

Annual Report 2019 – 2020



MAARI MA HEALTH
ABORIGINAL CORPORATION



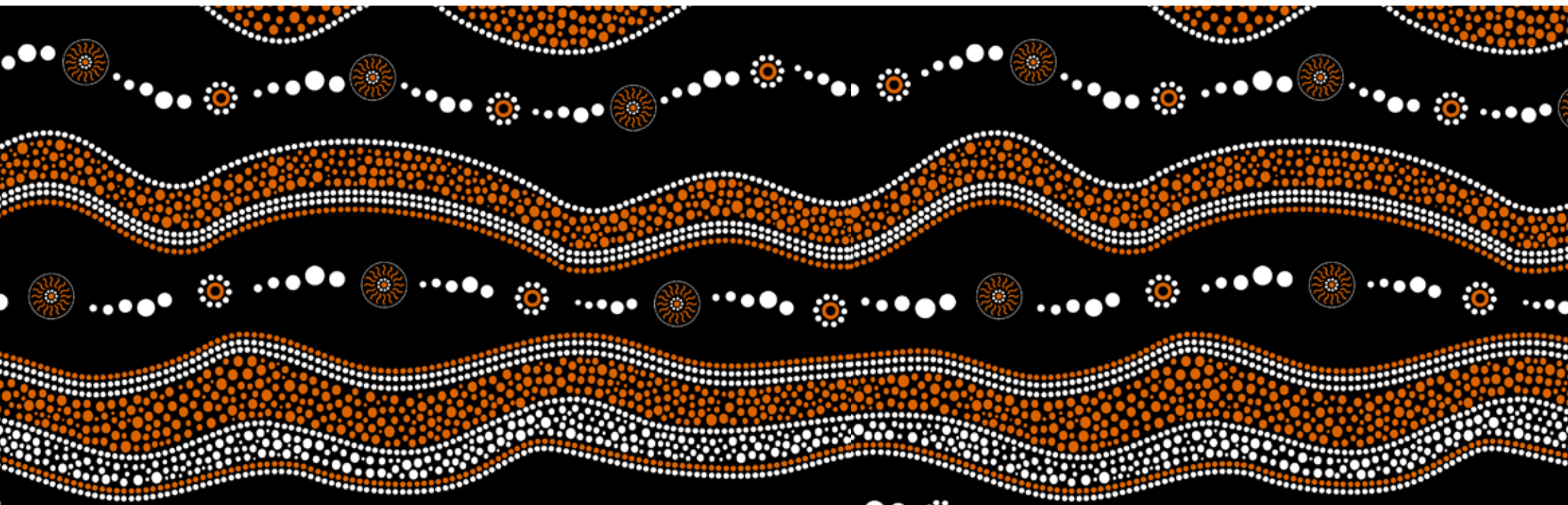
Maari Ma means 'coming together, working together'

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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Annual Report 2019 – 2020

Our Vision & Values

Aboriginal people live longer and close the gap - families, individuals and communities achieve good health, wellbeing and self-determination supported by Maari Ma.

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.

Empowerment

Empowerment of the 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.

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.

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.

Our Region



- Broken Hill
- Menindee
- Tibooburra
- Wilcannia
- Ivanhoe
- Wentworth
- Balranald
- M Marrabinya team



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Our Board



Maureen O'Donnell

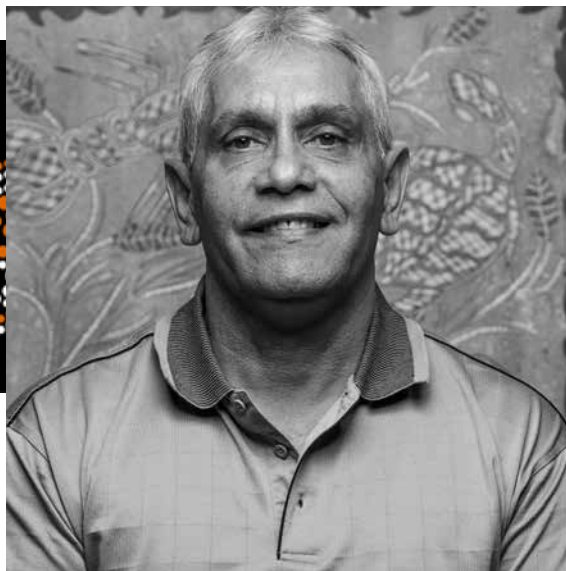
CHAIRPERSON

Maureen is a Barkintji Elder belonging to the Wilyakali language group.

Maureen is the current Chairperson of Maari Ma. Maureen lives in Broken Hill. Maureen has worked for many years in Aboriginal affairs, tirelessly campaigning for equality for Aboriginal people.

Maureen is the Chairperson of the Broken Hill Community Working Party. Maureen is 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

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.



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.

Our Board



Fay Johnstone

Fay is a Ngiyampaa – 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.



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.



Norma Kennedy

Norma Kennedy is a Gamilaroi woman and has lived in Wilcannia for the past 33 years.

Norma was an Aboriginal Health Worker with the Wilcannia Health Service for 20 years and the Secretary of the Mutawintji Local Aboriginal Land Council for 15 years.

Norma is presently a Board member of the Regional Enterprise Development institute Ltd (REDI.E).

Chairperson's Report



Uncertainty is an unavoidable part of life and in my time I have had my fair share of it. Opportunities and obstacles can fall away from your feet as rapidly as they appear.

Last year we were amid a terrible drought and it seemed that we would never get the rain we so desperately needed. But then it did rain and the Baaka River began to flow again. A full river transforms a community and you could feel the energy and positivity return to Wilcannia and the region. We were no sooner rejoicing the rains and the flowing river when COVID19 appeared, and it came upon us very quickly. For Aboriginal and Torres Strait Islander people COVID19 became an additional layer adding to the significant health burden we already face and if we didn't put plans and actions into place quickly at Maari Ma we risked being disproportionately affected by this virus. I am very pleased to say Maari Ma's emergency response plan was exceptional. The fast and efficient action that was needed to protect our communities was implemented and all staff are to be commended for their contributions and professionalism to make this happen. We had a dedicated respiratory clinic in operation very quickly to keep people safe by testing anyone with flu-like symptoms away from the existing practice in Broken Hill, with protocols also implemented at Wilcannia, Menindee and Balranald. We communicated effectively through social media and radio to inform our communities on infection control measures and how we were responding to the pandemic, and our communities adapted to the changes. We can all play a part in infection control to keep our mob strong. We know coronavirus spreads from person to person. This means that everyone can

help to reduce the risk of spreading COVID19 and other flu-like viruses through practising social distancing and good hygiene habits.

While COVID19 has had significant implications for us we have still been able to forge ahead with exciting plans which will greatly enhance our service delivery. We are working with Adelaide based Troppo Architects to build a new Primary Health Care facility in Wilcannia on the banks of the Baaka River. Health infrastructure was once designed just for its clinical functionality but not today. The new building will be delivering holistic services incorporating social, cultural and emotional wellbeing as well. We will be linking spaces to outdoors and ensuring connection to country by creating areas that are accessible and peaceful. The design brings the knowledge of local staff and community together with the skills of the architects and I look forward to seeing the end result. We are also very pleased to be getting a purpose-built facility for Wings. Troppo Architects will be the architects as well for this building which will give the children and young people in Wilcannia a place designed just for them, and their after school and holiday activities. The Federal Government investment in both projects is very welcome. Maari Ma also acknowledges the current Wings building which holds a special place in our hearts and was refurbished and re-named in 2009 to the Gloria King Memorial Youth Drop in Centre, in honour of the late Gloria King who was a tireless worker for the health and wellbeing of Wilcannia's children. The building will be re-purposed, and I know there will be great enthusiasm to keep that asset for the town and plan for its future use.

While Wilcannia may be in the infrastructure spotlight this year a new infrastructure project has been developing in Broken Hill. We have purchased the site opposite our Broken Hill Primary Health Care building in Argent St for the future development of a Knowledge and Healing Centre which will be a community space to engage language, the arts and health. In a design partnership with the University of Technology Sydney we hosted a group of UTS students earlier this year who were undertaking Indigenous Design for their summer studio project. Their design concepts following their visit are to be incorporated into the project. Healing centres are spaces that support healing for Aboriginal and Torres Strait Islander people and are recognised for their effectiveness in addressing many issues such as intergenerational trauma, and drug and substance abuse. Our vision is to have a centre that will foster and support a strong and resilient community for generations to come.

Services continued to be rolled out at the Bes Murray Centre at Balranald during the year and while the staff there may be small in number their commitment to engagement and developing the trust of the local community has been immense. We have been identifying service delivery gaps in the town and now have sexual health services, a psychologist and child and maternal health services visiting the Center. It's also the site of the Commonwealth's Integrated Care Program, Marrabinya and serves as a Centrelink branch, an employment agency and is providing space for community housing provider Homes Out West to visit once a month.

Congratulations to our fourth cohort of trainees undertaking the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care. They have forged ahead amid the difficult circumstances of COVID19 and all are nearing completion of their course. We are committed to supporting Aboriginal employment, development and

leadership at all levels and roles, and our trainees will bring their community knowledge and cultural values to the delivery of our services as well as their skills.

On behalf of my fellow Board members – Des Jones, Fay Johnstone, Gloria Murray, Cheryl Blore and Norma Kennedy - I would like to thank all our staff for their efforts during the year and particularly for their commitment and dedication to our communities during these challenging times. I would like to thank our communities also for working with us to keep us all safe. The anchor of our organisation, Bob Davis, has continued to steer us towards long term goals and he and his senior staff have worked hard to reach our achievements and get exciting projects to look forward to. This annual report is our last under our previous five year strategic plan and as we move forward to the next five years our vision remains steadfast – that our people will live strong, resilient, happy and healthy lives supported by cultural practices and investment in families, individuals and communities to achieve wellbeing and independence through self-determination. Our work at Maari Ma is driven by this sense of purpose and while COVID19 took us all off guard our goal will not falter. As an organisation we will handle any uncertainty that COVID19 may bring in a way that encourages us to live our lives, to stay safe and to not be so focused on the unknown that we forget to look after ourselves and each other.

Maureen O'Donnell



CEO's Report



No-one could have predicted just how challenging this year would be.

While we staged our last Annual General Meeting, Australia was already experiencing one of its worst Spring fire seasons on record. Although our region escaped the fires relatively unscathed, the COVID-19 crisis that would shortly follow has irrevocably left its mark on the Far West.

Maari Ma has never experienced a more challenging year, and we're certainly not alone on that front. The Chairperson's message this year talks extensively about the COVID-19 crisis, and I echo her sentiments and those of the Board, in particular their gratefulness and admiration for the way Maari Ma staff have guided our organisation through a global pandemic.

Health workers are the front-line in a crisis like this, and the courage and dedication shown by Maari Ma staff does our region and our country proud. Despite these challenges, in particular the economic damage that has been wrought, we've still managed to push Maari Ma forward, in particular in areas of capital works. In the course of the last year, we've started and progressed three major projects, which will reshape the communities in which we serve. COVID-19 might have brought the nation to a halt, but it hasn't done much to slow Maari Ma. Indeed, we've never been busier.

In Broken Hill, we began the planning process for a Barkindji Knowledge and Healing Centre; in Wilcannia, we started work on a new state-of-the-art Community Health Hub; and also in Wilcannia, we secured funding for the

development and expansion of the Wings Drop-In Centre.

Last year, we acquired a building situated at 422 Argent Street, Broken Hill which previously served as the old Silver King service station, and more recently as the business home of a local tour operator. Our plans are for the construction of a community space that will engage with language, the arts and health. We see the project as a melding of some of the world's newest technologies with some of the world's most ancient, to create a Barkindji Knowledge and Healing Centre. It will have two primary functions - a space for Indigenous people to heal through art therapy, and, to create, protect and preserve Indigenous knowledge and culture.

Maari Ma is well known for embracing an holistic approach to healing and medicine. The Knowledge and Healing Centre is simply an extension of this practice. We see an opportunity to improve the health of our people through their strong connection to art. With that in mind, the Knowledge and Healing Centre will have a strong emphasis on 'art therapy', and the premises is being designed in a way that is both 'culturally welcoming' for Aboriginal people.

The very act of preserving and protecting existing Indigenous knowledge and culture actively assists in the healing process. The centre will become a centre of excellence in the preservation and promotion of Indigenous languages, in particular the Barkindji language.

The concept plans for this project were developed through a joint effort with the University of Technology Sydney, and their final year architect, engineering and IT students.

Almost a dozen students travelled to Broken Hill in late 2019, to spend time getting to understand our operations, to get a grasp of the unique challenges – both social and geographical – of the region, and to understand the physical attributes of the site itself.

We are now working with UTS and the students responsible for the preferred design to develop the concepts further. They are being assisted in the process with nationally-renowned architect firm, Troppo.

Overall, our thinking behind the Barkindji Knowledge and Healing Centre is to build a facility that will not only shine in the Far West of NSW, but that is recognised in its ability to promote Aboriginal health, healing, wisdom and aspirations.

Late in 2019, we commenced discussions with the Central Darling Shire (CDS) to build a Community Health Hub in Wilcannia. The project is now well-advanced, with initial community consultations complete, and receiving strong and positive feedback from the community. And on that front, a sincere thanks is owed to CDS for their enthusiasm and professionalism. The building is proposed to be located within the existing health precinct of Wilcannia, overlooking a stretch of the Baaka. But rather than just build a new clinic, our aim is to reshape the way primary health is delivered to an Aboriginal community. We're looking at how we can incorporate more community facilities into the premises; how we can enhance the surrounding landscape to make it more accessible; and how we can shape the design of the building to maximise its proximity to the Baaka... primary health is important, but primary health with direct, visible links to cultural identity is the next level.

Our plans for the project continue to be modified as we get more and more community engagement and feedback. It's likely more than a year away from completion, but when the Wilcannia Community Health Hub is built, it will be another example from Maari Ma of Aboriginal ingenuity leading the way in how health services should be delivered.

In early 2020, we secured funding from the Commonwealth Government for the re-development of the Wings Drop-In Centre in Wilcannia. Wings has served the community of Wilcannia – in particular its youth – for many years, but the facilities are old, and there's nothing like renewal to spark renewed interest from youth. We're in the early stages of consulting with the Wilcannia community on how best a revamped Wings Drop-In can meet their needs. The preservation of the existing hall is important to the community, and so we're working with Troppo Architects to find creative ways to expand beyond the existing footprint of the site, and deliver a youth and community centre that will rival anything in the Far West of NSW. A multi-sport facility which incorporates the latest technologies, and places an emphasis on safe, healthy participation by youth is our goal. We're also in discussions with other organisations for potential partnerships in delivering innovative youth and community services.

Finally, the COVID-19 crisis has, as you might expect, prevented Maari Ma's bi-annual engagement with the United Nations Permanent Forum on Indigenous Issues and the Expert Mechanism on the Rights of Indigenous Peoples. But while we couldn't get to the UN this year, our agenda – the promotion of Aboriginal aspirations in the Far West of NSW, and the preservation of our environmental, social and cultural assets – remains very much alive.

It's hard to say exactly when the COVID-19 crisis will lift, and business will resume as normal. But when Maari Ma can get back to the UN, we'll resume pushing at the international level for greater rights, respect and recognition for our communities.

I would also like to express my gratitude to our Chairperson, Mrs Maureen O'Donnell and the Board of Maari Ma, for their support of the big visions that have made Maari Ma the iconic organisation it is today. And in closing, I would like to once again thank the hard-working staff of Maari Ma for their professionalism, their dedication and their passion in a year that I think many would like to forget.

Bob Davis





Sustain

BEST PRACTICE



Primary Health Care Services



The Primary Health Care services have enjoyed another productive and successful 12 months since our last report, and we continue to strive to provide the highest quality care to the communities of the far west of NSW.

This year we have met our key performance indicators in most areas. This is an appropriate time to acknowledge the dedication, hard work and achievements of the Board of Directors, staff and management, who have contributed to our success.

Occasions of service 2019/20 (Broken Hill + Wilcannia)

	2018/19	2019/20	% change
Occasions of service	52989	53447	1% increase
Number of clients	3156	3240	3% increase
Number of Aboriginal clients	2511 (80%)	2561 (79%)	2% increase

GENERAL PRACTICE

The following General Practitioners (GPs) achieved their fellowship this year:

- Than Soe
- Aye Mon Han
- Aye Myat Mon

Dr Aung Si Thu completed a Master of Medicine – Metabolic Health through Sydney University. Dr Si Thu uses this knowledge to provide specific, targeted care to people with diabetes in Broken Hill and Menindee, and works closely with the diabetes nurse educators and the endocrinology team to deliver a comprehensive diabetes service.

This year we said farewell to Dr Aye Myat Mon (who is now working in Queensland) and Dr Melanie Mateo, who has returned to her own practice at the GP Super clinic. We welcomed Dr Syema Kahn, a new GP registrar undertaking fellowship training.

The GPs adapted well to COVID19 enforced changes, and we provided our patients with access to medical services by telephone and videoconferencing.

In 2019-2020 we delivered 1384 Aboriginal and Torres Strait Islander Health checks (ATSI Health Checks) including 634 to people under 18 years of age and 750 checks to people older than 18 years of age.



PRACTICE ADMINISTRATION

Transport

	2018/19	2019/20	% change
Transport provided to Maari Ma in Broken Hill and Wilcannia	11,714	10,298	12% decrease
Transport provided to other places	1,743	2,579	48% increase

Practice Administration welcomed new staff members Synitta Adams, Natasha Bottrell, Rachel Kemp and Tayla Newman. During the year we said farewell to Norman Thomas and Synitta Adams.

The entire Practice Administration team is to be congratulated for delivering strong results this year in difficult circumstances. We all worked hard to support our GP workforce and all our teams to give our communities access to a reliable and committed primary health service.

The delivery of high-quality chronic disease care is a cornerstone of Maari Ma's mission, and continuing to improve the volume and quality of chronic disease services will remain a high priority. The adjustments made to the clinic appointment structure were designed to improve opportunistic health assessments and care planning interventions which yielded a degree of success. Further improvement is expected when the clinic operation is able to normalise post COVID19 and refocus on these priorities.

We have also implemented a new system for registration combined with improved tracking and reporting to monitor activity. This is also showing good results. Maari Ma's ability to adapt to the COVID19 crisis has been impressive and largely due to strong leadership and effective communication.

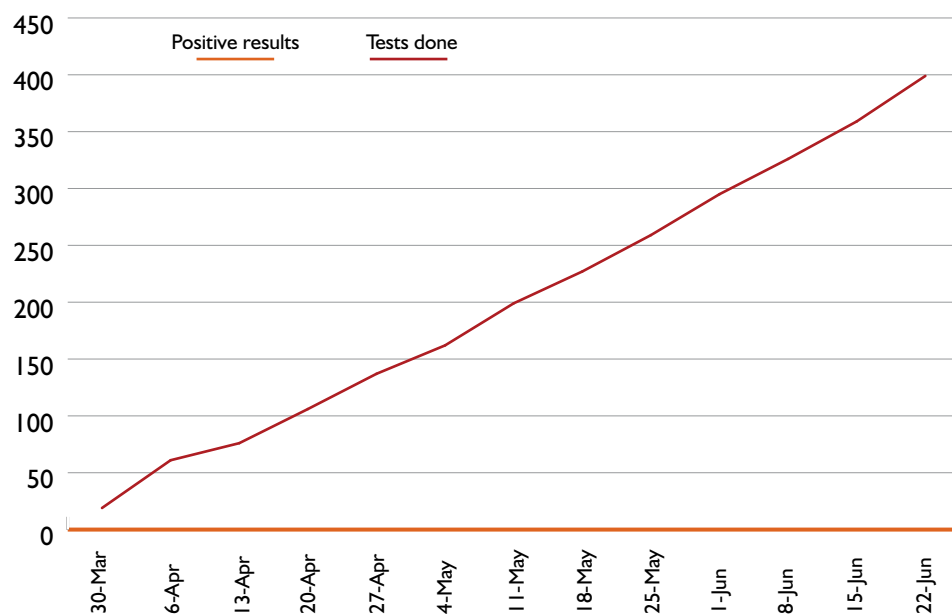
RESPIRATORY CLINIC

Maari Ma was successful in attracting funds to establish a GP led Respiratory clinic in response to the COVID19 pandemic. The clinic provides a comprehensive level of care to people with mild to moderate COVID19-like symptoms. As an Aboriginal medical service, the service is responsive to the needs of Aboriginal communities. The aim of the clinic is to facilitate access for the community to be tested to enable COVID19 to be quickly identified and controlled.

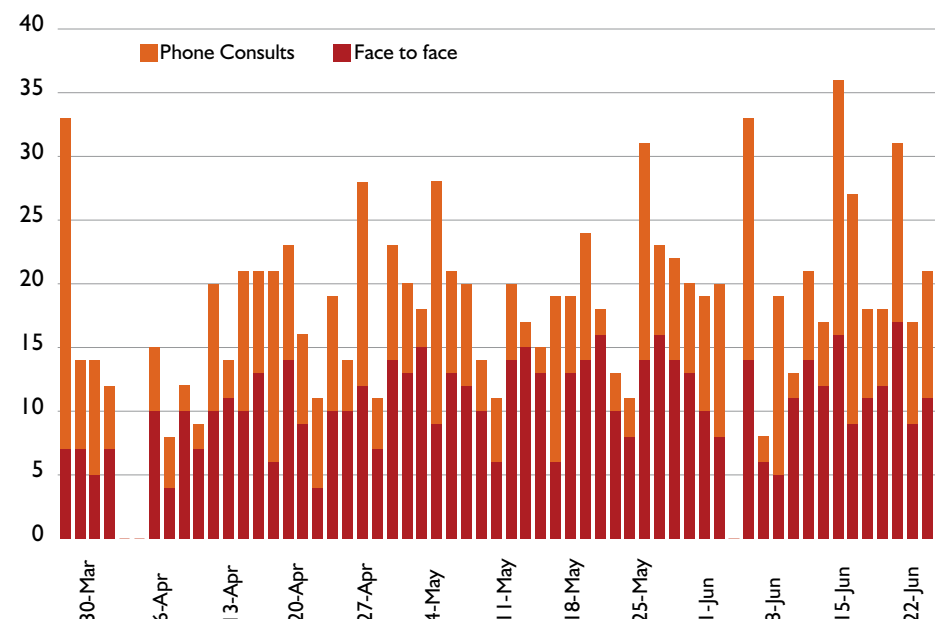
Maari Ma relocated the Healthy Start team in the PHC service building, and the entire eastern end of the building is now a dedicated Respiratory clinic. The clinic has designated specific staff, resources and functions semi-independently from the rest of the service. This enables us to continue delivering our usual services in the main clinic, while any person with flu like symptoms or a history of travel to a COVID19 hot spot is diverted to the respiratory clinic.



MMPHCS (BH) PATIENTS TESTED



RESP CLINIC APPOINTMENTS BY DATE AND TYPE



HEALTHY START

There have been a few changes to Healthy Start staff over the past 12 months. Child and family health (CAFH) nurse, Carol Doyle left in December 2019, but we were able to attract our previous CAFH nurse, Sherlie Barnett back to Maari Ma for a locum. We recruited ex-local Meagan Rufus back to the Hill in one of the vacant CAFH nurse positions, with the second position still vacant. The Healthy Start team identified critical activities that needed to be continued during COVID19 restrictions, and we prioritised child development checks, immunisations, ATSI health checks and blood lead levels.

We have been fortunate to have our regular GPs, Dr Marion Christie, Dr Penny Roberts-Thomson and Dr Priscilla Htun over the past year, assisted at times by Dr Aye Han and Dr Melanie Mateo.

Special acknowledgement is given to Aboriginal health practitioner (AHP), Ann Bennett who has worked hard to

maintain the Healthy Start program, and uses her cultural and community knowledge to the community's advantage.

Midwives continue to provide antenatal and postnatal care to women in Broken Hill and Wilcannia. We recruited midwife, Toni Bahler after she did a stint as a locum midwife, and she joined Tiffany Cattermole to make up the permanent midwifery team. The team is supported by Dr Vic Carroll as the GP/obstetrician and our other AHPs.

Registered nurse, Robyn Fidge commenced in September 2019 and has improved coordination and attendance at the paediatrician clinics. Unfortunately COVID19 restrictions have been very challenging forcing our paediatrician, Dr Robyn Shaw, to conduct many clinics in the second half of this year via telehealth.

Maari Ma provides health care to a number of children who are in Out of Home Care (OOHC), and we work closely with the Department of Community and Justice (DCJ) and Mission Australia to ensure the best possible outcomes. Maari Ma liaises with NSW Health to ensure the

required 2A and 2B health checks are completed annually for the OOHC children.

Higher than recommended lead levels continue to be a problem for Broken Hill children. Lead worker, Latesha Adams is working on assessing houses for children with elevated blood lead levels to be remediated by the Broken Hill Environmental Lead Program. In the past 12 months we have done 567 lead tests on Aboriginal children in our clinic.

Maari Ma successfully applied for certification as a provider through the National Disability Insurance Agency (NDIA) this year. The Allied Health team, consisting of occupational therapist Sandy Gray, and allied health assistants, Erin Vale and Mele Tuipulotu were joined in February by speech therapist, Charlotte Bertelsen. We currently have 18 children on approved NDIS plans and a further 10 children waiting for assessments

Our Youth Health staff continue working with the Broken Hill High School Clontarf Academy. One of our key performance indicators is the percentage of youth in this group who have an annual health check. We are on track to achieve a good result again this year with 70-80% of Clontarf and the similar Aboriginal girls group at Broken Hill High School having already had their health checks.

Registered nurse, Rachel Jewell completed her sexual health/family planning course and has taken a lead role in the promotion and screening of sexually transmitted diseases and blood borne viruses.

Aboriginal health practitioner, Tarissa Staker works with Rachel on a broad range of youth related issues and specialises in supporting youth through access to education, health promotion and preventative health checks. A current project for a group of youth is painting a belly cast donated by a Maari Ma mum, which will be displayed at the Broken Hill Health Service maternity ward.



SOCIAL AND EMOTIONAL WELLBEING

A number of longstanding members of the Social and Emotional Wellbeing (SEWB) team left Maari Ma over the past 12 months. Team Leader, Marsha Files worked with the SEWB team and consultant Carol Watson, on significant service developments during this period to develop and strengthen service delivery going forward.

Maari Ma recognises the vital roles that good mental health and resilience have on a person's capacity to keep well, adapt and to heal from physical and emotional illness and trauma. Our service recognises that individual health behaviours and resulting health outcomes are influenced by family systems; beliefs; knowledge and education; environmental conditions; and a range of economic, political, historical and cultural forces. Our aim is to address these broader underlying social determinants of health. The team's philosophy aligns to our chronic disease strategy: to promote health and prevent illness, detect and intervene early where necessary, and treat and provide on-going care if required.

In addition to adult psychiatry services from Dr Jonathan Carne, and perinatal psychiatric services from Dr Ros Powrie, we were fortunate to secure the services of child and adolescent psychiatrist, Dr Colleen Barker. This addition to the team, along with the allied health staff in the SEWB team means Maari Ma patients of any age with a mental illness have access to excellent mental health care. Our SEWB clinicians are supported by our GPs and other staff to help as many clients as possible while we recruit to our team.



Wilcannia

Planning for the new Wilcannia Aboriginal Health and Wellbeing Centre continued this year, with some delays due to COVID19. Troppo Architects has been consulting extensively with staff and community with a final design soon to be delivered. Central Darling Shire Council has been closely involved and the current proposed site for our new service is located on river frontage a short walk from the hospital.

Unfortunately, this year nurse manager Samantha Wright-Downs, acting nurse manager Sam Harley, and AHP, Dana Newman left Wilcannia for greener pastures. All are missed from the service.

Medical services in Wilcannia were strengthened with Dr Stephen Gaggin available 5 days per week. Dr Gaggin initially increased his days in response to the COVID19 pandemic which enabled him to be a reassuring and constant presence for the community. This has worked so well Dr Gaggin has stayed on in a full time capacity. Dr Gaggin has been well supported in chronic disease management by Dr Vic Carroll, Dr Michael Nugent, and Dr Than Soe. Chronic disease nurses Loi Zanette, Amanda Everett, and Lillian Gaiter, along with AHPs, Kevin Bates and Veronica Edwards work closely with the GPs to help chronic disease patients complete their cycle of care each year.

We would also like to acknowledge the work of Lynley Rebbeck, our clinic coordinator, who provides a consistent presence in Wilcannia and keeps the service running smoothly.

Healthy Start clinics are provided on average 2 days per week in Wilcannia. Dedicated doctors and staff complete child and adult ATSI health checks and follow up on any health issues identified. We are very fortunate to have regular GPs Dr Penny Roberts-Thomson, Dr Melanie Mateo, and Dr Aye Mon along with the child and family health nurses who travel from Broken Hill. Healthy Start clinics are coordinated locally by AHP, Jenny Edwards assisted by AHW trainee, Shontae Harris.

Most of Maari Ma's visiting specialists travel to outreach centres such as Wilcannia to deliver services. This has been hampered this year as travel restrictions and border closures have reduced the service. In some cases telehealth clinics have been held as an alternative to face to face visitors.

Balranald

Services in Balranald have started to increase now that registered nurse Emma Moore has increased her hours and was appointed nurse manager of the service. From September 2019 to the end of June 2020 there were 450 occasions of service (OOS) including chronic disease, wound care, medication management, palliative care and other clinical services.

In April 2020 Danielle Irving joined the team as a social and emotional wellbeing worker. As the only SEWB worker in Balranald, Danielle delivered 50 occasions of service in May and June, despite the barriers COVID19 presented.

Maari Ma contributes financially to the Aboriginal transport position employed by the Far West Local Health District's Balranald Multi-Purpose Service as part of our commitment to facilitate access for Aboriginal people to health care.

Transport

	2019/20 (Oct 2019 to April 2020)
Transport provided in Balranald	238

In September 2019 our Balranald service became a Centrelink agency. This service was included to make it easier for Aboriginal people to access the help they need, plus to familiarise the community with the new health service. As a Centrelink agency people can access the internet, computers, printers, telephones, scan, copy, print and upload documents, and get brochures and fact sheets and well as get documents verified, and get help in a range of other areas such as digital services.

Centrelink

	2019/20 (Oct 2019 to April 2020)
Centrelink agency OOS	333

DENTAL

This year saw the resignation of Natalie McMahon from our Child Oral Health team, but this vacancy created an opportunity to employ an Aboriginal trainee as a dental assistant. Jayde Flentjar joins AHP/dental assistant (DA), Christene Polanski, and dental therapists, Megan Hurst and Erin Commins, as our Oral Health Service. The Oral Health team provides children's services in Broken Hill, Menindee, Wilcannia and Ivanhoe. AHP/DA, Christene Polanski has also been providing occasional DA services to the RFDS dentist when they fly to outback clinics.

The RFDS has provided adult dental services to Maari Ma for a number of years. Several years ago this service increased after they received enhancement funding for additional services. Although COVID19 severely impacted dental services in the second half of the year, we remain thankful for the access to dental treatment this agreement allows.

ABORIGINAL HEALTH WORKER TRAINEES

Our cohort of AHW trainees continued in their training towards the completion of their Certificate IV in Aboriginal and Torres Strait Islander Practice, and then their registration as Aboriginal health practitioners.

Long-time employee Bernie Kemp re-joined the Maari Ma team after a stint in Dubbo, and has a strong mentoring relationship with the trainees. All going well, we are expecting the students to complete the course before the end of December. We are already in discussions regarding a new cohort of trainees to commence in February 2021.



DEADLY CHOICES

Maari Ma is proud to be associated with Deadly Choices and we encourage and promote ATSI health checks by offering a Deadly Choices shirt as an incentive for our community to monitor and improve their health.

Deadly Choices is an initiative of the Institute for Urban Indigenous Health (IUIH) in South East Queensland. It is a school and community-based chronic disease prevention and education initiative that encourages Aboriginal and Torres Strait Islander people to make healthy choices, focusing on chronic diseases and their risk factors such as nutrition, physical activity, smoking and harmful substances.

Deadly Choices is considered one of Australia's most recognisable Aboriginal and Torres Strait Islander brands, with over 30 Aboriginal Community Controlled Health Organisations and 16 NRL and AFL clubs nationally delivering Deadly Choices licensed activities across the country.



IPTAAS

IPTAAS is the Isolated Patients Travel and Accommodation Assistance Scheme. This is a NSW Government initiative designed to provide financial assistance towards travel and accommodation costs when a patient needs to travel more than 100kms for specialist medical treatment that is not available locally.

Maari Ma supports our patients by assisting with IPTAAS applications, and booking travel and accommodation for patients when they are not able to organise this themselves. This year has been a challenge getting clients to appointments interstate with the COVID 19 restrictions and with the state border closures. We continue to support clients to apply for exemptions to allow travel interstate for medical appointments.

PHARMACY

The 2019/20 financial year has been another excellent year for pharmacy services provided at Maari Ma with Jay Varatharajan joining the community team as the pharmacist intern. Jay works every Thursday for Maari Ma in Broken Hill and Wilcannia. His main duties have been medication reconciliation, staff education and improving efficiencies and accuracy in Webster packing systems. Jay has also been integral in helping Maari Ma revise and amend its opioid prescribing policies in response to changing recommendations and PBS reforms. The schedule 8 medication audit conducted by Jay has allowed Maari Ma to identify areas where they can best deploy GP resources to ensure that the safe and appropriate prescribing of opioids can continue for Aboriginal patients to maximise their health outcomes.

The Home Medication Review (HMR) program was again very successful in terms of pharmacist access to patients, with a record number of patients seeing the pharmacist for a HMR in 2019/20: a total of 229 patients had HMRs across the region which included 46 patients in Menindee,

54 patients in Wilcannia and 129 patients in Broken Hill. This is even more impressive considering these numbers were achieved in the midst of a global pandemic and many specialist services such as pharmacy had to be stopped for several weeks to allow Maari Ma to respond appropriately to the pandemic.

The full benefit of the HMR is only achieved if the patient books in to see their GP, after the pharmacist sees them, to discuss the pharmacist's recommendations. The number of patients who had their HMRs completed with their GP in 2019/20 was also a record 200 people. This great result is testament to the years of hard work of the community teams in Broken Hill, Menindee and Wilcannia. Despite this excellent result, 13% of patients didn't have their HMR completed therefore improving the HMR completion rate will be an area of continued focus so that more patients can achieve better health outcomes through optimising medication management.

STUDENTS

The number of students has decreased significantly this year, partly due to COVID19 restrictions and partly due to the impact of other natural disasters.

We had two Sydney University students, one completing a Masters of Speech Pathology and one a Bachelor of Mental Health, undertake a 4-week placement with Maari Ma to immerse themselves in Aboriginal service delivery. It is hoped this experience increases the student's ability to work safely within Aboriginal communities.

SPECIALISTS

Maari Ma clients and communities are extremely fortunate to receive services from a range of visiting specialists. These specialists all have a dedicated registered nurse or AHP who works with them and assists in preparation and follow up of all patients - Kelly McGowan, Claire Williams, Vivienne Prestidge, Barbara Williams and Lavinia Henderson.

Our in-house medical specialists include a cardiologist, renal physician, paediatrician, ophthalmologist, ear, nose and throat surgeon, adult psychiatrist, perinatal psychiatrist, child and adolescent psychiatrist, pain specialist team (including a physiotherapist), respiratory physician and a multi-disciplinary endocrinology team - all of whom visit the remote towns or we transport patients to Broken Hill to see them at the PHCS. To complement the medical specialists, there have been visits by smoking cessation specialists, echocardiographers, optometrists and podiatrists as well as improved access to exercise stress tests.

Our child and adolescent psychiatrist, Dr Colleen Barker, started in March. This service brings great support to our Healthy Start, SEWB and general practice workforce. The addition of child and adolescent psychiatry completes the coverage we have for psychiatry services to Maari Ma, complementing our adult and perinatal psychiatry services. Since starting in March, Dr Barker has conducted 4 telehealth clinics.

COVID19 restrictions have meant that many of our visiting specialists have had to change to seeing patients via telehealth (both by telephone and video calling). In most cases the patients still attended their local health service and we arranged for the specialist to connect directly to the consult room.

Between March and June, 11 of our regular specialist clinics successfully moved their visits to telehealth. Across the PHCS, Wilcannia and Menindee Health Services, Maari Ma conducted 47 days of clinics with 300 appointments attended which is only 2% fewer consultations for the same specialists over the same period last year.

Unfortunately all podiatry and eye health services (ophthalmology and optometry) in Menindee and Wilcannia were cancelled due to the restrictions.

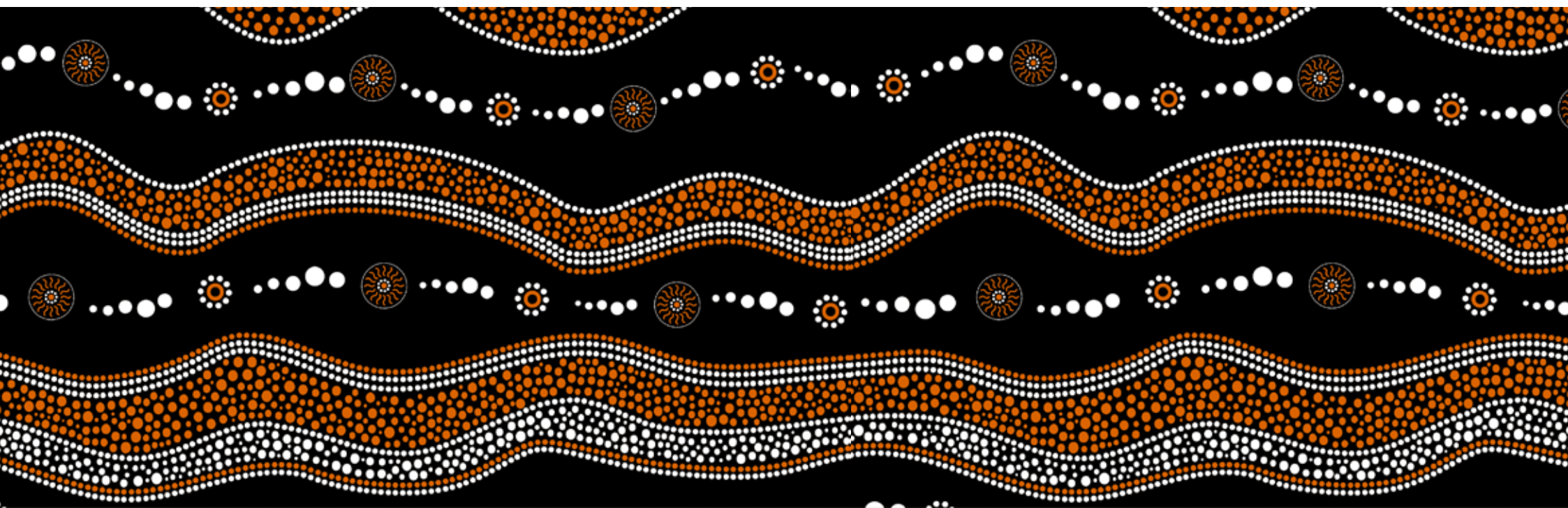
With all this in mind it is not surprising that we had 14% less specialist clinic days this year however it is pleasing to note that this only equated to 2% less patient consultations overall.

SPECIALIST SERVICE CLINIC SUMMARY

Discipline	Total visit days	Total patients seen
Cardiology	16	144
Ear, nose and throat	11	143
Echocardiography	14	117
Endocrinology	24	224
Ophthalmology	10	53
Optometry	10	75
Paediatrics	51	315
Pain management team (including physiotherapy)	5	32
Podiatry	26	200
Psychiatry - adult	26	123
Psychiatry - child & adolescent	4	20
Psychiatry - perinatal	6	15
Renal medicine	12	62
Respiratory medicine	8	92
Smoking cessation	9	23
Stress tests	-	9

Integrate

COMMUNITY SERVICES & PROGRAMS



Kalypi Paaka Mirika “Clear River Ahead” Healing Program

The Community Safety Research Project (CSRP) is a complex study with the aim of understanding how cultural identity loss, violence, stress, trauma and grief are affecting our communities in far western New South Wales, in particular Broken Hill, Menindee and Wilcannia.

Kalypi Paaka Mirika, Barkindji language for “Clear River Ahead”, is the healing program we developed from the CSRP to address these impacts. Kalypi Paaka Mirika uses the river to explain where we were, where we are at and where we would like to be in the future.

Kalypi Paaka Mirika has been rolled out in all three communities and many of the programs are completed at Mutawintji or Kinchega National Parks which allows for our people and our communities to be out on country as they take their first steps towards their healing journey. Running programs on country has enabled participants to reconnect with country that holds significance for Aboriginal people of the far west - places that help promote discussion, reinforce identity and help put into perspective the healing journey we are encouraging participants to take part in. We are very grateful for the agreement of the National Parks and Wildlife Service which enables us to use the facilities and accommodation at Kinchega and Mutawintji National Parks because both of these Parks are very significant places to our people of the far west.

Kalypi Paaka Mirika is a 5-day program which looks into the impacts that historical events have had on individuals and communities and the effects of these transgenerational traumas, and helps build skills to deal with some of these issues. Programs are run in blocks of 5 consecutive days or broken up over two-weeks, depending on the needs and wants of the participants. Currently we run separate programs for men and women, but we are open to running mixed groups if community members express a desire to do so.

We have aimed to make our program as flexible as possible, tailoring its delivery to the needs of participants in terms of location, structure and timing. In particular, it's important to be able to explore sites of significance on country, and have participants being able to connect with country and see physically the metaphors we use in our program delivery. This also gives participants time to reflect in between sessions.

Kalypi Paaka Mirika relies on our local cultural metaphors throughout the program which may help assist our community members throughout their journey of change and healing. The metaphors help our community put in place coping strategies and goal setting frameworks relating to behaviour changes and how to deal with loss and grief. They also set short and long term goals for ourselves and our families for the future.

While we struggled to recruit to a male staff vacancy, we were supported by a Maari Ma Social and Emotional Wellbeing team member, Peter Gough to deliver the program. Back to full strength with the employment of Vincent Quayle, we are again able to deliver men's programs.

Data collected from program participants in the past 12 months using three wellbeing scores show improved scores at 6 weeks and 6 months after the program: there is an overall improvement in their health, an increase in their wellbeing and an improvement in their depression scores. Going forward, the Kalypi Paaka Mirika team will be working with Women NSW to develop and co-design a module for our healing program that will specifically address sexual assault for both victims and perpetrators. The module will be called Marla Marla (I'm going in this direction and you're going in that direction).

During the COVID19 shutdown, while we were unable to run our programs or provide follow-up, our team was redeployed and retrained to support the community by providing community transport, assisting at the flu clinics and assisting to restock vital items through the health service.

Early Years Project

The Early Years Project (EYP) is continuing to work towards making an impact on a child's life-long success. The first five years of life are crucial to children's development. Ninety percent of brain growth occurs in the first five years, constantly forming connections. Experiences early in life will influence a child's learning and development, emotional wellbeing, and physical and mental health outcomes. When children have inclusive, positive and rich early learning experiences they are more likely to go on to become successful learners, with high levels of wellbeing.

The EYP aims to support Indigenous families to provide a strong foundation for their children's early learning and development. With the knowledge that Aboriginal children are twice as likely than other children to be developmentally vulnerable when they start school, the investment in the EYP is critically important with its focus on high quality, culturally responsive evidence based parenting programs.



Intensive supported playgroups (Broken Hill and Wilcannia)

The intensive supported playgroups in Broken Hill and Wilcannia are a central part of the EYP. Both playgroups have a particular emphasis on play-based learning and are supported by the Early Years Learning Framework (EYLF). This EYLF is a specific document that has been developed with considerable input from the early childhood sector, early childhood academics, and the Australian and State and Territory Governments. Play is so important that it has been recognised by the United Nations High Commission for Human Rights as a right of every child. Evidence shows that without play opportunities, children are likely to experience adverse physical and mental health conditions, as well as learning and academic difficulties. The importance of play is demonstrated at playgroup through interactions, modelling and information on learning outcomes.

Each playgroup consists of a two and a half hour planned and supported play-based program delivered by a multi-disciplinary team under the overall supervision of the Early Years Project Leader. The multi-disciplinary team consists of Maari Ma's early childhood educators, HIPPY tutors, dietician, occupational therapist, dental assistant and speech therapist. These staff are available to provide advice and assistance to caregivers at the playgroups and to make appointments and referrals to other Maari Ma services if needed. The staff also help families attending the playgroup to enroll their children in preschool and can provide some support for their continued attendance. Again this year, a bus excursion to all the preschools was organised to show families the options that are available for their children in Broken Hill.

A key part of the playgroup is community engagement, carried out by the playgroup staff in Wilcannia and an Early Years support worker in Broken Hill. The success of the playgroups is based on maintaining contact with families of attending children during the week and engaging with new families to encourage attendance at playgroup. When

staff establish respectful and caring relationships with children and families, they can work together to maximise the learning potential of the child. This year there were more than 1,000 attendances of adults and children at the playgroups in Broken Hill. The average attendance is 45 people at each playgroup, an increase of almost 40% compared to the previous year. At the Wilcannia playgroups, there were more than 550 attendances.

Healthy morning teas and lunches are provided in all playgroups. In Broken Hill, a cooking group for parents is held every Thursday where participants voluntarily prepare the food for the following day's playgroup when it is shared with the adults and children present. The cooking group involves a Maari Ma dietician and provides an opportunity for health education around nutrition, recipes and healthy eating.



Little Kids and Books

Little Kids and Books (LK&B) is an early literacy program developed around evidence of the importance of encouraging reading in the early years. LK&B is delivered by community-based preschools / playgroups in Ivanhoe and Menindee, with Maari Ma providing the books and staff support, and it is delivered within Maari Ma's own playgroups by the Early Years team in Broken Hill and Wilcannia. A quality children's book is the focus of a group reading session with related activities such as a song or related play. After the group session, each family is given a copy of that book to take home, encouraging further reading at home and the development of a home library.

The Wilcannia Parents as Teachers Program (WPTP)

The Aboriginal Parents as Teachers Program is a home based program developed and written by Maari Ma and is currently being delivered to 20 families in Wilcannia. The WPTP is delivered fortnightly during the school term. 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. The WPTP aims to work in partnership with parents who are a child's first and most important educators. The WPTP has been imperative during the COVID19 pandemic. A variety of play-based activities were delivered to families during this period to encourage parents and their children to stay at home. The activities have a strong focus on early literacy and numeracy and included puzzles, ball games, board games, art and craft and extra story books for families to add to their LK&B library.

Professional Development

This year, the Early Years team in Wilcannia had the opportunity to present at the National SNAICC Conference in Adelaide. SNAICC – National Voice for our Children, is the national non-government peak body in Australia representing the interests of Aboriginal and Torres Strait Islander children. The conference attracted record numbers, with 1230 delegates coming from approximately 400 organisations from around the country. The presentation 'Big people and little people playing together in Wilcannia' was based on the success of the WPTP. Our team and our presentation were well received. The information gained by the Early Years team was invaluable for future planning of the early years at Maari Ma.



The Early Years Discussion Group

Maari Ma continues to lead the region's Early Years Discussion Group (EYDG). The EYDG consists of early childhood educators and carers representing community and government pre-schools, long day care and other childcare and education settings. This year, representatives from other community organisations have started attending group meetings including Mission Australia, Catholic Care and the Family Referral Service. The group meets bi-monthly to discuss issues such as the delivery of quality programs for early childhood education and care across the region, strategies to ensure that services meet the needs of Aboriginal children and families, professional development and raising community awareness of the importance of a child's early years. The EYDG planned another successful activity for National Children's Week, the annual Children's Day in the Park in Broken Hill in October. The day celebrates children's rights and the importance of play. This year it was great to see higher numbers of Indigenous families present at the park, with transport provided to Maari Ma clients contributing to the higher numbers. Our Wilcannia playgroup team also visited for the day and had the opportunity to interact and engage with early childhood services in Broken Hill.

COMMENTS FROM PARENTS WHO PARTICIPATE IN THE EARLY YEARS PROGRAM:

I can't say anything bad about the way they run things here because I've only got to look at my own son ... I didn't understand my kids until I started coming here

Playgroup parent, Broken Hill

It's important for me and [my child] to meet and interact with other adults and children; we're meeting Aboriginal parents on safe ground, socializing in a good educational [place]

Playgroup parent, Wilcannia

We learn about emotions [like] sad kids and see/learn how to help them

Playgroup parent, Broken Hill

[I volunteer to help with cooking] because I enjoy it ... the recipes we use are provided by a dietician, so we're guided by the health guidelines so we can get our kids to eat healthy ... [it] gives us ideas about ways of doing things at home

Playgroup parent, Broken Hill

If you can't read, you can get help from tutors, I felt shamed because I couldn't read – lot of blackfellas can't read - I put my courage up - I was standing back, but later, I did stand up

#IPPY parent, Broken Hill

[My child] didn't know how to play with kids or talk to them – he had no social skills. What Maari Ma Playgroup did for [him], it built him up, really built him up

Playgroup parent, Broken Hill

The workers have ... been educated in the different issues that children have [and] really helped me ... understand [my child] and helped us grow together

Playgroup parent

Lot of us didn't have the courage to speak up and now – in the group - can all speak up and help each other through difficult times

#IPPY parent, Broken Hill

Very comfortable, no-one judges anybody, no-one making criticizing comments, I was worried that people wouldn't like me, but no-one said anything

#IPPY parent, Broken Hill

It helps kids have courage to go to big school

#IPPY parent, Broken Hill

Home Interaction Program for Parents and Youngsters (HIPPY)

Home Interaction Program for Parents and Youngsters (HIPPY) 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 in Broken Hill with 57 families currently enrolled and 4 HIPPY tutors employed. In the first year of HIPPY, families learn skills to get their children ready for school. In the second year, parents learn more about supporting their children's learning and development at school and at home.

The one to one delivery of the HIPPY curriculum 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 developmental 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.

Like so many other programs, COVID19 has impacted on the way we would normally deliver this wonderful program. We have delivered several work books and resources at a time (rather than one work book and required resources per week for 4 year old children and fortnightly for 5 year old children) in order to minimise contact, and reduce risk of infection for both staff and families. Support is offered over the phone and we are looking at establishing a much bigger Facebook presence in the future.

These packages have been well received by families with several commenting it was wonderful to have such high quality educational resources to work through while their children were home from school and preschool due to COVID19 restrictions.

On a positive note, the HIPPY program was recognised and rewarded by HIPPY Australia for maintaining enrolment rates for children going from the age 4 to the age 5 programs for the 2019 /2020 period. This is due to the hard work that the HIPPY team continues to do building and maintaining meaningful and supportive relationships with families.

This year, HIPPY data has also shown a significant improvement in parents' confidence in being their child's first teacher. The percentage of parents with confidence within their abilities to be their child's first teacher has risen from 58% at enrolment to 88% at graduation. Data also indicates that parents are spending more quality time with their children with an increase from 52% at the time of enrolment to 92% at the time of graduation.



Kulpa Pipinya (Book Talk)

Kulpa Pipinya (Book Talk) is the new literacy program being developed by Maari Ma to complement our other Early Years programs. The program is based on research into dialogic reading and is being written to provide parents and caregivers of children 2 – 5 years of age with an understanding of how conversations around books can improve children's attention span, language development and school readiness.

A further goal will be the creation and publishing of four children's books in collaboration with local educators, artists and children. Eventually these books will become the core of the program, prompting conversations and featuring stories that our children are familiar with. These books will also contain Barkindji language, ensuring culture and language are strong in the program. Kulpa pipinya is another way we will promote the importance of early literacy - encouraging families to love books and the special connection that comes when sharing books with children.

WINGS

During the past financial year Wings staff worked with numerous local organisations, agencies and programs, including:

- NSW Police
- Wilcannia radio station
- Remote area school attendance officers
- Strong Young Families
- Early Years
- Wilcannia Safe House
- Wilcannia Central School, and
- St Theresa's Community School.

In collaboration with those above we worked towards many events, such as exciting school holiday programs, NAIDOC celebrations, movie nights, discos, the corroboree and transport for the Wilcannia Community Dinners.

Importantly, we continue to work closely with the Aboriginal Education Consultative Group at the Central School to support school attendance and educational outcomes for our students.

Of late it has been a very creative time for Wings staff as we work through our Certificate III in Community Development and renovating the centre. We were closed for two months while the government's restrictions banned gatherings and we prepared for a COVID-safe return. While we were closed, we were still able to deliver activities to children at home and we also worked with the school as part of a 'Holidaying at Home Challenge' on Facebook.

In response to the global pandemic, the Wings team also helped to provide community education around social distancing, coughing etiquette and hygiene. This type of education has become embedded in our centre and we have continued to provide the children and families with consistent information and education since our reopening.

Wings has also been busy co-coordinating the Wilcannia youth interagency meetings. This has been a major priority and will be a big part of supporting our delayed NAIDOC celebrations later this year.

We have had some great visitors this year - bands from South Australia, circus people, fair games mob, robotics, clown doctors and outreach groups. We've also had film

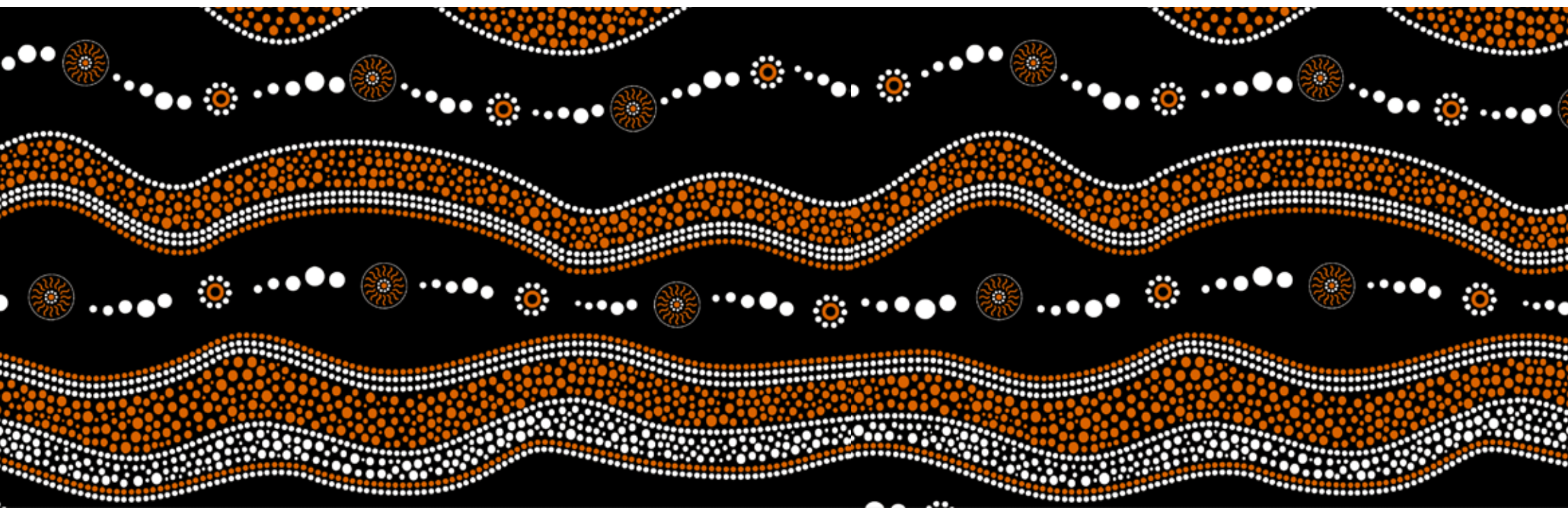


makers, photographers, reporters and musicians visit. 2019 was a great year for being able to connect the kids with many different people in many different types of careers. But thanks to the great Wings team, we also have workers who take the kids to the oval or just kick the ball in the yard as a big part of our activities, not to mention helping out at the great basketball days held by the local radio station, Wilcannia River Radio.

Thanks to Michael and Shelley from consulting firm, PIC for their enthusiasm over the past two years. PIC worked alongside our staff to strengthen the evidence base for what works for Aboriginal young people, and they assisted us to improve our data collection to help us improve our service delivery. But the best news of all - we were finally successful in applying for funding to build a new multi-purpose youth centre in Wilcannia! The new building will house the Drop In Centre, the Wilcannia Early Years programs and other activities focused on young people. It will be exciting to be part of the planning and development of this new asset for Wilcannia.

Nurture

LEADERSHIP AND COMMUNITY SUPPORT



Marrabinya

The Marrabinya program has been operating throughout the Western NSW Primary Health Network (PHN) region since November 2016. This region covers 433,000 square kilometres (more than twice the size of the Maari Ma region) and has a population estimated to be over 309,900 people, with 18.5% over the age of 65 years (ABS, 2016). Approximately 10.5% (or 32,540) of people living in this region identify as Aboriginal and/or Torres Strait Islander. During the 2019/20 financial year the Marrabinya program brokered 24,082 support services and processed 5,815 referrals for eligible Aboriginal and Torres Strait Islander people living in the region.

To be eligible for support from the Marrabinya program the client must be Aboriginal and/or Torres Strait Islander, reside in the Western NSW PHN region and have one of the six chronic diseases which the Marrabinya program targets. The types of support services we can assist with include transport, fuel, accommodation, consultation fees, dose administration aids and some medical aids which are required to assist the client to manage their diagnosed condition.

Feedback from clients and service providers including Aboriginal medical services, general practices and GPs has been positive. Some practices have reported that they can see an improvement in their client's health outcomes and compliance with chronic disease management strategies. Some practices have attributed this improved compliance to the assistance which is available to their clients from programs such as the Marrabinya program.

Marrabinya was invited to present at the Aboriginal Chronic Conditions Network Conference held during August 2019 at Kirribilli, Sydney. The conference aimed to improve the experience and delivery of healthcare for Aboriginal people with chronic conditions in NSW. Themed "Power in Partnerships", the conference posed the question: How do we work in partnership with Aboriginal organisations and agencies to improve the health of Aboriginal people, families and communities. The Marrabinya presentation was well received and attracted interest from many other health care providers across NSW.

In keeping up with promoting Marrabinya and voicing the benefits of such a program, the team recorded a podcast in November 2019 for the Royal Australasian College of Physicians. The podcast focused on the serious gaps between the average health of Indigenous and non-Indigenous Australians, and the fact that behind this are generations of disadvantage and trauma. The podcast promoted promising examples of Indigenous-led interventions like Marrabinya and highlighted how health professionals can align with such programs. The podcast can be accessed on the Maari Ma Health website.

Marrabinya was selected as a Community Organisation of the Year Finalist at the 2019 Dreamtime Awards. This is the second consecutive year we have been selected as a finalist in these awards which is great news and recognition of all the hard work the team does under the guidance of Executive Manager, Donna Jeffries. The National Dreamtime Awards is an opportunity for First Nations people to come together and recognise excellence in the categories of Sport, Arts, Education, Health and



MARRABINYA REGION
433,379 sq.kms

Community. The awards are attended by the country's highest profile political and community figures, sporting stars, entertainers and personalities. They recognise excellence across 17 categories, plus three major awards. The awards night was held on November 16th in Sydney. Marrabinya was up against some of the country's worthiest community organisations including Australian Indigenous Basketball, Aborigines Advancement League and Purple House. Unfortunately, Marrabinya did not win on this occasion. The honors went to Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation, better known as Purple House. Purple House specialises in the provision of remote dialysis to remote Indigenous Australians and we congratulate them on their award.

Strong Young Families (SYF)

Our venue Nginna Kurli (formerly Courthouse Cafe), began the year strongly - holding women's gatherings, Father's Day pizza night celebrations, family health workshops with Education Centre Against Violence (ECAV) and information sessions with Legal Aid. With the schools we held circus workshops and supported the Community Dinners to have entertainment. We also supported the Safe House to stage the fashion parade.

In conjunction with community volunteers and collaborating with the interagency and informal community networks, we played a key role in Yaakalina Paaka-na, Wilcannia's Christmas fireworks celebrations. The whole community celebrated - with local performers acknowledging the year of Indigenous Literacy and singing songs of hope for the coming year. With REDI.E our local employment agency, we were the local liaisons and focal point for preparations for the Yaama Ngunna Baaka corroborree, doing our best to ensure that all elders, men, women and the kids were personally invited and played a role in dancing the river back to life.

Most recently during the COVID19 shutdown, the Strong Young Families (SYF) program continued to weave itself into the fabric of the community by working closely with playgroup, primary health, Wings and other local programs. Delivering education and health resources we work with whole of community to ensure healthy environments for our town's young families.

We have also supported emerging and established artists to access resources to enter the Maari Ma Indigenous Art Awards.

The SYF program has provided support for people through some very trying times. With the drought and all the despair of having no river for so long there has been so much grief and loss. There have been opportunities to connect film crews to local mob to share concerns about the environment, such as the powerful interviews with the Environmental Defenders Office and protest organisers from the coast, and we have been supporting people with sorry business under the saddest circumstances and then through the COVID19 restrictions. This year has been transformative and trying for everyone.

During the COVID19 shutdown, we created a welcoming space and an op shop where we have given out over 60 bags of winter clothes and linen. When we were able to gather, we participated in games days and BBQs providing opportunities to consult, share resources and education with the community. We consulted about whether a night patrol for young people could work in conjunction with this space. We walked side by side the community as they struggled with how to instill a respectful vision of hope and a pathway to dignity for Wilcannia's children and young people. We also regularly checked in with young families, supporting them with access to baby essentials, transport and food as part of everyone's preparations for ongoing isolation.

We continue to explore ways to involve the different family groups together and to work with the whole of community

to keep this space full of life and purpose. The SYF program works from the ideal that it takes a village to raise a child and that everyone has strengths to be celebrated and honoured.

Wilcannia is full of strong men who have walked a journey to restoring their rightful roles in community after incarceration. Unfortunately for many they are unable to obtain Working with Children's checks even after they turn their lives around. This has been our biggest hurdle to employing a male role model as a member of our team but we will keep trying. It is with great joy that the SYF team now includes Ann Currie alongside Louise Moriarty. We all lovingly know Ann as Aunty Dodie and she has been a huge asset to the Drop In Centre and now brings her love and skills to the SYF program. We look forward to seeing what miracles she weaves in this coming year.



Community Support

Before the COVID19 shutdown, Maari Ma was happy to be able to support our communities in a range of ways to celebrate culture and health. The Yaama Ngunna Baaka Corroboree Festival was in Wilcannia on Tuesday 1 October at Baker Park on Reid St. The SYF team and many other community members supported the large crowd from Nginna Kurli (formerly Courthouse Café) with food support and logistics – a great night to celebrate culture and the river. Then it was Menindee's turn on Wednesday 2 October at Bourke & Wills Campsite on Lake Pamamaroo with Maari Ma staff providing first aid support.

Maari Ma is pleased to once again have supported the Cohoe Roosters, a 'mature-aged' rugby league club made up of players from Ivanhoe and Cobar communities. At the other end of the age spectrum, we were also pleased to be able to support Wilcannia's juniors team this year.

Following the devastation of the summer's bush fires we also contributed to a wildlife rescue charity to support the rehabilitation of injured wildlife.

This year was the 10th anniversary of Maari Ma's support for the Far West Aboriginal and Torres Strait Islander Art prize hosted by the Broken Hill Regional Art Gallery. Rebranded the Maari Ma Indigenous Art Awards and with significantly increased prize money, we helped to host a successful community event which included music, food and stalls for local artists to sell their wares.

The COVID19 shutdown period brought into sharp relief the type of support Maari Ma is able to provide to our communities. We quickly mobilised to ensure that households understood the changing restrictions brought about by the pandemic; elders were supported to register for food support via the NSW Aboriginal Land Council and the Centre for Aboriginal Health; families who chose to distance themselves from overcrowded housing were provided with some supplies; households and communities were provided with signs that discouraged visitors from stopping because residents were self-isolating for their health; and we advocated loudly to governments for better planning of supports for Aboriginal people if and when the corona virus came to the far west, particularly for people already in overcrowded housing. We were pleased to be able to support Wilcannia's community kitchen to create and deliver meals for vulnerable people.

Our Early Years and Allied Health teams also supported a large number of families to register to receive computers which were being replaced by the Department of Communities and Justice, to assist families to stay connected. These are slowly being distributed.

Consolidate

GROWTH





Finance Report For the year ended 30 June 2020

Maari Ma Health'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;
- 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;
- 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. 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 revenue from operations of \$19,821,049 (after adjusting for unexpended grants) which is an increase of just over \$500,000 from the previous financial year. Revenue included the receipt of capital funding from the Department of Health and NSW Health for works in Wilcannia.

Expenditure for the year was \$19,857,794, an increase of approximately \$890,000 over the previous financial year. The major increase in expenditure related to salaries and medical costs. After taking into account the gain on disposal of assets, Maari Ma's surplus for the year was \$64,915.

Chris Eastwood

Executive Manager, Finance



Independent auditor's report

To the members of Maari Ma Health Aboriginal Corporation

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 2020 and of its financial performance for the year then ended
- (b) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2007*
- (c) any applicable determinations made by the Registrar under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

What we have audited

The financial report comprises:

- the statement of financial position as at 30 June 2020
- 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 these financial statements, which include a summary of significant accounting policies
- the declaration of the Directors.

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.

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Independence

We are independent of the Corporation in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and 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.

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 2020 but does not include the financial report and our auditor's report thereon.

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

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

If, based on the work we have performed 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.

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 – Reduced Disclosure Requirements 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.



Independent auditor's report to the members of Maari Ma Health Aboriginal Corporation (continued)

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. This description forms part of our auditor's report.

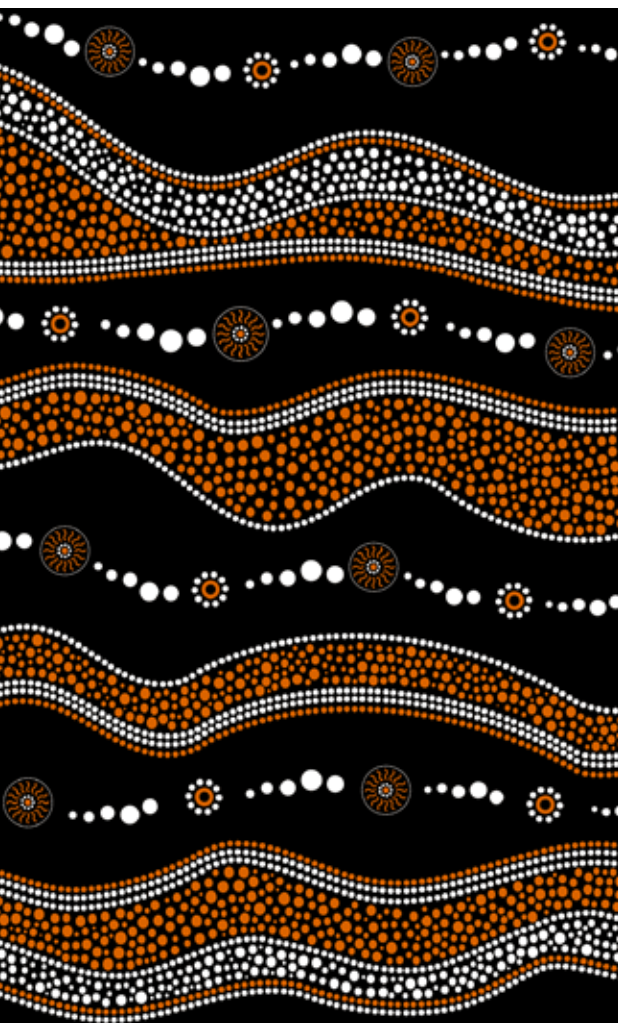
A stylized, handwritten signature of PricewaterhouseCoopers in grey ink.

PricewaterhouseCoopers

A stylized, handwritten signature of M. T. Lojszczyk in grey ink.

M. T. Lojszczyk
Partner

Adelaide
25 August 2020



Directors Report For the year ended 30 June 2020

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 2020 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)
- Des Jones
- Gloria Murray
- Fay Johnstone
- Cheryl Blore
- Norma Kennedy

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 | 4 |
| • Des Jones | 5 |
| • Gloria Murray | 5 |
| • Fay Johnstone | 5 |
| • Cheryl Blore | 4 |
| • Norma Kennedy | 4 |

There are no Board committees.

QUALIFICATIONS, EXPERIENCE AND SOCIAL RESPONSIBILITIES OF EACH DIRECTOR

Maureen O'Donnell is a Barkintji elder belonging to the Wilyakali language group. Maureen is also the Chair of the Broken Hill Local Aboriginal Land Council and of Wilyakali Aboriginal Corporation. She is 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 Deputy 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 Officer 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.

Norma Kennedy is a Gamilaroi woman and has lived in Wilcannia for the past 33 years. Norma was an Aboriginal Health Worker with the Wilcannia Health Service for 20 years and the Secretary of the Mutawintji Local Aboriginal Land Council for 15 years. Norma is presently a Board member of the Regional Enterprise Development Institute Ltd (REDI.E).

QUALIFICATIONS, EXPERIENCE AND SOCIAL RESPONSIBILITIES OF THE SECRETARY

Bob Davis is a Dhunghutti man and has more than 30 years' experience at Chief Executive Officer / Executive Director level within Aboriginal health with government and non-government organisations in NSW and Cape York.

Bob has previously held positions as CEO/Director for a number of organisations including the Cape York Health Council Partnership for Aboriginal Coordinated Care Trial and Biripi Aboriginal Medical Service. He has also held positions of Director of Aboriginal Health for the Mid North Coast Area Health Service, NSW Assistant Regional Coordinator for the former National Aboriginal and Islander Health Organisation and Director of Land, Policy and Research Unit for the NSW Aboriginal Land Council.

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 \$64,915 (2019: \$393,044). The Corporation was not financially adversely affected by the COVID19 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 (2019: \$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 2020 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.

ENVIRONMENT REGULATION

The Corporation is not subject to significant environmental regulations.

INSURANCE OF OFFICERS

During the year the Corporation paid a premium of \$688 to insure the directors and managers of the Corporation (2019: \$981).

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 willful 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 15 August 2020. The directors do not have the power to amend and reissue the financial statements.



**Broken Hill
25 August 2020**



Auditor's Independence Declaration

As lead auditor for the audit of Maari Ma Health Aboriginal Corporation for the year ended 30 June 2020, I declare that to the best of my knowledge and belief, there have been:

- (a) no contraventions of the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* in relation to the audit; and
- (b) no contraventions of any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink, appearing to be 'M. T. Lojszczyk', written over a light grey circular background.

M. T. Lojszczyk
Partner
PricewaterhouseCoopers

Adelaide
25 August 2020

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Statement Of Financial Position As at 30 June 2020

	Note	2020 \$	2019 \$
CURRENT ASSETS			
Cash and cash equivalents	2	3,251,725	3,059,694
Other financial cash assets	2	6,051,771	4,546,811
Trade and other receivables	3	850,275	664,478
TOTAL CURRENT ASSETS		10,153,771	8,270,983
NON-CURRENT ASSETS			
Property, plant and equipment	4	10,600,417	10,301,676
TOTAL NON-CURRENT ASSETS		10,600,417	10,301,676
TOTAL ASSETS		20,754,188	18,572,659
CURRENT LIABILITIES			
Unexpended grants	5, 6	5,346,868	3,411,516
Trade and other payables		2,147,091	2,163,284
Bank loans	8	37,992	37,992
Employee entitlements		2,118,048	1,843,525
TOTAL CURRENT LIABILITIES		9,649,999	7,456,317
NON-CURRENT LIABILITIES			
Bank loans	8	680,221	693,045
Employee entitlements		121,513	185,757
TOTAL NON-CURRENT LIABILITIES		801,734	878,802
TOTAL LIABILITIES		10,451,733	8,335,119
NET ASSETS		10,302,455	10,237,540
ACCUMULATED SURPLUS			
Accumulated surplus		10,302,455	10,237,540
TOTAL ACCUMULATED SURPLUS		10,302,455	10,237,540

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

Statement Of Comprehensive Income As at 30 June 2020

	Note	2020 \$	2019 \$
REVENUE FROM CONTINUING OPERATIONS			
Grant revenue	5	16,679,310	16,624,711
Medicare & primary health revenue		2,481,206	2,042,568
Sundry revenue		575,169	507,830
Bank interest		85,364	113,456
TOTAL REVENUE FROM CONTINUING OPERATIONS		19,821,049	19,288,565
OTHER INCOME			
Net gain on disposal of assets		101,660	73,647
Less: Expenditure	7	(19,857,794)	(18,969,168)
Income tax expense		-	-
NET SURPLUS FOR THE YEAR		64,915	393,044
Other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME		64,915	393,044

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

Statement Of Changes in Equity As at 30 June 2020

	Note	2020 \$	2019 \$
Accumulated surplus at the beginning of the financial year		10,237,540	9,844,496
Impact of adoption of new accounting standards			
Net surplus for the year		64,915	393,044
Other comprehensive income		-	-
ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR		10,302,455	10,237,540

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



Statement Of Cash Flows As at 30 June 2020

	Note	2020 \$	2019 \$
CASH FLOWS FROM OPERATING ACTIVITIES		Inflows/(outflows)	
Receipts from funding providers and customers (inclusive of GST)		23,335,703	21,752,225
Payments to suppliers and employees (inclusive of GST)		(20,795,034)	(20,094,869)
Interest received		94,689	88,218
NET CASH FLOWS FROM OPERATING ACTIVITIES		2,635,358	1,745,574
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant and equipment		(1,093,724)	(912,339)
Proceeds from sale of property, plant and equipment		168,181	137,496
Funds invested in term deposits		(1,504,960)	(704,535)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(2,430,503)	(1,479,378)
CASH FLOWS FROM FINANCING ACTIVITIES			
Receipts from lender		-	240,000
Payments to lender		(12,824)	(15,104)
NET CASH FLOWS FROM FINANCING ACTIVITIES		(12,824)	224,896
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD		192,031	491,092
Cash and cash equivalents at the beginning of the financial year		3,059,694	2,568,602
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR		3,251,725	3,059,694

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

I. 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 the Corporation comply with Australian Accounting Standards – Reduced Disclosure Requirements as issued by the 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 2019

The Corporation applied the following new standards and amendments to accounting standards mandatory

for the first time for the financial year beginning 1 July 2019:

- AASB 15 Revenue from contracts with customers
- AASB 1058 Income for not-for-profit entities
- AASB 16 Leases

The Corporation undertook a detailed review of its revenue contracts that were entered into during the transition period and concluded that there were no adjustments required to net profit or opening retained earnings on transition. The adoption of AASB 15 and AASB 1058 did not have any impact on the amounts recognised in prior periods and will also not affect the current or future periods.

The Corporation has adopted AASB 16 retrospectively from 1 July 2019, but has not restated comparatives for the 2019 reporting period, as permitted under the specific transition provisions in the standard. The Corporation undertook a detailed review of its lease contracts and concluded that the adoption of AASB 16 did not have any material impact on the amounts recognised in prior periods and will also not affect the current period. The accounting policy for leases can be found at note 1(j).

New standards and interpretations not yet adopted

Certain new standards, amendments to standards and interpretations issued by the AASB which are not yet mandatorily applicable to the Corporation have not been early adopted by 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.

(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. Collectibility 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) Leases

(i) Treatment before adoption of AASB 16

Leases are classified as finance leases whenever

the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

The Corporation as the lessee recognises a leased asset and a corresponding lease liability on the statement of financial position as property, plant and equipment and financial liabilities respectively. The leased asset is initially measured at fair value and is recorded as property, plant and equipment. Each lease payment is apportioned between the finance expense and the reduction of the outstanding lease liability. The finance expense is recognised in profit or loss, over the term of the lease using the rate implicit in the lease that is the rate that exactly discounts the future lease payments to the fair value of the asset at the beginning of the period.

In subsequent periods, the lease liability is accounted for similarly to a financial liability using the effective interest method. The leased asset is accounted for similarly to a purchased asset and depreciate.

(ii) Treatment after adoption of AASB 16

AASB 16 came into effect for periods beginning on or after 1 January 2019. The Corporation adopted AASB 16 retrospectively from 1 July 2019, but has not restated comparatives for the 2019 reporting period, as permitted under the specific transition provisions in the standard. On adoption of AASB 16, the Corporation recognised lease liabilities in relation to leases which had previously been classified as operating leases under the principles of AASB 117 Leases. These liabilities will be measured at the present value of the remaining lease payments, discounted using the lessee's incremental borrowing rate as at date of initial application. Each lease payment is allocated

between the liability and finance cost. The finance cost is charged to the statement of comprehensive income over the lease period so as to produce a constant rate of interest on the remaining balance of the liability at each period. For leases previously classified as finance leases the entity recognised the carrying amount of the lease asset and lease liability immediately before transition as the carrying amount of the right of use asset and the lease liability at the date of initial application. The measurement principles of AASB 16 are only applied after that date. The associated right-of-use assets for property leases were measured on a retrospective basis as if the new rules had always been applied. Right-of-use assets are depreciated over the shorter of assets' useful life and the lease term on a straight-line basis.

(k) Income Tax

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

(l) Comparative Figures

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

(m) 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.

(n) 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.

Notes To and Forming Part of These Financial Statements

2. CASH AND CASH EQUIVALENTS AND OTHER FINANCIAL CASH ASSETS

	2020	2019
	\$	\$
CASH AND CASH EQUIVALENTS		
Cash at bank	3,250,025	3,057,994
Cash on hand	1,700	1,700
	3,251,725	3,059,694
OTHER FINANCIAL CASH ASSETS		
Term deposits	6,051,771	4,546,811
	6,051,771	4,546,811

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

3. TRADE AND OTHER RECEIVABLES

	2020	2019
	\$	\$
CURRENT		
Trade receivables	548,831	308,201
Sundry receivables	22,571	20,390
Accrued income	98,758	115,506
Prepayments	180,115	220,381
	850,275	664,478

As at 30 June 2020, trade receivables of \$14,998 (2019 – \$420) were past due but not impaired. These relate to a number of independent customers for whom there is no recent history of default.

From 1 July 2019, the Corporation assesses on a forward looking basis the expected credit losses associated with its debt instruments carried at amortised cost and fair value through other comprehensive income. The impairment methodology applied depends on whether there has been a significant increase in credit risk.

4. PROPERTY, PLANT AND EQUIPMENT

	Freehold Land	Freehold Buildings	Plant & Equipment	Motor Vehicles	Total
	\$	\$	\$	\$	\$
AT 30 JUNE 2019					
Cost	500,962	9,535,124	1,768,018	1,777,659	13,581,763
Accumulated depreciation	-	(1,345,251)	(923,293)	(1,011,543)	(3,280,087)
NET BOOK VALUE	500,962	8,189,873	844,725	766,116	10,301,676
YEAR ENDED 30 JUNE 2020					
Opening net book value	500,962	8,189,873	844,725	766,116	10,301,676
Additions	32,400	505,829	128,577	471,539	1,138,345
Disposals	-	(5,011)	(31,202)	(32,578)	(68,791)
Depreciation charge	-	(259,440)	(144,073)	(367,300)	(770,813)
Closing net book value	533,362	8,431,251	798,027	837,777	10,600,417
AT 30 JUNE 2020					
Cost	533,362	10,032,752	1,684,540	1,808,540	14,059,194
Accumulated depreciation	-	(1,601,501)	(886,513)	(970,763)	(3,458,777)
NET BOOK VALUE	533,362	8,431,251	798,027	837,777	10,600,417

Notes To and Forming Part of These Financial Statements

5. GRANT REVENUE

During the year, the Corporation received the following grants:

	2020	2019
	\$	\$
Australian Government – Dept. of Health	8,360,603	7,797,099
Broken Hill Environmental Lead Program	250,000	250,000
Brotherhood of St Lawrence	236,908	236,887
Ernst & Young	20,000	-
Far West Local Health District	985,300	961,201
GP Synergy	386,127	565,160
National Indigenous Australians Agency	902,182	840,101
NSW Dept. of Communities & Justice	494,605	1,078,494
NSW Dept. of Education	115,000	116,800
NSW Ministry of Health	1,772,684	1,289,124
NSW Office of Responsible Gambling	-	80,000
NSW Outback Division of General Practice	398,810	694,467
NSW Rural Doctors' Network	942,187	1,000,401
Pharmacy Guild	26,336	28,288
Western Health Alliance Limited	2,919,930	2,752,036
	17,810,672	17,690,058
Prior year unexpended grants	3,411,516	2,346,169
Unexpended grants carried forward	(4,542,878)	(3,411,516)
GRANT REVENUE FOR THE YEAR	16,679,310	16,624,711

6. UNEXPENDED GRANTS

	2020	2019
	\$	\$
Tied grant monies	2,892,878	1,561,516
Untied monies	1,650,000	1,850,000
	4,542,878	3,411,516
Revenue in advance	803,990	-
	5,346,868	3,411,516

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.

Notes To and Forming Part of These Financial Statements

7. EXPENDITURE

	2020	2019
	\$	\$
Audit fees, including grant acquittals	98,985	96,102
Board expenditure	64,079	64,566
Client support	1,302,383	1,517,826
Community engagement	989,335	964,071
Consultants' fees	206,752	206,873
Depreciation	770,813	753,592
Insurance	74,977	69,774
Medical & dental costs	2,710,364	2,357,585
Meeting expenses	135,912	198,463
Miscellaneous expenses	76,510	54,929
Motor vehicle expenses	250,977	272,462
Printing, stationery & telephone	231,645	215,550
Property costs	841,013	686,181
Repairs & maintenance	260,827	262,070
Resources	174,755	131,764
Salaries & wages and on-costs	11,230,068	10,684,454
Staff costs	351,358	273,188
Travel & accommodation	87,041	159,718
TOTAL EXPENDITURE	19,857,794	18,969,168

8. BORROWINGS

	2020			2019		
	\$			\$		
	Current	Non-Current	Total	Current	Non-Current	Total
Secured Borrowings	37,992	680,221	718,213	37,992	693,045	731,037

Secured liabilities and assets pledged as security

The total bank loans of \$718,213 are secured by the Corporation's freehold land and buildings for which the loans were obtained.

9. KEY MANAGEMENT PERSONNEL DISCLOSURES

	2020	2019
	\$	\$
Key management personnel compensation	1,664,977	1,613,469

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 (2019: \$nil).

10. CONTINGENCIES

The Corporation had no contingent liabilities or contingent assets at 30 June 2020.

11. COMMITMENTS

Lease commitments

The Corporation leases office space under non-cancellable leases.

Commitments for minimum lease payments are as follows:

	2020
	\$
Not longer than 1 year	31,336

12. RELATED PARTY TRANSACTIONS

There have been no transactions with related parties during the year ended 30 June 2020.

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 (2019: 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

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 40 to 53 are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, including:
 - (i) complying with Accounting Standards and other mandatory professional reporting requirements, and
 - (ii) giving a true and fair view of the Corporation's financial position as at 30 June 2020 and of its performance for the year ended on that date.

This declaration is made in accordance with a resolution of the directors dated 25 August 2020.



Maureen O'Donnell
Director

Broken Hill
Dated this 25th day of August 2020

Workforce

As always, we continue to focus on growing and developing our workforce and providing employment, leadership and professional development opportunities. This includes a commitment to increasing our Indigenous workforce at every opportunity, and training and skill development opportunities.

We have had to change the way we operate some of our services and programs this year to comply with COVID 19 restrictions. Importantly though, Maari Ma has been able to keep our doors open through the COVID19 pandemic.

Workforce Development Strategy:

We continue to implement our Workforce Development Strategy with priority in the recruitment and retention of Aboriginal staff and growing Aboriginal leadership.

Maari Ma will continue to commit to:

- Increasing the number of qualified Aboriginal staff and their length of employment with Maari Ma.
- Focusing on Aboriginal leadership growth, succession planning and Aboriginal representation at all levels within Maari Ma.
- Ensuring the cultural capability of all staff through training as part of our Cultural Competency Framework.
- A trained, skilled and well supported workforce that works with great professionalism and care.

Workforce Development Strategy

Maari Ma continues to support our workforce with development and training opportunities.

A significant proportion of our workforce undertook Hand Washing Training and the Department of Health's e-Learning in Infection Control - COVID19 module.

Unfortunately, much of our traditional training has not been available due to COVID19 restrictions but we have been working with training providers to find alternative delivery methods.

ALLIED HEALTH:

Our two Indigenous allied health assistants in training graduated in July and have been busy working with our allied health professionals.

MANAGEMENT AND LEADERSHIP:

Two Indigenous employees completed their Diploma of Leadership and Management and another two Indigenous employees have commenced studies in their Advanced Diploma of Leadership and Management. This is working towards increasing our capacity for Indigenous representation within leadership and management roles.

A SNAPSHOT OF OUR WORKFORCE

	30 June 2020	30 June 2019	30 June 2018
Number of employees (full time, part time and casual)	130	123	124
Number of Indigenous employees	80	81	70
Percentage of Indigenous employees	62%	66%	51%
Full Time Equivalent (FTE) Employees	109	104	104
Percentage FTE Indigenous employees	65%	64%	51%

ABORIGINAL PRIMARY HEALTH WORKERS IN TRAINING:

We have six Aboriginal health workers in training and three existing staff on their way to complete their studies in Certificate IV Aboriginal & Torres Strait Islander Primary Health Care Practice in partnership with TAFE Western. This includes four trainees from Broken Hill, one from Wilcannia and one from Menindee as well as three existing Broken Hill staff. At the end of June all trainees had attended five TAFE blocks and were successfully working towards completion which is planned for October 2020. On successful completion Maari Ma will support all the participants to become registered Aboriginal health practitioners with AHPRA.

NURSING:

Two Indigenous employees are currently completing their Bachelor of Nursing. This will increase our Indigenous representation across the clinical teams. Two of our nurses are working towards additional qualifications in diabetes management and sexual health.

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

- Michelle Parker
- Linda Lynott
- Tamara Brache
- Dr Priscilla Htun

10 YEARS

- Dimity Kelly
- Tarissa Staker
- David Winter

15 YEARS

- Renae Roach
- Kate Gooden
- Justin Files
- Lisa Kelly
- Cath Kennedy

During this year two of our long serving senior Aboriginal staff members left Maari Ma:



Kaylene Kemp has retired after 22 years with Maari Ma. Kaylene has worked her way through the organisation starting in administration roles within our Regional Office and moved to the Primary Health Care service as the Team Leader Practice Admin. With Kaylene's passion for chronic disease and our community Kaylene then headed up our Keeping Well Team, then became the Community Engagement Manager. For the past 2 years Kaylene has been the Executive Manager, Primary Health Care Services.

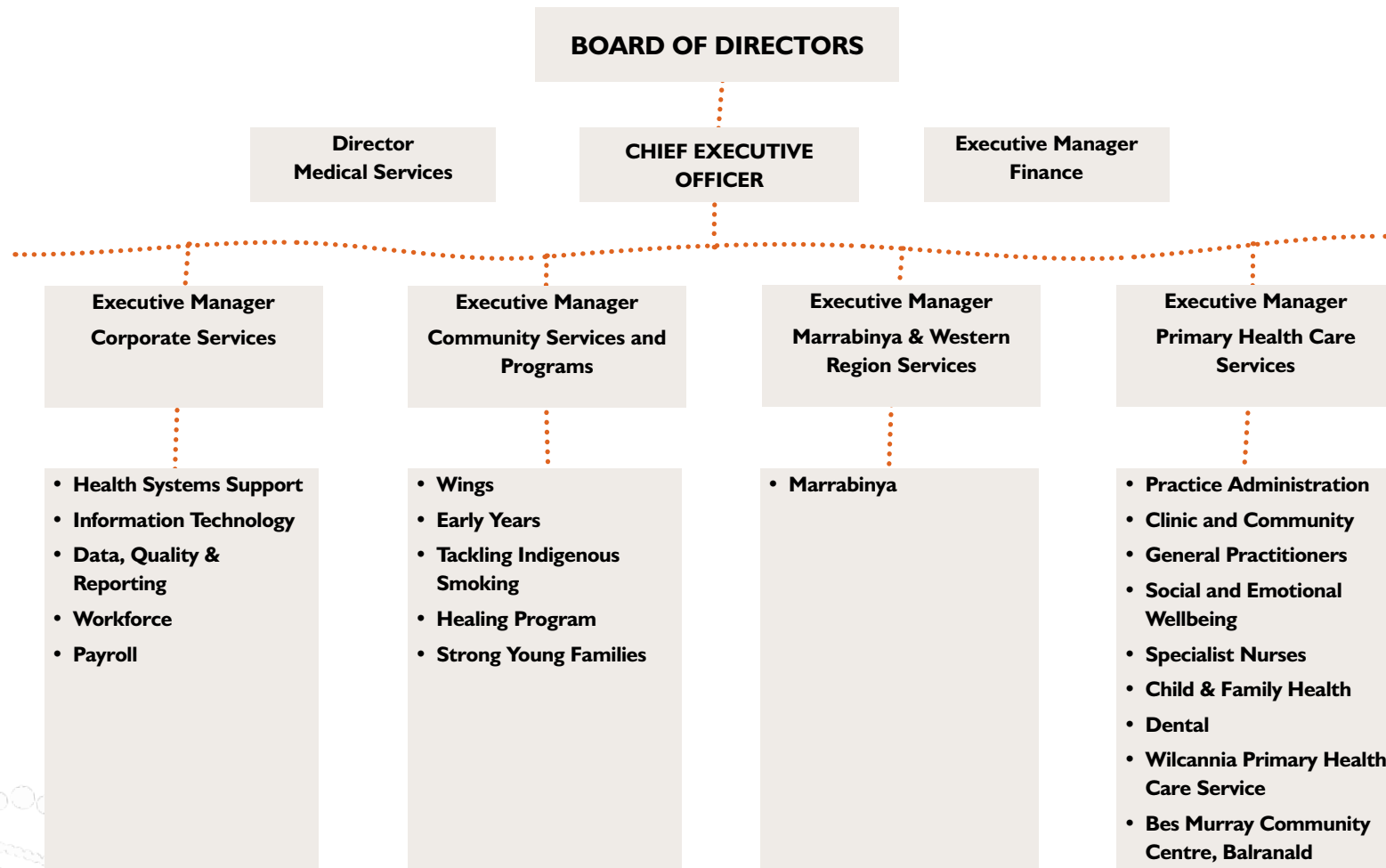


Justin Files has moved on after 15 years with Maari Ma. Justin started with Maari Ma in a community development role working in Menindee then moved to Broken Hill to work as part of the SEWB Team, and was subsequently the SEWB Team Manager. Justin then went on to be the Manager Primary Health Care Service and most recently the Executive Manager, Community Services and Programs.

Both Kaylene and Justin have been significant leaders within the organisation and community, and we wish them both well in the future.



Organisational Chart



Corporate Services

The past 12 months have certainly tested us all, not just individually but as an organisation. Importantly in times of uncertainty, the unseen backroom machinery of any organisation needs to continue to operate to support the rest of the organisation to do what needs to be done without impediment, as quickly and seamlessly as possible. As an example, our new backup generator at the Primary Health Care Service certainly proved its worth more than once, keeping the lights on and doors open to our clients where we would otherwise have been forced to close.

But then with the COVID19 shutdown, we needed to enable some workers quarantining after overseas travel to work from home; a sudden move to telehealth was required for all services including specialist services and a fever/COVID/respiratory testing clinic within our main clinic was established; we also needed to move teams elsewhere and into new spaces to ensure appropriate social distancing and enable continued service delivery, which meant service delivery was required in new locations. Some staff were retrained, some were redeployed, some couldn't come to work because of childcare or home schooling issues while others couldn't come to work because of their own health or that of a family member. We needed to be able to act quickly, fairly and decisively.

All areas of the organisation should be applauded for their efforts in keeping the doors open and services going, but the IT and Human Resources teams did a sterling job in difficult circumstances.

We also considerably ramped up our social and traditional media engagement to communicate a wide range of health messages. Local papers, Facebook, radio and good old door knocking got the important messages out quickly and early, and helped to keep our communities, clients and families safe.

INFORMATION TECHNOLOGY:

Our IT team of Michael Hanley and Robbie Smith manage a myriad of day to day requests and issues while also making sure Maari Ma's team spread across more than 400,000 square kilometres of NSW is never out of touch. While it is easy to get bogged down in the everyday, they have managed to achieve some significant tasks this year. IT highlights include:

- Replacement of ageing hardware in our Broken Hill data centre with new highly available enterprise servers and network storage system. The process went smoothly with no significant interruption to services.
- Connection of our high speed optical fibre. This has now been configured on our network to provide a much better experience for outreach workers, enhancing videoconferencing and cloud applications.
- Use of Office 365 for team collaboration. The IT team has built applications for reporting as well as finance tasks such as electronic purchase requests using this platform. Migration of the old intranet is underway and will see us using Office 365 exclusively once complete.
- The combination of fast internet for remote desktop applications and access to cloud infrastructure such as Office 365 has made it easier than ever to stay connected and collaborate regardless of a staff member's location.
- The team researched and tested video conferencing platforms to enable video consults for clients and specialist clinics.

The team was also called upon at short notice to reconfigure the Health Service during the COVID19 shutdown, including relocation of teams and phones and new equipment for the respiratory clinic. The Kiila Laana building was also connected to our network at short notice, and became our flu and health check clinic space.

Our service in Balranald is now able to report activity via medical software system Medical Director, and IT helped setup all new IT and communications infrastructure there and provided training to staff.

We continue to support Murdi Paaki Regional Housing, and sourced and installed secure new servers, computers and access to Office 365 cloud services for them. We also provide support as needed to Murdi Paaki Services.

DATA SUPPORT SERVICES AND REPORTING:

Data management and reporting continues to be an important part of our service delivery. We are currently working with database developers on a system to collect information regarding some of our community programs such as playgroups, Wings and Strong Young Families. This database will link directly to the Commonwealth Government's Data Exchange (DEX) required for our reporting of DCJ-funded activities.

Considerable effort has gone into finalising the third report in our child profile series: Health, Development and Wellbeing in Far West NSW – a picture of our children and youth. This is due to be released shortly and shows some important improvements in some headline indicators for child development and wellbeing.

Maari Ma has also partnered with the Australian National University and will support an advanced training position in 2021 in public health medicine. This will certainly add to our public health expertise and evidence-based use of data in our programs.

HUMAN RESOURCES:

Our Workforce team doubled in numbers with the recruitment of Karena Crampton to the Human Resources Assistant role. Karena is training in ConnX use and has shadowed our payroll function as well. Renae Roach, our Human Resources Coordinator, is currently undertaking the Advanced Diploma in Leadership and Management through the University of New England.

Our HR team played an important role during the COVID19 shutdown assisting to advise on staff leave, options for redeploying staff, addressing issues of hardship as they arose and participating in our pandemic working groups. They were, and are, solutions-focused.

CAPITAL WORKS:

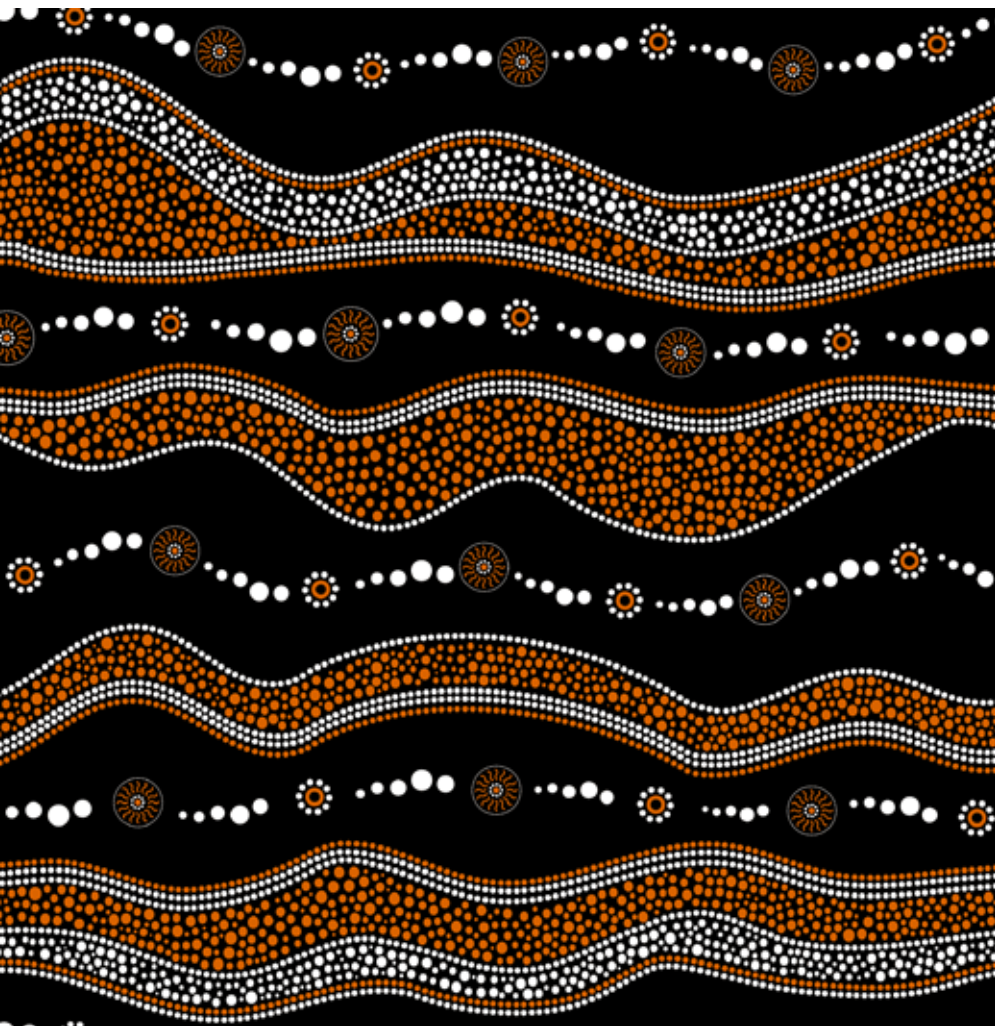
As announced in last year's annual report, we were successful in achieving a capital works grant from the Commonwealth Department of Health to build a new primary health care facility in Wilcannia. We initially planned to site the new building within the grounds of the Wilcannia Hospital however when sufficient land could not be guaranteed, we approached Central Darling Shire Council. The Council has been very supportive and has offered land adjacent to the hospital on the banks of the Baarka/Darling. Project managers, Troppo Architects from Adelaide have been appointed and have worked with staff and community to get input into what is required and desired of the new facility. The next 12 months will be very busy for this project.

We have also been successful in obtaining a Building Better Regions grant to build a new Wings facility for Wilcannia's young people. Troppo will also project manage this activity and have met with staff, parents and children to develop something which will meet the needs of the community for the foreseeable future in a safe and engaging environment.

Communicate

ENGAGE





Partnerships

First and foremost, Maari Ma partners every day with our communities to seek good health and wellbeing. We are always grateful for the support shown by our communities for the work that Maari Ma does.

We continue to work side by side many organisations whose vision we share, but in particular, it is worth acknowledging CAGES, Scully Fund and the Metamorphic Foundation – all philanthropic groups whose generous donations are so important to us.

Other significant partners, the Commonwealth Department of Health and NSW Centre for Aboriginal Health, were particularly quick to provide real and important financial and logistical support to Maari Ma, our clients and our communities during the COVID19 shutdown. These government agencies, and others, showed solidarity and flexibility as they worked with us to remove impediments to ensuring communities were safe and supported during the shutdown. It was a tense and difficult time, and bureaucracies showed they were readily able to adapt and to support us so that we in turn could support our staff, clients and communities. We continue to be grateful for their confidence in us.

We look forward to maintaining existing, and developing more, positive relations in 2020/21.



Staff



Adah ETRICH	Cath KENNEDY
Alana CUNICO	Cathie LISTON
Alannah DEGOUMOIS	Cathy DYER
Alina TURGIEVA	Charlotte BERTELSEN
Alinta EDGE	Chris EASTWOOD
Amanda EVERETT	Christene POLANSKI
Ann BENNETT	Claire WILLIAMS
Ann CURRIE	Cooper FLEMING
Aung SI THU	Daniel JACKMAN
Aye MON	Danielle IRVING
Aye HAN	David WINTER
Barbara WILLIAMS	Deborah CUSHING
Bernie KEMP	Desley MASON
Bianca FILES	Dimity KELLY
Bob DAVIS	Donna JEFFRIES
Briony CALLAGHAN	Dorothy JOEL
Britny COFF	Elizabeth MANN
Bronwyn JOHNSON	Emily JOHNSON
Brooke LANCE	Emma MOORE
Caitlin-Amber COFF	Erin COMMINS
Callan ROGERS	Erin VALE
Carmel KING	Gabrielle BUGG
Casey HARRIS	Hannah MORRIS

Helen FREEMAN
Hugh BURKE
Jacquelyn HONAN
Jade SHILLINGSWORTH
Jae EDWARDS
Jake WHYMAN
Janette JONES
Jayde FLENTJAR
Joanne BUGG
June JONES
Justin FILES
Kalinda MORRISON
Karen ELSTON
Karena CRAMPTON
Kate BALMAN
Kate PITTAWAY
Kathleen GOODEN
Kaylene KEMP
Kelly-Anne MCGOWAN
Kendy ROGERS
Kevin BATES
Kym LEES
Latesha ADAMS

Lavinia HENDERSON
Lee-Ann ADAMS
Lee-Anne PHILP
Linda LYNOTT
Lisa KELLY
Loi ZANETTE
Louise MORIARTY
Lynley REBBECK
Marion CHRISTIE
Marsha FILES
Maung SEIN
Max QUAYLE
Meagan RUFUS
Megan HURST
Mele TUIPULOTU
Melissa FLANNERY
Michael HANLEY
Michael NUGENT
Michelle PARKER
Murray BUTCHER
Natasha BOTTRELL
Paegan HALL
Paige WINCH

Penny ROBERTS-THOMSON
Peter GOUGH
Phillip HUNTER
Priscilla HTUN
Rachael KEMP
Racheal MURPHY
Rachel JEWELL
Rachel KENNEDY
Rebecca CONTI
Renaë ROACH
Renee POWELL
Robert SMITH
Robert HARRIS
Robyn CATTERMOLÉ
Robyn FIDGE
Rochelle BOTTRELL
Ross MORRIS
Samuel HARLEY
Sandra GRAY
Shani SPENCER
Shanisha HARRIS
Shannon HENDERSON
Sharon HOOKER

Sherlie BARNETT
Shontae HARRIS
Simone BARRY
Stephanie NEWMAN
Stephen GAGGIN
Steven GRILLET
Syema KHAN
Synitta ADAMS
Tamara BRACHE
Tammy KING
Tania LAWSON
Tarissa STAKER
Tayla NEWMAN
Tessa FILES
Than SOE
Tiana BATES
Tiffany CATTERMOLÉ
Tiffany LYNCH
Toni BAHLE
Valerie BUGMY
Victor CARROLL
Victor WARD
Vivienne PRESTIDGE

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