



Annual Report 2008/2009



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Key Result Areas

One: Striving for best practice in everything we do.

Two: Develop Aboriginal leadership.

Three: Consolidate Maari Ma's social and community programs as a core part of our business.

Four: Address the implications of increasing growth and maturing of our organisation.

Five: Developing and maintaining partnerships and mainstream engagement.

Note: Copies of the full Strategic Plan document are available from the Regional Office or can be downloaded from www.maarima.com.au



Maari Ma Board Level Strategic Direction

Families, Individuals and Communities Achieve Good Health



Vision Statement

Aboriginal people live longer and close the gap – families, individuals and communities achieve good health, wellbeing and self-determination, supported by Maari Ma.

Purpose

Maari Ma has existed for a decade now, more if the time leading to our establishment is counted. The Strategic Plan is for the Maari Ma Board to provide the direction for the Corporation over the next five years.

Much has been achieved. We have improved the access of our people to health services and their treatment by them. We have set up and run our own primary health clinic in Broken Hill and increased the employment of our people in health services.

In 2007 Maari Ma won the NSW Minister for Health Award for our Management Agreement with the Area Health Service under which Maari Ma runs local health services in our remote communities. We also won the 2007 National Excellence in Indigenous Health Award for the same agreement. Our chronic disease strategy was one of the first in NSW and continues to define our leadership in Aboriginal health. Our people talk about health more and they have higher expectations of health services, including our own.

But there remains much to do. We want to continue as leaders in developing the health of our people: especially in adult chronic disease, in maternal and child health and in social and emotional wellbeing. We know that we need to continue with very basic services without which our people do not access health.

We want to continue to define our relationships by respect and honesty, with our partners and with our communities. We want to attract more of our people to careers in health and to participate in our community activities. We want to partner with the leaders in Aboriginal health across the nation.

We also want to build on our leadership in health service development to explore other aspects of our healing.

As Aboriginal people we need to build on our knowledge of land, culture and family and to use that knowledge to provide opportunities for healing and building strength. We want to support our young people to understand and operate in the mainstream community, safe and secure in their knowledge of who they are and where they come from.

We know that we are the only people who can tackle our own problems and create our own future. Maari Ma wants to play its part in doing this.

Our Role

Maari Ma is a leader and a partner, winning respect and showing it to clients, community and other organisations, and providing services that reflect best practice to the communities in our region.

**We have improved the access
of our people to health services
and their treatment by them.**



Our Board



The Maari Ma Board is democratically elected from 7 communities around the region. Board members are from Broken Hill, Ivanhoe, Balranald, Menindee, Wilcannia and Wentworth shires, and Tibooburra for the unincorporated area. Elections are held every three years with the most recent in 2007.

Board members are key representatives of their communities. They are responsible for setting the strategic direction for Maari Ma and for raising the issues of their communities to be addressed by executive staff. At least six meetings are held per year

at which members receive reports from all senior staff including a financial report. The Board takes seriously its corporate governance role and has a strong commitment to financial accountability.

Board members, both individually and collectively, bring to Maari Ma many years of experience in Aboriginal corporations. This experience has helped shape the organisation and ensures that Maari Ma maintains its focus on community needs.



Maureen O'Donnell is a Baarkintji elder belonging to the Wilyakli language group. Maureen is the current Chairperson of Maari Ma. Maureen lives in Broken Hill and is from a family of 9, she is a grandmother of 47 children and great grandmother to 13 children. Maureen has worked in Aboriginal affairs tirelessly campaigning for equality for Aboriginal people. Maureen is also the Chairperson of the Broken Hill Local Aboriginal Land Council and is on the Board of Management for the Mutawintji National Parks and Wildlife Service. Maureen is a past member of the Western Aboriginal Legal Service where she was the chairperson for 10 years. Maureen commenced her role with the Maari Ma Board in 1997.



Des Jones is a Mooriwarri man born in Brewarrina NSW and currently resides in Wentworth. Des is the Deputy Chairperson of Maari Ma. Des holds Board positions with other organisations as well - Des is chairperson of the Itha Mari Development Company and a Board member of the Murdi Paaki Regional Housing Corporation. Des has strong interest in Aboriginal economic development, revival of Aboriginal culture, language maintenance

and sites protection. Des likes to meet and socialise with people and has a keen interest in sports and seeing and supporting people of all ages to participate in their chosen sports. Des would also like individuals and families to benefit from better services and lead healthy lifestyles. Des commenced his role with the Maari Ma Board in 1996.

The Maari Ma Board is democratically elected from 7 communities around the region.



Gloria Murray is a Baarkintji elder residing in Balranald. Gloria is currently a member of the Balranald Health Advisory Committee, Balranald Indigenous Committee and Balranald Inc. Gloria undertakes various community development consultation roles as a community member and is a strong advocate in supporting Aboriginal people involved in the legal system. Gloria is also a strong campaigner in lobbying government agencies in providing suitable, appropriate and affordable accommodation for Aboriginal people. Gloria commenced her role with the Maari Ma Board in 1998.



Fay Johnstone is a Ngayampaa – Baarkintji woman residing in Ivanhoe. Fay has been employed for 26 years as an Aboriginal Education Assistant with the Department of School Education and is based at the Ivanhoe Central School. Fay is also the Chairperson of the Ivanhoe Aboriginal Community Working Party, a member of the Ivanhoe Health Advisory Council and is a board member of the Mount Grenfell Historic Site Management Committee. Fay is a past Director of the Murdi Paaki Regional Housing Board and of the Western Aboriginal Legal Service. Fay commenced her role with the Maari Ma Board in 1998.

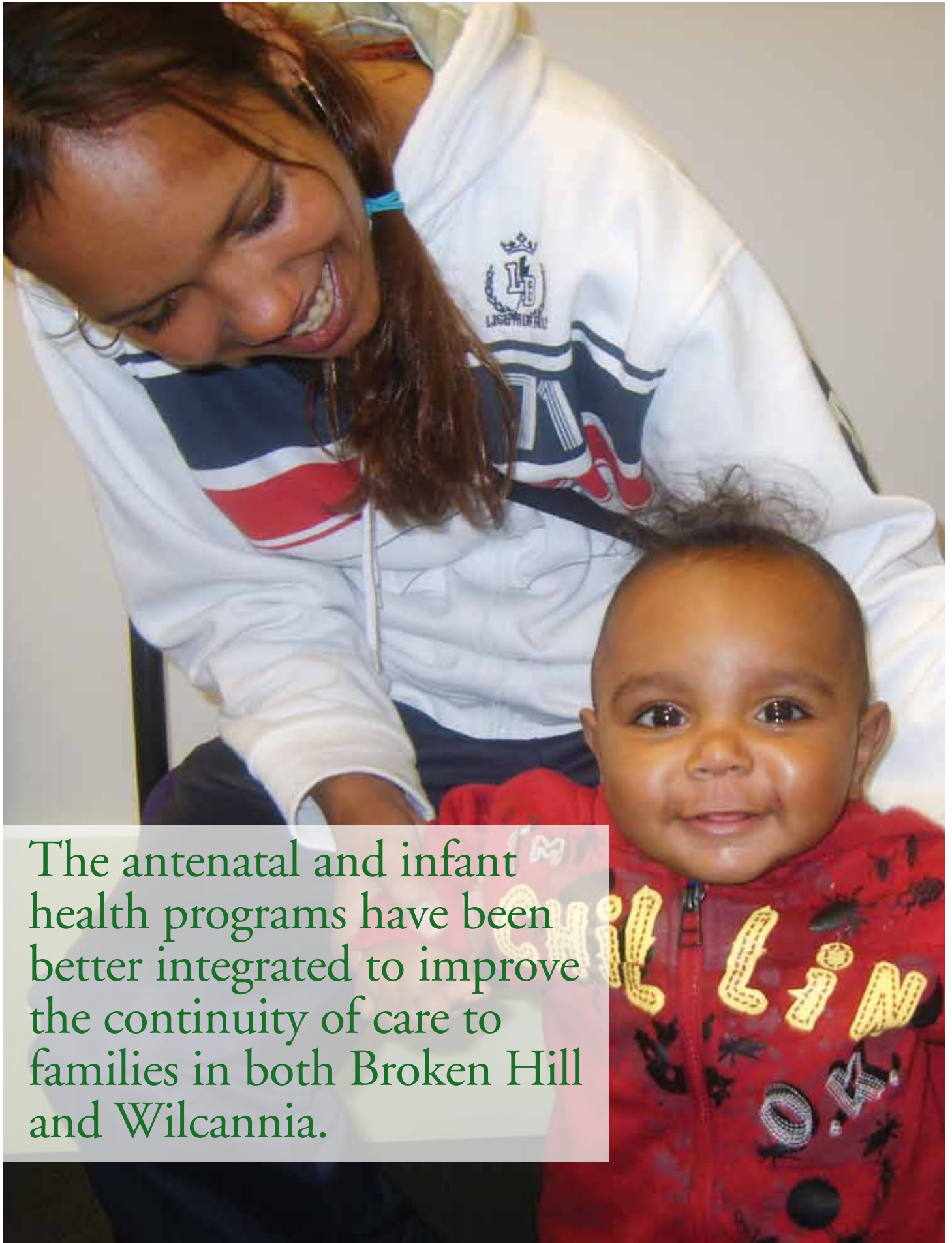


Cheryl Blore is a Baarkintji woman who resides in Menindee. Cheryl has been employed for 25 years as an Aboriginal Education Assistant with the Department of School Education and is based at the Menindee Central School. Cheryl has been involved with the Menindee Local Aboriginal Land Council for the past 26 years, holding positions as secretary and chairperson. Cheryl is now on the new Board of Management for Menindee Local Aboriginal Land Council, Menindee Health Advisory Council and the Menindee Central School Committee. Cheryl has a keen interest in education, Aboriginal culture and the health of Aboriginal people. Cheryl commenced her role with the Maari Ma Board in 2006.



Warlpa Thompson is a Pantjikali man. Warlpa has a particular interest in language and culture and has worked at Mutawintji and other national parks in the region. Warlpa is an active member of the Wilcannia community, involved in various cultural, political, social and sporting activities. Warlpa was employed by the Fred Hollows Foundation as the Indigenous Project Coordinator for Far Western New South Wales. Warlpa was also employed by the Wilcannia Central School. Warlpa is also the immediate past chairperson of the Wilcannia Community Working Party. Warlpa commenced his role with the Maari Ma Board in 2006 and resigned effective June 2009.





The antenatal and infant health programs have been better integrated to improve the continuity of care to families in both Broken Hill and Wilcannia.

I would like to thank all Maari Ma staff for their commitment and hard work over the past year

Chairperson's Report



Implementing Maari Ma's Chronic Disease Strategy continues as core business for our organisation and we have successfully recruited two extra GPs and chronic disease case managers in the northern part of our region. This has allowed the Maari Ma Primary Health Care Service to extend services to meet the growing population of Indigenous people in Broken Hill.

Services in the south of our region continue to be a challenge for the Board in regard to accessing funding so that Aboriginal people in our southern communities can have access to the same quality services as those in the north. We will continue to pursue all opportunities that become available to strive to enhance services for Aboriginal people in the south.

A significant development in Maari Ma has been the establishment of the Social and Community Programs stream which brings together our existing programs focusing on youth activities including WINGS and Night Patrol in Wilcannia, YEAH in Broken Hill and YAP in Dareton. These important community based programs are now embedded in the structure of Maari Ma in a way where we can provide support for them to continue and grow.

Maari Ma is committed to developing our workforce and nurturing Indigenous Leadership. A Workforce Development Day for all staff was held in March and a formal plan will be prepared.

Our negotiations with the ILC (Indigenous Land Corporation) regarding Haythorpe continue and we are hopeful that an agreement can be reached in the near future.

The Maari Ma representative for Wilcannia, Warlpa Thompson, has moved on. I would like to extend my best wishes to him and his family, and thank him for being a strong advocate for his community and for Maari Ma Health.

I would like to acknowledge and thank Richard Weston, our former Regional Director, for his hard work and commitment in the years he has worked with Maari Ma. Richard has taken the role of CEO for the Aboriginal & Islander Community Health Service in Brisbane and we know that they will benefit greatly from his knowledge and experience.

On behalf of the Board of Directors I would like to thank all Maari Ma staff for their commitment and hard work over the past year. Your work contributes to a more positive future for our Aboriginal communities.

I would also like to thank my fellow Directors for their support to me as Chairperson and for their commitment to Maari Ma Health Aboriginal Corporation.

Maari Ma is committed to developing our workforce and nurturing Indigenous Leadership.

Maureen O'Donnell
Chairperson



Chief Executive Officer's Report



Maari Ma Health has had a very productive and busy year with a number of new partnerships and the ongoing implementation of the Chronic Disease Strategy. In addition, a Maari Ma Members' meeting this year approved a new constitution for our organisation, which will guide us into the future. This was a requirement of the new Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act). Under the CATSI Act, laws governing Indigenous corporations have been modernised while still retaining the special measures to meet the specific needs of Indigenous people.

Chronic Disease Strategy and ABCD Results.

Our services have been enhanced by the recruitment of more GPs and case managers which have allowed the organisation to establish quarantined chronic disease GP lead multidisciplinary team care. We will shortly conclude our fifth round of audits and systems assessments under the Audit and Best Practice in Chronic Disease (ABCD) project. This continues to be an excellent means of engaging with staff across the region about the services we deliver, how these services stack up against a best practice yard-stick and how we can improve services. It is always pleasing to hear how engaged local staff are in shining a bright light onto service delivery and how much we all learn from the experience. It makes Continuous Quality Improvement into a very real and achievable activity that has positive benefits for all our communities.

Partnerships

Kanyini Partnership - A significant development that occurred this year was Maari Ma's formal involvement in the Kanyini Vascular Collaboration, a research partnership involving the Baker Heart Research Institute in Alice Springs, the George Institute for International Health in Sydney and a number of leading Indigenous primary health service organisations across Australia, including ourselves. The research program will help us to better understand why Aboriginal people at risk of diabetes, heart and kidney disease are missing out on best practice care and what we can do to improve this situation, as well as to help us work out how to keep our people healthy in the first place.

A significant development that occurred this year was Maari Ma's formal involvement in the Kanyini Vascular Collaboration.

Social and Community Programs and the Fred Hollows Foundation - The Social and Communities Programs stream, which brings together our existing youth programs, has been a significant development for our organisation and is now embedded in the structure of Maari Ma in a way where we can provide support for them to continue and grow. Our partnership with the Fred Hollows Foundation providing joint sponsorship of the programs continues to strengthen and the funding offered through this partnership will make a considerable difference in the long term viability of these programs.

Murdi Paaki Alcohol and Other Drugs (AOD) services - During the year Maari Ma continued to work with our partners at The Lyndon Community (drug and alcohol service based at Orange) to develop a regional model for the delivery of AOD services. Agreement on a model has secured additional funding to increase AOD services for Aboriginal people in our region.





Far West Child Development and Wellbeing Group -The Far West Aboriginal Child Development and Wellbeing Group has continued to meet with the recent addition of a representative from the Department of Aboriginal Affairs. We have taken the opportunity of canvassing the group's vision and strategic direction with a wide variety of people this year: the Governor of New South Wales, Professor Marie Bashir AC, CVO; the Minister for Community Services, the Hon. Linda Burney MP; the Director General of NSW Department of Aboriginal Affairs, and representatives from the Federal

Government's Families, Housing, Community Services and Indigenous Affairs Department. We have been to see a number of community-based activities in place such as Cafe Enfield in Adelaide and Connect Redfern in Sydney. We continue to pursue opportunities to fund this vision to improve outcomes for Aboriginal children in our region.

Senior Management Changes

In February we welcomed Lesley Woolf to the position of Health Services Manager for the Maari Ma region. Lesley has come to us with a wealth of experience in the area of health. She has been working closely with the Greater Western Area Health Service (GWAHS) General Manager Remote Cluster and supporting our local Health Service Managers on a range of changes that GWAHS has undertaken in the area.

I would like to acknowledge the contribution of Steve DeBono (former Health Services Manager) to the development and direction of Maari Ma. Steve had been with the organisation from its very early days and was a key person in engaging with local Health Service Managers in regards to the Chronic Disease Strategy and its implementation.

The past nine months have seen some changes in the way Maari Ma manages our primary health care services in Broken Hill and Wilcannia. Margaret-Ann Cook now manages the day to day operations of both services and is assisted by two registered nurses who look after the clinical components. This appears to be working quite well and this structure also allows us to utilise Margaret-Ann's immense experience in primary health care to continue to develop and implement our Chronic Disease Strategy.

Finally, I would like to thank Richard Weston (former Regional Director) for his time and commitment to the health and development of the communities of the Maari Ma region. After ten years at the helm Richard left the organisation at the start of the year to further advance his career in Queensland. Recruitment is currently being finalised and under Maari Ma's new constitution the position will be called Chief Executive Officer.

I have enjoyed my time as Acting Chief Executive Officer and look forward to continue working closely with the Board of Directors and staff of Maari Ma to get better health outcomes for our communities.

William Johnstone
Acting Chief Executive Officer

Nola Whyman
Acting Director Operations





It is always pleasing to hear how engaged local staff are in shining a bright light onto service delivery and how much we all learn from the experience.

The commitment to improve the way we work together, to see real advances for Aboriginal children, was genuine amongst all who have seen the presentation

Far West Aboriginal Child Development and Wellbeing Strategic Framework



Maari Ma's Chronic Disease Strategy is built on a firm belief and documented evidence that many of the conditions and behaviours that lead to chronic disease start in childhood. To keep well, disease needs to be prevented and that means learning healthy behaviours from an early age. The Healthy Start program, which began in 2006, is integrating well into communities in the Maari Ma region and, through education and involvement, families are understanding how important learning in the early years is for establishing the foundation for a child's future health, development and social wellbeing.

However it was obvious that focusing on health alone in the early years would not overcome the disadvantage which was evident amongst Aboriginal children in the region; action to address this would require a broader, more unified approach than was occurring. In 2008, we engaged Associate Professor Dr Garth Alperstein from the University of Notre Dame, Sydney to help further develop our child health strategic direction. He presented the evidence-based research behind strategies and programs aimed to improve the overall wellbeing and social outcomes of all children to a broad cross section of children's service providers in the region. The commitment to improve the way we work together, to see real advances for Aboriginal children, was genuine amongst all who have seen the presentation.

A group comprising a cross section of government and non government representatives from child education, welfare and health was formed. It is called the Far West Aboriginal Child Development and Wellbeing Group and they developed a framework which would bring all agencies together to work towards one goal – improvements in development and wellbeing for Aboriginal children.

The Aboriginal Child Development and Wellbeing Strategic Framework was launched in April 2009 to another forum of children's services providers. Its goal is to optimise the development of Aboriginal children and their families from pregnancy to school entry in Broken Hill, Central Darling, Wentworth, and Balranald Shires and the Unincorporated Far West. It clearly maps out what all organisations need to do to improve child development and wellbeing. The Framework emphasises that effective prevention, promotion of health and wellbeing, and early intervention will require:

- better networking between services, and joint planning and implementation of strategies;
- the organisation of services around the needs of families with young children, not the needs of the provider, a particular program, or the organisation;
- a move beyond the static model of risk to one based on a life course perspective, in particular early life factors;
- good communication between organisations and the families and children with whom they work;
- joint monitoring and evaluation of strategies implemented.

The Aboriginal Child Development and Wellbeing Strategic Framework was launched in April 2009.





The launch of the Framework has meant work can now begin at the local level in each community to improve collaboration on the Framework's 'best buys' which are;

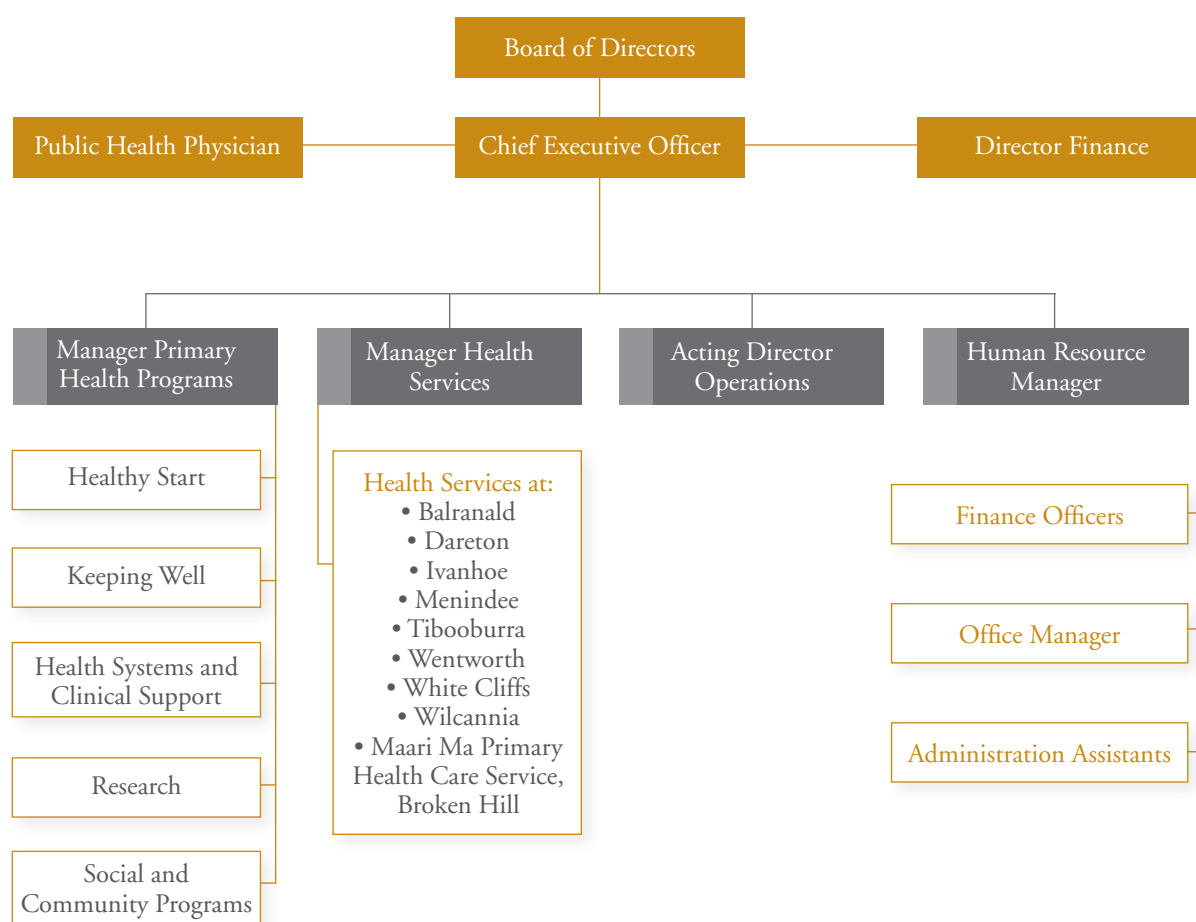
- early literacy,
- parenting programs,
- early childhood education and
- community development.

The challenge of creating sustainable systems that support multi-sectoral collaboration over long periods of time requires effort and commitment. As well as commitment from local service providers, the rate of progress will be dependent on more equitable Commonwealth and State funding for primary level health services and funding for services in the remote communities of far western NSW. The Framework is directly aligned with Commonwealth and State commitments, via the Council of Australian Government (COAG), to six Closing the Gap targets which were announced at the end of 2008 regarding life expectancy, child mortality, access to early childhood education, reading, writing and literacy, attainment of year 12 and employment outcomes.

The Framework reflects Maari Ma's ongoing commitment to work in partnership with communities and all the other agencies that have an influence on child development and wellbeing, and we will continue our efforts to be guided by the inspirational words of Indian political and spiritual leader Mahatma Gandhi - "The future depends on what we do in the present". We all have a role to play in closing the gap between Aboriginal and non-Aboriginal Australians, particularly in our region. By working better together, it is hoped we will see our combined efforts having a positive impact on outcomes for our children.



Organisation Chart





In 2007, Maari Ma won the Minister for Health Award for our Management Agreement with the Area Health Service.

More women are accessing health services earlier in their pregnancy than previously, giving them the best possibility of a healthy pregnancy and healthy baby

Health Services' Report, Maari Ma Region



Primary Health Programs

The framework of the Chronic Disease Strategy continues to guide and inform the work of our teams across the region. It is pleasing to see this whole-of-life course approach is being adopted more broadly across the health system, underlining Maari Ma's advanced approach to the delivery of primary health services.

Healthy Start

The Healthy Start program has been developed to give children the best possible start to a chronic-disease-free life. This starts by education at pre-pregnancy, continues during pregnancy, with good antenatal care and information for the mum-to-be about how to stay healthy, and then through regular interactions with the family and baby in the early years of life: helping families to recognise and make healthier choices. Linking antenatal care with the early years of life is known to be a positive step to improved care and so Healthy Start team members are working towards being better able to provide a smooth transition for pregnant women and their families during pregnancy and after birth.

Clinicians working across the region who are studying towards a Graduate Diploma in Child and Family Health from Charles Darwin University with Maari Ma's support are adding considerably to their knowledge and their ability to assist the families in their communities. A second intensive block of lectures for students from the Maari Ma region was provided in Broken Hill with an invitation to a broad range of local service providers to attend. The guest lecturers were again excellent and this proved to be very popular and informative for all attendees.

Two Healthy Start members, Jennifer Edwards and Sherlie Barnett, presented at the 3rd Biennial Conference of the Australian Association of Maternal, Child and Family Health Nurses in Adelaide on the 0-5 Care Plan to great acclaim.

The child oral health program continues to provide an excellent service to our children. Our dental therapist was again joined by a dental officer in providing preventative services (fluoride application and fissure seals) and treatment to children from young babies to pregnant women. We are pleased to have two Indigenous dental assistant trainees on the team and they have been proving very popular in the school tooth brushing sessions called the Clean Teeth Wicked Smiles program.

The Audit and Best Practice in Chronic Disease (ABCD) project results for maternal and child health indicate improved results for services provided to pregnant women across the region but smoking in pregnancy remains a significant issue. More women are accessing health services earlier in their pregnancy than previously, giving them the best possibility of a healthy pregnancy and healthy baby.

Dr Garth Alperstein, a community paediatrician and academic with Notre Dame University in Australia, continues to advise the Healthy Start program and is assisting the Far West Aboriginal Child Development and Wellbeing Group in its strategic approach to improved outcomes for Aboriginal children in the Maari Ma region.

It is pleasing to see this whole-of-life course approach is being adopted more broadly across the health system, underlining Maari Ma's advanced approach to the delivery of primary health services.





In the past 12 months the group developed:

- a strategic framework document which highlights the 'best buys' for improved child development (early literacy, parenting programs, early childhood education and care, and community development programs). This was launched at a forum in Broken Hill with information regarding emotional bonding in the early stages of a child's life and quality early childhood education;
 - a regional child and family services directory;
 - a regional child profile incorporating local and NSW data regarding various aspects that impact on child development such as environment, family, socio-economic factors, and other social determinants of health.
- These documents are available by visiting www.maarima.com.au

Keeping Well

Keeping Well is the part of the Chronic Disease Strategy which targets adults. As with the Healthy Start program it includes activities aimed at the prevention of illness, early detection of chronic disease, and care of diseases that have been identified. The most significant change to the delivery of Keeping Well services in the past 12 months has been the employment of two full-time 'chronic disease' doctors and two part-time doctors. They have joined the Keeping Well teams in Broken Hill, Wilcannia, Menindee and Ivanhoe seeing clients on chronic disease care plans.

This welcome addition to the care of chronic disease clients has meant a new way of doing business for our teams and some new systems and processes. Feedback from teams and community members is extremely positive.

Adult Health Checks were again offered in those parts of the region where we were able to access medical follow-up, with great leadership and involvement from local Keeping Well teams. This process again identified people with undiagnosed illness who are now on care plans and, as in previous years, highlighted the value of the local community knowledge of staff.

ABCD results continue to improve across the region but particularly where we are able to access and link with local GPs. We hope to see these results, particularly around medication management, improving. Our primary mental health team was also enhanced this year with extra staff including a jointly funded RFDS/Maari Ma worker focussing on alcohol assessment and follow-up of clients accessing the alcohol specialist clinics. Referral pathways for the primary mental health team from the GPs have been improved and we hope to include closer working relationships with the psychiatrists from Broken Hill in the future.

An exciting feature of ABCD audits this year was our first mental health audit which was performed at just one location. This highlighted a number of areas for improved work between the local health service and visiting mental health workers and has been followed up by new systems and processes developed by Maari Ma, GWAHS and local health service staff. On the basis of this very successful outcome we intend to implement similar systems enhancements in other locations and we will re-do the audit in the original location to check for success in the changes made. Everyone involved has agreed that the ABCD process of continuous quality improvement has been an excellent vehicle to instigate some very worthwhile changes which will benefit clients and staff.



Health Systems Support

An important 'road map' for the work done by every health service is its business plan. Maari Ma ensured that each health service in the region took the time to re-visit its existing plan to be able to move on to new challenges and reflect on projects that may not have been successful. The participation of all staff was essential and made the development of new plans for 2009/2010 an easy process.

As mentioned above, we have entered into a new and exciting phase of the chronic disease strategy with significant enhancement of medical services for people with chronic diseases. This has led to the need for the development of tools to assist new ways of working and our health support staff have taken to these challenges with gusto, looking at our information systems, forms, processes and services.



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Primary Health Care Service – Broken Hill



The Maari Ma Primary Health Care Service (PHCS) continues to operate its three main programs which are Acute Clinic Services, Healthy Start and Keeping Well. Wilcannia Primary Health Services are also managed by Maari Ma as an outreach service for the prevention and management of chronic disease.

The Acute Clinic Services have expanded with the employment of two full time general practitioners and one part-time GP. The clinic offers a comprehensive service to acutely ill people and also provides routine screening to support the early detection of the risk of chronic disease.

The PHCS has further developed the electronic medical records system. The current focus is on developing business rules for the use of Medical Director to ensure a standardised medical record. An electronic appointment and billing system has also been introduced to increase the efficiency of all administration processes.

Nola Whyman, who was the Health Service Manager, has moved to the regional office and while it is a loss of Indigenous leadership, both the Indigenous clinical and administrative staff have taken up their roles in providing that leadership and guidance to the service.

The Healthy Start program has experienced major change with the resignations of the inaugural Community Midwife and the Aboriginal Primary Health Care Worker, who were funded through the Aboriginal Maternal and Infant Health Strategy from NSW Health. Maari Ma Primary Health Care Service has restructured staffing to continue the Community Midwifery service while recruitment is progressing.

The antenatal and infant health programs have been better integrated to improve the continuity of care to families in both Broken Hill and Wilcannia. The Community Midwifery service to Wilcannia has been increased from fortnightly to weekly. The program is on track with the indicators for antenatal visits, growth and development checks, and immunisation of infants. The Audit and Best Practice in Chronic Disease (ABCD) audits did reveal there was a decline in the number of postnatal follow up services provided in both Broken Hill and Wilcannia. There has been extra effort to address this with significant success.

A dental service for antenatal clients has been operating throughout the year and the Children's Dental Service is coordinated with the infant health program to provide a "one stop shop" for families. There has been excellent uptake of the children's dental services in both Broken Hill and Wilcannia.

The Keeping Well program has developed markedly with dedicated general practitioner time. Outreach services are provided to Wilcannia and Menindee, with Ivanhoe to commence this year as well. The number of case managers in Broken Hill and Wilcannia has also increased recently which will boost the capacity of the service significantly. Each doctor and case manager has a cohort of clients who they manage on a standardised care plan. There is a focus on improved medical management and improved medication management for each client with a chronic disease. The 2008 ABCD audit did show an improvement in the HbA1C and blood pressure levels for the overall group of chronic disease clients on care plans.

All case managers are trained in providing the Smoking Cessation program so that clients seeking to quit smoking can join the program. Alcohol clinics provided by an addiction specialist are available to clients seeking treatment or support for their drinking or someone else's drinking.





A dietitian provides weekly clinics and also does monthly “Cook Ups” to teach people how to prepare healthy food. Clients can also access guided shopping trips and meal planning assistance from the dietitian.

Women’s Health Clinics are provided weekly in Broken Hill and Wilcannia, and there has been an increased uptake of the service in recent months.

Clients with diabetes are referred to the visiting ophthalmology and podiatry services.

Adult dental services are provided in Broken Hill, Wilcannia and elsewhere by the Royal Flying Doctor Service. There has been an increased uptake of services overall and significant follow up of the clients referred from the Adult Health Check in Wilcannia.



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Maari Ma is consolidating its social and community programs as a core part of our business.

Social and Community Program Reports



YEAH team (Youth Excellence Arts and Health): Ready to Fly!

The Youth, Excellence, Arts and Health team delivers circus programs in Broken Hill three days per week for children. Participants move through three groups as their skills develop: Thunder Monkeys, Circus 2 Da Max and the Performance Troupe. The YEAH program uses circus as a vehicle to provide a safe, creative environment where children are constantly learning new skills.

In addition to circus programs the YEAH team is continuing to provide craft, sports and healthy cook up programs which are proving very popular with students, and are providing valuable personal development opportunities.

We ended the 2008 programs with a talent night held on the 12th December. Approximately 80 people attended the show to watch the students perform dance, musical, circus and comical acts. Students also worked busily back stage to ensure the show was a huge success.

This year the YEAH team was fortunate to secure a new venue for lessons. They are now held at St Mary's Hall and classes have been in full swing there since April.

WINGS - Wilcannia

Wings was established in the late 1980s to provide a safe environment for young people in Wilcannia aged 5 to 18 to enjoy themselves and discover opportunities for education, employment, sports and personal development. Operating from a youth centre in Wilcannia, it is a service where issues can either be addressed or referred.

Wings had a busy year with a number of changes. After extensive renovations the Drop-In Centre reopened to the kids in December. The improvements have not stopped, with a new lock-up garage to host the Wings and Night Patrol buses and a new veggie patch for the kids. Attendances have steadily increased ever since.

In February the new building was officially re-opened as the Gloria King Memorial Youth Drop-In Centre, honouring elder Gloria King who made a great contribution to Wilcannia and Aboriginal people throughout far western NSW. A number of community leaders made speeches, including an address in Barkandji by Uncle Murray Butcher. A fantastic crowd of 300-400 people including many from Maari Ma's partners attended the ceremony. After Aunty Gloria's daughter Sissy King cut the ribbon on the new Drop-In Centre the community enjoyed a tour and a barbecue lunch. While the Centre has been renamed, the program will continue to be known as Wings.

Wings operates 4 nights per week for 5 hours per night, from 3pm to 8pm. In addition, during the school holidays, Wings offers a 10-day holiday program. Several programs from last year have continued and new ones have started including storytelling and music writing. Wings staff have continued to link at-risk kids to government agencies, particularly with regard to housing, education and training.

The NSW Department of Community Services has maintained their substantial funding support. Maari Ma, Sureway and The Fred Hollows Foundation have also made valuable contributions.

While the Centre has been renamed, the program will continue to be known as Wings.





Community Safety Patrols - Wilcannia

The Wilcannia Night Patrol aims to transport people home safely and encourages young people not to wander the streets or get into trouble, thereby assisting the prevention of violence and other crime.

Night Patrol continues to provide a valued service to Wilcannia, particularly its young people and their families. Around 350 clients use the service each month, and Night Patrol continues to work with the Wilcannia Police and Health Service. Night Patrol meets the CountryLink bus each night and transports passengers home.

Towards the end of the year Night Patrol's operating hours increased. With a fourth staff member, it now operates 6 nights per week for 4 ½ hours per night. To provide a more reliable service Night Patrol has started to operate fixed hours throughout the year with a small variation between summer and winter.

Another positive development has been the reformation of the Advisory Committee. Comprising Police staff and community members, the Committee sets the strategic direction for the service and advises Maari Ma on its operation from a local perspective. The Committee members have made an important contribution to Night Patrol.

With the establishment of the Social & Community Programs team within Maari Ma, Night Patrol has increased its collaboration with Wings, YEAH and Dareton Youth Action Program (YAP) staff. The benefits have been most strongly seen in staff training and development where Night Patrol staff have attended training sessions (such as Mental Health First Aid and Child Protection) with other Social & Community Programs staff.

The NSW Attorney General's Department has continued to provide substantial funding support as well as a new bus. Maari Ma and The Fred Hollows Foundation have also made important contributions.

Youth Action Program – Dareton

The Community Mural Project was the elected activity during Youth Week from 30th March to the 5th April 2009. One of the major aspirations for the Youth Week Mural Project was to get local youth residing in the Wentworth Shire area involved and Coomealla High School was the obvious place to look. We had more than 20 students taking part in planning, designing and creating the artwork for the mural on the Fisher's Supermarket wall which had the theme 'My Community; My Connection'. It focused on the positive aspects of living in Dareton and the town's connection to the Murray River.

A feature of the Mural was a 'Community Tree' with branches labeled with positive affirmations like respect, harmony, peace, safe, and family. The Wentworth Shire Council gladly supported the activity contributing \$2,500 towards the purchase of materials, paints, paint brushes, drop sheets, gloves etc. NSW Mallee Family Care used the ACAP bus and transported the students from Coomealla High School to the site and back to school again. We also received in-kind support from Haynes Paints and 3D paints. Maari Ma provided support under the 'Partnership Agreement' with Mallee Family Care and Youth Services NSW. Overall the support from the general public and local businesses in the Dareton community was overwhelming. The involvement from

A feature of the Mural was a 'Community Tree' with branches labeled with positive affirmations like respect, harmony, peace, safe, and family.



the students was magnificent and each student involved received 'Certificates of Participation' thanking them for their efforts and the great work they achieved during Youth Week.

The Project received the following feedback:

"The Mural looks great and we hope to see more projects like that in the near future. Shoppers have complimented on how wonderful the Mural looks, it's brightened the corner up. It's been great to see the kids being involved" Dareton Fishers – Manager

"It's been wonderful to finally see some change in the community and to see the school kids in the streets doing their part. It's been wonderful seeing the reaction from the customers who walk into our store and stop to chat how great the Mural looks. Being a shop owner, seeing something positive to stamp out graffiti being written on walls is great. Would like to see more big projects like this, it gives this town a proud and positive feeling. Gives support for more projects involving the kids". Dareton Mini Mart – Manager

"The wall looks magnificent, just watching the plans of the Mural come together and watching it take shape over the few days has been wonderful, I'd give support to see more projects like that happen. One store customer said that it's a joy to see how this community can come together and lift the negative and bring back the positive aspects. I'd love to see more of it". Post Office – Manager & Customer

"Dareton Police Duty Officer said the mural looks fantastic and has really brightened up the place." Dareton Police – Duty Officer



The Mural looks great and we hope to see more projects like that in the near future.



Research Project Reports



Community Safety Research Project

The Community Safety Research project is being conducted in Wilcannia, Menindee and Broken Hill by Maari Ma and the University of New South Wales with the intention of understanding and addressing the causes of violence. Last year the project staff interviewed more than eighty workers who are providing services in the three towns about violence in their communities. One third of these workers were Aboriginal. Information from these interviews was invaluable in helping the project staff create stories about the different types and aspects of violence occurring in the

communities to enable discussion with community members. Talking about the stories allows community members to talk freely on issues of violence without talking about their personal experience. A local Aboriginal artist provided illustrations to accompany the stories.

The Aboriginal Community Advisory Committee (ACAC) gave guidance on both the content of the stories and the process of community interviews. On the advice of the ACAC a women's camp and a men's camp were held with representatives of the communities to trial the stories before they were presented in communities.

Local male and female project support officers have been employed. These workers recruit and support people's involvement at interview and follow up after interview. To date the story methodology has been well received by the community and a wealth of valuable information on violence has been collected.

Once again this year the Academic Chief Investigators are committed to running training and development forums for workers in the communities when visiting the region. These have again been well received.

The project work plan aims to begin the process of service planning by the end of 2009 with the goal of implementation in early 2010. We acknowledge the commitment of many community members interviewed to date who strongly desire to see positive change in their communities around violence.

We would like to thank the members of the Management Committee, the Chief Investigators and the ACAC for their support and guidance of the project as well as community members for their openness in discussing the stories with us.

Talking about the stories allows community members to talk freely on issues of violence without talking about their personal experience.





Smokers Program Evaluation Project

The Paakantji Kiira-Muuku project is half way through the evaluation of the Smoker's Program, a treatment program for smokers in our communities who are trying to quit.

The second round of audits have been completed which have shown some promising results; the provision of smoking education has increased across the region and doctors and nurses in particular are providing more education compared with 2008. They are also increasing their documentation of smoking education in the medical record.

Interviews and focus groups have been conducted with staff and community members and have provided valuable information. This includes details of smoking in the community, knowledge and enforcement of government legislation and general information about the Smoker's Program, such as ways we can work towards having a better program.

Smoking rates in our communities are still much higher than the New South Wales average of 19.8%. The audit results show the average smoking rate across the Maari Ma region is 43%. However, the audits also show a 25% 'not stated' smoking result which means the number of smokers could possibly be higher.

More work still needs to be done to improve our recording of a client's smoking status. These are goals that the health services have set to work on over the next 12 months.

The provision of smoking education has increased across the region.



Workforce Development Planning

Engage all staff in continuing the planning

Staff gathering

- ➡ Steering Group going forward
- ➡ Workshop in February 2009



Workforce Development



Maari Ma actively promotes and provides employment and development opportunities for Aboriginal people. We work within multi-disciplinary teams with both Indigenous and non-Indigenous people in partnership to deliver chronic disease interventions and social and community programs.

Following the launch of the Strategic Plan 2008 – 2013, analysis of the workforce requirements to deliver on the Plan was undertaken. This culminated in an all-of-staff workshop in March 2009 to explore valuing our workforce, career paths, attracting our next workforce and Indigenous leadership. A workforce development plan is being drafted and a steering group convened to structure and plan for the continued implementation of the identified strategies.

2009 saw a second Indigenous health worker commence Bachelor of Nursing studies, an important strategy in ensuring long term achievement of Indigenous primary health nurses in our workforce.

Maari Ma continues to support both our employees and the employees of Greater Western Area Health Service working within the region, to study in diabetes, child and family, business studies, oral health, youth work, governance and leadership. These programs support and facilitate the implementation of the Chronic Disease Strategy and growth of the Social & Community Programs.

In mid 2009, a cohort of trainees will be recruited to study Indigenous primary health practice, another stage in the workforce development plan. This certificate course will be the foundation for further certificate and degree level studies.

We work within multi-disciplinary teams with both Indigenous and non-Indigenous people in partnership to deliver chronic disease interventions and social and community programs.

Workforce Data	30/06/2009	30/06/2008	30/06/2007
Number of employees (headcount)(full time, part time & casual)	81	78	70
Indigenous Employees	63%	67%	63%
Full time equivalent (FTE)	57	52	47
FTE Indigenous employees	52%	55%	57%

In 2008 / 2009 there were 14 new Indigenous employees and 14 new non-Indigenous employees. 29 employees resigned of whom 18 were Indigenous. This includes casual and temporary workers. This data will inform the development of strategies through the Workforce Development Planning.





Maari Ma has continued to grow and the accounts show that we were in a strong position financially during 2008/09 with total revenue from operations of \$8,287,486 (after adjusting for unexpended grants).

Finance Report

For the year ended 30 June 2009



Maari Ma Health's operations revolve around the provision of services for a number of specifically funded projects. The six principal projects are:

- Primary Health Care funded by the Office for Aboriginal and Torres Strait Islander Health ("OATSIH");
- Finance and administration funded by OATSIH;
- Wilcannia services funded by OATSIH and the Department of Health & Ageing;
- Lower Western Sector North funded by the Department of Health & Ageing;
- Lower Western Sector funded by the Greater Western Area Health Service, and
- Social and Emotional Wellbeing Program funded by the Greater Western Area Health Service (Mental Health and Drug and Alcohol Services).

In addition to those organisations listed above, Maari Ma received funding from a number of other sources to carry out a variety of other projects. These are detailed in note 5 to the accounts.

In the majority of instances, all funding we receive is specific to a particular project. As a result, any surpluses arising from these projects must, depending on the level of the surplus, either be returned to the funding provider or be spent on the same project in the next subsequent year. These surpluses are shown as "unexpended grants" in the attached accounts.

Maari Ma has continued to grow and the accounts show that we were in a strong position financially during 2008/09 with total revenue from operations of \$8,287,486 (after adjusting for unexpended grants) and a further \$14,341 from disposals of assets.

Expenditure for the year came in at \$8,028,948, resulting in a surplus of \$272,877. This surplus essentially represents the cost of fixed assets that were purchased using program funds but which have been capitalised for the purposes of these financial statements.

Expenditure for the year came in at \$8,028,948, resulting in a surplus of \$272,877.

Chris Eastwood
Director of Finance



Independent audit report to the Directors of Maari Ma Health Aboriginal Corporation

Report on the financial report

We have audited the accompanying financial report, being a special purpose financial report, of Maari Ma Health Aboriginal Corporation ("the Corporation"), which comprises the balance sheet as at 30 June 2009, the income statement, the statement of changes equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the Director's declaration.

The responsibility of the Directors for the financial report

The Directors are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and the needs of the members. The responsibility of the Directors also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Corporation's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. An audit also includes evaluating the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

Liability limited by a scheme approved under Professional Standards Legislation

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The financial report has been prepared for distribution to members for the purpose of fulfilling the financial reporting obligations of the Directors under the Corporations (Aboriginal and Torres Strait Islander) Act 2006. We disclaim any assumption of responsibility for any reliance on this audit report or on the financial report to which it relates to any person other than the Directors, or for any purpose other than that for which they were prepared.

Our audit did not involve an analysis of the prudence of business decisions made by Directors or management.

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

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

We confirm that the independence declaration required by the Australian professional accounting bodies, provided to the Directors on 18 September 2009 would be in the same terms if provided to the Directors as at the date of this auditor's report.

Auditor's opinion

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

- giving a true and fair view of the Corporation's financial position as at 30 June 2009, and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements, and
- complying with Australian Accounting Standards (including the Australian Accounting Interpretations).



PricewaterhouseCoopers



A G Forman
Partner

Adelaide
23 September 2009

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Balance Sheet

As At 30 June 2009

Schedule 1

		2009	2008
	Notes	\$	\$
Current Assets			
Cash and cash equivalents	8	1,707,663	1,353,374
Trade and other receivables	2	574,019	1,190,319
Total Current Assets		2,281,682	2,543,693
Non Current Assets			
Property, plant and equipment	3	2,611,043	2,545,413
Total Non Current Assets		2,611,043	2,545,413
Total Assets		4,892,725	5,089,106
Current Liabilities			
Revenue received in advance		120,453	347,848
Unexpended grants	5	1,235,489	1,062,423
Trade and other payables		1,011,793	1,503,895
Bank loan		31,200	31,200
Provisions	4	613,290	503,263
Total Current Liabilities		3,012,225	3,448,629
Non Current Liabilities			
Bank loan		147,708	161,692
Provisions	4	30,390	49,260
Total Non-Current Liabilities		178,098	210,952
Total Liabilities		3,190,323	3,659,581
Net Assets		1,702,402	1,429,525
Accumulated Surplus			
Accumulated surplus		1,702,402	1,429,525
Total Accumulated Surplus		1,702,402	1,429,525

The accompanying notes form an integral part of these financial statements.



Income Statement

For The Year Ended 30 June 2009

Schedule 2

		2009	2008
	Notes	\$	\$
Revenue From Continuing Operations			
Grant revenue	5	7,744,576	7,393,518
Medicare and primary health revenue		268,808	168,330
Sundry revenue		196,059	85,385
Bank interest		78,043	121,701
Total Revenue from Continuing Operations		8,287,486	7,768,934
Other Income			
Net gain (loss) on disposal of assets		14,341	(10,970)
Less: Expenditure	6	(8,028,948)	(7,016,209)
Net Surplus/(Deficit)		272,877	741,755

The accompanying notes form an integral part of these financial statements.



Statement of Changes in Equity

For The Year Ended 30 June 2009

Schedule 3

		2009	2008
	Notes	\$	\$
Accumulated surplus at the beginning of the financial year		1,429,525	687,770
Net surplus/(deficit) for the year		272,877	741,755
Accumulated Surplus at the end of the financial year		1,702,402	1,429,525

The accompanying notes form an integral part of these financial statements.

Statement of Cash Flows

For The Year Ended 30 June 2009

Schedule 4

		2009	2008
	Notes	\$	\$
		Inflows/(Outflows)	
Cash Flows from Operating Activities			
Receipts from funding providers and customers		8,720,519	6,988,494
Payments to suppliers and employees		(8,022,812)	(6,223,278)
Interest received		81,786	119,347
Net Cash Flows from Operating Activities	8	779,493	884,563
Cash Flows from Investing Activities			
Payments for property, plant and equipment		(552,901)	(1,431,829)
Proceeds from sale of property, plant and equipment		141,681	76,721
Net Cash Flows from Investing Activities		(411,220)	(1,355,108)
Cash Flows From Financing Activities			
Receipt from lender		-	200,000
Payments to lender		(13,984)	(7,108)
Net Cash Flows from Investing Activities		(13,984)	192,892
Net Increase/(Decrease) in Cash and Cash Equivalents Held		354,289	(277,653)
Cash and cash equivalents at the beginning of the financial year		1,353,374	1,631,027
Cash and Cash Equivalents at the end of the Financial Year	8	1,707,663	1,353,374

The accompanying notes form an integral part of these financial statements.



Notes to and Forming Part of these Financial Statements

Schedule 5/1

1. Summary of Significant Accounting Policies

The principal accounting policies adopted by the Maari Ma Health Aboriginal Corporation are stated to assist in a general understanding of these financial statements. These policies have been consistently applied except where otherwise stated.

(a) Basis of Preparation of Financial Statements

These financial statements are special purpose financial statements which have been prepared for the sole purpose of complying with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act) requirement to prepare and present financial statements to the members at the Corporation's annual general meeting and must not be used for any other purpose.

The financial reporting has been prepared in accordance with AASB 101 *Presentation of Financial Statements*, AASB 107 *Cash Flow Statements*, AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors*, AASB 1031 *Materiality* and AASB 1048 *Interpretation and Application of Standards*, and other applicable Accounting Standards and Urgent Issues Group Interpretations with the exception of the disclosure requirements in the following:

AASB 2 – *Share-based Payment*

AASB 3 – *Business Combinations*

AASB 5 – *Non-current Assets Held for Sale and Discontinued Operations*

AASB 7 – *Financial Instruments Disclosures*

AASB 101 – *Presentation of Financial Statements (Para 124(a) to (c))*

AASB 114 – *Segment Reporting*

AASB 124 – *Related Party Disclosures*

AASB 137 – *Provisions, Contingent Liabilities and Contingent Assets (Para 84)*

AASB 139 – *Financial Instruments: Recognition and Measurement*

The financial report is prepared in accordance with the historical cost convention.

Notes to and Forming Part of these Financial Statements

Schedule 5/2

(a) Basis of Preparation of Financial Statements cont.

The entity has not applied any Australian Accounting Standards issued but not effective at 30 June 2009 and there is not expected to be any material impact once these Standards are adopted.

(b) Depreciation of Property, Plant and Equipment

Property, plant and equipment are stated at historical cost less depreciation (except where otherwise indicated). Historical cost includes expenditure that is directly attributable to the acquisition of the items. Subsequent costs are added to the asset's carrying amount. All other repairs and maintenance are expensed in the year the costs arise.

Assets costing less than \$5,000, except computer equipment, are expensed in the year of acquisition.

The residual value and useful lives of property, plant and equipment, other than freehold land, are reviewed, and adjusted if appropriate, at each balance date.

Freehold land is not depreciated. Other property, plant and equipment are depreciated over their estimated useful lives using the straight-line method as follows:

Buildings	2.5%
Computer equipment	20%
Plant and equipment	10%
Motor vehicles	20%

(c) Impairment of Assets

Property, plant and equipment are reviewed for impairment whenever changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash generating units). Property, plant and equipment that suffered an impairment are reviewed for possible reversal of the impairment at each reporting date.

(d) Revenue Recognition – Grant Revenue

Grants from funding bodies are recognised at their fair value where there is a reasonable assurance that the grant will be received and the Corporation will comply with all attached conditions.



Notes to and Forming Part of these Financial Statements

Schedule 5/3

(d) Revenue Recognition – Grant Revenue cont.

Grants from funding bodies relating to costs are deferred and recognised in the income statement over the period necessary to match them with the costs that they are intended to compensate.

Grants from funding bodies relating to the purchase of property, plant and equipment are included in the income statement for the year in which the relevant asset is purchased.

Grants received which are unexpended at balance date, are recognised as unexpended grants and disclosed as a liability. Grants received which relate to future financial periods are recognised as revenue received in advance.

Assets contributed by funding bodies are recognised at their fair value as revenue once control of the asset has been gained.

(e) Revenue Recognition – Other Income

Interest income is recognised on a time proportion basis using the effective interest method.

(f) Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

(g) Trade Receivables

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost, less provision for doubtful debts. Trade receivables are due for settlement no more than 30 days from the date of recognition.

Collectibility of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. A provision for doubtful receivables is established where there is objective evidence that the Corporation will not be able to collect all amounts due according to the original terms of the receivables. The amount of the provision is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the provision is recognised in the income statement.

Notes to and Forming Part of these Financial Statements

Schedule 5/4

(h) Trade and Other Payables

Trade and other payables represent liabilities for goods and services provided to the Corporation prior to the end of the financial year which are unpaid. These amounts are unsecured and are usually paid within 30 days of receipt of the appropriate invoice.

(i) Employee Benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave are recognised as liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

The liability for long service leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

(j) Income Tax

Maari Ma Health is a public benevolent institution and, as such, is exempt from income tax.

	2009	2008
2. Trade and Other Receivables	\$	\$
Current		
Trade debtors	549,907	1,098,726
Sundry debtors	5,543	3,101
Accrued income	7,593	30,368
Prepayments	10,976	58,125
	574,019	1,190,320



Notes to and Forming Part of these Financial Statements

Schedule 5/5

3. Property, Plant and Equipment			
		Freehold land	Freehold buildings
		\$	\$
At 1 July 2008			
Cost or fair value		15,000	1,700,391
Accumulated depreciation		-	(136,694)
Net book amount		15,000	1,563,697
Year ended 30 June 2009			
Opening net book amount		15,000	1,563,697
Additions		-	15,484
Disposals		-	-
Depreciation charge		-	(42,818)
Closing net book amount		15,000	1,536,363
At 30 June 2009			
Cost or fair value		15,000	1,715,876
Accumulated depreciation		-	(179,513)
Net book amount		15,000	1,563,363
	Plant & equipment	Motor vehicles	Total
	\$	\$	\$
At 1 July 2008			
Cost or fair value	1,032,307	933,656	3,681,354
Accumulated depreciation	(614,897)	(384,350)	(1,135,941)
Net book amount	417,410	549,306	2,545,413
Year ended 30 June 2009			
Opening net book amount	417,410	549,306	2,545,413
Additions	63,574	433,824	512,882
Transfers at net book value	(3,001)	3,001	-
Disposals	(3,835)	(123,505)	(127,340)
Depreciation charge	(87,328)	(189,766)	(319,912)
Closing net book amount	386,820	672,860	2,611,043
At 30 June 2009			
Cost or fair value	736,943	990,757	3,458,575
Accumulated depreciation	(350,123)	(317,897)	(847,532)
Net book amount	386,820	672,860	2,611,043



Notes to and Forming Part of these Financial Statements

Schedule 5/6

	2009	2008
4. Provisions	\$	\$
Current		
Employee entitlements	613,290	503,263
Non current		
Employee entitlements	30,390	49,260

5. Grant Revenue

During the year, the Corporation received the following grants:

	2009	2008
5. Grant Revenue	\$	\$
Australian Government – OATSIH & Dept. of Health & Ageing	5,290,416	5,037,812
Australian Rotary Research Foundation	40,000	40,000
Barwon Darling Alliance	86,176	76,412
Central Darling Shire	10,000	-
Centre for Oral Health Strategy	-	42,000
Centre for Rural & Remote Health	7,350	-
Dept. of Family & Community Services	-	100,000
Fred Hollows Foundation	150,000	-
Greater Western Area Health Service	1,182,925	1,073,508
Indigenous Lands Corporation	-	(45,200)
Menindee Family Support	-	15,000
MSOAP	174,470	150,890
NSW Attorney General's Dept., Crime Prevention Div.	70,160	63,382
NSW Dept. of Community Services	239,797	232,919
NSW Health Department	344,000	340,000
Regional Arts NSW	21,167	5,453
University of New South Wales	301,181	158,000
	7,917,642	7,290,176
Prior year unexpended grants	1,062,423	1,165,765
Unexpended grants carried forward	(1,235,489)	(1,062,423)
Grant Revenue for the year	7,744,576	7,393,518



Notes to and Forming Part of these Financial Statements

Schedule 5/7

	2009	2008
6. Expenditure	\$	\$
Advertising	4,658	3,280
Audit fees	48,430	50,259
Auditors – non-audit services	3,850	3,900
Bad debts	109	-
Bank charges	2,486	2,439
Cleaning & domestic supplies	57,456	53,691
Community activities	154,675	140,106
Consumables	15,477	6,680
Consultants' fees	85,238	104,660
Depreciation	319,912	254,146
Electricity, gas & water	34,561	24,506
Health systems support	33,641	6,431
Insurance	30,847	33,233
Interest	16,725	19,551
Legal expenses	164	7,056
Medical & dental costs	1,246,277	1,018,847
Meeting expenses	24,059	13,670
Membership & subscriptions	2,227	3,077
Miscellaneous expenses	1,954	2,284
Miscellaneous foodstuffs	37,727	44,668
Motor vehicle expenses	204,331	210,606
Patient support expenses	12,046	7,860
Peak Health Council expenses	75,199	69,302
Postage	5,887	5,800
Printing and stationery	81,010	73,014
Rates & charges	5,320	2,823
Rent of premises	35,163	37,595
Repairs & renewals	142,600	202,055
Salaries & wages and on-costs	4,677,308	4,042,884
Security services	3,117	2,835
Staff amenities	6,044	6,349
Staff recruitment	92,108	62,384
Staff training	208,940	97,232
Staff uniforms	1,169	1,456
Telephone expenses	71,459	97,458
Transcription services	5,280	1,442
Transport services	100,000	100,000
Travel & accommodation	182,949	201,148
Youth hall expenses	1,438	1,482
Total Expenditure	8,028,948	7,016,209



Notes to and Forming Part of these Financial Statements

Schedule 5/8

	2009	2008
7. Remuneration of auditors	\$	\$
(a) Audit services		
PricewaterhouseCoopers Australian firm		
Audit and review of financial statements	48,430	50,259
(b) Non-audit services		
PricewaterhouseCoopers Australian firm		
Audit of regulatory returns	1,400	1,300
Tax compliance services	2,450	2,600
	3,850	3,900

8. Cash Flow Information		
Reconciliation of cash and cash equivalents		
Cash and cash equivalents at the end of the financial period as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:		
Petty cash	2,200	1,700
Cash at bank	1,705,463	1,351,674
Balance per statement of cash flows	1,707,663	1,353,374

Reconciliation of net cash flows from operating activities to operating surplus (deficit)

Operating surplus (deficit)	272,877	741,755
Depreciation	319,912	254,146
Increase (decrease) in unexpended grants	173,068	(103,342)
Net loss (surplus) on sale of non-current assets	(14,341)	10,970
(Increase) decrease in trade and other debtors	616,299	(595,439)
Increase (decrease) in trade creditors	(452,083)	493,835
Increase (decrease) in other operating liabilities	(227,396)	18,324
Increase (decrease) in provisions	91,157	64,313
Net cash flows from operating activities	779,493	884,563



Notes to and Forming Part of these Financial Statements

Schedule 5/9

9. Segment Information

Maari Ma Health receives funding, primarily from the Australian Government, for the provision of a range of services in Far West New South Wales. In addition, the Corporation is contracted by the Greater Western Area Health Service (under the Lower Western Sector Agreement) to provide Remote Health Services in the Far West Area of New South Wales. Maari Ma's services have an emphasis on Chronic Disease prevention and management in a community based primary health framework with a focus on addressing the particular needs of indigenous people.

10. Economic Dependency

Due to the nature of its business, the Corporation is wholly reliant on the ongoing receipt of grants from funding bodies to enable it to continue with its activities.

Director's Declaration

Schedule 6

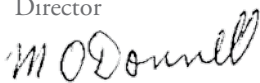
In the directors' opinion:

- (a) there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable; and
- (b) the financial statements and notes set out on pages 27 to 42 are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Regulations 2007, including:
 - (i) complying with Accounting Standards and other mandatory professional reporting requirements, and
 - (ii) giving a true and fair view of the Corporation's financial position as at 30 June 2009 and of its performance for the year ended on that date.

This declaration is made in accordance with a resolution of the directors dated 18 September 2009.

Maureen O'Donnell

Director



Broken Hill

Dated this 18 day of September 2009



Maari Ma Region



Distance from the Regional Office, Broken Hill

Community	Kilometres
Wilcannia	195
Tibooburra	335
Menindee	110
Wentworth Shire	280
Ivanhoe	310
Balranald	470



Working With Us



Make a difference to the health of people living in rural and remote far west New South Wales.

What we expect of you

- Commit to Maari Ma's vision: improving the health outcomes in our communities.
- Apply your excellent skills in our primary health care framework.
- Help us tackle the tough issues in remote health.
- Excel in a multidisciplinary team environment.

We offer

- Salaries and conditions equivalent to the NSW Health System awards.
- Generous salary packaging provisions.
- Relocation assistance.
- Access to further training and development.

Employment opportunities

Our workforce includes qualified and student primary health care workers, registered nurses, administrative staff, information technology and systems staff, dental therapist and assistants, dietitians, project officers, youth workers, community aides and managers with a range of qualifications.

We currently have offices located at the Regional Office and Maari Ma - Primary Health Care Service in Broken Hill and our Southern Office in Dareton.

Through the Agreement with the Greater Western Area Health Service, we also support the health services within the region in attracting and developing their workforce to facilitate the implementation of the Maari Ma Chronic Disease Strategy.

For information on currently advertised vacancies, please call our Regional Office on (08) 8082 9888 or email gbarnes@gwahs.health.nsw.gov.au or dtonna@gwahs.health.nsw.gov.au

Expressions of Interest

Even if there are no current jobs advertised, we welcome expressions of interest at any time. This can help us match suitable applicants with future opportunities or suggest positions you may not have considered.

Please call, email (details above) or mail an Expression of Interest Form (see www.maarima.com.au) and resume / curriculum vitae to: The Human Resource Manager, Maari Ma Health, PO Box 339, Broken Hill, NSW 2880.

We will acknowledge receipt of your expression of interest and advise you of existing or upcoming opportunities.





Current Positions

Current positions are advertised on our website www.maarima.com.au. Position descriptions, application forms, guidelines for applicants and information for applicants are also downloadable from the website.

How to apply

Please complete the Application Form listed with the position.

To assist you to complete the application form and for information about supporting documentation, please read the guidelines for applicants.

Applicants may be requested to provide confirmation of Aboriginality for positions where Aboriginality is a job requirement.

Record checks

We follow the NSW Department of Health policy requiring all staff and successful applicants to undergo a criminal record check. The checks are intended to identify people who may, because of convictions such as violence or sexual offences, put our clients' personal safety or health at risk. Traffic violations and other minor offences are not of interest.

You may be eligible for employment if you have a criminal record. Everyone is considered on their circumstances. We will talk to you about this, privately.

We will ask you to sign a Prohibited Employment Declaration which says you are not prohibited by law from working in any child related position.

If the position you are applying for primarily provides services to children, we will arrange a 'working with children check' which is a broader check of criminal records and the same consideration is given.



Maari Ma Regional Office

443 Argent Street

PO Box 339

BROKEN HILL NSW 2880

Phone (08) 8082 9888

Fax (08) 8082 9889

Maari Ma Primary Heath Care Service

428 Argent Street

PO Box 799

BROKEN HILL NSW 2880

Phone (08) 8082 9777

Fax (08) 8082 9778

www.maarima.com.au



MAARI MA HEALTH
ABORIGINAL CORPORATION