



GUNDITJMARA ABORIGINAL COOPERATIVE LIMITED

GUNDITJMARA ABORIGINAL COOPERATIVE

ANNUAL REPORT 2015-2016



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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 2015/16 financial year and importantly, to highlight our achievements during this period.

The Chairperson's role is a position of which I was very pleased and extremely proud to hold; an immensely rewarding role which has enabled me to serve the Gunditjmara Aboriginal community to the best of my abilities. I would strongly encourage more young Aboriginal community members, both men and women, to have a go not only at the Chairperson's role but to become more involved with the Board/management positions in general.

At a broader strategic level as you would all be aware the Gunditjmara Head office of 64 Harris Street Reserve was severely damaged by fire in early 2010 and sadly was sitting idle for some time. One of the Board's main priorities was to get this site up and running, a dream became a reality!

I wish to thank the Board members who were present during this time who attended the very regular Board meetings, site meetings and also signed off on the variation quotes in order to speed this process up.

Gladly, I wish to report, that on Monday, November 23rd, 2015 the occupancy permit for 64 Harris Street was issued by Beaton Building Consultancy Pty. Ltd. This occupancy permit gives Gunditjmara the all clear to commence operating and utilising the site at 64 Harris Street Reserve, for any programs/community activities and events and even enables Gunditjmara the ability to hire this venue out for functions in order to create a new source of funding revenue for Gunditjmara and its members.

The Board kept up its commitment to continuous improvement and performance training over the course of the year. In mid May 2016 the Board attended an Equal Opportunity, Discrimination, Harassment and Bullying Awareness Training Session. This was attended by the majority of the Board of Directors and ensured that the organisation is complying with all required legal obligations especially when it comes to employment and workplace matters.

During the reporting period the Finance Sub-Committee, continued its commitment in supporting the Board ensuring this by making sound financial recommendations to the Board of which the Board would make decisions on.

The Purpose of the Finance Sub Committee is to:

"...assist the Board in the effective discharging of its responsibilities with respect to overseeing all aspects of Gunditjmara's corporate governance, financial reporting, control and audit functions and management of financial risk. The Committee is accountable to the Board for its performance."

In doing so the Finance Sub-Committee received a budget from internal management of which was passed and endorsed by the Board of Directors. I am glad to report that the Gunditjmara Board fully endorsed this budget and the internal management are actively working towards ensuring that we follow this budget to ensure that Gunditjmara remains financially viable not only now but into the future.

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

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

I wish to take this opportunity to thank those members and Directors who supported me during my time as Chairperson.

On behalf of the Board of Directors I would like to thank Marcus and the Gunditjmara staff members for their efforts and acknowledge that they do 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 2016-2017.

Regards

Jarrod Clarke
Chairperson



FROM THE CEO

Dear Members

We have come through another fast paced and productive year which offered up many challenges and rewarding highlights. We have made clear headway and achieved a great deal on a number of fronts which I will provide reflection on.

Accreditation

Quality and innovation in service delivery during the reporting period, was once again a large area of concentrated focus for both the Board and operational staff.

Gunditjmara's Housing program systems and practices covering tenancy management, asset management, tenants' rights, Governance/Management systems and Human resources Management were independently assessed against the community housing standards by external assessors - Globalmark Pty Ltd. This was our first foray into submitting to the Housing Accreditation system and quite pleasingly we were assessed as being competent.

Again, quite pleasingly, we achieved accreditation against the Department of Health and Human Services DHHS Enhanced Standards accreditation.

For this accreditation framework five Gunditjmara programs were in scope for assessment those being:

- Aboriginal Family Led Decision Making Program
- Family Violence Program
- Leaving Care Program
- Integrated Family Services Program and
- Koori Youth Justice

The Standards aimed to:

- Embed and promote rights for people accessing services
- Assure the community that service providers are providing services that meet clients' needs
- Develop a common and systemic approach to quality review processes
- Build greater transparency in quality requirements between the department, service providers, clients and the community
- Enable service providers to select an independent review body from an approved panel that meets their requirements and expectations

- Foster a culture of continuous quality improvement that is embedded in everyday practice and supports the meaningful participation of people in giving feedback about the services they require and the quality of services they receive
- Reduce red tape to help ensure service providers have more time and resources to provide services by reducing the number of quality reviews they are required to undertake.

It was critically important that Gunditjmara achieved accreditation against these standards as failure to do so would have most definitely resulted in those programs being no longer delivered by the agency.

I recognise and pay homage to the collective efforts of the many staff in pulling together and producing the evidence required to achieve these important accreditation frameworks. Most of all I was extremely proud of the great comments stated by the assessors within their final assessment reports which really did validate the great work and vital services that Gunditjmara is providing to the community.

Overall Summary

The assessment team would like to highlight the following key achievements:

- The holistic approach to meeting the needs of community members
- Welcoming and well-appointed premises including appropriate cultural displays
- The strength of the early intervention approach in the Koori Youth Justice Program
- Commitment to mentoring local Aboriginal people to take on roles within the organisation
- The strength of the Aboriginal Family Led Decision Making (AFLDM) program including the relationship between the two convenors
- The integration of services across the organisation including the Health Service
- Collaboration with other organisations including Aboriginal and mainstream at the local, state and national level to improve outcomes
- The visibility of the CEO in the broader sector
- Commitment to good outcomes for clients
- Closing the Gap challenge to mainstream organisations.

Koori Youth Justice

Gunditjmaras Koori Youth Justice Program has been in operation since the late 1990's. Bobby Cunningham our much respected Koori Youth Justice worker has managed the program for over 16 years and within that time has forged a great deal of enduring friendships and alliances with our young community members and other stakeholders across the service system including DHHS Youth Justice, Police, Schools and Courts just to name a few. Those enduring friendships and alliances forged over the years have most definitely correlated to a decreasing number of our Koori Youths on Justice Orders.

Under the stewardship of Bobby as the Koori Youth Justice Worker we, in Warrnambool were bucking the trend - whilst our Koori Youth on Orders were significantly decreasing - across the nation Aboriginal Youth on Orders were increasing. Notably for an 18 month period between 2013 and 2015 no Koori youths were on Justice Orders within our catchment area. Having achieved such a momentous result DHHS commissioned a "Good Practice Case study" to drill down into the details to explore the factors involved in being able to achieve these fantastic results. The report makes mention of a range of factors contributing to the low numbers including Bobby's long term association with the Koori youth resulting in a genuine trustworthy and strengthening relationship with the Koori Youth Justice Worker.

Having no Koori youth on Justice Orders over that time enabled Bobby to shift the focus from the "pointy end" of service delivery (the point at which the kids are in the judicial system) to focusing more at the prevention end to stem our kids ending up in the system.

Bobby's achievements were formally recognised during the reporting period and he was formally awarded the State Government Robin Clark 'Making a Difference Award' - a fantastic result indeed. Bobby was chosen ahead of five other high calibre candidates and was presented the award by the Hon. Jenny Mikakos, Minister for Families and Children; the icing on the cake was that he was presented the award on his birthday!

During the reporting period sadly Bobby left Gunditjmaras to take on a new life journey in South Australia. Bobby's enduring legacy continues on and the numbers of our Koori youth on Justice Orders is still remaining low - at the end of the reporting period Gunditjmaras had one Aboriginal youth on a Statutory Order.

I personally thank Bobby for his great work and service within our Koori Youth Justice Program and wish him all the best and every success in his next life chapter.

Infrastructure

Gunditjmaras Infrastructure requirements featured heavily over the year particularly making good the fire damage to our Harris Street Reserve Facility. As previously reported during other years the Harris Street Reserve premises was destroyed by fire in January 2010 and the fire originated directly from arson. The building is situated on Crown land and occupied under a Lease agreement with the Warrnambool City Council and as part of the obligations drawn under the Lease arrangement, Gunditjmaras was required to repair the damage to a stage that the facility could be occupied. Gunditjmaras, via a public tender process, invited building companies to submit quotations and as a result the awarded company was Searle Brothers Building Contractors. Searle Brothers did a fantastic job on bringing the building back to a state suitable for occupancy and in an expedited manner with the full scope of works being completed during the reporting period.

I can report with much pleasure that the community now have a capable facility that acts as a multi-use community hub that caters for meetings, workshops and activities.

Increasing Aboriginal Practitioners

As a part of our commitment to building the workforce capacity and providing continuing education and training I am pleased to report that we now have two qualified Aboriginal Health Practitioners within the Health team. Tanya Geier now stands alongside Georgie Taylor as a recognised Aboriginal Health Practitioner which is a huge achievement. The formal Aboriginal and Torres Strait Islander Health Practitioner role became nationally registered from 1 July 2012 under the National Registration and Accreditation Scheme for Health professions of which candidates are assessed by the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia; a National body that regulates the Aboriginal Health Practitioner role.

Aboriginal and Torres Strait Islander Health Practitioners are responsible for delivering safe, high-quality clinical services and patient care. These Practitioners operate in accordance with the Primary Clinical Care Manual and applicable legislation and regulations to deliver a range of clinical Primary Health Care services to Aboriginal and Torres Strait Islander people and communities. They may assess and treat health consumers, deliver specific health care programs, maintain health care systems and provide culturally safe and appropriate advice and support in order to contribute to better health outcomes for Aboriginal and Torres Strait Islander people.

To practise as an Aboriginal and Torres Strait Islander Health Practitioner, an individual must hold registration with the National Board. In accordance with the National Board's registration standards, registrants must be Aboriginal and/or Torres Strait Islander and must hold a Certificate IV or equivalent qualification in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).

GRATITUDE and Sign off

As we sign off on another productive year I hope you enjoy reading up on the many achievements made within the programs and services that Gunditjmaras provides.

A heartfelt thanks and acknowledgement to the members/service who continually support us in the work that we do, to the staff who work at the coalface and the Board in advancing our purpose and vision.

A big thank you to our many funding providers and various service partners whom are integral to us providing vital services to community and achieving our purpose and vision of 'A united, strong, proud and healthy Aboriginal community'.

We look forward to working with you all in the coming year which is also shaping up to be a busy period consisting of many challenges and increasing uncertainty. However given the continued support, patronage and partnership of our members and client base as well as funding providers and various service partners we will take up the challenge head on and continue to go from strength to strength.

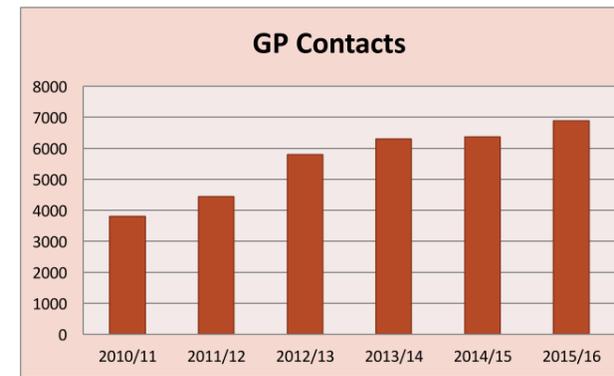
Kind Regards

Marcus Clarke
Chief Executive Officer

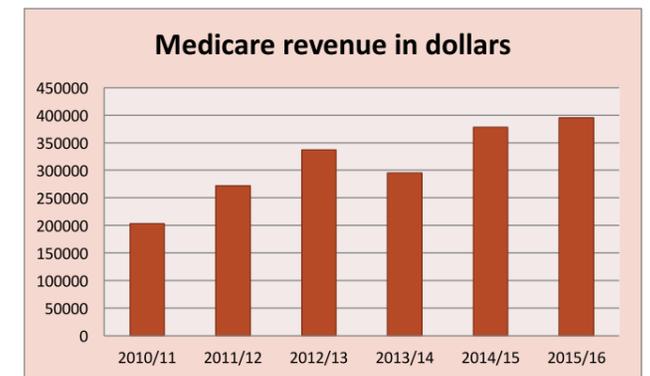


HIGHLIGHTS & FAST FACTS

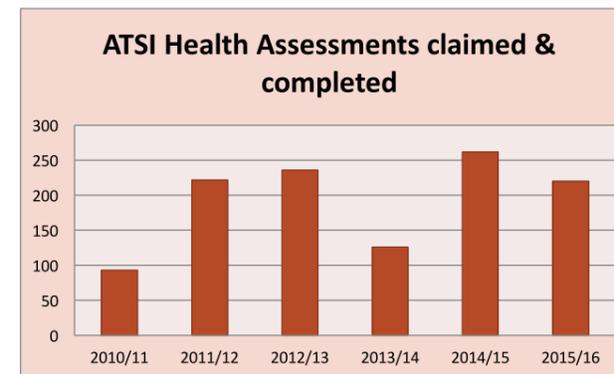
Full Accreditation with QIP	ACHIEVED
Accreditation against the DHHS Standards	ACHIEVED
3 year funding agreement from DoH maintaining organisational attainability between 2015-2018	MAINTAINED
Nurses provided 1589 Client contacts	INCREASED
ABORIGINAL HEALTH PRACTITIONERS provided 874 Client contacts	INCREASED
\$46,695.00 claimed via Medicare as the result of ATSI Health Checks	INCREASED
In total Organisational Client contacts from 21,480.00 to 24,079.00	INCREASED
Growth in patient numbers at the Health Clinic. Registered 461 new Patients	INCREASED
100% of Childhood Immunisations	ACHIEVED
½ of our ATSI population are overweight, obese or morbidly obese	ALMOST
ATSI population are currently smokers	30%
Of our Client base has their allergy status documented	90%



As evident there has been an increase in the GP contacts maintained over the previous 7 years. Recruitment and retaining GP's is always an ongoing problem within country areas.



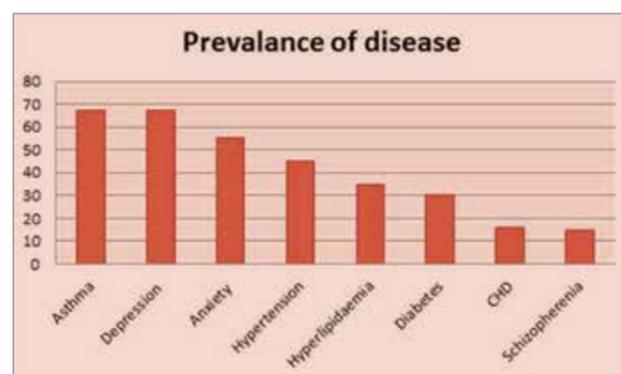
Gunditjmara Health clinic has made a slight increase in self-generated Medicare funding.



Aboriginal and Torres Strait Islander 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.



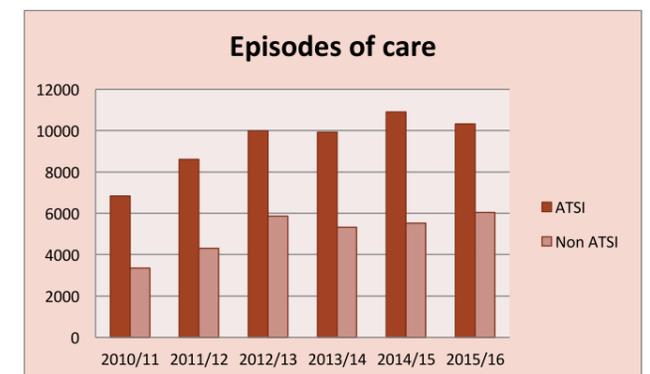
Over the past financial year the number of ATSI clients utilising available services has increased, as has the number of non-Indigenous clients. The trend of a higher proportion of females accessing the services continues for both ATSI and non ATSI.



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 is rated equal 1st and Anxiety is listed 2nd in the prevalence of disease affecting our Aboriginal Community. As a service we endeavour to cater to these clients in a more holistic way, ensuring our clients social and emotional needs are being met and looked after also.



Our clinic caters to the needs of clients with chronic illnesses ensuring that they receive care as per best practice guidelines. During the 2015/16 year we completed and claimed via Medicare 64 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 circumstance.



Although our organisation 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. Gunditjmara have increased the number of episodes of care that were carried out over the previous time frame.

Nb. An episode of care involves a client file being opened, a clinical activity being recorded and then this information saved in the file.

ABOUT US

The Gunditjmarra Aboriginal Cooperative is an independent community based not-for-profit organisation founded by a group of volunteers from the local Indigenous community in 1979. We have a member base of 300 members.

Incorporated in 1982 we have grown from a small group of dedicated volunteers into an organisation employing approximately 45 staff who are engaged in providing a range of Health and Social Welfare programs predominately to the Indigenous community of Warrnambool and surrounding areas.

Gunditjmarra's Head office operates from 135 Kepler Street, Warrnambool and accommodates our Corporate Services and Community Care Programs which consist of Child Youth and Family Support Services and Aged Care and Disabilities Services. Gunditjmarra's Health Services operates from 3 Banyan Street and offers GP services who are fully supported by Practice Nurses, Social Emotional Wellbeing Officer, Alcohol and Other Drugs Diversions Officer, Community Midwife, Aboriginal Health Workers, and an extensive range of Specialists and visiting Allied Health professionals who offer a complete variety of medical and community health services.

Gunditjmarra'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 South West Grampians Shire and Glenelg Shire.

Our purpose is to provide services and programs to improve the health of our community, serve the needs of our members and the wider Indigenous community, provide opportunities for economic advancement, and to support the cultural wellbeing of our people. This is the Gunditjmarra way and this is what we hold as our primary aim.

Belonging to Person

Gunditjmarra means 'belonging to person' and the Gunditjmarra Nation, in what is now western Victoria, shares borders to the west with the Buandig people, to the north with the Jardwadjali and Djab wurrung peoples, and to the east with the Girai wurrung people.

Gunditjmarra were traditionally river and lake people, with Framlingham Forest, Lake Condah and the surrounding river systems being of great importance to us both economically and spiritually.

With an Indigenous population today projected to grow 12% per annum over the next 10 years, we are the fastest growing population group in the area. Gunditjmarra Aboriginal Cooperative is a resource for all Indigenous people in the community and as the population grows and changes, we will continue to look for new ways to be inclusive and responsive to community need.

While the aged population will grow creating increased demands for culturally appropriate aged care, our children are our future. That's why it's important for the Gunditjmarra Aboriginal Cooperative to not just create job opportunities but to provide a pathway to management opportunities for tomorrow's Indigenous leaders.

VISION, PURPOSE & VALUES

Vision Statement

'A united, strong, proud and healthy Aboriginal community'.

Purpose

Gunditjmarra 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.

Gunditjmarra'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.



HOW WE ARE STRUCTURED & WHAT WE DO

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

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

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

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

Board of Directors - 2 March 2013 - 9 September 2016								
Number of Meetings Held	8					Number of Workshops Held	1	
Director	Eligible	Attended	Elected	Resigned	Casual Vacancy	Director	Eligible	Attended
Bernice Clarke	8	8	15-Mar-14	6-Apr-16		Bernice Clarke	0	0
Jarrod Clarke	8	8	15-Mar-14	18-Nov-16		Jarrod Clarke	1	1
David DeBono	8	0	28-Feb-15	21-May-15		David DeBono	0	0
Joshua Edwards	8	1	2-Mar-13	27-May-15		Joshua Edwards	0	0
Karana Morgan	8	1	19-Mar-16	29-Jul-16		Karana Morgan	0	0
Lee Morgan	8	3	19-Mar-16			Lee Morgan	1	1
Billy McGuinness	8	3	19-Mar-16			Billy McGuinness	1	0
Tracey Roach	8	3	19-Mar-16	3-Feb-17		Tracey Roach	1	1
Linda Smith	8	3	28-Feb-15	18-Nov-16		Linda Smith	1	1
Louise Wackett / Chatfield	8	4	2-Mar-13	15-May-15		Louise Wackett / Chatfield	0	0
Gary Wingrove	8	3	28-Feb-15	9-Dec-15		Gary Wingrove	0	0
Kenneth McKean	8	3	15-Aug-16		✓	Kenneth McKean	0	0
Alicia Bates	8	3	9-Sep-16		✓	Alicia Bates	0	0

MEMBERSHIP

The board must consider each application.

Membership in the Cooperative shall be restricted to persons who:

- Are not under the age of 18 years
- Are of Australian Aboriginal or Torres Strait Islands descent or who is the spouse, former spouse, widow or widower, de facto spouse, biological parent step parent or legal guardian of a person who is of Australian Aboriginal or Torres Strait Islands descent
- Reside in the Warrnambool and Western District of Victoria. Any new applications for membership must show/prove a continual connection of residing in the area for a period of six months. Proof of this will be provided by way of rental receipts, any utility accounts or rates notices
- Have attended cooperative services or programs in accordance with the provisions for active membership (Appendix 3 Part 6).

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

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

Active membership requirements:

- A member of the Cooperative will be an active member of the Cooperative if the member, during the preceding 12 months, has utilised services or supported an activity of, or maintained a relationship with the Cooperative, in connection with the carrying out of a primary activity.
- No formal proof of Australian Aboriginal or Torres Strait Islands descent shall be required from any applicant for membership but subject thereto a person shall be prima facie deemed to be of Australian Aboriginal or Torres Strait Islands descent if he or she considers him or herself to be so and is recognised by the community in which he lives so to be.

The board at its sole discretion may accept or reject an application for membership or shares and need not give any reason for its decision.

STRATEGIC PLAN

Gunditjmara's Strategic Plan is the result of input from Gunditjmara's members, board and staff.

The Plan establishes Gunditjmara's focus and direction for 2014-19 and outlines steps for measuring success. Gunditjmara is committed to providing the highest quality services to its members, partners and stakeholders and to continually reviewing and improving its services.

STRATEGIC 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 focusing 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

- a community controlled cooperative

OUR ORGANISATION IS SKILLED AND EFFECTIVE

Rationale

Gunditjmarra 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
- 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.

In respect to the goals and principles of community control within the Victorian Aboriginal health sector it is essential to ensure that the services Gunditjmarra provides meet the needs of its members, stakeholders and, ultimately, the community to which it serves.

Gunditjmarra will systematically build upon past successful ventures and regularly assess internal systems with the aim of continuous improvement.

Gunditjmarra's five year Strategic Plan outlines its Strategic priorities for achieving improved health and life expectancy outcomes for Aboriginal Victorians.

PROGRAMS & SERVICES

Corporate Services
Administration
Finance and Asset Management
Quality Assurance
Health Services
General Practice Clinic
Aboriginal Health Practitioners and Aboriginal Health Workers
Aboriginal Dental Clinic
Medical Transport
Care Coordination and Supplementary Services (CCSS) Program
Alcohol and Other Drugs Diversionary Program
Social and Emotional Wellbeing
South West Aboriginal Health Partnership (SWAHP)
Aged Care and Disabilities Services
Community Aged Care Packages Program
Home and Community Care (HACC)
Child, Youth and Adult Support Services
Leaving Care Program
Housing and Premises Program
Indigenous Tenancies at Risk Program
Koori Youth Justice Program
Regional Indigenous Family Violence Support Services
Aboriginal Family Led Decision Making Program
Integrated Family Services
Chronic Disease Management
Close the Gap Program
Aboriginal Health Promotions and Chronic Care Program
Tackling Indigenous Smoking Program
Koori Maternity Services
Maternal and Child Health Program
Community Midwife
Koori Pre School Program
Kooramook (Possum) Playgroup and Parent Education Program

CORPORATE SERVICES

GUNDITJMARA SITES

Gunditjmarra's Head office operates from 135 Kepler Street, Warrnambool and accommodates our Corporate Services and Community Care Programs which consist of Child Youth and Adult Support Services and Aged Care and Disabilities Services. Gunditjmarra's Health Services operates from 3 Banyan Street and offers GP services who are fully supported by Practice Nurses, Social Emotional Wellbeing Officer, Alcohol and Other Drugs Diversion Officer, Community Midwife, Aboriginal Health Workers, and an extensive range of Specialists and visiting Allied Health professionals who offer a complete variety of medical and community health services.

It is also with much pleasure that we can report that the community now have another capable facility at Gunditjmarra's original site of 64 Harris Street. This facility will act as a multi-use community hub that caters for meetings, workshops and activities.

ACKNOWLEDGEMENT OF LONG SERVING EMPLOYEES

Name of Employee	Title	Commencement Date	Years of Service
Glenda Thompson	Aged Care & Disabilities Manager	1 April 1997	19
Bobby Cunningham	Koori Youth Justice Worker	24 February 1999	17
Beverley Harrison	Medical Transport Driver	28 May 2001	15
Georgina Taylor	Aboriginal Health Practitioner	1 July 2001	14
Annette Ludeman	PA to CEO & Administration Supervisor	5 July 2004	11
Frances Cornelissen	Home & Community Care (HACC) Team Leader	9 November 2004	11
Roma Gaye Morrissey	Practice Nurse	27 May 2005	11
Kenneth Brown	Tackling Indigenous Smoking (TIS) Worker	2 July 2007	8
Roslyn Britton	Close the Gap (CTG) Family Support Worker	3 September 2007	8
Jenny Sack	Medical Receptionist	15 October 2007	8
Jonathon Duffy	General Practitioner	18 January 2008	8
Carly Ahearn	Aboriginal Health Promotions & Chronic Care (AHPACC) Nurse	22 June 2009	7

FINANCE REPORT

Gunditjmara has recorded a strong financial result for the 2015 - 16 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

The total comprehensive surplus of the Cooperative for the year was \$548,432 (2015 surplus - \$461,473). The surplus in the 2016 year was largely due to an increase in funding and also from a small drop in expenses.

Operating revenue of \$3,851,438 was up from the previous year \$3,725,794 due to a 3.4% increase in funding and other trading activities. Grant funding accounted for 79% of total funding, while trading activities contributed a further 16.8%, rental income 3.4% and 0.46% interest on the previous financial year.

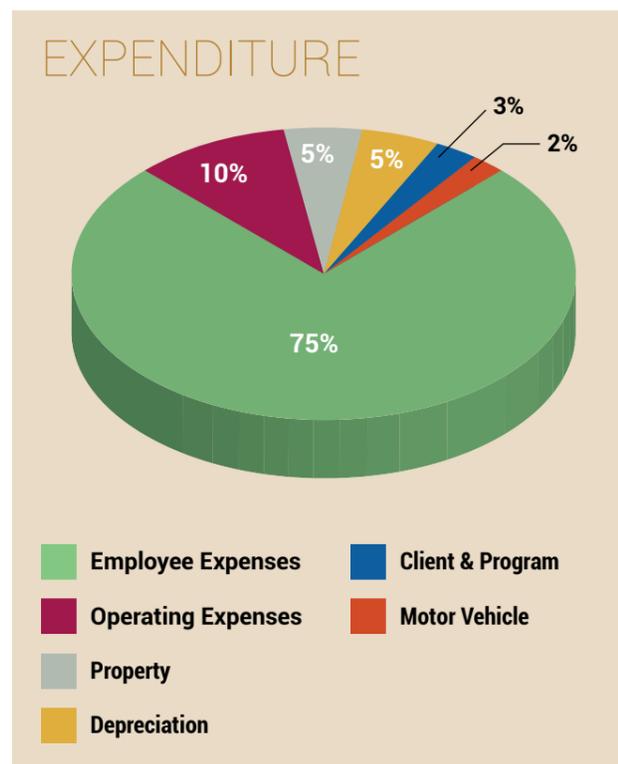
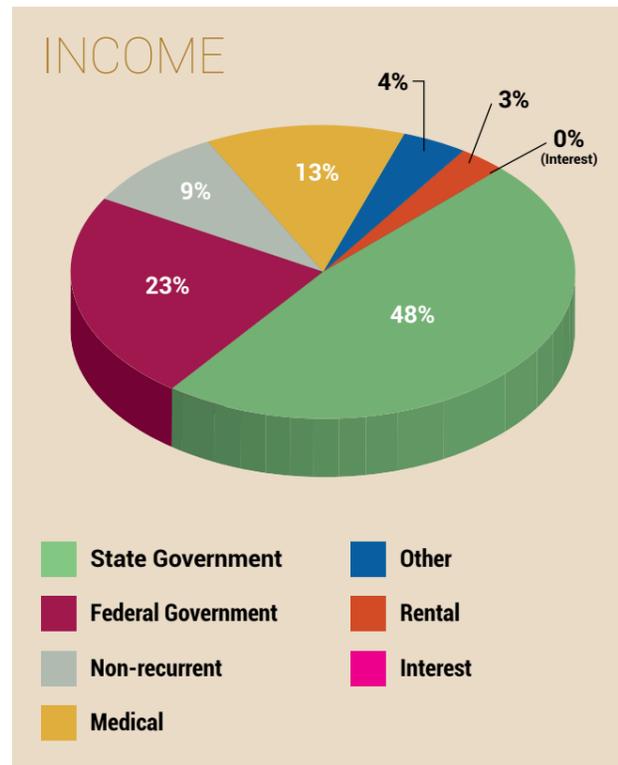
We would like to acknowledge the funding contributions during the year from the following organisations:

- 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

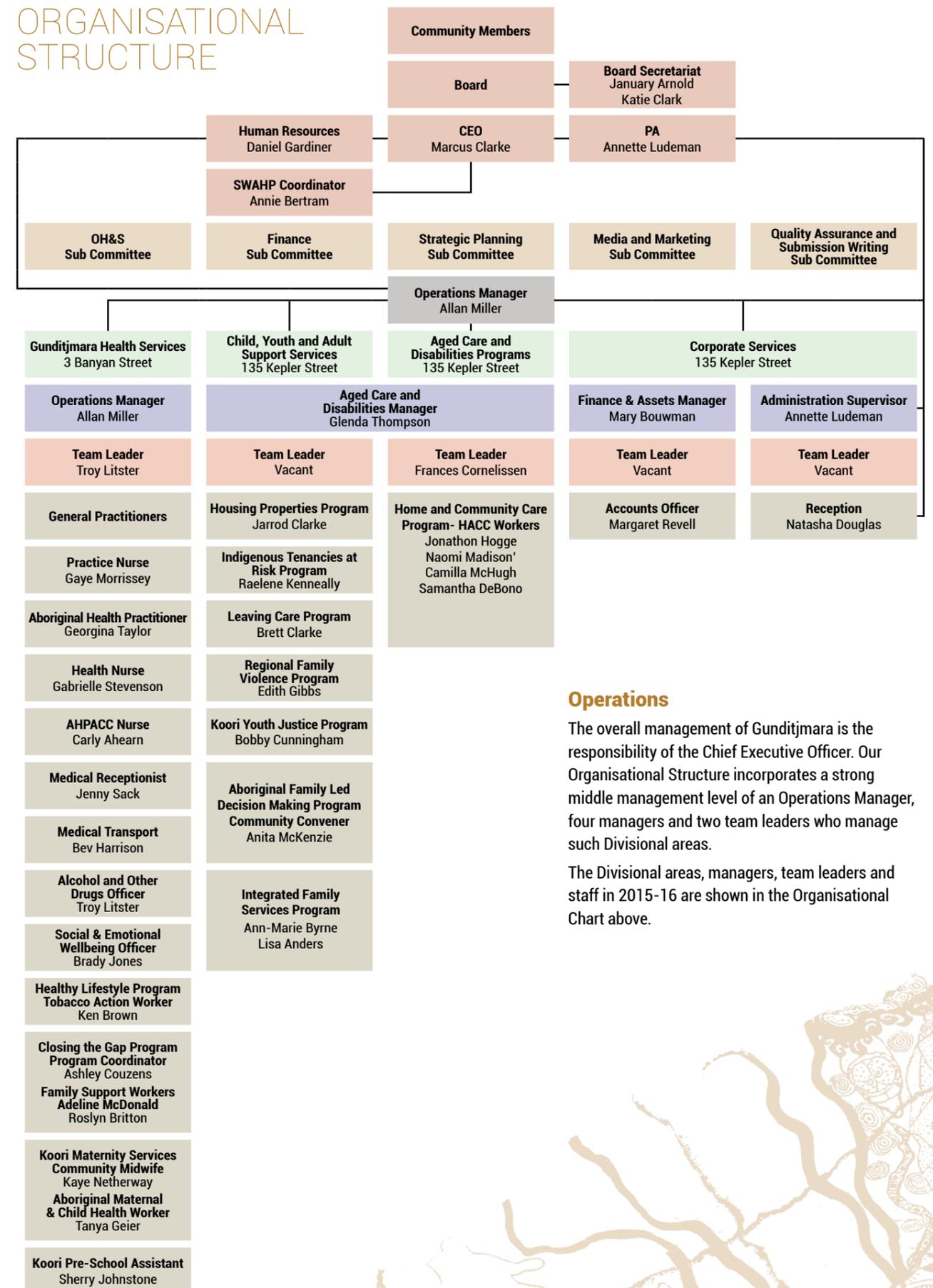
West Vic Primary Health Network The chart below illustrates the funding revenue received during the 2015 - 16 financial year

Expenditure

Expenses of \$3,303,006 increased by 1.2% on the previous year, mainly due to increased employee costs and provisions and motor vehicle expenses.



ORGANISATIONAL STRUCTURE



Operations

The overall management of Gunditjmara is the responsibility of the Chief Executive Officer. Our Organisational Structure incorporates a strong middle 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 2015-16 are shown in the Organisational Chart above.

ACHIEVING OUR GOALS:

1. PEOPLE as Individuals and Families.

OUR PEOPLE ARE HEALTHY AND STRONG

HEALTH SERVICES DIVISION



The Gunditjmara Aboriginal Health Service is a fully accredited Bulk Billing practice that offers Allied Health, GPs and Specialists services to the Aboriginal and non-Aboriginal community of Warrnambool and outlying areas of the South West.

Our General Practitioners are fully supported by Practice Nurses, Social Emotional Wellbeing Officer, Alcohol and Other Drugs Diversion Officer, Community Midwife, Aboriginal Health Workers, and an extensive range of Specialists and visiting Allied Health professionals who offer a complete variety of medical and community health services.

The medical staff view health as a complete package and ensure that all patients, old and new, are encouraged and supported to view their personal health from a medical, social and wellbeing perspective.

All of our programs are based on a holistic model of health care that aims to empower the local Aboriginal Community to improve their own life circumstances and well-being.

General Practice Clinic

Our Practice offers:

- GP consultations
- Immunizations
- Minor surgical procedures
- Chronic health care management
- Diabetic education and Life! Program
- Weight management
- Smoking cessation
- Men's health services
- Women's health and family planning services
- Alcohol and other drugs counselling
- Social and emotional well-being support and
- A wide range of general health and wellbeing support and education.

GENERAL PRACTITIONER SERVICES

Providing a Medical service for our Aboriginal Community as well as being accessible to mainstream clients of the wider community. Currently we have two General Practitioners employed at the service;

Dr. Surinder Singh is available for consultations throughout the day on Mon, Tues, Thurs and Fridays and again on Wednesday mornings.

Dr Jonathan Duffy is also available for consultations on Thursday mornings, 9.30am - 1.00pm.

Practice Nurse

Our Practice Nurse is available for consultation between the hours of 8.30am - 4.30pm to carry out clinical care and minor procedures.

Medical Transport Driver and Community Support

The key role of the Medical Driver and Community Support Worker is to work with other clinical health staff to develop a consistent and reliable service to ensure clients of Gunditjmara arrive at appointments and activities on time in a safe fashion and are taken home afterwards similarly.

There may also be support roles in a group setting to assist people manage their illness and to promote healthy lifestyle change.

ABORIGINAL HEALTH PRACTITIONER'S (AHP) AND WORKERS (AHW)

Aims and objectives of the Program

Our Aboriginal Health practitioners (AHP) and Aboriginal Health workers (AHW) provide a vital link between Aboriginal communities and health care services. In addition to offering emergency care, AHP's and AHW's are trained to use their knowledge of Aboriginal culture and communities to promote good health practices within individual community groups.

Aboriginal Health practitioners / workers have diverse roles that include providing treatment for disease and injuries, maintenance of health records, language interpretation for clients, cultural education to people outside communities, counselling and referral for crisis problems, input, planning, development and monitoring of health programs in their community and also assist and encourage Aboriginal people to take a strong role in controlling and managing their health.

Key achievements for the reporting period include:

- 214 Aboriginal and Torres Strait Islander (ATSI) Health Checks were completed and claimed via Medicare
- 60 Chronic Disease Management Plans were completed and claimed
- 57 Team Care arrangements were completed and claimed
- 113 reviews were completed and claimed
- We have two Aboriginal Health Practitioners working at the clinic
- We have been assisting the GP's and Practice Nurses in a clinical role
- We facilitated and co-facilitated Women's Business workshop.

Meetings/workshops attended in the reporting period include:

- We attended Our Lungs, Our Mob workshop
- Bowel screening workshops
- Attended CAT4 Training workshop.

Training undertaken:

- Completed different training modules on line with NPS Medicinewise and Open 2 study
- Attended other training throughout the year.

Aboriginal Health Workers play an important part in the Primary Health Care of Indigenous patients; for example the Health Assessment also includes; Information collection, patient history, undertaking examinations and investigations as required by the GP; overall assessment of the patient; providing advise and information to the patient; recording the health assessment and

offering the patient a written report with recommendations about matters covered by the Health assessment.

Identifying patients at risk of developing Type 2 Diabetes, as determined by the Australian type 2 diabetes risk assessment tool (AUSDRISK), may then be referred to Diabetes "Life" Program.

DENTAL REPORT

The Gunditjmara 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 Gunditjmara Dental Clinic, utilising the South West Healthcare dental team, comprising of a dentist and one dental nurse, provides free fortnightly 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 Gunditjmara Dental Clinic continue to access service through the Victorian Aboriginal Health Service Dental Clinic in Fitzroy, Melbourne.

Key achievements for the reporting period:

- 281 - Total number of client contacts.

Acknowledgement of Network:

- South West Health Care Dental Services.

CLOSE THE GAP PROGRAM

The Close the Gap Program has gone through many changes since its transition from South West Health to Gunditjmara particularly from August last year with a focus on developing the program to suit the needs of the local Aboriginal community better in Aboriginal hands. The program sits under a consortium in partnership with South West Health and Kirrae Health Services who meet bi-monthly to monitor the project.

The Close the Gap Program provides Care Coordination using empowerment strength based approach around three key areas which include:

1. Drug and Alcohol
2. Family Violence
3. Social and Emotional Well being

Under the Department of the Health and Well Being Branch the program is delivered under the "Koolin Balit" strategy. Recently the new Project plan 2015-17 has been submitted and endorsed by the Department which now focuses on three key Koolin Balit enablers which include:

1. Improving the data and evidence
2. Strong Aboriginal Organisations
3. Cultural Responsiveness

There are four main objectives of the project which include:

1. Increased awareness of local services specialising in Drug and Alcohol, Social and Emotional Well-being, and Family Violence.
2. Improving the way local partners engage and work with Gunditjmara and the local Aboriginal Community
3. Consolidate and develop the program database and evidence system
4. Provide culturally safe Case management to the Aboriginal Community for those adults experiencing Drug and Alcohol, Family Violence, and Social and Emotional Well-being issues

The program is funded to provide services to **24 Individuals** in Warrnambool and districts. The program employs two Aboriginal Family Support Workers and one FTE Project Coordinator and has currently advertised for a 0.8 Male Aboriginal Family Support Worker. We currently have capacity for three new clients. There has also been an increase in self referrals and male clients over the past few months.

We have been working tirelessly with the Department over the last year and moulding the program to better suit the needs of our community. This includes moving into more of an empowerment strength based program which put individuals back in the driver seat in making change in their lives. Ensuring we are moving into a better care coordination process and ensuring we build the capacity of our staff in more efficient case management practices.

We have also developed our own tailored program model utilising our National Aboriginal frameworks which will underpin our practice moving forward.

Over the last 12 months our project has been participating in a state-wide evaluation along with six other similar programs across Victoria for an Independent evaluation.

The *Evaluation of Aboriginal Health Case Management and Care Coordination Models in Victoria* is examining seven different case management / care coordination models implemented under the Koolin Balit strategy across Victoria.

The objectives of the project are to investigate:

- What approaches to care coordination and case management have been the most successful?
- What impacts on health and wellbeing outcomes has each project achieved?

- Who did each project reach? And to what extent did the projects reach their intended target populations?
- How can successful approaches be replicated in other communities?

Department who have engaged with Independent Consultant Company "Effective Change" John Prent Senior Associate has been working with Management, CTG staff, and current Close the Gap consumers to develop a report focusing on our Aboriginal Case Management Model. The evaluation process also includes feedback from our stakeholders. The report will be provided to the Department in late December 2016. There is initial clear evidence that the program is moving in the right direction with feedback from our stakeholders and community members.

We have already developed a new exit survey as part of capturing evidence of community members experiences whilst on the program as were weren't previously sitting alongside this. This feedback form for new and existing participants who complete the Aboriginal Stay Strong Assessment tool will enable us to capture evidence and improve our program.

Communicare and our data collection system has always been a challenge but we have overcome this by working with Jason Hahne and independent consultant and Communicare expert in developing a more efficient and tailored system within our existing Communicare program. This will enable us in the future to break down future and capture more evidence for reporting purposes and our funders.

This year has been an innovative and exciting year and one of the most rewarding aspects of the program is the roll out of our new Stay Strong Aboriginal Assessment tool developed by the School of Menzies Research in Queensland. We are currently the only ACCHO in Victoria piloting this new assessment tool. The tool is done on an interactive iPad and assists community members in developing a Stay Strong Plan and work toward achieving their own identified goals whilst our Family Support Worker will guide and motivate you to achieve this. The tool is paperless and better assists our Family Support workers in developing a clear pathway forward in the recovery of our people. Evidence is currently being built around this to ensure we not only provide feedback to the Department but to ensure Aboriginal community members have access to more efficient culturally appropriate assessment processes.

To complement this the CTG Program has consolidated and developed a tailored program model that will complement the new assessment tools, this also includes a program specific Case management Model of care. The model is a first and is utilised particularly by CTG staff to underpin how they do practice on a daily basis whilst bringing further clarity around roles. The model focuses heavily on empowerment and strength based practice utilising our National Aboriginal Social and emotional Well-being framework. A set of worksite instructions has also been developed to improve efficiency of service and to guide and assist CTG staff through these changes.

The CTG staff have worked tirelessly this year to strengthen our stakeholder relationships including the CTG Co-ordinator visiting and presenting a new CTG Presentation to the local stakeholders and staff that assists us in ensuring local agencies have a better understanding of our program. This has assisted us in creating new and building on existing professional relationships and has resulted in better communication and cross case management skills across the board. An important part of the program is becoming more tailored to suit our community needs and changing the way we see the program including, most importantly, changing the language we use and moving away from a more mainstream based terminology including the name of the program. There has been clear community feedback and ongoing confusion in regards to our name. Let me explain! Weekly we get enquiries from community members and stakeholders misunderstanding what we actually do on a daily basis, this is attributed to the original name of our program that we still use "South West Close the Gap Program". Previously the program was delivered by South West Health Warrnambool. We initially shortened this to just Close the Gap Program. This still caused confusion for community and stakeholders as when we generally hear Close the Gap we associate this with everything health related but more specifically physical health and chronic disease management. This includes removing the South West component as we do not work or provide services throughout the South West only Warrnambool and surrounding areas locally so we do not want to give the impression that we do.

Our community members gave us ongoing feedback including an ongoing misconception that we work out of the Banyan Street clinic and provide direct health worker related services. This is not the case as stated above as we provide support to those experiencing Social and Emotional Well Being, Drug and Alcohol and Family Violence issues only.

Hence whilst many of you know we have a community survey out and are capturing a new name for the program that will reflect what we actually do on a day to day basis. This will be announced in January 2017 and will provide better clarity for community members and our stakeholders. We are trying to align a new name with the new Aboriginal assessment tool and ensure community have a strong voice in deciding this. We have currently engaged with Shane Harrison to capture survey responses door to door from the Framlingham community which will be completed by Christmas.

This year we also implemented something a little different around National Close the Gap day with support from Kirrae Health Services and Warrnambool City Council. This year we decided to get back to what initially national Close the Gap was really about 'Access and Equality'.

This theme was introduced this year and stakeholders invited to participate putting the focus back on local service providers and looking at cultural safety and access and working with organisations in opening their doors and inviting community members into their respective agencies. Warrnambool City Council's marketing team kindly designed a mud map for community member's identifying

which services were opening their doors on the day. Kirrae Health provided lunch and activities down at Lake Pertobe. It was a great success with 19 stakeholders coming on board doubling those who took part in the previous year. We hope to build on this next year and work with local stakeholders and assist in ensuring cultural safety and access for community members are more than words in moving forward in this space.

In the last 12 months the CTG program has now set the foundations and developed new tools and procedures that are more culturally appropriate and tailored to align more with an Aboriginal Community Controlled Organisation. Whilst also bringing together stakeholders and creating better cross working relationships with new and existing stakeholders. We are excited about the future of our program and are quietly confident it will continue beyond our current time frame of September next year. We will continue as a team to work together and work with community to build and shape the program and strive to deliver the best possible outcomes for our people.

ABORIGINAL HEALTH PROMOTIONS AND CHRONIC CARE (AHPACC) PROGRAM

Aims and objectives of the Program

The Aboriginal Health Promotion and Chronic Care (AHPACC) partnership supports Gunditjmarra Cooperative, Kirrae Health Service, South West Health Care and Community Health Services to deliver local cultural appropriate services and programs that prevent and manage the high prevalence of chronic disease within Aboriginal communities.

AHPACC is working in conjunction with the CCSS program which has allowed chronically ill patients to access services and break down financial barriers.

(The AHPACC worker was on maternity leave from December 20th 2015 until May 1st 2016).

Key achievements for the reporting period include:

- AHPACC contacts - 1024
- Individual contacts - 183
- 36 Health Checks were completed during the reporting period
- Completed 36 Health Assessments
- Case management remains the primary focus for AHPACC with twenty five current/active clients all of which are on Care Plans that are reviewed three and six monthly
- Intensive case management has allowed AHPACC to advocate on clients behalf with Lyndoch Living and Home Care Packages. These packages assist clients to remain at home with funded services.

Meetings/workshops attended in the reporting period include:

- Attended RWAV Medicare Benefits Schedule for Chronic Disease Management Warrnambool.

Acknowledgement of Collaborative Networks:

- Warrnambool Medical
- Lyndoch Living
- Warrnambool Physicians Group
- South West Healthcare
- Kirrae Health Service
- Centrelink.

CARE COORDINATION AND SUPPLEMENTARY SERVICES (CCSS)

Aims and objectives of the Program

The Care Coordination and Supplementary Services (CCSS) program targets diabetes, cardiovascular disease, chronic respiratory disease, chronic renal (kidney) disease and cancer.

Through the CCSS Program Care Coordinators assist patients to access the specialist, allied health and other support services in line with their care plan and specified medical aids they need to manage their condition effectively.

For care coordination to be effective, Care Coordinators need to work collaboratively with the services in their local areas, including services provided by state/territory governments, local governments and non-government organisations, in order to link patients with the services needed, where appropriate.

Key achievements for the reporting period include:

- Thirty five clients have accessed the program from July 2015 - December 2015.
- A review of the program was completed by Bonnie Chew Indigenous Health Consultant from The Primary Health Network. Bonnie was very happy with the how the program is running and the progress of the program .
- The program has allowed many clients to access services and coordination that have had financial constraints previously.

Meetings/workshops attended in the reporting period include:

- Regular meetings with Western Victoria Primary Health Network (WVPHN), Warrnambool.

Training undertaken:

- Attended Asthma webinar Training.

Acknowledgement of Collaborative Networks:

- Western Victoria Primary Health Network (WVPHN) Warrnambool
- Kirrae Health Service
- Warrnambool Medical Clinic
- Lyndoch Living, Warrnambool
- Physicians Group
- Optometry
- Botanic Medical Specialists.

ALCOHOL AND OTHER DRUGS DIVERSIONARY (AODD) PROGRAM

The role of the Gunditjmarra Alcohol and Other Drugs (AODD) Program is to work with Aboriginal clients that are affected (either directly or indirectly) or who are at risk of being affected by alcohol and/or other drugs. The geographical area for the program works across Warrnambool and Framlingham locations. A particular focus is placed on reducing the uptake of alcohol and other drugs by Aboriginal people and their significant others.

The Gunditjmarra AODD Officer is based at the Gunditjmarra Medical Clinic. The Officer assists and delivers preventative education by increasing awareness within the community of the adverse effects of substance abuse, and to offer individual treatment plans, referrals to other Drug and Alcohol specialist treatments for Aboriginal youth and adults experiencing drug and alcohol issues and to provide counselling and support to families affected by drugs and alcohol.

Key achievements for the reporting period include:

- Engagement with and assisted: 257 Aboriginal female contacts, 392 Aboriginal male contacts and 35 individual AODD clients during the reporting period
- Coordinated community workers at various Gunditjmarra sites
- Undertook the role as Team Leader at the Health Clinic

Meetings/workshops attended in the reporting period include:

- Participated in various State-wide programs, networks and forums.

Acknowledgement of Collaborative Networks:

- The Western Region Alcohol and Drug (WRAD) Centre.

TACKLING INDIGENOUS SMOKING (TIS) PROGRAM

Gunditjmarra's Tackling Indigenous Smoking Program adopts a holistic family approach and early intervention model; primarily targeting health promotion activities and messages that support families to change lifestyle habits. This is done through resources to adults and providing alternatives to smoking in the home and around children, supporting individuals towards smoking cessation through one on one advice, support, information and referral.

The program works closely with other internal and external services / stakeholders to deliver healthy lifestyle programs (eg: walking group, boot camps, Healthy Supermarket tours and label reading sessions), anti-smoking messages/resources and community engagement initiatives.

The Program works closely via a regional partnership network with Tackling Indigenous Smoking Programs in Portland, Horsham, Heywood, Kirrae Health and Budja Budja in Halls Gap.

Who is eligible for the TIS Program?

All Aboriginal people and partners aged between 15yrs/80+, who are wanting to quit smoking or reduce their smoking habits, also at risk of high health problems in the future. With access culturally appropriate support and advocacy through Gunditjmarra TIS program and Gunditjmarra Health Clinic. All referrals come from doctor's and staff at Gunditjmarra Health Clinic.

Key achievements for the reporting period include:

- Conducted staff and community walking groups whereby 150 people attended in total
- 286 individual client contacts
- Developed major health promotion campaign centered on protecting children from exposure to passive smoke in all aspects of family interactions
- Developed a smoking cessation strategy outlining referral process, assessment and intervention for community members wishing to quit smoking
- Developed referral procedures for medical staff to link targeted smokers to the Tobacco Action / Healthy Lifestyles Worker for smoking cessation activities and support
- Initiated community group and individual activities as alternatives to smoking habits
- Maintained the regional tackling smoking network for information and resource sharing and peer support and advice.

Meeting, workshops, forums attended:

- MI fellowship NO Smokes Presentation
- Youth group NO Smokes Presentation
- Closing the Gap, NAIDOC, Lore V law Cricket Match, KMS Baby Naming Day and World No Tobacco Day.

- **Training undertaken:**
- Quit Smoking training At Cancer Victoria Melbourne
- VACCHO, Melbourne.

KOORI MATERNITY SERVICES (KMS)

Aims and objectives of the 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 for the reporting period include:

- 1,816 Individual Client contacts were serviced for a total number of 980 episodes of client contacts during the reporting period
- The Koori Maternity Services Team (KMS) organised a Naming Day celebration event on Tuesday 26 January 2016 at Harris Street Reserve, which is part of a growing trend among Aboriginal communities, particularly across Victoria and the broader community. The Naming Day is focused on family, where parents are invited "to introduce their babies and children to the community. Presentations are held whereby children receive certificates and their faces are painted with traditional ochre among the backdrop of the sounds of Didgeridoos. The event featured a series of workshops on cultural activities such as a Smoking Ceremony, traditional language; basket-weaving and Possum Skin Cloak designs. A she-oak tree was also planted at the site by young Koori children and a community member to symbolise a nurturing community. Approximately 115 Indigenous people and non-Indigenous people were in attendance on the day.
- A Women's Business Workshop focusing on cancer was presented by Health Staff to the Gunditjmarra Women's Group of which approximately twelve participants were in attendance.

Meetings/workshops attended during the reporting period include:

- KMS Steering Committee Meeting
- Maternity Meeting at Portland District Hospital
- Gunditjmarra Digital Storybooks Launch
- Koori Maternity Services three day Forum in Healesville which included daily evaluations and the following:
 - a) Felt-Mum Training, KMS / VACCHO updates, Department of Health and Human Services and Women's Alcohol and Drug Service updates, Awareness raising for Aboriginal women on the risks associated with alcohol and other drugs during pregnancy.

- b) Day two consisted of small group workshops - Koolin Balit Drug and Alcohol Project and ETU Training opportunities with Aboriginal Health Workers and Cultural Safety Training opportunities and Koolin Balit Project with the Midwives, Aboriginal QUIT line / Resources, local breastfeeding resources, sharing program - VACCHO Team, Sexy Healthy Kit Introduction, Yani-nonyin - An Aboriginal researcher's yarn up about postnatal depression, more KMS updates, Formal Dinner with Halloween Theme!

- On the last day of the forum: Self Care, Pregnancy and oral health fact sheet finishing off with a visit to the Healesville Sanctuary
- Attended a Pregnancy Care Workshop held at the South-West Health Care on the Friday 6 November 2015 which included:
 - a) Management common symptoms of pregnancy
 - b) Obesity
 - c) Pelvic floor and Bladder care
 - d) Screening for foetal Abnormalities and Gestational Diabetes.
- Primary Care Consultant Aboriginal Health Networking Meeting
- Attended a Royal Women's Hospital Alcohol and Drugs Service workshop at the South-West Health Care on the Tuesday 24 November 2015 which included:
 - a) Values and Attitudes Exercise
 - b) Intro to WARDS and Information
 - c) Impact of substance use in pregnancy
 - d) Neonatal Abstinence Syndrome and Breastfeeding
 - e) Drug and Alcohol assessment
 - f) Case studies and discharge planning.
- Attended Team Meetings at Hamilton Hospital with the Maternity Team
- Close the Gap day at Harris Street advertised the KMS program
- Attended Tackling Risky Behaviours Workshop at DWECH and Gunditjmarra.
- Attended KMS pregnancy workshop in Geelong
- Attended Bowel Cancer Prevention meeting
- Breastfeeding Session workshop at DWECH.

Acknowledgement of Collaborative Networks:

- Brophy Family and Youth Services
- Dhaurwurd Wurrung Elderly and Community Health Service (DWECH)
- Winda Mara Aboriginal Corporation at Hamilton and Heywood
- Hospitals in Hamilton, Portland and Warrnambool areas
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

SOUTH WEST ABORIGINAL HEALTH PARTNERSHIP (SWAHP)

Aims and objectives of the Program

SWAHP is a Regional based partnership formed between Gunditjmarra, and four other Aboriginal Organisations in South West Victoria being Kirrae Health Services, Winda Mara Aboriginal Corporation and Dhaurwurd-Wurrung Elderly and 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. Gunditjmarra 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.

Key achievements for the reporting period include:

- A large portion of time was spent by the South West Aboriginal Health Partnership Coordinator with getting Gunditjmarra over the line with the Quality Innovative Performance (QIP) and Department of Health and Human Services (DHHS) accreditations. Against the 15 standards that we were accredited against Gunditjmarra initially met 11. Following on from the initial accreditation a 'period of grace' or 'corrective action period' was granted allowing Gunditjmarra to obtain full accreditation against the DHHS and QIP standards, within the two week time frame. Attaining these accreditations ensures that our organisation is working at an appropriate standard to remain funded by our funding bodies, and gives credence that Gunditjmarra is providing a safe, culturally appropriate and ethical service delivery to our consumers.
 - An Education forum, facilitated by Gunditjmarra was held at the Lady Bay Resort in Warrnambool for the regions GP's, Chairs of Boards, CEO's, Health Managers, and Practice Nurses with the view to ensure that our GP's understood how our Aboriginal Medical Services are funded, while ensuring that reporting and accountability is fully understood at all levels throughout the organisation, as well as the history of Aboriginal Medical Services. Guest speakers included Dr. Ed Poliness from Wauthurong Aboriginal Cooperative, Dr. John Sherwood from Deakin and Chris Hallacas and Danielle Thompson from VACCHO.
- Gunditjmarra's CEO, Marcus Clarke gave an overview of the history of Aboriginal Health Services and ACCHO's and SWAHP's Coordinator, Annie Bertram presented on the importance of clinical documentation, funding, reporting and how our de-identified clinical information is used to inform government. The evening was quite successful with 44 participants in attendance and many requesting that the night become an annual event.

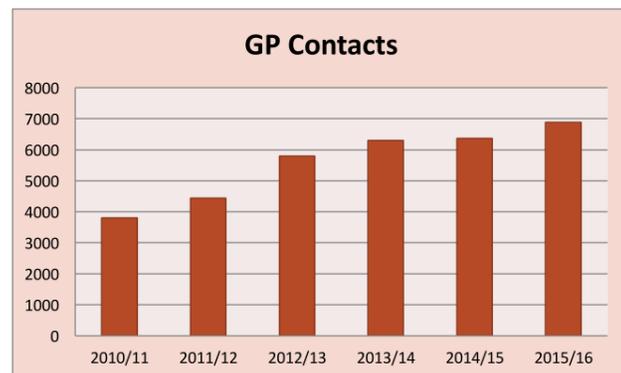
All nKPI reporting was submitted on time, and Gunditjmara are doing well against the KPI's. We are continuing to maintain one hundred per cent of childhood immunisations, well done to Gunditjmara's Practice Nurse and the clinical team. A few areas of improvement such as the number of pap-smears carried out could be made, however these are also common themes right across the state.

Meetings, forums and workshops attended during the reporting period include:

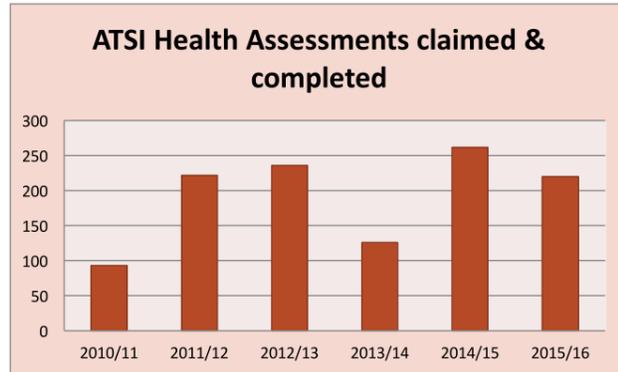
- Presented at the State Clinical Governance and Quality Improvement forum
- Organised an education forum for the GP's, Boards, CEO's and Clinical Management within each of the four organisations
- Organised and facilitated PEN CAT clinical auditing training for regional staff
- Attended QIP accreditation training
- In conjunction with Flinders University Organise and assist with facilitation of Risky behaviours training workshops
- Assist with staff training in documentation Echucha at Njernda
- NACCHO Organisational Accreditation Roundtable
- Chair the regional South West Aboriginal Health Partnership meetings
- Initiated and facilitated regional finance networking meetings
- Initiated and facilitated regional practice nurse meetings.

Acknowledgement of Collaborative Networks:

- Winda Mara Aboriginal Corporation
- Kirrae Health Service
- Dhaurwurd Wurrung Elderly and Community Health Service (DWECH)
- South West Primary Health Network
- Victorian Aboriginal Community Controlled Health Organisation
- Deakin School of Medicine, Rural Health
- Southern Grampians Glenelg Primary Care Partnership.



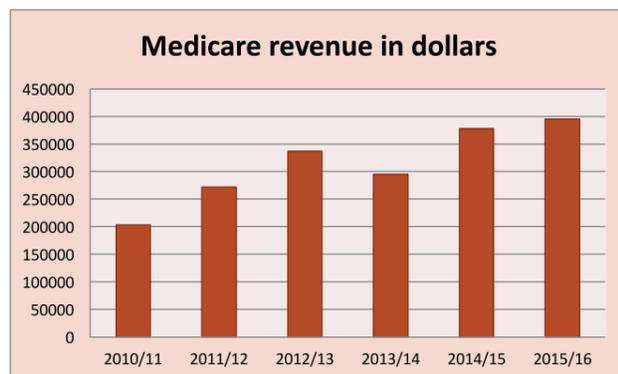
As evident there has been an increase in the GP contacts maintained over the previous 7 years. Recruitment and retaining GP's is always an ongoing problem within country areas.



Aboriginal and Torres Strait Islander 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.



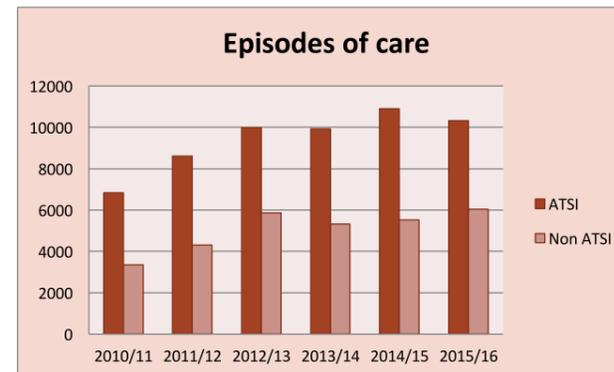
Our clinic caters to the needs of clients with chronic illnesses ensuring that they receive care as per best practice guidelines. During the 2015/16 year we completed and claimed via Medicare 64 new Chronic Disease Management Plans. These plans ensure clients have access to allied health services as well as external and internal service providers which are individualised and suited to the needs of the particular client's circumstance.



Gunditjmara Health clinic has made a slight increase in self-generated Medicare funding.

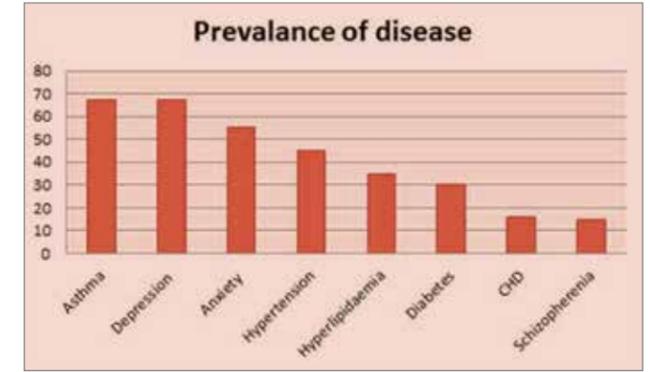


Over the past financial year the number of ATSI clients utilising available services has increased, as has the number of non-Indigenous clients. The trend of a higher proportion of females accessing the services continues for both ATSI and non ATSI.



Although our organisation 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. Gunditjmara have increased the number of episodes of care that were carried out over the previous time frame.

Nb. An episode of care involves a client file being opened, a clinical activity being recorded and then this information saved in the file.



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 is rated equal 1st and Anxiety is listed 2nd in the prevalence of disease affecting our Aboriginal Community. As a service we endeavour to cater to these clients in a more holistic way, ensuring our clients social and emotional needs are being met and looked after also.

KOORI PRE-SCHOOL PROGRAM

The aim of the Koori Pre School Assistant is 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 visits nine different kindergartens, including a three year old Kindergarten.

The purpose of these visits is to prepare and present culturally relevant activities on a fortnightly basis. This is carried out in conjunction with the Kindergarten teachers.

The KPSA also assists families with kinder and school enrolments, ensuring school readiness whilst assisting with and ensuring a smooth transition into school.

Key achievements performed by AHP and AHW in the reporting year include:

- In 2015 there were 25 koori enrolments spread out over nine kindergartens, including five children at three year old kinder
- In 2016 there are 32 koori enrolments spread over nine kindergartens
- In the last half of the 2015 year we covered local symbols. This is done in a four stage process so it gives time for the children to become familiar with recognising the symbols and what it means:
 - a) The first stage was done by using the Sand Symbols book showing the different symbols and talking about their meaning and what they represent. The children then practiced drawing the symbols on mini whiteboards.
 - b) The second stage was to take The Little Black Game Pack of cards in and go over more symbols and talk about what they mean and play snap or the memory game using the cards so there is lots of visual and verbal repetition of the symbols to help the children to remember them.
 - c) The third stage was to get the children to paint their favourite symbol on a river rock to keep and take home or to use as a resource at the kinder.

- d) After weeks of learning about the symbols and becoming familiar with them the last step then is for the children to have a go at producing their own symbol stories. The results are amazing!! They really do soak up the information like sponges and the result is so rewarding.
 - e) In the last term we touch on more symbols by using the "Spin A Yarn" resource where there are symbols painted onto wooden tiles that the children can make a progressive story with on their own, with some friends or as a whole class.
- The children were read the "Molly The Grey Kangaroo and The Bush Clean-Up Gang," book and activity which is about thinking about how our rubbish and littering affects our environment and the animals. We created a bush mural using sticks etc, and the children would draw the animals in as well as stick some domestic rubbish onto the mural, to show the rubbish blowing around the bush.
 - The Children were read the "In Your Dreams," book, encouraging the children to think about what they want to be when they grow up, draw it and to decorate their illustration using aboriginal art like in the illustrations in the book, instead of just colouring it in. In the last couple of weeks of kinder for 2015 I revisited some of the children's favourite activities from earlier in the year.
 - This year in collaboration with Marcus Clarke, representatives from the Department of Education, Kinder Cluster Managers from the Warrnambool City Council and the Kinder Teachers themselves, my role changed. After five years of servicing the kinders and providing cultural activities a huge gap was identified in the Early Years in our region where we lacked locally produced resources for the teachers to follow. How are the teachers meant to embrace our local culture and share it with the children from our area when they have nothing much to go off??? They often don't bother teaching it for fear that a community member will walk into their room and tell them what they have been teaching is wrong as it is not from our area.

After many meetings the Koori Pre-School Assistant (KPSA) was provided the opportunity to minimise kinder visits in order to produce a Resource book for all Early Years Services in our region to use for cultural activities. The resource uses art work by the KPSA and is based on current activities as well as some new ones. A new activity has been trailed within the kinders and has been well received.

This resource is reaching its final stages before being officially ready to print and is exciting to see this resource slowly come to life. It will be a great learning resource for the future that will build teachers confidence to teach local culture within their service, knowing that it has been produced by a local Aboriginal person with the endorsement of local elders and knowing it is culturally appropriate for our area.

KOORRAMOOK (POSSUM) PLAYGROUP PROGRAM AND PARENT EDUCATION PROGRAM

For the last half of 2015, the Koorramook Playgroup has been successfully operating every Friday from 10:30am to 12:30pm from a spare room at Kardinia Childcare Centre in Dennington. We relocated out there as a room was offered to us and it offered us the chance to use a properly facilitated room for children, such as little toilets and hand washing basins, baby changing bench, heating and cooling and most importantly natural light and outdoor play areas, which our downstairs Playgroup area at Gunditjmara could not provide.

During this time we had Western District Employment Access (WDEA) students that were studying their Certificate III in Early Childhood Education and Care join us most weeks, usually two new girls from the WDEA group would join us weekly. This was to give them the opportunity to learn and to participate in identifying and implementing culturally safe work practices within our Koori Playgroup. This finished at the end of 2015.

We still strive to offer a culturally safe, supportive, stimulating and engaging, safe learning environment for our families through providing appropriate resources and activities to enhance the children's learning abilities and develop their social, emotional, physical and spiritual wellbeing.

Our Speech Pathologist and Maternal Child Health Nurse attends regularly. They have been able to informally build a trusting relationship with the families and children resulting in them being able to identify any development issues early. They are able to then work collaboratively with the parents on strategies to help improve the child's development issue, resulting in follow up sessions within their mainstream service.

We still provide and offer healthy food platters as well as sandwiches, which is always popular.

The themes covered were transport, the supermarket, fairy-tales, space, teddy bears, Christmas and Easter, insects ,garden, farm, jungles, pyjamas, disco and Koori culture.

Key achievements for the reporting period include:

- Within the 12 months we have ran 35 sessions of playgroup
- 366 children have attended playgroup (this is counting the children that attend each week, such as regular attendees)
- 245 adults - parent/carers have attended
- 111 visitors have attended playgroup (this includes grandparents, aunts, cousins, speech pathologist and the Maternal Child Health Nurse, students from WDEA and other service providers)
- Visited Inflatable World
- Undertook the Lava walk at Tower Hill
- Joined in on a play-date at the Botanic Gardens which was run by WDEA
- Were visited by the Colour Angel and Balloonist
- Amanda Merryfull from Portland came and told some stories and rhymes with us
- Visited the Halls Gap Zoo for end of year break-up
- Dress-up day with Anita McKenzie coming in to do photo shoots of the children
- Purchased more naturally made products for playgroup such as: wooden bowls and trays, wooden building blocks and construction sets, leaves, branch cuttings, dried flowers, cones etc.
- At the start of 2016 we shifted Playgroup to the Harris Street Reserve building as I felt the children didn't have a sense of belonging at Kardinia. This has been a successful move allowing us to be able to utilise the outdoors such as going on Nature walks and using the oval as well as giving the children the choice of inside and outside play when the weather is obliging by leaving the room door open so they can go out onto the fully fenced-in decking area as they please
- Overall playgroup's attendance is still strong and regular, with some new families coming and going.

Acknowledgement of Collaborative Networks:

- Koori Early Years Network South West
- Amanda Merryfull.

ACHIEVING OUR GOALS:

2. COMMUNITY - as Diverse Groups of Aboriginal people.

OUR COMMUNITY IS PROUD AND INVOLVED

COMMUNITY CARE PROGRAM & AGED CARE AND DISABILITIES PROGRAM

Meaning of Community Care Programs

A supported and empowered community will have access to employment, training, affordable housing, culturally appropriate health care and a say in how these services are provided.

As a Community Controlled organisation Gunditjmarra provides the opportunity for Community members to play a leadership role in the design and delivery of these important services.

The strength of the community has a direct connection to the health and wellbeing of the individual. This is why we need to stay focussed, not only on Health services but also on our broader community development role.

Community Care Programs consist of the following services:

- Aged Care and Disabilities
- Home and Community Care (HACC)
- Family Violence Support and Assistance
- Housing and Property Program
- Indigenous Tenancies at Risk Services
- Leaving Care Support Services
- Koori Youth Justice Program
- Koori Youth Group Program.

The primary activities of the Cooperative are to provide, and/or facilitate to the Aboriginal Community of Warrnambool and the Western District of Victorian the provision of:

1. Health and related services;
2. Cultural and educational activities;
3. Housing and accommodation;
4. Aged and Child care;
5. Employment, training and educ

Aims and objectives of the Aged Care and Disabilities Program

The Gunditjmarra Aged Care and Disabilities program strives to offer a Culturally Appropriate service that focuses on assisting Aboriginal Elders who are eligible to receive the service and community members with a disability so that they may continue living in their home and in familiar surroundings.

We acknowledge the diverse needs of the Aboriginal community that we work with and our service is committed to ensuring where possible, we meet the needs of their specific requirements.

Our staff are trained in the 'Active Service Model' approach which means where possible, we encourage our clients to do as much as they can manage to do for themselves and we will concentrate on assisting them to do what they are not able to do, building on their strengths, capacity and goals to help them to remain living independently and safety in the home.

Sometimes our clients may only need support for a short time while until they get back on their feet or the type of support may need to be increased over time as their circumstances change.

The Gunditjmarra HACC program currently provides a range of services to 54 clients.

The services include: Domestic Assistance, Personal Care, Property Maintenance, Allied Health, Social Support, Meals on Wheels and Planned Activity Group.

Changes to Program funding from 1 July 2015

The Commonwealth Home Support Program (CHSP) is a new federally funded program encompassing existing State Government (DHHS) funded services for people with disabilities, Aged Care and Carers to assist them to live independently in their own homes.

When the CHSP program commenced on 1 July 2015 the HACC program ceased however existing HACC clients will continue to be supported under the CHSP.

The funding for younger people will remain in our Victorian Department Health and Human Services Service Agreement.

As the National Disability Insurance Scheme (NDIS) is implemented across Victoria as from 1 July 2016 to 30 June 2019 a proportion of our funds for younger clients is likely to transfer to NDIS as our younger clients test their eligibility for the scheme.

What has changed for Clients?

Following 1 July 2015 all clients and carers who are 65 years and 50 for Aboriginal and Torres Strait Islander and who request care are to contact the 'My Aged Care Service' on 1800 200 422.

The My Aged Care contact centre will ask the prospective client a number of questions as part of the initial screening to identify their level of need. All Aboriginal people are to be offered a face to face assessment. Gunditjmarra Aged Care Staff will be available and only too pleased to support any prospective Aboriginal client/s through this process and advocate on their behalf.

ACHIEVING OUR GOALS:

3. ORGANISATION - a Community Controlled Cooperative

OUR ORGANISATION IS SKILLED AND EFFECTIVE

CHILD, YOUTH AND ADULT SUPPORT SERVICES

The Social Support services that Gunditjmarra provides, like Housing and Family support, are known and proven to play a critical role in providing for the 'complete' Health needs of individuals and communities.

The World Health Organisation defines 'Primary Health Care' as 'essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.'

This definition underpins the 'Holistic' Health Care methods employed by Gunditjmarra. We also know that primary health care forms an integral part, both of our community's overall health and economic development.

LEAVING CARE PROGRAM

The Programs primary objective is to provide support and advocacy services to young Aboriginal people transitioning to independence, and 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 program assists young people with links to education, employment and training opportunities, along with obtaining more permanent or appropriate housing options as required.

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

The program ensures the highest standard of service delivery, case management support and addresses the social marginalisation often experienced by young people leaving care all whilst in accordance with program specifications as negotiated with DHS.

HOUSING AND PREMISES PROGRAM

The primary objective of Gunditjmarra's Housing and property program is to provide sustainable and affordable housing to the local Indigenous community. In doing this we also aim to maintain successful and sustainable tenancies and this is demonstrated by the low turn-over rate on tenants in the program.

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

The Housing Officer manages and ensures that the 12 rental properties are maintained to an appropriate standard as per the Housing accreditation standards.

The role of Gunditjmarra's Housing and Premises Program is many and varied but overall the two main objectives of the program is to:

1. Managing all twelve residential properties, ensuring that all rental payments are current, handling all tenant maintenance issues and dealing with any issues of a residential tenancies nature that may arise.
2. Maintaining the business premises of the Cooperative which comprise of three sites; 64 Harris Street Reserve, 3 Banyan Street Medical Clinic and 135 Kepler Street, Warrnambool.

Aims and objectives of the Program

The aim of the Housing and Premises Program is to provide sustainable and affordable housing to the local and surrounding Indigenous community. Affordable housing is invariably in high demand and where we are unable to meet the housing needs of our members, we work to improve access to existing housing in the Warrnambool area through Local Government and non-government Housing programs such as the Department of Human Services and Aboriginal Housing Victoria.

Key achievements in the reporting period include:

- The Department of Human Services funded Gunditjmarra for the repairs and maintenance of the Community Housing and Infrastructure Program (CHIP) of which six properties out of the Cooperatives 12 residential properties were earmarked for the said repairs.
- The Department of Health and Human Services tendered out the contract via local architectural firm, Live Architect and local builders, Kimberley Homes.
- All repairs pertaining to the six properties were completed during the 2015-2016 period.

INDIGENOUS TENANCIES AT RISK (ITAR) PROGRAM

Through-out the last financial year Gunditjmarra and Wathaurong Aboriginal Cooperatives worked collaboratively to deliver a high quality, culturally appropriate tenancy support service (ITAR) to Aboriginal people across the Barwon South-West Region.

Aims and objectives of the Program

ITAR is a housing support program that was introduced state-wide in 2006 as part of the Victorian Homelessness Strategy. Using an intensive case management and support service model it assists Aboriginal people living in rental properties to maintain their tenancies when compromised due to various circumstances and issues.

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

Many families and individuals within the community have accessed the program for support in maintaining or accessing housing.

The support provided includes:

- Assistance for tenants of Public Housing, Community Housing and private rentals to maintain secure tenancies
- Victorian Civil Administrative Tribunal (VCAT) matters
- Housing transfers
- Maintenance issues
- Accessing Public housing
- Ex-tenants of Public Housing with rent arrears and maintenance debts
- Other life matters that may compromise tenancies

In accordance with the ITAR program funding guidelines the practitioner is a member of:

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

Barwon Community Legal Service and the Gunditjmarra ITAR program made a joint stakeholder submission to the Residential Tenancies Act Review regarding the Rights and Responsibilities of Landlords and Tenants. This submission was accepted and published in June of 2016.

KOORI YOUTH JUSTICE (KYJ) PROGRAM

Funded by the Department of Human Services The Koori Youth Justice (KYJ) Program was developed in 1992 in response to the findings of the Royal Commission into Aboriginal Deaths in Custody (April 1991).

The aims of the Koori Youth Justice (KYJ) Program is to:

- Maximize the appropriate diversion of the young people charged with an offence away from the formal criminal justice system
- Minimize the progression of young people into the youth justice system and adult correctional system
- Minimize the likelihood of re-offending by young people who enter the youth justice system, and maximize their chances of rehabilitation
- Engender public support for the confidence in the youth justice program, by balancing community and security needs with programs that address the development needs of young people.

REGIONAL INDIGENOUS FAMILY VIOLENCE SUPPORT PROGRAM

The Regional Family Violence Support Program provides culturally sensitive, safe, confidential, professional advocacy and support services to Indigenous 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, Framlingham as well as Warrnambool.

Aims and objectives of the Program:

- Provide culturally sensitive services to Indigenous 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
- Implementation of 'Warrumyea' Women's Group to encourage, informal conversations on the issues of Domestic and Family Violence.

How

Assisting women to make informed choices regarding themselves and their children in relation to their circumstances; to protect their safety and to address their needs, such as:

- Advocacy
- Transport
- Counselling
- Referral
- Personal support
- Housing
- Community development and education
- Raising awareness and community awareness regarding family violence
- Early intervention strategies prevention
- Women's Business (educational days)
- Assisting women to access information and counselling on housing, legal advice, income support, financial counselling, childcare, parenting, courts support or other individual support services they may require.

Key achievements in the reporting period include:

- 30 individual clients were serviced during the reporting period for a total number of 416 contacts
- Average 5 new clients per month
- 5-6 ongoing clients per month
- Hamilton/Heywood had the highest number of services, than Warrnambool and surrounding district
- Home visits 2 per week.
- Strengthened networks throughout the region by attending community meetings, women's group, community luncheons at other Aboriginal services and advocating for best outcomes that assist women and children who seek support and assistance within the program services
- Networking and exploring options to provide a fortnightly service to Heywood Rural Health Services
- Negotiations with the CEO of Portland Dhauwurd Wurrung Elderly and Community Health Services, regarding room access for Regional Domestic Violence clients and to support and provide services to the ladies of Portland and Heywood. This action has shown an increase in service delivery
- Warrumyea Women's Group, connecting to Community e.g. South West Health Bowel Cancer Awareness program. Members, who were involved with this program, participated with the knitting of the "big bowel"
- Left over wool of the Bowel Cancer Awareness project was crocheted into a rug, to be donated back to Hospital for the "Family Room" at the hospital
- Knitting baby beanies for the Koori Maternity Services to present to our new born babies.

Meetings/workshops attended for reporting period include:

- Western District Area Integrated Family Violence
- Aboriginal Family Violence Prevention Legal Service (AFVPLS)
- Emma House
- RAMP (Risk Assessment Management Panel)
- Close the Gap
- Barwon South West Family Law Pathways Network and the Barwon South West Homelessness Network
- Gunditjmarra NAIDOC Committee
- Victorian Police
- Local Indigenous Network (LIN), Dhauwurd Wurrung Elderly and Community Health Service (DWECH), Winda Mara Aboriginal Corporation Heywood and Hamilton
- Kirrae Health Services
- Warrnambool Community Correctional Services
- South Western Centre against Sexual Assault
- Aboriginal Housing Victoria
- Aboriginal Homelessness Network
- Department of Health and Human Services, Child Protection/ Housing
- Brophy Youth and Family Services, Warrnambool, Portland and Hamilton
- Bethany Warrnambool/Geelong
- Salvo Connect in Warrnambool/Portland and Hamilton
- Warrnambool, Portland and Hamilton Courts
- Centrelink.

Training undertaken for reporting period:

- Domestic Violence Resource Centre Victoria
- In Service Training Day: Gunditjmarra Aboriginal Cooperative limited
- Our lungs our Mob
- Recognise and Respond appropriately to Domestic and Family Violence: Lifeline
- Motivational Interviewing- Introductory course (St John of God Hospital with Mark Powell)
- Living Well, Keeping Strong
- Aboriginal Common Risk Assessment Framework (CRAF) and Pilot Training.

Acknowledgement of Collaborative Networks:

- Victorian Police
- Local Indigenous Network
- Dhauwurd Wurrung Elderly and Community Health Service (DWECH)
- Winda Mara Aboriginal Corporation Heywood and Hamilton
- Kirrae Health Service
- Office of Corrections
- South West Family Violence Unit
- South Western Centre Against Sexual Assault
- Aboriginal Housing, Victoria
- Department Of Health and Human Services, Child Protection/Housing
- Aboriginal Family Violence Prevention Legal Service (AFVPLS)
- Emma House
- Salvo Connect, Warrnambool Portland and Hamilton
- Warrnambool, Portland and Hamilton courts
- Centrelink.

ABORIGINAL FAMILY LED DECISION MAKING (AFLDM) PROGRAM

Aims and objectives of the Program

The AFLDM 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 develop a plan that promotes the safety and wellbeing of children and young people who are involved in the Child Protection system.

Who is eligible for the Aboriginal Family Led Decision Making Program?

All Aboriginal Children who have become involved with, or are at risk of entering the Child Protection system can access culturally appropriate support and advocacy through the Gunditjmarra Aboriginal Family Led Decision Making program.

All referrals come from the Department of Health and Human Services Child Protection and the Aboriginal Family Led Decision Making Community Convener works alongside the Department of Health and Human Services Aboriginal Family Led Decision Making Convener.

The role of the Aboriginal Family Led Decision Making Community Convener is to contact and engage with the child/young person, all relevant family members and to co-facilitate meetings and organise meeting venues, arrange transport and, if necessary, accommodation, organise phone link-ups and catering and engage all relevant professionals who are working with the child/children including family members and an Elder.

Why should the Child's family be involved?

The child's family should be involved to help us create the right care and Protection Plan for the child/children. Gunditjmarra needs to respect the child's Aboriginality and Cultural Identity.

The Aboriginal Family Led Decision Making Community Convener, Elder or Respected Person, the Department of Health Human Services Convener and relevant workers can assist and support the parents to make decisions within the Family Plan on what is in the best interest of the child/children.

What happens before the Aboriginal Family Led Decision Making Meeting?

You will be invited to a Briefing meeting with the Community Convener and Department of Health and Human Services Convener. During this meeting, you will be informed of all the appropriate information regarding the child/children about his/her/ their current situation. Such things could include:

- What is involved in Aboriginal Family Led Decision Making
- Family dynamics and who can attend
- Issues identified by the Department of Health and Human Services Child Protection
- Court orders etc.

The process of conducting an Aboriginal Family Led Decision Making meeting are:

- The family meetings are very informal and take place in a culturally appropriate setting that the family has chosen
- A meal is provided before an Aboriginal Family Led Decision Making family meeting
- Welcome or Acknowledgement to Country will be conducted by an Elder/Respected Person who are of the families choosing.
- Introduction of participants of the family meeting

- A brief outline of Child Protection concerns
- Child Protection bottom lines that the family need to plan around.

Key achievements in Aboriginal Family Led Decision Making Program during the reporting period are:

- The Aboriginal Family Led Decision Making program has conducted forty-nine family meetings
- The program has assisted in the reunification of 'Out Of Home Care' children back to their families or extended family, within Victoria and other states of Australia
- The Aboriginal Family Led Decision Making program highlights the flexibility/strength of the program and supports the dual Convener's to travel where the children are situated throughout Australia
- These meetings have been conducted at: **Family homes** throughout the region and interstate, **Albury Wodonga Aboriginal Health Service** (New South Wales), **Swan Hill, Gladston** (Queensland), **Gunditjmarra Aboriginal Cooperative** (Kepler Street and Harris Street locations), **Dhauwurd Wurrung Elderly and Community Health Service** and **South West Alternative Medium Project** (Portland), **Lakidjeka office** (Heywood), **Windamara** (Heywood), **Kenna Ave Community House** (Hamilton), **Wathaurong** (Geelong), **Goolum Goolum** (Horsham) and **Kirrae Health Service** (Framlingham) and **Victorian Aboriginal Health Service** (Minajalka) (Melbourne)
- Family plans have strengthened the safety of children within the home
- Aboriginal Family Led Decision Making 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.

Meetings, forums and workshops attended during the reporting period:

- Taskforce 1000 forums
- South West Taskforce 1000 Working Group.

Acknowledgement of Collaborative Networks:

- Dhauwurd Wurrung Elderly and Community Health Service (DWECH) (Portland)
- Winda-Mara Aboriginal Corporation (Heywood and Hamilton)
- Kirrae Health Service (Framlingham)
- Quamby AOD Services (Portland)
- Aboriginal Child Specialist Advice and Support (Lakidjeka)
- Goolum Goolum Aboriginal Cooperative (Horsham)
- Wathaurong Aboriginal Cooperative (Geelong)
- Albury/Wodonga Aboriginal Health Service
- Koori Educators
- Legal Services in Portland and Warrnambool

- Department of Health and Human Services in Warrnambool, Hamilton, Portland, Colac and Horsham
- Brophy Youth and Family Services
- Warrnambool City Council Family Services.

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
- Emotional and practical support and guidance
- Referrals to other services as needed
- Support with child and adolescent behaviours
- Strategies and counselling
- Joint meetings with schools and other services already involved with the family as needed
- Parenting support, empowerment and advocacy.

This position has been operating for two years and has been based at Gunditjmarra Cooperative in 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
- Service Development Group

FINANCIAL STATEMENTS:

for the year ended
30 JUNE 2016

GUNDITJMARA ABORIGINAL CO-OPERATIVE LIMITED

DIRECTOR'S REPORT

Your Directors present their report on the Co-operative for the financial year ended 30 June, 2016.

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

Bernice Clarke (resigned 6 April 2016)	Gary Wingrove (resigned 9 December 2015)
Jarrold Clarke (resigned 18 November 2016)	Karana Morgan (resigned 29 July 2016)
Linda Smith (resigned 18 November 2016)	Lee Morgan (appointed 19 March 2016)
Tracey Roach (appointed 19 March 2016)	Billy McGuinness (appointed 19 March 2016)
Alicia Bates (appointed 9 September 2016)	Kenneth McKean (appointed 15 August 2016)

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 \$452,354 (2015 - \$483,091). 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.

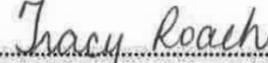
No options over issued shares or interest in the Co-operative were granted during or since the end of the financial year and there were not options outstanding at the date of this report.

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:


.....
Tracey Roach Director


.....
Billy McGuinness Director

Dated this 8th day of December 2016.

GUNDITJMARA ABORIGINAL CO-OPERATIVE LTD

STATEMENT OF PROFIT OR LOSS
FOR THE YEAR ENDED 30 JUNE 2016

	Notes	2016 \$	2015 \$
INCOME			
Recurrent Funding		2,679,318	2,589,177
Sundry and Non Recurrent Grants		396,406	324,061
Interest		17,618	23,758
Refunds		593,533	677,584
Rental & Equipment Hire		134,127	115,224
Other Income		15,610	18,843
Profit on Sale of Non-Current Assets		3,000	-
		<u>3,839,612</u>	<u>3,748,647</u>
EXPENDITURE			
Administration Costs		(16,751)	(30,557)
Advertising		(4,837)	(5,889)
Annual Leave (Movement in Provision)		(11,056)	(27,582)
Bad and Doubtful Debts		-	3,033
Bank Charges		(2,308)	(1,660)
Board Costs		(8,091)	(6,259)
Catering/Meals		(8,623)	(10,000)
Cleaning		(40,601)	(38,480)
Electricity & Gas		(26,453)	(27,843)
Hire of Venue		(562)	(313)
Interest Paid		(37,457)	(37,063)
Long Service Leave (Movement in Provision)		(37,707)	(30,319)
Memberships		(23,541)	(12,119)
Motor Vehicle Costs		(61,554)	(54,209)
Postage		(3,422)	(3,584)
Printing & Stationery		(26,801)	(21,240)
Professional Costs		(61,515)	(78,009)
Program Costs		(137,579)	(177,272)
Rent & Rates		(56,465)	(52,265)
Repairs & Maintenance		(48,813)	(84,730)
Sundry Staff Costs		(43,142)	(24,193)
Superannuation		(199,273)	(174,138)
Telephone		(65,086)	(43,661)
Training		(7,853)	(10,174)
Travel Expenses		(15,567)	(13,090)
Wages		(2,142,227)	(2,103,141)
Workcover		(37,109)	(31,126)
		<u>(3,124,393)</u>	<u>(3,095,883)</u>
SURPLUS/(DEFICIENCY) FOR THE YEAR PRIOR TO DEPRECIATION, WRITE DOWN OF LAND & BUILDINGS AND GOVERNMENT EQUITY ADJUSTMENTS			
Depreciation		715,219	652,764
Write Down of Land and Buildings		(166,068)	(169,673)
		(96,797)	-
		<u>452,354</u>	<u>483,091</u>
SURPLUS/(DEFICIENCY) FOR THE YEAR			

GUNDITJMARA ABORIGINAL CO-OPERATIVE LTD

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2016

	Notes	2016	2015
SURPLUS/(DEFICIENCY) FOR THE YEAR			
		452,354	483,091
OTHER COMPREHENSIVE INCOME			
Adjustment on Revaluation of Land & Buildings		-	15,000
TOTAL OTHER COMPREHENSIVE INCOME FOR THE YEAR		<u>-</u>	<u>15,000</u>
TOTAL COMPREHENSIVE INCOME FOR THE YEAR			
		<u>452,354</u>	<u>498,091</u>
TOTAL COMPREHENSIVE INCOME ATTRIBUTABLE TO MEMBERS			
		<u>452,354</u>	<u>498,091</u>

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2016

Notes	Retained Earnings \$	Members Capital \$	Asset Revaluation Reserve \$	Other Reserves \$	Total \$
Balance at 1 July 2014	4,910,028	158	-	821,210	5,731,396
Loss attributable	483,091	-	-	-	483,091
Total other comprehensive income for the year	-	-	-	-	-
Transfers to and from reserves	-	-	-	15,000	15,000
Balance at 30 June 2015	<u>5,393,119</u>	<u>158</u>	<u>-</u>	<u>836,210</u>	<u>6,229,487</u>
Profit attributable	452,354	-	-	-	452,354
Total other comprehensive income for the year	-	-	-	-	-
Transfers to and from reserves	-	-	-	-	-
Balance at 30 June 2016	<u>5,845,473</u>	<u>158</u>	<u>-</u>	<u>836,210</u>	<u>6,681,841</u>

GUNDITJMARA ABORIGINAL CO-OPERATIVE LTD

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2016

	Notes	2016 \$	2015 \$
CURRENT ASSETS			
Cash and Cash Equivalents	2	1,986,587	1,320,476
Trade and Other Receivables	3	56,679	143,667
Other Assets	4	1,657	2,179
		<u>2,044,923</u>	<u>1,466,322</u>
NON CURRENT ASSETS			
Property, Plant and Equipment	5	<u>5,854,172</u>	<u>6,024,788</u>
TOTAL ASSETS		<u>7,899,095</u>	<u>7,491,110</u>
CURRENT LIABILITIES			
Trade and Other Payables	6	408,532	521,706
Employee Provisions	7	133,923	121,371
Borrowings	8	43,440	43,440
		<u>585,895</u>	<u>686,517</u>
NON CURRENT LIABILITIES			
Employee Provisions	7	48,001	22,846
Borrowings	8	583,358	552,260
		<u>631,359</u>	<u>575,106</u>
TOTAL LIABILITIES		<u>1,217,254</u>	<u>1,261,623</u>
NET ASSETS		<u>6,681,841</u>	<u>6,229,487</u>
EQUITY			
Members Capital		158	158
Asset Revaluation Reserve		-	-
Reserves		836,210	836,210
Retained Earnings		5,845,473	5,393,119
TOTAL EQUITY		<u>6,681,841</u>	<u>6,229,487</u>

GUNDITJMARA ABORIGINAL CO-OPERATIVE LTD

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2016

	Notes	2016 \$	2015 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from funding and operational sources		3,533,716	3,411,875
Interest received		396,406	324,061
Payments to suppliers		(1,057,883)	(727,674)
Payments to employees		(2,104,520)	(2,072,822)
Finance Costs		(37,457)	(37,063)
Net cash generated from operating activities	14	<u>730,262</u>	<u>898,377</u>
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from Sale/(Payment for Purchase) of Property, Plant & Equipment		(95,249)	(273,095)
Net cash used in Investing Activities		<u>(95,249)</u>	<u>(273,095)</u>
CASH FLOW FROM FINANCING ACTIVITIES			
Proceeds from/(payment to) Borrowings		31,098	(43,440)
Net cash used in Financing Activities		<u>31,098</u>	<u>(43,440)</u>
Net Increase/(Decrease) in cash held		666,111	581,842
Cash at the beginning of the financial year		1,320,476	738,634
Cash at the end of the financial year	2	<u>1,986,587</u>	<u>1,320,476</u>

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a special purpose financial report prepared to satisfy the financial reporting requirements of the *Co-operatives National Law Application Act 2013* and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act). 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 statements that have been prepared in order to meet the requirements of the *Co-operatives National Law Application Act 2013* and the *ACNC Act*.

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 *ACNC Act* 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.

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.

GUNDITJMARA ABORIGINAL CO-OPERATIVE LTD

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

	2016	2015
	\$	\$
2. Cash and Cash Equivalents		
Current:		
Cash on hand	691	1,384
Cash at bank	1,985,896	1,319,092
	<u>1,986,587</u>	<u>1,320,476</u>
Reconciliation of Cash:		
Cash and cash equivalents	<u>1,986,587</u>	<u>1,320,476</u>
3. Trade and Other Receivables		
Current:		
Trade Debtors	56,679	143,667
Less: Provision for Impairment	-	-
	<u>56,679</u>	<u>143,667</u>
4. Other Assets		
Current:		
Prepayments	1,657	2,087
Other	-	92
	<u>1,657</u>	<u>2,179</u>
5. Property, Plant and Equipment		
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) 3,638,689	3,380,000
Less: Accumulated Depreciation	(170,582)	(84,705)
Less: Government Equity	(420,980)	(420,980)
	<u>3,047,127</u>	<u>2,874,315</u>
Total Land and Buildings	<u>5,517,127</u>	<u>5,344,315</u>

GUNDITJMARA ABORIGINAL CO-OPERATIVE LTD

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

	2016	2015
	\$	\$
5. Property, Plant and Equipment (Cont)		
Plant & Equipment (at cost)	376,639	315,698
Less: Accumulated Depreciation	<u>(265,662)</u>	<u>(232,806)</u>
	110,977	82,892
Motor Vehicles (at cost)	446,458	446,458
Less Accumulated Depreciation	<u>(355,672)</u>	<u>(326,734)</u>
	90,786	119,724
Office Furniture and Equipment (at cost)	605,404	581,218
Less Accumulated Depreciation	<u>(470,122)</u>	<u>(451,725)</u>
	135,282	129,493
WIP - Harris Street	-	348,364
Total Property, Plant and Equipment	<u>5,854,172</u>	<u>6,024,788</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	44,026	240,586
Sundry Creditors & Accrued Expenses	33,259	26,121
Annual Leave	169,142	158,086
Payroll Liabilities	70,550	45,531
GST Liability	91,555	51,382
	<u>408,532</u>	<u>521,706</u>
7. Employee Provisions		
Current:		
Provision for Long Service Leave	133,923	121,371
Non Current:		
Provision for Long Service Leave	48,001	22,846
	<u>181,924</u>	<u>144,217</u>

GUNDITJMARA ABORIGINAL CO-OPERATIVE LTD

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

	2016	2015
	\$	\$
8. Borrowings		
Current:		
Bank Loan Secured	43,440	43,440
Non Current:		
Bank Loan Secured	583,358	552,260
	<u>626,798</u>	<u>595,700</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 Tait's Road Warrnambool Vic 3280

* 3 Banyan Street Warrnambool Vic 3280

* 1 Dunroo 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, 2016.

GUNDITJMARA ABORIGINAL CO-OPERATIVE LTD

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

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

	2016	2015
	No.	No.
\$0 - \$9,999	-	-

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

Jarrold Clarke	Linda Smith
Karana Morgan	Lee Morgan
Billy McGuinness	Tracey Roach
Bernice Clarke	Gary Wingrove
Alicia Bates	Kenneth McKean

13. Related Party Transactions

The entity did not enter into any contracts with related parties apart from rental agreements for housing provided to family members of Bernice Clarke (a Director of the Co-Operative). 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.

	2016	2015
	\$	\$
14. Cash Flow Information		
Reconciliation of Cash Flow from Operations with Profit		
Profit from ordinary activities after income tax	452,354	483,091
Non-cash flows in profit:		
Depreciation	166,068	169,673
Net (loss)/gain on sale of assets	3,000	-
Write Down of Assets	96,797	-
Adj Government Equity in McKnight Street & Mountain Ash Drive	-	-
Changes in assets and liabilities:		
(Increase)/Decrease in Receivables	87,510	(12,711)
Increase/(Decrease) in Payables	(113,174)	228,005
Increase/(Decrease) in Provisions	37,707	30,319
Cash flows provided by operating activities	<u>730,262</u>	<u>898,377</u>

15. Entity Details

The registered office and principal place of business is 135 Kepler Street, Warrnambool Vic 3280.

GUNDITJMARA ABORIGINAL CO-OPERATIVE LIMITED

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 the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act), 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 the *ACNC Act*; and
 - (b) give a true and fair view of the Co-operatives financial position as at 30 June 2016 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
Tracey Roach


.....Director
Billy McGuinness

DATED the 8th December, 2016.

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Warrnambool VIC 3280
Tel: 03 5564 0555
Fax: 03 5564 0500
Ausdoc DX: 28026

Camperdown
142 Manifold Street
Camperdown VIC 3260
Tel: 03 5557 0333

Colac
73 Gellibrand Street
Colac VIC 3250
Tel: 03 5231 1527

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

Mount Gambier
9 Wehl Street South
Mount Gambier SA 5290
Tel: 08 8724 0399

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

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

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

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

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

Timboon
5 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 2016, 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 the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) 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* and *Division 60 of the Australian Charities and Not-for-profits Commission Act 2012*, , including:

- a. giving a true and fair view of the Co-Operative's financial position as at 30th June, 2016 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*.
- c. complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.


Felicity Melican
Principal
SINCLAIR WILSON

Dated this 20th December, 2016

257 Timor Street
Warrnambool VIC 3280



GUNDITJMARA HEAD OFFICE

Child, Youth & Adult Support Services
Community Care Programs

135 Kepler Street
PO Box 732
Warrnambool Vic 3280

Phone: (03) 5559 1234
Toll Free: 1800 629 729 (Vic Only)
Fax: (03) 5561 0392
Email: admin@gunditjmara.org.au

GUNDITJMARA HEALTH CLINIC

3 Banyan Street
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Warrnambool Vic 3280

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