



# Annual Report 2023



*Aboriginal and Torres Strait Islander peoples are advised that this report contains images of deceased persons.*



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## Acknowledgement of Country

We acknowledge and respect the traditional lands of all Aboriginal people, we respect all Elders past, present and future. We ask all people that walk, work & live on traditional Aboriginal lands to be respectful of culture and traditions and work together as one to better Aboriginal Health.

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# About Us

Wellington Aboriginal Corporation Health Service (WACHS) is on the land of the Wiradjuri people.

WACHS is an Aboriginal Community Controlled Health Organisation which has been running for over 30 years, located in the town of Wellington.

WACHS offers professional, holistic health care to enhance the health and emotional wellbeing of the Aboriginal and non-Aboriginal communities in Wellington and surrounding districts including Dubbo, Moree, North West and Far West Regions of NSW and Greater Western Sydney covering Mt Druiitt, Penrith, Nepean and Blue Mountains.

Our services continue to expand with new programs, staff and clinics coming onboard and our expansive range of specialist programs provided by staff from WACHS or through partnership links with visiting services continues to grow providing our communities with the best possible health care options available.

WACHS is governed by a Board of Directors which consists of seven Aboriginal community members and the two recently added board positions for specialist non-member directors. These are elected annually by the Community. The Board of Directors provides the strategic direction of the organisation and works in close consultation with the Chief Executive Officer to ensure that organisational, community and funding outcomes are being achieved in line with our Strategic Plan.

WACHS employs 130 staff including Visiting Specialists across all service locations.



## Our Vision

To be acknowledged and respected as a leader in the provision of primary health care which is demonstrated by healthier communities across all locations serviced by WACHS.

## Our Purpose

To plan, deliver, co-ordinate and advocate for enhanced clinical and community-based primary health care services to the Aboriginal communities of which WACHS services.

## Our Mission

To increase population health outcomes through culturally appropriate services delivery, engaged leadership and community engagement that supports and advocates Aboriginal peoples' evolving notion of community and cultural wellbeing.

## Our Objectives

- a. Provide culturally appropriate primary health care service for Aboriginal people across the communities of which WACHS services.
- b. Administer and operate an Aboriginal Medical Service within the legal framework, funding agreements and the capacity of WACHS.
- c. Enhance the health status of the Aboriginal communities of which WACHS services including, Wellington, Nanima, Dubbo Moree, Blue Mountains, Penrith and Mount Druitt.
- d. Involve Aboriginal people across WACHS service site locations in the planning and provision of primary health care services.
- e. Create a highly skilled community-based Board of Governance and a high functioning skilled clinical, community and administrative workforce through professional development opportunities to support their roles and responsibilities within WACHS.
- f. Increase health literacy of the communities WACHS services to support and assist Aboriginal people to better utilise existing holistic health care services.

# Our Board



**Director**  
Kerryann Stanley  
Wellington NSW



**Chairperson**  
Michael Peachey  
Wellington NSW



**Director**  
Deanne Towney  
Wellington NSW



**Director**  
Tony Hunter  
Western Sydney NSW



**Deputy Chairperson**  
Lizzie May  
Western Sydney NSW



**Director**  
Terrienne Hughes  
Western Sydney NSW



**Director**  
Judy Duncan  
Moree NSW



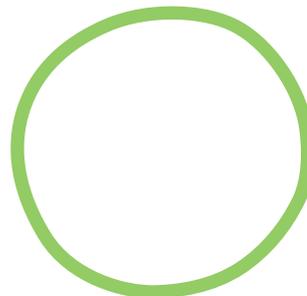
**Deputy Chairperson**  
Glen Crump  
Moree NSW



**Director**  
Denise Webb  
Moree NSW

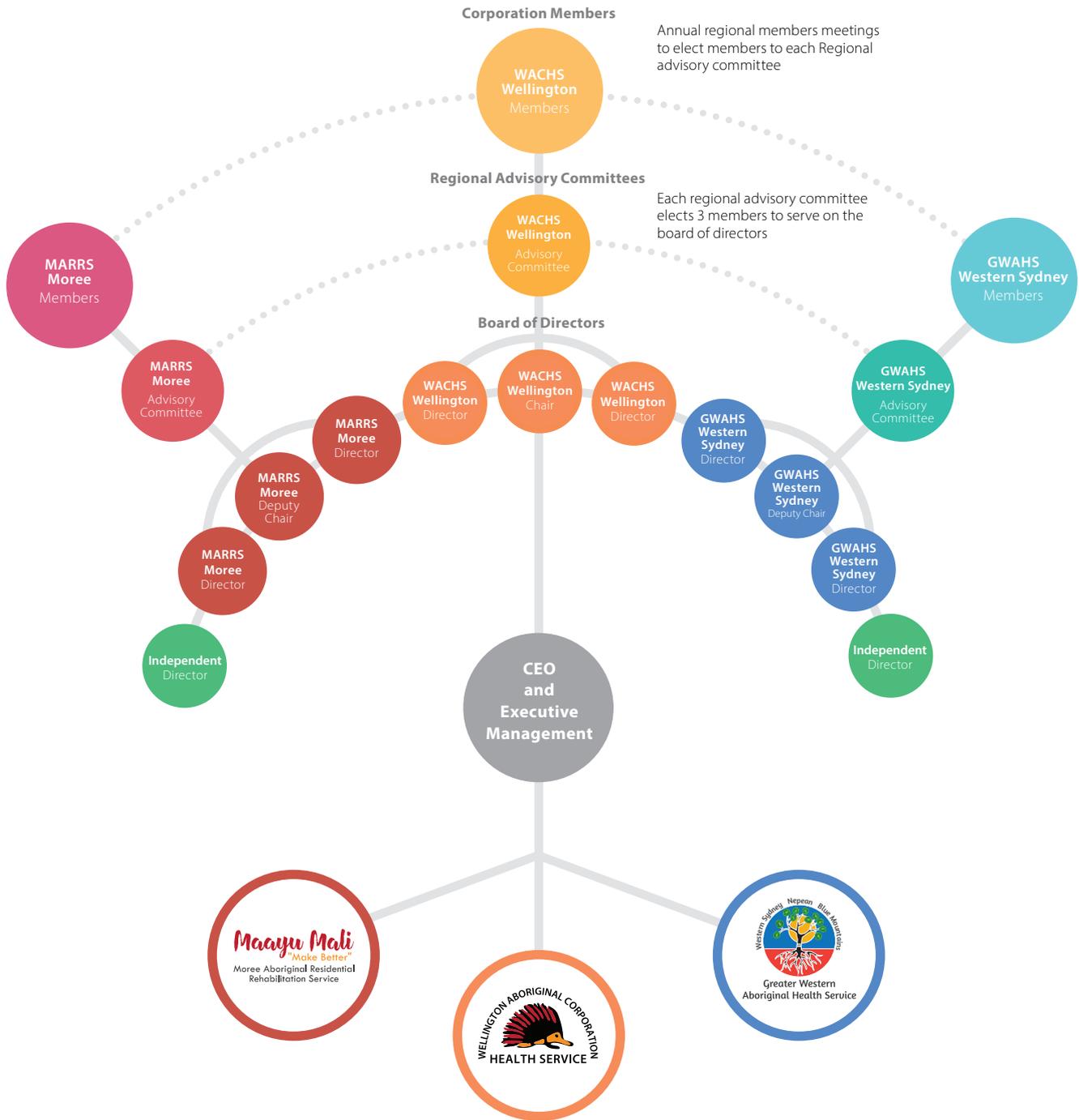


**Independent Director**  
Steven Gal  
Western Sydney NSW



**Independent Director**  
Vacant

# Governance structure



## Corporation members

Must be:

- 18 years old
- Aboriginal
- Living in one of the 3 regions

## Advisory committee members

- 5-9 people per committee
- 1 independent (optional)
- Consider corporation membership applications and advise the board
- Appoint 3 members to the board
- Provide feedback on community issues
- Community engagement for partnership opportunities
- No authority over WACHS board

## Board of directors

- 3 members elected by each regional advisory committee
- Up to 2 independent members appointed by member directors

# Chairperson's Report



On behalf of the Board, I present the 2023 Annual Report to the communities of which we live and work within the Wellington Aboriginal Corporation Health Service. These include the Greater Western Aboriginal Health Service and the Moree Aboriginal Residential Rehabilitation Service (known as Maayu Mali which means "Make Better").

Before starting I would like to acknowledge all Aboriginal nations throughout our footprint and pay respect to all Elders, past, present and emerging for they are the knowledge holders and fighters who got us here and will continue to campaign for better health and wellbeing outcomes into the future.

Particularly those who are trying to change the appalling statistics for our people in the areas of health, education, employment and housing.

As the Chair, I wish to express my gratitude to the whole board for their time and commitment in working towards better health outcomes in our communities. This meant working across several regions and being structured differently than most other boards within medical services, as well as continuing to work with and to support our diverse communities throughout the year.

A special thank you to all teams across the WACHS geographic footprint, who have continued to work diligently through all the change that has occurred within the organisation. This wasn't an easy process but despite this, our staff continued to work hard and uphold the standards expected of them. Even though these changes included a shift in business operations and operational authority, staff continued to maintain accountability and transparency for our communities.

Throughout 2023 we have been focused on developing and growing our local and external partnerships at a regional, state, and national level while continuing to listen to our communities on how to best serve them into the future. This can only help WACHS to deliver on their social impact statements and frameworks for working effectively with Aboriginal communities and the Aboriginal community-controlled health sector.

I would like to take this opportunity to thank our former CEO, Darren Green. Darren provided guidance for the Board and leadership to the whole WACHS network to expand our operations through primary health care and our community-based population health prevention and promotion programs.

2023 has dealt some very contentious and challenging circumstances. However, this has not stopped us doing the work that we do. As a result, we have strengthened our governance to enhance and sustain our operational business model, ensuring we continue to deliver culturally appropriate health services for Wellington, Dubbo, Moree, Katoomba, Mount Druitt and Penrith.

A handwritten signature in black ink, appearing to read "Michael Peachey". The signature is fluid and cursive, written over a white background.

Michael Peachey  
**Chairperson**

# CEO's Report



In the spirit of this year's NAIDOC theme – For Our Elders – I would like to dedicate the work that we do to the elders of our communities in which we service. I would like to acknowledge and pay my respects to all of our elders, especially to those elders that have played a significant role in setting up the services in the communities across the sites we service and for laying the foundation to enable our future generations to achieve better health outcomes and live stronger, healthier lives.

I am honoured and feel very privileged to be able to provide this report as the Acting CEO for 2023.

The past year has seen WACHS continue our expansion of comprehensive primary health care services throughout Wellington, Dubbo, Moree, Western Sydney in our clinics, residential rehab service and our community programs across the sites.

We have seen an expansion of our elders services in Western Sydney with the addition of the Elders Care Support program through NACCHO, the addition of Building on Aboriginal Communities Resilience Suicide prevention funding within our SEWB teams which has provided a psychologist and mental health nurse in Western Sydney and will see the development of youth programs for our community in Wellington.

Our Tackling Indigenous Smoking program – Quit B Fit, has expanded into the Dubbo, North-Eastern and North-Western NSW Service Areas, which means we can extend our reach for promoting smoke and vape free lives in a greater capacity.

Whilst GP recruitment has been an enormous challenge following from the COVID pandemic our clinic sites in Wellington, Mount Druitt, Penrith and Katoomba have continued to provide consistent primary health care needs for their respective communities. Visiting services have increased across the clinic sites which assists us in providing follow up care for our communities.

Our community programs across Wellington, Dubbo, Moree and Western Sydney have been able to successfully engage with communities in providing and/or supporting many community events as well as continuing their amazing work with the families they service from birth to our elderly.

This has seen our services extend our partnership and stakeholder engagement as we understand the importance of developing and maintaining these relationships and the significant role that these play for our service and our communities in delivering holistic health care services.

Our Board have continued providing great support and governance for the service with a strong focus on Independence for each community whilst working toward the vision of WACHS as a service. Governance training has been undertaken and supported by the service which will be expanded to our Advisory Group members in the future.

The commitment of our staff on the ground delivering the services for our communities is and should always be applauded. Without the knowledge, skill, commitment and passion of our staff we would not be able to deliver or expand the services that we continue to provide. Our staff on the ground are the driving force for change in our communities and for supporting individuals to become the driver of change in their own lives.

I am very excited to see what 2024 will bring for our communities across our footprint, Wellington, Dubbo, Mount Druitt, Penrith, Katoomba and Moree.

Regards

Cherie Bell  
Acting CEO

# Finance

## Program Purpose

To develop, implement and manage the corporation's financial management systems including budgets by funding program, payroll and reporting to internal and external stakeholders. To be accessible to all WACHS employees and provide support and transparent financial information as required

## Aim of Program

To provide sound financial management of the Corporation including:

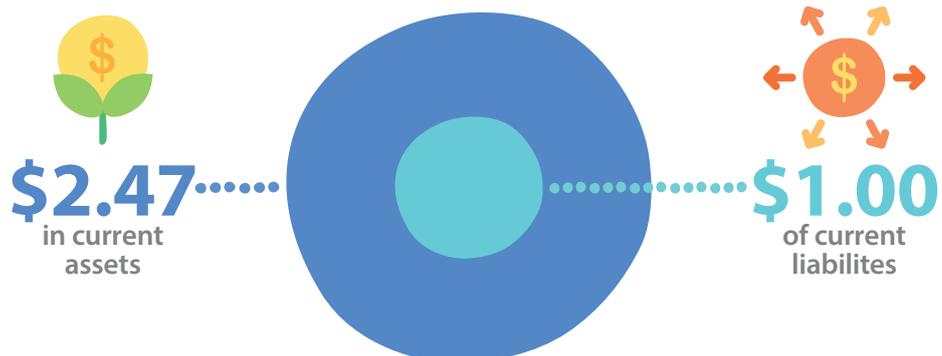
- Maintaining appropriate systems and structures to record, explain and analyse financial transactions
- To implement financial systems and targets that promote sustainability (including liquidity, self generated income and net asset targets)
- To support organisational growth through sound financial management strategies
- Monitoring the application and condition of the Corporation's assets

## Outcomes of Program

The audited financial statements for 2023 confirms the following highlights:

- Total from all sources of income of \$20,988,712 (2022: \$19,079,957) with unexpended grant income of \$2,848,206 on the balance sheet awaiting approval by Funders for use in 2023 financial year
- Recorded a surplus profit of \$1,436,764. Surplus funds are set aside for future investment including asset replacement and other capital improvements. Surplus was derived from \$2,666,331 in Medicare income across the clinics which was unspent due to the impact of recruitment of qualified staff due to General Practitioner and Allied Health Worker shortages
- Is in a strong financial position with Net Assets of \$19,386,452 compared with 2022 of \$17,949,688
- Positive Working Capital of \$2.47 (2022: \$2.36) in current assets for every \$1.00 of current liabilities meaning the Corporation is able to pay its debts as and when they fall due
- There is no impact to the financial statements for the year ended 30 June 2023 of financial irregularities identified in the 2021 and prior years
- No new matters were raised in the FY23 Management Letter report from the Auditors and of the outstanding 14 points raised in FY21, all have been completed, highlighting that improved systems and processes have been implemented throughout the Corporation.

The Corporation is in a strong financial position and looks forward to the future



# Wellington Aboriginal Corporation Health Service





WELLINGTON ABORIGINAL CORPORATION  
HEALTH SERVICE



# Wellington Clinic

## About the Program

Our Wellington Clinic provides effective community-based primary health care services and strives to have a healthier community by providing culturally appropriate services that are easily accessible to the local Aboriginal community and wider community of Wellington.

The WACHS Clinic team is a multi-disciplinary team working across the 3 clinical clusters and community programs for Child and Maternal health, Preventative health, and Chronic disease. We provide care with our GP services, primary clinic care by Nurses, Aboriginal Health Practitioners and visiting specialists' services such as Podiatry, Diabetes Education and Counselling services.

## Outcomes of the Program

Our clinic has been through challenging times in the past 12 months. Accessing of GP's has been a barrier for some time. Some staff shortages in the clinical area have been a struggle with limitations on maternal and child health, but we are working on ways to improve and attract more skilled clinicians.

Tammie Selten is our new Clinic Team Leader and is loving her role. Tammie comes with a wealth of knowledge and is keen to learn how things progress in an Aboriginal Community-Controlled Organisation.

Restructure of reception has given Aleisha Stanley the opportunity to use her skills and knowledge in moving to Administration Co-Ordinator whilst still supporting Reception.

Kyran Carr is doing a great job transporting patients to their appointments each day whether in Dubbo, Orange or locally to our clinic.

The wearing of masks within high-risk settings such as the clinic remain compulsory for patient's visitors and staff unit September 2023.

Current staff are - Aleisha Stanley (Administration Co-ordinator), Cynthia Stanley (Medical Receptionist) – Natalie

Watton and Callee Gale our new Medical Receptionist and Kyran Carr (Transport Driver).

### Reception

22,501 client bookings, walk-in, and extra appointments for the 2022-2023 reporting period.

### General Practitioners

8878 client contacts for 2022-2023 reporting period.

General Practitioner (GP) shortages in Australia have greatly impacted access especially in rural and remote areas. Within WACHS the number of GPs decreased from 5 to 3.5 (FTE), with Dr. Bijay Pandey continuing to work full-time and Dr. Caroline Ivey working part-time and giving us extra time when needed. Dr Roslyn Brooks has provided her service to us for 24 weeks out of this reporting period. Other GP's and registrars that helped us out were Dr. Keith Gleeson as our registrar for 2 weeks and Dr Subhani for 2 weeks. Dr. Ivey has finished her supervisor training and can now supervise registrars. Dr Bijay had 6 months leave, travelling to see his family overseas.

Kath Richards has an important role within WACHS. Her role consists of keeping up to date with item changes within Medicare. Kath is very passionate about her job and carries it out effectively.

### Nurse Practitioner

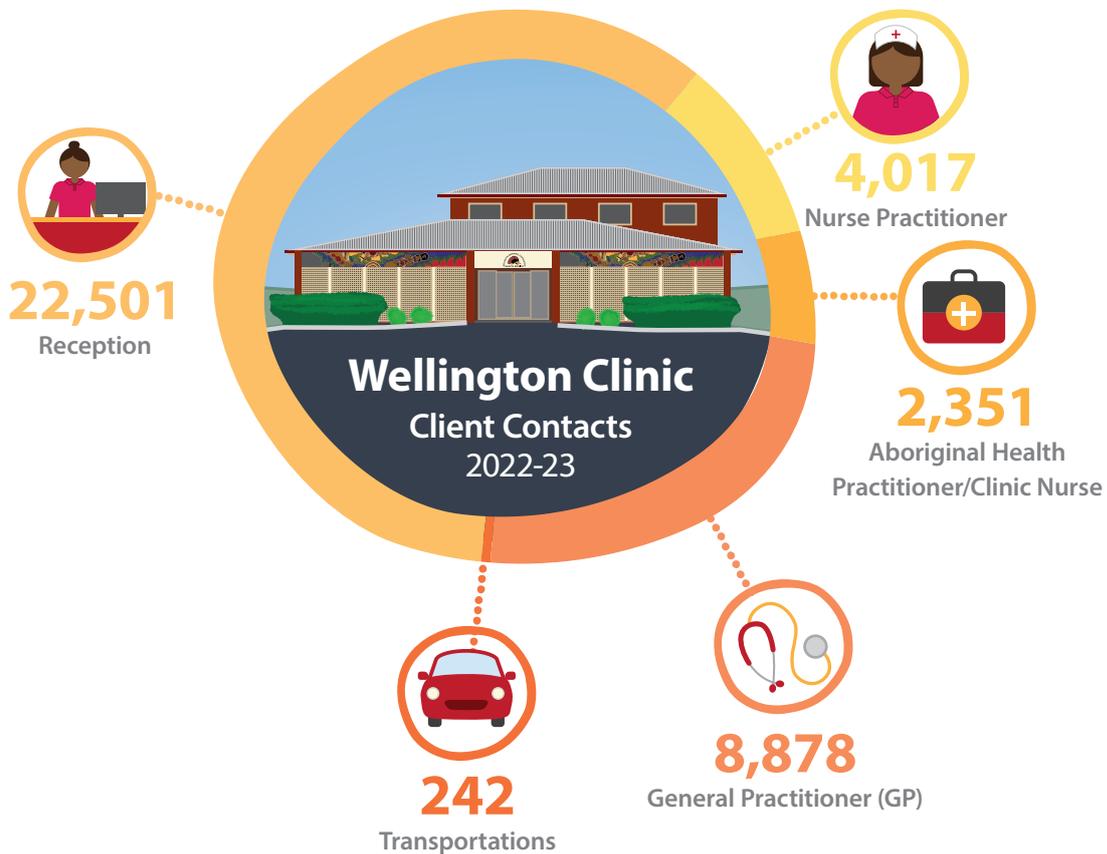
With the shortage of GPs, we are fortunate to have Colleen 4 days a week who is in the process of expanding her scope of practice which will enable her to provide a broader service as a Nurse Practitioner. Colleen is taking the pressure of the GPs for script repeats, certain referrals and seeing patients for medical issues within her scope of practice. Colleen has seen 4,017 client contacts this financial year.

### Aboriginal Health Practitioners

3,851 clients contact for 2022-2023 reporting period. Both Lai Peckham and Ang Frail are a great asset to our team.



Clinic - Client contacts



## Transport

242 individual clients supported with transport to medical appointments in Dubbo, Orange, Mudgee and locally in Wellington. Kyran is enjoying his role especially talking to the patients on their journey to their appointments.

## Aboriginal Health Worker – Chronic Disease

Kieran Stewart is our new Chronic Disease - Aboriginal Health Worker. His role primarily is to look after visiting services. Make bookings for Cardiologist, Respiratory, Podiatry, Optometrist. Giving patients a reminder call about their appointment.

Losing one male Aboriginal Health worker has removed the option of having a male support worker in some circumstance, but we have engaged with SEWB team when required to help fill that gap in support.

## Clinic Nurse/ Aboriginal Health Practitioner

The Aboriginal Health Practitioner role had 2,351 clients contacts during the reporting period.

## Visiting Services

WACHS continues to provide visiting services to help our community avoid barriers such as the cost of travelling out of town whilst unwell.

The increased demand for telehealth and phone consults means we have had to strengthen our IT capabilities, installing more desktop cameras, and improving our capacity for GPs to work remotely if in isolation. This has helped to ensure the community doesn't miss out on appointments.

Telehealth is also provided for Specialist appointments as needed.

## Podiatry

600 client contacts for the 2022-2023 reporting period

During the year, patients were able to use our podiatry service providing annual diabetes testing and routine foot care. Sam has been providing a service to us for many years.

## Cardiology

Katrina has had 88 client contacts for the 2022-2023 reporting period. All though our numbers have decreased the demand for our visiting cardiologist who makes the trip from Sydney to Wellington to see our clients remains high. The GPs and AHPs from the Clinic have supported the Cardiologist's with telehealth appointments when unable to attend face to face.

## Diabetes Educator

Jaclyn has had 112 client contacts for the 2022-2023 reporting period. Our diabetic patients are receiving great support and advice from Sophie. Our patients are also referred through the chain of holistic care such as Podiatry, Optometry, Dietician, Endocrinologist services. Jaclyn says it's great to have Endocrinologist service available via Telehealth when needed.

## Pharmacist

Alice does home Medicine reviews and gives patients clear and precise advice on their medication.

Alice has seen 101 face-to-face clients in the last financial period.

We continued providing spacers and Ventolin to patients through QUMAX funding to support management of respiratory conditions in our Aboriginal community.



## Smoking cessation

Clinic continues to supply Nicotine replacement therapy to clients to support them to be able to give up smoking, this covers a variety of options, including lozenges, gum, inhalers, patches, and gum.

## Respiratory Specialist

Anna Mclean with 93 client contacts continues to provide specialist care to patients with Chronic respiratory conditions. This is another valuable service for our community. Having Anna on site gives the patient peace of mind – no need to worry about transport or costs.

Anna, like other visiting services, has a good rapport with our patients and community.

## Drug and Alcohol Service

The NSW Health Drug and Alcohol Counsellor remains working together with WACHS for our clients to have accessibility within our services, these sessions receive assistance from our Social Emotional and Wellbeing team.

Additionally, these visits have helped clients get access to rehabilitation resources. Despite hours being cut dramatically, we have returned to more in-person consultations with COVID restrictions being lifted. Noble has had 105 client contacts – an increase from the last financial year which is a positive notation for us.

## Optometry

The Eye Health Program has changed over the past few years, with Wellington staff no longer needing to support the outreach clinics as we previously had to do. This has allowed us to focus more on the demand for our Wellington community and given us more local Eye clinics in partnership with the Brian Holden Foundation and Morrison's Eye Care. Carina has seen 192 patients this financial year.

## Mental Health

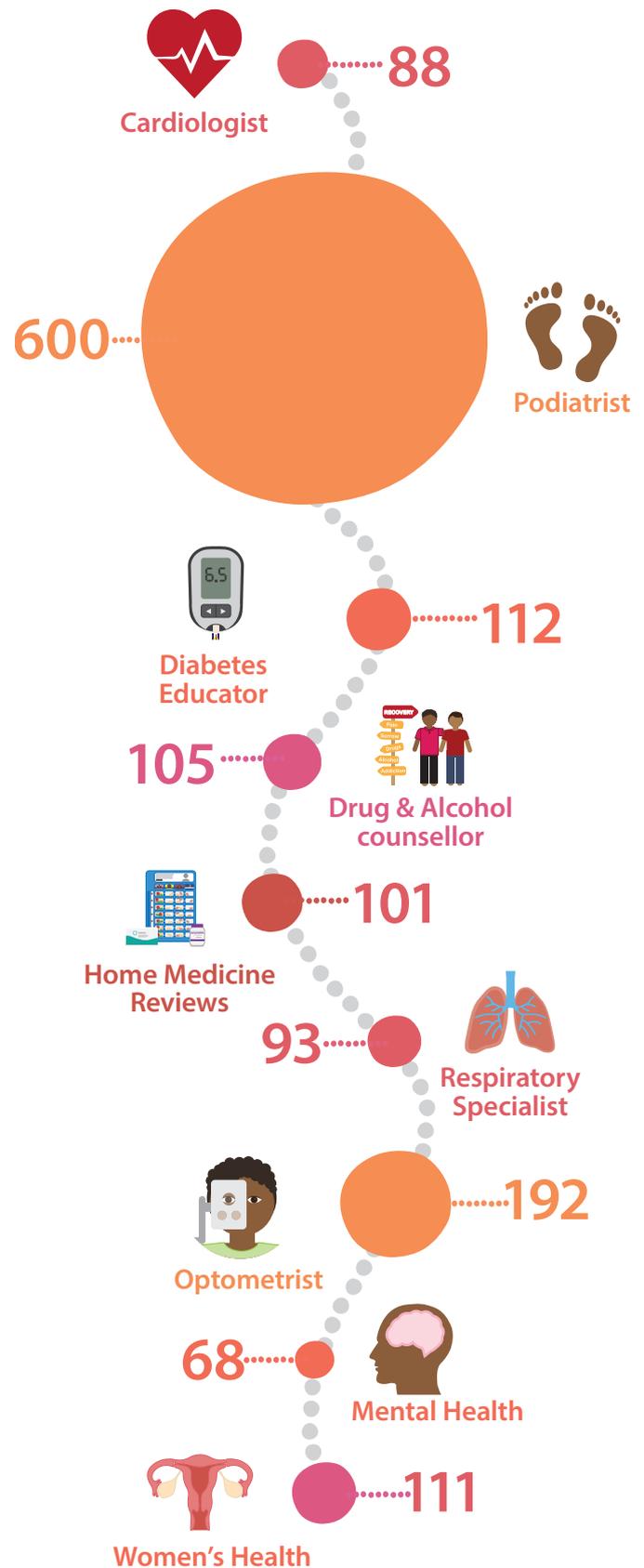
This program is an important asset to WACHS. It is a short-term psychological therapy program for clients ranging from 8 years to 99 years. It is for clients with mild to moderate mental health issues for early intervention. We are grateful to Sophie for providing this service to our community.

68 patients were seen by Sophie.

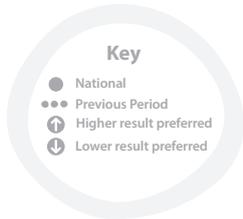
## Women's Health

The women's health program has been operating in our service for many years, thanks to Nikki the women in our community are getting screened every 2 years for women's issues and referred on for Specialists care if needed. Nikki is well known to our staff, patients, and community, having worked at community health for years. 111 client contacts this 2022-2023 period.

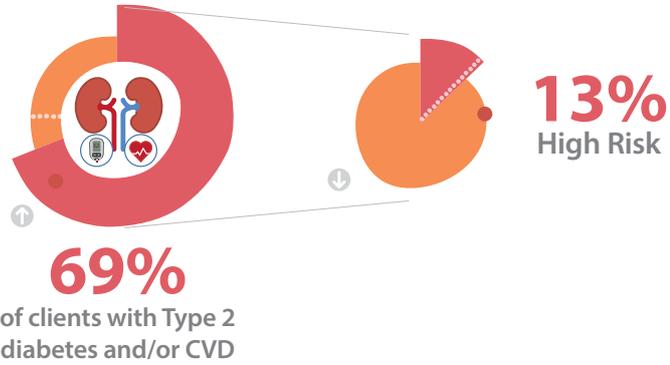
## Visiting Services - Client contacts



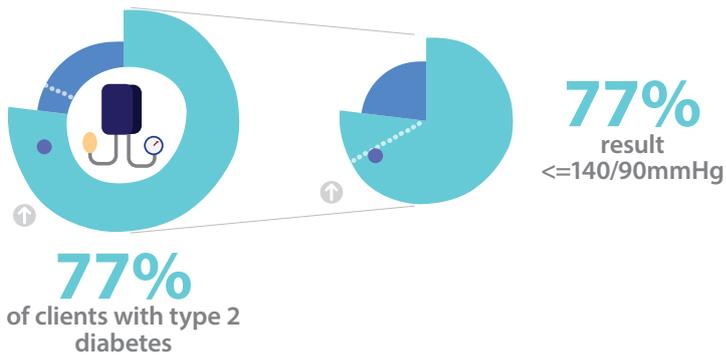
# Chronic Disease Management nKPIs



## Kidney function test



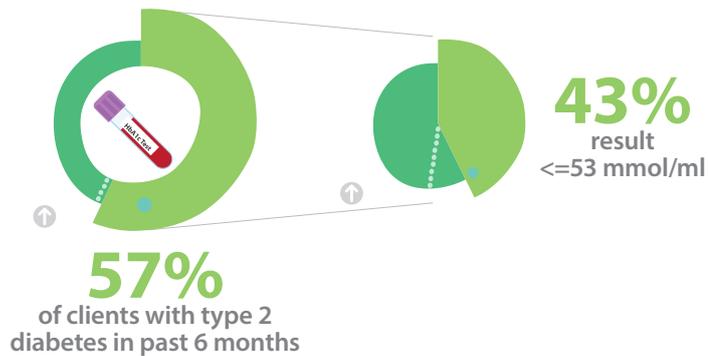
## Blood Pressure recorded



## GP Management Plans

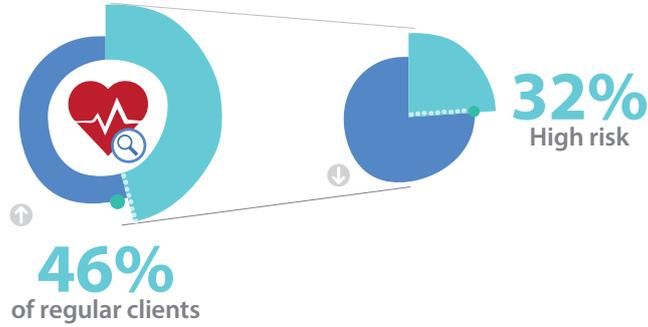


## Blood glucose test (HbA1c) recorded

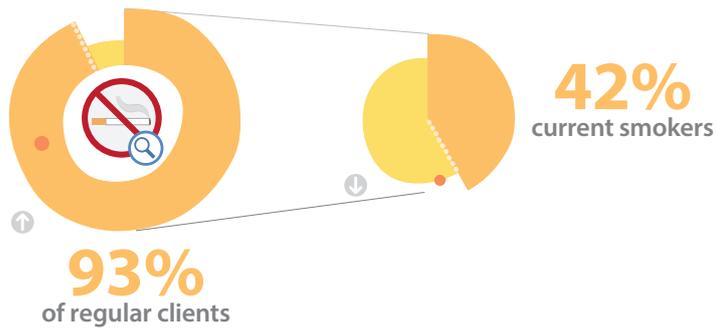
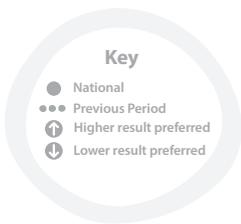


Preventative Health nKPIs

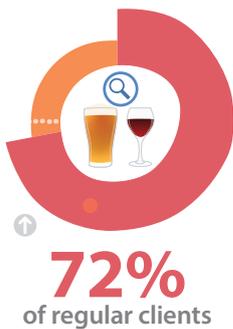
Cardiovascular disease (CVD) risk factor assessments



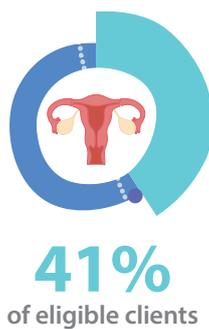
Smoking status recorded



Alcohol consumption recorded



Cervical Screening (HPV) test



BMI result overweight or obese



# Healthy for Life and New Directions

## About the Program

Healthy for Life and New Directions are committed to the developmental needs of Aboriginal and Torres Strait Island children within the community. Our services include Maternal and Infant nurse, Occupational therapist, Speech Pathologist and Dietitian and is supported by experienced Aboriginal Health Practitioners and workers.

The team are committed to offering a broad range of services to support the local community including full ante natal, maternal and child health and chronic disease. Our goal is to better our community in knowledge in health. Our objective is to have happy healthy families within our Wellington community.

## Outcomes of the Program

This year the Healthy for Life and New Direction program have made a bigger effort to be more a part of the community. This meant involving our team with other community-based programs and going out to community held events.

This year we have attended multiple events such as the Local Wellington Wedgetail's 9's Carnival, NAIDOC Community events, Multiple events held by community for Childrens program and supported events held by other WACHS teams.

As a result of us wanting to get back into the community we have gone back out into local community meetings and trying to work better with services within WACHS.

### Preschool Health Checks

New directions and the Healthy for Life team have gone out into Nanima Preschool and conducted 29 out of 40 Indigenous kids 715 Aboriginal health checks. This was a very successful day for us. This allowed us to evaluate each child individually and to assess their needs.

We plan on attending the Preschool at the end of the year to finish off the remaining children who were not due for the health checks at the start of the year.

We also attended Maranatha Gunya Preschool this year there are only a small number of indigenous children, but we still attend.

### Aboriginal Health Practitioners

Lai and Ang our Aboriginal Health Practitioners at WACHS and they are still helping the community with training and sharing vital knowledge on 715's, Women's health, Antenatal, Exercise group, keeping healthy and having culturally appropriate care to the community.

### Women's Health

Wellington Aboriginal Corporation Health Service are still working proudly with women's health worker Nikki Giddings who comes from Western NSW Local Health District Women's Health Service. This year we have kept our percentage above the National percentage of 70% at 81%. This is an amazing achievement for WACHS – Lai does an amazing job at keeping all the ladies informed of their appointments.

### Exercise Groups

Ang successfully held her exercise groups this year. The exercise group this year got treated with something every 6 weeks such as gift cards, healthy lunches, or an outing.

### Community Easter Event

The New Directions teams were also asked to attend a Community Easter event that was held in Wellington Park by Dubbo Council and Community for children. This was a great opportunity to get back out into the community and to see and talk to people about the New Directions Program and what we can offer.

### Aboriginal Health Practitioner Trainee

Our Aboriginal Health Practitioner Trainee Tjanara Talbot will have completed her Aboriginal and Torres Strait Islander Health Practitioner course at the end of 2023. Tjanara has worked hard this year and we cannot not wait to add another knowledgeable Health Practitioner to our clinic.



### Challenges

This year the biggest challenge for the team was staffing. Sadly, our Occupational Therapist Sally Brown Resigned, and our Speech therapist Kate Porter is currently on Maternity leave. This leaves the Wellington Aboriginal Children without an Occupational Therapist or Speech Therapist for the time being. We are looking at ways to working with other services to link in and have this service available.

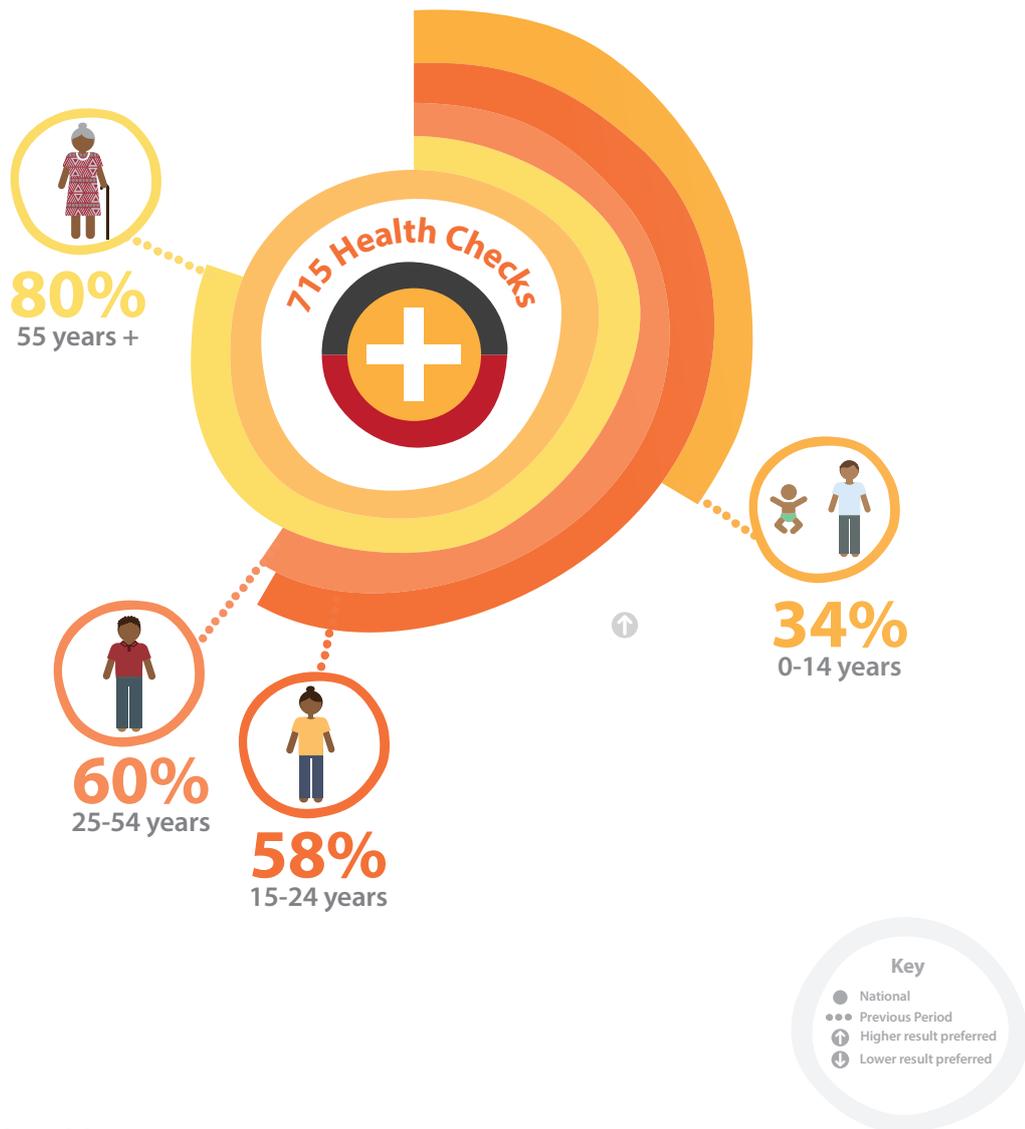
We have also been short staffed this year, which is the same in all of Australia in rural areas.

This year we have focused on being more community based, by attending community events and increasing home visits to Elders and clients with complex needs. Although we had limited staff, we done our best to achieve this without disrupting the flow of the clinic.





## 715 Health Checks by age group



## Maternal & Child Health nKPIs

First antenatal visit before 11 weeks



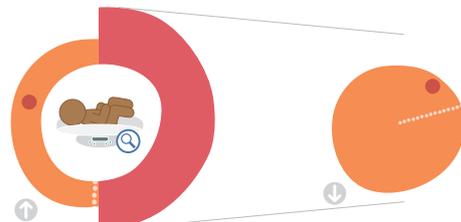
**6%**  
of mums

Smoking status of new mums



**13%**  
are current smokers

Birthweight recorded



**50%**  
of babies

**0%**  
low  
birthweight

# Social & Emotional Wellbeing Program

## Program Purpose

To support Indigenous community members aged 15 years and older (and their families) who are assessed as vulnerable in terms of health, social and emotional wellbeing, drug, alcohol and substance misuse or offending, violence and victimisation.

## Aim of Program

To strengthen social and emotional wellbeing wherever possible by providing counselling, healing activities and/or other social and emotional wellbeing supports to Indigenous people.

The program also aims to support strong, healthy, and resilient individuals, families and community, which in turn may enhance pathways to education and employment and reduce substance abuse, violence and contact with the criminal justice system.

## Outcomes of Program

- Ensure Indigenous Australians enjoy similar levels of physical, emotional, and social wellbeing as those enjoyed by other Australians
- Ensure that ordinary law of the land applies within the Wellington community

## Programs & Community Events

### **World Indigenous People's Day**

This year, the Social & Emotional Wellbeing Team celebrated International Day of the World's Indigenous Peoples by holding a gathering in our Healing Garden to celebrate this year's theme 'The Role of Indigenous Women in the Preservation and Transmission of Traditional Knowledge.'

The gathering involved a smoking ceremony and a traditional dance performance by the female Aboriginal dance group from the Wellington Public School.

Aunty Lai Peckham and Aunty Sissy Baxter cooked sausage and chicken curries for attendees, and Aunty Myrene Elemes helped us cook johnny cakes on the fire pit.

### **Migay Healing Group**

The focus of this program is to create a culturally safe place for local Aboriginal women who have experienced trauma to gather and support each other. It promotes the wellbeing and healing of all participants focusing on their strengths, skills and knowledge. It also incorporates education and awareness and capacity building in the prevention of family violence, addiction, grief and loss, and other social determinants identified by the group.

### **Men's Group**

The program has been designed for the purpose of improving the social and emotional well being of our Aboriginal men in the Wellington Community. This will be done by interaction between participants through their conversation, as well as through the passing on and the learning of new knowledge particularly that of the Wellington and surrounding districts.

### **Mental Health Month Community Event**

This event was developed in partnership with WINS Community Centre, Marathon Health, Barnardos and Community Mental Health to create awareness around Mental Health and Wellbeing.

The event consisted of Mental Health Bingo which had positive messages or actions for staff can encourage participants to use in their own time, colouring in where participants were encouraged to write 1-3 positive messages on their colouring e.g., person/s or things that make them happy, activities they enjoy doing etc, followed by the Mental Health Awareness Walk.

All services involved had information stalls set up to provide community with information around what services they offer.



### Elder's Mini Olympics

As part of the Social Emotional Wellbeing (SEWB) Team, in partnership with WINS Community Centre, Marathon Health, Maranatha House, Live Better, Service NSW and Multi-Service Centre, an event has been designed to create awareness around services available for Elders. Service Providers held information stalls whilst the Elder's engaged in activities including;

- Sack throwing into a hoop
- Local History Trivia
- Match the Picture to the Wiradjuri Word
- Bowling.

### Men's Health Camp

The Social Emotional Wellbeing (SEWB) Team designed this event for the opportunity to highlight men's health and what it means to be healthy.

The theme of Men's Health Week 2023 was Healthy Habits - focusing on encouraging men and boys to build healthy habits by identifying small changes they can make that benefit their health and wellbeing. Men's Health Week provides a platform for challenging and debating key issues in men's health and to raise the profile of men, their health outcomes and health needs. Our approach celebrates the strengths of men, the contributions they make, and the important roles they play in society.

This event was designed to provoke thought and discussion about what needs to be done to improve male health.

### Sorry Day

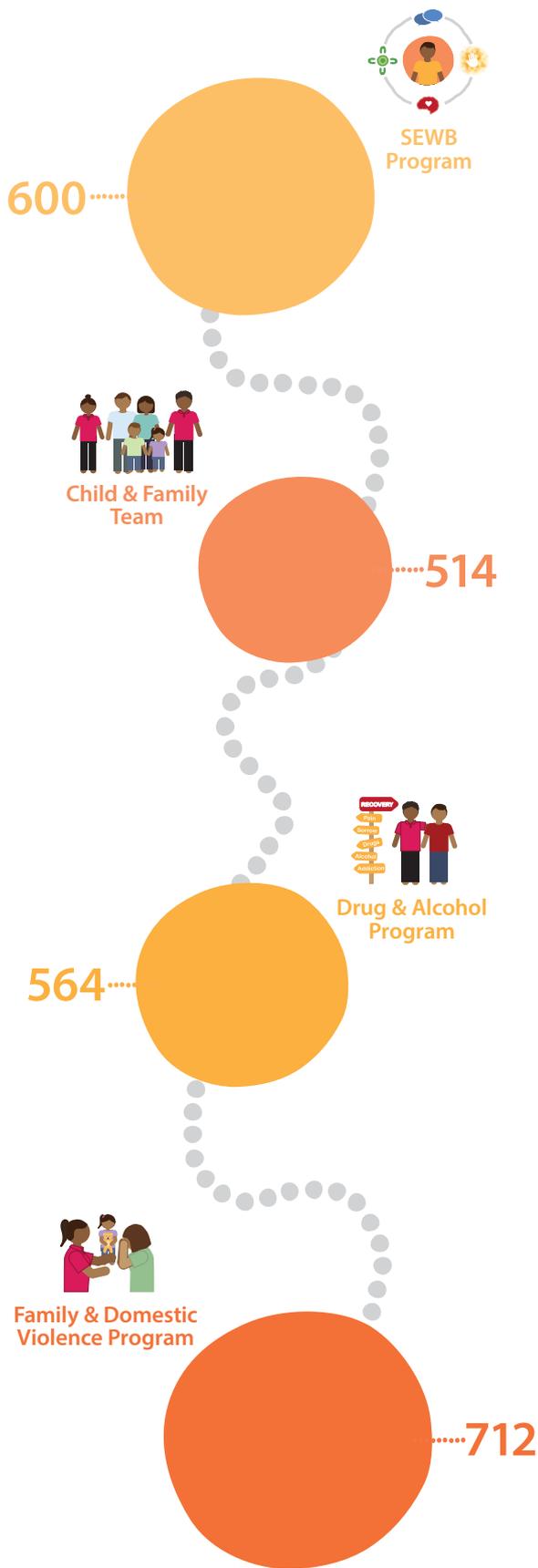
As part of the Social Emotional Wellbeing (SEWB) Team, an event was designed for the opportunity to continue the acknowledgement of the strength of Stolen Generations Survivors and reflect on how we can all share in the healing process.

Every year on 26 May, Australia pauses to acknowledge the grief, trauma and loss suffered by the Stolen Generations by observing National Sorry Day. This notable date on the Australian calendar presents a time to reflect on its true importance and share the steps towards healing for the First Australians affected, as well as their families and communities.

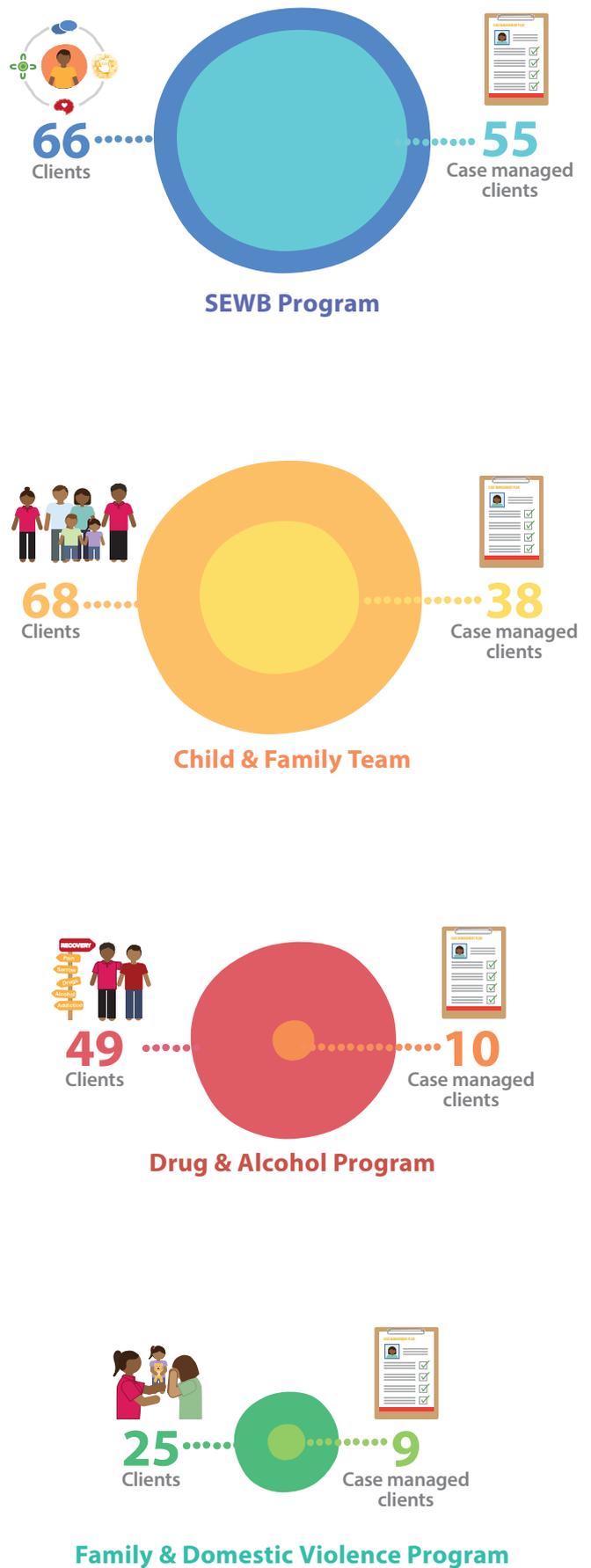
We encouraged other local services to attend and guest speakers to deliver information around the importance of National Sorry Day, including Mr Thompson, principal of Wellington Public School, who read the Apology that was Nationally read by former Prime Minister Kevin Rudd and Uncle Mick Peachey who spoke about the importance of National Sorry Day and Shyanne Stanley from WACHS who spoke about the story of the lived experiences of her great grandmother.



Client contacts 2022/23



Number of clients and case managed clients



# Child & Family Program

## Program Purpose

The Child & Family Program supports Aboriginal families with children aged 0-18 to navigate through the education system.

## Aim of Program

The Child & Family Program aims to identify and address vulnerabilities that may impact family wellbeing and a child's ability to successfully attend and transition through childcare, pre-school, primary and high school as well as entry into tertiary education.

## Outcomes of Program

- Support families to give children a good start in life through improved early childhood development, care, education, and school readiness.
- Get children to school
- Improve literacy and numeracy
- Support successful transitions to further education and work

### Youth Week Colour Run

As part of the Wellington Aboriginal Corporation Health Services (WACHS) Social Emotional Wellbeing (SEWB) Team, in partnership with the Wellington Children's Committee, this event was designed for the purpose of socially engaging local families. The kids took part in lots of different activities whilst being sprayed with colour. Everyone was then treated to a snow cone and a sausage sizzle.

### Sista Speak Program

As part of the Wellington Aboriginal Corporation Health Services (WACHS) Social Emotional Wellbeing (SEWB) Team, in partnership with NASCA Wellington High School, a program has been designed for Year 7 Aboriginal students. The program aims to create a safe and empowering space for our young women, fostering personal growth, cultural connection, and a strong sisterhood.

### Mother's Group

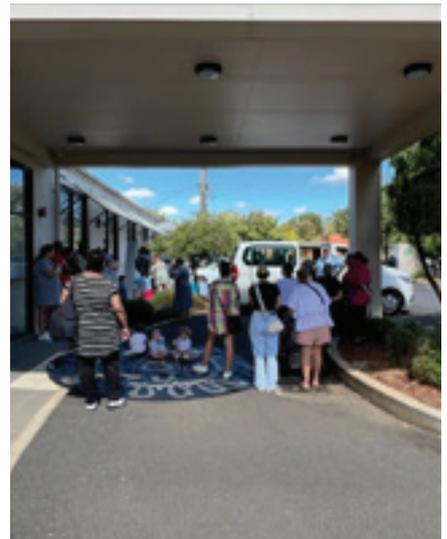
As part of the SEWB Team, Child and Family Program, a partnership arrangement has been developed with Wellington Local Aboriginal Land Council and WINS Community Centre to deliver a weekly mums & bubs program.

The program is designed to offer support and education around parenting issues and encourage them to seek support if needed. The program focuses on:

- Reducing maternal stress and strengthening social bonds to avoid isolation, a risk factor for postnatal depression and anxiety.
- Learning parenting techniques from guest speakers or other mothers.
- Contributing to the improved health and wellbeing services to children (0-5 years old) and their families including primary health care.
- Community health and health promotions.
- Increasing the awareness of health professionals of the social and emotional wellbeing team and increase their ability to work more effectively with families.
- Increasing mothers and children awareness of their own health, wellbeing and relationship options.
- Promoting awareness of wider lifestyle issues (including relationships, working life, body images, parenting concerns, emotional and spiritual issues) that can have an impact on health and wellbeing.
- Providing a culturally safe space for the Aboriginal community.

### Car Safety Day

As part of the Wellington Aboriginal Corporation Health Services (WACHS) Social Emotional Wellbeing (SEWB) Team, in partnership with Transport for NSW, an event was designed to create awareness and education around Car Seat safety for children. Demonstrations were given on how to fit newborn and toddler car seats and then participants were given free car seats to take home.





# Drug & Alcohol Program

## Program Purpose

The SEWB Drug & Alcohol Program supports Aboriginal people in Wellington who are seeking support around their drug and alcohol issues.

## Aim of Program

The focus is to provide culturally respectful and sensitive drug and alcohol programs and services for Aboriginal people, including referrals to specialist services, health promotion and case management.

## Outcomes of Program

- Increased access and awareness to drug and alcohol services and supports available for community
- Harm minimisation
- Improved health outcomes for Aboriginal people

### **Roadmaps**

Our team have formed a working partnership with Lives Lived Well to deliver a program called Roadmaps to enhance the wellbeing of those struggling with drug or alcohol addiction. This program is driven by Lives Lived well but fully supported by our SEWB Team Drug and Alcohol Worker.

A significant outcome is the men attended representing Wiradjuri at the Yuin and Gomeroi gathering on Yuin country, it's the first time Wiradjuri has joined this cultural event and its clear the men came back culturally reinvigorated.

# Family & Domestic Violence Program

## Program Purpose

The SEWB Family Violence Prevention Program supports Aboriginal families in Wellington who are seeking support, information and/or advice around family violence matters.

## Aim of Program

Reduce violence against women and their children.

## Outcomes of Program

- Positive outcomes for families, women and their children by working across sectors to improve the safety and wellbeing of children
- Advancing gender equality
- Reduce violence against women and their children.

### **White Ribbon Day**

This program was designed to educate, support, and empower our community, men, boys, and individuals to implement and promote the world's largest movement to create and build positive, and healthy respectful relationships. Also to raise community awareness to say No to Violence against Women.

The program can be used to build and focus on a shared vision of ending violence towards Women and increasing confidence in raising awareness and connecting with appropriate support services and mentors.

A guest speaker from the Mission Australia's men's behavioural change program spoke about their program. Following the formalities, male attendees were invited to participate in activities which included taking pledges following a hand painting activity that will solidify of honoring participants taking of pledge.

This event focus was to create awareness, empower, encourage, and educate around the purpose of White Ribbon Day.

### **International Women's Day**

As part of the Wellington Aboriginal Corporation Health Services (WACHS) Social Emotional Wellbeing (SEWB) Team, in collaboration with Wellington Local Aboriginal Lands Council and WINS Community Centre, an event was designed for the purpose of celebrating International Women's Day with the theme being to Embrace Equity.

The SEWB Team this year based International Women's Day around supporting, embracing, and encouraging equality and actively acknowledging in celebration the achievements of 2 women, who continue to create a strong role in their community and workplaces, celebrating the cultural, social, and political achievements.

The program was aimed to be used to educate community surrounding the importance of equality, building resilience and confidence in creating an inclusive community and workplace.

As part of the days event the SEWB Team invited two of our local strong women, Tara Stanley, CEO of Wellington LALC and Melissa Whitton, Community Worker at WINS Community Centre to be our guest speakers to deliver a talk surrounding the importance of equality, self-reflecting their determination and acts of courage to embrace what we believe it is to create an inclusive community.

### **Domestic Violence Forum**

In May our SEWB Team hosted it's very own Domestic Violence Forum with the theme being "Let's make Change". The aim was to create a culturally and safe environment to have conversation about the role silence plays in family domestic violence. Guest speakers included Tracey Connell from Staying Home Leaving Violence, Lewis Bird Suicide prevention regional response Coordinator Western NSW PHN, Jeffrey Morgan Motivational Speaker and Kiralee Dear founder of Run against violence.



# Quit B Fit

## Tackling Indigenous Smoking

Over the past year, Quit b Fit has expanded into three zones across NSW, allowing us to have a larger scope and effectively cover a greater population. This expansion has been instrumental in reaching more Indigenous communities and making a positive impact on smoking cessation efforts.

### Partnerships

We are pleased to report that we have established strong partnerships with NBA player Patty Mills and Indigenous Basketball Australia (IBA). Their support and involvement have greatly contributed to the success of our program. Additionally, we have built a partnership with the WNRL Women's Premiers Newcastle Knights, through which a group of NASCA Wellington High school girls had the opportunity to meet the players and watch them live. These collaborations have helped us engage and inspire Indigenous youth to lead smoke-free lives.

### Campaigns

In alignment with our new Key Performance Indicators (KPIs), we have developed three impactful campaigns to address smoking among Indigenous communities:

#### **1. Reduce uptake of smoking and/or recreational use of vapes – "Be Smart Don't Start - It's not our Culture"**

This campaign emphasizes the importance of preserving Indigenous culture and highlights the negative impact of smoking on cultural practices. Through various awareness initiatives and educational materials, we strive to empower individuals to make informed choices that align with their cultural values.

#### **2. Increase smoking and/or recreational vape cessation – "Walking away from smoking and vaping"**

Focusing on the health risks associated with smoking and vaping, this campaign encourages individuals to quit these harmful habits. We provide support and resources to help individuals on their journey towards a smoke-free life, promoting overall health and wellbeing.

#### **3. Reduce exposure to second-hand smoke or vape aerosol – "Take the pledge, protect our Mob"**

This campaign aims to foster a sense of community and collective responsibility for the health and wellbeing of Indigenous populations. By taking a pledge to reduce smoking rates and protect Indigenous communities from the harms of smoking, individuals become advocates for positive change.

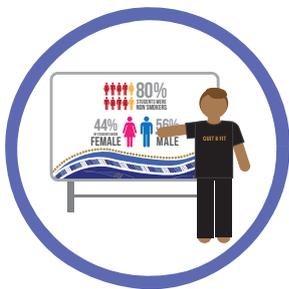
### Enhanced Multimedia Presence

To adapt to changing times and engage with a wider audience, the Quit B Fit program has introduced a new role, multimedia coordinator. This role focuses on creating sustainable promotional materials, including podcasts, short videos, social media content, and interviews with community members. By capturing events and sharing them through various multimedia channels, we aim to amplify our message and reach more individuals who can benefit from the program. Moreover, in 2024, we have exciting plans to introduce something special that will further enhance our multimedia presence and connection with the community.

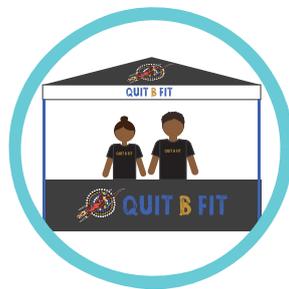
The expansion of the Tackling Indigenous Smoking QUIT B FIT program across three zones in NSW has allowed us to extend our reach and make a greater impact on Indigenous smoking cessation efforts. Through strategic partnerships, engaging campaigns, community events, and enhanced multimedia presence, we continue to empower Indigenous communities to lead healthier, smoke-free lives.

We look forward to the coming year with enthusiasm and commitment to achieving our goals in reducing smoking rates among Indigenous populations. We also have something exciting coming in 2024, so stay tuned.

Thank you to all our partners, team members, and community members who have supported us on this journey. Together, we can make a lasting difference in the health and wellbeing of our Mob.



over  
**300**  
**students**  
 attended  
 tobacco education sessions



we held over  
**30**  
**stalls**  
 at events



we had over  
**1,000**  
**people**  
 take the pledge  
 to protect our Mob

# Australian Nurse-Family Partnership Program

## Dubbo

### About the Program

The Australian Nurse-Family Partnership Program (ANFPP) is an intensive home visiting program, with the WACHS site providing services to Wellington, Dubbo, Narromine and Gilgandra.

Clients are first time Mums pregnant with an Aboriginal or Torres Strait Islander baby, or who are having an Aboriginal or Torres Strait Islander baby and haven't had the opportunity to parent any previous children.

Each client has a home visiting team, made up of an Aboriginal Family Partnership Worker and Nurse Home Visitor (Registered Nurse and/or Registered Midwife) who work with the clients and their support people until their child's second birthday, providing support and education about, parenting, and goal setting and how to promote healthy lifestyles.

### Outcomes of the Program

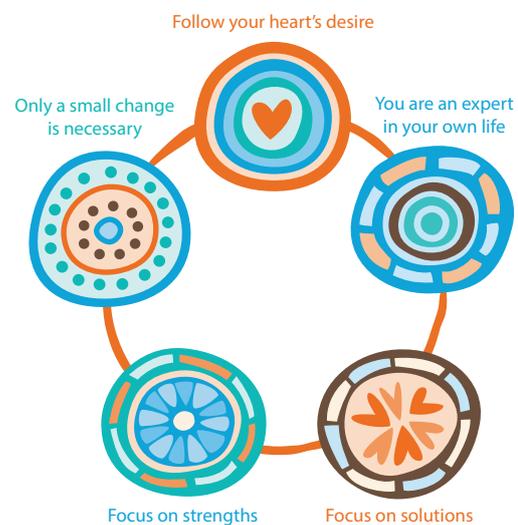
The ANFPP works towards three outcomes for our Mums:

- improving the health and wellbeing of families
- supporting Mums to be the best Mum they can be
- to support their child to grow and develop to meet their potential
- to identify a vision for the future, aiming for positive outcomes for the family unit.

With a strong evidence base, the ANFPP is an adaptation of the Nurse-Family Partnership which was implemented in the United States in the 1970's.

In Australia, the ANFPP is funded by the Federal Government to assist in closing the gap in disparity between Indigenous and non-Indigenous families through early intervention. Now operating nationally in 15 sites, the WACHS ANFPP was one of the first sites and has a long history of positive client outcomes, many of which are not shown in the data, but are evidenced by the stories and successes of our Mums.

The ANFPP is based around five client centred principles to ensure our clients gain enhanced self- efficacy and empowerment through their time on the program.



The home visiting team is able to provide each mum with tools and recourses to empower them to make their own life choices for themselves and their child.

Tools that ANFPP use include dyadic observations, Circle of Security interventions, partners in Parenting education, with a trauma informed care approach. Ages and Stages questionnaires are completed to celebrate their child's development. The aims of these interventions are to promote positive, reflective parenting practices, breaking cycles of intergenerational trauma and laying the foundation for secure relationships.

### Aboriginal Family Partnership Worker

The Aboriginal Family Partnership Worker (AFPW) is the first contact person for the referred Mum-to-be, conducting a consent visit to ensure she is understanding of what she will receive from the program and what to expect throughout her time.

The Aboriginal Family Partnership Worker walks alongside families to identify positive supports and healthy relationships, providing a safe home for her child.



Mums work with their AFPW to identify their hopes and dreams for the future, empowering them to take steps to make these hopes and dreams a reality.

The Aboriginal Family Partnership Workers review and adapt Yarning Tools and materials used in the delivery of the Program to ensure they are culturally appropriate to the clients in our area. At the WACHS site, the Aboriginal Family Partnership Worker receives the same training as the Nurse Home Visitor, to ensure both members of the team are able to apply a cultural lens to the work they do with families and strengthen therapeutic relationships.

### **Nurse Home Visitor**

The Nurse Home Visitor (NHV) is a highly trained Registered Nurse and/or Midwife, who develops therapeutic relationships to walk alongside families throughout their time on the Program.

The Nurse Home Visitor provides families with a support person who is knowledgeable of strategies to improve health and wellbeing, to give Aboriginal bubba's a healthy start to life. The Nurse Home Visitor works with the Mum to identify and develop positive parenting practices to support her in bringing out the best in her child.

When concerns arise regarding the health, development, and wellbeing of the Mum and her child, the Nurse Home

Visitor is able to discuss and provide early intervention strategies to support the family in identifying what is required to meet their needs.

## **Achievements**

### **Increase in referrals**

The ANFPP team have worked hard throughout this year to increase referrals into the program. Within the last few years numbers have slightly dropped due to ongoing staffing issues. This year ANFPP Dubbo were almost at full capacity with staffing and were able to take on more clients which then lead into more referrals coming into the program.

Staff have continuously worked hard at getting into the community to engage with community stakeholders and community members. The number of self-referrals into the ANFPP also increased this year. This has shown that impact of community engagement and attending community events is vital. All staff continue to attend interagency meetings in all four areas of service so we can be aware of what resources are available to our clients.

Staff have built a number of working relationships with services in the area these include, AMIHS (Aboriginal Maternal Infant Health Service) NSW Health, DCJ



(Department of Communities and Justice) Uniting, Mission Australia & Skill Set Senior College. These relationships have also created pathways to building more referrals.

### **Mother's Group**

Throughout this year ANFPP have recommenced monthly mothers' group for our mothers on the program. AFPW Clarke took the lead on getting this back up and running. The mothers on the program have enjoyed being able to come together once a month to meet new people and let their Boori's play together.

ANFPP held a cultural Mother's Day photography session for our mothers, they were all gifted with images from their session on a USB for memories of them and their Booris.

Many mothers have struggled with mental health, causing them great anxiety in attending group settings or being in an occupied environment however many mothers have continued to attend these groups making connections with each other. The mothers feel that having an available non-judgmental space to hangout once a month has improved their anxiety greatly.

### **Community Events**

Staff have attended several community events this year including "ignite your life" event for youth week in Narromine this event was coordinated by Narromine community skills centre. There was over 1500 community members that attended this event this year, Staff were able to engage with a range of community members as well as local organisations.

ANFPP were also in attendance at the National Sorry Day event and NAIDOC Day held by Dubbo AMS and Uniting.

### **Staffing**

This year staffing at Dubbo ANFPP has increased, gaining two NHV's, this allowed for all clients to be gifted a NHV to work with as well as their AFPW. Since the commencement of the two NHV's all referrals now have available NHV's this has increased fidelity within the program.

An exciting opportunity was gifted to Dubbo staff this year enrolling to become registered Doula's with the Australian Doula College. Once staff have completed this training this will benefit our clients greatly through pre birthing classes, increase knowledge and skills as well as more intensive support to our mothers postnatally.

### **Challenges**

This year we have had an increase of referrals that have high complex needs, these include homelessness, mental health, domestic violence, and financial distress. ANFPP staff strived there hardest to support these client's needs. ANFPP had to adapt ways of working at times to suit the client's needs, this meant that flexibility for our clients was key when providing our service delivery.

Due to these ongoing issues client's disengagement has been challenging this is due to the other life stressors being the main client focus. Staff have been able to support clients in working on goal setting to be able to support and work through the issues faced by clients.

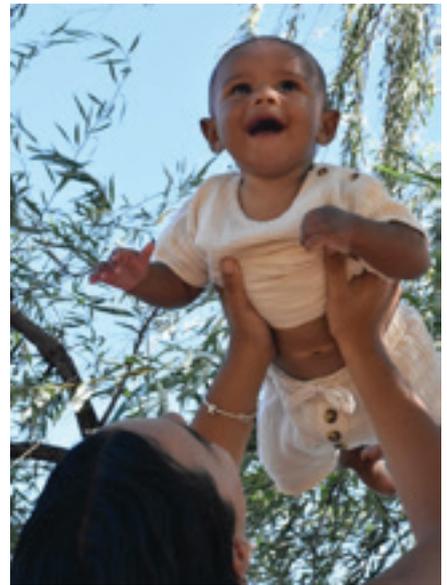
High complex needs clients have led to increase office time and paperwork due to increasing referrals to other services, increased DCJ reporting, increased needs to check in with clients and other service providers. It has also led to greater need of staff to debrief both individually and as a team.

Higher Complex needs of clients has also challenged the staff as some other service providers can be challenging to deal with leading staff to become frustrated and question support of some services.

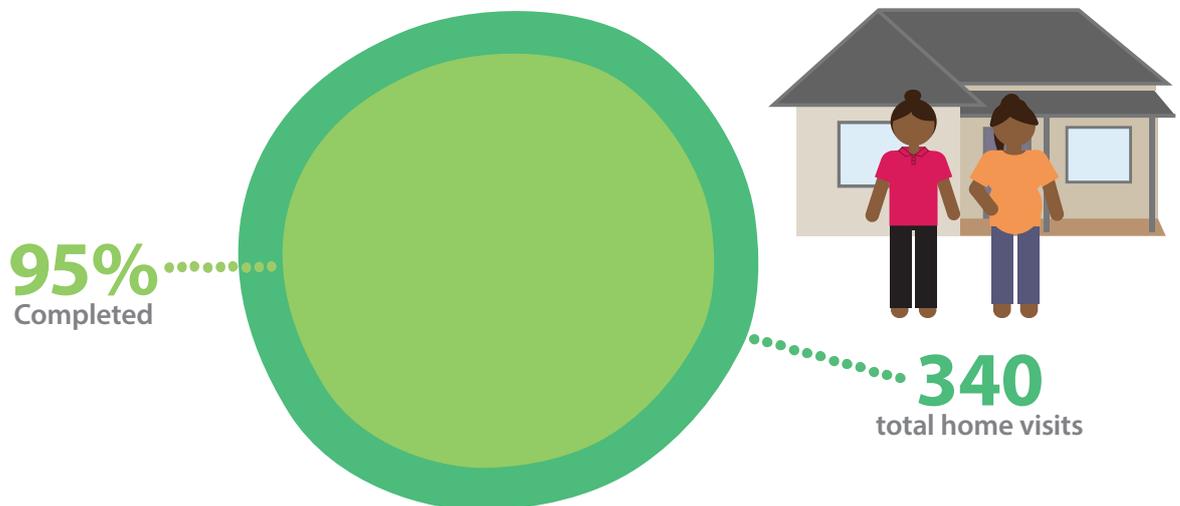
Over the last year we have seen an increase in referrals, the challenge of this has been at times that new referrals have required a lot of chasing to gain consent. Once consent is achieved however, engagement follows.

Client engagement due to higher complex needs leading to lower engagement, we have found it harder for clients to engage in program when there are concerns about finances and the ability to provide the basic needs for themselves and their babies IE cots, prams, clothing, food and shelter and payment of bills.

We have also found the need to change some of our practice as clients do not always have money for phone credit and are unable to reply to reminder texts, leading to at times cancellation of visits. Flexibility of process for appointment confirmation requires team approach and at times us to attend reminder calls as opposed to reminder text process as per client needs.



### Home visits



## Client Journey

Due to changes in staffing Wendy\* had a change in her Home Visiting Team including both AFPW and NHV, Bub was approximately 10 months old at this time.

After a few visit Wendy's Home Visiting Team were concerned about her attachment to her Bub, she was distant to her child, she relied on her mother and grandmother, she was depressed she had a lack of belief in herself so we attended a visit and looked at setting short and long term goals, a report to DCJ was also required due to concerns around Bub's safety.

Wendy was somewhat lacklustre in setting goals but she did have 3 goals that she was determined to try to achieve. They were: Gain her license, find a job and eventually have a home of her own for herself and her child.

Post DCJ report and setting of goals there was a major swing in Wendy, the home visiting team felt that the DCJ report was the kickstart she needed to re-engage to her child and get her life together.

We assisted her to reconnect to her Bub using the yarning tools and to assist her to get baby into a solid routine that benefitted both baby and herself to be able to get a proper sleep/wake cycle, prompting her to take time out with friends and provide herself with self-care. This assisted Wendy to feel good, to enjoy being with her baby and to start to get out and about into life and community in general.

Through goal setting, and ensuring family involvement, Wendy's mother assisted her to study for her license and mum took Wendy out regularly for driving lessons. Mum assisted with baby whilst Wendy gained her RSA and RCG and enable Wendy to apply for casual/part time work. Wendy started working and continued with driving lessons she eventually gained her license. Wendy was so excited and connected back to life.

Wendy was able, as baby had good sleep/wake cycle to even go out with friends after settling baby for the evening and was feeling more normal. This goal setting and achieving took approximately 6 months.

Wendy is now about to graduate, she is still working and driving, she has developed a greater support network, has reconnected to friends and has a great attachment with Bub. She is saving money to be able to have a bond for her own home and furniture. Wendy is closely connected now to her baby's father and they have a solid friendship, and she will regularly, now able to drive visit baby's father enabling baby to be connected to her Indigenous culture. She seems genuinely happy within herself and her ability to be there and raise Bub and Bub is fit, healthy, happy go lucky and confident child who is reaching all her milestones.

*\*name has been changed to protect clients privacy.*

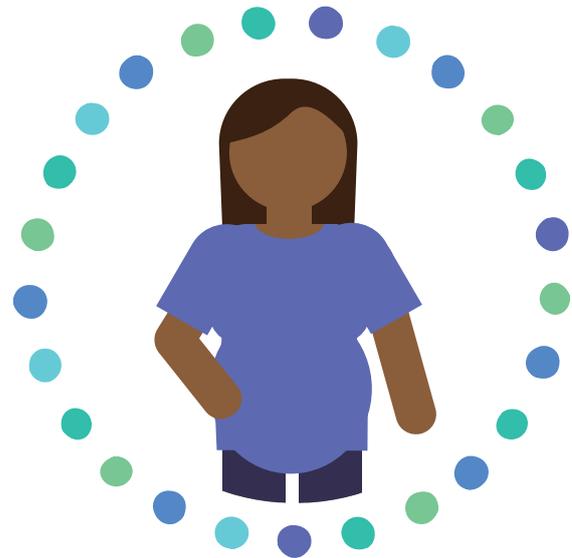
We celebrated

# 8 graduations



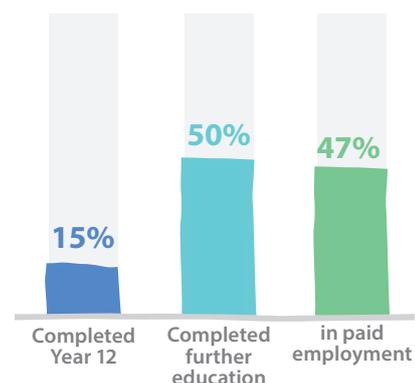
We had

# 25 active Mums

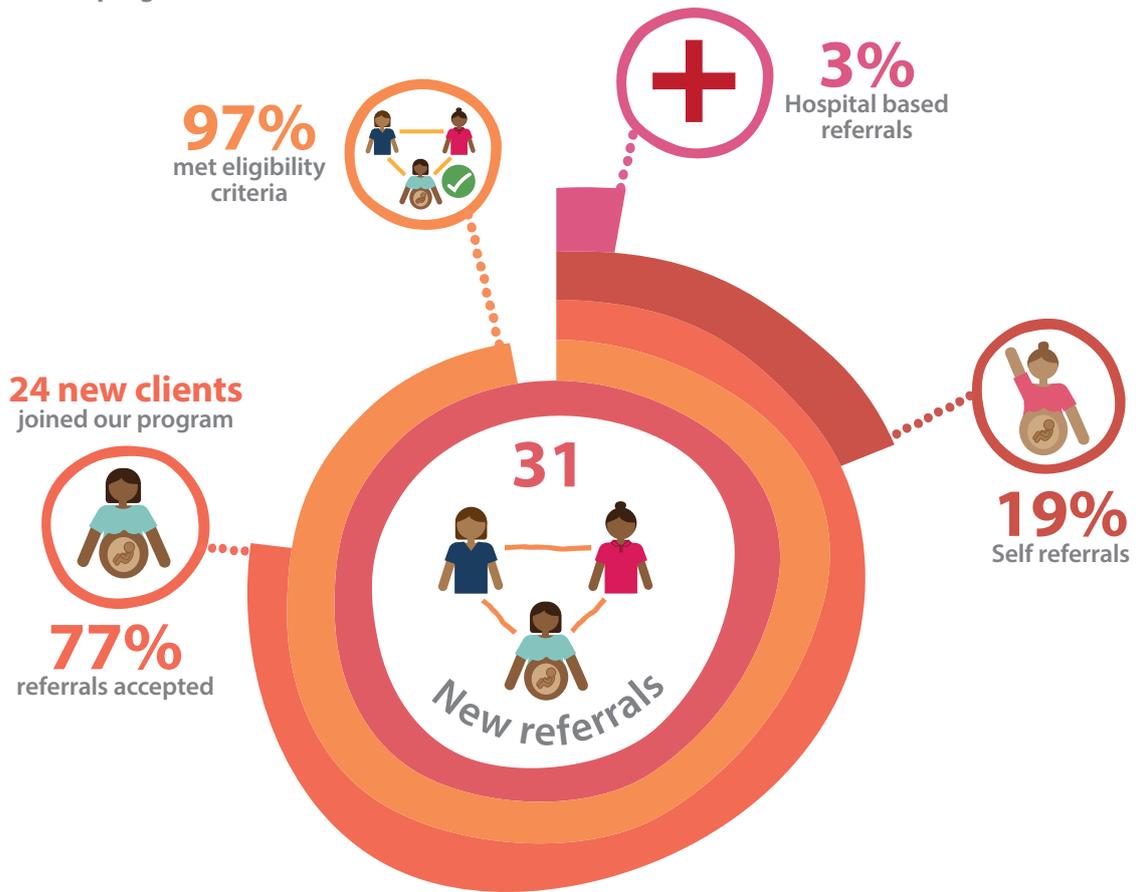


average age of our Mum's

# 21 years



## Referrals to our program



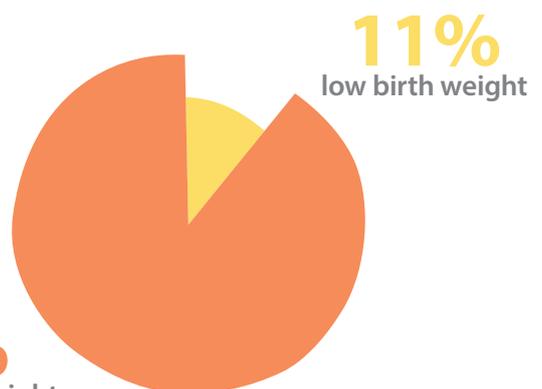
## Birthweights

We welcomed  
**9 babies**



**2900g**  
average birth weight

**89%**  
normal birth weight



# Aboriginal Children's Therapy Team (ACTT)

## About the Program

The Aboriginal Children's Therapy team (ACTT) is a free allied health service for Aboriginal and/or Torres Strait Islander children living in Dubbo, aged from birth to eight years of age. Using a culturally appropriate framework we offer Speech Pathology, Occupational Therapy and Psychology services in partnership with Aboriginal Community and Therapy Support Workers.

ACTT aims to improve the availability of Allied Health specialists to Aboriginal children in the Dubbo community and improve health outcomes by providing developmental screening, assessments, and targeted therapy to clients, as well as a focus on health promotion and building the knowledge, skills and involvement of parents and carers in their child's developmental journey.

## Outcomes of the Program

ACTT continue to adapt our service delivery to be able to provide therapy and support to families accessing our services.

ACTT continue to invest in the upskilling of our Aboriginal Community and Therapy Support Workers (ACTSW) to enhance our service delivery. Our ACTSW have commenced with further education in 2023 to enhance their skills and qualification by completing their Cert IV in Allied Health Assistant. This will enable them to take on more Therapy Aid programs which will reduce the waitlist for Speech Pathology and Occupational Therapy.

Our ACTSW have also completed Circle of Security Training, Mental Health First Aid, Cultural Appreciation Training, Car seat training by Kidsafe and Indigenous Domestic Violence training.

Strong relationships with various Community, Education and Health partners have supported ACTT to continue to provide a flexible service delivery model to clients. Our ACTSW's work closely with schools and early childhood facilities to run therapy groups and individual sessions. Links with various health and community programs

ensure that clients are engaged with programs that meet their needs, for example Mission Australia's Early Childhood Early Intervention (ECEI) and ACTT work together to provide a smooth transition from ACTT to NDIS. The team at ECEI can come to our building to meet the family's and run through applications with the support of our ACTSW.

We had the open day of our new building September 2022 where we invited community members, clients and their families as well as service providers.

### **Aboriginal Community Therapy Support Worker**

ACTT Aboriginal Community and Therapy Support Workers (ACTSW) continue to play a pivotal role in the program. ACTSWs work closely with families throughout their therapy journey with ACTT. They support families to be able to meet 'family centered' goals by providing cultural support to enhance the relationship between the family, ACTT and other mainstream health services and education facilities.

In their role, the ACTSW coordinate's initial intakes for new referrals, attend therapy appointments, facilitate attendance to appointments, and follow up with families after therapy appointments to ensure best client outcomes and also provide Therapy Aide programs to individual clients supported by the Speech Pathologist and Occupational Therapist.

### **Speech Pathologist**

Due to challenges recruiting to vacant therapy positions, ACTT initiated a Speech Therapy outsourced model of care. Speech Pathologists were engaged to deliver face to face Speech Pathology services to ACTT families.

Clients and their family were supported during and after therapy sessions by our ACTSW. The team worked closely with teachers, early childhood educators to provide targeted therapy for children.

In addition to therapy provided by clinicians, our ACTSW continue to conduct therapy aide programs, under the direction and support of therapists. This model of



care allowed for greater throughput of clients, and saw a reduction in ACTT waiting lists, as it allowed greater flexibility in service options for families.

### **Occupational Therapist**

Recruiting to our Occupational Therapy position also proved a challenge and again ACTT looked to a local provider to deliver face to face therapy for ACTT clients and provide clinical support to the ACTSWs, who ran additional Therapy Aide Programs and targeted small group sessions. Clients continued to receive an OT service, and good outcomes were linked to the support provided by our ACTSW in supporting the OT to meet client goals.

### **Child Psychologist**

Recruiting to our Psychologist position also proved a challenge and ACTT continued working with a local partner service (partnering since 2016), providing children and families with targeted intervention. Intervention provided by the Psychologist included child “play based” therapy supporting children in the development of a range of emotional and behavioural concerns, as well as parent education and individual counselling.

### **Challenges**

ACTT has faced several challenges this reporting period. The biggest challenge has been recruitment to several vacant clinical positions. As well as utilizing traditional recruitment avenues (WACHS website, social media, local networking groups and Internet recruitment platforms), ACTT reached out to various Universities to encourage

new graduates to apply, as well as the Rural Doctors Network (RDN), Indigenous Allied Health Association to expand our reach to prospective applicants, and Services for Australian Rural and Remote Allied Health (SARRAH).

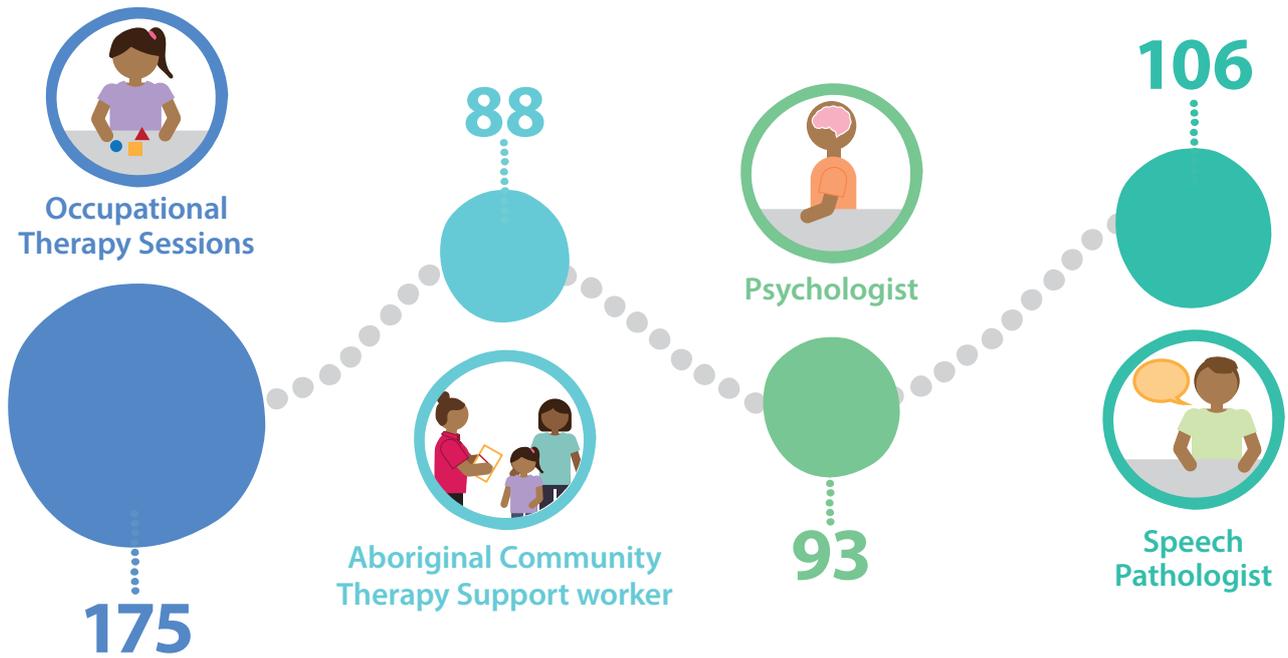
We held stalls at the Pymble Girls College Careers Event, attended the Western NSW LHD Aboriginal Health Symposium where we were able to promote the program and network. After several unsuccessful attempts recruiting to these positions, ACTT continued to outsource various Fee for Service providers to provide service delivery to ACTT clients.

During the previous year’s ACTT adapted the service delivery to suit the need of the families and community by providing therapy sessions via telehealth or phone.

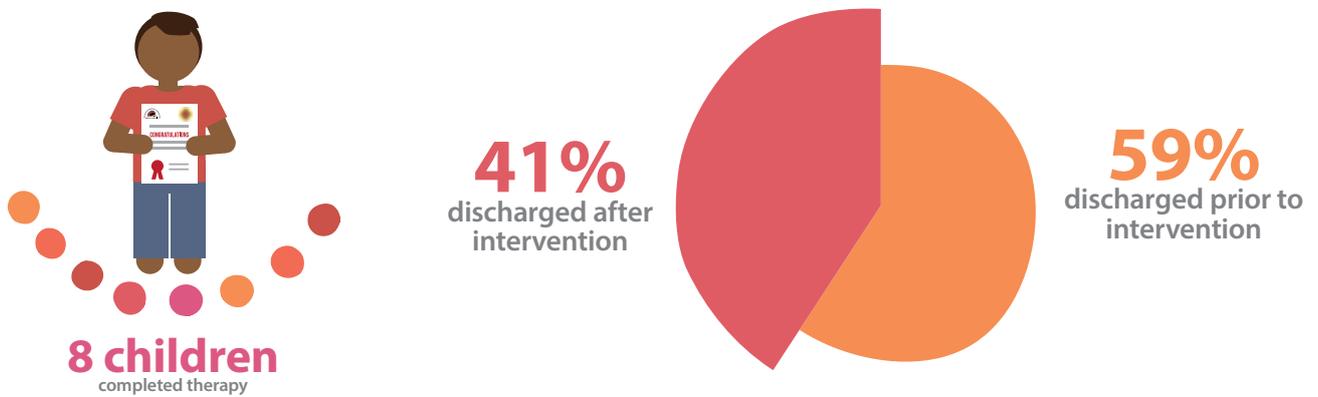
ACTT returned to face-to-face therapy for Speech pathology and Occupational Therapy, while Psychology remained via telehealth. Our Aboriginal Community and Therapy Support Workers (ACTSW) continue to support families and clinicians by developing Therapy Packs and resources for clients undertaking Telehealth therapy sessions to support therapy outcomes.

Following therapeutic intervention with clients, clinicians created follow up home programs. These programs and resources were created, delivered, and explained to families with the support of our ACTSWs. For a number of clients, ACTT facilitated ongoing Therapy Aide sessions, with families, to support and consolidate therapy outcomes.

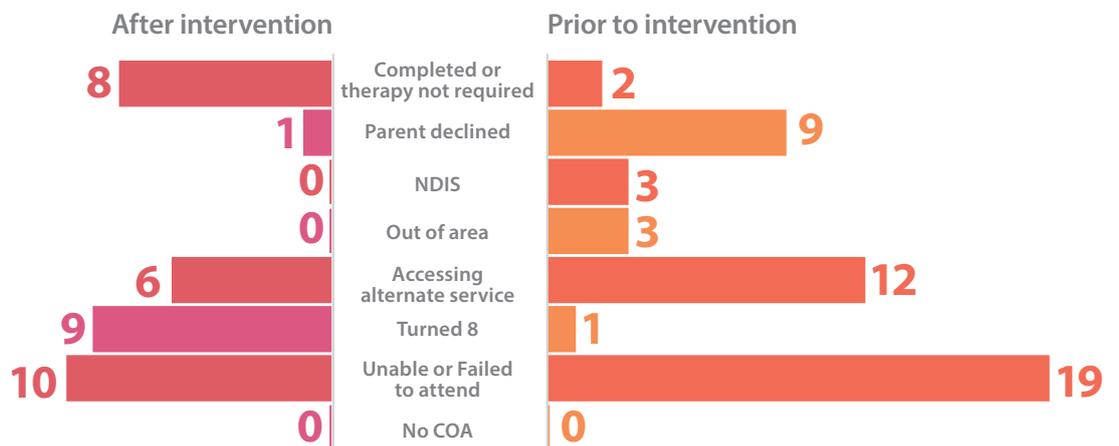
Client contacts 2022/23

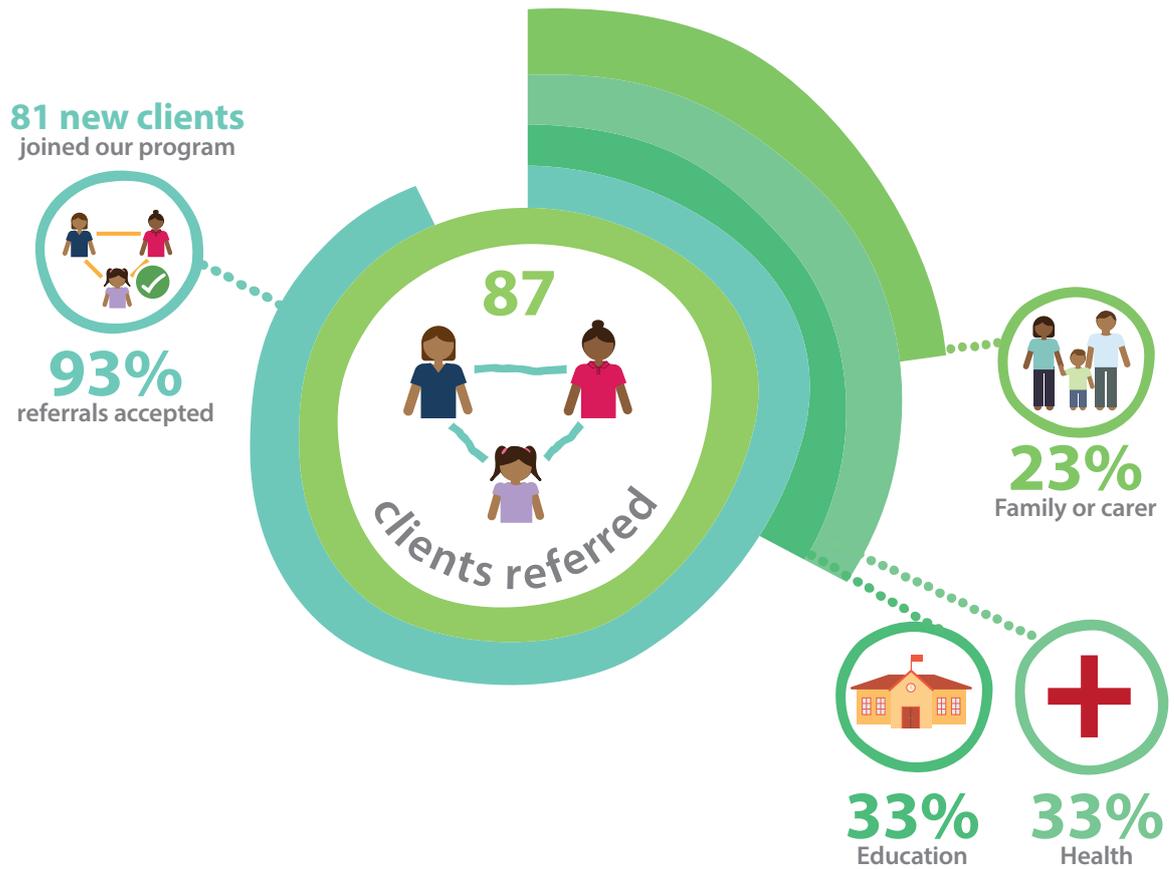


Completion and Discharge

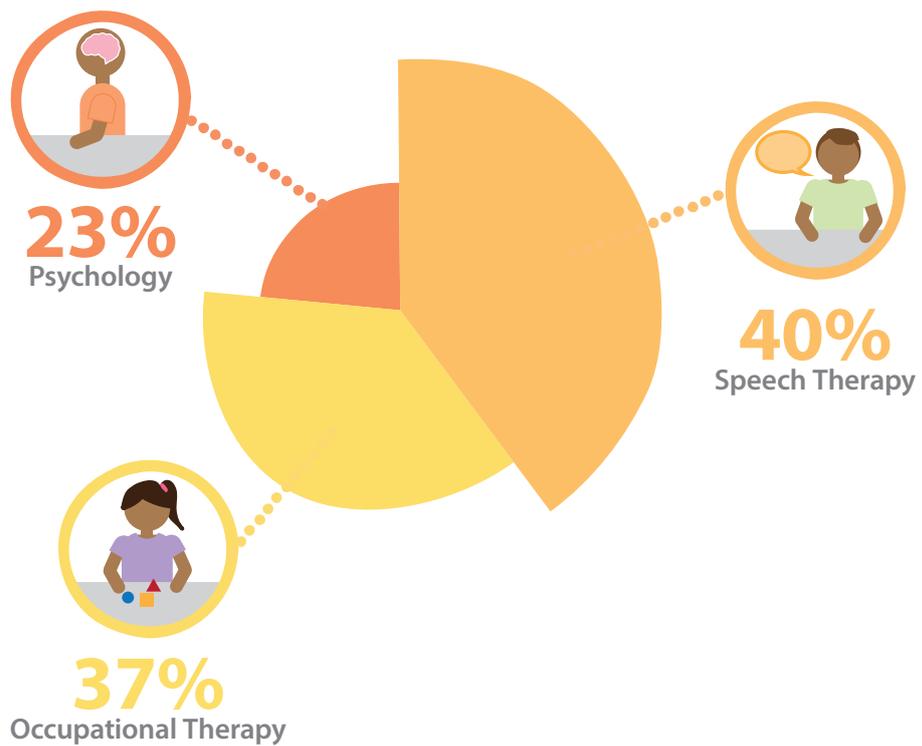


Reasons for discharge





New referrals received by service



# Maayu Mali

## Moree Aboriginal Residential Rehabilitation Service

### About the Program

Maayu Mali aims to promote individual and community wellbeing and reduce harmful substance use through the provision of culturally appropriate Alcohol and Other Drug (AOD) prevention, education, treatment, rehabilitation, and aftercare services for Indigenous Australians.

Maayu Mali provides a minimum 12 week residential rehabilitation program for 14 men and 4 women aged 18 years old and over with a 21 month aftercare program. It is delivered by utilising the Aboriginal Drug and Alcohol Residential Rehabilitation Model of Care focusing on culturally safe practice. Maayu Mali accepts clients from all over NSW, but majority of our clients come from Western and Northern NSW.

The program aims to provide a holistic approach in supporting and healing the whole person including the provision of individual and group treatment, individual case management, skills and training, recreation support, health and fitness, wellbeing, art and cultural support.

The program supports individuals to improve their quality of life and focus on recovery using a trauma informed and cultural healing focus, aimed at achieving long-term sustainable outcomes for each client. Including:

- Assessment and Care Planning, including case review
- AOD Treatment groups
- Education, living skills and other appropriate groups
- Individual AOD treatment focused on the needs of the client
- Individual case management and case coordination
- Cultural and community connection and healing through group work, art and cultural craft, excursions to country.
- Appropriate referral pathways – for example specialist mental health services, primary health care

### Outcomes of program

#### Individual outcomes

- Reduction/cessation of harmful use of alcohol and other drugs
- Reduction in severity of addiction
- Reduction in psychological distress and mental health symptoms
- Improvement in Quality of Life
- Reduction in risky practices (including sharing of injection equipment, drink driving)
- Reconnection to family

#### Program outcome

- 100% of clients undertake a comprehensive assessment and an individualised treatment plan
- 100% of client's co-design an aftercare plan
- Clients participate in treatment program including therapeutic groups, case management, cultural, recreation, training, and education activities

#### Increase in client intake

Maayu Mali have been working hard with intake of referrals from local organisations – AMS, community services and local area health services.

Client intake increased over the last 6 months with numbers staying high and fast turn arounds, due to community intakes and home detoxing with help of AMS and local area health services.

Women's beds were at 100% over the October – December period.

#### Staff

Staff at Maayu Mali completed Aboriginal Mental health First Aid.

Congratulations to Patricia Wright who has been with us here at Maayu Mali for 5 years.



### Challenges

A Flood in Moree in September did not disturb client numbers, with the acceptance intakes ringing constantly to see if roads were open or any public transport was available to Moree.

While clients at the rehab also did not experience any interruptions to their recovery as staff moved fast to relocate clients to a safe and comfortable place. From this an evacuation plan and debrief of staff and clients was conducted with all clients and staff involved in ensuring a smooth transition.

Despite the challenges, staff maintained service delivery for the clients – who wanted to stay in Moree to finish the program – continuing to deliver groups and appointments. Staff reassured the clients of their safety and ensured their needs were met which included gathering medications and clothes, purchasing food, and giving regular updates on the situation.



## Client Journey

Client A arrived at Maayu Mali in mid-June and participated well in our program although had a few hiccups along the way. Unfortunately, 3 weeks into A's recovery he tested positive to an illicit substance and was asked to leave our program.

Client A continued to keep in contact with Maayu Mali the following weeks as he was very remorseful and adamant that he was still wanting to turn his life around and better himself. He was given a second chance and arrived back at Maayu Mali for a second chance.

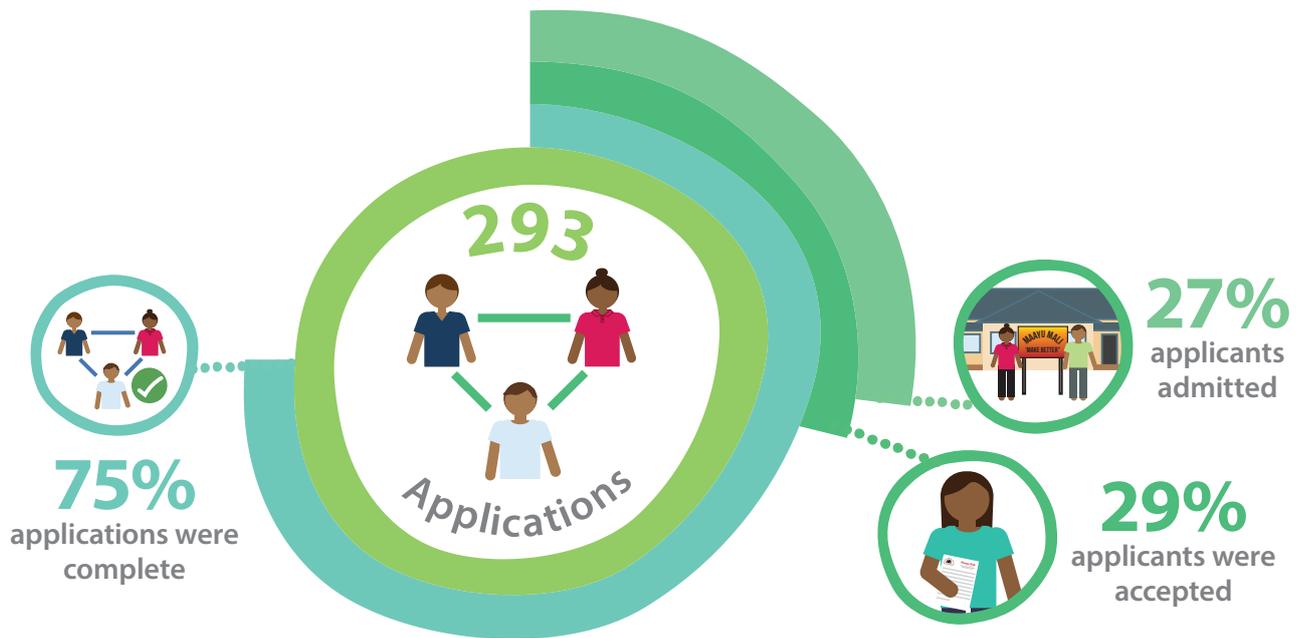
Upon returning, he was in good spirits and noticeably taking a more active approach to the program. During A's second period with us, he was able to complete and gain his white card and complete his traffic control course.

One of A's main concerns when initially arriving at Maayu Mali was anger management. With the help of Aunt Marlene Howard, he was able to complete an anger management course and was very pleased.

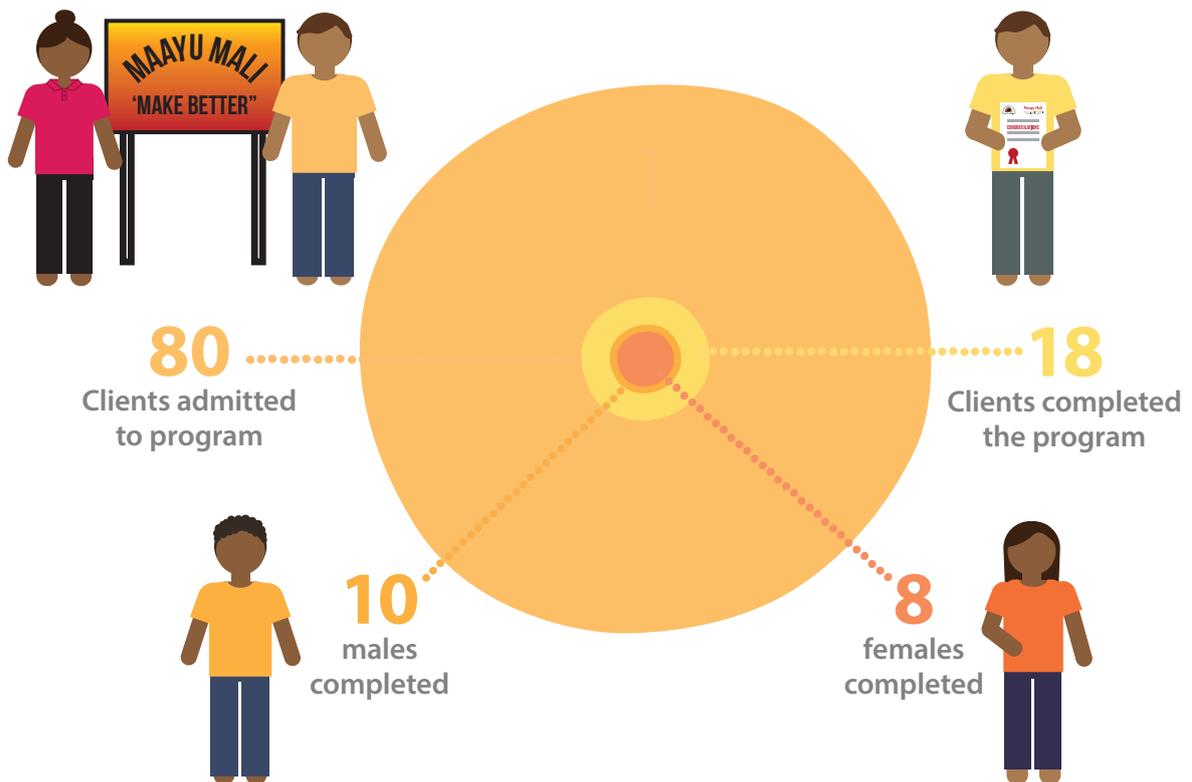
With the help of staff, he had ticked off some major goals before his completion, in gaining housing and employment. A has now finished his time with us at Maayu Mali and with no issues his second time around.



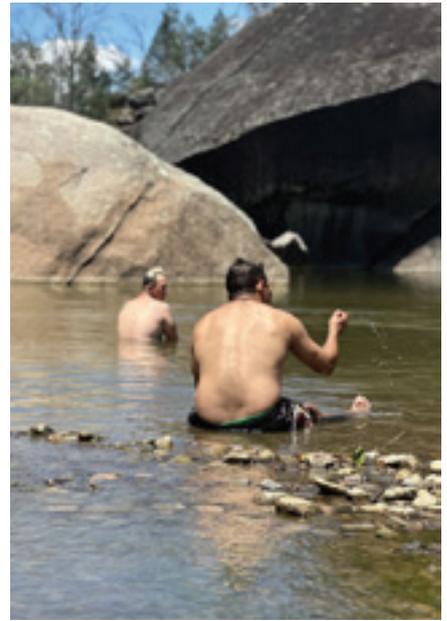
Breakdown of referrals/applications 2022/23



Client admissions and completion of program







# Greater Western Aboriginal Health Service





**Greater Western  
Aboriginal Health Service**

## About Us

Greater Western Aboriginal Health Service (GWAHS) delivers holistic comprehensive primary health care within the Western Sydney, Nepean and Blue Mountains Health Regions.

GWAHS is a health service for Aboriginal and Torres Strait Islander people in Western Sydney, Nepean and Blue Mountains regions providing services that include GP's, health checks, chronic disease programs, men's health, drug and alcohol, mental health and child and family services.

In February 2017, WACHS announced that it had been successful in its bid to tender for the provision of culturally appropriate Aboriginal and Torres Strait Islander health services. The Commonwealth funding had been awarded to WACHS under the Indigenous Australian's Health Program for Western Sydney, Nepean and Blue Mountains region. The transition from WentWest to WACHS operations took place on the 1st April 2017.



## Our Vision

To provide and be recognised for providing the Aboriginal community of Western Sydney with high quality, appropriate, efficient and effective primary health care and related services

## Our Purpose

- a. To provide the highest standard of client care whilst incorporating a holistic approach toward diagnosis and management of illness
- b. We are committed to promoting health, wellbeing and disease prevention to all clients
- c. We do not discriminate in the provision of excellent care and aim to treat all clients with dignity and respect

# Mount Druitt Clinic

## About the Program

Greater Western Aboriginal Health Service's Mount Druitt Clinic provides culturally appropriate primary health care services to our Aboriginal and Torres Strait Islander peoples, the culturally appropriate primary health care services is provided to meet the health and wellbeing needs of our Mob through diagnosis, treatment, prevention, and health promotion. This approach aims to deliver effective care to improve overall health outcome of Indigenous people living in the Greater Western Sydney region. Our clinical services include the treatment of acute illnesses, providing emergency care, the early detection and management of chronic conditions, promoting and encouraging annual Flu and booster doses of COVID-19 vaccination, Childhood and adult immunizations, sexual health, mental health, women's health, and preventative health such as healthy lifestyle education, smoking cessation, drug and alcohol management.

## Outcomes of the Program

GWAHS Mount Druitt Clinic's goal is to continuously provide high standard care to our clients, while actively maintaining community engagement and communication with stakeholders. GWAHS has achieved great patient experience in delivering of culturally appropriate primary health care services for the Aboriginal community. A total of 33,738 Client contacts have been made by our clinic team and 1,382 health check was completed between 01 July 2022 and the 30th of June 2023. We also focused on chronic disease management by arranging regular Diabetes and Psychiatric case conferences and group education sessions. Still given opportunist COVID-19 vaccines to patient. We have a built great relationship with the Clontarf Foundation and conducted Health Checks for 220 Aboriginal school kids. Various activities were organized for the Clontarf kids which encouraged them to participate and have a positive health experience.

We partnered with headspace who attend all the Clontarf academies with GWAHS for the health check with great outcome, other school expressed their interest in having this as an ongoing event for the kids. GWAHS also had a amazing clinic open day on the 21st of April 2023 with great outcome.

Our clinic continued improved access for our Indigenous clients to health assessments, childhood immunization, chronic disease management and disease prevention. Regular recalls, regular staff upskilling educational events and regular monthly community education events, to improve and promote health outcome for the community.

## Staff Responsibilities

### Team Leader

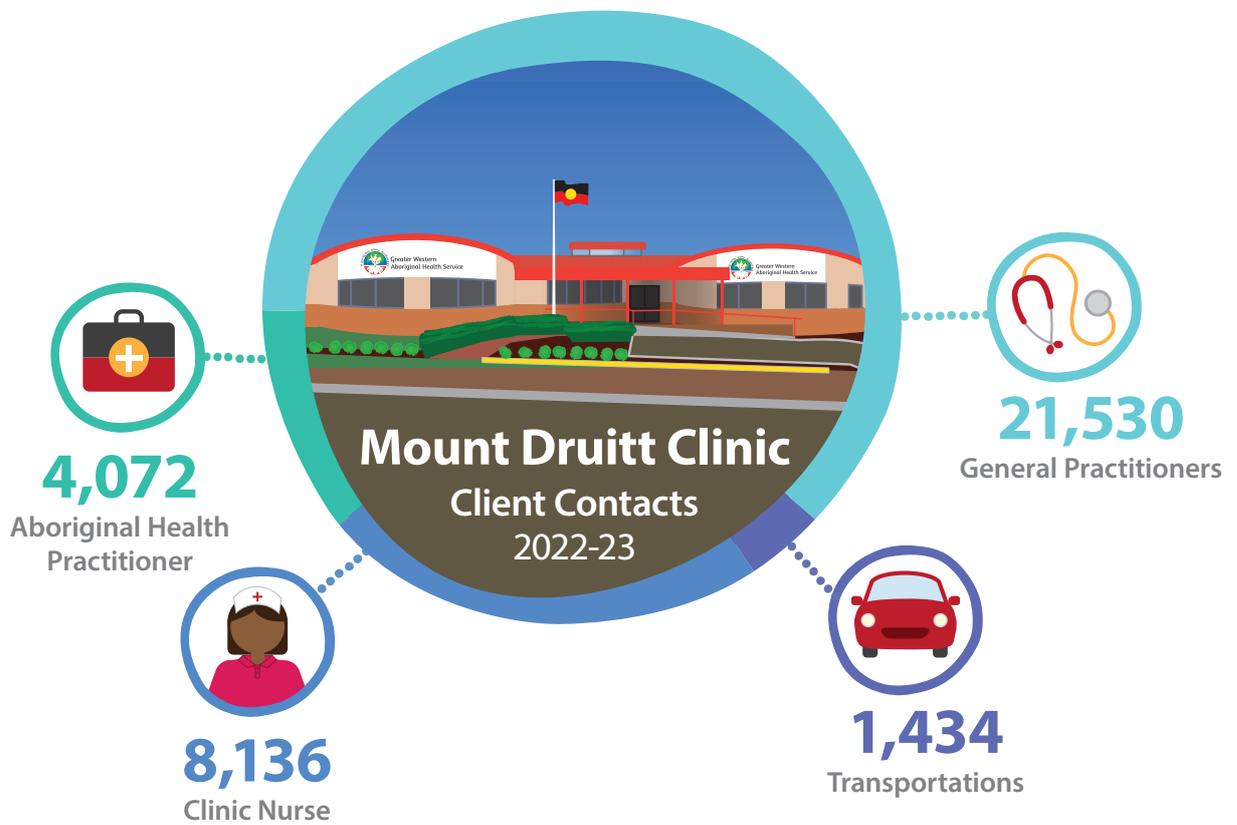
To provide direction and management of a multi-disciplinary team. To ensure a smooth running of the medical clinic.

### Administration Coordinator

Our admin coordinator provides the first point of contact for clients entering the clinic in conjunction with our reception team, they high level of customer service, processing appointments and client data. Our admin coordinator also supervises staff within the reception and transport team.

### General Practitioners

Our doctors have provided high standards of care to our clients via face to face and some via tele-health video and phone consultations for some of our clients. A total of 21,530 client contacts have been made by our doctors providing a wide range of primary health care services for our clients. Our doctors conducted 1,382 Health Checks this year including Health Checks for the kids under The Clontarf foundation.





### Practice Nurses

Our Clinic Nurses are compassionate and provide culturally sensitive care to our clients. They support our clients with health checks, childhood immunisations, COVID-19 and flu vaccination, injections, wound care, child health and development assessments, women's health, and chronic disease management. Our chronic disease nurse actively recalls clients and follow's up with them to achieve the desired health outcome. Total of 8,136 client contacts have been made by our nurses this year either face to face or phone for recalls, chronic disease management and vaccinations.

### Aboriginal Health Workers

Our Aboriginal Health Workers are the trained professionals who assist in delivering culturally appropriate care for our clients and advocate for them to meet the health needs. The total of 4,072 Client contacts have been made by our Aboriginal Health Workers in the Clinic.

### Medical receptionist/ transport officers

Early this year GWAHS clinic reception suffered greatly due to staff shortage, from March 2023 to late April there was 2 reception staff including admin co-coordinator. These two worked so hard each day to ensure the smooth running of the appointment book and communication between our clients and clinicians. They support all Mount Druitt staff with the day-to-day administrative requirements of the Clinic. Mid-May 2023, two new reception staff and a transport officer were employed reducing the workload on our amazing senior reception staff and admin co-coordinator.

### Transport service

Between 1st of July 2022 and 30th June 2023 GWAHS clinic continued providing transport for our clients to attend their GP appointments and at times specialist appointments. The total of 1,434 transports were provided by our GWAHS clinics.

### Training

Staff training and professional development between 1st of July 2022-30th June 2023:

- Two Practice nurses have completed chronic disease management.
- All clinic staff members are undertaking regular COVID-19 Vaccine training module.
- Monthly in-service with clinic staff to go over clinical items to ensure staff are recording progress notes correctly and meeting KPI standards, also enhance staff skills.
- Practice Nurse and Aboriginal Health worker completed a Venepuncture course.
- All staff completed Frist Aid/ CPR training.
- Aboriginal Health Worker completed Cert IV in Aboriginal & Torres Strait Islander Health Practitioner Course at TAFE.
- Clinic team leader undertaking Double diploma in Practice management and leadership.
- Developing staff feedback survey to improve staff retention.
- Developed patient feedback survey.

- Regular Team Leader meeting with Executive Manager to improve and better manage the service delivery and health outcomes of the clinic.
- Pathology blood collection refresher training with Douglass Hanly Moir Pathology
- QAAMS training
- AGPAL Self-Assessment Review Workshop Training, Sydney
- Conflict resolution training – management team
- Fire training

## Visiting Services

Visiting specialist have been providing continuous culturally appropriate services to our clients with great outcomes. All our visiting specialists consists of Paediatrician, Paediatric Registrars, ENT specialist, Optometrist and Allied Health such as Audiology, Speech, and Podiatrist services. A total of 4,072 Client contacts have been made by our visiting specialist within this reporting period.

### Paediatrician

Our Paediatrician visits our clinic once a month, provides specialist care for Aboriginal kids aged up to 14 years. A total of 239 clients have been seen by the Paediatrician for the reporting period. The service includes behavioral assessment, developmental assessments, and ongoing treatments. A total of 1181 clients seen by paediatric registrars.

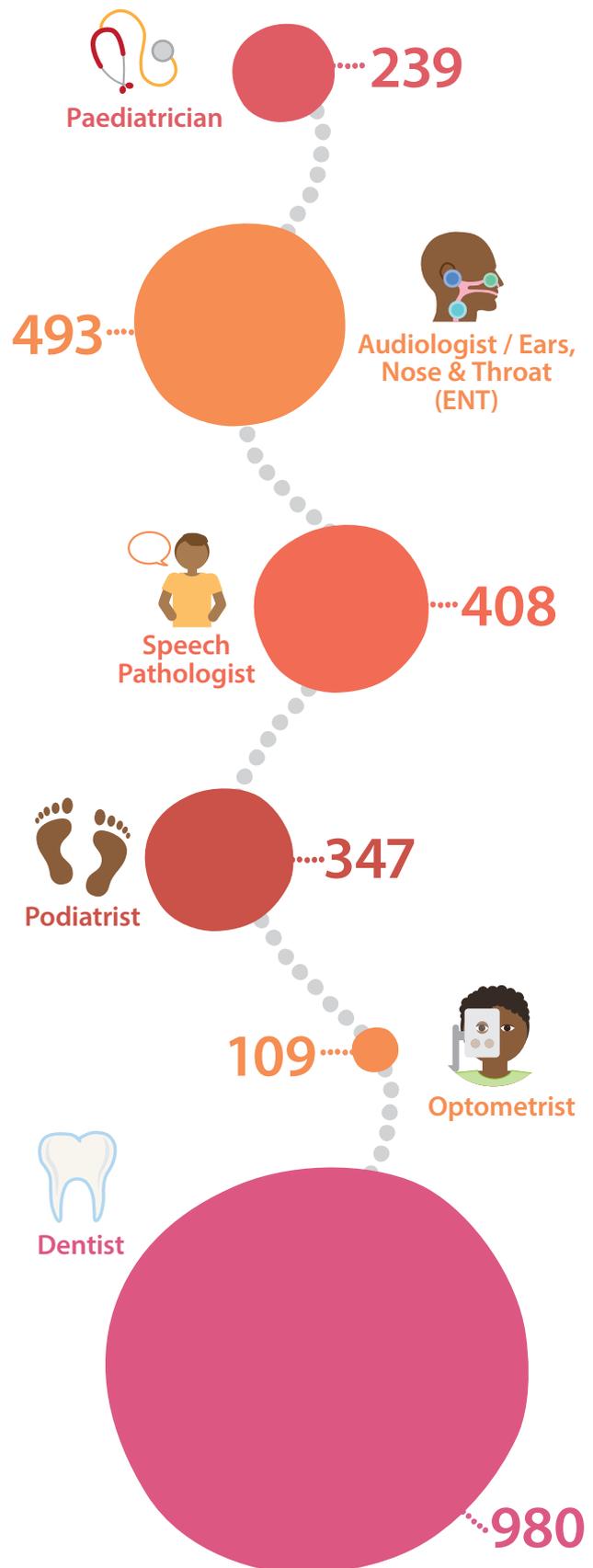
### Audiologist and ENT specialist

The Audiologist and Ears, Nose and Throat (ENT) Specialist service is funded by the Rural Doctors Network for hearing assessment and treatment of Aboriginal kids aged 0-21 years and operates every fortnight. We also have an Audiologist under HAP-EE program from Hearing Australia for 0–6-year-old for hearing test and assessments. In addition, Hearing Australia provides a Hearing aid service for our clients over 50 years of age. Total 493 clients have been seen by ENT specialist and Audiologist at GWAHS Mt Druitt Clinic from 1/7/2022-30/6/2023.

### Speech

Speech students from Sydney University attend our clinic for speech assessment for the Aboriginal kids in conjunction with the Connected Beginnings team and arranged by the Aboriginal Health Worker to culturally ensure appropriateness and advocacy. The position for Speech pathologist has been filled from July 2022. A total of 408 children have been seen by the Speech pathologist between 01/07/2022 to the 30/06/2023.

## Visiting Services – client contacts 2022/23



### Podiatrist

The Podiatrist services is funded by Rural Doctors Network to provide care to our clients which includes diabetic foot care, annual foot checks, and high-risk foot conditions. The clinic is delivered weekly for our clients. Total 347 clients with diabetes received podiatrist service at Mt Druitt Clinic between 1/7/22 and 30/6/23.

### Optometrist

The optometrist attends the clinic every fortnight for regular eye checks and monthly for a diabetic eye check Clinic. The service is facilitated by our Clinic Nurse to ensure adequate follow up. Total 109 clients with Diabetes had their annual retinal check with the Optometrist.

### Dental

Our Dental service is provided by Western Sydney Local Health District for Aboriginal clients of GWAHS. The dental team consists of 3 Dentists and 2 Dental Assistants. There is a high demand for this service in the community. The total of 980 clients were seen by dental between 1/7/22 and 30/6/23.

### Appointment system

The current wait time to see a GP is approximately 5-10mins in waiting room for booked appointments, 15-30mins in waiting room for walk-ins and 4 weeks wait for appointment bookings. Currently recruiting for another Full-time GP in the clinic.

Total number of current clients at Mt Druitt Clinic is 6400 regular clients (excluding past patient).

### Community engagement activities

There was NKPI Training organized for all staff, this Training was great for staff to help improved NKPI standard and increase staff engagement to promote and meet NKPI target.

- The clinic team worked with the Connected beginnings team and attended Yawarra Health Check Day with great outcome.
- Together with the community program GWAHS had a pink Ribbon Day (Breast cancer Awareness Day), with great attendance.
- Clontarf catch up Health Checks (5 Academies) – this involved completion of health check for the Clontarf that was unavailable for the initial service provided during the health check in June.
- GWAHS had a Clinic planning day organised by management.
- Health Promotional/ Educational Event for Clontarf Chifley academies
- Community health education and Christmas party
- Community family fun day Programs and clinic team
- Clinic opening day.
- Diabetes education day
- Staff Asthma Australia in-service
- Aboriginal Cultural Capability Workshop
- Staff HR Intelli training





## GWASHS Events

### Open Day

We had A GWASHS clinic open day on the 21st of April 2023, the clinic open day consisted of a smoking ceremony, dance performance by the Garabara Dance Group, yarnning circle, raffles with lucky draw prizes, face painting and jumping castles for the kids. A BBQ lunch was provided and a coffee van was onsite all day. There was also a health promotion stall from all GWASHS programs.

The purpose of this open day was to reintroduce the clinic to the community after the special administration process. The clinic open day was a great success for GWASHS, there was over 200 attendees, lots of activities and great feedback from the community.

### Health Checks

GWASHS clinic team attended Clontarf school boys' health checks for the 5 clontarf academies early June 2023, we had headspace on site for all the health checks, it was a great experience getting to build rapport with the boys and the Clontarf team. Attending this activity has strengthened our partnership with the Clontarf foundation. We have a catch-up Clontarf health check in late August and September 2023.

### NAIDOC Day

7th October 2022 GWASHS team attended the NAIDOC day at Kimberwalli, there was cultural dance performance, food and so much more, it was such a great experience for our team being that we have not had a NAIDOC day for a while due to COVID-19.

The team had the opportunity to meet, greet and build rapport with our Mob, saw some familiar faces and some new once, it was a great opportunity showcase our clinic to the wider Aboriginal community. We have an upcoming pink ribbon breast cancer awareness day event planned for the 21st of October 2022 at Mount Druitt clinic. The clinic team are working with the SEWB team to make this event a successful one.

## Key Achievements

### Resolving staff shortages

The clinic has a Speech Pathologist on site weekly Thursdays and Friday. The position was vacant for last 4-5 yrs. Finally, the position has been filled from July 2022.

From mid-2022, GWASHS clinic experienced severe shortage of reception staff and Aboriginal health worker staff which led to community frustration, inconvenience, and increased workload for existing workforce.

As a solution to this problem, extensive attempts have been made for staff recruitment. We have approached Aboriginal Employment Strategy (AES), Rural Doctors Network (RDN), and Aboriginal Health and Medical Research Council (AH&MRC) to resolve this issue and meet the increased community demand. Finally, we have been successful in recruiting 2 full-time receptionist and 1 full-time Aboriginal Health worker and a full-time Aboriginal health worker trainee from AES.

This successful recruitment has been an enormous achievement and has resulted in reduced workload for existing workforce and has also aid in the smooth

running of the clinic. This has enabled us to respond to community needs and provide the required service in a timely manner.

A new onsite ENT specialist has also been employed at our clinic to help meet the growing demand.

### **Establishing new clinics**

GWABS clinic in the process establishing a maternal and family child health clinic, Antenatal clinic, and a 3-day a week chronic disease management clinic.

### **Identifying Community needs**

Our clinic team continually reflect on monthly clinic report and the 6 monthly Key Performance Indicators and identify the emerging health needs in the community. In response to the identified health need, specific strategies have been adopted to improve the health outcome.

Community upskilling educational events, reminder phone calls by the clinic nurses and Aboriginal Health Workers, consultations focusing on healthy lifestyle choices and ongoing education, systematic recall system are few of the strategies which have been implemented to address the health needs in the community.

## **Challenges**

### **Recruitment**

Recruitment of a full-time GP has been a great challenge for the Clinic. The position has been advertised several times, but we have been unable to attract a suitable candidate for the position, recruitment still in process for a full time General practitioner. Last year we faced a great challenge getting a suitable candidate for an Aboriginal health worker after several advertisements we employed an Aboriginal health worker who was supported

through TAFE and has completed her Aboriginal Health Practitioner course. She was retained and is now working as a full-time Aboriginal Health Practitioner in the clinic.

### **Transportation**

The newly employed transport officer has been doing a great job providing transport for our client, however the clinic is still having challenges providing transport for our clients as it is becoming an immense issue for client satisfaction, the clinic transport officer can only transport 5-6 client on a daily base and there is need for more transport in the clinic, there is also no funding in place for dental transport, which is becoming a major issue for the reception team having to fit in transports for dental clients as well as the clinic. A plan to overcome challenges surrounding transportation would be providing funding for dental transport or getting 2 full-time transport officers that are solely employed to provide transport.

### **Specialist requirement**

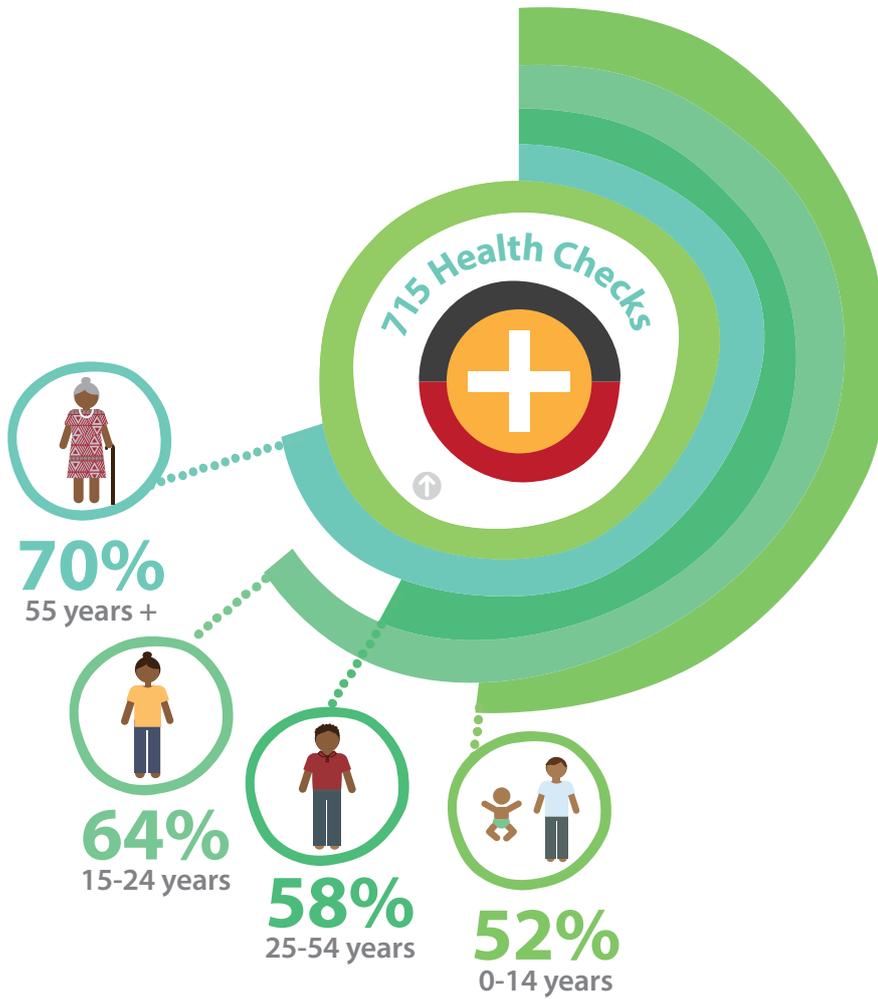
The need for a full-time onsite Paediatrician, Diabetes Educator, Dietician, Psychiatrist and a Psychologist is still very high. Not having these specialist here at the clinic has led to community frustration and increased workload for our staff.

The Paediatrician wait time is 7 months, we need a full-time Psychologist and Psychiatrist as the clinic has wider range of mental health clients. The mental health clients from justice health and other private practices all get referred here and we do not have the capacity to provide all the mental health services they require for their rehabilitation. GWABS also cannot turn clients needing support away and the majority of our client have diabetes hence the need for a diabetes educator and a dietician.





715 Health Checks by age group



# Penrith Clinic

## Program Purpose

To strategise, provide, coordinate, and champion efficient clinic and community-oriented primary healthcare services for the Aboriginal population of Penrith and its neighbouring regions.

GWAHS Penrith Clinic offers a culturally attuned, comprehensive primary healthcare service that integrates ancestral principles with a pledge to improve the health and welfare of the Aboriginal and Torres Strait Islander community in Penrith.

## Aim of Program

- The aim of the program is to deliver culturally appropriate primary healthcare services based on early diagnosis and treatment of acute illnesses, prevention, detection of chronic illness including health promotion and education.
- Increase specialist services onsite to reduce clients having to travel for their appointments.
- To have a healthier community by providing continued health education and promotion.

## Outcomes of the program

GWAHS Penrith Clinic has consistently nurtured and cultivated robust partnerships with an array of external stakeholders, demonstrating its commitment to collaborative endeavours. These stakeholders encompass an impressive array, including the PHN, NBMLHD, RDN, Centre for Population Health (NSW Health), Hearing Australia, Legal Aid, One Point Health Podiatry, Justice Health, Headspace, WHO's Hub, SRAC, Nema National, Head to Health, Kari, and Narang Bir-rong. These relationships have not only flourished but have also prompted requests for GWAHS-Penrith's representation on several steering committees. After thorough deliberation, the decision was made to engage with four steering committee groups, all poised to engender enhanced health outcomes for Aboriginal and Torres Strait Islander individuals.

The four selected steering committees embody a diversity of purpose, aligning with GWAHS Penrith's overarching goals. These committees include the Neami National-Head to Health establishment advisory committee, the Yanabuni Budyarimana Project aimed at elevating the Aboriginal patient experience within the Nepean emergency Department, the Nepean Blue Mountains Recognise, Respond & Refer (RRR) Pilot Project with its focus on refining primary care responses to domestic and family violence across Penrith, Blue Mountains, Hawkesbury, and Lithgow, and lastly, the Walanga Gul Project, designed to enhance service engagement and health outcomes for Aboriginal and Torres Strait Islander individuals post-hospital discharge. In tandem with these collaborative endeavours, the clinic has remained resolute in its pursuit of improved accessibility for clients.

Services span a gamut of healthcare provisions, ranging from health assessments, childhood immunisations to chronic disease management and health education. This commitment to quality healthcare delivery has been resoundingly confirmed through a recent client feedback survey. Impressively, the Penrith Team garnered a remarkable 96% client satisfaction rating, underscoring their effectiveness in making a tangible impact on the well-being of the community they serve.

## Community Engagement

Community Engagement has been a central focus for GWAHS-Penrith, with a strong commitment to participating in numerous events during the 2022-2023 period. Among these events were the Community Connection Days hosted at both Sydney Regional Aboriginal Corporation (SRAC) and Koolyangarra Cranebrook. These occasions drew significant community involvement, providing the team with a valuable opportunity to engage with clients in settings outside of the clinic. Furthermore, these events facilitated networking opportunities with various other organisations.



Additionally, GWAHS-Penrith took part in commemorations for Sorry Day and participated in NAIDOC celebrations at Kingswood Park Primary School and Cambridge Park High School. Unfortunately, the NAIDOC celebrations for 2022 had to be cancelled at the last minute due to unexpected flooding in the Penrith Region. This was particularly disheartening as it would have been the first NAIDOC celebration since 2019 when the COVID-19 pandemic began.

A significant highlight of this period was the Penrith Clinic Community Open Day held in March 2023. This event, hosted at Sydney Regional Aboriginal Corporation (SRAC), marked a major endeavour. The day commenced with a Smoking Ceremony and Welcome to Country by Steven Trist. The Smoking Ceremony was open for all to participate in, fostering a sense of community engagement. The Garabara dance group followed with a deadly performance that encouraged mob to get up and get deadly with them, there was a lot of fun and laughter had encouraging active participation and spreading joy through their performance. The Koori Kids tent, featuring activities like a jumping castle and face painting, catered to the children. Greg and Ryan ensured everyone was well-fed with a feed of sausage sandwiches, fruit, and other refreshments.

The program teams were also present, utilising tents to showcase their ongoing work and engage with the community. Among these programs were the Australian Nurse Family Partnership Program (ANFPP), Connected Beginnings, Social Emotional Wellbeing (SEWB), Elders Support Program, and the Penrith Clinic, encompassing both general health and women's health services.

Notably, stakeholders including the Centre of Aboriginal Health, Centre of Oral Health Strategy, Rural Doctors Network, NBMLHD, SRAC, Clontarf, and DCJ were present, underscoring their strong support and partnership with GWAHS.

The collaboration of local businesses played a crucial role in the success of the event's raffle prizes, which included contributions from various establishments such as Hoyts, Coles (Penrith Plaza), Woolworths (Penrith Plaza), Holey Moley, Sittano's, Peachtree Hotel, Road Tech Marine, Bunnings-Cranebrook, Ella Bache, iFly, Outback Steakhouse, Panthers, and Studio 1000 Photography. Coles (Nepean Square) also contributed hampers. The community feedback we received was overwhelmingly positive, and it was clear that there's a strong desire for more events like this in the future.

On March 29th, GWAHS Penrith was invited to participate in the Learning Pathway evening at Kingswood High School, where Aboriginal organisations presented to families and students. This event was well-attended and provided a platform to engage with the Aboriginal students and their families. The subsequent evening saw GWAHS Penrith participating in a community event at Bunnings Cranebrook. The event garnered substantial community presence, offering an opportunity for engaging conversations about GWAHS services and offerings.

### **Education Days**

Starting in January 2023, a series of Education Days for the community were initiated, aimed at empowering community members with comprehensive health



knowledge, promoting wholesome lifestyle decisions, and fostering connections within a culturally secure environment. These Education Days serve as a platform to facilitate the exchange of crucial information while addressing health-related concerns.

The first three Education Days have already made a significant impact. They covered topics of utmost importance, including Diabetes, a Menopause focus group, and Breast Cancer Screening. Each of these sessions offered community members valuable insights into these specific health issues, allowing them to make informed choices about their wellbeing. These Education Days don't just provide information; they create a safe and inclusive space for community members to learn, share experiences, and engage in discussions that can lead to positive lifestyle changes.

As the initiative progresses, these Education Days will continue to evolve based on the feedback received from the community. By actively involving the community in shaping the content and direction of these events, GWAHS ensures that the topics covered are relevant and beneficial to the attendees. This collaborative approach enhances the effectiveness of these Education Days, making them more engaging and impactful.

In essence, these Education Days are not only about disseminating knowledge but also about fostering a sense of unity, empowerment, and wellbeing within the community. Through education and open dialogue, GWAHS is creating a supportive environment where community members can proactively take charge of their health and make choices that contribute to their overall quality of life.

### GP Services

During the initial phase of the 2022-2023 reporting period, the Penrith clinic confronted ongoing challenges in its endeavour to secure a permanent full-time General Practitioner (GP). Throughout this period, the support of the Mt DrUITT GPs proved invaluable to the clinic's operations. Additionally, the presence of locum Dr. Pauline Vunipola made a significant impact and gained considerable popularity within the Penrith community.

However, a significant breakthrough was achieved in November 2022 with the arrival of Dr. Johnson Osei-Hwedieh. Dr. Johnson, a young and ambitious GP with a deep commitment to enhancing the wellbeing of the Indigenous community in Penrith, became the answer to this challenge.

The clinic welcomed Dr. Johnson with open arms, and his presence swiftly made a positive impact on both the staff and the community. He wasted no time in immersing himself in his role, attending to patients and delivering much-needed healthcare services to the community. Dr. Johnson possesses an exceptional ability to truly listen and comprehend the unique circumstances and requirements of each individual. His approach, characterised by kindness and compassion, is complemented by his willingness to go above and beyond to assist his patients.

Dr. Johnson's collaboration with the nurses and Aboriginal health workers is another testament to his commitment to comprehensive and cohesive patient care. This collaboration ensures a seamless continuity of care for patients, promoting the best possible treatment outcomes.

The Penrith team is invigorated and motivated by the opportunity to provide full-time health services to the Penrith community.

Dr. Johnson's arrival has marked a transformative phase for GWAHS Penrith, fostering optimism and renewed enthusiasm within the clinic and the community alike. His dedication, empathy, and proactive approach have begun to redefine healthcare delivery in the region, promising a brighter future for the health and well-being of the Indigenous community he serves.

### Clinic Nurse

Deb, the clinic nurse, exhibited a profound dedication to delivering compassionate, comprehensive, and culturally sensitive care to all clients. Her support extended across a spectrum of healthcare needs, encompassing health checks, wound care, childhood immunisations, chronic disease management, flu and COVID-19 vaccinations, women's health checks, and more.

However, in February 2022, Deb recognised the need for a change and transitioned back to the Mt. Druitt clinic. Her departure left a significant void within both the Penrith team and the community. Her unwavering passion and commitment to providing an exceptionally high standard of care were unmatched.

Nonetheless, the ensuing month of March brought a stroke of luck as Emily joined the team. With a background of four years spent working in remote Aboriginal communities in the Northern Territory, Emily brought a wealth of experience. Her affable nature swiftly endeared her to the community, and in a remarkably brief span, Penrith became her new home.

The total nurse client contacts recorded stand at 2963, signifying a notable increase of 9.5% compared to the figures from the previous reporting period.

### Aboriginal Health Worker

In July 2022, the pangs of homesickness became overwhelming for Melissa, prompting her to make the decision to relocate to Dubbo in order to be closer to her family. This marked the onset of a quest to find a suitable Aboriginal health worker, a task that proved to be quite formidable.

The pursuit persisted until October 2022 when Trent joined the team. Drawing from his previous career as a paramedic, Trent seamlessly immersed himself in the community's work. His vibrant energy, boundless enthusiasm, and exceptional competence were truly outstanding. Notably, there was a discernible rise in health check participation among the male demographic in the community following his arrival.

However, merely a couple of months later, Trent was met with delightful news – he had been granted admission into a university to pursue a degree in medicine. While this was undoubtedly an achievement for Trent, it also brought about the inevitable reality that he would eventually need to depart in order to chase his dreams.

Trent continued to contribute to the Penrith team until the approach of the first semester in February 2023. With warm wishes, the organisation bid him farewell and initiated the process of identifying another highly sought-after and valuable Aboriginal Health Worker. Despite the intermittent gaps in Aboriginal Health Worker coverage, the team managed to deliver 286 client services.

As of now, the search for a suitable replacement continues, demonstrating the organisation's unwavering commitment to filling the position with the right candidate.



## Reception

The reception team members are Sam and Talisah, they occupy an indispensable role within the clinic, serving as the operational backbone that keeps things running seamlessly on a day-to-day basis. Their responsibilities encompass a wide range of crucial tasks, including efficiently booking appointments, advocating for clients' needs, adeptly managing the ever-changing landscape of COVID-19 protocols, and overseeing a multitude of administrative duties.

In essence, they are the welcoming face that greets clients as they enter the clinic, creating the initial impression of the organisation. Their interactions set the tone for the entire client experience, making their role pivotal in shaping the overall perception of the clinic. What truly sets this team apart is their exceptional ability to handle a plethora of diverse and often high-stress situations. From managing demanding appointment schedules to navigating the intricacies of constantly evolving COVID-19 guidelines, they exhibit a remarkable level of adaptability and professionalism. Their unwavering commitment to serving clients with empathy and competence, even in the face of challenging circumstances, is truly commendable.

Sam and Talisah, embody the spirit of the organisation through their diligent work. Their multitasking capabilities, effective communication, and skilful management of stress contribute significantly to the clinic's overall efficiency and effectiveness. As the primary point of contact, they personalise the experience for each client, demonstrating genuine care and attention. Their collective efforts play a vital role in ensuring that each client's journey is as smooth and positive as possible, reinforcing the organisation's values and mission with every interaction.

## Visiting Services

The surge in clientele availing the services has necessitated a corresponding expansion in the range of visiting allied health and specialist services. Within the Penrith clinic, an array of offerings including psychiatry,

audiology, ENT (Ear, Nose, and Throat), and podiatry has been established for the benefit of GWAHS clients who self-identify as Aboriginal and/or Torres Strait Islander peoples.

## Psychiatry

Since its inception in January 2021, the psychiatry clinic has remained an immensely valuable addition to our service offerings. This bi-monthly clinic has established a strong foothold, with an active list of 156 ongoing clients and 48 successfully discharged clients. However, the persistently existing waiting list of 26 individuals remains a challenge, compelling clients to endure wait times of up to six months.

## HAP-EE Program

The HAP-EE program is conducted by a Hearing Australia Audiologist, the HAP-EE program caters to children within the 0–6-year age range. Conducted on a monthly basis, this clinic serves as a platform for diagnostic hearing assessments, strategically designed to ensure the timely identification and subsequent management of potential hearing loss among children in this age bracket. Throughout the span of the 2022-2023 reporting period, a total of 103 children have availed this service.

## Audiology

Initiated in September 2022 through funding provided by the Rural Doctors Network, the audiology service presents a comprehensive offering. This clinic is dedicated to delivering hearing assessments, necessary treatments, and onward referrals, specifically tailored for Aboriginal children, adolescents, and adults up to the age of 21. Remarkably, this service harmoniously supplements the HAP-EE program, resulting in the expansion of eligible age brackets. Consequently, individuals belonging to older age groups, who might have encountered hearing challenges that went unnoticed during their younger years, are now being attended to. Over the course of its operational span of nine months, this service has been accessed by a total of 57 clients.



## ENT

The inception of the ENT clinic in August 2022 marked the culmination of an extensive collaboration between GWAHS and the Nepean Blue Mountains Local Health District (LHD). This initiative, backed by funding from the Rural Doctors Network, has established a monthly clinic to cater to essential ENT services. An important outcome of this collaboration has been the formulation of an efficient surgical pathway. This pathway is particularly significant in addressing the challenges that previously arose due to geographical limitations, whereby GWAHS-affiliated children requiring surgical intervention were unable to access Nepean Hospital's services due to LHD-specific boundaries.

The partnership between GWAHS and the LHD has effectively transcended these geographical limitations, ensuring that all children under the service's care, across all three sites, are now able to access the necessary surgical interventions. This strategic intervention is crucial in mitigating the potential developmental ramifications stemming from hearing-related issues that could influence various facets of their growth. The clinic has welcomed a total of 94 children so far, with 30 of them already having undergone surgical procedures.

## Speech Pathology

The speech clinic stands as a pivotal resource, providing children with a comprehensive avenue to address their speech and language hurdles. More than just a space for assessments, this clinic is designed to offer the crucial therapeutic interventions necessary for these young individuals to surmount their difficulties.

Introduced in March of 2023, the clinic's weekly sessions ensure a consistent and ongoing approach to fostering progress. Over this period, a remarkable total of 109 services have been administered, indicative of the substantial impact this clinic has already made in the lives of the children it serves.

By combining professional assessments with dedicated therapy, the speech clinic represents a dynamic initiative that goes beyond diagnosis, prioritising the empowerment and development of these children as they work towards clearer and more confident communication.

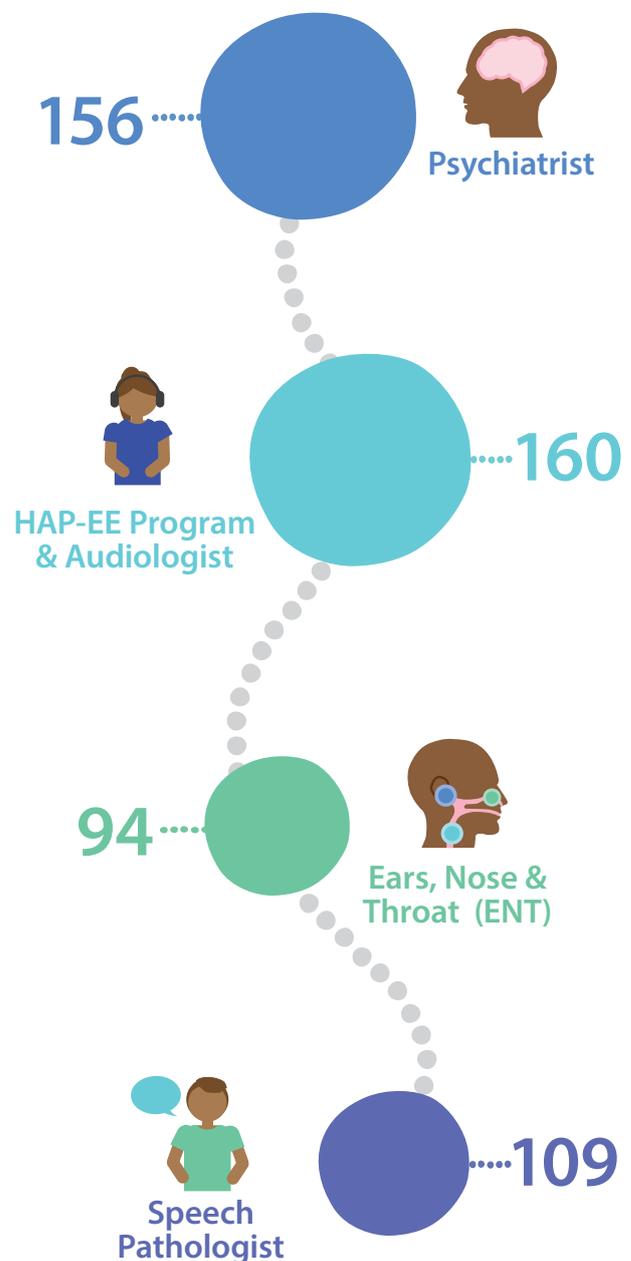
## Podiatry

A recent enhancement to the array of services accessible at the Penrith clinic, the podiatry clinic embarked on its journey in August 2023. This service holds a special significance, particularly for clients with diabetes who are more susceptible to foot-related complications owing to the nature of their condition. The monthly availability of this service on-site brings about a notable advantage,

as it eliminates the need for external referrals, mitigating potential transportation challenges that could arise.

While the podiatry clinic is particularly instrumental for diabetic clients, it is important to emphasise that its scope extends beyond this group. The prerequisites for engagement are straightforward—a current Aboriginal Health Check and a corresponding care plan. Fulfilling these requisites serves as a gateway, enabling individuals who struggle to maintain foot health to receive expert attention from the podiatrist. During the first clinic 11 clients were seen.

## Visiting Services – client contacts 2022/23



# Katoomba Clinic

## Healthy for Life Program

### About the program

The Katoomba – Healthy for Life clinic provides culturally sensitive health care service for Aboriginal and Torres Strait Islander clients in the Blue Mountain region. The aim of the program is to deliver culturally appropriate primary healthcare services based on early diagnosis and treatment of acute illnesses, prevention, detection of chronic illness including health promotion and education.

The practice team comprises of Clinic Team Leader, General Practitioner, Practice Nurse (Part-time), Aboriginal Health Worker and Medical receptionist and Transport Officer.

### Outcomes of the program

GWASH Katoomba Clinic consistently provided primary health care service for the Aboriginal clients in Blue Mountain region.

Dr Cimen worked with Aboriginal communities in Blue Mountain until April 2023. From May 2023, the clinic has been covered by locum GP, Dr Pauline Vunipola and Dr Lily Tian. A permanent part-time GP, Dr Tania Janusic has commenced with GWASH Katoomba Clinic from August 2023 and has been well-accepted by the Aboriginal communities. Katoomba clinic team has consistently reached out to external stakeholders and community organisations and has been engaged in clinic promotional activities.

#### Community Engagement

Community Engagement has been the primary focus for Katoomba Clinic. The practice team established continuous communication with Aboriginal Culture and Resource Centre (ACRC), Community Elders, AOD counselling services and Head Space.

GWASH Katoomba Clinic held its first ever open day on the 11th March 2023. It was a fun filled family day out with many stalls and activities for the whole family. Set in the sunny Katoomba backdrop of Bureau Park, the jumping

castle, face painting and clay coolamon workshop was some of the few activities that kept attendees busy.

Our staff from across all 3 GWASH sites assisted in setting up for the event. There were all together 18 stalls including men's business, women's business and health promotion stalls. Our GWASH programs also were on display including our Social and Emotional Wellbeing team, Connected Beginnings, and our Australian Nurse Family Partnership Program.

The Katoomba Public Dental Clinic also held a stall. They were providing patrons with dental advice and free goodie bags.

Welcome to country and the smoking ceremony was led by community Elder Uncle Colin Locke. Following this was an amazing performance by the Wagana Dance Theatre and didgeridoo performance.

Lunch served was a delicious bbq snag and corn on the cob, all of which were sourced from local businesses. There was also a wide selection of locally sourced fruits. The day was a success and enjoyed by all whom attended. (Katoomba Community Open Day- Photos attached)

#### Education Days

From April 2023, the team has been engaged in organising community upskilling educational events.

- Chronic disease and closing the gap information session, the first education day, was held in April – presented by Closing the Gap, Nepean Neighbourhood Centre ITC.
- Women's Health Education Day (Breast Cancer Screening) – Presented by Sou Helme (Westmead Breast Cancer Institute) on 5th May 2023
- Diabetes education day, conducted by Narelle Artz (Diabetes Educator) held on 10th May 2023. Positive feedback received from community

### Exercise program

A 12 week exercise program commenced in July 2023, facilitated by Aunt Christine Bolt. The aim of the program is to keep the mob active and healthy.

### Visiting Services

GWAHS Katoomba clinic has established effective relationship with allied health and specialist services and developed strong partnership with Primary Healthcare Network and Rural Doctors Network to source funding for visiting specialist services on-site at our Katoomba clinic.

### Psychiatry

PHN funded psychiatry service commenced from February 2023. Dr Singh, the psychiatrist visits Katoomba clinic once a month. Great feedback received from community members about this much needed service.

### Optometrist

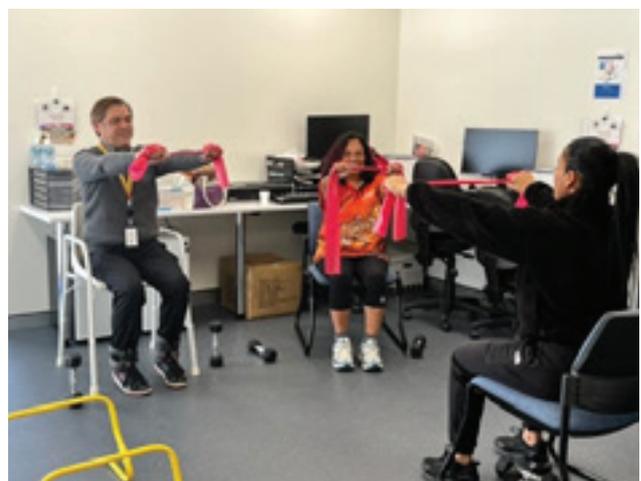
Partnership has been developed with Bigland and Cowley Optometrist and have arranged dedicated optometry clinic for GWAHS Katoomba clients.

### Dental

Blue Mountain hospital- Dental unit are providing dental service for all GWAHS Aboriginal and Torres Strait Islander clients living in Blue Mountain region.

### SEWB

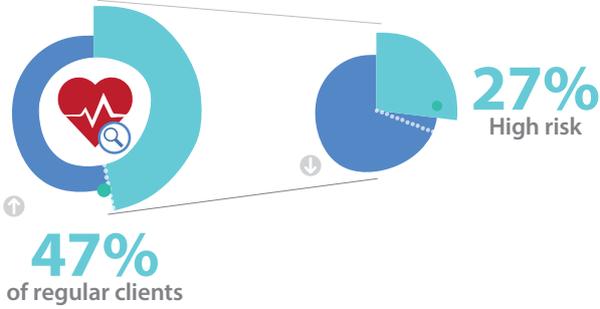
Funded through NBMPHN, Ryan Kondek has commenced working as the SEWB link worker and linking mental health and Drug and Alcohol services with the Katoomba AMS and provide support for the mental health clients.



# All GWAHS Clinics – National Key Performance Indicators

## Preventative Health nKPIs

Cardiovascular disease (CVD) risk factor assessments



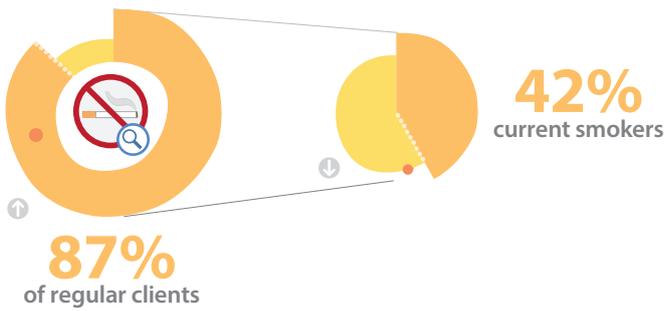
Alcohol consumption recorded



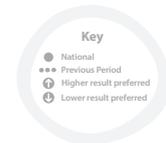
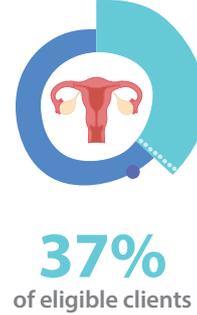
BMI result overweight or obese



Smoking status recorded

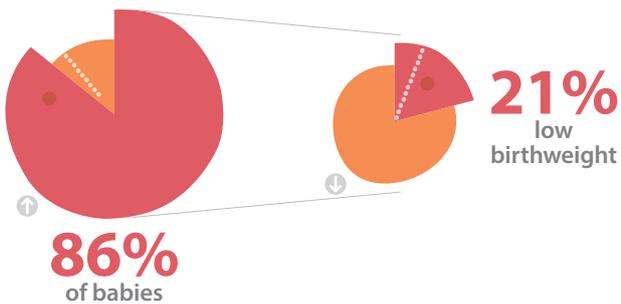


Cervical Screening (HPV) test



## Maternal & Child Health nKPIs

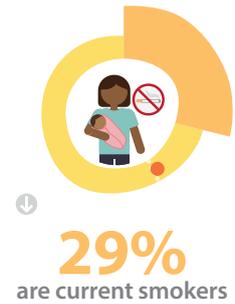
Birthweight recorded



First antenatal visit before 11 weeks

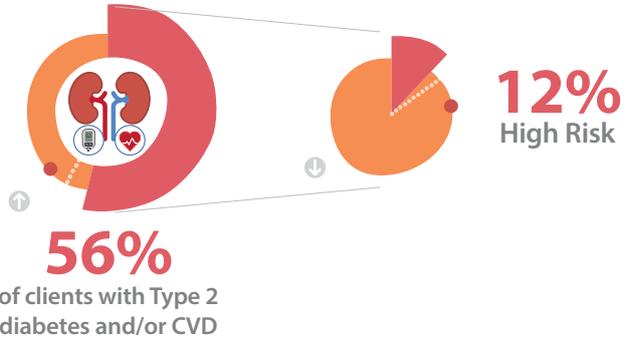


Smoking status of new mums

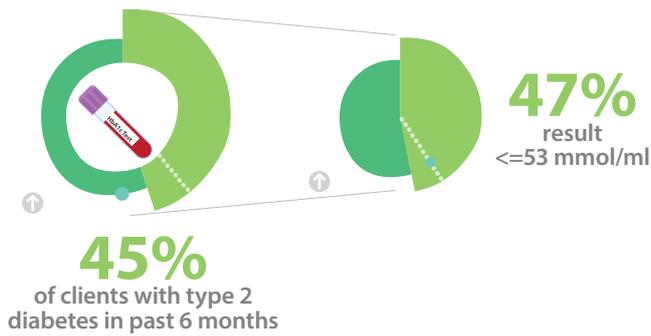


## Chronic Disease Management nKPIs

### Kidney function test



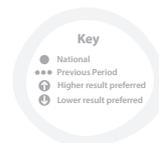
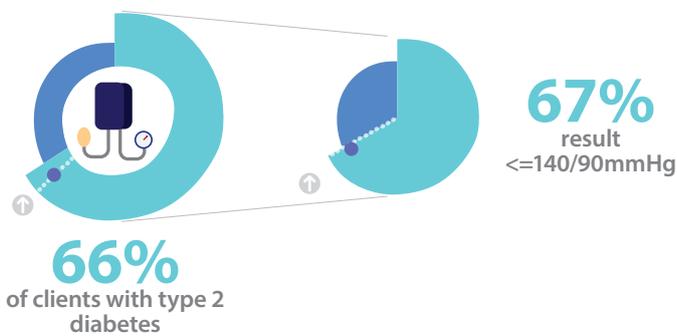
### Blood glucose test (HbA1c) recorded



### GP Management Plans



### Blood Pressure recorded



# Social and Emotional Wellbeing Program

## About the Program

The GWAHS Social and Emotional Wellbeing (SEWB) Team provides access to mental health, medical and drug and alcohol services for clients within a culturally appropriate setting.

## Outcomes of the Program

The program has successfully supported via a care coordinated client centered model, a large cohort of clients with a range of mental health and /or drug and alcohol use disorders. The team works in a coordinated flexible way with the GWAHS clinical medical team as well as a range of visiting allied health and Psychiatric services. The team provides access to funding for specialist, allied health, and medical aids services via the Western Sydney ITC Program.

## SEWB Staff

### SEWB Link Workers

The SEWB Link Workers, 1 male and 1 female staff have a case load of 20-30 clients from the Penrith and Mt Druitt LGAs. The clients all have complex mental health and alcohol and other drug disorders. The Link Workers also provide support to the clinical team of GPs and visiting Psychiatric professionals. These workers also now are employed as Trusted Indigenous Facilitators to provide support to our aged care clients in accessing My Aged Care as well as supporting the Elders Health and Wellbeing Hub and the Aged Care Service Unit.

### SEWB Link Worker (Male)

The SEWB Male Link Worker works with male Aboriginal clients with a range of complex mental health issues. The role involves supporting clients to the clinic for anti-psychotic medications (20-30 clients) and follow up support for clients to external specialist and allied health appointments.

### Female Family Health Wellbeing Violence Worker

The FFHWW provides support to clients at the clinic who have suffered family violence/trauma, her role is to support them to access medical and mental health support at Mt Druitt. The role is flexible and provides support to all areas of the SEWB and clinical team.

The program has recently recruited a Psychologist and a Mental Health Registered Nurse they will commence working with the team from September 2023.

The team has developed the following support programs for the community:

- Monthly Men's Group
- Monthly Women's Group
- Monthly SEWB Men's Golf Day in collaboration with Western Sydney Integrated Team Care Program
- Organised an Elders/Women's, Men's, and Youth Camp at Camp Yarramundi.

The SEWB team continues to provide support to our visiting Psychiatrists from Flourish Australia, Dr Ang, and, Nepean Blue Mountains PHN, Dr Singh.

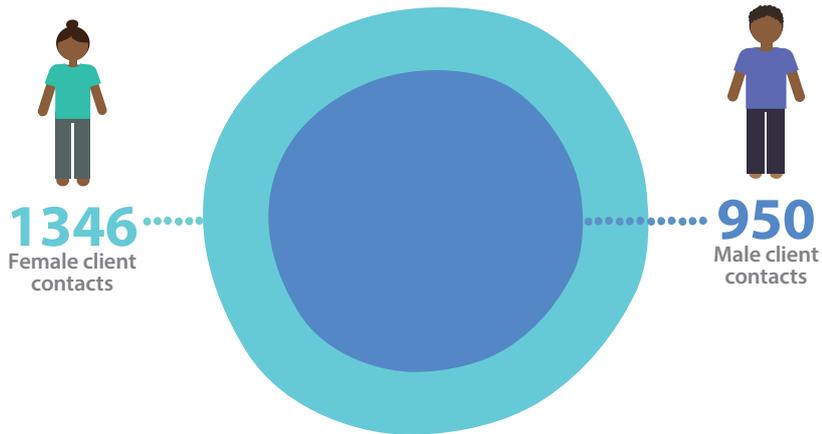
Total client contacts for the SEWB team from 1 July 2022-30 June 2023 were; 1346 female, 950 male.

Both the Elder's Support Program (ESP) and SEWB teams have provided support in organising the following community events for GWAHS:

- Family Fun Day at Mt Druitt Pool – 12 January 2023
- Aboriginal Elders Olympics at Port Stephens – 2nd-5th May 2023
- Penrith Clinic Open Day
- Mt Druitt Clinic Open Day.
- Tackling Indigenous Smoking Community Event – 31 May 2023
- Walkabout Talkabout Events- 13/14 July 2023



**Client contacts**



**Integrated Team Care, referrals and services**





# Elders Support Program

## About The Program

The Elders Support Program in April 2022 was contracted by the Institute Of Urban Indigenous Health with the goal to build the capacity of Indigenous Aboriginal Community Controlled Organisations to become approved flexible aged care service providers and to deliver aged care services, in Western Sydney (both Nepean and Western Sydney Aged Care Planning Regions). This Aged Care Capacity Building Project when fully operational will operate from the GWAHS three sites at Mt Druitt, Penrith and Katoomba.

## Outcomes

To support Elders from the Greater Western Aboriginal Health Service to remain healthy, independent, and connected to culture and community.

To offer Elders with services that provide: health, wellbeing and fitness opportunities supporting their independence; creative and fun experiences; and opportunities to remain integrated and connected to their community and culture.

## Impact

The Aged Care Capacity Building Project commenced with providing services to Elders from the Mt Druitt Clinic in September 2022.

From January 2023 the ESP team has been based at Kimberwalli Centre, Whalan where they are in the process of developing an Elders Health and Wellbeing Hub. The Elders Health and Wellbeing Hub will provide access to allied health, GP appointments, with support from our onsite Registered Nurse and Aboriginal Health Practitioner. We are very grateful for the support we have received from the Kimberwalli staff for supporting us to establish our programs at their site. We will have a clinic and a consult room as well as an Elders meeting area at our Kimberwalli site.

The program has funding for 3 trusted Indigenous Facilitators who work with Elders to support them into the aged care system. At this stage they are being trained as part of their roles. As well, the team is finalising an application to become an Aged Care Approved Provider of community aged care programs.

The Elders Support Program staff will be commencing accredited community aged care training in September 2023. The team also organised an aged care careers day at Kimberwalli in February 2023 from this we were able to recruit our three support workers.

The Elders Support Program, Aged Care Service Unit provide the direct care support to our Elders. The team consists of Team leader (Registered Nurse), and 3 Elders Support Workers. Currently there are over 100 clients on the program. From May to June 2023 there were 937 hours of service provided to Elders as part of the program. Services include transport, individual and group social support activities, health education events, health and wellbeing support and domestic assistance. And as a component of our individual social support we are providing an in home exercise program for our Elders.

The team under the guidance of the Senior Aboriginal Health Worker work closely with the Western Sydney Integrated Team Care Program. The program has provided a range referrals and services to our clients (see page 73).

Group Social Activities provided by the ESP:

- In collaboration, with the Baabayn Elders and the George Institute provide a weekly Elders Exercise/Falls Prevention research program at Kimberwalli.
- Weekly Art Classes in collaboration with the Museum of Contemporary Art, and Jamie Eastwood and Tarni Eastwood, at Kimberwalli.
- Regular Bingo for Elders at various locations.
- Elders Camp was held in July at Yarramundi and this proved very successful.
- Supported a group of 20 Elders to attend The Elders Olympics at Port Macquarie in May.





# Australian Nurse-Family Partnership Program

## Blacktown

### About the Program

The Australian Nurse-Family Partnership Program (ANFPP) is an intensive, voluntary home visiting program. The WACHS Blacktown ANFPP site provides services to the Blacktown Local Government Area, Penrith, and Nepean areas.

To be eligible for ANFPP, potential clients must meet the 4 eligibility criteria below:

1. Pregnant Aboriginal and/or Torres Strait Islander woman or Having an Aboriginal and/or Torres Strait Islander baby.
2. Less than 26 weeks Pregnant
3. First time mother or first opportunity to parent
4. Living within the Blacktown or Nepean Local Government Area

Once a client has consented to join the program, each client is allocated a Home Visiting Team (HVT) made up of an Aboriginal Family Partnership Worker (AFPW) and a Nurse Home Visitor (NHV) who is either a Registered Nurse and/or Registered Midwife, who work with the client until their child's second birthday. The HVT provide support and education about healthy lifestyles, parenting, and goal setting. For each client the HVT aims throughout the program, for 64 home visits; 14 home visits during pregnancy; 28 home visits during infancy; and 22 home visits during toddlerhood.

### Goal and Aim of ANFPP

The main goals/aims of the ANFPP are as follows:

- To improve pregnancy outcomes
- To improve child health and development
- To improve parental life course

ANFPP Blacktown currently has 59 clients, 22 in Pregnancy, 19 in Infancy and 18 in Toddlerhood. ANFPP staff strive to engage with community and services and

have received and accepted 75 referrals July 2022-june 2023. This illustrates the need within the community for our service as well as the health of the referral pathways with our stakeholders.

The ANFPP's value was recently reiterated in the Prime Minister Albanese's "Closing the Gap Implementation Plan 2023", with a portion of the \$45 Million the Commonwealth Government has committed, going to expand the ANFPP sites from 13 to 15.

ANFPP Blacktown is currently the only home visiting program visiting incarcerated mums to provide education and support for their pregnancy within the Justice Health system.

At our most recent annual ANFPP conference, ANFPP Blacktown was asked to present to the forum on this topic. This presentation was authored and delivered by Rachel Whiting, a proud Barkindji woman, Registered Midwife and Nurse Home Visitor.

ANFPP Blacktown aims to remain leaders in this area and have offered support to other sites seeking to support mums in the justice system at their sites.

### Outcomes of the Program

The ANFPP works towards three outcomes for our Mums:

- improving the health and wellbeing of families
- supporting Mums to be the best Mum they can be
- to support their child to grow and develop to meet their potential
- to identify a vision for the future, aiming for positive outcomes for the family unit.

With a strong evidence base, the ANFPP is an adaptation of the Nurse-Family Partnership which was implemented in the United States in the 1970's.

In Australia, the ANFPP is funded by the Federal Government to assist in closing the gap in disparity between Indigenous and non-Indigenous families through early intervention.



The ANFPP is based around five client centred principles to ensure our clients gain enhanced self-efficacy and empowerment through their time on the program.



Now operating nationally in 14 sites, the Blacktown ANFPP was included in the expansion in 2017. Blacktown ANFPP services an area with the highest Aboriginal population in Australia and is unique in that the teamwork with a number of women who are incarcerated and determined to make changes.

In a short period, the Blacktown ANFPP have witnessed significant improvements in the lives of our Mums, with a many staff celebrating the stories of their new clients, clients who have birthed and clients who have graduated this year (2022-2023).

One of our greatest outcomes was the restoration of a baby to his mother following removal at the hospital by child protection. The mother's home visiting team had written extensive notes on the mother's strengths and their observations, which were subpoenaed. These, along

with affidavit submitted by the nurse home visitor, largely assisted with restoration of bubs 8 months later. ANFPP is still supporting this mum and her baby.

### Home Visiting Team

The home visiting team provides strategies and support including, but not limited to, dyadic observations, Circle of Security interventions, monthly check ins to celebrate the achievements and milestones of themselves and their child, and Ages and Stages questionnaires to help mums track their child's development. The aims of these interventions are to promote positive, reflective parenting practices, breaking cycles of intergenerational trauma and laying the foundation for secure relationships and intergenerational healing.

### ANFPP Staff

#### Team Leader Nurse Supervisor

The Nurse Supervisor is responsible for operational management and implementation of the ANFP Program, to ensure that the ANFP Program is implemented in accordance with established guidelines across Blacktown and Nepean LGA's. The Nurse Supervisor has completed Reflective Supervision training and will provide the team with reflective practice and formal supervision and ensure the fidelity of practice in accordance with the funding Agreement. The position reports directly to the Programs Manager.

#### Senior Aboriginal Family Partnership Worker

This is a new position generated in 2023 with the support of WACHS/GWAHS. The Senior AFPW is responsible for cultural support and guidance for the team and the Nurse Supervisor as well as community engagement



and ensuring safe cultural practice within the program. The position reports directly to the Team Leader Nurse Supervisor.

Key responsibilities of the Senior AFPW role:

- Creating a strong collaborative and culturally safe team vision for the program and its priority groups to achieve health outcomes
- Community awareness, support and referrals, and referral systems
- ANFP Program Infrastructure & Fidelity
- Quality Improvement and Evaluation

### **Nurse Home visitor**

The Nurse Home Visitor is a highly trained Registered Nurse and/or Midwife, who develops therapeutic relationships to walk alongside families throughout their time in the Program.

The Blacktown ANFPP are proud to have a number of Nurse Home Visitors who identify as Aboriginal. The Nurse Home Visitor provides families with strategies to improve health and wellbeing, to give Aboriginal and Torres Strait Islander bubba's a healthy start to life.

The Nurse Home Visitor works with the Mum to identify and develop positive parenting practices to bring out the best in her child. When concerns arise regarding the health, development, and wellbeing of the mum and her

child, the Nurse Home Visitor is well placed to discuss and provide early intervention strategies to support the family in identifying what is required to meet their needs.

### **Aboriginal Family Partnership Worker**

The Aboriginal Family Partnership Worker is the first point of contact for the referred mum-to-be, and will invite them for a consent visit to explain the program, its' structure and expectations of client and home visiting team.

The Aboriginal Family Partnership Worker walks alongside families to identify positive supports and healthy relationships, providing a safe home for her child. Mums work with their Aboriginal Family Partnership Worker to identify their hopes and dreams for the future, empowering them to take steps to make these a reality.

The Aboriginal Family Partnership Workers review and adapt Yarning Tools and materials used in the delivery of the Program to ensure they are appropriate to the clients in our area.

The Aboriginal Family Partnership Worker receives the same ANFPP training as the Nurse Home Visitor, to ensure both members of the team are able to apply a cultural lens to the work they do with families and strengthen therapeutic relationships.

# Achievements

## ANFPP Milestones

The team have provided 391 home visits this year, and we have had 25 babies born on the program in 2023. We have advocated for our clients and had small successes and great successes.

Having completed training, team members proficient in DANCE, Unit 3, Circle of Security and GEM were able to commence implementation with families, with a focus on positive interactions between our Mums and their Bubs.

Both NHV's and AFPW's completed these trainings online and off site, to ensure staff are able to support each other by understanding the underlying principles and how to adapt them to each client. Staff have also participated in Mental Health First Aid and various in services to further their skills and knowledge.

The team continue to work with a number of Government and non-government organisations to ensure the needs of our families are met. ANFPP have held group days over the 12 months with mums, bubs and sometimes dads and nans joining in!

ANFPP helped lead the charge in putting together our Walkabout Talkabout day which saw over 150 community members get a haircut or beauty treatment from the Walkabout Barber, Brian Dowd and his team! ANFPP team also participated in seven different NAIDOC events this year, promoting the benefits of our program in community.

We have maintained relationships with stakeholders, increasing our referral base and becoming well known and respected for the work we do and the benefits of the program.

This year we have introduced cultural photo shoots for mums, dads and bubs. We offer the photo shoots through the three phases of the program ; pregnancy, infancy & toddlerhood. The photo shoots usually take place outdoors in a suitable location, and allow families to connect with culture in all three phases. This has been a big hit with clients!

## Challenges

Staff retention and staff turnover remains a challenge however the team have been supporting new staff members as they commence their GWAHS and ANFPP journey. Also change in management, organisational changes and team dynamics also pose challenges. Clients and staff having to adapt to staff leaving, meaning staff taking on larger caseloads until recruitment occurs and clients dealing with changes in home visiting teams.

Client retention is an ongoing challenge with clients moving away, being uncontactable or only making

contact when they need assistance makes it difficult for home visiting teams to guide clients to the programs full potential and benefit.

## New Ways of Working

The ANFPP team have continued to adapt to the changing conditions within the workplace including, staff and organizational. The teams skills have also grown to include things such as event/project management and public speaking.

The pandemic brought the "future" of work forward to "today", meaning learning and adapting to work from home while remaining engaged with each other and our clients. This was a steep learning curve for some staff regarding technology and remote productivity.

This period tested the teams' abilities to be innovative and insightful and these are skills that have carried with the team following return to "normal" working. The ANFPP team look forward to another year of embracing change, team building, and positive client outcomes.





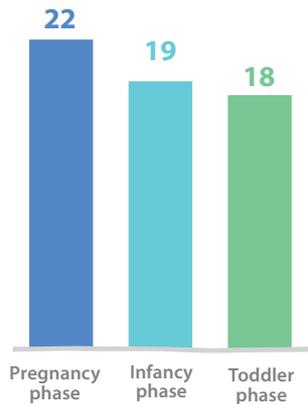
We welcomed  
**25 babies**



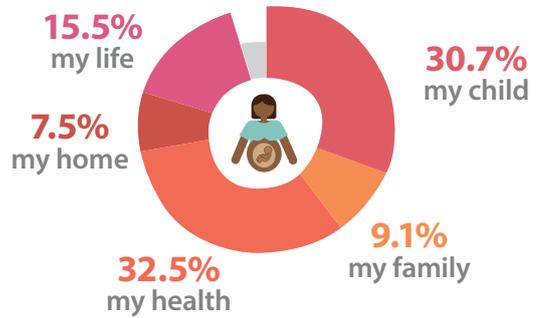
**391 home visits**

proportion of completed visits

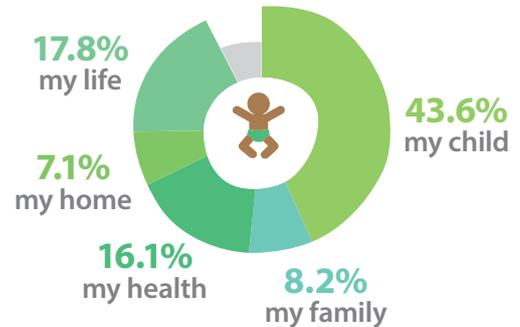
We had  
**59 active Mums**



**95.3%**  
Pregnancy phase

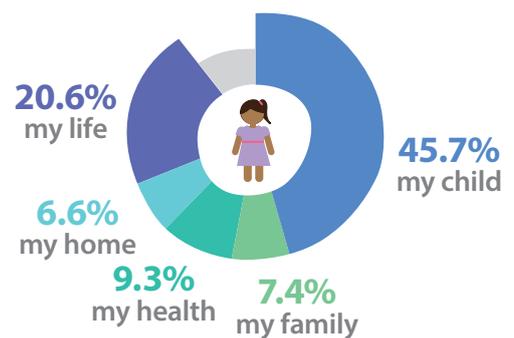


**92.7%**  
Infancy phase



**100%**  
referrals accepted

**89.6%**  
Toddlerhood phase



# Connected Beginnings

## Program overview

The Greater Western Aboriginal Health Service's (GWAHS) Connected Beginnings program is designed to provide comprehensive and culturally appropriate support for the health and development of Aboriginal children aged birth to 5 years. The program aims to integrate early childhood with the necessary support services to ensure that each child's health and education needs are met holistically.

Key features of the Connected Beginnings program include the following.

### **Culturally Appropriate Care**

The program recognizes the importance of cultural sensitivity and respect in providing healthcare services to Aboriginal children and their families. Cultural competency is integrated into the care provided, ensuring that cultural values, traditions, and practices are respected and considered in all aspects of the program.

### **Primary Health Care Goals**

The program works closely with clinic teams to address primary health care goals, including ensuring that children are up to date with their immunizations and receive annual health checks. These measures are crucial for early detection and prevention of health issues.

### **Age-Appropriate Screening**

The program conducts age-appropriate screenings for each child to identify any developmental or health concerns. This allows for early intervention and referral to appropriate specialists, such as speech pathologists, audiologists, occupational therapists, psychologists, ENT specialists, or paediatricians.

### **Collaborative Multidisciplinary Care**

The program emphasizes a team-based approach to care. Various healthcare professionals collaborate to provide a comprehensive and integrated service for children. This multidisciplinary approach ensures that children receive

well-rounded support for their physical, developmental, and emotional well-being.

### **Education Partnerships**

The program collaborates closely with local education leaders, preschools, and early childcare settings to ensure that children are prepared for school. This partnership focuses on enhancing school readiness through quality education and developmental support.

By addressing health and education needs in a holistic manner and in alignment with cultural values, the Connected Beginnings program aims to lay a strong foundation for the overall well-being and success of Aboriginal children. It recognizes the significance of early childhood development in shaping a child's future and seeks to provide the necessary support for a positive and healthy start in life.

## Outcomes of the Program

The outcomes of the Greater Western Aboriginal Health Service's (GWAHS) Connected Beginnings Program are commendable and reflect its dedication to the holistic wellbeing and development of Aboriginal children. Some of the notable outcomes include:

### **Individualized Care and Relationships**

By building clinical and cultural relationships with each child and their family, the program creates a personalized approach to care. This fosters trust, open communication, and a deeper understanding of the child's needs and family dynamics.

### **Developmental Milestones**

The program's emphasis on screening across developmental milestones ensures that potential developmental delays or concerns are identified early. Early intervention is crucial for addressing these concerns promptly and effectively, promoting healthy development.



### **Family-Centred Care**

By identifying family goals and involving families in the development of care plans, the program recognizes the importance of family support in a child's development. This approach empowers families to actively participate in their child's health and education journey.

### **Referrals and Follow-Ups**

The program's commitment to making necessary referrals to health or medical professionals underscores its dedication to comprehensive care. Following up on referrals ensures that children receive the specialized support they need.

### **Education Linkages**

Connecting each child with an education facility sets the foundation for a positive attitude toward learning and effective school readiness. This prepares children for a successful transition to kindergarten and sets them on a path to academic success.

### **Early Love of Learning**

By focusing on school readiness and instilling a love of learning at an early age, the program contributes to children's long-term educational success. A positive early educational experience can lead to improved academic outcomes in the future.

### **Community Impact**

With over 120 children and families served, the program has a significant impact on the local community. By addressing health and education needs in a culturally appropriate manner, the program contributes to the overall wellbeing and future prospects of Aboriginal children.

### **Health and Well-being**

Through its holistic approach, the program aims to improve the overall health and wellbeing of Aboriginal children. By addressing both physical and developmental aspects, it lays the groundwork for a healthier and more fulfilling life.

### **Cultural Sensitivity**

The program's focus on building cultural relationships and providing culturally appropriate care not only respects the traditions and values of the community but also helps create an environment where families feel comfortable seeking healthcare and education support.

In summary, the outcomes of the GWAHS Connected Beginnings Program highlight its success in providing comprehensive, culturally sensitive, and family-centred care for Aboriginal children. By addressing developmental milestones, promoting education readiness, and fostering positive relationships, the program contributes to the overall growth and success of these children and their families.



### Speech Pathology

The partnership between the GWAHS Connected Beginnings Team and "Care2 Communicate" showcases a collaborative and innovative approach to addressing speech and language development needs among Aboriginal children. Over the year, 66 kids were referred to the speech therapist and a total of 274 therapy sessions were completed by a qualified professional at GWAHS. 8 kids were discharged based on their transition to external speech therapist because of "Early Childhood Early Intervention" (ECEI) approval. The speech pathologist and the students work closely with each other to maximise the outcome in Western Sydney region.

This partnership has yielded several positive outcomes:

- **Access to Qualified Professionals:** By collaborating with a qualified speech pathologist, the Connected Beginnings Team ensures that children with speech or language development gaps receive specialized support. This access to professional expertise helps address communication challenges early, promoting better overall development.
- **University Collaboration:** Partnering with final year speech pathology students and their clinical supervisors from The University of Sydney offers a unique opportunity for both students and children. Students gain practical experience by conducting initial assessments and group therapy sessions, while children benefit from individualized care and attention.
- **Timely Services:** The partnership with speech pathology students and professionals offers a faster alternative to traditional waiting list times for

accessing speech therapy services. This ensures that children receive timely intervention, which is crucial for addressing speech and language issues effectively.

- **Thorough Assessments:** The assessment process carried out by the final year Speech Students is comprehensive and thorough. By cross-checking assessment reports with University Speech Facilitators and GWAHS Speech Pathologists, the accuracy and quality of assessments are maintained.
- **Community Outreach:** The outreach program to local preschools demonstrates a commitment to reaching children where they are. By offering therapy within the preschool setting, the program promotes convenience and accessibility for families.
- **Positive Impact:** The innovative and individualized therapy provided through this partnership yields significant benefits for children, families, and students involved. Children experience improved speech and language skills, families receive support, and students gain valuable practical experience in their field.
- **Effective Transition:** Children who transition to external speech therapists due to "Early Childhood Early Intervention" (ECEI) approval are seamlessly transferred. This continuity of care ensures that children continue to receive the support they need even after their time with the program.
- **Regional Collaboration:** The collaboration between the speech pathologist, students, and the Connected Beginnings Team maximizes outcomes in the Western Sydney region. This teamwork contributes to the overall success of the program in addressing speech and language development needs.

In summary, the partnership between GWAHS Connected Beginnings Team and "Care2 Communicate" demonstrates a successful model of collaboration in providing speech pathology services to Aboriginal children. By offering timely, thorough, and individualized support, the program contributes to the wellbeing and development of these children, ensuring they have the tools they need for effective communication and successful future outcomes.

### ENT & Audiology

The integration of the Follow-up Ear and Hearing Health Services (FEHHS) program, along with partnerships with Hearing Australia and ENT specialists, into the Greater Western Aboriginal Health Service's (GWAHS) Connected Beginnings Team highlights a comprehensive and impactful approach to addressing hearing health issues in Aboriginal children. Over the year, 282 kids were referred for hearing assessments, 309 hearing assessments were performed by both the Audiologists. 53 kids were referred to ENT specialist and a total of 91 appointments been made with the ENT specialist at GWAHS. The program's achievements and outcomes are evident from the statistics and activities described:

- **Access to Specialized Services:** The FEHHS program, in collaboration with the Connected Beginnings Team, focuses on improving access to specialized hearing health services, including audiology and ear, nose, and throat (ENT) care. This targeted approach ensures that Aboriginal children with hearing concerns receive the appropriate care and management they need.

- **Partnerships with Hearing Australia:** Collaborating with Hearing Australia enhances the program's effectiveness in providing hearing assessments and care. Regular fortnightly audiology clinics contribute to early identification of hearing issues and timely interventions.
- **ENT Clinic:** The monthly ENT clinic, facilitated by a visiting ENT specialist, further enhances the program's capabilities by providing specialized care for more complex cases. This partnership ensures that children requiring more advanced interventions receive the necessary support.
- **Alignment with Connected Beginnings Objectives:** The alignment between the FEHHS program and the Connected Beginnings program's objectives creates a successful partnership. This partnership has resulted in a strong community uptake, demonstrating the community's recognition of the value and importance of these services.
- **Impressive Uptake:** The statistics reveal a substantial impact on the community. Referrals for hearing assessments, the number of assessments performed, and appointments with the ENT specialist all indicate a considerable demand for these services within the community.
- **Targeted Age Group:** Focusing on Aboriginal children aged 0-5 aligns with early childhood development priorities. Addressing hearing concerns at this crucial stage can prevent developmental delays and promote optimal learning and communication skills.



- **Timely Interventions:** By identifying and addressing hearing concerns early, the program contributes to minimizing potential long-term impacts on children's development. Timely interventions can significantly improve outcomes and quality of life.
- **Holistic Care:** The program's inclusion within the Connected Beginnings framework underscores its commitment to providing holistic care. Addressing hearing health as part of a broader health and education initiative recognizes the interconnectedness of various aspects of a child's development.

The collaboration between the FEHHS program, Hearing Australia, ENT specialists, and the Connected Beginnings Team reflects a successful model of comprehensive and community-oriented healthcare. By addressing hearing health needs in a timely and specialized manner, the program contributes to the overall well-being and future prospects of Aboriginal children, aligning with the goals of the Connected Beginnings program.

### Paediatrician

The efforts made by the Greater Western Aboriginal Health Service's (GWAHS) Connected Beginnings Team to streamline the paediatric referral pathway and facilitate easy access to paediatric care are noteworthy. A total of 178 children were referred to the GWAHS Paediatrician and a total of 191 appointments were completed and are ongoing. In addition, 52 patients were referred and seen by another Paediatrician from WSLHD. The collaboration

between GWAHS and the Western Sydney Local Health District (WSLHD) has resulted in significant positive outcomes:

- **Simplified Referral Process:** By simplifying the paediatric referral process, the Connected Beginnings Team ensures that Aboriginal children have efficient and prompt access to paediatric care. This step is crucial for addressing potential health concerns in a timely manner.
- **Monthly Paediatrician Clinic:** The partnership between WSLHD and GWAHS has enabled the establishment of a monthly Paediatrician clinic at GWAHS. This regular clinic provides a consistent opportunity for children to receive comprehensive assessments and follow-up care.
- **Paediatric Registrars:** The involvement of Paediatric registrars in the weekly clinic further enhances the availability of specialized care. These registrars conduct thorough assessments and follow-ups, contributing to the overall health and well-being of the children.
- **Coordinated Support:** The team's role in guiding children through the referral process, scheduling appointments, and arranging follow-ups demonstrates their dedication to ensuring that children receive the necessary care and support.
- **Quantifiable Impact:** The statistics provided showcase the tangible impact of the program. The



number of referrals, appointments, and ongoing care sessions highlights the demand for paediatric services within the community and the success of the initiative in meeting this demand.

- **Collaborative Approach:** The collaboration between GWAHS and WSLHD exemplifies the importance of partnerships in providing comprehensive healthcare. This collaborative effort leverages resources and expertise to benefit the community.
- **Referral to External Paediatrician:** The initiative's flexibility in referring patients to both GWAHS Paediatricians and external Paediatricians from WSLHD demonstrates a patient-centred approach. This ensures that children receive the most appropriate care based on their needs.

GWAHS Connected Beginnings Team's approach to simplifying the paediatric referral pathway and facilitating access to paediatric care is commendable. By working closely with healthcare providers, conducting thorough assessments, and supporting children through the care process, the program significantly contributes to the well-being and health of Aboriginal children. The program's collaboration and focus on holistic care are key factors in its success.

### Education

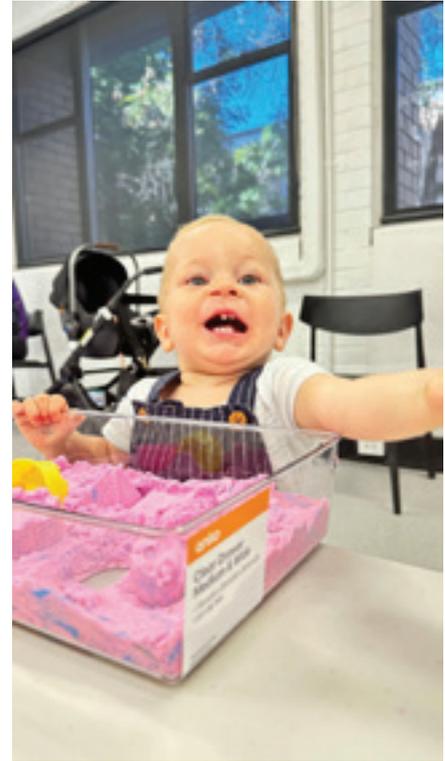
The collaboration between the Greater Western Aboriginal Health Service's (GWAHS) Connected Beginnings Team, education lead Ngroo, and various educational and childcare centres is a testament to the program's commitment to holistic child development. The outcomes of these partnerships are evident in the range of services and support provided:

- **Collaboration with Ngroo:** The partnership with Ngroo, an education lead, reflects a strong commitment to integrating health and education components for the benefit of children and families. This collaboration demonstrates a comprehensive approach to child wellbeing.
- **Participation in School Readiness:** The team's involvement in school readiness programs shows a proactive approach to preparing children for a successful transition to formal education. Addressing both health and education aspects ensures that children are well-equipped for the next stage of their development.
- **Aboriginal Child and Family Centres:** Partnering with Yenu Allowah Aboriginal Child and Family Centre and Yawarra Community and Child Care Centre underscores the program's focus on culturally appropriate care. These partnerships enable children to access screening, speech pathology, and

hearing services within a familiar and supportive environment.

- **Comprehensive Services:** The collaboration with various organizations, including GWAHS, Sydney University, and Care2 Communicate, highlights the multi-faceted support provided to children. The diverse range of services, from health assessments to speech pathology and hearing services, addresses different aspects of child development.
- **Community-Centric Approach:** By collaborating with Ngroo Incorporation Ltd., the program aligns its efforts with community needs and priorities. This approach enhances the relevance and effectiveness of the services offered.
- **Early Intervention:** The program's involvement in early childhood centres allows for early intervention and support. Identifying and addressing developmental and health needs during these formative years can have a significant positive impact on a child's long-term development.
- **Cultural Sensitivity:** The program's engagement with Aboriginal Child and Family Centres underscores its commitment to cultural sensitivity and competence. Providing services in culturally familiar settings can lead to greater engagement and better outcomes.
- **Strong Community Partnerships:** The continued strengthening of partnerships reflects the value that all parties see in these collaborations. A community-driven approach ensures that the program remains responsive to the unique needs of the community.

GWAHS Connected Beginnings Team's collaborations with education lead Ngroo and various educational and childcare centres exemplify a holistic approach to child development. By integrating health and education components, working with culturally appropriate organizations, and providing a range of services, the program contributes significantly to the well-being and preparedness of Aboriginal children for their future educational journeys.



## Achievements

- The Connected Beginnings Client journey has been revised and simplified.
- Partnerships with the stakeholders have been strengthened with ongoing communication strategies.
- Pediatric referral pathways have been revised and re-developed.
- An access to a community Pediatrician has been established.
- The team is committed to focus on person-centered approach, emphasizing on both the cultural and clinical components of care.
- The team has undertaken a number of quality improvement initiatives including how to increase annual health check rates and how to commence subsequent follow up appointments.
- The team is in the transition phase to establish Aboriginal maternal, child and Family Health Unit: A unique approach of child health care and family support services based on cultural knowledge and clinical expertise, to pregnant women, Aboriginal kids and families. It is imperative to emphasize the early few years in an aim to build the solid foundation for later life.

The proposed core activities of this unit strongly align with the organisational strategic guidelines – delivering culturally appropriate primary and preventative health care services, which is client centred to improve the targeted population health outcome and at the same

time, implementing high quality, evidence-based primary health care services and community programs, which is realistic, measurable and financially sustainable.

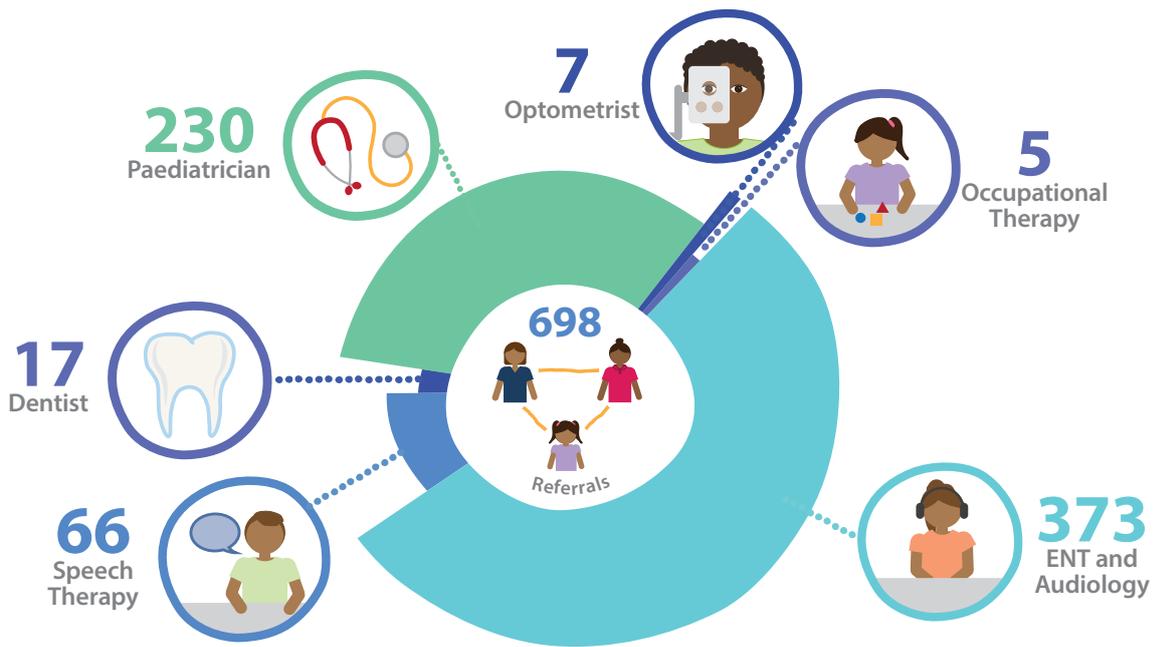
Furthermore, the team has supported to other crucial GWAHS programs such as Clontarf health assessments, community upskilling events- healthy lung promotion, smoking cessation, diabetes education, COVID-19 vaccine education and COVID-19 vaccination clinics.

### Challenges

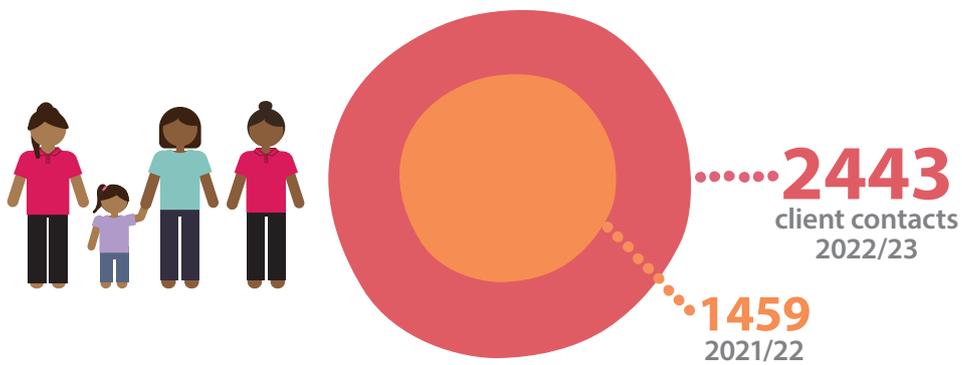
Challenges for the staff and program objectives include difficulty of community engagement in Doonside, the primary cause has been the unavailability of an functional education lead in that region.

The team has reviewed core activities and plan so that child and maternal nKPI's can be appropriately addressed by the CB team. The team would like to improve capacity and skill to assist with annual health checks, immunisation and other primary health care needs for our kids and families.

## Referrals to specialists



## Client contacts



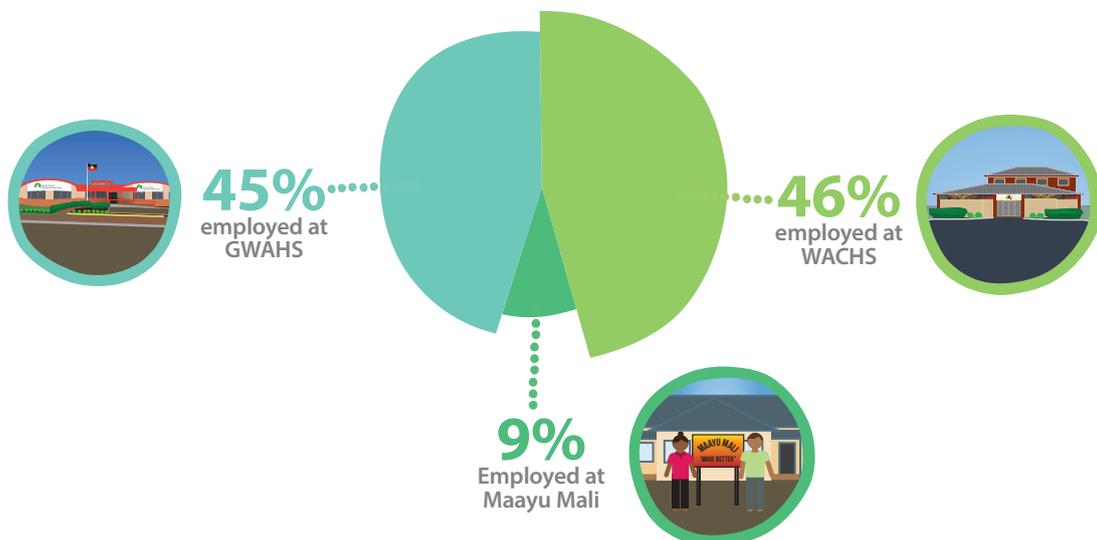
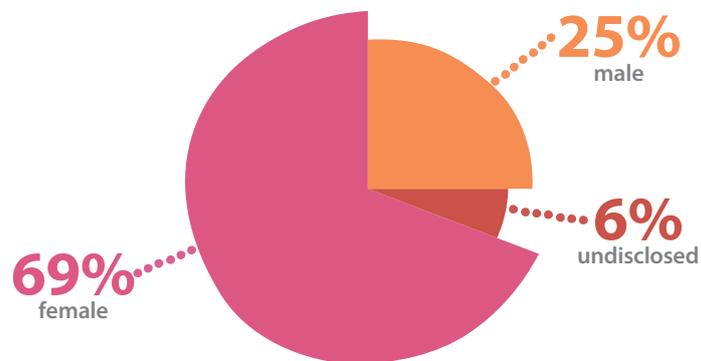
## Enrolments



# Human Resources

Human Resources have been working closely with Management to ensure all processes are up to date or amended to suit WACHS framework. With Human Resources being a relatively new department with WACHS it has become a great asset to have an internal HR Officer for advice with the support of an external HR.

**129 employees**



# Work Health and Safety

## Program Purpose

WHS is all about keeping our organisation up to date and compliant with any WHS legislation/regulations changes also including WACHS policies and procedures.

## Aim of Program

Coordinating ongoing mandatory training to all WACHS sites. This includes Fire training, First Aid and CPR, Work Health, and Safety Education days. All staff also complete Infection Control, Manual Handling and Risk Assessment modules on AMSED

### Risk Mitigation

The WACHS Work Health and Safety program is a part of the broader WACHS risk management plan. A key area of work for WHS is as part of the Board reporting, Clinical Governance Committee and Training and Development strategies.

### Training

WACHS WHS delivers a range of accredited training packages aligned to our strategic plan, risk management plan and mandatory accreditation processes.

These training packages include:

- First Aid – 3 yearly
- CPR – Annually
- Fire – annually
- AMSED online modules
- Aboriginal Mental Health First Aid.
- WHS Education workshops – Annually

These workshops consist of tasks such as:

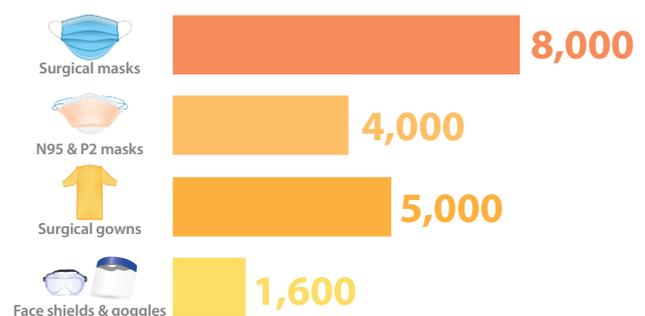
- Infection Control
- Manual handling
- Fire awareness quiz
- Risk management
- SafeWorks NSW

- Service NSW
- Emergency response & evacuation processes

### PPE

WACHS continue to wear masks each day, while GP's and clinical staff wear full PPE apparel when required.

- **Surgical masks** – 8000 – these are given to community members as well as being distributed to Moree, Warne Street and Dubbo ensuring staff, visitors & Patient/ Client protection from possible viruses.
- **N95 & P2 masks** – 4000 - Our doctor's wear these each day to provide themselves and patients from spreading possible viruses to each other during face-to-face consultations and close contact procedures.
- **Surgical Gowns** – 5000
- **Face Shield & Goggles** -1600 Worn for extra airborne virus protection







Annual Report

# Financial Statements

30th June 2023

ABN: 21 471 474 869

# Wellington Aboriginal Corporation Health Service

ABN 21 471 474 869

## Annual Report - 30 June 2023



## Wellington Aboriginal Corporation Health Service

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30 June 2023

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### General information

The financial report covers Wellington Aboriginal Corporation Health Service as an individual entity. Wellington Aboriginal Corporation Health Service is a not-for-profit Corporation, incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

The functional and presentation currency of Wellington Aboriginal Corporation Health Service is Australian dollars.

Wellington Aboriginal Corporation Health Service is incorporated and domiciled in Australia. Its registered office and principal place of business are:

#### Registered office

Wellington Aboriginal Corporation Health Service  
28 Maxwell Street  
Wellington NSW 2830

#### Principal place of business

Wellington Aboriginal Corporation Health Service  
28 Maxwell Street  
Wellington NSW 2830

A description of the nature of the Corporation's operations and its principal activities are included in the directors' report, which is not part of the financial statements.

The financial statements were authorised for issue, in accordance with a resolution of directors, on 26 September 2023. The directors have the power to amend and reissue the financial statements.

**Wellington Aboriginal Corporation Health Service  
Directors' report  
30 June 2023**

The directors present their report, together with the financial statements, on the Wellington Aboriginal Corporation Health Service (**the Corporation**) for the year ended 30 June 2023.

**Directors**

The following persons were directors of the Corporation during the financial year and up to the date of this report, unless otherwise stated:

<b>Names</b>	<b>Position</b>	<b>Appointed/Resigned</b>
Michael Peachey	Director	Appointed 27 May 2022
Kerryann Stanley	Director	Appointed 27 May 2022
Deanne Towney	Director	Appointed 27 May 2022
Terrienne Hughes	Director	Appointed 27 May 2022
Tony Hunter	Director	Appointed 27 May 2022
Lizzie May	Director	Appointed 27 May 2022
Glen Crump	Director	Appointed 27 May 2022
Judy Duncan	Director	Appointed 27 May 2022
Denise Webb	Director	Appointed 27 May 2022
Stephen Gal	Independent Director	Appointed 27 May 2022

**Meetings of directors**

During the financial year, attendance by each Director was as follows:

	Number of eligible to attend	Number attended
Michael Peachey (Chair)	4	3
Kerryann Stanley	4	4
Deanne Towney	4	4
Terrienne Hughes	4	3
Tony Hunter	4	4
Lizzie May (Vice Chair)	4	4
Glen Crump (Vice Chair)	4	3
Judy Duncan	4	3
Denise Webb	4	4
Stephen Gal	4	4

**Principal activities**

During the financial year the principal continuing activities of the Corporation consisted of:

- provide a culturally appropriate primary health care services for Aboriginal people;
- enhance the health status of the Aboriginal community;
- support and assist Aboriginal people to better utilise existing holistic health care services;
- involve Aboriginal people in the planning and provision of primary health care services;
- administer and operate an Aboriginal Medical Service within the legal framework, funding agreements and the capacity of the Corporation; and
- provide professional development for Aboriginal board and staff.

No significant changes in the nature of the Corporation's activity occurred during the financial year.

**Operating results**

The profit of the Corporation for the year amounted to \$1,436,764 (30 June 2022: \$1,863,268).

**Wellington Aboriginal Corporation Health Service**  
**Directors' report**  
**30 June 2023**

**Review of operations**

The Corporation's operations were undertaken in line with the principal activities.

The following governance and financial matters were implemented in the 2023 financial year:

- Board Sub-Committee meetings were implemented and regularly held for Audit and Risk, Information Technology, Team Leaders, Policy Review and Work Process Review committees;
- Monthly reporting to Executive and Team Leaders on actuals compared to budgets for all funding programs;
- Related Party Policy implemented for Directors, Executive team and suppliers

**Significant changes in state of affairs**

There have been no significant changes in the state of affairs of the Corporation during the year.

**Events after the reporting date**

No matter or circumstance has arisen since 30 June 2023 that has significantly affected, or may significantly affect the Corporation's operations, the results of those operations, or the Corporation's state of affairs in future financial years.

Darren Green resigned effective 7<sup>th</sup> July 2023 as CEO.

Cherie Bell, Deputy CEO is now Acting CEO effective as of 10<sup>th</sup> July 2023.

Anita Dwyer WACHS Executive Clinics is now Acting Deputy CEO effective as of 10<sup>th</sup> July 2023.

**Future developments and results**

The Directors are not aware of any likely developments that will materially affect the results of the Corporation's operations in future financial years.

**Environmental issues**

The Corporation's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory of Australia.

The Directors believe the Corporation has adequate systems in place for the management of its environmental requirements and are not aware of any breach of those environmental requirements as they apply to the Corporation.

**Indemnification and insurance of officers and auditors**

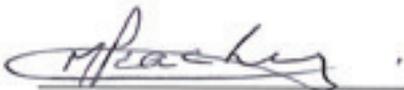
No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Corporation.

**Auditor's independence declaration**

A copy of the auditor's independence declaration as required under section 339-50 of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* is set out immediately after this directors' report.

This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the *Corporations Act 2001*.

On behalf of the directors



Director

27/9/ 2023

To the Board of Directors of Wellington Aboriginal Corporation Health Service,

**Auditor's Independence Declaration under section 339-50 of the  
*Corporations (Aboriginal and Torres Strait Island) Act 2006***

As lead audit partner for the audit of the financial statements of Wellington Aboriginal Corporation Health Service for the financial year ended 30 June 2023, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- (a) the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Island) Act 2006* in relation to the audit; and
- (b) any applicable code of professional conduct in relation to the audit.

Yours sincerely

**Nexia Sydney Audit Pty Ltd**



**Brett Hanger**

Director

Date: 26 September 2023

**Wellington Aboriginal Corporation Health Service**  
**Statement of profit or loss and other comprehensive income**  
**For the year ended 30 June 2023**

	Note	2023 \$	2022 \$
<b>Revenue</b>	3	20,204,781	18,668,554
Other income	4	783,931	411,403
<b>Expenses</b>			
Administration costs		(611,003)	(694,382)
Board expenses		(77,752)	(10,137)
Employee benefits expense	5	(12,273,410)	(11,124,501)
Computer support and software		(673,050)	(652,738)
Depreciation and amortisation expense	6	(1,245,525)	(1,116,036)
Consulting and professional fees		(233,866)	(305,562)
Contractors		(440,495)	(697,755)
GST adjustment		-	(2,727)
Medical supplies and resources		(121,007)	(161,546)
Other operating expenses		(1,796,253)	(923,281)
Program costs		(942,056)	(468,026)
Rent		(112,565)	(177,891)
Repairs and maintenance		(631,470)	(467,872)
Sponsorship		(9,045)	(181,045)
Travelling expenses		(384,451)	(233,190)
<b>Profit before income tax expense</b>		1,436,764	1,863,268
Income tax expense		-	-
<b>Profit after income tax expense for the year</b>		1,436,764	1,863,268
Other comprehensive income for the year, net of tax		-	-
<b>Total comprehensive income for the year</b>		<u>1,436,764</u>	<u>1,863,268</u>

*The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes*

Wellington Aboriginal Corporation Health Service  
Statement of financial position  
As at 30 June 2023

	Note	2023 \$	2022 \$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	7	13,254,041	10,970,681
Trade and other receivables	8	341,469	251,267
Investments	9	13,572	15,777
Other	11	265,339	136,449
<b>Total current assets</b>		<u>13,874,421</u>	<u>11,374,174</u>
<b>Non-current assets</b>			
Property, plant and equipment	12	10,827,191	11,255,409
Right-of-use assets	10	1,439,709	1,518,983
<b>Total non-current assets</b>		<u>12,266,900</u>	<u>12,774,392</u>
<b>Total assets</b>		<u>26,141,321</u>	<u>24,148,566</u>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	13	1,154,829	927,532
Contract liabilities	14	2,848,206	2,488,523
Lease liabilities	15	508,533	436,723
Employee benefits	16	1,051,272	904,928
Provisions	17	60,000	52,000
<b>Total current liabilities</b>		<u>5,622,840</u>	<u>4,809,706</u>
<b>Non-current liabilities</b>			
Lease liabilities	15	959,787	1,206,011
Employee benefits	16	172,242	183,161
<b>Total non-current liabilities</b>		<u>1,132,029</u>	<u>1,389,172</u>
<b>Total liabilities</b>		<u>6,754,869</u>	<u>6,198,878</u>
<b>Net assets</b>		<u>19,386,452</u>	<u>17,949,688</u>
<b>Equity</b>			
Retained earnings		<u>19,386,452</u>	<u>17,949,688</u>
<b>Total equity</b>		<u>19,386,452</u>	<u>17,949,688</u>

The above statement of financial position should be read in conjunction with the accompanying notes

**Wellington Aboriginal Corporation Health Service**  
**Statement of changes in equity**  
**For the year ended 30 June 2023**

	<b>Retained earnings \$</b>	<b>Total equity \$</b>
Balance at 1 July 2021	16,086,420	16,086,420
Profit after income tax expense for the year	1,863,268	1,863,268
Other comprehensive income for the year, net of tax	-	-
Total comprehensive income for the year	<u>1,863,268</u>	<u>1,863,268</u>
Balance at 30 June 2022	<u>17,949,688</u>	<u>17,949,688</u>
	<b>Retained profits \$</b>	<b>Total equity \$</b>
Balance at 1 July 2022	17,949,688	17,949,688
Profit after income tax expense for the year	1,436,764	1,436,764
Other comprehensive income for the year, net of tax	-	-
Total comprehensive income for the year	<u>1,436,764</u>	<u>1,436,764</u>
Balance at 30 June 2023	<u>19,386,452</u>	<u>19,386,452</u>

*The above statement of changes in equity should be read in conjunction with the accompanying notes*

Wellington Aboriginal Corporation Health Service  
Statement of cash flows  
For the year ended 30 June 2023

	Note	2023 \$	2022 \$
<b>Cash flows from operating activities</b>			
Receipts from customers (inclusive of GST)		21,364,278	20,908,112
Payments to suppliers (inclusive of GST)		<u>(18,442,419)</u>	<u>(16,667,259)</u>
		2,921,859	4,240,853
Interest received		164,976	1,350
Interest and other finance costs paid		<u>(48,052)</u>	<u>(48,575)</u>
Net cash from operating activities		<u>3,038,783</u>	<u>4,193,628</u>
<b>Cash flows from investing activities</b>			
Payments for property, plant and equipment	12	(317,146)	(881,613)
Proceeds from disposal of property, plant and equipment		<u>114,216</u>	<u>158,407</u>
Net cash used in investing activities		<u>(202,930)</u>	<u>(723,206)</u>
<b>Cash flows from financing activities</b>			
Repayment of lease liabilities		<u>(552,493)</u>	<u>(435,962)</u>
Net cash used in financing activities		<u>(552,493)</u>	<u>(435,962)</u>
Net increase in cash and cash equivalents		2,283,360	3,034,460
Cash and cash equivalents at the beginning of the financial year		<u>10,970,681</u>	<u>7,936,221</u>
Cash and cash equivalents at the end of the financial year	7	<u><u>13,254,041</u></u>	<u><u>10,970,681</u></u>

*The above statement of cash flows should be read in conjunction with the accompanying notes*

#### Note 1. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

##### **New or amended Accounting Standards and Interpretations adopted**

The Corporation has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

The following Accounting Standards and Interpretations are most relevant to the Corporation:

##### *Conceptual Framework for Financial Reporting (Conceptual Framework)*

The Corporation has adopted the revised Conceptual Framework from 1 July 2021. The Conceptual Framework contains new definition and recognition criteria as well as new guidance on measurement that affects several Accounting Standards, but it has not had a material impact on the company's financial statements.

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

The Corporation has adopted AASB 1060 from 1 July 2021. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based on the requirements of IFRS for SMEs. As a result, there is increased disclosure in these financial statements for key management personnel and related parties.

##### **Basis of preparation**

These general purpose financial statements have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'), the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and the Corporation's rules. The Corporation is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

##### *Historical cost convention*

The financial statements have been prepared under the historical cost convention.

##### *Critical accounting estimates*

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Corporation's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

##### **Revenue recognition**

The Corporation recognises revenue as follows:

##### *Revenue from contracts with customers*

Revenue is recognised at an amount that reflects the consideration to which the Corporation is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the Corporation: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are recognised as a refund liability.

##### *Rendering of services*

Revenue from a contract to provide services is recognised over time as the services are rendered based on either a fixed price or an hourly rate.

**Note 1. Significant accounting policies (continued)**

*Grant revenue*

Where grant income arises from an agreement which is enforceable and contains sufficiently specific performance obligations then the revenue is recognised when control of each performance obligations is satisfied.

The performance obligations are varied based on the agreement. Each performance obligation is considered to ensure that the revenue recognition reflects the transfer of control. Within grant agreements there may be some performance obligations where control transfers at a point in time and others which have continuous transfer of control over the life of the contract.

Where control is transferred over time, generally the input methods being either costs or time incurred are deemed to be the most appropriate methods to reflect the transfer of benefit.

Where contracts are either not enforceable or do not have sufficiently specific performance obligations the income is recorded in accordance with AASB 1058.

Amounts arising from the scope of AASB 1058 are recognised at the assets fair value when the asset is received. The Corporation considers whether there are any related liability or equity items associated with the asset which are recognised in accordance with the relevant accounting standard.

Once the assets and liabilities have been recognised then income is recognised for any remaining asset value at the time that the asset is received.

*Capital grants*

Capital grants received to enable the Corporation to acquire or construct an item of property, plant and equipment to identified specifications which will be under the Corporation's control and which is enforceable are recognised as revenue as and when the obligation to construct or purchase is completed.

For construction projects, this is generally as the construction progresses in accordance with costs incurred since this is deemed to be the most appropriate measure of the completeness of the construction project as there is no profit margin.

For acquisitions of assets, the revenue is recognised when the asset is acquired and controlled by the Corporation.

*Donations*

Donations collected, including cash and goods for resale, are recognised as revenue when the Corporation gains control of the asset.

*Interest revenue*

Interest revenue is recognised using the effective interest rate method.

*Other revenue*

Other revenue is recognised when it is received or when the right to receive payment is established.

**Income tax**

As the Corporation is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

**Current and non-current classification**

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the Corporation's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the Corporation's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

#### Note 1. Significant accounting policies (continued)

##### 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 changes in value.

##### Trade and other receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any allowance for expected credit losses. Trade receivables are generally due for settlement within 30 days.

The Corporation has applied the simplified approach to measuring expected credit losses, which uses a lifetime expected loss allowance. To measure the expected credit losses, trade receivables have been grouped based on days overdue.

##### Investments and other financial assets

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the Corporation has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

##### *Financial assets at amortised cost*

A financial asset is measured at amortised cost only if both of the following conditions are met: (i) it is held within a business model whose objective is to hold assets in order to collect contractual cash flows; and (ii) the contractual terms of the financial asset represent contractual cash flows that are solely payments of principal and interest.

##### *Investments*

Investments includes non-derivative financial assets with fixed or determinable payments and fixed maturities where the Corporation has the positive intention and ability to hold the financial asset to maturity. This category excludes financial assets that are held for an undefined period. Investments are carried at amortised cost using the effective interest rate method adjusted for any principal repayments. Gains and losses are recognised in profit or loss when the asset is derecognised or impaired.

##### *Impairment of financial assets*

The Corporation recognises a loss allowance for expected credit losses on financial assets which are either measured at amortised cost or fair value through other comprehensive income. The measurement of the loss allowance depends upon the Corporation's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain.

Where there has not been a significant increase in exposure to credit risk since initial recognition, a 12-month expected credit loss allowance is estimated. This represents a portion of the asset's lifetime expected credit losses that is attributable to a default event that is possible within the next 12 months. Where a financial asset has become credit impaired or where it is determined that credit risk has increased significantly, the loss allowance is based on the asset's lifetime expected credit losses. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument discounted at the original effective interest rate.

For financial assets mandatorily measured at fair value through other comprehensive income, the loss allowance is recognised in other comprehensive income with a corresponding expense through profit or loss. In all other cases, the loss allowance reduces the asset's carrying value with a corresponding expense through profit or loss.

##### Property, plant and equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

**Note 1. Significant accounting policies (continued)**

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives as follows:

Buildings	40 - 50 years
Leasehold improvements	5 - 20 years
Plant and equipment	4 - 10 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

Leasehold improvements are depreciated over the unexpired period of the lease or the estimated useful life of the assets, whichever is shorter.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Corporation. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

**Right-of-use assets**

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the Corporation expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of-use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

The Corporation has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

**Impairment of non-financial assets**

Non-financial assets are reviewed for impairment whenever events or 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.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

**Trade and other payables**

These amounts represent liabilities for goods and services provided to the Corporation prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

**Contract liabilities**

Contract liabilities represent the Corporation's obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the Corporation recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the Corporation has transferred the goods or services to the customer.

#### Note 1. Significant accounting policies (continued)

##### Lease liabilities

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the Corporation's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of-use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

##### Provisions

Provisions are recognised when the Corporation has a present (legal or constructive) obligation as a result of a past event, it is probable the Corporation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the reporting date, taking into account the risks and uncertainties surrounding the obligation. If the time value of money is material, provisions are discounted using a current pre-tax rate specific to the liability. The increase in the provision resulting from the passage of time is recognised as a finance cost.

##### Employee benefits

###### *Short-term employee benefits*

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

###### *Other long-term employee benefits*

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. 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 reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

##### Goods and Services Tax ('GST')

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

## Note 2. Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

### *Estimation of useful lives of assets*

The Corporation determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

### *Impairment of property, plant and equipment*

The Corporation assesses impairment of property, plant and equipment at each reporting date by evaluating conditions specific to the Corporation and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

### *Lease term*

The lease term is a significant component in the measurement of both the right-of-use asset and lease liability. Judgement is exercised in determining whether there is reasonable certainty that an option to extend the lease or purchase the underlying asset will be exercised, or an option to terminate the lease will not be exercised, when ascertaining the periods to be included in the lease term. In determining the lease term, all facts and circumstances that create an economical incentive to exercise an extension option, or not to exercise a termination option, are considered at the lease commencement date. Factors considered may include the importance of the asset to the Corporation's operations; comparison of terms and conditions to prevailing market rates; incurrence of significant penalties; existence of significant leasehold improvements; and the costs and disruption to replace the asset. The Corporation reassesses whether it is reasonably certain to exercise an extension option, or not exercise a termination option, if there is a significant event or significant change in circumstances.

### *Incremental borrowing rate*

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the lease commencement date. Such a rate is based on what the Corporation estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.

### *Employee benefits provision*

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

### *Lease make good provision*

A provision has been made for the present value of anticipated costs for future restoration of leased premises. The provision includes future cost estimates associated with closure of the premises. The calculation of this provision requires assumptions such as application of closure dates and cost estimates. The provision recognised for each site is periodically reviewed and updated based on the facts and circumstances available at the time. Changes to the estimated future costs for sites are recognised in the statement of financial position by adjusting the asset and the provision. Reductions in the provision that exceed the carrying amount of the asset will be recognised in profit or loss.

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**Note 3. Revenue**

	2023 \$	2022 \$
Grant income	17,509,294	15,970,897
Medicare fees	2,666,331	2,639,103
Motor vehicle contributions	29,156	58,554
Revenue	<u>20,204,781</u>	<u>18,668,554</u>

*Disaggregation of revenue*

The disaggregation of revenue from contracts with customers is as follows:

	2023 \$	2022 \$
Rendering of Services	2,666,331	2,639,103
Grant Revenue	17,509,294	15,970,897
Contributions	29,156	58,554
	<u>20,204,781</u>	<u>18,668,554</u>

*Timing of revenue recognition*

Goods transferred at a point in time	2,695,487	2,697,657
Services transferred over time	17,509,294	15,970,897
	<u>20,204,781</u>	<u>18,668,554</u>

**Note 4. Other income**

	2023 \$	2022 \$
Gain/(loss) on sale of non-current assets	(6,420)	26,139
Interest	164,976	1,350
Other	625,375	383,914
Other income	<u>783,931</u>	<u>411,403</u>

**Note 5. Employee benefits expense**

	2023 \$	2022 \$
Wages	10,309,657	10,029,290
Superannuation contributions	1,039,576	920,163
Annual leave provisions	(6,779)	(114,112)
Long service provisions	142,205	(107,810)
Recruitment costs	23,730	32,163
Staff training	257,580	47,950
Workers compensation	507,441	316,857
	<u>12,273,410</u>	<u>11,124,501</u>

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**Note 6. Expenses**

	2023 \$	2022 \$
Profit before income tax includes the following specific expenses:		
<i>Depreciation and amortisation Expenses</i>		
Depreciation	631,148	631,498
Amortisation	614,377	484,538
	<u>1,245,525</u>	<u>1,116,036</u>
<i>Finance Costs</i>		
Interest and finance charges paid/payable on lease liabilities	47,743	48,575

**Note 7. Cash and cash equivalents**

	2023 \$	2022 \$
<i>Current assets</i>		
Cash at bank	13,203,582	10,920,386
Short-term deposits	50,459	49,816
Travel money cards	-	479
	<u>13,254,041</u>	<u>10,970,681</u>

**Note 8. Trade and other receivables**

	2023 \$	2022 \$
<i>Current assets</i>		
Trade receivables	21,240	196,176
Less: Allowance for expected credit losses	-	(5,655)
Accrued revenue	320,229	60,746
	<u>341,469</u>	<u>251,267</u>

A receivable represents the Corporation's right to an amount of consideration that is unconditional (i.e., only the passage of time is required before payment of the consideration is due). They are generally due for settlement within 30 days and therefore are all classified as current.

**Note 9. Investments**

	2023 \$	2022 \$
<i>Current assets</i>		
Listed shares	13,572	15,777

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**Note 10. Right-of-use assets**

	2023 \$	2022 \$
<i>Non-current assets</i>		
Buildings - right-of-use	2,293,066	1,973,190
Less: Accumulated amortisation	<u>(853,357)</u>	<u>(454,207)</u>
	<u>1,439,709</u>	<u>1,518,983</u>

There was a new lease agreement with the premises in Moree during this financial year.

The Corporation leases land and buildings for its offices, warehouses and retail outlets under agreements of between 3 to 10 years with, in some cases, options to extend. The leases have various escalation clauses. On renewal, the terms of the leases are renegotiated.

**Note 11. Other**

	2023 \$	2022 \$
<i>Current assets</i>		
Prepayments	158,779	49,224
Rental bonds	<u>106,560</u>	<u>87,225</u>
	<u>265,339</u>	<u>136,449</u>

**Note 12. Property, plant and equipment**

	2023 \$	2022 \$
<i>Non-current assets</i>		
Land - at cost	<u>814,959</u>	<u>785,000</u>
Buildings - at cost	10,329,803	6,276,023
Less: Accumulated depreciation	<u>(1,723,884)</u>	<u>(1,454,436)</u>
	<u>8,605,919</u>	<u>4,821,587</u>
Plant and equipment - at cost	1,452,994	1,958,207
Less: Accumulated depreciation	<u>(801,639)</u>	<u>(1,348,513)</u>
	<u>651,355</u>	<u>609,694</u>
Motor vehicles - at cost	1,926,541	1,946,952
Less: Accumulated depreciation	<u>(1,171,583)</u>	<u>(1,025,339)</u>
	<u>754,958</u>	<u>921,613</u>
Capital works-in-progress - at cost	<u>-</u>	<u>4,117,515</u>
	<u>10,827,191</u>	<u>11,255,409</u>

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**Note 12. Property, plant and equipment (continued)**

*Reconciliations*

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	Freehold Land \$	Buildings \$	Plant and Equipment \$	Motor Vehicles \$	Capital Works in Progress \$	Total \$
Balance at 1 July 2022	785,000	4,821,587	609,694	921,613	4,117,515	11,255,409
Additions	-	16,681	233,632	66,833	-	317,146
Disposals	-	(50,458)	(738,845)	(87,243)	-	(876,546)
Write back of depreciation on disposal	-	3,511	737,423	21,396	-	762,330
Transfers in/(out)	29,959	4,087,556	-	-	(4,117,515)	-
Depreciation expense	-	(272,958)	(190,549)	(167,641)	-	(631,148)
Balance at 30 June 2023	<u>814,959</u>	<u>8,605,919</u>	<u>651,355</u>	<u>754,958</u>	<u>-</u>	<u>10,827,191</u>

*Valuations of land and buildings*

Land and buildings are measured at cost.

**Note 13. Trade and other payables**

	2023 \$	2022 \$
<i>Current liabilities</i>		
Trade payables	562,513	395,049
GST payable	178,122	368,783
Accrued expenses and other payables	414,194	163,700
	<u>1,154,829</u>	<u>927,532</u>

**Note 14. Contract liabilities**

	2023 \$	2022 \$
<i>Current liabilities</i>		
Unexpended government grants	<u>2,848,206</u>	<u>2,488,523</u>

**Note 15. Lease liabilities**

	2023 \$	2022 \$
<i>Current liabilities</i>		
Lease liability	<u>508,533</u>	<u>436,723</u>
<i>Non-current liabilities</i>		
Lease liability	<u>959,787</u>	<u>1,206,011</u>

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**Note 16. Employee benefits**

	2023 \$	2022 \$
<i>Current liabilities</i>		
Annual leave	703,795	710,574
Long service leave	347,477	194,354
	<u>1,051,272</u>	<u>904,928</u>
<i>Non-current liabilities</i>		
Long service leave	<u>172,242</u>	<u>183,161</u>

**Note 17. Provisions**

	2023 \$	2022 \$
<i>Current liabilities</i>		
Lease make good	<u>60,000</u>	<u>52,000</u>

The lease make good provision represents the present value of the estimated costs to make good the premises leased by the Corporation at the end of the respective lease terms.

**Note 18. Key management personnel disclosures**

*Compensation*

The aggregate compensation made to directors and other members of key management personnel of the Corporation is set out below:

	2023 \$	2022 \$
Aggregate compensation	<u>563,110</u>	<u>389,633</u>

**Note 19. Remuneration of auditors**

During the financial year the following fees were paid or payable for services provided by the auditor of the Corporation:

	2023 \$	2022 \$
<i>Audit services - Nexia Sydney Audit Pty Ltd</i>		
Audit of the financial report for the financial year	65,000	65,000
Review of special purpose financial statements and assistance with preparation of accounts for the 6 months ended 31 December 2022	25,000	-
Audit of grants acquittals	5,000	5,000
Assistance with preparation of financial reports for the financial year	3,500	3,500
	<u>98,500</u>	<u>73,500</u>
<i>Other services - Nexia Sydney Pty Ltd</i>		
Preparation of the fringe benefits tax return	1,850	1,850
	<u>1,850</u>	<u>1,850</u>

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**Note 20. Contingencies**

In the opinion of the Directors, the Corporation did not have any contingencies at 30 June 2023 (30 June 2022: None).

**Note 21. Commitments**

The Corporation did not have any capital commitments at 30 June 2023 (30 June 2022: nil).

**Note 22. Related party transactions**

*Key management personnel*

Disclosures relating to key management personnel are set out in note 18.

*Transactions with related parties*

There were no transactions with related parties during the current and previous financial year.

*Receivable from and payable to related parties*

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

*Loans to/from related parties*

There were no loans to or from related parties at the current and previous reporting date.

**Note 23. Events after the reporting period**

No matter or circumstance has arisen since 30 June 2023 that has significantly affected, or may significantly affect the Corporation's operations, the results of those operations, or the Corporation's state of affairs in future financial years.

**Wellington Aboriginal Corporation Health Service**  
**Directors' declaration**  
**30 June 2023**

In the directors' opinion:

- the attached financial statements and notes comply with the Corporations (Aboriginal and Torres Strait Islander) Act 2006, the Australian Accounting Standards - Simplified Disclosures, the Corporations (Aboriginal and Torres Strait Islander) Regulations 2017 and other mandatory professional reporting requirements;
- the attached financial statements and notes give a true and fair view of the Corporation's financial position as at 30 June 2023 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors

On behalf of the directors



Director

27/9/ 2023

## Independent Auditor's Report to the Members of Wellington Aboriginal Corporation Health Service

### Report on the Audit of the Financial Report

#### Opinion

We have audited the financial statements of Wellington Aboriginal Corporation Health Service (the Corporation), which comprises the statement of financial position as at 30 June 2023, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the Directors' declaration.

In our opinion, the accompanying financial statements of the Corporation is in accordance with the Corporations (Aboriginal and Torres Strait Island) Act 2006, including:

- i) giving a true and fair view of the Corporation's financial position as at 30 June 2023 and of its financial performance for the year then ended; and
- ii) complying with Australian Accounting Standards - Simplified Disclosures and Corporations (Aboriginal and Torres Strait Islander) Regulations 2017.

#### Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the 'auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Corporation in accordance with the ethical requirements of the Accounting Professional & Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial statements in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

#### Other information

The Directors are responsible for the other information. The other information comprises the information in Wellington Aboriginal Corporation Health Service's annual report for the year ended 30 June 2023, but does not include the financial report and the auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

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

### **Directors' responsibility for the financial statements**

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

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

### **Auditor's responsibility for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial statements.

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

### **Nexia Sydney Audit Pty Ltd**



**Brett Hanger**

Director

Dated: 28 September 2023



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WELLINGTON ABORIGINAL CORPORATION  
HEALTH SERVICE



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