

WINNUNGA NIMMITYJAH



**ABORIGINAL HEALTH &
COMMUNITY SERVICES**

ANNUAL REPORT

2016-2017



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Chairperson's Report

It has been another significant year for Winnunga Nimmityjah Aboriginal Health and Community Services Ltd (Winnunga AHCS). Following the 2015-16 Annual Meeting, I am pleased to report in this financial year the organisation successfully transitioned to a company limited by guarantee, governed under the Australian Securities and Investments Commission (ASIC). As a result we also have a new constitution and name which better reflects the comprehensive model of service delivery and care provided daily to our clients.



One of our key strategic priorities over many years has been to secure a purpose built health and community services facility. After relentless advocacy the ACT Government finally announced in the 2017-2018 budget, funding for a new building over a period of four years. The Board of Directors are excited about delivering on this budget commitment ensuring the Aboriginal community in the ACT and surrounding region will be able to access quality health and community services from a facility reflecting best practice.

Winnunga AHCS continued conversations with government officials and ministers focusing on the social, cultural and spiritual determinants of health. As a direct result of these conversations, together with the recommendations from the Moss Report, (in particular recommendation five) negotiations have commenced on the role Winnunga AHCS should play in the delivery of services at the Alexander Maconochie Centre (ACT adult prison), for both clinical and social health services. We look forward to finalising this work and are hoping to commence delivery of comprehensive services in the AMC in the 2018 calendar year.

The ACT Government's decision to abandon its commitment to an Aboriginal Drug and Alcohol Residential Rehabilitation service is to say the least disappointing. We are utterly disappointed at what this decision says about the level of interest which the current ACT Government has for the welfare and circumstances of the ACT's Aboriginal community. Winnunga AHCS is one of only two Aboriginal managed and led services in Canberra and the region (together with Gugan Gulwan Aboriginal Youth Corporation) consistently at the coal face, supporting Aboriginal people and families affected by drug and alcohol addiction. We, as a significant voice of the community are angry and upset that once again the identified needs of Aboriginal people have been by-passed. On this occasion, however, the Government not only acknowledged the need for an Aboriginal drug and alcohol residential rehabilitation service, it also constructed a purpose build facility and funded the development of a model of care for its operation as a drug and alcohol residential rehabilitation service. The ACT Government has walked away from its commitment to an Aboriginal drug and alcohol residential rehabilitation service, however we will continue to advocate for the ACT Government to recommit to the establishment of such a service elsewhere in the ACT.

Winnunga AHCS continued to work on returning Boomanulla Oval to Aboriginal community management and control. Judd Studio consultants have been engaged in the development of a concept plan and its financial feasibility, along with a consultation strategy and a proposed governance model for the future management of the site. A central and vital part of the process will of course be to consult with and gather the views and opinions of the Aboriginal and Torres Strait Islander community about the future of the oval and its development and management. It is also important that the views of the local non-Indigenous community most particularly those living in Narrabundah are also actively sought. A Steering Committee to guide the work of Judd Studio has been established with membership of the Committee consisting of Winnunga AHCS CEO Julie Tongs, Ngambri/ Ngunnawal Elder Aunty Louise Brown, NACCHO Chief Operating Officer Dawn Casey, Winnunga AHCS Board Director Aunty Lynette Goodwin, NACCHO Senior Policy Officer Kate Gumley, Senior Advisor at Winnunga AHCS Jon Stanhope, and Robyn Forrester on behalf of the Aboriginal and Torres Strait Islander Elected Body (during care taker period).

I am proud again this year of the relentless commitment and achievements of Julie Tongs, Winnunga AHCS CEO who has continued to effectively deliver on the Board's strategic plan for the organisation. Thank you Julie! Board Directors, Aunty Ethel Baxter, Alana Harris, Aunty Lynette Goodwin and Shanaye Baxter, I thank you for your support, expertise and governance throughout the year.

Craig Ritchie, Chairperson

Chief Executive Officer's Report

I have continued to support Steven Freeman's family through the coronial inquest, the duration of the Moss Report, and holding the ACT Government to account on the implementation of the Moss Report recommendations. It has been a stressful time for the family and the community, however I remain committed to ensuring we keep the pressure on the government for the safety and wellbeing of detainees in the Alexander Maconochie Centre (ACT adult prison).



This year Winnunga AHCS delivered services to 4,482 clients. 52,844 occasions of service were provided (excluding transport which stood at 3,808 episodes and administrative services). This is an increase of 17% from the previous reporting year.

The annual client satisfaction survey this year was held in June 2017. The survey results posited 69% had used Winnunga AHCS services for more than three years, 24% between 1 and 3 years, 1.2% between 1 and 6 months and 6% for less than 1 month. 98% of survey participants answered the question on 'overall how satisfied are you with Winnunga's services?' with 89% of respondents stating they were either very satisfied or satisfied. 11% reported their satisfaction as being neutral. No one reported being unsatisfied or very unsatisfied. 97% of clients surveyed reported they would recommend Winnunga AHCS services to others. I am pleased the survey results have remained consistent over the years, reflecting the high quality and standard of health and wellbeing services delivered by an Aboriginal Community Controlled Health Service to Aboriginal people in the ACT and region.

In March 2017 Winnunga AHCS commenced delivering an after hours service 5pm to 8pm Monday to Friday. The service is staffed by two GPs, a nurse, Social Health Team Workers and a receptionist. Between March and May 2017 the after hours program delivered services to 324 clients, the vast majority of whom reported they would otherwise not have accessed health care due to work and caring responsibilities, or if they had, they would have mainly accessed the emergency department of public hospitals. The Program will continue operating through to the end of April 2018.

I am deeply disappointed Aboriginal people in the ACT continue to be over represented in all areas of life. The ACT consistently holds the highest incarceration rate of Aboriginal people nationally, has the second highest rate of homelessness nationally, and removes Aboriginal children from families at alarmingly high rates. People with drug and alcohol addiction along with significant mental health problems, often underpinned by dispossession and intergenerational trauma, Winnunga AHCS has continued to case manage and support in the community. We are in desperate need of a residential drug and alcohol rehabilitation service, which I will continue to advocate for, for my people.

It is refreshing to see the Commonwealth's recognition of the effectiveness of Aboriginal community controlled and led services for communities. I hope this recognition followed by action is replicated in the ACT so we may continue to enhance quality of life for the most vulnerable people, Aboriginal people in the ACT and surrounding region.

I am proud of the fact Winnunga AHCS remains the service of choice for the majority of Aboriginal people in the ACT. I am also proud of the fact 20% of our clients accessing GPs and nursing staff are non Indigenous and hold Winnunga AHCS in high regard, making it also their service of choice. This is a reflection of reconciliation in practice which we implement on a daily basis.

I thank the Board of Directors for their guidance, support and robust governance over another year and I sincerely acknowledge the hard work of all Winnunga AHCS staff, each of whom make Winnunga AHCS a gold star service - which is precisely what our community deserves! Thank you.

Julie Tongs OAM, Chief Executive Officer

Affiliate

Ms Julie Tongs, CEO of Winnunga AHCS continued in her position on the NACCHO Board as well as in the Health and Community Services and Affiliate CEO role. Ms Tongs continued to advocate for Winnunga AHCS and the Aboriginal community in the ACT, the surrounding region and nationally. Julie met regularly with senior officials, decision makers and key stakeholders with ACT Government, Commonwealth Government, academic institutions and non-Government agencies, working on continuing to try and improve policies and services at both local and national levels. This continued lobbying and increased media attention again in 2016-17, has raised the profile of Winnunga AHCS in the ACT.

Following on from 2015-16, the bashing of Steven Freeman, a young Aboriginal man in custody in the Alexander Maconochie Centre (AMC), followed by Steven Freeman's tragic death in custody in May 2016, continued to require a significant amount of advocacy in this reporting period. Support and advocacy for Steven's mother and family has needed a consistent commitment from Winnunga AHCS, including by the CEO. The Moss Inquiry, meetings with corrections officials, the Australian Federal Police, lawyers, Human Rights Commission and medical experts have continued to be extremely difficult for the family not only to navigate but to be present for throughout their tragic loss – hence the trust and unconditional support particularly by Winnunga AHCS's CEO and the Social Health Team has been critical for the family and the community as a whole. We are pleased to report the family and the community have all benefited from this ongoing support and without it the current situation would be far more problematic for all involved, including for government and non-government agencies.

Ongoing advocacy with government officials and ministers particularly around the social determinants of health (including cultural and spiritual determinants) has continued to be kept on the agenda. As a direct result of these conversations, negotiations have commenced on the role Winnunga AHCS should play in the delivery of services at the AMC (ACT adult prison), for both clinical and social health services.

Winnunga AHCS successfully secured a pilot Justice Reinvestment Trial program which will be rolled out in the 2017-2018 financial year. The Program will work with 10 identified families (with children) who are in contact with the criminal justice system. The aim of the Program is to through intensive case management, wrap around holistic services/supports for the families to give them the best possible opportunity to make positive life changes in a range of areas. If the Pilot proves to be successful there is the possibility for this work to continue in an ongoing capacity.

A review has been announced for the ACT on children in out of home care. This announcement is welcomed by Winnunga AHCS, however, disappointingly it is intended to be undertaken over a two year period. Winnunga AHCS will keep a close eye on the progress and development of the review. It is worth noting that in the almost three years since the ACT Government committed to 'A Step Up for Our Kids' (a government initiative to improve the alarming removal rate of Aboriginal children), without Aboriginal participation, that the rate of removal of Aboriginal children in Canberra has increased 1% a year and is now, at over 26% from a population base of just 1.5%.

Disappointingly Aboriginal and Torres Strait Islander peoples continue to be grossly over represented in all areas of life. The ACT has the highest incarceration rate of Aboriginal people nationally, has the second highest rate of homelessness nationally, and continues to remove Aboriginal and Torres Strait Islander children from families at alarmingly high rates.

Priorities identified have remained the same as per the previous reporting period:

- Bashing of Steven Freeman whilst incarcerated in the AMC, sadly followed by the death of Steven Freeman in custody
- Alcohol and Other Drugs, including continuing to advance the Ngunnawal Bush Healing Farm Residential Drug and Alcohol rehabilitation Service
- Mental Health, including for children and young people
- Distribution of commonwealth and ACT funding for Aboriginal and Torres Strait Islander specific purpose

- Access to services and service system response, including systemic discrimination and racism
- Continuous quality improvement
- Comprehensive primary health care
- Significant over representation of Aboriginal people in Out of Home Care, the justice system and homelessness

It is our observation that the burden of reporting and requests for additional data have increased significantly. This includes reporting directly to the Australian Government, indirectly through the PHN (Capital Health Network) and through ACT Health. We have spent considerable time negotiating appropriate reporting, and configuring systems to accommodate reporting. Increasing requests for clients' personal health information through minimum datasets is a concern and is providing legal, ethical, operational and technical problems. We would like a review of the burden of reporting as a continued increase in reporting is not sustainable within current resources.

Winnunga AHCS is concerned that program changes are being implemented without adequate consultation with the Aboriginal Community Controlled Health Sector, without adequate consideration of implications resulting in unintended negative consequences. These include changes to the OSR episodes of care reporting, direct load of reporting data to the Department of Health, the Primary Mental Health Care Minimum Dataset and the IAHP Funding Model. Some of these changes may encourage health care delivery which is less than best practice, despite a parallel government focus on quality improvement. Winnunga AHCS is committed to providing best practice service delivery and will not compromise in this regard. We encourage funders to adhere to the AHMAC (Australian Health Ministers' Advisory Council) National Aboriginal and Torres Strait Islander Health Data Principles.

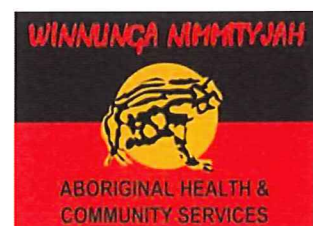
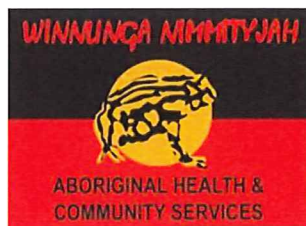
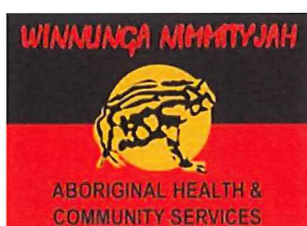
The ACT Government's decision to abandon its commitment to an Aboriginal Drug and Alcohol Residential Rehabilitation service is to say the least disappointing, and Winnunga AHCS is utterly dismayed at what the decision says about the level of interest which the current ACT Government has for the welfare and circumstances of the ACT Aboriginal community.

The ACT Government made an admission that the Ngunnawal Bush Healing Farm facility built by the ACT Government, at a cost of many millions of dollars, cannot operate as intended, as a drug and alcohol residential rehabilitation service, because that use is not permitted under the Territory Plan. The decision to abandon the proposal that the Healing Farm be an Aboriginal drug and alcohol residential rehabilitation service is devastating for the local Aboriginal community which continues to reel under the impact of alcohol and drug misuse. It is particularly distressing for Winnunga AHCS and Gugan Gulwan Aboriginal Youth Corporation which as the only Aboriginal managed and led services in the Canberra and the region are at the coal face in supporting Aboriginal people and families affected by alcohol and drug addiction.

A model of care, funded by the ACT Government was developed and Winnunga AHCS signed a service delivery agreement, drafted by the ACT Government, for the management of the Bush Healing Farm drug and alcohol residential rehabilitation service. The good faith which Winnunga AHCS brought to the negotiations on the establishment of the rehabilitation service was disappointingly not matched by the ACT Health Directorate.

The Aboriginal community is understandably angry and upset that once again its needs have been by-passed. On this occasion, however, the Government not only acknowledged the need for an Aboriginal drug and alcohol residential rehabilitation service, it also constructed a purpose built facility and funded the development of a model of care for its operation as a drug and alcohol residential rehabilitation service.

The ACT Government has walked away from its commitment to the Healing Farm being an Aboriginal drug and alcohol residential rehabilitation service, however we will continue to advocate for the ACT Government to recommit to the establishment of such a service elsewhere in the ACT.



Winnunga Updates

Accreditation

Winnunga AHCS has successfully maintained its accreditation with the National Quality Improvement Program (QIP). We continue our committed to ensuring we provide a best practice Aboriginal community controlled holistic health and community service, with accreditation playing a significant part in this commitment.

Minister Linda Burney Visits Winnunga AHCS

Winnunga AHCS enjoys opening its doors to hundreds of visitors each year but welcoming the Honourable Linda Burney MP to Winnunga AHCS provided even more significant meaning. Both Ms Tongs and Minister Burney's people are Wiradjuri, and they are from the same small town of Whitton, located in south west New South Wales. The visit to Winnunga AHCS was the first for the Labor MP and Shadow Minister for Human Services. Winnunga AHCS staff were left impressed by Ms Burney's energy, easy going nature, and inspired by her career and journey to Federal Parliament.



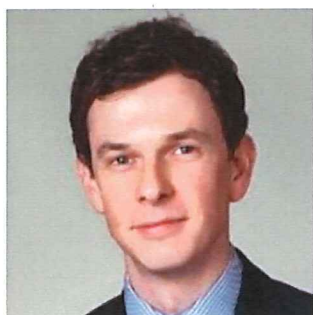
*Winnunga AHCS staff with Hon Linda Burney MP pictured front row, middle, with two other Whitton locals
Beth Sturgess (left) and CEO Julie Tongs (right)*

Governance and Corporate Structure

Winnunga AHCS is pleased to announce we have successfully transitioned to being incorporated as a company limited by guarantee under ASIC (Australian Securities and Investments Commission). In addition to incorporating as a company, as agreed at the last Annual General Meeting, Winnunga changed its name from Winnunga Nimmityjah Aboriginal Health Service to Winnunga Nimmityjah Aboriginal Health and Community Services. The new name better reflects the comprehensive nature of the work which we do and the strategic direction which the Board has set for the organisation.

The transition to a company was quite technical and required significant effort by staff. Price Waterhouse Coopers (PwC) provided valuable support and assistance in the process of incorporation. PwC first approached us with an offer to assist (on a pro bono basis) in furtherance of its Reconciliation Action Plan.

We sincerely thank Danny Jowers, Laura Day, Jamie Wilson and Nabil Hossain for their expert advice and generous support of Winnunga AHCS. It has been great to see such a significant organisation as PwC showing leadership by putting meat on the bones of its corporate commitment to reconciliation. While many (or most) organisations develop a Reconciliation Action Plan and are happy to talk the talk of reconciliation, there is room for many more organisations to emulate PwC and not only talk the talk but also walk the walk.



Danny Jowers



Laura Day

Winnunga AHCS Domestic and Family Violence Resources

A range of resources developed by Winnunga AHCS to support victims and perpetrators of domestic and family violence were launched in March 2017 at Winnunga AHCS by Deputy Chief Minister Yvette Berry, who is also the Minister for Women and Minister for the Prevention of Domestic and Family Violence. Winnunga AHCS received a grant of \$80,710 (one of twelve grants approved) as part of the 2015-16 ACT Women's Safety Grant Program which funded projects relating to early intervention, engagement and diverse experiences of violence.

Minister Berry noted Winnunga had taken a leading role in helping prevent abuse by developing six fact sheets for the ACT's Aboriginal and Torres Strait Islander community. The new resources were created to better support victims and perpetrators of domestic and family violence in a culturally sensitive way. Minister Berry also said she was looking forward to continuing to work closely with Winnunga AHCS on the prevention of domestic and family violence.



Minister Berry with Winnunga AHCS CEO Julie Tongs

Building Better Lives for Ourselves Initiative

Winnunga AHCS had the pleasure of hosting a fun filled BBQ lunch for forty Aboriginal and Torres Strait Islander women, which also included entertainment from 'Mr Music' himself Johnny Huckle, who had the group up dancing, clapping and singing along to some good old fashioned tunes.

The group of inspiring and strong leaders came from far and wide, from all sections of our country, including the Tiwi Islands in the Northern Territory and Kununurra in the Kimberley region of Western Australia, to be in Canberra for a week-long stay as part of the Department of Prime Minister and Cabinet's Building Better Lives for Ourselves (BBLO) initiative.

The visit to Winnunga was one of many networking opportunities the women had which included events at Parliament House. A big thanks to Winnunga's Social Health Team for the deadly job they did in putting on the BBQ.



Kevin Kropinyeri – Comedy Workshops at Winnunga AHCS

They say laughter is the best medicine and comedian Kevin Kropinyeri certainly tested that theory on his visit to Winnunga AHCS. The funny fella from Ruakken in South Australia, whose mob is Ngarrindjeri, has been performing for over nine years now and is easily becoming recognisable from his appearances on NITV's comedy show 'Express Yourself', is a regular performer at the Melbourne International Comedy Festival and can be found touring around the country with the Aboriginal Comedy All Stars.

Kevin was in town to conduct a number of free comedy workshops across the ACT, including two workshops at Winnunga AHCS, which were attended by over 20 of our local community members and staff. Kevin said he couldn't thank Winnunga AHCS enough for the warm welcome he received. 'The participants had a lot of great questions. I was able to give them an insight into what it's like being a stand-up comedian and what it's like performing stand-up comedy. It's also special that I have the opportunity to meet mob from all around Australia. I enjoyed being at Winnunga, everyone was warm and welcoming' Kevin said.

When the participants weren't cracking up at Kevin's jokes or at his many funny facial expressions, there was also a serious side to the workshop with passing on of valuable skills, not only related to comedy, but on how to get up and present or perform confidently without shame, and to be strong and deadly. One participant said the workshop was really interesting. 'Even though I'm definitely not interested in being a stand-up comedian, it was still a good interesting experience to hear about Kevin's journey. He also shared with us handy tips to help us not get shame when getting up and presenting, talking to groups of people' she said.

We thank the Tuggeranong Arts Centre for making it possible for the free comedy workshops to be held at Winnunga AHCS.



Kevin Kropinyeri with Winnunga AHCS staff

World No Tobacco Day

We held our World No Tobacco Day event on 31 May and welcomed Federal Minister for Indigenous Health, the Hon Ken Wyatt to Winnunga AHCS for his first ever visit. Also in attendance was Professor Tom Calma who is the National Co-ordinator for the Tackling Indigenous Smoking campaign. The public event was well attended by invited guests, community members and staff.

Community members had the opportunity to meet and chat with Winnunga AHCS's tobacco workers and find out more about the federally funded 'Tackling Indigenous Smoking program' and Winnunga AHCS's highly successful No More Boondah program, which has been running for over 10 years. Participants were provided with support packs, promotional products and information to get their no smoking journey started or restarted. A number of Winnunga AHCS staff stepped up for the challenge and successfully went 24 hours without nicotine.



Hon Minister Ken Wyatt delivering his speech



Left to right: Professor Tom Calma, Hon Minister Ken Wyatt, CEO Julie Tongs, Dr Sean White

Optometry Service

Winnunga AHCS now provides an optometry service delivered by a local Aboriginal optometrist – Dr Shane Brookman. The service includes comprehensive eye examinations, correcting vision and dispensing free or discounted glasses along with retinal screening using a camera. The optometrist works closely with Winnunga AHCS GPs and visiting ophthalmologist, Dr Rohan Essex, for clients who require further clinical assessments or management in order to provide a holistic comprehensive approach to eye health.

You can either book into the clinic or simply walk in on the day. The clinic operates every Friday 9am to 5pm.



Shane Brookman

One Sight Team

The One Sight Team returned to Winnunga on 28 September 2016. This was the second One Sight Clinic held at Winnunga and was once again very successful. There were a total of 30 clients booked for the clinic prior to the day. 24 clients were seen on the day, 22 needed glasses and two clients were referred to see an Ophthalmologist.

The One Sight Team consisted of three Optometrists who saw clients individually and determined whether glasses were needed or further referral was appropriate. There were eight assistants who were able to support clients with filling in paperwork, completing the basic eye screening and assisting to select preferred glasses. The clinic commenced at 9am and finished at 4pm. Staff from the One Sight Team returned to Winnunga for fitting of the glasses once they were all available.



One Sight Team members at Winnunga

Our Women

Women's Group

The Women's group continued meeting each Thursday 11.30am to 3.00pm. The Group provides a culturally safe space for Aboriginal and Torres Strait Islander women to come together to talk about health and wellbeing issues, receive support around a range of matters and engage in activities.

In this reporting period, the Group engaged in a range of health and lifestyle education sessions and activities such as painting, weaving, candle making, sewing and kitting. The Group's activities are led by the women with each member's contribution valued.

At each session the women cook up a healthy meal and have a yarn about what has happened in their lives in the previous week. The Group provides a good support network for women as they are in a safe environment with a range of supports available when required. Topics like managing depression, keeping healthy and fit and looking after those around you are regularly discussed.



Midwifery

Winnunga AHCS's Aboriginal Midwifery Access Program continued to provide flexible, culturally safe midwifery services to families, in client's homes, at Winnunga AHCS and in hospital settings. We are pleased to report during this financial year there was a 9% increase in breast feeding rates at birth and a huge 36% increase in women continuing to breast feed at six weeks.

Support for high risk women has continued with midwives, GPs, obstetricians, the Social Health Team and other specialists working together to provide appropriate care and improved clinical outcomes for women and families.

The shared care arrangement with the Canberra Hospital has remained valuable, and ensures culturally safe continuity of care for Aboriginal women. A range of clinics and appointments have been accessed during antenatal care with the most frequented clinics being the Fetal Medicine Unit and Pregnancy Diabetes Clinic. Winnunga AHCS midwives have a good working relationship with staff within these clinics, which in turn positively reassures clients needing to access these services.

Australian National University 4th year Medical Students continued to attend the Winnunga AHCS Midwifery Program on two week rotations.

Women have continued to engage in healthy pregnancy and birth education through Winnunga AHCS, however can also access the hospital based education sessions for improved flexibility. These programs are delivered on an as needed basis and is the choice of the woman as to whether she would prefer one-on-one or group education.

The Aboriginal Access Worker provides a critical link for women, and assists in supporting and engaging women in their pregnancy care. Importantly, the Access Worker provides transport for women who would otherwise not be able to access antenatal care through mainstream services due to financial, transport and family difficulties.

The Midwifery Team provided 292 individuals with 2,126 episodes of care in 2016-2017. Antenatal care was provided to 95 women with 481 encounters and 49 births were recorded.

Mums and Bubs/Parenting Group

The Mums and Bubs/Parenting Group has this year successfully transitioned from a social gathering group to also being an education and therapy based group. Visiting specialists including dieticians, nutritionists, speech therapist, mobility and development experts are engaged and have been integrated into the social gathering setting. This has resulted in the Group becoming more robust, incorporating both clinical/therapeutical elements whilst continuing to provide an opportunity for parents and children to socialise. 37 Mums and Bubs/Parenting Groups were delivered in the 2016-2017 financial year.



Child Health Clinic

We have continued to strengthen the Child Health Clinics, building on supports further to ensure we are able to provide an integrated service to Winnunga AHCS clients. Every week the Winnunga AHCS Paediatric (PAED) Team which is made up of a psychiatrist, a Social Health Team (SHT) Manager, paediatric nurse and a GP, meet to review individual clients and families who could benefit from supports provided through Winnunga AHCS child developmental services. The child developmental services include a range of supports and clinics which are delivered in a culturally safe way.

- Psychological assessment and therapy delivered by a Winnunga AHCS Aboriginal psychologist. The psychologist participates in case conferencing and provides ongoing therapies for clients and families engaged in the Child Health Clinic. The role of the psychologist has been dedicated to solely support this function to try and meet the current service demand.
- Audiology assessments, on site as well as through school visits, particularly focusing on children's speech and language prior to entering school.
- Mums and Bubs Group, delivered by the SHT which also includes supports provided by a Maternal and Child Health (MACH) nurse and allied health engagement such as with a speech therapist.
- Parent-child wellbeing clinic, delivered by the SHT and Psychologist together with the Tuggeranong Child & Family Centre.
- Trauma Assessment, Response, Referral, Rehabilitation and Outreach Teams (TARROT) clinic carried out by Dr Ngiare Brown, specifically for children within a cultural context.
- Paediatric in reach clinic delivered with Dr Tiffany.



Our Men

Men's Group - Healing the Warrior Within

The Winnunga Men's group has been held on Mondays at Winnunga AHCS between 11.30am at 3.00pm. The Group focuses on creating an environment that is culturally appropriate, safe, supportive and non-judgmental for Aboriginal men to discuss health and lifestyle concerns.

The group has undertaken many activities in this reporting period, including making their own didgeridoos, painting, acting as a support network for each other and hosting a number of guest speakers. The Group has focused on topics such as eating healthy, cooking on a budget, reducing alcohol intake, quitting or reducing smoking, importance of physical activity, managing depression and anxiety and being role models to others around you.



Winnunga Bro Mo's

Grow a Mo? Be part of Movember? The answer was always going to be 'yes' for a group of community minded Winnunga men. At a time when men are facing a health crisis that isn't being talked about and are dying much too young, the annual Movember campaign, which involves the growing of moustaches during November, helps to raise awareness of men's health issues, such as prostate cancer, testicular cancer and men's suicide.

This year, the Winnunga Bro Mo's team raised an impressive \$640. There was plenty of friendly competition amongst the Bro Mo team, however, what the team members all agreed on the importance of raising awareness of men's health issues and taking part in such an important fundraising cause. The group said they are looking forward to next year - and the real winner is Movember!



Our Youth and Young Adults

Buroinjin Sports Days

The ACT Schools annual Buroinjin Sports Days proved to be a great success when it was held over two days at the Deakin and Kambah Ovals late June 2017. Social Health Team Manager Ian Bateman attended the Sports Day again this year on behalf of Winnunga AHCS.

Approximately 120 junior and 150 senior students made up the 22 teams who came together to compete for the title of Buroinjin Sports Day champions. Winnunga AHCS provided the winners and runner ups medals, the water and fruit for the students to stay hydrated and keep their energy levels up and also held a No More Boondah information stall at the event.



Garran Primary were crowned the junior champions, followed by runner ups Namadgi School. In the senior championships, the year 7/8 winners were Wanniasa School and runners up Canberra High. Gold Creek School proved too good, taking out the Year 9/10 champions, with Wanniasa School coming runner up. Well done to all the students who competed and to the organisers for a great event. We look forward to the next ACT Schools Buroinjin Sports Day.

Youth Diversion

The Social Health Team (SHT) has continued their engagement with youth and in particular schools as well as at Bimberi Youth Detention Centre and Ted Noffs youth rehabilitation service. Each participant was provided with the opportunity to participate in the activities and/or to meet with one of the SHT members. Young people have engaged well through sport and started sharing their individual stories as rapport and respect has been built by seeing the same SHT workers each week. This has also reduced stress on the young people, as they don't need to keep telling the same things over and over again.

In the schools, staff continued to deliver sessions on a number of topics including smoking, drug and alcohol education, mental health, how to stay healthy emotionally, and men's and women's health issues. These sessions have been delivered by Aboriginal staff in a culturally safe setting and are focused on youth who are at risk.

Otitis Media

The Winnunga AHCS Otits Media Worker continued to liaise with the principal or Aboriginal Access Workers at primary schools to coordinate suitable dates and times to deliver hearing tests for children. Consent forms for each child are obtained prior to the visit from parents or carers.

Once we arrive at the school we set up the audiometer, and prepare the tympanometer and otoscope for the children. We usually only take three students at a time into the room while we perform the hearing test, to ensure noise levels remain relatively low.

When we have tested all the students a follow up list is prepared which is handed to the school with the names of students requiring follow up. We also ask teachers to keep an eye out on the identified children in the classroom. Each student is provided with a letter (delivered through the school) for parents/carers that indicates if their child has passed the hearing test, or if there have been some hearing issues identified which need to be followed up.



Getting Healthy and Staying Healthy

Touch Football

The touch football teams continued to be coordinated by Winnunga's Healthy Lifestyle Worker and Social Health Team Manager Ian Bateman, with four Winnunga teams consistently through Winter 2016, the summer competition 2016 and again in Winter 2017.



Winnunga Possums with their new team tops

Winnunga AHCS entered a team into the Beach Touch Football competition played at the Lyneham sand volley ball courts. This is a new concept played in the ACT and by all reports from players and officials it was a huge success. The game rules are like normal touch football but slightly modified to speed the game up even more! The attacking side has four players and defending side three players on the field. There are only four touch sets and eight minute halves - which is a long time running in sand. The game also has a 'knock down' rule, so if the defending team can knock the ball down it's their ball. Winnunga players loved the new concept and played really well, winning all four games played in the first round.



Smoking Cessation

The Tackling Indigenous Smoking (TIS) Team continued to build on the success of the media campaign which was developed together with The Last Kinection. The media campaign targets young people, pregnant women, Elders and the community - and is made up of television and radio ads as well as flyers and posters which are displayed all around the ACT and surrounding region.

The radio and television ads have been running for a year now and we have received positive feedback from the community. Clients have also mentioned these ads when joining the No More Boondah program. As a result of the observed effectiveness of the media campaign, the TIS Team together with the CEO established a TIS/No More Boondah Facebook page which we are pleased to report has over 1,100 followers whom receive regular updates from the TIS Team including information around upcoming events.

The TIS Team disseminated promotional material at events. This has been a productive way of attracting people to come and chat about smoking cessation, where they are at, and to provide information about the TIS program. Through attending events the Team is spreading smoke free messages and are well positioned to encourage community members to become/remain smoke free. Through positively promoting the TIS ads and having a regularly appearance in the community the TIS team have seen an increase in the number of clients who are

wanting to become smoke free.

The TIS Team continued to deliver support groups for pregnant women and attended information sessions at Winnunga AHCS's Mums and Bubs groups. The Team have also participated in external meetings to discuss strategies to further link in with pregnant women at The Canberra Hospital and Gudan Gulwan Youth Corporation.

The Team continued their work in visiting schools and working with people who are incarcerated. The TIS resource trailer has been utilised on four occasions during this reporting period to attract interested people as well as disseminate promotional material.



The annual Winnunga AHCS client satisfaction survey was carried out during this reporting period for which three questions were allocated specifically for smoking cessation support. These were answered by 96% of survey participants. 30% reported they had received support from Winnunga AHCS with smoking cessation. Of the 30%, 75% stated the most useful support was Nicotine Replacement Therapy, followed by the No More Boondah Group at 58%, phone contact by workers at 33%, information/education at 33%, counselling at 17%, and visits to workplaces at 13%. One respondent noted under 'other': *fellowship of others trying to change their lifestyle* (ie peer support).

When asked what Winnunga AHCS smoking cessation program could do to make it even better, feedback included:

- ◆ Make sure it is run every Thursday
- ◆ Not sure. Provide a different brand of patches to cease smoking as I am allergic to current patches.
- ◆ Nothings, services very good
- ◆ More contact with client
- ◆ Ensure that programs are targeted at health workers to better educate about the effects of leadership
- ◆ Its great

Winnunga AHCS Tobacco Control Workers provided services to 430 clients through 2,152 occasions of service in this reporting period. 48 No More Boondah Group activities were held.

The Quitline team visited Winnunga AHCS twice and we continue to refer clients to them for afterhours support. The Team has successfully arranged Quitline to attend community events and we have continued to participate in their teleconferences.

Road to Recovery

The Road to Recovery Program has continued to be delivered by Winnunga AHCS drug and alcohol workers. We have continued to observe clients undertaking the program preferring to do so on a one on one basis instead of in a group setting. Winnunga AHCS has accommodated this method of delivery which involves six weeks of active engagement through weekly meetings in person—and ongoing additional support as needed. Clients have been provided counselling, information and education around the effects of alcohol and other drugs, as well as relapse prevention support. The program is client centred and culturally safe for individuals as well as families. Information on the harms and impacts of substance misuse as well as looking at the underpinning issues which often lead to 'self-medicating' are discussed.

Through this engagement, clients receive culturally appropriate counselling and access to holistic health care while working towards, as well as maintaining recovery which is underpinned by harm minimisation. A significant amount of time has also been spent on working together with clients to move from a pre-contemplative to a contemplative position.

The areas covered over the six week program period include the following:

- | | | |
|-------------------------------|------------------------------|---|
| * Week 1. Introduction | * Week 2. Effects of Alcohol | * Week 3. Let's Yarn about Drugs, Alcohol |
| * Week 4. Effects on the Body | * Week 5. The Healthy Brain | * Week 6. Relapse Prevention |

Healthy Cooking Group

The Winnunga AHCS Healthy Cooking group has been running for six years. Over this time it has been well established into the community providing a good social support as well as education around the benefits of eating healthy foods. The Group has continued to be attended by many members of the local community. This year 27 groups were delivered.

The Group focuses on preparing healthy and affordable meals. A dietician often attends the group to talk through food alternatives and the nutrition content of foods being used. Many Winnunga AHCS clients experience a high rate of chronic disease and through education and support we are able to work through some of the benefitting factors around providing healthy and alternative options.



Healthy Weight Program

The Program assists people who are overweight (or are at risk of being overweight) and who want to make positive changes in their life. Clients are encouraged to exercise regularly through three group sessions per week held at the gym, and are provided with Personal Trainers for maximum results. The Healthy Weight worker supports clients through advocacy, counselling, referrals, resources, advice, education and materials around portion control and healthy choices.

Internal referrals may be provided to GPs, dieticians, physiologists, and the Social Health Team, as well as external referrals to the gym and exercise physiologist.

The Healthy Weight program is working towards an intergenerational change to improve clients' overall health, fitness, and awareness around a healthier life style as well as a reduction in the over representation of Aboriginal people living with chronic disease.

The Healthy Weight Program is a three-month intense program, followed by continuous maintenance. 112 clients joined the Healthy Weight Program in 2016-2017. 109 Healthy Weight Program group activities were conducted, with 796 episodes of participation. Overall 1,285 Healthy Weight Program encounters occurred for 127 clients in this reporting period.



Diabetics Clinic

The Diabetes Clinic continued to be delivered every second Wednesday of the month, with the ACT Diabetes Team (Diabetes Educator, Dietician, and Podiatrist) in attendance. Unfortunately on two occasions we needed to postpone the clinic due to ACT Health's Diabetes Team not being able to attend as a result of insufficient staff at The Canberra Hospital's Diabetes Clinic to cover all priorities.

At each clinic, clients have undergone a nursing assessment. At this time clients are reminded when they are due for blood tests, health checks, care plans (and care plan reviews), and their diabetes annual cycle of care. Based on these nursing assessments, clients are advised to see other health professionals as needed. Dr. Robinah was appointed as the Winnunga AHCS GP for the Diabetes Clinic this year and she has been working very hard on educating clients about their conditions and management of their care.

Clients report enjoying the clinic, even though at times they may be here for a long period of time in order to see all the required specialists. The clinics are well attended with an average of 10 to 15 clients each month. Participants have a yarn, eat lunch together and share stories about their diabetes management/chronic conditions. The clinic is not just about one on one management, but also clients supporting each other through their journey.



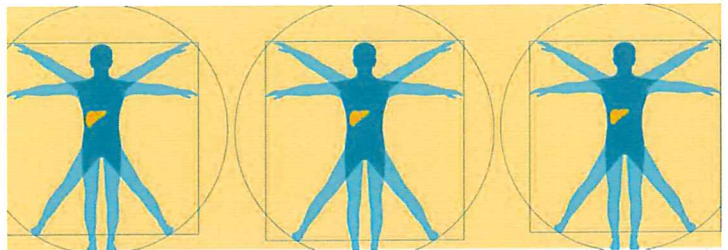
Dieticians

The dieticians have continued to work with clients across a range of health issues including type two diabetes mellitus, cardio vascular disease, cancer and weight loss. This year we have worked closely with the clinical staff, the Social Health Team and the Healthy Weight Program, supporting clients on very low calorie diets with some great successes. Dieticians have also supported clients as they have moved through their weight loss journey, learning about healthy portion sizes, and quick and easy affordable meal ideas. It has been a pleasure supporting clients and celebrating their positive lifestyle changes – no matter how small, as these achievements all add up to improved health outcomes.

The dieticians have continued to provide nutrition advice to Winnunga AHCS staff in order for them to also support positive changes through their interactions with clients, with a wide range of health issues from diabetes and heart disease to gastrointestinal troubles and allergies.

Liver Clinic

The Liver clinic has been delivered weekly by a Winnunga AHCS GP. During the clinic clients identified with liver disease are reviewed and investigations have been requested as needed. The attendance for the clinic is good, and clients are excited in regard to the prospect of having treatment and cure for Hepatitis C at Winnunga AHCS in a culturally appropriate setting and not having to visit the hospital.



Professor Farrell visited Winnunga AHCS seven times during this reporting period. During these visits clients are approved for treatment to commence. Clients are contacted by the nurse prior to Professor Farrell's visits to ensure that all investigations have been completed. We are pleased to report there are currently 26 clients at various stages of treatment.

Our Community

Winnunga Kids Christmas Party

Despite the wet and overcast conditions, nothing could dampen the spirits of our community who braved the rain and came out and celebrated at the 2016 Winnunga Kids Christmas Party. The party started with a Welcome to Country from Ngannawal Elder Aunty Agnes Shea. The big jolly fella in red, along with his helpers and Mrs Clause, made an appearance and handed out Christmas presents to all the excited children. Thank you to Marymead, PM&C, the Commonwealth Division of Indigenous Health and JACS for their generous gift donations.

Proving a popular attraction at the party was an animal petting zoo, magician, balloon modelling, face painting, jumping castle and a slippery slide. Musician Johnny Huckle entertained everyone throughout the day. We were also pleased to be joined by Bobbi Campbell (FAS Indigenous Health), Gai Brodtmann (MP, Member for Canberra) and James Milligan (Shadow Minister for Indigenous Affairs, ACT Government).

Our friendly and hardworking Winnunga staff were kept busy cooking the yummy BBQ lunch and were also on hand to answer any health related questions at the information stalls. Despite the weather, it was yet another fun filled Christmas Party!



Sorry Day Bridge Walk

This year's Sorry Day Bridge Walk was held on Friday 26 May. The event was dedicated to Steven Freeman, a young Aboriginal man who sadly passed away whilst in custody at the AMC, on the same day as our Sorry Day Bridge Walk last year. We were particularly humbled to have Steven's mother Narelle and her family present with us on the day.

The reasons for the Winnunga Sorry Day Bridge Walk, are now more relevant and important than ever. Here in Canberra 25% of all children in Out of Home care between the ages of 0 to 17, are Aboriginal and/or Torres Strait Islanders. An Aboriginal child born in the ACT is 20 times more likely to be taken into care than a non-Aboriginal child, yet we only make up around 2% of the population.

Here in Canberra we also have the highest rate of Aboriginal people incarcerated nationally. This means the ACT locks up more Aboriginal people than Western Australia and the Northern Territory. We have a long way to go towards reaching equality.

Around 4,000 people attended the event this year to show their support, standing together to remember the wrongs of the past, acknowledging the ongoing struggles of today and being committed to living in a city where no individual, family or community gets left behind.

Aunty Louise Brown delivered a warm welcome to country, Katrina Fanning MC'd the event making sure all formalities ran smoothly, and Gugan Gulwan staff joined forces with the Winnunga AHCS team for the day. Thank you to all! Minister for Corrections Shane Rattenbury, Minister for Aboriginal and Torres Strait Islander Affairs Rachel Stephen-Smith and Shadow Minister for Indigenous Affairs James Milligan were also present from the ACT Government.

We thank all the Winnunga AHCS staff for their unwavering commitment to the community and for making events such as the Sorry Day Bridge Walk happen.



Sorry Day Bridge Walk led by Julie Tongs and Steven Freeman's Family



Aunty Louise Brown

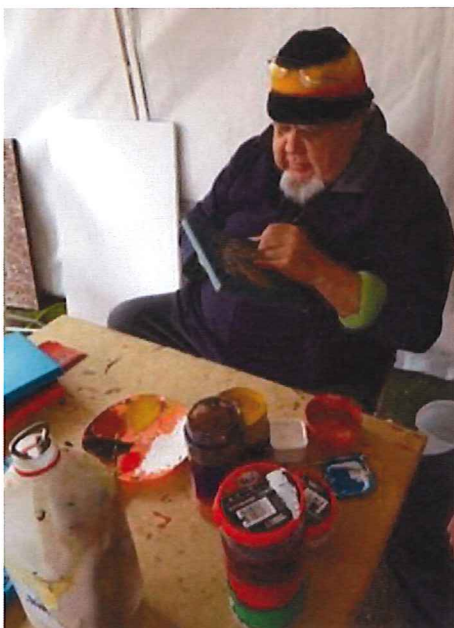


Katrina Fanning



Winnunga NAIDOC Event 2016

Winnunga held a NAIDOC event on Friday 8 July. Over 950 people joined in the celebrations on the day. Here are some photos from the event.

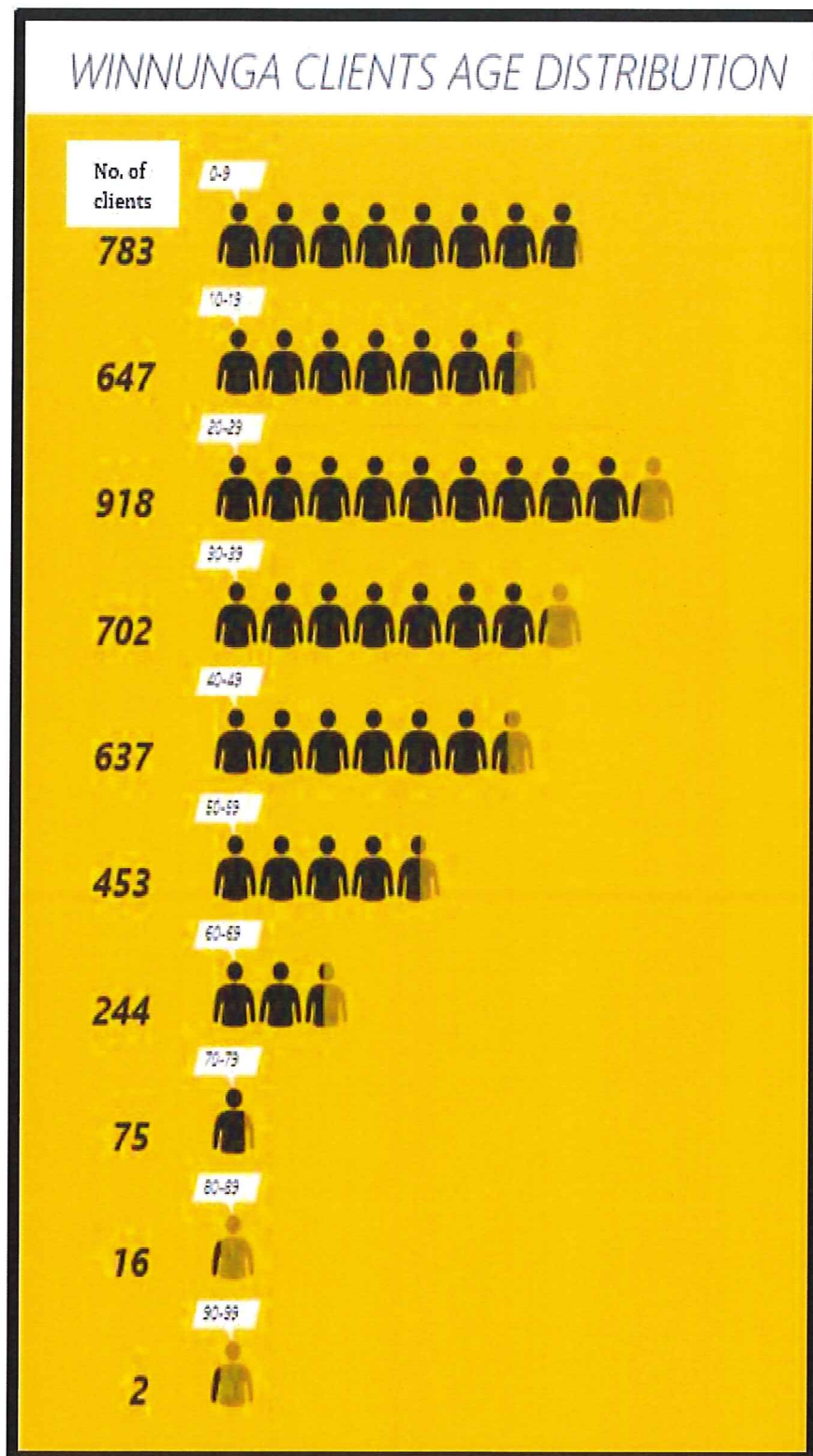


Uncle Mick Huddleston

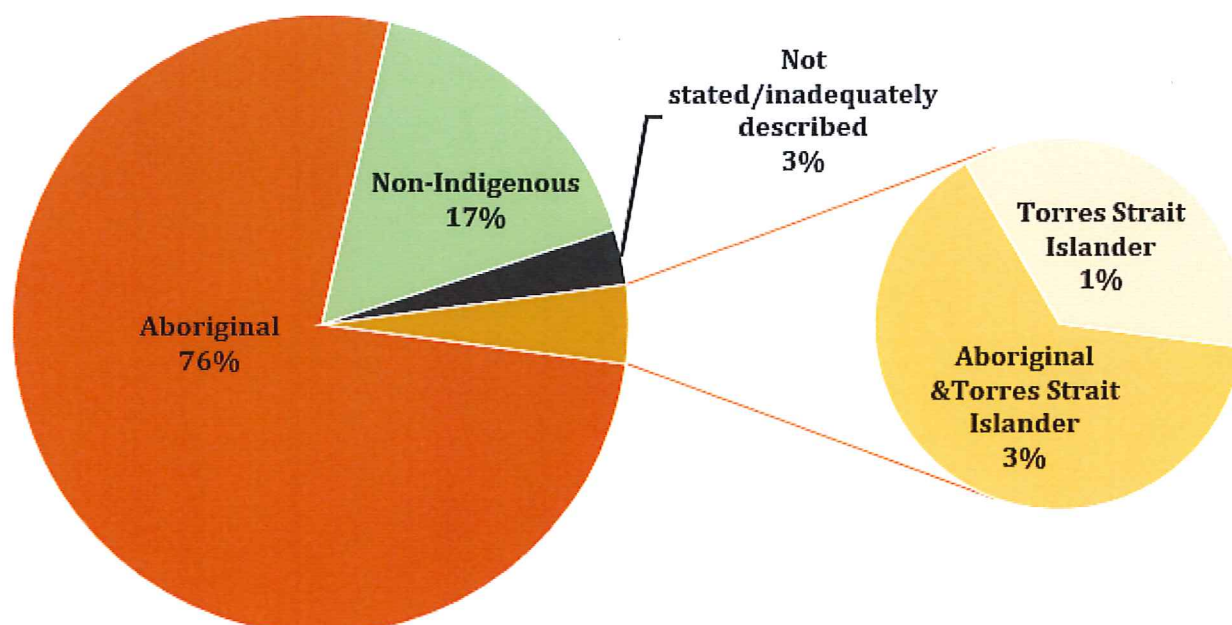


Our Service Reach

In 2016—2017 there were 4,482 clients seen by Winnunga AHCS. Of those, 52% of clients were under the age of 30 years, while 17% were aged 50 years and over.



80% of clients were Aboriginal and/or Torres Strait Islanders.

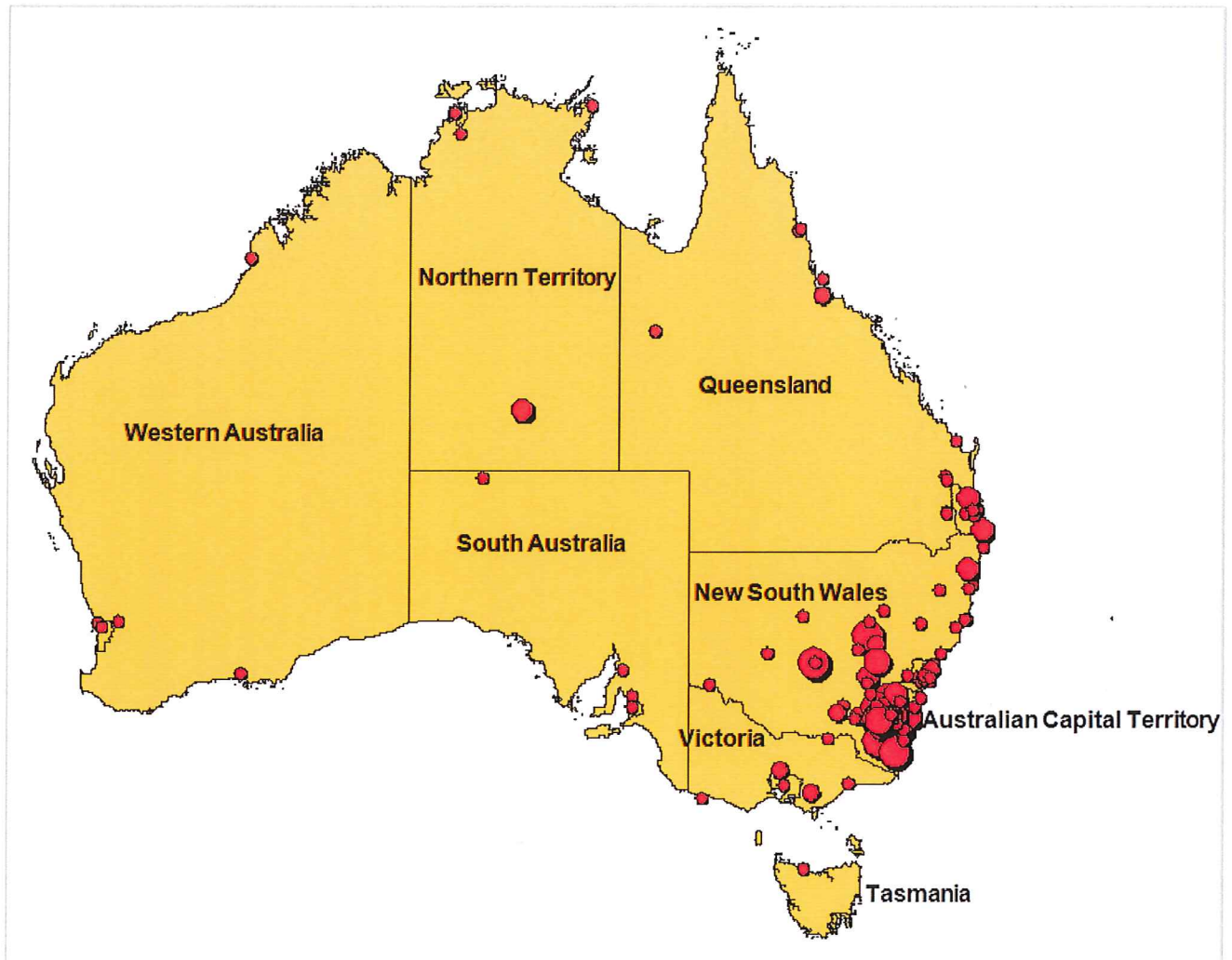


Females comprised of 52% of clients and 48% were male.



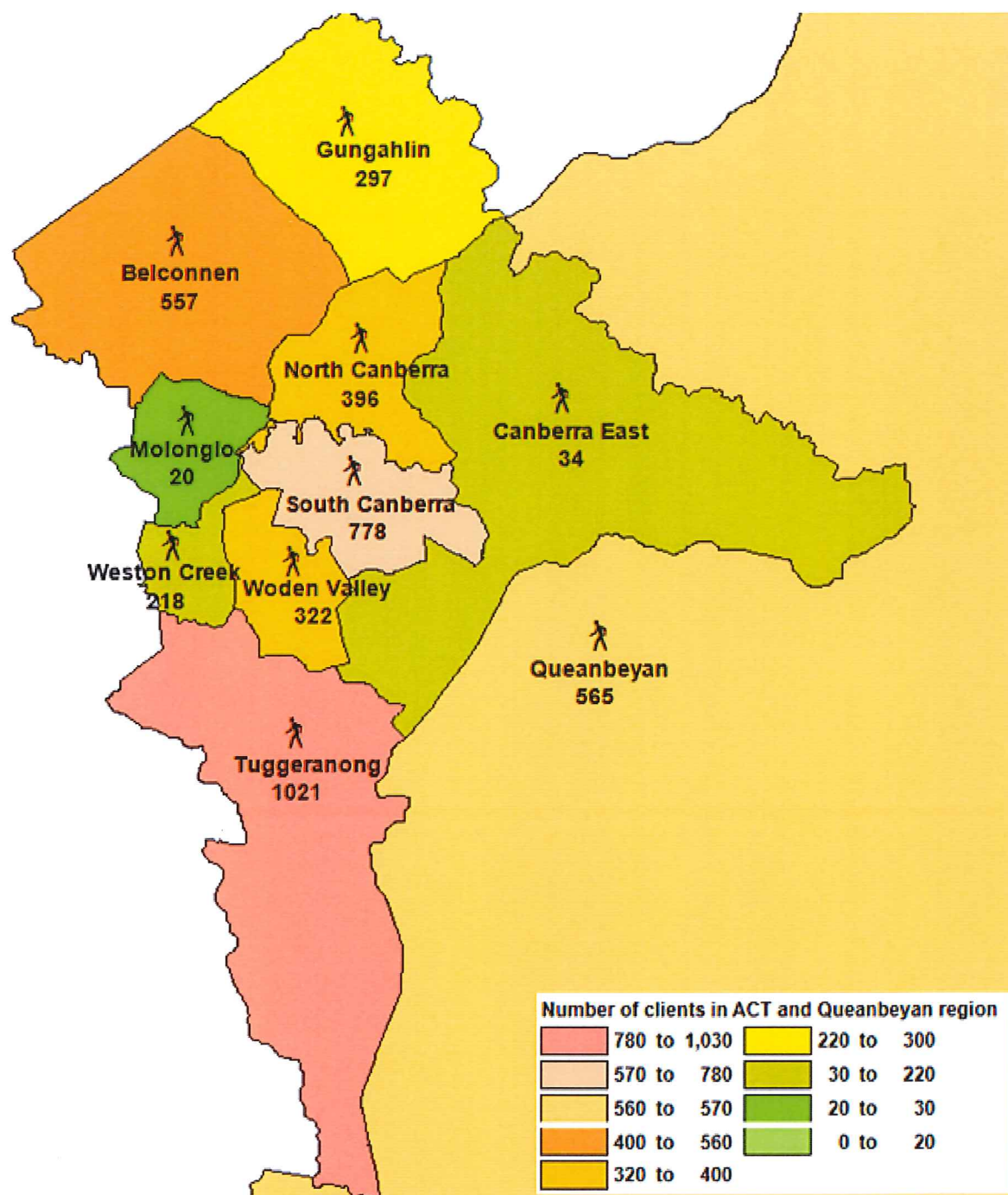
- ◆ In this reporting period Winnunga AHCS clients came from 241 different suburbs in 131 different postcodes. Clients visited Winnunga AHCS from all States and Territories of Australia (Map 1).
- ◆ 82% of Winnunga AHCS clients came from the ACT, with an additional 13% from Queanbeyan in NSW (Map 2).
- ◆ 23% of clients came from the Tuggeranong area, 17% from South Canberra and 12% from Belconnen (Map 2).
- ◆ 94% of clients lived within a 20 kilometre radius of Winnunga AHCS. Clients living between 15 and 20 kilometres away were mostly resident in Gungahlin and West Belconnen, with a smaller number in South Tuggeranong (Map 3).

Map 1: Home suburb of Winnunga AHCS clients, 2016-2017

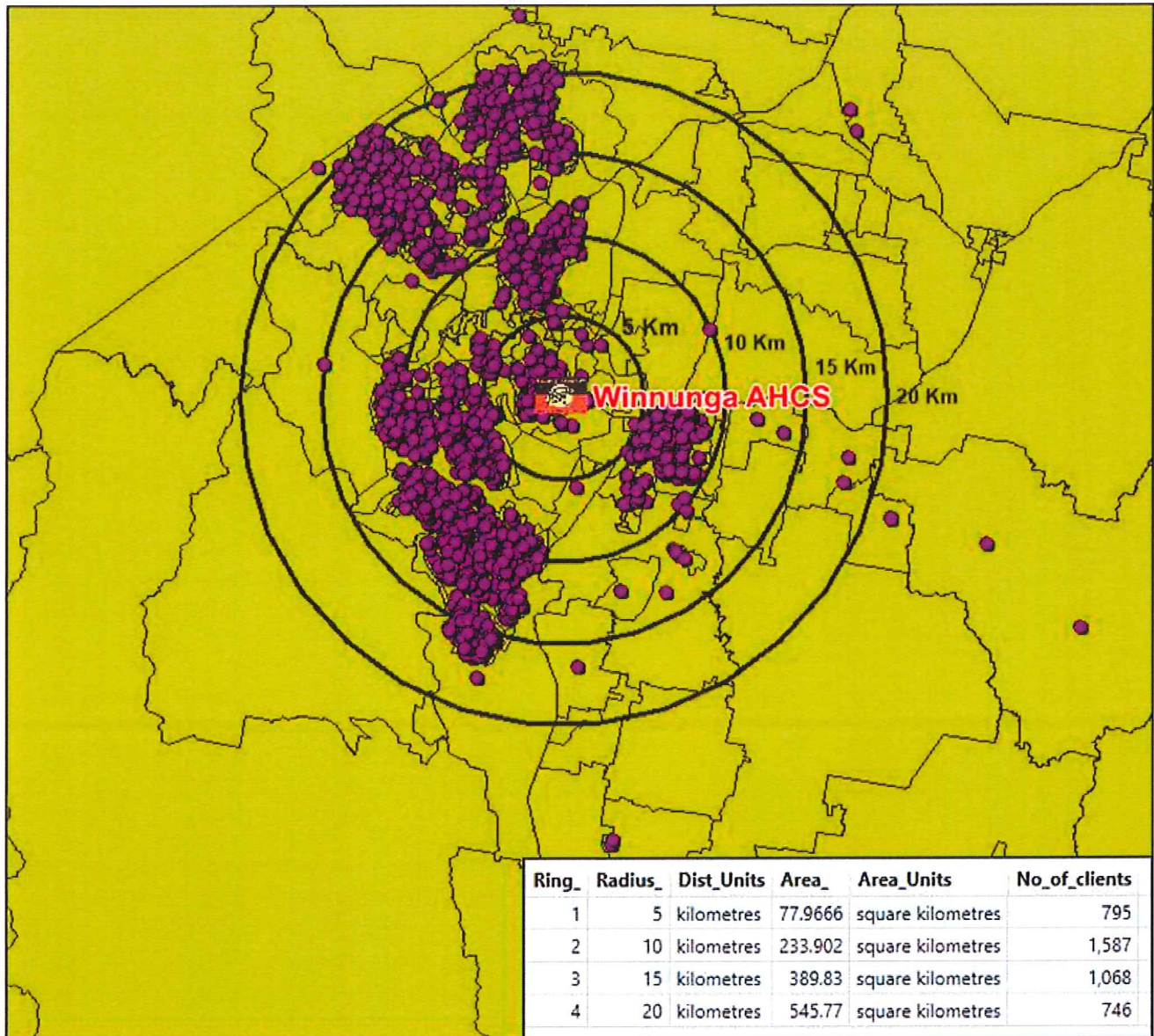


Home suburb of Winnunga clients					
No. of clients (2016-2017)					
	5 to 492	(108)		2 to 3	(23)
	4 to 5	(7)		1 to 2	(90)
	3 to 4	(13)			

Map 2: Winnunga AHCS clients in the ACT and Queanbeyan region, 2016-2017

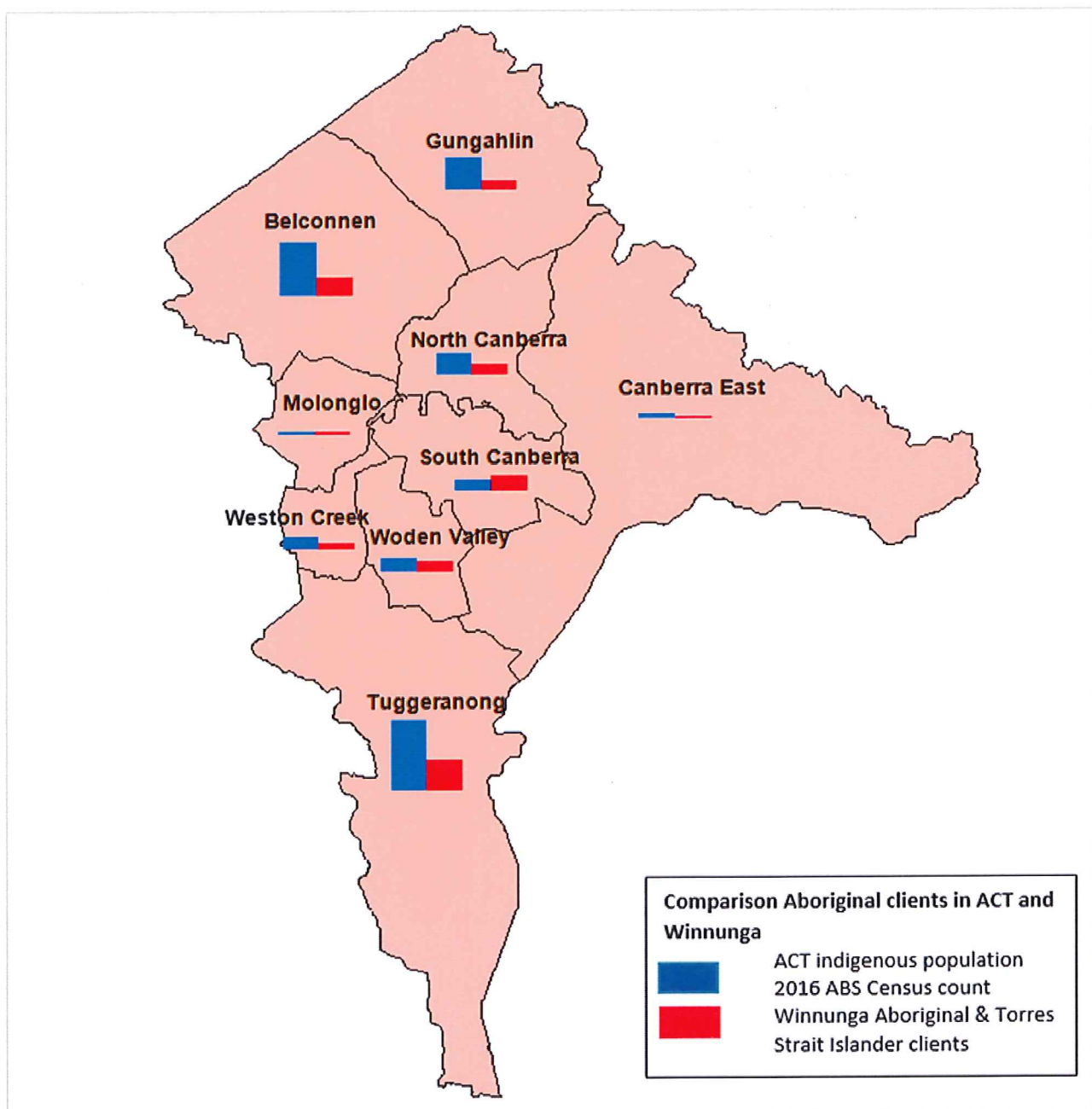


Map 3: Distribution of Winnunga AHCS clients living within a 5, 10, 15 and 20 kilometre radius of Winnunga AHCS, 2016-2017



- ◆ In 2016 the Australian Bureau of Statistics Census counted 6,508 Aboriginal and Torres Strait Islander peoples living in the ACT.
- ◆ In 2016-2017 there were 2,867 Aboriginal and Torres Strait Islander ACT residents who visited Winnunga AHCS. This was 44% of the Census population.
- ◆ In South Canberra the number of Winnunga AHCS Aboriginal and Torres Strait Islander resident clients exceeded the Census count by 29%. In other regions Winnunga AHCS clients accounted for varying proportions of the Census count, from 16% in Canberra East to 62% in the Woden Valley (Map 4).

Map 4: Comparison between 2016 ABS Census Indigenous population counts and Winnunga AHCS Aboriginal and Torres Strait Islander client numbers, 2016-2017



Client Contacts

- ◆ In 2016-2017 there were 52,844 occasions of service provided by Winnunga AHCS (excluding transport and administrative services). This was an increase of 17% from the 2015-2016 financial year (Figure 1).
- ◆ There were 3,808 transport episodes recorded.
- ◆ GPs provided 34% of services, followed by nurses (29%), Social and Emotional Wellbeing Workers (12%) and Aboriginal Health Workers and Practitioners (8%).
- ◆ The largest increase in service contacts was for Social and Emotional Wellbeing Workers and Drug and Alcohol workers (66% increase), followed by Aboriginal Health Workers and Practitioners (51% increase) (Figure 2).

Figure 1: Number of client contacts by financial year and provider type, 2012-2017

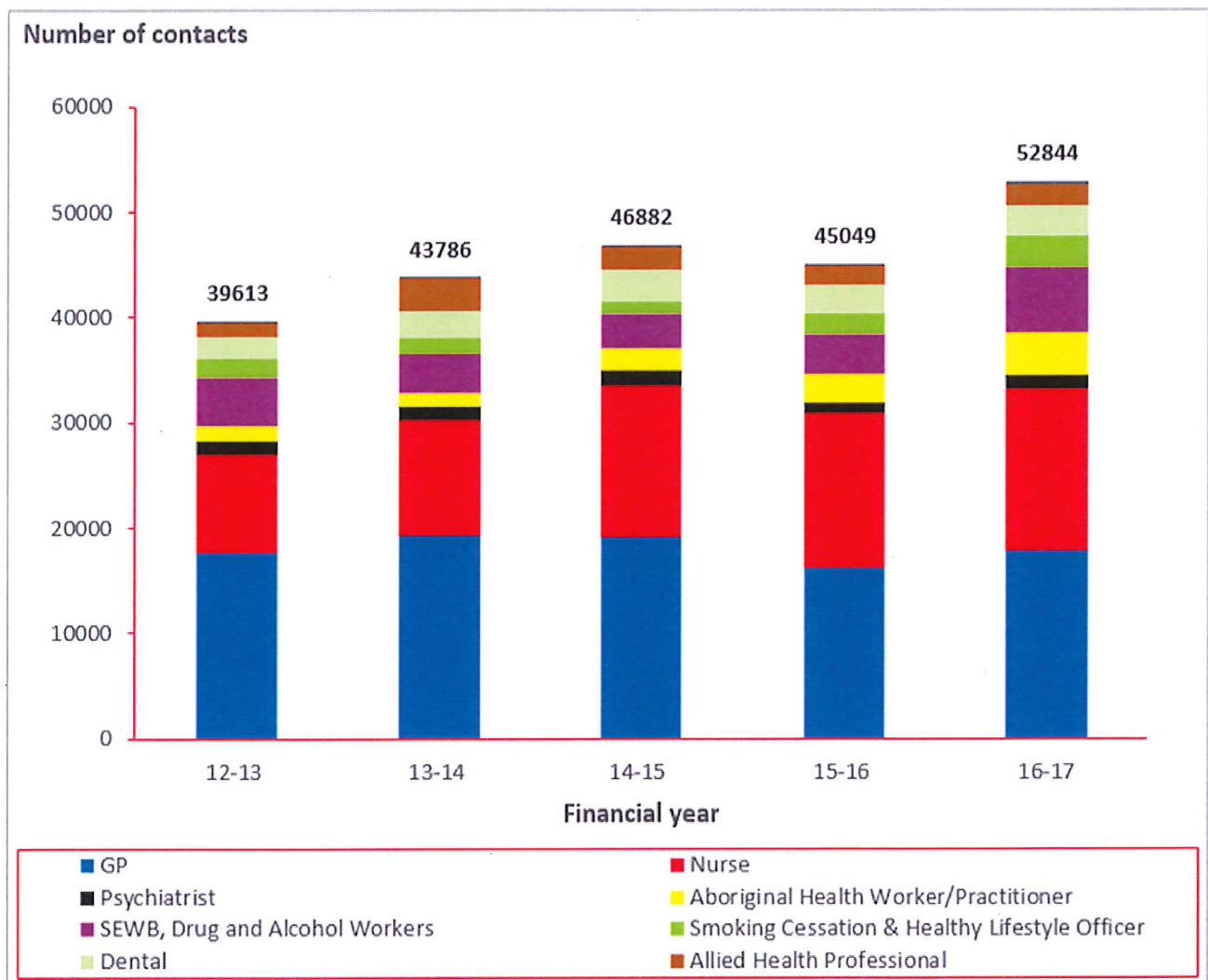
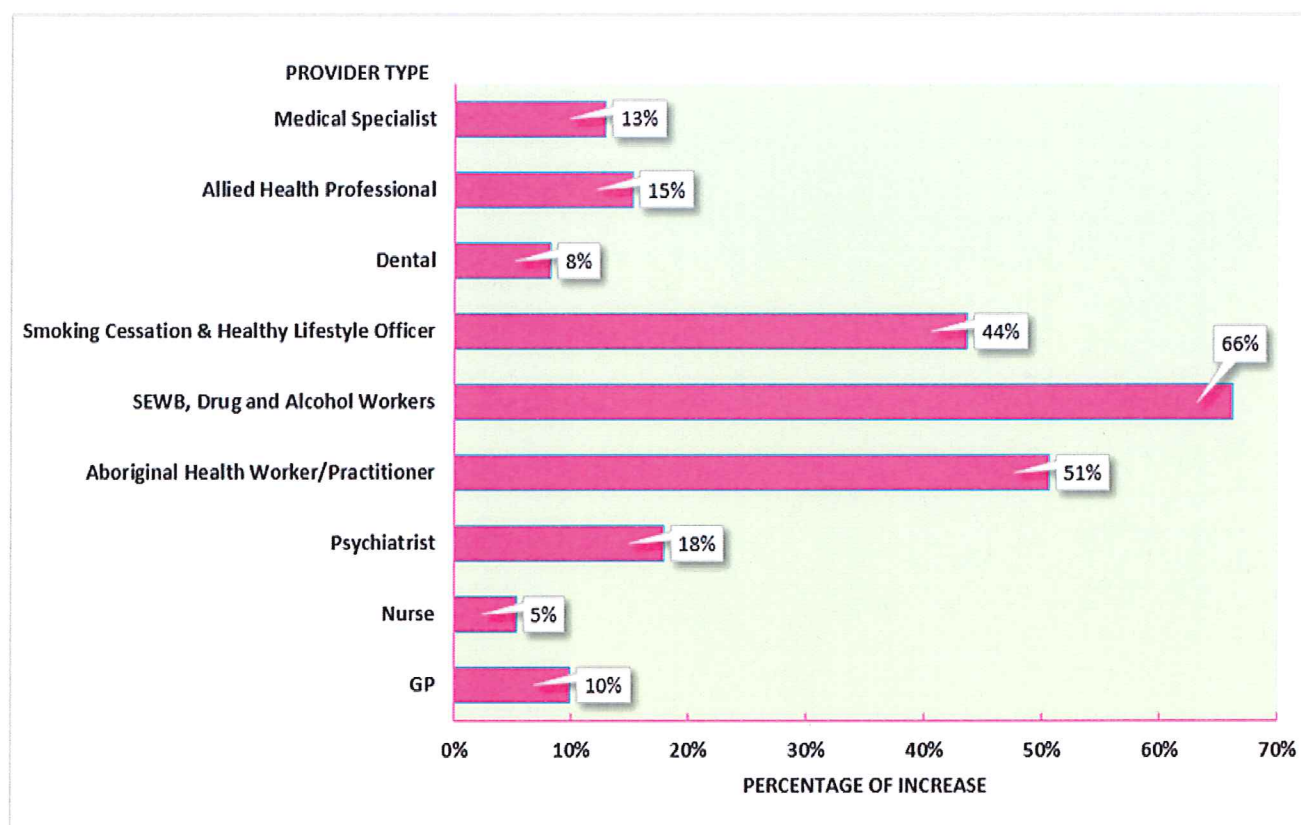


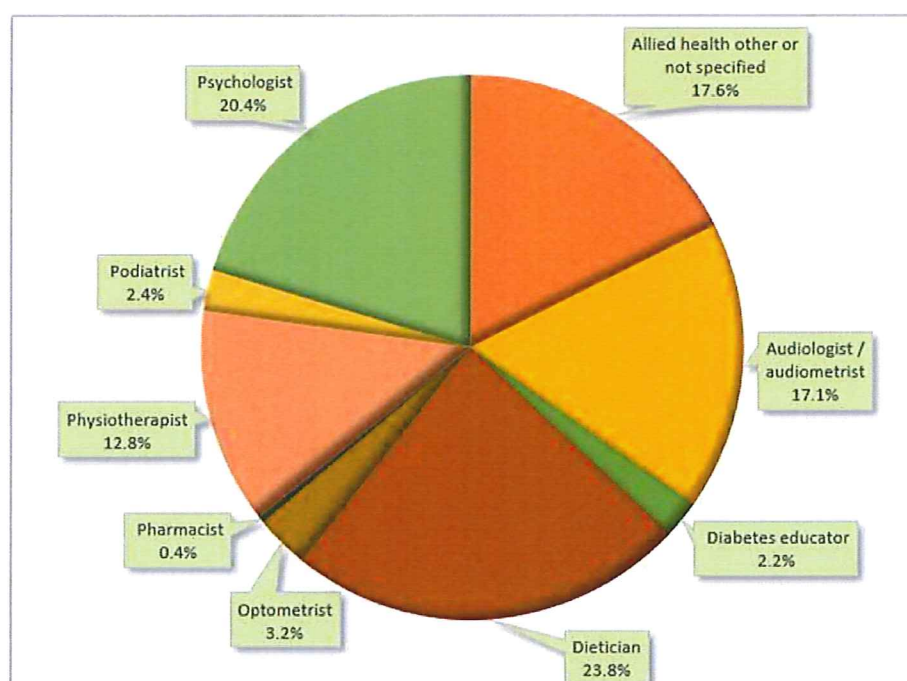
Figure 2: Increase in occasions of service from 2015-16 to 2016-17, by provider type



Allied Health and Medical Specialist Services

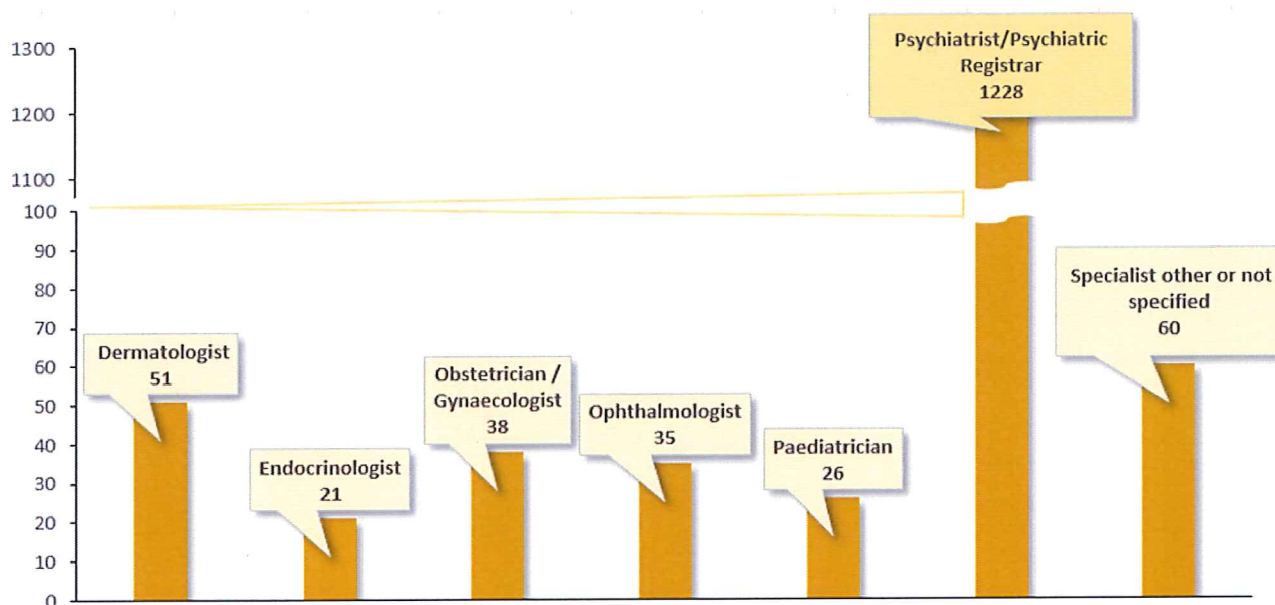
- There were 2,555 allied health provider contacts in 2016-2017, an increase of 15% from the previous financial year. This year we welcomed an optometry provider and increased our psychologist services (Figure 3).

Figure 3: Allied health client contacts by type of provider, 2016-2017



- Medical specialist client contacts also increased in 2016-2017. The largest medical specialist provider was psychiatry. Other visiting specialist providers were dermatology, obstetrics and gynaecology, ophthalmology, paediatrics, endocrinology, gastroenterology and general medicine (Figure 4).

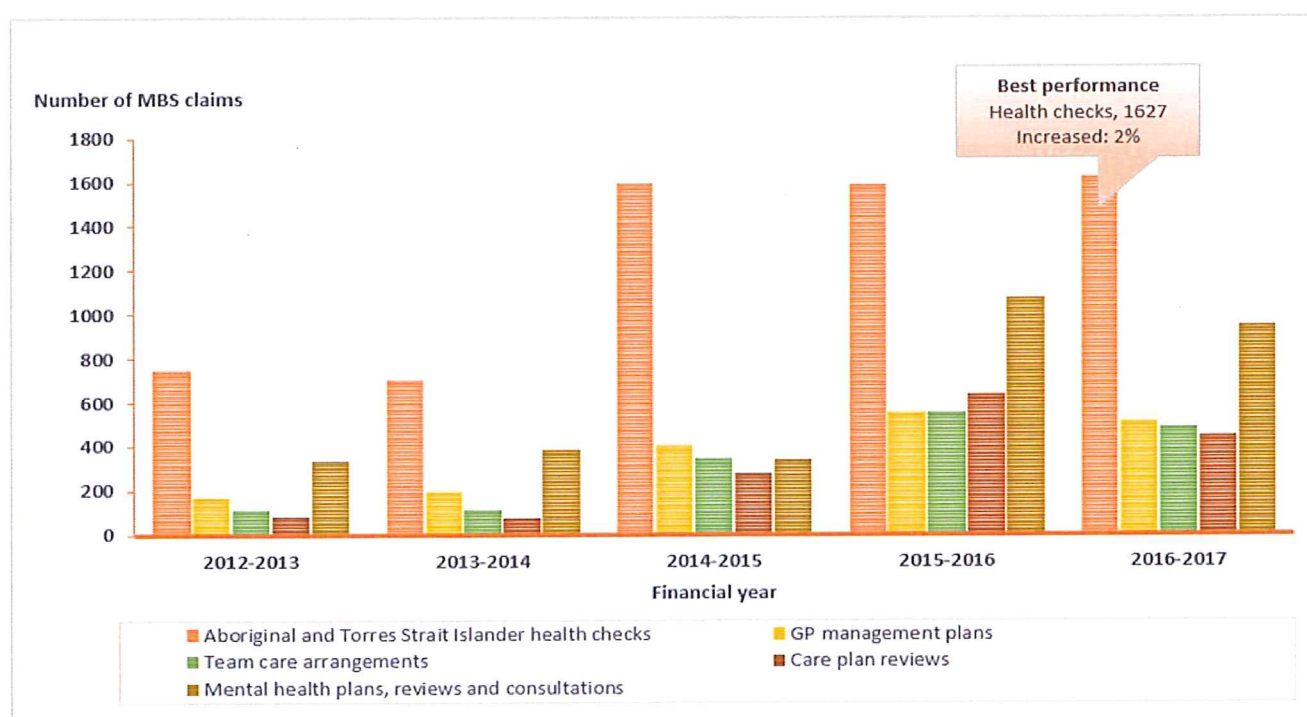
Figure 4: Medical specialist client contacts by type of specialist, 2016-2017



Health Checks, Care Plans and Case Conferences

- In 2016-2017 there were 1,627 Aboriginal and Torres Strait Islander health checks (Medicare Item 715) conducted by Winnunga AHCS, an increase of 2% from 2015-2016 (Figure 5).
- There were 215 case conferences recorded (MBS Items 735-58) an increase of 169% from 2015-16.

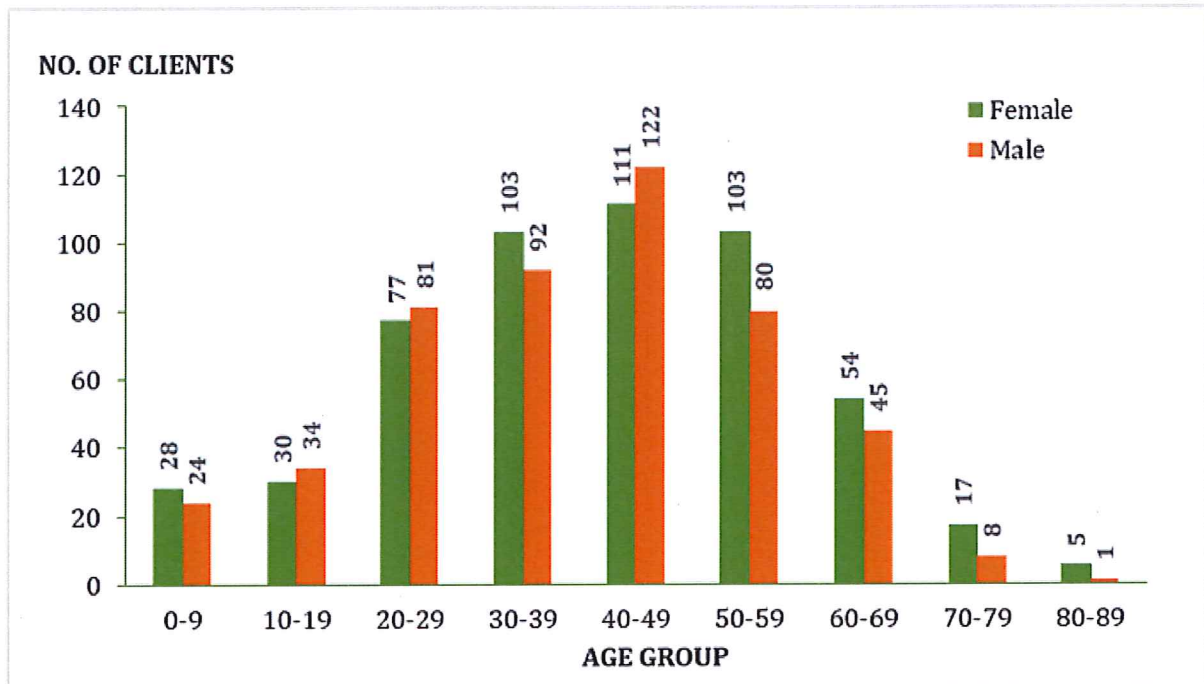
Figure 5: Aboriginal and Torres Strait Islander health checks, chronic disease management and mental health Medicare services, 2012-2017



Chronic Disease

- ◆ In 2016-17 there were 1,015 clients registered as having chronic conditions who visited Winnunga AHCS. 22,821 occasions of service were provided for these clients.
- ◆ 98% of registered chronic disease clients were Aboriginal and/or Torres Strait Islander, 52% were female and 49% were male.
- ◆ 86% of chronic disease clients visiting Winnunga AHCS were aged between 20 and 69 years (Figure 6).

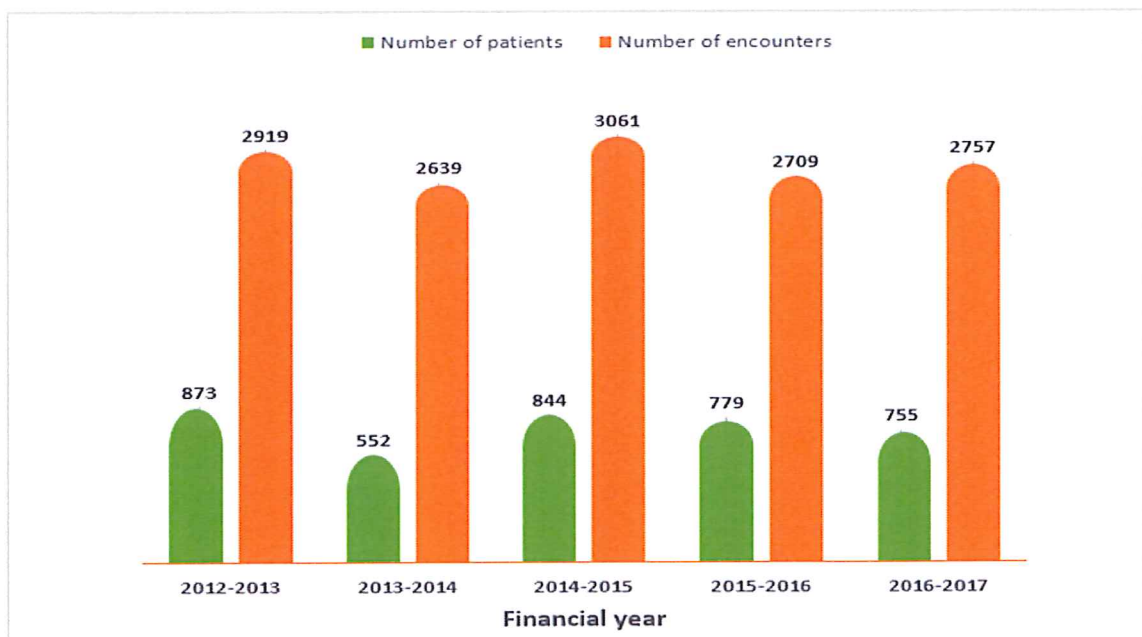
Figure 6: Chronic Disease clients visiting Winnunga AHCS in 2016-2017, by age group and sex



Dental Services

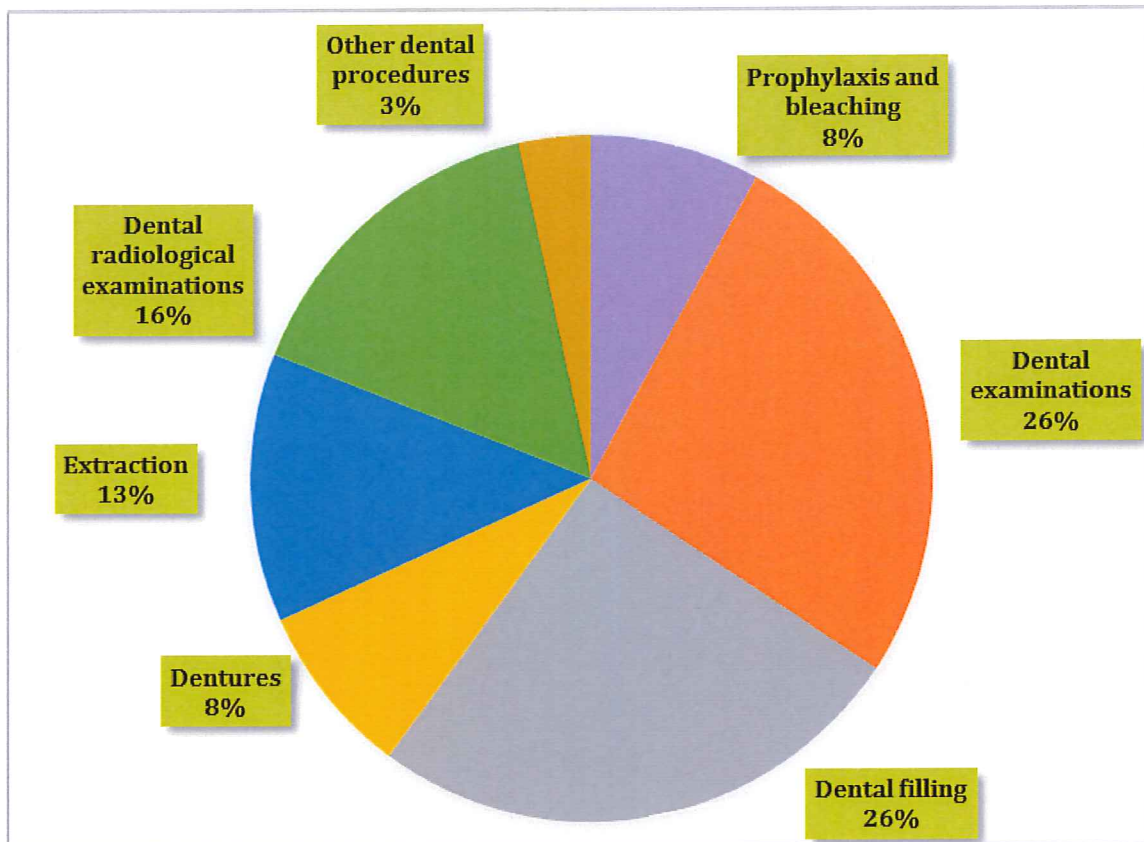
- ◆ In 2016-2017 the dental team provided 2,757 encounters of service to 755 clients (Figure 7).
- ◆ 1,896 dental procedures were conducted by dentists.

Figure 7: Dental services and client numbers, 2012-2017



- ◆ 26% of dental procedures were dental fillings and 26% were dental examinations (Figure 8).

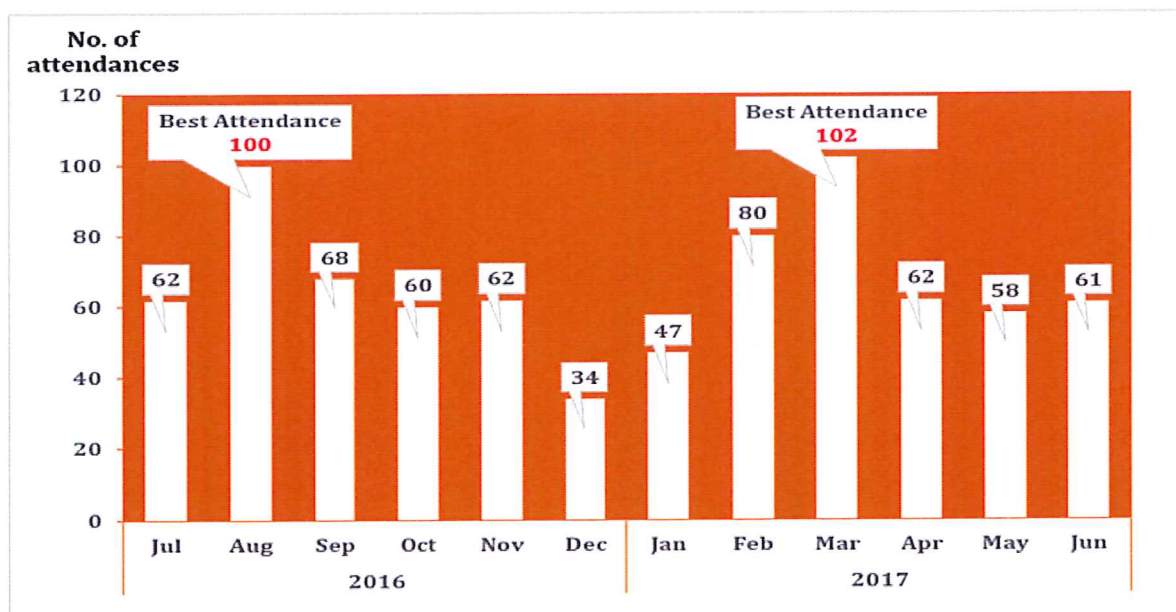
Figure 8: Types of dental services provided at Winnunga AHCS, 2016-2017



Healthy Weight Program

- ◆ 112 clients joined the Healthy Weight Program in 2016-2017.
- ◆ 109 Healthy Weight Program group activities were conducted, with 796 episodes of participation (Figure 9).
- ◆ 1,285 Healthy Weight Program encounters occurred for 127 clients.

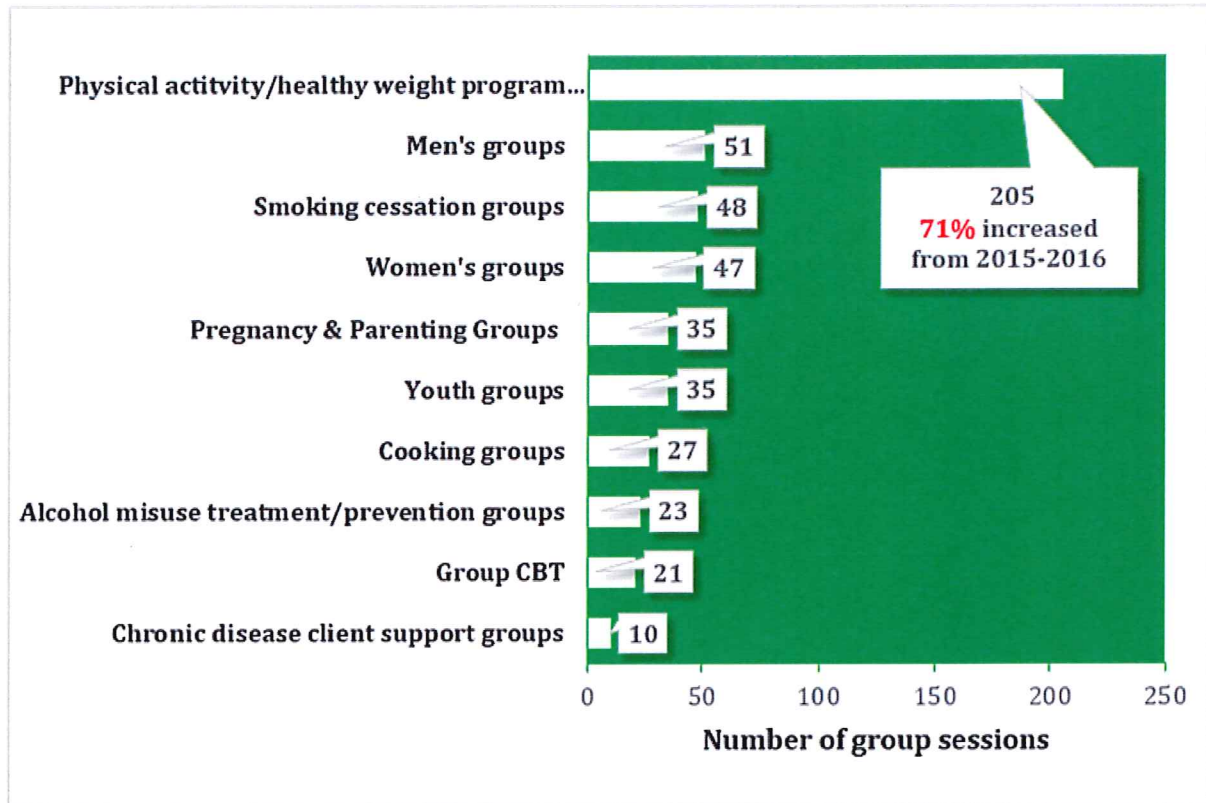
Figure 9: Healthy weight program group attendances by month, 2016-2017



Social Health Team Group Activities

- ◆ The Social Health Team conducted 502 group activities in 2016-17. This was an increase of 6% compared to the previous financial year (Figure 10).
- ◆ Physical activity and healthy weight program activities increased by 71%, while alcohol misuse treatment and prevention group activities increased by 28% compared to the previous financial year.
- ◆

Figure 10: Social Health Team group sessions, 2016-2017



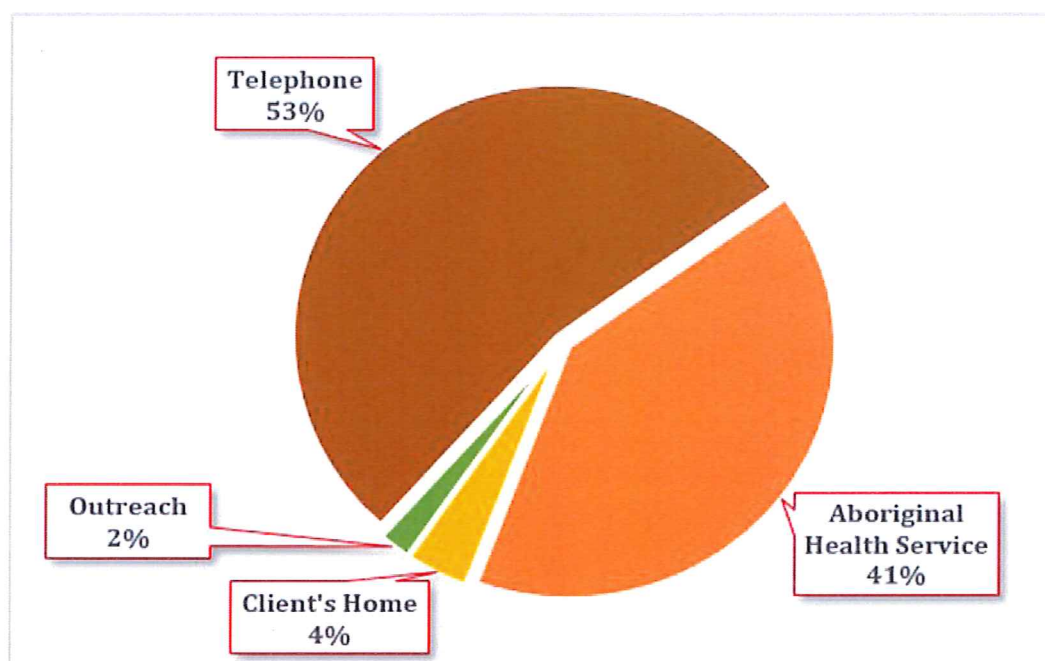
Prison Health and Wellbeing Services

- ◆ The Social Health Team provided 141 clients with 731 occasions of services at the Alexander Maconochie Centre and Bimberi Youth Detention Centre.
- ◆ The Social Health Team also conducted 18 group activities at Bimberi Youth Detention Centre, with 181 episodes of participation.

Smoking Cessation

- ◆ Winnunga Tobacco Control Workers provided 430 clients with 2,152 occasions of service in 2016-2017.
- ◆ Services were provided at Winnunga AHCS, in clients' homes, by telephone and in other locations (Figure 11).
- ◆ The Tobacco Control Workers also conducted 48 No More Boondah group activities in 2016-2017

Figure 11: Locations of services provided by Winnunga AHCS Tobacco Control Workers, 2016-2017

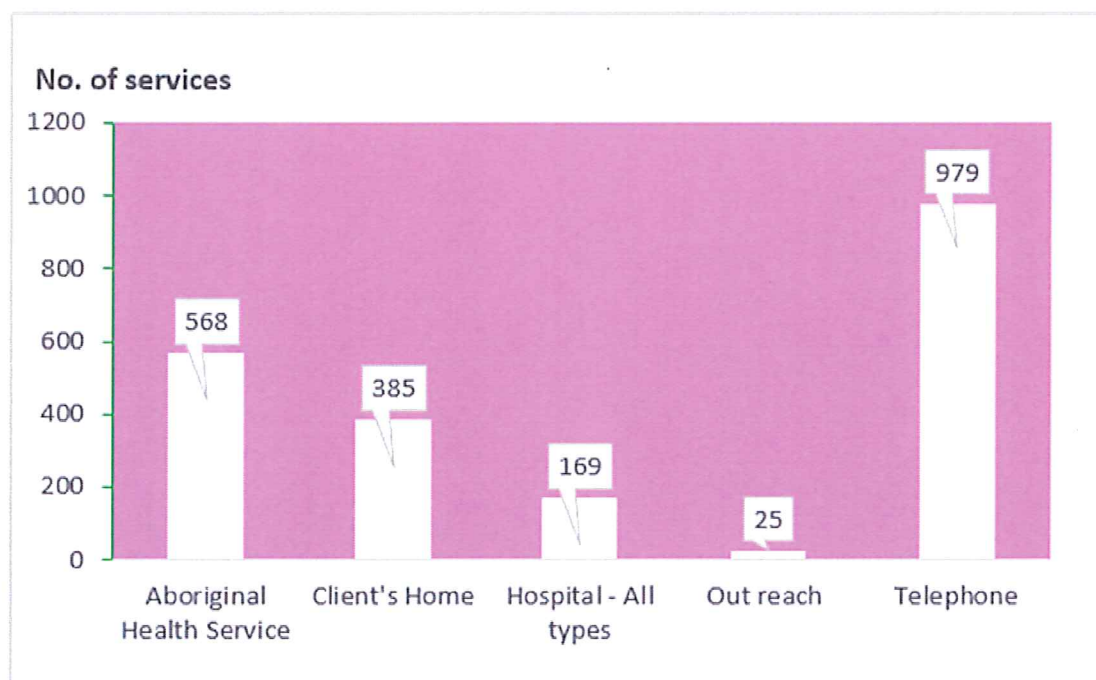


Midwifery Services

- ◆ The Midwifery Team provided 292 individuals with 2,126 episodes of care in 2016-2017.
- ◆ Antenatal care was provided to 95 women with 481 encounters.
- ◆ 49 births were recorded.
- ◆ 94% of babies had a normal birth weight and 6% had a low birth weight (<2500g).
- ◆ 73% of women recorded breastfeeding at birth.
- ◆ The midwifery team provided 385 home visits, 169 hospital services and 979 telephone services (Figure 12).



Figure 12: Locations of services provided by the Midwifery Team, 2016-2017



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Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN: 52 618 179 061

Board Report

We, the undersigned, being two members of the Board of the company state on behalf of the Board:

(a) that the Board of the Company during the year ended 30th June 2017 were:

Craig Ritchie	Chairperson
Shanaye Baxter	Deputy Chairperson
Alana Harris	Secretary/Public Officer
Ethel Baxter	Treasurer
Lynette Goodwin	Ordinary Member

(b) the principal activities of the Company during the year was the provision of health care services to members of the Aboriginal and Torres Strait Islander Community. There has been no significant change in the activities during the year.

(c) the net deficit of the Company for the year ended 30 June 2017 is \$2,189,265.

(d) that all grants received by the Company have been or will be expended in accordance with the purposes for which they were provided.


.....
(Board Member)


.....
(Board Member)

Dated in Canberra on: 29th August 2017.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN: 52 618 179 061

Auditor's Independence Declaration under Section 60-40 of the Australian Charities and Not for profits Commission Act 2012

To the Directors of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

As lead auditor for the audit of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd for the year ended 30 June 2017, I declare that to the best of my knowledge and belief, there have been:

- a. no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not for Profits Commission Act 2012* in relation to the audit; and
- b. no contraventions of any applicable code of professional conduct in relation to the audit.

MCS Audit Pty Ltd



Phillip W Miller CA
Director

Dated in Canberra on: 29 August 2017

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN: 52 618 179 061

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2017

	2017
	\$
Revenue	600
Employee benefit expenses	(2,182,730)
Other expenses	(7,135)
Profit before income tax	(2,189,265)
Income tax expense	-
Profit for the year	<u>(2,189,265)</u>

The accompanying notes form part of these financial statements.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN: 52 618 179 061

Statement of Financial Position

30 June 2017

	Note	2017 \$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	5	<u>5,237,570</u>
TOTAL CURRENT ASSETS		<u>5,237,570</u>
TOTAL ASSETS		<u>5,237,570</u>
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	6	6,346,318
Employee benefits	7	<u>889,820</u>
TOTAL CURRENT LIABILITIES		<u>7,236,138</u>
NON-CURRENT LIABILITIES		
Employee benefits	7	<u>190,697</u>
TOTAL NON-CURRENT LIABILITIES		<u>190,697</u>
TOTAL LIABILITIES		<u>7,426,835</u>
NET ASSETS		<u>(2,189,265)</u>
EQUITY		
Retained earnings		<u>(2,189,265)</u>
TOTAL EQUITY		<u>(2,189,265)</u>

The accompanying notes form part of these financial statements.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd
ABN: 52 618 179 061

Statement of Changes in Equity
For the Year Ended 30 June 2017

	Retained Earnings \$	Total \$
Balance at 1 July 2016	-	-
Deficit for current year	(2,189,265)	(2,189,265)
Balance at 30 June 2017	<u>(2,189,265)</u>	<u>(2,189,265)</u>

The accompanying notes form part of these financial statements.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN: 52 618 179 061

Statement of Cash Flows

For the Year Ended 30 June 2017

	Note	2017 \$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers		<u>5,237,570</u>
Net cash provided by/(used in) operating activities	11	<u>5,237,570</u>
Net increase/(decrease) in cash and cash equivalents held		5,237,570
Cash and cash equivalents at beginning of year		<u>"</u>
Cash and cash equivalents at end of financial year	5	<u>5,237,570</u>

The accompanying notes form part of these financial statements.

Winnunga Nimmitjiah Aboriginal Health and Community Services Ltd

ABN: 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2017

The financial report covers Winnunga Nimmitjiah Aboriginal Health and Community Services Ltd as an individual entity. Winnunga Nimmitjiah Aboriginal Health and Community Services Ltd is a not-for-profit Company limited by guarantee, registered and domiciled in Australia.

The functional and presentation currency of Winnunga Nimmitjiah Aboriginal Health and Community Services Ltd is Australian dollars.

1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012*.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of these statements are presented below and have been consistently applied unless otherwise stated.

The financial statements have been prepared on an accruals basis and based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

2 Summary of Significant Accounting Policies

(a) Income Tax

The Company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(b) Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

(c) Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

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

Grant revenue

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the entity obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN: 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(c) Revenue and other income

Grant revenue

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of profit or loss and other comprehensive income.

Interest revenue

Interest is recognised using the effective interest method.

(d) Goods and services tax (GST)

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

Receivables and payable are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

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

(e) Employee benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Annual leave entitlements are considered a short term benefit as the Company does not have an unconditional right to defer the settlement of these amounts in the event the employee wishes to use their leave entitlement. This is in accordance with AASB 119 Employee Benefits.

The liability for short term employee benefits is classified as current payables. The liability for long term employee benefits is classified as noncurrent provisions.

Employee entitlements from salaries, annual and long service leave which are expected to be settled within one year have been measured at determined salary rates and include on-costs. Long service leave entitlements, which are not expected to be settled within one year have been measured at the present value of the estimated future payments in relation to such entitlements.

Contributions are made to employee superannuation funds in compliance with government legislation and are recognised as expenses when incurred.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN: 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(f) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

(g) Financial instruments

Financial instruments are recognised initially using trade date accounting, i.e. on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity. Investments are classified as held-to-maturity if it is the intention of the Company's management to hold them until maturity.

Held-to-maturity investments are subsequently measured at amortised cost using the effective interest method, with revenue recognised on an effective yield basis.

Financial liabilities

Non-derivative financial liabilities are measured at amortised cost, comprising original debt less principal payments and amortisation.

(h) Impairment of non-financial assets

At the end of each reporting period the Company determines whether there is an evidence of an impairment indicator for non-financial assets.

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN: 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(h) Impairment of non-financial assets

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss.

(i) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment. Plant and equipment is measured on the cost basis. All other noncurrent assets are carried at written down value. The carrying amount of property, plant and equipment is reviewed annually by management to ensure it is not in excess of the remaining service potential of these assets.

Items of property, plant and equipment acquired for nil or nominal consideration have been recorded at the acquisition date fair value.

Land and buildings

Land and buildings are carried at cost or fair value based on periodic, but at least triennial, valuations by external independent valuers, less accumulated depreciation and impairment losses where applicable. In periods when the land and buildings are not subject to an independent valuation, the board members conduct internal valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the asset revaluation reserve in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading 'change in fair value of land and buildings'. All other decreases are recognised in profit and loss.

Plant and equipment

Plant and equipment items are recognised when their initial cost is greater than \$1,000 and are measured at cost, less (where applicable) accumulated depreciation and impairment losses.

Where applicable, the initial cost of plant and equipment assets includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to property leases taken up by the Company where there exists an obligation to restore the property to its original condition on cessation of the lease. The estimated restoration costs are included in the value of the company's office fittings and furniture, with a corresponding provision for 'make good' recognised.

Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the Company, commencing when the asset is ready for use.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN: 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(j) Change of Legal Structure to company limited by guarantee

At the 2016 Annual General Meeting, the members of Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Incorporated resolved to change the legal structure of the association to a company limited by guarantee. On 28 March 2017, Winnunga Nimmityjah Aboriginal Health and Community Services Limited was established with the intention of transferring all operations from the Incorporated Association to the company on 1 July 2017.

Due to the Australian Taxation Office deciding upon an immediate transfer of the Association's income tax exemption status, a partial transfer of operations was required on 28 March 2017. To ensure that the Association was able to comply with various taxation requirements, various employee related transactions were effected in the company during the period 28 March 2017 to 30 June 2017. As a result, Winnunga Nimmityjah Aboriginal Health and Community Services Ltd commenced operation during the 2017 financial year. It is intended to fully cease operation of Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Incorporated on 30 June 2017 and commence full operation of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd on 1 July 2017.

Notwithstanding the Company's deficiency in net assets in this year because of partial transfer from an Association to a Company, the financial report has been prepared on the going concern basis. In making this assumption regard has been given to all the aspects of the entity's business and the fact that all trading will commence in this company from 1 July 2017.

3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

4 Revenue and Other Income

	2017
	\$
- Donations	600
Total Revenue	600

5 Cash and Cash Equivalents

Cash at bank and in hand	5,237,570
	5,237,570

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN: 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2017

6 Trade and Other Payables

	2017
	\$
Current	
Warriors basketball	2,502
Sundry payables and accrued expenses	370,143
Related party payables	5,934,076
Other payables	126
Salary sacrifice & bills payable	10,149
Superannuation payable	29,322
	<u>6,346,318</u>

7 Employee Benefits

Current liabilities	
Long service leave	443,993
Provision for annual leave	445,827
	<u>889,820</u>
Non-current liabilities	
Long service leave	190,697
	<u>190,697</u>

8 Members' Guarantee

The company is incorporated under the *Australian Charities and Not for profits Commission Act 2012* and is a company limited by guarantee. Every member of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd undertakes to contribute to the property of the company if the company is wound up or upon dissolution of the company, or if the company's endorsement as a deductible gift recipient is revoked (whichever occurs first). The liability of members is limited to contributing not more than \$10 for payment of the company's debts and liabilities and of the costs of winding up. As at 30 June 2017 there were 5 members.

9 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2017.

10 Related Parties

(a) Transactions with related parties

Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Incorporated is a related party of the company, providing all the support to the newly formed company.

The company, Winnunga Nimmityjah Aboriginal Health and Community Services Ltd, was incorporated on 28 March 2017. All the transactions have been solely recorded in the Incorporated entity until 30 June 2017, except salary and wages related transactions which have been transferred to the newly formed company in addition to transfer of bank balance as at 30th June 2017. From 1 July 2017, all the transactions will be carried on by the newly formed company.

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

ABN: 52 618 179 061

Notes to the Financial Statements

For the Year Ended 30 June 2017

11 Cash Flow Information

(a) Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

	2017
	\$
Profit for the year	(2,189,265)
Changes in assets and liabilities:	
- increase/(decrease) in trade and other payables	6,346,318
- increase/(decrease) in employee benefits	1,080,517
Cashflows from operations	<u>5,237,570</u>

12 Events after the end of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

13 Statutory Information

The registered office of and principal place of business of the company is:

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd
63 Boolimba Crescent
Narrabundah ACT 2602

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

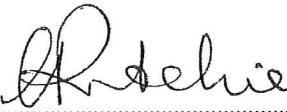

ABN: 52 618 179 061

Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Responsible person  Responsible person 

Dated this 29th day of August 2017

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

Independent Audit Report

To the Members of

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

Report on the Audit of the Financial Report

Opinion

I have audited the financial report of Winnunga Nimmityjah Aboriginal Health and Community Services Ltd (the Company), which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the declaration by those charged with governance.

In my opinion, the accompanying financial report has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2017 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. I am independent of the Company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other Information

The directors are responsible for the other information. The other information obtained at the date of this auditor's report is included in, but does not include the financial report and our auditor's report thereon.

My opinion on the financial report does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial report, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed on the other information obtained prior to the date of this auditor's report, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as management determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting

unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

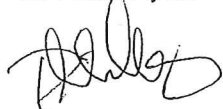
My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an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

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

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

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

MCS Audit Pty Ltd



Phillip W Miller CA
Director

Unit 1/37 Geils Court, Deakin ACT 2600

Dated this 29th August day of August 2017

**WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC HEALTH SERVICE (ACT) INCORPORATED
AND
WINNUNGA NIMMITYJAH ABORIGINAL HEALTH AND COMMUNITY SERVICE LTD
SUMMARY OF OPERATING RESULTS FOR THE YEAR ENDED 30 JUNE 2017**

STATEMENT OF PROFIT AND LOSS	INC	LTD	TOTAL
INCOME	10,052,250	600	10,052,850
EXPENDITURE	7,534,329	2,189,865	9,724,194
SURPLUS / (DEFICIT)	<u>2,517,921</u>	<u>-2,189,265</u>	<u>328,656</u>
 STATEMENT OF FINANCIAL POSITION	 INC	 LTD	 TOTAL
ASSETS			
CURRENT ASSETS			
CASH AT BANK	1,000	5,237,570	5,238,570
INTER COMPANY LOAN	5,934,075	-5,934,075	0
RECEIVABLES	116,869		116,869
OTHER	183,429		183,429
TOTAL CURRENT ASSETS	<u>6,235,373</u>	<u>-696,505</u>	<u>5,538,868</u>
NON CURRENT ASSETS			
PROPERTY PLANT AND EQUIPMENT	2,708,877		2,708,877
TOTAL ASSETS	<u>8,944,250</u>	<u>-696,505</u>	<u>8,247,745</u>
 LIABILITIES			
CURRENT LIABILITIES			
CREDITORS AND ACUALS	324,175	412,243	736,418
GRANTS IN ADVANCE	787,500		787,500
PROVISIONS	70,774	889,820	960,594
OTHER	246,015		246,015
TOTAL CURRENT LIABILITIES	<u>1,428,464</u>	<u>1,302,063</u>	<u>2,730,527</u>
NON CURRENT LIABILITIES			
PROVISIONS	0	190,697	190,697
TOTAL NON CURRENT LIABILITIES	<u>0</u>	<u>190,697</u>	<u>190,697</u>
TOTAL LIABILITIES	<u>1,428,464</u>	<u>1,492,760</u>	<u>2,921,224</u>
NET ASSETS	<u>7,515,786</u>	<u>-2,189,265</u>	<u>5,326,521</u>
 EQUITY			
RESERVES	1,000,001		1,000,001
ACCUMULATED FUNDS	5,429,975	-2,189,265	3,240,710
ACCUMULATED GRANT FUNDS	1,085,810		1,085,810
TOTAL EQUITY	<u>7,515,786</u>	<u>-2,189,265</u>	<u>5,326,521</u>

NOTES

As a result of the 2016 AGM resolution to convert Winnunga from an Incorporated Association to a company, Winnunga operated for part of the year as an incorporated association (INC) and for part of the year as a company limited by guarantee (LTD). Above is a summary of the activities of both structures and the total column illustrates the combined activities for both structures for the year ended 30 June 2017.