



ANNUAL REPORT 2019/20

Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation (CKAHSAC) ICN:7405





“Mudi Mudi” - (Translation: Fish)

Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation is proud to feature the artwork of local artist Joylene Haynes throughout this year's Annual Report



ANNUAL REPORT 2019/20

Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation (CKAHSAC)

Contents

Biography of CKAHSAC	2
Strategic Directions	3
Board of Directors	4
Chairperson's Report	6
Chief Executive Officer's Report	8
Highlights and Achievements	12
Jawun Projects	15
CKAHSAC Activities	18
Staff Biographies	20
Practice Report	21
Operations Report	26
Community Home Support Program	26
Connected Beginnings / New Directions	28
Child Health Kindy Indigenous Day	29
Integrated Team Care Program (ITC)	30
Chronic Disease Health Promotion and Community Engagement	30
Social Emotional Wellbeing (SEWB)	31
Gambling Intervention	31
Seaview Village	32
Sobering Up Unit	32
National Disability Insurance Scheme	32
Corporate Services Report	34
ICT Report	37
Thankyou	38
Financial Statements	39

Our Story

Ceduna Koonibba Aboriginal Health Service (CKAHS) was established in 1986 to provide culturally appropriate and preventative health care, education programs and a clinical service to the Aboriginal community. In late 2006 the Minister of Health announced his intention to introduce a new Health Care Act which would provide for more direct control and accountability. The Minister acknowledged the need for CKAHS to be given the option to become Community Controlled. In June 2008, the Health Advisory Council (HAC) of CKAHS advised Country Health SA that they wished to work towards becoming community controlled with the transition date being the 1st July 2010. The HAC subsequently revised the timeframe with the transition date becoming the 1st July 2011.

CKAHS officially transitioned to the not for profit Aboriginal Community Controlled Health sector on 1st July 2011 and subsequently became Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation.

Our Purpose

CKAHSAC aims to provide a unique, accountable, holistic and integrated service by providing best practice healthcare to the West Coast Aboriginal and Torres Strait Islander communities, which enable individuals and their families to achieve improved health outcomes, and to participate in and enjoy community and culture. We aim to:

- Deliver and maintain respectful, safe and high-quality holistic health care.
- Reduce the gap in Indigenous life expectancy by 2031 through working closely with our Aboriginal and Torres Strait Islander communities, our key service delivery stakeholders and our funders.
- Work with and support the community to achieve improved health outcomes.
- Work with its communities to participate in and enjoy the community and culture.

CKASHAC is a major employer of Aboriginal people in the West Coast region that delivers programs from three sites; Clinic and Administration Building, Seaview Village and the Sobering Up Unit. Our main business is to provide a broad range of services to the Aboriginal and Torres Strait Islander communities of Ceduna, Koonibba, Scotdesco and the surrounding Homelands.

Our Objectives

The constitutional objectives of CKAHSAC are to:

Develop and provide a service which meets the health needs of local Aboriginal people in a culturally safe and respectful way, having regard to their total social, emotional and physical wellbeing, and the importance of health promotion and preventative measures. This includes:

- Integrating with and complementing existing service providers and agencies, to improve the social and emotional determinants of health.
- Providing a base for health units and other agencies providing services to the local community.
- Supporting safe environments that allow for the holistic delivery of health care to Aboriginal people.
- Support and educate local Aboriginal people to become informed of the options available to them for health and local community services.
- Develop and maintain relationships and partnerships to ensure coordinated and effective health services for local Aboriginal people.
- Develop and expand outreach services, special clinics and targeted programs where necessary.
- Support education, training of health professionals in Aboriginal health.
- Increase workplace opportunities and development opportunities for Aboriginal people.
- Research the needs of local Aboriginal people and evaluate new and existing services.
- Actively attempt to ensure the integration of Aboriginal health in mainstream sites, where this will be beneficial to our clients.
- Provide health care and initiatives targeted at youth, elders and men in the local Aboriginal community.
- Take such other actions and initiatives as are deemed appropriate by the Board for the purposes of supporting and funding the other listed objects.

Our Shared Goals

The Strategic Directions plan 2016 - 2021 has been designed to share the same goal and build on the Australian Government's commitment to 'Closing the Gap' by 2031. Their shared goal - Our shared goal is to:

'Realise health equality by 2031, which is consistent with the Council of Australian Governments' health goals for Aboriginal and Torres Strait Islander peoples. We know that good health enables Aboriginal and Torres Strait Islander children to have the best possible start to life, and adults to lead active, full and productive lives'

We will support the three priorities of *improving school attendance, workforce participation and building safe communities*, which are the key drivers in improving health outcomes for Aboriginal and Torres Strait Islander peoples.

'We know that any work in these priority areas must be underpinned by improving the health and wellbeing of individuals, families and communities'

We will work with our Aboriginal and Torres Strait Islander people, our key service delivery stakeholders and our funders. Together we will improve the lives of our people, we will realise our aspirations, and we will build the future for our next generation of leaders.

Our Shared Values

- We take pride in being community controlled for the people, and by the people.
- Culture and community is at the heart of everything we do and what we can't do alone, we'll do together.
- We are committed to services to improve the health of Aboriginal and Torres Strait Island people in our community.
- We will work together across the organisation as one team.
- We will be respectful and accepting of each other, our clients and community.
- We will always try to find a solution to a problem even when it is "not my job".
- There will be no "wrong door" for our clients - we will make sure that our clients see who they need to see.
- We will be a culturally safe organisation and learn together how to do this.
- We will work cooperatively with other services to benefit our clients.
- We will work towards continuous quality improvement and meeting our accountability targets.

Our Future

Our vision is to provide an integrated health service that is free of racism and health inequalities for the West Coast Aboriginal and Torres Strait Islander communities which enables individuals and their families to achieve enriched health outcomes that also addresses the social determinants of health.

There are **four (4) key strategies** that underpin the directions that will make a difference to the way we work as one organisation, the way we improve the delivery of services for Aboriginal and Torres Strait Islander people, and translate the aspirations into reality.

The milestones for the strategies to be implemented are identified in the short term (12 months), medium term (2 years) and long term (3 - 5 years).

STRATEGIC DIRECTION 1

Create One Organisation

To create 'one organisation' we all need to share the same vision. We need to be better at working with each other, knowing each others jobs and regularly talking with each other. We need to do the same with our key stakeholders, the services that help us work with our communities. We have to be professional in the way we look, the way we work together and the messages we are delivering to our communities. We have to make sure that we have the right skills in our workforce to meet our communities' health and social and emotional wellbeing needs.

STRATEGIC DIRECTION 2

Improve Our Service Delivery, Efficiency and Management

To empower management and staff to make the necessary day-to-day decisions within the overall directions set by the Board of Directors. We will improve our service delivery to the community. We will support and care for staff and develop a realistic and achievable workforce plan that promotes efficiency, accountability, reliability and fosters creativity and innovation.

STRATEGIC DIRECTION 3

Improve the Infrastructure and Facilities

It is paramount to seek suitable infrastructure that supports the continuity of care to clients that allows their needs to be met and one that is conducive to bridging relationships between all teams. The design will have improved waiting areas including an outdoor area, and along with private counselling and working areas that create a sense of belonging and confidentiality. This is priority for the organisation and we will pursue the funding to either seek a new building or completely fix the existing one.

STRATEGIC DIRECTION 4

Bring Our Aspirations to Life.

The Board and staff are committed to being an organisation that takes action. This plan will form the basis of what we do and not be placed on a shelf as a completed but not relevant document. We will monitor our progress and report regularly to the community.



Board Of Directors



Leeroy Bilney



Robert Larking



Sheena Haseldine



Kevina Ware



Jennifer Scott



Joy Haynes



Kristy Richards

The names of each person who has been a Director during the year and to the date of this report are:

Chairperson:

Leeroy Bilney - ceased as the Chairperson 31/01/2020.
Robert Larking - commenced as Chairperson 25/02/2020 - present.

Deputy Chairperson:

Sheena Haseldine - ceased as the deputy Chairperson 25/02/2020.
Kristy Richards commenced as Deputy Chairperson 25/02/2020 - present.

Secretary:

Kevina Ware

Treasurer:

Robert Larking - ceased as Treasurer: 25/02/2020
Joy Haynes - commenced as Treasurer: 25/02/2020

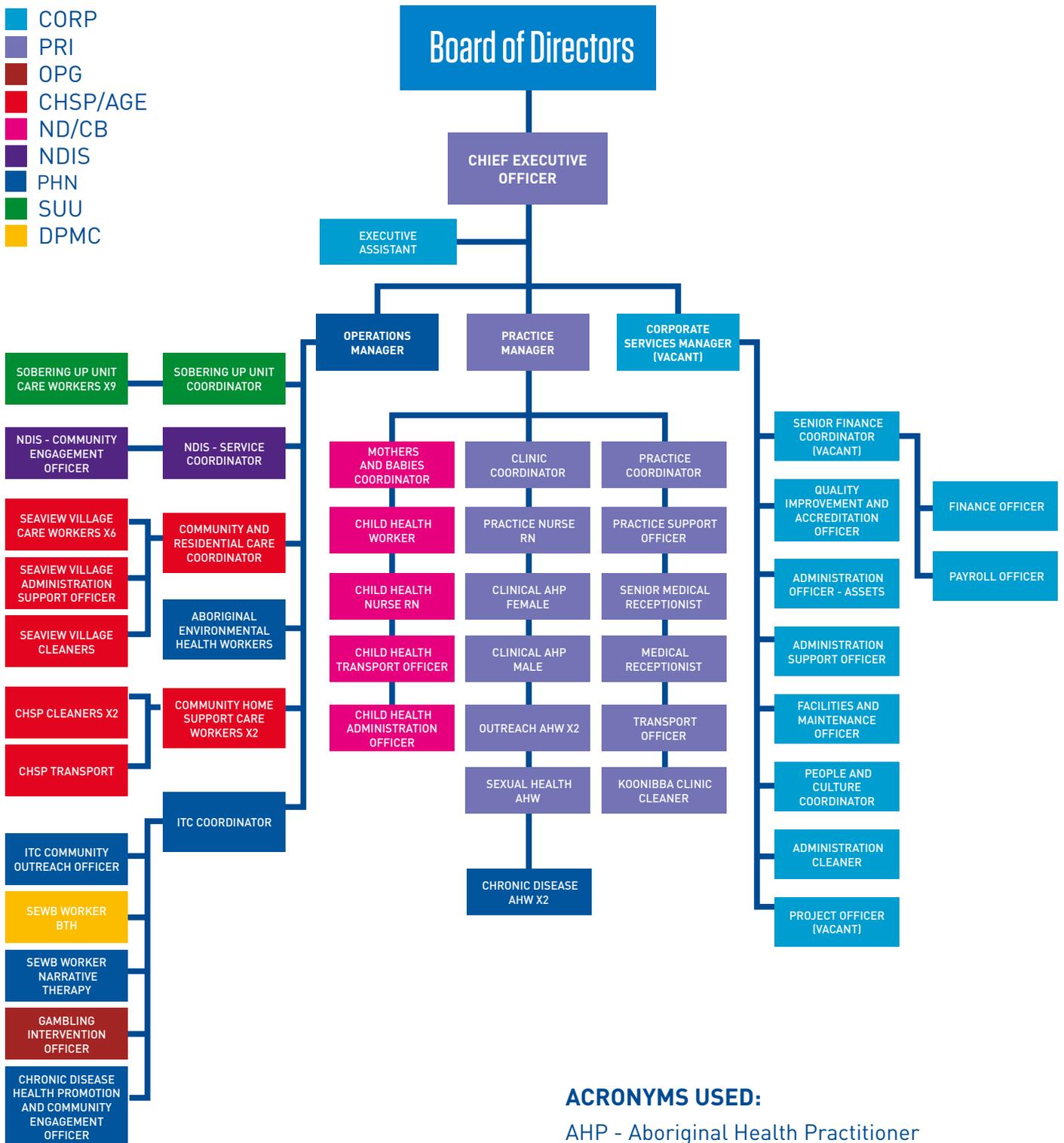
Directors:

Leeroy Bilney - ceased as a Director 31/01/2020
Sheena Haseldine - ceased as a Director 28/02/2020
Robert Larking
Kevina Ware
Kristy Richards - commenced as a Director: 14/10/2019 - present
Joy Haynes - commenced as a Director: 19/11/2019 - present
Jennifer Scott - commenced as a Director: 20/04/2020 - present

Organisational Structure

BUDGET LINE:

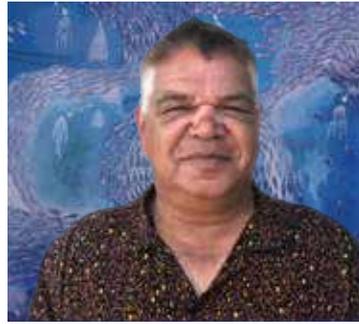
- CORP
- PRI
- OPG
- CHSP/AGE
- ND/CB
- NDIS
- PHN
- SUU
- DPMC



ACRONYMS USED:

- AHP - Aboriginal Health Practitioner
- AHW - Aboriginal Health Worker
- CHSP - Community Home Support Program
- SEWB - Social Emotional Wellbeing Worker





Chairperson's Report

by Leeroy Bilney and Robert Larking

Chairperson Report on behalf of CKAHSAC Directors

The Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation (CKAHSAC) Board of Directors hereby present the Annual Report for the 2019-2020 financial year.

Hi everyone, its Leeroy Bilney here, taking on a key leadership role as 'The Chairperson', opened my eyes, to the power our people have here on the Far West Coast. I've been a part of true Aboriginal Community Controlled with this Health Service and observed its development, growing strength from strength. In representing our members, community and clients I was privileged and honoured to be voted on to the Aboriginal Health Council of South Australia, ('AHCSA') board, this allowed me to be involved and contribute across the state of South Australia. The opportunities grew as I was again voted from state to represent South Australia on a national platform on the National Aboriginal Community Controlled Health Organisation ('NACCHO') board as Director. As a young Aboriginal person, it was inspiring to encounter countless people with different capacities, skill sets and abilities, highlighting many moments I will treasure throughout my personal and professional journey.

We as an organisation, have in place and running still in its second year, our Strategic Direction, an initiative our board couldn't be prouder of leading. Our staff continue to demonstrate passion and flare which contributes to our people taking better care of their health and wellbeing. We continue to strive for excellence.

Hello everyone, its Bobby here, I have been on the Board of CKAHSAC now for 5 years, and as of February this year I was appointed as the Chairperson. During this time, I have seen many changes take place, including the retirement and appointment of Board members, new staff and new funding streams coming into the Corporation.

On a personal note I would like to acknowledge Leeroy Bilney's dedication to the Corporation as the outgoing Chairperson, Leeroy left the Board on the 31 January this year. He was greatly admired for his diligence and perseverance, and his energy, inspiration and creativity will make a long-lasting difference to the staff, the members and community we serve. In addition, Leeroy will remain as the SA rep on the National Aboriginal Community Controlled Health Organisation Board and will advocate for us and our other Member services. We wish Leeroy all the best in his leadership journey.

I would also like to acknowledge and pay respect to Kevina Ware for her time on the Board, her hard work, ongoing support and dedication to the Board, our members and our staff. Kevina has been on the Board on and off at times but all up around six years, which is a testament to her commitment to the people of the Far West Coast. She is a very respected community member, and has the community at heart. Sheena Haseldine commenced with us as a Director on 20th November 2018 and then resigned on 28th February 2020 to move to Adelaide, we wish Sheena all the best in her career.

Since last year's annual report, we have had new Board members join our governance team. They are Joy Haynes, Kristy Richards and Jenny Scott. We welcome them to the Board with great enthusiasm and I know they will excel in their role as Board members.

Our permanent GP Dr Michel Mpangula commenced with us in mid-February 2019 and is settling in nicely, but we would really like to employ a female GP as well. I would like to thank Doctor Nick Williams (AHCSA) who along with RDWA provided advice and support to the Corporation in getting Dr Mpangula on shore in Australia and then into Ceduna. Dr Nick was instrumental in supporting Dr Mpangula through his exams and providing ongoing mentor support. Dr Nick also spends a couple of days in our clinic monthly as a GP.

Maintenance upgrades at Seaview units

Work completed include the internal and external lighting upgrades, bathroom heaters and lights, fans, gas cook tops with rangehoods, new dishwashers, washing machines, new external fencing all around, carport extensions, solar hot water systems, rain water plumbed to house, day night blinds, interior painted, new carpet and lino. The Units are looking very Yadu.

I would like to thank Zell Dodd, CEO for her commitment and dedication to the Corporation and our communities. Zell has now been with us now for over four and a half years, not bad for someone who commenced on a six-week contract back in February 2016! Zell had a conversation with the Board back in December last year regarding her exit strategy. She made it quite clear that she is missing her family and wants to see her son and grandsons more often. We are working closely with Zell to make this happen.

The Rural Doctors Workforce Agency (RDWA) continues to support YHAC and our clients by providing the following much needed visiting services on a monthly basis, this includes Audiology 3 visits, ENT 2 visits, Optometry 4 visits and Ophthalmology 2 visits. I would like to thank Lyn Poole, CEO RDWA and her staff at RDWA very much for their continued support.

Our partnership with Nunyara and Pika Wiya with the **Joint Venture** has gained new grounds to improve the quality, efficiency and affordability of ICT services placing CKAHSAC in the best possible position for the future. I would like to thank Dan Kyr, Network Operations Manager and Tanya Darke, ICT Projects and Quality Co-Ordinator. Their support is important for our IT systems.

Projects

We have continued to work very closely with **Jawun** a not-for-profit supporting partnerships between Corporate, Government and philanthropic organisations to come together with Aboriginal and Torres Strait Islander people to affect real change. We have had several experienced Jawun secondees spend time with us to work on key projects and transfer capabilities to our staff through certain projects and systems. We again would like to thank Kayrn Baylis, Chief Executive Officer and Sarah Collyer-Braham, Regional Director (South Australia) and their major Corporate Sponsors for their continued and valued support.

The Fay Fuller Foundation and *Our Town Far West Coast-Positive Future Project* aims to gather information and hear from Community about mental health and wellbeing, which has looked at data from various sources, and mostly listened to community to understand a true picture of mental health and well-being in the Far West area. You will read more about this in the CEO's report.

Our Future

We look forward to and welcome any challenge to increase productivity, efficiency and meaningful outcomes for our people. We continue to strive for a sustainable future, as we endeavour to obtain the land and resources for a new purpose-built Health facility, that will complement any change. Unfortunately, we were not able to secure our funding under the NDIS to continue services to our clients, however we have not given up yet.

Acknowledgement

As Chairperson and on behalf of our Board Members, CEO and staff I would like to thank our member partners and the Aboriginal Health Council of SA for all their support, and our partners and funders.

AHCSA and our Member ACCHO's



Our Partners



Our Funders





Chief Executive Officer's Report

Zell Dodd

Chief Executive Officer, CKAHSAC

I would like to acknowledge the Traditional Owners of the Land that I live and work on and pay deep respect to the Elders past, present and future. I similarly acknowledge and pay respect to the younger generation, who are the future leaders and advocates for their local communities.

I would like to take this opportunity to thank Leeroy Bilney, who was the Chairperson from 30th June 2018 and then later stepped down on the 31st January 2020, to join the team here at CKAHSAC to take the lead on rolling out the NDIS ILC program.

I would also like to commend Robert (Bobby) Larking for taking over the Chairperson role on the 25th February 2020 despite his CEO role at Scotdesco. It is important for me to note that Bobby has been with the CKAHSAC since 27th July 2015. This is a true testament of his commitment to the health service and the people we service, thanks Bobby. I can honestly say that without the support and leadership of the Board of Directors, CKAHSAC wouldn't be in the healthy strategic and financial position that it's in now.

Some of the achievement that has happened over the previous financial year includes:

Leeroy Bilney, Tina Miller and I attending a 2 day '**Commissioning Masterclass**' in Adelaide on the 20th and 21st August 2019, that was led by SA Health Tanya McGregor, Director Aboriginal Health, SA Department for Health & Wellbeing. This was very inspiring to me because the sessions were focused on bringing about enormous change for services like ours, where we are able to negotiate real and meaningful agreed outcomes.

Joanne Hedges, Senior Aboriginal Research Officer from the University of Adelaide, Warren Miller and myself had the privilege of attending the second '**2019 World Indigenous Cancer Conference**', held in Calgary, Canada.

For me it was the first time in my life that I had ever travelled so far away from home, and I was tired by the time we finally arrived at the Hotel after 20 hours of flying. Well that changed when I looked out the window to see the dancers and taste some of their food! Please see more amazing pictures on page 14.

It was sensational; we were made to feel very welcome in their country, I was very humbled to hear the stories of the Black Foot people in the yarning circles. Their history, their dance, their traditional costumes, their culture is amazing. Their stories about cancer were very similar to our stories here in our country.

We continue to work very closely with the **Rural Doctors Workforce Agency**. Without their support we would not have the level of visiting Specialist coming to Ceduna to work with our clients. A big thank you to Lyn Poole and the team at RDWA; you all do an amazing job to ensure our clients get the right services at the right time.

We were very privileged to have **Mr Chris Burns, SA's Mental Health Commissioner** visit the Lower Eyre Peninsula and Ceduna on the 30th and 31st October 2019. During this period, they had planned to connect with 13 services, in the end they were able to meet with 20 organisations between Port Lincoln, Cummins and Ceduna.

You can read the full report which is available on our website.

We have had *Sandy Taylor* work with us to take the lead and manage the *Our Town - Ceduna and Far West Coast - Positive Future initiative* on a day to day basis and support the decision making and action of the Our Town Leadership Team. Report on the progress including successes, challenges and learnings in the development of two mental health plans. Support the leadership team to meet requirements of phases as outlined by TACSI (The Australian Centre for Social Innovation): Kick off, Discovery, Options, Planning. Ultimately, developing fundable plans for a community based mental health response for Ceduna that is fundable for 10 years.

The **Fay Fuller Foundation** has at its core that the initiative is a community lead process. The Ceduna team embraces the same fundamental theory and is entirely engaged at the community level to hear the voice of community, holding the principle of '*nothing about me-without me*'.

We continued our commitment to training and development opportunities with several staff graduating from their Aboriginal Health Worker and Aboriginal Health Practitioner training this year with the **Aboriginal Health Council of SA**, and a new batch of staff commencing their Certificate IV in Aboriginal Primary Health Care in the next AHCSA intake.



**Commissioner Chris Burns,
SA's Mental Health Commissioner**

Our **Jawun Partnership** is strengthening as the team and the secondees continue to support the corporation in areas of HR, designing Communicare workflows and Medicare quality assurance processes, implementation of 'data dashboards' to monitor performance, foundation work on our population health needs analysis report and our project governance. Read more about this and see some pictures on pages 17-19. As Bobby said we are lucky to have Jawun working with us, they provide different sets of skills and experience that is transferred onto our staff. The targeting areas that Jawun support us in is developed between us and the Jawun team, so it's specific to the needs of the corporation.

Not only did Jawun work with us on the ground, they also provided an opportunity for some of us to go on a *Study Tour* for 5 days in July last year. Eleven Aboriginal leaders from the Far West Coast region representing Ceduna Aboriginal Corporation, Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation, Maralinga Tjarutja Inc, Scotdesco Aboriginal Corporation and the Far West Aboriginal Community Leaders Group, travelled to the **Cape York and Inner Sydney regions**.

Robert Larking, Bobby-Ray Milne and myself were supported to attend, it definitely was the best trip I have been on where you had the opportunity to hear from leaders and hear their journeys in how they were able to make things happen for their communities, and creating positive opportunities for young indigenous people. A big thanks to Wayne Miller, CEO, CAC and the wonderful Jawun Team, without them our experience would never have happened.



The design of our new website and IT processes and system review was in place, but due to COVID-19, in- placement secondments were paused early in 2020, and Jawun shifted to quickly implement an alternative secondment model. The development of their new online platform 'My Jawun' was built specifically to facilitate 6-week virtual secondments to continue to support their Indigenous partners. Yadu Health will welcome their first virtual secondee to the team in August 2020 to assist us with the refinement and launch of our website and new Yadu Health brand. We again would like to thank Karyn Baylis, Chief Executive Officer and Sarah Collyer-Braham, Regional Director (South Australia) and their major corporate and government Sponsor partners for their continued support.

Aboriginal Health Equity Theme Wardliparingga, South Australian Health and Medical Research Institute (SAHMRI)

Diabetes program of work - The Aboriginal Diabetes Study

The Aboriginal Diabetes Study is a landmark program as a world-first longitudinal study of diabetes and its complications in Aboriginal and Torres Strait Islander people in South Australia led by Professor Alex Brown and the team at Wardliparingga Aboriginal Health Equity, SAHMRI. Seeking to understand the social, psychological, environmental, clinical and genomic predictors of diabetes and complication development, the study will provide insights into the burden of disease and service needs into the future. Read more about this on page 20.

Aboriginal and Torres Strait Islander Diabetic Foot Complications Program

In South Australia, a workshop was hosted in December 2019 resulting in the development of a South Australian Diabetes-related Foot Disease Plan for Aboriginal and Torres Strait Islander People. Yadu Aboriginal Health Corporation have agreed to participate in the pilot of the telehealth project as a remote community which we hope we result in reducing the need for patients to be transferred to Adelaide for care and improving early detection and prevention of diabetic foot related complications. Watch this space...

In closing I would like to thank the Senior Management Team, Jessie Sleep (Corporate Services Manager), Tina Miller (Practice Manager) and Warren Miller (Operations Manager) for their dedicated efforts and tireless commitment to improving the health of our community, and improving the services we provide; and their unwavering support has been instrumental in achieving our goals. It's important for me to say, that it has been acknowledged on several occasions (internally and externally) that the Corporation is unique, in that its senior management is made up of Aboriginal people. This is a positive step particularly for the Aboriginal Community Controlled Health sector that should be retained for the future.

I take my hat off to our staff that provide the critical services in the clinic and in the program areas; you truly are inspirational and you demonstrate that you have a deep passion to want to make a positive difference to the lives of the people we serve, your commitment for wanting our clients and our families to live stronger and longer. I would very much like to acknowledge and sincerely thank the staff that have moved on, your contribution has not gone unrecognised and I wish you well in your future endeavours.

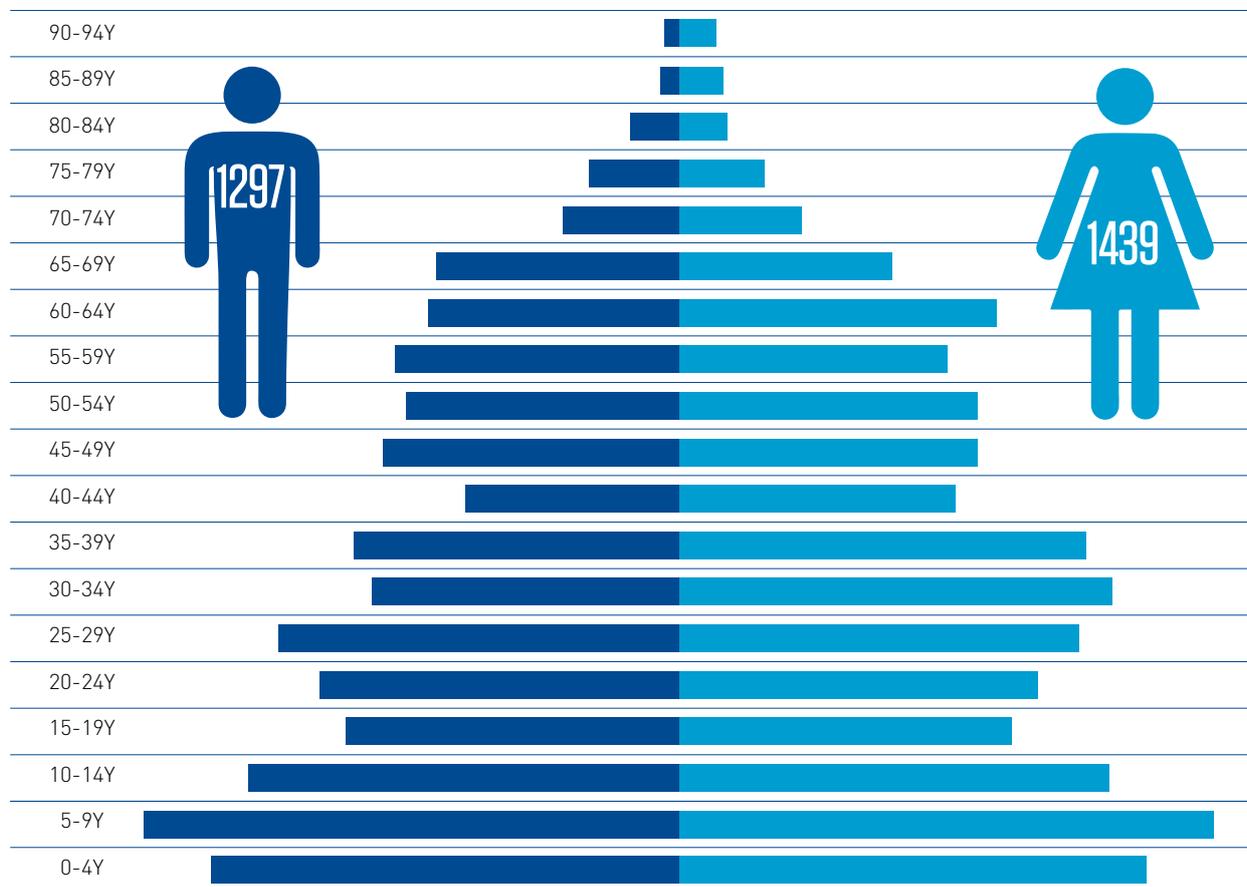
I would also like to thank anyone else that has contributed to CKAHSAC in any way, shape or form that has allowed us to continue to improve and expand our services for the wellbeing of our mutual individuals, families and communities.

I hope you enjoy reading the 2019/2020 Annual Report, and I would like to thank you for your patronage and I take this opportunity to wish you all a safe and prosperous Christmas and very Happy New Year, thank you.

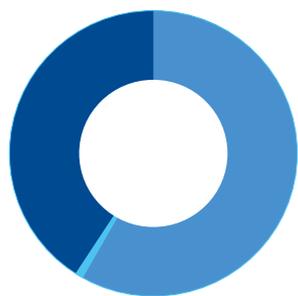
Zell Dodd,
Chief Executive Officer

Snapshot of Health Statistics

Clients - By Age



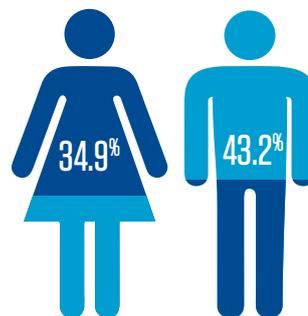
Clients - By Ethnicity



ABORIGINAL 57.0%
NON-ABORIGINAL 42.5%
NOT RECORDED 0.5%



Episodes of care
provided to regular
clients in 2019/20



% OF CARE PROVIDED TO
ABORIGINAL
MALE & FEMALE CLIENTS



Highlights and Achievements

IOHU Conference - Calgary, Canada



Zell Dodd and Warren Miller with IOHU's senior Aboriginal research officer (Ms Joanne Hedges) and PhD student (Anna Ali) at a conference in Calgary, Canada, in 2019.



Dear Yadu Health Aboriginal Corporation Board

RE: Yadu Annual Report 2020_collaboration with University of Adelaide Indigenous Oral Health Unit

Yadu Health Aboriginal Corporation (YHAC) is an important strategic partner of the University of Adelaide's Indigenous Oral Health Unit (IOHU). CEO Zell Dodd is a member of IOHU's Indigenous Advisory Committee.

Current research partnerships include:

- Oral Human Papilloma Virus (HPV) and Oropharyngeal Cancer study; this study investigates the prevalence of oral HPV (a very common sexually transmitted infection that can be reduced by the HPV vaccination) and its association with oropharyngeal squamous cell carcinoma (OPSCC), otherwise known as throat cancer. Data has been collected at baseline (around 94 participants from YHAC), 12-month follow-up (around 30 from YHAC; interrupted because of covid-19) and we are currently in the field for 24-month follow-up. We hope to continue this important work by extending into a longitudinal, prospective cohort study, and to include dental service provision as part of future follow-ups.
- Baby Teeth Talk study; this is a study that involved an early childhood caries intervention to reduce progression of tooth decay in Aboriginal children. Around 60 mothers pregnant with an Aboriginal child were recruited from YHAC in 2011-12, and these have been followed up at child ages 2 years, 3 years, 5 years and currently in the field for 7 years. Again, covid-19 has impacted our ability to follow-up...but we do have funding to continue seeing these children and families when they turn 9 years old.

Funding sought for the following projects:

- Oral microbiome project; providing dental care to Aboriginal adults from YHAC and analysing changes in the oral microbiome. The oral microbiome is the DNA of oral bacteria in the mouth, that we hypothesise changes after intense oral health treatment including periodontal care (gums) and removal of tooth decay. There is scientific literature to demonstrate that improved dental health leads to improved general health and overall social and emotional wellbeing. We are hoping that findings from this study will lead to more evidence of the importance of good oral health to general health, which may hopefully yield more funding for dental services at YHAC.
- Silver Fluoride project for Aboriginal kids; silver fluoride is like a magic bullet to arrest dental disease in children; it is like nail polish that is painted once on the surface of kids' teeth, and doesn't need to be applied by a dental professional but anyone with basic health training...the problem is it stains the active decay black. New formulations, however, have been tested and are now available on the market that do not stain kids' teeth. This project aims to test the efficacy and acceptance of the new silver fluoride product, and to document its impact on reducing the pain and discomfort caused by tooth decay among kids.
- Dental care for Aboriginal adults with End Stage Kidney Disease. End Stage Kidney Disease (ESKD) means a person usually needs dialysis in order for the body to keep its blood clean and healthy. Having a kidney transplant means that dialysis can be avoided. But before a kidney transplant is possible, good oral health is essential. This is because poor oral health, that is, the bacteria from periodontal (gum) disease and tooth decay, can get into other parts of the body through the blood stream and cause inflammation in other parts of the body/exacerbate current chronic conditions including type 2 diabetes and cardiovascular disease. In this project we aim to ask Aboriginal adults with ESKD about the barriers they face in receiving dental care, providing that dental care and then hopefully facilitating eligibility for kidney transplants.

I would be only too happy to provide any further information. Photo below is of members of YHAC with IOHU's senior Aboriginal research officer (Ms Joanne Hedges) and PhD student (Anna Ali) at a conference in Calgary, Canada, in 2019.

Yours sincerely

Professor Lisa M. Jamieson
Director, University of Adelaide Indigenous Oral Health Unit



Highlights and Achievements

Between May and June 2017, members of the Wardliparingga research team visited Ceduna and Scotdesco to undertake comprehensive social and health assessments as part of the Aboriginal Diabetes Study. Overall, 84 participants were asked a questionnaire about their day to day life, and received a health assessment including anthropometric measurements, blood pressure, heart (electrocardiogram), foot check, full eye examination, and blood and urine samples were also collected. Free glasses were provided to participants that required prescription spectacles, and all clinical results were shared back to their nominated health service. The team at SAHMRI implemented a follow up process with participants during a period of state-wide COVID-19 restrictions.

The Aboriginal Diabetes Study commenced this cohort follow up process beginning 1 April 2020. Program Facilitators attempted to contact participants from previous metropolitan, rural and regional clinics. Facilitators had discussions with participants about their health status and provided the participant with the opportunity to be referred to the Cultural Pathways Program. Summary items for Ceduna Koonibba & Scotdesco:

- The female Facilitator contacted 42 participants, with discussions undertaken with 14 participants.
- The male Facilitator contacted 42 participants, with discussions undertaken with 4 participants.
- No participants were referred into the Cultural Pathways Program.

The Aboriginal Diabetes Study are planning to visit the region in 2021 to re-engage with baseline participants to undertake a follow-up social and health assessment to inform understandings on how participants' health has changed overtime.

Contact: **Natasha Howard**

Email: natasha.howard@sahmri.com

Phone: 881284232

Community Feedback

Dear Health staff,

We are in the midst of a serious public health issue and as you are all preparing to treat and contain Covid-19 in our community, I would like to take this time to thank each and every one of you for your service. Whether you be a doctor, nurse, administrator, groundsman or any other piece of the puzzle, you are all instrumental in ensuring the health system is sustainable. I would like to let you know personally that I appreciate the work you do in the community and recognise that your line of work is difficult.

Working in your field, I am sure you have all in some way had an impact on all of our community members; be through our elders, our families, or our children/ children to be. Be it through happy times or sad times; you are confronted with a forever changing and sometimes, challenging environment, yet we are assured that you are always there.

As our country and the world at large prepares itself to contain this virus, it is becoming increasingly evident the importance of our workers in the health industry. Having families of your own to prepare and care for, yet having a sense of duty to treat others, this is truly admirable.

I hope for all of our sake that the current and future restrictions will prevent this virus from entering our community. Nevertheless, I would like to thank and acknowledge the work that you do and wish you and your families my best wishes during this uncertain time.

Be Safe!

Yours sincerely,

Wayne Miller, Community Member
01/04/2020

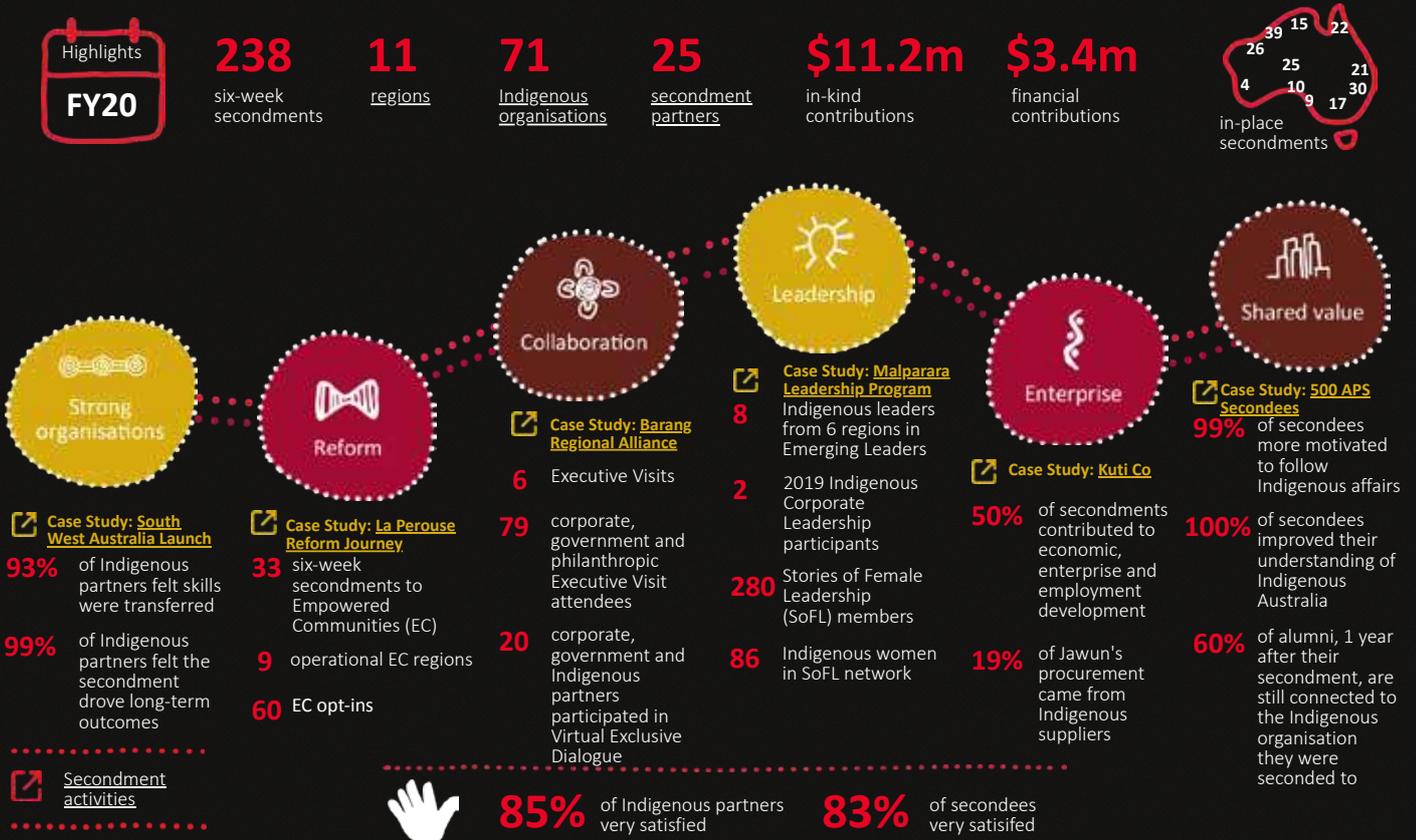
We have continued to work very closely with Jawun a not-for-profit supporting partnerships between Corporate, Government and philanthropic organisations to come together with Aboriginal and Torres Strait Islander people to affect real change. Over the last year Jawun have supported Ceduna Koonibba Aboriginal Health Service in areas such as staff on-boarding and off-boarding processes, designing Communicare work flows, implementation of data dashboards to monitor performance, support decision making and enable ease of reporting, review of Medicare quality assurance processes, foundation work on our population health needs analysis project including project governance, Ceduna Koonibba Aboriginal Health website design and IT processes and system review. However due to COVID-19, in-place secondments were paused early in 2020, and Jawun shifted to quickly implement an alternative secondment model. The development of their new online platform 'My Jawun' was built specifically to facilitate 6-week virtual secondments to continue to support their Indigenous partners. Ceduna Koonibba Aboriginal Health will welcome their first virtual secondee to the team in August 2020 to assist us with the refinement and launch of our website and new Ceduna Koonibba Aboriginal Health brand. We again would like to thank Karyn Baylis, Chief Executive Officer and Sarah Collyer-Braham, Regional Director (South Australia) and their major corporate and government partners for their continued support.

Background

The community of Ceduna on the Far West Coast of South Australia have set their sights on a new challenge, creating a clear pathway to achieve employment parity. Led by the Ceduna Aboriginal Corporation (CAC), the community is working together with the support of the Australian Government to deliver a key community project titled the Family Engagement Initiative. Moving beyond the harm minimisation strategy of the Cashless Debit Card, a job is a powerful vehicle for a family to build a positive environment for their children, elevate themselves off welfare, and plant the seeds of intergenerational change. Achieving employment parity and elevating families out of welfare is the next major step for the Aboriginal community of Ceduna.

The project is fast tracking a new community-led approach to achieve 100 jobs within 2 years, and establish a broader development agenda for employment, economic development and education. With this new initiative, the leadership of Ceduna aim to support families, improve the wellbeing of their children and increase participation of vulnerable people in community life. Together they hope to bring support to lift families out of poverty, build pride, increase economic engagement and most importantly foster positive role modelling for the next generation.

What we achieved together in FY20



JAWUN - jHUB Study Tour 22-26 July 2019:

Collaborating to support the families and children of Ceduna



Approach

In support of cross-regional collaboration and identifying new ways of working, j.HUB identified Cape York and Inner Sydney as regions for the Ceduna community to see first-hand the issues facing community leadership and their solutions. A study tour was a key step in changing behaviours and encouraging leaders to seek out new solutions, and to engage with other communities to collaborate around common issues. The study tour was further enabled through virtual sharing which helped the leaders of Ceduna to connect with other regions including Shepparton in Victoria. An ongoing connection between leaders provides an opportunity for further discovery going forward as these relationships strengthen.

In July 2019, over 5 days, 11 Indigenous leaders from the Far West Coast region, representing Ceduna Aboriginal Corporation, Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation, Maralinga Tjarutja Inc, Scotdesco Aboriginal Corporation and the Far West Aboriginal Community Leaders Group, travelled to the Cape York and Inner Sydney regions. The group spent time with the management and employees of the BAMA Services program for an introduction to the in-house Support and Wellbeing initiative which provides wrap around support services for employees which includes individual case management and

personalised support in areas such as primary medical and mental health services, healthy living, legal advice and social and vocational training needs.

The group were also hosted by local Opportunity Hub staff in Mossman Gorge. There, they learnt about the Gateway Centre, a tourism centre for the area providing local training initiatives, and of the successes of the family support services, particularly the Student Education Trust initiative.

The group then made the trip south to Sydney where they were hosted by the Redfern and La Perouse communities. They were given a tour of "The Block" by Redfern leader and CEO of Tribal Warrior Aboriginal Association, Shane Phillips, and learnt of community-led change initiatives like Tribal Warrior which was set up to create positive opportunities for young Indigenous people. In La Perouse, the group was hosted by Chris Ingrey and Ray Ingrey who shared the story of Inner Sydney Empowered Communities and the La Perouse 2036 Vision. They also met some of the La Perouse Rangers - a program created to employ local Indigenous people to work on country; to care and protect culturally significant marine life and sites. Lastly, they visited Gujaga's Multifunctional Childcare Centre and heard about their culturally responsive and appropriate early learning services.



Outcomes

The study tour has played a key role in informing the delivery of the project. By leveraging the lessons learnt from the tour, the project team will design a new community-led approach based on community engagement and establish a broader development agenda to support families to stabilise their circumstances and create long-lasting positive change. As a direct result, Ceduna is currently exploring the introduction of a Wellbeing and Support Mentor program based upon the existing Wellbeing and Support program operated by Bama Services in Cape York. Having engaged directly with this service at Bama Services, the Ceduna leadership had the unique opportunity to identify its value and explore the necessary enablers for its successful introduction.

Next steps

Led by key Aboriginal champions of change in Ceduna, this project is an opportunity to stand together and set a real pathway towards improving the wellbeing of the children and families of Ceduna. j.HUB is continuing to work alongside of the community of Ceduna to deliver this project, and where possible, j.HUB will explore opportunities to leverage the existing Jawun Secondment Program to support the delivery of the vision of the community.

CKAHSAC Activities



Aboriginal Health Equity Theme Wardliparingga, SAHMRI Diabetes program of work The Aboriginal Diabetes Study

The Aboriginal Diabetes Study is a landmark program as a world-first longitudinal study of diabetes and its complications in Aboriginal and Torres Strait Islander people in South Australia led by Professor Alex Brown and the team at Wardliparingga Aboriginal Health Equity, SAHMRI. Seeking to understand the social, psychological, environmental, clinical and genomic predictors of diabetes and complication development, the study will provide insights into the burden of disease and service needs into the future.

Between May and June 2017, members of the Wardliparingga research team visited Ceduna and Scotdesco to undertake comprehensive social and health assessments as part of the Aboriginal Diabetes Study. Overall, 84 participants were asked a questionnaire about their day to day life, and received a health assessment including anthropometric measurements, blood pressure, heart (electrocardiogram), foot check, full eye examination, and blood and urine samples were also collected. Free glasses were provided to participants that required prescription spectacles, and all clinical results were shared back to their nominated health service. The Aboriginal Diabetes Study are planning to visit the region in 2021 to re-engage with baseline participants to undertake a follow-up social and health assessment to inform understandings on how participants' health has changed overtime.

Aboriginal and Torres Strait Islander Diabetic Foot Complications Program

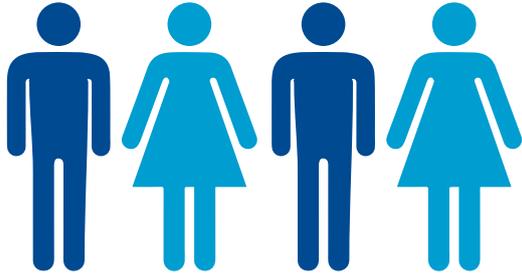
In South Australia, a workshop was hosted in December 2019 resulting in the development of a South Australian Diabetes-related Foot Disease Plan for Aboriginal and Torres Strait Islander People. A South Australian Aboriginal Foot Complications Implementation Group with representation from AHCSA, Local Health Networks,

Diabetes SA, Rural Workforce Agency, Primary Health Networks have supported the Plan development and will oversee its implementation. The Plan focuses on Prevention and Management of Diabetic Foot Disease, Management of at-risk foot, management of active foot, amputations including pre-rehabilitation, acute care and rehabilitation. Underpinned by improving workforce capacity, improving accessibility, improving culturally responsive services, and strengthening community knowledge.

In responding to one of the key priorities identified within the South Australian Diabetes-related Foot Disease Plan for Aboriginal and Torres Strait Islander People, the Central Adelaide Local Health Network, through Professor Rob Fritridge, is proposing to test and pilot a telehealth service with aim of supporting the management of diabetes related foot disease, improving timely access to care, improving communication between health services and support strengthening workforce. Further, the pilot project aims to provide advice and triage consistent with National/ international evidence-based guidelines for Diabetic feet, to integrate telehealth into the seamless management of diabetes-related foot disease from the community to inpatient care (if required) and then ongoing follow-up in the community, and to support implementation of a structured education program for community health care providers to improve assessment and management of diabetes-related foot disease.

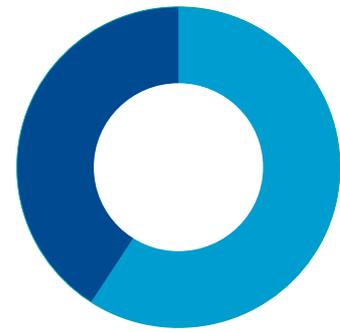
Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation have agreed to participate in the pilot of the telehealth project as a remote community which we hope we result in reducing the need for patients to be transferred to Adelaide for care and improving early detection and prevention of diabetic foot related complications.

Workforce Statistics 2019 / 2020



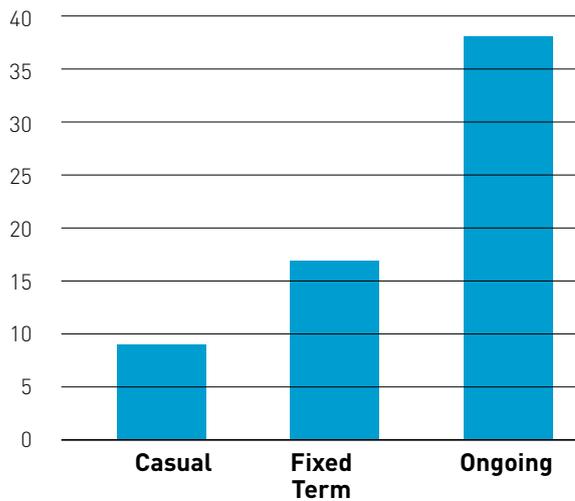
Persons employed
at 30 June 2020: **64**

Staff - BY ETHNICITY



- ABORIGINAL 61%
- NON-ABORIGINAL 39%

Staff - BY EMPLOYMENT TYPE



Staff - BY GENDER



- MALE 39%
- FEMALE 61%

3

**PERSONS ON LEAVE
WITHOUT PAY**
(AT 30 JUNE 2020)

21

**RECRUITMENTS TO
THE ORGANISATION**
(DURING THE 2019/2020
FINANCIAL YEAR)

20

**PERSONS SEPARATED
FROM THE ORGANISATION**
(DURING THE LAST
12 MONTHS)



Staff Biographies



Kristen (Minnie) Bobyk

Position: Aboriginal Health Practitioner

Length of time at CKAHSAC: Commenced February 2017

Previous Work Experience:

- Ceduna Stepdown Unit, Aboriginal Sobriety Group (Adelaide), Arts Ceduna (5 yrs)

Areas of Expertise:

- Clinical, leadership & management, diabetes management, prevention, client engagement/relationship building, working alone or in a team, Health education.
- Aboriginal and Torres Strait Islander primary health care practice cert 4, Leadership & Management cert 4, Diabetes management training - Feltman, Mike Porter, COBH (in house training)
- Behavioural management, Mental Health First Aid, Child Safe Environments, Crana training, etc.

Personal information:

Born in Adelaide, have lived most of life in Ceduna, but attended University in Adelaide 3 yrs.

Passionate about music and the arts, alternative and holistic health, Loves working with people, and being on country.

Interesting facts about myself:

- Attended CASM (Centre for aboriginal studies in Music) 2008-2010 obtained associate diploma in music.
- Worked in lead backstage production at WOMad festivals for 2 years.
- Backstage production at the Cabaret festival in Adelaide for a short time.
- Played in local band for a few years here in Ceduna (Anchord)
- Worked for 5 years in Ceduna art centre, temporary manager, art project facilitator, senior administration & Workshop manager, lead large tour groups, assisted in organising art competitions and held artist meetings.
- Was one of 10 people nationwide to be selected for NGA 10-day Indigenous Leadership program.
- Very passionate and currently run a personal business in holistic health and alternative healing practices through connection to spirit and the land.

Tory Ware

Positions held within the Organisation:

CHSP Transport Officer
NDIS Support Worker
Child Health Transport Officer
Looking forward to moving into the Environmental Health Worker role in August 2020

Length of time at CKAHSAC: Commenced December 2019

Previous Work Experience:

- Machinery operator, Mining Industry, General mechanics, Tyre fitting and various labouring roles

Areas of Expertise:

- Community knowledge and engagement, Communication and Mentoring skills, Ability to solve problems and get the job done.

Personal information:

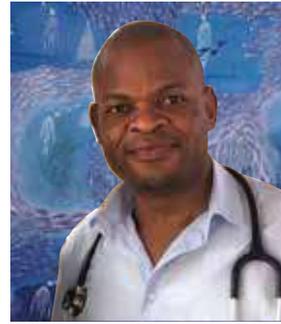
- I was born in Ceduna, lived at Ceduna and Koonibba Aboriginal Community... currently live at Ceduna Waters with my partner and daughter.
- I love the outdoors, fishing, diving, hunting, playing football, motorbike riding and teaching the younger generation the skill's I have developed and handed down to me through my family or just sitting around a fire having a yarn about life with country music in the background.
- I hope to see myself as a qualified Environmental Health Worker in the near further and as a career pathway with further opportunities.
- I would like to thank Ceduna Koonibba Aboriginal Health for giving me this wonderful opportunity and being a part of a great team.



Practice Manager - Warren Miller



Dr Amar



Dr Mpangula

Practice Team Report

During the reporting period as the Practice Manager, our focus is on the cultural appropriateness of health and wellbeing within Ceduna and surrounding areas, along with the recruitment and retention of staff and supporting the staff in their professional development journey and their work role.

This reporting period has seen CKAHSAC continue to provide a quality service to the Ceduna community and surrounding areas, although in the first half of the reporting period there were staff shortages and activities were restricted due to the international pandemic (COVID-19) being announced. In response to this we formed working groups, clinical and community messaging, with a primary focus on supporting staff, services and communities and homelands.

Our COVID-19 Pandemic plan was created which developed a new way our services were conducted was implemented. Staff were quick to adapt with a major emphasis on safe and hygienic practices that supported staff and community, because of our staff being trained and skilled in multiple areas of primary health care. All staff pulled together to support areas where other staff were needed for us to continue to deliver positive outcomes for our communities.

The Practice Team provided a pivotal role and is the front-line face of the Corporation, aiding clients and staff with appointment bookings, referral information, customer service and transportation. The practice also provided administrative support when and where it was needed across the corporation. The Practice and Medical team will continue to strive towards providing excellent customer service to our clients, as well as to our work colleagues to create a positive environment at Ceduna Koonibba Aboriginal Health.

The Practice and Clinic Team provides significant medical services, targeted outreach clinics and administrative support to Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation. Our key responsibilities are:

- Clinical Governance
- RACGP Accreditation
- Best Practice and Clinical Governance
- Continuous Quality Improvement
- Management of Service Agreements and Reporting
- Accountability and Monitoring of Key Performance Indicators
- Clinical Audits
- Operational Frameworks (Model of Care, Service Integration and Model of General Practice)
- Financial Management (in consultation with the Senior Management team)

We also offered services including:

- Triage, assess and refer clients to appropriate health providers
- Wound care
- Clinical services as they present
- Home visits as required
- Follow up of referred clients
- Medications
- Local Medical Transport
- Liaise and arrange transport with appropriate services
- Reception customer services liaising and booking appointments
- Coordinate and liaise with other health providers involved with high risk and long-term clients.
- Attend meetings
- Visiting Health Clinics
- Outreach clinic Koonibba and Scotdesco Community.



Professional development is offered as an ongoing cycle of growth and development for the relevant roles of staff. Such development allows staff to be updated in clinical practice, legislative obligations and overall duty of care. As a continuation to the staff training conducted in the previous year, we will be delivering in-house training and a simulated learning environment once a month for all staff members and sites. Students who are studying at AHCSA (Primary Health Care Certificate IV either Community or Practice) spend a considerable amount of time working alongside senior staff in the Clinic, Child Health Team and Chronic Care Programs. Participating in health checks and delivering culturally safe and respectful service to our chronically unwell clients, and accompany staff at community events and health promotion activities.

Their achievements are a testament to their individual abilities from both a theoretical and practical application of the high level of primary health care they provide to clients.

For over 30 years the corporation has and continues to provide our community with personalised, professional, quality integrated healthcare across a wide range of medical support services.

To our local community, surrounding areas and partners, I wish to sincerely recognise your efforts to support our staff and complement our business activities and events. To our clients, I would like to thank you for your attendance at our services. Each day, you are the reason for our longevity, without each and everyone one of you, there would be no CKAHSAC.



Narelle Ware, Shaun McLennon, Irene Smith, Shellander Champion, Shoshama Diment, Jacinta Smith, Cyril Windlass and Jo Genrich

Practice Coordinator - Jacinta Smith

Since commencing in the position of Practice Coordinator in November 2019, I have been kept extremely busy. I have found the role challenging and diverse, but very satisfying.

I oversee the day to day coordinating of the Reception, Transport and Practice Support Officer. In addition to this I attend to all Medicare billings and arrange locum doctors through recruitment agencies, and I work closely with RDWA to coordinate the specialist visits that they provide to us.

Due to COVID-19 restrictions we have been fortunate throughout the year to have ongoing specialist services delivered through telehealth consults.

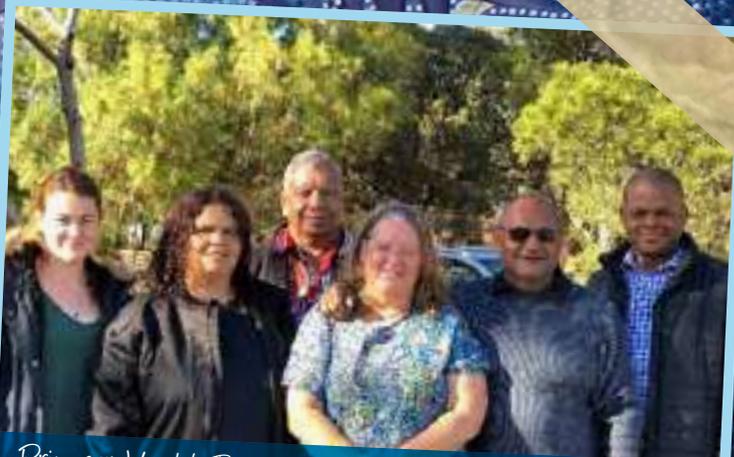
The shared platform with Communicare between the three Aboriginal health services, Nunyarra, Pika Wiya and CKAHSAC successfully took place on the 8th - 9th February 2020. Part of the split required ongoing data cleansing weekly.

Communicare provided one week of training onsite to Ceduna Koonibba Aboriginal Health staff on 16th - 10th March 2020 of all the new upgrades to Communicare and any further training staff required.

Communicare data cleansing is still required which is done once a week between the three sites on Tuesdays.



Geraldine Ware



Primary Health Team - Kristen Bobyk, Geraldine Ware, Con Miller, Karen Smith, Lincoln Dudley & Dr Mpangula

Clinic Coordinator - Geraldine Ware

I have been in this role for 4 years as the Clinic Team Coordinator, my role involves coordinating our clinic team and the chronic disease team, assisting with daily task and advocating for client's in our area or other regions, or if our clients are in Adelaide.

I am responsible for looking after our POT Machines, maintaining and calibrating and cleaning of the Machines, Clinic stock orders, DCA Cartridges, restocking shelves with equipment's for everyday use, Chaperoning Doctor's with client's.

We have had staff return back to work after they have been on leave, so welcome back, it's great that they are back, as we now have a full capacity of staff to share the load. We were very fortunate to have ACHSA Nurses and Locum Nurse to give us a hand, as our Practice Nurse was out of action due to unforeseen circumstances and hopefully will be back by the end of this year. We do Outreach services to Koonibba clinics on Tuesdays and Scotdesco clinic once a Month when we have Dr Nick Williams on board from ACHSA in Adelaide.

I also do the following:

- Clinic Team Meetings every month
- Restocking clinic rooms
- Stock Order for our Machines
- International Normalised Ratio test (INR)
- Genie expert TTango 2 Machine
- Outreach Clinics at Koonibba and Scotdesco
- Specialist Visits
- Allied Health Services

Aboriginal Health Worker/Male Outreach - Lincoln Dudley

Hi my name is Lincoln Dudley, I'm an AHW and I am the male Outreach worker

This is a Program Summary of the work that I do - Outreach to Koonibba Clinic

- Each Tuesday Outreach to Koonibba Clinic
- Outreach Scotdesco - once a Month
- Outreach Seaview Village
- Visit clients within Ceduna Community
- Health Checks on clients in Community
- Client support and education
- Taking clients Observation like blood pressure, blood sugar levels and weight
- Follow up recalls and performing HbA1C and ACR checks
- Check in on Elders who are living at home

Training and conferences attended:

- CRANA TRIAGE

Aboriginal Male Health Worker - Con Miller

Hi my name is Con Miller; I am an Aboriginal Male Health Practitioner employed here at CKAHSAC.

I commenced working for Ceduna Koonibba Aboriginal Health Service in December 2017 as the Male Sexual Health Worker. I really enjoyed my time working in this field of work especially when it came to the 6-week sexual health screenings. It was great to be working with the Aboriginal Health Council SA and to see the drive they had towards communities in sexual health and into the future for generations to come.

It was great to see our community being positive towards having sexual health checks done in my time as a Sexual Health Worker.

In 2018 I enrolled to do the Cert IV Aboriginal and Torres Strait Islander Primary Health Care Practice stream, while doing this training I commenced a new role as a Male Aboriginal Health Worker.

On 4th May 2020 I graduated as an Aboriginal Male Health Practitioner and look forward to the challenges ahead. I ask that our community stay strong and have your health checks done regularly. In saying that I leave you with this:

"A healthy attitude is contagious but don't wait to catch it from others, Be a carrier"

Aboriginal Health Practitioner - Karen Smith

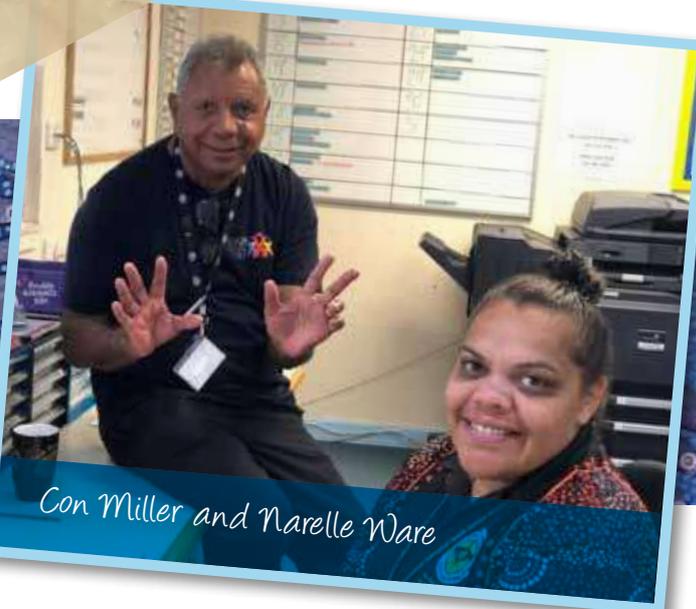
My name is Karen Smith. I have been working for CKAHSAC now since January 2016.

Over the past 12 months, I have been performing duties in a temporary capacity for a couple of positions within the Clinic. I was temporarily working as the Female Outreach Worker with Lincoln Dudley. In this role, I was out and about in the community doing a range of things like:

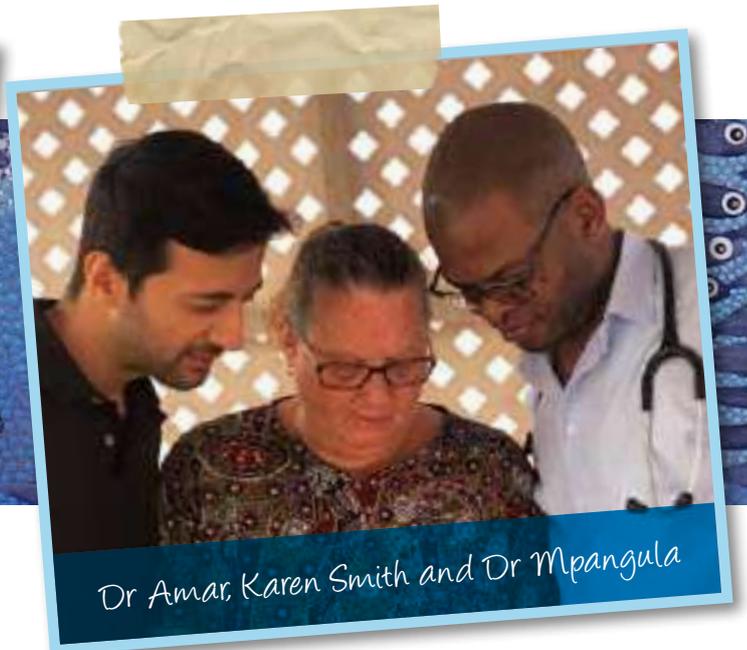
- Preparation for ATSI Health Checks and Chronic Disease Care Plans with clients using our portable laptop.
- Following up recalls like performing HbA1c and ACR checks, taking bloods etc.
- Taking clients observations like weight and BP, BSL checks.
- Checking on Elders who are living at home.
- Seaview Village each Monday and Friday for checks on residents.
- Each Tuesday at the Koonibba Clinic as the Aboriginal Health Practitioner to assist the doctor.
- Checking of medical supplies and equipment within the Koonibba Clinic.
- Client support and health education as appropriate to my qualifications.

Today, I am the female Aboriginal Health Practitioner within the Clinic. In this role I do observations on female clients prior to them seeing the doctor.

"I love what I do for my Community. I found my passion. I love life."



Con Miller and Narelle Ware



Dr Amar, Karen Smith and Dr Mpangula

- I follow up outstanding recalls and all checks required to complete these recalls.
- I offer ATSI health checks to clients and if necessary chronic disease care plan preparation for the doctor.
- Booking clients into relevant Allied Health services
- Assisting with specialist clinics.
- I also perform Sexual Health testing and follow up as necessary.
- I perform some of the Quality Control and Quality Assurance checks necessary on the equipment in our Point of Care room as required.
- I attend at the Koonibba Clinic on a Tuesday as required
- I provide outreach service as required.
- I am qualified to use the newly acquired Retinal (Eye) Imaging equipment for clients requiring follow up.
- I am qualified to do Tympanometry (Ear) testing which checks the pressure of the ear drum.
- I have completed training in Otitis Media (Ear).
- I also assist our doctors when requested as the Duty Officer.

The above is not a complete list of the things I perform in my job role but it's a pretty good overview of what can happen throughout my day.

In December 2018 I received my Certificate IV as an Aboriginal Health Practitioner after having been supported by the corporation to undertake the 2-year course. I still have it in me to further my knowledge of health and well-being and I believe further study is on the cards.

Aboriginal Health Practitioner - Kristen Bobyk

I began working at CKAHSAC in early 2017 as a part of the Integrated Team Care program where I had opportunity to build relationships in the Aboriginal community, assisting Aboriginal people with a chronic illness to help manage, prevent further implication, provide advocacy for people in need. I would quite often take clients to their appointments as an escort to further support them in attending their appointments in areas where travel was necessary.

In 2018 I was gifted an opportunity to take up studies under the support of Ceduna Koonibba Aboriginal Health Service in the Cert IV Aboriginal and/or Torres Strait Islander primary health care practice with AHCSA.

Kristen reflects on her time at AHCSA:

"During my time at AHCSA I learned so much about Aboriginal Health and clinical application, chronic disease management, child health, medications, mental health, sexual health, emergency services, documentation and ethics, holistic vs mainstream practices and the balance needed for the overall health of our community. I am very grateful for the lecturers at AHCSA, they are so patient and encouraging, which has made my learning experience very positive. I made many friends and forever connections with fellow passionate health workers. There was always a laugh to be had at AHCSA and it was definitely 'serious learning made fun!' It was a wonderful experience that I will never forget"

Kristen is now working in a clinical role within Ceduna Koonibba Aboriginal Health Service as the Female Health Worker, she enjoys her work and loves building relationships and continuing to support the women of the community.



Karen Smith taking the photos for the specialist



When the visiting Optometrist and Ophthalmologist are not here staff can take the photographs and email the pictures to the specialists for grading. They will email back their findings. This is used for our diabetic clients.



Operations Team Report

Operations Manager - Leeroy Bilney

Operations Manager, oversees the following programs, in areas such as;

- Social Emotional Wellbeing
- Gambling
- Integrated Team Care
- Health Promotions/Community Engagement
- Commonwealth Home Support Program
- National Disability Insurance Scheme
- Environmental Health

The focus around service delivery, is having the ability to utilise our staff across a broad range of areas, giving our community the options and care they need and deserve. We have continued to provide culturally appropriate services, building individual and family groups in understanding their health better and taking back control. Retaining staff is always a challenge; something we've been able to maintain for some time, whilst supporting personal and professional development. CKAHSAC prides itself in being a large employer of Aboriginal people, more so with leading the way in creating pathways for our next generation with a balance of younger employees coming through the ranks and taking up opportunities.

At the beginning of this reporting year, programs were planned, scheduled and delivered - offering client assessments, referrals to appropriate health providers, home visit services, follow up as required, local medical transport, liaise and arrange transport with appropriate services, liaise and arrange appointments, coordinate and liaise with other health providers involved with high risk and long term clients, attend meetings, general duties.

As the impact of COVID19 affected us all, we saw a decline in services, but as a response we were able to continue services with the appropriate precautions - transport to a minimum, client assessment to ensure they were informed of COVID and the measures to protect yourself while at home and liaise with other services via telecommunication or Zoom.

As a positive we identified creative ways to work together, retain our staff and support the community through the COVID uncertainty. Staff were stepping up and out of their comfort zones to really care for our community and this was a tremendous effort and I am proud of their commitment and professionalism throughout it all.

We continued to support professional development, exploring opportunities for staff to develop, and plan for beyond COVID, this has reassured a positive outlook keeping us motivated.

Community Home Support Program (CHSP)

The Community Home Support Program (CHSP) provides funding for a broad range of entry-level support services to assist people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) and who have functional limitations (including cognitive functions), to remain living independently at home and in their community.

CHSP services are delivered on a short-term, episodic or ongoing basis, with a strong focus on activities that support independence and social connectedness and considering each person's individual goals, preferences and choices.



CHSP Worker - Cyril Windlass

CHSP services provided are as follows:

Domestic Assistance

To provide the elderly with assistance with domestic chores to maintain their capacity to manage everyday activities in a safe, secure and healthy home environment.

Home Maintenance

To provide home maintenance services that assist clients to maintain their home in a safe and habitable condition. Maintenance services provided must be linked to assisting clients in maintaining their independence, safety, accessibility and health and wellbeing within their home environment.

As per the CHSP program manual this is defined as gardening services. CHSP does not provide cleaning of yards and rubbish removal. Gardening services are mowing of lawns and whipper snipping of high grass and weeds.

Meals

There are 2 main objectives under this activity, primary and secondary, CKAHSAC are currently only providing the secondary objective but are working towards providing the primary objective.

- Primary objective — To provide frail, older people with access to meals. (CKAHSAC are working towards potentially providing Meals on Wheels in the future)
- Secondary objective — To provide opportunities for social participation and interaction through provision of meals. (CKAHSAC currently provide meetings and lunches throughout the year)

Social Support Group

To assist frail, older people to participate in community life and feel socially included through structured, group-based activities that develop, maintain or support independent living and social interaction.

Social Support individual

To assist the elderly to participate in community life and feel socially included to the community by visiting, telephone contact and accompanied activities like shopping.

Ceduna Koonibba Aboriginal Health Service — Community Home Support Program encourage clients to record their specific needs in their Individualised Care Plans. Changes to care plans within the 12-month period can occur by following the care planning process.

Winter Packages

The clients, which consist of 60 clientele including Scotdesco and Koonibba Community clients received their winter packages during winter to help the clients feel warm as well as being safe in their own household.

The package's consisted of:

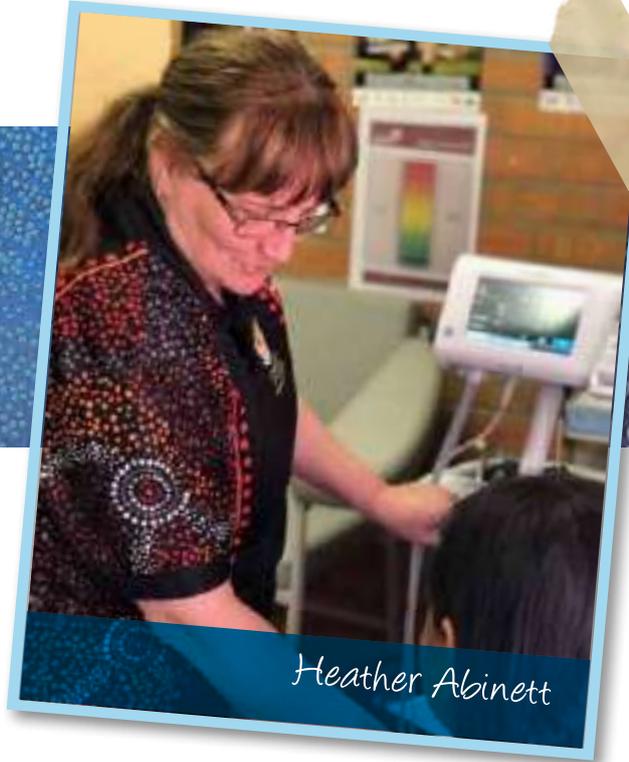
- 1 Luxury Mink Blanket
- 1 Weave Laundry Hamper
- 1 Oil Heater (If No Fireplace)
- 1 Promotional Gift Pack from CKAHSAC
- 1 Tower Clothes Airing



Cyril Windlass handing over a winter package to one of CKAHSAC's CHSP Clients



Natrina Dunn & Karla McIlwraith



Heather Abinett

Connected Beginnings / New Directions)

Child & Women's Health Coordinator - Heather Abinett, RN

Team Members

Natrina Dunn, Reuel Mundy, Sonearae Bilney, Karla McIlwraith, Heather Abinett

Delivering primary health care services tailored to the needs of Aboriginal and Torres Strait Islander families. we have a focus on partnering with parents, families and caregivers to have the best outcome for health and learning for their children.

- Child Health Checks
- Mother Health Checks
- Ear Health Checks
- Mothers and Babies Outreach program
- Paediatrician Clinic
- Women's Health Clinic
- Audiology Clinic
- ENT clinic
- Immunisations
- Pre-School and School Health Checks
- Antenatal care services
- Postnatal care Services

The Child Health Team work with families within Ceduna, Koonibba, and surrounding areas with a focus on preventative health, and to maintain and improve health outcomes. We partner with education providers to have the best possible outcomes for child health so that children are able to learn to the best of their abilities. We provide an annual program to pre-schools and schools for general health checks in term 1, and ear health checks in terms 2, 3 and 4.

We have an outreach clinic at Koonibba clinic every Monday Afternoon. We provide home visits as well as being available to children and families every day in Ceduna Koonibba Aboriginal Health Clinic.

We have had teleconferences with Connected Beginnings Teams all over Australia, as well as connecting regularly with education partners. Team members have been involved in Restorative Journey training, Upskilling with CARPA training and ASQ Trak (developmental milestones) training.



Child Health Kindy Indigenous Day

In the early stages of the COVID 19 pandemic there was a significant reduction in clinic services, but with appropriate precautions in place, the Child & Women's Health team are now able to offer our full range of services to the community.

The Child Health Team continue to provide and expand our programs, so that we reach out and partner with all families and organisations to provide the best health and education outcomes for children.

Our primary goal is for good health in our community, with everyone working together to have happy and healthy kids.

Our plan for the future is to offer families the option of a home visit to: - administer immunisations, do ear health checks, annual health checks, child and adult, and baby development checks. The home environment is a familiar environment and can help allay anxiety the child/ren may feel during the health checks/immunisations.



Virtual Training – COVID style – Donning and Doffing training with Maryanne from AHGSA



Reuel Mundy, Bobby-Ray Milne and Sonerae Bilney





Ashley Milera (Gambling Intervention Officer), Jodie Milne (ITC Coordinator), Patrick Sharpe (Chronic Disease Health Promotion and Community Engagement Officer) and Simone Miller (Social Emotional Wellbeing Worker/Narrative Therapist)

Integrated Team Care Program (ITC)

ITC Coordinator- Jodie Milne

ITC Outreach- Jerome Newchurch

The aim of the ITC program is to contribute to improving health outcomes for Aboriginal and Torres Strait Islanders with chronic health conditions through better access to coordinated and multidisciplinary care. We assist clients with transport and accommodation to attend specialist and allied health appointments. The ITC can provide support and advocacy for clients if required.

- Koonibba school diabetes education day.
- Education day with country outback health dietitian BBQ at Memorial Hall.
- Mental Health awareness day at CKAHSAC.
- First Aid training.
- CARPA training.
- Restorative Justice training.
- Child Safe Environment training.

ITC Assistance

- Specialist and Allied Health appointments assistance with clients with chronic disease.
- Sleep study including diagnostic respiratory testing, CPAP trials and purchasing.
- Optometry/Ophthalmology diabetes annual eye test, prescription glasses.

Due to COVID-19 Ceduna Koonibba Aboriginal Health had to reschedule or utilise teleconference for appointments which hopefully all goes back to normal in the near future. When restrictions ease further the team is hoping to run programs, workshops and information sessions in community to empower individuals with information to make better decisions about their chronic disease.

Chronic Disease Health Promotion and Community Engagement

Patrick Sharpe

Highlights and Achievements - The highlight during the COVID period was being a part of an organisation that took care for its employee's and the community and ensured that all restrictions imposed during the period were adhered to, and fully understood by the whole community. I believe that Ceduna Koonibba Aboriginal Health was the leading light during the COVID period, and that the community were well prepared in anticipation.

The year started off well.

The wellness program groups have had a great turnout up to our break in December and resuming on the 6th January, however the program was postponed due to the COVID-19.

- The lady's group was well attended with 4 new clients starting at this time along with the original 6/7 clients. With registered numbers swelling to 18 at one stage.
- The male's group was slow to start with only 5 clients attending; however, these numbers also rose until COVID interrupted our momentum.
- The youth and the over 50's groups were running well with steady numbers.

CKAHSAC were due to start 2 new physical activity programs in the new year, however both programs have been postponed due to COVID-19.

- Strength and balance program provided through Arthritis Australia - this program was set to start in February with the service agreement having just been signed by both parties.
- Iron Bark Project is a research project through Flinders University and George Institute for Global Health - this project was set to start in March. Delivery has been postponed.

Since the COVID-19 Pandemic my role has moved to a more education and promotion role. By ensuring that current, relevant and culturally sensitive information is provided to staff and community around COVID-19, including what are safe practices and what are the guidelines for community, what are the impacts on chronic illness clients/population. I have also been keeping the CKAHSAC Facebook page up to date with the information.

I have been supporting all program teams with service delivery during COVID-19 with assistance in the rostering, information release, creation of pamphlets, and general relief efforts when required. As we are taking a more active role in ensuring that I.T. is in place for staff that may be required to work from home during this period. This has required the re-imagining of the work computers, ensuring that the corporation has enough laptops, WIFI dongles, etc.

Future Directions - When restrictions ease further the team is hoping to run programs, workshops and information sessions in community to empower individuals with information to make better decisions about their future.

To further engage with the community through planned events, and programs that are community driven.

Social Emotional Wellbeing (SEWB)

Social Emotional Wellbeing Worker/Narrative Therapist - Simone Miller

A big highlight for the year would be the Traditional Healers' visit to Ceduna in August 2019. We had 50 or more clients both Indigenous and Non-Indigenous access this service which has proven to be a very popular program. We had 27 clients access the psychiatrist service.

The team regularly attended Vulnerable Persons meetings and Alcohol and Other Drugs (AOD) meetings.

The team started off very positive, planning programs in advance but unfortunately that came to a standstill with the emergence of COVID -19. Changes had to be made to the way we function as a team when out amongst community. With this in mind, client contact was via phone and meetings were held via zoom.

We assisted other programs to put information around COVID-19 out into community to ensure community members were armed with appropriate information to protect family and community. A few communities had bio security restrictions in place which made it difficult to run workshops or go door knocking.

When restrictions ease further the team is hoping to run programs, workshops and information sessions in community to empower individuals with information to make better decisions about their future.

Gambling Intervention

Gambling Intervention Officer/SEWB - Ashley Milera

The responsibility of the Gambling Intervention Officer is to promote safe gambling across our community, with regular visits to the licensed gaming venues in town and providing advice to community on how they can reduce harm caused through gambling.

It is rare that problem gambling happens in isolation from other issues, issues that can have a real impact on people's health and wellbeing. Typically, someone who is having problems with gambling will also be experiencing high levels of stress and anxiety or depression. The advantage of having the gambling program based within the health service is that we are able to provide a more holistic response to problem gambling recovery, helping both individuals and their families get their lives back on track.

A highlight of the year was travelling to Adelaide to attend a Narrative Therapy Workshop accompanied by Cyril Windlass and Sheree Jones. At the workshop we learnt techniques that can support someone in telling their personal story of recovery and share it with others. In the next 12 months I will work with the Flinders University Aboriginal Gambling team to develop workshops tailored to our community. The purpose of the workshop is to learn how to support to tell personal stories of recovery.

I have used my knowledge of the community to reach out to people who are known to have problems with gambling. I have developed and co-facilitated gambling workshops in Ceduna and Koonibba as part of Gambling Harm Awareness Week. A total of 21 people attended these presentations. I will continue to work closely with clients in the community that have been affected by problem gambling under the COVID-19 guidelines. The SEWB Team did exceptional work throughout the COVID-19 pandemic, taking into consideration changes had to be made in the way we would normally work. We managed to stay in touch with most clients to make sure they were going ok.



Ashley Milera, AOD worker with Lawrence Benbolt, CHSP

Seaview Village Aged Care

Acting Community and Residential Care Coordinator - Daxene Miller followed by Marianne Jacobsen

Seaview Village offers low level supported residential accommodation for Aboriginal or Torres Strait Islander people or those recognised as a member of the Aboriginal family and live in the Eyre Peninsula and they may have family links to the local community, who are independent but needing some help and respite care for people who usually live at home but need to give their families a rest.

The facility has 9 self-contained fully air-conditioned units. Each unit has its own bedroom, kitchenette, ensuite bathroom and personal garden. There is a space to accommodate 1 respite care room and bed and is staffed by a coordinator, team leader, admin support officer, six permanent part-time care workers, three casual care workers and a cleaner.

SV have four residents currently, three residents had been discharged and one respite query.

Photo below is taken and used for this report with our resident's approval, doing his choice of activity in his own room.

Highlights and Achievements

- Marianne Jacobsen started Community and Residential Care Coordinator role on the 1st April 2020.
- Four permanent and one casual care workers are enrolled at TAFE in Certificate III in Individual Support and currently finished their third unit.
- SV staff are dedicated in providing services to our residents even in difficult times with a lot of restrictions in place due to COVID-19.

Sobering Up Unit

**Coordinator - Denise Karagiannis (Retired 28.01.20)
Acting Coordinator - Marianne Jacobsen**

Highlights and Achievements

- Achieved Community Services Work Certificate III- Jillian Miller completed. Mike Pipe well on his way to completion.

Training and conferences attended

- SUU staff are enrolled at TAFE in Community Services Work Certificate III
- Michael and Marianne Jacobsen are enrolled at TAFE in Alcohol and Other Drug Context

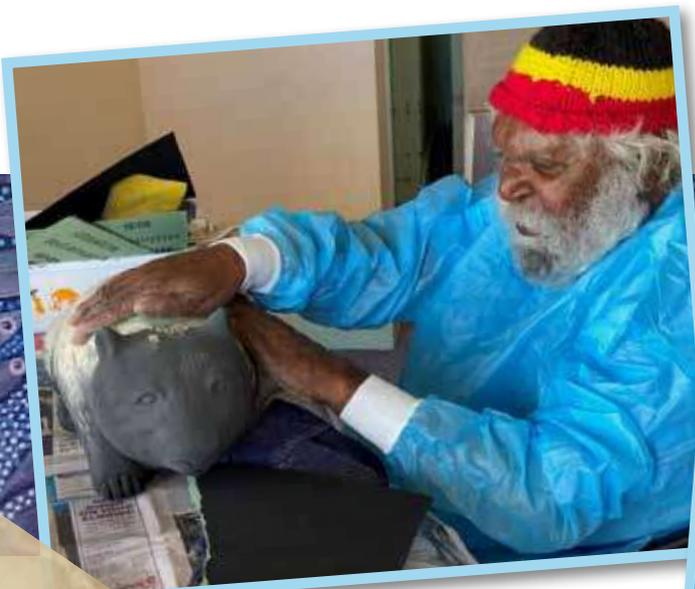
Sobering up service aim to care for intoxicated persons in the social welfare system rather than the criminal justice system.

The unit provides a safe and caring environment in which intoxicated people can rest and recover. This is a safe alternative to "sleeping rough" and to police custody for those people deemed to be at risk under the Public Intoxication Act.

The unit has twenty-one beds and operates twenty-four hours per day, seven days a week and is staffed by a coordinator, ten permanent part-time care workers and 4-5 casual workers.

We were 314 clients down from last year, but this was due to the pandemic, causing clients to be locked down for several months in their homelands.

SUU staff have proven themselves as being highly motivated and dedicated in providing a valuable service to our clients. In difficult circumstances, staff maintain service delivery of an exceptionally high standard and they are to be commended on their professionalism.



Daxene Miller in her role as Acting Coordinator at Seaview Village in discussion with one of the residents.



Sobering Up Unit Staff



Shellander Champion

National Disability Insurance Scheme

NDIS Community Engagement Officer/NDIS Service Coordinator - Shellander Champion

The NDIS team delivered community engagements, facilitated meetings, hosted events, linked clients to allied therapeutic services, provide individuals support and case management to clients. Together with providing education on the scheme and delivering information to the Far West Coast community.

The outcomes for the NDIS project have been very challenging - not having suitable providers, existing providers with full capacity and stakeholders not having the education about the National Disability Insurance Scheme.

The achievement that CKAHSAC has imprinted has built the knowledge of the NDIS through the health system and the individual teams:

- Child Health Team.
- Social Emotional Wellbeing Team.
- Community Home Support Program.
- Integrated Team Care.

The good story 1.

A non-indigenous client wheelchair dependent came to the clinic to request NDIS information. I was able to provide information and education. We then applied to access the scheme and were successful. Once approved by the agency the client was then able to access funds to a variety of services.

The good story 2.

An Aboriginal client wheelchair dependent presented at the clinic, wanting supports and education regarding the NDIS and how can they access supports. Soon after the introduction, she raised concerns that she would like another service. With this I successfully transferred the client from a NDIS Registered provider to a Non-Registered provider on the grounds that she was happy with her new choice of services.

Unfortunately, the NDIS program has not been funded to extend. With this in mind the Ceduna Koonibba Aboriginal Health Service will still be required to provide a duty of care for people living with a disability. The clinic will need to set a goal in educating themselves with the NDIS and training around Communicare data. The program teams will need to deliver individuals supports from; CHSP, Health Promotion, SEWB and ITC.

The program has proved to be quite difficult, with repetitive education throughout the community and stakeholders. Our duty was to provide people living with a disability the right choice and control and service throughout project plan Yadu Gateway.

NDIS is always changing/updating and it is our responsibility to deliver the message to our teams and organisation.

Supporting our clientele is our number one goal - we go above and beyond to provide services to the community - whether its individual, advocating, promoting, administration and liaising. We have done it all.

Corporate Services Team Report

2019/2020 has been a year of many changes for the Corporate Services Team. With the implementation of the new Aged Care Standards, modifications to funding and reporting requirements, as well as numerous staffing changes, it has certainly been a year of challenges and transformations.

Exciting things have been happening behind the scenes here at CKAHSAC. A lengthy planning period has been underway for the upcoming change of our name, including much deliberation over local artists submissions for inclusion in the new logo. This has been a time of great progress and reinvigoration for the Corporation, as with any change brings a sense of a fresh feel and forward motion for us and the community as a whole.

The Jawun Emerging Leaders Program has continued through the financial year, which has brought new fresh ideas into the organisation and some talented individuals we have all learnt from. The main body of work undertaken by Jawun secondee Justine Oh, revolved around a complete revamp and improvement of CKAHSAC's website. This is yet to go live, however once it is implemented, it will provide a much-needed resource for the clients of CKAHSAC and community as a whole, including a much more user-friendly interface for everyone to access. We can't wait to show it to you all!

Finally, special thanks needs to go to each and every member of the Corporate Services Team, it has been a year of many changes and the team has taken it in stride and continued to complete the important behind the scenes work required to keep the Corporation running, well done to each and every one of them.

Accreditation Programs

CKAHSAC now works within three separate Quality Standard Programs, after the merging of the Community Care Common Standards for CHSP and the National Aboriginal and Torres Strait Islander Flexible Aged Care Standards for Seaview Village into the one and newly implemented Aged Care Quality Standards:

- Quality Improvement Council (QIC), 7th Edition Health and Community Standards
- Royal Australian College of General Practitioners (RACGP) 5th Edition Clinical Standards
- Aged Care Quality Standards

2019/2020 included review of the RACGP standards and a full review of our services under the Aged Care Quality Standards. This was a major process and piece of work for the organisation, as with the implementation of any new standards brings an opportunity to review and update processes to ensure the standards are not only met, but processes improved upon as part of the review.

A huge amount of work has been completed, especially by the team at Seaview Village, to meet these standards and ensure a more improved and streamlined set of systems is in place around the care for our residents and clients of CHSP.

It has been a great opportunity to review our systems and improve them to the benefit of our people and community.

Jo Genrich was an amazing driving force behind the review of our RACGP Accreditation at the end of 2019. With Jo's help, coordination and review of our clinical systems and processes, the external review and regain of our RACGP Accreditation was a smooth and well-planned process. Huge thank you to Jo for her work on this!

People and Culture

People and Culture Coordinator - Lee-Ann Miller

The People and Culture Coordinator is responsible for planning, coordination and administration of all Human Resource functions. This includes employment contracts, inductions, performance management processes, recruitment and selection, grievance and conflict resolution, development and negotiations of CKAHSAC's Enterprise Agreements.

CKAHSAC has a strong commitment to our employees and our workplace culture. Throughout the People and Culture function, we not only ensure we are maintaining legislative and quality standard compliance with our Human Resource Records, but also ensure we are supporting our staff as individuals to achieve the best outcome we can.

Areas we have been working on to improve over the last twelve months is: -

- Development of Human Resource online access and availability to employment contracts.
- Continuing to update and create an informative and active EAP platform with access for all employees.
- Employment contract developments that align to CKAHSAC's strategic directions.
- Finalisation of the Workforce Development Plan aimed at increasing the capacity and capabilities of our employees and the community.



Lee-Ann (People and Culture Coordinator), Jessi (Executive Assistant) and Shelley (Administration Support Officer)



Finance Team, Judith, Kelly and Sandra

In early March 2020 the onset of The Coronavirus. COVID-19 was announced and soon after was labelled a global pandemic. COVID-19 added significant pressures on an already stretched workforce to come up with new ways to communicate, problem solve and administer the effects of this event.

One of the biggest visible impacts of the virus has been on the Organisation and the re structure of the workplace. Work-from-home (WFH) became the immediate solution for many staff to ensure business continuity. COVID-19 increased the importance of the 'human connect' aspect of the HR function. Amid a rapidly unfolding health crisis, the corporation geared up to provide critical communication on safety protocols and hygiene practices, along with emergency numbers, lists of hospitals and guidelines for quarantining and isolating.

Future Directions

In continuing with our approach to be a best practice organisation we are continuously planning for our future directions. Our plans for the 2020/2021 financial year include:

- Implementation of the Workforce Development Plan
- Implementation of the Communication and Marketing Strategy
- Transition to an online Human Resource Management Software package

Facility Upgrades

Facilities and Maintenance Officer - Jamie Davies

There were a number of upgrades throughout CKAHSAC during the 2019/2020 year.

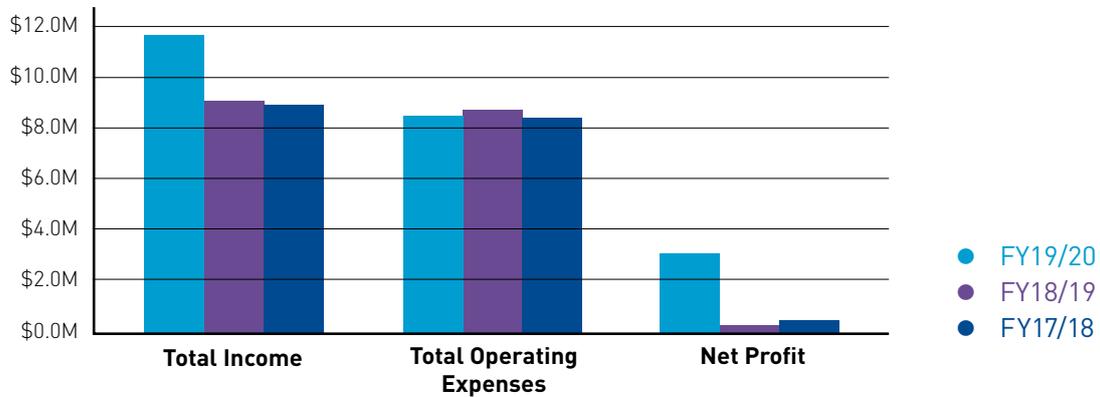
Two of the leased vehicles were upgraded, one being a Hiace the other a Commodore wagon. Both vehicles were upgraded to Toyota Grandvia's. The Grandvia's are people movers with high-end spec's for safety, important for keeping both our staff and clients safe.

Also upgraded were the floor coverings in the clinic. The carpet was removed, and commercial grade vinyl was layed in its place. This project was undertaken over three weekends with the removal of the carpet, levelling of the floor and the laying of the vinyl. The vinyl being a more hygienic option for the clinic space.

Due to the COVID-19 pandemic, CKAHSAC implemented a sanitisation spray and fogging program. This deep cleaning program was carried out weekly throughout the building. The product that was used destroys germs and bacteria associated with COVID-19 as well as the common cold and flu. A recommendation would be that CKAHSAC continue with the program every flu season to keep our staff and clients safe.

Financial Performance

	FY19/20	FY18/19	FY17/18
Total Income	\$11,794,171	\$9,111,652	\$9,017,453
Total Operating Expenses	\$8,590,272	\$8,788,893	\$8,508,321
Net Profit	\$3,203,899	\$322,759	\$509,132

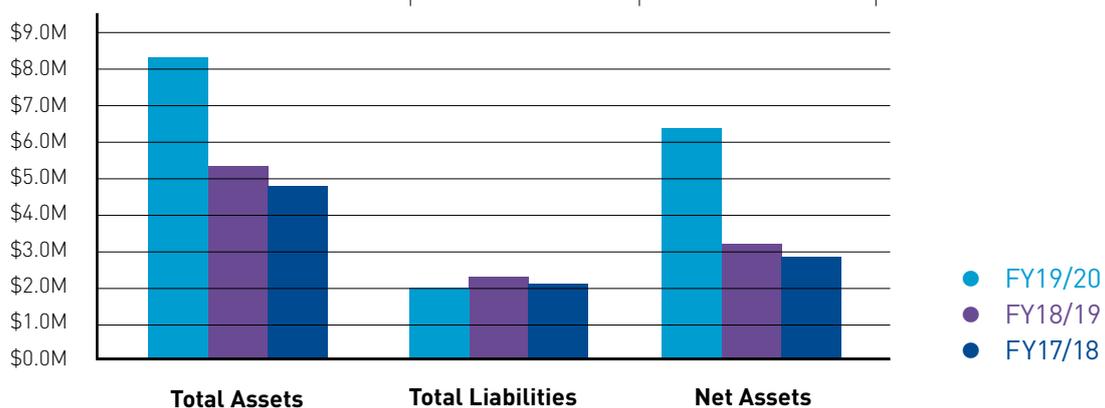


Expense Breakdown

	FY19/20	FY18/19	VARIANCE	
Employment	\$5,517,852	\$5,253,946	\$263,906	5%
Other Operating Expenses	\$2,241,030	\$2,359,405	(\$118,375)	-5%
Unexpended Funds	\$831,390	\$1,175,542	(\$344,152)	-29%

Comparative Balance Sheet Position

	Total Assets	Total Liabilities	Net Assets
FY19/20	\$8,327,174	\$1,946,800	\$6,380,374
FY18/19	\$5,345,565	\$2,169,090	\$3,176,475
FY17/18	\$4,846,779	\$1,993,063	\$2,853,716



Working Capital/Solvency

	FY19/20	FY18/19	Variance
Current Assets	\$4,472,271	\$3,933,214	12%
Current Liabilities	\$1,924,913	\$2,134,212	-11%
RATIO	2.32	1.84	

ICT Report

Network Operations Manager - Dan Kyr

The 2019-20 financial year has been one of the busiest, successful and yet transformational years that the Joint Venture has ever experienced since its inception.

In September of 2019, all three Organisations met in Port Lincoln to discuss the future directions of the Joint Venture. Having previously agreed on a technical pathway forwards, Nunyara Aboriginal Health Service inc (NAHS), Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation (CKAHSAC), and Pika Wiya Health Service Aboriginal Corporation (PWHS) attended a strategic meeting facilitated by Dr Michael Kyr of the consultancy group Ingenium.

The outcome saw all three organisations renew their commitment to the Joint Venture Platform and the arrangement and the potential benefits that were to be derived from it.

In October 2019, after intensive work in building, development and testing, the Joint Venture in conjunction with their Managed Service Provider Oreta, migrated all three services to its new enterprise platform.

A Microsoft Hosted Desktop enterprise grade solution was implemented and based around providing improved access to clinical systems for the services. The additional benefit was to give users a desktop experience that they were lacking in the app centric Citrix Xenapp solution.

The design of the new platform also further allowed for the shared Communicare database to be split into three individual databases. The 'shared' version of Communicare, utilised by Yadu, Nunyara and Pika Wiya, was unique to any other Aboriginal Community Controlled Health Organisation in Australia.

First implemented in 2009, the shared Communicare database did not align with the standard reporting tools imposed a significant reporting burden on the three Aboriginal Community Controlled Health Organisation's.

The official 'Communicare Split' went live on Monday 10th February 2020 and was a resounding success; with an astronomical effort from each of the services and spearheaded by Tanya Darke.

A massive thank you to Nunyara Aboriginal Health Service Inc. for continually supporting the IT Projects as the lead agent, and also to the Communicare Administrators from each of the 3 sites, the Communicare Split Project could not have come to fruition without your hard work and dedication.

Other notable projects over the period were the upgrade of the file and print server to continue to supply better and more effective IT to the services.

The ownership management team also assisted an extensive review of the IT systems as commissioned by Pika Wiya who had engaged Trevor Gormley of Embrace Solutions Australia.

Sadly, in May 2020, Pika Wiya formally notified the other Joint Venture partners that it intended to exit the Joint Venture arrangement and pursue their own IT solutions. The exit was to be done under the principal of "No Harm" so as to minimise the impact of the exit on the remaining parties.

PWHS formally appointed Rob Wallace of Balance HR as the project manager for this process and after some negotiations a timeline of September 2020 for PWHS to exit was agreed on.

The remaining Joint Venture partners wish Pika Wiya all the best luck on their journey going forwards and thank them for the involvement with the Joint Venture relationships since their earliest participation back in 2006.

Communicare Split Overview



Data Cleansing

Consists of the discovery of errors in a data record (Communicare) and the removal or correction of the identified mistake. Several hundreds of hours were spent data cleansing prior to the split.



When clinical information is recorded correctly, health providers can easily find correct diagnoses and other important information in the clinical record such as BPs, HbA1cs, or when the last pathology test was done and the results.



Past Clients

of client records on the shared database are past clients:
"No services in previous 2 years"

Total number of
CLINICAL RECORDS

25,985

23,500+

items were
cleansed during the
**COMMUNICARE
SPLIT PROJECT.**



THANK YOU

Thank you to all the staff who contributed to our annual report by way of articles, photos, production and distribution. A special thank you to Print Junction and in particular Luke Burton for their assistance and support, along with amazing creativity and design efforts in putting together this report.

ACKNOWLEDGEMENT OF FUNDING BODIES

Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation formally wishes to thank all our funding bodies for their continued support throughout 2019/20. We would not be able to support the Aboriginal People of Ceduna and surrounding communities without your help



Australian Government
Department of the
Prime Minister and Cabinet



Australian Government
Department of Health



Australian Government
Department of Social Services



**Government
of South Australia**
Country Health SA



**Government
of South Australia**
Department of Human Services



**Government
of South Australia**
Department of Human Services



An Australian Government Initiative





CKAHSAC Financial Reports

FOR THE YEAR ENDED 30 JUNE 2020

ABN 92 498 922 417

Board of Directors' Declaration	44
Statement of profit or loss and other comprehensive income	45
Statement of financial position	46
Statement of changes in equity	47
Statement of cash flows	48
Notes to the financial statements	49
Auditor's independence declaration	65
Independent auditor's report	66



Galpins

Accountants, Auditors & Business Consultants

Yadu Health Aboriginal Corporation
ABN 92 498 922 417

FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020



Mount Gambier
233 Commercial Street West
PO Box 246, Mount Gambier SA 5290
DX 29044
P: (08) 8725 3068
F: (08) 8724 9553
E: admin@galpins.com.au

Stirling
Unit 4, 3-5 Mount Barker Road
PO Box 727, Stirling SA 5152
P: (08) 8339 1255
F: (08) 8339 1266
E: stirling@galpins.com.au

Norwood
3 Kensington Road, Norwood SA 5067
PO Box 4067, Norwood South SA 5067
P: (08) 8332 3433
F: (08) 8332 3466
E: norwood@galpins.com.au

www.galpins.com.au

**Yadu Health Aboriginal Corporation
ABN 92 498 922 417**

FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2020

CONTENTS

	Page
Director's Declaration	3
Statement of Comprehensive Income	4
Statement of Financial Position	5
Statement of Changes in Equity	6
Statement of Cash flows	7
Notes to the financial statements	8
Auditor's Independence Declaration	24
Independent Audit Report	25



Yadu Health Aboriginal Corporation
For the year ended 30 June 2020

DIRECTORS' DECLARATION

The Directors of the company declare that:

- 1 The financial statements and notes set out on the following pages are in accordance with the Corporations (Aboriginal & Torres Strait Islander) Act 2006:
 - (a) Comply with Accounting Standards; and
 - (b) Give a true and fair view of the financial position as at 30 June 2020 and of the performance for the year ended on that date of the company; and
- 2 In the Directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable

This declaration is made in accordance with a resolution of the Board of Directors.

Director  _____

Director  _____

Dated this 29th day of September 2020

Yadu Health Aboriginal Corporation
ABN 92 498 922 417

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 \$	2019 \$
Revenue	2	9,290,848	9,103,794
Resources received free of charge	3	2,411,149	-
Employee remuneration		(5,517,852)	(5,253,946)
Depreciation and amortisation expense		(217,217)	(153,854)
Bad and doubtful debts expense	4	-	-
Equipment - less than \$1,000		(35,811)	(64,799)
Motor vehicle expenses		(112,235)	(145,313)
Utilities expense		(144,886)	(113,018)
Repairs and maintenance		(33,434)	(38,184)
Staff training and development expenses		(33,456)	(71,386)
Audit, legal and consultancy fees		(247,740)	(163,104)
Client support services expenses		(276,141)	(360,619)
Unexpended funds		(831,390)	(1,175,542)
Locum expenses		(282,421)	(438,395)
Interest expenses		(605)	-
Sundry expenses		(764,910)	(802,875)
Current year operating surplus		<u>3,203,899</u>	<u>322,759</u>
Other comprehensive income		-	-
Total comprehensive income for the year		<u>3,203,899</u>	<u>322,759</u>

The accompanying notes form part of these financial statements.



Yadu Health Aboriginal Corporation
ABN 92 498 922 417

STATEMENT OF FINANCIAL POSITION AS AT ENDED 30 JUNE 2020

	Note	2020 \$	2019 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	4,449,435	3,804,635
Accounts receivable and other debtors	6	22,836	128,579
TOTAL CURRENT ASSETS		<u>4,472,271</u>	<u>3,933,214</u>
NON CURRENT ASSETS			
Property, plant and equipment	7	3,797,465	1,400,529
Intangibles	8	7,410	11,822
Right of use assets	9	50,028	-
TOTAL NON CURRENT ASSETS		<u>3,854,903</u>	<u>1,412,351</u>
TOTAL ASSETS		<u>8,327,174</u>	<u>5,345,565</u>
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable and other payables	10	1,471,476	1,743,298
Leases	11	17,482	-
Employee provisions	12	435,955	390,914
TOTAL CURRENT LIABILITIES		<u>1,924,913</u>	<u>2,134,212</u>
NON CURRENT LIABILITIES			
Leases	11	5,749	-
Employee provisions	12	16,138	34,878
TOTAL NON CURRENT LIABILITIES		<u>21,887</u>	<u>34,878</u>
TOTAL LIABILITIES		<u>1,946,800</u>	<u>2,169,090</u>
NET ASSETS		<u>6,380,374</u>	<u>3,176,475</u>
EQUITY			
Retained surplus		6,380,374	2,112,100
Reserves	13	-	1,064,375
TOTAL EQUITY		<u>6,380,374</u>	<u>3,176,475</u>

The accompanying notes form part of these financial statements.

Yadu Health Aboriginal Corporation
ABN 92 498 922 417

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2020

	Note	Retained surplus \$	Capital reserve \$	Asset replacement reserve \$	Total equity \$
Balance at 1 July 2018		1,769,098	1,014,390	70,228	2,853,716
Comprehensive income					
Operating Surplus for the year		322,759	-	-	322,759
Other comprehensive income for the year		-	-	-	-
Transfer (from) to Capital Reserve	13	20,243	(20,243)	-	-
Transfer (from) to Asset Replacement Reserve	13	-	-	-	-
Total equity movements attributable to members of the entity		343,002	(20,243)	-	322,759
Balance at 30 June 2019		2,112,100	994,147	70,228	3,176,475
Balance at 1 July 2019		2,112,100	994,147	70,228	3,176,475
Comprehensive income					
Operating Surplus for the year		3,203,899	-	-	3,203,899
Other comprehensive income for the year		-	-	-	-
Transfer (from) to Capital Reserve	13	994,147	(994,147)	-	-
Transfer (from) to Asset Replacement Reserve	13	70,228	-	(70,228)	-
Total equity movements attributable to members of the entity		4,268,274	(994,147)	(70,228)	3,203,899
Balance at 30 June 2020		6,380,374	-	-	6,380,374

The accompanying notes form part of these financial statements.

Yadu Health Aboriginal Corporation
ABN 92 498 922 417

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 \$	2019 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Commonwealth, State and Local Government grants		8,779,705	8,900,854
Interest received		15,782	28,911
Other receipts		914,138	872,158
Payments to suppliers and employees		(8,394,725)	(8,801,096)
Net GST (paid)/refunded		(444,711)	(463,727)
Net cash generated from operating activities	15	870,189	537,100
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		-	-
Payment for property, plant and equipment		(188,663)	(116,178)
Net cash from/(used in) investing activities		(188,663)	(116,178)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of finance liabilities		(36,726)	-
Net cash from/(used in) financing activities		(36,726)	-
Net increase/(decrease) in cash held		644,800	420,922
Cash and cash equivalents at beginning of the financial year		3,804,635	3,383,713
Cash and cash equivalents at end of the financial year	5	4,449,435	3,804,635

The accompanying notes form part of these financial statements.

Yadu Health Aboriginal Corporation
ABN 92 498 922 417
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

The financial statements cover Yadu Health Aboriginal Corporation as an individual entity, incorporated and domiciled in Australia. Yadu Health Aboriginal Corporation is incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and is a Corporation limited by guarantee.

The Corporation, previously named Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation), changed its name with the Registrar of Aboriginal and Torres Strait Islander Corporations on 11 December 2019.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Corporations (Aboriginal & Torres Strait Islander) Act 2006 (Cth), Australian Accounting Standards - Reduced Disclosure Requirements and other authoritative pronouncements of the Australian Accounting Standards Board. The Corporation is permitted to apply the Tier 2 reporting requirements (Australian Accounting Standards - Reduced Disclosure Requirements) as set out in AASB 1053 Application of Tiers of Australian Accounting Standards because it is a not-for-profit private sector Corporation. The Corporation has adopted AASB 2010-2 Amendments to Australian Accounting Standards Arising from Reduced Disclosure Requirements. Australian Accounting Standards set out accounting policies that the Australian Accounting Standards Board has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of the financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

New and Amended Accounting Standards Adopted by the Entity

Initial application of AASB 16

The Entity has adopted AASB 16 Leases retrospectively with the cumulative effect of initially applying AASB 16 recognised at 1 July 2019. In accordance with AASB 16 the comparatives for the 2019 reporting period have not been restated.

The Entity has recognised a lease liability and right-of-use asset for all leases (with the exception of short-term and low value leases) recognised as operating leases under AASB 117 Leases where the Entity is the lessee.

The lease liabilities are measured at the present value of the remaining lease payments. The Entity's incremental borrowing rate as at 1 July 2019 was used to discount the lease payments.

The right of use assets for the remaining leases was measured and recognised in the statement of financial position as at 1 July 2019 by taking into consideration the lease liability, prepaid- and accrued lease payments previously recognised at 1 July 2019 (that are related to the lease).

The following practical expedients have been used by the Entity in applying AASB 16 for the first time:

- for a portfolio of leases that have reasonably similar characteristics, a single discount rate has been applied.
- leases that have remaining lease term of less than 12 months as at 1 July 2019 have been accounted for in the same way as short-term leases
- the use of hindsight to determine lease terms on contracts that have options to extend or terminate



Yadu Health Aboriginal Corporation

ABN 92 498 922 417

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

- applying AASB 16 to leases previously identified as leases under AASB 117: Leases and Interpretation 4: Determining whether an arrangement contains a lease without reassessing whether they are, or contain, a lease at the date of initial application.
- not applying AASB 16 to leases previously not identified as containing a lease under AASB 117 and Interpretation 4.

The Entity's weighted average incremental borrowing rate on 30 June 2020 applied to new lease liabilities occurring in 2019-20 was 5.0%.

Initial application of AASB 15 and AASB 1058

AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-Profit Entities has been applied from 1 July 2019. Revenue from grantors is recognised either on receipt of the grant or upon the performance of separate specific performance obligations contained in the grant agreement. Some of the Entity's grant agreements have separate specific performance obligations and so in those cases revenue is deferred until those obligations have been satisfied. A review of prior year grant agreements indicated that no adjustments to comparative data would have been required to retrospectively comply with the new standards.

Accounting Policies

a. Revenue

The Corporation receives assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116 and AASB 138.) On initial recognition of an asset, the Corporation recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer).

The Corporation recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

Operating Grants, Donations and Bequests

When the Corporation received operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the Entity:

- identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfies its performance obligations

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Corporation:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Corporation recognises income in profit or loss when or as it satisfies its obligations under the contract.

Yadu Health Aboriginal Corporation
ABN 92 498 922 417
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

Capital Grant

When the Corporation receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer) recognised under other Australian Accounting Standards.

Interest Income

Interest income is recognised using the effective interest method.

All revenue is stated net of the amount of goods and services tax.

b. Fair Value of Assets and Liabilities

The Corporation measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the Corporation would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques.

These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from either the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability) or, in the absence of such a market, the most advantageous market available to the entity at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities may be valued, where there is no observable market price in relation to the transfer of such financial instruments, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

c. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Freehold property

Freehold land and buildings are shown at cost or fair value based on periodic, valuations by external independent valuers, less subsequent depreciation for buildings.

In periods when the freehold land and buildings are not subject to an independent valuation, the Directors conduct Directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings that have been contributed at no cost or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Corporation and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss in the financial period in which they are incurred.

Plant and equipment that have been contributed at no cost or for nominal cost are recognised at the fair value of the asset at the date it is acquired.

Software

Software are measured on the cost basis and are therefore carried at cost less accumulated amortisation and any accumulated impairment losses. Software has an estimated useful life of between one and five years. It is assessed annually for impairment.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight-line (buildings) or diminishing-value basis over the asset's useful life to the entity commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Buildings	2.5%
Plant and equipment	7 – 33%
Motor Vehicles	22.5 - 25%
Software	33 – 40%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

d. Leases

The Entity as Lessee

At inception of a contract, the Entity assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Entity where the Entity is a lessee. However, all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Entity uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Entity anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

e. Employee Provisions

Short term employee provisions

Provision is made for the Corporation's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The Corporation's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of current trade and other payables in the statement of financial position.

Other long-term employee provisions

Provision is made for employees' annual leave entitlements not expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates approximating the terms of the obligations. Any remeasurements of other long-term employee benefit obligations due to changes in assumptions are recognised in profit or loss in the periods in which the changes occur.



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

The Corporation's obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the corporation does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions.

Retirement benefit obligations

Defined contribution superannuation benefits

All employees of the Corporation receive defined contribution superannuation entitlements, for which the Corporation pays the fixed superannuation guarantee contribution (currently 9.5% of the employee's average ordinary salary) to the employee's superannuation fund of choice. All contributions in respect of the employee's defined contribution entitlements are recognised as an expense when they become payable. The Corporation's obligation with respect to employee's defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the Corporation's statement of financial position.

f. Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

g. Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(m) for further discussion on the determination of impairment losses.

h. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

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 ATO is included with other receivables or 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 ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

i. Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the Income Tax Assessment Act 1997.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

j. Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result, and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

k. Comparative Figures

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

l. Accounts Payable and Other Payables

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Corporation during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

m. Critical Accounting Estimates and Judgements

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

Key estimates

Impairment

The Corporation assesses impairment at the end of each reporting period by evaluating conditions and events specific to the Corporation that may be indicative of impairment triggers.

Key Judgements

Provision for impairment of receivables

The corporation assesses the recoverability of the outstanding receivables at the end of each reporting period, and where deemed necessary, raises a provision for doubtful debts.

n. Economic Dependence

Yadu Health Aboriginal Corporation (Aboriginal Corporation) is dependent on the Eyre and Far North Local Health Network Incorporated, Department of Health and Ageing and the Department for Families and Communities for grant funding to carry out its objectives and the provision of Aboriginal Health Services. At this date the Directors have no reason to believe that the above entities will not continue to support Ceduna Koonibba Health Service (Aboriginal Corporation). The future operations of the Corporation are dependent upon achieving operating surpluses and positive operating cash flows.

o. Impact of COVID-19 Pandemic

The COVID-19 pandemic has not had a material impact on the operations of the corporation and is not expected to do so in the future.



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

p. Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the Entity commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified 'at fair value through profit or loss in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at cost.

I. Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at cost.

II. Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Entity's intention to hold these investments to maturity. They are subsequently measured at cost.

III. Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at cost.

Fair Value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

Impairment

At each reporting date, the Entity assesses whether there is objective evidence that a financial instrument has been impaired. Impairment losses are recognised in the Income Statement.

Derecognition

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

Yadu Health Aboriginal Corporation

ABN 92 498 922 417

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

2 Revenue and Other Income

	2020	2019
	\$	\$
Revenue from (non-reciprocal) government grants and other grants:		
Commonwealth government grants - operating	4,386,850	4,286,074
State government grants - operating	1,967,914	2,865,185
State government grants - EFNLHN	861,901	-
Unexpended grant income from prior year	1,163,243	1,040,750
Total grant revenue	8,379,908	8,192,009
Other revenue:		
Clinic income - Medicare	484,087	443,864
Clinic income - Other	184,771	197,367
Interest received on cash and term deposits	15,782	25,953
Total other revenue	684,640	667,184
Other income:		
Rental income	150,472	165,233
Cash boost stimulus refund	50,000	-
Other	25,828	79,368
Total other income	226,300	244,601
Total Revenue and Other Income	9,290,848	9,103,794

3 Resources Received Free of Charge

	2020	2019
	\$	\$
Land	500,000	-
Buildings	1,692,403	-
Site improvements	218,746	-
Total Resources Received Free of Charge	2,411,149	-

In a Government Gazette dated 27 June 2019 all assets, rights and liabilities of Country Health SA Local Health Network Incorporated in existence immediately before the commencement of this proclamation in connection with the whole of the land comprised in Allotment 2, Deposited Plan 53108 in the area named Thevenard, Hundred of Bonython (Seaview Terrace) are transferred with effect from 1 July 2019.



Yadu Health Aboriginal Corporation
ABN 92 498 922 417
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

4 Surplus for the Year

	2020	2019
	\$	\$
Expenses		
Bad and doubtful debts expense	-	-
Employee benefits expense - contributions to defined contribution superannuation funds	453,167	432,933
Assets written off/loss on disposal	-	6,398
Rental expense on operating leases		
Minimum lease payments	60,523	87,319
Auditor's fees		
Audit services	19,250	24,568
Other services	-	594
Total auditor's remuneration	<u>19,250</u>	<u>25,162</u>

The corporation has adopted the transitional provisions of AASB 16 and elected to not recognise a right-of-use asset and lease liability for leases that were in existence as at 1 July 2019 and for which the remaining lease term was less than twelve months. As a result, the lease payments for those leases have been recognised as an operating expense of the period.

5 Cash and Cash Equivalents

	2020	2019
	\$	\$
Cash at bank - Operational	2,263,546	2,340,604
Cash at bank - Clinic	1,679,747	967,328
Term deposit - OATSIH	188,363	184,794
Term deposit - DHA	49,896	48,975
Term deposit - DHS	98,969	97,094
Term deposit - Sundry	168,792	165,593
Petty cash	122	247
Total Cash and Cash Equivalents	<u>4,449,435</u>	<u>3,804,635</u>

6 Accounts Receivable and Other Debtors

	2020	2019
	\$	\$
CURRENT		
Accounts receivable	22,836	128,579
Provision for impairment of receivables	-	-
	<u>22,836</u>	<u>128,579</u>
Total Accounts Receivable and Other Debtors	<u>22,836</u>	<u>128,579</u>

Yadu Health Aboriginal Corporation
ABN 92 498 922 417
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

7 Property, Plant and Equipment

	2020	2019
	\$	\$
Land and Buildings		
Freehold land at cost		
Seaview Tce	500,000	-
11 Christopher St	106,000	106,000
2 George St	89,000	89,000
Total Land	695,000	195,000
Buildings at cost		
Seaview Tce	1,692,403	-
11 Christopher St	213,162	213,162
2 George St	35,050	35,050
	1,940,615	248,212
Less accumulated depreciation	(108,934)	(57,626)
Total buildings	1,831,681	190,586
Site improvements at cost		
Seaview Tce	466,202	175,962
11 Christopher St	124,730	124,730
Clinic	42,701	9,803
Sobering Up Unit	411,021	411,021
Koonibba Clinic	52,023	52,023
	1,096,677	773,539
Less accumulated depreciation	(319,595)	(263,032)
Total site improvements	777,082	510,507
Total land, buildings and site improvements	3,303,763	896,093
Plant and Equipment		
Plant and equipment		
At cost	882,379	798,109
Less accumulated depreciation	(462,559)	(391,859)
	419,820	406,250
Motor vehicles		
At cost	200,875	200,875
Less accumulated depreciation	(126,993)	(102,689)
	73,882	98,186
Total plant and equipment	493,702	504,436
Total Property, Plant and Equipment	3,797,465	1,400,529

An independent valuation of land and buildings, including site improvements, was performed in March 2018 by a Certified Practising Valuer from AssetVal (JLT) Pty Ltd, as at 1 June 2018.



Yadu Health Aboriginal Corporation
ABN 92 498 922 417
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

The valuers used depreciated replacement cost for specialised land and buildings, due to there not being an active market for such land and buildings. The depreciated replacement cost considered the need for ongoing provision of services; specialised nature of assets, including the restricted use of the assets, and the size, condition, location and current use of the assets. The valuation was based on a combination of internal records, specialised knowledge and acquisitions/transfers.

Movements in carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Land and Buildings \$	Motor Vehicles \$	Plant and Equipment \$	Total \$
2019				
Balance at beginning of the year	952,443	80,766	404,200	1,437,409
Additions at cost	-	39,093	77,085	116,178
Disposals	-	-	(6,398)	(6,398)
Depreciation expense	(56,350)	(21,673)	(68,637)	(146,660)
Carrying amount at the end of the year	<u>896,093</u>	<u>98,186</u>	<u>406,250</u>	<u>1,400,529</u>
2020				
Balance at beginning of the year	896,093	98,186	406,250	1,400,529
Additions at cost	104,392	-	84,271	188,663
Received free of charge	2,411,149	-	-	2,411,149
Depreciation expense	(107,871)	(24,304)	(70,701)	(202,876)
Carrying amount at the end of the year	<u>3,303,763</u>	<u>73,882</u>	<u>419,820</u>	<u>3,797,465</u>

Encumbrance on Property

The property at 2 George Street is under Encumbrance number 9486704. The Encumbrance states that Yadu Health Aboriginal Corporation is unable to use the land or any part of the land at 2 George Street, without the prior written approval of the Minister of Health of Adelaide, for any purpose other than for the delivery of health services.

8 Intangibles

	2020 \$	2019 \$
Software		
At cost	116,307	116,307
Less accumulated amortisation	(108,897)	(104,485)
Total Intangibles	<u>7,410</u>	<u>11,822</u>

Yadu Health Aboriginal Corporation
ABN 92 498 922 417
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

9 Right of Use Assets

	2020	2019
	\$	\$
Vehicles		
At cost	59,957	-
Less accumulated amortisation	(9,929)	-
Total Right of Use Assets	50,028	-

10 Accounts Payable and Other Payables

	2020	2019
	\$	\$
CURRENT		
Accounts payable	179,049	171,074
Unexpended funds	831,390	1,175,542
GST payable	107,929	116,950
Accruals	180,030	156,960
Other current payables	173,078	122,772
Total Accounts Payable and Other Payables	1,471,476	1,743,298

11 Leases

	2020	2019
	\$	\$
CURRENT		
Vehicles	17,482	-
Total Current Leases	17,482	-
NON-CURRENT		
Vehicles	5,749	-
Total Non-Current Leases	5,749	-
Total Leases	23,231	-



Yadu Health Aboriginal Corporation
ABN 92 498 922 417
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

12 Employee Provisions

	2020	2019
	\$	\$
CURRENT		
Annual leave entitlements	227,136	202,466
Long service leave entitlements	208,819	188,448
Total Current Employee Provisions	435,955	390,914
NON-CURRENT		
Long service leave entitlements	16,138	34,878
Total Non-Current Employee Provisions	16,138	34,878
Total Employee Provisions	452,093	425,792

13 Reserves

	2020	2019
	\$	\$
ASSET REPLACEMENT RESERVE		
Opening balance 1 July	70,228	70,228
Transfers from (to) Retained Surplus	(70,228)	-
Closing balance 30 June	-	70,228
CAPITAL RESERVE		
Opening balance 1 July	994,147	1,014,390
Transfers from (to) Retained Surplus	(994,147)	(20,243)
Closing balance 30 June	-	994,147
Total Reserves	-	1,064,375

a. **Asset Replacement Reserve**

The Corporation had implemented an Asset Management Plan whereby assets that were due for replacement are identified and an amount equal to their replacement value was transferred from retained earning and carried forward in the Asset Replacement Reserve.

b. **Capital Reserve**

The Corporation had elected to treat the receipt and expenditure of Capital funds in the Income and Expenditure Statements, detailing any carryover of Capital Funds, as well as a description of the Assets purchased in the Statement of Financial Position, which corresponded with amounts carried forward in the Capital Reserves Account.

The Board has approved the discontinuation of the Capital Reserve and the Asset Replacement Reserve with effect from 1 July 2019.

Yadu Health Aboriginal Corporation
ABN 92 498 922 417
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

14 Capital and Leasing Commitments

	2020	2019
	\$	\$
(a) Operating Lease Commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable - minimum lease payments:		
- not later than 12 months	-	27,281
- later than 12 months but not later than five years	-	-
- later than five years	-	-
	-	27,281

The motor vehicle lease commitments in the prior year were operating rental leases contracted predominantly for a two year term. These are now recognised as right-of-use assets with an associated lease liability. No capital commitments exist in regards to the lease commitments at year end.

(b) Capital Expenditure Commitments

The Corporation had Nil capital expenditure commitments as at 30 June 2020 (2019: Nil).

15 Cash Flow Information

	2020	2019
	\$	\$
Reconciliation of Cash Flow from Operating Activities with Current Year Operating Surplus		
Operating Surplus	3,203,899	322,759
Non-cash flows:		
Depreciation and amortisation expense	217,217	153,754
Assets written off	-	-
Resources received free of charge	(2,411,149)	-
Loss/(Gain) on disposal of plant and equipment	-	6,398
Changes in assets and liabilities:		
(Increase)/decrease in accounts receivable and other debtors	105,743	(121,838)
Increase/(decrease) in accounts payable and other payables	(271,822)	157,674
Increase/(decrease) in employee provisions	26,301	18,353
Cash flows provided by Operating Activities	870,189	537,100

16 Events After The Reporting Period

The directors are not aware of any significant events since the end of the reporting period.



Yadu Health Aboriginal Corporation
ABN 92 498 922 417
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

17 Related Party Transactions

(a) **Key Management Personnel**

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including any member (whether executive or otherwise) is considered key management personnel.

The amount paid to key management personnel during 2020 was \$415,524 (2019: \$523,894).

(b) **Other Related Parties**

Other related parties include close family members of key management personnel, and entities that are controlled or jointly controlled by those key management personnel individually or collectively with their close family members.

The amount paid to other related parties during 2020 was \$152,102 (2019: \$182,124).

Transaction between related parties and or their close family members, are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

18 Entity Details

The registered office of the entity is:

Yadu Health Aboriginal Corporation
1 Eyre Highway
CEDUNA SA 5690

The principal place of business is:

Yadu Health Aboriginal Corporation
1 Eyre Highway
CEDUNA SA 5690

**Yadu Health Aboriginal Corporation
For the year ended 30 June 2020**

AUDITOR'S INDEPENDENCE DECLARATION

In accordance with section 339-50 of The Corporations (Aboriginal and Torres Strait Islander) Act 2006, I am pleased to provide the following declaration of independence to the directors of Yadu Health Aboriginal Corporation.

As lead Audit Partner for the audit of the financial report of Yadu Health Aboriginal Corporation for the year ended 30 June 2020, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- a). The auditor independence requirements as set out in the Corporations (Aboriginal & Torres Strait Islander) Act 2006 in relation to the audit; and
- b). Any applicable code of professional conduct in relation to the audit.



Simon Smith CA, FCPA, Registered Company Auditor
Partner

Dated: 23rd day of September 2020

David Chant CA, FCPA
Simon Smith CA, FCPA
David Sullivan CA, CPA
Jason Seidel CA
Renaë Nicholson CA
Tim Muhlhausler CA
Aaron Coonan CA
Luke Williams CA, CPA
Daniel Moon CA



CHARTERED ACCOUNTANTS™
AUSTRALIA • NEW ZEALAND

Mount Gambler

233 Commercial Street West
PO Box 246, Mount Gambler SA 5290
P: (08) 8725 3068
F: (08) 8724 9553
E: admin@galpins.com.au

Stirling

Unit 4, 3-5 Mount Barker Road
PO Box 727, Stirling SA 5152
P: (08) 8339 1255
F: (08) 8339 1266
E: stirling@galpins.com.au

Norwood

3 Kensington Road, Norwood SA 5067
PO Box 4067, Norwood South SA 5067
P: (08) 8332 3433
F: (08) 8332 3466
E: norwood@galpins.com.au

W: www.galpins.com.au

ABN: 30 630 511 757

Liability limited by a scheme approved
under Professional Standards Legislation

INDEPENDENT AUDITOR'S REPORT

To the members of Yadu Health Aboriginal Corporation

Report on the Audit of the Financial Report

Audit Opinion

We have audited the accompanying financial report of Yadu Health Aboriginal Corporation (the Corporation) which comprises the statement of financial position as at 30 June 2020, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and the Director's declaration.

In our opinion, the accompanying financial report of Yadu Health Aboriginal Corporation is in accordance with the Corporations (Aboriginal & Torres Strait Islander) Act 2006, including:

- (i) giving a true and fair view of the Corporation's financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *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 Report* section of our report. We are independent of the Corporation in accordance with the auditor independence requirements of the *Corporations (Aboriginal & Torres Strait Islander) Act 2006* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the Corporations (Aboriginal & Torres Strait Islander) Act 2006, which has been given to the directors of the Corporation, would be in the same terms if given to the directors as at the time of this auditor's report.

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

Responsibilities of the Directors for the Financial Report

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

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

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with 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 report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Corporation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Corporation to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Simon Smith CA, FCPA, Registered Corporation Auditor
Partner

15/10/2020





Print Junction
...WHERE DESIGN MEETS PRINT

Design and print by Print Junction, a proudly Indigenous
owned and operated family business



Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation

Administration

Address: 1 Eyre Highway, Ceduna SA 5690
Phone: (08) 8626 2500 Fax: (08) 8626 2560

Seaview Village

Address: 103 Seaview Terrace, Thevenard SA 5690
Phone: (08) 8626 2590 Fax: (08) 8626 2592

Clinic

Address: 1 Eyre Highway, Ceduna SA 5690
Phone: (08) 8626 2500 Fax: (08) 8626 2530

Sobering Up Unit

Address: 3 Eyre Highway, Ceduna SA 5690
Phone: (08) 8626 2580 Fax: (08) 8626 2583

Koonibba Outreach Clinic

Address: Mickey Free Lawrie Drive, Koonibba SA 5690
Phone: (08) 8625 0002

Scotdesco Outreach Clinic

Address: PMB 4, Ceduna SA 5690
Phone: (08) 8625 6222

Postal Address

(All Sites)
PO Box 314 Ceduna SA 5690

