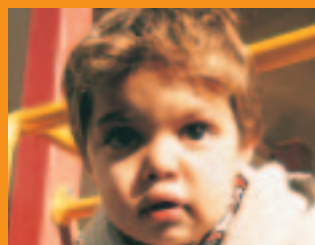




*Derbarl Yerrigan  
Health Service Inc*

**Annual Report 2001-2002**



# derbarl

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*The Board of Derbarl*

*Yerrigan acknowledges the*

*contribution of Peter*

*Laud, Media and Public*

*Relations Officer, in the*

*production of this Annual*

*Report.*

*“The objectives of the Service are to provide an Aboriginal community-controlled holistic health-care network which develops, promotes and maintains Aboriginal Peoples’ physical, spiritual, social, economic and cultural well-being.”*

## Executive Committee Members

**President:** Robert Isaacs

**Vice President:** Robin  
Yarran

**Secretary:** Marian Kickett

**Treasurer:** Abigail Harry

### Committee Members:

Bruce Loo

May McGuire

Dennis Eggington

Kim Isaacs

Dennis Hayward

Farley Garlett

Morton Hansen

Lorraine Bellotti

May McGuire & Dennis  
Eggington both resigned in  
early 2002.



*Marian Kickett, appointed in July as CEO, with Harlen Ninnette at East Perth.  
(Photograph by Nic Ellis, West Australian Newspapers Ltd)*

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# thank

## President's Report

In accordance with the Derbarl Yerrigan Health Service Constitution I submit for your information and presentation to the membership the annual report for the year ended October 2002.

I would like to thank the members of Derbarl Yerrigan Health Service for re-electing me as their President, an honour I am proud to accept because for many years I have enjoyed a long association with this dynamic association. We have only to look around to appreciate just how far this service has come over many years.

History has been made with two of our newly-elected executive members; for the first time we have an Aboriginal and Torres Strait Islander person – Ms Abigail Harry and also a young person in Kim Isaacs, a second-year medical student at UWA.

We welcome our newly-appointed directors – Ms Diana Downs-Stoney, Director of Clinical Services, and Mr John Murray, Director of Corporate Services.

Derbarl Yerrigan, which operates from three centres in the Perth metropolitan

area, provides a wide range of health care services to a growing number of clients. Derbarl Yerrigan plans a number of significant improvements including a seven-day-a-week service at Derbarl Yerrigan Health Service centres, establishing a mobile service allowing clients to be treated at home and building stronger partnerships with major teaching hospitals.

Derbarl Yerrigan is setting a series of bold challenges which I believe can be achieved. I share the belief that success can best be achieved by strengthening existing partnerships with government agencies, individuals and other service providers so that ultimately we can all benefit from each others work. But it is also my belief that more funding is needed for programs. Indigenous health still lags far behind the mainstream.

Over the past 12 months this organisation has been finally getting back on its feet. Many challenges were faced. The newly-elected executive inherited a range of problems that made the year ahead difficult when they came on board. This organisation was a Pandora's Box that released a series of surprises and headaches.

The current executive should be congratulated for dealing with the many problems

and undertaking major decisions very professionally. The "team", as I call it, has worked very well in difficult times and circumstances in order to get this organisation back on track.

## **Appointment of Funds Administrator at Derbarl Yerrigan Health Service.**

Derbarl Yerrigan Health Service received a letter in November 2001 from the funding bodies indicating that action was being considered in accordance with Clause 9.1 of the funding agreement with the Commonwealth Government to appoint a funds administrator.

Action was swift. The company Price Waterhouse Coopers was appointed to act as funds administrator with effect from November 30, 2001, for an initial period of eight months. During this period it was expected that Derbarl Yerrigan Health Service would:

- Be working towards achieving a balanced budget in 2001/02 in accordance with its agreed business plan.
- Implement systems ensuring that reporting achievements could be met.
- Continue to improve its financial and management capacity.



*“Derbarl Yerrigan is setting a series of bold challenges which I believe can be achieved”*

Notwithstanding this action to appoint an administrator I believe the Commonwealth, State and Derbarl Yerrigan Health Service can continue to work in collaboration with all parties to achieve the best possible outcome for Derbarl Yerrigan Health Service and the Nyoongar people of Perth.

As President I appreciate the efforts made by the Derbarl Yerrigan Health Service executive to date and its commitment to working with the Commonwealth and State to overcome the current difficulties.

As your President I want to return to the grassroots of this organisation to ensure that senior management and every staff member knows that the executive committee and I are approachable. If you believe that the executive and management is getting remote we would like to know about it.

Because the past year was primarily focussed on new structure and "survival" the next year will see a change of direction on new policy; more input into primary health care and continuing to improve the health needs of our community.

### **New Direction**

- Better reporting from all management to the executive.

- Focus on major health areas. (Diabetes, cardiovascular health, etc).
- Prevention of major health problems.
- Introduction of a seven-day health service allowing better community access.
- Homecare
- Child health and prevention
- Policy development
- Grooming young people to undertake positions at all levels.
- Assistance to increase the number of Aboriginal health professionals.

I would like to thank Derbarl Yerrigan Health Service executive committee for its commitment over the past 12 months. I must admit the year got off to a nervous and shaky start but we are still here. It has been a pleasure working with you all. The current committee will complete its term of office in late 2003.

Before closing I wish to bring to the members' attention that, for the first time at an Annual General Meeting, Certificates of Appreciation will be presented to three people who have given outstanding service to Aboriginal health, Derbarl Yerrigan Health Service and the community. Members would be aware the NAIDOC 2000 Awards were presented to Mr Syd

Blurton, Mrs Teresa Isaacs and Betsy Buchanan. The awards help to build pride in our communities.

These certificates are thoroughly deserved and bring recognition to each of you for your tireless work and efforts with the Aboriginal community.

Finally, the Board, Management and staff of Derbarl Yerrigan Health Services expresses its sincere condolences to those in our community who have had friends or family pass away during the year.

**Robert Francis Allan Isaacs, OAM, JP**  
President.



**Robert Isaacs OAM JP**

you

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## CEO Report

The period from June until January was a very difficult period, and was affected by a recognition that Derbarl Yerrigan needed to reconsider a range of structural and procedural issues to maximise its capacity to move forward in a way which could ensure that the highest quality of services would be made available to the community within the parameters required under the terms of the grants provided by the funding bodies.

After considerable soul-searching and consultation, the Board decided to move down the path of a spill of Senior Management positions, as the first step in a restructure of the organisation. All Senior Management positions were reconfigured.

Long-serving Director, Mr Ted Wilkes subsequently took a redundancy, and the Board and staff thank him sincerely for the contribution he has made to Derbarl Yerrigan, and to the addressing of issues facing Aboriginal people as they seek to improve their health status over the period of his Directorship.

The position of Director was abolished, and a new position of CEO created. The new position was filled by a

number of Senior staff in an acting capacity over the period from January until the appointment of Ms Marian Kickett in July 2002.

The Board worked throughout this period in close consultation with the funds Administrators, Sean James (RIP) and Shane Devitt, to ensure that the financial management systems required to be put in place would meet the agency's needs as it moved into the future.

Through these efforts, and with the dedicated and committed input from Senior Management, and with support from the funding bodies, which the Board gratefully acknowledges, the Board has been able to feel confident in the advice from Senior Management that the difficulties of the past have been overcome, and that the future for the service is bright.

The Senior Management Team welcomes the new CEO, and is committed to a transparent and co-operative relationship with all stakeholders to ensure that the health of Aboriginal people is maximised through the provision of accessible, culturally secure and high quality holistic health services.

**Diana Downs-Stoney**  
Acting CEO  
January -June, 2002



*“...the Board is confident that the difficulties of the past have been overcome, and that the future for the service is bright.”*

## Client Services

I was appointed to the position as Director of Client Services in December 2001 and commenced at Derbarl Yerrigan Health Service in January 2002.

I wish, initially, to acknowledge the work of the previous Senior Managers, Sherylanne Horobin and James Lamerton, both of whom left, having accepting redundancies, shortly after my arrival. Prior to their leaving the organisation, both expended considerable time and energy in assisting me to gain an understanding of a very complex organisation, and of a new role which combined much of the activity and responsibility of the positions which each of them had previously occupied.

The position of Director, Client Services was established at the commencement of the restructure of Senior Management. The key responsibilities of this position include responsibilities that have, in the past, been those of a number of senior management staff.

A primary responsibility is the development implementation and evaluation of service delivery plans and specific programs

across the organisation. In addition the position requires leadership in the management of professional and administrative staff providing services through all Derbarl Yerrigan Health Service outlets. It further involves strategic planning and operational control of resources in line with program and service contracts and the representation of the organisation and participating in decision making on State and National Committees.

The position is designed to work closely with the newly developed position of Director, Corporate Services in developing ways of ensuring the highest quality health services to Aboriginal clients. I wish to thank John Murray for his contribution following his appointment to the position of Director, Corporate Services, in March 2002.

Two key responsibilities which have been critical in the first six months of the period of my employment at Derbarl Yerrigan have included the ensuring that the organisation is equipped to manage change and to act on opportunities to improve the way things are done and to collaborate with senior management to ensure that the recommendations of the independent reviews commissioned in 2000 and

2001 are appropriately addressed.

In the initial period of my employment at Derbarl Yerrigan emphasis was required to be placed on the services provided at the Autumn Centre. As a result of this emphasis there has been an outstanding improvement on the quality of service and on the outcomes achieved by clients who are resident in the Autumn Centre. These clients are generally visitors to Noongar country and it is important that we are able to assist them in the maintenance and improvement of their health by understanding their cultural needs, and the extent to which absence from country is a significant contributing factor to the difficulties which they experience whilst undergoing treatment in the metropolitan area.

I wish to acknowledge in particular the critical contribution made by staff at the Autumn Centre and to thank Dennis Bonney, Teresa Isaacs and their staff for their dedication and commitment in this time of change at the Autumn Centre. As a result of agreements reached with Homeswest, the Autumn Centre is expected to undergo a substantial upgrade in the early period of the next financial year, as



*Diana Downs-Stoney*

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well as to be provided with additional activities, and more culturally appropriate diet and recreational and communication opportunities.

The role of the Director, Client Services also includes the oversight of all clinical services throughout the organisation at all sites. Through the site managers, the Director of Client services is provided with information about the range, number and quality of services delivered at the site as well as service gaps, and areas of improvement which are required to be considered to improve service capacity. I wish to acknowledge the work done by Site managers and Program managers in assisting to identify areas of improvement, and in recommending ways in which improvement can be made. In particular, Derbarl Yerrigan has obtained re-funding in the number of areas such as sexual health, which had been lost in the preceding period as a result of management difficulties, due to the commitment of these staff.

Additionally the organisation has been identified as being able to provide high levels of quality of service in a number of areas, including services to aged and disabled clients and services to clients who have disabilities.

The position of Director, Client Services is supported primarily through the position of Manager, Contracts & Programs, and the position of Manager, Human Resources. Lydianne Fulton who has taken on the role of Manager, Contracts & Programs, has performed a remarkable turnaround in having for the first time, (so we are told by the funding bodies), ensured that all service activity reporting took place on time, ensuring that the ongoing provision of funding was assured in respect of reporting requirements for service delivery. Lydianne's vast knowledge of, and understanding of the needs of the organisation and its staff, is an invaluable resource.

Derbarl Yerrigan Health Service relies on and depends entirely on the dedication and skills of its staff and it is in this area that the contribution of the Manager of Human Resources has contributed significantly.

Nadia Burgess, though a relatively new member of staff has carried an enormous load in relation to her contribution to the development of, and understanding of the training and staff development needs of staff of the organisation, as well

as in her contribution to policy development and to issues arising out of the restructure.

It is also essential to recognise the very difficult and often stressful role undertaken by the Reception and Transport staff who in many respects, represent the face of Derbarl Yerrigan to our clients, stake holders and members of public. These people have a critical role in assisting staff to feel that the service is one which is not only able to provide them with assistance, but that it does so in a way which ensures that their cultural needs are acknowledged and honoured. I wish to thank them for their excellent work.

I also wish to acknowledge the work of Rachael Rapana who has assisted me as well as other staff members in the Client Services area in ensuring through her diligence and ability to undertake a wide range of tasks to assist the section run smoothly. The work is both complex and difficult, and requires the exercise of significant judgement and initiative and has always been performed with the best of good humour even in the most trying of circumstances.

Significant changes politically have led to a



*“Derbarl Yerrigan Health Service relies on and depends entirely on the dedication and skills of its staff...”*



necessity to review the position of Derbarl Yerrigan within the broader framework of health service provision in Australia. Whilst it is clear that the government has a view as to the value of mainstreaming services which are currently in the hands of the community controlled sector, it is essential that this sector continue to demonstrate the essential and irreplaceable nature of the activities which it currently performs. Derbarl Yerrigan Health Service has, through its strengthening of its relationships with WAACCHO, as well as with other members of the community controlled sector, recognised that a major defence to the move towards any reduction in resourcing of the community controlled sector is to ensure the collection and provision of data allowing the value of such services to be demonstrated. This is a critical task ahead of the community controlled sector. Derbarl Yerrigan, together with these organisations, is committed to providing such training and development of staff, hardware and software capacity as is required to ensure that this need is fulfilled.

In recognising the critical role of the community controlled sector in improving Aboriginal health,

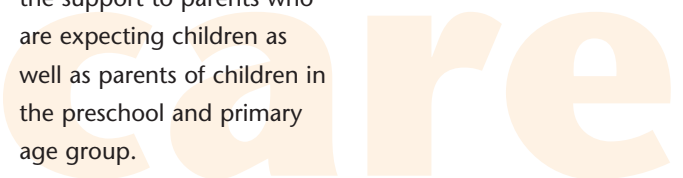
Derbarl Yerrigan has also pursued its relationships with mainstream, recognising that many members of our community will be provided with services within mainstream hospitals and other mainstream facilities, and it is essential that Derbarl Yerrigan contribute to these facilities, so ensuring to better provide the services to community members who are from time to time receiving services in mainstream environments.

Regular and fruitful meetings have been held with such organisations such as the Royal Perth Hospital, Divisions of General Practice, East Metropolitan Population Health Unit and the Communicable Diseases Section of the Health Department to improve the understanding of, and support by those organisations, in relation to their responsibilities for providing for that section of the population which is also serviced through Derbarl Yerrigan.

A great deal of energy in the second half of the last financial year has been internally directed in the service of decision making in relation to the restructure and re-establishment of appropriate policies, protocols and practices to allow Derbarl Yerrigan to function optimally in the

future. The organisation has also directed considerable energy to a range of critical tasks which will be instrumental in improving Aboriginal health and the social and emotional well being of members of the community. For example, Derbarl Yerrigan contributed two submissions to the recent Gordon Enquiry into Family Violence within Aboriginal communities. No government funding has yet been identified to develop responses to the Gordon Enquiry report. Derbarl Yerrigan has developed a range of possible responses and these will be implemented when funding has been obtained. Derbarl Yerrigan has also contributed to intersectoral policy development projects, and will continue to play a major role in responding to the difficult, sensitive and yet essential task of providing a safe and nurturing environment for Aboriginal individuals and families.

Plans are underway to re-establish services from the Midland site, and these will be commenced early in the next financial year and will focus on the provision of services to families with young children, including the support to parents who are expecting children as well as parents of children in the preschool and primary age group.



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*“...we will  
work tirelessly  
to ensure that  
we can fulfil  
the needs  
which you  
have...”*

Alongside this, will be the commencement of mobile services. The initial mobile clinical services will be piloted in the Swan Valley particularly in areas where transport into the existing clinic sites is difficult by people living in these communities. Some new programs will also be piloted in the existing sites, in particular a Palliative Care Program will be piloted in conjunction with WAACCHO under the terms of funding from the Office of Aboriginal Health part of the Health Department of WA, and will be focused initially on the Maddington Site.

Increased funding for the Coordinated Care Trial will see the capacity of Derbarl Yerrigan to increase the number of clients able to be provided with the extensive range of services available through that program, and the extension of the program will be used to allow Derbarl Yerrigan to be informed as to the most appropriate ways of moving towards the PHCAP funding model which is likely to be the primary mode of funding the community controlled sector over the next decade, and is expected to be rolled out by the Commonwealth Government in a way that will impact on Derbarl Yerrigan over the next three years. This new funding model is a capitated model,

that is a model where organisations are funded in accordance of the number and types of client services which they deliver. The introduction of the PHCAP funding model further emphasises to the extent to which Derbarl Yerrigan will benefit from a focus on its capacity to properly collect data, and report accurately on its service provision.

Finally I wish to acknowledge and thank the members of the community who continue to trust us with the providing of services to improve their health. Whilst a substantial reduction in client attendance was evident at the period when I commenced my duties, the number of clients attending has shown a remarkable increase particularly over the last three months. Though Medicare receipts were substantially affected by low client numbers in the earlier part of the year, the extent to which the community has now re-established its trust in Derbarl Yerrigan as the organisation which it has chosen to support it in the improvement of health status of individuals and families who make up the community has been heartening. I can assure all members of the community that the Board, Management and Staff at Derbarl Yerrigan Health Service takes very seriously

this statement of trust, and that we will work tirelessly to ensure that we can fulfil the needs which you have and will do so in a way which reflects best practice within the contexts of holistic and culturally secure services.

**Diana Downs-Stoney**  
Director, Client Services

## Corporate Services

This financial year has seen significant change within Corporate Services. It began with identification by the auditors in the last financial report that Derbarl Yerrigan Health Service had significant liquidity problems and the auditor was unable to substantiate the records of the 2000-2001 financial year. As a result the accounts were qualified and were presented to the Annual General Meeting in October. At the same time significant changes took place in the elected members of the Executive Committee. The State and Commonwealth Government funding bodies also implemented funds administration of Derbarl Yerrigan Health Service.

In December 2001 PriceWaterhouseCoopers were engaged to manage the funds of Derbarl Yerrigan Health Service which was responsible to a joint Steering Committee of Executive Staff and Executive Committee members of Derbarl Yerrigan Health Service, representatives from the Commonwealth and State funding bodies and PriceWaterhouseCoopers. It was clear that unless far-reaching changes in the control systems within the corporate areas took place Derbarl Yerrigan was at

significant risk of not continuing to be a viable Health Service. The result of the strategies put in place by PriceWaterhouseCoopers, including stringent controls on expenditure, achieved a significant turn-around from a projected deficit to a surplus in the 2001-2002 financial year.

Recruitment and selection of the Director of Corporate Services took place early in the New Year with my commencement in March 2002. Along with a committed and professional team of support staff, Corporate Services in conjunction with PriceWaterhouseCoopers has achieved major change over the last six months. It has included the development and production of financial reports and acquittal statements for State and Commonwealth Government bodies, the development of budgets for the 2001-02 and the 2002-03 years at a level not previously achieved.

The ongoing liability to the Australian Taxation Office (ATO) of \$1.1 million dollars required negotiation with the ATO. A repayment strategy, agreed by the Executive Committee and the ATO, has been put in place. It is anticipated that this liability will not be resolved until mid-2004.

There has been a re-identification of assets and the introduction of acceptable controls have been put in place to manage assets, such as motor vehicles, telephones and other property. There has also been the development of maintenance programs to ensure the upkeep of facilities. The most significant change has been the introduction of accounting controls systems, to ensure that all expenditure is appropriate for the services that we provide and that the best value for money is achieved in our programs.

The Funds Administration team and ourselves have developed an exit strategy with an expectation that by the end of September 2002 the Funds Administrators will have handed back to Derbarl Yerrigan Health Service financial control of its business. I would like to acknowledge the work and support that has been provided by Shane Devitt and Sean James (Deceased) who have through their professionalism achieved a significant turn-around in the financial performance of the Service.

The Human Resource Management area has had a huge workload over the past 12 months. With the advent of significant change there is invariably a significant shift in staff. There has been a



*John Murray*

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higher level of industrial activity than you would normally expect which has required substantial focus. The organisation still has significant work to completely restructure the organisation for the best possible provision of services to the clients. Training and staff development activities will be given special focus this coming year along with the continual improvement of Occupational Health and Safety services.

Yerrigan Health Service will be able to provide better and higher quality services over the coming 12 months.

**John Murray**  
Director Corporate Services



*“...the  
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Information Technology has an important part to play in the provision of quality care and the recording of the services that we deliver. The utilisation of e-mail and Internet services enables quicker and better communication across Derbarl Yerrigan Health Service and to other health-care providers. These services have grown and improved over the past year with all staff having access to e-mail. The future development of better data collection systems and the allocation of funds for training in this area will ensure that staff increase their skills in this area.

The future of Derbarl Yerrigan Health Service is looking considerably brighter than at this time last year. Due to the system changes that have been put in place the Community can be reassured that Derbarl

## Mental Health and Stolen Generation Programs

This team consists of a number of sub-teams:

- Aboriginal Community Support Service (ACSS)
- Mental health team (East Perth)
- Substance Misuse and Mental health team (Rockingham)
- Intensive Disability Service (IDS) (Intensive psychiatric disability support)
- Stolen Generation Program (SG) (Bringing Them Home Counsellors)
- Building Solid Families Program (BSF) (Link-up /reunification for stolen generation)

### Management

- Jennifer Stott  
Manager
- Julie Jackson  
Administration Support

### Mental Health Support

- Brendan Clarke  
Clinical Support Worker  
ACSS
- Rosalie Kickett  
Support Worker  
ACSS
- Gloria Walley  
Support Worker  
ACSS
- Sheridan Walley  
Support Worker  
ACSS
- Sharon Hodder  
Support Worker  
ACSS

- Michael Holmes  
Community Mental Health Nurse  
IDS
- Michelle Nelson  
Support Worker  
IDS
- Richard Akbar  
Support Worker  
South-West Corridor
- Moira Wilson  
Support Worker  
South-West Corridor

### Stolen Generation Support

- Rosalie Fraser  
Senior Case Worker  
Stolen Generation
- Georgina Drayton  
Caseworker  
Stolen Generation
- To be filled July 2002  
Caseworker  
Stolen Generation
- Paul Parfitt  
Caseworker  
Building Solid Families
- To be filled July 2002  
Caseworker  
Building Solid Families

### Mental Health Support

Except for the Substance Misuse team, based at Rockingham, the team is based within the East Perth building. Clients who are referred to the agency present with complex psychosocial issues. There has been an identified need for support and assistance to stabilise their situation. This is most commonly in the areas of, accommodation, education in raising

awareness about their illness and medications, substance use and support to improve their quality of life. The core business of the mental health programs involves the support of clients with complex mental health and social justice issues within the community.

The East Perth ACSS team provides a community based, non-clinical support service that is suited to individual client needs. Psychosocial support is provided to assist clients with a mental illness to develop and maintain skills that will allow them to improve their personal and community life and activities.

Intensive Disability Support is an intensive support model for Aboriginal people suffering severe mental health issues and disorders and who are transient and have complex needs. Clients may also be post-correctional or post-institutional. Support is aimed at developing and maintaining skills enabling clients to live and participate in the community and to gain access to suitable accommodation. The IDS service began in July 2001.

The Rockingham Substance Misuse and Community Support service provides a community based psychosocial service to the



**Jennifer Stott**

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Aboriginal community located in the South West Metropolitan Corridor. The team provides support to clients with substance misuse problems associated with a psychiatric disability. The support is aimed at improving the mental and physical health of the client and improving and maintaining social circumstances, enabling them to better function as part of their community.

Part of these programs includes community development, establishment and maintenance of intersectorial and organisational partnerships, and awareness of both the needs of Indigenous people with mental health problems and those affected by family separation. As such, the programs are represented on committees and working parties with both government and non-government services, particularly in the areas of accommodation and program development for people with psychiatric disabilities. Staff within the programs has raised the awareness of these concerns through lectures, presentations and networking within the social services and mental health sector, particularly in relation to accommodation and housing, legal support, clinical mental health support, drug and alcohol

services, employment and financial support. These presentations have been well received and have stimulated the development of working partnerships.

The past year has also seen the development of closer links with staff of the Alma Street Clinic. Community mental health nurses have rotated through the ACSS service, spending three days at a time with the ACSS Community Mental Health Nurse and with the Support Workers. The opportunity to spend time with ACSS has allowed the Alma Street staff to consider Indigenous mental health issues from another perspective. The response from this group has been that the experience has been invaluable to them in enhancing the way they do business with their Indigenous clients.

ACSS has also provided placements for students from Curtin University and UWA in Social Work, and with Midland TAFE in the Certificate in Non-Clinical Mental Health. The opportunity to develop partnerships with education providers has again assisted in raising the awareness of Indigenous health issues. The placements have provided the opportunity to exchange ideas and knowledge for both students and workers.

The programs operate on a referral system with potential clients being referred from a wide variety of sources. The team has discussed the need to further develop this process, thereby ensuring that clients are seen as soon as possible on receipt of referral, and that feedback is provided to the referring source.

The Southwest Corridor Substance Misuse and Co-morbidity program moved at the beginning of the financial year from Kwinana to Rockingham, maintaining their co-location with Ruah Services. In late 2001, an evaluation of the service, conducted by Bindi Other-Gee and Colin Penter was completed. The evaluation highlighted the successful implementation of the holistic, accessible, effective and culturally appropriate service model, in addressing mental health and substance misuse issues within the Indigenous community of the Southwest corridor. A number of recommendations were made from the review including the following: the recognition and acknowledgment of the service model as being culturally secure and effective in providing services to the target population;

- recurrent long-term funding be secured;
- resources sought to



*“...to further develop the working relationships with the public mental health sector in the provision of mental health services to the Aboriginal community.”*

- establish additional staff to assist in addressing unmet need made evident within the report;
- expansion of the service to the Peel region;
  - the development of Indigenous mental health workers with specialist clinical and cultural expertise in mental health, internally and externally;
  - further development of linkages with mainstream services;
  - the consideration to utilise the service for piloting innovative mental health programs in prevention and early intervention, and
  - to utilise the service to consult and investigate the level of unmet need within the region.

*Future Directions for Mental Health*

The agency has identified several areas that are continually being addressed and developed. The service is committed to continuing its efforts to achieve outcomes in the following areas:

- The development of holistic mental health care plans (in conjunction with GP services – utilising Enhanced Primary Care)
- To continue to increase the links between mainstream and

- Aboriginal community controlled services, and to further develop these partnerships into standard practice.
- To continue to address the risk factors that impact on the mental health of the Aboriginal community. Identifying depression, problematic substance mis-use and other associated events related to trauma.
  - To continue to raise mental health awareness in the Aboriginal community through partnerships and information and education.
  - To continue to address the systemic issues of racism, social disadvantage and discrimination that currently impact on Aboriginal people afflicted with chronic mental health concerns through involvement with working parties and policy planning.

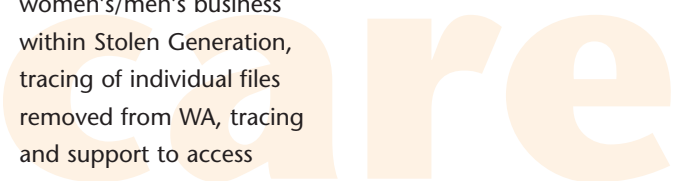
The goals for the mental health support teams for the next 12 months include continuing to further develop the working relationships with the public mental health sector in the provision of mental health services to the Aboriginal community. Whilst this has begun and has been positive from both sides, there remains much that can be done to continue to improve

care for Indigenous clients. The agency has demonstrated the ability to work across systems and has developed positive working relationships with clinics, hospitals and other service providers. The service is committed to continuing to extend the boundaries of good working practices providing clients with a service that offers integrity, honesty and respect.

**Stolen Generation Programs**

Stolen Generation and Building Solid Families are situated within the ACSS structure but are independent of the mental health teams, and provide support for clients affected by family separation. The Stolen Generation and Building Solid Families programs interact, and they may inter-refer with the ACSS Mental Health team.

The Senior Case Worker (2 year fixed) contract includes the development of a link with International Adoption, counselling services subject to obtaining provision license (post-adoption), specialist streams for elders, reunification, parenting and women’s/men’s business within Stolen Generation, tracing of individual files removed from WA, tracing and support to access



# health

navigated on line and link up services, MOU's with interstate services regarding information exchange, seamless interstate reunifications, standardised definition of Aboriginality. This position has a minimal client load.

The aim of the Stolen Generation program is to provide support to clients under the "Bringing them Home" program. The type of support includes client assessment, provision for confidential counselling and support for people affected by removal policies, counselling and support during the family reunion process, referral to other relevant agencies when required, community contact and dissemination of information and general administration and data management. The provision of this support enables clients to make positive and culturally appropriated changes to their lives.

The Building Solid Families program provides culturally appropriate information and support service to support the mental health, social and emotional well-being for Aboriginal and Torres Strait Islander individuals, families and communities in the Perth Metropolitan Health Region, particularly those affected by family separation, trauma, grief, loss, mental health

problems, and those at risk of self harm. This includes community information, education, awareness, family information and services associated with family reunion or linkup, social and emotional well being services including counselling and related support services and referral, in particular, youth and families at risk. The program has a component of linkup or reunification under state guidelines developed in conjunction with interstate and intrastate linkup services.

The majority of the staff's work has been with individuals and families. This has included advocacy and liaison with other agencies, support and counselling regarding stolen generation issues, and also in relation to current and past traumas, death and abuse.

Both the Stolen Generation and the Building Solid Families teams have developed a good working partnership with the ACSS team, specifically in relation to providing support for clients who also have mental health issues, allowing for support workers to work together to address the various needs of the client. This also occurs with field Health Workers within Derbarl Yerrigan Health Service, where clients have needed more generalist

health care support that is beyond the field of the SG and BSF caseworkers.

## Future Directions

Within the next 12 months, the team has discussed a number of interventions in order to provide the best possible service for clients. These include:

- Closer working relationships with other service providers
- Small group therapy, including art therapy and craft groups.
- Greater utilisation of specialist counselling services for clients.
- Further development of resources regarding the programs.
- Cultural workshops providing information and general support.
- Support for family gatherings that will enable families to meet together as a group to discuss issues of concern specific to their family, and to allow for family counselling and support by caseworkers.
- Further development of a resource library to provide information such as books, videos and tapes.
- Developing partnerships with agencies regarding the provision of workshops for clients regarding issues identified by clients



*"...provides culturally appropriate information and support service to support the mental health, social and emotional well-being..."*



## Central

Central Site continues to operate at full capacity with specialist services in dental, medical, podiatry, physiotherapy, monthly visits from the ear health specialist Dr Harvey Coates, optometrist, resource liaison officer and immunisation client referrals.

This year about 10,000 clients have used the clinical services at the East Perth site. These services include:

- General Practitioners
- Clinic Nurse and Clinic Health Workers
- ENT (Ear Nose and Throat) Specialist
- Ear Health Program (for 0 – 5 year olds)
- Dental
- Hearing Services (from Australian Hearing)
- Physiotherapist
- Podiatrist
- Optician

The Medical Reception Team oversees the booking of appointments for all medical services and provides administrative support to all medical specialists.

The team of two full-time and one part-time staff is responsible for the daily running of the medical reception. Duties include booking appointments, registering patient arrivals, Medicare billing, filing, medical mail, liaising with other medical institutions for

medical information, supporting medical professionals, booking drug company representatives to present new drugs to doctors, registering transport bookings and attending to the medical switchboard

Medical reception is one of the busiest sections in the organisation and my thanks to the staff for their hard work and tolerance.

### **Clinic**

Central site saw 9300 clients during the year compared with 10,734 last year and 11,784 the year before that although Mirrabooka and Maddington sites were not operational at that time. It is also possible that there has been a fall-off in computer registration of provider activities leading to an apparent drop in clients. The number of client contacts for Central is approximately 50 clients a day with Mondays and Fridays the busiest days.

Data entry remains problematical. Staff numbers and time constraints do not permit full data entry of client contacts for each service provider. Filing methods are being improved through removing unassessed medical records to archives, and merging dual client files.

### **RACGP Training Program**

Thanks go to Dr Diane Faulkner-Hill for making this program a success and her continued progress with the trainee registrars and the contribution they make to the organisation. Derbarl Yerrigan Health Service has again been recognised as providing a valuable insight into Aboriginal health issues and an increased awareness of holistic health service delivery to trainee registrars. We hope to continue with the program this year.

### **Dental Services**

It's been a busy year for the dental clinic, with 3051 patients receiving treatment. The clinic is operating with two dentists on Mondays and Fridays and one dentist on Tuesday afternoon, Wednesdays and Thursdays.

The appointments in the dental clinic are taken quickly as there is a high demand for dental treatment within the Aboriginal community. There is currently a four to six week waiting period for appointments and due to the long waiting periods we have continued to take five emergency patients every morning. These slots are usually all taken by 9am.

For the first time this year we have had final-year dental students through the clinic as interns providing



**Health Worker Irene Nannup and Ivan Souey**

# health

simple dental treatment under the direction of Dr Jennifer Bazen, who acts as their clinical consultant. This gives students an insight into the dental problems experienced by the Aboriginal community.

All final-year dental students this year have also attended Derbarl Yerrigan Health Service for a Cross-Cultural Awareness course, where some of our staff have spoken about their areas of expertise. Thank you to Sue Yarran, Yvonne Axford, Irene Nannup, Gary Rothenbury, Pearl Sathasivam and Dr Bazen.

## **Ear Health program**

The Ear Health team provides regular screening services to five Aboriginal day care centres. The successful partnership between Dr. Harvey Coates and the ENT team allows the fast-tracking of our children through to Osborne Park Hospital for urgent medical treatment/ operations such as Myringotomy and Myringoplasty. Derbarl Yerrigan Health Service employs four Ear Health Workers, with one designated position. Opportunistic screening of children continues to pay dividends. Leon Borlace (Health Worker) has completed his ear health training and begun ear health screening at

Maddington. Lorna Lewis (Health Worker at Mirrabooka) has been seconded to the Education Department for 12 months to work on the Conductive Hearing Loss Project.

Solid Families, a program introduced this year, targets young antenatal women and young mothers with babies under 5 years old and brings opportunities for our team to work with young mums and babies to encourage good ear health at an early age.

Referrals are still received from GPs in the wider community, School Principals, Community Nurses, Community-based Health Workers, Aboriginal Liaison Officers, Family and Children Services, School Nurses, Derbarl Yerrigan Health Workers, Community Nurses and Doctors.

The Australian Hearing Service continues to support Derbarl Yerrigan Health Service, with ongoing visits from an Audiologist who operates from the Central site once a month. This too has proved beneficial to our elderly clients and other community members. Thank you to Irene Nannup, Yvonne Axford, Lorna Lewis and Leon Borlace for their efforts.

## **Podiatry Service**

Client numbers have risen following extended

treatment hours. Our new Podiatrist, Samuel Niazov, is available 9am-5pm Monday, Tuesday and Friday.

An awareness of the importance of foot care and Diabetic Podiatry education is being highlighted as more Aboriginal people access this service. Links between the Podiatrist and other staff members ensure the Podiatry service is used to capacity.

## **Physiotherapist**

Ross Hart provides a service each Monday and Friday. Demand is high with more than 155 appointments last financial year.

## **Field Workers**

Central Site Field Staff:

- Senior Healthworker Cynthia Barnes
- Community Nurse Pat Coppins
- Field Healthworkers- Roslyn Yarran Rachel Fitzgerald Melissa Mongoo Sue Yarran
- Care- Aide Arthur Garlett

For the past six months the Field Staff have almost completed Full Health Assessments on their Clients with Dr Carmen, and will then do six months review.

Our Field Staff have also been trying to increase



*“...increasing demand for student placements at Derbarl Yerrigan Health Service reflects the commitment of all involved...”*

numbers on the Family Futures program because we have fewer FF clients than Mirrabooka and Maddington. The Healthworkers have also had to adjust to the new Database.

Training and updating clinical skills is encouraged. Rachel, Melissa and Cynthia completed the course in Community Aged Care Cert. 111, including a First Aid Certificate at J-Five Nursing Agency. Sue is completing her course at Marr Mooditj. Pat our Community Nurse has been busy carrying out her duties and Arthur has also been kept busy with his Aged Care Clients.

### **Marr Mooditj Students**

During the year we have taken on a number of Aboriginal Health Worker Students from Marr Mooditj Foundation allowing them to gain valuable experience. The increasing demand for student placements at Derbarl Yerrigan Health Service reflects the commitment of all involved. A special thanks to our clinic staff for their time and patience.

We hope to build on the relationship with The Marr Mooditj Foundation. A thank-you also to Cheryl Michael and Margaret Quartermaine.

### **Resource and Liaison Officer**

Our Resource and Liaison Officer provides a holistic health service for the physical, social and emotional well-being of clients. The role includes education and referral. About 690 clients were processed for the period 01/08/01 to 30/6/02 in addition to walk-up requests which varied from one to five a day.

The breakdown of assistance rendered to a total of 690 clients included:

- Western Power 18%
- Dewsons food vouchers 19%
- Department of Housing & Works 11%
- Centrelink 21%
- Accommodation 20%
- Travel 1%
- Other 10%

Six per cent of requests related to domestic violence which is an issue that needs to be addressed. Accommodation is also a matter of concern.

We hope that a new partnership between CentreLink and Derbarl Yerrigan Health Service will help our clients. A Homeless Hotline Unit set up with the Department of Housing and Works is already showing positive results.

### **Transport**

With the boundary changes for all sites it has been a busy year for our two full-time drivers, Pat Moody and Arthur Prosser. Thank you to both Medical and General Reception for picking up all transport calls when the drivers have been out. Thanks also to those drivers who relieved during the year.

### **Conclusion**

We have had ups and downs throughout the year but we have come together in a crisis. Along the way we have lost some excellent staff but we move on. The changes made by Senior Management have required us to re-think how we operate but as one of the peak Aboriginal organisations in Western Australia we look forward to improved Aboriginal health and decisions that make a genuine benefit to staff, clients and Derbarl Yerrigan Health Service.

### **Josh Collard**

Site Manager  
Central Site



**Josh Collard**

# care

# health

## Maddington

Maddington has had a busy year and we now have almost 3000 clients using our service. Appointments to see the doctors are booked out every week and very rarely are appointments either missed or cancelled. Starting with one doctor we have now had to employ two part-time doctors to cope with demand but since we are getting more clients each day we need two full-time doctors and one part-time doctor.

We also have a number of clients from the Midland, Brookton/Pingelly (Upper Great Southern) Regions.

Moving from Central to the Southern Corridor has made it more accessible for clients to get to Derbarl Yerrigan Health Service.

Since moving from the Central Site with three staff we now have close to 20 full-time staff and hopefully in the near future we will have all the professionals needed to look after all the needs of our clients both young and old.

### **Reception/Clinic**

The past 11 months has been a challenging time. With Dr. Raji starting full-time, the front reception has provided a good service and

clinic staff and reception staff have coped well. The clinic staff is ready for the changes that may lie ahead. Thank you to the Reception staff who ensure the comfort of clients.

The clinic has performed 362 immunisation on children between the ages 0 – 5. The Pneumococcal Vaccination was administered to 89 clients. These figures are recorded from the Communicare System.

### **Clinic Nurse.**

Tina Mash, the clinical nurse transferred from the Midland site, supports the doctors and ensures that clients are provided with relevant information on their health issues. Tina also assists clients wishing to access other agencies.

### **Community Nurse**

The Community Nurse networks with family, ancillary services and other staff members to ensure that the physical, emotional and clinical needs of clients are met.

### **Programs Manager**

The Project Officer, in conjunction with the Health Workers and Community Health Nurse, organises client assistance when required.

The officer also compiles statistics and attends meetings to ascertain where funding is targeted.

### **Field Senior Health Worker**

Thelma Weston, Senior Health Worker at Maddington, was also transferred from Midland site. She monitors field staff movements, obtains statistics and does an excellent job as Manager in my absence.

### **Health Workers - Field**

Field Health Workers on average see between 30 – 40 clients a month and do fortnightly home visits. They cover from Medina in the south to Midland in the north.

### **Physiotherapist**

Ross Hart visits Maddington every Wednesday. Bookings can be made through the Medical Receptionist.

### **Ear Health Screening**

To start with Irene Nannup and Yvonne Axford were visiting the Maddington Site once a month. Now Leon Borlace, who is based at our site after completing his ear health training, is available everyday.

### **Resource Liaison Officer**

This year has seen a steady growth of clients in this area



with the move from Midland.

The intra-agency meetings have been an effective way of utilising all the resources in the area. In addition to other duties the RLO obtains resource materials for Health Promotions and helps Health Workers deliver the promotions.

### **Transport**

Since the closure of Midland site the transport has been under pressure trying to cover Midland to Medina plus all the hospital appointments. If Midland site does not re-open we will need two drivers to cover the client needs.

### **Care aide**

The Maddington Site Care aide assists 3-4 clients a day providing help to the elderly, making beds, cleaning and ensuring clients needs are met. The care aide also helps clients with their shopping and in a number of other ways.

I would like to thank all the staff at Maddington for their efforts over the last two years.

- Thelma Weston  
Senior Health Worker
- Lorraine Hayward  
Resource Officer
- Mary Michael  
Health Worker

- Tina Mash  
Clinic Nurse
- Raji Krishnan  
Doctor
- Arnold Yarran  
Transport
- Andrew York  
Programs Officer
- Loretta Horn  
Receptionist
- Ian Simms  
Senior Health Worker  
clinic
- Marian Hill  
Care Aide
- Leon Borlace  
Health Worker
- Ross Hart  
Physiotherapist
- Anne Giele  
Doctor
- Alex Dube-Balzarelli  
Doctor
- Tasha Williams  
Receptionist
- Michelle Garlett  
Cleaner
- Cecily Johnson  
Community Nurse
- Carmen Quadros  
Doctor

### **Daniel Jackson**

Site Manager  
Maddington



*Daniel Jackson and some members of staff*

# care

# NAIDOC



*Derbarl Yerrigan celebrates the spirit of NAIDOC 2002*





2002

# health

## Mirrabooka

This is my first annual report as the acting site manager at Mirrabooka. For me this has been a role which has been both challenging and beneficial and I would like to thank the staff for their support and understanding.

This site has been operating for two years and has more than 2000 registered clients – both metropolitan and visitors from the Kimberley, Pilbara, Goldfields and Gascoyne.

Despite staff shortages the centre has provided a successful service to clients in the Northern and far Northern suburbs. Whilst not having a full-time clinic RN or Senior AHW for most of this time, we have maintained a consistent service to clients through rostering field staff to cover the clinic. The Doctors have benefited because all clients are fully screened prior to their consult.

Mirrabooka site continues to provide a service to Gnangara Community with a Doctor and Registered Nurse once a fortnight, with the Registered Nurse and Health Worker providing services the alternate week. Visits are provided to clients at the Cullacabardee Community on a weekly basis. Either a Health

Worker or Nurse, dependant on the health issue, provide a service which is flexible upon referral/demand.

There are 19 staff at Derbarl Yerrigan Health Service Mirrabooka on full-time or part-time casual basis.

The Staff list is:

- Eileen Taylor  
Manager (on leave)
- David Atkinson  
Medical Practitioner  
(2 morning sessions per week)
- Marion Wood  
Medical Practitioner
- Amanda Milligan  
Medical Practitioner
- Anetta Rybak  
Medical Practitioner  
(2 days per week)
- Chris Mackaay  
Programs Officer
- Tanya Ludlow  
Community Nurse
- Martina Berolah  
Senior Health Worker  
Field
- Dorothy Bynder  
Health worker  
Family Futures
- Yvette Walley  
Health Worker  
Family Futures
- Pam Martino  
Health Worker  
Family Futures
- Marilyn Rossi  
Health Worker  
CACPS
- Brian Doyle  
Health Worker  
HACC Relief
- David Bell  
Aged Care  
Care Aide

- Annie Ryder  
Aged Care Care Aide
- Dulcie Donaldson  
Resource Liaison Officer
- Dorothy Clark  
Receptionist
- Gus Ryder  
Transport Driver
- Wendy Skellern  
Cleaner

The following staff have left or transferred to another site in the past 12 months:

- Lorna Lewis  
Health Worker  
Ear health
- Lousie Tucker  
Senior Health Worker  
Clinic
- Michael Smith  
Health Worker  
Family Futures
- Melissa Kickett  
Health Worker  
HACC
- Leon Borlace  
Health Worker  
Family Futures

Ross Hart provides Physiotherapy once a week and is kept busy by our elderly clients who are now regulars. Ross deals with a range of issues from sports injuries to passive exercises with clients.

Dorothy Bynder has a weekly class of seven elderly female clients attending the HydroTherapy Aqua Aerobic program at the Altone Centre.

Vision West - Optometrist provides a monthly visit

*“This site has been operating for two years and has more than 2000 registered clients...”*





dependent on client bookings.

In the past five months Brian Doyle, AHW, was invited to several Mirrabooka schools (both Primary and High) to present Sexual Health education sessions to teenagers. He also presented a session detailing the role of a health worker to students at the Edith Cowan University, Mt Lawley campus.

Yvette Walley has given talks on Renal Dialysis to health workers and members of the community at Maddington Site, as well as Marr Mooditj College students who are studying to become health workers.

Immunisations performed at Mirrabooka for the year 2001-2002 totalled 830; through advertising in the waiting room and the diligence of field staff; 135 influenza and 33 Pneumococcal vaccines were administered before winter.

Transport remains a major problem. With clients spread far and wide transporting them to specialist and hospital appointments, as well as into our own clinic, is becoming too much for one driver. Field staff are frequently requested to help out with transporting clients home or to other appointments – which they

obligingly do when they are available. Some clients are waiting extraordinarily long periods for transport and this does cause some dissent.

The role of Community Nurse is very demanding and involves not only working with the Aged Care but also with Family Futures, Sexual Health and contact tracing, referrals, the weekly clinic at Gnangara and filling in at the clinic at the Mirrabooka centre. The community nurse also performs regular immunisations on a Friday in the clinic as well as community-based immunisation clinics. The community nurse is involved in updating assessments on clients and having regular case conferences with doctors to plan and implement client care and care plans. Recently her role has included women's health care and teenage pregnancies. She has also been involved in the everyday administration and maintaining of stock and equipment, and buying equipment to help clients improve their health and daily living.

Over the year we have been involved with various health promotion campaigns with assistance from nursing and health worker students. The clients were very interested and appreciative. The main

event of the year was combining with the Mirrabooka Action Support Group to assist with the events and presentations of NAIDOC week. This event was very successful, with a lot of positive feedback from the community.

Over the year our client numbers have grown including getting new clients regularly. We have managed to keep the service running despite not having a full complement of staff Mirrabooka site has achieved this by working together as a team and helping each other out specially the field staff.

**Martina Berolah**  
Acting Site Manager  
Mirrabooka



**Martina Berolah**

care

# health

## **Elizabeth Hansen Autumn Centre, Maylands.**

Derbarl Yerrigan Health Service took over the Elizabeth Hansen Autumn Centre from the Aboriginal Rights League almost two years ago.

I was appointed manager in February 2002 following Ms Isabelle McLellan and Ms Linda Loo. Before taking over at the Centre I was caretaker at the Boomerang Hostel in Bulwer Street, East Perth, for two and a half years.

The Centre provides accommodation for up to 36 residents, many of them from rural and regional WA, who require dialysis at hospitals in Perth.

As manager my role is to ensure that a quality service is provided to residents.

The Centre has a 24-hour, seven-day-a-week staff roster involving 13 part-time and full-time staff. Aboriginal guards from Chubb Security provide security for residents. In addition a specialist has been engaged offering residents the opportunity to learn a range of artistic skills.

All staff employed at Elizabeth Hansen Autumn

Centre are required to have a police clearance, first aid certificate and the relevant employment qualifications.

The staff as at September 2002 comprised:

- Manager  
Dennis Bonney
- Cultural Liaison Officer  
Teresa Isaacs
- Cleaner  
Bethel Trust
- Care aide  
Marjorie Winmar
- Cook  
Kerry-Ann Winmar
- Kitchenhand  
Donna Yarran.
- Weekend Cook  
Rose Indich
- A/S Cleaner  
Paul Gibson
- Weekend Cleaner  
Tanya Motohata
- Part-time Gardener  
Daniel Ryan
- A/S Security  
Toni Philips
- Weekend Security  
Jonathon Hayes.
- Activity specialist  
Jenny Scrayen

The residents are from remote communities as far as Wyndham, Kununurra, Fitzroy Crossing, Halls Creek, Broome, Port Hedland, Roebourne, Carnarvon and the Goldfields. Protocols and practices in relation to deaths among residents are observed and respected in accordance with cultural traditions. In addition monthly meetings are held for residents to raise any

concerns they may have. Despite the fact that many of our residents are a long way from their familiar surroundings the Centre aims to provide a home away from home with traditional meals of kangaroo, emu and rib bones and a weekly barbecue.

Activities include arts and crafts, dot painting on canvas, leather works, wood carving, sewing, an exercise bike and videos. Computer links allow residents to communicate with friends and relatives sometimes thousands of kilometres away. Bulup Kulung organisation provides a weekly bus to take residents on shopping trips and tours.

In April 2002, Mr Ken Myers, from DYHS, and Mr Paul Rutherford, from the Ministry of Housing, carried out a survey of repairs needed to bring the building up to acceptable standards. It is hoped this work will begin in early 2003.

Visitors to the Centre have included Mr Bob Kucera, State Minister for Health and Mr Henry Councillor from the Kimberley Council.

In addition organisations such as the Ministry of Justice, Manguri Employment Services, and Marr Mooditj Aboriginal



*“...the Centre aims to provide a home away from home with traditional meals of kangaroo, emu and rib bones and a weekly barbecue...”*

Health College have all used the Centre for employment training.

A direct debit system is also being set up in conjunction with Morley Centrelink to ensure that paying residents do not fall behind with their payments.

My thanks to all the staff and security personnel at Centre for their help and support since becoming manager. We have a good team and one that is dedicated to doing the best possible job for our residents.

**Dennis Bonney**  
Manager  
Autumn Centre



*Dennis Bonney*

care

# finance

## STATEMENT BY EXECUTIVE COMMITTEE

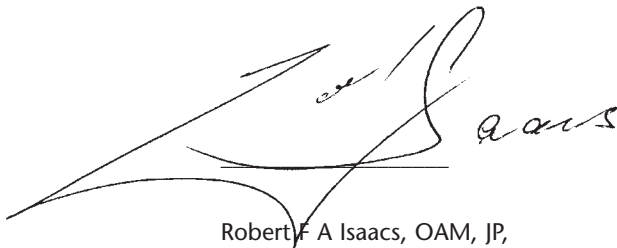
The Executive Committee has determined that the association is not a reporting entity.

The Executive Committee has determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the accounts.

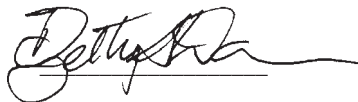
In the opinion of the executive committee the financial statements as set out on pages 4 to 14:

1. present fairly the financial position of Derbarl Yerrigan Health Service Inc as at 30 June 2002 and the results of the service for the year ended on that date
2. at the date of this statement, for the reasons stated in note 1(a), there are reasonable grounds to believe that Derbarl Yerrigan Health Service Inc will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Executive Committee and is signed for and on behalf of the Executive Committee by:



Robert F A Isaacs, OAM, JP,  
President of the Executive Committee



Betty Dann  
Secretary

October 2002

East Perth 6004



## INDEPENDENT AUDIT REPORT



**DRY KIRKNESS**  
CHARTERED ACCOUNTANTS  
ABN 40 929 189 799

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### INDEPENDENT AUDIT REPORT TO THE MEMBERS OF DERBARL YERRIGAN HEALTH SERVICE INC

#### Scope

We have audited the attached special purpose financial report, comprising the Statement of Financial Position, Statement of Financial Performance and Notes to the Financial Statements of Derbarl Yerrigan Health Service Inc. (the "Service") for the year ended 30 June 2002 as set out pages 4 to 14.

The Executive Committee is responsible for the financial report and has determined that the accounting policies used and described in Note 1 to the financial statements are consistent with the financial reporting requirements of the Constitution and are appropriate to meet the needs of the members. We have conducted an independent audit of the financial report in order to express an opinion on it to the members of Derbarl Yerrigan Health Service Inc. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Executive Committee's financial reporting requirements under the Constitution. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1 so as to present a view which is consistent with our understanding of the Service's financial position, and performance as represented by the results of the operations. These policies do not require the application of all Accounting Standards and Urgent Issues Group Consensus Views and other mandatory professional reporting requirements in Australia.

The audit opinion expressed in this report has been formed on the above basis.

#### Qualification

As advised in our audit report on the previous financial year, there was a significant breakdown in the internal controls of the Service. This control breakdown extended into the beginning of the financial year to which this report relates.

- 2 -

WANGSUNG APRIYANTO, Technical Information Accountants International

# report

# finance

## INDEPENDENT AUDIT REPORT Cont:



In December 2001 a funds administrator was appointed by the major funding bodies which has resulted in a significant improvement in the control environment for the latter part of the financial year. However, due to the lack of controls in the earlier part of the year, we have been unable to sight sufficient appropriate audit evidence to support the allocation of some expenditure to related funded programs and therefore verify the resultant effect on unspent grant funds carried forward at 30 June 2002.

Included in revenue is an amount of \$ 1,274,807 which was brought forward from the previous financial year as unspent grants. For the reasons already disclosed in the previous paragraphs, there is some uncertainty as to whether this amount should be treated as revenue or to what extent, if any, it should be carried forward as unspent grants, or as a liability to be repaid to the funding bodies.

### Qualified Audit Opinion

In our opinion, except for the effect of any adjustments, required to be made because of the matters referred to in the above paragraph, the financial report presents fairly in accordance with the basis of accounting described in Note 1 to the financial statements, the financial position of the Derbarl Yerrigan Health Service Inc as at 30 June 2002 and the results of its operations for the year then ended.

### Inherent Uncertainty Regarding Continuation as a Going Concern

Without further qualification to the opinion expressed above, attention is drawn to the disclosure in Note 1 (a) to the financial statements concerning the basis of preparation of the financial statements. We refer the reader to the disclosures made in that note and the potential effect on the future operations of the Service in the event that sufficient working capital is not obtained in the future, or that grant funds may be required to be repaid to the funding bodies.

*Dry Kirkness*  
**DRY KIRKNESS**  
Chartered Accountants

Dated: 11 October 2002  
West Perth

*J Lamprell-Jarrett*  
**J LAMPRELL-JARRETT**  
Partner

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2002

	Note	2002 \$	2001 \$
<b>CURRENT ASSETS</b>			
Cash assets	4	1,448,629	1,098
Receivables	5	23,829	488,897
<b>TOTAL CURRENT ASSETS</b>		1,472,458	489,995
<b>NON CURRENT ASSETS</b>			
Property Plant & Equipment	6	5,155,459	5,707,022
<b>TOTAL NON CURRENT ASSETS</b>		5,155,459	5,707,022
<b>TOTAL ASSETS</b>		6,627,917	6,197,017
<b>CURRENT LIABILITIES</b>			
Payables	7	585,985	1,437,919
Interest bearing liabilities	8	1,276,512	421,134
Provisions	9	335,428	315,653
Other	10	386,145	1,242,030
<b>TOTAL CURRENT LIABILITIES</b>		2,584,070	3,416,736
<b>NON CURRENT LIABILITIES</b>			
Provisions	9	211,901	183,320
Other	10	2,521,038	2,648,057
<b>TOTAL NON CURRENT LIABILITIES</b>		2,732,939	2,831,377
<b>TOTAL LIABILITIES</b>		5,317,009	6,248,113
<b>NET ASSETS/ LIABILITIES</b>		1,310,908	(51,096)
<b>EQUITY</b>			
<b>ACCUMULATED FUNDS</b>	11	1,310,908	(51,096)

The accompanying notes form part of these accounts

# report

# finance

## STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2002



	Note	2002 \$	2001 \$
<b>Revenue from ordinary activities</b>	2	<u>10,519,509</u>	<u>9,121,588</u>
<b>Expenditure</b>	3		
Administration		641,549	668,468
Operating		2,639,294	3,648,624
Property		691,931	622,128
Personnel		5,184,731	5,890,695
		<u>9,157,505</u>	<u>10,829,915</u>
<b>Operating surplus/(deficit) for the year</b>		1,362,004	(1,708,327)
<b>Total changes in equity of the Service</b>		<u>1,362,004</u>	<u>(1,708,327)</u>

*The accompanying notes form part of these accounts*



# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2002

## 1. STATEMENT OF ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (WA). The Executive Committee has determined that the Service is not a reporting entity.

The financial report covers Derbarl Yerrigan Health Service Inc (the "Service") as an individual entity. The Service is an association incorporated in Western Australia under the Associations Incorporations Act (WA) 1987.

The financial report has been prepared in accordance with the requirements of the following Australian Accounting Standards and other mandatory professional reporting requirements:

- AAS 1 Statement of Financial Performance
- AAS 4 Depreciation of Non-Current Assets
- AAS 5 Materiality
- AAS 8 Events Occurring After Balance Date
- AAS 36 Statement of Financial Position

No other Australian Accounting Standards or other mandatory professional reporting requirements have been applied.

The statements are prepared on an accruals basis. They are based on historic costs and do not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following specific accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of these financial statements.

### a) *Going Concern*

The financial statements have been prepared on a going concern basis notwithstanding that the statement of financial position discloses current liabilities of \$2,584,070 and current assets of \$1,472,458 resulting in a deficiency of working capital of \$ 1,111,612. This deficiency of working capital gives rise to some uncertainty as to whether the Service will be able to pay its debts as and when they fall due and therefore raises doubts as to the ability of the Service to continue as a going concern. The going concern basis is dependant upon the ability of the Service to generate future revenue sufficient to reverse the deficiency in working capital, together with the continued support of its bankers, funding bodies and creditors.

Included in Notes 14, 15 and 16 to this report is information regarding other events and liabilities that may impact on the future financial position of the Service.

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## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2002

### a) *Going Concern continued*

The Service's Executive Committee is involved in ongoing discussions with the principal funding bodies over the matter referred to in Note 16 Contingent Liability to obtain financial assistance to allow the Service to continue to operate. The Executive Committee also intends to seek other avenues of working capital finance to allow it to fulfil its financial obligations to the funding bodies, creditors, employees and clients. Although there has been no commitment given by funding bodies at the date of this report the Executive Committee believe the results of these discussions are likely to result in sufficient support to allow the Service to continue to trade.

No adjustments have been made in the accounts in relation to recoverability and classification of assets and liabilities.

### b) *Depreciation of property, plant and equipment.*

Although the requirements of Accounting Standard AASB 1010 "Recoverable Amount of Non Current Assets" are not mandatory to the not for profit sector the Service has adopted the provisions of the Standard relating to the treatment of non current assets at a deemed cost in accordance with the transitional provisions in the standard.

Property, plant and equipment, are depreciated over their estimated useful lives using the diminishing value method. Depreciation is calculated on a diminishing value basis so as to write off the cost of each fixed asset over its expected useful life to Derbarl Yerrigan Health Service. The principal bases are:

Buildings	4%
Motor Vehicles	20%
Plant and Equipment	20%
Office Equipment	20%
Artwork	20%
Leasehold Improvements	14%

Gains and losses on disposal of property, plant and equipment are taken into account in determining, the operating surplus for the year.

### c) *Employee entitlements*

Provision is made for the Service's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year together with entitlements arising from wages and salaries, annual leave that will be settled after one year, have been measured at their nominal amount.



## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2002

### c) *Employee entitlements continued*

Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements.

### d) *Taxation*

Derbarl Yerrigan Health Service Inc is exempt from income tax under Section 50-5 of the Income Tax Assessment Act 1997.

### e) *Capital Expenditure Grant Income*

Grants received for capital expenditure associated with the purchase and construction of the Service's building in Wittenoom Street, Perth are recognised as income progressively over the life of the asset acquired, in accordance with International Accounting Standard IAS 20 "Accounting for Government Grants and Disclosure of Government Assistance". The unamortised balance of the grant is carried forward to future financial years to be matched against the costs associated with the applicable capital expenditure.

### f) *Leases*

Leases of fixed assets are treated as operating leases whereby all payments are expensed in the period in which they are incurred.

### g) *Comparative figures*

Where necessary, comparative figures have been adjusted to conform with changes in presentation in the current year.

### h) *Revenue*

Revenue from fees rendered is recognised when the service is provided.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial statements.

Revenue from grants received for operational purposes from Government funding organisations is recognised when receivable, and is deferred as a liability to the extent that unspent grants are required to be repaid to the funding organisations.

### i) *Goods and Services Tax (GST)*

Revenues, expenses and assets are recognised net of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office, in which case it is recognised as part of the cost of expense or acquisition of the asset. Receivables and payables are shown inclusive of GST.

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## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2002



	2002	2001
	\$	\$
<b>2. OPERATING REVENUE</b>		
Grants Received		
- Recurrent	8,581,918	7,739,013
- Capital	282,740	394,612
- Other	758,164	
Other Revenue	217,979	475,536
Interest	509	945
Medicare	319,241	353,182
Write back of provision for non recovery of salary sacrifice	223,799	-
Proceeds from sale of property, plant and equipment	135,159	159,300
	10,384,350	9,721,588

### 3. OPERATING SURPLUS FROM ORDINARY ACTIVITIES

The operating surplus from ordinary activities has been determined after:

Expenses		
Borrowing cost	149,679	33,867
Depreciation	407,713	364,124
Loss on disposal of assets	79,976	
Rental expense of operating leases	203,987	225,591

Significant revenue and expenditure

The following revenue and expense items are relevant in explaining the financial performance:

Unspent grants brought forward from previous year now credited as revenue	1,274,807	-
Write back of provision for non-recovery of salary sacrifice receivable	223,799	-
Provision for non-recovery of salary sacrifice receivable	-	(223,799)
Write off property plant and equipment	-	(1,134,104)
Write off loans and advances	-	(26,451)
Recognition of liabilities from bank accounts assumed	-	(287,309)
Write back creditors	-	80,295

### 4. CASH ASSETS

Cash on hand	-	1,098
Bank account	1,448,629	-
	1,448,629	1,098

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2002

	<b>2002</b>	<b>2001</b>
	\$	\$
<b>5. RECEIVABLES</b>		
Debtors	3,291	87,024
Prepayments	-	401,873
Loans and advances	-	56,343
	-	(56,343)
Employee benefits	20,538	223,799
Less provision for non-recovery	-	(223,799)
	23,829	448,897
<b>6. PROPERTY, PLANT &amp; EQUIPMENT</b>		
Land (at cost)	910,000	910,000
Land and Buildings (at cost)	278,000	278,000
Buildings (at cost)	3,323,234	3,323,234
Accumulated depreciation	(415,294)	(294,130)
	2,907,940	3,029,104
Leasehold Improvements (at cost)	526,351	526,351
Accumulated depreciation	(107,255)	(37,325)
	419,096	489,026
Motor Vehicles (at cost)	392,554	466,748
Accumulated depreciation	(95,551)	(61,492)
	297,003	405,256
Office Equipment (at cost)	699,077	554,291
Accumulated depreciation	(465,255)	(107,838)
	233,822	446,453
Plant and Equipment (at cost)	246,956	162,640
Accumulated depreciation	(144,365)	(27,886)
	102,591	134,754
Artwork (at cost)	19,906	17,800
Accumulated depreciation	(12,899)	(3,371)
	7,007	14,429
	5,155,459	5,707,022

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## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2002

### Reconciliation of Movement in Assets



	WDV	Additions	Disposals	Depreciation	WDV
	1 July 2001				30 June 2002
Land	910,000				910,000
Land & buildings	278,000				278,000
Buildings	3,029,104			(121,164)	2,907,940
Leasehold improvements	489,026			(69,930)	419,096
Office equipment	446,453		(100,764)	(111,867)	233,822
Motor vehicles	405,256	126,575	(159,742)	(75,086)	297,003
Plant & equipment	134,754		(5,384)	(26,779)	102,591
Artworks	14,429		(4,536)	(2,886)	7,007
	<u>5,707,022</u>	<u>126,575</u>	<u>(270,426)</u>	<u>(407,712)</u>	<u>5,155,459</u>

**2002**      **2001**  
\$                      \$

### 7. PAYABLES

Trade Creditors & accruals	585,982	1,437,919
Total	<u>585,982</u>	<u>1,437,919</u>

### 8. INTEREST BEARING LIABILITIES

Bank overdraft	-	13,615
Australian Taxation Office	1,276,512	407,519
Total	<u>1,276,512</u>	<u>421,134</u>

### 9. PROVISIONS

#### Current

Annual Leave	298,990	233,682
Long Service Leave	36,438	81,971
	<u>335,428</u>	<u>315,653</u>

#### Non Current

Long Service Leave	211,901	183,320
	<u>547,329</u>	<u>498,973</u>

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2002

	2002	2001
	\$	\$
<b>10. OTHER LIABILITIES</b>		
Current		
Grants in Advance	-	1,242,030
Unexpended Grants- Recurrent, Other	386,145	-
	<u>386,145</u>	<u>1,242,030</u>
Non Current		
Unamortised capital grant for construction of building	<u>2,521,038</u>	<u>2,648,057</u>

### 11. ACCUMULATED FUNDS

Accumulated funds at the beginning of the financial year	(51,096)	1,407,517
Net surplus/(deficit) attributable to the Service	1,362,004	(1,708,327)
Transfer from Asset Revaluation Reserve	-	249,714
Accumulated funds at the end of the financial year	<u>1,310,908</u>	<u>(51,096)</u>

### 12. RELATED PARTY INFORMATION

#### Executive Committee

The members of the Executive Committee of the Service from 1 July 2001 to 30 October 2001 were:

Robert Isaacs OAM JP(ceased 3 August 2001)	Maureen Colbung
Patrick Smith	Bruce Loo
Ros Yarran	Denis Eggington
Debra Bennell	Josh Collard
May McGuire	Kathleen Penny
Dorothy Bagshaw	Richard Wilkes
David Dolman	

Elected at the Annual General Meeting 30<sup>th</sup> October 2001

<b>President</b>	: Robert Isaacs OAM JP
<b>Vice President</b>	: Robin Yarran
<b>Secretary</b>	: Marian Kickett
<b>Treasurer</b>	: Abigail Harry

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## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2002

### 12. RELATED PARTY INFORMATION CONTINUED

#### 8 Executive Committee Members:

Bruce Loo  
May McGuire (resigned Jan 2002)  
Dennis Eggington (resigned Jan 2002)  
Kim Isaacs  
Dennis Hayward  
Farley Garlett  
Morton Hansen  
Lorraine Bellotti

### 13.SEGMENT REPORTING

The Service provides health, dental and welfare services for Aboriginal people in the Perth metropolitan area through facilities in central Perth, Maddington, Mirrabooka and Kwinana.

### 14.ECONOMIC DEPENDENCY

The Service is dependent on funding received from its principal funding agencies, Department of Health and Aged Care, and the Health Department of Western Australia. The future operations of the Service are dependent on the continued receipt of funding from these agencies.

### 15.POST BALANCE DATE EVENTS

Since the end of the financial year, the Service has received the following notifications;

A request for reinstatement of a former employee has been received from the Australian Services Union Inc on behalf of the member. The request has not been accepted by the Service at the date of this report and the financial effect of the claim has not been quantified.

The Service is receiving legal opinion on the above matter.

### 16.CONTINGENT LIABILITY

Grant funds received from various funding bodies may be called upon to be repaid to the extent that such funds have not been fully expended on the program for which the funding has been received. It is impractical to quantify those amounts.





## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2002

2002  
\$

### 17. LEASING COMMITMENTS

Details of operating leases in relation to vehicles, premises, equipment maintenance, cleaning and security are as follows:

Operating leases Payable	
Not later than 1 year	288,060
Later than 1 year but not later than 5 years	<u>663,443</u>
	<u>951,503</u>

The above information includes commitments at balance date and contracts entered into subsequent to balance date and up to the date of this report.

Comparative figures are not available for the previous year.

### 18. ASSOCIATION DETAILS

The principal place of business is:  
156 Wittenoom Street, East Perth  
Average number of employees : 122

report



*Mother and Child*