



Annual Report

2020 – 2021

Maari Ma Health Aboriginal Corporation

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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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Cover photo: Louise Moriarty

ALL ENQUIRIES TO:
Maari Ma
CEO
PO Box 339
Broken Hill NSW 2880

Our Vision & Values

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



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.

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.

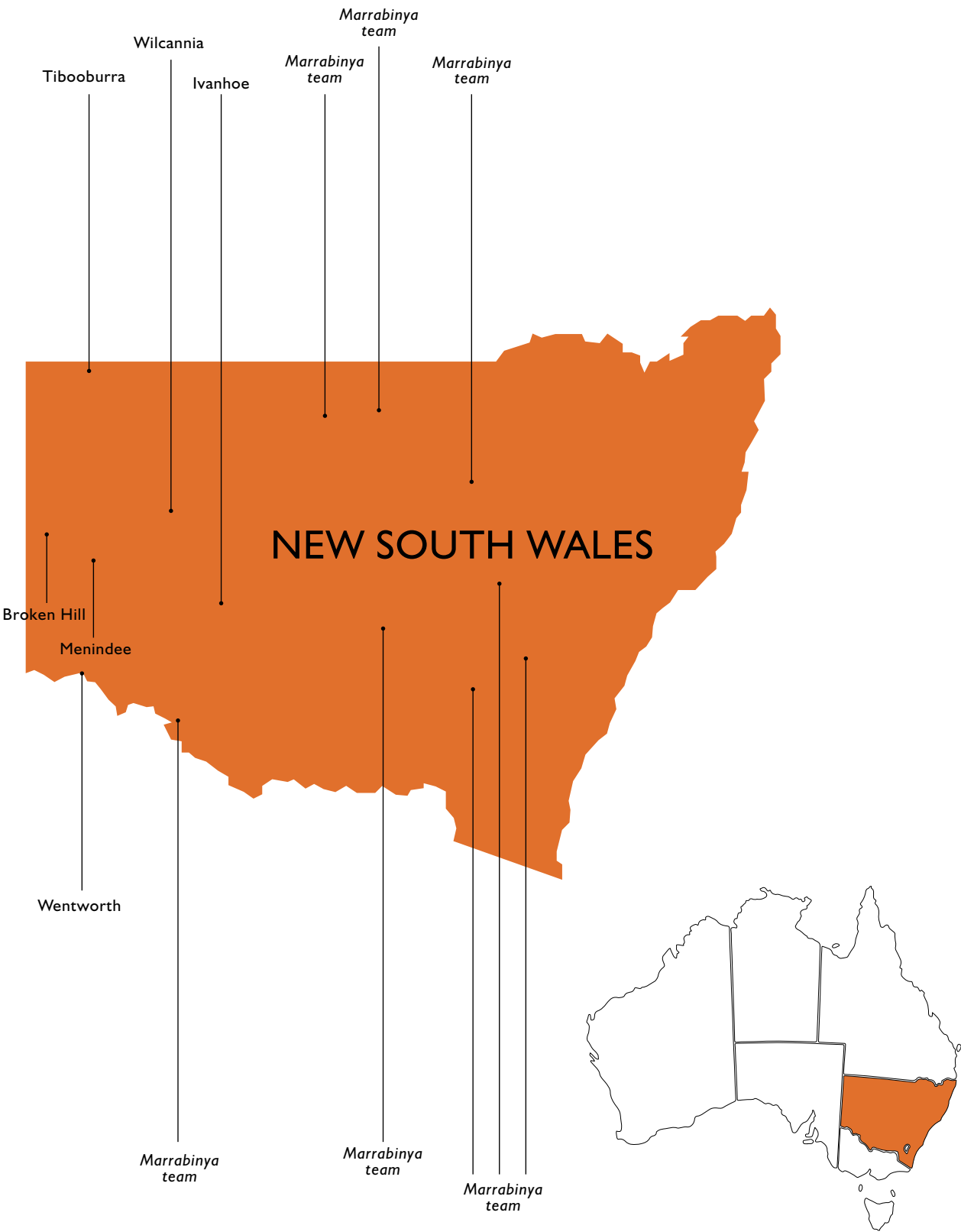
Quality

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.

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



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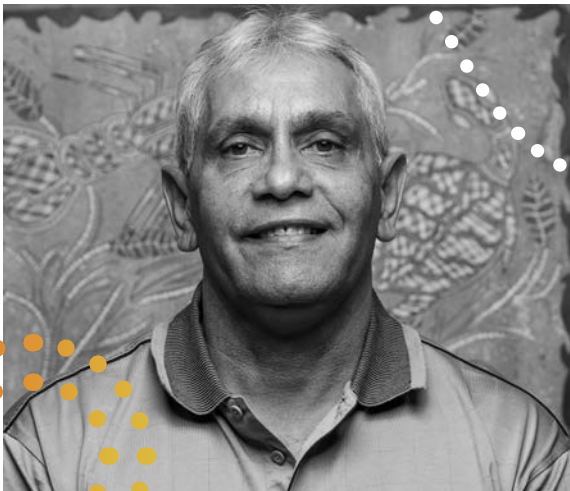
Respecting Aboriginal community control

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.



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 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). Norma commenced her role with the Maari Ma Board in 2018.

Chairperson's Report



I'd like to thank the Board for their work during these tough times and for their valued input throughout the year. I'd like to thank our CEO, Bob Davis for another year of leadership. I've been so grateful that he's been at the helm during this year. I'm also very proud of his accomplishments for Aboriginal health which have been recognised. This year, Bob was appointed an Adjunct Professor of Practice in the School of Medicine and Public Health at the University of Newcastle for his involvement in research for more than 30 years. In addition, he became a Fellow of the Australasian College of Health Service Managers. They don't hand these titles out lightly and it's recognition on a professional level of outstanding leadership and significant achievement. I'd like to thank Bob's senior management team – the old ones and the new ones who've arrived for the hard work they do, for their skills and their knowledge, and thanks to all the staff.

Thank you to our communities for putting your trust in Maari Ma and I can only encourage all our people to think about getting the jab. We need you to do it to protect us all and to protect our culture so that we can keep our future generations strong and healthy.

The COVID 19 pandemic has continued to put the spotlight on uncertainty and concern. Last year we faced the virus for the first time. This year we've had a more contagious variant, and it came to the far west – very much an unwelcomed guest, bringing fear and anxiety and a snap lockdown. I

never thought I would see this in my lifetime. At the start of the pandemic, Aboriginal people were clearly identified as vulnerable and vulnerable we have felt - under vaccinated, unprotected and remote. The number of our people in Wilcannia, and Broken Hill contracting COVID was alarming. Suddenly there was the sickness of our people we never wanted to see and the difficulties of dealing with daily life in lockdown, from where the next meal was going to come from to how the laundry was going to get done. The responsibility to make our communities safe mostly fell on our own shoulders. We looked for leadership, coordination and cooperation to steady and settle the unwanted impacts of this virus. Within our organisation we had it – not only in our CEO and within our senior management but at all staffing levels. Our communities also had the exceptional generosity of so many with donations and offers of help. Our main challenge now is to get the vaccinations higher. They need to reach 90% two jabs of First Nation adults and teens to offer the protection we need. Our challenge of trying to keep our people safe is an ongoing one and we have been pulling out all stops to protect our communities, and we will continue to do so. I can't thank staff enough for the work they've been doing. They've been taking risks every day they go to work, and pitching in and helping so that our communities can be cared for and treated during this horrible time.

I don't think there has been a greater moment in the more than 20 years since the start of our organisation that our Aboriginal health workforce has been more important.

We've been investing in our Indigenous workforce and working with our communities for a long time. We've been developing cultural security to strengthen our people's access to health and services because we know the role that culture plays in delivering successful outcomes. We've had four cohorts with up to ten trainees each over the past decade who have gained their qualifications in Aboriginal health and we have started a fifth cohort this year. First and foremost, they are community members. They know their community, their families and their networks. Many of my own family have taken the path from trainee health worker, to qualified Aboriginal health worker and then practitioner. During this pandemic we have drawn on our health workers more so than ever before. They are working with our communities with sensitivity and compassion during COVID. One of the many things Aboriginal health workers do so well is having an informal conversation with our clients and developing trust - to provide the correct information and help allay some of the concerns and anxieties out there. They are working alongside our communities. This year we joined in an inaugural National Day of Recognition for Aboriginal and Torres Strait Islander Health Workers and Practitioners and had a special BBQ for our workers – it was a time of celebration and recognition.

While a number of health workers we've trained have left, I am heartened knowing that they have left to help other Aboriginal communities in other parts of New South Wales and in other states – as far away as Western Australia. Some of our trainees have continued their studies and have

graduated to become registered nurses or are now studying for that qualification. We are very lucky to have one of our former Aboriginal health worker trainees working for us as a registered nurse now. Shannon Henderson graduated this year and she's been a great asset to our staff. We have Hannah Morris also, who only graduated last year as a health worker – she has started her qualification to become a registered nurse.

I hope our communities stay safe and that people will continue to be vaccinated, and I wish, just as everybody else does, that 2022 will be a better year.

CEO's Report



History is a great teacher: if the past is the best predictor of the future, then who knows what next year has in store for us.

As I write this, the communities of the Far West of NSW remain in lockdown, COVID-19 finally having arrived here in mid-August. That's obviously outside the reporting period of this annual report, but given so much of the past financial year was spent preparing for this possibility, and given the impact on our region, it would be remiss of me to not at least comment briefly on it here.

In the course of a pandemic, health workers, and the organisations that lead them like Maari Ma, become the front line. We are where communities naturally look for guidance and safety, and that is an enormous responsibility. But it's not just our communities that have looked to us for a way forward.

As the crisis escalated in Wilcannia, and threatened (and still threatens) to expand into Broken Hill, one of our staff mentioned to me recently that it had become apparent the NSW Government's primary strategy for dealing with a COVID outbreak in an Aboriginal community in the Far West of NSW consisted of just two words: Maari Ma.

While at one level the government's faith in our expertise is obviously gratifying – the ultimate 'vote of confidence' – at another level, it's disappointing that our region wasn't more prepared. Issues like over-crowding have plagued our communities for generations, and they were always going to play a substantial part in this crisis. That our warnings on that and other issues were ignored, and that our organisation

and our people can engage with a government and its bureaucracy for years, and yet still be so fundamentally misunderstood is also disappointing.

Whatever you think of the government response to the COVID-19 outbreak in the Far West, you have to concede that what it has done is seriously expose the gaps in our communities, gaps which Aboriginal organisations well beyond Maari Ma have been warning about for a very long time. That's why apart from preparing for the 'worst case scenario', 2020-21 also saw Maari Ma continue to invest time and resources on our longer-term goal of trying to plug some of those gaps.

We further advanced major projects, including the proposed construction of a new health centre in Wilcannia, and in Broken Hill, we moved forward in the concept design stage for the construction of a healing centre in the main street, opposite our existing clinic.

We continue to prepare and document the stories of our people – the lessons learned of our successes and our challenges. These are the stories we intend to tell through our involvement in the United Nations Indigenous forums.

On that front, the Maari Ma team – all of our staff, no matter what they do – make it possible to think so big because they work so hard to get the little things right. Of course, delivering quality Primary Health care is no little thing, but for Maari Ma, it's become a platform from which we can build so much more.

We're the organisation – and the people – who rush to a crisis rather than look away. That philosophy has shaped Maari Ma since its inception, and it's one of the reasons why we've been so effective in delivering primary health care, but also as an organisation that advocates for the rights and interests of Aboriginal people in the Far West.

Of course, finding that balance between focussing on the immediate needs and the bigger, longer-term issues of far west communities is never easy, nor is convincing governments and other organisations to invest in this region. But there are also challenges in managing the relationships that deliver those outcomes.

Maari Ma appreciates the partnerships we've been able to forge with mainstream service providers, and with non-government organisations. A lot of the energy we expend around the governance of Maari Ma is about nurturing those relationships. We invest that time because we will readily engage with any organisation that comes to the Far West with capacity and good faith.

That does, however, require us to walk in two worlds – to find ways to balance the tensions between what our communities and clients expect and demand of us, and what governments and other partners believe are the best ways to meet those demands and aspirations.

Maari Ma's approach has always been to work quietly and efficiently, and to do our talking at the table. We'll continue to do that, even through a pandemic when there's a lot of background noise, because it's got us where we are today.

There is undeniably, growing goodwill in this nation towards the Traditional Custodians, but we're not at a point yet where that groundswell of support has created enough political momentum to deliver real justice – national land rights, recognition of sovereignty, treaty, the list goes on. But it's also true that organisations like ours have been delivering substantial returns in the area of Aboriginal health, one of the truly uncontested areas of success in terms of engagement between First Nations people and Australian Governments.

I'd suggest Maari Ma's history, in particular its performance over the past 18 months, is the nation's best example of that.

Finally, apart from its capacity to help you predict the future, perhaps the most important thing about history is the lessons it delivers, and the last year has provided many.

It's been a distressing time and it's presented some unprecedented challenges. But in many ways, it's also been inspiring. The resilience of Aboriginal people of this region – and of those in communities beyond our borders in the broader Murdi Paaki – has been remarkable.

Despite the obvious vulnerabilities that challenge all Aboriginal communities, Aboriginal people understand only too well the limitations of government, even when strong political will exists. We know what it's like to live with large gaps in services; to have people with little understanding of what life is like locally make impacting decisions from hundreds of kilometres away. We understand the effects of low or no employment on a local economy; of what living in the shadow of a virus that can decimate a population feels like.

It really should surprise no-one – least of all us – that our response to this crisis has been one of resilience. Of course, learning the lessons of history means understanding that the COVID-19 crisis is far from over. It's likely to be in our lives for the foreseeable future, so we must remain vigilant, and we must continue to rely on our health experts for the best way forward. Most of all, we must remember that we're in this together, and that it's the Aboriginal spirit of cooperation and sharing that underpins our resilience, and has helped sustain us since time began.

There are many things to be proud of about Maari Ma, both over the past 12 months and two and a half decades. We're the largest employer of Aboriginal people in the Far West; we're the 'go to' experts when a virus comes to town; we've built and refined a model of Primary Health Care that is renowned nationally. So while I don't know what the immediate future holds for the Far West, I do know that after 11 years at Maari Ma, I've never been more proud of this organisation and the people who represent it than I am today.

As Maari Ma goes from strength to strength, the asset that time and again keeps returning dividends to our communities is the people who work with and for us. The persistence and professionalism of our staff throughout this crisis has been noticed, and it's been appreciated. Thank you all for your diligence, your excellence and your hard work in a very challenging year.

I also know that what motivates us at Maari Ma are the values and aspirations of the broader Far West communities that we serve. Adversity has a tendency to bring people together, and that's probably why as Aboriginal people we are so collective in nature, and why we've survived and thrived for tens of thousands of years in some of the most challenging conditions on earth.

COVID-19 is certainly a challenge, but we've all risen to meet that and I expect we'll rise up to meet whatever 2021-22 throws at us as well.

Delivering quality services

Primary Health Care

The primary health care services were profoundly impacted by the arrival of the COVID 19 virus in early 2020. Fortunately, the virus was well controlled in Broken Hill and the Far West with small outbreaks not having a huge impact on the provision of services. However, the arrival of the Delta variant mid-year is causing massive disruption and will have major implications for the Health Service going forward into 2022.

Many targets were not met in the previous financial year as service provision turned towards the prevention of COVID 19 infections and keeping the Aboriginal communities safe. Many services that assist people to complete their cycle of care for chronic diseases etc, were either cancelled due to high risk situations or people were unable to attend due to cross border restrictions.

Occasions of service 2020/21

(Broken Hill + Wilcannia)

	2019/20	2020/21	% change
Occasions of service	53,447	47,190	12% decrease
Number of clients	3,240	3,306	2% increase
Number of Aboriginal clients	2,561 (79%)	2,589 (78%)	1% increase

General Practice

Dr Maung Sein achieved his fellowship this year, and Dr Syema Khan continues as a GP Registrar with Maari Ma.

Unfortunately, several long term general practitioners chose to leave during 2020-2021, including Dr Than Soe, Dr Aye Mon Han, Dr Aung Sithu, Dr Nan Htun, Dr Steven Grillet, and Dr Maung Sein.

However, we have been delighted to welcome Dr Josh Crase to the team. Josh is born and bred in Broken Hill and has returned to the city of his birth to practice medicine. Dr Crase's primary interest is chronic disease with a focus on diabetes, and he is supported by AHPs, Lavinia Henderson and Hannah Morris. Dr Crase also works part time as a Palliative Care doctor with the Far West Local Health District.

Preventative medicine is always a focus for the Maari Ma team, and we enjoyed working with AHP, Bernie Kemp for 12 months. Bernie has always been instrumental in getting Health Checks done in the community, and during 2020-2021 we delivered 1147 Aboriginal and Torres Strait Islander Health Checks (ATSI Health Checks) - 517 were for those aged under 18 years and 630 checks were for people older than 18 years of age.

Maari Ma believes a holistic, whole of life approach starting at pre-birth is the only way to prevent and manage chronic diseases across the lifespan. We do this through education, health promotion, early detection of risk factors, preventative treatments, and the provision of a variety of specialty services, including medical specialists and allied health services. This is a team based model of care that serves our patients well as it minimises the need to travel to access services and enables us to provide proactive care to our patients.

Telehealth	
Total Items Claimed	1275
Percentage of items claimed for telehealth	3.44%

Triage

Maari Ma has a dedicated triage position in the General Practice, which enables us to assess the needs of individual patients to ensure the safest and most appropriate level of care can be provided. The RN or AHP in this role aims to triage patients who walk in without a booked appointment, as these are the people who may be severely unwell. This can include patients experiencing chest pain, who can then be triaged as the highest priority and have streamlined access to treatment.

While using the triage model means the patient must see more than one health practitioner when visiting the clinic, there are significant benefits for both the patient and the Health Service in adopting this approach. It improves workflow by ensuring that clinical staff are assigned to the duties for which they are best qualified, freeing up the doctors for diagnoses and treatment, which facilitates clinical governance by recognising the deteriorating patient.

Practice Administration

Transport

	2019/20	2020/21	% change
To Maari Ma (BH+Wilc)	10,298	8,457	18% decrease
To other places	2,579	1,677	35% decrease

Practice Administration welcomed new staff member - Maddison Byrne, and during the year we farewelled Synitta Adams, Corrine Flentjar, and Wilcannia favourite Lynley Rebbeck. Long term employee Alannah Degoumois is on parental leave and has welcomed a beautiful baby girl.

Respiratory Clinic

Maari Ma elected to continue with the GP led Respiratory Clinic at the end of December as we realised the community depended on us to keep them as safe as possible. Access to rapid COVID 19 testing and dedicated GPs reassured everyone the service was as safe as possible.

When demand for COVID testing waned late in 2020 we made the decision to contract the Respiratory Clinic to the front half of the Ngama'linya yapa'na/Healthy Start corridor and erect a temporary wall. Screening of all patients continued on entry, with anyone with respiratory symptoms referred for a rapid test and possible assessment by a GP.

RN, Rebecca Conti left Maari Ma in 2020 and we were fortunate to have AHP, Cooper Fleming step up and lead the screening service for the year.

The entire right wing of the building is now a dedicated Respiratory Clinic. This clinic has designated specific staff and resources, and functions semi independently from the rest of the service. This enable us to continue delivering usual services in the main clinic, while any person with flu like symptoms or a history of travel to a COVID hot spot is diverted to the Respiratory Clinic.

Total COVID Tests 2020/2021	1268
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Community Support during the COVID 19 pandemic

Maari Ma employees showed amazing resilience in ensuring services were provided for the community so that patients were still able to access our health services and have their medications provided. The Community team played a key role in coordinating patient care outside the service and the whole service worked together to ensure patients had access to everything else they needed.

Maari Ma is proud of the fact our service did not close for one single day during the pandemic. Management and staff worked together to develop new ways of working, ensuring all the necessary resources were available, policies and procedures were developed, and that staff education was provided, communication was frequent and training was available. Staff safety was our first priority. The whole service was reshuffled and people from all different teams were suddenly working in new roles, managing social distancing rules and restrictions to ensure good health outcomes by protecting our most vulnerable patients.

One highlight of this period was the amazing work done with the annual influenza program. We achieved our highest ever outcome of over 50% of all Maari Ma patients being vaccinated.

Ngama’linya yapa’na/Healthy Start

The Ngama’linya yapa’na/Healthy Start team moved back into part of their designated clinic area after the contraction of the Respiratory Clinic’s space and the erection of a temporary wall, and life started to return towards normal.

Although Dr Htun left us, our long term GPs, Dr Penny Roberts-Thomson and Dr Marion Christie, continued to visit Broken Hill and Wilcannia, and provide a GP service to families. The Ngama’linya yapa’na/Healthy Start team has also been joined by Dr Vanessa Souter, who comes to us from New Zealand.

The Allied Health team had a great start to 2021, moving into the Kiila Laana building at 422 Argent St opposite the Primary Health Care Service.

This area was renovated specifically to enable allied health therapy sessions, and is a great addition which enables the staff to offer group therapy, individualised therapy, family meetings and office space all in the one area. Unfortunately, our Occupational Therapist, Sandy Gray, left in February 2021, but the team continues to provide an excellent service to Broken Hill and Wilcannia.

This year we were also fortunate to secure funding to contract Talking Matters, a South Australian based speech pathology service, to provide therapy to 17 children in Menindee.

Allied Health Annual Report data as of 30th June 2021

	Occupational Therapy (OT)	Speech Pathology (SP)	Accessing both OT/SP
Children receiving services	48	52	
Waiting list	31	56	
Children seen by the Early Intervention team			36

National Disability Insurance Scheme

Children with a developmental or physical disability do not require an NDIS plan to receive services from Maari Ma, however we maintain our NDIS accreditation to enable us to expand the facilities and resources we can offer. The following is a breakdown of our NDIS caseload in the Ngama’linya yapa’na/Healthy Start team.

NDIS Data	Total:
Children with NDIS plans	25
Children who identify as Aboriginal on NDIS	24

Type of NDIS plan	Total
ECEI NDIS (under 7)	16
NDIS (over 7)	9

Meaghan Rufus remains the sole Child Health RN, joined by AHPs, Ann Bennett and Rachel Kennedy. The Ngama’linya yapa’na/Healthy Start team identified critical activities that needed to be continued during COVID 19 restrictions, and we prioritised child development checks, immunisations and blood lead levels. Paediatrician, Dr Robyn Shaw continues monthly clinics and has been able to visit in person for some of 2021. RN Robyn Fidge coordinates and manages the Paediatrician clinics.

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 for each child. Maari Ma liaises with NSW Health to ensure 2A and 2B Health Checks are completed annually for the OOHC children.

Midwives continue to provide antenatal and postnatal care to women in Broken Hill and Wilcannia, with Tiffany Cattermole and Toni Bahler the permanent midwifery team. The team is supported by Dr Vic Carroll as the GP/obstetrician and the trainee AHWs who are rotating through the various functions of the Ngama’linya yapa’na/Healthy Start team.

AHW trainees, Kyla Page and Lakisha Sloane, commenced in the team this year and are currently training to monitor lead levels in Aboriginal children. Due to the relatively higher lead levels in Aboriginal children, Maari Ma commenced regular testing from six months of age, continuing through to five years, or longer if necessary. Children with higher lead levels are reviewed regularly by a GP, paediatrician and dietician, and homes can be remediated by the Environmental Lead Program run by the NSW EPA to reduce the amount of lead in their environment. In the past 12 months we have performed 417 lead tests on Aboriginal children, a decrease from 532 the previous year.

The Youth Health team continues their close involvement with the Broken Hill high schools, and particularly with the Broken Hill High School Clontarf Academy for boys. The Academy insists members complete an annual Health Check, which gives our medical and health care staff access to this group who do not engage with medical services frequently. At this age the team concentrates on mental health, sexual health, and wellbeing. The team has welcomed RN, Indiana Shamrose-Tumes. Indiana has commenced her sexual health training, and will then take a lead role in the promotion and screening of sexually transmitted diseases and blood borne viruses. Indiana works closely with AHP, Tarissa Staker who is well known and connected to the Broken Hill and Wilcannia communities. Tarissa works with Indiana 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.

Wilcannia

Staff put a lot of time into the design details of Maari Ma’s new Primary Health Care Service building for Wilcannia, progress on which was delayed due to COVID 19 restrictions and the NSW planning process. Troppo architects, our project managers, have continued to meet with staff and community and presented final plans that will serve the community well into the future.

Some exceptional staff moved on from the PHCS during the past year including Amanda Everett, Lillian Gaiter, Shontae Harris, and Dr Than Soe, but we have been fortunate to recruit exceptional staff to replace them. Trish Bell joined the team as Nurse Manager along with RN, Loi Zanette and Transitional Nurse Practitioner, Jason Gowin. Dr Stephen Gaggin continued his excellent work in Wilcannia, supported by Dr Vic Carroll, Dr Michael Nugent and Dr Penny Roberts-Thomson.

APHs, Kevin Bates and Veronica Edwards work closely with the GPs to help chronic disease patients complete their cycle of care each year. Wilcannia Healthy Start clinics are provided on average 2 days per week in Wilcannia, coordinated by Jenny Edwards and assisted by Meaghan Rufus or Robyn Fidge.

Many of Maari Ma’s visiting specialists - cardiology, endocrinology, renal, podiatry and ophthalmology - travel to outreach centers such as Wilcannia to deliver services. COVID 19 has continued to restrict clinics this year, although telehealth has been a useful replacement on most occasions.

Balranald

RN Emma Moore continues as Nurse Manager at Balranald, assisted by Social and Emotional Well Being worker, Danielle Irving, Centrelink worker Zoe Hutchinson and trainee AHPs Paige Winch and Kelvin Murray.

From July 2020 to the end of June 2021 there were 1209 occasions of service (OOS) including chronic disease, wound care, medication management, palliative care and other clinical services.

Maari Ma continues to support the Aboriginal transport position employed by the FWLHD Balranald Multi-Purpose Service (MPS) as part of our commitment to facilitate access for Aboriginal people to health care. We provide 40% of the total cost of that role for the Balranald community.

Occasions of service 2020/21 - (Balranald)

	2019/20 (7 months)	2020/21
Occasions of service	450	1209

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

Centrelink

	2019/20 (October 19 to June 20)	2020/2021
Centrelink agency OOS	333	351

Dental

The Dental team continued to provide clinics in Broken Hill, Menindee, Wilcannia and Ivanhoe this year. Dental Therapists, Erin Commins and Megan Hurst, along with Jayde Flentjar and Robyn Cattermole, always enjoy interacting with children and their families - providing health promotion and treatment for all oral health problems. This year saw the resignation of Christine Polanski, following which we employed Robyn Cattermole as a trainee Dental Assistant. The Royal Flying Doctor Service continues with their adult clinics, rostering two to three clinics per week in Broken Hill. COVID 19 has severely impacted dental services this year, however urgent and priority one patients are seen as soon as possible.

Aboriginal Health Worker trainees

Eight new trainee AHWs commenced their Certificate IV in March of 2021. Seven of the trainees - Tamara Thomas, Pearl Ferguson, Zac Henderson, Tessa Files, Jenni MacDonald, Kendi Simmons and Laura-Lee Simmons, are based in Broken Hill; Chris Hunter is in Wilcannia; Donna Cahill is in Ivanhoe; Taylor Leayr is in Menindee; and Paige Winch and Kelvin Murray are in Balranald.

Trainees from the 2019 cohort have all completed their Certificate IV, with all but two people remaining employed at Maari Ma - Britny Coff in Menindee, Hannah Morris, Lavinia Henderson, Kalinda Morrison and Cooper Fleming are all achieving to a high level. Jae Edwards and Shontae Harris left the organisation for other opportunities.

Pharmacy and students

The Outback Pharmacy team, led by Alex Page, continues to provide excellent services to Maari Ma and our clients. COVID 19 prevented regular pharmacy and Home Medicine Review (HMR) clinics for much of the year, but services such as script requests, Webster packs and stock control continued in Broken Hill and Wilcannia.

Jay Varatharajan finished his intern year in December 2020, and this year we have been joined by two intern pharmacists, Blake McCallum and Jess Gallagher. These interns have provided well researched reports and reviews of Maari Ma GP prescribing practices and helped inform the development of clinical policies for the team.

Alex completes HMRs as part of his role at Maari Ma. An HMR involves the patient, their GP, an accredited pharmacist and regular community pharmacy. Generally, Alex will visit the patient at their home, review their medicine routine and provide the GP with a report. The GP and patient then agree on a medicine management plan. This helps the patient and the GP achieve safe, effective and appropriate use of medicines by detecting and addressing medicine-related problems, and improves the patient's knowledge and understanding of their medicines.

In 2020/2021 HMRs claimed

- Overall 12% less than last year
 - Broken Hill: 93
 - Wilcannia: 41
 - Menindee: 35

The number of students has decreased again this year, partly due to COVID 19 restrictions and partly due to the loss of senior full time medical officers.

In this last financial year, we had 2 medical students parallel consulting with Dr Josh Crase, one midwifery student working in the Ngama'linya yapa'na/Healthy Start team, and two RNs completing Child and Family Health Diplomas.

Specialist services

Maari Ma continues its strong support of visiting specialists. Our in-house medical specialists include a cardiologist, renal physician, paediatrician, 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 region on a regular basis. To complement the medical specialists there are visits by the smoking cessation specialist, echocardiographers, optometrists and podiatrists as well as improved access to exercise stress tests. All visiting services have a dedicated RN, AHP or social worker who works with them and assists in preparation and follow up of all patients. Thanks to the great team of Kelly McGowan, Lavinia Henderson, Hannah Morris, Robyn Fidge, Barbara Williams, Tiffany Lynch and Cheryl Baxter for the amazing work they do.

Over the past year border restrictions between NSW and other states and restricted flight schedules have decreased the number of face to face clinics that we can hold. Where possible these clinics were moved to a telehealth service. In most cases the patients still attended their local health service and we arranged for the specialist to connect directly to the consult room.

Unfortunately, the Far West LHD was unable to resume the ophthalmology clinics to Wilcannia and Menindee because of staffing restrictions due to the pandemic. In May 2021 the Ophthalmology Department committed to providing a more streamlined service for Maari Ma's patients from Broken Hill, Menindee and Wilcannia and this will be monitored over the next year to see if this service development meets the needs of the communities.

The perinatal psychiatry service has been very challenged by the lack of face to face clinics. This clinic, led by Perinatal Psychiatrist Dr Ros Powrie, consists of staff education and supervision and some clinical service delivery. The clinical service delivery component is difficult over the video format as Dr Powrie relies on observing the interaction between a mother and her child. We hope to address this with a change to the visiting schedule in the coming year.

Even with the challenges of telehealth Maari Ma provided 276 specialist clinic days which is about 1 specialist clinic every day. This is 19% more days than in the previous year.

In total there were 2,017 patient consultations which is 22% more than the year before. This is the largest number of patient appointments attended since Maari Ma began providing specialists clinics.

Specialist service clinic summary

Discipline	Total visit days	Total patients seen
Cardiology	16	151
Ear, nose and throat	9	130
Echocardiography	15	127
Endocrinology	24	213
Ophthalmology	0	-
Optometry	13	133
Paediatrics	59	396
Pain management team (including physiotherapy)	10	82
Podiatry	40	332
Psychiatry - adult	39	164
Psychiatry - child & adolescent	12	58
Psychiatry - perinatal	5	7
Renal medicine	12	73
Respiratory medicine	10	106
Smoking cessation	12	34
Stress tests	-	11

Kalypi Paaka Mirika

The Community Safety Research project is a complex study with the aim of understanding how identity loss, violence, stress, trauma, and loss 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”, the river (Paaka) being central to the people of the far west, is how we at Maari Ma address these impacts in our healing program. 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.

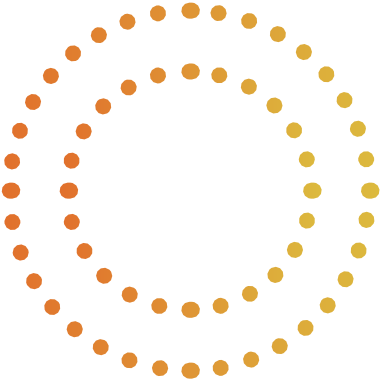
Kalypi Paaka Mirika has been rolled out in all three communities and many of the programs are completed at Mutawintji or Kinchega which allows for our people to be out on country as they take their first steps towards their healing journey. Having had the opportunity to run programs on country, we have been able to reconnect participants to country that holds significance to Aboriginal people of the far west - places that help promote discussion and reinforce identity which helps put into perspective the healing journey we are encouraging participants to take.

Kalypi Paaka Mirika is a 5-day program for people over the age of 18 years which looks into the impacts that historical events have had on individuals and communities, the effects of these transgenerational traumas, and how we can help deal with some of these issues. Programs are able to be

run in blocks of 5 consecutive days or broken up over a two-week period for participants to complete the program, depending on their needs and wants. 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.

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

In mid 2020 and 2021, we were selected by Womens NSW to develop a pilot program as part of the NSW Sexual Assault Strategy because of our past work funded by the Domestic and Family Violence Innovation Fund. The team has developed its own sexual assault program called Marla-Marla (I’m going this way, you’re going that way). The program addresses issues of sexual assault in Aboriginal communities for Aboriginal people in a safe environment through exploration of the dynamics of sexual assault, and looks at the effects of people who have used sexual violence and the impacts on victims.



How will this project Marla Marla respond to sexual violence?

- During the Kalypa Paaka Mirika program implementation we identified that a lot of our community had been living with trauma as a result of sexual violence either as a child, adolescent or as an adult. It was through this program we were able to identify the stigma (or shame as referred to by Aboriginal people) felt by community members, and were able to collect data on this.
- The program design aims to reduce the stigma associated with disclosing and seeking help as a perpetrator of sexual violence.
- Men within our communities affected by sexual assault, either as a victim or a perpetrator, find it difficult to speak about perpetrating behaviours in a way that assists their growth and healing. A number of men who completed the Healing Program indicated that they had never been asked if they were a victim or a perpetrator of sexual violence before - this assisted in the promotion of help-seeking behaviours.
- It is often identified that there are limited services considered culturally appropriate available to the Aboriginal community (usually other than Aboriginal Medical Services, or other Community Controlled Organisations), and services that promote a person's identity as Aboriginal. It is for this reason that immersion activities out on country hold significance for the healing of trauma and also for reconnecting with culture as the programs are held in a space that is not only safe for its participants but also reflective of their identities as Aboriginal people.
- With information, education and support through a skilled team and community discussion around the issues related to sexual assault, it is envisaged we can commence the process of addressing these issues as a victim or a perpetrator of sexual assault.



The Kalypa Paaka Mirika staff have undergone extensive training with ECAV (Education Centre Against Violence) to ensure they are well equipped in the area of sexual assault so we can all provide support for our communities. The staff have also attended a number of forums, workshops and conferences on healing, sexual assault and suicide prevention.

The team has also received many resources from ECAV to disseminate into the community and within organisations in relation to child and adult sexual assault. It is hoped this will help to bring about the conversation of sexual assault and what we can do about sexual assault.

Program participants undergo assessments before the program and at completion after 6 weeks and 6 months. Between 50 and 70% of participants saw a positive change after 6 weeks (across three different wellbeing measures) and 66-83% of participants saw a positive change after 6 months. These results indicate an overall improvement in the health of participants, an increase in their wellbeing, and an improvement in their depression scores. This shows that the program is having a positive impact on the health and wellbeing of the community members who are participating in the program.



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 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 Torres Strait Islander.

During the 2020/21 financial year the Marrabinya program brokered 26,164 support services and processed 6,216 referrals for eligible Aboriginal and Torres Strait Islander people living in the region. These statistics have been steadily increasing each year the program has been operating which is a tangible indicator of Marrabinya's success.

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 at least 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.

Numerous client surveys have been completed during this financial year and the overwhelming majority are very positive. Since the Marrabinya program commenced in 2016 the staff have regularly engaged in seeking feedback from our clients and service providers. The general purpose of our client satisfaction survey is to assess how satisfied our clients are with the different aspects of our program/service. The Marrabinya team understands that identifying unhappy clients is just as important as identifying extremely happy ones. Care Link Workers regularly contact clients to complete a satisfaction survey and we are pleased to report the overwhelming majority of clients are very happy with the services provided. Many clients have said that without the support Marrabinya provides they would not be able to attend their scheduled appointments and their health outcomes would be very different if a program like Marrabinya did not exist.



Pictured above is our Care Link Worker from the Gundabooka Cluster, Ms Lizzie Mann with satisfied client Mr Wally Demmery of Bourke NSW. Also pictured is a clipping from the Western Herald newspaper that Mr Demmery organised to be printed after Marrabinya assisted him with support services for Specialist treatment in Sydney.

The last two consecutive years have seen the Marrabinya program showcased as finalists in the National Dreamtime Awards. Unfortunately the program was not able to be nominated in the 2020 awards, but our program manager was! Marrabinya Executive Manager, Donna Jeffries took out the 2020 'Excellence in Health' Award at the National Dreamtime Awards 2020. The award was presented to Donna as national recognition of her substantial contribution to the health and wellbeing of Aboriginal and Torres Strait Islander people across western NSW. Upon receiving the award Donna stated "To be recognised by your peers and Aboriginal and Torres Strait Islander people from all over the country is an absolute honour... Our work in Aboriginal health is far from over, but what we have accomplished over the past 10 to 15 years has made a significant impact on so many people's lives." The National Dreamtime Awards are an opportunity for First Nation people from across Australia to come together and recognise excellence in the categories of sport, arts, education, health and community.



Donna is pictured above (second from left) displaying her award with representatives of the ABS Centre of Aboriginal and Torres Strait Islander Statistics Ms Merinda Rose, Mr Jason Oakley & Ms Lucy Quartey.

Kiila Laana

The Kiila Laana (Tackling Indigenous Smoking) team over the past year has continued its quest to raise awareness about the risk of harm associated with tobacco smoking in an endeavor to prevent the uptake of smoking and indeed encourage cessation. Despite the challenges of the pandemic, the Kiila Laana team has maintained existing partnerships internally with other Maari Ma teams like the Youth and Ngama'linya yapa'na/Healthy Start teams to carry out activities including Women's Health Week which was the first community event with the easing of restrictions in 2020. Externally, Kiila Laana joined with the local secondary schools' Youth Services Schools Interagency group (YSSI) and the Outback Rugby League to provide education activities at events such as the Year 7 Orientation to Services day, Youth Week event in the park and NAIDOC week. Associations with Broken Hill City Council and Central Darling Shire have continued, and the team is currently in negotiations with the Balranald Shire to implement an anti-smoking poster campaign with the view to engage local First Nations children and youth via the catholic and public K-12 schools with which Kiila Laana has previously partnered.

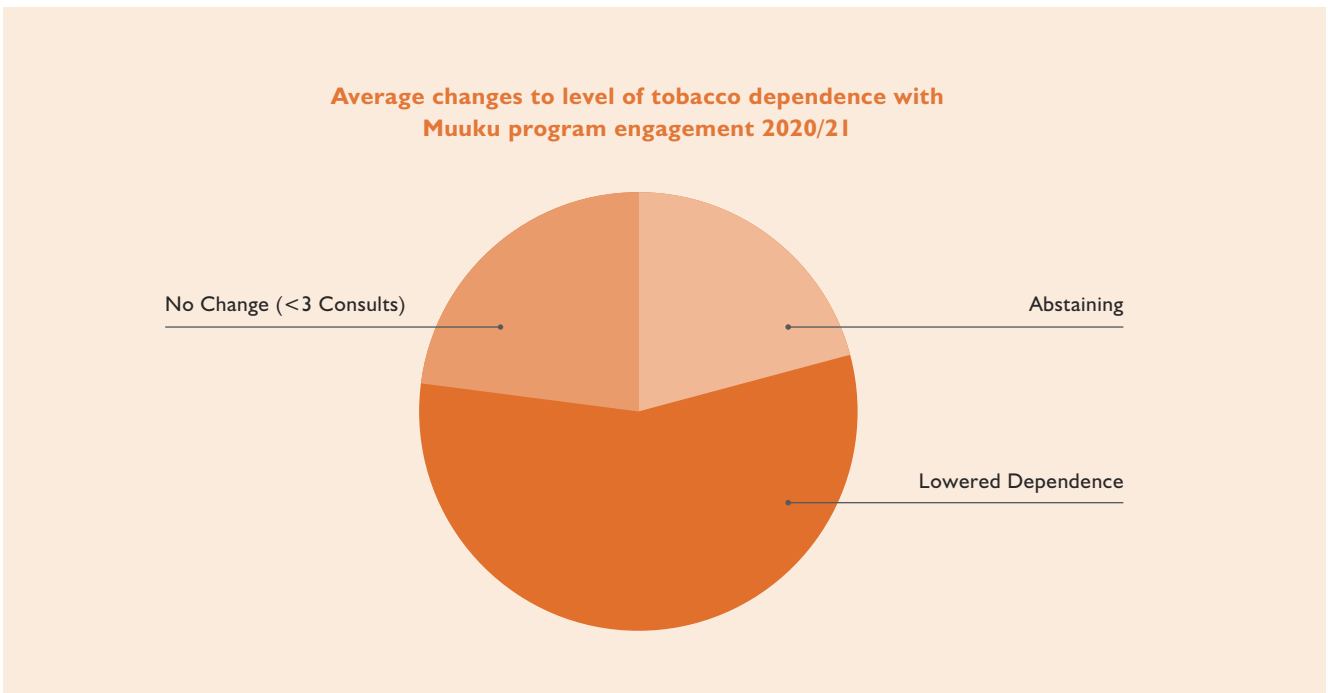
A prominent part of the Kiila Laana work revolves around community education whereby both social and traditional media are key in raising awareness about the dangers of tobacco smoking. This has been more important than ever during the past 12 to 18 months given the restrictions associated with COVID. The Kiila Laana media officer, Sharon Hooker has worked on developing the team's Facebook page which has doubled its exposure in the last year and has a broad following across the region and beyond. Of significant note is the response of community to local champions sharing their quit journey as part of their participation in the "Muuku Pledge" which resulted in a six-fold increase in participation and engagement for 2021. In addition, traditional media forums including local radio, the newspaper and publication of monthly community newsletters with a dedicated team page have highlighted Kiila Laana content through advertising. Kiila Laana staff education officer, Tiffany Lynch and Visiting Tobacco Treatment Specialist, Professor Renee Bittoun have both been interviewed on local radio for campaigns such as World No Tobacco Day and the smoke free homes and cars "Yapara" project.

The Yapara (6-week home carbon monoxide screening) project has run intermittently over the past 12 months with families in Broken Hill, Menindee and Balranald engaging to learn about passive smoking risks within their homes with carbon monoxide (CO) monitoring. This last year has seen increased participation not just from households that have a resident tobacco smoker. As the saying goes, "knowledge is power" and the Kiila Laana team's objective is


not only to raise awareness about the health consequences of passive smoking but empower and advocate for smoke free environments. In addition to the smoke free homes project, the Kiila Laana team has partnered with the Maari Ma midwifery team to coordinate the implementation of standard carbon monoxide screening in all obstetric patients regardless of tobacco smoking status. While this screening procedure has only recently commenced it is hoped that the strategy will provide not only a less judgmental avenue to have conversations around tobacco smoking in pregnancy but also highlight to our pregnant mothers the hazards of antenatal and postnatal exposure to passive smoking. It is also hoped the strategy will provide a gateway for referral to other supports including the Muuku and Yapara programs.

Tiffany has continued to facilitate and coordinate over 100 capacity building activities to enable both Maari Ma Primary Health Care staff and external health providers across the region including FWLHD staff and frontline workers from the Royal Flying Doctor Service to provide the most up to date best practice tobacco cessation treatment. Education is delivered via in-services onsite, the organisation's staff newsletters and impromptu clinical mentoring. Professor Bittoun has continued to provide clinical guidance in the practical setting with specialist consults and staff education seminars delivered online because of travel restrictions. An education highlight in early 2021 saw Tiffany invited as a guest speaker at the Nicotine Addiction and Smoking Cessation workshop: a 3 day workshop hosted by the National Centre of Indigenous Excellence. This provided Maari Ma with the opportunity to talk about its tobacco management program including the challenges experienced that are unique to the far west community and strategies to overcome these barriers.

Tobacco management services are delivered by frontline health workers across the region via the Muuku program of which there were an average of 48 community members actively engaged in support. Average outcomes (current smoking status to the end of the reporting period) are reflected in the chart below:




Carbon Monoxide Screening in Pregnancy



Carbon monoxide is a colourless, odourless & tasteless gas that can be very harmful. It is especially dangerous during pregnancy because it deprives the baby of oxygen, slows its growth and development, and increases the risk of miscarriage, stillbirth and sudden infant death. This is why it is important to offer and encourage pregnant women to have the CO screening.

Sources of carbon monoxide may be from faulty heating & cooking appliances; poor ventilation with use of patio heaters, BBQs, vehicle/machine exhaust fumes and smoking.

CO screening is immediate & non-invasive.



Strong Young Families

Louise Moriarty and Aunty Dodie are grateful for this year. Through all the confusion and changes they have been able to keep a space open for community to gather. In these complicated and ever-changing times, the strong traditional kinship values in Wilcannia means the whole family's well-being is vital to relieving pressures on young families and those who care for them.

The Courthouse Cafe proved a pivotal location for the Strong Young Families (SYF) team to provide outreach and up-to-date COVID information. Most people in town at some point in the year came to the op shop. There was a loyal group of regulars making this a community hub where much peer counselling went on, birthdays were celebrated and spontaneous possibilities emerged. Some of these included sound healings and arts activities. You could get a cuppa and biscuit or fruit, your own poem and at times, a feed.

When Maari Ma's clinicians and other services came to town they come to the Courthouse Café and get a reading on the state of the community, and liaise with each other and track clients. The Mobile Clinic was parked outside regularly, for health checks as well. The Legal Aid team engages their clients in our premises on court days. Water NSW held consultations about the new weir and held art workshops. Our partnership with ECAV saw ongoing delivery and development of their programs.

Working with the school, we hosted NAIDOC week cultural activities and the Strong Girls program. Department of Communities and Justice (formerly FACS) utilised the comfort of the Cafe for their end of year family gatherings and for family reunification.

As part of the community development team in Wilcannia, the SYF team supported both playgroup and the Drop in Centre with cooking and activities such as circus in school holidays, drumming and when police had movie and disco nights, we would help out too. With the Safe House, we contributed to the town's most successful youth event, the fashion parade. This year not only saw the children strut their stuff but some of our mums did too and looked so deadly!

In 2020, NAIDOC was the biggest whole of community event and in conjunction with Regional Enterprise Development Institute, REDI.E our team made it a showcase and celebration of local musical talent.

Regular events at the Courthouse Café were bingo, education activities and community dinners. Maari Ma's dietician and other services like REDI.E worked in conjunction with community volunteers to make these a huge success. When possible, we incorporated local music, health education and community information sessions, as well as consultations

about what was going on, what was needed, or how to address the shortfalls of services in the area.

It sounds like we had a great and productive time. The river came up and we had rain. We did home visits and with more pressure on community due to housing and isolation, many weeks were full of supporting people in crisis, compounded loss and attending funerals. We supported the river protests against the ongoing floodplain harvesting issues and had elders' consults when we were at as big a loss as anyone else on what to do next. We did our best to listen and inspire hope.

It has been another challenging year and as it drew to a close we decided not to renew our lease at the Courthouse Café despite its homely feel. At the same time, Aunty Dodie also decided to stretch her wings. After completing her Cert III in Youth and Community work she will be moving to a new role: we wish her every success and look forward to working with her in her new capacity. We hope to continue on with the success she has worked so determinedly to enable. Our new venue, alongside REDI.E in the old bank building, will focus more on small group activities, different activities to support wellness and art therapies which enable people time and space to explore the issues which are most impacting their energy to be the strong young families they dream to be.

The team mourned with families who suffered loss this year, and look forward to supporting all the new bubs in the families we work with. The team are grateful for all those who have collaborated with, attended or supported us and enabled us to deliver these activities as part of this community we love.



Wings

The Wings team have tried hard to provide lots of different activities for our young people every day after school and during the school holidays. It hasn't always been easy as not everyone has been available to work because of travel and family business. But it has been good to have some occasional help from other teams such as the Early Years team and Strong Young Families.

We have enjoyed helping out with some of Wilcannia's big events like last year's NAIDOC Day and the Fashion Parade at the Community Hall: we all helped with makeup and hair and music and it was wonderful to see the whole community come together to see our kids shine.

Other fun activities included after school fun at the local pool during summer and Outback Youth Theatre working with our young people on circus and dance programs.

Wings staff have been meeting with staff from other service providers such as the Wilcannia schools, the Safe House, Strong Young Families, Early Years, the Remote Area Attendance Officer, Wilcannia River Radio and the police. This collaboration is important as it helps all services understand what each is doing and helps coordinate those who are able to contribute to the Wings holiday programs, such as movies nights with the police and discos.



We have attended zoom meetings with NSW Aboriginal Education Consultative Group (AECG) which advocates on all matters relating to education and training to see how we can work with schools to deliver educational activities after school. We have also been working with Wilcannia Central School to help with attendance.

This year we started using a new database which will help with our reporting to our funding bodies. We also hope it will help us to help our kids to access the services they need.

During the pandemic it has been very important to enforce messages of social distancing and hygiene. Not easy lessons to learn but we know it will keep our young ones and their families safe.



Supporting workforce development and capacity

Recognition of Service

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

5 Years	10 Years	15 Years	20 Years
Shannon Henderson Rachel Kennedy Lee-Ann Adams Alinta Edge Christene Polanski Bronwyn Johnson Renee Powell	Kelly McGowan Janette Jones Michael Hanley	Hugh Burke	Lee-Anne Philp

A snapshot of our Workforce

	30 June 2021	30 June 2020	30 June 2019
Number of employees (full time, part time and casual)	142	130	123
Number of Indigenous employees	85	80	81
Percentage of Indigenous employees	60%	62%	66%
Full Time Equivalent (FTE) Employees	116	109	104
Percentage FTE Indigenous employees	71%	65%	64%

The following is a summary of Maari Ma’s Aboriginal health worker history on the first National Day of Recognition of Aboriginal Health Workers and Practitioners, 7 August:

Aboriginal health workers (AHWs) have always been a core part of Maari Ma. Without AHWs and their connection to our communities we wouldn’t be able to provide the services we do today.

The first group of 15 AHWs in far west NSW completed their Associate Diploma of Community Health and Development in 1998 through the University Department of Rural Health (UDRH). In 2004 the course changed to a Diploma in Indigenous Primary Health Care. More than 50 participants completed the UDRH course between 1998 and approximately 2007 with many working for or with Maari Ma Health. A number also went on to complete Graduate Certificates in Diabetes Education and Management or Graduate Diplomas in Child Health.

The UDRH then discontinued their course and with Maari Ma growing we investigated other options of delivery. A new partnership was formed with TAFE Western Dubbo to deliver the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Practice). Knowing that travel

had always been a barrier for students, we negotiated to have the course delivered in Broken Hill.

Maari Ma’s first cohort of trainees studying Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care commenced in August 2009. Ten were employed by Maari Ma and one by the local Area Health Service. Five in Broken Hill: Chris O’Donnell, Codi King, Stevie Kemp, and existing employees Tiffany Cattermole and Shannon Oates moving from their administration roles. Three in Wilcannia: Douglas Jones, Belinda King and Katy Jasper. One in Ivanhoe: Nicole Hughes. One in Menindee: Dimity Kelly and one in Dareton: Kelly Williams (employed by LHD). All completed the course and they also completed Certificate III in Pathology Collection. Not only was this a great achievement for Maari Ma but TAFE Western acknowledged that this was their first class to have all participants complete the course.

In October 2011, our second cohort commenced with Maari Ma employing 9 trainees - two joining from the local Area Health Service and one from a local GP surgery. Luke O’Donnell, Nathan Kickett, Tarnee Tester, Jeda Sloane and Jamie Billing in Broken Hill; Raelene Campbell, Jemma Shillingsworth and Justin Harris from Wilcannia; Dallas Kirby from Ivanhoe; and Prissy Stephens from Menindee.

Bernadette Pappin from Balranald and Sheryldene Wilson from Dareton (LHD employees) and Klarika Stewart (employed by Nachiappan Surgery in Broken Hill) were also part of this cohort. Seven out of ten Maari Ma employees completed the Cert IV and Cert III in Pathology Collection.

In 2012, AHWs became recognised by Australian Health Practitioner Registration Agency (AHPRA) in all states – catching up with the Northern Territory which already had AHWs registered with AHPRA. We worked with our AHWs to achieve their AHPRA registration and recognition of their achievements.

At the end of June 2014, there were 36 AHWs registered in NSW and Maari Ma employees accounted for 15 of those. This was a significant achievement by Maari Ma and the Aboriginal Health Practitioners (AHPs), and recognition of the increasing professionalism of their discipline.

In August 2015, our third cohort commenced with a total of 12 trainees including nine new employees and three existing employees. Seven in Broken Hill: Shannon Henderson, Rachel Kennedy, Shannon Edwards, Courtney O’Donnell, Christine Polanski, Brooke O’Donnell Hill and existing employee Tarissa Staker; four in Wilcannia: Bronwyn Johnson, Dana Newman and existing employees Kevin Bates and Sissy King; and one in Menindee: Sam Hooker.

Twelve out of twelve completed the Cert IV!

In March 2019 our fourth cohort commenced with nine trainees including four existing employees. Seven in Broken Hill: Kalinda Morrison, Jae Edwards and Cooper Fleming with Hannah Morris transitioning from an Administration role, Lavinia Henderson and Latesha Adams formalising their health skills, and Tarissa Staker upgrading her qualification. In Wilcannia, Shontae Harris and in Menindee, Britney Coff. This cohort was also joined at TAFE by employees from Ceduna Aboriginal Corporation, Mallee District Aboriginal Services and the Far West Local Health District.

Eight out of nine completed the Certificate IV.

In March 2021 we commenced our fifth cohort with 14 trainees; nine in Broken Hill: Tamara Thomas, Kendi Simmons, Pearl Ferguson, Jenni McDonald, Laura-Lee Simmons, Zac Henderson and existing employee Tessa Files, along with two Child and Family Health-specific positions, Kayla White and Lakisha Sloane; one in Wilcannia, Christopher Hunter; two in Balranald, Kelvin Murray and existing employee Paige Winch; one in Ivanhoe, Donna Cahill, and one in Menindee, Tayla Leayr. They will also be joined at TAFE by LHD and other employees.

This remarkable success over more than a decade would not have been possible without the hard work and support of TAFE Western, especially teacher Tracey Goodwin who has helped make all this possible. We are very grateful for their dedication and commitment to helping every student complete their studies.

The AHW program continues to be one of our major workforce development strategies. It is rewarding for the organisation to see so many Aboriginal people start a career with us. While it is sad to see Aboriginal health workers and practitioners move on from Maari Ma, when this happens we also see this as an achievement. It is another Aboriginal



person who is job ready, educated, qualified and confident enough to apply for other jobs. Those moving on to work in mainstream organisations means we have Aboriginal people in positions who are influential and are a part of change for our communities.

Looking back at the 50 students who completed the UDRH courses and Maari Ma’s 40 trainees - there have been so many achievements.

- Norma Kennedy completed the first UDRH course and is now our Wilcannia Board member.
- Nola Whyman completed the course in 1998; in the early 2000s she was working for the UDRH teaching the course; then she worked for Maari Ma as the first Aboriginal Primary Health Care Service Manager, then Director of Operations before moving to Adelaide as the Manager Aboriginal Health Services at Southern Adelaide Local Health Network. She is now back with Maari Ma in the Executive Manager Operations role.
- Debra King completed her course in 1998 and then studied diabetes education and management. Debra worked for Maari Ma in Menindee until she retired in 2019.
- In Wilcannia, Veronica Edwards completed her training in 2002 and Jenny Edwards completed her training in 2004. Jenny went on to complete a Graduate Diploma of Child Health. Both continue to work with Maari Ma in Wilcannia.
- Desley Mason completed the UDRH course in 2001 and now works for our Marrabinya program.
- Ann Bennett came to us in 2012 from working in the Northern Territory where she was already registered with AHPRA. Ann was our first AHPRA registered AHP.
- Bernie Kemp is our boomerang. He has worked for Maari Ma many times over the years and was a mentor and played an instrumental part in the success of our first cohort of trainees.
- Tiffany Cattermole started with Maari Ma in January 2009 in Administration. She joined our first AHW cohort in August 2009. In 2012 Tiffany began her Bachelor of Nursing and became our first home grown registered nurse. But Tiffany had always wanted to be a midwife, so she began her studies in midwifery. Tiffany is now an RN and midwife, and we applaud her for her achievements and leadership.
- Shannon Henderson joined our third cohort in August 2015 and following her completion of the course began her Bachelor of Nursing. We also congratulate Shannon on becoming an RN this year. Shannon also took on the role of Clinic Team Coordinator last year.
- Lavinia Henderson started with Maari Ma in 2017 in our Lead program before moving to our Community team to work with our chronic disease patients. Lavinia joined our fourth cohort in March 2019 and since completing the course, has started studying Diabetes Education and Management.
- Hannah Morris also started in Administration with Maari Ma in August 2018 and moved to our fourth cohort in March 2019. Hannah is now studying her Bachelor of Nursing and Diabetes Education and Management.

To all of our Aboriginal health practitioners and workers, we thank you for your dedication to our communities and their health.

To all of our new AHWs in training, thank you for choosing a career in Aboriginal health.



Upholding high standards of governance

Finance

Finance Report

For the year ended 30 June 2021

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 \$20,403,549 (after adjusting for unexpended grants) which is an increase of just over \$580,000 from the previous financial year.

Expenditure for the year was \$20,394,832, an increase of approximately \$540,000 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 \$34,338.

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 2021 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 2021
- the statement of comprehensive income for the year then ended
- the statement of changes in equity for the year then ended
- the statement of cash flows for the year then ended
- the notes to and forming part of the financial statements, which include significant accounting policies and other explanatory information
- the 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.

Independence

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

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 2021, but does not include the financial report and our auditor's report thereon.

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

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 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.

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.


PricewaterhouseCoopers


M. T. Lojszczyk
Partner

Adelaide
17 August 2021

Directors' Report For The Year Ended 30 June 2021

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 2021 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 5 Board meetings held during the year. The number of meetings attended by each Board member is as follows:

- | | |
|---------------------|---|
| • Maureen O'Donnell | 5 |
| • Des Jones | 3 |
| • Gloria Murray | 4 |
| • Fay Johnstone | 4 |
| • Cheryl Blore | 5 |
| • Norma Kennedy | 5 |

There are no Board committees.

Qualifications, experience and social responsibilities of each director

Maureen O'Donnell is a Barkintji elder belonging to the Wilyakli language group. Maureen is also the Chair of the Broken Hill Local Aboriginal Land Council and of Wilyakli 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 Assistant with the Department of Education and is based at the Ivanhoe Central School. Fay is also the Chair of the Ivanhoe Aboriginal Community Working Party and a member of the Ivanhoe Health Advisory Council.

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

Norma Kennedy is a Gamilaroi woman and has lived in Wilcannia for the past 34 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 (RED.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 \$34,338 (2020: \$64,915). The Corporation was not financially adversely affected by the COVID-19 pandemic.

Distributions

The Rules of the Corporation do not allow any distributions to be made to the members of the Corporation and none were made during the financial year (2020: \$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 2021 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 \$826 to insure the directors and managers of the Corporation (2020: \$688).

The liabilities insured are legal costs that may be incurred in defending civil or criminal proceedings that may be brought against the officers in their capacity as officers of the Corporation, and any other payments arising from liabilities incurred by the officers in connection with such proceedings. This does not include such liabilities that arise from conduct involving a wilful breach of duty by the officers or the improper use by the officers of their position or of information to gain advantage for themselves or someone else or to cause detriment to the Corporation. It is not possible to apportion the premium between amounts relating to the insurance against legal costs and those relating to other liabilities.

The financial statements were authorised for issue by the directors on 14 August 2021. The directors do not have the power to amend and reissue the financial statements.

Maureen O'Donnell

Broken Hill
14 August 2021

Maari Ma Health Aboriginal Corporation Statement of Financial Position
As At 30 June 2021

		2021	2020
	Notes	\$	\$
CURRENT ASSETS			
Cash and cash equivalents	2	3,008,824	3,251,725
Other financial assets	2	6,103,626	6,051,771
Trade and other receivables	3	516,307	850,275
TOTAL CURRENT ASSETS		9,628,757	10,153,771
NON CURRENT ASSETS			
Property, plant and equipment	4	10,167,667	10,600,417
TOTAL NON CURRENT ASSETS		10,167,667	10,600,417
TOTAL ASSETS		19,796,424	20,754,188
CURRENT LIABILITIES			
Unexpended grants/Revenue in advance	5, 6	4,849,056	5,346,868
Trade and other payables		1,605,006	2,147,091
Bank loans	8	37,992	37,992
Employee entitlements		2,151,775	2,118,048
TOTAL CURRENT LIABILITIES		8,643,829	9,649,999
NON CURRENT LIABILITIES			
Bank loans	8	641,174	680,221
Employee entitlements		174,628	121,513
TOTAL NON-CURRENT LIABILITIES		815,802	801,734
TOTAL LIABILITIES		9,459,631	10,451,733
NET ASSETS		10,336,793	10,302,455
ACCUMULATED SURPLUS			
Accumulated surplus		10,336,793	10,302,455
TOTAL ACCUMULATED SURPLUS		10,336,793	10,302,455

The accompanying notes form an integral part of these financial statements

Maari Ma Health Aboriginal Corporation Statement of Financial Position
As At 30 June 2021

		2021	2020
	Notes	\$	\$
REVENUE FROM CONTINUING OPERATIONS			
Grant revenue	5	16,938,729	16,679,310
Medicare & primary health revenue		2,777,923	2,481,206
Sundry revenue		637,290	575,169
Bank interest		49,607	85,364
Total Revenue from Continuing Operations		20,403,549	19,821,049
Other Income			
Net gain on disposal of assets		25,621	101,660
Less: Expenditure	7	(20,394,832)	(19,857,794)
Income tax expense		-	-
Net Surplus for the Year		34,338	64,915
Other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME		34,338	64,915

The accompanying notes form an integral part of these financial statements

Maari Ma Health Aboriginal Corporation Statement of Financial Position
As At 30 June 2021

	2021	2020
	\$	\$
Accumulated surplus at the beginning of the financial year	10,302,455	10,237,540
Net surplus for the year	34,338	64,915
Other comprehensive income	-	-
ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR	10,336,793	10,302,455

The accompanying notes form an integral part of these financial statements

Maari Ma Health Aboriginal Corporation Statement of Financial Position
As At 30 June 2021

	2021	2020
	\$	Inflows / (Outflows)
Notes	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from funding providers and customers <i>(inclusive of GST)</i>	21,945,610	23,335,703
Payments to suppliers and employees <i>(inclusive of GST)</i>	(21,818,880)	(20,795,034)
Interest received	53,266	94,689
NET CASH FLOWS FROM OPERATING ACTIVITIES	179,996	2,635,358
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for property, plant and equipment	(421,539)	(1,093,724)
Proceeds from sale of property, plant and equipment	89,544	168,181
Funds invested in term deposits	(51,855)	(1,504,960)
NET CASH FLOWS FROM INVESTING ACTIVITIES	(383,850)	(2,430,503)
CASH FLOWS FROM FINANCING ACTIVITIES		
Receipts from lender	-	-
Payments to lender	(39,047)	(12,824)
NET CASH FLOWS FROM INVESTING ACTIVITIES	(39,047)	(12,824)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD	(242,901)	192,031
Cash and cash equivalents at the beginning of the financial year	3,251,725	3,059,694
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	3,008,824	3,251,725

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 2020

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

(b) Depreciation of Property, Plant and Equipment

Property, plant and equipment are stated at historical cost less depreciation (except where otherwise indicated). Historical cost includes expenditure that is directly attributable to the acquisition of the items. Subsequent costs are added to the asset's carrying amount. All other repairs and maintenance are expensed in the year the costs arise.

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

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

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

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

(c) Impairment of Assets

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

(d) Revenue Recognition

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

(i) Grant revenue and unexpended grants

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

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

(ii) Medicare and primary health revenue

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

(iii) Other income

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

(e) Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly

liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

(f) Trade and Other Receivables

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

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

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

(g) Trade and Other Payables

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

(h) Employee Entitlements

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

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

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

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

(i) Goods and Service Tax

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

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

(j) Income Tax

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

(k) Comparative Figures

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

(l) Critical Accounting Estimates and Judgments

The Directors evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and internally.

Notes To and Forming Part of These Financial Statements

1. Summary of Significant Accounting Policies cont.

(m) Financial Instruments

Key Estimates – Impairment

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

Recognition and Initial Measurement

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

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

Derecognition

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

2. Cash and Cash Equivalents and Other Financial Assets

	2021	2020
	\$	\$
Cash and Cash Equivalents		
Cash at bank	3,007,624	3,250,025
Cash on hand	1,200	1,700
	3,008,824	3,251,725

Other Financial Assets

Term deposits	6,103,626	6,051,771
	6,103,626	6,051,771

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

3. Trade and Other Receivables

Current		
Trade receivables	161,439	548,831
Sundry receivables	67,076	22,571
Accrued interest	53,264	98,758
Prepayments	234,528	180,115
	516,307	850,275

As at 30 June 2021, trade receivables of \$2,230 (2020 – \$14,998) were past due but not impaired. These relate to a number of independent customers for whom there is no recent history of default.

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

Notes To and Forming Part of These Financial Statements

4. Property, Plant and Equipment

	Freehold land	Freehold buildings
	\$	\$

At 30 June 2020

Cost	533,362	10,032,752
Accumulated depreciation	-	(1,601,501)
Net book value	533,362	8,431,251

Year Ended 30 June 2021

Opening net book value	533,362	8,431,251
Additions	400	211,777
Disposals	-	-
Depreciation charge	-	(267,307)
Closing net book value	533,762	8,375,721

At 30 June 2021

Cost	533,762	10,244,529
Accumulated depreciation	-	(1,868,808)
Net book value	533,762	8,375,721

	Plant & equipment	Motor vehicles	Total
	\$	\$	\$

At 30 June 2020

Cost	1,684,540	1,808,540	14,059,194
Accumulated depreciation	(886,513)	(970,763)	(3,458,777)
Net book value	798,027	837,777	10,600,417

Year Ended 30 June 2021

Opening net book value	798,027	837,777	10,600,417
Additions	34,925	145,747	392,849
Disposals	-	(68,016)	(68,016)
Depreciation charge	(145,699)	(344,577)	(757,583)
Closing net book value	687,253	570,931	10,167,667

At 30 June 2021

Cost	1,692,395	1,728,145	14,198,831
Accumulated depreciation	(1,005,142)	(1,157,214)	(4,031,164)
Net book value	687,253	570,931	10,167,667

Notes To and Forming Part of These Financial Statements

5. Grant Revenue

During the year, the Corporation received the following grants:

	2021	2020
	\$	\$
Australian Government – Dept. of Health	7,347,689	8,360,603
Broken Hill Environmental Lead Program	250,000	250,000
Brotherhood of St Lawrence	263,967	236,908
Ernst & Young	-	20,000
Far West Local Health District	1,106,040	985,300
GP Synergy	299,309	386,127
National Indigenous Australians Agency	904,244	902,182
NSW Dept of Aboriginal Affairs	129,900	-
NSW Dept. of Communities & Justice	741,004	494,605
NSW Dept. of Education	115,000	115,000
NSW Ministry of Health	1,546,106	1,772,684
NSW Outback Division of General Practice	423,962	398,810
NSW Rural Doctors' Network	985,865	942,187
Pharmacy Guild	27,991	26,336
Royal Australasian College of Physicians	52,500	-
Western Health Alliance Limited	2,919,960	2,919,930
	17,113,537	17,810,672
Prior year unexpended grants	4,542,878	3,411,516
Unexpended grants carried forward	(4,717,686)	(4,542,878)
GRANT REVENUE FOR THE YEAR	16,938,729	16,679,310

Notes To and Forming Part of These Financial Statements

6. Unexpended Grants/ Revenue in Advance

	2021	2020
	\$	\$
Tied grant monies	3,132,686	2,892,878
Untied monies	1,585,000	1,650,000
	4,717,686	4,542,878
Revenue in advance	131,370	803,990
	4,849,056	5,346,868

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

	2021	2020
	\$	\$
Audit fees, including grant acquittals	99,975	98,985
Board expenditure	67,279	64,079
Client support	1,307,926	1,446,323
Community engagement	892,887	845,395
Consultants' fees	196,764	206,752
Depreciation	757,583	770,813
Insurance	82,584	74,977
Medical & dental costs	2,892,740	2,710,364
Meeting expenses	82,730	135,912
Miscellaneous expenses	82,084	76,510
Motor vehicle expenses	221,063	250,977
Printing, stationery & telephone	215,785	231,645
Property costs	1,023,612	841,013
Repairs & maintenance	237,634	260,827
Resources	117,000	174,755
Salaries & wages and on-costs	11,690,319	11,230,068
Staff costs	320,366	351,358
Travel & accommodation	106,501	87,041
TOTAL EXPENDITURE	20,394,832	19,857,794

Notes To and Forming Part of These Financial Statements

8. Borrowings

	2021			2020		
	\$			\$		
	Current	Non-current	Total	Current	Non-current	Total
Secured borrowings	37,992	641,174	679,166	37,992	680,221	718,213

Secured liabilities and assets pledged as security

The total bank loans of \$679,166 are secured by the Corporation's freehold land and buildings for which the loans were obtained.

9. Key Management Personnel Disclosures

	2021	2020
	\$	\$
Key management personnel compensation	1,699,150	1,664,977

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 (2020: \$nil).

10. Contingencies

The Corporation had no contingent liabilities or contingent assets at 30 June 2021.

11. Commitments

Rental commitments

The Corporation leases office space under non-cancellable leases.

Commitments for minimum lease payments are as follows:

	2021	2020
	\$	\$
Not longer than 1 year	10,536	31,336

12. Related Party Transactions

There have been no transactions with related parties during the year ended 30 June 2021.

Notes To and Forming Part of These Financial Statements

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 (2020: 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 52 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 2021 and of its performance for the year ended on that date.

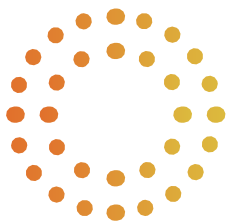
This declaration is made in accordance with a resolution of the directors dated 14 August 2021.

Maurice O'Donnell
Director

Broken Hill

Dated this 14th day of August 2021





Corporate services/Accreditation

Corporate Services

While a lot of our pandemic planning happened in 2019/20, we were still implementing many of the required changes throughout 2020/21. Many of our programs became expert at moving from face to face to supporting our communities in other ways. We all improved our ability to stay connected through telehealth and Teams or Zoom virtual meetings. We became used to mask wearing, handwashing/sanitizing, and QR codes. We should consider these positive new skills for the future.

However, we also know that we have lost an amount of momentum in many of our programs through this disruption and in fact have added to our workload with new and unplanned tasks. But our communities were grateful that we came back quickly and we were generally able to pick up where we left off.

We successfully developed, negotiated, voted on and had ratified by the Fair Work Commission, our new enterprise agreement. This required considerable work by our HR Coordinator, Renae Roach who did an excellent job liaising with our consultants at Workplace Law to bring Maari Ma's enterprise agreement to fruition. With a number of improved benefits including paid pandemic leave, new uniform arrangements and making sure pay scales would see us as a preferred employer in this area, the new agreement will now be in place until 2023.

Social media has played a much larger role in getting information to our clients this year. Our main Facebook page increased followers by more than 15% through the year with a further 7% increase since 1 July 2021. Maari Ma now has multiple Facebook pages:

- Maari Ma Health: general health promotion and service information
- Kiila laana: program specific information and promotion
- Maari Ma Health Balranald: service specific information for the Balranald community
- Maari Ma Early Years Group: a closed group for playgroup and HIPPY families.

We also used local radio stations to get the message out about our program with a range of staff agreeing to assist with voice overs: great to see staff stepping outside their comfort zones to help get information to the community.

Accreditation

The Quality Improvement Council (QIC) Health and Community Services standards have been updated and so our usual 18 working groups, one for each standard, became 21 working groups. Work continues on throughout the three year accreditation period but the last 12 months is the busiest time. We added Balranald's Bes Murray Community Centre to the sites to be accredited. The external review team were able to travel to Broken Hill in April: they spoke to a range of stakeholders including the Board, staff, and clients; they visited Wilcannia, and they met with Balranald staff by Zoom. At the end of the process, we were very pleased to have successfully achieved accreditation for a further three years.

Information Technology:

We continue to be thankful for the work of our IT team of Michael Hanley and Robbie Smith who skilfully, efficiently and quietly keep us connected and working no matter where we are. They daily troubleshoot small and large problems and assist teams to do their work. The introduction of Microsoft 365 and Teams last year has meant quick and efficient communication and resource sharing.

Not only does this small team support Maari Ma's efforts but they also support our regional First Nations governance body, Murdi Paaki Regional Assembly and its operational arm, Murdi Paaki Services (MPS); MPS recently migrated its data storage to the cloud. Murdi Paaki Regional Housing is also supported by our IT team and they have also implemented Microsoft 365 for improved communication.

Data support services and reporting:

Maari Ma has always had a focus on continuous quality improvement which relies heavily on a good data management. While our data team of one, Cath Kennedy, has been largely focused on specialist services and GP recruitment this year, she has also managed to turn her attention to assisting our teams on the ground with data analysis and feedback regarding their efforts, for example, monitoring uptake of ATSI health checks in our communities, providing support to Maari Ma staff who were required to move from the RFDS's MD electronic medical record to their new system, Best Practice. Maari Ma has also signed up to actively participate in three new research projects regarding real-time blood glucose monitoring, testing for sexually transmitted diseases, and testing for dementia as part of ATSI health checks and our statistician plays a role in this work.

It is also impressive to note that while many government departments were lenient with regards to reporting and deadlines in the last 12 months because of the disruptions faced by so many services regarding COVID, Maari Ma was able to meet all of its reporting requirements.

Human Resources:

Our Workforce team, Renae and Karena, has continued to update staff records in our human resources management system, ConnX, with all recruitment advertising, applications, shortlisting etc, now being done online.

Another cohort of Aboriginal health worker trainees finished and a new cohort commenced despite COVID travel disruptions. We congratulate our last cohort and Renae and Karena will be providing whatever supports are required for the new group.

Capital Works:

The last 12 months were very challenging for our two proposed capital works projects: a new health and wellbeing facility and a new Wings child and youth centre in Wilcannia. We went from the highs of achieving great designs through the work of our project managers, Troppo Architects from Adelaide, working with staff and community, to the lows of receiving builder's quotes for both projects that were 60-70% above our budget. This was thought to be because

of increased costs of building supplies brought about by government sponsored building projects to help with the post-COVID downturn economic slump.

After discussions with a number of people we made the difficult decision to postpone the Wings re-build and we withdrew the grant application under the Building Better Regions Funding program.

While Central Darling Shire pursued the change of land use required under planning legislation in order for Maari Ma to acquire the Bonney St land adjacent to the Darling/Baaka River, Troppo worked with a number of consultants to prepare the various studies and information required for the lodging of a development application at the appropriate time. This planning process has delayed this project considerably. We now, however, need to find the extra funds required to build our new Wilcannia Health and Wellbeing Centre before we can commence the project. We are very hopeful that we can attract the extra funds required to see this exciting project through to conclusion.



Building strong relationships

During the difficult and uncertain year that was 2020/21 for everyone, we have been heartened to see our communities remaining strong. Not only have we been thankful to receive the support of our clients and communities but it has been a fulfilling year for all of Maari Ma’s staff in being able to provide support to our clients and communities.

We have been happy to be able to help out a number of sporting groups such as South Broken Hill Cricket Club, Silver City Swim Club, Menindee Yabbies on top of our support for the Outback Rugby League, and the Nations of Origin team that represented far west at a statewide PCYC tournament. We were able to respond to requests for support from Burke Ward and Railway Town public schools for their school presentations, the Broken Hill High School Year 12 formal, an Ivanhoe Central School excursion, the Balranald Central School breakfast club, and a trip to Stewart House for a number of children from the far west. We also donated a number of laptops to both Willyama and Broken Hill high schools for the use of children that did not have devices. We were also once again the major sponsor of the Maari Ma Indigenous Art Awards in conjunction with Broken Hill City Council and the Broken Hill Regional Gallery. Despite an on-line award announcement, the showcase of Indigenous talent was on display for a number of weeks: congratulations to the Open prize winner, Bonnie Quayle for her portrait of Uncle Badger Bates.

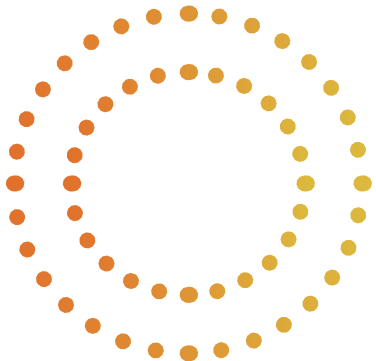
We have once again been fortunate to receive the support of the CAGES Foundation and the Scully Fund – philanthropic organisations which have been supporting Maari Ma each year for a number of years. We acknowledge that this type of support is unique and we are very grateful that both such organisations have particularly chosen to support Maari Ma in this way.

We partner with a number of other agencies through formal funding agreements. We have been very lucky to have been selected for particular activities such as working with Women NSW on development of the Aboriginal specific sexual assault strategy – part of the NSW Sexual Assault Strategic Plan; we are also one of 12 Aboriginal organisations partnering with the NSW Ministry of Health in implementing activities as part of the Towards Zero Suicides – Building Aboriginal Resilience strategy; and we are pleased that the NSW Department of Education has extended the Aboriginal Families as Teachers program which funds our home visiting activities in Wilcannia with families with 2-3 year olds.

At the time of writing, we are in the midst of a COVID outbreak in western and far west NSW. No doubt next year’s report will include a full analysis of our activities but we must acknowledge the amazing support and assistance in response to this crisis from the Commonwealth Department of Health and NSW Centre for Aboriginal Health with funding, vaccines and other essential elements such as PPE and testing equipment. This outbreak has also meant working closely with our local partners, FWLHD and RFDS. We have also received wonderful support from local businesses, schools and individuals. While it has been a difficult time, we have certainly not felt alone.

We look forward maintaining these and all of our friendships and partnerships in the coming year.







Promoting regional Alliancing to strengthen primary care across Murdi Paaki

There has been significant change in the way services supporting communities of western NSW have been designed and funded, and quite often these changes are made without the necessary consultation with organisations who live and work in rural and remote communities. In hospital and primary health care, there has been disinvestment in regional organisations and the impact of competitive tendering is contributing to further fragmentation and destabilisation of local organisations. As a result, there has been an increasing emphasis on virtual care which is no substitute for face to face service delivery and poor service integration with local primary care networks.

During 2021 Maari Ma has been actively exploring closer collaborative arrangements with other Aboriginal Community Controlled Health Services in the Murdi Paaki region in partnership with the NSW Outback Division of General Practice. Building on a Nous consultants report jointly commissioned in 2019, forming an Alliance within in the Murdi Paaki region has the potential to unlock competitive advantage when responding to common challenges impacting on the communities and the organisations working to improve health in remote areas and the Barwon Darling river towns of NSW.

There are limited health Alliancing arrangements in place in Australia, however as a mechanism to improve performance and create new innovation and efficiency, this is a proven strategy when considered in the regional context where scale and operational efficiencies can be realised. Maari Ma has led a co-design process with the NSW Outback Division of General Practice and is confident a new level of collaboration will result in new regional capacity that multiplies influence and capacity amongst partner Aboriginal Community Controlled Health Organisations.

The Board of Maari Ma has endorsed the Alliancing approach and understands the intrinsic strengths that accumulate when organisations are in alignment, and has committed governance, staff and resources in ways that will result in greater integration and enable stronger regional advocacy. Without surrendering organisational sovereignty, an Alliance has the potential to deliver greater collective impact as regional organisations working together to provide leadership and cultural authority and drive the transformation urgently needed to improve the medium to longer term health trajectory of western communities.

This region is a unique part of NSW with communities of common social and economic demography. The Alliance will leverage from shared solutions that are scalable across this footprint. The current COVID pandemic has illustrated the urgent need to reset the primary health agenda to be inclusive of wider determinants and grounded in a regional design and implementation framework.

Although consultations with partner organisations were constrained during the pandemic, indications from ACCHOs consulted reinforced the importance of retaining current program investment and preventing further disinvestment from the regions long standing health organisations. Consultations confirmed a desire to participate in a collaborative co-design process and ensure Alliancing can result in strengthening individual organisational performance and efficiency and allow new regional capabilities to be developed and adopted. These will be aligned with agreed system priorities such as workforce development, health planning and intelligence, model of care alignment and strengthened clinical leadership and interprofessional networks. Academic partnerships will be fostered that are allied to Alliance priorities and guide translation of evidence of what works well, but also solve problems through new community-based approaches that are informed and governed by Alliance partners.

Importantly, the Alliance can provide an effective overarching structure through which to understand more deeply the unique needs and priorities of remote communities and underscore greater regional autonomy within the Murdi Paaki.



as at 30 June 2021



Adah ETRICH	Christopher EASTWOOD	Helene FOX	Kevin BATES	Paige WINCH	Tamara BRACHE
Alana HINTON	Christopher HUNTER	Hugh BURKE	Krista TATT	Patricia BELL	Tamara THOMAS
Alannah DEGOUMOIS	Claire ARUNDELL	Indiana SHAMROZE-TUMES	Kym LEES	Pearl FERGUSON	Tania LAWSON
Alinta EDGE	Cooper FLEMING	Jacquelyn HONAN	Laura-Lee SIMMONS	Penny ROBERTS-THOMPSON	Tarissa STAKER
Ann BENNETT	Daniel JACKMAN	Jaida CRAMPTON	Lavinia HENDERSON	Peter CLOTTU	Tayla Marie LEAYR
Ann CURRIE	Danielle IRVING	Jake WHYMAN	Lee-Ann ADAMS	Rachael PAILATE	Tayla NEWMAN
Antoinette BAHLER	David WINTER	Jamin JONES	Lee-Anne PHILP	Rachel KENNEDY	Telicia BRIAR
Arnika ANDREWS	Debbie RANDALL	Janette JONES	Linda LYNOTT	Renae ROACH	Tessa FILES
Barbara WILLIAMS	Deirdre LESLIE	Jason GOWIN	Lisa KELLY	Renee POWELL	Tiahna STYLES
Bernard KEMP	Desley MASON	Jayde FLENTJAR	Loi ZANETTE	Robert DAVIS	Tiana BATES
Bianca FILES	Desley MCKELLAR	Jenni MCDONALD	Louise MORIARTY	Robert HARRIS	Tiffany CATTERMOLLE
Briony CALLAGHAN	Dimity KELLY	Joanne BUGG	Lynley REBBECK	Robert SMITH	Tiffany LYNCH
Britny COFF	Donna CAHIL	Joshua CRASE	Maddison BYRNE	Robyn CATTERMOLLE	Tina O'NEIL
Caitlin SWIFT	Donna JEFFRIES	Julieann HALL	Marion CHRISTIE	Robyn FIDGE	Valerie BUGMY
Candice MORRISON	Dorothy JOEL	June JONES	Meagan RUFUS	Rochelle BOTTRELL	Vanessa SOUTER
Carmel KING	Eileen GORDON	Kahlia BLAIR	Megan HURST	Ross MORRIS	Victor CARROLL
Caroline HUNTER	Elizabeth MANN	Kalinda MORRISON	Melissa FLANNERY	Sanmarie DE VILLIERS	Vincent QUAYLE
Caryn MUSCAT	Emily JOHNSON	Karena CRAMPTON	Michael HANLEY	Shanisha HARRIS	William JOHNSTONE
Casey HARRIS	Emma CRAWFORD	Kate BALMAN	Michael NUGENT	Shannon HENDERSON	Zacariah HENDERSON
Catherine DYER	Emma MOORE	Katelyn LAWSON	Michael STEWART	Sharon HOOKER	Zoe HUTCHINSON
Catherine KENNEDY	Erin COMMINS	Kathleen GOODEN	Michelle PARKER	Simone BARRY	
Catherine SIM	Erin VALE	Kelly-Anne MCGOWAN	Murray BUTCHER	Stephanie NEWMAN	
Cathie LISTON	Gabrielle BUGG	Kelvin Ray MURRAY	Natasha BOTTRELL	Stephen GAGGIN	
Charlotte BERTELSEN	Hannah MORRIS	Kendi SIMMONS	Natika WHYMAN	Stuart GORDON	
Cheryl BAXTER	Helen FREEMAN	Kendy ROGERS	Paegan HALL	Syema KHAN	





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