders vs Cowboys) together with Winnunga AHCS Deadly Choices staff, Winnunga AHCS CEO Julie Tongs, Canberra Raiders CEO Don Furner, CEO of the Institute for Urban Indigenous Health Adrian Carson, ARLC Chairman Peter Beattie and Deadly Choices Ambassador Steve Renouf.

At the launch, Winnunga AHCS staff held an information stall where promotional products were handed out, with staff promoting non-smoking messages, healthy choices and annual Health Checks, where eligible Aboriginal and/or Torres Strait Islander clients would receive their Deadly Choices shirt. At half time CEO Julie Tongs spoke about Winnunga AHCS and the newly formed Deadly Choices partnership with the Raiders. Raiders CEO Don Furner said the Deadly Choices program was one the Raiders were proud to be associated with and he hoped to see many of the local Indigenous community taking part. 'This program is a wonderful way the Raiders can help our local Indigenous community to ensure they are doing everything they can for their health and wellbeing' Mr Furner said.



Winnunga AHCS welcome this partnership with the Raiders and we look forward to seeing more of the Raiders Deadly Choices t-shirts around Canberra. As part of the campaign promotion, two lucky people who had their health checks recently completed were the winners of the overall draw with a prize of attending the 3rd State of Origin game in Sydney. Congratulations to Winnunga AHCS clients Lisa Madden and Jarrah Barratt.

Parenting Group

Winnunga AHCS's Parenting Group was held on Wednesdays from 10:00am to 12:00pm. The Group provides support for mums, dads and bubs to get together and make new friendships in a safe environment. During Group, discussions are held about topics such as children's milestones and people share as well as learn by talking to other parents and staff about parenting. A healthy morning tea is provided as well as different activities for parents to assist children to learn and grow. Throughout the past year a range of different arts and crafts were undertaken including:

- painting, paper crafts and drawing
- cooking
- playdough making
- sensory activities



The Group participated in a Photography Workshop run by the ANU, where a photography teacher taught us how to use the best lighting for photos using cameras and phones. There were a few outings as well including to Floriade, Easter Egg Hunt at the Park and a Christmas Party.

A number of guest speakers visited the group over the year, including:

- Kirrily from the ANU
- Domestic Violence Crisis Service (DVCS)
- WATCH/INFLATE Trial representative
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- Australian Nurses and Family Partnership Program (ANFPP)

In the coming year, we will be looking to organise more workshops, outings to local Indigenous Sites, and for children to continue learning more about culture and where they have come from.

No More Boondah (NMB)

The No More Boondah quit smoking group continued to be provided on Tuesdays at Reception One, with on average 10 people attending each time. The Group is an hour long drop in session that allows Winnunga AHCS clients and staff to come along and discuss issues around wanting to quit, obtain information, and access support to remain smoke free. A follow-up call is made to participants to see how they're going and if they would like additional support between sessions. The sessions are delivered in a safe environment where no judgement is made and stories can be shared.

No More Boondah have focussed on 'Smoking and Pregnancy' with advice and support provided to mums to be who are wanting to quit for themselves and their baby, as well as supported anyone living in the household who are also interested in quitting smoking. Information and advice has been disseminated on the dangers of second hand smoking and harms this can have on the baby and other household members.

No More Boondah participants are offered nicotine replacement therapy including:

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



We have observed many successes, including stories where participants have gone from smoking two packets a day to being smoke free. This has not only provided financial savings but also being able to do more day to day activities without having to take lots of breaks to catch your breath, and keeping up with kids/grandkids.

Hearing Health

Winnunga AHCS's Hearing and Ear Health Team have had a busy and constructive year. The Team is small but effective consisting of an Aboriginal Ear Health worker (Reeion Murray) and an Audiologist (Brooke McIntosh). They have provided hearing assessments and ear health reports for Winnunga AHCS clients regardless of age, and have seen people ranging from babies to grandparents, and everyone in between. For clients who needed further support, we provided referrals to GPs, Ear Nose and Throat Doctors, Nurses, Speech Therapists (through ACT Child Development Service), Hearing Australia and to the Winnunga AHCS Social Health Team.



Every week during school terms the Team visited ACT Government Primary Schools and Koori Preschools. They conducted hearing surveillance and testing and were able to inform family, carers and schools of any identified hearing issues. Brooke and Reeion also carried out regular visits to Bimberi Youth Justice Centre for hearing surveillance.

The Team liaised closely with Hearing Australia who provided Commonwealth funded hearing aids, assistive listening devices and rehabilitation to eligible clients. We organised multiple and regular clinics, run out of Winnunga AHCS, to assist make their service more accessible for all our clients.

The Team continued to be active participants in the research projects WATCH and INFLATE. Reeion attended interstate conferences and meetings to keep up to date and has supported in the recruit of potential eligible clients.

Recently Reeion and Brooke were invited to give a talk on ears and ear health to the Year 3 and 4 classes at Caroline Chisholm School, where they ran an animation on 'Blow, Breathe, Cough', examined how the ears worked and answered lots of interesting questions.

Road to Recovery

Winnunga AHCS Road to Recovery (RTR) Program is a culturally safe program focusing on alcohol and other drugs misuse, as well as the often unintended consequences this has on individuals, families and communities. The Program consists of six modules, the first being an introduction, followed by:

- Effects of Alcohol
- Let's Yarn about Drugs and Alcohol
 - Effects of Drugs
 - The Healthy Brain
- Relapse Prevention: Strength Based and Motivational Counselling

During the past twelve months several participants successfully completed the RTR Program. Participant's reasons for taking part in the Program ranged from Probation and Parole reporting requirements, referrals from the court, domestic violence, Child and Youth Protection Services (CYPS), Traffic Infringements and Training and Employment.

Some of the outcomes for participants who successfully completed the RTR Program during the past 12 months, included individual's getting their driver's license back. This process enabled people to return to the workforce and generate income to support their families. Other members gained new training opportunities. The RTR Program assisted individuals address reporting requirements from CYPS and be reunited with their families. Several participants successfully completed their Probation and Parole reporting requirements and had their reporting requirements reduced.



Healthy Cooking Group

Winnunga AHCS continued to deliver the Cooking Group on Tuesdays from 12pm to 2pm. Transport was provided and a healthy meal prepared together allowing participants to experience the cooking process as well as sample the foods.

Guest speakers regularly attended the Group including dieticians, who assisted with new meals and recipes for the Group to try. Many participants reported having started to eat foods that they had not often experienced at home before, and that they enjoyed the variety.

Healthy Weight Program

The Healthy Weight Program assists people who are overweight or at risk of being overweight/or obese, who are wanting to make positive changes to their own as well as their families' lives.

Clients are encouraged to exercise once a week through the program held at the gym and are provided with advice, education, resources around portion control and weekly follow ups to support them on their journey.

The Healthy Weight Worker provides advocacy, support, referrals, counselling and education for all clients, through a three month intense Program followed by a maintenance phase with follow ups and ongoing support.



Every fortnight the Group meets for a cuppa and sandwiches, to share tips as well as their own personal journey. The Group also supports clients with isolation, mental health issues and general health and wellbeing. The Healthy Weight Program is working towards generational 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.

Wellbeing Group

The Winnunga AHCS Wellbeing Group is focused around anxiety and depression and in the last year has expanded to include both male and female participants. It is run on a Friday from 12:00pm to 2:00pm, provides transport for participants and a healthy meal. It is delivered in the form of a support group where participants can talk about their own experiences in a safe environment where there are no judgements, with appropriate supports in place for individuals.

Guest speakers regularly attended the Group and individual sessions with Winnunga AHCS's Mental Health Team were provided.

Participants enjoyed engaging with the Group and said they felt comfortable around each other, that it is great to listen to other people share their life experiences, enjoy the laughter and discussions, and as a group they provide good support for one another.



Winnunga AHCS Touch Football

The Winnunga AHCS touch football teams had another great year. The winter competition saw the Winnunga Boomerangs win their division and the Winnunga Black Stars finished in fifth after playing in the men's premier division for the first time.

In December 2018, Winnunga took the men's team Winnunga Black Stars to Dubbo to play in the National Indigenous Touch Football Knockout where we finished third in our Division. It was a tough competition with teams attending from all over Australia.

In the summer competition the Winnunga Boomerangs had a good season finishing in fifth spot and the Winnunga Black Stars winning the grand final 9-7.

Winnunga Boomerangs in March had a go at playing beach touch at Lyneham Volleyball Arena. The games were 15 minutes each and very fast. The Winnunga Boomerangs finished fifth overall.

Touch Football is an important program, providing an opportunity for people to be more active and involved in the wider community. All participants look forward to the comradery and team spirit that comes from playing a team sport. Transport is provided to clients who wish to participate.

Dieticians

Over the 2018-2019 financial year the Winnunga AHCS dieticians enjoyed working with many clients from young children to elderly people both in the Winnunga ACHS clinic and through home visits. The Team provided nutrition counselling to assist people better deal with a large variety of health concerns from diabetes, cholesterol management and weight management, to allergies and intolerances.

The dieticians frequently worked alongside the Winnunga AHCS Social Health and Midwifery Teams in supporting families with young children struggling with growth and development due to poor nutrition. It has been great to see many of these youngsters starting to flourish as their families have grown in knowledge, capacity and ability to provide healthy food and develop more healthy mealtime routines. The flow-on effects in terms of improved nutrition for the whole family and also around improved family communication and relationships with a nightly sit-down meal-time together, has also been great to see.

Diabetes Clinic

The Winnunga AHCS Monthly Diabetes Clinic was held every second Wednesday of the month and continued to be delivered by the Aboriginal Health Practitioner and a Registered Nurse. The clinic provides advice and education on managing diabetes via healthy eating, exercise and health checks and gives our community access to a podiatrist, a dietician and diabetic education.

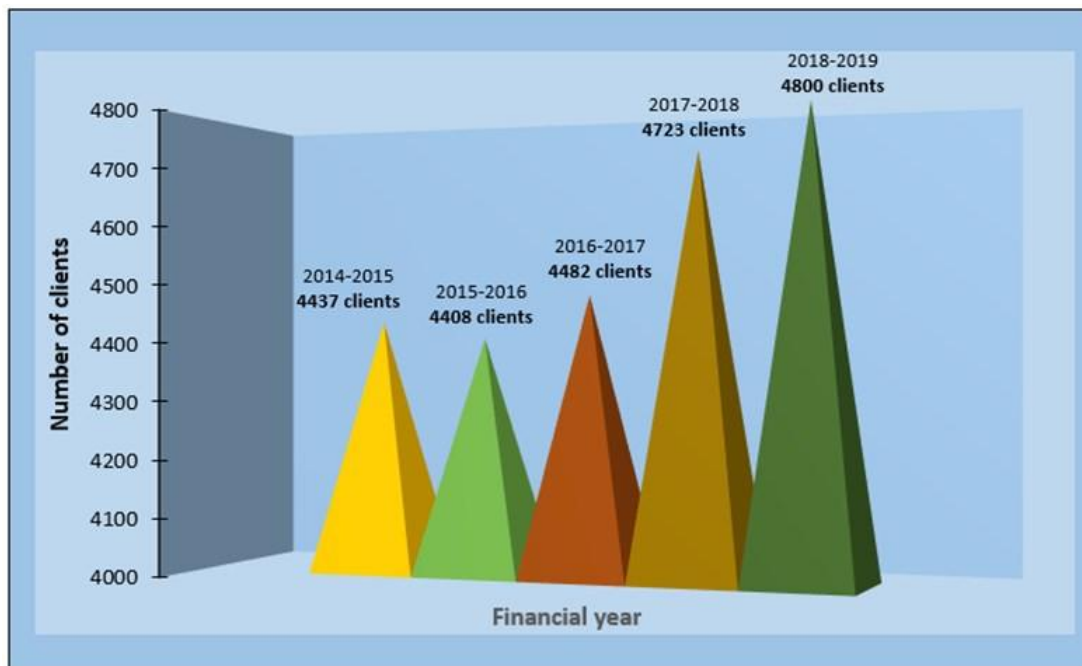
The Monthly Diabetes Clinic also provided access to Winnunga AHCS doctors and referrals to specialist when needed for specific areas of required care. Clients are provided with lunch on the day and an opportunity to socialise and catch up with community members. The Clinic is open to all Aboriginal and/or Torres Strait Islanders who are living with diabetes.



Our Service Reach

Winnunga annual client numbers grew from 4,437 in the 2014-15 financial year to 4,800 in the 2018-19 financial year (Figure 1). This was a 15.7% increase over the 5-year period with an average annual percentage growth of 3.1%.

Figure 1: Winnunga annual client numbers, 2014 – 2019



In 2018-2019 there were 4,800 clients seen by Winnunga AHCS. Of those, 52% of clients were under 30 years of age, while 18% were aged 50 years and over. Females comprised 53% of clients and 47% were male (Figure 2). 81% of clients were Aboriginal and/or Torres Strait Islander (Figure 3).

Figure 2: Age and sex distribution of Winnunga clients, 2018-2019

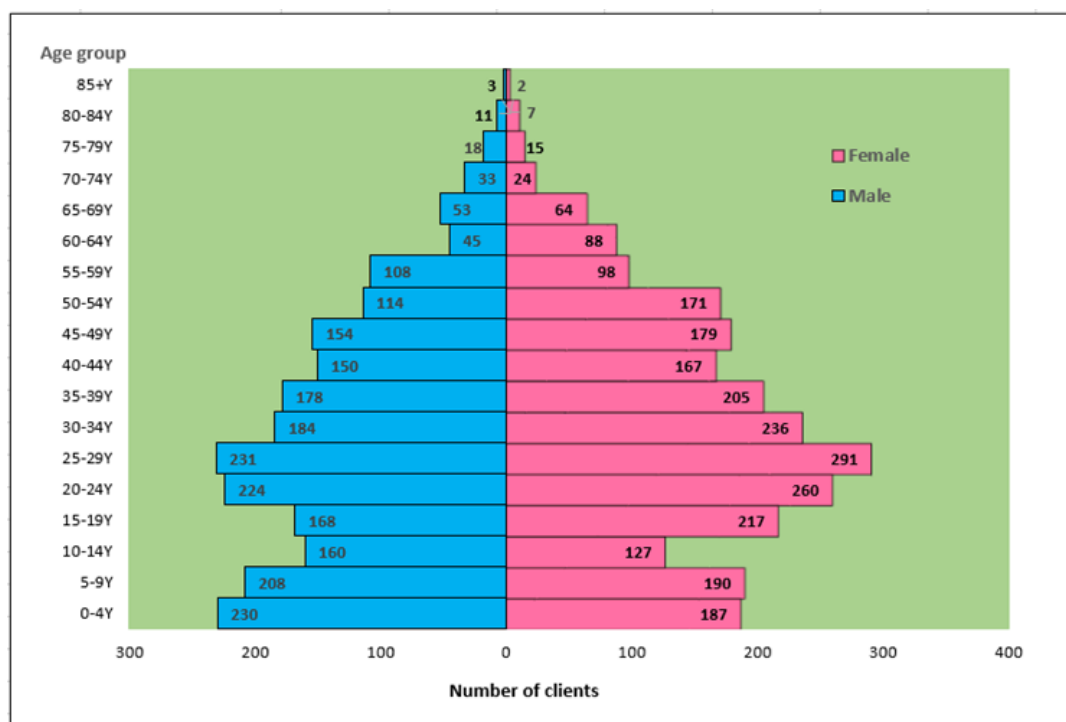
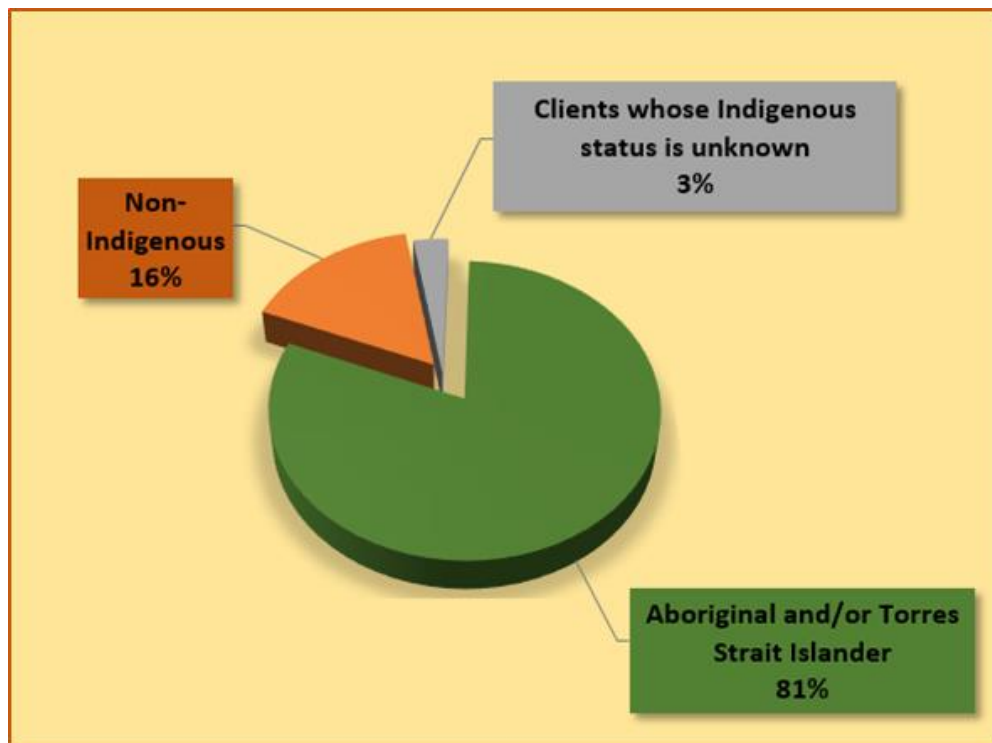
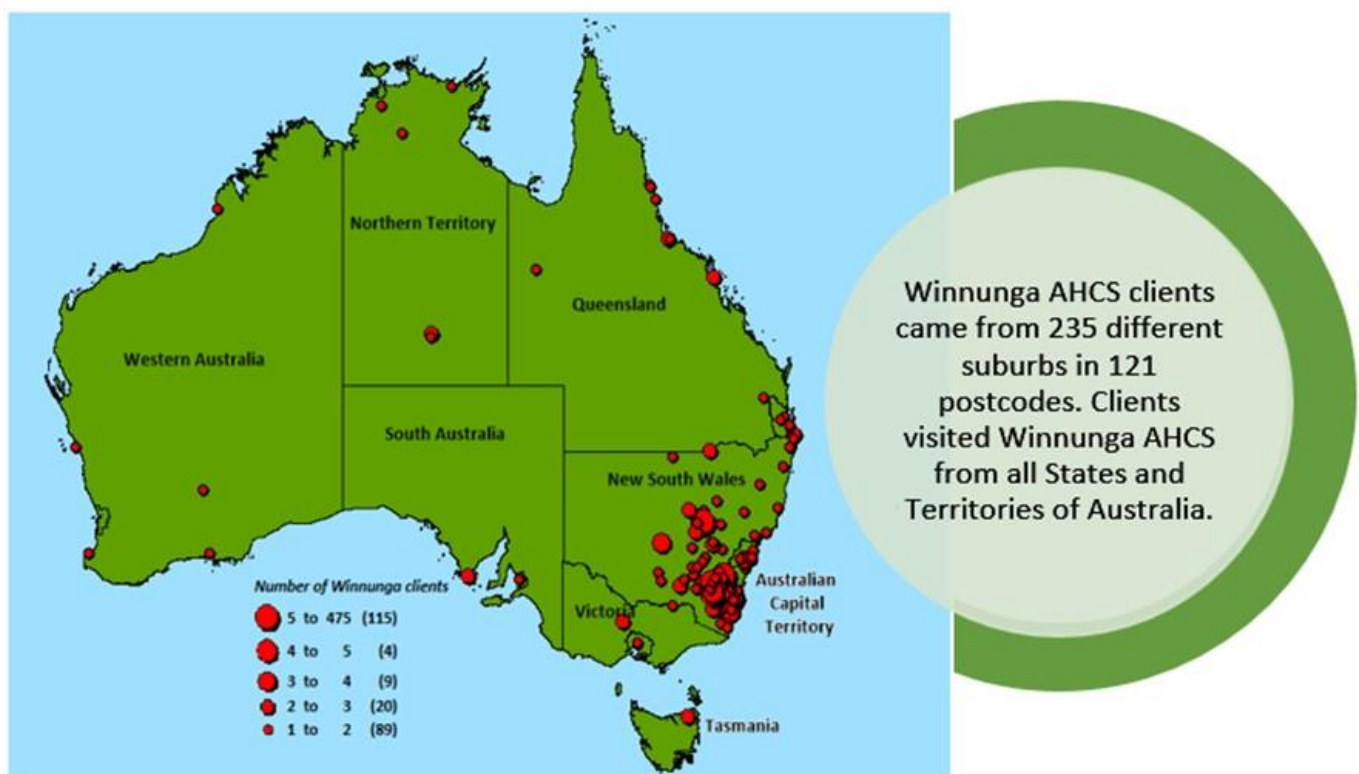


Figure 3: Proportion of clients by Aboriginal and/or Torres Strait Islander status, 2018-2019

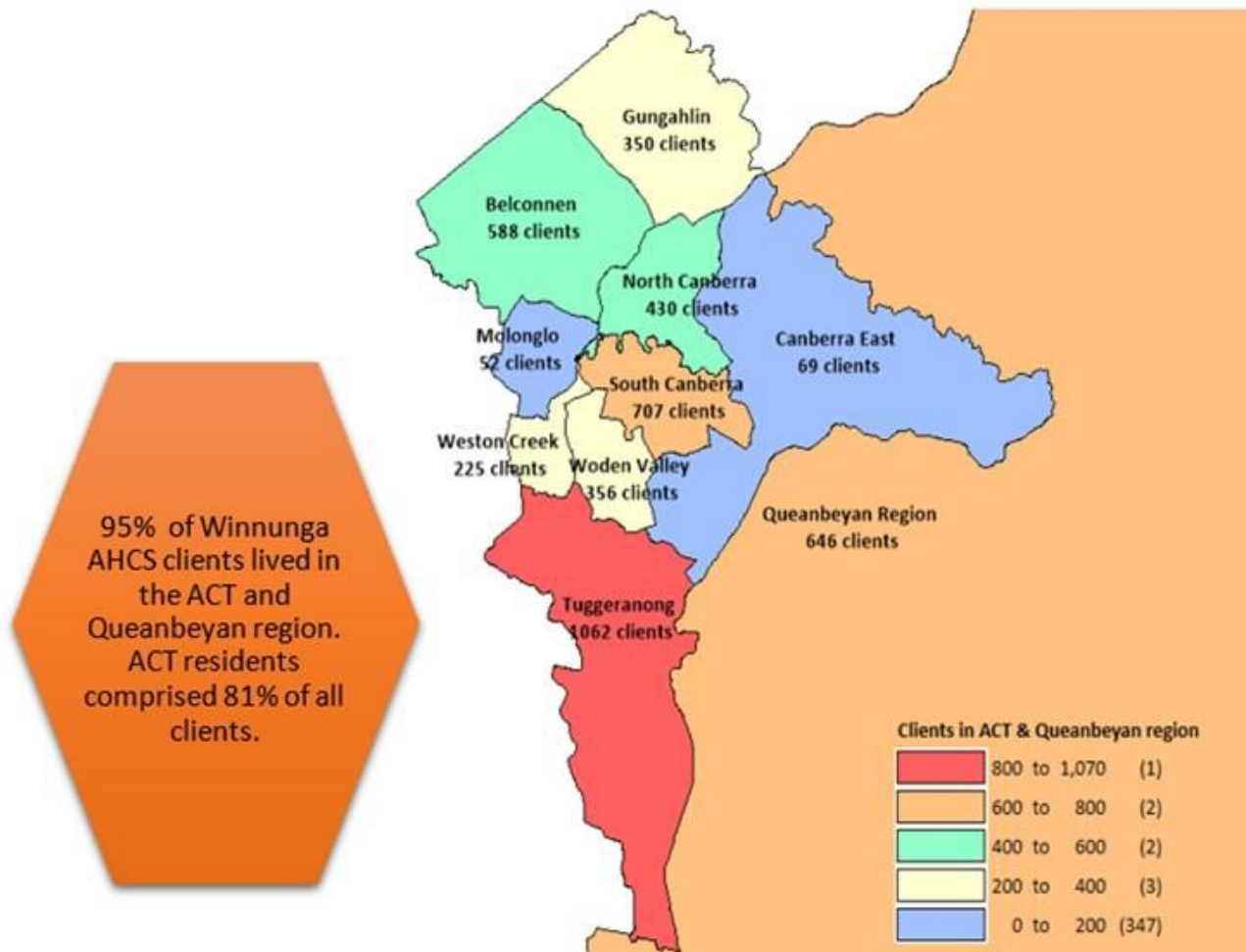


Client Locality

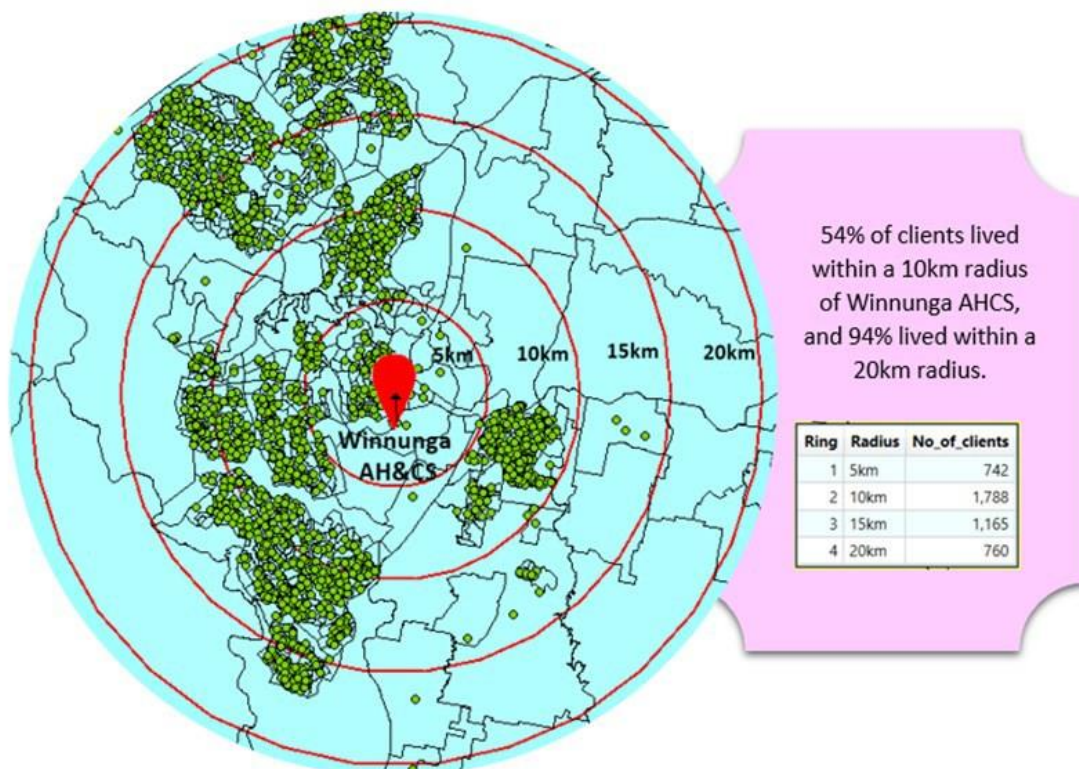
Map 1: Home suburbs of Winnunga AHCS clients, 2018-2019



Map 2: Winnunga AHCS clients in the ACT and Queanbeyan region, 2018-2019



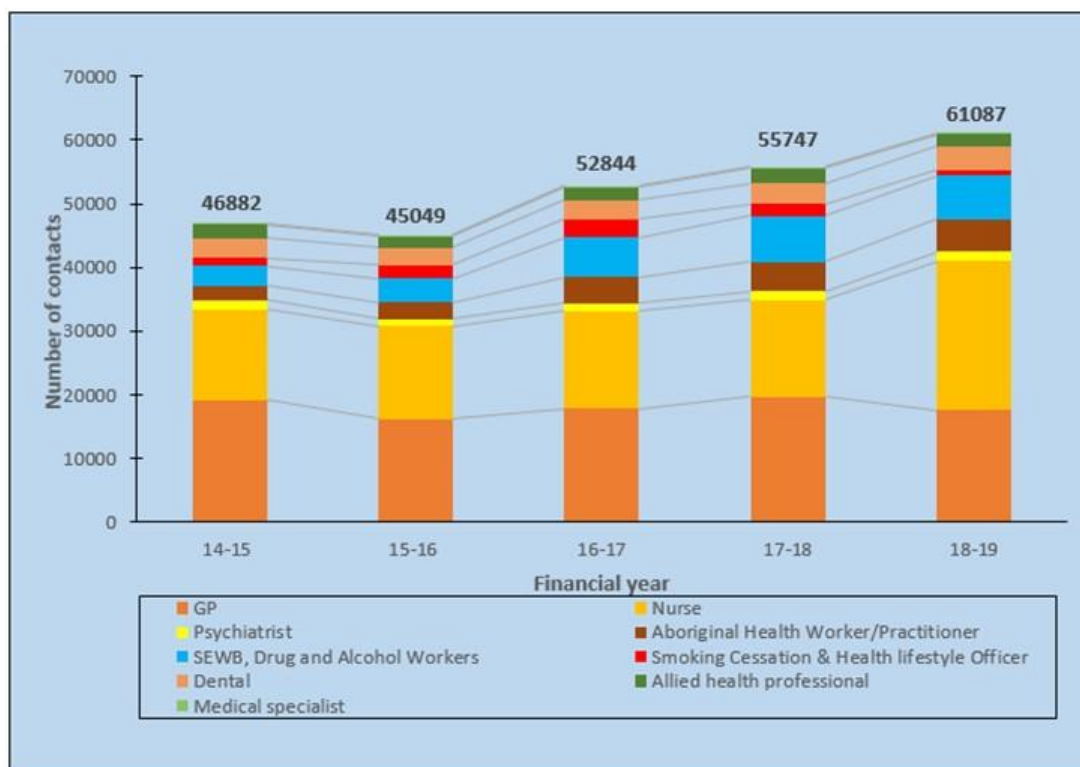
Map 3: Distribution of Winnunga AHCS clients living within a 5, 10, 15 and 20 kilometer radius of Winnunga AHCS, 2018-2019



Client Contacts

In 2018-2019 Winnunga AHCS provided 61,087 occasions of service (excluding groups, transport and administrative services). This was an increase of 10% from the 2017-2018 financial year. Nurses provided 38% of services, followed by GPs (29%) and the Social Health Team (21%) (Figure 4). There were 4,322 transport episodes recorded.

Figure 4: Number of client contacts by provider type and financial year, 2014-2019

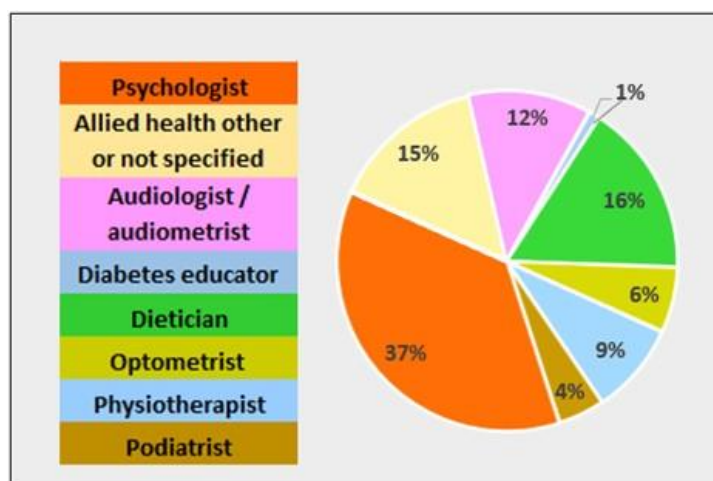


* NB: Healthy Lifestyle Officer Role ceased in 2018-2019

Allied Health and Medical Specialist Services

2,996 allied health provider contacts were provided in 2018-2019. Psychologists delivered 37% of allied health services, followed by Dietitians (16%) (Figure 5). Medical specialists provided 1,609 occasions of service in the 2018-2019 financial year. This was an increase of 3% compared with the previous financial year. The majority of specialist services were for Psychiatry (89%). Visiting specialist medical services included Endocrinology, Dermatology, Paediatrics, Obstetrics and Gynaecology, Ophthalmology and Specialist Physicians.

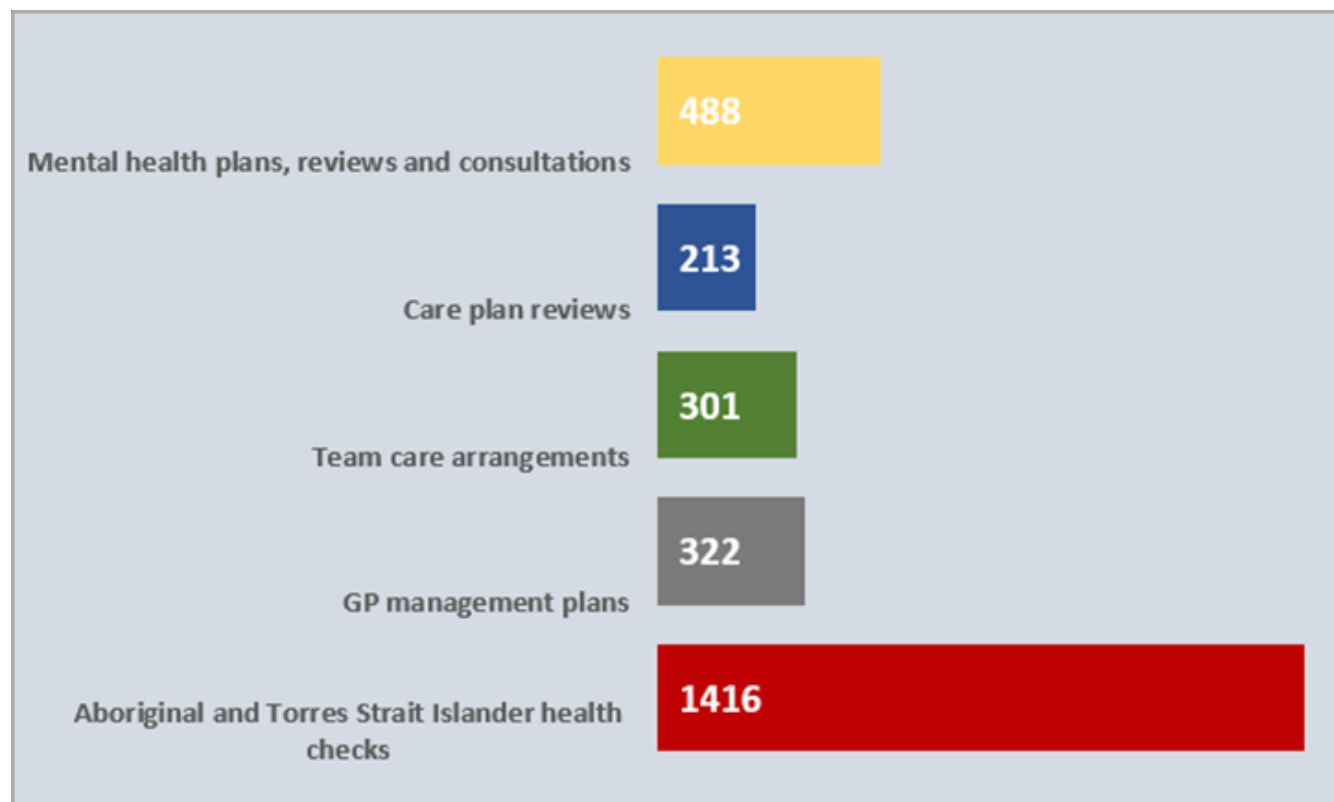
Figure 5: Allied health client contacts by type of provider, 2018-2019



Health Checks and Care Plans

In 2018-2019 there were 2,740 Aboriginal and Torres Strait Islander Health Checks, GP Chronic Disease Management Plans and Mental Health Care Plans conducted by Winnunga AHCS (Figure 6). There was a 35% increase in mental health plans, reviews and consultations compared with the 2017-2018 financial year.

Figure 6: Aboriginal and Torres Strait Islander health checks, chronic disease management and mental health Medicare services, 2018-2019



Chronic Conditions

In 2018-2019 there were 1,143 clients registered as having chronic conditions who visited Winnunga AHCS. These clients were provided with 26,988 occasions of service, which was a 5% increase from the last financial year. 98% of registered chronic disease clients were Aboriginal and/or Torres Strait Islander, 54% were female and 46% were male. 84% of clients with chronic conditions visiting Winnunga AHCS were aged between 21 and 70 years of age.

Nursing Assessments

Winnunga nurses provided 2,160 clients with 4,359 nursing assessments in 2018-19. This was an increase of 20% compared with the previous financial year.

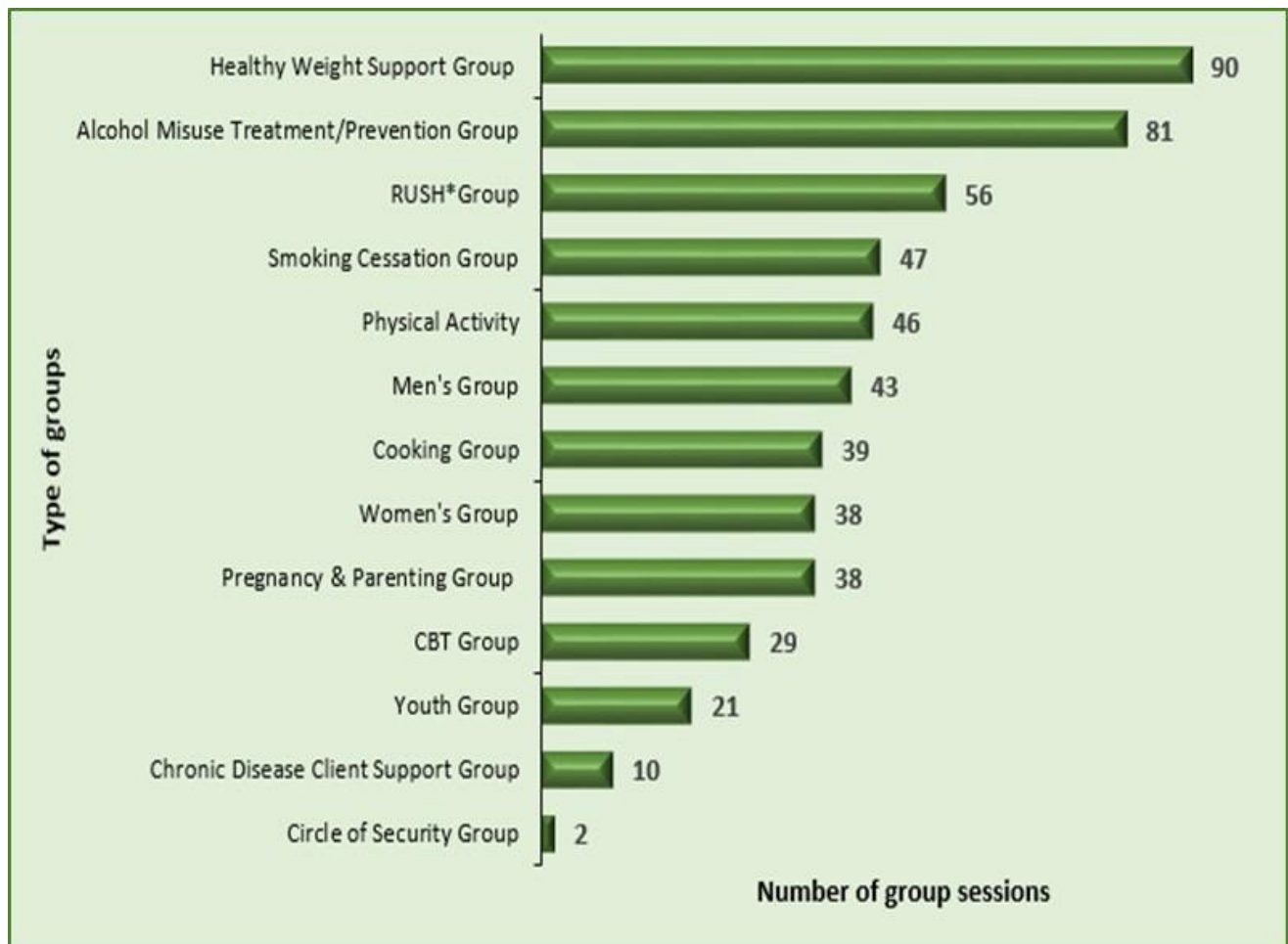
Dental Services

In 2018-2019 the dental team provided 3,678 encounters of service to 843 clients. There was a 14% increase in occasions of service from the previous year. 36% of clients were aged between 20 and 34 years while 18% were aged under 20 years.

Social Health Team Group Activities

The Social Health Team conducted 539 group activities in 2018-2019. This was an increase of 24% compared to the previous financial year (Figure 7).

Figure 7: Social Health Team group sessions, 2018-2019



*Real Understanding of Self-Help Program

Alcohol Misuse Treatment/Prevention Group is known as the Road to Recovery Group

Smoking Cessation Group is known as the Winnunga AHCS No More Boondah Group

Pregnancy/Parenting Group is known as the Mum's and Bub's/Parenting Group

Youth Group incorporates both the Winnunga AHCS Automotive Program and Groups delivered at Bimberi Youth Detention Centre

No More Boondah Smoking Cessation Program

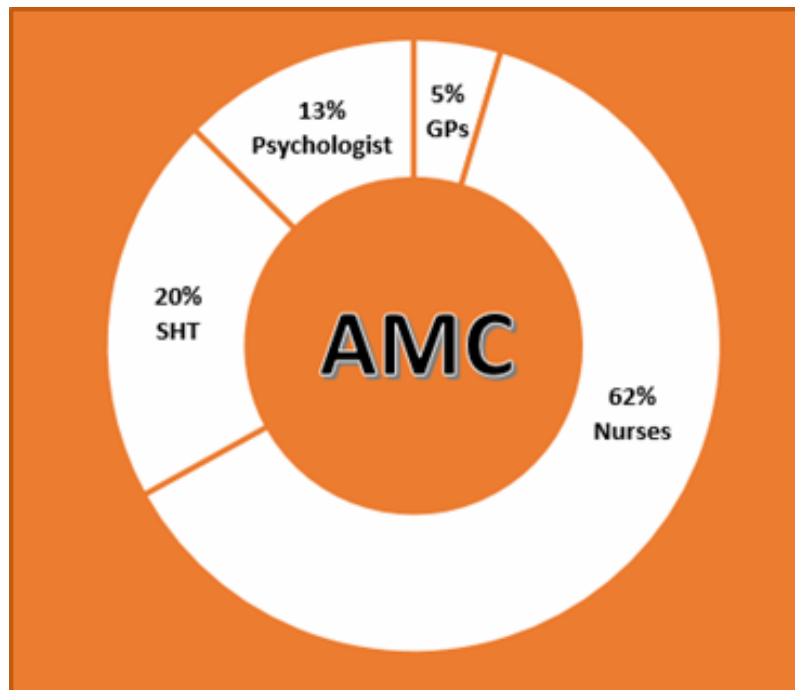
In this reporting period Winnunga AHCS Tobacco Control workers provided 296 clients with 889 occasions of service. In addition 47 No More Boondah smoking cessation group sessions were held, with an average of 6 clients participating each session.

Alexander Maconochie Centre

Winnunga AHCS provided 224 individuals with 4,146 occasions of service at the Alexander Maconochie Centre (AMC, ACT Adult Prison) in the 2018-2019 financial year. 62% of encounters were provided by nurses, followed by the Social Health Team (20%) (Figure 8). The majority of nurse encounters were for medication administration for Winnunga AHCS AMC Clinic registered clients. GPs and nurses commenced seeing clients in January 2019, while the Social Health Team worked throughout the entire financial year.

There were 26 clients registered as Winnunga AMC Clinic clients from January 2019 to June 2019.

Figure 8: Proportion of Winnunga AHCS AMC Clinic services provided by Winnunga GPs, nurses, psychologists and the Social Health Team, 2018-2019



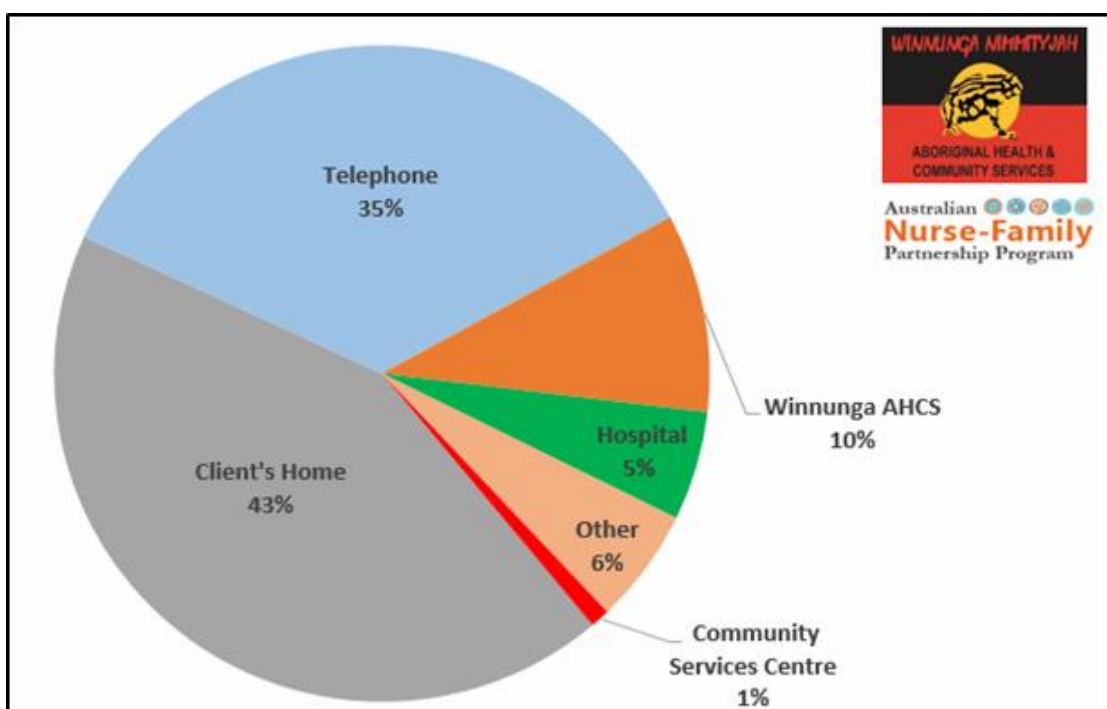
Midwifery Services

The Winnunga AHCS Midwifery Team provided 249 clients with 3,459 episodes of care in 2018-2019. Antenatal care was provided to 87 women in 419 encounters. 57 births were recorded and 62 women were provided postnatal care. 38 Mums and Bubs/Parenting groups were delivered.

Australian Nurse Family Partnership Program

The Winnunga AHCS Australian Nurse Family Partnership Program (ANFPP) provided 26 clients with 633 encounters in the 2018-2019 financial year. 43% of services were at the client's home, 35% were telephone services and 10% of services were provided at Winnunga AHCS (Figure 9).

Figure 9: Location of services provided by the Winnunga AHCS ANFPP team, 2018-2019



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Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Directors' Report

30 June 2019

The directors present their report on Winnunga Nimmityjah Aboriginal Health and Community Services Ltd for the financial year ended 30 June 2019.

General information

Directors

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

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

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

Principal activities and significant changes in nature of activities

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

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

Members' guarantee

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

At 30 June 2019 the collective liability of members was \$ 260 (2018: \$ 260).

Operating results

The profit of the Company amounted to \$ 762,119 (2018: \$ 19,935).

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

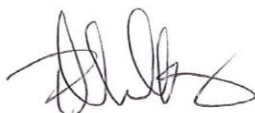
ABN 52 618 179 061

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

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019, 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.

Vincent's Audit Pty Ltd



Phillip W Miller CA
Director

Dated in Canberra on 10 September 2019.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

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Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2019

	Note	2019 \$	2018 \$
Revenue from operating activities	5	12,704,614	11,405,818
Employee benefit expenses		(8,900,391)	(8,661,154)
Depreciation and amortisation expense		(223,046)	(176,343)
Equipment costs		(214,029)	(180,982)
Medical Supplies		(71,830)	(73,701)
Travel, support and training		(121,967)	(84,740)
Workshops and promotion		(476,212)	(464,480)
Client assistance		(382,153)	(319,799)
Repairs and maintenance		(42,697)	(208,806)
Consultation expenses		57,449	(188,762)
Property costs		(127,387)	(145,394)
Motor vehicle expenses		(338,792)	(271,445)
Other expenses		(1,101,440)	(610,277)
Profit before income tax		762,119	19,935
Income tax expense		-	-
Profit from continuing operations		762,119	19,935
Profit for the year		762,119	19,935
Other comprehensive income, net of income tax			
Items that will not be reclassified subsequently to profit or loss			
Gain from revaluation of asset		79,549	-
Transfer due to change in legal structure		-	7,515,786
Other comprehensive income for the year, net of tax		79,549	7,515,786
Total comprehensive income for the year		841,668	7,535,721

The Company has not restated comparatives when initially applying AASB 9, the comparative information has been prepared under AASB 139 *Financial Instruments: Recognition and Measurement*.

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 2019

	Note	2019 \$	2018 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	9,029,092	5,314,488
Trade and other receivables	7	123,922	384,753
Other assets	9	202,288	184,352
TOTAL CURRENT ASSETS		9,355,302	5,883,593
NON-CURRENT ASSETS			
Property, plant and equipment	8	3,815,315	2,813,477
TOTAL NON-CURRENT ASSETS		3,815,315	2,813,477
TOTAL ASSETS		13,170,617	8,697,070
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	1,275,967	813,515
Short-term provisions	11	111,222	286,222
Employee benefits	13	1,141,972	1,011,138
Other financial liabilities	12	4,267,292	1,055,406
TOTAL CURRENT LIABILITIES		6,796,453	3,166,281
NON-CURRENT LIABILITIES			
Employee benefits	13	186,041	184,334
TOTAL NON-CURRENT LIABILITIES		186,041	184,334
TOTAL LIABILITIES		6,982,494	3,350,615
NET ASSETS		6,188,123	5,346,455
EQUITY			
Reserves		2,165,358	2,026,189
Retained earnings		4,022,765	3,320,266
TOTAL EQUITY		6,188,123	5,346,455

The Company has not restated comparatives when initially applying AASB 9, the comparative information has been prepared under AASB 139 *Financial Instruments: Recognition and Measurement*.

The accompanying notes form part of these financial statements.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

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Statement of Changes in Equity

For the Year Ended 30 June 2019

2019

	Retained Earnings	Asset Revaluation Surplus	Accumulated Capital Reserve	Total
	\$	\$	\$	\$
Balance at 1 July 2018	3,320,267	1,000,000	1,026,189	5,346,456
Surplus/(deficit) for the year	762,119	-	-	762,119
Revaluation increment (decrement)	-	79,549	-	79,549
Transfers from retained earnings to reserve				
Transfers from retained earnings to reserve	43,080	-	(43,080)	-
Balance at 30 June 2019	4,125,466	1,079,549	983,109	6,188,124

2018

	Retained Earnings	Asset Revaluation Surplus	Accumulated Capital Reserve	Total
	\$	\$	\$	\$
Balance at 1 July 2017	(2,189,264)	-	-	(2,189,264)
Surplus/(deficit) for the year	19,935	-	-	19,935
Transactions with owners in their capacity as owners				
Transfer due to change of legal structure	5,429,975	1,000,000	1,085,810	7,515,785
Transfers from retained earnings to reserve	59,621	-	(59,621)	-
Balance at 30 June 2018	3,320,267	1,000,000	1,026,189	5,346,456

The Company has not restated comparatives when initially applying AASB 9, the comparative information has been prepared under AASB 139 *Financial Instruments: Recognition and Measurement*.

The accompanying notes form part of these financial statements.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

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Statement of Cash Flows
For the Year Ended 30 June 2019

	Note	2019 \$	2018 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		15,189,377	12,052,313
Payments to suppliers and employees		(10,580,141)	(11,725,638)
Interest received		27,657	31,187
Net cash provided by/(used in) operating activities		<u>4,636,893</u>	<u>357,862</u>
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property, plant and equipment		(922,289)	(280,944)
Net cash provided by/(used in) investing activities		<u>(922,289)</u>	<u>(280,944)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:			
Net increase/(decrease) in cash and cash equivalents held		3,714,604	76,918
Cash and cash equivalents at beginning of year		<u>5,314,488</u>	<u>5,237,570</u>
Cash and cash equivalents at end of financial year	6	<u><u>9,029,092</u></u>	<u><u>5,314,488</u></u>

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 2019

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 2019 were provision of health care services to members of the Aboriginal Torres Strait Islander community.

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

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

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

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

2 Change in Accounting Policy

Financial Instruments - Adoption of AASB 9

The Company has adopted AASB 9 *Financial Instruments* for the first time in the current year with a date of initial adoption of 1 July 2018.

As part of the adoption of AASB 9, the Company adopted consequential amendments to other accounting standards arising from the issue of AASB 9 as follows:

- AASB 101 *Presentation of Financial Statements* requires the impairment of financial assets to be presented in a separate line item in the statement of profit or loss and other comprehensive income. In the comparative year, this information was presented as part of other expenses.
- AASB 7 *Financial Instruments: Disclosures* requires amended disclosures due to changes arising from AASB 9, this disclosures have been provided for the current year.

The key changes to the Company's accounting policy and the impact on these financial statements from applying AASB 9 are described below.

Changes in accounting policies resulting from the adoption of AASB 9 have been applied retrospectively except the Company has not restated any amounts relating to classification and measurement requirements including impairment which have been applied from 1 July 2018.

Classification of financial assets

The financial assets of the Company have been reclassified into one of the following categories on adoption of AASB 9 based on primarily the business model in which a financial asset is managed and its contractual cash flow characteristics:

- Measured at amortised cost

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2019

2 Change in Accounting Policy

Financial Instruments - Adoption of AASB 9

Classification of financial assets

- Fair value through profit or loss (FVTPL)
- Fair value through other comprehensive income - debt instruments (FVOCI - debt)
- Fair value through other comprehensive income - equity instruments (FVOCI - equity).

Measurement of equity instruments

All equity instruments of the Company are measured at fair value under AASB 9 whereas there was a cost exception under AASB 139 which allowed certain unlisted investments to be carried at amortised cost in the absence of a reliable measurement of fair value. Any difference in the previous carrying amount and the fair value is recognised in the opening retained earnings (or other component of equity, as appropriate) in the reporting period which includes the date of application.

Equity instruments are no longer subject to impairment testing and therefore all movements on equity instruments classified as fair value through other comprehensive income are taken to the relevant reserve.

Impairment of financial assets

The incurred loss model from AASB 139 has been replaced with an expected credit loss model in AASB 9 for assets measured at amortised cost, contract assets and fair value through other comprehensive income. This has resulted in the earlier recognition of credit loss (bad debt provisions).

Transition adjustments

The impacts to reserves and retained earnings on adoption of AASB 9 at 1 July 2018 are shown below:

Notes to the table:

- (i) Increase in expected credit losses for trade receivables

The move to the expected credit loss model under AASB 9 has increased the provision for trade receivables at the adoption date.

- (ii) Cost of hedging adjustment

AASB 9 allows these costs, in certain circumstances to be recognised in other comprehensive income and accumulated in a separate component of equity rather than through profit or loss immediately. The initial value of the foreign currency basis spread will be amortised to profit or loss over the related hedging period.

Classification of financial assets and financial liabilities

The table below illustrates the classification and measurement of financial assets and liabilities under AASB 9 and AASB 139 at the date of initial application.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2019

2 Change in Accounting Policy

Financial Instruments - Adoption of AASB 9

Classification of financial assets and financial liabilities

	Note	Classification under AASB 139	Classification under AASB 9	Carrying amount under AASB 139 \$	Reclassific- ation \$	Re- measur- e-nts \$	Carrying amount under AASB 9 \$
Financial assets							
Trade and other receivables		Loans and receivables	Amortised cost	384,753	-	-	384,753
Cash and cash equivalents		Loans and receivables	Amortised cost	5,314,488	-	-	5,314,488
Total financial assets				5,699,241	-	-	5,699,241
Financial liabilities							
Trade payables		Other financial liabilities	Other financial liabilities	813,515	-	-	813,515

(i) Reclassify investments from Available for Sale to FVTPL

3 Summary of Significant Accounting Policies

(a) Income Tax

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

(b) Leases

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

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

(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 Company obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

Winnunga Nimbitjyah Aboriginal Health and Community Services Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(c) Revenue and other income

Grant revenue

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

Winnunga Nimbitjyah 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.

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

Land and buildings

Land and buildings are measured using the revaluation model.

Plant and equipment

Plant and equipment are measured using the cost model.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(e) Property, plant and equipment

Depreciation

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

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

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

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

(f) Financial instruments

For comparative year

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 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

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(f) Financial instruments

Financial assets

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.

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 liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities depending on the purpose for which the liability was acquired. Although the Company uses derivative financial instruments in economic hedges of currency and interest rate risk, it does not hedge account for these transactions.

The Company's financial liabilities include trade and other payables which are measured at amortised cost using the effective interest rate method.

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 accounts, 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.

For current year

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

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

Winnunga Nimbitjyah Aboriginal Health and Community Services Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(f) Financial instruments

Financial assets

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

Classification

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

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

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

Amortised cost

Assets measured at amortised cost are financial assets where:

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

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

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

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

Financial assets through profit or loss

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

Impairment of financial assets

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

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

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(f) Financial instruments

Financial assets

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

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

- the other party is unlikely to pay its credit obligations to the Company in full, without recourse to the Company to actions such as realising security (if any is held); or

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

Trade receivables

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

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

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

Other financial assets measured at amortised cost

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

Financial liabilities

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

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

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(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 employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

(i) Provisions

Provisions are recognised when the Company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(j) Economic dependence

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

(k) Adoption of new and revised accounting standards

The Company has adopted all standards which became effective for the first time at 30 June 2019, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Company or refer to Note 2 for details of the changes due to standards adopted.

4 Critical Accounting Estimates and Judgments

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

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

The significant estimates and judgements made have been described below.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2019

4 Critical Accounting Estimates and Judgments

Key estimates - impairment of property, plant and equipment

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

Key estimates - fair value of financial instruments

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

Key estimates - provisions

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

Key estimates - receivables

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

5 Revenue and Other Income

	2019	2018
	\$	\$
Revenue from operating activities		
- Medicare and medical income	1,728,588	1,992,957
- Interest received	27,657	31,188
- Other income	52,440	61,785
- Donations	3,963	1,300
- Grants	10,891,966	9,318,589
Total revenue and other income	<u>12,704,614</u>	<u>11,405,819</u>

6 Cash and Cash Equivalents

Cash on hand	700	700
Bank balances	9,028,392	5,313,788
	<u>9,029,092</u>	<u>5,314,488</u>

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2019

7 Trade and Other Receivables

	2019	2018
	\$	\$
CURRENT		
Trade receivables	112,672	372,594
Deposits/Bonds	11,250	12,159
Total current trade and other receivables	123,922	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.

(a) Impairment of receivables

The Company applies the simplified approach to providing for expected credit losses prescribed by AASB 9, which permits the use of the lifetime expected loss provision for all trade receivables. To measure the expected credit losses, trade receivables have been grouped based on shared credit risk characteristics and the days past due. The loss allowance provision as at 30 June 2019 is determined as follows, the expected credit losses incorporate forward looking information.

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

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

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

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2019

8 Property, plant and equipment

	2019	2018
	\$	\$
Land and Buildings		
At fair value	1,884,280	1,000,000
Accumulated depreciation	(50,000)	(25,000)
Total land and buildings	<u>1,834,280</u>	<u>975,000</u>
Plant and equipment		
At cost	299,579	269,482
Accumulated depreciation	(121,325)	(82,599)
Total plant and equipment	<u>178,254</u>	<u>186,883</u>
Furniture, fixtures and fittings		
At cost	185,024	206,780
Accumulated depreciation	(53,006)	(37,576)
Total furniture, fixtures and fittings	<u>132,018</u>	<u>169,204</u>
Computer equipment		
At cost	550,447	428,860
Accumulated depreciation	(364,869)	(307,491)
Total computer equipment	<u>185,578</u>	<u>121,369</u>
Medical equipment		
At cost	207,739	175,327
Accumulated depreciation	(95,006)	(74,500)
Total Medical equipment	<u>112,733</u>	<u>100,827</u>
Capital grant and leasehold improvements		
At cost	2,203,163	2,149,942
Accumulated depreciation	(955,741)	(889,748)
Total Capital grant and leasehold improvements	<u>1,247,422</u>	<u>1,260,194</u>
Artwork		
At fair value	125,030	-
Total Artwork	<u>125,030</u>	<u>-</u>
Total property, plant and equipment	<u>3,815,315</u>	<u>2,813,477</u>

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2019

8 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 2019				
Balance at the beginning of the year	975,001	186,883	169,203	121,369
Additions				
Additions	884,279	30,097	23,726	121,587
Revaluation	-	-	-	-
Disposals				
Transfer	-	-	(45,481)	-
Decreases				
Depreciation expense	(25,000)	(38,726)	(15,430)	(57,378)
Balance at the end of the year	1,834,280	178,254	132,018	185,578

	Medical equipment \$	Capital grant and leasehold improvements \$	Artwork \$	Total \$
Year ended 30 June 2019				
Balance at the beginning of the year	100,827	1,260,194	-	2,813,477
Additions				
Additions	32,412	53,234	-	1,145,335
Revaluation	-	-	79,549	79,549
Disposals				
Transfer	-	-	45,481	-
Decreases				
Depreciation expense	(20,506)	(66,006)	-	(223,046)
Balance at the end of the year	112,733	1,247,422	125,030	3,815,315

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2019

9 Other Assets

	2019	2018
	\$	\$
CURRENT		
Prepayments	164,608	158,879
Accrued income	22,705	10,008
Listed shares	14,975	15,465
	<u>202,288</u>	<u>184,352</u>

10 Trade and Other Payables

	2019	2018
	\$	\$
Current		
Trade payables	217,914	183,079
Warriors basketball	1,170	-
GST payable	473,483	169,557
Sundry payables	20,385	(801)
Accruals	563,015	461,680
	<u>1,275,967</u>	<u>813,515</u>

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.

11 Provisions

	2019	2018
	\$	\$
CURRENT		
Removal of lease concession	70,767	70,767
Capital works provision	-	175,000
Make good provision	40,455	40,455
	<u>111,222</u>	<u>286,222</u>

12 Other Financial Liabilities

	2019	2018
	\$	\$
CURRENT		
Grants in advance	4,267,292	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 2019

13 Employee Benefits

	2019	2018
	\$	\$
Current liabilities		
Long service leave	629,198	498,159
Annual leave	512,774	512,979
	<u>1,141,972</u>	<u>1,011,138</u>
Non-current liabilities		
Long service leave	186,041	184,334

14 Reserves

(a) Asset realisation reserve

The asset realisation reserve records realised gains on sale of non-current assets.

(b) General reserve

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

15 Leasing Commitments

(a) Finance leases

	2019	2018
	\$	\$
Minimum lease payments:		
- not later than one year	263,167	262,712
- between one year and five years	35,583	28,002
- later than 5 years	-	24,252
Minimum lease payments	<u>298,750</u>	<u>314,966</u>

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

(b) Operating leases

	2019	2018
	\$	\$
Minimum lease payments under non-cancellable operating leases:		
- not later than one year	73,114	76,171
- between one year and five years	131,648	77,667
- later than five years	-	232,018
	<u>204,762</u>	<u>385,856</u>

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2019

15 Leasing Commitments

(b) Operating leases

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

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

16 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 2019 the number of members was 26 (2018: 26).

17 Key Management Personnel Remuneration

The total remuneration paid to key management personnel of the Company is \$ 1,131,045 (2018: \$ 1,218,374).

18 Fair Value Measurement

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

- Property, plant and equipment
 - Buildings
 - Artwork

19 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2019 (30 June 2018: None).

20 Related Parties

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

Key management personnel - refer to Note 17.

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 \$ 18,525 (2018: \$25,301)

(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 and Community Services Ltd

ABN 52 618 179 061

Notes to the Financial Statements**For the Year Ended 30 June 2019****21 Events after the end of the Reporting Period**

The financial report was authorised for issue on 23 August 2019 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.

22 Statutory Information

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

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

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

Responsible Persons' Declaration

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

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

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

Responsible person  Responsible person 

Dated 10 September 2019

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 2019, 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.

Other Information

The responsible entities are responsible for the other information. The other information comprises the information included in the registered entity's annual report for the year ended 30 June 2019, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Responsible Entities for the Financial Report

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

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

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Auditor's Responsibilities for the Audit of the Financial Report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

Vincents Audit Pty Ltd



Phillip Miller CA
Partner

Canberra, 10th Sep 2019

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Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN 52 618 179 061

For the Year Ended 30 June 2019

Profit and Loss Account

	2019	2018
	\$	\$
Income		
Grants	10,891,966	9,318,589
Donations	3,963	1,300
Other income	1,808,685	2,085,929
Total income	12,704,614	11,405,818
Less: Expenses		
Accounting fees	28,382	38,760
Accreditation fees	9,265	19,487
Advertising	569,627	105,762
Auditors remuneration	24,109	43,000
Bank charges	1,900	1,977
Bereavement expenses	13,004	35,050
Cleaning	100,277	83,907
Domestic Supplies	14,751	14,799
Depreciation	223,046	176,343
Director expenses	18,525	23,492
Dental instruments	548	-
Freight and cartage	2,881	2,294
Insurance	70,598	52,252
Other employee costs	330,781	318,742
Postage	6,872	5,563
Printing and stationery	41,738	5,979
Salaries	7,821,227	7,582,284
Security costs	1,715	1,531
Sponsorship	2,455	4,658
Storage costs	27,795	22,043
Subscriptions	75,385	54,183
Sundry expenses	3,895	4,178
Superannuation contributions	701,445	689,796
Telephone and internet	87,719	91,362
Workers compensation insurance	46,937	70,332
Equipment costs	214,029	195,374
Capital equipment purchases	-	(14,392)
Medical Supplies	71,830	73,701
Travel, support and training	121,967	84,740
Workshops and promotions	476,212	464,480
Client assistance	382,153	319,799
Repairs and maintenance	42,697	208,806
Consultation expenses	(57,449)	188,762
Property costs	127,387	145,394
Motor vehicle expenses	338,792	271,445
Total Expenses	11,942,495	11,385,883
	762,119	19,935
Other items:		
Profit before income tax	762,119	19,935