

# Annual Report

2022/23



*Auntie  
Maureen  
O'Donnell*

# Maari Ma means *‘coming together, working together’*

Maari Ma acknowledges the traditional custodians of the land of the Maari Ma region and across all of western NSW, and their elders past and present; we acknowledge and respect their continuing culture and the contribution they make to the life of this region.

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ISSN: 2209-0320

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## **ALL ENQUIRIES TO:**

Maari Ma

CEO

PO Box 339

Broken Hill NSW 2880

# Annual Report

2022/23



# *Our Vision & Values*

First Nations People live strong, resilient, happy and healthy lives supported by cultural practices and investment in vibrant families, individuals and communities, to achieve wellbeing and independence through self-determination.

## *Empowerment*

Empowerment of community and staff increases the capacity of people (or groups of people) to make choices to transform those choices into actions and outcomes; to make informed choices about their health care.

## *Community*

We acknowledge the connection with community and effectively communicate regarding programs to promote awareness and knowledge of health issues impacting on the Indigenous communities and their families; to work collaboratively towards healthier lifestyles and wellbeing for all Indigenous people.

## *Quality*

We strive for best practice in everything we do. Our workforce is skilled, competent, confident and innovative. We demonstrate integrity and pride in our work. We encourage and recognise outstanding performance.

## *Culture*

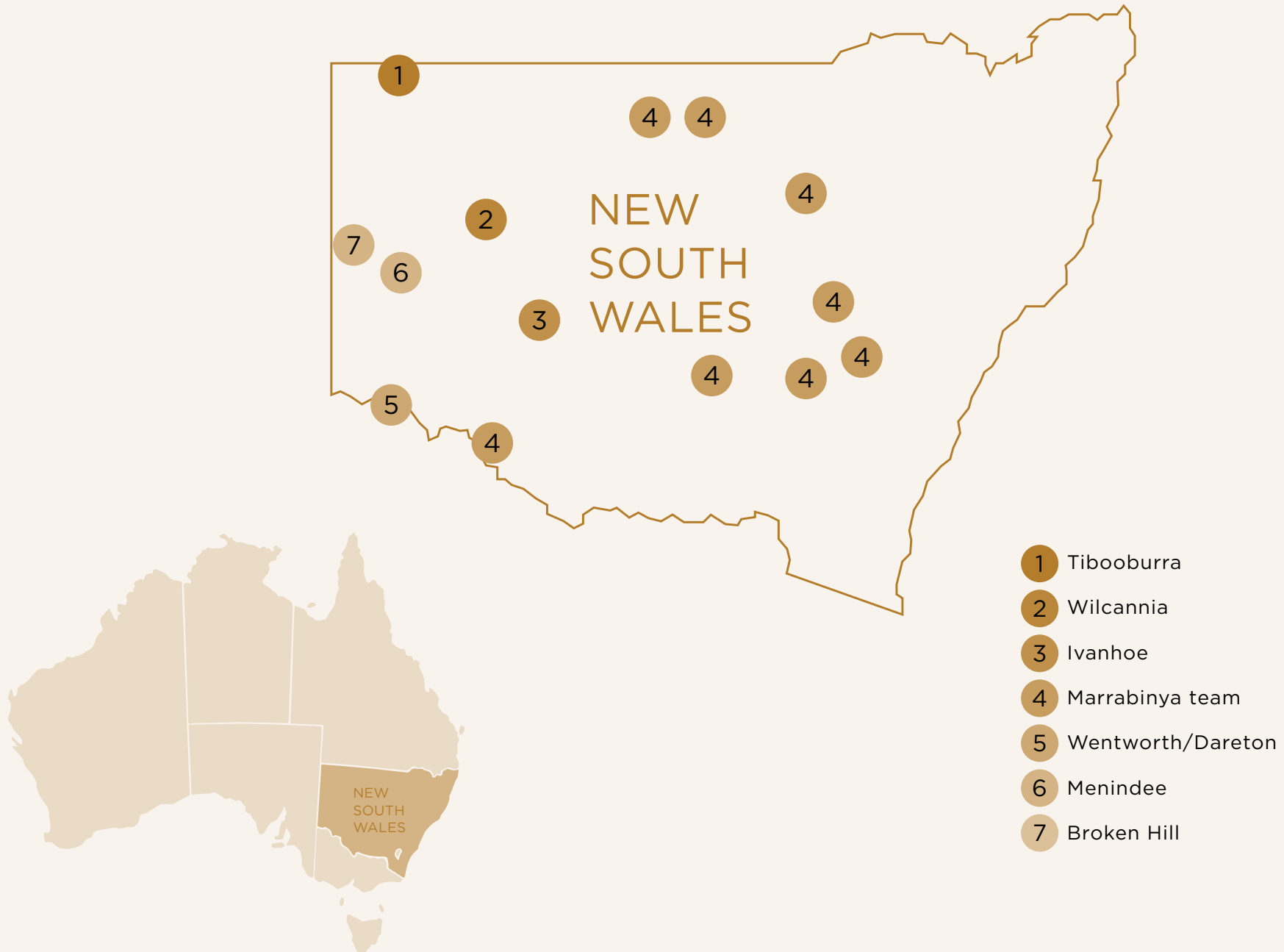
Aboriginal people have a rich culture involving custom, lore and value system based on the sustainability of their spiritual connection, belonging, obligation and responsibility to care for their land, people and environment.

## *Respect*

We treat others in the community and the workplace with respect, compassion, courtesy, listen and allow them to have their say and express their opinions and ideas, encouraging self-confidence and dignity, building a respectful rapport between staff and community to encourage positive attitudes and behaviours.

## *Compassion*

We respect people as individuals and will be empathetic in understanding people's pasts and the issues and challenges they face. We will make no judgement in the choices people have made and will actively work with people to assist in their healing process.



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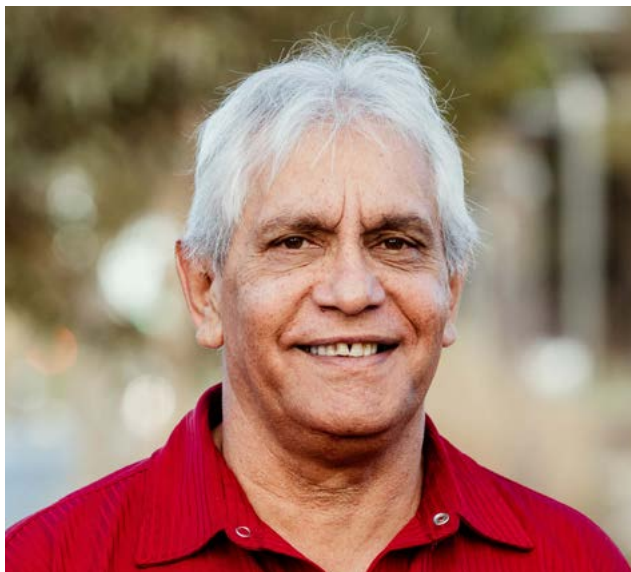
# *Respecting Aboriginal community control*



*Maureen O'Donnell*

CHAIRPERSON TO OCT 2022

Barkintji Elder Auntie Maureen O'Donnell belonged to the Wilyakali language group. Maureen was the Chairperson of Maari Ma. Maureen lived in Broken Hill. Maureen worked for many years in Aboriginal affairs, tirelessly campaigning for equality for Aboriginal people. Maureen was the Chairperson of the Broken Hill Community Working Party. Maureen was also a Director of the Broken Hill Local Aboriginal Land Council and on the Board of Management for the Mutawintji National Park. Maureen commenced her role with the Maari Ma Board in 1997.



*Des Jones*

CHAIRPERSON FROM OCT 2022

Des is a Murrawari man born in Brewarrina NSW and currently resides in Wentworth. Des is the Deputy Chairperson of Maari Ma. Des holds Board positions with other organisations as well - Des is Chairperson of the Murdi Paaki Regional Housing Corporation and Chairperson of the Murdi Paaki Regional Assembly. Des has a strong interest in Aboriginal economic development, revival of Aboriginal culture, language maintenance and sites protection. Des likes to meet and socialise with people and has a keen interest in sports, and seeing and supporting people of all ages to participate in their chosen sports. Des would also like individuals and families to benefit from better services and lead healthy lifestyles. Des commenced his role with the Maari Ma Board in 1996.



*Cheryl Blore*

Cheryl is a Barkintji woman who resides in Menindee. Cheryl has been involved in education for over 30 years as an Aboriginal Education Officer with the Department of Education and Communities at the Menindee Central School. Cheryl has been involved with the Menindee Local Aboriginal Land Council for more than 30 years, holding positions as secretary and Chairperson. Cheryl commenced her role with the Maari Ma Board in 2006.





*Fay Johnstone*

Fay is a Ngayampaa – Barkintji woman residing in Ivanhoe. Fay has been employed for 36 years as an Aboriginal Education Assistant with the Department of Education and Communities and is based at the Ivanhoe Central School. Fay is also the Chairperson of the Ivanhoe Aboriginal Community Working Party. Fay commenced her role with the Maari Ma Board in 1998.



*Denise Hampton*

Denise Hampton is a Ngayampaa/Barkintji woman residing in Broken Hill. Denise has been employed for more than 35 years within the Health industry and is passionate about improvements in health for Aboriginal and Torres Strait Islander people. Denise is currently Deputy Chair for the Broken Hill Community Working Party and a member of the Broken Hill Local Aboriginal Land Council.



*Gloria Murray*

Gloria is a Barkintji Elder residing in Balranald. Gloria undertakes various community development consultation roles as a community member and is a strong advocate in supporting Aboriginal people involved in the legal system. Gloria plays an active part in the Balranald community supporting local community members to achieve their goals. Gloria commenced her role with the Maari Ma Board in 1998.



## Chairperson's report



While each year has its share of highs and lows, 2022/23 was an important one for Maari Ma and for the region on a number of fronts. Significantly, we saw the passing of a First

Nations stalwart, a fierce advocate for her people and for the region, Auntie Maureen O'Donnell. Maureen was a colleague and a friend and Maari Ma's longstanding Chairperson, and we mourn her passing. We also welcomed Richard Weston back to the role of CEO to take Maari Ma towards 30 years of operation in 2025, and thanked Smiley Johnstone for once again supporting the Board and the organisation as its Interim CEO during 2022/23.

At the AGM in February 2023 (rescheduled due to Maureen's passing) I was honoured to be elected Chairperson having served as Maureen's deputy for 13 years and as Chairperson eight years before that. Also at the AGM, Denise Hampton was elected to the role of Board Director for Broken Hill. Denise is a strong advocate for her community and the other Board Directors and I welcome her to this role.

The strength and stability of Maari Ma's operations in 2022/23 - following Bob Davis's retirement as CEO, Smiley's return as Interim CEO and then Richard's arrival in February - is a testament to the strength of the entire Maari Ma workforce but particularly our executive group:

all senior managers who have collectively worked for Maari Ma for more than 120 years. Succession planning for both the Board and the executive will be on the agenda in the near future. In particular, I would like to acknowledge Chris Eastwood's role as Executive Manager Finance for 20 years, keeping Maari Ma's accounts in robust good health. Chris agreed to delay his retirement this year, instead moving to a part time role as we start the process of looking for his successor. I would also like to acknowledge Linda Lynott who took leave from her role as Executive Manager Regional Primary Health Care Services for health reasons and did not return. Linda played a number of crucial clinical and management roles with Maari Ma for almost 10 years. We wish both she and Chris all the best for the future.

Operationally, the Board was very pleased to see our most recent cohort of Aboriginal Health Worker Trainees complete their training and achieve registration as Practitioners. They are the backbone of our clinical services: we wish them well as they settle into their new roles within our services and congratulate them on the start of hopefully long and fruitful careers in health.

Work commenced on the new Wilcannia Health and Wellbeing Centre at last and it seems amazing that something we have waited so long for will be finished before the end of this year!

We have some re-building to do after the COVID-focus of the past few years: with so many of our energies and resources focused on vaccinating our communities and

supporting people who were unwell, many of our bread and butter activities - lead testing, child immunization and chronic disease management - have suffered but I am confident with renewed focus we will get process and outcome indicators back on track. A more stable GP workforce is contributing to this. This includes regular GP services in Balranald as well.

Despite our best efforts, the Western NSW PHN chose to ignore the wishes of Marrabinya's clients across all of western NSW, and the Integrated Team Care (ITC) contract was divided across 14 AMSs in the region. A very disappointing end to what had been widely acknowledged, including by the PHN, as an innovative, financially efficient and highly successful delivery of chronic disease services to Aboriginal people. Maari Ma continues to offer the Marrabinya/ITC service in the far west and Donna Jeffries, Marrabinya's Executive Manager, has been focused on the cultural framework and getting Maari Ma ready to formally become a Child Safe Organisation.

Finally, Maari Ma achieved yet another first: being named as both the education and health lead in far west NSW under the Commonwealth's Connected Beginnings program, focusing on improving health and developmental outcomes for our children before they get to school.

My thanks to my fellow Board Directors for your unwavering support and to all of Maari Ma's staff for your daily efforts for our clients and communities.







## CEO's report



It's good to be back after 13 years away. Maari Ma is a different organisation to what it was when I left. It has grown and evolved in ways I could only imagine in 2009. I want to acknowledge the contributions of Bob Davis

and Smiley Johnstone in maintaining the steady evolution of Maari Ma as a significant regional Aboriginal health service that has community and culture at its heart: Bob as the CEO for the last 10 plus years and Smiley who has always stepped in, when needed, to act in the CEO role.

I felt very humbled when I was offered the CEO role here at Maari Ma. I had enjoyed the last two years at the Office of the Children's Guardian, but there was a change of leadership that I didn't think would be able to continue the forward trajectory the agency was on. I also felt the desire to head back to Broken Hill.

The Maari Ma I've come back to has evolved into a fine organisation. Much of what I imagined 13 years ago has come to pass, but there is more. The Maari Ma people – staff, employees call them what you will – I call them colleagues, are an amazing blend of culture and technical expertise. We have around 100 full-time equivalent employees, 60% of whom are Aboriginal. That is a significant development over the last 13 years. For me it means that Maari Ma has strong connections to the Aboriginal community which enhances our ability to engage effectively with our communities on a number of levels. We literally have our finger on the pulse of our communities!

It is evident to me that Maari Ma is still recovering from

the COVID19 restrictions period. For example, we only recently got back to full GP coverage across our key sites. In my conversations with colleagues, I've found an enthusiasm to talk about the experience of COVID and the impact it had on Maari Ma. I detect a sense of pride in the way people responded and all mucked in together with a single focus on keeping community up to date with information, keeping staff and community safe, and playing their role in the public health response.

As the new CEO I am keen to maintain the positive energy of our organisation. Over the last year there has been changes in senior personnel (e.g., we have a new CEO) and we have new Aboriginal Managers in the Broken Hill Primary Health Care Service and a new role to manage our Health Services outside of Broken Hill. We also lost a significant elder from our region who was also on our Board (Auntie Maureen O'Donnell). Changes like this can cause uncertainty and when we add COVID on top of these changes, I think our employees are dealing with a lot in addition to just getting our services back to their pre-COVID groove. My observation though is that our staff are strongly committed to their roles, to the community, and to Maari Ma. Collectively they are the most valuable asset to our organisation and our community.

I want to build on Maari Ma's strengths of our health, early education and community services, the strengths in our relationship with the community and the strengths in the quality of the people that work for Maari Ma. We have a powerful platform to build on.

Over the coming year we will be renewing our strategic plan for another 5 years so this will be an opportunity to refresh and move on from the last few years of upheaval.

I will be seeking to cement Maari Ma's place in the region for the long term and examining how Maari Ma might play more of a role around the social determinants of health whilst continuing to build the ongoing sustainability of our core primary health services.

I'm looking forward to the coming year and challenges that lie ahead. I thank our Board and staff for their work and ongoing commitment to Maari Ma.

# Tribute to Auntie Maureen O'Donnell

*(adapted from Maureen's funeral book)*

*19 May 1941 - 6 November 2022*

*Maureen was born in Wilcannia on the 19th May 1941, to Alfred and Nancy Bates - the fourth child of eight children. As a young girl Maureen travelled the countryside with her mum and dad while they worked in Tibooburra, White Cliffs, Cawnlanmurtee Station and Peterborough, travelling by horse and sulky, when they finally settled on the outskirts of Wilcannia.*

Maureen attended the Wilcannia Central School, however, she didn't like school, so she left early to follow her brothers working on stations. She worked on one station for nearly 6 months and when it was time to leave, they paid her only six pounds. She left that station and said, "no white person will ever do that to me again" and from that day forth she stood up for her rights.

In 1956 Maureen met Ray O'Donnell at the movies and it wasn't long before they fell in love and were inseparable. They enjoyed going to the movies, Wilcannia dances, rodeos, family gatherings, fishing and hunting together and continued these traditions once they began welcoming their children into the world.



Maureen loved visiting her family and friends and often found herself at Auntie Elsie's where she would sit around for hours with the Jones sisters, who were a huge part of her life. They could talk all night and people would jokingly say, "they in another meeting." Maureen remembered catching her first fish with the Jones sisters. They couldn't stop laughing because she was trying to

truly heart broken. After Ray's passing, she kept her kids close, so close that they all slept in the same bed for a long time. Maureen slept right on the edge of the bed and that was where she slept for the rest of her life. It didn't matter how big the bed was, you would always find her right on the edge.

catch a fish using a big cotton ropy line. That same day Maureen caught the biggest cod of the day, and they couldn't get over it.

Maureen and Ray married on 20th July 1957 in Wilcannia. Once they married, they travelled around working on various stations together. They welcomed their first child, Dulcie in 1957 followed by Raymond, Carol, Bernie, Raelene (dec'd), Glen, Joanne, Christine, and Colin (dec'd). Sadly in 1968 Maureen lost a full-term baby boy before he was born which she never truly got over.

For years, Maureen and Ray lived on the Baaka river, on their brother in-law Max's block. They lived in a tin hut they built themselves but eventually flood waters forced them to move to the Mallee. They both missed living on the river and eventually moved back, this time they settled near the bridge close to their friends and family with their 9 children.

It was in Wilcannia that Maureen sadly lost her husband at a young age when he was just 36 to a heart attack. She was devastated and

Maureen started working at a service station/café to provide for her children. She did everything herself including carting all her own wood and water, and learnt how to lift 44-gallon drums of water on and off the trailer.

She eventually moved to Broken Hill to be closer to her mum and dad and purchased her first two-bedroom home in Beryl Street from the inheritance her husband left. She converted the dining room into a third bedroom and while her home was already overcrowded, she always made room for family and friends to stay.

Maureen learnt from her brother Alfie to be a great activist. Once Alfie passed away, she took over this role and became a devoted advocate for all. When Maureen's children became adults that's when she could truly fill the role of Alfie: this is when her true fights began.

Maureen was the founder of multiple positions and services which she fought hard for. She saw many services come and go. However, services are still being provided to community today which she was instrumental in establishing and these have become part of her legacy.

- Maureen was a member and was the Chairperson for 10 + years of the Western Aboriginal Legal Service. She fought for improved services within the justice system and even harder against racism along with keeping adults and youth on country whilst being in custody.
- She was a founding member in establishing Maari Ma Health Aboriginal Corporation. Holding the position of Board Member since its inception and Chairperson for 13 years. She was driven by her desire to improve health outcomes for her people

## *Maureen was the founder of multiple positions and services which she fought hard for.*

and the services provided to communities.

- Maureen was a board member of the Broken Hill Local Aboriginal Land Council from the beginning and held the position of Chairperson for more than 20 years. She was passionate about Land Rights and improving the conditions of housing. A major achievement (one of many) was her hard work, along with the support of family and South Australian groups, to have the Pinnacles land protected.
- She was a founding member of Mutawintji Local Aboriginal Land Council. Maureen with her friends and family were pivotal to the success of the Mutawintji blockade in 1983 and the return of Mutawintji Lands back to the Traditional Owners.
- Maureen represented the Gibson/Teetalsa/Crancey family on the Mutawintji Board of Management since its establishment.
- She was a founding member of the Wilyakali Aboriginal Corporation and held the position of Chairperson for nearly 20 years.
- Maureen held the position as a Board Member of the Cultural & Heritage Advisory Council to the Minister for years.
- She was a Member of the Broken Hill Hospital Board for many years. Maureen knew if she wanted to make change and improve the services for her people it needed to come from the top.
- Maureen was a founding member of the Broken Hill Aboriginal Community Working Party and held the position of Chairperson. As Chairperson she also represented the Broken Hill community at the Murdi Paaki Regional Assembly.

She was a dedicated employee for many government departments, as well as within the community sector in and around Broken Hill including, Weimija Aboriginal Corporation, Broken Hill Hospital, Broken Hill Police, Carers NSW, and National Parks and Wildlife Service.

Maureen was a proud black woman who stood strong for the rights of all women working in all departments and within the community. She took on the fights for better conditions and fairness for all and wasn't afraid to stand up and advocate for women in a male dominated arena, often standing toe to toe.

Her fight for Land Rights was extensive. In 2000, one of Maureen's proudest achievements was celebrated. It became personal when she played a pivotal role in getting Poolamacca handed back to the Traditional Owners, the Wilyakali people. Poolamacca was the land her mother was born on and her mother was able to visit Poolamacca before she passed away the following year.

Another fight close to Maureen's heart was for the Wilyakali people to be recognised and acknowledged, not only in Broken Hill but for Wilyakali to get native title rights in South Australia.

It's impossible to accurately capture the life of a courageous warrior who lived a life so fearlessly full of battles, victories, determination, power, love and strength. Maureen was an absolute inspiration to all her family and communities. After an extended period of ill-health, Maureen sadly passed away at home on Sunday 6th November with family right by her side. Just the way she wanted it.



# *Delivering quality services*

## PRIMARY HEALTH CARE

A model of care pairing GPs with nurses and Aboriginal Health Practitioners (AHPs) which was implemented in early 2022 has seen improving results. Patients presenting for booked appointments are first seen by a nurse or AHP and an initial assessment is performed including the capturing of relevant measures and / or actions. The aim is to improve clinical data collection, and complete health assessments and chronic disease plans.

In the past year we have seen 715 health checks for adults in Broken Hill increase by 50% to an annual total of 555. This is up from 371 in 21/22 which is now comparable to pre pandemic levels.



Home Medication Reviews (HMRs) have also increased 35%, and nurse/AHP follow ups by 25%. The addition of Michael Thompson, RN in October 2022 to the clinic team in the role of Mental Health Nurse has assisted in the reestablishment of integrated mental health services. Working with Manager Child and Family Health and Keeping Well Services, Lavinia Henderson in the redesign of the mental health referral pathways, Michael has developed improved mental health care planning tools. This has resulted in mental health treatment plans increasing by 128% (217) from the previous year (95). With continued development and implementation of the pathways, the GPs and Clinic and Community teams are on track to exceed pre-pandemic levels of mental health treatment plans.

### COVID/RESPIRATORY CLINIC

From July 2022 the General Practice Respiratory Clinic moved operations back to within the Primary Health Care Service (PHCS). This enabled a gradual transition of operations as demand for the respiratory service gradually decreased with normal pre pandemic operations continuing to be reinstated. By the end of December 2022, the Respiratory Clinic ceased operations and our contract with the Commonwealth came to an end.

We thank AHPs, Cooper Fleming and Kalinda Morrison for their efforts in operating the Respiratory Clinic which included ensuring clients' timely access to testing and treatment, follow up of clients and coordination of client referrals with our health partners. We also thank all of the newly graduated AHPs who, as part of their trainee rotations, were allocated to the Respiratory Clinic to assist Cooper and Kalinda in the delivery of the respiratory services to our community.



Services for respiratory related illness became embedded within Maari Ma's general clinics via the established Prioritisation of Patients; a Guide to Urgency for Non-Clinical Staff (POPGUNS) system. This allows for clients who develop respiratory related symptoms to be triaged and seen on the same day they call and booked into dedicated appointments. This design also helps to minimise exposure to other clients and staff, while providing timely access to healthcare for clients.

The PHCS remains ready to ramp up operations should there be a surge in respiratory virus infection or outbreaks. As part of this, Maari Ma has agreed with the Commonwealth to be a rapid response provider should the need arise. This appointment is a reflection of Maari



Ma's adaptability and commitment to the delivery of quality and timely services. All services for COVID-19 and influenza vaccines were solely provided through the PHCS- unlike the previous year where they were largely delivered through a dedicated clinic operating from the old health service at 428 Argent Street.



The vaccine services have been driven by RNs Emma Crawford and Zoe van Halem who have ensured staff are up to date with the latest advice, and are provided with ongoing training and education. Zoe and Emma have maintained stock control for Broken Hill and our outreach clinics in Menindee and Wilcannia, which is aided by the delivery of an ultra-low temperature freezer capable of temperatures below -90 degrees Celsius. This freezer, provided by the Commonwealth Government,

has allowed the long-term storage of COVID-19 mRNA vaccines, securing our available supplies and allowing the service to better respond to times of increased demand.

Additional clinics were held during community events such as the NAIDOC BBQ held at the Kiila Laana building where COVID-19 and influenza vaccines were promoted and administered to attendees during the celebrations.

### GENERAL PRACTICE

2022/23 was another challenging year in terms of GP recruitment and retention, with Maari Ma still experiencing workforce and operational challenges exacerbated by the pandemic. The urban maldistribution and chronic GP shortages in the bush pre-pandemic has been made much worse by an acute undersupply of GPs due to lower overseas trained doctors because of border issues and red tape, less junior doctors undertaking GP training, and the "great resignation" of many senior GPs. This situation has been exacerbated by an increasingly competitive locum market and their over-inflated salaries and city-centric reforms and initiatives further favouring urban and regional practices.

Over the year while we have continued to have a steady stream of locum GPs, 23 in fact, the good news is we have managed to attract some regular returning fly-in-fly-out GPs like David Goldberg, Rob Howsam and Nichelle Geary. Also, we were successful in recruiting a second permanent GP: Paul Pittorino, to support Josh Crase. We have been fortunate to have two GP Registrars: Maddy Kane and Raph Han stay on for two consecutive placements, a full 12 months. We continue to be supported by our long termers like Stephen Gaggin, Marion Christie, Vic Carroll and Michael Nugent, who together have clocked up over 50 years of service. Sadly, one our veterans, Penny Roberts-Thomson, finally said good-bye after a couple of previous attempts at retiring from Maari Ma.

The establishment of our Medical Workforce Consultant position, Claire Allen, and part-time Senior Medical Officer, Josh Crase, has enabled the practice to be more agile, proactive and timely in its approach to GP recruitment. This leadership, coupled with the collective energies of many staff in the Regional Office and PHCS, too numerous to be individually named, has meant our many locum GPs have in the main had very positive and rewarding experiences as constantly demonstrated in their exit interviews: "Well managed practice"; "Friendly working environment with helpful staff - certainly looking to work with Maari Ma again"; "Do it - you won't regret it"; "A very rewarding experience - thank you"; "A very satisfying and worthwhile experience with excellent support from all staff"; and "Interesting to work in an excellent integrated health care practice".

## DELIVERING QUALITY SERVICES

### OCCASIONS OF SERVICE (OOS)/TRANSPORT

#### Occasions of service 2022/23

(Broken Hill + Wilcannia)

	2021/22	2022/23	% change
<b>Occasions of service</b>	48,920	34,324	30% decrease
<b>Number of clients</b>	3,897	3,537	9% decrease
<b>Number of Aboriginal clients</b>	2,966 (76%)	2,738 (77%)	8% decrease

#### 715 HEALTH CHECKS

Total: 1,150 (28% more than last year)

0-17 years: 459

18+ years: 691

#### Transport

	2021/22	2022/23	% change
<b>Overall</b>	8,358	8,054	4% decrease

#### Occasions of service 2022/23

(Balranald)

	2021/22	2022/23	% change
<b>Occasions of service</b>	572	854	49% increase
<b>Number of clients</b>	225	208	8% decrease
<b>Number of Aboriginal clients</b>	124 (55%)	94 (45%)	24% decrease

#### 715 HEALTH CHECKS

Total: 12

0-17 years: 2

18+ years: 10

#### Transport

	2021/22	2022/23	% change
<b>Overall</b>	442	786	78% increase

## DENTAL

Dental services for adults were significantly disrupted across the region this year. The long-standing Tri-partite agreement between Maari Ma, RFDS and FWLHD came to an end in September 2022 due to a dispute between the RFDS and FWLHD. No adult services have been provided to Maari Ma clients under the agreement since then. The RFDS was able to provide a number of clinics to Maari Ma clients in Broken Hill between October and December, and we encouraged Aboriginal people from the smaller communities who were in need to come in to access the service in Broken Hill.

After this, we partnered with the Australian Dental Association to sponsor Andrew Parsons, a volunteer dentist, who provided us some short term adult dental services. We were also able to contract former NSW Chief Dental Officer, Peter Hill, to provide some services while we attempted to engage the FWLHD and RFDS in discussions around a new agreement. Throughout this time, from the end of September 2022 to the end of June 2023, there were no public adult dental services being provided in the communities outside Broken Hill: a deeply shameful situation which Maari Ma raised with anyone who would listen. We have yet to see a resolution to this situation.

However, our Senior Dental Therapist (Meg Hurst) achieved the Graduate Certificate in Dental Therapy (Advanced Clinical Practice), University of Melbourne, which has extended her scope of practice to provide limited care to adult clients including examination and diagnosis, periodontal care, restorations and preventive treatments. Meg was also able to keep up her child oral health clinics with the support of Jayde and Akeasha.

Meg's clinics	# of clinics	Adult clinics (RFDS or other)	# of clinics
<b>Broken Hill - child</b>	80	Broken Hill	74
<b>Broken Hill – adult</b>	11		
<b>Broken Hill - mixed</b>	23		
<b>Menindee</b>	14		
<b>Wilcannia – child</b>	23	Wilcannia	3
<b>Wilcannia – adult</b>	1		
<b>Wilcannia - mixed</b>	2		
<b>Ivanhoe</b>	4	Justice Health	2











## HEALTHY START/NGAMA'LINYA YAPA'NA /CHILD AND FAMILY HEALTH

Our aim over the past 12 months has been to rebuild the team and programs after the disruptions of COVID-19 restrictions.

- Improve attendance for child health checks according to the Healthy Start calendar, attempting to get the mothers of our children in to having regular Annual Health checks and Well Women's checks.
- Increase our immunisation rates overall by education, recalls and catch-up schedules.

We have returned to our own area and have tried to make it a more welcoming space. The door was shifted further down the hallway for safety reasons and now children can access the playground from inside the Healthy Start area. We have added Australian native decals to walls and purchased some mats for floors for children to sit on.

## TEAM

Child and Family Health nurse, Lanola Teu joined us in February 2023 and has worked consistently to increase attendance for clinics and immunisations. We have the second Child and Family Health nurse, Catherine Andrew commencing in September. We have been covering weekly clinics in Wilcannia and having the two RN's will allow us to continue with a Child and Family Health service there. We have three Aboriginal Health practitioners who were trainees last year - Tayla Leayr, Lakisha Sloane and Tessa Files. Jesse Prokop joined the midwifery team in March.

We said goodbye to Dr Penny Roberts-Thompson in June - Dr Roberts-Thompson had been with us for a long time. We welcomed Dr Nichelle Geary and Dr David Goldberg to Healthy Start in Wilcannia and Broken Hill.

## PAEDIATRIC SERVICE

Tameka O' Donnell started as the RN in December 2022 and oversees the Out of Home Care (OOHC) children for appointments. Tameka meets regularly with the Department of Communities and Justice (DCJ) and the Far West Local Health District OOHC coordinator.

Paediatrician, Dr Robyn Shaw has continued her monthly visits with consultations either on the phone or in person. Sadly, Dr Shaw will be finishing at the end of the year after being with us for five years.

## MIDWIFERY

Over the past 12 months we have been providing complete antenatal and postnatal care in the home or clinic. We have been able to recommence offering belly casts to all women and the CO<sub>2</sub> monitor for smoking education. Women travelling to Adelaide are able to be supported by an escort and are no longer required to have border passes.

## DELIVERING QUALITY SERVICES

Tessa Files was appointed the AHP in the midwifery role after completing a rotation as a trainee last year, and is very enthusiastic. Tessa has attended the CRANA Midwifery emergencies workshop and has been successful in obtaining the Alison Bush scholarship and will be spending two weeks at Royal Prince Alfred Hospital in Sydney soon.

Training for families on how to use car restraint baby seats was provided last year in Broken Hill and Wilcannia following facilitator training by Service NSW. All families that attended and completed the training received a car seat. There are plans to conduct the training again.

The Healthy Start team provides nappy bags with Indigenous artwork to new mums following their births containing some essential item for their hospital stay and this year the nappy bags have a new pattern. We continue to give "Deadly Choices" Onesies or jumpsuits and a book to babies at 6-weeks for postnatal health checks and immunisations. The mums are also given a "Deadly Choices" T shirt when they attend their 6-week postnatal check.

The team has encouraged AHPs to submit photos of new babies and parents to the community newsletter. There is a special space set up for baby photos in a kangaroo skin lined coolamon which has been made by a local artist.

## DELIVERING QUALITY SERVICES

### LEAD PROGRAM

Over the past 12 months we have had some children with very high lead levels, with four children being admitted to hospital for chelation therapy. Houses continue to be referred to the Broken Hill Environmental Lead Program for remediation. The AHPs attended mobile x-ray fluorescence (XRF) training, and now have a license to test and assess houses and soil for lead contamination. We are hoping to employ a coordinator to take the program forward.



### ALLIED HEALTH

Attempts to recruit a speech therapist and occupational therapist are proving difficult. In the meantime, Allied Health Assistants, Erin Vale and Telicia Briar have continued to support as many children as possible with

the supervision of Thrive Allied Health and Blossom Speech Therapy. They also travel to Wilcannia fortnightly to support children with Telehealth.

### YOUTH HEALTH

The Youth Health team, Tarissa and Rebekah, engage with young people aged 9-18 years. They work hard to increase use of tickit (a self-assessment tool looking at health and wellbeing) in Aboriginal young people having 715 Health Checks. They work collaboratively with youth services, stakeholders and schools providing health promotion and education. This year they have worked in partnership with Broken Hill and Willyama High Schools and Making Tracks to conduct school health checks and undertake activities and provide health education.

### AACES

Maari Ma's Youth Health team supports, sponsors and works in partnership with Broken Hill High School's AACES (Aboriginal Art Community Education Sista's) Girls group. AACES consist of 34 Aboriginal female students from Years 7-12. Each Thursday for a period of time the girls meet and work on various activities. At the start of the year we have a planning meeting with the girls to discuss and work out plans for the school terms regarding what they would like to do. Thanks to Broken Hill High School Support Unit teacher, Antionette Deacon who was successful in obtaining a grant which enabled the girls to plan some trips /excursions to Adelaide, Dubbo and Sydney. To enable more opportunities and activities, the girls have had to do some extra fundraising as well.

AACES would not have been as successful as it is if it weren't for the dedicated workers who pushed for this to happen - seeking support from Maari Ma and the high school.

The program is coordinated by Aboriginal Education

Officers, Colleen Probert and Vicki Adams as well as Antoinette Deacon who all have great engagement with the girls. The AACES program provides a safe place for the girls, enables better attendance within the school and builds a great network of support including mentoring with older and younger girls.

The Youth Health team provides lunch for the group and liaises closely with the workers and the girls, helping to organise resources for group activities, and providing education sessions as requested. These have included information sessions on vaping from the Kiila Laana team, information about sexual health, hygiene, and healthy eating. The Youth Health team also provides individual health checks throughout the year and assists in other activities within the school.

### CLONTARF ACADEMY

The Youth Health team works in partnership with the Broken Hill High School Clontarf Academy which is 46 Aboriginal boys in Years 7-12. The team works closely with the Clontarf workers and the boys providing health promotion, education and support as well as individual health checks throughout the year school.

### WILLYAMA HIGH SCHOOL

The team offered 715 Health Checks at Willyama and engaged with 128 young people overall.

### MAKING TRACKS

Making Tracks is Broken Hill's alternative high school. The Youth Health team engaged with 17 young people this year - providing health checks at Maari Ma and any other support and engagement requested.

### SEWB

Our Social Emotional Wellbeing Team has continued to provide support services to a cohort of clients with needs regarding healing and talking/listening therapies.

We currently have 2 case managers who have both completed I-ASIST suicide prevention training this year and who both have a caseload of clients who they support. Juls is an advisory group member and Alinta is a member of the NSW Health Aboriginal Mental Health/ Social & Emotional Wellbeing Community of Practice.

The SEWB team continue to manage and support the psychiatrist who visits Maari Ma bi – monthly and we have employed Jodie Guidolin, Provisional psychologist.

### WILCANNIA PHC

The new Wilcannia Health and Wellbeing centre started construction early 2023 with completion expected in October 2023. Staff are very excited to be moving into our own building. Trish Bell resigned as Health Service Manager in March 2023 and Loi Zanette has been part time acting manager in the interim whilst we recruit to the position. Jason Gowin RN resigned in March 2023 he has taken up a Nurse Practitioner role on Kangaroo Island. Christopher Hunter has completed his AHP training and will shortly be registered as an Aboriginal Health Practitioner. Prac Admin has had a turnover in staff with Jeanette Rogers resigning and Chloe Brandis and Ella-Rannea Fleming alternating weeks covering Practice admin and clinic coordination. We have also had a number of Locum RNs to cover during the year.

Dr Gaggin continues his Wilcannia clinic four days a week and one day in Broken Hill; Dr Vic Carroll and Dr Michael Nugent continue to support the Wilcannia Health Service in chronic disease management. Dr Penny Roberts-Thomson resigned: Dr Penny will be very much missed by all her Wilcannia colleagues, patients and friends.

Thank you to all the staff for all the hard work and dedication over the past year.

### BALRANALD PHC

Emma Moore continues as Nurse Manager working part time. The Centrelink Agency is well used by the community with Zoe Hutchison supporting. Dr Ruth Drohan attends the Maari Ma Balranald one week per month focusing on chronic disease management, with client feedback indicating she is very thorough, which they appreciate. Clients comment that it is easy to build rapport with Dr Ruth as she likes to chat with them. An agreement was signed between Office of Responsible Gambling and Maari Ma to fund the employment of a SEWB worker one day a fortnight to provide support and awareness in the community regarding the possible impacts of problem gambling. Maari Ma provide funding support for the Breakfast Club at the school for children to access and have run a very successful Healthy Families program in conjunction with FWLHD staff which also attracted funding from Regional NSW.

### STUDENTS

The visit of the UniSA Podiatry team to Maari Ma has proven to be a transformative partnership resulting in significantly improved healthcare outcomes for our communities. The team visits Broken Hill, Wilcannia and Menindee each month rotating 3rd and 4th year students. By establishing regular access for patients to receive podiatry care we have addressed a crucial aspect of overall wellness that was previously underserved. The collaborative efforts between the visiting team and Maari Ma professionals have not only elevated the standard of care but also empowered patients with consistent and specialised attention. This initiative stands as a testament to the positive impact that dedicated health care partnerships can achieve - fostering better health and stronger communities.











### RESEARCH

Maari Ma has been involved in three research projects and an implementation monitoring project, each with differing research institutions. The different institutional links provide Maari Ma with an outstanding opportunity to learn new things but also provides bottom-up influence to these institutions by bringing a local, service-delivery focus to research.

The FlashGM Study has been running at Maari Ma since late 2021. The purpose of the FlashGM Study is to work out whether a new device called a flash glucose monitoring sensor, which measures blood sugar levels without the need for finger pricking, will improve sugar levels compared to finger prick testing. By introducing a novel approach to glucose monitoring the trial aims to revolutionise how individuals with diabetes monitor and control their blood sugar levels, and in turn provide evidence to government bodies that funding flash glucose monitoring devices under the National Diabetes Service Scheme (NDSS) for all people living with diabetes is needed. This innovative system promises real-time data through non-invasive methods, reducing the burden of frequent finger pricks and offering patients a more seamless and continuous way to track their diabetes levels. Since late 2021 we have recruited 14 patients to the FlashGM Study. For participating in the trial the patients receive a \$50 voucher and a flash t-shirt.

Conducted by the University of Newcastle, the Memory Study aims to improve care around ageing through the inclusion of cognitive impairment assessment and other wellbeing issues related to older people through the 715 Health Check. The project also aims to help improve community understanding of dementia and older age.

The study design was redeveloped in consultation with all participating ACCHOs including Maari Ma. The Memory Study is now structured as a multiple baseline research design. With two groups (clusters) of ACCHOs implementing strategies over the next 18 months. Maari Ma completed the baseline data capture and surveys between February and May 2023. Maari Ma has subsequently been allocated to cluster 2. Beginning in October 2023 Maari Ma will partner with other cluster sites Armajun (Armidale & Inverell), Biripi (Taree), Pius X (Moree) and RivMed (Wagga Wagga) to implement the studies core strategies with our older clients.

Hepatitis C Sexually Transmitted Infection testing improvements: Maari Ma established a new partnership with the Kirby Institute to investigate whether using point of care (POC) machines for hepatitis C testing can improve opportunities for screening and GP management. This screening process can be led by either Aboriginal Health Practitioners or nurses, and one of the hypotheses is that this might be a better way to engage Aboriginal patients, rather than directly through the GP.

TTANGO3 – Sexual Health Study: Maari Ma is working with Flinders University to monitor the implementation of sexual health screening for selected infections using POC machines. Similar to the Hepatitis C research, the aim is for the interface with patients to be the Aboriginal health workforce.

## DELIVERING QUALITY SERVICES

### ISOLATED PATIENTS TRAVEL AND ACCOMMODATION ASSISTANCE SCHEME (IPTAAS)

Maari Ma provides a broad range of supports to people who need to travel to access the health services they require: assisting with paperwork, appointments, accommodation, travel and escorts to assist the client. The travel assistance is for those who would otherwise not attend the appointment if this did not occur. Maari Ma's travel scheme aims to recoup some of its costs from the NSW Government initiative (IPTAAS) so that we can continue to support as many patients and their families as possible.

Most assistance required was for accommodation (81% of requests) and fuel cards (65% of requests). Patients travelled to appointments for surgery (11%), cardiology (9%), ENT surgery (8%), radiology and scans (8%), orthopaedics (7%). Requests were mostly made to attend services in South Australia (64%). Almost one in 4 requests were for patients outside of Broken Hill to come to town for services at Maari Ma, the Broken Hill Health Service and other Broken Hill providers.

In terms of raw numbers of requests, compared to 2021/22 there was

- a 115% increase in flights (40 requests in 2021/22 => 86 requests in 2022/23)
- a 92% increase in cab charges (38 => 73 requests)
- a 92% increase in fuel cards (100 => 192 requests)
- a 99% increase in accommodation (121 => 241 requests)

For the 2022/23 year there were 297 travel requests made by 178 people. This shows an increase of 95% in requests and 68% in people compared to 2021/22 year. This is not surprising given the move back to face-to-face appointments. By comparison to 2018/19 (pre-COVID)

the 2022/23 results show 22% more patients and 18% more requests. This is not un-expected given patients are catching-up on care missed or postponed during the intervening years. Of the 297 requests for assistance 291 (98%) appointments and bookings were attended. This has increased since the report in 2021/22 (96%) and is equal highest since reporting began: a great result.

However, of the 297 requests, 14 (5%) did not have any IPTAAS forms commenced or completed. Another 114 (38%) had Parts A/B completed but not Part C. In total it was not possible to claim reimbursement from NSW MOH for 128 (43%) of the total requests. In the 2021/22 report this figure was 36%. Disappointingly this figure has been increasing for a couple of years and equates to a significant over-run in the budget for this program. This will be the focus of staff education and improved practices going forward.

### SPECIALIST SERVICES

Maari Ma visiting medical and allied health specialists returned with more than the number of pre-COVID clinic days and attendance in 2022/23.

Our in-house medical disciplines include cardiology, renal medicine, paediatrics, ear, nose and throat, psychiatry, pain medicine, respiratory medicine, and endocrinology, all of whom visit the region on a regular basis. The medical disciplines are complemented by a range of allied health disciplines including smoking cessation, echocardiography, optometry, and podiatry as well as improved access to exercise stress tests.

This year we added a general physiotherapy service. Our new physiotherapist, Mr Darren Leo is an Aboriginal man, and he visits the PHCS 2 half days per week supporting the GPs with acute and chronic physiotherapy services.

All services returned to in-person service delivery mode where able. During the COVID period border closures restricted the movements of some specialists but the new challenge of pilot and aeroplane spare part shortages reduced the flight schedules from Adelaide and Sydney which in turn changed how specialists could provide their clinics. For example, a single day visit to Broken Hill from Adelaide on a Monday is now not possible and yet a Monday is the only day the Respiratory Physician can visit hence she is back to providing her clinics via telehealth. The flight schedule will improve with time, and we hope to resume a fully face to face service for almost all specialists in the next year.

We have been unable to recruit to the Child & Adolescent Psychiatrist position. Dr Ros Powrie, our perinatal psychiatrist, also did not resume her visits due to staffing shortages in both the Healthy Start and Social and Emotional Wellbeing teams. Both positions, and their associated service delivery, will be considered a priority in the next year.



Dr Jonathan Carne, our psychiatrist for adult clients, had his last clinic in December 2022. Dr Carne had been providing adult psychiatry services to Maari Ma since 2016. Dr Joe Varghese, psychiatrist, began at Maari Ma in January 2023 and will conduct regular face to face clinics.

Maari Ma provided 310 specialist clinic days which is about 6 specialist clinics in every week. Showing a marked increase, this is 57% more clinics than the previous year and more than the pre-COVID period of 2018/2019.

In total there were 2,298 patient consultations which is 54% more than 2022/23. Comparatively in the 2018/19 year, we had only 1,700 consultations so improvements have been made across all aspects of specialist services including expanding the breadth of what is available, recruiting and retaining specialists, and patient engagement and attendance are all showing great benefits to the community.

#### Specialist service clinic summary

Discipline	Total visit days	Total patients seen
Cardiology	14	151
Ear, nose and throat	7	95
Echocardiography	11	88
Endocrinology	24	186
Ophthalmology (Wilcannia clinic)	1	9
Optometry	17	193
Paediatrics	65	528
Pain management team	6	39
Physiotherapy	42	269
Podiatry	52	359
Psychiatry - adult	39	172
Renal medicine	12	66
Respiratory medicine	8	89
Smoking cessation	12	32
Stress tests	-	22

As an example, Dr Rowan Valentine, an esteemed specialist Ear, Nose and Throat (ENT) surgeon from Adelaide continued to diligently conduct bi-monthly clinics in Maari Ma Broken Hill during the past 12 months, extending essential ENT healthcare to the Broken Hill and surrounding Indigenous populations.

The Maari Ma afterhours ENT service provides specialised care tailored to the unique needs of the local communities. The ENT clinic is well attended and links in closely with our visiting audiology service provided by Hearing Australia. This service profoundly elevates the quality of life for many of our patients and showcases the positive impact of how culturally sensitive medical care can achieve healthier outcomes for Indigenous individuals in Australia.



### EARLY YEARS



The Early Years Project (EYP) is continuing to work towards its commitment in supporting Indigenous families and providing a strong foundation for children's early learning and development with the first five years of life being crucial to a child's outcomes in later life. Experiences early in life will influence a child's learning and development, emotional wellbeing, and physical and mental health outcomes. By the time a child is ready for school at around age five many of the developmental gateways for language acquisition, self-regulation and cognitive function have been passed, and a child's developmental trajectory already set. The EYP is instrumental in supporting children's life-long success and provides a strong foundation for their early learning and development.

#### INTENSIVE SUPPORTED PLAYGROUPS

The Intensive Supported Playgroup for Aboriginal and Torres Strait Islander children aged 0-5 years is a fundamental part of the EYP. The Playgroup's program focuses on providing a culturally safe space for Aboriginal and Torres Strait Islander children and their families. The Playgroup aims to prepare children for preschool and school offering them the opportunity to play, learn and build relationships that will improve the quality of their lives, establish familiarity with literacy and numeracy, and orient children and their families towards culturally safe local preschools.

The Playgroup prioritises the development of relationships based on mutual trust and respect. When staff establish respectful and caring relationships with children and families they are able to work together to maximise the learning potential of the child. This is evident with families attending Playgroup on a regular basis. Furthermore, families feel comfortable and safe to attend Playgroup and seek advice on how to address some of the challenges they are facing in life, particularly around health and education. Broken Hill Playgroup has increased to two days per week after an increase in families attending on a regular basis. There are now two sessions separated into age groups. The first group is for children aged 6 weeks – 18 months and the second group is for 18mths – 5 years.

#### LITTLE KIDS AND BOOKS

Little Kids and Books (LK&Bs) continues to be delivered based on the evidence of the importance of encouraging reading, especially through the relationship and

attachment building that results from parents and children reading together. LK&Bs is delivered on a fortnightly basis. A high-quality children's book is introduced, each child is gifted a copy to take home and children work through related activities such as songs or guided play. LK&Bs provides EYP staff the opportunity to educate parents about the importance of language and literacy.



In gifting children with a book every fortnight, the EYP is encouraging children and their families to read at home and develop home libraries.

#### ABORIGINAL FAMILIES AS TEACHERS

The Aboriginal Families as Teachers Program (AFaT) is a home based program developed and written by the EYP and is delivered fortnightly during the school term for children aged 18mths – 3yrs. Initially, this program



was only offered in Wilcannia however this year it has been extended to Broken Hill and Menindee. Learning resources are supplied to each family as part of the home visit along with an activity card to suggest ideas for play-based learning to support child development. AFaT aims to work in partnership with parents, who are children's first and most important educators. The activities have a strong focus on early literacy and numeracy and include puzzles, ball games, board games, art and craft and extra story books for families to add to their LK&B library.

### COMMUNITY ENGAGEMENT

Throughout each week, the EYP staff maintain contact with families, conduct home visits, arrange transport to encourage families' attendance at Playgroup sessions, and link families and children to other health services within and outside of Maari Ma. They also advocate for and emphasise to families the importance of early years and preschool attendance.

### PRESCHOOL ATTENDANCE

The EYP strives to break down the barriers faced by Aboriginal and Torres Strait Islander families in enrolling in and attending preschool. The EYP staff help participating families to enrol their children in preschool and provide support for children's continued attendance. It should be noted the high degree of misconceptions and distrust that many parents and carers have about preschools. Again, relying on the EYP's relationships of trust and familiarity, and through intensive engagement with families, the EYP can clarify and breakdown misconceptions. Families are supported by the EYP to overcome these barriers by organising transport for families to view preschools, supporting families to complete the enrolment process and/or arranging a

preschool that provides a bus service for children to be transported to the preschool once they are enrolled.

### THE EARLY YEARS DISCUSSION GROUP

While meetings are not held monthly now as they were in the past due to staff shortages currently experienced by the Early Education Sector, Early Years Discussion Group (EYDG) meetings still aim to be held several times throughout the year. With the EYP leading the meetings, it gives an opportunity for Early Childhood Education Services to work together to ensure the inclusion of Aboriginal and Torres Strait Islander perspectives into services. In doing so the EYP can assure families that when their children progress to preschool the families will find themselves in welcoming and culturally safe spaces.

### EVENTS AND CELEBRATIONS

The EYP has a very busy schedule throughout the year with many significant dates acknowledged and celebrated. Events and celebrations have been held for important dates such as National Children's Week, NAIDOC, Christmas, Easter, HIPPY Graduation, Father's Day, Mother's Day, and National Aboriginal and Torres Strait Islander Children's Day. Families love to gather to celebrate and acknowledge important dates, and particularly love the familiarity of the annual HIPPY Graduation Dinner, Christmas Party, Easter Hat Parade and Children's Day in the Park.

### EYP PRESENTING AT SNAICC CONFERENCE 2023

The EYP will have the opportunity to present at the 10th SNAICC National Conference in September after submitting an abstract at the start of 2023. SNAICC received the highest number of abstract submissions that they have ever received for a conference from all over the country with the EYP being offered a spot to present. The EYP will be presenting: Supporting parents to be a child's first teacher – Maari Ma's Early Years Project is Strengthening Trajectories for Aboriginal and Torres Strait Islander Children and Their Parents in the First Five Years. SNAICC is the national peak body in Australia representing the interests of Aboriginal and Torres Strait Islander children and families. The event is the largest of its type in the southern hemisphere and gives delegates a safe space to learn, share and network about early childhood education and care, and child protection issues that impact Aboriginal and Torres Strait Islander people.



## DELIVERING QUALITY SERVICES

### HIPPY

HIPPY (Home Interaction Program for Parents and Youngsters) is a two year, home based early childhood learning program that empowers parents and carers to be their child's first teacher.

HIPPY continues its success with 54 families currently enrolled and two HIPPY tutors employed in Broken Hill, eight families engaging with HIPPY in Menindee and 11 families in Wilcannia. 2023 has seen the HIPPY program transition from an Age 4 to 5 program to an Age 3 to 4 program. The overall consensus is that this has been a smooth transition for our site with Playgroup style meetings becoming a bigger focus of the HIPPY program. The new HIPPY Australia curriculum continues to place an emphasis on play-based learning and highlights the importance of the parent-child relationship to learning through regular child-inclusive HIPPY gatherings such as the Maari Ma Early Years Playgroup.

At the beginning of June 2023, a HIPPY consultant visited Broken Hill on behalf of HIPPY Australia. This visit was an Age 3 Transition visit in order to provide sites with feedback in relation to the delivery of the Age 3 program. It was reported back that it was evident that the HIPPY team are strongly connected and trusted within the community and well-resourced by Maari Ma. The team work collaboratively with everyone involved within the program and it is evident that they are passionate about HIPPY and the benefits it provides families.

The one to one curriculum delivery of HIPPY encourages families to work closely with their children. Parents are supported by their tutors to extend their child's learning and understanding across the developmental areas within the HIPPY framework. The HIPPY framework has 5 learning areas that children progress through. They are thinking, communication, creativity, social and emotional, family and community. Each area is addressed through a play-based approach to learning.

HIPPY data collected on the Age 5 cohort that graduated at the end of 2022 shows that a large proportion of parents felt that their child does "well" across each area of development as per the table below. These areas, detailed below, are in line with the five domain-related skills outlined in the Australian Early Development Census and are highlighted throughout the HIPPY packs and resources.



Area of Development	At Enrolment	End of Age 4	End of Age 5	Increase
Does well with fine motor skills	65%	81%	93%	28%
Does well with turn taking, sharing and waiting	62%	84%	96%	34%
Does well with communicating emotions	71%	87%	89%	18%
Does well with numeracy (sorting and classifying)	47%	81%	85%	38%
Does well with literacy	65%	71%	78%	13%
Does well with expressive communication	76%	84%	93%	17%
Does well with receptive communication	76%	76%	93%	17%

HIPPY data has also highlighted a substantial increase in the number of parents and carers reading frequently to their children. These figures have risen from 15% at enrolment to 74% at time of graduation for this cohort. This is a very significant figure as the simple act of reading with your child promotes brain development and imagination, develops language and emotions, and strengthens relationships, all of which are necessary foundations for lifelong learning.

The Maari Ma HIPPY program has once again been recognised and rewarded by HIPPY Australia for maintaining enrollment rates for children going from the age 4 to the age 5 programs for the 2022/2023 period. This is no easy feat and is largely due to the hard work that the HIPPY team continues to do through building and maintaining meaningful and supportive relationships with families.

### WINGS

2023 has been full on for WINGS staff. The number of children attending and participating in activities at WINGS has increased from about 20 to 45 children each day.



The after-school program consists of a number of activities for the children, including set days that have a regular activity such as a cooking day held on Thursdays. Staff engage in activities also and the kids have lots of fun laughing with staff and sometimes competing with them. Depending on whether it's not too cold, an afternoon on

the oval can be exciting for the kids as well, especially a tug of war game and T-ball which is a big favourite.

The school holiday program has seen large numbers of children attending and participating in the programs and activities for each day ranging from between 30 – 45. There have been a couple of days where the numbers have been above 50.



A disco was also held during the school holiday period. The girls were very excited and dressed up in special gowns for the event. The local police were in attendance, and they cooked the BBQ and spent some time with the kids after eating and before the disco started. Some parents attended and they also enjoyed themselves. The movie night was enjoyed by a large number of children who watched a movie on the big screen.

NAIDOC day was celebrated on the oval. There were lots of laughs and plenty of fun had by all. The colour fun run and the laser tag activity are very popular for all children at Wilcannia.

Thank you to those services that have been involved in the WINGS school holiday program: the REDI Team – Heather and Kyle and support with transport, and Mission Australia which brings laser tag to Wilcannia as part of the WINGS school holiday program.

Maari Ma would also like to thank the WINGS staff, Sister Liz and Louise for their ongoing support at WINGS.





### HEALING PROGRAM

In early 2022, Maari Ma commissioned consultant Patrick Shepherdson to undertake the second evaluation of the Kalypi Paaka Mirika (Clear River Ahead) healing program since its inception. The first evaluation looked at the program up to 2018. The second evaluation, completed in May 2022, reviewed Kalypi Paaka Mirika from 2018 – 2022. At the time of this review the Marla Marla (I'm going this way, you're going that way) module related to sexual assault and violence, had only just been introduced into the healing program so it was not included in the evaluation.

Maari Ma was approached by Womens NSW following our success with a Domestic and Family Violence Innovation Fund grant some years prior. Maari Ma's Kalypi Paaka Mirika team were invited to develop a module to be delivered as part of our healing program that addressed issues raised by victims and perpetrators of sexual violence. The Marla Marla module was developed as part of the NSW Sexual Assault Strategy to address Aboriginal-specific sexual violence. It was also developed in response to trauma issues identified in the Community Safety Research Project (undertaken by UNSW and Maari Ma up to 2016) and participant disclosures during Kalypi Paaka Mirika programs. Delivery of the Marla Marla module in conjunction with the healing program allows program participants to address issues for Aboriginal victims and perpetrators through exploration of the dynamics of sexual assault in Aboriginal communities in a safe environment. Through provision of information, education and support by the skilled Kalypi Paaka Mirika team, participants are encouraged to have an open dialogue about sexual assault and its impacts.

Delivery of the healing program incorporating the Marla Marla module was significantly hampered by the COVID outbreaks in 2021 and 2022 in western NSW. There have been two Kalypi Paaka Mirika programs delivered since Patrick Shepherdson's evaluation in 2022 which have included the Marla Marla module. Eleven community members have participated.

**Participants were asked to provide feedback at the completion of each Kalypi Paaka Mirika and then at 6 weeks and 6 months. Using the evaluation for the programs after the implementation of the Marla Marla component the comments were very positive.**

*Particularly, participants said*

*[Kalypi Paaka Mirika]*

has showed me different ways to deal with problems.

*[Kalypi Paaka Mirika]*

has reminded me of our roles  
... in the community.

*[Kalypi Paaka Mirika]*

has helped me; I have a long road ahead of me as I have a lot of hurt and trauma and spiritual healing because I am a very broken man with a lot of healing to do.

I have been affecting the friends and family around me with my negativity and my jealousy. I need to cleanse my spirit from negativity.

I would like to do a lot more programs to help me with the road to recovery.

*Program participants were also prompted during evaluation about the facilitators, reporting that they*

Helped me open my eyes, to the trauma and abuse I faced mostly throughout my childhood and the physical abuse.

She knew how to get the information across and made everyone feel comfortable.



## MARRABINYA

Data used in the latest evaluation shows that prior to the program, there were significant changes in mood using 2 of the 3 scales over many programs for many participants. Unfortunately, the small number of participants in the two programs post the introduction of the Marla Marla module means that the changes were not as evident.

What was evident, though, is the positive attitudes of the participants and staff; staff were confident in their use of the Marla Marla component and participants felt engaged and cared for during the program. The inclusion of Marla Marla into the Kalypi Paaka Mirika program has brought significant improvement to the overall experience and will lead to more strengthening of both the program, but more importantly, participant outcomes.

The Kalypi Paaka Mirika facilitators, Alinta and Murray, also provided valuable formal and informal counselling and support to community during this reporting period. They were aided by Max and Justice.

The Healing Program, Kalypi Paaka Mirika meaning clear river ahead has been chosen as a finalist for the Aboriginal Social and Emotional Wellbeing Award within the WayAhead's 2023 Mental Health Matters Awards. The nominations this year were of an incredibly high standard, and the judging panel found the nomination to be one of the standouts in this category.

From 1 November 2016 up until the 31 December 2022 Maari Ma (in conjunction with Bila Muuji Health Services) delivered a Commonwealth funded Integrated Team Care (ITC) program known locally as Marrabinya across western and far west NSW. It was aimed at ensuring Aboriginal people suffering chronic health conditions had access to the care they needed. We linked patients up with specialists, and arranged travel, accommodation and other services needed to assist clients to manage their chronic disease under a unique brokerage model.

The Marrabinya program was conceived and designed by Aboriginal people for Aboriginal people, and everyone employed to deliver the program was Aboriginal. Essentially, we managed to achieve a model of care which put Aboriginal health in Aboriginal hands.

Marrabinya operated as a brokerage service: the program was flexible in its approach and shopped around for the best solutions for our clients. Because Marrabinya was a centralised program this created economies of scale which resulted in real cost efficiencies which meant that we had more of our budget available to provide services for our clients. In fact, a minimum of 50% of our budget was ear marked for client services. Marrabinya was a highly efficient program which delivered high quality services to our clients. Since its inception in 2016, Marrabinya delivered more than 110,000 services for more than 4,300 patients across the 450,000 sq.kms of western NSW. The team received more than 13,000 referrals from General Practitioners in mainstream practices and Aboriginal Medical Services. Remarkably, not a single client ever had to join a public waiting list and no eligible clients were denied access to a service.

Despite this success, the Western NSW PHN chose to change the way the ITC program was delivered in 2023 and the Marrabinya team finished in December 2022. The new model of ITC commenced on 1 January 2023 and has seen the operational footprint for ITC program in Western and Far West NSW split into 6 separate regions with 5 Aboriginal Medical Services commissioned to deliver the program up until the end of June 2024.

## DELIVERING QUALITY SERVICES

### KIILA LAANA

Maari Ma's Tackling Indigenous Smoking (TIS) team, Kiila Laana - like many community programs, was fortunate to be able to return to delivering a full range of activities



and community engagement both as facilitating hosts and in partnership with a variety of community services across the Far West region. In Term 3 of the 2022 school calendar the program partnered with the Broken Hill High School Physical Development, Health and Physical Education department to deliver information workshops to students in Year 7-10 focusing on the new trend of nicotine uptake known as vaping. Positive feedback from the local high school indicated the desire to continue to implement the workshop on an ongoing basis with the new cohort of year 7 students going forward. Year 5 and 6 primary and Year 7-11 secondary students from Balranald Central and St Joseph's school also participated in 2023 with the addition of an education forum designed for school staff and parents/carers. This was also well received and included requests from cross border schools making enquiries with the Kiila Laana team. Leadership from the Aboriginal Education Officer of the Balranald Central School has also been pivotal in capturing young people in the community for new anti vaping posters for Balranald, similar to the poster campaign in the Broken Hill and Central Darling Shire regions.

In collaboration with Wilcannia's WINGS spring school holiday program, the Kiila Laana team was able to host a colour run and provide education utilising the TREE OF LIFE image printed on white shirts. Kiila Laana's Media Officer, Sharon Hooker delivered education on second-hand smoke and vaping risks and the children wrote their thoughts and opinions on the subject on their shirts. The shirts were then worn in the colour run. Twenty-five children and five parents from the Wilcannia community along with the supporting organisations Strong Young Families program and PCYC were treated to an afternoon of colourful fun activities and a BBQ.



Other key activities rounding off 2022 included community engagement as part of the annual NAIDOC in the Park event in Broken Hill resulting in a minimum of 100 program-related engagements; partnering with Broken Hill High School First Nation students providing activities for their school NAIDOC event, and hosting an end of year Yarning activity which offered the opportunity to share experiences about tobacco management including passive smoking preventions with program Ambassadors present.

The 2023 year started with several highlights commencing in February. There was the annual Year 7 Orientation to Services event to introduce young people to the TIS program followed by the Youth Week event in the park in March. By April, Sharon had coordinated the launch of mobile health promotion messaging in the form of advertising wraps displayed on local bus services providing a more creative mechanism of extending reach to those who may not access the health service. This particular activity formed the basis of a campaign focusing on raising awareness in the community about passive smoking to help improve outcomes during pregnancy.

The month of May for 2023 was loaded with activities as part of the World No Tobacco Day (WNTD) campaign and involved partnerships with local organisations and individual community leaders. These included the Broken Hill Netball Association which has undertaken to both reinforce legislative restrictions around smoking and vaping in public sporting venues and participate in the development and display of resource materials such as posters with anti-vaping messaging.

Individual local leaders were integral in collaborating with the Kiila Laana program to enable secondary school students to tour one of the local Menindee Lakes. They discussed flora and fauna and the traditional food sources in light of the 2023 WNTD theme “Grow Food, not Tobacco”. Kiila Laana supported community events were held in Broken Hill and Balranald on the date of the annual WNTD event to round up the campaign.

Traditional and social media forums were also utilised as information tools including monthly program content published in community newsletters, regular

activity features in Maari Ma staff newsletters and local newspaper advertisements. There were also radio interviews with the Kiila Laana Health Education Officer, Tiffany Lynch and daily promotion of the organisation’s tobacco management support program available at primary health care sites across the Far West region. These were narrated by local Kiila Laana Ambassadors.

Social media via the Kiila Laana Facebook page plays a key role in educating and informing the public with a reach that extends across the Kiila Laana region to a national and international audience. The number of regular followers of the page has increased from 597 to 750 to the end of June 2023 and reach upwards of 4,000 at times which the Kiila Laana team attributes to posts (a total just shy of 400 posts in the financial year) featuring local community members, staff videos and competitions which draw the most engagement based on Facebook analytics.

Other data sourced from the surveys at community events indicated an awareness of the Kiila Laana branding and 100% had some knowledge of the local quit service - the Muuku Program of which there were 96 referrals for support and at least 87.5% engaging for at least 1 consultation since January 2022. An average of 26% of participants in the quit program were abstaining at 6



monthly reporting intervals and almost 50% had lowered levels of dependence after several consultations. The Kiila Laana program has played a key role in both promoting the local quit program and facilitating or coordinating training and clinical guidance for frontline clinicians to support tobacco cessation and pleasingly, support is also being sourced more recently for vaping cessation. This has occurred either from direct referrals from the Kiila Laana program or indirectly via the promotional work implemented by the team, particularly over the past year.

# Supporting workforce development

## WORKFORCE

### RECOGNITION OF SERVICE:

We acknowledge the following people for achieving significant milestones and their years of dedicated service to Maari Ma and our clients during the past year:

5 Years	10 Years	15 Years	20 Years
Tessa File	Ann Bennett	Cathy Dyer	Chris Eastwood
Megan Hurst	Casey Harris		
Ross Morris	Helen Freeman		
Robbie Smith			
Lavinia Henderson			
Erin Vale			

### A snapshot of our Workforce

	30 June 2023	30 June 2022	30 June 2021
<b>Number of employees</b> (full time, part time and casual)	102	126	142
<b>Number of Indigenous employees</b>	61	78	85
<b>Percentage of Indigenous employees</b>	60%	62%	60%
<b>Full Time Equivalent (FTE) Employees</b>	85	102	116
<b>Percentage FTE Indigenous employees</b>	62%	69%	71%





# *Upholding high standards of governance*

## FINANCE REPORT

For the year ended 30 June 2023

Maari Ma's operations revolve around the provision of services for a number of specifically funded projects. The four principal projects are:

- Primary Health Care funded by the Commonwealth Department of Health and Aged Care;
- Marrabinya funded by Western Health Alliance Limited (operating as Western New South Wales Primary Health Network);
- Services funded by the Far West Local Health District and NSW Ministry of Health; and
- Services funded by the Rural Doctors Network.

In addition to those organisations listed above, Maari Ma received funding from a number of other sources to carry out a variety of different projects. All these organisations are acknowledged in note 5 to the accounts.

In the majority of instances, all funding we receive is specific to a particular project. As a result, any surpluses arising from these projects must, depending on the level of the surplus, either be returned to the funding provider or be spent on the same project in the next subsequent year. These surpluses are shown as "unexpended grants" in the balance sheet.

Maari Ma derived total grant revenue and other income of \$19,321,841 (after adjusting for unexpended grants) which is a decrease of \$1,125,295 from the previous financial year. The 2022 figure was higher largely because of increased COVID funding and donations that were received in that year.

Expenditure for the year was \$19,553,418, a decrease of \$803,189 over the previous financial year, a reflection in the drop in income levels. After taking into account the gain on disposal of assets, Maari Ma's surplus for the year was \$55,350.

*Chris Eastwood*

Executive Manager, Finance







## Independent auditor's report

To the members of Maari Ma Health Aboriginal Corporation

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### Our opinion

In our opinion:

The accompanying financial report of Maari Ma Health Aboriginal Corporation (the Corporation) is in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, including:

- (a) giving a true and fair view of the Corporation's financial position as at 30 June 2023 and of its financial performance for the year then ended
- (b) complying with Australian Accounting Standards - Simplified Disclosures and the *Corporations Regulations 2021*.

### What we have audited

The financial report comprises:

- the Statement of Financial Position as at 30 June 2023
- the Statement of Comprehensive Income for the year then ended
- the Statement of Changes in Equity for the year then ended
- the Statement of Cash Flows for the year then ended
- the Notes to and forming part of the Financial Statements, which include significant accounting policies and other explanatory information
- the Directors' Declaration.

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### Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial report* section of our report.

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

PricewaterhouseCoopers, ABN 52 780 433 757  
Level 11, 70 Franklin Street, ADELAIDE SA 5000, GPO Box 418, ADELAIDE SA 5001  
T: +61 8 8218 7000, F: +61 8 8218 7999

Liability limited by a scheme approved under Professional Standards Legislation.

### Independence

We are independent of the Corporation in accordance with the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the ethical requirements of the Accounting Professional & Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.



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### Other information

The directors are responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2023, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon through our opinion on the financial report.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information that we obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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### Responsibilities of the directors for the financial report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Simplified Disclosures and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the Corporation to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Corporation or to cease operations, or have no realistic alternative but to do so.

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### Auditor's responsibilities for the audit of the financial report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of

assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: [http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.



PricewaterhouseCoopers



M. T. Lojszczyk  
Partner

Adelaide  
21 September 2023

The directors present their report together with the financial report of Maari Ma Health Aboriginal Corporation ("the Corporation") for the financial year ended 30 June 2023 and the auditor's report thereon.

## DIRECTORS

The following persons were directors of the Corporation during the whole of the financial year and up to the date of this report:

- Maureen O'Donnell (Chair – ceased 6 November 2022)
- Des Jones (Chair – effective 20 December 2022)
- Gloria Murray
- Fay Johnstone
- Cheryl Blore
- Denise Hampton (appointed 24 February 2023)

## BOARD MEETINGS

There were 6 Board meetings held during the year.

The number of meetings attended by each Board member is as follows:

Maureen O'Donnell	2
Des Jones	6
Gloria Murray	5
Fay Johnstone	6
Cheryl Blore	6
Denise Hampton	0

There are no Board committees.

## QUALIFICATIONS, EXPERIENCE AND SOCIAL RESPONSIBILITIES OF EACH DIRECTOR

**Maureen O'Donnell** was a Barkintji elder belonging to the Wilyakli language group. Maureen was Chair of the Broken Hill Local Aboriginal Land Council and of Wilyakali Aboriginal Corporation. She was also on the Board of Management for the Mutawintji National Park.

**Des Jones** is a Murrawari man and currently resides in Wentworth. Des is the Chair of Maari Ma. Des holds Board positions with other organisations including Chair of the Murdi Paaki Regional Housing Corporation and the Murdi Paaki Regional Assembly and a Board Member of the Dareton Local Aboriginal Land Council.

**Gloria Murray** is a Barkintji elder residing in Balranald. Gloria is currently a member of the Balranald Health Advisory Council and the Balranald Local Aboriginal Land Council.

**Fay Johnstone** is a Ngayampaa/Barkintji woman residing in Ivanhoe. Fay has been employed for more than 30 years as an Aboriginal Education Assistant with the Department of Education and is based at the Ivanhoe Central School. Fay is also the Chair of the Ivanhoe Aboriginal Community Working Party and a member of the Ivanhoe Health Advisory Council.

**Cheryl Blore** is a Barkintji woman who resides in Menindee. Cheryl has been involved in education for more than 30 years as an Aboriginal Education Officer with the Department of Education at the Menindee Central School. Cheryl has been involved with the Menindee Local Aboriginal Land Council for the past 30 years, holding positions as secretary and Chair.

**Denise Hampton** is a Ngayampaa/Barkintji woman residing in Broken Hill. Denise has been employed for more than 35 years within the Health industry and is passionate about improvements in health for Aboriginal and Torres Strait Islander people. Denise is currently Deputy Chair for the Broken Hill Community Working Party and a member of the Broken Hill Local Aboriginal Land Council.

Qualifications, experience and social responsibilities of the Secretary

**William (Smiley) Johnstone** is a proud Ngayampaa/Barkintji man from Ivanhoe. Smiley was the founding CEO of Maari Ma in 1995 as well as its Interim CEO for 3 months in 2012 / 2013. Smiley has undertaken several significant roles in Aboriginal affairs in NSW including Chairperson Murdi Paaki ATSIC, Deputy GM Indigenous Land Corporation,

CEO and Administrator of the NSW Aboriginal Land Council, senior advisor to the Cwth Minister for Indigenous Affairs, and principal advisor to Murdi Paaki Regional Assembly.

## PRINCIPAL ACTIVITIES

The principal activity of the Corporation during the financial year was the provision of primary health care services to Aboriginal people in far west New South Wales. There were no changes in the nature of the activities during the year.

## REVIEW OF OPERATIONS

The Corporation recorded a total surplus for the year of \$55,350 (2022: \$122,897). The Corporation was not financially adversely affected by the COVID-19 pandemic.

## DISTRIBUTIONS

The Rules of the Corporation do not allow any distributions to be made to the members of the Corporation and none were made during the financial year (2022: \$nil).

## Significant Changes in the State of Affairs

There were no significant changes in the state of affairs of the Corporation during the financial year.

## MATTERS SUBSEQUENT TO THE END OF THE FINANCIAL YEAR

No matter or circumstance has arisen since 30 June 2023 that has significantly affected, or may significantly affect:

- (a) the Corporation's operations in future financial years; or
- (b) the results of those operations in future financial years; or
- (c) the Corporation's state of affairs in future financial years.

## ENVIRONMENTAL REGULATION

The Corporation is not subject to significant environmental regulations.

## INSURANCE OF OFFICERS

During the year the Corporation paid a premium of \$886 to insure the directors and managers of the Corporation (2022: \$874).

The liabilities insured are legal costs that may be incurred in defending civil or criminal proceedings that may be brought against the officers in their capacity as officers of the Corporation, and any other payments arising from liabilities incurred by the officers

in connection with such proceedings. This does not include such liabilities that arise from conduct involving a wilful breach of duty by the officers or the improper use by the officers of their position or of information to gain advantage for themselves or someone else or to cause detriment to the Corporation. It is not possible to apportion the premium between amounts relating to the insurance against legal costs and those relating to other liabilities.

The financial statements were authorised for issue by the directors on 21 September 2023. The directors do not have the power to amend and reissue the financial statements.



D Jones  
Wentworth

21 September 2023



	Notes	2023 \$	2022 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	2	3,664,619	5,080,248
Other financial assets	2	7,451,939	6,123,870
Trade and other receivables	3	1,076,137	472,044
<b>TOTAL CURRENT ASSETS</b>		<b>12,192,695</b>	<b>11,676,162</b>
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	4	13,320,929	9,795,461
<b>TOTAL NON CURRENT ASSETS</b>		<b>13,320,929</b>	<b>9,795,461</b>
<b>TOTAL ASSETS</b>		<b>25,513,624</b>	<b>21,471,623</b>
<b>CURRENT LIABILITIES</b>			
Unexpended grants/Revenue in advance	5, 6	6,544,210	6,469,853
Trade and other payables		2,303,529	1,242,519
Borrowings	8	37,992	37,992
Employee entitlements		2,192,774	2,482,975
<b>TOTAL CURRENT LIABILITIES</b>		<b>11,078,505</b>	<b>10,233,339</b>

	Notes	2023 \$	2022 \$
<b>NON CURRENT LIABILITIES</b>			
Borrowings	8	573,135	600,766
Employee entitlements		156,979	177,828
Deferred capital grant	6	3,189,965	-
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>3,920,079</b>	<b>778,594</b>
<b>TOTAL LIABILITIES</b>		<b>14,998,584</b>	<b>11,011,933</b>
<b>NET ASSETS</b>		<b>10,515,040</b>	<b>10,459,690</b>
<b>ACCUMULATED SURPLUS</b>			
Accumulated surplus		10,515,040	10,459,690
<b>TOTAL ACCUMULATED SURPLUS</b>		<b>10,515,040</b>	<b>10,459,690</b>

The accompanying notes form an integral part of these financial statements

	Notes	2023 \$	2022 \$
<b>REVENUE FROM CONTINUING OPERATIONS</b>			
Grant revenue	5	15,696,795	16,543,516
Medicare & primary health revenue		2,372,323	2,605,144
Sundry revenue		1,083,762	1,278,165
Bank interest		168,961	20,311
<b>Total Revenue from Continuing Operations</b>		<b>19,321,841</b>	<b>20,447,136</b>
Other Income			
<b>Net gain on disposal of assets</b>		<b>286,927</b>	<b>32,368</b>
Less: Expenditure			
	7	(19,553,418)	(20,356,607)
Income tax expense		-	-
<b>Net Surplus for the Year</b>		<b>55,350</b>	<b>122,897</b>
Other comprehensive income			
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>55,350</b>	<b>122,897</b>

The accompanying notes form an integral part of these financial statements

	2023 \$	2022 \$
Accumulated surplus at the beginning of the financial year	10,459,690	10,336,793
Net surplus for the year	55,350	122,897
<b>Other comprehensive income</b>	-	-
<b>ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR</b>	<b>10,515,040</b>	<b>10,459,690</b>

The accompanying notes form an integral part of these financial statements

	Notes	2023 \$	2022 \$
<b>Inflows / (Outflows)</b>			
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from funding providers and customers (inclusive of GST)		23,859,646	24,034,190
Payments to suppliers and employees (inclusive of GST)		(20,151,888)	(21,578,058)
Interest received		131,306	23,605
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>		<b>3,839,064</b>	<b>2,479,737</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for property, plant and equipment		(4,203,599)	(441,161)
Proceeds from sale of property, plant and equipment		304,606	93,500
Funds invested in term deposits		(1,328,069)	(20,244)
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		<b>(5,227,062)</b>	<b>(367,905)</b>

	Notes	2023 \$	2022 \$
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Payments to lender		(27,631)	(40,408)
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>		<b>(27,631)</b>	<b>(40,408)</b>
<b>NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD</b>			
		(1,415,629)	2,071,424
<b>CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE FINANCIAL YEAR</b>			
Cash and cash equivalents at the beginning of the financial year		5,080,248	3,008,824
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR</b>		<b>3,664,619</b>	<b>5,080,248</b>

*The accompanying notes form an integral part of these financial statements*



## 1. Summary of Significant Accounting Policies

The principal accounting policies adopted by the Corporation are set out below to assist in a general understanding of these financial statements. These policies have been consistently applied to all years presented except where otherwise stated. The Corporation is a not-for-profit entity for the purpose of preparing the financial statements.

### a. Basis of Preparation of Financial Statements

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) and for the sole purpose of complying with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act) requirement to prepare and present financial statements to the members at the Corporation's annual general meeting and must not be used for any other purpose.

The financial statements of Maari Ma Health Aboriginal Corporation comply with Australian Accounting Standards - Simplified Disclosures as issued by the Australian Accounting Standards Board (AASB).

The financial report is prepared in accordance with the historical cost convention.

The financial statements are presented in Australian dollars, which is the Corporation's functional currency.

*New and amended standards and interpretations adopted by the Corporation as of 1 July 2022*

The Corporation has applied the following standards and amendments for first time for their annual reporting period commencing 1 July 2022:

- AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-or-Profit Tier 2 Entities

While a number of amendments to the Accounting Standards became effective in the current period, they did not have a material impact on the financial statements of the Corporation.

### b. Depreciation of Property, Plant and Equipment

Property, plant and equipment are stated at historical cost less depreciation (except where otherwise indicated). Historical cost includes expenditure that is directly attributable to the acquisition of the items. Subsequent costs are added to the asset's

carrying amount. All other repairs and maintenance are expensed in the year the costs arise.

Assets costing less than \$5,000, except computer equipment, are expensed in the year of acquisition.

The residual value and useful lives of property, plant and equipment, other than freehold land, are reviewed, and adjusted if appropriate, at each balance date.

Freehold land is not depreciated. Other property, plant and equipment are depreciated over their estimated useful lives using the straight-line method as follows:

Freehold Buildings	2.5%
Computer equipment	20% - 25%
Plant and equipment	10%
Motor vehicles	20%

### c. Impairment of Assets

Property, plant and equipment is reviewed for impairment whenever changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash generating units). Property, plant and equipment that suffered impairment is reviewed for possible reversal of the impairment at each reporting date.

### d. Revenue Recognition

Revenue is recognised upon satisfaction of the performance obligations for each of the Corporation's activities, which occur when control of goods or services is transferred

### i. Grant revenue and unexpended grants

Grants from funding bodies are recognised over time as revenue when the performance obligations attached to the grants have been fulfilled.

Grants received which are unexpended at the end of reporting period, are recognised as unexpended grants and disclosed as a liability. Grants received which relate to future financial periods are recognised as revenue received in advance.

## **ii. Medicare and primary health revenue**

Revenue from Medicare and primary health is recognised at a point in time when the performance obligations have been satisfied.

## **iii. Other income**

Interest income is recognised on a time proportion basis using the effective interest rate method.

## **e. Cash and Cash Equivalents**

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

Term deposits with original maturities of greater than three months are classified as other financial assets on the face of the Statement of Financial Position.

## **f. Trade and Other Receivables**

Trade and other receivables are recognised initially at fair value and subsequently measured at amortised cost, less provision for doubtful debts. Trade receivables are due for settlement no more than 30 days from the date of recognition.

The recoverable amount of the Corporation's receivables carried at amortised cost is calculated as the present value of estimated future cash flows, discounted at the original effective interest rate. Receivables with a short duration are not discounted. Collectability of trade receivables is reviewed on an ongoing basis.

The Corporation applies the AASB 9 simplified approach to measuring expected credit losses which uses a lifetime expected loss allowance for all trade receivables.

## **g. Trade and Other Payables**

Trade and other payables represent liabilities for goods and services provided to the Corporation prior to the end of the financial year which are unpaid. These amounts are unsecured and are usually paid within 30 days of receipt of the appropriate invoice.

## **h. Employee Entitlements**

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave are recognised as liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

The liability for long service leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the end of the reporting period.

The liability for annual leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period.

Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the end of the reporting period.

## **i. Goods and Service Tax**

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the taxation authority. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the statement of financial position. Cash flows are included in the statement of cash flows on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

## **j. Income Tax**

The Corporation is a public benevolent institution and, as such, is exempt from income tax.

## **k. Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

## **l. 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. Estimates

assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and internally.

#### m. Financial Instruments

##### Key Estimates – Impairment

The Corporation assesses impairment at each reporting date by evaluating conditions specific to the Corporation that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing recoverable amounts incorporate a number of key estimates.

##### Recognition and Initial Measurement

Financial instruments, both financial assets and financial liabilities, are recognised when the Corporation becomes a party to the contractual provision of the instrument. Trade date accounting is adopted for financial assets that are delivered within the timeframes established by marketplace convention.

Financial instruments are initially measured at fair value plus transaction costs where the instrument is not classified as at fair value through profit or loss. Transaction costs related to instruments classified as at fair value through profit or loss are expensed to profit or loss immediately.

##### Derecognition

Financial instruments are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the Corporation no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial assets are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed is recognised in profit or loss.

## 2. Cash and Cash Equivalents and Other Financial Assets

	2023 \$	2022 \$
Cash and Cash Equivalents		
Cash at bank	3,663,419	5,079,048
Cash on hand	1,200	1,200
	<b>3,664,619</b>	<b>5,080,248</b>
Other Financial Assets		
Term deposits	7,451,939	6,123,870
	<b>7,451,939</b>	<b>6,123,870</b>

Other financial assets are term deposits held at year end with a maturity date greater than three months.

## 3. Trade and Other Receivables

Current		
Trade receivables	606,310	182,236
Sundry receivables	11,087	11,584
Accrued income	139,301	32,881
Prepayments	319,439	245,343
	<b>1,076,137</b>	<b>472,044</b>

As at 30 June 2023, trade receivables of \$2,321 (2022 - \$2,880) were past due but not impaired. These relate to a number of independent customers for whom there is no recent history of default.



The Corporation assesses on a forward looking basis the expected credit losses associated with its debt instruments carried at amortised cost. The impairment methodology applied depends on whether there has been a significant increase in credit risk. As at balance date, no credit loss provision was recorded (2022: nil).

#### 4. Property, Plant and Equipment

	Freehold land \$	Freehold buildings \$
At 30 June 2022		
Cost	545,665	10,401,230
Accumulated depreciation	-	(2,139,425)
<b>Net book value</b>	<b>545,665</b>	<b>8,261,805</b>
Period Ended 30 June 2023		
Opening net book value	545,665	8,261,805
Additions	32,289	3,421,093
Disposals	-	-
Depreciation charge	-	(274,920)
<b>Closing net book value</b>	<b>577,954</b>	<b>11,407,978</b>
At 30 June 2023		
Cost	577,954	13,822,323
Accumulated depreciation	-	(2,414,345)
<b>Net book value</b>	<b>577,954</b>	<b>11,407,978</b>

	Plant & equipment \$	Motor vehicles \$	Total \$
At 30 June 2022			
Cost	1,721,441	1,808,276	14,476,612
Accumulated depreciation	(1,123,829)	(1,417,897)	(4,681,151)
<b>Net book value</b>	<b>597,612</b>	<b>390,379</b>	<b>9,795,461</b>
Period Ended 30 June 2023			
Opening net book value	597,612	390,379	9,795,461
Additions	48,534	701,684	4,203,600
Disposals	-	(17,680)	(17,680)
Depreciation charge	(119,175)	(266,357)	(660,452)
<b>Closing net book value</b>	<b>526,971</b>	<b>808,026</b>	<b>13,320,929</b>
At 30 June 2023			
Cost	1,704,483	1,928,306	18,033,066
Accumulated depreciation	(1,177,512)	(1,120,280)	(4,712,137)
<b>Net book value</b>	<b>526,971</b>	<b>808,026</b>	<b>13,320,929</b>

	2023 \$	2022 \$
<b>5. Grant Revenue</b>		
During the year, the Corporation received the following grants:		
Australian Government – Dept. of Health	8,029,296	8,642,888
Bila Muuji	-	25,000
Broken Hill Environmental Lead Program	640,250	118,356
Brotherhood of St Lawrence	274,714	239,787
Central Darling Shire	64,000	-
Far West Local Health District	1,091,000	1,030,104
GP Synergy	150,839	118,191
ILC	1,500,000	-
NACCHO	80,000	150,500
National Indigenous Australians Agency	966,608	866,300
NSW Dept. of Communities & Justice	553,660	649,845
NSW Dept. of Education	218,000	166,500
NSW Dept. of Premier & Cabinet	-	15,000
NSW Ministry of Health	1,635,603	1,871,172

	2023 \$	2022 \$
NSW Outback Division of General Practice	-	211,981
NSW Rural Doctors' Network	912,327	726,994
Pharmacy Guild	15,315	13,294
Royal Australasian College of Physicians	200,503	105,000
Royal Flying Doctors Service	445,584	211,981
Western Health Alliance Limited	1,291,712	2,974,742
	<b>18,069,411</b>	<b>18,137,635</b>
Prior year unexpended grants	6,311,805	4,717,686
Unexpended grants carried forward	(5,494,456)	(6,311,805)
Deferred capital grants	(3,189,965)	-
<b>GRANT REVENUE FOR THE PERIOD</b>	<b>15,696,795</b>	<b>16,543,516</b>

	2023 \$	2022 \$
<b>6. Unexpended Grants/ Revenue in Advance</b>		
Tied grant monies	1,270,456	3,591,805
Untied monies	4,224,000	2,720,000
	<b>5,494,456</b>	<b>6,311,805</b>
<b>Revenue in advance</b>	<b>1,049,754</b>	<b>158,048</b>
	<b>6,544,210</b>	<b>6,469,853</b>
Deferred capital grants	3,189,965	-

The Corporation receives monies which are either contractually tied to specific purposes or contractually untied.

Where tied grant monies are received and are not fully expended at the end of the reporting period, the unexpended amounts are recorded as Unexpended Grants in the Statement of Financial Position.

For untied monies, which are not fully expended at the end of the reporting period, the unexpended amounts are also recorded as Unexpended Grants in the Statement of Financial Position. The purpose of the Corporation is to provide primary health care services to Aboriginal people in far west New South Wales. Untied monies are provided by various organisations to meet the objectives of the Corporation. Whilst such funds are received with no contractual rights to repay the unexpended amount, the policy of the Corporation is to only utilise these amounts for the purpose of its objectives. The Corporation has adopted this policy as it deems that there is an obligation to use such funds to meet its purpose.

Revenue in advance refers to grant income received during the current financial year, which is not to be used until subsequent financial years.

	2023 \$	2022 \$
<b>7. Expenditure</b>		
Audit fees, including grant acquittals	124,280	109,980
Board expenditure	65,806	66,784
Client support	1,359,759	1,229,420
Community engagement	592,141	985,426
Consultants' fees	152,087	178,727
Depreciation	660,452	687,751
Insurance	171,802	157,050
Medical & dental costs	2,728,507	2,757,361
Meeting expenses	47,359	110,506
Miscellaneous expenses	114,007	70,531
Motor vehicle expenses	302,670	273,270
Printing, stationery & telephone	204,026	221,365
Property costs	802,368	612,420
Repairs & maintenance	311,858	237,760
Resources	118,820	100,052
Salaries & wages and on-costs	11,425,314	12,197,890
Staff costs	239,920	263,785
Travel & accommodation	132,242	96,529
<b>TOTAL EXPENDITURE</b>	<b>19,553,418</b>	<b>20,356,607</b>



## 8. Borrowings

	2023 \$			2022 \$		
	Current	Non-current	Total	Current	Non-current	Total
Secured borrowings	37,992	573,135	611,127	37,992	600,766	638,758

### Secured liabilities and assets pledged as security

The total bank loans of \$611,127 are secured by the Corporation's freehold land and buildings for which the loans were obtained.

	2023 \$	2022 \$
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## 9. Key Management Personnel Disclosures

Key management personnel compensation	2,163,732	1,711,324
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Key management personnel comprise the Directors of the Corporation, the Chief Executive Officer and executive staff who report directly to the Chief Executive Officer.

There were no transactions other than compensation with key management personnel in the current year (2022: \$nil).

## 10. Contingencies

The Corporation had no contingent liabilities or contingent assets at 30 June 2023.

## 11. Commitments

### Rental commitments

The Corporation leases office space under non-cancellable leases.

Commitments for minimum lease payments are as follows:

	2023 \$	2022 \$
Not longer than 1 year	-	10,536

## 12. Related Party Transactions

There have been no transactions with related parties during the year ended 30 June 2023.

## 13. Segment Information

The Corporation receives funding, primarily from the Australian Government, for the provision of a range of services in far west New South Wales. In addition, the Corporation is contracted by the Far West Local Health District to provide remote health services in the far west area of New South Wales. The Corporation's services have an emphasis on chronic disease prevention and management in a community based primary health framework with a focus on addressing the particular needs of Indigenous people. As a result, the directors have determined the Corporation operates in one segment.

## 14. Economic Dependency

Due to the nature of its business, the Corporation is wholly reliant on the ongoing receipt of grants from funding bodies to enable it to continue with its activities.

## 15. Company Details

Maari Ma Health Aboriginal Corporation is incorporated under the *Corporations (Aboriginal and Torres Strait Island) Act 2006*. The liability of Members is limited to \$nil in the event that the Corporation is wound up.

Membership numbers at the date of this report were 73 (2022: 73).

Maari Ma Health Aboriginal Corporation is domiciled in Australia. The registered office of the Corporation is:

Maari Ma Health Aboriginal Corporation  
2 Oxide Street  
PO Box 339  
Broken Hill, NSW  
2880

Maari Ma Health Aboriginal Corporation

**Directors' Declaration**

In the directors' opinion:

- a. there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable; and
- b. the financial statements and notes set out on pages 5 to 21 are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006, including:
  - i. complying with Australian Accounting Standards – Simplified Disclosures and other mandatory professional reporting requirements, and
  - ii. giving a true and fair view of the Corporation's financial position as at 30 June 2023 and of its performance for the year ended on that date.

This declaration is made in accordance with a resolution of the directors dated 21 September 2023.



**Des Jones**

Director

Wentworth

Dated this 21st day of September 2023









## CORPORATE SERVICES

### IT

It has been a relatively event free year for the Maari Ma IT Team with no major upgrades, Server outages or network issues.

Key activities this year were:

- supporting staff, replacing aging computers and building tools in Microsoft 365 to streamline work processes and reporting.
- vehicle tracking for our fleet, increasing the safety of our employees as well as providing detailed data to help maximize the utilisation of the vehicles.
- consulting with builders & project managers on the new Wilcannia Health and Wellbeing Centre and preparing for the handover later this year.

The team has continued to manage and support the IT for the Murdi Paaki Regional Assembly, Murdi Paaki Services, Murdi Paaki Housing and the Outback Division of General Practice (ODGP) with no major outages or issues to report.

Next year we will see some major upgrades to our Server operating systems as well as upgrades to Internet speed and reliability in Broken Hill and Wilcannia. We will continue to build and implement cloud based collaboration and reporting tools. We are also planning server upgrades for ODGP, moving their IT infrastructure to the cloud for increased redundancy and remote manageability. The team will also expand from two to three with an IT Trainee.

### DATA/REPORTING

Our in-house Data Analyst/Specialist Services Coordinator, Cath Kennedy, works hard to make sure our front line staff can focus on service/program delivery rather than reporting, and making sure that our clients receive the best possible care through joined up systems. Data management continues to be a crucial role for our organisation: a number of government agencies have required reporting to go on-line and while this may sound like a one-button miracle of efficiency, each report is an official representation of our work and we need to make sure it is complete and accurate. Small changes in processes or procedures can have a significant impact on reportable outcomes. We have also put considerable energy into further development of organisational indicators which we can use to monitor our progress back to post-COVID normal, with so many of our bread-and-butter whole-of-life-course chronic disease activities impacted by the focus on vaccinations and supporting people to isolate.

### CAPITAL WORKS

The Wilcannia Health and Wellbeing Centre project began with the builder, David Payne Constructions from Dubbo, taking control of the site in January 2023. Local community workers have been employed in various roles including supervising soil disturbance during excavations for footings and site fence establishment (as part of the Aboriginal Heritage Impact Plan requirements), some surface vegetation removal, earthworks and general site work. Nola Whyman and Murray Butcher worked with various local artists to discuss how family totems and important local stories could be captured and incorporated into the building fabric. Nola and Murray also met with Broken Hill LandCare to discuss important native plants (and their Paakintji names and uses) to be incorporated into the landscaping.

Regular site visits by our project managers, Troppo, and Maari Ma staff have seen steady progress. With relatively few delays, the build is on track to be completed in October 2023.





# Building strong relationships

## PARTNERS

Our greatest partners continue to be the communities of the far west: we are grateful for their ongoing support for the work we do.

We are also pleased to once again have gained the support of a number of government agencies, in particular those supporting the building of the Wilcannia Health and Wellbeing Centre. We specifically thank Regional NSW, the Commonwealth Department of Health and Aged Care, the Indigenous Land and Sea Corporation, and NSW Ministry of Health.

We are pleased to have gained the support of the Paul Ramsay Foundation this year through our ongoing relationship with the CAGES Foundation. We look forward to working together to improve outcomes for Aboriginal children through this valuable donation.





# STAFF

Adelaide MORGAN	Darren KEMP	Kathleen GOODEN	Michael NUGENT	Shanisha HARRIS
Aileen CLARK	David WINTER	Kaylene KEMP	Michael THOMPSON	Sharon HOOKER
Akeasha DALTON	Derek DENNIS	Kelly-Anne MCGOWAN	Michelle PARKER	Stephanie NEWMAN
Alana HINTON	Dimity KELLY	Kendy ROGERS	Natasha BOTTRELL	Stephen GAGGIN
Alannah DEGOUMOIS	Donna JEFFRIES	Kevin BATES	Naydine WHYMAN	Tameka O'DONNELL
Alinta EDGE	Ella FLEMING	Krista TATT	Nerida WHYMAN	Tania LAWSON
Ann BENNETT	Emma CRAWFORD	Kylah WHITE	Nichelle GEARY	Tarissa STAKER
Barbara WILLIAMS	Emma MOORE	Lakisha SLOANE	Nicola BATES	Tayla LEAYR
Bianca FILES	Erin COMMINS	Lanola TEU	Nola WHYMAN	Tayla NEWMAN
Briony CALLAGHAN	Erin VALE	Laura-Lee SIMMONS	Paegan HALL	Telicia BRIAR
Britny COFF	Hannah MORRIS	Lavinia HENDERSON	Pearl FERGUSON	Tessa FILES
Casey HARRIS	Helen FREEMAN	Lee-Anne PHILP	Penny ROBERTS-THOMPSON	Tiana BATES
Catherine DYER	Helen MURPHY	Leonard WHYMAN	Raphael HAN	Tiffany CATTERMOLLE
Catherine KENNEDY	Hugh BURKE	Linda LYNOTT	Reanne EBSWORTH	Tiffany LYNCH
Cathie LISTON	Jayde FLENTJAR	Lisa KELLY	Rebekah JARVIS	Tina O'NEIL
Chloe BRANDIS	Jenni MCDONALD	Loi ZANETTE	Renae ROACH	Valerie BUGMY
Christopher EASTWOOD	Jesse PROKOP	Maddison KANE	Renee POWELL	Vicki DUTTON
Christopher HUNTER	Joshua CRASE	Marija BINDLEY	Richard WESTON	Victor CARROLL
Claire ALLAN	Julieann HALL	Marion CHRISTIE	Robert SMITH	William JOHNSTONE
Cooper FLEMING	Justice O'DONNELL	Megan HURST	Ross MORRIS	Zoe HUTCHINSON
Daniel JACKMAN	Kalinda MORRISON	Michael HANLEY		Zoe VAN HALEM



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