

# *Derbarl Yerrigan Health Service Inc*

**Annual Report 2002 - 2003**



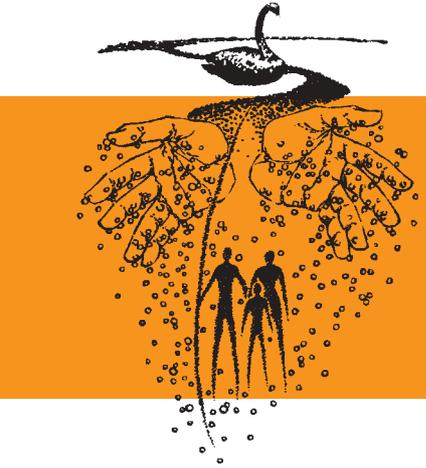
# *Kura, Yeye, Boorda*

*Yesterday, Today, Tomorrow*

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## **Derbarl Yerrigan Health Service in a nutshell**

- *Derbarl Yerrigan Health Service, formerly the Perth Aboriginal Medical Service (PAMS) was established in 1973. Its activities are overseen by an Aboriginal executive committee.*
- *The goal of the service is to provide an Aboriginal community-controlled holistic health care service which promotes and maintains Aboriginal people's physical, spiritual, social, economic and cultural well-being.*
- *The administration centre is at East Perth. There are medical sites providing a bulk-billing service at Maddington, Mirrabooka and East Perth. Midland is the base of the Mental Health and Stolen Generation programs. Derbarl Yerrigan also has a day care centre at Medina.*
- *Funding is through Federal and State Government programmes.*
- *The service is non-profit.*
- *Derbarl Yerrigan Health Service services clients from all over Australia with the majority of service users from the Perth metropolitan area.*
- *Non-Aboriginals may use the service.*



### **Yesterday, Today, Tomorrow**

*Our front cover symbolises three decades of Indigenous health care in Perth*

- *The young fruit trees growing at Derbarl Yerrigan, East Perth, are cuttings from the plum tree which once provided shade for the visionaries planning an Indigenous health service.*
- *Derbarl Yerrigan's headquarters – a symbol of progress in Indigenous health care.*
- *The waterhole at Derbarl Yerrigan, East Perth reminds us that water sustains us and gives continuity of life.*

## Contents

Executive Committee Members	2
President's Report	3
CEO Report	5
Client Services	6
Corporate Services	8
Highlights From the Year	9
Mental Health and Stolen Generation Programmes	10
Central	15
Maddington Site Report	18
Mirrabooka Site Report	20
Medina Day Care Centre	21
Elizabeth Hansen Centre Report	22
A Year to Remember	24
What the Papers say	26
Financial Report	
- Statement by the Executive Committee	28
- Independent Audit Report	29
- Statement of Financial Position	31
- Statement of Financial Performance	32
- Notes to the Financial Statements	33

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## Executive Committee Members

### President

Robert Isaacs  
(July 2002 - April 2003)

### President

Robin Yarran  
(from April 2003)

### Vice President

Robin Yarran  
(from July 2002 - April 2003)

### Secretary

Marian Kickett  
(June - July 2002)

### Secretary

Betty Dann  
(July 2002 - May 2003)

### Treasurer

Abigail Harry

### Committee Members Who Served During Period

Lorraine Bellotti  
Patricia Yarran  
Gary Williams  
Jim Drayton  
Mort Hansen  
Farley Garlett  
Bruce Loo  
Kim Isaacs  
Betty Dann.



*“ It is a year when we as a community should take time to reflect on the achievements of the past 30 years”*



***The Tree of Life***

One of the wall tiles at Derbal Yerrigan's Reception Area in East Perth.

## President's Report

Wanjoo, Wanjoo

On behalf of the Derbarl Yerrigan Health Service Board Ngung duripiny wankgininy with ngung moort, Nyungar, Yamatji, Wongi, Martu, Murris, Kooris, Torres Strait Islanders, Nyungars and other Australian Indigenous brothers and sisters

(I am happy to be talking with my family, Nyungar and other Indigenous people from throughout Australia)

With the resignation of Mr Robert Isaacs it is with great pride that I present the Derbarl Yerrigan Health Service Annual General Report for the year 2002/03.

### **Change Management and Governance**

I am sure that many of you in the community are aware of a number of changes that have occurred throughout the past year. These included changes to the representation of the Board, the appointment and termination of the Chief Executive Officer, the appointment of a Funds Administrator from Pricewaterhouse Coopers and the formation of a Steering Committee to oversight the financial

management of our service. Members of the Steering Committee included the Office of Aboriginal and Torres Strait Islander Health Service (OATSIHS), Office of Aboriginal Health (OAH), President of Derbarl Yerrigan Health Service and the Chief Executive Officer.

Many of the decisions made by the Board and Steering Committee created these changes for the betterment of the Service. While some of these changes have not been without problems, the Board welcomed them and is confident that the community will also agree that they are for the good of the organisation and its future viability.

### **Changes to the Board Membership**

The changes to the membership of the Board came about as a result of a number of resignations. Those resignations were from Mr Robert Isaacs (President), Ms Marion Kickett (Secretary), Mr Farley Garlett and Ms Betty Dann (replacing Mrs Kickett), Ms Kim Isaacs and Mr Bruce Loo.

The membership of the Board also included Mr Denis Hayward and Mr Morton Hansen. I would like to thank those remaining Board members who have come through the

past year with flying colours. They are Mr Jim Drayton, Mrs Patricia Yarran, Mrs Lorraine Bellotti and Ms Abigail Harry (Treasurer).

### **Funds Administration**

The work of the Funds Administrator and Commonwealth funding bodies have ensured that the finances of Derbarl Yerrigan Health Service remain healthy with money targeted in the areas where it is most effective ensuring that our clients and community are getting the services they so badly need. These services include medical treatment, mental health services, podiatry, stolen generation, environmental health, dental treatment and physiotherapy. The Board is also aware that resources do not allow for many other vital services needed for our clients. However, if we continue to work together with funding bodies and other mainstream service providers we all can make this happen.

### **Steering Committee**

The Steering Committee representatives, Mr Alan Philp, Office of Aboriginal and Torres Strait Islander Health Services (OATSIHS) and Mr Terry Murphy, Office of Aboriginal Health, have provided direction to the Funds Administrator



**Robin Yarran**  
President, Derbarl Yerrigan Health Service

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throughout these past few months. The Board and funding bodies did not always see “eye to eye” about decisions. However, the Board is able to report that a commitment to working together to resolve future financial and governance matters is a priority for us all.

## **Thanks from the Board**

On another positive note, the Board is grateful to the Derbarl Yerrigan Health Service staff for their work and support throughout the year. We would like to thank you all. I would like to personally thank our security staff for their outstanding efforts at all five sites during this past year. Our community, staff and Board have a right to feel safe within the service. Our security staff do a wonderful job at maintaining this level of protection for our people so they can feel safe when visiting the service.

## **30th Anniversary**

Derbarl Yerrigan Health Service celebrates its 30th Anniversary this year. It is a year when we as a community should take time to reflect on the achievements of the past 30 years including:

- Diversity of services
- Geographic diversity

- New building
- Upgrading of facilities
- The high number of Nyungar and other Aboriginal employees
- Partnerships developed with mainstream service providers
- The large clientele base
- Australia’s largest Indigenous Health Service.

It should also be a time to acknowledge and pay respect to those people who made all these things possible - those visionaries who sat under the “plum tree” where our Central Site and Administration is now situated and created a pathway in health for our people. Part of that vision was to have our own Indigenous health service with our own Aboriginal Health Workers and Indigenous doctors all working together to improve the health of our people.

## **Annual General Meeting - Election of New Board Members**

This year is an election year and we wish the incoming Board members all the best over the next two years as the elected representatives of the financial membership of DYHS and community.

On behalf of the Board, we would like to leave these words of encouragement.

- *Protect Nyungar culture*

*and spirituality*

- *Respect all Indigenous people*
- *Be honest and courageous*
- *Work together to improve the health of our people*
- *Be true to yourself*
- *Encourage Empowerment*
- *Share knowledge*
- *Reconcile your differences*
- *Communicate*
- *Be transparent and open in all your dealings*
- *Respect one another*

From a grassroots Nyungar man.

## **Robin Yarran**

President, Derbarl Yerrigan Health Service



*“During the year clinic hours throughout Derbarl Yerrigan Health Service’s Medical sites were extended.”*

## CEO Report

THIS has been a difficult year for the delivery of health services to Indigenous people in WA.

The controversy over WACCHO has received a lot of exposure in the media and this has tended to overshadow the important role that agencies like Derbarl Yerrigan Health Service and other community-controlled health services continue to play in the life of the communities they serve. Many people reading of the troubles at WACCHO might be left with the impression that the delivery of Indigenous health services is in a state of chaos.

Nothing could be further from the truth. Health agencies continue to do the best they can in the present financial circumstances.

It has also been a difficult year for Derbarl Yerrigan with a number of changes in personnel on the executive board and also at senior management level.

I think we should all remember the importance of what we are endeavouring to do at Derbarl Yerrigan. Our role, as defined in our mission statement, is to "provide an Aboriginal-controlled, holistic health-care network which develops, promotes and maintains Aboriginal peoples' physical, spiritual,

social, economic and cultural well-being."

That's a big challenge but it's one which I feel we are meeting thanks to the skill and dedication of our staff at all the sites.

There have been suggestions in some circles that the delivery of Indigenous health should become part of a mainstream health service in WA.

This has already become a reality in Queensland but it's my belief that for WA to follow would be a step backwards. Indigenous people need a health service that is culturally appropriate and that's what Derbarl Yerrigan continues to provide.

One initiative we are continuing to pursue at Derbarl is to provide greater security to staff through the contract negotiation process. I am sure the change will be welcomed by those members of staff involved.

We have much to be proud of at Derbarl Yerrigan and we can look forward to the future with confidence.

Thank you all for your efforts in making Derbarl Yerrigan a leader in health service delivery

### **Robin Yarran**

On behalf of the board during this period.



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## Client Services

I have been Acting Director Client Services since November 2002, and have found the role to be both challenging and complex. The position requires working closely with several key positions within the organisation including the CEO, Director Corporate Services, Manager Clinical Services, Manager Contracts and Programs, Senior Medical Officer and Manager Finance.

The year has seen a number of changes including the appointment of a new CEO and the departure of two long-serving Site Managers - Mr Danny Jackson and Ms Eileen Taylor. I would like to acknowledge their contribution to the organisation especially their involvement in setting up the Maddington and Mirrabooka sites.

Derbarl Yerrigan is again under Funds Administration which at times makes normal operations difficult. It does however provide some security and clear operational guidelines.

Throughout these difficult and challenging periods the staff in the Service Delivery Directorate have continued to offer quality services to clients despite the air of uncertainty over the

organisation, and they are to be congratulated for their efforts.

Derbarl Yerrigan Health Service's Senior management team recognises the critical role of the community control sector in improving the health status of the Aboriginal And Torres Strait (ATSI) community and has continued to pursue new relationships with mainstream organisations. It is imperative that this continues since we acknowledge that many members of the community will be provided with services within mainstream facilities.

We have close working relationships with Royal Perth Hospital, East Metropolitan Population Health Unit, Perth and Hills Division of General Practice, Family Planning of Western Australia, Ministry Of Justice, Disability Services, Health Department of Western Australia, Department Of Drug and Alcohol, Lions Eye Institute, Australian Hearing, Silver Chain, Marr Mooditj Foundation and the Telethon Child Health Research Institute. In an attempt to improve the health status of the ATSI community we hope these relationships will continue to grow. We will also continue to build on existing relationships which will

support Derbarl Yerrigan Health Service as it moves into a new era of service delivery.

In March 2003 Derbarl Yerrigan Health Service re-opened its doors at Midland after operations in the area had been shut down for more than a year. The services provided include Stolen Generation, Building Solid Families and Aboriginal Community Support. The re-opening at Midland reinforces the organisation's vision of decentralising services and making them more accessible.

In September 2002 Derbarl Yerrigan Health Service gained HACC National Standards Accreditation for the first time. This is a reflection of the levels of service provided to the Aboriginal and Torres Strait Islander community.

We continue to provide services in a number of areas including those clients with disabilities, the frail and the aged. We provide HACC-funded day care services to clients from the Medina / Kwinana region. We currently provide Community Care Packages to 15 elderly clients providing them with a range of services to meet their care needs and enabling them to continue living amongst their own families and as part of their own



communities. This hopefully enhances the quality of life for seniors and those with disabilities through support for positive and healthy ageing.

Derbarl Yerrigan Health Service continues to deliver services at the Elizabeth Hansen Autumn Centre in Maylands. The staff at the centre works closely with the staff from the renal dialysis unit at Royal Perth Hospital.

We have an activities coordinator at the centre providing art therapy, sewing, woodcarving, recreational outings and various other forms of therapy for the residents. For the first time we now also have a Registered Nurse working part-time at the centre providing advice and teaching on infection control.

During the past year our staff have attended various training courses in a number of specialist areas including Infection Control, Aged Care, Communicare, PASH and Family Planning. First Aid and Occupational Health training has also been conducted for all staff.

It is now a mandatory requirement for all Derbarl Yerrigan Health Service staff to have a Federal Police Clearance before beginning employment.

This year we conducted a

fluvax and pneumovax campaign in Weld Square in East Perth and targeted a group of most disadvantaged homeless people. We took the opportunity to perform some health checks and refer clients to our services for a full medical examination if required. The campaign was successful and it is hoped that we made a difference.

With a grant of approximately \$18,000 from Lotteries Commission we were able to relocate a transportable home from Osborne Park Hospital to the Gnangara community. The home, donated by the North Metropolitan Health Service, has provided the staff with vastly improved premises ensuring greater confidentiality and comfort for the clients.

During the year clinic hours throughout the Derbarl Yerrigan Health Service's medical sites were extended. We now operate a clinic 5 days a week at all sites instead of 4.5 days a week. In addition, we also remain open for two evenings and Saturday mornings at our East Perth Site. This is for a trial period and the client uptake is being monitored. The figures have been encouraging particularly on Saturday mornings. Client numbers attending our clinics have increased

significantly over the last financial year.

I would like to thank all of the staff for their hard work, support, dedication, encouragement and co-operation during a very difficult period. My thanks also to the Board of Directors for their hard work and support.

**Lydianne Fulton**

Director, Client Services



**Lydianne Fulton**

Director

Client Services

(appointed June 2003)

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## Corporate Services

This financial year has been one of consolidation for the Corporate Services team. It began with the continuation of Funds Administration until 30 September 2002 and the implementation of sound financial controls and practices for the remainder of the year. The highlights include:

- The ongoing liability to the Australian Taxation Office of approximately \$750,000 was restructured into a long-term debt over a period of five years with monthly payments of \$13,000 which were more manageable for the Service.
- Continued implementation of the financial control procedures initiated by the Funds Administration Process. This culminated in producing on-time Acquittal Reports for all major service contracts for the 2002 -03 financial year. Members of Corporate Services visited the Medina Day Care Centre during the year to enhance the financial controls and reporting practices at the Centre.
- Asset and infrastructure management staff were involved in planning for the major refurbishment of the Autumn Centre due to commence in July, 2003.

- During March 2003 Derbarl Yerrigan extended the hours of operation at the Central Clinic. To provide a safe working environment for the rostered staff and a reception area where clients could have confidential discussions with staff, a new medical reception counter was required. This facility was funded by the Department of Health WA and has provided Derbarl Yerrigan with a modern, secure and workable reception area that has been well received by clients.
- During the year the Human Resource Management area has undergone significant change. For increased efficiency Payroll processing and Salary Sacrifice processing were outsourced. The outsourcing of Payroll processing was relatively seamless with the Payroll Consultant continuing to operate from Corporate Services using Derbarl Yerrigan Health Service payroll software. The Salary Sacrifice outsource was more removed from the Service with all staff required to have individual interviews with the new provider and/or their financial planner.
- During the year several "whole of organisation" training programs were established with most staff attending Occupation Health &

Safety , First Aid and Computer Training courses.

- Information Technology services have been reviewed by an external consultant with the objective of identifying enhancements required to ensure the service remains efficient, effective and delivered with the appropriate level of security required. This review highlighted several areas of enhancement which have been initiated during the year including upgrading the server and the security of major systems.
- The Communicare software was upgraded during the year by Medisys the software vendors to ensure the systems were available for accurate client and patient records management.
- Because of Corporate Governance issues the State and Commonwealth funding bodies implemented funds administration at Derbarl Yerrigan Health Service again in June 2003. The Funds Administrators were presented with an organisation with sound financial management controls and a staff dedicated to service delivery.

**Robin Yarran**  
On behalf of the board



## **HIGHLIGHTS FROM THE YEAR**

### ***Re-opening at Midland***

The Midland site, which had been closed for more than a year, re-opened in March as the base for a number of key programmes including Stolen Generation, Building Solid Families and Aboriginal Community Support. The re-opening, which provides greater client confidentiality, was part of a decentralisation programme to make services more accessible. The Midland site caters for clients across the Perth metropolitan area.

### ***Professor Stanley hails Derbarl's success.***

The Australian of the Year, Professor Fiona Stanley, director of the Perth-based Child Research Institute, was honoured by Derbarl Yerrigan for her work in Aboriginal health. Professor Stanley, who visited Central site to receive a Certificate of Appreciation, said Derbarl Yerrigan was a fantastic success story as a result of Aboriginal control. She said her life had been changed as a result of working closely with the Aboriginal and Torres Strait Islander people.

### ***Governor pledges support***

The Governor of Western Australia, Lieutenant General John Sanderson, pledged support for the work of Derbarl Yerrigan during a visit in April. The Governor, who with his wife Lorraine, toured the East Perth site, said he was impressed with the facilities and the wide range of health services offered. He said he had a deep interest in the issues of Indigenous health and would help the cause wherever possible.

### ***Clinic hours extended***

Clinic hours at the medical sites were extended during the year. Derbarl Yerrigan now operates a clinic six days a week. Clinics remain open two evenings a week with the East Perth clinic open on Saturday morning. Client numbers at all clinics improved significantly compared with the previous year.

### ***Major upgrades at two facilities***

Plans were approved during the year for upgrades at two facilities. The Elizabeth Hansen Autumn Centre in Maylands, home for up to 36 dialysis patients including many from regional WA, was the focus of a \$200,000 modernisation programme by the Department of

Housing and Welfare. The Mirambeena Day Care Centre moved back to premises leased from the Medina Aboriginal Cultural Group following improvements by Derbarl Yerrigan.



***Professor Fiona  
Stanley***

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## Mental Health and Stolen Generation Programs

This team consists of a number of sub-teams:

- Aboriginal Community Support Service (ACSS)
- Mental health team (Midland)
- 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)

### Staff for 2002/2003

- Jennifer Stott  
Manager
- Julie Jackson  
Administration Support  
Mental Health Support
- Brendan Clarke  
Clinical Support Worker  
ACSS
- Sharon Hodder  
Support Worker  
ACSS (resigned – position now vacant)
- Richard Akbar  
Support Worker  
ACSS
- Sheridan Walley  
Support Worker  
ACSS

- Michael Holmes  
Community Mental Health Nurse IDS
- Rosalie Kickett  
Support Worker  
IDS
- Richard Akbar  
Support Worker  
SWC
- Moira Wilson  
Support Worker  
SWC (resigned – position now vacant)

### Stolen Generation Support

- Rosalie Fraser  
Senior Case Worker  
Stolen Generation (resigned–position now vacant)
- Georgina Drayton  
Caseworker  
Stolen Generation
- Roger Turvey  
Caseworker  
Stolen Generation
- Paul Parfitt  
Caseworker  
Building Solid Families
- Raelene Councillor  
Caseworker  
Building Solid Families

### Midland Move

Except for the Substance Misuse team, based at Rockingham, the team was based within the East Perth building until March 2003, when we moved Spring Park Road, Midland. This allowed the team to occupy a number of offices providing greater confidentiality in regards to client needs. The mental health and stolen generation teams now have

separate offices. The site has set up an interview room, and a therapy room.

The teams continue to provide support to clients throughout the Perth metropolitan area, which at times is problematic in regards to distances travelled by workers to support clients. However the team has worked closely in assisting each other to ensure that client needs are met.

The Midland site will also cater for the Building Blocks program, targeting the Midland region. At present this position has been advertised internally. The move to Midland has allowed Derbarl Yerrigan Health Service to again provide a presence within the area. The team is involved in a number of inter-agency meetings within this area, and have begun re-establishing effective working partnerships with these agencies, including Midland Aboriginal Advisory Group, Swan Council, Street Doctor, etc.

The Midland team has identified the need to re-establish client focus groups, to provide input into the programs, and to assist in determining their needs, and representing clients within these areas. As part of NAIDOC week, we held a

*“The core business of the mental health programs involves the support of clients with complex mental health and social justice issues within the community.”*



BBQ for clients at Midland. This was well received, with numerous requests to continue to meet together on a more regular basis.

### **Mental Health Support**

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. In the past year, staff have noted and commented anecdotally on general improvements in a number of clients in relation to accommodation, attendance at appointments, compliance with medications, work readiness and general daily living skills. These changes have occurred, primarily with the continual and ongoing support of dedicated clients within the field. This is particularly noticeable with the reduced staffing levels experienced within recent months as a result of staff departures.

The team has been short-staffed recently, with three staff having resigned and moving to other jobs within the sector. I would like to take this opportunity to thank all staff for their commitment and dedication to their clients and the team. We are currently advertising and selecting staff for these positions, and hope to have a full complement of staff within the next month or so. Within this, we have decided to advertise for a second Community Mental health nurse to provide support to Mike Holmes, and to the community within Perth. This position involves caseload management of clients within the ACSS program. The mental health team has noted a continuing number of clients being referred to the program. At present we have had to waitlist clients, the first time in some years, until we have a full quota of staff.

Earlier this year, DYHS began negotiations with RPH in relation to expansion of psych services within Derbarl Yerrigan Health Service. We conducted a random survey of clients of the service. As a result, a working forum has been established with staff from Derbarl Yerrigan Health Service and a number of other agencies to pursue this. We have been successful in obtaining funding for another (third)

Community Mental health nurse to case manage and work on developing a major submission in conjunction with this forum, with the view of submitting the submission at the end of the current financial year. It is hoped that we can also consider a focus on youth and children with mental health problems. Derbarl Yerrigan Health Service, Next Step and RPH are jointly funding the position for a period of one year. This position will work closely with the Midland team and the other two mental health nurses in providing supervision and support, and management in providing care and developing the submission.

The 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



**Jennifer Stott**  
Manager, Mental Health and Stolen Generation Program



# health

aimed at developing and maintaining skills enabling clients to live and participate in the community and to gain access to suitable accommodation.

The Rockingham Substance Misuse and Community Support service provides a community-based psychosocial service to the Aboriginal community 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 inter-sectorial 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. During this year,

staff have been involved in the development of the Multi-Systemic Therapy program (12-16 year olds with Behavioural problems, and MYSIG (support for youth within the inner city with mental health problems).

Staff within the programs have continued to raise the awareness of these concerns through lectures, presentations and networking within the social services and mental health sector. These presentations have been well received and have stimulated the development of working partnerships. In late 2002, Mike Holmes and John vanderGiezen (previously working with ACSS) presented a paper at a psychiatric conference in QLD. Richard Akbar presented a paper on the ACSS model of working at the Aboriginal Health Workers Conference in SA 2003.

ACSS has again provided placements for students. In 2002, placement was provided through CYTS for an Aboriginal student undertaking a 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 continue to operate on a referral system with potential clients being referred from a wide variety of sources. The referral process is currently being reworked, with analysis of the current referral form, and a survey of referring agencies being undertaken to provide feedback regarding this process. For the first time in a number of years, the mental health team has had to waitlist clients, as a result of short-staffing and an increase in referrals.

The Southwest Corridor Substance Misuse and Co-morbidity program remains co-located with Ruah Services in Rockingham. Again, staff changes have resulted in a need to waitlist clients until the program is again fully staffed.

## **Future directions for mental health**

There are a number of areas within mental health that the service continues to address and develop, particularly in the following areas:

1. The development and utilisation of holistic mental health care plans
2. Increasing and further developing working partnerships between



*“The opportunity to develop partnerships with education providers has again assisted in raising the awareness of Indigenous health issues.”*

mainstream and the service into standard practice.

3. Continuing to address risk factors impacting on the mental health of the Aboriginal community.

Identifying depression, problematic substance misuse and other associated events related to trauma.

4. Continuing to raise awareness of mental health within the Aboriginal community through partnerships, information and education.

5. Continuing to address systemic issues of racism, social disadvantage and discrimination currently impacting on Aboriginal people afflicted with chronic mental health concerns through involvement with working parties and policy planning.

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**

The Stolen Generation and Building Solid Families programs are located at the Midland site, 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 may cross-refer with the Mental Health team.

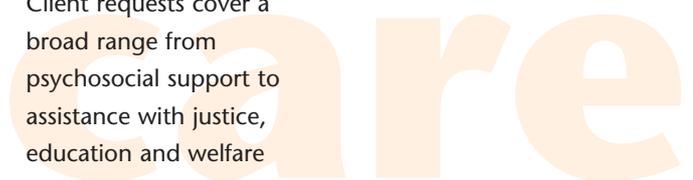
The Senior Case Worker (2 year fixed) contract includes the development of inter-agency links and MOU's, counselling services, specialist streams for elders, reunification, parenting and women's/men's business within Stolen Generation, tracing of files and support to access on line and link up services and seamless interstate reunifications. The position has a minimal client load. Rosalie Fraser left the position mid 2003, taking up a similar position in SA. The position has secured a one-year extension and has been advertised internally.

The Stolen Generation program provides support to clients under the "Bringing them Home" program. Support includes 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. In July 2002, Roger Turvey joined the program.

The Building Solid Families program is a culturally appropriate information and support service for individuals, families and communities in Perth to support mental health, social and emotional well-being of people affected by family separation, trauma, grief, loss, mental health problems, and those at risk of self harm. Support includes the provision of community information, education, awareness, family information and services associated with family reunion or Linkup. The program has a component of Linkup or reunification under state guidelines developed in conjunction with interstate and intrastate Linkup services, and assists clients in reunification with family.

The caseload within the past year has continued to rise, with about 100 people currently receiving support. The majority of the staff's work has been with individuals and families. Client requests cover a broad range from psychosocial support to assistance with justice, education and welfare



# health



*“We are hoping to incorporate Art Therapy into the larger proposal for expansion of services for clients within this area.”*

departments. Counselling covers a very broad range including general support and yarning to organising ongoing professional counselling on a range of needs, to assistance with family gatherings, return to country and funeral support. Linkup services through the BSF program have assisted clients in meeting family for the first time since removal. A number of reunions have been held across the state, interstate and from overseas. Workers have worked intensively with these clients providing support throughout this process. Where funds have been limited, staff has obtained financial support external to Derbarl Yerrigan Health Service. Staff within both programs continues to provide extensive support to clients, often working long hours during reunifications.

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.

For the past three months we have had an Art Therapy student from ECU – Mark Brittain – on placement for three days per week. Mark has introduced Art Therapy as a form of counselling to the team and to clients. This has been extremely successful, with clients involved demonstrating positive changes in their outlook. Mark has now finished his placement, but has enabled the team to continue to make art available to clients who choose to come and spend time at the site exploring their feelings and emotions. This is an area that we would like to continue to pursue, so those clients can continue to benefit. As follow-on from Mark’s placement, we have negotiated to have another student Art Therapist on three months placement for the second part of 2003. Carmen Lawson is an Aboriginal lady from Queensland, and is very keen to undertake her prac at Derbarl Yerrigan Health Service. We are hoping to incorporate Art Therapy into the larger proposal for expansion of services for clients within this area.

## **Future Directions**

The team has identified a number of interventions that

will allow for provision of best possible service for clients, including:

- Ongoing development of closer working relationships with other service providers
- Continuation of 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

**Jennifer Stott**  
Manager

## Central

This is my first annual report as the acting site manager for the Central site. The role has been both challenging and beneficial and I would like to thank all staff for their support and understanding.

Central site continues to operate at full capacity in medical services and specialist services including dental, physiotherapy and podiatry. We also have a monthly optometrist programme, a resource liaison officer, an ear health programme with Dr Harvey Coates and an immunisation service.

More than 10,000 clients have used the clinical services through our Reception Team which oversees the bookings of all appointments. The team also provides administrative support to all medical and allied health specialists. The team consists of three full-time and one part-time staff member. Their duties include booking appointments, registering patient arrivals, Medicare billing, filing patient records, medical/dental mail, liaising with drug representatives and registering transport bookings.

The medical reception area is one of the busiest sections in the organisation and my thanks to the staff for their

hard work, perseverance, pleasant manner and tolerance.

### **Clinic**

About 50 clients contact the clinic each day with Monday and Friday the busiest days. The organisation has extended its hours with Monday and Wednesday remaining open until 8:30pm, while Saturday is open between 8:30 and noon. Data entry remains problematical although regular updates of Communicare from the IT servers continues. Staff members find time constraints do not easily permit data entry for client contacts for each service provider. Filing methods are being improved through archiving and merging dual client files.

### **RACGP Training Program**

The successful RACGP program continues through Dr. Diane Faulkner-Hill. Derbarl Yerrigan Health Service is recognised for providing valuable insights into Aboriginal health issues and an increased awareness of holistic health care delivery to trainee registrars. At central site there are 10 doctors on roster

### **Dental Services**

The clinic operates with two

dentists on Mondays, Wednesday, Thursday and Friday and one dentist each Tuesday afternoon. The appointments in the dental clinic are taken quickly which reflects the high demand for dental treatment within the Aboriginal community. There is currently a six week waiting period for appointments and due to long waiting periods we have continued to take three emergency patients every morning and afternoon. These times are usually taken by 8.45am. Dr Jennifer Bazen continues to have final-year dental students through the clinic as interns providing simple dental procedures under her direction. This gives the students first-hand experience into the dental problems faced by some clients.

### **Ear Health Program**

The Ear Health team provides regular screening to 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 ENT treatments/operations such as Myringotomy and Myringoplasty. Derbarl Yerrigan Health Service employs Ear Healthworkers with one designated position. Opportunistic



**Jane Jones**  
Acting Site Manager,  
Central

# health

screening of children at all sites continues to pay dividends.

Referrals are still received from GPs in the wider community, School Principals, Community Nurses, Community based Healthworkers, Family and Childrens Services and School Nurses.

The Australian Hearing Service continues to support Derbarl Yerrigan Health Service with visits from an Audiologist who operates from Central once a month. This also benefits our elderly clients and other community members.

Thank you to Irene Nannup, Yvonne Axford, Lorna Lewis and Leon Borlace (who has since left Derbarl Yerrigan Health Service ) for their efforts.

## **Podiatry Service**

It's been a busy year in Podiatry, with increasing client numbers. A total of 369 clients made use of the service during the past 4 months, as well as 159 referrals.

With more Aboriginal people accessing this service, the emphasis is on an awareness of the importance of foot care and diabetic foot-care education. In addition, a strong link has been established between the Podiatrist and other staff members to ensure that the

service is used to its full capacity.

The Podiatrist (Samuel Niazov) is available three days a week (Monday, Tuesday and Friday) at 9.00am and 5.00pm.

## **Physiotherapist**

Rahima Fowler began at Derbarl Yerrigan Health Service on 14th April 2003 and has been busy treating clients, including staff, with predominantly musculoskeletal and stress-related pain and joint dysfunctions.

Physiotherapy services are provided at Central on Mondays and Fridays (9.00am to 3.30pm) and at Mirrabooka and Maddington sites (9.00am to noon but frequently to 12.30pm or later) on Tuesdays and Wednesdays. Under the Communicare "Encounter Service Provider Analysis" Rahima provided a total of 199 Physiotherapy treatments from April 14 to June 30, 2003.

This consisted of 108 services at Central, 53 at Maddington and 38 at Mirrabooka.

For the period January 1, 2003 to June 30 there was a total of 396 Physiotherapy services provided - 197 by Ross Hart and 199 by Rahima.

There is a growing demand for the service and a wait of

about one week for clients to receive a Physio appointment but Rahima can usually see one or two "walk-in" clients a day. During the year Rahima completed a Senior First Aid certificate with St John's Ambulance Service in April and attended a two-day seminar in Making Trauma Therapy Safer.

## **Field Workers**

The Field staff at Central continue work on the completion of health assessments. Rachel Fitzgerald, Sue Yarran, Melissa Mongoo, Roslyn Yarran and Arthur Garlett have completed a certificate in Occupational Health and Safety, First Aid Certificate, and also a workshop in Hepatitis C and Excel computer training. Pat Coppins, our community nurse who is going to be leaving us, has been busy in the field. We wish her the best in her travels. Arthur continues his duties with the Aged Care Clients. Roslyn has been coordinating the Family Futures with Neville Barlett and Pam Martino. The Sexual Health Team of Cecily Johnson and Gerard Lockyer provide education and referrals and liaise with other agencies, sites, prisons and clients and their families. There is an increasing demand for the service.



*"Derbarl Yerrigan Health Service continues to be a peak health organisation and we look forward to improving the health outcomes of the Indigenous community"*

## **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**

Max Wark, our Resource Liaison Officer, continues to provide a holistic welfare service together with the physical, social and emotional well-being of all clients. The number of clients from January 1 2003 to June 30 was 335 in addition to "walk-in" requests.

The service breakdown is: Dewson's food vouchers 53%, Department of Housing and Works 9.25%, Centrelink 9.55%, Accommodation 14.63%, Travel 5.07%, Western Power 1.79%, Alinta Gas 2.69%, Domestic Violence

2.2%, miscellaneous 28.36%.

## **Transport**

Our two full-time drivers, Pat Moody and Arthur Prosser, continue to be busy with client transport for medical, specialists and interagency appointments. The work of the relieving drivers is also acknowledged.

## **The Staff List Is:**

- Senior Healthworker - Rachel Fitzgerald
- Senior Healthworker - Cynthia Barnes (Mirrabooka-May 03)
- Healthworker - Sue Yarran
- Healthworker - Melissa Mongoo
- Care-Aide – Arthur Garlett
- Coordinator of Family Futures – Roslyn Yarran
- Eye health Coordinator – Patricia Bushby
- Healthworker - Marjory Winmar
- Community nurse - Patricia Coppins
- Sexual health nurse - Cecily Johnson
- Sexual Healthworker - Gerard Lockyer
- Data processor - Adrian Ugle
- Dental assistant - Pearl Sathasivam
- Dental Assistant -Johnene Sario
- Dentist FT - Jenny Bazen
- Dentist-FT - Rebecca Zand-Vakily
- Dentist-PT - Ben Feng.
- Dentist-PT - Adrian Wong
- Healthworker - Pam Martino
- Healthworker - Neville Bartlett
- Resource Liaison Officer - Max Wark
- Doctor - Diane Faulkner-Hill
- Physiotherapist - Rahima Fowler
- Ear Healthworker - Irene Nannup
- Health Worker Clinic - Yvonne Axford
- Podiatrist - Sam Niazov
- Receptionist - Dawn Bennell
- Medical records - Sue Golding
- Medical/Specialist Receptionist – Kym Hawket
- Receptionist – Beth Manchester
- Clinic-RN-Agency – Trish Sharpe
- Cleaner-relief - Debbie Cole
- Doctor - Daniel Xu
- Doctor - Depak Naram
- Doctor – Anetta Rybak
- Doctor – Pauline Swan
- Doctor – Qamar Naseer
- Doctor - Andre Cronje

The period over the last six months has been shaky within the organisation but staff have continued to move along with client interaction and delivery of services. Derbarl Yerrigan Health Service continues to be a peak health

organisation and we look forward to improving the health outcomes of the Indigenous community.

## **Jane Jones**

Acting Site Manager

# health

## **Maddington**

This report covers the period from March to July 2003.

### **Doctors**

Dr Raji, Dr Renu, Dr Partington and Dr Ali have been our regular doctors. Dr Partington began in February and Dr Quadros left to go to Broome. Dr Renu and Dr Ali left at the end of June. There is a new doctor starting at Maddington soon. I must take this opportunity to thank all the doctors for the care they give to our clients. Special thanks must be extended to Dr Raji because she was frequently on duty on her own. Her presence is one reason why our clinic has been so busy because clients have come from the country and outer suburbs of Perth to see her.

### **Registered Nurses**

Tina Mash, our clinic nurse, has been acting Programme Manager so we have had agency staff working in the clinic. Rob Ufer and Penny Sumon were our community nurses. Penny was agency but was with us for more than six months. Penny left us to go and work in Asia. Thanks to Rob for the work he does.

## **Health Workers**

Mary Michael and Leon Borlace have been our Health Workers while Thelma Weston has been the Senior Health Worker and Acting Manager. Thanks go to Mary and Leon for dedication in the work that they have been doing. Gail Yarran joined us on contract for three months as a Health Worker and has had her contract extended. Thanks to Gail our client load is now more evenly spread.

### **Care-Aid**

Marian Hill is also our OHS officer. Thanks for the work she does in both positions.

### **Cleaner**

Rhoda Thornton must be congratulated on keeping all areas of our site clean and tidy.

### **Resource Liaison Officer**

Lori Hayward is our hard-working Resource and Liaison Officer who does far more than the tasks outlined in her Duty Statement. My thanks to Lori for her help because it makes my work a lot easier.

### **Reception**

Thanks to Loretta Horn and Tash Williams not only for their patience but also for their professional manner with the clients.

## **Transport**

Arnold Yarran, our driver, is to be congratulated on the way he goes about his work because I am sure that sometimes it is not easy.

## **Health Promotions**

At Maddington we have been following the calendar of health promotions from the Health Department with staff selecting what they will be doing for the year. On SIDS Day Tina Mash asked staff to come in fancy dress. Those that declined were required to pay \$5 which was donated to SIDS. Also Tina sold pens, red noses, badges and teddy bears. The winners of our fancy dress competition were Rahima Fowler, Marian Hill and Gail Yarran.

## **Fruit and Veg Week**

Clients were served vegetarian food and fruit as part of an activity organised by Lori Hayward. Each month posters displayed in the reception area highlight a particular health problem.

## **Schools**

Cereals, fruit juice, milk and bread are supplied to East Maddington school as part of the school's breakfast programme.



### **Ear Health**

A number of schools have been visited or will be visited as part of a programme covering ear health and general health including vision. They are: East Maddington and Bramfield Primary (2nd term), Forrestfield Primary (3rd term) and Gwynne Park Primary (4th term.)

Thanks must go to Tina Mash for all the planning and liaising with the school staff and Mary Michael and Leon Borlace who help with the ear checks. This program may need to be extended. We have had to turn down approaches from other schools because of a lack of staff resources.

### **Heartbeat Education Programme**

This runs in partnership with Canning Division of GPs and the Heart Foundation and is co-ordinated by Lyn Dimer. The programme, which ran from May 22nd to July 3, will be on-going. Clients have discussed forming a walking group and using the treadmill as part of an exercise programme.

### **HACC Program**

This is going well. There are a lot of high-need clients in our area and I am sure that we could increase our number with more staff.

### **Family Futures**

There is a need to get more families on this programme

Thanks go to the staff at Maddington for their dedication and the professional way they go about their duties and for their support .

I must also thank the administration staff for their help.

#### **Thelma Weston**

Senior Health Worker and Acting Manager



**Thelma Weston**

Acting Manager,  
Maddington

care

# health

## Mirrabooka

This is my first annual report as the acting Site Manager at Mirrabooka.

I have found this role not only a challenge but also an opportunity to gain experience in the area of management. I am enjoying it at Mirrabooka and I would like to thank the staff at the Mirrabooka site for their support and understanding as we look ahead to further enhance Primary Health Care service delivery to our Indigenous people.

Mirrabooka has been operating for about three years, and Senior Management is now looking at extended hours at Mirrabooka in the near future.

We have more than 2000 clients registered at Mirrabooka including metro clients and others from outlying areas throughout Western Australia.

We also provide a service to the Gnangara Community on a fortnightly basis. In addition a healthworker and Registered Nurse visit the Cullacabardee Community upon referral.

Mirrabooka has a staff of 20 working on either a full-time or part-time basis.

The Staff list is:

- Cynthia Barnes, Acting Site Manager
- Yvette Walley, Acting Senior Healthworker
- Dr Marianne Wood
- Dr Julie Copeman
- Dr Amanda Milligan
- Dr Nirmal
- Marjorie Riley, Clinic Nurse
- Tanya Ludlow, Community Field Nurse
- Marilyn Rossi, CACPS/HACC-Healthworker
- Dorothy Bynder, Family Futures
- Lorna Lewis - who has returned after being on secondment with Education Department.
- Anne Ryder, Care-Aid, now working as a healthworker under supervision.
- David Bell, Care-Aid
- Joanne Clinch, Care-Aid Relief
- Dean Dunlop, Transport Driver
- Dorothy Clarke, Receptionist
- Glenda Wheelock, Receptionist
- Dulcie Donaldson, Resource Liaison, secondment to Central Site

Our previous Acting Site Manager, Martina Berolah, resigned at end of May to return to Queensland. We thank Martina for her hard work and wish her well. Pam Martino (Field Healthworker)

has been transferred to Central for three months to work with the Family Futures team.

On a regular basis we have the service of Rahima Fowler, the Physiotherapist from Central Site, and the Eye health/Vision west team which visits on a monthly basis.

In July the Mirrabooka site took part in the NAIDOC Celebrations combining with other Aboriginal agencies in holding NAIDOC day at the Herb Graham Centre in Mirrabooka.

Despite the miserable weather everyone thoroughly enjoyed the celebrations.

**Cynthia Barnes**  
Acting Site Manager



**Cynthia Barnes**  
Acting Site Manager,  
Mirrabooka

*"We have more than 2000 clients registered at Mirrabooka including metro clients and others from outlying areas throughout Western Australia"*



## Medina Day Care Centre

It has been a busy and productive 12 months at the Mirambeena Day Care Centre in Medina.

We provide care for 15 Indigenous clients including frail elderly and young people with disabilities. The Centre is open three days a week with Monday being devoted to board games and craft activities, all of which are thoroughly enjoyed by the clients.

Tuesdays sees us heading off to a range of different places including Mandurah and Serpentine for a barbecue lunch and in this regard our new 18-seater bus has proved a great boon. Thursdays is another day-out for the group and all these excursions are eagerly awaited by our clients – some of whom would not otherwise have an opportunity to get out and about.

The Day Care Centre has had a number of homes in the 12 years it's been going. It began at premises run by the Medina Aboriginal Cultural Group, moved to alternative premises in Calista and then returned to the Cultural Centre before moving to a property leased from Homeswest.

Now we're looking forward to moving back to the Cultural Centre which has been upgraded by Derbarl

Yerrigan to provide improved facilities for our clients.

Many thanks to our carer, Cindy Ballard, and to our driver, Keith Anderson, for their help and support during the year.

It has been a privilege to work with them in the important work of improving health outcomes for our clients.

### Jill Henry

Co-Ordinator  
Medina Day Care Centre



Some of the Clients at the Medina Day Care Centre

*"...these excursions are eagerly awaited by our clients – some of whom would not otherwise have an opportunity to get out and about."*

# care

# health

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

Since October 2000 Derbarl Yerrigan Health Service has provided a culturally appropriate residential service to clients at the Elizabeth Hansen Autumn Centre (EHAC).

This service is predominantly provided to clients who normally live in the Pilbara, Kimberley and Goldfields areas of Western Australia. The majority of these clients undergo renal dialysis at Royal Perth Hospital, Sir Charles Gairdner Hospital, Shenton Park. A few residents have other medical conditions requiring treatment at one of the major teaching hospitals. All residents are referred from Aboriginal Hospital Liaison Officers in regional areas, and are paid through the Patient Assistance transport scheme (PATS).

The Elizabeth Hansen Autumn Centre provides accommodation for up to 36 residents in self-contained rooms with en-suites and storage for personal items.

A major renovation at the Autumn Centre begins in July and will continue in several different stages for up to 18 weeks. The

improvement programme, which is costing more than \$200,000, is being funded by the Department of Housing and Works. The project was initiated through Derbarl Yerrigan Health Service.

The renovations include cladding interior brick walls and hallways, painting residential and dining rooms, installing and replacing lino and tiles, upgrading medical treatment room and fitting clinical accessories to provide urgent medical attention.

The Autumn Centre has a staff of 13 including full time, part time and casual staff. The current staff list is:

- Michelle Nelson  
Acting Manager
- Teresa Isaacs  
Cultural Liaison Officer
- Elizabeth Wilson  
Care Aide
- Lyneen Colbung  
Care Aide
- Kerry – Ann Winmar  
Health Worker / Cook
- Jenny Scrayen  
Activities Coordinator
- Donald Corpus  
Evening Shift Porter
- Robert Hale  
Night Porter
- Petrus Humes  
Gardener / Maintenance
- Bethel Trust  
Domestic Cleaner
- Rasmi Winmar  
Weekend Cook

- Nola Nelson  
Weekend Domestic  
Cleaner

### **Teresa Isaacs**

Teresa Isaacs is the longest-serving employee having worked with Derbarl Yerrigan Health Service and its predecessor for 28 years. Teresa was transferred from Central office to the Elizabeth Hansen Autumn Centre in 2000.

Teresa's role as the Cultural Liaison Officer is advocate to mainstream hospitals and Government agencies such as Centrelink, Department of Housing and Works and Department of Community Development. Teresa is also responsible for all PATS invoices, travel and appointments. Teresa is an invaluable asset to the Elizabeth Hansen Autumn Centre because her work involves translation and interpretation enabling clients to use their own dialect. A high of number of our residents still speak their traditional language.

### **Jenny Scrayen**

Jenny has responsibility for coordinating activities and outings for residents.

Over the past six months residents have been involved in woodcarving, sewing, painting and other craftwork. Residents are encouraged to build on their craft talents and suitable



*“Over the past six months residents have been involved in woodcarving, sewing, painting and other craftwork.”*

materials are sought and supplied. A sewing machine has been made available and an Internet link allows residents to send and receive e-mails and access the net.

Every second Friday the residents go on a bus trip to historical places. Activities also include visits to Fremantle markets, bush barbecues and shopping trips. These excursions, which use the bus from the Medina Day Care Centre driven by Keith Wright, help our residents to develop a more positive approach to a speedy recovery.

**Kerry-Ann Winmar**

Kerry-Ann has 15 years experience in catering and prepares meals in accordance with the Royal Perth Hospital dietary guidelines. The kitchen staff are all Indigenous and conscious of the needs of the residents and their desire for traditional food.

It is essential to monitor the ingredients in meal preparation as the majority of the residents have renal failure and the Centre is responsible for controlling intake of potassium, sodium, milk products and fluids.

There are times when certain foods cannot be eaten as a result of traditional belief. It is therefore important for our staff to understand and

respect the cultural traditions of the many regions represented by our residents because this can be a key factor in their overall health.

Now that the Dialysis Unit in Broome is operating the majority of our residents will return to their country and surrounding regions and this will be of great significance to their physical and emotional healing.

The staff and managers enjoy working at the Autumn Centre and look forward to the renovations being completed. Staff and residents would also like to acknowledge the work of Dennis Bonney over the years and wish him all the best for the future.

I would also like to acknowledge the staff and residents for supporting me during the change of management.

**Michelle Nelson**

Acting Site Manager



**Michelle Nelson**  
Acting Manager,  
Autumn Centre

care

# A Year to R



The Governor of WA, Lieutenant-General John Sanderson and his wife Lorraine visited the East Perth Site



Activities co-ordinator Jenny Scrayen with clients at the Autumn Centre, Maylands.



Administrative assistant Bronwyn Dingo who was picked to play rugby league for Australia.



The breakfast club at East Maddington Primary School run with the help of Derbarl Yerrigan.

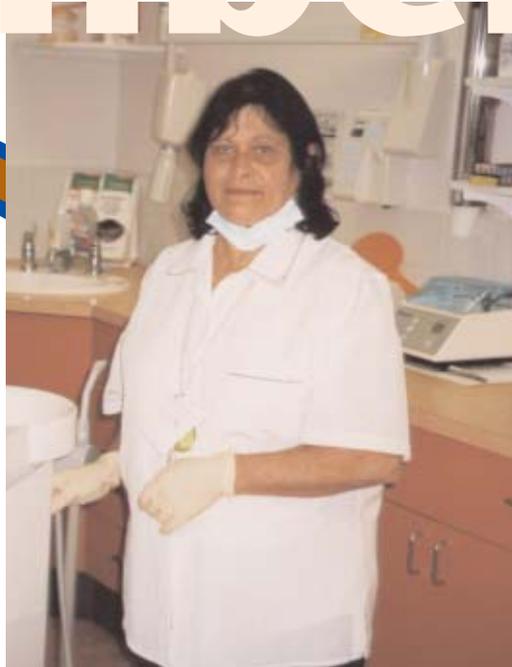


Maddington nurse Tina Mash Paris during a head

# remember



Maddington clients at the Christmas party.



Dental assistant Pearl Sathasivam.



Lorna McPhee, one of our long-time clients at the Medina Day Care Centre



... with school student ...  
... aring test.



Veteran cyclist Alby Clarke (centre) tackled the Nullarbor with the help of Derbarl Yerrigan.

# What the Papers say

The West Australian



Perspectives: Madlene Ugle finds solace in painting sunsets during art therapy sessions with 9221 student Mark Ezzam, centre, and her partner Desmond Woodley at Derbarl Yerrigan Health Service at Midland. PICTURE: MICHELLE

## Sunsets draw line under painful past

By Charlie Wilson-Clark

MARLENE UGLE has discovered the power of paper and paints to retrace her past.

The 41-year-old Midland woman with a history of alcoholism, domestic violence and family separation has found solace in painting sunsets.

Edith Cowan University student Mark Ezzam has been introducing art therapy to members of the stolen generation at Derbarl Yerrigan Health Service's Midland office as a gradual replacement of its two-year course.

Ms Ugle said the sunsets she painted crystallised a new day, like the new life phase she was entering.

"I was an alcoholic for 18 years, I had been off the drink for five months now," she said. "I also have two

little boys who have to live with my scars but I am going to get my own home."

Ms Ugle said she did a lot of crying while she painted but always found the full bottle once a new picture was completed.

Her nephew, 31-year-old Desmond Woodley, also took part in the therapy sessions. He said most of his pictures were about the country around Moora where he grew up.

Mr Woodley said art therapy could be a less strenuous form of psychotherapy which encouraged people to explore painful life experiences.

"The creative process facilitates a relaxed state of mind allowing deep-seated subconscious anxieties to be surfaced," he said.

He said regular clients were already showing an improved outlook.

## Derbarl Yerrigan reaffirms its commitment to bulk bill

Derbarl Yerrigan Health Service, WA's largest provider of Indigenous health services, has reaffirmed its commitment to bulk billing clients.

The \$10million a year service, which is funded by Federal and State governments, caters for 22,000 Indigenous and non-Indigenous clients from medical centres in East Perth, Mirrabooka and Maddington.

The service, which is WA's biggest employer of Aboriginal and Torres Strait Islander people, has re-affirmed its commitment at a time when Australia's bulk-billing rate for GP consultations has fallen to its lowest level since 1989-90 with just 68.5% of visits being done for no up-front fee.

Derbarl Yerrigan provides GP consultations to both Indigenous and on-Indigenous people with a Medicare card, a health care card or

pensioner card. Services in dentistry, physiotherapy and podiatry are restricted to Indigenous people only.

The central site in Wittenoom Street, East Perth, remains open each Wednesday and Thursday until 8.30pm. Doctors are also on duty at central on Saturdays from 9am to 12.30pm.

The sites at Maddington and Mirrabooka are open weekdays from 9am-4pm.

## Health centre reopens

THE Derbarl-Yerrigan Health Service has reopened its centre at Midland.

The centre on Spring Park Road had been closed for more than a year.

It is now the metropolitan base for several programs run by Derbarl Yerrigan, including the Aboriginal community support program, the Stolen Generation program and "Building solid families".

Services are offered at the centre by referral and appointment only.

The centre has 13 staff members, including three assigned to the Stolen Generation program, which provides support for clients affected by family separation and counselling during the reunion process.

The "Building solid families" program provides information and support for Aboriginals and Torres Strait Islanders affected by family separation, trauma, grief and mental health problems.

The Midland centre does not have medical or welfare services, which are available at Derbarl Yerrigan's centres in Maddington, Mirrabooka and East Perth.

Phone the centre on 9250 5696 or fax 9250 4794.

# What the Papers say

The Sunday Times

Midland Echo

## Bush medicine option for indigenous patients

By PETA HELLARD

MOST doctors don't usually prescribe things such as burtin root tonic or halga sap lotion.

But one Perth medical centre hopes it will soon be giving patients such rustic remedies.

The Derbarl Yerrigan Health Service — WA's largest provider of indigenous health services — plans to offer traditional Aboriginal treatments to its clients in coming months.

Derbarl Yerrigan Health Services head Marian Kickett is spearheading the move

to make bush medicine a recognised alternative for patients.

"Aboriginal people have a strong sense of belief in traditional bush medicine and healing practices," Ms Kickett said.

"Things like aromatherapy, health shops and herbal remedies are widely available, so bush medicine should be an option, too. We need to give Aboriginal people a choice."

Ms Kickett said her own experience and research by pharmaceutical companies into the healing properties of indigenous — cures showed they worked.

"I have been to a lot of communities where I have been shown different burtins and shrubs and told how to prepare them so they will be treatments for different things," she said.

"I tried them and they worked, so I think if we make these treatments available here it will be really beneficial for our patients."

"It's about getting some of the older men and women from the communities involved in teaching some of those different healing practices, so these important traditions won't be lost."



Art therapy student, Mark Brittain, helps Marlene Ugle with her work.

## Bringing out emotions through art

Art therapy student, Mark Brittain, is helping local Aboriginals work through psychiatric, psychological and emotional problems with art. Mr Brittain is on a three-month placement period with Derbarl Yerrigan in Midland.

He attends the service three mornings a week, encouraging clients to create images based on their emotions. Discussions can then be directed at the image, rather than the therapist or client.

"Art therapy has been found to be a less threatening way for people to explore and express experiences that still cause pain and sadness in their lives," Mr Brittain said.



Fiona Stanley and Robert Isaacs.

## Aboriginal control the key — Stanley



The Australian of the Year, medical research specialist Fiona Stanley, has called for greater Aboriginal control in the area of health.

She was speaking after being awarded a certificate of appreciation by Derbarl Yerrigan Health Service, WA's largest indigenous health provider.

The award, presented by Derbarl Yerrigan president Robert Isaacs, recognised Professor Stanley's work in improving health outcomes among the indigenous community.

Professor Stanley, director of the

Perth-based Child Health Institute, said the indigenous community should be given not only greater control but also adequate time for health agencies to succeed.

She said that as Australian of the Year she would be using evidence and data to highlight the disparity in health outcomes between indigenous and non-indigenous Australians which she described as 'awful' in a rich country like Australia.

But she also wanted to focus on the 'fantastic success stories' — like that of Derbarl Yerrigan — which had been the result of real Aboriginal control.

She said the holistic aspect of Aboriginal health was related to land,

culture and self-esteem — perceptions which the non-indigenous community had largely forgotten.

The Child Health Institute brings together world leaders in asthma, infectious diseases, childhood death and disability, leukaemia and a range of other diseases to improve health outcomes among children, particularly in indigenous communities.

In making the presentation, Mr Isaacs echoed the view of Ted Wilkes, a former director at Derbarl Yerrigan, who has described Professor Stanley as 'a sister' to the Noongar people for giving Aboriginal people some hope for the future.

Koori Mail



Regional eye health co-ordinator Trish Bushby with the ophthalmic camera. Picture: Dominique Manogaloti

## Eyes on a new health career

FORMER office clerk Trish Bushby, of Swan View, has eyes only for her new career with the Derbarl Yerrigan Health Service.

Ms Bushby is the co-ordinator of an eye health program which is working to reduce the threat of blindness among Aboriginal and Torres Strait Islander communities.

The program involves training health workers in the use of high-tech cameras worth about \$20,000 each to detect eye problems which affect about a third of adult Aboriginals in WA.

The ophthalmic cameras detect fatty deposits and haemorrhages — the tell-tale signs of diabetic retinopathy which if left unchecked can lead to blindness.

Camera images are sent to the Lions Eye Institute for diagnosis and referrals by specialists.

Derbarl Yerrigan is also part of a program run by Moodiej Vision to provide quality frames and lenses about half normal retail costs.

The Office of Aboriginal and Torres Strait Islander Health funds Ms Bushby's position.

"It's good to be working in an area where you can make a difference," Ms Bushby said.

"I'm a hands-on type of person. I'd rather be out making contact with people rather than sitting behind a desk."

She urged everyone, particularly those with diabetes or high blood pressure, to have their eyes checked.

Midland Reporter

# finance

## STATEMENT BY EXECUTIVE COMMITTEE

### DERBARL YERRIGAN HEALTH SERVICE INC

#### EXECUTIVE COMMITTEE'S DECLARATION

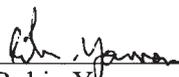


In the opinion of the Executive Committee of Derbarl Yerrigan Health Service Ltd:

- (a) the association is not a reporting entity;
- (b) the financial statements and notes, set out on pages 3 to 20, are in accordance with the Associations Incorporations Act (WA), including:
  - (i) giving a true and fair view of the financial position of the association as at 30 June 2003 and of its performance, as represented by the results of its operations, for the financial year ended on that date in accordance with the basis of accounting described in Note 1(a); and
  - (ii) complying with Accounting Standards to the extent described in Note 1(a) and other mandatory professional reporting requirements; and
- (c) As set out in note 1(b), there are reasonable grounds to believe that the association will be able to pay its debts as and when they become due and payable.

Dated at East Perth (WA) this 30th day of October 2003.

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:

  
\_\_\_\_\_  
Robin Yarran  
*President of the Executive Committee*

# INDEPENDENT AUDIT REPORT



## Independent audit report to the members of Derbarl Yerrigan Health Service Inc.

### *Scope*

We have audited the financial report of Derbarl Yerrigan Health Service Inc. ("Derbarl Yerrigan") for the financial year ended 30 June 2003 being a special purpose financial report consisting of statement of financial performance, statement of financial position and accompanying notes 1 to 20. Derbarl Yerrigan's Executive Committee is responsible for the financial report. The Executive Committee have determined that the accounting policies used and described in Note 1(a) to the financial statements are consistent with the requirements of the associations 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. No opinion is expressed whether the accounting policies used, and described in Note 1(a), 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 Committees financial reporting requirements under the association's 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, and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the basis of accounting described in Note 1(a) to the financial statements, so as to present a view which is consistent with our understanding of the association's financial position and performance, as represented by the results of its operations. These policies do not require the application of all accounting standards nor other mandatory professional reporting requirements in Australia.

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

### *Qualification*

As stated in the 2002 audit report, prepared by the previous auditors, due to a lack of controls in the early part of the year ended 30 June 2002 sufficient appropriate audit evidence could not be obtained to support the allocation of expenditure to related funded programs and, therefore, verify the resultant effect on unexpended grants carried forward at 30 June 2002.

The audit report further stated that an amount of \$1,274,807, which had been brought forward from the year ended 30 June 2001 had been included in revenue. However, due to the reasons noted above, there was uncertainty as to whether this amount should be included in revenue or to what extent, if any, it should be carried forward as unexpended grants, or as a liability to be repaid to the funding bodies. Due to the lack of controls referred to above, we were similarly unable to perform additional audit procedures to determine the accuracy of the unexpended grants carried forward as at 30 June 2002.

The financial position of Derbarl Yerrigan at 30 June 2002 enters into the determination of the results of operations of the association for the year ended 30 June 2003.

As a result of the limitation on the scope of our work referred to above, we are unable to express an opinion on the financial position of Derbarl Yerrigan at 30 June 2002. Accordingly, we are not in a position to and do not express an opinion on the results of operations and related note disclosures (being notes 2 and 11) of Derbarl Yerrigan for the financial year ended 30 June 2003.



KPMG, an Australian partnership, is a member of KPMG International, a Swiss non-operating association.

# report

# finance

## INDEPENDENT AUDIT REPORT Cont:



### *Qualified audit opinion*

In our opinion:

1. As a result of the limitation of scope of our work as described in the qualification paragraph, and the effect of such adjustments, if any, as may have been determined to be necessary had the limitation of scope not existed, we are unable to and do not express an opinion as to whether the comparatives for 2002 and the statement of financial performance and related notes thereto for the year ended 30 June 2003 are presented fairly, in accordance with the basis of Australian accounting described in note 1(a) to the financial statements.
2. In our opinion the statement of financial position of Derbarl Yerrigan is properly drawn up so as to present fairly the financial position of Derbarl Yerrigan as at 30 June 2003, in accordance with the basis of Australian accounting described in note 1(a) to the financial statements.

### *Inherent uncertainty regarding continuation as a going concern*

Without further qualification to the audit opinion expressed above, attention is drawn to the following matter. As a result of the matters described in Note 1 (b), there is significant uncertainty whether the entity will be able to continue as a going concern and therefore whether it will realise its assets and extinguish its liabilities in the normal course of business and at the amounts stated in the financial report.

*KPMG*  
KPMG

Perth

Date: 30/10/03

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2003

	Note	2003 \$	2002 \$
<b>CURRENT ASSETS</b>			
Cash assets	4	1,859,893	1,448,629
Receivables	5	20,113	23,829
<b>TOTAL CURRENT ASSETS</b>		<u>1,880,006</u>	<u>1,472,458</u>
<b>NON CURRENT ASSETS</b>			
Property Plant & Equipment	6	4,548,078	5,155,459
<b>TOTAL NON CURRENT ASSETS</b>		<u>4,548,078</u>	<u>5,155,459</u>
<b>TOTAL ASSETS</b>		<u>6,428,084</u>	<u>6,627,917</u>
<b>CURRENT LIABILITIES</b>			
Payables	7	1,000,475	585,985
Interest bearing liabilities	8	1,127,129	1,276,512
Provisions	9	359,451	335,428
Other	10	498,958	406,606
<b>TOTAL CURRENT LIABILITIES</b>		<u>2,986,013</u>	<u>2,604,531</u>
<b>NON CURRENT LIABILITIES</b>			
Provisions	9	194,593	211,901
Interest bearing liabilities	8	518,255	-
Other	10	2,373,970	2,500,577
<b>TOTAL NON CURRENT LIABILITIES</b>		<u>3,086,818</u>	<u>2,712,478</u>
<b>TOTAL LIABILITIES</b>		<u>6,072,831</u>	<u>5,317,009</u>
<b>NET ASSETS</b>		<u>355,253</u>	<u>1,310,908</u>
<b>EQUITY</b>			
<b>ACCUMULATED FUNDS</b>	11	<u>355,253</u>	<u>1,310,908</u>

The accompanying notes form part of these accounts

# report

# finance

## STATEMENT OF FINANCIAL PERFORMANCE AS AT 30 JUNE 2003



	Note	2003 \$	2002 \$
Revenue from ordinary activities	2	10,585,477	10,519,509
<b>Expenditure</b>	3		
Personnel Expenses		6,412,429	5,426,592
Occupancy Expenses		692,669	391,924
Motor Vehicle Expenses		359,031	353,129
Client Expenses		242,592	174,738
Professional Services		226,887	81,930
Medical Supplies		189,645	220,401
Repairs, Replacements and Maintenance Expenses		454,925	224,022
Depreciation and Amortisation Expenses	3	451,662	407,712
Borrowing Costs	3	132,219	149,679
Write Down of Assets to Recoverable Value	3	1,191,623	-
Carrying Value of Non Current Assets Sold	3	227,314	215,133
Other Expenses		960,136	1,512,245
		<u>11,541,132</u>	<u>9,157,505</u>
<b>Operating surplus/(deficit) for the year</b>	11	<u>(955,655)</u>	<u>1,362,004</u>

The accompanying notes form part of these accounts.

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

## 1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

### a) Basis of preparation

In the opinion of the Executive Committee, the association is not a reporting entity. The financial report of the association has been drawn up as a special purpose financial report for distribution to the members.

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 on the accrual basis of accounting as defined in AAS 6, Accounting Policies using the historical cost convention and going concern assumption. Except where stated, it does not take into account changing money values or current valuations of non-current assets.

The accounting policies have been consistently applied and are consistent with those of the previous year.

The financial report has been prepared in accordance with all applicable Australian Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board that have material effect with the following exceptions:

AAS 15	Revenue (Refer note 1(o))
AAS 17	Leases
AAS 28	Statement of Cash Flows
AAS 33	Presentation and Disclosure of Financial Instruments
AASB 1028	Accounting for Employee Benefits
AASB 1041	Revaluation of Non-current Assets

### b) Going concern

The association's statement of financial position discloses current liabilities of \$2,986,013 and current assets of \$1,880,006 resulting in a deficiency of working capital of \$ 1,106,007. Further, the funding bodies which support the Association have not committed to funding beyond 30 November 2003.

The funding bodies have expressed concerns over aspects of the Association's governance and management processes and have established, in conjunction with Derbarl Yerrigan Health Service, a steering committee, supported by an external funds administrator, to assist in addressing these matters in the immediate term.

The funding bodies have indicated that they are awaiting the Associations AGM so they can continue addressing the ongoing funding arrangements with the Executive Committee and management.

report

# finance

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

### b) Going Concern continued...

Notwithstanding the items above, the financial statements have been prepared on a going concern basis which contemplates continuity of normal business activity and the realisation of assets and extinguishment of liabilities in the ordinary course of business. The executive committee believes that this is appropriate because the committee remains confident that the association will be successful in negotiating ongoing long term funding with its primary funding bodies and that the association will be able to generate future revenue sufficient to reverse its working capital deficiency.

The deficiency of working capital and lack of committed funding does, however, give rise to significant uncertainty as to whether the association will be able to continue as a going concern. Should the association be unsuccessful in its negotiations with its primary funding bodies the association may be required to realise its assets and extinguish its liabilities other than in the ordinary course of business and at amounts different to those stated in the financial report.

### c) Revenue Recognition

Revenues are recognised at fair value of the consideration received net of the amount of goods and services tax (GST) payable to the taxation authority. Exchanges of goods and services of the same nature and value without any cash consideration are not recognised as revenues.

#### *Fees revenue*

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

#### *Grant revenue*

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 may be required to be repaid to the funding organisations or utilised against future expenditure.

#### *Interest revenue*

Interest revenue is recognised as it accrues.

#### *Sale of non-current assets*

The gross proceeds of non-current asset sales are included as revenue at the date control of the asset passes to the buyer, usually when an unconditional contract of sale is signed.

The gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of disposal and the net proceeds on disposal.



# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

## d) Taxation

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

## e) Goods and services tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense.

Receivables and payables are stated with the amount of GST included.

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

## f) Borrowing costs

Borrowing costs include interest incurred on the ATO interest bearing liability and finance costs in respect of capitalised leases.

Borrowing costs are expensed as incurred.

## g) Acquisitions of Assets

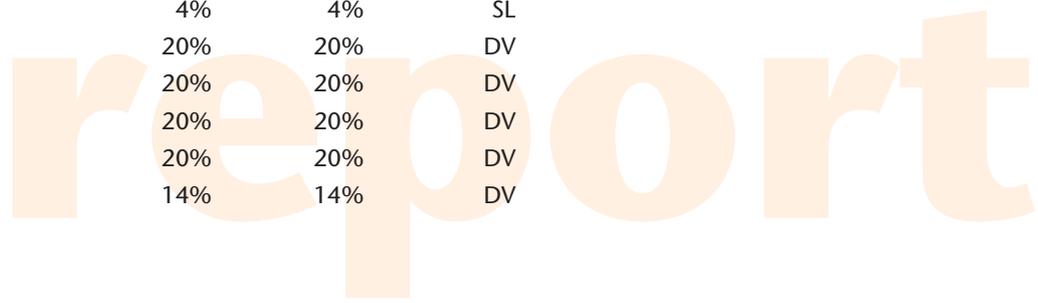
All assets acquired including property, plant and equipment is initially recorded at their cost of acquisition at the date of acquisition, being the fair value of the consideration provided plus costs directly attributable to the acquisition.

## h) Depreciation of property, plant and equipment.

Property, plant and equipment is depreciated/amortised over their estimated useful lives using the diminishing value method and straight-line basis. Depreciation and amortisation are expensed.

The depreciation/amortisation rates used for each class of asset are as follows:

	2003	2002	Method
Buildings	4%	4%	SL
Motor Vehicles	20%	20%	DV
Plant and Equipment	20%	20%	DV
Office Equipment	20%	20%	DV
Artwork	20%	20%	DV
Leasehold Improvements	14%	14%	DV



# finance

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

### i) Recoverable amount of non-current assets

The recoverable amount of an asset is the net amount expected to be recovered through the cash inflows and outflows arising from its continued use and subsequent disposal.

Where the carrying amount of a non-current asset is greater than its recoverable amount, the asset is written down to its recoverable amount. Where net cash inflows are derived from a group of assets working together, recoverable amount is determined on the basis of the relevant group of assets. The decrement in the carrying amount is recognised as an expense in net profit or loss in the reporting period in which the recoverable amount write-down occurs.

In assessing recoverable amounts of non-current assets, the relevant cash flows have not been discounted to their present value.

### j) Cash assets

Cash assets are carried at face value of the amounts deposited.

### k) Receivables

The collectability of debts is assessed at year-end and specific provision is made for any doubtful accounts.

Trade debtors are generally settled within 60 days and are therefore carried at amounts due.

### l) Payables

Liabilities are recognised as amounts to be paid in the future for goods or services rendered. Trade creditors are normally settled within 60 days.

### m) Interest bearing liabilities

Amounts outstanding to the Australian Taxation Office (ATO) and motor vehicles leases are carried on the statement of financial position at their principal amount subject to set off arrangements.

Interest expense is recognised when as it accrues.



## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

### n) Employee entitlements

Wages, salaries and annual leave

Liabilities for employee benefits for wages and salaries (including non-monetary benefits) and annual leave to be settled within 12 months of the reporting date representing present obligations resulting from employees' services provided up to the reporting date, calculated at undiscounted amounts based on remuneration rates that the company expects to pay.

Long service leave

The provision for employee benefits for long service leave represents the present value of the estimated future cash outflows to be made resulting from employees' services provided up to reporting date.

### o) 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.

The policy is not consistent with the requirements of AAS 15 – Revenue. Had AAS 15 – Revenue been applied, the full balance of the capital grant would have been recognised as revenue in the year of receipt.

### p) Leases

In previous years, motor vehicles used by the service were leased under operating leases and all payments were expensed in the period in which they were incurred.

During the current year, motor vehicles were acquired under finance leases and have been capitalised in the statement of financial position. Interest incurred on the lease repayments has been expensed per note (m).

### q) Comparative figures

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

report

# finance

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003



	2003	2002
	\$	\$
<b>2. REVENUE FROM ORDINARY ACTIVITIES</b>		
Grants Received - Recurrent	8,208,907	8,581,918
- Capital	69,931	282,740
- Other	775,325	758,164
Other Revenue	471,987	217,979
Interest	386	509
Medicare	519,395	319,241
<b>Non-operating revenues:</b>		
Write back of provision for non recovery of salary sacrifice	-	223,799
Unexpended Grants Released	325,384	-
Gross proceeds from sale of property, plant & equipment	214,162	135,159
	<u>10,585,477</u>	<u>10,519,509</u>

### 3. OPERATING SURPLUS/(DEFICIT) FROM ORDINARY ACTIVITIES

- a) The operating surplus/(deficit) from ordinary activities has been arrived at after charging /(crediting) the following items:

<b>Borrowing cost:</b>		
Interest charged by ATO (GIC)	100,579	149,679
Finance charges	31,640	-
	<u>132,219</u>	<u>149,679</u>
<b>Depreciation/amortisation:</b>		
Buildings	118,750	121,164
Leasehold improvements	59,931	69,930
Office equipment	66,679	111,867
Motor vehicles	184,410	75,086
Plant & equipment	20,490	26,779
Artworks	1,402	2,886
	<u>451,662</u>	<u>407,712</u>
<b>Loss on disposal of assets:</b>		
Proceeds on sale of assets	214,162	135,159
Written-down value of assets sold	227,314	215,133
	<u>13,152</u>	<u>79,974</u>
Bad debts written off	45,258	-
Provision for Doubtful debts	7,454	-
Rental of properties	256,926	203,987

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

	2003	2002
	\$	\$
Audit Services:		
Auditors of Derbarl Yerrigan Health Service KPMG Australia:		
Audit and review of financial reports	35,000	-
Other Auditors:		
Audit and review of financial reports	-	34,119
Movements in provisions for employee entitlements	6,715	48,356

### b) Significant revenue and expenditure

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

Unexpended grants released	325,384	-
Write back of provision for non-recovery of salary sacrifice receivable	-	223,799
Write down of buildings to recoverable amount: 165 Wittenoom St, East Perth	(1,191,623)	-

### 4. CASH ASSETS

Bank account	1,853,716	1,448,629
Term Deposit	6,177	-
	<u>1,859,893</u>	<u>1,448,629</u>

Bank account cash is non-interest bearing.

The term deposit as at 30 June 2003 mature within 30 days and pay interest at rates between 3.55% and 4.25% (2002: no comparatives as term deposit was opened in August 2002).

### 5. RECEIVABLES

Loans and advances		
Employee benefits	15,216	20,538
Less provision for non-recovery	(7,454)	-
Other receivables	12,351	3,291
	<u>20,113</u>	<u>23,829</u>

# report

# finance

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003



	2003	2002
	\$	\$
<b>6. PROPERTY, PLANT &amp; EQUIPMENT</b>		
Land (at cost)	1,127,187	1,127,187
Buildings (at cost)	60,813	3,384,047
Buildings (at NRV)	1,600,000	-
Accumulated depreciation	<u>(2,433)</u>	<u>(415,294)</u>
	1,658,380	2,968,753
Leasehold Improvements (at cost)	526,351	526,351
Accumulated amortisation	<u>(167,186)</u>	<u>(107,255)</u>
	359,165	419,096
Motor Vehicles (at cost)	1,273,152	392,554
Accumulated depreciation/amortisation	<u>(173,406)</u>	<u>(95,551)</u>
	1,099,746	297,003
Office Equipment (at cost)	718,331	699,077
Accumulated depreciation	<u>(524,153)</u>	<u>(465,255)</u>
	194,178	233,822
Plant and Equipment (at cost)	262,787	246,956
Accumulated depreciation	<u>(158,970)</u>	<u>(144,365)</u>
	103,817	102,591
Artwork (at cost)	19,906	19,906
Accumulated depreciation	<u>(14,301)</u>	<u>(12,899)</u>
	5,605	7,007
	<u>4,548,078</u>	<u>5,155,459</u>

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

### Reconciliation of Movement in Assets – 2003

	WDV 1 July 2002	Additions	Disposals	Depreciation	W'down to recoverable amt	WDV 30 June 2003
Land	1,127,187	-	-	-	-	1,127,187
Buildings	2,968,753	-	-	(118,750)	(1,191,623)	1,658,380
Leasehold improvements	419,096	-	-	(59,931)	-	359,165
Office equipment	233,822	31,324	(4,289)	(66,679)	-	194,178
Motor vehicles	297,003	1,207,818	(220,665)	(184,410)	-	1,099,746
Plant & equipment	102,591	24,076	(2,360)	(20,490)	-	103,817
Artworks	7,007	-	-	(1,402)	-	5,605
	<u>5,155,459</u>	<u>1,263,218</u>	<u>(227,314)</u>	<u>(451,662)</u>	<u>(1,191,623)</u>	<u>4,548,078</u>

### Reconciliation of Movement in Assets - 2002

	WDV 1 July 2002	Additions	Disposals	Depreciation	W'down to recoverable amt	WDV 30 June 2003
Land	1,127,187	-	-	-	-	1,127,187
Buildings	3,089,917	-	-	(121,164)	-	2,968,753
Leasehold improvements	489,026	-	-	(69,930)	-	419,096
Office equipment	446,453	-	(100,764)	(111,867)	-	233,822
Motor vehicles	405,256	71,282	(104,449)	(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>71,282</u>	<u>(215,133)</u>	<u>(407,712)</u>	<u>-</u>	<u>5,155,459</u>

### Valuations

Independent valuations of the association's land and building at 156 Wittenoom Street was carried out as at 30 June 2003 and Boomerang House was carried out as at 25 March 2002 on the basis of open market values for existing use resulting in valuations of:

	\$		\$
Wittenoom Street:		Boomerang House	
Buildings	1,600,000	Buildings	375,000
Land	3,000,000	Land	105,000
	<u>4,600,000</u>		<u>480,000</u>

The association adopts the cost basis of reporting. Accordingly, these valuations have not been adopted in the financial statements, but have been considered when assessing the recoverable amount of the Wittenoom Street buildings.

Restrictions apply on the sale of the Association's land and buildings under the terms of the funding of these assets.

report

# finance

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003



	NOTES	2003 \$	2002 \$
<b>7. PAYABLES</b>			
Trade Creditors		406,872	110,238
Accruals		259,479	249,137
Other		334,124	226,610
Total		<u>1,000,475</u>	<u>585,985</u>
No interest is payable on trade or other creditors.			

### 8. INTEREST BEARING LIABILITIES

#### Current

Australian Taxation Office		190,966	1,276,512
Motor Vehicle – Leases	19	<u>936,163</u>	-
		<u>1,127,129</u>	<u>1,276,512</u>

#### Non Current

Australian Taxation Office		390,549	-
Motor Vehicle – Leases	19	<u>127,706</u>	-
		<u>518,255</u>	-
		<u>1,645,384</u>	<u>1,276,512</u>

#### *Australian Taxation Office*

The liability owed to the Australian Taxation Office (ATO) amounts to \$581,515 (2002: \$1,276,512) and is payable in equal instalments of \$13,096.59 over the next 3.7 years until 30 January 2008.

Any tax credits arising during the life of the arrangement will be credited against this debt.

### 9. PROVISIONS

#### Current

Annual Leave		296,108	298,990
Long Service Leave		<u>63,343</u>	<u>36,438</u>
		<u>359,451</u>	<u>335,428</u>

#### Non Current

Long Service Leave		<u>194,593</u>	<u>211,901</u>
		<u>554,044</u>	<u>547,329</u>

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

	2003	2002
	\$	\$
<b>10. OTHER LIABILITIES</b>		
<b>Current</b>		
Unexpended Grants - Recurrent	372,351	386,145
Unamortised capital grant for Construction of building (note 1(o))	126,607	20,461
	<u>498,958</u>	<u>406,606</u>
<b>Non Current</b>		
Unamortised capital grant for construction of building (note 1(o))	2,373,970	2,500,577
	<u>2,872,928</u>	<u>2,907,183</u>
<b>11. ACCUMULATED FUNDS</b>		
Accumulated funds at the beginning of the financial year	1,310,908	(51,096)
Net surplus/(deficit) attributable to the Service	<u>(955,655)</u>	<u>1,362,004</u>
Accumulated funds at the end of the financial year	<u>355,253</u>	<u>1,310,908</u>

## 12. RELATED PARTY INFORMATION

### Executive Committee

The members of the Executive Committee of the Service at current are:

<b>President</b>	: Robin Yarran
<b>Vice President</b>	: Neville Collard
<b>Secretary</b>	: Clarrie Isaacs
<b>Treasurer</b>	: Abigail Harry

### 6 Executive Committee Members:

Lorraine Bellotti  
Morton Hansen  
Denis Hayward  
Patricia Yarran  
Jim Drayton  
Gary Williams

# report

# finance

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

### 12. RELATED PARTY INFORMATION continued...



NOTES	2003 \$	2002 \$
Detail of payments to Committee Members during the year:		
Mr Robert Isaacs:		
Meeting fees	2,770	3,539
Honorariums	1,500	1,500
Travel allowance	507	-
	4,777	5,039
Betty Dann:		
Meeting fees	1,725	
Honorariums	1,500	-
Travel allowance	384	-
Telephone costs	831	-
	4,440	-
Abigail Harry:		
Meeting fees	2,530	4,953
Honorariums	1,500	1,500
Travel allowance	171	-
Telephone costs	150	-
	4,351	6,453
Lorraine Bellotti:		
Meeting fees	3,450	5,347
Travel allowance	349	-
	3,799	5,347
Bruce Loo:		
Meeting fees	2,415	2,839
Travel allowance	215	-
	2,630	2,839
Denis Hayward:		
Meeting fee	1,579	2,639
Travel allowance	1,012	-
	2,591	2,639
Robin Yarran:		
Meeting fees	2,185	4,039
Honorariums	-	1,500
Travel allowance	209	-
	2,394	5,539
James Drayton:		
Meeting fees	1,840	-
Travel allowance	214	-
	2,054	-
Kim Isaacs:		
Meeting fees	1,840	2,077
Travel allowance	196	-
	2,036	2,077
Morton Hansen:		
Meeting fees	1,469	2,139
Travel allowance	427	-
	1,896	2,139

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

### 12. RELATED PARTY INFORMATION continued...

	NOTES	2003 \$	2002 \$
Detail of payments to Committee Members during the year:			
Patricia Yarran:			
Meeting fees		1,725	-
Travel allowance		133	-
		<u>1,858</u>	<u>-</u>
Farley Garlett:			
Meeting fees		920	1,600
		<u>920</u>	<u>1,600</u>
Dorothy Bagshaw:			
Meeting fees		-	300
		<u>-</u>	<u>300</u>
Debra Bennell:			
Meeting fees		-	400
		<u>-</u>	<u>400</u>
Maureen Colbung:			
Meeting fees		-	500
		<u>-</u>	<u>500</u>
Dennis Eggington:			
Meeting fees		-	900
		<u>-</u>	<u>900</u>
Marian Kickett:			
Meeting fees		-	5,289
Honorariums		-	1,500
		<u>-</u>	<u>6,789</u>
May McQuire:			
Meeting fees		-	1,177
		<u>-</u>	<u>1,177</u>
Kathleen Penny:			
Meeting fees		-	300
		<u>-</u>	<u>300</u>
Patrick Smith:			
Meeting fees		-	400
		<u>-</u>	<u>400</u>
Richard Wilkes:			
Meeting fees		-	100
		<u>-</u>	<u>100</u>
Roslyn Yarran:			
Meeting fees		-	200
		<u>-</u>	<u>200</u>
Total		<u>33,746</u>	<u>44,738</u>

report

# finance

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003



	2003 No.	2002 No.
<b>13. EXECUTIVE REMUNERATION</b>		
<b>Executives' income</b>		
The number of Executives whose income from the association or any related party falls within the following bands:		
\$100,000 - \$109,999	1	-
	\$	\$
Total income paid or payable, or otherwise made available, from the association or any related party to all executives whose income is \$100,000 or more.	101,535	-

### 14. SEGMENT REPORTING

The Service provides health services for Aboriginal people in Western Australia.

### 15. 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.

### 16. POST BALANCE DATE EVENTS

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

- i. Funds of \$270,000 from the Health Department of Western Australia (HDWA) were withdrawn from Derbarl Yerrigan Health Service on 30 September 2003. The areas affected are Mental Health and Intensive Disability Services, resulting in the closing down of the Association's Midland site.

The Service will incur the following costs that will not be funded as a result of the cessation of the Mental Health and Intensive Disability Services programs and the closure of the Midland site:

*(a) Employment costs*

Employee wages to 31 October 2003, leave entitlements, pay in lieu of notice, severance pay and other associated costs of at least \$100,594.

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

	2003	2002
	No.	No.

**(b) Midland property costs**

Lease payments to the end of the lease (31 May 2004), costs of maintaining the property such as security, cleaning, maintenance, rates and taxes and insurance estimated at \$33,106.

**(c) Vehicle costs**

Costs of paying out the finance agreements and disposing of the vehicles, including GST, are estimated at approximately \$24,000.

**(d) Other costs**

Moving costs, IT and telecommunication costs estimated at \$850.

An application to the HDWA was made on the 24 September 2003 for assistance in covering the above costs.

### 17. CONTINGENT LIABILITY

The service had contingent liability at 30 June 2003 in respect of:

***Verge Encroachment***

During a recent valuation of the property located at Wittenoom Street, East Perth, an outstanding verge encroachment issue was identified.

When Lots 12-19 Wittenoom Street were purchased, the service was unaware of a road widening requirement which affected the lots, and therefore planned to utilise this portion of the site for the building that was to be constructed.

When the road-widening requirement became apparent, an application was made to the City of Perth to allow construction on this portion of the site. Approval was granted subject to the service agreeing to meet all costs associated with the road closure, including relocation of services, legal costs and the cost of the land.

A reduction in the price may be possible as the service incurred costs of relocating Western Power services.

To date, the costs associated with the road closure have not been paid.

This matter is not presently being pursued and it is not possible to reliably estimate the potential cost of finalising this matter.

In the event of the finalisation of this matter, the service intends to make an application to the funding bodies for assistance in settling the liability.

report

# finance

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003



	2003 No.	2002 No.
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### 18. OPERATING LEASE 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

304,766

288,060

Later than 1 year but not later than 5 years

1,025,575

663,443

1,330,341

951,503

### 19. FINANCE LEASE COMMITMENTS

Details of financing leases in relation to vehicles are as follows:

Financing leases

Payable

Not later than 1 year

985,796

-

Later than 1 year but not later than 5 years

135,311

-

Less future finance lease charges

(57,238)

1,063,869

-

### 20. ASSOCIATION DETAILS

The principal place of business is:

156 Wittenoom Street, East Perth