



GUNDITJMARA ABORIGINAL COOPERATIVE LIMITED

ANNUAL REPORT 2012-13



CONTENTS

Vision, Mission & Primary Activities	Page	3
Who we, Are What We Do	Page	4
Our People, Board of Directors	Page	5
Operations	Page	6
Gunditjmara Organisational Chart	Page	7
Long Serving Staff Members	Page	8
Funding appreciation List, How we are Funded	Page	9
From the Chair	Page	10-11
From the CEO	page	12-17
Divisional Program Report		
Gunditjmara Health Service Division Reports	Page	18-32
Feature Story: Aboriginal Health Worker Clinical Supervision Project	Page	33
Gunditjmara Aged Care and Disabilities Divisional Reports	Page	34-37
Gunditjmara Child Youth and Family Services Divisional Reports	Page	37-43
Attachment 1: Staff Training undertaken including workshops/forums and conferences attended over the reporting period	Page	44-48
Attachment 2: Gunditjmara Audited Financial Statements 12-13	Page	50-64

OUR VISION:

Healthy people and a Community empowered to succeed.

OUR MISSION:

To provide culturally sensitive support for the local community through programs and services in education, health, housing, aged care, childcare and employment and training.

OUR PRIMARY ACTIVITIES:

The primary activities of the Cooperative are to provide, and/or facilitate the provision of

- 1. Health and related services;
- 2. Cultural and educational activities;
- 3. Housing and accommodation;
- 4. Aged and Child care;
- 5. Employment, training and education; and
- 6. A Juvenile Justice Program.

To the Aboriginal community of Warrnambool and the Western District of Victoria.

Who We Are:

Gunditimara Aboriginal Cooperative Ltd. (Gunditimara) is an independent, community based Not-for-profit Aboriginal **Community Controlled** Organisation founded by a group of volunteers from the local Indigenous community in 1979. We now have a member base of 300 members. Incorporated in 1982 under the Cooperatives Act 1996 (VIC) we have grown from a small group of dedicated volunteers into an organisation employing 37 staff who are engaged in providing a range of health and social welfare programs, predominately to the Indigenous community of Warrnambool and surrounding areas.

Our head office currently located at 135 Kepler Street accommodates our Corporate Services Division, Aged Care and Disabilities Divisions, Child Youth & Family Services Division as well as accommodating other service providers from other agencies. We also operate from a second location, that being 3 Banyan Street which accommodates our Health Services Division.

What We Do:

Gunditjmara's programs are wideranging and are designed to respond to the needs of Aboriginal people in the wider Warrnambool region including the Shire of Moyne, Framlingham, parts of Corangamite and Shire, as well as parts of Southern Grampians Shire and Glenelg Shire. Our purpose is to provide services and programs to improve the health of our community, serve the needs of our members and the wider Indigenous community, provide opportunities for economic advancement, and to support the cultural wellbeing of our people. This is the Gunditjmara way and this is what we hold as our prime aim – which is unchanged after 30 years of operation.

Gunditjmara's vision is for 'healthy people and a community empowered to succeed.' We continue to work towards this by providing culturally appropriate support for the local community through programs and services in education, health, housing, aged care, child care and employment and training.

Our People

Central to the success of Gunditimara are our people who help to guide and deliver the many services and programs we provide to our community. The principle of Aboriginal community control is what makes us strong and able to continue to provide much needed culturally appropriate programs and services.

Board of Directors

A volunteer Board of Directors, made up of Gunditimara members, governs the strategic direction of the organisation. The Board is structured and based on the philosophy of Aboriginal "Community Control" and comprises of seven Communityappointed representatives including a Chairperson, Deputy Chair, and Treasurer/Secretary. A further four ordinary Members encompasses the Board of Directors. Board Members typically serve three-year terms and are elected by the Members at the Annual General Meeting by way of an open election process.

The Board of Directors are guided and conduct business under the Cooperatives Act 1996 (Victoria), through which Gunditjmara has established its own Constitution/ model rules.

A critical role of the Board is to plan the future direction of the Gunditjmara Aboriginal Cooperative whilst ensuring all accountability requirements are met and best practice in all areas of Corporate Governance is maintained. Further responsibilities of the Board is to drive the strategic direction of the organisation, be the primary link to the members, to ensure that organisational risk is identified and oversee that the risks are managed.

The Gunditjmara Board of Directors have a range of Governance expertise and experience and display extraordinary commitment by attending regular Board meetings.

The following members sat as Directors during 2012-13:

Allan Miller (Chairperson) Joseph Chatfield (Vice Chair) Tania Debono (Secretary) Bernice Clarke (Treasurer) Caleb Clarke Josh Edwards and Louise Wackett

Operations

The overall management of Gunditimara is the responsibility of the CEO. Our organisational structure incorporates a strong middle management level comprising of four Managers who's primary mandate is to manage the four distinct divisional areas within Gunditjmara operations. The four divisional areas comprise of Corporate Services Division, Aged Care & **Disabilities Services Division**, Health Services Division and Child Youth and Family Services Division. The Managers also ensure that each divisional area and program is focussed on achieving funding service agreement targets, supporting each staff member in their job role, ensuring staff are supporting and empowering clients and also ensuring that programs that are offered to members and clients are, at all times, aligned to the mission of Gunditimara in continually aiming for best practice.

Our staff are well aware that the best service they can provide is to help people develop skills to become more resilient, so they can better face any challenges they meet in creating a healthy life for themselves. The services we provide are many and can be described as person-centered care or otherwise known as a "wrap around service."

Gunditjmara seeks to create a working environment that supports staff to excel and achieve high standards in their work. Our core values of respect, effort and excellence guide us to maintain a workplace that is

- ¥ Safe and stress free
- ¥ Positive and supportive
- ¥ Courteous, respectful and considerate
- ¥ Capable of providing quality Customer Service
- ¥ Professional and high performing.

Many of our program and services offered at Gunditjmara work in collaboration and partnership with a broad range of stakeholders in the South West region both in mainstream and other Aboriginal Community Controlled Health Organisation (ACCHO) services. Forging sustainable and robust partnerships enables Gunditjmara to accomplish far more than we could achieve alone, resulting in improved tangible service outcomes for our members and clients.

Across all of our Divisional areas Gunditjmara, during the 2012-13 financial year employed 37 staff members.

Managers and staff whom held positions during the 2012-13 financial Year and office locations for each Divisional area are shown in the following organisational chart: **INSERT ORG CHART HERE**

Long Serving Staff Members

Name	Position Title		
16 Years			
Glenda Thompson	Aged Care and Disabilities Manager		
14 Years			
Bobby Cunningham	Koori Youth Justice Worker		
11 Years			
Beverley Harrison	Medical Transport Driver		
Georgina Taylor	Aboriginal Health Practitioner		
8 Years			
Annette Ludeman	PA to CEO / Administration Supervisor		
Frances Cornelissen	Home and Community Care Worker		
7 Years			
Gaye Morrissey	Practice Nurse		

Funding Appreciation List

The ongoing and much needed funding support from our various government and non government partners enables Gunditjmara, making it all the much easier to;

- · improve and update facilities resources and equipment,
- introduce new services and programs as well as build on existing service offerings. These
 actions have a tangible flow on effect to meeting the needs of our community and members.

We would like to extend a word of thanks and acknowledge the funding contributions during the year from the following government organisations.

- Department of Human Services (DHS)
- Department of Health (DOH)
- Office of Aboriginal and Torres Strait Islander Health (OATSIH)
- Department of Education and Early Childhood Development (DEECD)
- Department of Education, Employment and Workplace Relations (DEEWR)
- > Department of Families, Housing, Community Services and Indigenous Affairs (FaCHSIA)
- Lyndoch Living Warrnambool

How We Are Funded

The pie chart below depicts the funding revenue received from all funding sources during the 2012-13 financial year. (*Note: This pie chart should be read in conjunction with 2012-13 Gunditjmara's Audited Financial Statements at Page 50 - Attachment 2*)



From the Chair

Dear Members

3 years on as Chairperson of Gunditjmara Aboriginal Cooperative Limited I am pleased to present the 2012/13 Gunditjmara Aboriginal Cooperative (Gunditjmara) Annual Report.

The Annual Report provides a snapshot review of the cooperatives activities over the reporting period and demonstrates the many ways Gunditjmara continues to provide client focused, culturally appropriate, timely and quality services to our community.

Long term sustainability, transparent processes, sound financial management, due care and diligence and objectiveness, remained my priorities as Chairperson and are reflected in all that we, your Board, discussed, debated and resolved in the Board Room.

Our major focus this year was on organisational infrastructure. Understandably our infrastructure needs have taken a front seat since the devastating fires that destroyed our head office site at Harris Street Reserve, over the holiday period of January 2010. During the year our proposed Harris Street planning application, prepared and designed by Select Architects was lodged on the 12 September 2011 and was considered, on the 13 September 2012 by the full contingent of the Warrnambool City Councillors at a Council Meeting. At that meeting our planning permit was officially denied. The Denial of our planning permit was profoundly disappointing but it was fortunate that we had a plan B up our sleeve! That plan B was to purchase the former Community **Connections Victoria Limited head** office situated at 135 Kepler Street Warrnambool. We became aware that Community Connections Victoria Limited had sold the property to nonprofit agency OzChild. We subsequently negotiated the purchase of the property with OzChild, who had no further use for the site. This was the Board's most significant action during the reporting period. The purchase of 135 Kepler Street in my view marks a major milestone in Gunditjmara's history, one that our members can look back on with a sense of pride. Our CEO, Marcus Clarke, will provide finer details regarding the property at 135 Kepler Street property in his CEO report.

With a growing base of program and service offerings and increasing complexity and depth in strategic governance, compliance and accreditation. Another large area of focus during the year that your Board paid particular attention to was Risk Management. The Board has a clear mandate on an ongoing basis to actively and effectively identify, manage and mitigate strategic governance level risk that presents internally and externally to Gunditjmara. Effectively our success as an organisation is driven by how wisely we take risks and how effectively we manage the risks we face. and also outlines the proposed mitigation and treatment plan for each area identified.

The risk Register is a living document in the sense that it will be continually used on an ongoing basis as a reporting tool of the Board to ensure that risk is front of mind of everything that we do in governing the organisation.

10 of 65

This year also marked the final year for our strategic plan that underpinned all of our services for the past three years. The Strategic Plan covered three distinct goal areas being

Goal 1: A well managed and sustainable Organisation Goal 2: A supported and empowered Community Goal 3: Strong and Healthy People.

We have achieved a considerable amount over the three-year period against the identified goals above and the Board plans to hold two, two day facilitated Strategic Planning workshops in the coming months, entering the new financial year. These workshops will provide a forum for us to highlight to our member base and staff the achievements made against the strategic plan as well as providing the opportunity for all of our members and staff to provide input and have their say into our subsequent strategic plan which will span over the next five years. The Board is eager to get as many members and staff along to participate in the workshops and to broadly have their say and shape the direction of Gunditimara for the next 5 years.

Overall, the past year has been a demanding and productive period for Gunditjmara. None of the achievements or outcomes would happen without the funding contributions provided from our various funding partners both state and Commonwealth (A list of all funding partners is provided within the appreciation list found at Page 9).

The Board would also like to express their appreciation and acknowledge to our CEO Marcus Clarke for his able leadership, the management team and each and every staff member for their commitment, contribution and efforts over the year providing many excellent outcomes and positive impacts for our members, clients and patients.

On behalf of the Board I would also like to take this opportunity to sincerely thank the community and members for their ongoing commitment and utilisation of the services and programs offered by Gunditjmara.

I would also like to pay a special mention to Ms January Arnold, Board Secretariat and Minute taker for providing astute secretarial support to the board over the year.

Finally, I would like to gratefully acknowledge and recognise the voluntary commitment of all the Board members for their contributions to the governance and oversight of Gunditjmara throughout the year.

I hope that you enjoy reading the annual report and as you flick through the pages you will note a number of pleasing results and incremental improvements across all program areas.

Good luck to the members who are vying for a position on the Gunditjmara Board.

Alan Miller - Chairperson

From the CEO

Dear Members

The 2012-13 year in review has been full, at times challenging but all in all a productive period. We have made some clear headway and achieved a great deal on a number of fronts over the reporting period. These can be divided into a number of areas:

Infrastructure

Continuing on from last year's annual report, and generally since the devastating fires that destroyed our head office in January 2010, Gunditjmara's immediate and future infrastructure needs were again high on the list of tasks undertaken during the year.

Undoubtedly one of the biggest achievements during the period was the purchase of 135 Kepler Street Warrnambool. We learnt upon reading a Warrnambool Standard article, that OzChild had acquired and rebadged all former Community Connections Victoria Ltd.'s properties. We further learnt that there was a possibility that OzChild had no further operational use for the site at Kepler Street. We, not long after the Warrnambool Standard article, engaged OzChild and queried their intention of selling the property. Subsequently OzChild indicated they were keen to sell and we indicated to them our interest in purchasing the said property.

Discussions took place concurrently as our planning permit application to Warrnambool City Council for the rebuild of Harris Street was going through the planning permit system. Our rationale for taking the approach of contacting OzChild was based on our desire to have a strong and watertight contingency plan. Our contingency plan was simply questioning, strategizing and taking a crystal ball approach to asking ourselves, "what is our alternative fall back position if Warrnambool City Council deny our planning permit to rebuild Harris Street Reserve". Upon the Board and I strategizing our available options was, at the time the Warrnambool Standard article was reported. The old adage "being in the right place at the right time" comes to mind when reflecting on the acquisition of Kepler Street.

Subsequently, after completing our pre purchase due diligent checks on the Kepler Street property, the option of buying eventuated and became our number one option, as opposed to our original plan of rebuilding Harris Street. The Kepler Street site was sound and structurally solid. Other advantages of the premises was that it was in a prominent location near the Warrnambool CBD and provided Gunditjmara with a larger profile in terms of visibility and presence within the Warrnambool community. Not long after completing the pre purchase due diligence checks of the Kepler Street site, we were faced with the dilemma of how to raise the funds required to purchase the building. A contingent of the Board and I set about to approach Aboriginal Affairs Victoria (AAV) with the view to query and gauge the possibility of redirecting the \$900,000, originally earmarked for the Harris Street Reserve rebuild, to go towards funding the acquisition of 135 Kepler Street.

Additionally we queried the possibility of AAV granting approval to sell off the former Gupri House site at 35 Mountain Ash Drive with the proceeds of the sale to also go toward the acquisition of Kepler Street.

The Board and I, even though the Kepler Street Option was presenting as our number one priority in terms of our infrastructure options, made a conscious decision to not halt the planning permit application to rebuild Harris Street. We decided to allow the application to run its course whilst we were progressing all other options available to us surrounding the acquisition of Kepler Street.

Subsequently on 10 September 2012, our planning permit was rejected by Warrnambool City Council at a full council meeting. As reported in the Warrnambool Standard article the following day, the councillors said, "the proposed uses were inappropriate for the site at Harris Street Recreation Reserve, posed traffic safety issues and would be detrimental to the neighbourhood." The report featured in the Warrnambool Standard went on to further state "instead of following planning officers' recommendation to issue a notice of decision to grant a permit, the majority of councillors gave it the thumbs-down."

The decision was bitterly disappointing given that the Warrnambool City Councils own planning department recommended approving the application. Additionally, in terms of the notion that the building concept posed traffic safety issues was at odds with the comprehensive Traffic impact Assessment report that Gunditjmara commissioned as a part of required Pre planning tasks.

As the old saying goes "every cloud has a silver lining," and on 12 December 2012, we received great news that AAV officially, in principal, granted both the redirection of the \$900,000 grant as well as the approval to sell off 35 Mountain Ash Drive after we had provided them with a feasibility study, comprehensively prepared by Wendy Hastrich Architect and depicting the advantages of the Kepler Street property over our original plans to rebuild Harris Street.

At around the same time we negotiated to purchase 135 Kepler Street with OzChild as the vendors and signed the contract of sale accordingly.

Additional to the redirection of the \$900,000 grant and before the release of funds, AAV stipulated specific conditions that Gunditjmara were required to meet. Those conditions covered a range of tasks including:

- Removing and replacing the asbestos roof from Kepler Street
- Completing an Essential Safety Measures audit on Kepler Street which resulted in addressing identified items from that audit

- Selling Mountain Ash Drive
- Demolition and repair works to the Harris Street site are undertaken as a priority, making good the fire damage of the premises.
- Written Agreement from NAB bank for a Bank Loan

Not long after Gunditjmara moved from its former rented head office situated at 6 Kinross Court, over to the offices located at 135 Kepler Street. A license Agreement was set up between Gunditjmara and OzChild for us to occupy the premises.

After receiving the welcoming news from AAV on announcing the inprinciple agreement to redirect the \$900,000 grant as well as the sale of 35 Mountain Ash Drive, we commenced addressing a number of the conditions set forth by AAV and at the end of the period we had managed to accomplish the following:

- The task of Removing and replacing the asbestos roof at Kepler Street.
- Gaining a written agreement from the NAB Bank for a Bank Loan
- Assessing and addressing all Essential Safety Measures Items at Kepler Street
- Engaging Wendy Hastrich Architects to prepare a planning permit for submission to Warrnambool City Council for Harris Street Reserve.

We are now well on our way to achieving all of the conditions set out above and expect that all conditions will be substantially met in the new financial year.

Subsequent to the denial of the planning permit via the Warrnambool

City Council, Gunditimara have a clear responsibility, as written in the longstanding Lease Agreement terms of the Harris Street Reserve site, to make good the fire damage sustained to the building. Wendy Hastrich Architects has been engaged to coordinate and lead the reinstatement of the Harris Street site. Wendy has extensive experience in working with Aboriginal communities and building design and has won a design award in 2007 on her work relating to the entry at Brambuk, Halls Gap. We have been working closely with Wendy to expediate the reinstatement of the Harris Street site.

Our property located at 265 Koroit Street, Warrnambool, which accommodated our Koori Maternity Services Program, was sold during the period. The Board of Directors have earmarked the proceeds of this sale to go toward the purchase of 135 Kepler Street. The sale price for the Koroit Street property was \$470,000

The above work has been hectic, to say the least, but also extremely rewarding. I remain optimistic that we can manage to address the conditions set forth by AAV and eventually settle the purchase of the Kepler Street property. A new direction is emerging for Gunditjmara and I am extremely excited about our future and where we are headed as an organisation. I look forward to when we officially open 135 Kepler Street with the knowing that we can all be extremely proud

Investing in our people

Comparable to the last few years, training and professional development of our staff once again remained a key strategic focus during the reporting period.

The benefits that result from a strong platform of enabling and providing staff access to opportunities to learn new skills and experiences cannot be underestimated. The great results and attainments of our staff have tangible flow on effects that directly enrich and benefit our organisation and the members we serve.

A large majority of staff attended various conferences and network meetings (subject to funding) during the year. These events facilitate opportunities for staff to network with other peers from various organisations and to also have the opportunity to learn from industry experts, overall resulting in them improving their understanding of contemporary issues affecting their work which in turn drives Gunditjmara further as a business.

Ongoing, we will continue to provide training opportunities for staff to fully develop their potential

A list of all training and qualifications undertaken by staff during the reporting period can be found on page 45.

Partnerships

We understand the importance of maintaining and developing strong partnerships.

Evident over previous years Gunditjmara has again continued to join forces with new partners as well as maintaining strong links with existing partners from previous years. We continue to embrace a conscious trend to "open up" the organisation and develop close collaborations with other like-minded organisations in the South West and effectively advocate and champion the needs of our community.

First and foremost, each partnership that we embark on must be centered upon the needs of our community. We do not venture into a partnership arrangement with other agencies because it is a popular thing to do. We do it only on the basis that the partnership can demonstrate that it will, scale up existing successful interventions and widen our coverage, create new initiatives to cover existing service delivery gaps and have real and meaningful social and health impacts on our community in a cost-effective and sustainable way.

Partnerships also increase our profile in the community by increasing other organisations awareness of what program offerings and services Gunditjmara provide to its members and community.

We are committed to ensuring that our existing partnerships continue to mature and flourish and we will continue to actively search for new and emerging partners that fit our above mentioned viewpoint.

Managing Risk

As mentioned in the Chairperson's report, there has been a major focus this year placed on Risk Management of the organisation. We have effectively bedded in a robust risk management process that we term as the 7 R's and 4T's principle: This principle forms the framework for Risk Management within our organisation and is universally applied at the strategic governance level (at Board Level) as well as Operational Level (the Level that is delegated to the CEO to manage).

The 7R's and 4T's principle covers the following steps.

- Recognition and identification of risks
- 2) Ranking or evaluation of risks
- Responding to "significant" risks - Do we
- tolerate
- **t**reat
- transfer or
- terminate the risk
- 4) Resourcing control activities
- Reaction planning (planning for worst case scenario's, policies, disaster plans etc)
- Reporting and monitoring risk performance
- Reviewing the risk management framework at defined intervals

Building a strong Risk Management culture and having a robust Risk Management framework enables us to take a crystal ball and helicopter view over all operational and strategic areas of the organisation which places us in a much stronger position to tackle the uncertainty of the future and bring it under control.

The Road Ahead

As we move forward into what seems certain to be a very busy year, I am enthusiastically looking forward to tackling the many varied challenges and rewards that lay ahead.

Some major challenges that are front of mind and on the horizon for us include the following:

- Finalising settlement on 135
 Kepler Street and conducting an official opening.
- Sourcing Investment in the Early Childhood Focussed program -My opinion of our biggest service delivery gap relates to the Early Childhood space. To give a sense of where this gap lies within our service delivery model I will outline the current state of play to provide context. specific early childhood program ongoing to provide support to children and their families.

Research clearly shows that 90% of a child's brain develops during the first three years of his or her life, when it is at its most malleable.

During the reporting period we did make a start to filling this gap, utilising funds provided by the Department of Education, **Employment and Workplace** Relations (DEEWR) for our Parenting and Community Engagement (PACE) program and Kooramook playgroup, in partnership with OzChild (An overview of this program can be found at the KPSA report). This program kicked many goals but was non recurrent, only sustaining for a 12 month period. We will actively source ongoing funding to fill this most important gap in service delivery.

- Facilitating the development of a new Strategic Plan.
- Planning an intranet and website refresh to improve internal communication and the provision of timely information to the wider community.
- Continued training and support of our staff.

Thanks and Acknowledgements

None of what we do could be achieved without the support of our building membership and client base. Gunditjmara continues to be grateful for your active participation and involvement in services and programs during the year.

I wish to also greatly acknowledge and extend a sincere thank you to our various funding partners, both, at state and commonwealth level that provide the much needed funding for Gunditjmara to deliver services and programs to the Aboriginal community.

To all our staff, I recognise and thank you for your notable efforts over the past year in making a difference to the lives of our members and clients.

A sincere thank you also goes out to our State Peak agency Victorian Aboriginal Community Controlled Health Organisation

Last, but by no means least, I also wish to acknowledge and personally thank the Board for their positive contribution, counsel, insight and guidance in a year that offered many challenges. The organisation is infinitely better for your collective ongoing stability and cohesion and commendable voluntary efforts displayed during the year.

I look forward to taking on the challenges and opportunities that are on the horizon in the next coming year.

Marcus Clarke - CEO

Divisional Program Reports

Gunditimara Health Service Division Program Reports

Gunditjmara Health Service -

The Gunditjmara Health Service operating from 3 Banyan Street provides both acute and allied health care to our community. Each unit within the health service provides strong continuity of care for all patients.

QUICK REFERENCE FACTS AND RESULTS ACHIEVED DURING THE 2012-13 REPORTING PERIOD

Depicted below for your reference are a number of graphs that provide an overview and analysis of data from varying themes.



The above graph indicates the throughput of the health clinic over the past 3 years.



The above graph indicates the health episodes of care provided by all health business units.



The above graph indicates the number of claimed ATSI health checks provided to our Aboriginal patients. All claims are made through Medicare Bulk Billing



The above graph indicates the amount of revenue generated via the GP specific Bulk Billing Service



The above graph indicates the amount of GP contact visits.

Age breakdown of Aboriginal clients





The above graph indicates the most prevalent disease that presents within our Aboriginal Population specific to the catchment area of Gunditjmara.

GP Services

The Gunditjmara Aboriginal Health Service offers general medical practitioner and minor procedural services to the Aboriginal and non-Aboriginal community of Warrnambool and outlying areas of the South West.

Our medical reception team is the primary point of contact for patients/clients that present to the health service. Our reception team provides a warm and welcoming face to the patients and are ever so helpful to our patients, and act as the crucial link between patients and medical staff. We are very proud of the professional attitude our administration staff display on a routine basis.

Our General Practitioner's Dr. Surinder Singh and visiting GP, Dr. Jonathan Duffy, along with our Practice Nurse and staff continue to provide highly professional and empathetic clinical services to our existing and new patients.

Dr Singh currently provides consultations on Monday 9:00am-4:30pm, Tuesday 9:00am-4:30pm, Wednesday 9:00am-12:00pm, Thursday 9:00am-4:30pm and Friday 9:00am-4:30pm.

Dr Duffy provides consultations on Tuesday Mornings 9:00am-12:30pm.

Over the 2012-13 financial year, Gunditjmara Health Service registered 121 new Aboriginal patients for the period and provided over 14,036 episodes of care, of which 5800 were from visits to the GP

Key achievements in 2012-13 through the Gunditjmara Health Service include:

- ¥ Registered 121 new Aboriginal patients
- ¥ Provided approximately 474 GP sessions
- ¥ Provided 14,036 episodes of care across all Health Programs an increase of 509 episodes of care from last year
- ¥ Increased numbers of patients with GP Management Plans and team care arrangements
- ¥ Coordinated care between the Clinic and other health care services locally and regionally.
- ¥ Facilitated allied health visits by dieticians, a diabetic educators.
- ¥ Further developed and streamlined electronic recording of health indicators to improve quality of clinical service provision and reporting

Aboriginal Health Workers

Gunditjmara Aboriginal Health Workers (AHW) provide a vital link between Aboriginal communities and health care services. As well as offering emergency care, Aboriginal Health Workers are trained to use their knowledge of Aboriginal culture and communities to promote good health practices within individual community groups. Aboriginal Health Workers have diverse roles that include providing treatment for disease and injuries, maintenance of health records, cultural education to people outside communities, counselling and referral for crisis problems, input, planning, development and monitoring

of health programs in their community, and also assist and encourage Aboriginal people to take a strong role in controlling and managing their health.

Key Achievements in 2012-13 performed by AHW include:

- 228 Aboriginal and Torres Strait Islander (ATSI) Health Checks were completed and claimed via Medicare;
- 44 Chronic Disease Management Plans had been completed and claimed ;
- 40 Team Care Arrangements have been completed and claimed;
- 42 Reviews have been completed and claimed;
- Five Week Life Program, facilitated by a Qualified Life Facilitator who is also one of our Aboriginal Health Workers;
- Facilitated Session 2 of the Life Program run through Diabetes Victoria, whereby a total of eight participants attended ;
- Facilitated Session 3 of the Life Program run through Diabetes Victoria at which eight participants attended;
- Worked with Division of General Practice staff assisting with nutrition and diabetic information; and
- Conducted Programs for Elders and Community Members.

Aboriginal Health Promotions and Chronic Care

The Aboriginal Health Promotions and Chronic Care Program supports Aboriginal community controlled, and mainstream primary health services to work in partnership with the Department of Health in developing and delivering local services and programs that prevent, and manage, the high prevalence of chronic disease within Aboriginal communities.

The aim of the AHPACC Program is to acknowledge chronic illness and promote healthy lifestyles. This is achieved by acknowledging contributing factors to poor health, and addresses the following areas by way of referral, transport/support, advice, education and assistance, health assessments and care plans.

The AHPACC Officer is working with Kirrae Health Service at Framlingham each Wednesday and at South West Healthcare each Thursday.

Key achievements in 2012-13 of AHPACC work include:

- AHPACC has endeavoured to increase the number of Kirrae clients being case managed and treated by Dr Singh and the AHPACC Worker.
- AHPACC is also assisting in the care planning of Home and Community Care (HACC) and Community Aged Care Packages (CACPs) clients in conjunction with the HACC/CACPs Manager.
- AHPACC has successfully assisted clients in gaining CACPs packages.

Contacts from 01/04/2012 - 30/06/2013	= 1	1033
Individuals seen by Provider from this period	=	118
Procedures performed by Provider from this period	=	770

Alcohol and Other Drugs (AOD) Program

The AOD Program aims to increase awareness of the adverse effects of substance abuse on individuals, and their families, in order to reduce their levels of dependence and the likelihood of becoming involved in the judicial system. The AOD Program achieves this through consultation with Department of Corrections, and the Aboriginal Community, by offering specific programs and diversionary methods that enhance people's social and emotional wellbeing.

The AOD Officer is based at the Gunditjmara Health Clinic on Mondays, Tuesdays, and Fridays, and engages with the Community by taking part in various activities. Wednesdays are spent providing a service to the Community at Kirrae Health Service in Framlingham. Thursdays are spent at the Gunditjmara Head Office which is located at 135 Kepler Street, Warrnambool.

Key achievements in 2012-13 performed by the AOD Officer include:

- Four clients successfully completed detox with two going on to complete rehabilitation;
- Arranged counselling sessions and referrals to specialists and associated agencies;
- Conducted client assessments;
- Provided support for AOD Program at DWEC as a mentor;
- Weekly contact with Department of Corrections;
- Ensured relevant Health Promotion information was on display;
- Regularly liaised with Aboriginal Liaison Officer (ALO) at Police Station;
- Regularly liaised with ALO from South West Healthcare;
- Liaised with Worn Gunditj;
- Facilitated Closing-the-Gap Strong Men's Group;
- Attended Aspire meetings;
- Linked clients into private psychiatric services;
- Supported clients at Court personally or with letters of support;
- Supported Community Workers;
- Provided clients with assistance to access food;
- Established links with other Agencies;
- Attended AOD Conferences and Case Management Meetings;
- Attended AOD Providers Meetings
- Attended Local Aboriginal Justice Advisory Committee (LAJAC) Meetings;
- Signed up for Support Link;
- Meetings with Improved service from Western Region Alcohol and Drug (WRAD) Centre.

Contacts during the reporting period:

- ¬ Female Contacts = 171
- \neg Male Contacts = 442

Care Coordination and Supplementary Services (CCSS)

The Care Coordination and Supplementary Services (CCSS) Program is a Federal Government initiative and is a relatively new program to Gunditjmara and is auspiced by the Great South Coast Medicare Local. The aim of the CCSS program is to ensure that best practice coordination of care is delivered to clients whom are suffering chronic conditions such as diabetes, respiratory disease and kidney disease. The program also aims to prevent hospital admissions as a result of poor management of chronic disease/s

Key achievements in 20112-13 through the CCSS Program include:

- Improving the clients overall health and self-management skills.
- Assisted clients to experience better health outcomes by accessing specialist services and programs such as (but not limited to) regular physiotherapy sessions.
- > 29 Patients have utilised the program
- > 3 Patients assisted with Supplementary Services

Koori Maternity Services (KMS) Program

The Koori Maternity Service (KMS) Program aims at providing professional, supportive and culturally sensitive antenatal and postnatal care, as well as labour ward support to women and their families across the South West Region. The KMS team provide care and support to women, and their families, from diagnoses of pregnancy (or before, if information is required) until six to eight weeks postnatal.



One of the KMS Babies born this Year

Welcome to Preston Miller and the other 17 babies KMS had the privilege of being involved with. Unfortunately, we are not able to include photos of them all so we have chosen to include our Chairperson and his new son. The Koori Maternity Service continues to work well with the Women's Health Unit at South West Healthcare (SWH) and has lately enjoyed increased communication and interaction with the inpatient Maternity Service thereat. We extend our thanks to the Aboriginal Health Promotion Team at SWH for this, as well as ward staff.

KMS has also improved its working relationship and communication with the Portland District Hospital and this is also due to the commitment of KMS Staff and midwifery staff at the hospitals. Finally, the KMS program employed a new Health Worker towards the end of 2012.

Key Achievements in 2012-2013 through the KMS Program include:

- 18 births, four of which were supported by the KMS Midwife during labour, and one by the Health Worker. Of these 18 births, three women were previously supported by the KMS Team.
- Six families are currently receiving Postnatal Care.
- Five women are still receiving antenatalcare following on from the current reporting year.
 - One new antenatal referral from Hamilton.
- The ultra-sound machine has proven to be a popular and useful tool, especially in early pregnancy when it is not possible to hear the foetal heart by external methods. Mums are keen to keep their appointments so they may see their baby, and KMS staff are able to see the foetal heart beating.

 Gunditjmara purchased a CTG machine which monitors foetal activity and reassures mums if they have concerns about reduced foetal movements. This equipment allows KMS to trace and monitor baby activity inter utero for a prolonged period, which ensures that the the baby is active and healthy. The CTG also allows KMS to undergo foetal monitoring in a culturally safe environment when requested by the Obstetricians instead of the mums having to attend the hospital for monitoring.

Gunditjmara Aboriginal Dental Program

The Gunditjmara Aboriginal Dental Clinic, in partnership with South West Healthcare Dental Services continues to provide a critical dental service to our members and community. The dental clinic remains an extremely busy and valued service and continues to go from strength to strength.

The Gunditjmara Dental Clinic, utilising the South West Health Care dental team, comprising of a dentist and 2 dental nurses, provides free weekly dental services to all Aboriginal Health Care Card and Pensioner Concession Card holders. Services include oral health check-ups, preventative care, extractions, fillings, cleaning, fisher seals, bridges and dentures.

We continue to be extremely proud of our excellent working relationship with the dental staff of South West Healthcare. Without their ongoing support this vital service to the Aboriginal community would not be possible. Aboriginal community members who are not eligible for services at the Gunditjmara Dental Clinic continue to access services through our monthly road trips to the Victorian Aboriginal Health Service (VAHS) Dental Clinic in Fitzroy, Melbourne.

Key achievements in 2012-13 through the Gunditimara Dental Clinic include:

- ¥ Provided dental services to more than 330 patients
- ¥ Achieved high client satisfaction ratings

South West Aboriginal Health Partnership (SWAHP)

In July 2012, the previous target areas of the Healthy-for-Life (HFL) program were 'morphed' into the National Key Priority Indicators (nKPI's) for Aboriginal Health. (A copy of these KPI's are below). Every ACCHO, and Aboriginal Medical Service that receives funding from OATSIH is mandated to report against these 24 nKPI's. The KPI's are very much clinically orientated and do not, in a lot of ways, reflect what staff, as ACCHOs and AMSs, do.

At the last CEO/Managers meeting, all organisational representatives voted to rename the partnership that was previously known as the Healthy for Life Consortium. This partnership between Gunditjmara, Winda Mara, DWECH and Kirrae is now called the **South West Aboriginal Health Partnership** (SWAHP). Annie Bertram is now the coordinator of the South West Aboriginal Health Partnership. (A logo has been developed which was designed by local Gunditjmara Elder, Aunty Chrissy Pearce.)

In the future, funding applications may be submitted as a collective group, as the partnership consists of relatively small organisations, within close proximity to each other. If the Aboriginal organisations come together - where appropriate and where there are common themes – it is hoped to successfully attract new funds to the region for Aboriginal Health.

Although the HFL funding is no longer a separate funding stream, Gunditjmara Aboriginal Cooperative and the South West Region are in a fortunate position as the cooperative will still receive these funds within Gunditjmara's primary health care funding. Gunditjmara auspices these funds for the partner organisations, and also employs the Co-ordinator. All organisations Australia wide which previously had HFL funding still receive these funds within their primary health funding. Organisations that did not have HFL funding, still have to report the nKPI's without the extra funding to assist with meeting these targets.

The role of the Co-ordinator is to essentially ensure that all organisations within the partnership are working towards achieving these nKPI's and are looking after the health care needs of their Communities. The Co-ordinator works with the CEOs, Health Managers, Aboriginal Health Workers, Nurses, OATSIH and, in some cases, GPs to ensure that this is happening. If there is no - or minimal - evidence that these KPI's are not being worked towards, or achieved, funding will most likely be cut or reduced.

The co-ordinator works with each organisation to ensure the data, and that the work being carried out actually reflects what the departments and funding bodies require. The role of the co-ordinator is to assist the CEOs, managers and workers on the ground to get this information, and carry out these tasks. As all four organisations are very different organisations with differing Community needs and staff capacity, the co-ordinator's role is varied in each organisation.

Due to the nature of this role being somewhat flexible, the co-ordinator is also able to assist the CEOs/Managers in other operational aspects of their organisation: including planning, development, reporting to, and for, other funding bodies and whatever else is required in conjunction with the data, support and reporting aspects of the position.

When the HFL Program was a separate funding stream, there was a lot more flexibility with funding (i.e. to spend on health promotion, holistic health, activities etc). As Gunditjmara now has the nKPI's to report against each, ACCHO needs to be seen to be achieving these clinical goals and targets outlined by OATSIH. Activities, health promotion, etcetera can still be funded from this, however, the first priority is direct clinical service delivery.

- Number and proportion of regular clients who are ATSI who had an MBS 715 within the previous 12 months 0-4 years or 25 years or over.
- Number and proportion of ATSI babies born within the previous 12 months whose birth weights were recorded.
- Number and proportion of regular clients with Type II Diabetes who are ATSI and have had a HbA1c measurement recorded in the previous 12 months.
- Number and proportion of regular clients with Type II Diabetes who are ATSI and have had a HbA1c measurement recorded in the previous six and 12 months AND whose last HbA1c was within specified ranges.

- Number and proportion of regular clients with Type II Diabetes who are ATSI who have had a BP recorded in the previous six months.
- Number and proportion of regular clients with Type II Diabetes who are ATSI who have had a BP recorded that was less than or equal to 130/80mmHg within the previous six months.
- Number and proportion of regular clients with Type II Diabetes who are ATSI and have had a team Care Arrangement (MBS item 723)
- Number and proportion of regular clients who are ATSI with a known Smoking status.
- Number and proportion of regular clients who are ATSI and have had a BMI recorded overweight or obese.
- Number and proportion of regular clients who are ATSI and have their alcohol consumption recorded within the previous two years.
- Number and proportion of ATSI babies born within the previous 12 months with a recorded birth weight of either low, normal or high.
- Number and proportion of ATSI children who are fully immunised at one, two and five years-of-age.
- Number and proportion of ATSI female regular clients aged between 20-69 who are recorded as having a pap test within the previous two, three and five years.
- Number and proportion of ATSI regular clients aged <50 and are recoded as being fully immunised with influenza and pneumococcal vaccine.
- Number and proportion of ATSI regular clients with Type II Diabetes or COPD who are immunised.
- Number and proportion of ATSI regular clients with a Chronic Illness who are recorded as having an eGFR and urinary ACR or other urinary micro albumin test result within the previous 12 months.
- Number and proportion of ATSI regular clients who have a smoking status of ex-smoker, current smoker, never smoked or not recorded.
- Number and proportion of ATSI regular clients who gave birth to a baby in the previous 12 months and who had an antenatal visit during that time and who smoked at that time.
- Number and proportion of ATSI regular clients who have been recorded as risk of long-term harm from alcohol.
- Number and proportion of ATSI regular clients who have a chronic disease and who are recorded as having an eGFR test result within the previous 12 months with a result within specified levels.
- Number and proportion of ATSI regular clients who have not had a diagnosis of cardiovascular disease and who have had an absolute risk assessment recorded.
- Number and proportion of ATSI regular clients who have not had a diagnosis of cardiovascular disease and who have had an absolute risk assessment with results within specified levels.

Koori Preschool Assistant (KPSA) Program

The Gunditjmara Koori Pre-School Assistant works with kindergarten programs to:

¥ Enhance the access and participation of Koori children in kindergarten programs.

- ¥ Promote and assist in the delivery of Koori inclusive programs.
- ¥ Provide information and support to Koori families and communities.
- ¥ Support the attendance of Koori children in kindergarten programs.
- ¥ Encourage the involvement and participation of Koori parents, families and carers in the development of kindergarten programs, and assist in the development of kindergarten programs that embrace Koori culture.

The KPSA also provides information and support to Koori families while supporting the attendance of Koori children attending kindergarten.

The KPSA visits nine kindergartens, eight of them being four-year-old kindergartens, and one being a three-year-old kindergarten.

These Kindergartens are:

- Panarama Avenue Three-Year-Old Kindergarten
- Beamish Street Kindergarten
- Central Kindergarten
- City Kindergarten
- Florence Collins Children's Services Complex
- Dennington Pre-School Centre
- East Warrnambool Kindergarten
- Lions Hopkins Kindergarten
- Koroit and District Pre-School Centre Association
- Merri Kindergarten
- South Warrnambool Kindergarten

The KPSA visits eight to eleven different kindergartens per week for approximately an hour each; planning, preparing and presenting a different culturally relevant activity (whilst working and liaising with the kindergarten teachers about activities in advance). The KPSA also assists families with kindergarten and school enrolments - ensuring school readiness whilst assisting with, and ensuring, a smooth transition into school.

As from Term 2, 2013 the KPSA commenced facilitating a playgroup each and every Friday.

From July 2012, a total of 25 children (spread over eight different kindergartens) have been seen and from Term 1 in 2013, the KPSA visited a total of 32 kindergarten children, visiting seven out of the eight four-year-old kindergartens twice (once on week one and once on week two of The Timetable to cover both different kindergarten groups) as well as visiting the three-year-old kindergarten once a week also to cover the two groups.

Key Achievements in 2012-2013 through the KPSA Program include:

• Supplementary Recurrent Assistance (SRA) Funding Conference in Melbourne

- The KPSA Program, via its Koori Pre-School Assistant has created innovative and charming educational entertainments for the Koori children in her care, such as:
 - o A board game named, *Race The Animal to The Waterhole* (where the children shake the dice and count the dots to see how many spaces they need to move the Australian bush animal they have chosen. (This is repeated, taking turns until all get their animal to the waterhole.) This is a good game to encourage numeracy skills.
 - o Puzzles with Australian animals on them decorated with aboriginal art.
 - o Animal Bingo, a game which uses pictures of Australian bush animals that have their commonly known name under them and the local Koori language name as well.
- Reading books such as "The Magic Colours," which is a modernised version of *How The Birds Got Their Colours* (a traditional aboriginal story). The children then made their own colourful bird (sticking coloured feathers inside the outline of a bird). The book, "Puffing Tilly and The Rainbow Snake," is a modernised version of *The Rainbow Serpent* story. The children then made their own rainbow snake by scratching through their picture using black scratch art paper; revealing beautiful rainbow colours underneath. The book titled "Magic Boomerang" is a story that takes its owner to special places around Australia every time the boomerang is thrown. The children were then provided with a mini wooden boomerang to paint. (The children were encouraged to use more lines and patterns rather than dots as is used by the local culture.)
- At the end of the year, the last activity was to make a hand wreath. The children's hands were traced, cut out, decorated and then adhered around the cardboard ring creating a hand wreath to put on display.

In early March 2013, Parent and Child Education (PACE) Program funding was received by Gunditimara In partnership with OzChild, these funds were applied towards creating and managing a Playgroup.

Key Achievements in 2012-2013 through the PACE Program include:

- The establishment of The Koorramook Playgroup
 - A large downstairs room, located at Head Office, 135 Kepler Street, Warrnambool, was renovated and refurbished and has been colourfully decorated with furniture, pictures and toys. A feature wall and chalk-board wall were painted, and the room was made safe and set-up to be a user-friendly and inviting place.
- Promotional Flyers were sent to community members who had a child or children aged between 0-five, and then Sign-In Sheets and Enrolment Forms were developed.
- A "Come and Try" Day was held on Friday, 31 May and the Gunditjmara Playgroup officially kicked-off on 7 June 2013.
- A Learning Diary has been developed for each child that attends playgroup and consists of photographs of them doing different activities including one document relating to the child learning which will directly tie into the Victorian Early Years Learning and Development Frameworks five main outcomes.

Some parents are also developing an *Involvement Scale* for each of their children with the view to document and rate their child's developmental journey. Parents are encouraged to write a few sentences in their child's *Learning Diary* (which comments are related to what their child is learning in an accompanying photograph). This is empowering parents and helps them to understand that every new thing their child is exposed to, or is trying/experiencing, is all about *learning*.

Gunditjmara encourages parents to realise how important Playgroup is towards getting their child/ children kindergarten and school ready - socially, emotionally and developmentally.



32 of 65

Feature Story: Aboriginal Health Worker Clinical Supervision Project

Gunditjmara has been successful in tendering for a pilot project run in partnership with Bendigo District Aboriginal Cooperative and the Department of Health. The project officially began in January 2012 and is focused on building the clinical skills and capacity of our Aboriginal Health Workers (AHW). The project was devised in response to the observation that AHWs were not undertaking the full range of clinical services they had been trained for; in part, due to a lack of understanding of their scope of practice by employers and other health professionals, and limited systematic support for the AHW clinical role.



L to R - VACCHO CEO - Jill Gallagher, Gunditjmara Aboriginal Health Practitioner -Georgie Taylor and CEO Dandenong and District Aborigines Cooperative and VACCHO Board Member - Andrew Gardiner

Dr John Broderick worked on this project, one day a week during March and April of this year, providing clinical mentoring to Gunditimara Aboriginal Health Workers. Part of the project has focused on strengthening the scope of practice for Aboriginal Health Workers. This will ensure that other clinical and allied health staff are made aware of the specific job roles of AHWs. This will also give each Aboriginal Health Worker more autonomy in their individual roles.

Other important components of this pilot project include the development of a project business plan in consultation

with the Department of Health, the development of a new service model in consultation with key stakeholders, undertaking an internal evaluation of the project, and development of guidance resources for other ACCHSs seeking to implement a similar model.

It is anticipated that by the completion of the project, Gunditjmara Aboriginal Health Workers will have taken on a range of new clinical responsibilities within the health service so that Gunditjmara can continue to offer a wide and varied range of quality clinical, allied and support health services to clients.

Our Aboriginal Health Workers provide a vital link between Aboriginal communities and health care services. As well as offering emergency care, Aboriginal Health Workers are trained to use their knowledge of Aboriginal culture and communities to promote good health practices within individual community groups. Aboriginal Health Workers have diverse roles that include providing treatment for disease and injuries, maintenance of health records, language interpretation for clients, cultural education to people outside communities, counselling and referral for crisis problems, input, planning, development and monitoring of health programs in their community and to also assist and encourage Aboriginal people to take a strong role in controlling and managing their health.

Gunditimara Aged Care and Disabilities Division Program Reports

Home and Community Care (HACC) Program

Gunditimara Aboriginal Cooperative Home and Community Care program provides a culturally appropriate service to assist Indigenous people to remain living safely at home for as long as possible, and who would otherwise be at risk of premature, or inappropriate, admission to long-term residential care.

HACC is also directed at the families or carers of service users by providing them with an opportunity to take a break/respite through the provision of Home Care and/or Adult Day Activity and Support Services. These services are for frail, older Aboriginal people (yet, may include younger people with disabilities) and their carers who are experiencing difficulties managing activities of daily living.

The HACC Program targets its services to those who have the greatest need and/or those who have the greatest capacity to benefit from them.

Recently the focus has been to encourage independence by using the Active Service Model (ASM) Initiative. This model assists people to stay actively involved in doing as much for themselves as possible, and provides a greater sense of wellbeing, and independence.

Congratulations must go to the Community for accepting these changes.

The Active Service Model is designed to promote

- Wellness
- Quality of Life
- Connectedness to the Community
- Independence
- Choice

Social Support/Planned Activity Group (PAG)

The Social Support Group (PAG) meets on a regular basis and offers a wide variety of activities throughout the year.

Some of the highlights included in the 2012-13 year's activities were:

- Working in collaboration with Diversat, a Geelong based organisation, to produce a booklet. Each participant was given an opportunity to record and document their life stories. They were then able to purchase a book as a keepsake for themselves and their families.
- The group visited "Burnbrae", an old country homestead, and learned about the early settlers in the district. They then enjoyed a lunch with the owners.

- The group enjoyed a presentation from a Gunditijmara man who had just returned from working with indigenous people in Canada.
- The group visited the *David Newman* Adult Day CCentre in Camperdown and discussed and experienced the diversity between two cultures.
- In October 2012 the Elders group travelled to Ballarat, Bendigo and Shepparton, and returned via Melbourne. The overnight stay in Shepparton provided the group with some valuable cultural experiences.
- The group accepted an invitation to attend NAIDOC celebrations at Dhauwurd Wurrung Elderly and Community Health (DWECH) in Portland.

Well for Life:

This year Gunditjmara received a small grant from the Department of Health and Ageing (DoHA) to run programs to encourage the older members of our community to participate in physical activities. The group indicated preferences for, and attended the following:

- Water Aerobics
- Ten Pin Bowling
- Lawn Bowls
- Carpet Bowls
- Walking Group

HACC Accreditation:

During the reporting period Gunditjmara had the additional challenges of accreditation of its HACC program. The organisation volunteered to take part in a pilot program for the first accreditation model for HACC services. Of the ten organisations throughout the state to participate in the pilot, Gunditjmara was the only indigenous agency to volunteer.

The Department of Health and Ageing services (DoHA) has indicated that it is pleased with the organisation's efforts, and have requested that Gunditjmara participate in Training Workshops to assist other Aboriginal Cooperatives in their journey towards accreditation.

Network/Partnership Affiliations:

Through the HACC programs, Gunditjmara has forged a variety of networks/partnerships. Gunditjmara extends its gratitude to the following agencies:

- Aspire Mental Health Services
- South West Health Care

- Lyndoch Living
- Warrnambool City Council
- Corangamite Shire
- Regional CACPS Providers
- Wathaurong Aboriginal Cooperative
- Kirrae Health Services
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Victorian Community for Aboriginal Aged Care and Disability (VCAACD)

Community Aged Care Packages (CACPS) and Linkages Programs

The Gunditjmara Community Aged Care Package and Linkages Program (CACPS) is aimed at the elderly, and people with disabilities in the community living independently (in their own homes). CACPS offers a planned and managed suite of Care Services designed and tailored to suit the particular needs of clients. It is flexible, and co-ordinated to suit a client's health needs, and can change as the need to change, arises.

Late last year Gunditjmara employed a qualified nurse, of 32 years experience, to provide case management to assist individuals in its care.

During the 2012-2013 Financial, Gunditjmara provided CACPS and Linkages support to 15 clients. There are two people currently on the waiting list when additional packages become available.

The Gunditimara CACPS Manager attended the following professional development training and various workshops throughout the year including:

- Infection Control Training;
- Communicare Software Training;
- ¬ First Aid Level II Refresher Course; and
- ¬ Acquired Brain Injury (ABI) or Other Disabilities Workshop.

Key Achievements in 2012-2013 through the Community Care Package and Linkages Package Program include:

- Maintained established relationships with other community service providers and shared resources and skills to provide the optimal services for clients.
- Adhered to legislative changes and requirements to restructure programs, whilst still providing a culturally sensitive service for Aboriginal people.
- Maintained ongoing support and attendance increases with the fortnightly Social Support Group/Planned Activity Group (PAG) lunches and activities - to allow clients to socialise and to build strong community networks.
- Successfully assisted clients to live independently and safely in their own homes through personal support and provided aides and equipment recommended by an appropriate health professional, provided assistance with preparation of meals, transport to medical appointments, shopping and social activities, gardening and general home maintenance, and provided referrals for temporary respite care.

Gunditjmara Child Youth & Family Services Division

Housing and Property Maintenance Program

The primary objective of the Housing and Property Program is to provide sustainable and affordable housing to the local Indigenous community. A secondary duty to the role, but equally important, is to maintain the business premises and capital of the cooperative. The portfolio of Cooperative properties that the Housing and Property Manager oversees are Harris Street Reserve, Banyan Street, 265 Koroit Street, 6 Kinross Court and now 135 Kepler Street.

Affordable housing in South West Victoria is invariably in high demand and where we are unable to meet the housing needs of members, Gunditjmara works to improve access to existing housing in the Warrnambool area through Local Government housing programs, the Department of Human Services and through Aboriginal Housing Victoria.

The Gunditjmara Housing Officer attended the following professional development training and various workshops throughout the year including:

★ Community Housing Federation of Victoria (CHFV) "Preparing for VCAT" Workshop.

Among the varied day-to-day items which are carried out, the Housing Officer takes care of maintenance on all of the cooperative housing and commercial premises, undertakes some housing advocacy and ensures tenants are up-to-date with their rental accounts.

Key Achievements in 2012-2013 through the Housing and Property Maintenance Program include the following:

• Relocating to 135 Kepler Street from 6 Kinross Court, Warrnambool

In January 2013, Gunditjmara staff were relocated from the former administrative premises located at 6 Kinross Court to 135 Kepler Street, Warrnambool.

The rented property of 6 Kinross Court was relinquished and the rental property of 265 Koroit Street was sold in order for Gunditjmara to relocate to the Kepler Street premises.

• Co-ordinating all Repairs, Maintenance and Capital Improvements across all Gunditjmara Cooperative Facilities: Managing day-to-day issues relating to repairs and maintenance of Banyan Street, Harris Street Reserve and the new premises of 135 Kepler Street, Warrnambool. In so doing, Gunditjmara has ensured that the premises complies with Occupational Health and Safety (OH&S) requirements.

• During the 2012-13 financial year of, repairs have been carried out on all 13 residential properties, from time to time, as requested.

• Occupational Health and Safety (OH&S) Repairs List

Marg Dwyer from Occupational Health and Safety Services undertook an Action Plan to ensure OH&S legislative requirements were being met at 135 Kepler Street. In this report a number of issues were identified, these being:

- Ergonomics assessments being carried out on all Cooperative staff members work stations
- An Essential Safety Measures Report to be done in consultation with the Warrnambool City Council.
- Staff Security Audit was carried out in consultation with Victoria Police Crime Prevention Officer, Senior Constable Mal Agnew.
- Some minor/major repairs to doors which enabled proper access and exiting of the Kepler Street building (taking into consideration the Occupational Health & Safety requirements of guard rails for any children who may access the said premises – as discussed below).
- Emergency Evacuation Procedures.
- Emergency Procedures for staff dealing with chemicals after hours.
- Re-activation of the duress security system.
- Reducing of temperature of hot water down to 50°C.
- Air-conditioning maintenance.
- Some minor and major roof restoration/replacements.
- Checking that fire extinguishers were updated with the proper stamping system.
- Tagging and testing of some electrical equipment by an appropriately qualified person (namely an Electrician).

All of the above items have been completed with the exception of three, however they are expected to be completed shortly.

• Sale of Property situated at 265 Koroit Street, Warrnambool

During the reporting period, the Board of Directors sold 265 Koroit Street and earmarked proceeds of this sale towards the purchase of 135 Kepler Street.

• Placement of 35 Mountain Ash Drive on The Market:

The Board of Directors, during this period and after gaining in-principle approval from AAV, placed the property of 35 Mountain Ash Drive on the market with the view that the full proceeds of this sale be earmarked toward the purchase price of 135 Kepler Street.

• Department of Human Services (DHS) Repairs List:

In September 2012, the Department of Human Services granted funding for the repairs and maintenance of the Community Housing and Infrastructure Program (CHIP) properties. (Six residential properties out of the total of 13 were earmarked for repairs). The repairs are to be completed by September 2013 - as directed by the State Government of Victoria.

Housing Accreditation

Accreditation of the Housing Program has been a large body of work undertaken throughout 2012-13.

- In the latter stages of 2012 through to 2013 the Gunditjmara Aboriginal Cooperative is well on the way to achieving full accreditation for the Housing program, having entered the second round of pre-accreditation assessments.
- Gunditimara is required to successfully complete this in order to become a recognised Indigenous Community Housing Organisation (ICHO).

In going down the path of the accreditation process, Gunditjmara believes this will, in time, contribute towards better opportunities for the cooperative and its members. Under the accreditation process, there are many standards that Gunditjmara will be required to meet. This is similar to other accreditation processes such as our medical clinic accreditation against the RACGP standard.

 We look forward to successfully attaining this accreditation which will go a long way towards establishing Gunditjmara as an Indigenous Community Housing organisation in its own right.

Indigenous Tenancies at Risk (ITAR) Program

Gunditimara and Wathaurong Aboriginal Cooperatives have entered into partnership to deliver a high quality, culturally appropriate, tenancy support service to Aboriginal people across the Barwon South-West Region. This created two positions for a support worker in each of the Cooperatives.

The program aims to reduce the eviction rate of Aboriginal clients from rental tenancies, and support Aboriginal clients who are at high risk of losing their tenancies.

This includes support for

- Accessing Public Housing
- Assistance for tenants of Public Housing, Community Housing and private rentals to maintain secure tenancies
- Ex-Tenants of Public Housing with rental arrears and maintenance debts
- Victorian Civil Administrative Tribunal (VCAT) Matters
- Transfers
- Maintenance Issues
- Other life matters that may compromise Tenancies

The position at Gunditjmara in Warrnambool began in April of 2013. Since then, the program has begun to evolve in terms of community awareness, client numbers and accessing of the program.

As part of the ITAR role, the worker is a member of, or has participated in, the following:

- The Victorian Homelessness Action Plan, Specialist Focus Group (Providers to Aboriginal Clients) Sector Consultation
- The Victorian Indigenous Statewide Homelessness Network
- The South West Housing Advisory Group
- The South West Local Area Service Network
- Barwon South West Homelessness Sub-Regional Forums

Koori Youth Justice (KYJ) Program

The aims of the Koori Youth Justice Program are to:

- Appropriately diverting Aboriginal youth, that are charged with an offence, away from the Criminal justice system.
- Help minimize the likelihood of Aboriginal youth to "Offend or Re-Offend".
- Contact and supervise Aboriginal youth that are on "Court Orders" to maximize their chances of NOT entering a Youth or Adult facility or to Re-Offend.
- Provide the young person with the necessary support to help get them back on track.

The Gunditjmara KYJ Program continues to work towards the above aims by:

Helping to reduce the number of Indigenous youth in South West Victoria coming into contact with the Police and Juvenile Justice systems as a result of criminal activities. This position also includes the provision of supervision and case management of youth offenders on Statutory Juvenile Justice Orders. The target group consists of primarily young Indigenous males and females aged 10-18 years but may, at times, also include working with 19 -20 year olds.

This position is located at Gunditjmara's Head office, 135 Kepler Street and has a regional focus working collaboratively with other Aboriginal Community Controlled Organisations (ACCHO's) and mainstream organisations across South West Victoria.

The major role components to this position include:

- Continually visiting schools in and around the district.
- Source funding opportunities for our Youth Group activities and one-off events.

- Provide as much support to our non-statutory young people as our statutory young people.
- Encourage our youth to engage in activities that they normally would not, in other words, get them out of their comfort zones.
- Continue to promote the Marr-Ang Youth Group making it known and accessible to as many indigenous young people as possible.
- Attending network meetings regarding our young people so we know what's out there and available to service our youngsters.
- Client Service Delivery
- Information Management

In 2012-13, the KYJ Program was pretty busy with the supervision of young people that were on court orders. These young people were from Warrnambool as well other places across the region such as Heywood, Hamilton, Caramut, and Cobden including one young person in the youth detention centre (Melbourne Juvenile Justice Centre). These young people were contacted at least once a week by either the Gunditjmara Koori Youth Justice Worker or the Department of Human Services (DHS) KYJ program.

Koori youth justice program had 14 young people that were on the books at one point during the year, that number has decreased to one, with one young person in Melbourne Juvenille Justice Centre (MJJC)

This year our Marr-Ang Youth Group has grown extensively. We have had, on several occasions, over 30 young people attend on one night which is fantastic.

With our team approach, it was an easy acceptance of all those young people as we have had plenty of help from a few other staff members (BRETT CLARKE, VICKI BURROWS, and FRANCES CORNELESSEN). We also had a few of the parents help out each week which has also been fantastic.

On average, 25.7% of young people attended each Friday night to participate in our Marr-Ang Youth Group.

Last year, the KYJ Program spoke about how good the numbers have been in terms of the youth group program but this year it has been even better as our young people look forward to coming each week. Hopefully our youth group continues to strive and receive the positive notoriety which will expand in the future.

GUNDITJMARA koori Youth Justice Program 'Good News STORY' FOR 2013:

In 2012-13, from a "Statutory point of view", the Koori Youth Justice program have gone from 14 young people on court orders to one young person and one in a youth training centre. This is a fantastic achievement as this is the least amount of young people on an order since 1999 when there were three. Hopefully the KYJP can keep that positive support and supervision going to where there will not be any young people on court orders.

From a "Diversionary point of view" the youth group has had the best year in terms of attendance, since the Youth Group's inception in 2009. The activities and the cultural aspect of the Youth Group, makes it a delightful time for our youth, which is why the attendance has been through the roof. Well done to the kids and parents!!

At the present time, we have six young people that are participating in basketball, whether it is through schools and/or different associations, it's fantastic because most of our young people normally gravitate to football and netball. It's great to see them try something different and get out of their comfort zones.

Leaving Care Program

A new initiative for the Gunditjmara Aboriginal Cooperative is the Leaving Care Program. The Program commenced in May 2013, and its primary objective is to provide support and advocacy services to young Aboriginal people transitioning to independence and provide support for those who have transitioned from care and subsequently seek assistance.

The aim of the Program is to achieve better outcomes for young Aboriginal people leaving care by assisting in the development of life skills, providing links to education, employment and training options and preventing homelessness through the creation of pathways to sustainable long term housing options.

The role of the Leaving Care Worker is to ensure the highest standard of service delivery, case-management support and addressing the social marginalisation often experienced by young people leaving care; all whilst in accordance with program specifications as negotiated with DHS. Ultimately, the program assists young people with links to education, employment and training opportunities - along with obtaining appropriate housing options as required.

A flexible brokerage fund overseen by the Leaving Care Regional Alliance is a component part of the program.

Regional Indigenous Family Violence Program

Regional Family Violence Program provides **advocacy and support** to women and children in Portland, Heywood, Hamilton, Framlingham and Warrnambool areas.

The service provides women and children who *are* experiencing, *have* experienced and/or *are at risk* of family violence with Support/Advocacy/Advice and Referrals.

The objective of the Regional Family Violence Program is to:

- Assist women to make informed choices about their circumstances for themselves and their children to protect their safety.
- Ensure access and advocacy for service user to relevant services.

During 2012–2013 there have been 100 clients serviced through the Gunditjmara Family Violence program. (14% of these clients were aged 25-29).

Key achievements in 2012-2013 through the Regional Family Violence Program include:

- Attending various Forums and Conferences such as: The National Aboriginal Family Violence Prevention Legal Service Conference in Melbourne, participated in the "Standing Firm for Change": A Journey to Justice National Conference and attended Barwon South West Homelessness Network and Children's Resource Program Sub Regional Forum.
- Strengthened networks throughout Regional Victoria and other states of Australia for best outcomes that assist women and children who seek support and assistance within program services. These networks were:

Police, South West Family Violence Unit, Sexual Assault Unit, Aboriginal Housing, Child Protection, Aboriginal Family Violence Prevention Legal Service (AFVPLS), Emma House, Close the Gap, Brophy Youth and Family Services, Bethany, Salvo Connect in Warrnambool/Portland and Hamilton, Courts in Warrnambool, Portland and Hamilton, Buyinbin Aboriginal Corporation, NSW, Canberra Legal Services, Redfern Health Services, Zena, Wautharong, Centrelink, Local Indigenous Network (LIN), Dhauwurd Wurrung Elderly and Community Health Service (DWECH), Winda Mara, Kirrae Health Service, Aspire, Psych Services in Warrnambool and the Office of Corrections.

- Assisting/Advocating for women and children to access Crisis support, Court support and to acquire permanent housing.
- Liaising with solicitors, medical practitioners, schools, counsellors and interstate departments of Public Prosecution.
- Attending providers to Aboriginal clients Victorian Homelessness Action Plan (VHAP) Consultations.
- Currently participating in the development of 'Possum Skin Cloak' Training package with Indigenous Family Violence Regional Action Group (IFVRAG) and Closing-the-Gap. (This training will be rolled out region wide within the next year).
- Assisting in the development of "White Envelope Project" that AFVPLS is implementing through health services.43
- Working in conjunction with other support agencies i.e.: Centrelink, Emma House, Closing-The-Gap, Aspire, Psych Services, Brophy Youth and Family Services, Salvo Connect and Bethany.
- Working closely to facilitate support for women and children with many and varying agencies that are integral to the support of Gunditjmara clients.

Attachment 1

TRAINING UNDERTAKEN AND WORKSHOPS/FORUMS and CONFERENCES ATTENDED OVER THE REPORTING PERIOD.

Gunditjmara Health Services Division

<u>AHPACC</u>

- * The AHPACC worker has successfully attended Flinders Care Plan training
- ★ Attended Flinders smoking story
- ★ Completed First Aid Level II
- ★ Quit Educator Training Course
- ★ Completed Motivational Interviewing
- * Commenced Flinders University Chronic Condition Management

<u>KPSA</u>

- Reading Discovery training with Claire Jennings. This is run under the Social Inclusion and Emotional Development Strategies.(SIEDS) This program uses STORY as the vehicle to develop language and learning readiness through classical and modern children's literature, traditional and contemporary rhymes and imaginative story-play. This technique assisted on how to choose age appropriate books, encourage interactive behaviours between parent and child in shared-book reading and also about early brain development.
- 'Inquiry to Implementation Program' training, teaches ways to document children's learning and use reflective practice using the Victorian Early Years Learning and Development Framework. The KPSA intends to attend five days futher training on the above mentioned, throughout the year. Our homework is using these practices within our field of work and by the end of the year provide, documents etc. meeting all the requirements whilst using all playgroup documentation as her work.
- * Attained Recognised Prior Learning (RPLs) for Certificate III in Childrens Services.

<u>AHW</u>

- One AHW has successfully completed Certificate IV in Aboriginal and Torres Strait Islander health and is now registered as an Aboriginal Health Practitioner with Aboriginal and Torres Strait Islander Health Practice Board (APRAH)
- * AHW's attended Asthma and Spirometery Training

- AHW's attended Professional Issues for Practice Nurses and Aboriginal Health Workers - Active Business Solutions/Professional Consulting Services
- * AHW's attended Older Adult and Diabetes Training Conducted by Lyndoch Living.
- ★ One AHW completed Certificate III in Community Health with VACCHO,
- ★ AHW's completed First Aid Level II

Medical Receptionist

Diploma of Management (Ongoing)

Motivational Interviewing

Trainee Medical Receptionist

- * Commencing Certificate IV in Business
- ★ Completed First Aid Level II

<u>Health Nurse</u>

- ★ Course in CPR and Basic 1st Aid
- ★ Wound Bed Preparation Online Module by Smith and Nephew
- * Skin Tears Online Module by Smith and Nephew
- * Multi-Drug Restraint Organisms Learning Module
- National Inpatient Medication Chart Training
- ★ Medication Safety Online Course
- * Diabetic Foot Problems Learning Unit Nurses Times Learning
- * Medication Management Competency
- * Management and Administration of Medication.
- * Administration of Cytotoxic Drug Therapy.
- * Administration of Transdermal Drug Therapy.
- * Policy for the Disposal of Patches Containing CDs.
- ★ Controlled Drug Register.
- * Administration of Warfarin.
- ★ Medication Charts.
- * Residents Who Self Medicate.
- ★ Refusal of Medication by a Resident.
- * Alterations of Oral Formulations.
- ★ Change of Medication.
- ★ Medication Incidents and Errors.
- ★ Change of Resident Status.
- * Resident Outing and Medication Policy.
- * Hospital Discharge and Changed Medication.
- ★ Disposal of Improperly or No Longer Required Medications.
- ★ Drug Recall.
- * Quality Assurance of Pharmacy Services.
- ★ Medication Storage.
- * Drug Information.
- * Medication Advisory Committee.
- * Nurse Initiated Medications.

- ★ Imprest Medications.
- ★ Ordering and Supplying.
- ★ Preparing for a Doctors Visit.
- ★ Adverse Drug Reactions.
- ★ Telephone Orders.
- ★ Administration of Insulin.
- The Flinders Chronic Condition Management Program Tools Flinders Close the Gap Program
- * Industrial Relations / Appropriate Workplace Behavior
- * Clinical Hand Hygiene Self Directed Learning Package
- * Aged Care Legislation Privacy Dignity and Respect.
- * Compulsory Reporting.
- ★ Manual Handling.
- ★ Bullying and Harassment.
- ★ Hazard and Incident Reporting.
- * Customer Service and Complaint Management.
- ★ Food Safety and Hygiene.
- * Inserivces at Principal Warrnambool
- * Chemical Safety Online Learning Package.
- * Tobacco Management Program The Flinders Closing the Gap

Practice Nurse

- Attended Victorian Centre against Sexual Assault (CASA) pap screening update Training
- * Completed Asthma and Spirometry Training Course
- * Attended update regarding Medicare Local Wound Management

<u>KMS</u>

- The Health Worker has commenced Certificate IV in Indigenous Women's and Babies Health studies
- ★ Community Midwife attended Safe Sleep Education at St. John of God Hospital in Warrnambool.
- * Community Midwife attended Maternal Oral Health Assessment/Training
- Community Midwife provided presentation/education/information regarding Koori Maternity Services to Hamilton Health Service and other community providers and heard presentations from other services
- Community Midwife attended Quit Facilitators training and became a qualified quit facilitator
- Community Midwife attended CORE Of Life facilitators training in Portland and can now facilitate Core of Life training to adolescents
- Community Midwife attended ICE training at TAFE regarding Signs, Symptoms and Treatment. Background in production of
- Community Midwife attended Indigenous Mental Health Training. at TAFE. Dr Tracy Westerman was Guestspeaker
- * Community Midwife attended Perenatal Infant Mental Health Training.
- Community Midwife attended a day with Maternal Child Health placement in Hamilton and provided information and education to Student MCHN
- * Completed First Aid Level II

 Attended VACCHO Koori Maternity Services (KMS) Women's Business Forum/ Training

<u>SEWB</u>

 Completed Certificate III & IV Aboriginal Health Worker Social and Emotional Wellbeing (SEWB)

<u>AOD</u>

- Attended Victorian Alcohol and Drug Association (VAADA) training for new Assessment Tools
- ★ Completed First Aide Level II
- ★ Telkaya Statewide Alcohol and Other Drugs (AOD) Telkaya
- * Alcohol and Other Drugs Service Provider Department of health

Corporate Services Division

<u>CE0</u>

★ Completed Executive Certificate of Business (MONASH)

Finance

★ Bachelor of Commerce (Current)

Aged Care and Disabilities Division

<u>HACC</u>

- Two of our indigenous employees completed Certificate III in Home and Community Care /Disability
- * All HACC staff completed compulsory Level 2 First Aid
- * All HACC staff participated in Communicare Software training
- Two HACC staff completed the 5 day OH&S course enabling them to become OH&S representatives.
- * Two staff attended training in Care Planning: "Goal Directed Care Planning"
- Two male HACC staff attended and completed a course in "Small Engine and Motor Repairs' training at Winda Mara Aboriginal Cooperative in Heywood All program staff completed "Infection Control" training
- ★ All program staff completed compulsory "Food Handling" training.

Child Youth and Family Services Division

Regional Indigenous Family Violence Program

- Continuation of Certificate IV in Aboriginal Family Violence at Swinburne, this course will be completed in July 2013.
- Attended various Training such as: First Aid Training, Occupational Health and Safety (OH&S) Five Day Course and Shark Cage Training
- Workshops complementing the program such as "In the Know" (Prevent and Protect Children from Abuse) National Training Program, "Victims of Child Sexual Assault" Seminar and "Building a Picture of a Child" Workshop.
- * Member of the Indigenous Family Violence Regional Action Group (IFVRAG)
- * Member of the Gunditjmara NAIDOC Committee

Attachment 2 - Gunditjmara Audited Financial Statements

GUNDITJMARA ABORIGINAL CO-OPERATIVE LIMITED

DIRECTOR'S REPORT

Your Directors present their report on the Co-Operative for the financial year ended 30 June, 2013.

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

Bernice Clarke Tanya DeBono Caleb Clarke Louise Wackett (appointed 2 March 2013) Allan Miller Joe Chatfield Dion Clarke (resigned 11 July 2012) Joshua Edwards (appointed 2 March 2013)

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

The principal activity of the Co-operative in the course of the period under review, has been to assist the social development of Aboriginals in and around Warmambool. There were no significant changes in the nature of this activity during the financial year ended 30th June, 2013.

The net amount of the deficit carried forward for the continuation of the Co-Operative's programs for the financial year was \$(313,552) (2012 - \$(99,291)). No amounts were transferred to or from reserves and provisions during the period other than those disclosed in the accounts.

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

Likely developments in the operations of the Co-operative and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the Co-operative.

The Co-operative's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

No dividends have been paid or declared since the start of the financial year.

No options over issued shares or interest in the Co-operative were granted during or since the end of the financial year and there were not options outstanding at the date of this report.

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Co-operative.

No person has applied for leave of Court to bring proceedings on behalf of the Co-Operative or intervene in any proceedings to which the Co-operative is a party for the purpose of taking responsibility on behalf of the Co-operative for all or any part of those proceedings.

The Co-Operative was not a party to any such proceedings during the year.

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

Allan Miller

Director

Bernice Clarke

Director

Dated this Kday of January, 2014.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2013

NOOME	Notes	2013	2012
INCOME		\$	\$
Recurrent Funding		2,060,079	1,924,567
Sundry and Non Recurrent Grants		152,817	289,759
Interest		52,949	96,685
Refunds		513,521	484,305
Rental & Equipment Hire		122,195	118,275
Insurance Recovery		1,816	5,365
Administration and Service Income		-	1,567
EXPENDITURE		2,903,377	2,920,523
Administration Costs		(30,555)	4,900
Advertising		4,394	4,864
Annual Leave (Movement in Provision)		(2,211)	11,014
Bad and Doubtful Debts		(4,204)	-
Bank Charges		2,616	1,782
Board Costs		2,280	14,116
Catering/Meals		10,383	23,538
Cleaning		38,232	34,726
Electricity & Gas		28,888	21,965
Hire of Venue		1,878	3,973
Long Service Leave (Movement in Provision)		9,527	31,046
Loss on Sale of Non- Current Assets		30,364	-
Memberships		5,866	7,152
Motor Vehicle Costs		77,168	75,258
Postage		3,453	4,484
Printing & Stationery		13,680	32,527
Professional Costs		121,177	47,721
Program Costs		238,754	207,610
Rent & Rates		122,105	103,068
Repairs & Maintenance		52,914	24,156
Sundry Staff Costs		15,332	18,971
Superannuation		143,904	126,709
Telephone		49,282	46,870
Training		21,217	24,442
Travel Expenses		10,660	33,331
Wages		2,014,899	1,835,068
Workcover		45,046	69,144
	×	3,027,049	2,808,435
SURPLUS/(DEFICIENCY) FOR THE YEAR PRIOR TO		0,021,010	2,000,100
DEPRECIATION		(123,673)	112,088
Depreciation		189,879	211,379
Depresidition		103,073	211,070
SURPLUS/(DEFICIENCY) FOR THE YEAR		(313,552)	(99,291)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		(313,552)	(99,291)
LOSS ATTRIBUTABLE TO MEMBERS		(313,552)	(99,291)
TOTAL COMPREHENSIVE INCOME ATTRIBUTABLE TO			
MEMBERS		(313,552)	(99,291)

And and

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2013

	Notes	2013 \$	2012, \$
CURRENT ASSETS	<u>_</u>		
Cash and Cash Equivalents Trade and Other Receivables	2 3	1,115,548	1,505,660
Other Assets	3	95,772 27,631	82,054 5,299
	4	1,238,951	1,593,013
		1,200,001	1,000,010
NON CURRENT ASSETS			
Property, Plant and Equipment	5	4,807,118	5,069,661
TOTAL ASSETS		6,046,069	6,662,674
CURRENT LIABILITIES			
Trade and Other Payables	0	100 151	740.004
Employee Provisions	6 7	430,151 75,091	742,631 68,855
	/	505,242	811,486
		000,242	011,400
NON CURRENT LIABILITIES			
Employee Provisions	7	15,436	12,245
		15,436	12,245
TOTAL LIABILITIES		520,678	823,731
NET ASSETS		5,525,391	5,838,943
EQUITY			
Members Capital		158	158
Asset Revaluation Reserve		1,323,927	1,323,927
Reserves		1,392,853	1,392,853
Retained Earnings		2,808,453	3,122,005
TOTAL EQUITY		5,525,391	5,838,943

and the second se

Constanting of the local division of the loc

I

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2013

	Notes	Retained Earnings \$	Members Capital \$	Asset Revaluation Reserve \$	Reserves \$	Total \$
Balance at 1 July 2011 Loss attributable	8	3,221,296 (99,291)	158	1,323,927 -	1,392,853	5,938,234 (99,291)
Total other comprehensive income for the year		-	-	-	-	<u> </u>
Balance at 30 June 2012	-	3,122,005	158	1,323,927	1,392,853	5,838,943
Loss attributable Total other comprehensive		(313,552)	~	-	-	(313,552)
income for the year	_	-	-	-	-	-
Balance at 30 June 2013	=	2,808,453	158	1,323,927	1,392,853	5,525,391

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2013

	Notes	2013 \$	2012 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from funding and operational sources Interest received		2,744,874 152,817	2,869,051 96,685
Payments to suppliers Payments to employees	_	(1,324,630) (2,005,472)	(887,893) (1,804,022)
Net cash generated from operating activities	14 _	(432,412)	273,821
CASH FLOW FROM INVESTING ACTIVITIES Proceeds from Sale/(Payment for Purchase) of Property,			
Plant & Equipment	÷	42,300	(188,572)
Net cash used in Investing Activities		42,300	(188,572)
Net Increase/(Decrease) in cash held		(390,112)	85,249
Cash at the beginning of the financial year Cash at the end of the financial year	2 -	1,505,660 1,115,549	1,420,411 1,505,660

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE, 2013

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a special purpose financial report prepared to satisfy the financial reporting preparations requirements of the *Co-Operative Act (1996)*. The Directors have determined that the Co-Operative is not a reporting entity.

Reporting Basis and Conventions

The Directors have prepared the financial statements on the basis that the Co-Operative is a non-reporting entity because there are no users dependent on general purpose financial statements. The financial statements are therefore special purpose financial statement that have been prepared in order to meet the requirements of the *Co-Operatives Act 1996*.

The financial statements have been prepared in accordance with mandatary Australian Accounting Standards applicable to entities reporting under the *Co-Operatives Act 1996* and the significant accounting policies disclosed below, which the Directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with the previous year unless stated otherwise.

The financial report has been prepared on an accrual basis and is based on historical costs unless otherwise stated in the notes. The material accounting policies adopted in preparation of these states are as follows:

Accounting Policies

(a) Income Tax

The Co-operative is exempt from Income Tax under the Australian Income Tax Assessment Act (1997), Section 50-10.

(b) Property, Plant and Equipment

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

Freehold land and buildings are measured at their fair value based on periodic, but at least triennial, valuations by external independent valuer, less subsequent depreciation for buildings. Increases in the carrying amount arising on revaluation of land and buildings are credited to a revaluation surplus in equity. Decreases that offset previous increases of the same asset are charged against fair value reserves directly in equity, all other decreases are charge to the statement of comprehensive income.

The carrying amount of plant and equipment is reviewed annually by Directors to ensure it is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of the expected net cash flows, which will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to present values in determining recoverable amount.

The depreciable amount of all fixed assets including buildings and capitalised leased assets, but excluding freehold land, are depreciated over their useful lives commencing from the time the asset is held ready for use. Properties held for investment purposes are not subject to a depreciation charge. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

(c) Employee Benefits

Provision is made in respect of the Co-operative's liability arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amount expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable alter than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the Co-operative to an employee superannuation fund and are charged as expenses when incurred. The co-operative is not legally obligated to contribute greater than the 9% superannuation guarantee levy. The co-operative has no legal obligation to provide benefits to employees on retirement.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE, 2013

NOTE 1: STATEMENT OF ACCOUNTING POLICIES (cont.)

(d) Cash and Cash Equivalents

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

(e) Impairment of Assets

At each reporting date, the Co-Operative reviews the carrying values of its assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value-in-use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the Statement of Comprehensive Income.

(f) Leases

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership that are transferred to entities are classified as finance leases. Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction in the lease liability and the lease interest expenses for the period. Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term.

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

(g) Revenue

Revenue from the sale of goods or rendering of services is recognised upon delivery of goods or service to the customer. Grant revenue is recognised in income when it is controlled. When there are conditions attached to grant revenue relating to the use of those grants for specific purposes it is recognised in the balance sheet as a liability until such conditions are met or services provided. Donations and bequest are recognised as revenue when received unless they are designated for a specific purpose, where they are carried forward as prepaid income on the balance sheet.

All revenue is stated net of the amount of goods and services tax (GST)

(h) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable form the Australian Taxation Office. Receivables and payables in the balance sheet are shown GST inclusive.

(i) Comparative Figures

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

(j) Critical Accounting Estimates and Judgments

The directors evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information.

and the second se

Party and

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

		2013	2012
1		\$	\$
	2. Cash and Cash Equivalents		
Ĩ	Current:		
	Cash on hand	1,170	1,029
a	Cash at bank	1,114,378	1,504,631
		1,115,548	1,505,660
n	Reconciliation of Cash:		
	Cash and cash equivalents	1,115,548	1,505,660
	3. Trade and Other Receivables Current:		
	Trade Debtors	100,173	81,920
	Less: Provision for Impairment	(5,291)	(9,495)
		94,882	72,425
	Other	890	9,629
		95,772	82,054
	4. Other Assets Current:		
Ĩ	Prepayments	6,379	2,639
Į	Accrued Income	20,379	2,039
Ĩ	Other	880	2,660
		27,631	5,299
		and the second sec	-,

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

5. Property, Plant and Equipment Land & Buildings (Directors Valuation 2011)	2013 \$ 4,084,370	2012 \$ 4,602,807
Less: Accumulated Depreciation	(208,156) 3,876,214	(151,081) 4,451,726
Harris Street and Health Building (at cost)5(a)Less: Accumulated Depreciation-	-	
Plant & Equipment (at cost) Less: Accumulated Depreciation	329,662 (179,211) 150,451	315,200 (146,191) 169,009
Motor Vehicles (at cost) Less Accumulated Depreciation	490,098 (346,720) 143,378	527,066 (330,931) 196,135
Office Furniture and Equipment (at cost) Less Accumulated Depreciation	545,348 (401,611) 143,737	536,050 (365,246) 170,804
WIP - Harris Street	96,995	81,987
Total Property, Plant and Equipment	4,807,118	5,069,661

5(a) - Harris Street Building and accompanying Health Building were written off in 2011 based on architect advice that the buildings require demolition after the 2010 fire.

6. Trade and Other Payables Current:

Trade Creditors	53,928	143,597
Sundry Creditors & Accrued Expenses	34,946	8,642
Annual Leave	134,503	136,714
Payroll Liabilities	101,713	14,577
GST Liability	(16,326)	36,103
Grants Repayable	-	201,484
Grants in Advance (Deferred Expenditure and Auspiced Funds)	121,387	201,514
	430,151	742,631

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

7. Employee Provisions	2013 \$	2012 \$
Current: Provision for Long Service Leave Non Current:	75,091	68,855
Provision for Long Service Leave	15,436 90,527	12,245 81,100
8. Reserves Statutory Reserves Capital Grants Reserve	1,724 1,391,129 1,392,853	1,724 1,391,129 1,392,853
 9. Capital and Leasing Commitments 9(a) Operating Lease Commitments (Rent of Office Space) Payable - minimum lease payments - not later than 12 months - between 12 months and 5 years 	67,734 67,734	-

Lease of Kepler Street Warrnambool property from OzChild (Children's Australia Inc.) is in place. Purchase of the property by Gunditjmara is expected to settle on 3 February 2014.

9(b) Capital Expenditure Commitment	
Purchase of 135 Kepler Street	2,385,000 -
 V Mod av Canel 	2,000,000 -

10. Contingent Liabilities and Assets

0(1) 0 11 1 5

The Director of Housing holds a mortgage over 16-18 McKnight Street Warrnambool Vic 3280. The Minister for Aboriginal Affairs holds a mortgage (value \$207,000) over 35 Mountain Ash Drive Warrnambool Vic 3280.

The Aboriginal and Torres Strait Islander Commission holds caveats over the following properties:

* 4 Granter Street Warrnambool Vic 3280

* 68 Grafton Road Warrnambool Vic 3280

* 16-18 McKnight Street Warrnambool Vic 3280

Commonwealth of Australia holds caveats over the following properties:

- * 40 Taits Road Warrnambool Vic 3280
- * 3 Banyan Street Warrnambool Vic 3280
- * 1 Dunroe Court Warrnambool Vic 3280

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

11. Events After the Balance Date.

The Directors are not aware of any events which have occurred subsequent to balance date which would materially effect the financial statements at 30th June, 2013.

12. Directors' Remuneration

Income received or due and receivable by all Directors of the Co-Operative from the Co-Operative and any related Bodies:

Number of Co-Operative Directors whose income or fees derived as a result of their directorship of the Co-Operative or any related bodies corporate was within the following bands

\$0 - \$9,999	2013 No. 0	2012 No. 0
The names of Directors who have held office during the financial year Allan Miller	are:	
Tanya Debono	Joe Chatfield	
Bernice Clarke	Caleb Clarke	
Louise Wackett	Dion Clarke	

13. Related Party Transactions

The entity did not enter into any contracts with related parties apart from rental agreements for housing being made to family members of Director Bernice Clarke. Allan Miller, a Director of the Co-operative also rents a property. Rental charged during the year was at less than market value, but was consistnet with rental charges for the other residnetial properties owned by the Co-Operative.

Joshua Edwards

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

14. Cash Flow Information Reconciliation of Cash Flow from Operations with Profit	2013 \$	2012 \$
Profit from ordinary activities after income tax	(313,552)	(99,291)
Non-cash flows in profit:		
Depreciation Net (loss)/gain on sale of assets	189,879 30,364	211,379
Changes in assets and liabilities:		
(Increase)/Decrease in Receivables Increase/(Decrease) in Payables Increase/(Decrease) in Provisions	(36,050) (312,480) 9,427	45,213 85,474 31,046
Cash flows provided by operating activities	(432,412)	273,821

15. Entity Details

The registered office and principal place of business is Harris Street Reserve, Warrnambool Vic 3280

DIRECTOR'S DECLARATION

In accordance with a resolution of the Directors of Gunditjmara Aboriginal Co-Operative Limited we declare that in the opinion of the Directors:

- 1. The financial statements and notes are in accordance with the Co-Operative Act 1996, and:
 - (a) comply with Accounting Standards as described in note 1 to the financial statements in accordance with the *Co-Operatives Act 1996*; and
 - (b) give a true and fair view of the Co-Operatives financial position as at 30 June 2013 and of its performance for the year ended on that date in accordance with accounting policies described in note 1 to the financial statements.
- 2. In the Directors opinion there are reasonable grounds to believe that the Co-Operative will be able to pay its debts as and when they become due and payable

Allan Miller

1a Director Bernice Clarke

DATED the 3 January, 2014.

Warrnambool

257 Timor Street P.O. Box 217 Varrnambool VIC 3280 el: 03 5564 0555 Fax: 03 5564 0500

Ausdoc DX: 28026

Camperdown

142 Manifold Street Camperdown VIC 3260 Tel: 03 5593 1333

Aount Gambier Penola Road Aount Gambier SA 5290 Tel: 08 8724 0399

Hamilton 35 Gray Street Hamilton VIC 3300 Tel: 03 5551 3111

Casterton 25 Henty Street Casterton VIC 3311 Tel: 03 5581 1000

Cobden 17 Curdie Street Cobden VIC 3266 Jel: 03 5595 1954

Colac 206 Murray Street Colac VIC 3250 Tel: 03 5231 1527

Heywood 57 Edgar Street Teywood VIC 3304 Tel: 03 5527 1394

Mortlake 108 Dunlop Street Mortlake VIC 3272 Tel: 03 5599 2244

Port Fairy 52 Sackville Street Port Fairy VIC 3284 fel: 03 5568 2823

Terang 84 High Street Terang VIC 3264 Tel: 03 5592 2020

Timboon 5 Main Street Fimboon VIC 3268 Tel: 03 5598 3466

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF GUNDITJMARA ABORIGINAL CO-OPERATIVE LIMITED

Scope

We have Audited the accompanying financial report, being a special purpose financial report of Gunditjmara Aboriginal Co-Operative Limited, which comprises the Statement of Financial Position as at 30 June 2013, and the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the Directors' Declaration.

AUDIT & ASSURANCE SER

The Responsibility of the Director's for the Financial Report

The Directors of the Co-Operative are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the Co-Operatives Act 1996 and are appropriate to meet the needs of the members. The Directors' responsibility also includes such internal controls as the Director determines as necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Audit Responsibility

Our responsibility is to express an opinion on the financial report based on our Audit. We conducted our Audit in accordance with Australian Auditing Standards. Those Auditing Standards require that we comply with relevant ethical requirements relating to Audit engagements and plan and perform the Audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An Audit involves performing procedures to obtain Audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the Auditor's judgement, including the assessment of the risks of material misstatement of the statement, whether due to fraud or error. In making those risk assessments, the Auditor considers internal control relevant to the entity's preparation and presentation of the statement in order to design Audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An Audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by Directors, as well as evaluating the overall presentation of the financial report.

www.sinclairwilson.com.au

Liability limited by a scheme approved under Professional Standards Legislation

SINCLAIRNES

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

Independence

In conducting our Audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Audit Opinion

In our opinion, the financial report of Gunditjmara Aboriginal Co-Operative is in accordance with the Co-Operatives Act 1996, including:

- a. giving a true and fair view of the Co-Operative's financial position as at 30th June, 2013 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1; and
- b. complying with Australian Accounting Standards to the extent as described in Note 1, and complying with the Co-Operatives Act 1996.

elicity Melican

Partner SINCLAIR WILSON

Dated this 4 January, 2014

257 Timor Street Warrnambool VIC 3280

Liability limited by a scheme approved under Professional Standards Legislation



Head office

PO Box 732 135 Kepler Street Warrnambool, Victoria, 3280 Phone: (03) 5559 1234 Toll Free: 1800 629 729 (Vic only) Fax: (03) 5561 0392