



GUNDITJMARA ABORIGINAL COOPERATIVE LIMITED

Gunditjmara  
Aboriginal  
Cooperative  
Annual Report  
2014–2015







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## From the Chairperson

Dear Members

In my capacity as Chairperson I am pleased to present the Gunditjmara Aboriginal Cooperative Annual Report for the 2014/15 financial year and importantly, to highlight our achievements during this period.

At a broader strategic level, a major focus for the year was making good the damage of our former head office, Harris Street Reserve. Our planning permit application as lodged with the Warrnambool City Council in September 2013 was officially issued and given the green light to proceed on 14 July 2014. Architect Wendy Hastrich had provided the design that accompanied the planning permit application and set about in collaboration with Gunditjmara, in managing the tender process for engaging a commercial building contracting firm.

Searle Brothers Building contractors were ultimately selected as the preferred building contractors and the contractual arrangements to commence the rebuild were signed in October 2014. As can be seen it was a long drawn out process just to get to this stage but we were pleased that things were kicking into gear and the rebuild of Harris Street was finally becoming a reality. Searle Brothers officially commenced works on the Harris Street site just after the Christmas and New Year break, in January 2015. Nearing the end of the reporting period the Harris Street Reserve site is approaching completion. We are expecting that an occupancy permit will be issued early in the 15/16 financial year. The occupancy permit will give us the all clear to commence operating and utilising the site.

The Board also continued its commitment to continuous improvement and governance training over the course of the year. In mid June 2015 the Board attended Governance Foundations for Not-for-Profit Directors that was facilitated by

the Australian Institute of Company Directors - Australia's pre-eminent organisation for directors, A key influencing organisation in the creation of world-leading governance laws and practices in Australia as well as a key player in achieving world-leading performance of Australian boards and directors, including the application of governance principles.

The Governance Foundations for Not-for-Profit Directors training covered fundamental compliance and performance related roles and responsibilities of directors, specifically in the areas of governance, risk, financial performance and strategy.

During the reporting period the Board formed a finance subcommittee. The purpose of why the Finance subcommittee was formed was to support the Board with its governance responsibilities and make recommendations to the Board. The Gunditjmara Finance Subcommittee supports the Board with its responsibility to ensure that the Gunditjmara Aboriginal Cooperative efficiently conducts and manages its operations within budget. In particular, the Gunditjmara Finance Subcommittee oversees the organisation's performance to ensure that Gunditjmara:

- Maximises its financial and other resources and monitors these resources efficiently and effectively in support of Gunditjmara's Strategic Plan and Funding Guidelines
- Has adequate financial management systems and internal control structures to discharge good governance and financial management responsibilities.
- Undertakes effective and efficient planning, monitoring, reporting and controlling of finances and other resources.
- Complies with accounting policies and standards, applicable laws and regulations and within Gunditjmara's policies and procedures.

Upon reflection the organisation has had some very pleasing and encouraging results in a trying year and made progress across a number of areas.

I trust you enjoy reading about some of the great things we have achieved that are having a vast positive impact on the lives of those we serve and the community as a whole in which we work.

I want to take this opportunity to thank my fellow Board colleagues for their time, energy and support over the year.

On behalf of the Board of Directors I would like to thank Marcus and his team for their efforts and acknowledge that they deal with the many day to day challenges of running a valuable fast paced wrap around service in the best interests for our Members, clients and patients.

To our supporters, both financial and in-kind who believe, as we do, that the community benefit greatly from the support Gunditjmara is able to offer them, we say a heartfelt thank you.

Last but by no means least the Board and I wish to pay thanks to our members and service users for their support, feedback and active involvement with our programs and services throughout the year.

I look forward to the year ahead with optimism and pride, here's to a successful 2015-2016.

Regards  
**Jarrod Clarke**  
 Chairperson



# From the CEO

Dear Members

This year has been an extremely busy one for Gunditjmarra with achievements made across a broad range of areas. The year can be characterised as another year of consolidation and bedding down programs/services and internal systems. At Gunditjmarra we do not believe in growths purely for growth sake – we believe in getting better at what we do so we can continue to advance our vision and purpose. In doing so we have incrementally ensured that we grow smart, scaling and refining our programs and services to ensure that it meets the expectations and demands of our member's clients and patients.

Given the scale of our work this annual report provides only a brief snapshot of the work that we do here at Gunditjmarra. I hope you enjoy reading through the many highlights and achievements made during the 2014/15 financial year.

## Indigenous Advancement Strategy Funding

During this period Gunditjmarra was tasked with retendering and applying for our existing Social and Emotional Wellbeing (SEWB) program funding that had changed hands from the Department of Health (formerly Office of Aboriginal and Torres Strait Islander Health - OATSIH) to the Department of Prime Minister and Cabinet (DPMC).

Effectively the Commonwealth Government had consolidated all Indigenous programs and funding into five areas of strategic priority, and during the reporting period opened a funding round for applications for programs commencing in 2014/15 financial year.

The five programs were:

- **Jobs, land and economy** – getting adults into work, fostering Indigenous business and assisting Indigenous people to generate economic and social benefits from the effective use of their land;
- **Children and schooling** – getting children to school, improving education outcomes and supporting families to give children a good start in life;

- **Safety and wellbeing** – ensuring that Indigenous people are healthy and enjoy the emotional and social wellbeing experienced by other Australians;
- **Culture and capability** – supporting Indigenous Australians to maintain their culture, participate in the economic and social life of the nation and ensure that organisations are capable of delivering quality services to their clients; and
- **Remote Australia strategies** – addressing the social and economic disadvantage in remote Australia and supporting solutions based on community and government priorities.

Our SEWB program sat within the area of the Safety and Wellbeing category. Gunditjmarra decided it was important to try and get the SEWB program refunded which was going to be a hard-fought battle, given that the DPMC opened the indigenous specific dollars up for mainstream agencies to apply for also.

In the space of four weeks, (which was the time set by the DPMC to submit an application), Gunditjmarra developed and submitted a comprehensive application to the department. We additionally applied to extend our Kooramook Playgroup funding which was funded via a State based funding initiative - Koolin Balit - as that funding source was drying up at the end of the reporting period. All in all, it was tough going in applying for the funding in such a short application period but we managed it, with gusto, and, as a result, were re-funded for our SEWB program, which enabled us to continue to deliver vital mental health based services to our community. Furthermore, we were also fortunate to gain additional funding to prolong our successful Kooramook playgroup program.

## Accreditation

During the reporting period we proudly achieved, for our medical practice, best practice Medical accreditation for the second time running, with accreditation assessment firm GPA+ examining our clinical governance, systems and processes against the standards for General Practices as set by the Royal Australian College of General Practitioners (RACGP). Medical accreditation against the RACGP standards provide a clear demonstration that we seek to improve our level of service and provide piece of mind that our health service uses clean and



sterile equipment, keeps your patient records secure, whilst staff complete regular education and training. It also proves that we respect patients rights and needs and we provide them with safe, high quality health care.

At Gunditjmara we realise that accreditation is not, a static occurrence. It is a process and journey of continual improvement whilst monitoring and elevating our systems and processes to higher levels throughout the organisation. In this light I acknowledge the work put in by our staff in achieving re-accreditation for our health service. It's a job well done

## Harris Street Reserve Rebuild

As outlined in Chairperson Jarrod Clarke's report, our Harris Street Reserve Rebuild was front of mind for the past year. It is such a relief that we are seeing some light at the end of the tunnel and progress is being made on the site. The new premises will serve as a community hub where we will host our many programs and services such as Playgroup, Social Support Group and Youth Group activities. The premises will be able to seat around 200 people and as Warrnambool is lacking in large capacity meeting spaces we will be looking to hire the site out to other organisations both for profit and non-profit. All in all we are extremely lucky to have a multi-function centre like this in our town and I am extremely excited to see completion of the site at which time we will look to conduct an official opening.

## Aboriginal Children and Young Peoples Alliance

In 2013, during the development of a submission (Koori Kids: Growing Strong in their Culture) for the Department of Human Services (DHS) 5 Year Out of Home Care Plan, it was recognised that there is a need for a strong, collective voice to drive better outcomes for Aboriginal children and young people. Therefore in 2014, an in-principle agreement had been formed by 13 of the Victorian Aboriginal Community Controlled Organisations (ACCOs) involved in providing out of home care / family and community services to form an alliance to advocate for, and positively influence the future of, Aboriginal children and young people in Victoria. The agreement created the Victorian Aboriginal Children and Young People's Alliance (The Alliance).

Gunditjmara Aboriginal Cooperative, as one of the 13 ACCOs, was heavily involved in the formation of the newly created alliance.

The 13 member ACCOs are:

- Ballarat and District Aboriginal Cooperative
- Bendigo and District Aboriginal Cooperative
- Dandenong and District Aboriginal Cooperative Ltd.
- Gippsland and East Gippsland Aboriginal Cooperative
- Gunditjmara Aboriginal Cooperative Ltd.
- Mallee District Aboriginal Service
- Mungabareena Aboriginal Corporation
- Murray Valley Aboriginal Cooperative
- Njernda Aboriginal Corporation
- Ramahyuck District Aboriginal Corporation
- Rumbalara Aboriginal Cooperative Ltd
- Wathaurong Aboriginal Cooperative
- Winda Mara Aboriginal Corporation

The Alliance is currently hosted under the banner of VACCHO who have the capacity to provide secretariat support and occupancy for Alliance structures and business. Gunditjmara welcomes the interconnected and representational structure that the newly formed ACYP alliance will offer and we look forward to assisting the new structure anyway we can.

## Taskforce 1000

Spawning from the appalling data and stats presented in the 'Koori Kids Growing in their Culture' submission, the resulting DHS 5 year plan for Children in Out of Home Care (OoHC) as well as the 2014/15 Commission for Children and Young People Annual Report, the commission declared that the data is "staggering" and announced that 'Taskforce 1000', co-chaired by the Commissioner for Aboriginal Children and Young People, Mr Andrew Jackomos and the relevant local Department of Human Services Area Director, had been established in response to these findings. Taskforce 1000 was the representational name given to the newly formed initiative due to approximately 1000 Koori kids being in the Out of Home Care System at the time.

Taskforce 1000 was a much-warranted initiative to improve outcomes for Aboriginal children and young people in out of home care by examining each aboriginal child's case in Victoria to critically reflect on their needs and take localised responses and action to respond to them.

At the end of the reporting period the following regions had completed a Taskforce1000 area panel sitting, they were:

- (July–December 2014) across Inner Gippsland, Mallee, Western Melbourne and Southern Melbourne Areas 222 children in scope.
- (April–August 2015) across Inner Eastern and Outer Eastern Melbourne, Central Highlands, Outer Gippsland, Barwon and North Eastern Melbourne Areas approximately 350 children in scope

As areas complete their area panels they each develop an area report and an **action plan** in collaboration with the key stakeholders comprising both local community organisations and government. The action plan identifies key localised priority actions for each area to improve the outcomes for Aboriginal children in out-of-home care. We are expecting a local area panel to be arranged within the Western District midway through the next financial year.

Some of the themes being reported from the department coming from the Taskforce1000 areas panels is as follows (As taken from the Taskforce 1000 departmental bulletin)

To date the area panels have revealed four main themes as contributing to Aboriginal children coming into out-of-home care:

- family violence
- parental substance misuse
- parental mental health issues
- neglect.

In addition, some emerging issues include:

- past or current imprisonment of one or both parents
- parental homelessness.



The area panels are revealing the majority of Aboriginal children in out-of-home care:

- are not connected to community and culture, or do not know their heritage particularly Tasmanian heritage
- have lost contact with their siblings
- lack cultural plans and cultural experiences.

**The area panels have demonstrated children have better outcomes where Aboriginal community controlled organisations have positive relationships with child protection.**

Panels have identified a number of areas to be addressed including the need to:

- provide counselling in a timely manner, for children suffering trauma or sexual abuse
- resolve cross border issues
- develop strategies to support carers of children with disabilities in out-of-home care
- improve the cultural competency and awareness of child protection practitioners
- develop a strategy to recruit Koori child protection practitioners and managers
- improve the involvement of Koori engagement support officers in schools
- improve the identification of potential Koori kin and kinship carers ensure carers receive caregiver allowances.

This is a massive body of work to be undertaken but important nonetheless. I commend Andrew Jackomos for his thoroughness in placing a microscope over the issues of our kids being over-represented in the system and working at the local level to bring about transformative change that is anchored in localised and best practice solutions. Gunditjmara, as an agency, is very keen to work alongside government and the broader service system to find local solutions to reducing the number of our kids entering the OoHC system.

## Thanks and Acknowledgments

I would like to thank the Management team and all staff members for their on-going efforts in making Gunditjmara a successful and progressive organisation that cares and assists our community.

Thanks to VACCHO for their support and counsel over the period.

I also acknowledge and thank the Board for their input during the year.

Thanks to our growing band of Members, Service Users and Patients for your continued support and active participation within our programs and services.

Finally I acknowledge and extend my thanks to the many and varied funding partners whose contribution helps us to achieve our vision and mission.

All in all the financial year has been productive with many achievements made on numerous fronts.

Next year is shaping up to be equally as exciting, busy and rewarding, I really am very much looking forward to navigating the challenges and relishing the opportunities that lay ahead.

I look forward to sharing in the journey with you all.

Regards

**Marcus Clarke**

CEO





# About us

Gunditjmara, based in Warrnambool Victoria, Australia, is a Community initiated independent, community based not for profit organisation.

Founded in 1979 by a group of dedicated volunteers from the local Aboriginal Community and officially Incorporated in 1982 under the Victorian State Cooperatives Act, we have grown from a small group of dedicated volunteers to an organisation with 313 members and directly employ 45 staff members comprising of 40 Full time employees and 5 part time employees

Gunditjmara is, at heart and by constitution, a locally owned culturally appropriate Aboriginal Community Controlled Health and Social Welfare organisation that operates under the philosophy of Aboriginal Community Control in all that we do.

*‘Aboriginal Community control means the empowering of a Community through the adoption of appropriate organisational structures which enable all Aboriginal people in the local Community the opportunity to be represented as members and to be involved in the decision making process and, therefore, the right to participate and contribute to the goals, structure and operations of its services.*

*The process of Aboriginal Community control in the area of health means that an Aboriginal Health Service is independent and autonomous and is controlled by the local Aboriginal Community it serves in order to provide culturally appropriate health care to meet its health needs as defined by that Community.*

*Aboriginal Community control is central to achieving and maintaining cultural well-being and is therefore essential to the philosophy and operations of Aboriginal Health Care services.*

*Aboriginal Community control is also about responsibility and accountability to the Community having regard for local cultural perceptions and imperatives.*

*The essence of Aboriginal Community control, in this context, distinguishes it from all other methods of control by the coming together of minds and experiences, harnessing talent and diverse abilities from within the local Aboriginal Community towards regaining and maintaining its well-being.’*

(Extract from the AH&MRC Constitution. See also the National Aboriginal Community Control Health Organisation’s (NACCHO) definition.)

## Vision, purpose and values:

### Vision

A united, strong, proud and healthy Aboriginal Community

### Purpose

Gunditjmara Aboriginal Cooperative exists to provide community controlled, culturally appropriate services that meet the identified needs of people in the Aboriginal community and their families within our region

### Values

- We are **COMMITTED** to a positive and healthy future for our community and organisation
- We **RESPECT** our history, culture, our families and community
- We continue to strengthen and expand our **PARTNERSHIPS** with other organisations.

## Our primary activities

The primary activities of the cooperative are to provide, and/or facilitate the provision of the services as listed below to the Aboriginal community of Warrnambool and the Western District of Victoria

- Health and related services
- Cultural and educational activities;
- Housing and accommodation;
- Aged and Child care;
- Employment, training and education; and
- A Juvenile Justice System

## Our programs and services

To support our Community in 2014-15 Gunditjmara provided the following programs and services

### **Corporate Services**

- Administration
- Finance and Asset Management
- Quality Assurance

### **Child, Youth and Adult Support Services**

- Aboriginal Family Led Decision Making Program
- Housing and Property Program
- Indigenous Family Violence Support Services
- Indigenous Tenancies at Risk Program
- Integrated Family Services
- Koori Youth Justice Program
- Leaving Care Program

### **Aged Care and Disabilities Services**

- Community Aged Care Package and Linkages Program
- Home and Community Care (HACC)

### **Health Services**

- General Practice Clinic
- Aboriginal Dental Clinic
- Medical Transport
- Alcohol and Other Drugs Program
- Social and Emotional Wellbeing
- Aboriginal Health Promotions and Chronic Care Program
- Closing the Gap Program
- Healthy Lifestyle Program
- Maternal and Child Health Program
- Community Midwife
- Koori Pre School Program
- Koorramook Play Group and Parent Education Program



## How we are structured and what we do:

The organisation is structured via a three-tiered system comprising of the following:

- 1. Members:** whom have a direct democratic voice and voting rights over the Strategic direction/mission of the organisation.
- 2. Board of Directors:** that comprise of seven volunteer members who are voted on by the general Membership via an open election process at an Annual General Meeting. Board Members typically serve three year tenures and conduct business in line with the organisations own Model Rules/ Constitution and the overarching National Cooperative's Law. A critical role of the Board is
  - i. To determine, review and maintain the vision, purpose and values of Gunditjmara, Approve short and long-term strategies,
  - ii. Approve annual budgets and expenditure over pre-specified limits,
  - iii. Appointment, performance evaluation of the CEO,
  - iv. Risk oversight,
  - v. Provide a check on the integrity of external financial and non-financial reports and Support effective engagement with key stakeholders.

### Board of Directors 2014-15

DIRECTOR	ATTENDED
Joseph Chatfield	5
Bernice Clarke	8
Caleb Clarke	1
Jarrold Clarke	8
David DeBono	0
Joshua Edwards	1
Allan Miller	1
Karana Morgan	1
Linda Smith	3
Louise Wackett / Chatfield	4
Gary Wingrove	3

**3. Operations:** that the Board of Directors devolve to the CEO responsibility for overall management of the day-to-day delivery of programs and services to the community. The operations include a strong middle management level comprising of an Operations Manager and four Managers who's primary mandate it 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 Adult Support Services Division. The Managers also ensure that each Divisional area and program is focused 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 Gunditjmara and continually aiming for innovation and best practice.

We deliver our services and programs across two separate locations (soon to be three as we are presently repairing and reinstating our former Head office that was destroyed by fire). Our current Head office is located at 135 Kepler Street Warrnambool and accommodates our Aged Care & Disabilities, Child Youth and Adult Support Services and Corporate Services Divisional teams as well as two programs from the Health Divisional area. Our second site situated at 3 Banyan Street Warrnambool accommodates our Health Divisional team.

Gunditjmara's programs are wide-ranging 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 Shire, as well as parts of Southern Grampians and Glenelg Shires. The programs and services on offer at Gunditjmara include the following:



Head Office at 135 Kepler Street



Health Service at 3 Banyan Street

## Gunditjmara Corporate Services Division

The Corporate Services Division consolidates all corporate service activities for Gunditjmara. It provides an integrated approach to corporate services with Finance, Human Resources, Media and Marketing, Reception and Executive Services under the one division.

### Finance Report

Gunditjmara has recorded a strong financial result for the 2014–15 financial year. This surplus positions the organisation to continue to invest in and expand our services in future years. The ongoing support that we receive from our various government and non-government partners enables Gunditjmara to improve and update facilities, resources and equipment. The organisation is also then in a position to introduce new services and programs, as well as expand on our existing programs. This has a tangible flow on effect to meeting the needs of our community and members.

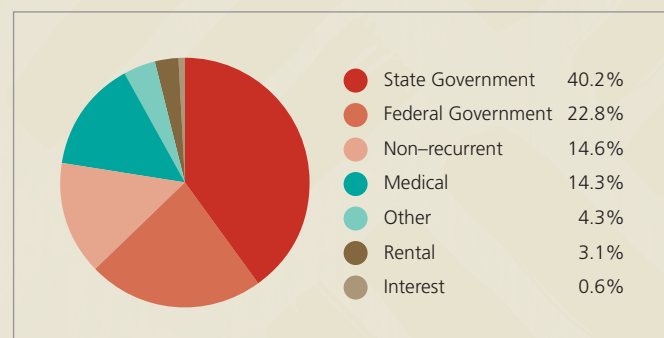
### Income

Total income for 2015 was over \$3.7m, which was a 22% increase in funding on the previous financial year. Additional grant income was received from the Department of Health and Human Services, receipts from the operations of the Medical Clinic, and a one-off transfer of funding from South West Healthcare with the transfer of the Close the Gap auspice to Gunditjmara. This funding will be expended in this 2015–16 financial year to run the program.

### We would like to acknowledge the funding contributions during the year from the following organisations:

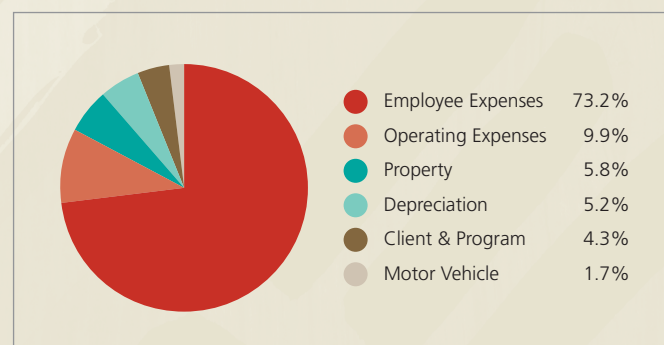
- Department of Health and Human Services (State)
- Department of Health (Federal)
- Department of Prime Minister and Cabinet (Federal)
- Department of Education and Early and Childhood Development
- Department of Families, Housing, Community Services and Indigenous Affairs
- Lyndoch Living
- Great South Coast Medicare Local
- Victorian Aboriginal Community Controlled Health Organisation

The chart below illustrates the funding revenue received during the 2014 – 15 financial year.



### Expenditure

Expenses increased by 14% over the prior year with notable increases in employee costs and provisions, which currently accounts for 73% of expenses, interest on the loan taken out to fund the purchase of the Kepler Street building, and repairs and maintenance on both rental and office property and equipment. The rebuilding of the Harris Street site required considerable financial resources and is now complete. It is essential that Gunditjmara maintain healthy cash reserves which need to be available to fund large scale projects, such as future development, and to replace and maintain infrastructure, assets and equipment.





## Long serving Gunditjmara employees

NAME OF EMPLOYEE	TITLE	COMMENCEMENT DATE	YEARS OF SERVICE
<b>Glenda Thompson</b>	Aged Care and Disabilities Manager	1 April 1997	18
<b>Bobby Cunningham</b>	Koori Youth Justice Worker	24 February 1999	16
<b>Beverley Harrison</b>	Medical Transport Driver	28 May 2001	14
<b>Georgina Taylor</b>	Aboriginal Health Practitioner	1 July 2001	13
<b>Annette Ludeman</b>	PA to CEO and Administration Supervisor	5 July 2004	10
<b>Frances Cornelissen</b>	Home and Community Care Team Leader	9 November 2004	10
<b>Roma Gaye Morrissey</b>	Practice Nurse	27 May 2005	10
<b>Kenneth Brown</b>	Healthy Lifestyle: Tobacco Action Worker	2 July 2007	7
<b>Roslyn Britton</b>	Close the Gap Family Support Worker	3 September 2007	7
<b>Jenny Sack</b>	Medical Receptionist	15 October 2007	7
<b>Jonathon Duffy</b>	General Practitioner	18 January 2008	7

## Our Goals

### 1. PEOPLE

**As individuals and families our people are healthy and strong**

**Rationale:**

Gunditjmara Aboriginal Cooperative is involved in many initiatives to 'close the gap' between Aboriginal and non-Aboriginal people by focussing on positive physical, emotional and spiritual wellbeing and addressing chronic health needs.

**Objectives:**

- Respond to identified health needs of people of all ages, in a holistic and family oriented way that directly improves health outcomes for the community and their families
- Initiate and develop educational programs that support an 'active service model' rather than an over-reliance on clinical services
- Strengthen the health workforce to better identify and respond to the health needs of our community
- Enhance systems that improve collaborative approaches to health and wellbeing services, including partnerships across the agency and with non-Aboriginal services.

### 2. COMMUNITY

**As diverse groups of Aboriginal people our community is proud and involved**

**Rationale:**

Gunditjmara Aboriginal Cooperative builds pride in the Aboriginal community in the region including historical and cultural identity.

**Objectives:**

- Provide effective communication within and external to the Aboriginal community and the organisation to promote cultural and historical knowledge; and opportunities for increased access and participation
- Identify and address service gaps for people of all ages to ensure we are responsive to community needs
- Confront critical social issues relating to positive family relationships, housing, legal and justice systems
- Improve community access to economic outcomes such as education, employment and training
- Recognise, promote and celebrate community achievements.

### 3. ORGANISATION

**As a community controlled cooperative our organisation is skilled and effective**

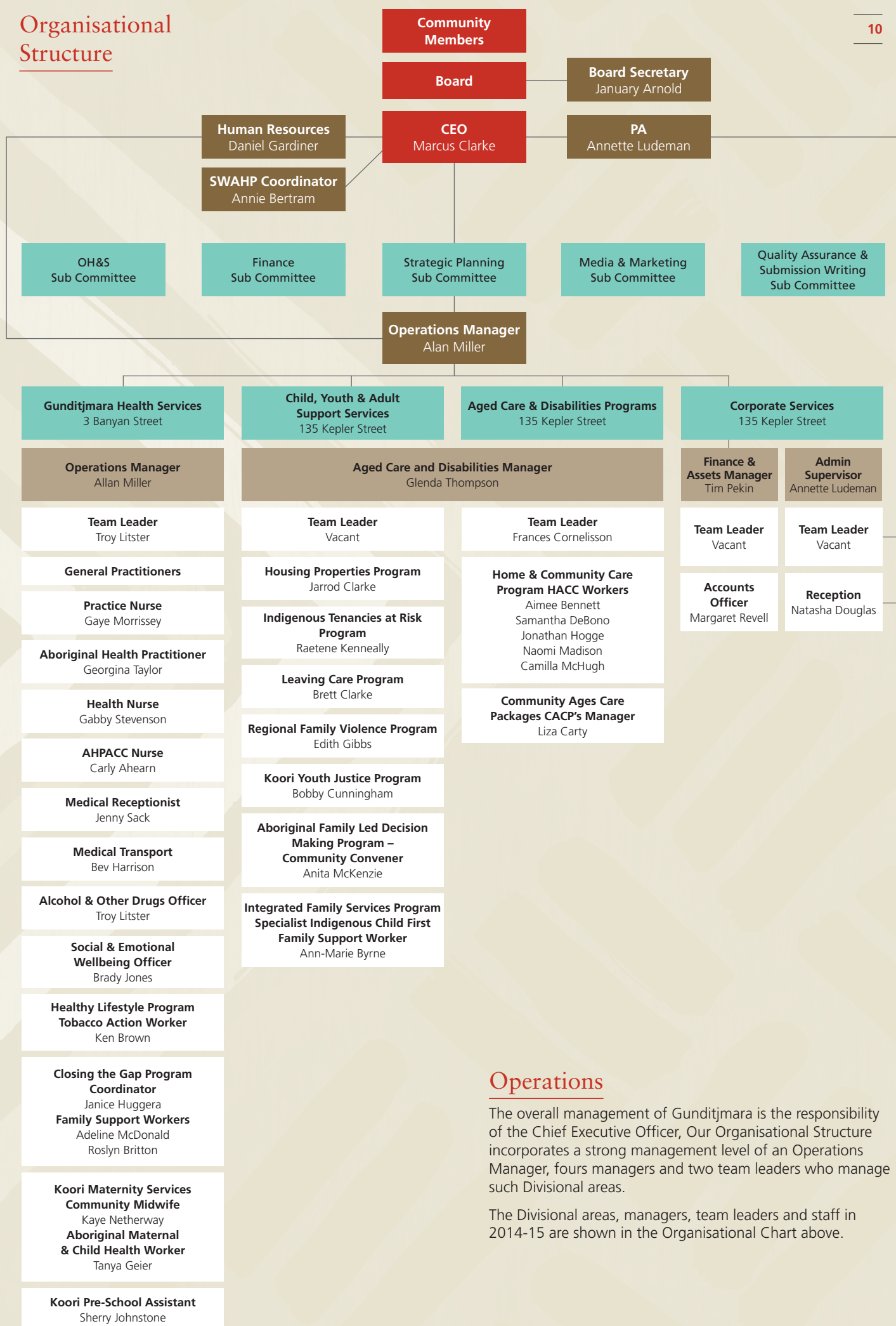
**Rationale:**

Gunditjmara Aboriginal Cooperative is growing and changing to identify and meet the needs of the community - we see a link between a stronger organisation and a stronger community.

**Objectives:**

- Strengthen governance and management arrangements that enable the organisation to meet ongoing changes within and external to our organisation
- Ensure the long-term financial sustainability of the organisation by managing resources effectively and developing new opportunities and social enterprise, for example cultural tourism
- Support employees and volunteers to grow, learn, develop and deliver highly effective services and programs
- Provide facilities that meet community need and create opportunities for pride, participation and access to services
- Where applicable, meet or exceed national key performance indicators and commitments within operational business and funding plans.

# Organisational Structure



## Operations

The overall management of Gunditjmarra is the responsibility of the Chief Executive Officer, Our Organisational Structure incorporates a strong management level of an Operations Manager, four managers and two team leaders who manage such Divisional areas.

The Divisional areas, managers, team leaders and staff in 2014-15 are shown in the Organisational Chart above.



## FEATURE STORY

# Healthy Lifestyle and Tobacco Action Boot Camp

By Mardi Nestor,  
SWH AHPACC Health Promotion Officer

Gunditjmara Aboriginal Cooperative received funding for the 'Healthy Lifestyle & Tobacco Action' program from Victorian Aboriginal Community Controlled Health Organisation (VACCHO). A project worker was employed to implement a tobacco action project.

The CEO of Gunditjmara contacted the AHPACC Health Promotion officer to discuss a model that was used at another regional Aboriginal organisation in the North West of Victoria where they implemented a 'biggest loser' challenge and offered prize money to the person who lost the highest percentage of body weight.

Due to timelines, the Healthy Lifestyle and Tobacco Action Boot Camp the funded amount was to be spent before the end of the financial year in 2014. The program began on Monday 23rd June and was completed on Friday 15th August 2014, an 8 week challenge. A local personal trainer was contracted to deliver the physical activity component with 2 'boot camp' sessions a week, these were scheduled on a Monday and Friday morning at 6:30 – 7:30am.

A nutritionist was contracted to deliver healthy eating advice providing resources such as handouts on healthy snacks, meal plans with recipes, and fortnightly phone calls to all participants to review their progress and provide advice and/or further information where needed.

Both contractors were informed to provide activities and information that could be easily used at home and did not require the likes of expensive machinery at a gym or involve a high level of knowledge or skills in cooking. They were to provide basic comprehensive education on healthy lifestyle behaviours and offer guidance as to how the learning's can be applied to everyday life.

The tobacco action project worker attended all 'boot camp' sessions and provided administrative assistance where required and encouragement to the participants, as this was part of the project workers role, the project worker was ineligible for any prize money. An initial health assessment with starting weight and medical clearance was completed before the 'boot camp' sessions began and the final health assessment with final weigh in was carried out on the last day of the 'boot camp' sessions, August 15th. This identified a winner who had lost the highest percentage of body weight in the 8 week program, 2 encouragement awards for a male and female and vouchers from a local sport store to encourage purchasing of sport equipment to continue being physically active. All participants did receive vouchers from a local sport store after completing 2 weeks of the program as an incentive.

The health assessments provided an overview for participants in identifying outcomes with a before and after program snapshot. Participants were also asked to complete a pre and post survey to identify current behaviours and attitudes around healthy eating and physical activity, the results are summarised below indicating the differences from the pre and post survey questions.





### Self-rated health status

- 19% stated health to be excellent or better than average
- 50% stated health to be average
- 31% stated health to be poor or very poor

After the 8 week boot camp challenge 91% of participants identified their state of health had improved

- 55% stated health to be excellent or better than average
- 36% stated health to be average
- And only one participant stating their health was poor

### Smoking

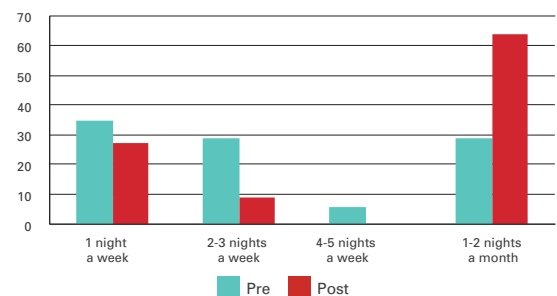
- Smoking rates did not change however those that identified to be a smoker stated they had either cut back or were trying to give up

### Healthy Eating

- 80% of participants had made changes to the meals they prepared and all participants stated they would continue to provide healthier meal choices for themselves and others
- All participants found the healthy eating resources that were provided were useful, when asked what they liked most about the healthy eating advice participants responded:
  - 45% stating they found the recipes to be the most liked
  - 36% stated the fortnightly phone call from the nutritionist was helpful along with the handout on healthy snack ideas
  - 27% stated the healthy eating and take out handout and the making healthy meals handout were helpful
  - 18% stated the meal plans were useful and found these to be the least liked
  - 1 participant stating how they had changed their eating regime, by increasing the number of meals in a day and making them smaller, acknowledging portion control and were no longer skipping breakfast.
- Participants were asked to state current eating behaviours before the program began and then on completion
  - Participants were asked how many nights of the week would they eat out or buy take away. The results identified a change in the number of times participants would eat out or buy take away to fewer nights after the 8 week program.

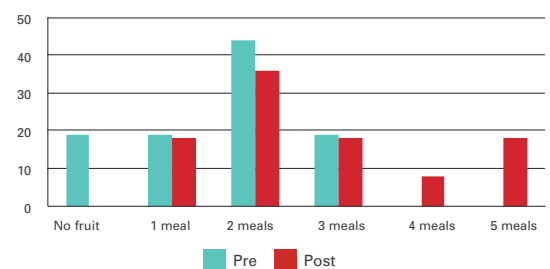
PRE PROGRAM SURVEY	POST PROGRAM SURVEY
35% stating 1 night a week	27% stating 1 night a week
29% stating 2-3 nights a week	9% stating 2-3 nights a week
6% stating 4-5 nights a week	0% stating 4-5 nights a week
29% stating 1-2 nights a month	64% stating 1-2 nights a month

**Eat out or purchase take away foods**



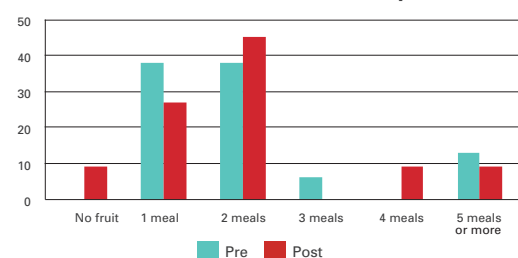
- Participants were asked in a typical day, how many of their meals or snacks contained fruit. From the results there had been an increase in fruit consumption, all participants includes fruit into their meals or snacks with 91% of participants now including at 2 or more serves and 55% containing 3 serves or more. The recommended number of serves a day is 2 for both men and women.

**Meals or snacks that contained fruit**



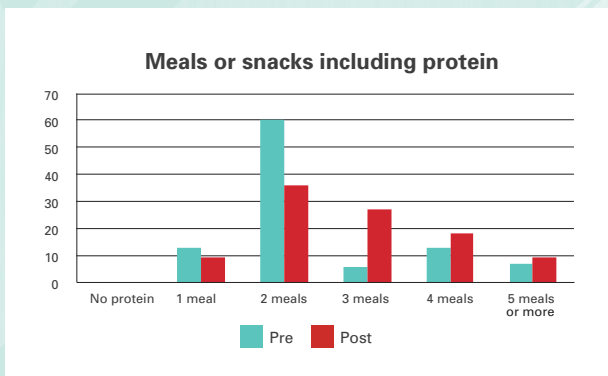
- Participants were asked in a typical day, how many of their meals or snacks contained vegetables. From the results 91% of participants included vegetables into their meals or snacks and only 9% included 5 or more. The recommended number of serves is 5 for women and 6 for men. It could be presumed that from this information participants were not meeting the recommended number of serves for vegetable intake, as the question did not ask for the number of serves but rather the number of meals or snacks that included vegetables.

**Meals or snacks that contained protein**

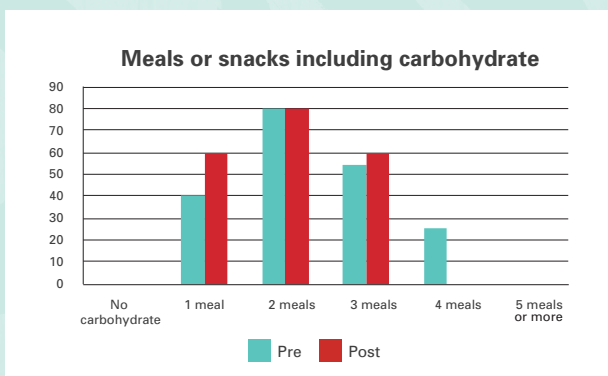




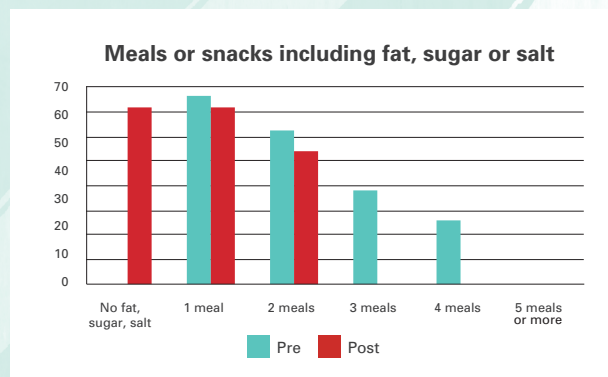
- Participants were asked in a typical day, how many of their meals or snacks included protein such as lean meat, poultry and fish, eggs, seeds and nuts, beans and legumes. From the results all participants did include protein in their meals seeing an increase to include more protein. The recommended number serves of protein is 2 ½ for women and 3 for men. It was not stipulated as to the number of serves but rather the number of meals or snacks that included protein.
- The vegetable intake was concerning to see that only 9% of participants included vegetables 5 or more times into their meals or snacks. This must not be confused with the recommendations as it was not stipulated to be the number of serves it was how many were included to meals and or snacks. Further investigations would need to be carried out as to why this is at such a low rate, however with all the nutritional and healthy eating advice and resources handed out over the 8 weeks, vegetable intake was always encouraged.



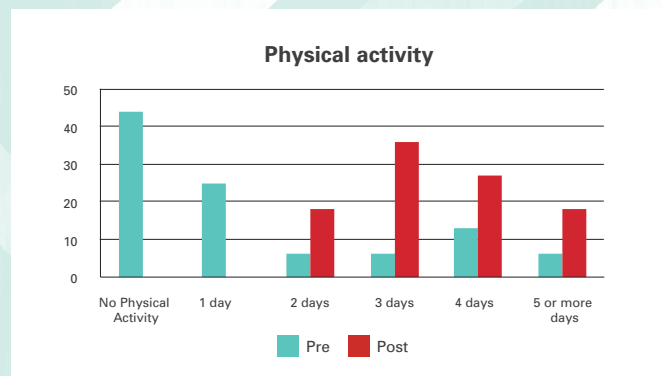
- Participants were asked in a typical day, how many of their meals or snacks included carbohydrates such as bread, breakfast cereals, rice, pasta corn or potato. From the results all participants did include carbohydrates in their meals. However the question was asking how many meals or snacks not number of serves. The recommended number of serves being 6 for both men and women and preferably wholegrain which was not identified as to what type in the responses.



- Participants were asked in a typical day, how many of your meals or snacks would contain high fat, sugar or salt. From the results all participants had made changes to their consumption of fat, sugar and salt intake. The pre survey saw higher amounts of these included in meals and snacks and after the 8 week program, participants had reduced the amount of intake to either no meals or 1 -2 meals or snacks. The recommended serves of discretionary food choices is 0-3 for men and 0-2 ½ for women.



## Physical Activity



- All participants exercised for 30 minutes or more a day during the 8 week program with 64% exercising for 1 hour or more
- All participants stated the boot camp had encouraged them to continue to exercise. Stating they would continue to exercise 3 days or more after the 8 week program
- When participants were asked what they liked most about the boot camp program participants responded;
  - 82% enjoyed the boot camp sessions the most
  - 73% stated that beginning their day with physical activity was what they liked most along with the enjoyment of the sessions with the other participants
  - 64% stated what they liked the most was the personal trainer and the venue/locations of the boot camp sessions
  - 55% stated they found the exercise plan to be beneficial.
- All (100%) participants rated the overall experience of the program as excellent

## Health Assessments

**Blood pressure:** According to the Australian Bureau of statistics health survey of Aboriginal and Torres Strait Islander, one in five ATSI adults had measured high blood pressure (systolic or diastolic blood pressure equal to or greater than 140/90 mmHg). The blood pressure measurements were taken for participants to identify changes with their starting assessment and final assessment, a more thorough and rigorous measurement collection would be required to identify any significant changes. These results from the starting and final program assessments did see all participants identify with change in their blood pressure results, some participants identifying with improvement over the 8 week program and others with only slight changes. There is no 'normal' or 'ideal' blood pressure reading and a guide was used from the 'Better Health' channel to identify the following ranges:

- 17% of participants were recorded at having a normal blood pressure range 90/60 – 120/80
- 42% of participants were recorded at having a high-normal range between 120/80 – 140/90
- 33% of participants were recorded at having high blood pressure levels and after the 8 week program only 17% of participants were recorded with high blood pressure levels.

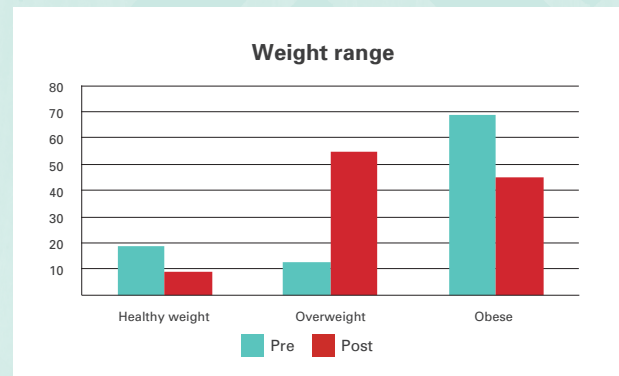
**Weight:** This was an 8 week program that included a weight loss challenge. A winner was determined by the % of weight lost and was calculated at the final weigh in session by an online program which calculated it automatically allowing for instant results.

According to the BMI scale:

- 18.75% of participants began in the healthy weight range
- 12.5% of participants began in the overweight range and
- 68.75% of participants began in the obese range

After the 8 week program, participants had successfully lost weight, less were classed in the obese range, more participants were now classed in the overweight range and less in the healthy weight range, this may have been due to fewer participants in the healthy weight range not completing the program.

- 9% of participants were now in the healthy weight range
- 55% of participants were now in the overweight range and
- 45% of participants were now in the obese range



The winner of the 8 week challenge who lost the highest percentage of body weight was recorded at 11.46%. To be eligible for the prize money, participants must have attended all boot camp sessions, abided by the rules of losing weight and been physically active. Overall, it was a great way to build the capacity on the social connections for the participants whilst engaged in physical activity and encouraging healthy eating choices.



ACHIEVING OUR GOALS

Our people are  
healthy and strong

## GP Services

The Gunditjmarra Aboriginal Health Service based at 3 Banyan Street, Warrnambool offers a fully bulk billed general medical practice and minor medical procedural services to the Aboriginal and non-Aboriginal community members. We employ three General Practitioners who, in total, provide 20 General Practitioner sessions per week.

Our medical reception is the primary point of contact for patients visiting the services within Banyan Street with our Receptionist providing a welcoming and responsive face-to-face and phone service to patients seeking assistance. As comparable to previous years our administration staff have coped admirably again with a rapidly increasing patient and administration load.

During the year our patient numbers and episodes of care have increase considerably.

A large reason for this is our patients and service users welcome and value the professional and friendly support provided by our GP's who include Dr. Surinder Singh, Registrar Dr. Aye Aung and visiting GP Dr. Jonathon Duffy who in total provided 20 GP sessions per week over the period. Our GP's are ably assisted by our Aboriginal Health Practitioner and Practice Nurse who have a close working relationship with roles that compliment each other resulting in a smoother patient journey from consult to end.

We continue to organise our service offerings to make better use of our facilities to maximise the limited space available within our health facility at 3 Banyan Street resulting in an uncomplicated patient flow.

### Key achievements in 2014-15 through the Gunditjmarra Health Service include:

- Registered 342 new patients
- Provided 6363 GP sessions
- Provided 16,244 episodes of care across all Health Programs
- Increased numbers of patients with GP Management Plans and team care arrangements
- Achieved full Medical Accreditation
- Engaged an Operations Manager
- Engaged one female GP Registrar
- Coordinated care between the Clinic and other health care services locally and regionally
- Facilitated allied health visits by dietitians, a diabetic Educator and mental health specialists
- Facilitated sight and hearing screening programs
- Further developed and streamlined electronic recording of health indicators to improve quality of clinical service provision and reporting
- Provided over 600 medical and dental transports
- Refunding of CCSS
- Revision and updating of existing Memorandum of Understanding (MOU) with various partners
- Signed new ground breaking MOU with St. John of God Hospital, Warrnambool Campus
- 242 Aboriginal and Torres Strait Islander (ATSI) Health Checks were completed and claimed via Medicare
- 51 Chronic Disease Management Plans had been completed and claimed
- 51 Team Care Arrangements have been completed and claimed.

## Dental Clinic

The Gunditjmarra Aboriginal Dental Clinic, in partnership with South West Healthcare Dental Services continues to operate out of our Health Clinic and provide a critical dental service to our members and community who hold relevant Health Care Concession Cards. The Dental Clinic remains an extremely busy and valued service and continues to go from strength to strength.

The Gunditjmarra Dental Clinic, utilising the South West Healthcare dental team, comprising of a dentist and two dental nurses, provides free weekly dental services to all Aboriginal Health Care Card and Pension Concession Card holders. Services include oral health checkups, 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 service at the Gunditjmarra Dental Clinic continue to access service through the Victorian Aboriginal Health Service Dental Clinic in Fitzroy, Melbourne.

### Key achievements in 2014/15 through the Gunditjmarra Dental Clinic include:

- Revision of Dental MOU between Gunditjmarra and South West Healthcare Dental Services

## South West Close the Gap Program

The primary partners in the South West Close the Gap (SWCTG) program are: Gunditjmarra Aboriginal Cooperative, Kirrae Health Service and South West Healthcare.

Our "Close the Gap" team consists of two Family Support Workers, and a Project Coordinator.

### Overview

The Project Coordinator, Janice Huggers resigned in late May, therefore this position remains vacant until a suitable candidate is selected from the recent position applications.

The SWCTG Program addresses the priorities within all four key stages of life in the Koolin Balit, the objectives are; "a healthy start to life, a healthy childhood"; "a healthy transition to adulthood" and "caring for older people"

– **through supporting families and individuals who are experiencing issues with substance abuse, mental health, family violence and other high risk behaviours.**

The SWCTG Program encourages clients to become confident and supports the capacity of individuals and families to make positive changes to their current lifestyle and to seek information and resources for their individual health and well-being needs.

### The goals of the Close the Gap Program are :

- To identify and address gaps and barriers in referral pathways for Aboriginal people in our area
- To provide care coordination and support to Aboriginal families and individuals in helping them to address drug and alcohol; mental health and family violence issues and their underlying contributing factors;



- To develop the capacity of key service providers in the South West to deliver culturally appropriate, timely and coordinated services to Aboriginal families; and
- To develop the capacity of Aboriginal people to advocate for themselves and assertively seek the resources they require.

During the last six months the SWCTG Program has been working tirelessly with clients and families who have either been referred to us by other agencies, internally or self/family. This engagement with our clients has reduced the communities' negative experience with mainstream services. The program has also provided and supported the opportunity for community to re-engage with Gunditjmara Aboriginal Cooperative Ltd. Services.

Gunditjmara believes that extensive networking with mainstream services has enabled CTG to provide support to service providers to employ culturally sensitive approaches to service provision. Overall, the SWCTG Program emphasises to develop the capacity to advocate for themselves and seek the resources they require. We play a significant role in assisting and advocating for clients as they navigate their way through mainstream services and systems with the aim to empower clients to independently access these services.

#### **Key achievements in 2014/15 through the Gunditjmara Close the Gap Program include:**

- Providing advocacy and support on a regular basis to fourteen families consisting of thirty-eight individuals, to access mainstream and Gunditjmara Aboriginal services.
- Referrals both internally and externally to Gunditjmara services, various other Health organisations, Housing agencies, school welfare and support systems and various family support agencies
- Providing educational support: to access day care, assistance to arrange transport to schools or Kindergartens, assistance to re-engagement with School (primary and secondary), support for conflict and behavioural issues at school; parent advocacy at meetings with teachers, principals and welfare officers; support to access uniform and books.
- Providing lawful advocacy and support for families in need of contacting Police; including support to complete correction orders and fine payments etc.
- Providing legal support and advocacy with various legal matters, including advocacy in meetings and court procedures; and advocacy and input in Aboriginal Family Decision Making Meetings; as well as provision of culturally appropriate responses to child protection issues
- Providing support and advocacy to access AOD counselling, smoking cessation program; referrals to AOD detox and rehabilitation services
- Providing Centrelink support and advocacy
- Increased numbers of participants attending Gunditjmara Cooperatives Social, Emotional and Well-being group
- Increased numbers of participants attending Gunditjmara's Warrumyea Women's Group
- Increased numbers of participants attending Gunditjmara's Men's Group
- Close the Gap Family Support workers have received training and successfully completed the course - "Keeping Families and Children in Mind" by COPMI (Children of Parents with a Mental Illness.)

- Facilitated the successful "Close the Gap Day" which was held on Warrnambool's Civic Green, in March of which approximately 300 people were in attendance
- Attended various meetings such as Dealing with Family Violence in Aboriginal Communities
- Attended the Possum Skin Cloak Workshop and Cancer Education workshop
- Training undertaken were: Aboriginal Cultural Safety, Apply First Aid, Provide First Aid, Provide Basic Emergency Life Support, Provide Cardiopulmonary Resuscitation

### **Aboriginal Health Promotions and Chronic Care (AHPACC) Program**

The AHPACC 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 and education and assistance, health assessments and care plans.

#### **Key achievements in 2014/15 through the AHPACC program include:**

- 132 Individual Clients were serviced during the reporting period for a total number of 669 contacts.
- Built partnerships with Lyndoch
- Collaborated with the Care Coordination and Supplementary Services (CCSS) program to ensure the access of eligible clients

### **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.
- Providing Counselling sessions and/or Referrals to Specialists
- Conducting full Client Assessments and ensuring relevant health promotion is available
- Providing support for clients attending courts
- Attending Health and Well-being programs
- Establishing links with external agencies

#### **Key achievements in 2014/15 through the AOD program include:**

- 105 Individual Clients were serviced during the reporting period for a total number of 456 contacts.

## Care Coordination and Supplementary Services (CCSS) Program:

The 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 2014/15 through the CCSS Program include:

- Re-funding of CCSS program.
- 52 individual clients were serviced during the reporting period. All of these services were non-contact services.

## Social Emotional and Wellbeing (SEWB) Program:

Our Aboriginal Social and Emotional Wellbeing Officer supports the provision of mental health assessment, treatment, monitoring and evaluation of the social and emotional needs of Aboriginal clients. Improving links between the Gunditjmara community, other health professionals and clinical service providers through increased awareness and understanding of cultural, emotional, spiritual and social issues faced by our Community is an important aspect of the SEWB role.

### Key achievements in 2014/15 through our SEWB include:

- 59 Individual clients were serviced during the reporting period for a total number of 67 contacts

## Healthy Lifestyle: Tobacco Action Program (HL/TA)

The Healthy Lifestyles Tobacco Action Program provides smoking cessation and healthy lifestyle support to the Warrnambool and outlying areas by raising awareness about the health risks associated with smoking and promoting positive healthy lifestyle changes.

The Programs ultimate focus is to reduce the smoking rates in our community and close the gap between Aboriginal and non-Aboriginal Australians.

### Activities include:

- client support and education
- quit smoking activities
- health promotion/smoking cessation education at community events
- presentations to young people and other organisations
- referrals to Quit Preventative Care
- Physical Activity
- Nutrition

The program is a Part of a regional network of equivalent programs situated at Dhuwurrud Whurrung Elderly and Community Health Service and Goolum Goolum Auspiced and oversight by VACCHO.

### Key achievements in 2014/15 through the HL/TA Program include:

- 197 individual clients were serviced during the reporting period for a total number of 492 contacts
- Conducted an extremely successful project known as 'Community Bootcamp'
- Initiated Staff Walking Groups.

## Koori Maternity Service (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.

### Key achievements in 2014/15 through the KMS Program include:

- Appointment of KMS Aboriginal Health Worker
- 17 Births within the South West region through the Koori Maternity Services. The Service covers the Portland, Heywood, Hamilton, Framlingham and Warrnambool areas.
- Facilitated a Sacred Sista's Workshop, held at Gunditjmara Aboriginal Cooperative
- First Aid Training and Felt-Mum Training were undertaken by KMS Staff
- KMS Staff attended a Pregnancy Workshop, held at South West Health Care, Warrnambool

## South West Aboriginal Health Partnership (SWAHP)

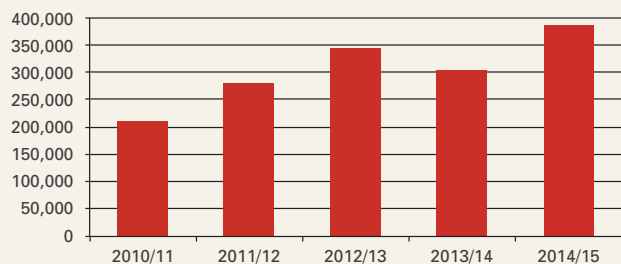
SWAHP is a Regional based partnership formed between Gunditjmara, and four other Aboriginal Organisations in South West Victoria being Kirrae Health Services, Winda Mara Aboriginal Corporation and Dhauwurd-Wurrung Elderly & Community Health Service Inc. The CEO's from each agency work together, in good faith, for the development, delivery, operation, administration and management of the South West Aboriginal Health Partnership. Gunditjmara auspices the total allocation of funding of SWAHP dollars and directly employ the Regional Coordinator. The role of the Coordinator is to essentially ensure that all organisations within the partnership are working towards achieving these National Health Key Performance Indicators (nKPI's) as set forth by government.

### The nKPI's are as follows:

- 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.

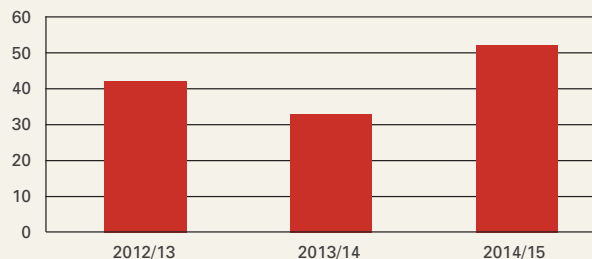


### Medicare revenue in dollars



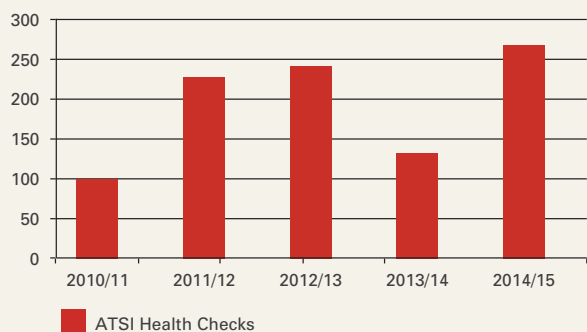
Gunditjmarra Health Clinic has made a significant increase in self-generated Medicare funding. This is largely due to the increase in ATSI Health Assessments that have been carried out.

### GPMP plans carried out



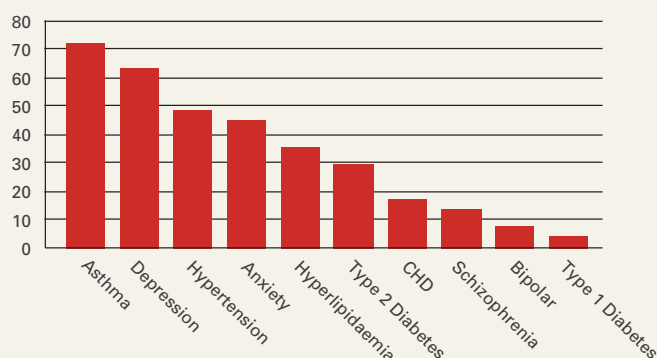
Our clinic caters to the needs of clients with chronic illnesses ensuring that they receive care as per best practice guidelines. During the 2014-15 year we completed and claimed via Medicare 52 new Chronic Disease Management Plans. These plans ensure clients have access to allied health services as well as external and internal service providers which are individualised and suited to the needs of the particular client's circumstances.

### ATSI Health Assessments



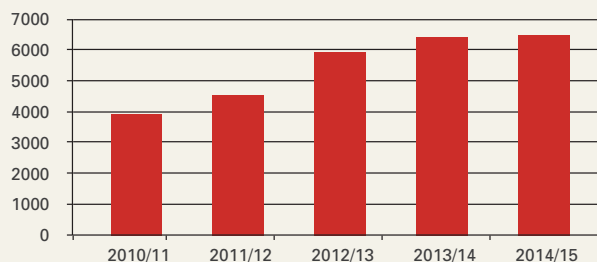
ATSI Health checks are a good way of tracking the health status of our clients. In order to prevent chronic diseases it is important that these health checks are carried out on an annual basis in order to 'track' how a client's health is going over a period of time. As can be seen there is a marked increase in the number of ATSI health checks being performed compared to previous years.

### Prevalence of disease



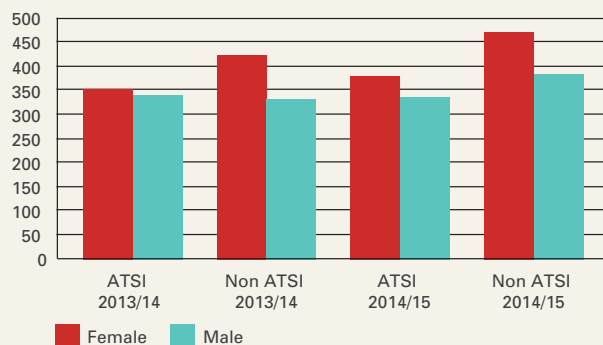
Our organisation is predominately funded for chronic disease management and to assist with prevention and early detection of chronic disease. However as seen on the table above, Depression and Anxiety are listed as 2 and 4. As a service we endeavor to cater to these clients in a more holistic way, ensuring our clients social and emotional needs are being met and looked after also.

### GP Contacts



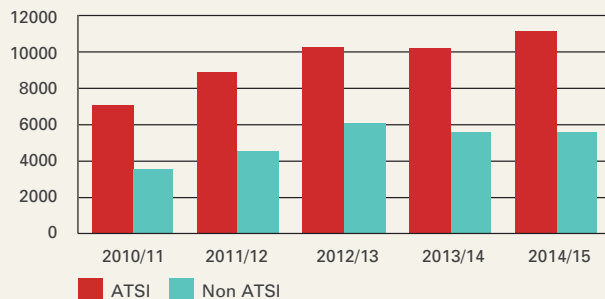
There was only a slight increase in the number of contacts carried out by our GP's in the previous financial year.

### Individual clients served



Over the past financial year the number of Aboriginal and Torres Strait Islander (ATSI) clients utilizing available services has increased; as has the number of non-Indigenous clients. The trend of a higher proportion of females accessing the services continues for both ATSI and non-ATSI.

### Episodes of care



Although our organization has a higher proportion of non-ATSI clients accessing the service, the ATSI clients are receiving more care and are in general accessing the service twice as often as the non-ATSI cohort. Gunditjmarra have increased the number of episodes of care that were carried out over the previous timeframe. Note: An episode of care involves a client file being opened, a clinical activity being recorded and then this information saved in the file.

- 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 recorded 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 a 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.

The Regional Coordinator 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 Regional Coordinator 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 Regional Coordinators's role is different in each organisation.

Due to the nature of this role being somewhat flexible, the Regional Coordinator 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.

#### **Key achievements in 2014/15 through the South West Aboriginal Health Partnership (SWAHP) Program include:**

- Taking a leading role in Continuous Quality Improvement and Accreditation cycles across all partner agencies.
- Diploma of Management attained by SWAHP Coordinator

### **Koori Pre-School Assistant (KPSA) Program**

The Gunditjmarra Koori Pre-School Assistant works successfully 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.
- Provides information and support to Koori families and communities
- Supports the attendance of Koori children in kindergarten programs
- Encourages the involvement and participation of Koori parents, families and carers in the development of kindergarten programs, and assists 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. Our number of Koori children attending kinder as well as 3 year old kinder has been very pleasing and is still going strong.

The Koori Pre-School Assistant 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.

#### **Key achievements in 2014/15 through the Koori Pre-School Assistant (KPSA) Program include:**

- The KPSA attained Certificate III in Early Childhood Education and Care



- Building lasting capacity of kinders throughout the catchment area around Aboriginal Cultural Education
- Building capacity and supporting parents and their children in attending kindergartens locally

### **Koorramook Play Group and Parent Education Program (Possum playgroup).**

The Koorramook playgroup has now been running since 2013. The program provides a welcoming “playgroup” environment, which targets children, aged under five and their families including grandparents. A core focus of the Koorramook playgroup is to build positive parent-child relationships, promote parenting skills and confidence, and to stimulate all areas of child development.

The activities of the playgroup are designed to be creative, age-and developmentally-appropriate with a large focus on incorporating local Aboriginal culture and language within the activities. Activities include music and dance, indoor and outdoor play and excursions, storytelling, and a variety of activity areas for dramatic and creative play as well as increasing cognition and fine motor development skills. Parents are encouraged to engage with their children via play learning activities that are easy for them to adopt at home, fostering good parent/child attachment. During the period a newly developed Aboriginal Early Years Network (AEYN) was formed with the resulting outcome being the strengthened practice collaboration with other organisations who deal in the formative years space. The Aboriginal Early Years Network (AEYN) comprises of OzChild, KESO’s other ACCHO’S

The Playgroup empowers families by assisting them to identify and develop their own strengths and resources and the children develop a positive sense of identity through knowledge and understanding of their family and culture, whilst parents and carers are provided with an environment where they can develop and maintain pride in their family and cultural identity.

Visiting Health professionals also attend the playgroup sessions such as Speech Therapists and Koori Maternity Services Staff. This enables the Health Professionals to engage directly with the families and children in their own community setting and community environment.

Parents are assisted in the development of Learning via a Learning progress diary 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 progress Diary which details the progress of their child’s development and achievements which links directly to the State Government Early Years framework.

#### **Key achievements in 2014/15 through the Koorramook Playgroup and Parent Education Program include:**

- Targets are the highest they have ever been which are 20 children, 12 adults and 9 visitors equaling a total of 42 people in attendance
- Parents / Grandparents are learning new play activities to increase children’s development outside of playgroup a setting
- Each child has been able to reach their own milestones in their own time such as rolling over, crawling, walking, developing fine motor skills, cognitive skills, communication skills, social and emotional skills as well as developing a sense of wellbeing, community and identity – with each being captured via a journaling process.



ACHIEVING OUR GOALS

Our community is  
proud and involved



## Home and Community Care (HACC) Program

Gunditjmara Aboriginal Cooperative HACC program provides a culturally appropriate service to assist Aboriginal 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 to 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

### Key achievements in 2014/15 through the Aged Care and Disabilities Program include:

- The growth and expansion of the Yoongama Social Support Group which now not only meets the needs of Elders and their Carers in the Community but caters for younger people with a disability and their Carers.
- Numbers of participants for the said Program have increased from the previous year which was 10-15 participants per session to 15-20 participants per session during this reported period.
- First Aid Training, Managing Challenging Behaviours, Active People, Active Choices and Funded Agency Channel were some of the Training undertaken by HACC Staff

## Community Aged Care Package and Linkages (CACPS) Program

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.

### Key achievements in 2014/15 through the Community Aged Care Package and Linkages Program include:

- 26 Individual Clients were serviced during the reporting period for a total number of 201 contacts.



ACHIEVING OUR GOALS

Our organisation is  
skilled and effective



## Housing and Property Program

The primary objective of the Housing and Property Program is to maintain and manage Gunditjmara's community housing portfolio consisting of 13 separate properties. Our properties are coordinated via a waiting list process and rentals are set at subsidized levels. A secondary duty to the role, but equally important, is to maintain the business premises and assets of the cooperative.

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 by assisting advocating on behalf of clients.

### Key achievements in 2014/15 through the Housing and Property Program include:

- The majority of effort were focused on the rebuild of Gunditjmara's Harris Street site during the 2014/15 Reporting period
- Repairs and maintenance were also undertaken on two units within Elders retreat at 16-18 McKnight Street with the view to re-tenant the said units
- CFA Training undertaken

## Indigenous Tenancies at Risk (ITAR) Program

ITAR is a housing support program that was introduced state-wide in 2006 as part of the Victorian Homelessness Strategy. This program uses an intensive case management and support service model to assist Aboriginal people living in mainstream, public housing, community housing or Aboriginal Housing Victoria properties whose tenancies are at risk as a result of emerging issues. Servicing a wide range of clients from singles, couples both with and without children and lone parents with families.

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

Gunditjmara and Wathaurong Aboriginal Cooperatives in collaboration deliver this high quality, culturally appropriate tenancy support service to Aboriginal people across the Barwon South-West Region.

### Supports provided include

- accessing Public Housing
- assistance for tenants of Public Housing, Community Housing and private rentals to maintain secure tenancies
- ex-tenants of Public Housing with rent arrears and maintenance debts
- Victorian Civil Administrative Tribunal (VCAT) matters
- transfers
- maintenance issues
- other life matters that may compromise tenancies

Since its inception and especially during the last financial year as the community became more familiar with the program, there

has been an increased demand for the service. Many families and individuals within the community have accessed the program for support in maintaining or accessing housing. Generally each month both Wathaurong and Gunditjmara have a case load exceeding twenty clients despite the annual target of seventy-five.

In accordance with the ITAR Program and funding guidelines, the worker is a member of or has participated in

- The Victorian Indigenous State wide Homelessness Network (VISHN)
- The South West Housing Advisory Group
- The South West Local Area Service Network

### Key achievements in 2014/15 through the Indigenous Tenancies at Risk Program include:

- Target numbers have increased two fold from the previous year
- Maintaining Client Housing tenancies to assist in the prevention of homelessness in Aboriginal people
- Training undertaken were CFA Training, Fire Warden Training, First Aid and Governance Foundations for Not-for-Profit Directors Leadership Training

## Koori Youth Justice (KYJ) Program

### The aims of the Koori Youth Justice Program are to:

- Appropriately diverting the youth that are charged with an offence away from the Criminal justice system.
- Help minimise the likelihood of our youth to "Offend or Re-Offend".
- Contact and Supervise youth that are on "Court Orders" to maximise 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 Aboriginal 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 Aboriginal Cooperative and has a regional focus working collaboratively with other Aboriginal Community Controlled Organisations (ACCHO's) and mainstream organisations across South West Victoria.

This position description should be read in conjunction with the Juvenile Justice Staff supervision framework that has been developed by DHS to establish minimum standards of supervision in this role.

### 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.

- Give as much support to our non-statutory young people as our statutory young people.
- Encourage our youth to engage in activities that they normally wouldn't. (Get them out of their comfort zones)
- Continuing to make the Marr-Ang Youth Group known and accessible to as many 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 2014/2015, the KYJ Program was pretty light on in terms of the supervision of our young people that were on court orders, mainly because there was only one young person on a Court Order in the South West.

This year our Marr-Ang Youth Group has applied more of a team approach with employees from other Divisional Programs chipping in all year to help the youth group run as smoothly as it does.

From a "Diversionary point of view" Our youth group has had a pretty good year as far as attendance goes. The activities and the cultural aspect of the youth group, with people like Brett Clarke, Naomi Madison and Tracy Roach have enabled our young people to learn about their culture.

#### **Key achievements in 2014/15 through the Koori Youth Justice Program include:**

- In 2014/2015, from a "Statutory point of view", the Koori Youth Justice program has only one young person on a court order. The Koori youth justice program believes this to be a good result as the program recently had zero clients on the books. Hopefully with KYJP and neighbouring services in and around the area, we can continue to keep the numbers low and keep encouraging positive support and supervision and put into place preventative strategies like youth groups and things of that nature, we continue to have low numbers or at least have a chance to go back to zero representation "on the books".
- During the reporting period, **we have nine young people that are participating in basketball**, whether it be through schools and/or different associations and representative teams. This is one more young person playing than the previous year. The KYJP believes it is still great to see young koori people try something different and get out of their comfort zones.
- First Aid Training was undertaken during the reporting period.

## **Leaving Care Program**

The Leaving Care Program 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.

#### **Key achievements in 2014/15 through the Leaving Care Program include:**

- Training undertaken during this reporting period were: 'Managing Challenging Behaviors'

## **Regional Indigenous Family Violence Program**

The Regional Family Violence Program provides culturally sensitive, safe, confidential, professional advocacy and support services to Aboriginal women and children living in South West Victoria who have experienced or are affected by family violence. The program provides services to Portland, Heywood, Hamilton, Framingham as well as Warrnambool.

#### **Aims and Objectives of the Program are to:**

- provide culturally sensitive services to Aboriginal women and children, 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,
- raise community awareness regarding family violence and its effects within the community with the view to equip and highlight early intervention strategies leading to an increased prevention of future incidents and the implementation of a women's group to encourage, informal conversation on the issues of Domestic and Family Violence.

#### **Key achievements in 2014/15 through the Regional Family Violence Support Services Program include:**

- Strengthened networks throughout the region by attending community meetings, women's group, community luncheons and advocating for best outcomes that assist women and children who seek support and assistance within program services
- The implementation of the Warrumyea Women's Group
- Training undertaken during the reporting period were: 'Everybody's Business': Women's Health and Wellbeing, Barwon South West, Risk Management Practice Forum: Emma House Domestic Violence Services, Dealing with Family Violence in Aboriginal Communities – A Practitioners Approach, Possum Skin Cloak Framework: Indigenous Family Violence Regional Action Group (IFVRAG), Landscapes of Violence: Women Surviving Family Violence in Regional and Rural Victoria: Emma House, Responding to women experiencing family Violence-including risk assessment: Domestic Violence Resource Centre Victoria, Feltman Training: Australia Diabetes Victoria and undertaking and In Service Training Day: Gunditjmara Aboriginal Cooperative limited



## Aboriginal Family Led Decision Making (AFLDM) Program

The Program is based on Traditional Aboriginal Values and Decision making processes where the responsibility for growing children is shared by parents, extended family and the community and guided by the wisdom and experience of Elders.

Aboriginal Family Led Decision Making (AFLDM) encourages Family Members, extended Family, Elders, other significant people in the child's life and when appropriate, the child and / or young person to get together, make decisions and a plan that promotes the safety and wellbeing of children and young people who are involved in the Child Protection system.

All Aboriginal Children who have become involved with, or at risk of entering the Child Protection system can access culturally appropriate support and advocacy through Gunditjmara AFLDM program

All referrals come from DHHS Child Protection in which we work alongside with the DHHS AFLDM Convener. The AFLDM Community Convener's role is to contact and engage with the child/young person, all relevant family members. An Elder and any Professionals working with the child. The AFLDM Community Convenor facilitates the meeting and also organizes the venue, transport and accommodation - if necessary, phone link-ups and catering.

It is vital for the child's family to become involved to help us create the right care and protection plan for the child, we need to respect the child's Aboriginality, along with the Community Convener, Elder and DHHS Convener and workers; the parents can make decisions and plan on what is in the best interest of the child/children.

Clients are invited to a briefing meeting with the Community Convener and the DHHS Convener.

During this meeting, you will be informed of all the appropriate information regarding the child and his/her current situation. Such things could include:

- What is involved in an AFLDM
- Family dynamics and who can attend.
- Issues identified by child protection
- Court orders etc.

### The process of conducting an AFLDM meeting, are:

- The family meetings are very informal and take place in a culturally appropriate setting that the family chose, meetings are rarely at the Department.
- A meal is provided before an AFLDM family meeting
- Welcome or Acknowledgement to Country will be conducted by an Elder who the family have chosen.
- Introduction of participants of the family meeting.
- A brief outline of CP concerns
- CP bottom lines that need the family to plan around.

### Key achievements in 2014/15 through the AFLDM Program

- The AFLDM program has conducted 24 family meetings.
- These meetings have been conducted at: family homes, Gunditjmara, Windamara DWECH, SWAMP Portland and Community House in Hamilton.

- The program has assisted in the reunification of children who were in Out Of Home Care, back to their families within Victoria and other states of Australia.
- Family plans have strengthened the safety of children within the home.
- AFLDM family plans have strengthened family and extended families connectedness with children in Kinship care and in Out of Home Care, making sure their cultural needs are met.
- Brokerage within the AFLDM program has brought family members to the AFLDM meetings from other states of Australia to Victoria.
- Presented AFLDM program and process to Family Services Alliance meeting.
- Presented AFLDM program and process to Hamilton Women's Group.
- Training undertaken by AFLDM staff were Children of Parents with a Mental Illness (COPMI) training and Certificate and CRISP-Placement & Support Training.
- Trained co-workers and management in SHIP.
- Trained new Community Convenor's in the AFLDM program from Goolum Goolum (Horsham) and Wathaurong (Geelong)

## Integrated Family Services (IFS) Program

The IFS program is a part of the Southwest Alliance covering the City of Warrnambool, and the Shires of Moyne, Glenelg and Southern Grampians. Families with children 0-17 years who identify as Aboriginal are eligible for the program with no restrictions, such as diagnosed mental health.

Referral pathways include self-referrals, family, Community and other services and can be made directly to the worker.

### Support and advocacy includes:

- Strengthening the parent – child relationship
- Provide emotional and practical support and guidance to clients
- Provide support with child and adolescent behaviours

This position has been operating for two years and has been based at Gunditjmara Cooperative at 135 Kepler Street Warrnambool since January 2015 and continues to maintain funding and target requirements.

### The program also maintains organisational and funding body expectations by sustaining professional development and engagement with the following groups and services:

- Southwest Alliance allocations,
- Direct Services Group and
- Service Development Group.

This program is a part time position currently consisting of every Tuesday, Wednesday and alternative Thursdays.

### Key achievements in 2014/15 through the Integrated Family Services (IFS) Program include:

- Attended the 'What's Up with my Mob' Workshop
- Training undertaken were: Keeping Families and Children in Mind and Single Session Work

# Financial Report



## Director's Report

Your Directors present their report on the Co-operative for the financial year ended 30 June, 2015.

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

**Bernice Clarke**

**Joe Chatfield** (resigned 28 February 2015)

**Caleb Clarke** (resigned 28 February 2015)

**Louise Wackett** (resigned 15 May 2015)

**Linda Smith** (appointed 27 February 2015)

**Karana Morgan** (appointed 15 May 2015)

**Allan Miller** (resigned 24 July 2014)

**Joshua Edwards** (resigned 26 June 2015)

**Jarrold Clarke**

**Gary Wingrove** (appointed 27 February 2015)

**David Debono** (appointed 27 February 2015, resigned 26 June 2015)

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 Warrnambool. There were no significant changes in the nature of this activity during the financial year ended 30th June, 2015.

The net amount of the surplus carried forward for the continuation of the Co-operative's programs for the financial year was \$483,091 (2014 - \$321,376). 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.

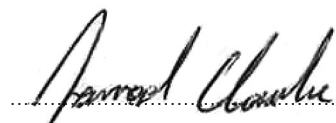
No options over issued shares or interest in the Co-operative were granted during or since the end of the financial year and there were not options outstanding at the date of this report.

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.

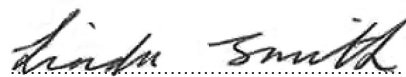
The Co-operative was not a party to any such proceedings during the year.

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



Director

Jarrold Clarke



Director

Linda Smith

Dated this 12th day of November 2015.

## Statement of profit or loss for the year ended 30 June 2015

	2015 \$	2014 \$
<b>INCOME</b>		
Recurrent Funding	2,589,177	2,033,616
Sundry and Non Recurrent Grants	324,061	396,276
Interest	23,758	16,101
Refunds	677,584	506,739
Rental & Equipment Hire	115,224	120,314
Insurance Recovery	18,843	3,182
	<u>3,748,647</u>	<u>3,076,228</u>
<b>EXPENDITURE</b>		
Administration Costs	(30,557)	(9,457)
Advertising	w(5,889)	(6,572)
Annual Leave (Movement in Provision)	(27,582)	3,999
Bad and Doubtful Debts	3,033	1,368
Bank Charges	(1,660)	(4,971)
Board Costs	(6,259)w	(1,915)
Catering/Meals	(10,000)	(8,382)
Cleaning	(38,480)	(39,568)
Electricity & Gas	(27,843)	(26,623)
Hire of Venue	(313)	(182)
Interest Paid	(37,063)	(9,603)
Long Service Leave (Movement in Provision)	(30,319)	(23,371)
Loss on Sale of Non- Current Assets	-	(23,820)
Memberships	(12,119)	(17,956)
Motor Vehicle Costs	(54,209)	(62,595)
Postage	(3,584)	(4,006)
Printing & Stationery	(21,240)	(15,381)
Professional Costs	(78,009)	(98,719)
Program Costs	(177,272)	(216,240)
Rent & Rates	(52,265)	(118,474)
Repairs & Maintenance	(84,730)	(47,597)
Sundry Staff Costs	(24,193)	(8,086)
Superannuation	(174,138)	(144,287)
Telephone	(43,661)	(45,091)
Training	(10,174)	(19,958)
Travel Expenses	(13,090)	(15,036)
Wages	(2,103,141)	(1,723,578)
Workcover	(31,126)	(28,743)
	<u>(3,095,883)</u>	<u>(2,714,844)</u>
<b>SURPLUS/(DEFICIENCY) FOR THE YEAR PRIOR TO DEPRECIATION, WRITE DOWN OF LAND &amp; BUILDINGS AND GOVERNMENT EQUITY ADJUSTMENTS</b>	652,764	361,384
Depreciation	(169,673)	(163,212)
Write Down of Land and Buildings	-	(92,967)
Adjustment Government Equity in McKnight Street & Mountain Ash Drive	-	216,171
<b>SURPLUS/(DEFICIENCY) FOR THE YEAR</b>	<u><b>483,091</b></u>	<u><b>321,376</b></u>



## Statement of comprehensive income for the year ended 30 June 2015

	2015	2014
<b>SURPLUS/(DEFICIENCY) FOR THE YEAR</b>	483,091	321,376
<b>OTHER COMPREHENSIVE INCOME</b>		
Net Loss on Revaluation of Land & Buildings	-	(378,220)
Adjustment on Revaluation of Land & Buildings	15,000	-
Adjustment Government Equity in McKnight Street & Mountain Ash Drive	-	(844,151)
Capital Grant - 135 Kepler Street	-	1,107,000
<b>TOTAL OTHER COMPREHENSIVE INCOME FOR THE YEAR</b>	15,000	(115,371)
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>	498,091	206,005
<b>TOTAL COMPREHENSIVE INCOME ATTRIBUTABLE TO MEMBERS</b>	<b>498,091</b>	<b>206,005</b>

## Statement of Financial Position as at 30 June 2015

	Notes	2015 \$	2014 \$
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents		1,320,476	738,634
Trade and Other Receivables	2	143,667	128,685
Other Assets	3	2,179	4,450
	4	1,466,322	871,769
<b>NON CURRENT ASSETS</b>			
Property, Plant and Equipment	5	6,024,788	5,906,366
<b>TOTAL ASSETS</b>		<b>7,491,110</b>	<b>6,778,135</b>
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	6	521,706	293,701
Employee Provisions	7	121,371	94,189
Borrowings	8	43,440	43,440
		686,517	431,330
<b>NON CURRENT LIABILITIES</b>			
Employee Provisions	7	22,846	19,709
Borrowings	8	552,260	595,700
		575,106	615,409
<b>TOTAL LIABILITIES</b>		<b>1,261,623</b>	<b>1,046,739</b>
<b>NET ASSETS</b>		<b>6,229,487</b>	<b>5,731,396</b>
<b>EQUITY</b>			
Members Capital		158	158
Asset Revaluation Reserve		-	-
Reserves		836,210	821,210
Retained Earnings		5,393,119	4,910,028
<b>TOTAL EQUITY</b>		<b>6,229,487</b>	<b>5,731,396</b>



## Statement of changes in equity for the year ended 30 June 2015

	Retained Earnings	Members Capital	Asset Revaluation Reserve	Other Reserves	Total
	\$	\$	\$	\$	\$
<b>Balance at 1 July 2013</b>	2,808,453	158	1,323,927	1,392,853	5,525,391
Loss attributable	321,376	-	-	-	321,376
Total other comprehensive income for the year	1,107,000	-	(1,222,371)	-	(115,371)
Transfers to and from reserves	673,199	-	(101,556)	(571,643)	-
<b>Balance at 30 June 2014</b>	4,910,028	158	-	821,210	5,731,396
Profit attributable	483,091	-	-	-	483,091
Total other comprehensive income for the year	-	-	-	15,000	15,000
Transfers to and from reserves	-	-	-	-	-
<b>Balance at 30 June 2015</b>	<b>5,393,119</b>	<b>158</b>	<b>-</b>	<b>836,210</b>	<b>6,229,487</b>

## Statement of Cash Flows for the year ended 30 June 2015

	Notes	2015 \$	2014 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from funding and operational sources		3,411,875	2,646,400
Interest received		324,061	396,276
Payments to suppliers		(727,674)	(1,118,113)
Payments to employees		(2,072,822)	(1,700,207)
Finance Costs		(37,063)	(9,603)
<b>Net cash generated from operating activities</b>	14	898,377	214,753
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Proceeds from Sale/(Payment for Purchase) of Property, Plant & Equipment		(273,095)	(1,230,808)
<b>Net cash used in Investing Activities</b>		(273,095)	(1,230,808)
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>			
Proceeds from/(payment to) Borrowings		(43,440)	639,140
<b>Net cash used in Financing Activities</b>		(43,440)	639,140
<b>Net Increase/(Decrease) in cash held</b>		<b>581,842</b>	<b>(376,915)</b>
Cash at the beginning of the financial year		738,634	1,115,549
Cash at the end of the financial year	2	<b>1,320,476</b>	<b>738,634</b>



## Notes to the Financial Statements for the year ended 30 June 2015

### 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-operatives National Law Application Act 2013. 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 National Law Application Act 2013.

The financial statements have been prepared in accordance with mandatory Australian Accounting Standards applicable to entities reporting under the Co-operatives National Law Application Act 2013 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. If an item of property, plant and equipment is revalued, the entire class of property, plant and equipment to which that asset belongs shall be revalued.

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.

As part of funding arrangements, the Government holds a percentage government equity in the McKnight Street property. This has been disclosed in Note 5 as a deduction in the carrying value of Land & Buildings.

##### (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 9.5% 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 30 June 2015

### 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 from 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.



## Notes to the Financial Statements for the year ended 30 June 2015

	Notes	2015 \$	2014 \$
<b>2. Cash and Cash Equivalents</b>			
<b>Current:</b>			
Cash on hand		1,384	687
Cash at bank		1,319,092	737,947
		<u>1,320,476</u>	<u>738,634</u>
<b>Reconciliation of Cash:</b>			
Cash and cash equivalents		<u>1,320,476</u>	<u>738,634</u>
<b>3. Trade and Other Receivables</b>			
<b>Current:</b>			
Trade Debtors		143,667	131,718
Less: Provision for Impairment		-	(3,033)
		<u>143,667</u>	<u>128,685</u>
<b>4. Other Assets</b>			
<b>Current:</b>			
Prepayments		2,087	3,058
Accrued Income			-
Other		92	1,392
		<u>2,179</u>	<u>4,450</u>
<b>5. Property, Plant and Equipment</b>			
Land (Independent Valuation 2014)		<u>2,470,000</u>	<u>2,470,000</u>
		<u>2,470,000</u>	<u>2,470,000</u>
Building (Independent Valuation 2014)	5(a)	3,380,000	3,380,000
Less: Accumulated Depreciation		(84,705)	-
Less: Government Equity		(420,980)	(420,980)
		<u>2,874,315</u>	<u>2,959,020</u>
Total Land and Buildings		<u>5,344,315</u>	<u>5,429,020</u>

## Notes to the Financial Statements for the year ended 30 June 2015

	2015 \$	2014 \$
<b>5. Property, Plant and Equipment (Cont)</b>		
Plant & Equipment (at cost)	315,698	315,517
Less: Accumulated Depreciation	(232,806)	(207,654)
	<u>82,892</u>	<u>107,863</u>
Motor Vehicles (at cost)	446,458	422,425
Less Accumulated Depreciation	(326,734)	(289,237)
	<u>119,724</u>	<u>133,188</u>
Office Furniture and Equipment (at cost)	581,218	568,904
Less Accumulated Depreciation	(451,725)	(429,406)
	<u>129,493</u>	<u>139,498</u>
WIP - Harris Street	<u>348,364</u>	<u>96,797</u>
Total Property, Plant and Equipment	<u><u>6,024,788</u></u>	<u><u>5,906,366</u></u>

**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. Subsequently revalued for 30 June 2014

### 6. Trade and Other Payables

#### Current:

Trade Creditors	240,586	110,089
Sundry Creditors & Accrued Expenses	26,121	8,342
Annual Leave	158,086	130,504
Payroll Liabilities	45,531	41,936
GST Liability	51,382	(113,861)
Grants in Advance (Deferred Expenditure and Auspiced Funds)	-	116,691
	<u>521,706</u>	<u>293,701</u>

### 7. Employee Provisions

#### Current:

Provision for Long Service Leave	121,371	94,189
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#### Non Current:

Provision for Long Service Leave	22,846	19,709
	<u>144,217</u>	<u>113,898</u>

## Notes to the Financial Statements for the year ended 30 June 2015

	2015	2014
	\$	\$
<b>8. Borrowings</b>		
<b>Current:</b>		
Bank Loan Secured	43,440	43,440
Non Current:		
Bank Loan Secured	552,260	595,700
	<u>595,700</u>	<u>639,140</u>

### 9. Reserves

**Asset Revaluation Reserve** - held in relation to revaluation of land and buildings.

**Other Reserves** - held in relation to statutory grants and property, plant and equipment grants.

### 10. Contingent Liabilities and Assets

The Director of Housing holds a mortgage over 16-18 McKnight Street Warrnambool Vic 3280.

The Minister for Aboriginal Affairs Victoria holds a first mortgage and National Australia Bank a second mortgage over 135 Kepler Street Warrnambool Vic 3280. The first mortgage may be repayable to the Minister in the following circumstances per the funding agreement:

- \* immediately on demand by the Minister, if the Grantee is wound up or becomes insolvent or steps are taken to make it so; or
- \* within 30 days of a written demand by the Minister under clause 14.1; or
- \* immediately upon settlement of a sale of the Property under clause 14.1.4.

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

### 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, 2015.



## Notes to the Financial Statements for the year ended 30 June 2015

### 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

	2015 No.	2014 No.
\$0 - \$9,999	-	-

The names of Directors who have held office during the financial year are:

<b>Allan Miller</b>	<b>Joe Chatfield</b>
<b>Bernice Clarke</b>	<b>Caleb Clarke</b>
<b>Louise Wackett</b>	<b>Joshua Edwards</b>
<b>Jarrold Clarke</b>	<b>Gary Wingrove</b>
<b>Linda Smith</b>	<b>David Debono</b>
<b>Karana Morgan</b>	

### 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 former Director of the Co-operative and current employee also rents a property. Rental charged during the year was at less than market value, but was consistent with rental charges for the other residential properties owned by the Co-operative.

### 14. Cash Flow Information

#### Reconciliation of Cash Flow from Operations with Profit

Profit from ordinary activities after income tax	483,091	321,376
Non-cash flows in profit:		
Depreciation	169,673	163,212
Net (loss)/gain on sale of assets	-	(23,820)
Write Down of Assets	-	92,967
Adj Government Equity in McKnight Street & Mountain Ash Drive	-	(216,171)
Changes in assets and liabilities:		
(Increase)/Decrease in Receivables	(12,711)	(9,732)
Increase/(Decrease) in Payables	228,005	(136,450)
Increase/(Decrease) in Provisions	30,319	23,371
<b>Cash flows provided by operating activities</b>	<b>898,377</b>	<b>214,753</b>

### 15. Entity Details

The registered office and principal place of business is 135 Kepler Street, 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-operatives National Law Application Act 2013, and:
  - (a) comply with Australian Accounting Standards (including Australian Accounting Interpretations and International Financial Reporting Standards) as described in note 1 to the financial statements in accordance with Co-operatives National Law Application Act 2013; and
  - (b) give a true and fair view of the Co-operatives financial position as at 30 June 2015 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

.....Director

Jarrod Clarke

.....Director

Linda Smith

DATED the 13th November 2015.

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Ausdoc DX: 28026

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**Colac**  
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Colac VIC 3250  
Tel: 03 5231 1527

**Hamilton**  
50 Thompson Street  
Hamilton VIC 3300  
Tel: 03 5551 3111

**Mount Gambier**  
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Mount Gambier SA 5290  
Tel: 08 8724 0399

**Casterton**  
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Casterton VIC 3311  
Tel: 03 5581 1000

**Cobden**  
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Cobden VIC 3266  
Tel: 03 5595 1954

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

**Port Fairy**  
62 Sackville Street  
Port Fairy VIC 3284  
Tel: 03 5568 2823

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

**Timboon**  
6 Main Street  
Timboon 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 2015, Statement of Profit and Loss, 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.

### 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 National Law Application Act 2013* 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.





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 National Law Application Act 2013*, including:

- a. giving a true and fair view of the Co-Operative's financial position as at 30<sup>th</sup> June, 2015 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 National Law Application Act 2013*.

A handwritten signature in black ink, appearing to read "F. Melican".

**Felicity Melican**  
**Principal**  
**SINCLAIR WILSON**

Dated this 16<sup>th</sup> November, 2015

257 Timor Street  
Warrnambool VIC 3280





#### Head office

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