

Annual Report

2021 – 2022

Auntie June Jones

27th June 1950 – 30th April 2022



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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ALL ENQUIRIES TO:

Maari Ma

CEO

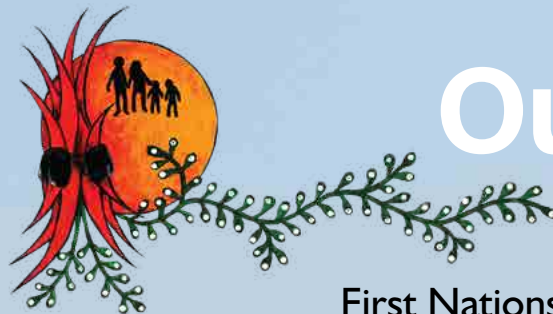
PO Box 339

Broken Hill NSW 2880

Annual Report

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Our Vision

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.





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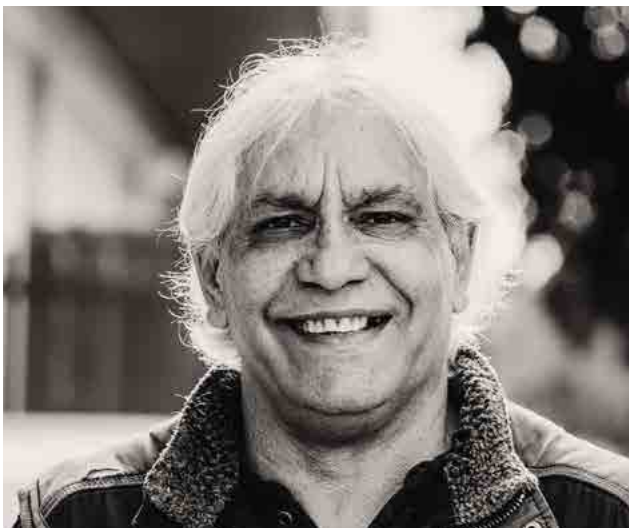
Board



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.



Cheryl Blore

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



Fay Johnstone

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



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.



William 'Smiley' Johnstone

SECRETARY/INTERIM CEO

William is a Ngayampaa-Barkintji man from Ivanhoe. William was Maari Ma's foundational Regional Director/CEO. William has had senior management positions with the Aboriginal and Torres Strait Islander Commission, at the Regional, State and Federal levels, the Indigenous Land Corporation, and as Chief Executive Officer of the NSW Aboriginal Land Council. William was the inaugural Chairperson of the Australian Rugby League Indigenous Council and is a Director of the NSW Rugby League. William has been working closely with Murdi Paaki Services on the housing and business consortium project across the Murdi Paaki Region since 2016.

Chairperson's report



While we managed to steer our way through the COVID crisis that hit us last year, our communities still have the harshness of those days very much etched in their minds. The virus is still with us of course and our communities remain very cautious. We are all doing the best we can though to live with it – we have no other choice. I'd like to thank our communities for listening to Maari Ma and for doing those things they need to do to stay as safe as possible by keeping up with the vaccinations and having the boosters. Our Board and organisation provided as much support and stability as it could to bring us through that crisis last year, and they continue to do so, and I would like to thank them

all for their work and their valued contributions. The Board was very saddened, as were staff and community, with the passing of tireless Wings and community worker, June Jones in April. She had been at Wings since it first started and her commitment to children and her care for their education and wellbeing will live on within the Centre. She touched the lives of many in her quiet way.

Just at the end of the financial year our CEO of more than a decade, Bob Davis, retired. We wished him well in his next stage of life – to take things easy and be close to family. I would like to thank him for all his good work over the years for Maari Ma and for his support to me. We've been fortunate to welcome an old face and good friend back to the organisation – Maari Ma's founding CEO, William 'Smiley' Johnstone has returned as interim CEO until we recruit to the position. It's been a blessing to have him back in the CEO role for the time being. No one knows us better than Smiley and his solid and steady presence is something we are grateful for. Thank you to our very capable senior management team for their work and thank you to all staff who inspired us last year with their relentless efforts to help our communities battle the COVID outbreak and who continue to demonstrate that same spirit of dedication, caring and support. The way that staff managed the roll-out for our children's COVID vaccinations too at the beginning of the year was commendable as was their work engaging with the older teenagers and encouraging them to get the jab.

This new COVID world helps to remind me to give thanks for all the good things that have happened in the reporting

year, and there have been many. We are further to realising our dream of a brand new health service at Wilcannia following wonderful assistance from the NSW Government. Maari Ma has been planning a new health facility for a number of years but various factors outside of our control resulted in building costs coming in significantly over budget. We're now moving forward and it's a very exciting time for the Wilcannia community knowing they are closer to getting their own purpose-built and community controlled Health and Wellbeing Centre positioned alongside the Baaka River. There are lots of people involved in the project and I get a sense, from the architects and the building company right through to the staff who will work there, that this is a once in a lifetime opportunity to bring a health service to Aboriginal people that will promote health, healing and cultural wellbeing.

Nothing gives me more joy than seeing our young generation flourish in whatever they do and whatever their age. It always gives me great pleasure to be at the HIPPY graduations and at the end of 2021, despite all the COVID restrictions in place, 27 children graduated from the two year program. We have almost 60 families enrolled this year working with our tutors to support their children's readiness for school. The importance of early learning in shaping and influencing lifelong outcomes and development can't be emphasised enough and because of the success of the program in Broken Hill, HIPPY is now being rolled out in Menindee and Wilcannia.

We were recognised during the year for our Intensive Supported Playgroups in Broken Hill and Wilcannia by SNAICC (National Voice for our Children). SNAICC chose eleven projects around Australia to demonstrate how community-controlled organisations such as ours are achieving positive results for Aboriginal and Torres Strait Islander children and their families. This national recognition for our efforts to support children, to uphold their right to grow up within their own families, to be safe from harm, and to be able to access health and education, is much appreciated. Our Early Years staff do a tremendous job. They also presented at a virtual conference organised by SNAICC at the end of last year on our Early Years work and Playgroups and received very good feedback from many of the 800 delegates.

We once again honoured our Aboriginal health workers and practitioners for the second National Day of Recognition of the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce. Staff came together for a lunch, and it was an opportunity to pay tribute to them for providing a high standard of culturally responsive care to our communities. We know that better health outcomes are achieved when Aboriginal people are involved in Aboriginal people's healthcare and that being treated by another Aboriginal person means our culture is being respected during a client's health journey.

Because it's been such a tough couple of years, we launched staff recognition awards this year. Nominations can be made by any employee, patient, visitor or contractor for

an employee to receive a citation. Once a staff member reaches five citations, they receive a voucher. It's a small act of kindness that shows gratitude in our everyday work lives and highlights that our fellow workers appreciate us. We can get lost in the busyness and stress of work so much so that we sometimes forget about ourselves and each other. We all need to remember to support each other, respect each other and check that we are ok.

It's vital that we continue to rally for a better future for our people and this year's NAIDOC theme should not be forgotten "Get Up, Stand Up, Show Up". It encourages us all to champion for change and to move beyond good intentions. We need to amplify our voice and narrow the gap between those good intentions and reality. Thank you to staff for advocating for change and striving for health and healing in the families and communities we serve, and to our communities: thank you once again for putting your health in our hands and for your faith in us.



Interim CEO's report



The test of a good organisation is how it weathers bad times: the unexpected things that can be put in its way. Maari Ma has certainly been tested in the 2021/22 year, as have many other organisations across Australia. But when the Board asked me to step into the Interim CEO role on Bob Davis's sudden retirement, I expected to find an organisation that might be struggling under the weight of so much pandemic-related upheaval, staff and service changes and community disruption. Instead, I found an organisation getting on with business: providing health and community services and programs across the vast Maari Ma footprint, leading the way in Aboriginal health and employment in western NSW.

That's not to say these 12 months have not been difficult. As staff and managers have told me, this has been perhaps Maari Ma's toughest year of our 27 years. But the measure of this organisation is how we have acquitted ourselves to our clients and communities and to each other.

When the Delta outbreak came to the far west on 16 August 2021, while Maari Ma was well prepared, it seems that few of the responsible government agencies and their contractors were. The sudden media storm that followed, the outpouring of concern across NSW and the nation for Wilcannia, and subsequently all of our communities impacted by the outbreak, the donations that followed, and the actual services and care required by our clients and communities, became an almost 24/7 situation to be managed by a Monday to Friday/9-5 organisation like ours. But everyone stepped up, in a way that many people still comment on today, 12 months later. Everyone who was not able to provide their normal service or program was redeployed to help out and I say a sincere thank you to you all for what you did, often going well above and beyond what was expected.

From going out into the community with the AUSMAT teams or delivering groceries or doing welfare checks by phone or calling out from the front gate of houses, the care shown by Maari Ma staff for all of our clients and communities is something for which we can all be proud.

And while we may not have fronted the media at the time to call out the inadequacies of the government's response (we were too busy for that), we have subsequently sent submissions to parliamentary inquiries, and spoken at conferences and other public forums, highlighting where the government's response went wrong for Aboriginal communities.

We have certainly felt the impact of the disruption brought about by COVID in many of our teams struggling to be fully staffed, and seeing communities tired by anything health-related. We acknowledge we have a long way to get back to where we were in terms of our service delivery before the pandemic started: we are not alone in this but we know how important Aboriginal health is and our role in seeing it improve, so we have our work cut out for us.

It would be remiss of me not to acknowledge Bob Davis's impact on Maari Ma in the 12 years he was in the CEO role. Leading the organisation for almost half of its existence, Bob will be remembered for his steady hand and visionary thinking. I am sure all Maari Ma staff will join with me in wishing Bob good health for the future.

I look forward to working with the Board in coming months to find a new CEO for Maari Ma's future and thank all of the Board directors for their support and guidance, in particular, Chairperson Maureen O'Donnell who has done a wonderful job despite a number of bouts of ill health, demonstrating her commitment to Maari Ma and our people every day.

Thank you again to all Maari Ma staff for your efforts in this difficult year.



Primary health care

Attracting and retaining a suitable workforce is one of the greatest challenges to delivering effective primary health care. A long term, stable workforce with a pool of expertise in culturally responsive health care, and rural and remote practice is required. The communities in Maari Ma's "patch" have high needs which impact on their overall health status.

Recruitment of medical, nursing and allied locums during the reporting year was severely tested by shutdowns and border closures interstate. Availability of senior staff to act as supervisors and mentors, and scarcity of accommodation made regular and consistent placements difficult.

Maari Ma has now recruited an in house recruitment officer who will ensure we are competitive in the market. New strategies such as Linked-in and Facebook are now increasingly utilised for contacting potential staff.

COVID-19

The COVID-19 pandemic had a major impact on Maari Ma and the communities we service.

While COVID-19 was circulating in the community we are proud to announce Maari Ma never shut its doors. All urgent and essential services were provided at all times, including general practice and nursing services. Attendance to the service was slow for the first 7-8 months of the financial year. Demand for services rapidly changed for the following months with some attendance levels returning to numbers not seen since 2019/pre COVID-19.



Maari Ma had all possible preventative measures in place to protect staff and patients from COVID-19:

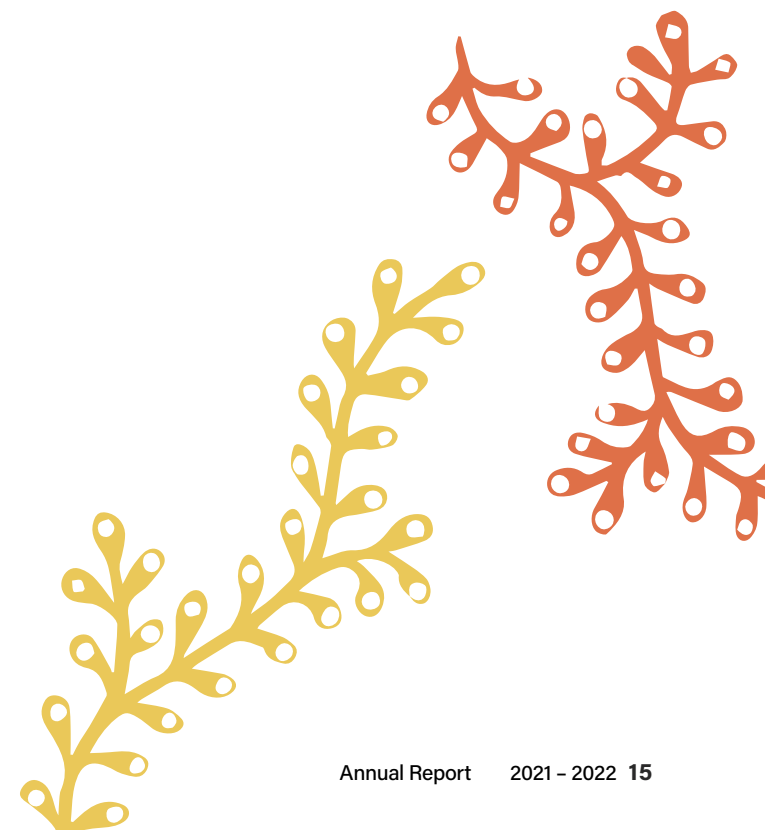
- The emphasis on infection control and physical distancing remained in place.
- Staff in direct contact with patients wore full personal protective equipment (PPE) including gloves, gowns and N-95 (particulate filtration device) masks.
- All other staff wore a surgical mask at all times
- All patients were provided surgical masks and were screened prior to entry. Any person who met any of the high risk criteria were diverted to the respiratory clinic.
- Frequent hand sanitising was mandated. All staff were assessed against accreditation hand washing criteria to ensure compliance.
- Frequent cleaning of all surfaces was in place between every patient. All areas were equipped with disinfectants and cleaning aids.
- Any area potentially contaminated by a patient who later returned a positive COVID-19 result was immediately taken off line and a full decontamination occurred.
- Staff were required to check in and out of the service at each entry and exit point.
- Every member of our staff (including non-clinical staff) completed the COVID-19 infection control online course that was made available by the Department of Health. The course covered infection prevention and control for COVID-19.

- COVID-19 border closures and subsequent travel restrictions had a serious and significant impact on service delivery. Visiting specialist visits were cancelled or, when able, moved to Telehealth. Our early intervention program was reduced with clinicians only able to deliver services via Telehealth or via resource packs in the home.

Maari Ma's focus was always on keeping the community safe. As part of that commitment staff worked tirelessly to care for people in the community. General practitioners, registered nurses and Aboriginal health practitioners went into the homes to assess patients, take COVID-19 swabs, and provide education, advice and resources. Entering a home during this period involved full personal protective equipment and strict attention to infection control. Maari Ma is grateful to our excellent teams in Broken Hill, Wilcannia and Balranald who stepped up and did what was required without hesitation.

Our vulnerable clients were identified early and phone welfare checks were developed to ensure our vulnerable clients (mental health, elders, chronic conditions, pregnant mothers etc.) were not left behind or forgotten.

Maari Ma also facilitated community being able to safely isolate for quarantine and isolation by purchasing and delivering food supplies, medications, disinfectant and cleaning products to the home. By keeping in regular contact and responding to the needs of people impacted by COVID-19 we were able to reduce the reasons why someone would need to breach their quarantine or isolation.



Respiratory Clinic:

The Maari Ma General Practice Respiratory Clinic operated over the full 12 months of this reporting year. Our contract with the Commonwealth was extended on several occasions and continues into the second half of 2022.

The clinic was staffed by GPs, RNs, AHPs and other employees as needed. Our pharmacist, dietician, speech pathologist and occupational therapist all pitched in and worked in various roles in the clinic including swabbing, data collection, processing and operating the testing equipment. The clinic frequently worked until late in the night to meet the community demand.

We were fortunate to receive a GeneX diagnostic machine which allowed Maari Ma to establish our own testing of specimens. At various times during the 12 months, it was taking up to 5 days for commercial laboratories to provide a COVID-19 result. Maari Ma could provide this information within several hours. This allowed us to make decisions about quarantine and isolation requirements very quickly, thus further protecting the community and reducing spread of infection. This did however result in requests for access to our testing from other organisations in the area, many of which we were able to assist.

This financial year Maari Ma conducted 5921 COVID-19 tests with an average of 149 tests per month. In September 2021 we conducted the highest number of tests in one month - 1,148 tests.

As we began 2022, there were many changes to managing COVID-19. We also needed to reintroduce some of the services that had been ceased or reduced.

We shifted our Respiratory Clinic from the Healthy Start area to the Kiila Laana building across the road. This allowed for the complete separation of the Respiratory Clinic from

the Primary Health Care Service, and increased the space available for testing and assessment of patients. Our revised model enabled Maari Ma to meet the infection control requirements of the delta outbreak and subsequent omicron, influenza and other respiratory virus infection surges.

At the same time we reconfigured the available space to deliver vaccination services from 428 Argent Street (the former Regional Office). At our peak we had 5 consult rooms operating at any one time delivering vaccines. The majority of the clinical and non-clinical workforce was redeployed to those areas to assist in the response to the outbreaks.

General Practice

The Clinic team model was redesigned. Nurse triage was closed and replaced by a system called Prioritisation of Patients; a Guide to Urgency for Non-Clinical Staff (POPGUNS). POPGUNS allows for enquiries to be better handled at a client's first contact with the service. Reception staff performed a quick assessment (according to POPGUNS) and they were able to directly book to a service depending on the level of need.

Nurses and AHPs were paired with GPs. Patients presenting for appointments would first be assessed by a nurse or AHP, and an initial assessment was performed plus relevant measures and / or other actions undertaken. The aim was to improve clinical data collection, completion of health assessments and chronic disease plans.

Another benefit of this model is the RN or AHP is a constant, familiar face that the patient can easily engage with.

Congratulations to RN, Shannon Henderson, who has been appointed as the Clinic Team Coordinator.

Dr Josh Crase has been appointed as the Senior Medical Officer for Maari Ma. Dr Crase is a local Broken Hill person

who has returned to work in his home community. Dr Crase is supported by long term GPs, Dr Stephen Gaggin, Dr Victor Carroll, Dr Michael Nugent and Dr Penny Roberts-Thomson. We have been fortunate to have excellent locum and short term GPs providing services over this past year, including Drs Boem Kohl and VJ Singh who both had 6 month contracts.



Delivering quality services

Occasions of service 2021/22

(Broken Hill + Wilcannia)

	2020/21	2021/22	% change
Occasions of service	47,190	48,920	4% increase
Number of clients	3,306	3,897	18% increase
Number of Aboriginal clients	2,589 (78%)	2,966 (76%)	15% increase

Aboriginal and Torres Strait Islander Health Assessments (also called 715 Health Checks)

- Total: 900 (22% less than last year)
- 0-17 years: 376
- 18+ years: 524

Transport

	2020/21	2021/22	% change
To Maari Ma (BH+Wilc)	8,457	7,391	13% decrease
To other places	1,677	967	42% decrease

Occasions of service 2021/21

(Balranald)

	2020/21	2021/22	% change
Occasions of service	1209	572	53% decrease

Keeping Well Team

The Keeping Well team consists of RNs and AHPs who collaborate with visiting specialists. RN, Kelly McGowan and RN, Barbara Williams work with the respiratory, cardiology, renal, ENT and pain specialists. These clinicians organise and plan clinics, and ensure preparation and follow up for patients is completed.

The Diabetes team works within the Keeping Well team. CNC Diabetes Educator, Marija Bindley, and AHPs Lavinia Henderson and Hannah Morris work with Dr Josh Crase and the endocrinology and associated teams (ophthalmology, podiatry, optometry) to care for patients with diabetes, and other endocrine disorders.

Congratulations to Lavinia Henderson who has been appointed Keeping Well Team Coordinator.

Child Dental Service

The Child Dental team of Megan Hurst, Jayde Flentjar and trainee Robyn Cattermole provided oral health services whenever possible in Broken Hill and outreach clinics.

Our goal is for:

- 6 clinics per month in Wilcannia,
- 2 clinics per month in Menindee
- One visit per quarter in Ivanhoe
- All outreach schools to have the tooth brushing program in place

The Adult Dental Service is currently delivered by the RFDS which provides a dentist for clinics throughout the year. While we are very appreciative of the RFDS service, the current schedule of adult clinics is not sufficient to cover the urgent waiting list. Senior Dental Therapist, Megan Hurst is currently completing her Adult Scope Dental Therapy-advanced clinical practice. This will extend Megan's scope to include preventative dental care for high risk patients such as pregnant women and patients with a chronic disease.

Ngama'linya yapa'na / Healthy Start

The Midwifery team provided antenatal and postnatal care for 34 women in Broken Hill and Wilcannia, with culturally appropriate health care and support during pregnancy and early parenting weeks.

Unfortunately we were unable to recruit to our Child and Family Health Registered Nurse positions, but were able to secure several excellent locum RNs to assist during the 12 months. Utilising the Healthy Start GPs, RNs and AHPs, Maari Ma continued to deliver developmental health care for pregnant women, babies and young children. We care for babies, children, and Indigenous women – so we want to see our Indigenous women have healthy pregnancies and safe births. Despite COVID-19 women still get pregnant, and babies and children still need their check-ups and immunisations, and so we continued our service with a few minor changes.

Offering outreach services is crucial in promoting engagement in health care for pregnant mums and families. We continue to see pregnant women on a weekly basis at Wilcannia and as needed.

The Early Intervention team was severely impacted by the restrictions of COVID-19 however services recommenced in the latter part of the financial year. We were extremely fortunate to re-employ Occupational Therapist, Sandy Gray to join Allied Health Assistants, Erin Vale and Telicia Briar. Maari Ma was successful in maintaining its National Disability Insurance Scheme accreditation which supports us to offer early support services to children 0-7 years.

Social and Emotional Well Being Team

Maari Ma's Social and Emotional Well Being (SEWB) team delivers low - moderate intensity mental health services to our community which aims to increase overall community access to evidence based psychological intervention for people with, or at risk of, mild-moderate mental illness.

2021/22 has been a difficult year for the SEWB team with only 2 clinicians working for many months of the year. Referrals from GPs are assessed and external referrals to other agencies such as Mission Australia, Far West Local Health District and Headspace are made if required.

Acknowledgement to Cath Kennedy, Maari Ma's Data Analyst, who stepped in and managed the referral process and clinical lists during this period. Also thank you to team members, Julieann Hall and Nick Pazder who have both worked tirelessly over the past year.

During the past year Maari Ma has restructured the SEWB team to better meet the changing needs of the service and the community. Rather than being siloed in one large team clinicians have been integrated into clinical teams across the service.

Clinic/Community teams are now allocated 2 Mental Health RNs who will assist the GPs in managing acute, crisis and urgent presentations relating to mental health.

The Keeping Well team is now allocated 3 case managers who will case manage patients with a chronic mental illness, drug and/or alcohol problem, family support, sexual assault, and family violence. Also in this team will be an intake coordinator who will assess all internal referrals from GPs, assign patients to clinicians and manage the psychiatry clinic.

Healthy Start is now allocated one case manager who will work across the Early Years program in identifying children and families in need of support and follow up.

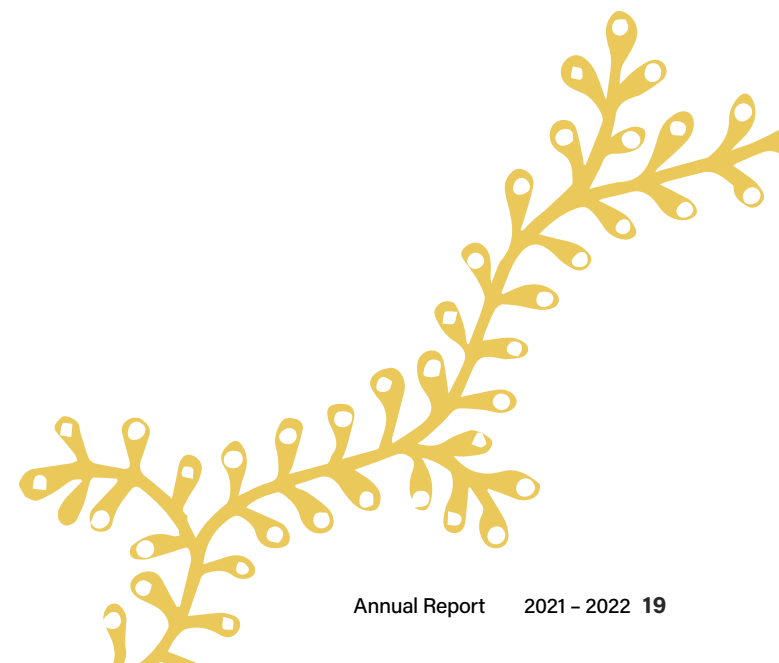
All of these clinicians will be supported by psychologists and the adult psychiatrist, Dr Jonathan Carne.

Aboriginal Health Practitioners in Training

Maari Ma successfully recruited 10 trainees in March 2021 as part of our commitment to workforce development. The trainees were employed in Broken Hill, Wilcannia, Balranald,

Ivanhoe and Menindee. We have high hopes for our trainees who are dedicated members of our team and who are passionate about being part of closing the gap in Aboriginal & Torres Strait Islander health.

Unfortunately, COVID-19 affected the smooth progression of their training with the initial TAFE blocks being delivered via Telehealth. The trainees are due to complete their training by the end of September 2022.



Delivering quality services

Wilcannia Primary Health Care Service

Planning continued for the new Wilcannia Health and Wellbeing Centre. There were numerous delays caused by COVID-19 and planning issues with the building site, but a start date is now planned and the builders are due to take over the site in the coming weeks.

Long term Senior AHP, Veronica Edwards retired to Merbein which has left a huge hole in the Wilcannia team. Veronica was much appreciated for her knowledge of the community and her wisdom in managing difficult situations.

Last year also saw the resignation of Primary Health Nurse, Amanda Everett. Amanda had been working with Maari Ma for 4 years and was an RN at the Wilcannia Hospital prior to that. Amanda's contribution is missed by all the team.

The never ending border closures saw RN, Loi Zanette resign to spend more time with his family in Clare. Fortunately, Loi is back working with Wilcannia on a 2 week on, one week off rotation to support clinic staff and activity.

Transitional Nurse Practitioner, Jason Gowin continues to study for his Nurse Practitioner in Chronic Disease qualification and is on schedule to complete his studies by December 2022.

Dr Stephen Gaggin eventually got home to New Zealand for a well-earned rest (COVID-19 international border closures), returning in March 2022. Dr Gaggin works in Wilcannia 4 days per week and Broken Hill one day per week. Dr Gaggin has been well supported in chronic disease management by Dr Vic Carroll, Dr Michael Nugent, and Dr Penny Roberts-Thomson.

Thanks and acknowledgement go to Kendy Rogers who filled the Clinic Coordinator role when the position remained vacant. Kendy provided a consistent presence in Wilcannia and kept the service running smoothly. We have recently welcomed Jeanette Rogers to the role of Clinic Coordinator.

We would also like to acknowledge other key employees such as Robbie Harris - long-term transport driver, Jenny Edwards who manages the Healthy Start program and Kevin Bates who works with chronic disease and community care.

Dedicated doctors and staff complete child and adult 715 health checks and follow up on any health issues identified. We are very fortunate to have Dr Penny Roberts-Thomson and Dr Jinny Gill visit 2 days per week to complete child 715 health checks.

Our focus has been on vaccinating against COVID-19, often in partnership with Far West Local Health District and the RFDS. We continue to

offer boosters and 4th dose vaccinations in conjunction with the annual influenza vaccine.

Balranald

Nurse Manager, Emma Moore commenced maternity leave in April 2022 and Maari Ma Health Balranald relied on locum registered nurses during the remainder of the reporting year. We were very fortunate Centrelink Agency Officer, Zoe Hutchinson continued to be the backbone of the service.

Later in the year, Dr Ruth Drohan commenced at Balranald on a one week per month basis. Dr Drohan is focused on patients with, or at risk of, chronic disease with an aim to prevent a chronic illness from occurring or managing complications effectively to reduce the risk of more severe disease.

Students

Due to the current shortage of permanent GPs we have reduced medical student numbers from previous years. However Dr Crase worked with 2 medical students in 2021 which included weekly clinics in Menindee as well as Broken Hill.

There were no applications from nursing or allied health students to work at Maari Ma during the 12 months.



Research

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

Flash Glucose Monitoring: Maari Ma is partnering with the University of Melbourne to investigate whether flash glucose monitoring impacts the management of Aboriginal people who continue to have high blood sugar readings even though they are currently taking insulin. This work is ongoing. Aboriginal Health Practitioner, Hannah Morris is leading this project.

Memory Study: Maari Ma is partnering with the University of Newcastle to investigate the service delivery model for dementia in Aboriginal populations. This study is in the beginning phases with recent ethics approval for the patient survey meaning we can now move into the local data collection. This work is ongoing. Manager General Practice, Daniel Jackman is leading this project.

Sexually Transmitted Infection (STI) testing

improvements: Maari Ma partnered with the Kirby Institute to develop improvement strategies to increase the number of STI testing opportunities through better uptake of the Aboriginal Health Assessment (715) for people aged 15-30. This work is complete with analysis showing that some systematic change and better awareness of the need for STI testing by the workforce enabled some improvements to STI testing outputs, albeit through the pandemic. Sexual Health RN, Regan Chesterfield is leading this project.

Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)

Even with border closures to South Australia and Victoria, as well as some periods where movement within NSW was limited, Maari Ma supported patients to attend their appointments by funding travel, accommodation and taxis for both them and their escorts. Maari Ma's travel scheme aims to recoup some of its costs from the NSW Government initiative (IPTAAS) so that we can continue to support as many patients and their families as possible.

Many requests were for multiple items: accommodation (80%), fuel (66%), flights (26%) and taxis (25%). Patients travelled to appointments for surgery (15%), orthopaedics (9%), radiology and scans (8%), ear, nose and throat consultations and surgery (7%), and cancer treatment (7%). Requests were mostly made to attend services in South Australia (60%). Almost one in 4 requests were for patients outside of Broken Hill to come to town for services at Maari Ma, the Broken Hill Health Service and other Broken Hill based services. The remaining requests were for services in Sydney, Dubbo, Mildura and other southern locations.

Pharmacy

The 2021/22 financial year has been another excellent year for pharmacy services provided at Maari Ma with Jess Cavaletto and Olivia Norley joining the community team as the pharmacist interns. Olivia and Jess work for Maari Ma in Broken Hill and Wilcannia and their main duties have been medication reconciliation, staff education, and improving efficiencies and accuracy in Webster packing systems.

The Home Medication Review (HMR) program was again very successful in terms of pharmacist access to patients with a high number of patients seeing the pharmacist for a HMR in 2021/22. A total of 193 patients had HMRs across the region which included 42 patients in Menindee, 47 patients in Wilcannia and 104 patients in Broken Hill. This is a great

result considering Outback Pharmacy leader, Alex Page was redeployed into the respiratory clinic for several weeks to allow Maari Ma to respond appropriately to the pandemic in August-October of 2021.

The full benefit of the HMR is only achieved if the patient books in to see their GP after the pharmacist sees them to discuss the report provided by the pharmacist. A total of 126 patients had their HMRs completed with their GP in 2021/22 from around the region which means 65% of patients had their HMR completed. This result is significantly down on previous years when a 75-85% completion rate was being achieved. Targeting the 35% of patients who didn't have their HMR completed will be an area of continued focus so that more patients can achieve better health outcomes through optimising medication management.

Maari Ma - Medicare

This financial year was very challenging due to the limited GP resources and the continued impact of COVID-19.

Notwithstanding the significant work being done to recruit permanent GP resources, in the current climate the lack of GPs across the country makes recruitment very difficult and we have not been able to replace four GPs who left in the previous financial year. Consequently, Maari Ma has relied heavily on locum placements to bolster the limited permanent resources. A total of 30 different locum providers were engaged through 2021-22.

COVID-19 restrictions also impacted on the attendances by, and revenue from, visiting specialists.

While the number of patients registered for the Indigenous Incentive Payment increased by 130 from 975 to 1105, the overall income decreased because:

1. the numbers of patients (Standardise Whole of Patient Equivalents) decreased, and this is the multiplying factor used to calculate the respective payments; and
2. the number of chronic disease care planning activities decreased, reducing the Tier payments associated with the Indigenous Incentive Payment.

It is not surprising that because of the limited GP resources the frequency of preventative healthcare and chronic disease management items has plummeted. This further compounded the impact on revenue and detracted from the focus that Maari Ma places on delivering these important services. Healthy Start in particular struggled to deliver the high levels of service that it has previously achieved, suffering from a lack of nursing and health worker staff to work with the GPs.

Primary care related Medicare revenue declined during this period by approx. \$500,000. This loss in income was mitigated by the funding Maari Ma received from establishing and maintaining the GP Respiratory Clinic as part of its COVID response. Recovering from this deficit will require:

- Recruitment of permanent/recurring GP resources
- Reduced reliance on locum placements
- Recruitment of nursing and health worker resources in Healthy Start
- Continued increase in Indigenous Incentive registrations
- Return to the previous level of completing 715 Health Checks & Chronic Disease Care Plans.

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, 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.

Continuing from the previous year the significant border restrictions between NSW and South Australia, together with restricted flight schedules, decreased the number of face-to-face clinics that we completed. Where possible clinics were transitioned 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.

In April 2022 the Far West LHD resumed the ophthalmology clinic to Wilcannia. Unfortunately, clinics have not resumed at Menindee, and this will be the case for the foreseeable future due to staffing levels. We have developed a more streamlined process for referral to the hospital for Broken Hill and Menindee patients however the referrals are triaged due to clinical need rather than a priority basis which was the original intention from the Ophthalmology Department when the visiting clinics were ceased. Improved access for our patients is being continually monitored.

There were no perinatal psychiatry clinics during the year, challenged by the lack of face-to-face clinics due to border closures and interrupted flight schedules. The Perinatal Psychiatrist, Dr Ros Powrie feels 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. A significant redevelopment of this service is

required, and Dr Powrie has committed to working with us on the redevelopment in the hope of restarting face to face clinics in 2023.

After two years of forced telehealth clinics Dr Colleen Barker, our Child & Adolescent Psychiatrist, had her final clinic in January. Dr Barker joined Maari Ma two years ago however her first face-to-face clinic scheduled for March 2020 was one of the initial casualties of forced border closures and Dr Barker unfortunately never made it to Broken Hill for a face-to-face clinic. Her work commitments in Adelaide have increased (as it has for all those in the social and emotional well-being space over the past two years) and we were very sad to see her finish up with us. We are actively looking to contract a replacement specialist.

Even with the challenges of clinic shutdowns, border closures and telehealth, Maari Ma provided 197 specialist clinic days which is about two specialist clinics in every three days. While it's 28% fewer days than the previous year it's not surprising given the number of specialists who could not attend in person or where telehealth wasn't ideal (for example optometry, podiatry and ear nose and throat).

In total there were 1,491 patient consultations which is 26% fewer than the year before. We have a way to go to get back the number of consultations in the pre-pandemic era but we continue to strive for improvements.

Specialist service clinic summary

Discipline	Total visit days	Total patients seen
Cardiology	12	137
Ear, nose and throat	4	61
Echocardiography	8	66
Endocrinology	19	131
Ophthalmology (Wilcannia clinic)	2	9
Optometry	18	169
Paediatrics	53	446
Pain management team (including physiotherapy)	5	26
Podiatry	17	156
Psychiatry - adult	31	123
Psychiatry - child & adolescent	4	16
Renal medicine	9	60
Respiratory medicine	5	67
Smoking cessation	10	19
Stress tests	-	5

Early Years

The Early Years Project (EYP) has continued to progress throughout the year and successfully adjusted to the many barriers that the COVID -19 pandemic delivered. The EYP sustained its commitment in supporting Indigenous families and providing a strong foundation for children's early learning and development. Considering early childhood is a time of rapid growth and development and is faster than any other time of life, it was no time to stop for the EYP. The EYP programs were adjusted accordingly to provide foundations for children's future development, health, learning and social-wellbeing.

The EYP is instrumental in supporting children's life-long success. The EYP contributes to the health and wellbeing of children by:

- Supporting the social, emotional and intellectual development of children
- Encouraging strong relationships between parents and children
- Supporting increased skills and empowerment of parents
- Strengthening literacy
- Encouraging readiness for preschool then school
- Encouraging social and community engagement
- Providing health education in a non-judgemental, non-clinical setting
- Encouraging access to other health programs



Intensive Supported Playgroups (Broken Hill and Wilcannia)

The Intensive Supported Playgroups is a central part of the EYP and its success was confirmed early in 2022 when Maari Ma was identified by SNAICC (Secretariat of National Aboriginal and Islander Child Care) as an example of good practice in early intervention and family support programs. The EYP Intensive Supported Playgroups was one of 11 profiles that demonstrates how community-controlled organisations are achieving positive results for Aboriginal and Torres Strait Islander children and their families, including supporting these children to be kept safe from harm, uphold their right to grow up within their own family and community, and access critical health and early education services.

The EYP program impacted the most during the COVID pandemic was the Intensive Supported Playgroups. The operation of the playgroups thrives on face-to-face interactions, group routine and structure. When COVID



restrictions were in place, playgroup could no longer operate. However, the EYP adapted how playgroup was delivered and continued the play-based learning by distributing high quality resources with learning and development strategies on a weekly basis. It was obvious the communities were very grateful that they could continue the early learning opportunities with their children during the pandemic. The EYP also promoted the creative kids vouchers that were offered by the NSW Government by purchasing 150 Creative Kids packs for the four communities for all children aged 2-5 years. This initiative prompted families to utilise their vouchers and support was given to families that required assistance.

Thankfully, playgroup has returned to a group setting and the word is spreading in the community about the importance and quality of playgroup with attendance averaging 50-60 people coming to Broken Hill Playgroup on a Friday. To maintain the quality of the playgroup, in early 2022 an extra day per week was added to the program to allow for more meaningful and quality interactions. In addition to playgroup on Friday, playgroup now operates on a Wednesday and is separated into two age groups, 0-18 months, and 18 months – 5 years. This has worked extremely well allowing for more purposeful programming that is specific for each age group. Wilcannia Playgroup continues to operate on a Tuesday and Thursday during school terms.



Little Kids and Books

Little Kids and Books (LK&Bs) is a program that encourages the reading of books as an integral part of a child's life. Enjoying books and reading stories from a very early age is crucial in the development of children. LK&Bs is delivered by community-based preschools / playgroups in Ivanhoe and Menindee. In Broken Hill and Wilcannia, LK&Bs is delivered through the playgroups. A quality children's book is the focus of a group reading session with an Early Years educator modelling different reading strategies. LK&Bs continued operating during COVID via home deliveries once per fortnight and reading the story via Facebook.

Aboriginal Families as Teachers

Aboriginal Families as Teachers (AFaT) funding has been increased to include Broken Hill and Menindee in addition to Wilcannia. The funding has been secured for the next four years. The program is a home based program developed and written by Maari Ma. AFaT is delivered fortnightly during the school term. Learning resources are supplied to each family as part of the home visit along with an activity card to suggest ideas for play-based learning to support child development. The activities have a strong focus on early literacy and numeracy. AFaT enhances the existing EYP programs to ensure that Indigenous children in the region have the best start possible; Playgroup and LK&Bs 0-5 years, AFaT 2-3 years, HIPPY 4-5 years.

Preschool Enrolments

The Early Years (EY) team works closely with the local preschools to ensure that children are enrolled in and attending quality, early childhood educational settings. Attending preschool gives children the best start in life and provides important opportunities to learn and develop. The benefits extend well beyond primary school and contribute to higher levels of educational success, employment and social skills. The EY team works hard to educate parents on the importance of preschool and encourages parents to enrol their children for the recommended minimum of two years prior to formal schooling. The EY team provides support for families to choose a preschool, fill out enrolment forms, provide documentation and organise transport availability.

Early Years Discussion Group

The first Early Discussion Group Meeting (EYDG) was held in February 2022 after being on hold due to COVID restrictions. The EYDG consists of early childhood educators and carers representing community and government pre-schools, long day care and other childcare and education settings. The aim of the EYDG is to discuss: - issues that enhance or hinder the delivery of quality early childhood education and care across the region; strategies to ensure that services meet the needs of Aboriginal children and families; professional development; and raising community awareness of the importance of a child's early years.

EYP partnership with SNAICC

SNAICC is the national peak body in Australia representing the interests of Aboriginal and Torres Strait Islander children and families. In addition to SNAICC publishing the Maari Ma Good Practice Early Intervention profile - a profile that promotes the Maari Ma EYP as a best practice pilot on a national scale, the EY team presented at the biennial SNAICC National Voice for our Children conference. The event is the largest of its type in the southern hemisphere and more than 800 delegates attended over the three days. There were more than 70 concurrent sessions including panel discussions and workshops, cultural highlights and performances. The presentation by the Early Years team was called "Maari Ma Early Years Project: Investing in the early years pays dividends for this generation and the next."

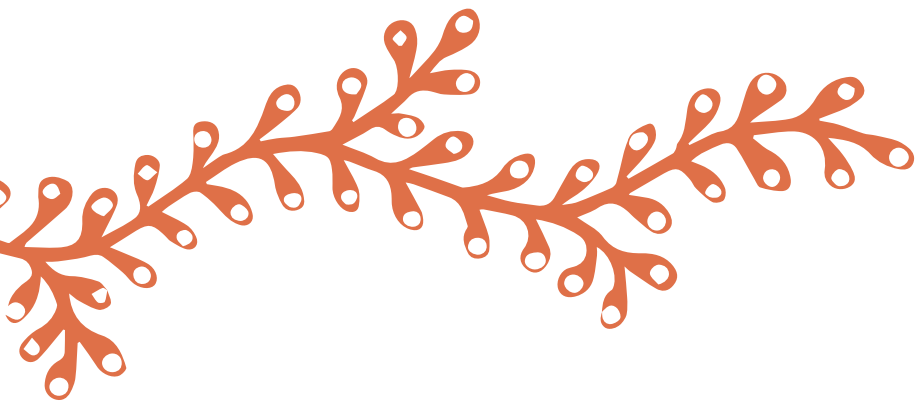


HIPPY

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

HIPPY continues its success with 59 families currently enrolled and three HIPPY tutors employed in Broken Hill. In the first year of HIPPY, families learn skills to get their children ready for school. In the second year, parents learn more about supporting their children’s learning and development at school and at home.

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



HIPPY data collected on the Age 5 cohort that graduated at the end of 2021 shows that a large proportion of parents felt that their child does “well” across each area of development as per the table below. The areas of development detailed below are in line with the five domain - related skills outlined in the Australian Early Development Census and are highlighted throughout the HIPPY packs and resources.

Area of Development	Enrolment	End of Age 4	End of Age 5
Does well with fine motor skills	67%	81%	93%
Does well with turn taking, sharing and waiting	63%	85%	96%
Does well with communicating emotions	74%	89%	89%
Does well with numeracy (sorting and classifying)	48%	78%	85%
Does well with literacy	67%	70%	78%
Does well with expressive communication	81%	85%	93%
Does well with receptive communication	78%	85%	93%

HIPPY data has also highlighted a substantial increase in the number of parents and carers reading frequently to their children. These figures have increased from 11 % at enrolment to 74 % at time of graduation for this cohort. This is a very significant figure as the simple act of reading with your child promotes brain development and imagination, develops language and emotions, and strengthens relationships, all of which are necessary foundations for lifelong learning.



Based upon the success of the program within Broken Hill, HIPPY is now being rolled out in Menindee and Wilcannia thanks to funding from the CAGES Foundation. We currently have 10 families engaging with HIPPY in Menindee via a partnership with the Menindee Preschool and 15 families have expressed interest and are in the process of enrolling into the program in Wilcannia via the playgroup and the Broken Hill Early Years team.

Like so many other programs, COVID -19 has impacted the way we would normally deliver this wonderful program in order to minimise contact and reduce risk of infection for both staff and families as need be. We continue to support families face to face, over the phone and through Facebook. The HIPPY packs have been well received by families with several commenting it was wonderful to have such high quality educational resources to work through while their children were home from school and preschool due to COVID -19 as well as colds, coughs and illness.

The HIPPY program has once again been recognised and rewarded by HIPPY Australia for maintaining enrolment rates for children going from the age 4 to the age 5 programs for the 2021/2022 period. This is no easy feat and is largely due to the hard work that the HIPPY team continues to do through building and maintaining meaningful and supportive relationships with families.



Wilcannia

Strong Young Families

It was well known and documented about the COVID crisis in Wilcannia in August 2021. The impact of the pandemic was identified to be the worst per capita in Australia. Approximately one in every four community members was affected by the virus. NSW went into lockdown and the small town of Wilcannia struggled as it only had one small supermarket and a chemist that needed to cater for approximately 600 residents. A local emergency response committee was formed to provide resources and assistance to the community. There were representatives on this committee from elders, community organisations and service providers which included Maari Ma Health.

An informal committee then also sprang into action to provide support for the community. This included

- Delivery of essential food to the residents
- Assist delivery with medical and other supplies from the chemist
- Emotional support for families and youth
- Health promotion/messaging re COVID-19 (isolation, masks, vaccines, social distancing)
- Provide assistance to other service providers in the community.

Maari Ma staff commitment, both health staff and community program staff, played a major role in supporting the Wilcannia community. Staff also committed their work and personal time to help with the delivery of food and supplies that were donated from elsewhere in NSW and Australia.

Maari Ma's executive staff held daily meetings with the Emergency Management Committee (including at weekends) to discuss issues and concerns as they arose during the crisis. Maari Ma's executive managers had an ongoing partnership with REDL.E to provide additional support for the community such as counselling and emotional support.

Both Maari Ma and REDL.E continue to deliver healthy food purchased from the local supermarket and medical supplies from the local chemist and hospital. This support helps to keep the community safe.

Maari Ma also assisted REDL.E to work with young people at risk from depression and self harm, providing resources and assistance to link the young people with other networks. Important emotional support was also provided to those on the front line during what was possibly Wilcannia's most difficult times. The local Wilcannia River Radio was essential to keeping everyone informed and Maari Ma worked closely with the radio team to get accurate messages out to the community.

Connection to the community has been important for our workers and they have all helped with positive programs in the community such as the Wings school holiday program, the End of Year Celebration, and the 2021 NAIDOC Concert. The SYF team continues to work with the other Wilcannia service providers to establish programs for 2022/23. This includes working with young people and families who need assistance to obtain identification papers. Wilcannia Police and the Wilcannia Local Aboriginal Land Council have agreed to provide documents to support this process. Once all the necessary paperwork is done, young people will be able to get their driver's licence and be work ready.

The Wilcannia community program staff have been working together to identify issues that require focus such as: -

- How to get the older age group 13 – 18 years engaging with Wings.
- Creating a safe and specific design that will cater for the different ages
- WHS issues such as making the store room and office space more manageable.
- Training and supporting staff and developing roles and duties for staff.
- Provide leadership roles for staff
- Staff recruitment.

With Strong Young Families strategies, it is important to create and have positive relations with other service providers. SYF has been networking with:

- Catholic Care Wilcannia (Young Families Program)
- Wilcannia Central School (School Engagement and Attendance)
- Far West Legal (Parents and Youth ID Program)
- Sport and Recreation Dubbo (Wings Support and Community)
- Youth Action Organisation (Parents and Youth ID Program and Wings Support)
- Welfare Rights Centre (Parents and Youth ID Program)
- Centrelink (Parents and Youth ID Program)
- Maari Ma Health - Uncle Buddy (Parents and Youth ID Program)
- Wilcannia LALC (Parents and Youth ID Program & Community Incentive Program)
- Broken Hill Commonwealth Bank (Parents and Youth ID Program)

JT (Jonathan Thurston) Academy LeadLikeAGirl: JT LeadLikeAGirl online platform is a space where young women from all over Australia can meet and build meaningful connections with other incredible young women and become confident leaders of their own lives. At its core, JT LeadLikeAGirl is a sisterhood rooted in uplifting and inspiring one another to reach their full potential and empower our young leaders with confidence, courage and self-belief. Not only do we have our workshops in school we have workshops held every Tuesday and Thursday at 4pm via Zoom. This gives the young people an opportunity to connect with each other and share their stories or challenges they are facing, letting them know they are not alone in their challenges but also be able to make their own connections and networks. These workshops are made up of fun activities and challenges to get them out of their comfort zone to build their courage and self-belief.



Delivering quality services

Wings

During summer 2021/2022 Wings conducted after school activities at the local pool which the kids loved.

We continue to work with the Outback Youth Theatre in circus and dance programs. This includes an excursion to Griffith to see our local kids perform at Fruit Fly Circus at the end of September.

During the summer months staff will run after school activities and holiday programs at the local pool.

Moving into our new normal we encourage social distancing and good hand hygiene with our young people to minimise COVID exposure.

We continue to maintain strong working relationships and partnerships with the local police, Wilcannia River Radio, Remote School Attendance Program, Wilcannia Women's Safehouse, Wilcannia Central School, St Therese's Community Parish School and REDIE. Jointly we have supported many

community events to build up social capital and as a mechanism of recovery post the 2021 COVID outbreak. We have all come together in supporting basketball, Blue Light Disco, movie nights, Wilcannia Fashion Parade, the Wings School Holiday Program and other community events

In partnership with the Wilcannia Central School we deliver educational activities for young people after school and work on school attendance.

In the 2021 outbreak we were redeployed to support Maari Ma and Wilcannia to deal with the challenges of isolation and delivered Wings packs in the home as well as other essential items.

We acknowledge the passing of Kahlia Blair and Aunty June Jones who were a significant part of WINGS and we miss them dearly every day.

We are in the process of rebuilding the Wings team and engaging the community after a tough 2021.



Healing program

Maari Ma's Healing program, Kalypi Paaka Mirika (Paakintji for Clear River Ahead) was developed out of the Community Safety Research Project which looked at 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 focuses on where we have come from, 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 we try and complete each one at Mutawintji or Kinchega which allows for our people to be out on country as they take their first steps towards their healing journey. This is a wonderful opportunity for participants to reconnect to country, particularly areas that hold significance for 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 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.

This has been a difficult period for delivery of the program and for the team. The COVID -19 outbreak in our communities saw many people affected - either becoming sick or isolating to avoid becoming sick, and many people were frightened to gather in groups. This severely impacted our ability to run programs.

However, the Kalypi Paaka Mirika team members applied themselves to supporting the community. We contacted past program participants to find out how they were going, we

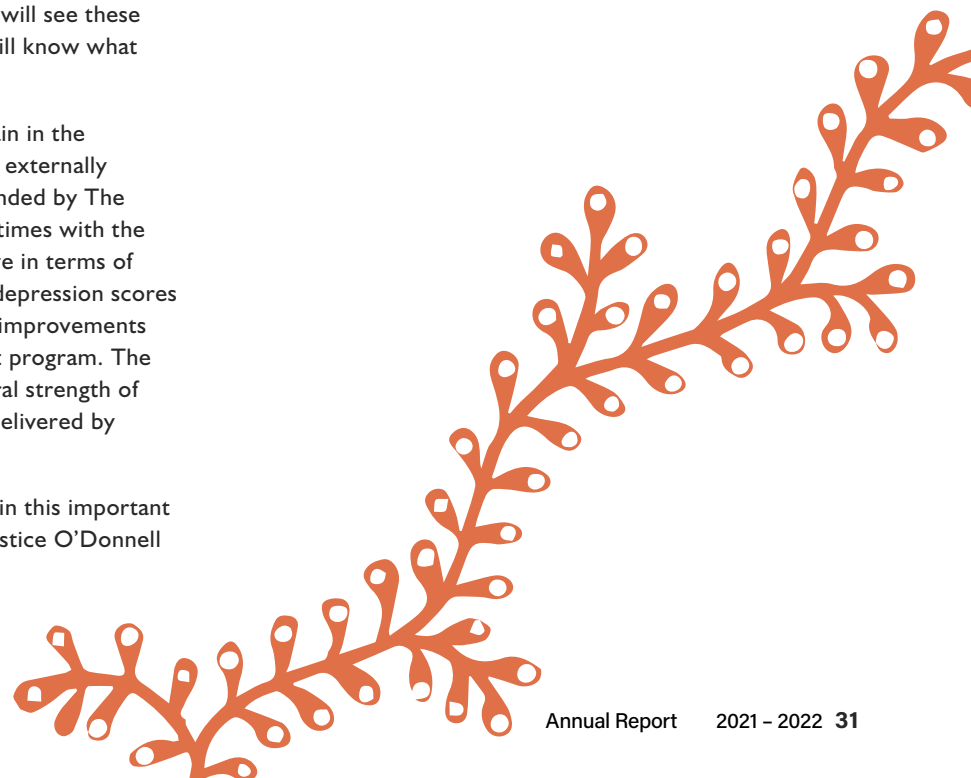
offered support in delivering groceries and hygiene packs, and encouraged people to get vaccinated. We also assisted in the administration side of our swabbing and vaccinating clinic.

When the Delta outbreak subsided, many of our communities felt flat and it was difficult to re-engage people.

However, we have managed to trial the Marla Marla module of the program a few times. The development of this module was part of the Women's NSW Sexual Assault Strategy. This part of the healing program is aimed at people who are victims or perpetrators of sexual assault to speak about their experience, be heard and understood, and seek assistance. Many people within our communities have been affected by sexual assault - some as children, some as adults - so we hope the information, education and support available through our program with our skilled team will see these issues discussed more readily and people will know what services are available.

With funding to Kalypi Paaka Mirika uncertain in the coming year we chose to have the program externally evaluated and chose a consultant recommended by The Healing Foundation. The team met several times with the consultant and the results were very positive in terms of how participants' quality of life scores and depression scores improve after the program, and how these improvements are sustained at 6 weeks and 6 months post program. The evaluation report also highlighted the cultural strength of the program - having been developed and delivered by Aboriginal people from this region.

We will continue to engage the community in this important work and have been pleased to welcome Justice O'Donnell to the team this year.



Marrabinya

The Marrabinya program has been operating throughout the Western NSW PHN region since 1st November 2016. The program covers 433,000 square kilometers of Western and Far Western NSW 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. Marrabinya is funded through the Western NSW Primary Health Network (WNSWPHN) via the Integrated Team Care (ITC) funding stream.

During the 2021/22 financial year the Marrabinya program brokered 10,628 support services and processed 3,033 referrals for eligible Aboriginal and Torres Strait Islander people living in the region. These statistics have reduced noticeably this financial year due to the new Indigenous Dose Administration Aids Program which commenced on 1st July 2021. The positive in this is the fact that it has freed up additional dollars to be spent on more supplementary support services for eligible clients of the Marrabinya program.

Throughout the reporting period numerous client surveys were completed with the overwhelming majority reporting very positive interactions with the Marrabinya program and staff. Many clients continue to report that without the support of the Marrabinya program they would not be able to attend their scheduled appointments which, over time, would have devastating effects on their health outcomes. Even with these outcomes being regularly conveyed to the WNSWPHN, the WNSWPHN engaged Price Waterhouse Cooper (PWC) to undertake review of the Marrabinya program since its inception.

This review commenced in February 2021 and was quickly marred by the COVID - 19 lockdowns. The implications of this meant that PWC were not able to visit communities

or meet face to face with clients. Instead PWC relied on a phone or zoom meeting with the Aboriginal Medical Services (AMS) in the service region, 13 General Practices out of a possible 110, three Commissioned Service Providers and 15 Partner Organisations, and received 85 online surveys to inform their recommendations to propose a new model of ITC implementation for the WNSWPHN's consideration.

This resulted in the PHN's decision to decommission the Marrabinya program and offer each AMS a contract to deliver ITC services to their clients. Another tender process would choose up to six service providers to deliver ITC services to the remainder of the Aboriginal and Torres Strait Islander population who choose not to access their care via an AMS. Unfortunately, the WNSWPHN has not been able to provide any details about how this new 'co-designed' program will improve services to Aboriginal and Torres Strait Islander people in western NSW.

One thing that was clear is the fact that the WNSWPHN was not in a position to act on this new model come 1st June 2022 so they offered Maari Ma Health an additional six-month contract to continue to deliver the Marrabinya program up until the 31st December 2022. Maari Ma Health accepted the additional six-month contract to ensure service delivery to our clients was not compromised during the transition to the new model. However, Maari Ma Health is not convinced that the new proposed model will deliver the best outcomes for the eligible clients who have been accessing the Marrabinya program over the past five and a half years. By splitting the funding into many smaller funding amounts the efficiencies created by the Marrabinya program will be lost and the result will be a diseconomy of scales, meaning the services provided will be costing each of the AMS and other service providers more to deliver. Also another key feature was that the new contracts only require the successful tenderer to ensure 40% of the budget

is spent on supplementary services whereas the Marrabinya program always allowed for a minimum of 50% of the total budget to be allocated to supplementary services for clients. Before the new service starts that will mean \$300,000 less in supplementary services for Aboriginal and Torres Strait Islander people.

During the time the Marrabinya program has operated we have been able to service in excess of 4,300 eligible clients, received more than 13,000 referrals and brokered in excess of 103,000 support services for these clients. Not one of these clients had to be placed on a public waiting list and each of them were contacted by their Care Link Workers within 48 hours of receiving the referrals.

With the evidence of the Marrabinya program's success, Maari Ma Health cannot sit back and allow this program to be shelved. Maari Ma Health, supported by the Marrabinya staff, clients and Aboriginal community have commenced a campaign to 'Save Marrabinya'. This campaign is gathering momentum and community support all around the region in which we operate, and we are hopeful that we can influence the WNSWPHN to reverse its decision and reinstate the Marrabinya program in its entirety.



Kiila Laana

The Kiila Laana program/Tackling Indigenous Smoking (TIS) works to encourage participants to take up a healthier smoke-free lifestyle. It includes the Muuku program, supporting and encouraging smokers to pledge to quit, and the Yapara program, encouraging smoke-free homes and cars. The Kiila Laana Team worked on various activities to spread brand recognition including:

- Muuku participant Tina O'Neil's smoke-free journey told via short clips on Facebook
- Radio interviews on 2DRY FM with TIS education Officer Tiffany Lynch
- Radio ads on 2DRYFM, Hill FM and 2BH with voice-overs from Muuku ambassadors Leeann Adams and Tina O'Neil
- TV commercials on Southern Cross Austereo.
- Muuku: Be Smoke-Free branding on the Kiila Laana building (422 Argent St) with a new billboard and window sticker depicting the latest Muuku poster.
- Outback Rugby League received Muuka branded shade shelters, water bottles and Muuku door mats have been ordered for local businesses.

A Kiila Laana survey conducted via Facebook and SurveyMonkey in March 2022 resulted in 37 responses:

46% were aged between 40 – 54.

14% had participated in the Yapara program

31% wanted to know more about the Yapara program and have their home tested for carbon monoxide.

33% have participated in the Muuku be Smoke-Free activities

11% wanted to know about the Muuku program.

19% increase in Kiila Laana Facebook page followers

Collaborations:

Our healthier smoke-free lifestyle messaging has been carried out in collaboration with -

Deadly Blues – NSW Rugby League Deadly Blues Ambassadors attended schools in Menindee, Wilcannia and Broken Hill to discuss healthy life choices

David Doyle – A senior Aboriginal Health Practitioner, respected artist and now native food entrepreneur, David joined the Facebook cooking segment resulting in many new followers.

Broken Hill High School - Tobacco education has again been presented to year 7 - 12

Professor Renee Bittoun – our long-term smoking cessation specialist continues to visit and provide staff education, community awareness and support face to face and through the media.

Events:

- 2022 World No Tobacco Day was held at the Early Years building.
- Youth Week event in Sturt Park.
- Balranald Muuku presentation.
- Year 7 induction.
- Early Years Christmas activity.
- Kiila Laana Christmas presentation.
- HIPPY Facebook LIVE event.





Tribute to Auntie June

It was with great sadness that we learnt of the sudden passing of June Jones on Friday 29th April 2022, just two months short of her 72nd birthday. June worked at the Wings Drop in Centre in Wilcannia from its inception to her passing. Her commitment to children, and her care for their education and wellbeing will live on within the Centre. She touched the lives of many in her quiet way and all who had the fortune over the decades to be taught by her at what was then called the mission school and then at Wings will remember her gentleness, her thoughtfulness and her compassionate nature. With the loss of June, the Wilcannia community has also lost a teacher of language and culture. She grew up speaking Barkindji and knew well the bush and the offerings it could provide. We are immensely grateful for her valued contribution to Wings and the wider community, and our thoughts are with her family. June was interviewed in December 2017 as part of Maari Ma's staff profile series and her profile appeared in You've Got Mail in 2018.

Auntie June grew up in Wilcannia when the river was high, the circus came to town and dust storms would blacken the town at least twice a year. She was the third youngest of nine children – seven girls and two boys – and home was a three bedroom house on the mission, without electricity. "There was no power in those days, we had candles for light and it was hot in the summer. The dust storms would roll in and they'd black out the whole town. We had the windows down but the dust and sand would still get in and the beds would fill up with sand. We had a couple of them every year, and they'd last a fair while. We used to get sent home from

school". At the mention of school Auntie June's gaze goes into the distance as she remembers her school years. Her voice is compelling yet soft and she speaks choosing each word carefully. "I used to really like school. We went to bed as soon as the sun went down and we'd wake up early and walk into school. We didn't like staying home from school like the kids do these days. We had a strict upbringing". Auntie June's upbringing provided her with boundaries that meant she went to school and she became educated. It also provided her and her siblings with safety nets. Because the children couldn't swim they weren't allowed in the river and if by chance they did go there, there were significant consequences.

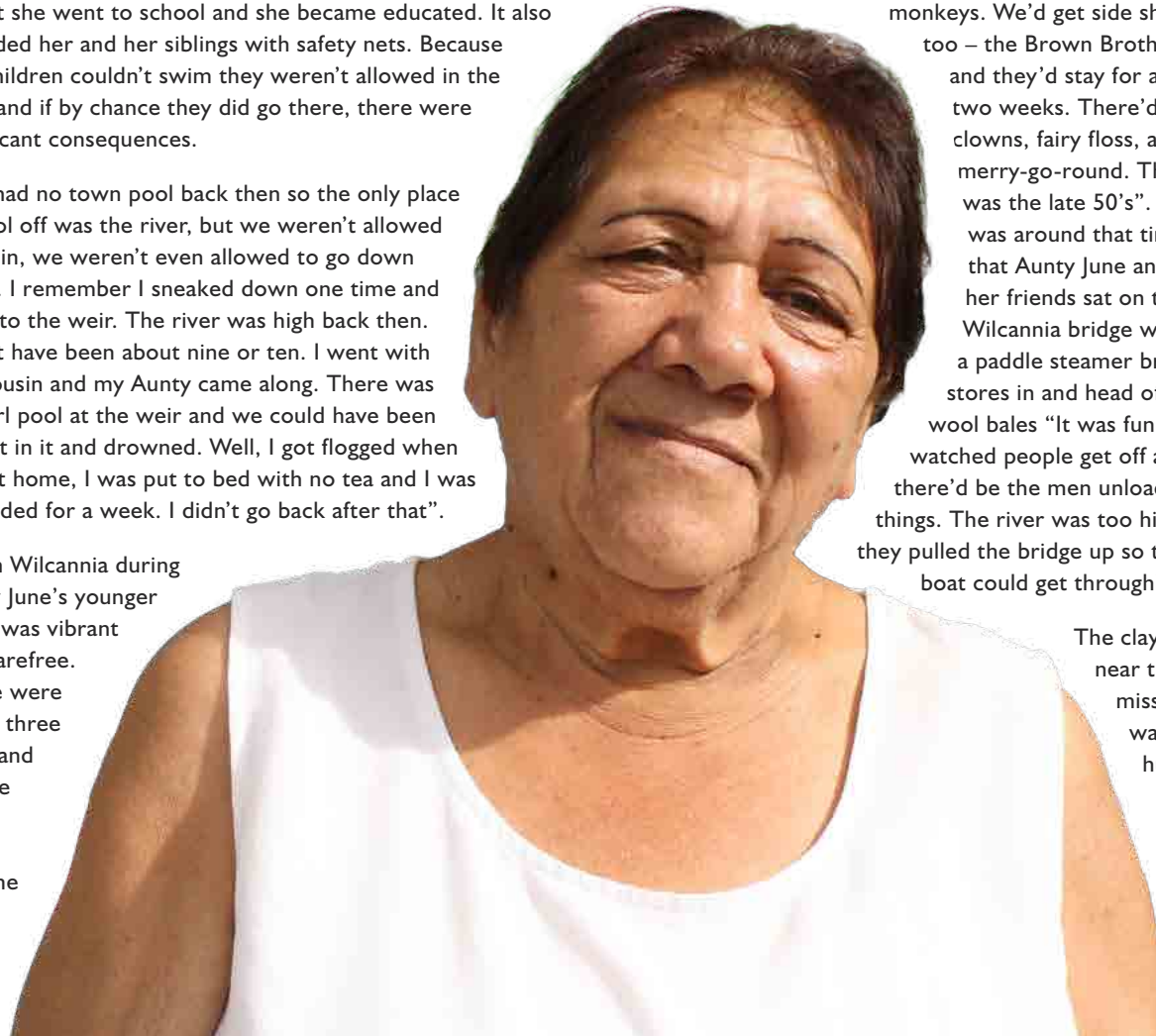
"We had no town pool back then so the only place to cool off was the river, but we weren't allowed to go in, we weren't even allowed to go down there. I remember I sneaked down one time and went to the weir. The river was high back then. I must have been about nine or ten. I went with my cousin and my Auntie came along. There was a whirl pool at the weir and we could have been caught in it and drowned. Well, I got flogged when I went home, I was put to bed with no tea and I was grounded for a week. I didn't go back after that".

Life in Wilcannia during Auntie June's younger years was vibrant and carefree. There were about three thousand people in the town, and she

describes times when Aboriginal people were treated well and they were respected. "There were more whites than Aboriginal people. The shops were open, the streets were lined with pepper trees and we'd all mix in together. We used to get a lot of circuses through town and we'd go there after school. There'd be elephants in the river squirting on the bridge, lions in cages, monkeys, hyenas and other animals. I used to go and pat the

monkeys. We'd get side shows too – the Brown Brothers, and they'd stay for about two weeks. There'd be clowns, fairy floss, a big merry-go-round. That was the late 50's". It was around that time that Auntie June and her friends sat on the Wilcannia bridge watching a paddle steamer bring stores in and head off with wool bales "It was fun. We watched people get off and there'd be the men unloading things. The river was too high and they pulled the bridge up so the boat could get through".

The clay pan near the mission was the hub of



entertainment with soft ball games, races and even temporary poles for a game of footie. There was also lots of dancing. “We’d have so much fun. If there was a big wake, we’d dance around the piano accordion, someone would be playing a mouth organ and someone else a guitar. Trucks carrying bullocks would even pull off the road and they’d watch us dance. The blokes would come over and introduce themselves and talk to the elders – there were a lot of friendly people. We’ll never see those days again. Slim Dusty called in a couple of times. There were a few songs you know made up about the clay pan. (Country music singer) Graeme Connors told a story about clay pan dances”. The clay pan was a popular venue for Guy Fawkes nights too with crackers, sky rockets and scarecrows alight after dark. “All the kids would come over to watch but we couldn’t get too close with the crackers” she says laughing.

When Aunty June turned 15 she left school to get a job to help the family and went to work at one of the stations doing housework and looking after the children. The children were schooled at home, and she’d read books to them and help them with their homework. After many years, she worked at the then Court House Hotel, washing and ironing before starting work with children in a structured environment. “I worked at the mission pre-school for 12 years. It closed down in 2000 and I worked there up until it closed. Then came the Drop in Centre. It was next to the old store that burnt down. It would stay open just about all day and all night and you could cook a meal. The police used to take the kids there, this was in the 80’s and 90’s, and you used to see a fair few kids there. There wasn’t much for them to do though. The Council used to run it, and I worked there for two years then Maari Ma took it over. There was a big difference when Maari Ma took it over. It was more structured - there were activities”.

Culture and language have been and still are a big part of Aunty June’s life and she recalls days when her mother would

gather children around a fire bucket to share stories. “She’d have all the little ones huddled around and tell them things, and she’d do bush tucker with them as well. Our mother taught Barkindji at the school and we used to speak it at home with her. (Nephew) Murray Butcher carries on with it now, he teaches a bit in school, it’s so important to keep it going,” she pauses for a minute then continues very softly with disappointment, “I don’t know, the kids today, now they won’t listen to you anymore, they just laugh when you try to talk the language”. Aunty June, as an elder in her community like her sisters the late Gloria King and the late Janet Jones, is an inspiration to the young people of Wilcannia even though at times she may not think so. The days of Anzac marches down the streets which saw station owners’ daughters dressed in white suits parading with all children in their school uniforms may be long gone but culture and language remain at Wilcannia through people like Aunty June. Years of working with children – supporting them in education, sharing culture and language, and encouraging them to make the most of any opportunity, are at the heart of what she does and what she always will do. “When I have a couple of weeks break from the Drop in Centre, I always look forward to coming back here - it’s what I love to do”.



Workforce

Recognition of Service:

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

5 Years

Kym Lees

Bianca Files

Donna Jeffries

Daniel Jackman

Tania Lawson

10 Years

Kevin Bates

Kendy Rogers

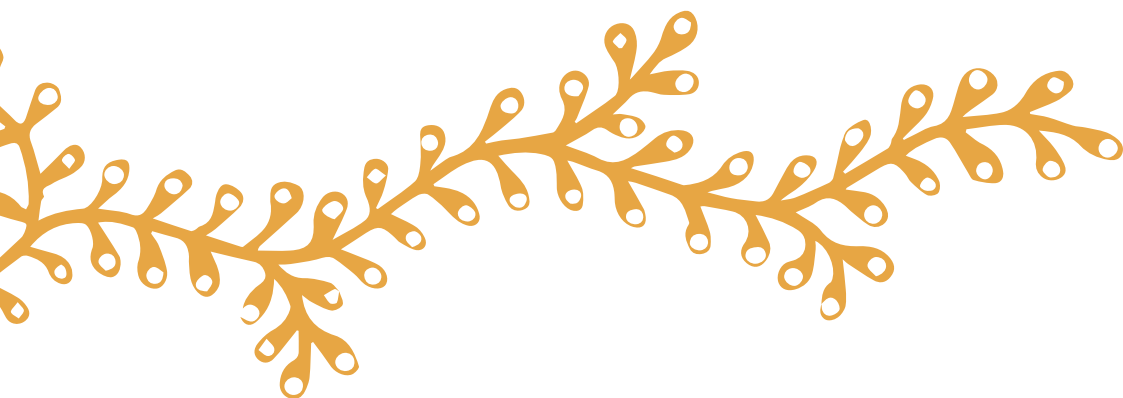
Kate Balman

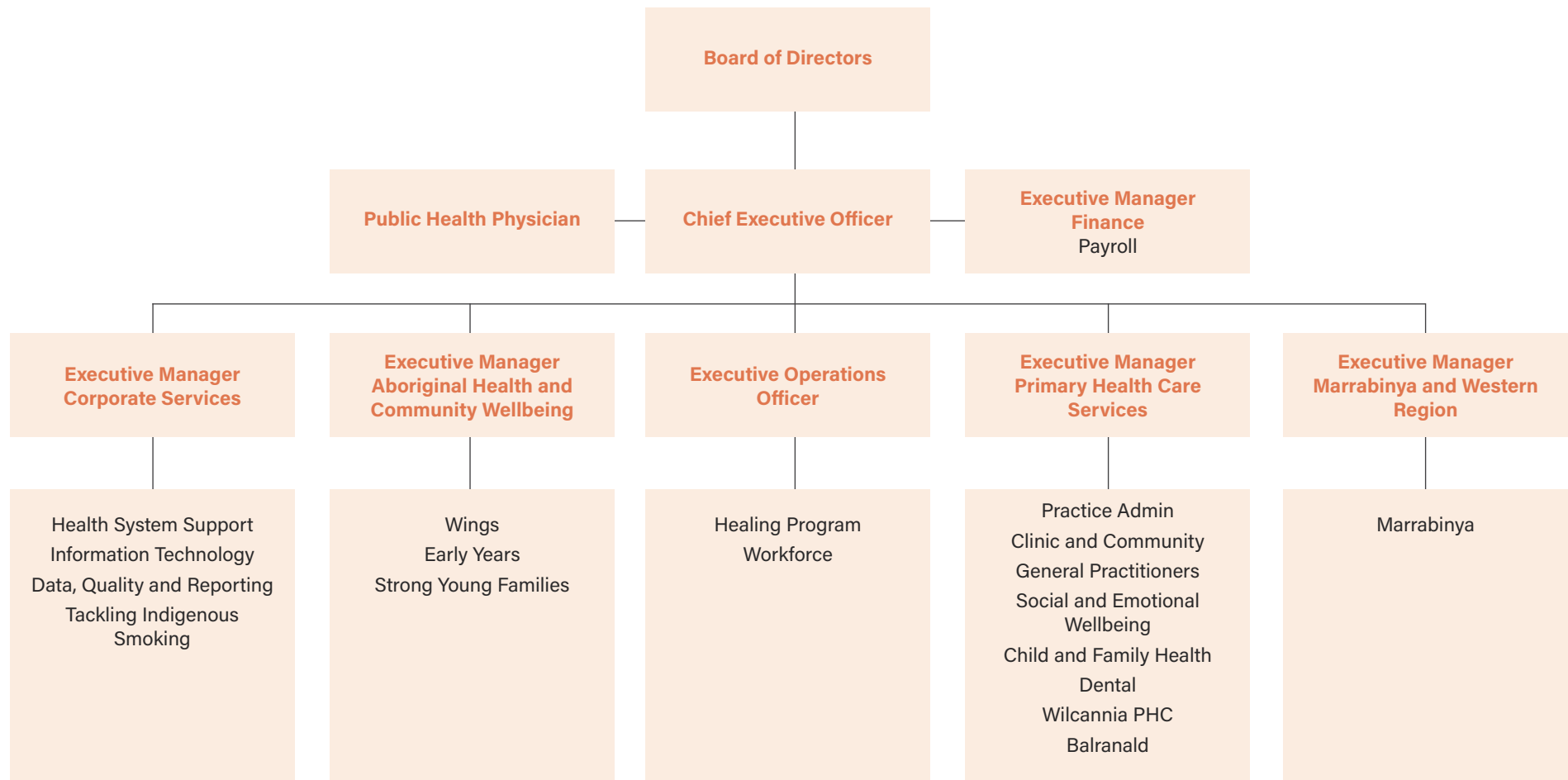
Tiffany Lynch

Alannah Degoumois

A snapshot of our Workforce

	30 June 2022	30 June 2021	30 June 2020
Number of employees (full time, part time and casual)	126	142	130
Number of Indigenous employees	78	85	80
Percentage of Indigenous employees	62%	60%	62%
Full Time Equivalent (FTE) Employees	102	116	109
Percentage FTE Indigenous employees	69%	71%	65%





Finance Report

For the year ended 30 June 2022

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. All these organisations are acknowledged in note 5 to the accounts.

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

Maari Ma derived total grant revenue and other income of \$20,447,136 (after adjusting for unexpended grants) which is an increase of just \$43,587 from the previous financial year.

Expenditure for the year was \$20,356,607, a decrease of \$38,225 over the previous financial year. After taking into account the gain on disposal of assets, Maari Ma's surplus for the year was \$122,897.

Chris Eastwood
Executive Manager, Finance





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 2022 and the auditor's report thereon.

Directors

The following persons were directors of the Corporation during the whole or part 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 (part)

Board meetings

There were 7 Board meetings held during the year. The number of meetings attended by each Board member is as follows:

Maureen O'Donnell	4
Des Jones	7
Gloria Murray	5
Fay Johnstone	7
Cheryl Blore	5
Norma Kennedy	2

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 Wilyakali Aboriginal Corporation. She is also on the Board of Management for the Mutawintji National Park.

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

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

Fay Johnstone is a Ngayampaa/Barkintji woman residing in Ivanhoe. Fay has been employed for more than 30 years as an Aboriginal Education 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 (REDI.E).

Qualifications, experience and social responsibilities of the Secretary

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

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

Bob retired on 30 June 2022.

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 \$122,897 (2021: \$34,338). 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 (2021: \$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 2022 that has significantly affected, or may significantly affect:

- the Corporation's operations in future financial years; or
- the results of those operations in future financial years; or
- the Corporation's state of affairs in future financial years.

Environmental Regulation

The Corporation is not subject to significant environmental regulations.

Insurance of Officers

During the year the Corporation paid a premium of \$874 to insure the directors and managers of the Corporation (2021: \$826).

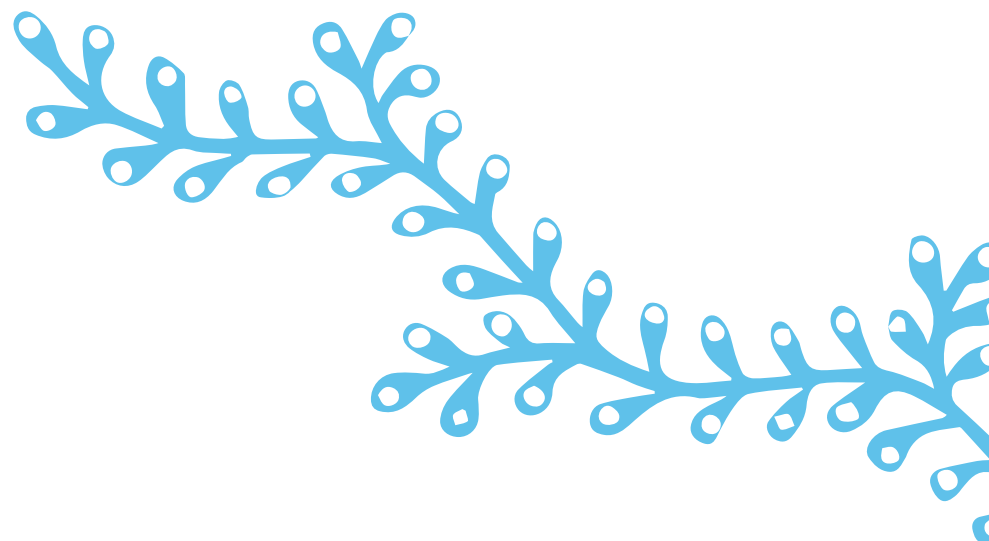
The liabilities insured are legal costs that may be incurred in defending civil or criminal proceedings that may be brought against the officers in their capacity as officers of the Corporation, and any other payments arising from liabilities incurred by the officers in connection with such proceedings. 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 2022. The directors do not have the power to amend and reissue the financial statements.



D Jones
Mildura
27 August 2022



	Notes	2022 \$	2021 \$
CURRENT ASSETS			
Cash and cash equivalents	2	5,080,248	3,008,824
Other financial assets	2	6,123,870	6,103,626
Trade and other receivables	3	472,044	516,307
TOTAL CURRENT ASSETS		11,676,162	9,628,757
NON CURRENT ASSETS			
Property, plant and equipment	4	9,795,461	10,167,667
TOTAL NON CURRENT ASSETS		9,795,461	10,167,667
TOTAL ASSETS		21,471,623	19,796,424
CURRENT LIABILITIES			
Unexpended grants/ Revenue in advance	5, 6	6,469,853	4,849,056
Trade and other payables		1,242,519	1,605,006
Borrowings	8	37,992	37,992
Employee entitlements		2,482,975	2,151,775
TOTAL CURRENT LIABILITIES		10,233,339	8,643,829

	Notes	2022 \$	2021 \$
NON CURRENT LIABILITIES			
Borrowings	8	600,766	641,174
Employee entitlements		177,828	174,628
TOTAL NON-CURRENT LIABILITIES		778,594	815,802
TOTAL LIABILITIES		11,011,933	9,459,631
NET ASSETS		10,459,690	10,336,793
ACCUMULATED SURPLUS			
Accumulated surplus		10,459,690	10,336,793
TOTAL ACCUMULATED SURPLUS		10,459,690	10,336,793

The accompanying notes form an integral part of these financial statements



Maari Ma Health Aboriginal Corporation
Statement of Comprehensive Income
For The Year Ended 30 June 2022

	Notes	2022 \$	2021 \$
REVENUE FROM CONTINUING OPERATIONS			
Grant revenue	5	16,543,516	16,938,729
Medicare & primary health revenue		2,605,144	2,777,923
Sundry revenue		1,278,165	637,290
Bank interest		20,311	49,607
Total Revenue from Continuing Operations		20,447,136	20,403,549
Other Income			
Net gain on disposal of assets		32,368	25,621
Less: Expenditure			
Income tax expense	7	(20,356,607)	(20,394,832)
Net Surplus for the Year		122,897	34,338
Other comprehensive income			
		-	-
TOTAL COMPREHENSIVE INCOME		122,897	34,338

The accompanying notes form an integral part of these financial statements

Maari Ma Health Aboriginal Corporation
Statement of Changes in Equity
For The Year Ended 30 June 2022

	2022 \$	2021 \$
Accumulated surplus at the beginning of the financial year	10,336,793	10,302,455
Net surplus for the year	122,897	34,338
Other comprehensive income	-	-
ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR	10,459,690	10,336,793

The accompanying notes form an integral part of these financial statements

Maari Ma Health Aboriginal Corporation
Statement of Cash Flows
For The Year Ended 30 June 2022

	Notes	2022 \$	2021 \$
Inflows / (Outflows)			
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from funding providers and customers (inclusive of GST)		24,034,190	21,945,610
Payments to suppliers and employees (inclusive of GST)		(21,578,058)	(21,818,880)
Interest received		23,605	53,266
NET CASH FLOWS FROM OPERATING ACTIVITIES		2,479,737	179,996
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant and equipment		(441,161)	(421,539)
Proceeds from sale of property, plant and equipment		93,500	89,544
Funds invested in term deposits		(20,244)	(51,855)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(367,905)	(383,850)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments to lender		(40,408)	(39,047)
NET CASH FLOWS FROM FINANCING ACTIVITIES		(40,408)	(39,047)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS HELD		2,071,424	(242,901)
Cash and cash equivalents at the beginning of the financial year		3,008,824	3,251,725
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR		5,080,248	3,008,824

The accompanying notes form an integral part of these financial statements



1. Summary of Significant Accounting Policies

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

(a) Basis of Preparation of Financial Statements

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

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

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

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

New and amended standards and interpretations adopted by the Corporation as of 1 July 2021

The Corporation has applied the following standards and amendments for the first time for their annual reporting period commencing 1 July 2021:

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

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

(b) Depreciation of Property, Plant and Equipment

Property, plant and equipment are stated at historical cost less depreciation (except where otherwise indicated). Historical cost includes expenditure that is directly attributable to the

acquisition of the items. Subsequent costs are added to the asset's carrying amount. All other repairs and maintenance are expensed in the year the costs arise.

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

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

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

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

(c) Impairment of Assets

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

(d) Revenue Recognition

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

(i) Grant revenue and unexpended grants

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

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

(ii) Medicare and primary health revenue

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

(iii) Other income

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

(e) Cash and Cash Equivalents

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

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

(f) Trade and Other Receivables

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

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

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

(g) Trade and Other Payables

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

(h) Employee Entitlements

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

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

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

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

(i) Goods and Service Tax

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

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

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

(j) Income Tax

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

(k) Comparative Figures

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

(l) Critical Accounting Estimates and Judgments

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

(m) Financial Instruments

Key Estimates – Impairment

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

Recognition and Initial Measurement

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

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

Derecognition

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

2. Cash and Cash Equivalents and Other Financial Assets

	2022 \$	2021 \$
Cash and Cash Equivalents		
Cash at bank	5,079,048	3,007,624
Cash on hand	1,200	1,200
	5,080,248	3,008,824
Other Financial Assets		
Term deposits	6,123,870	6,103,626
	6,123,870	6,103,626

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	182,236	161,439
Sundry receivables	11,584	67,076
Accrued income	32,881	53,264
Prepayments	245,343	234,528
	472,044	516,307

As at 30 June 2022, trade receivables of \$2,880 (2021 - \$2,230) were past due but not impaired. These relate to a number of independent customers for whom there is no recent history of default.

The Corporation assesses on a forward looking basis the expected credit losses associated with its debt instruments carried at amortised cost. The impairment methodology applied depends on whether there has been a significant increase in credit risk. As at balance date, no credit loss provision was recorded (2021: nil).

4. Property, Plant and Equipment

		Freehold land \$	Freehold buildings \$
At 30 June 2021			
Cost		533,762	10,244,529
Accumulated depreciation		-	(1,868,808)
Net book value		533,762	8,375,721
Year Ended 30 June 2022			
Opening net book value		533,762	8,375,721
Additions		11,903	156,701
Disposals		-	-
Depreciation charge		-	(270,617)
Closing net book value		545,665	8,261,805
At 30 June 2022			
Cost		545,665	10,401,230
Accumulated depreciation		-	(2,139,425)
Net book value		545,665	8,261,805

	Plant & equipment \$	Motor vehicles \$	Total \$
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
Year Ended 30 June 2022			
Opening net book value	687,253	570,931	10,167,667
Additions	40,678	128,304	337,586
Disposals	-	(22,041)	(22,041)
Depreciation charge	(130,319)	(286,815)	(687,751)
Closing net book value	597,612	390,379	9,795,461
At 30 June 2022			
Cost	1,721,441	1,808,276	14,476,612
Accumulated depreciation	(1,123,829)	(1,417,897)	(4,681,151)
Net book value	597,612	390,379	9,795,461

	2022 \$	2021 \$
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5. Grant Revenue

During the year, the Corporation received the following grants:

Australian Government – Dept. of Health	8,642,888	7,347,689
Bila Muuji	25,000	-
Broken Hill Environmental Lead Program	118,356	250,000
Brotherhood of St Lawrence	239,787	263,967
Far West Local Health District	1,030,104	1,106,040
GP Synergy	118,191	299,309
NACCHO	150,500	-
National Indigenous Australians Agency	866,300	904,244
NSW Dept. of Aboriginal Affairs	-	129,900
NSW Dept. of Communities & Justice	649,845	741,004
NSW Dept. of Education	166,500	115,000
NSW Dept of Premier & Cabinet	15,000	-
NSW Ministry of Health	1,871,172	1,546,106
NSW Outback Division of General Practice	211,981	423,962
NSW Rural Doctors' Network	726,994	985,865
Pharmacy Guild	13,294	27,991
Royal Australasian College of Physicians	105,000	52,500
Royal Flying Doctors Service	211,981	-
Western Health Alliance Limited	2,974,742	2,919,960
	18,137,635	17,113,537

Prior year unexpended grants	4,717,686	4,542,878
Unexpended grants carried forward	(6,311,805)	(4,717,686)
GRANT REVENUE FOR THE YEAR	16,543,516	16,938,729

	2022 \$	2021 \$
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6. Unexpended Grants/ Revenue in Advance

Tied grant monies	3,591,805	3,132,686
Untied monies	2,720,000	1,585,000
	6,311,805	4,717,686
Revenue in advance	158,048	131,370
	6,469,853	4,849,056

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.

	2022 \$	2021 \$
7. Expenditure		
Audit fees, including grant acquittals	109,980	99,975
Board expenditure	66,784	67,279
Client support	1,229,420	1,307,926
Community engagement	985,426	892,887
Consultants' fees	178,727	196,764
Depreciation	687,751	757,583
Insurance	157,050	82,584
Medical & dental costs	2,757,361	2,892,740
Meeting expenses	110,506	82,730
Miscellaneous expenses	70,531	82,084
Motor vehicle expenses	273,270	221,063
Printing, stationery & telephone	221,365	215,785
Property costs	612,420	1,023,612
Repairs & maintenance	237,760	237,634
Resources	100,052	117,000
Salaries & wages and on-costs	12,197,890	11,690,319
Staff costs	263,785	320,366
Travel & accommodation	96,529	106,501
TOTAL EXPENDITURE	20,356,607	20,394,832

	2022 \$			2021 \$		
8. Borrowings						
	Current	Non-current	Total	Current	Non-current	Total
Secured borrowings	37,992	600,766	638,758	37,992	641,174	679,166

Secured liabilities and assets pledged as security

The total bank loans of \$638,758 are secured by the Corporation's freehold land and buildings for which the loans were obtained.

	2022 \$	2021 \$
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9. Key Management Personnel Disclosures

Key management personnel compensation	1,711,324	1,699,150
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Key management personnel comprise the Directors of the Corporation, the Chief Executive Officer and executive staff who report directly to the Chief Executive Officer.

There were no transactions other than compensation with key management personnel in the current year (2021: \$nil).

10. Contingencies

The Corporation had no contingent liabilities or contingent assets at 30 June 2022.

Commitments

Rental commitments

The Corporation leases office space under non-cancellable leases.

Commitments for minimum lease payments are as follows:

	2022 \$	2021 \$
Not longer than 1 year	10,536	10,536

11. Related Party Transactions

There have been no transactions with related parties during the year ended 30 June 2022.

12. 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.

13. 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.

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 (2021: 73).

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

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

Maari Ma Health Aboriginal Corporation Directors' Declaration

In the directors' opinion:

- (a) there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable; and
- (b) the financial statements and notes set out on pages 5 to 21 are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006, including:
 - (i) complying with 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 2022 and of its performance for the year ended on that date.

This declaration is made in accordance with a resolution of the directors dated 27 August 2022.



Des Jones
Director

Mildura
Dated this 27th day of August 202



Corporate services

Information Technology:

Our IT team have had multiple challenges over the past financial year, including taking over the support and maintenance of Outback Division of General Practice's (ODGP) ICT infrastructure. ODGP have three locations across NSW (Bourke, Lightning Ridge and Cobar) and have their own unique IT challenges to overcome.

The IT team also supported our ongoing, ever changing COVID responses by relocating clinics/services/staff where required and supporting video consultation, employee work from home requirements, and providing emergency communication to the community in the form of mobile phones.

The IT team migrated more systems online to Office 365, providing better collaboration and workflow automation for internal processes and upgraded Financial, Payroll and Patient Management systems.

Maari Ma IT continued ICT support for Murdi Paaki Regional Assembly, Murdi Paaki Services and Murdi Paaki Regional Housing. Murdi Paaki Regional Housing has had major upgrades to their server and storage infrastructure earlier this year.

The next year also looks busy with a new Wilcannia Health and Wellbeing Centre to setup with IT and communications infrastructure as well as more cloud migrations, software upgrades and development of new tools for reporting, collaboration and supporting staff across all our locations.

Data

We have looked at development of an organisational dashboard to monitor the key activities and progress of our organisation: this is a work in progress. A key activity within the organisation over the last 12 months was management of vaccination information to maximise the protection of our communities. This meant regular liaison with FWLHD and RFDS to see who was due or overdue for vaccinations, including amongst Maari Ma staff when our staff immunisation policy required COVID vaccinations.

Capital works

Maari Ma went out to tender in June 2021 for the construction of two projects in Wilcannia: the new Wilcannia Health and Wellbeing Centre and a redevelopment of the Wings Drop In Centre. We received 3 tenders and all were well in excess of the funds we had available for both projects. We chose to pause the Wings project until further notice and put all of our efforts into finding sufficient funds to build the new Wilcannia Health and Wellbeing Centre.

We approached the Indigenous Land and Sea Corporation (ILSC) for funding and we were favourably received so subsequently contracted Social Ventures Australia to develop a professional business case to accompany our application (which ILSC also funded). Working side by side Regional NSW and others during the Delta outbreak, we were subsequently approached by them to see if they could assist in any projects which would aid community recovery. We nominated the Wilcannia Health and Wellbeing Centre and after doing its due diligence, Regional NSW has committed up to \$2.2 mil towards a new community controlled health facility in Wilcannia. With existing commitments from the Commonwealth Department of Health, the NSW Ministry of Health and the ILSC indicating its intention to commit funds, we were able to progress our project before COVID impacts further influenced projected cost escalations.

David Payne Constructions, based in Dubbo, was the successful tender and a contract was signed in April 2022. A development application was submitted in late 2021 and consent conditions have been received in August 2022. Dr Sarah Martin has been on site and written an Aboriginal Cultural Heritage Impact Assessment Report and Maari Ma has subsequently applied for an Aboriginal Heritage Impact Plan to ensure any artefacts found during construction are managed appropriately. Given the river-side location of our project, we are also required to get approval from the Natural Resources Access Regulator.

Construction is due to commence in the 2nd quarter of 2022/23 and take 12 months. All of the funding bodies have an interest in seeing this project succeed and particularly, in ensuring a quality project outcome for the community of Wilcannia including opportunities for employment and community input into cultural aspects of the building.

We are continuing to look for funds to realise our Wings redevelopment project.

Building strong relationships

Community support

Maari Ma tries to respond to as many requests for assistance or support as possible, recognising that when individuals or small community-based groups or organisations reach out for assistance, it is always due to need and often comes about after overcoming shame or stigma related to asking for help. We have continued to support activities in our schools such as the Railway Town school end of year presentations, Broken Hill North school's sun-safe marquees, Balranald Central School's breakfast club, Ivanhoe Central School's Canberra excursion, and supporting Broken Hill High School's Year 12 end of year activities when they were unable to fund raise as they normally would have through COVID. We have also responded to requests from South Broken Hill Cricket Club, Silver City Swim Club, and sporting teams in Wilcannia with training equipment and support to attend matches in other communities. We also supported scouts in the far west to attend a scout camp.

And when significant parts of northern NSW were affected by flooding, Maari Ma responded to requests from the Aboriginal community for assistance, donating to the Bundjalung country (Lismore) flood appeal and the Koori Mail flood appeal.

Donations

While Maari Ma responded to calls for assistance at various stages during 21/22, we were overwhelmed by the response to calls for assistance during the Delta COVID outbreak in the far west. Maari Ma became a principal point to provide assistance to communities of the far west impacted by the outbreak, in particular, Wilcannia. Donations flooded in: both monetary and physical – food, hygiene products, toys, games, and amounts varied from \$5 to \$10,000 (from CAGES Foundation and Tronox), \$25,000 (from Bartier Lawyers), \$50,000 (from Tracey Norman), \$93,000 (from CBA) and \$100,000 (from the Paul Ramsay Foundation). It was amazing to see where the donations came from (from across Australia and New Zealand, Austria, England and Canada); many came with a story or a message ('we have travelled through Wilcannia many times,' 'it is terrible that this has happened to our First Nations communities,' and 'please stay safe'). These donations were channelled towards the initial emergency assistance for families isolating, and then subsequently towards the extra efforts that Maari Ma employed to keep our communities safe eg. locum doctors and nurses, incentives for vaccinations, extra advertising to get messages to our communities that they could trust and rely on.

To every person who reached out to us during that dreadful period, and to those who have continued to stay in touch and support our work, Maari Ma is extremely grateful for your support.





Staff

Alana HINTON

Alannah DEGOUMOIS

Alinta EDGE

Ann BENNETT

Antoinette BAHLER

Barbara WILLIAMS

Beom KOH

Bianca FILES

Brendon ADAMS

Briony CALLAGHAN

Britny COFF

Candice MORRISON

Carmel KING

Caroline HUNTER

Casey HARRIS

Catherine DYER

Catherine KENNEDY

Catherine SIM

Cathie LISTON

Christopher EASTWOOD

Christopher HUNTER

Claire ALLAN

Cooper FLEMING

Daniel JACKMAN

David WINTER

Deirdre LESLIE

Derek DENNIS

Desley MASON

Dimity KELLY

Donna JEFFRIES

Dorothy JOEL

Eileen GORDON

Elizabeth DEITER

Elizabeth MANN

Emily JOHNSON

Emma CRAWFORD

Emma MOORE

Erin COMMINS

Erin VALE

Gabrielle BUGG

Hannah MORRIS

Helen FREEMAN

Hugh BURKE

Jacquelyn HONAN

Jaida CRAMPTON

Janavean BROOKS

Janette JONES

Jason GOWIN

Jayde FLENTJAR

Jeanette ROGERS

Jenni MCDONALD

Joanne BUGG

Joshua CRASE

Julieann HALL

June JONES

Justice O'DONNELL

Kahlia BLAIR

Kalinda MORRISON

Karena CRAMPTON

Kate BALMAN

Katelyn LAWSON

Kathleen GOODEN

Kelly-Anne MCGOWAN

Kelvin MURRAY

Kendy ROGERS

Kevin BATES

Krista TATT

Kristy Jo JAMES

Kylah WHITE

Kym LEES

Lakisha SLOANE

Laura-Lee SIMMONS

Lavinia HENDERSON

Lee-Ann ADAMS

Lee-Anne PHILP

Linda LYNOTT

Lisa KELLY

Loi ZANETTE

Marija-Lisa BINDLEY

Marion CHRISTIE

Megan HURST

Melissa FLANNERY

Michael HANLEY

Michael NUGENT

Michelle PARKER

Murray BUTCHER

Natasha BOTTRELL

Nickolas PAZDER

Nola WHYMAN

Paegan HALL

Paige WINCH

Patricia BELL

Pearl FERGUSON

Penny ROBERTS-
THOMPSON

Rachael PAILATE

Regan CHESTERFIELD

Renae ROACH

Renee POWELL

Robert DAVIS

Robert HARRIS

Robert SMITH

Ross MORRIS

Sandra GRAY

Shanisha HARRIS

Shannon HENDERSON

Sharon HOOKER

Simone BARRY

Stephanie NEWMAN

Stephen GAGGIN

Stuart GORDON

Tamara BRACHE

Tamara HAYWARD

Tamara THOMAS

Tania LAWSON

Tarissa STAKER

Tayla LEAYR

Tayla NEWMAN

Tegan HINCHEY-
GERARD

Telicia BRIAR

Tessa FILES

Tiahna STYLES

Tiana BATES

Tiffany CATTERMOLLE

Tiffany LYNCH

Tina O'NEIL

Valerie BUGMY

Victor CARROLL

Vincent QUAYLE

Wesley JOHNSON

William JOHNSTONE

Zacariah HENDERSON

Zoe HUTCHINSON

Zoe VAN HALEM



REGIONAL OFFICE

2 Oxide Street
PO BOX 339
BROKEN HILL NSW 2880

Phone (08) 8082 9888
Fax (08) 8082 9889

ABN 39 056 645 930
ICN 2570

www.maarima.com.au

PRIMARY HEALTH

439-443 Argent Street
PO BOX 799
BROKEN HILL NSW 2880

Phone (08) 8082 9777
Fax (08) 8082 9778



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