

GURRINY Yealamucka

HEALTHY
PEOPLE
HEALTHY
COMMUNITY

Health Service
Aboriginal
Corporation

Annual Report 2013-14



*Gurriny Yealamucka will lead the way in improved
health outcomes through community controlled
health services for the people of Yarrabah*

www.gyhsac.com.au

Yarrabah Community Profile

The Yarrabah Shire is situated along about 60km of coastline to the south east of Cairns between False Cape in the north, around Cape Grafton and down to Palmer Point in the south.

The Community lies about 12km to the south east of Cairns in and around Mission Bay.

By road it is a 53km drive from Cairns CBD which takes about 45 minutes to travel.

Geographically, our land area could generally be described as a long slender shape bounded in the west by the Murray Prior Range and the coast on the east.

It has an overall length of about 30km and is about 2.5km wide in the south, but broadens out to almost 8km across the northern part.

It has an area of about 154 square km.

Initially European influence began in earnest with the establishment of an Anglican Mission on this same location on the 17th of June 1892.

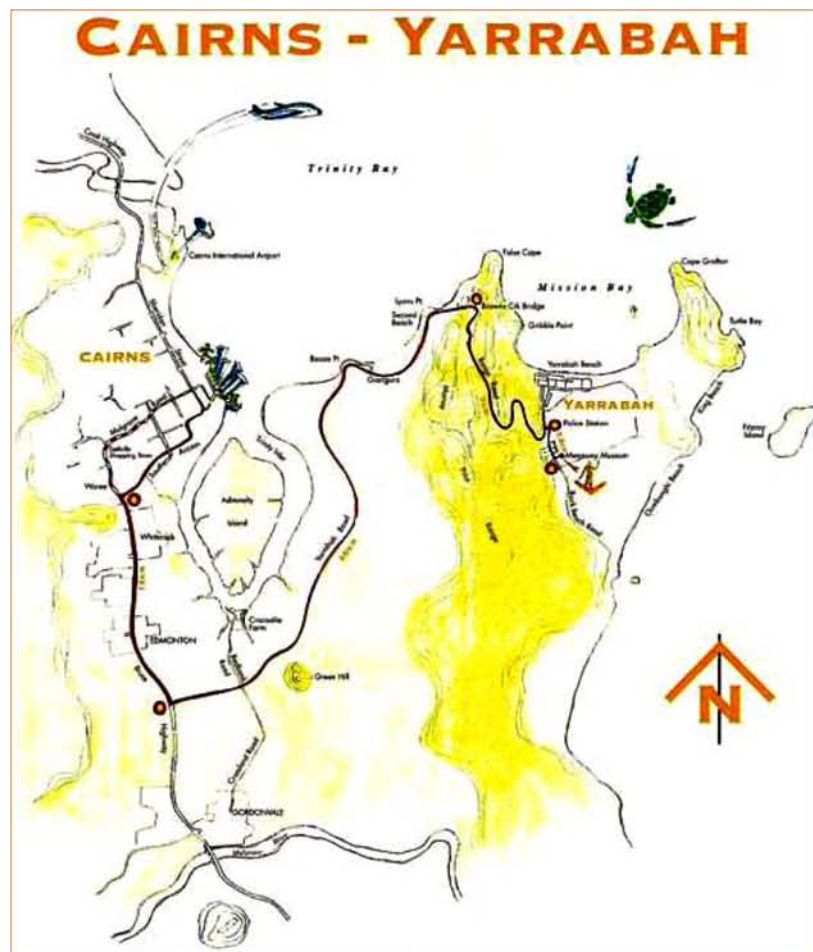
Over the years, subsequent state government administrations forcibly relocated

Aboriginal and some South Sea Islander peoples from far and wide to Yarrabah.

As a consequence most local residents can claim both traditional and historical ties to the area.

The first Aboriginal Council in Yarrabah was established in the mid-1960's, principally as an advisory body.

Community Council status was first granted in 1986 through the *Community Service (Aborigines) Act* in 1984.



Under the Community Services Act tenure known as DOGIT - Deeds of Grant in Trust - were established where the land was held in trust by the Council of the day.

In 2004 the Queensland Government passed new legislation – the *Local Government (Community Government Areas) Act 2004*, which transitioned Community Councils to Aboriginal Shire Councils by the year 2008.

Yarrabah is now governed by an elected Aboriginal Shire Council under the Local Government Act of Queensland and remains under the DOGIT system of land tenure.

The community has an official population of 2722 people according to the 2010 census and unofficially - due to a known deficit in accuracy in census reporting - of more than 3,000 people.

A health profile of the community indicates chronic disease is the main reason people get sick in Yarrabah.

Hypertension (high blood pressure), hyperlipidaemia (cholesterol), diabetes and asthma are the most prevalent.

Gurriny Yealamucka Health Service Aboriginal Corporation 2013-14 Annual Report



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From Health Council to Primary Health Care Services: a short history of 'Gurriny'

The Yarrabah Health Council was established in 1993, out of the Yarrabah Health Council of 1989, by the Yarrabah Aboriginal Council because community members felt the health needs of residents were not being met by state government-run health services.

Objectives

1. To improve and maintain the health and wellbeing of all people in the community of Yarrabah and surrounding areas, through community participation and by providing a community-based and community-controlled Aboriginal Health Service, in a culturally sensitive manner;
2. To increase and maintain the health standards of the people in Yarrabah and surrounding areas by establishing an Aboriginal Community Controlled Health Service;
3. Incorporate Primary Health Care as the major foundation to serve multi-purpose community controlled Health Services;
4. Identify the priority requirements for improving the health standards and delivery of health services and programs to the people of Yarrabah;
5. To develop policies and strategies to promote and improve the health status of Yarrabah people;
6. To collect, co-ordinate and manage data and conduct research into matters relating to the health of the people of Yarrabah and surrounding areas;
7. To raise the awareness of priority health areas affecting the health and wellbeing of Yarrabah people before the public and to the attention of the appropriate authorities;
8. To network and co-ordinate health information with all other community-controlled health services in Queensland, Australia and overseas;
9. To be able to participate in social research studies in any other Indigenous Health Service in Australia, or other parts of the world;
10. To lobby local, state and federal governments and international organisations for financial aid;
11. To develop and implement education and training programs in all health areas on a needs-based service criteria.

Funding to establish the Yarrabah Health Council was received from the Aboriginal and Torres Strait Islander Commission (ATSIC).

The role of the Yarrabah Health Council was to conduct preventative health care programs primarily for rheumatic fever, hearing health, diabetes and suicide prevention.

A community decision to make the transition from the Yarrabah Health Council into Gurriny Yealamucka Health Services Aboriginal Corporation was made in 1997 and commenced in July 2002, with final stages of that transition being completed in December 2003.

In 2000 the Yarrabah Health Council formally reviewed its operations, changed its name and was incorporated as an Association, under the name of: Gurriny Yealamucka Health Services Aboriginal Corporation (GYHSAC).

The words 'Gurriny Yealamucka' are from the Kunghanghi language and mean 'Good Healing Water'.

GYHSAC is an Incorporated Aboriginal Association under the Aboriginal Councils and Associations Act 1976 (hereinafter called "the Act").

Since its inception the Board of Directors have actively developed the organisation to become the lead health agency in Yarrabah.

The core business of GYHSAC is to provide a culturally sensitive, multipurpose Primary Health Care Service, and to ensure effective coordination of health services in Yarrabah in partnership with Queensland Health, Yarrabah Community Council and Commonwealth Department of Health and Ageing.

The primary focus is on preventative health care including strategies that target early intervention.

Vision

Gurriny, as the community controlled health service will lead the advancement of equitable health outcomes for the people of Yarrabah.

Mission

Gurriny will "Close the Gap" through progressing quality health care services that are underpinned by gold standard governance and business practices.

Goals

1. To increase and maintain the Health standards of the people in Yarrabah and surrounding areas by establishing an Aboriginal Community Controlled Health Services.
2. In partnership with Cairns & Hinterland Health Service incorporate Primary Health Care as the major foundation to serve a multipurpose community controlled health service.
3. Achieve a culturally appropriate biomedical and social health development model.

Chair's Report

Sandra Houghton

2014 will go down as the year that Yarrabah has produced another first – the first community-controlled Primary Health Care Service – Gurriny Yealamucka Health Services Aboriginal Corporation.



I congratulate our CEO Sue Andrews who has fought a tedious battle in the past 24 months. There were obstacles that were needlessly placed in front of Sue, but she stood her ground and continued negotiations until the outcome was achieved for Gurriny. Standing closely with her, the Board of Directors, the Senior Management Team and all the staff who encouraged her. Thank you all for your support and encouragement. When outreach services staff were pulled in to work in the Centre, no one complained. This was of great help to Sue as she knew then that the organisation and the community were behind her. This allowed her to move Gurriny forward into the next phase.

As we have added another 30 extra staff to Gurriny, I extend a warm welcome to each of you as you work alongside our existing staff for the betterment of Primary

Health Care Services delivery in Yarrabah and surrounding areas.

I must acknowledge all previous CEOs, Senior Managers and staff – in particular Rev Les Baird who looked outside the square and made things happen. If Rev Les and his staff at the time did not have a vision for health service delivery in Yarrabah, Gurriny would not be where it is today.

A big thank you to our Lord Jesus for His continued work amongst the people of Yarrabah. I also say a big thank you to everyone for their involvement in this transition and may our good Lord look upon you all and say, 'Well done good and faithful servant'.

I pay my respects to the Elders of Yarrabah, past and present, because I know that they are all cheering us on to something better for this community.

Bring it on 2015.



Board Members

Sandra Houghton (Chair)

Mahalia Mathieson

Rev. Michael Connolly

Sharmaine Stafford

Shanae Neal

Linda Sexton

Gail Fourmile

Lee Yeatman

Lucy Rogers

Independent Board member Sonja Johnson



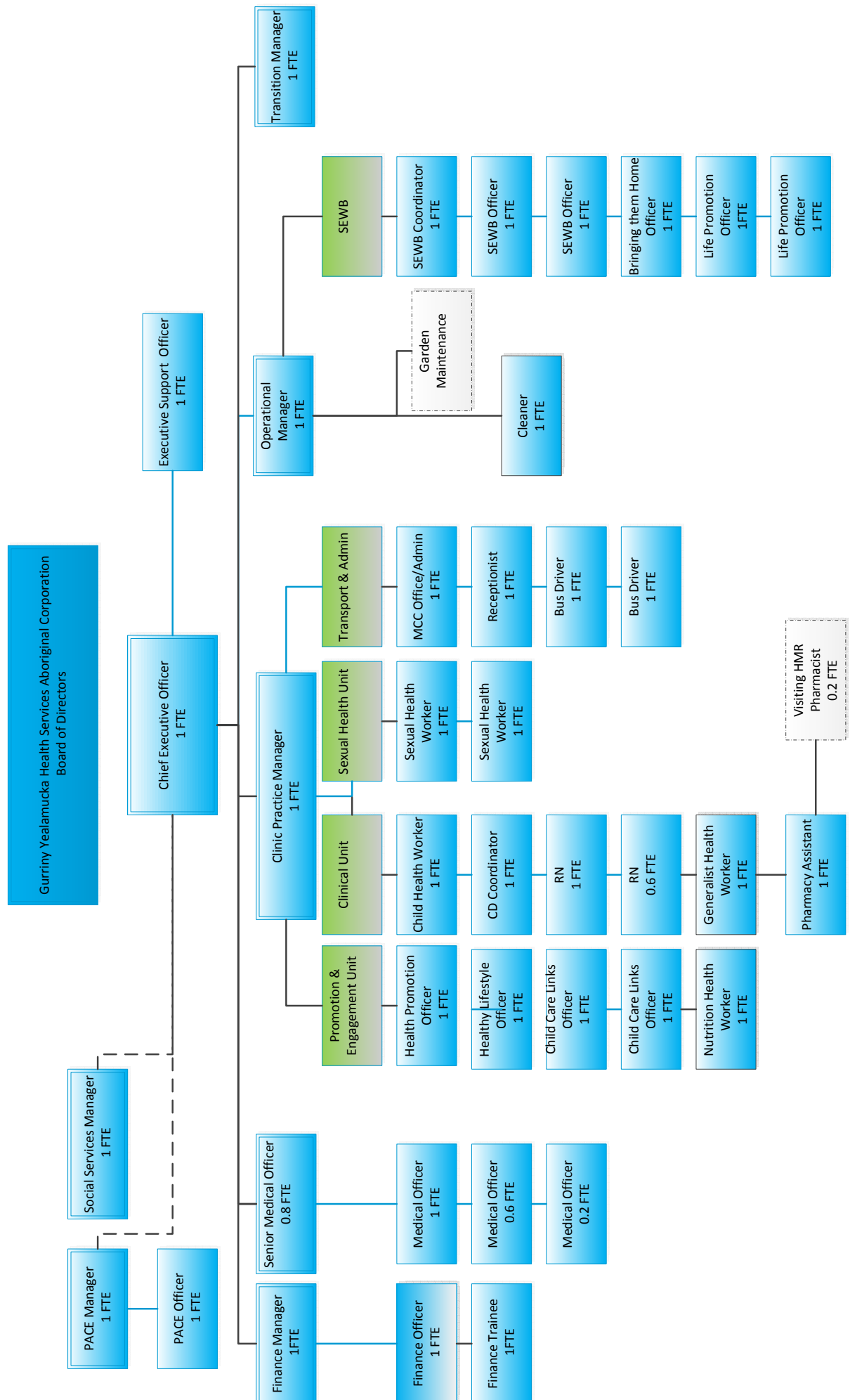
Preceding page: CEO Sue Andrews, Les Baird, Mayor Errol Neal, Prof Gracelyn Smallwood and Chair Sandra Houghton at Gurriny's Transition Day celebrations

Top: Board Members and staff at Gurriny's Transition Day

Above: Board Induction Days



Organisation Structure



CEO's Report

Sue Andrews

Wow what a year for Gurriny & the community of Yarrabah, this community now controls the destiny of its own health service, this means community control is a process which, through community participation and engagement, leads to the community having greater control over planning, development and management of primary health care services. "How empowering is that".



The People of Yarrabah have been talking about controlling our health service for many years, over 2 decades have passed, three Managers/CEO's, change in Government, three Transitions Managers and a continued rotation of Gurriny's Board and now finally transition; the transfer of primary health care services from Queensland Health to a community control health service, Gurriny Yealamucka Health Services.

Many people over these years have worked hard and contributed to progressing Community Control of health in Yarrabah and I acknowledge their efforts in this achievement. Sadly, there have also been many who were part of the journey who have now passed on and I dedicate this year's annual report to them. These were the people who were instrumental in the struggle – today our challenge is to continue to build our community leaders and strive for a better Yarrabah.

Gurriny now delivers all the Comprehensive Primary Health Care Services, from Women's & Child Health, Social Emotional & Wellbeing (SEWB), Youth Health, Prevention, Promotion and Sexual Health. Cairns Hinterland Health & Hospital (QH) will continue to operate the

Dialysis unit and Accident & Emergency as part of their services.

The process of Transition for Gurriny and our community has been challenging, we cannot forget the casualties along the way as Gurriny has demonstrated to Government that we are the best placed organisation to deliver comprehensive primary health care in Yarrabah.

Over the past 12 months Gurriny has gone through major changes, such as re-establishing the organisational culture, embedding the clinical model of care, building and strengthening our organisations capacity with a more focused business model and restructuring our workforce to accommodate these changes. Gurriny's workforce has grown from 36 to 66 in less than 12 months.

Organisational Governance with a compliance framework and confidentiality policy alongside risk management strategies such as regular management meetings and monitoring/reporting processes were realigned to meet the growth of Gurriny. Our corporate governance has also undergone changes with our Board reviewing our incorporation and the roles of independent members.

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Priorities for the next 12 months

- Gurriny's experiences to date have highlighted the need for us to better understand business modelling for our service. The role of the corporate world and what we can learn from them is clearer.
- Gurriny aims to become a stronger political voice for our community both in health and in addressing the social challenges in Yarrabah.
- Gurriny will be working towards building relevant research partnerships, bedding down a research culture in Gurriny and managing our data better.
- Gurriny plans to build the local workforce by creating training pathways and addressing the scope of practice for IHW.

Finally and most importantly in June 2015 we are confident we will be reporting back to the State and Commonwealth Governments that Community Control does work as evidenced increased health outcomes against the National KPI's achieved by us in comparison to what has happened in Yarrabah in the past.

Thank you to the Chair and Board of Directors for their continued support and appreciation to the Executive and Senior Management Teams & staff for being part of the journey. The Gurriny team's dedication, hard work and passion for this community astound me and I look forward to an exciting next twelve months ahead.

Suzanne Andrews, CEO



Transition Manager

Ruth Fagan

These past 12 months have been complicated, fast paced and changing on a regular basis.

There were a number of critical questions about Transition during this time period outlined below.

- How much money would it cost Gurriny to deliver the right kind of health care required for our community?
- How much money does Queensland Health (QH) currently spend on Yarrabah and how much of that would they hand over to Gurriny?
- What would happen to the Queensland Health Staff who work at the health centre?
- What rules would apply to us around how we use the health centre building?
- What type of work force did we need to do the job?
- How would we be expected to report back to Queensland Health what we are doing when we take over?
- How do we help our staff to manage so much change, uncertainty and opposition?

In 2010, health staff from Gurriny sat down and designed a health service model that described how we should address health care in Yarrabah. In 2013, health staff from Gurriny took the next step and designed a patient journey – this helps us understand the detailed patient care that all patients should receive.

The patient journey also helped Gurriny identify the amount of money and the number of staff and types of positions needed to run the clinics and administration areas.

Queensland Health undertook a review of their budgets and negotiated with the CEO and Board of Directors an amount that would be provided to Gurriny to run health services after June 30 2014.

Throughout 2013 and 2014 there were a series of meetings held with Unions and Queensland Health staff to reach an agreement about their employment.



Additionally, Gurriny ran sessions to give staff information about working in our organisation.

Queensland Health opted for a redundancy package and Gurriny have made the decision to recruit permanent position in October 2014 so that QH staff could apply for jobs.

The Department of Health and Aging, Queensland Health and Gurriny are negotiating the use of the clinic building, and the key performance targets for Gurriny and how will these achievements be reported.

These agreements will be legal documents signed off by the Board of Directors and representatives from the Government Departments.

There has been a lot of change in Gurriny, new staff are being introduced into the teams and a review of the organisation was completed.

Staff were moved into other work areas and will be expected to do different activities and possibly new training. It was challenging trying to provide up to date information to the teams during this year and at times the teams have felt isolated and frustrated.

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In early 2014 the Gurriny teams came together to reaffirm our organisation culture and values and talk through the issues and identify some steps to cope with the growth and changes that would occur throughout the year.

Overall, despite the challenges of change new opportunities are emerging such as

mobile clinics, health worker training, renal services and research partnerships with universities. Looking to the future the 30th June handover is on track and it is expected that the hard work will continue throughout the second half of 2014 to bed down the models and resourcing of Gurriny.

Ruth Fagan, Transition Manager

Clinic Report

The Manager of Primary Health Care, assumes the responsibility for the operations of the primary health care clinic, including reception, patient transport, pharmacy, triage, chronic disease and sexual health.

In early 2014 there were some significant changes planned within the workforce and program areas. Changes may occur with the health worker, reception and patient transport areas. We are also planning to increase the number of people working in Gurriny based on our workforce needs to roll out our current model of care.

As at the end of June 2014, our patient records showed that we have 4181 patients registered to our service. For this twelve month period, the Gurriny teams provided a total of 4663 episodes of care. We have also provided a significant amount of patient transport in the community and also to Cairns.

Gurriny ran a number of clinics as outlined below:

- Dr Boyd 9 clinics with 108 patients attending
- Renal 5 clinics with 30 patients attending
- Diabetes Outreach- 2 clinics with 30 patients attending
- Podiatrist- 5 clinics with 128 patients attending
- Dietician- 6 clinics with 99 patients attending
- Diabetes Educator- 6 clinics with 71 patients attending
- ATSI Health Checks – 371
- GP Management Plans – 233
- Team Care Arrangements – 233
- Pharmacy – 100 Webster packs dispensed and 1158 (Teresa will email you tomorrow the correct number) scripts processed.

A key component of our service is to provide screening and prevention and for this period the Gurriny undertook 592 adult health checks (25 years and older) and 323 child health checks (ages 15–24). This screening is important because it helps identify health problems at an early stage and it may be easier to manage. Currently we have 921 patients with a chronic illness and we have performed 233 GP management plans and 233 team care arrangements. 1158

Our key priorities for the next twelve months are to meet the national key performance indicators as set by the Queensland government and also to focus on the delivering a high quality of clinical services to our community.

Medical Team Report

It is interesting to reflect on the journey across 2013–2014, especially from 5 months post transition. From the medical perspective, it was a time of continued evolution of programme areas, and an expansion of our medical staffing levels.

In November 2013, Dr Vanessa Walter joined GYHSAC from Qld Health and became a valued part of our team, and has been able to assist the Child Health Programme across transition. Vanessa previously worked as the Paediatric Outreach Registrar for the Cape, and as such worked closely with Dr's Ruben and Heazlewood, who continue to be our visiting Paediatricians.

Dr Casey Maddren took on a role with the Youth Mental Health team, offering ongoing clinics at the high school and evolved a valuable relationship with the visiting child and youth Psychiatrist. She also became a popular doctor with the teenage and young adult members of the community. She is now on maternity leave, and has just birthed a baby boy.

Dr Anila Reddy continued to provide a valuable service to the Mutkin Aged Care Facility, and coordinated a three monthly "Dementia and Memory" clinic with our visiting Geriatrician Dr Eddie Strivens and his team. He also focussed on evolving a programme to address management and follow up for our Hepatitis B clients. He worked closely with Milton and Katrina from Sexual Health on this programme.

In February 2014, we were faced with a sudden withdrawal of Qld Health staff from the Maternal Health, Child Health and Triage areas of the Primary Care clinic. Despite a lack of funding and a shortage of staff we were able to take over the Patient Assessment and Triage and evolve a "health worker first" model in the best traditions of Community Control. As this occurred 5 months prior to the official transition, it allowed us by default to introduce Gurriny's model of care into this environment. We were also able to support the Maternal and Child health programmes to maintain a service.

In March/April 2014, a very successful Young

Person's Check was hosted over three weeks, enabling over 300 young people between the ages of 15 and 24 to have a health check. This is now embedded as a very important event in the Gurriny calendar and enables important health screening for sexual health and chronic disease markers in this age group.

On May 9th 2024, I coordinated a sector wide Doctor's Workshop at Gurriny Yealamucka Health Service. This was attended by approximately 30 Dr's from Apunipima, Mulungu, Wuchopperen and Mamu Health Services. We had a mix of speakers on a variety of topics, including a presentation on the YPC from our sexual health team. The feedback for this event was very positive and has helped cement good relationships between the services.

On May 28th 2014, we completed our triennial AGPAL accreditation for the clinic, and passed with flying colours. This is a very important accreditation process where we are assessed against a variety of standards set for general practices by the Royal Australian College of General Practitioners.

We have continued throughout 2013–2014 to provide a training environment for GP Registrars from Tropical Medical Training, based in Townsville, and to host Year 4 medical students from JCU for 2 week blocks. We have also hosted 2 John Flynn Placement Programme medical students during the past year. Being able to work and train at Gurriny Yealamucka Health Service in Yarrabah is a valuable experience for medical students and GP Registrars as it gives them an understanding of the issues affecting the health of indigenous Australians.

We will continue to work to stabilise our medical workforce and to be a part of the evolution of the Health Service from the community controlled perspective.

Social & Emotional Wellbeing

Child Health

For the past year Gurriny Health Service Indigenous child health worker Savanna Bulmer has been delivering a various range of education and preventable programs within the community, schools and also provide their parents and families with health educational materials within the Yarrabah community.

She has worked closely with several organisation and services such as Qld Health and the Yarrabah Primary.

Throughout the past months I have conducted programs introducing:

Dental Health: – over 400 toothbrushes, Colgate's, toothbrush and holders are distributed to everyone children aged between 0–12yrs attending Day care, Pre-Prep and the Primary School and education with the Queensland Health Dental Team. As a part of the dental program Gurriny has also provided dental appointment services which Gurriny works closely with Queensland Health Dental services and the primary school on a weekly basis. This requires continuous home visit within the community to invite parents with their children who have been referred from other areas for a dental check-up. These service would help reduce the incidence of dental disease amongst our children by introducing brushing twice a day in our daily activity. Qld Health dental have been deliver the clinic's two days Mondays & Tuesdays every week between 8:30am –3:00pm.

Nephritis School Programs: – to reduce the incidence of Post Streptococcal Glomerulonephritis (PSGN) or School sores as a part of the Nephritis preventative program I have been implementing a Dressing clinic within the school to assist with minor cuts, abrasions and sores. This allows the health workers to visit the school on a weekly basis to screen children who are potentially at risk of the contracting the disease. The Nephritis

continue to pose a threat to children if not identified early. The most likely way of bacteria can enter the blood stream through skin sores caused by bites, scratches or scabies. Every child that is examined receives one of 1000 “No More Sores” packs to families to aid in prevention of infected lesions.

Some program also includes: Gurriny works in with School to recruit families for Health Checks. These Health checks will identify problems as, anaemia, underweight for age and dental cavities. These health checks are a team effort which both health workers and doctors doing 50% of the health check-ups. The team occasionally puts together an incentive pack for the families and children undergo a health check. The hearing Program is introduced to improve our children hearing and social and emotional wellbeing and can lead to persistent and chronic ear disease and subsequent hearing loss from early infancy with a history of educational and social disadvantages. Otitis Media is the inflammation and infection of the middle ear space or known as glue ear. Most hearing loss problems in Aboriginal children are the result of Otitis media (OM). Health workers have educated the parents on trying to increase children blowing their noses to reduce buildup of fluid in the middle ear.

Our ongoing ability to deliver these necessary early detection and preventive health programs is limited by our shortage of staff and doctors.

Men's Health Program

The Men's Health Program Plan is part of Social Emotional Wellbeing Program Annual Work Plan which aligns with Gurriny Yealamucka Health Services Organisation Plan and Model of Care.

The Men's Health Program is currently staffed by a Men's Health Coordinator and an Assistant. Whilst the Men's Health area has presented challenges, implementation of the program has realised a number of achievements. Staff within the program presents the following report for the period – 01 July 2013 to 30 June 2014.

The Men's Health program offers activities throughout the year, to the men of Yarrabah to enhance and support their physical, social and emotional health and wellbeing. It also works with other program areas within Gurriny Yealamucka Health Services and where appropriate and relevant, request support of other internal and external agencies, both government and non-government through referrals.

Men's Group

The Men's Group is a program that is known to many of the men in Yarrabah and it also provides Staff with opportunity not only consistently engage but to promote some of the work that it is doing to support men in the community. Also to get feedback from the men, including some of the needs to positively contribute to their health and wellbeing. Men's Group is held one day per week in the Social Emotional Wellbeing program building in Workshop Street.

Men's Group not only provides men with an opportunity to yarn up and share to support health and wellbeing but also offer other activities throughout the reporting period

- Art & Craft
- Barbecues
- Family Wellbeing Program
- Father Son Camp
- Exercise and Fitness

The Men's Health Staff conducts regular home visits as part of its program to ensure consistent social and emotional health and wellbeing support for the men.

Men's Group Invitation

The Men's Group was invited by Wujal Wujal Men's Group to participate in a camp and share some of the current programs that the Men's Health Program conduct here in Yarrabah. Further it also provided a great opportunity to network and socialise.

Adult Health Checks

During the year the Men's Health Program within Gurriny Yealamucka Health Services Social Emotional Wellbeing worked with the Clinic Staff to organise and offer Adult Health Checks.

Continued next page...



26 January 2014

Men's Health (*from previous page*)

Community Engagement & Networking

The Social Emotional Wellbeing program continually engages with individuals, family and service providers of the community through a number of mediums for the purpose of supporting the work the program area offers and to acquire knowledge of other activities being offered outside of Yarrabah that will make a healthy contribution to member's social and emotional health and wellbeing.

During the reporting period Social Emotional Wellbeing Program provided support and participation at Community and Special Events to mark significant occasions, such as Survival Day, Child Expo, NAIDOC and International Men's Health Week.

The SEWB Team also worked with the National and Qld Mental Health Commission, Qld Aboriginal and Islander Health Council, SEWB Workforce Support Unit to organise and facilitate a Contributing Life Yarn Workshop at the Yarrabah Training Centre on the 26th November 2013.

Men's Shed

This facility is still regarded at Men's Group as much needed. A building was offered by Yarrabah Aboriginal Shire Council for this purpose. The other important part of this initiative is the establishment of a Men's Shed Reference Group, with an expression of interest notice distributed around the community.

The following projects were also conducted during the reporting period with funding support from Australian Men's Shed Association.

1. Art & Craft

This activity at the SEWB Building also included a visit to the Yarrabah Art Centre and UMI Arts by interested artistic participants for the purpose of acquiring information of their services and any opportunities that may exist in the area of arts & crafts.

2. Community Beautification

Mowing and tree planting along the Esplanade.

3. Father / Son Camp

Reflection Garden

Significant progress was made towards the establishment of a Garden for the purpose of providing social and emotional wellbeing support for those community members attending Gurriny Yealamucka Health Services and its programs.

Staff Training & Professional Development

Training and Development opportunities are provided by Gurriny Yealamucka Health Services to support and progress the work of the Social Emotional Wellbeing Program. During the year Staff completed training in Mental Health Certificate IV, Counselling and Management Courses.

During the reporting period SEWB Staff attended conferences and gatherings that provide professional development and network opportunities such as the National Conference on Family Wellbeing in Adelaide, hosted by Lowitja Institute. Attendance at training in Suicide Prevention and Indigenous Facilitation organised by Queensland Aboriginal and Islander Health Council.

Further professional development opportunities included attendance at Master Class Series training organised by QAIHC, SEWB Workforce Support Unit in Cairns.

Life Promotion

During this year we have supported families who couldn't cope with their everyday life e.g. stress, family fights, grief and loss.

Especially for those who are affected by their children who use drugs and alcohol who can then become suicidal or want to self-harm. Also supporting the children who are trying to get off drugs and alcohol. Then refer them on to support services and programs that are relevant for their well-being. Doing follow up with a client is very important for them and for us because this is when we find out if the program is helping them. By doing attending the programs they are showing that they want/need support.

We find that it is a challenge because drugs and alcohol are easily available in our community. When their friends invite them to have a drugs or alcohol they can't refuse and they get caught up in the cycle again.

Ensuring that we keep their confidentiality and privacy and not talk about it in the community.

Activities:

- Support Domestic Violence Week
- Support Diabetes day
- World Suicide Prevention day
- Work with Psychologist
- Laura Festival
- Support the Men's and Women's Group

Our people have always supported their family and friends who struggle with suicidal thoughts and self-harm but there are people who don't have any one to talk to. We have a Community Flow Chart that supports people who are suicidal and want to self-harm. They can be contacted at any time, day or night.

Health Promotion

The health promotion team has been quite busy with promotional activities through-out 2013-2014. Our team has delivered these activities to a wide range of audience from school children to youths to adults to elders.

Gurriny Programs	Community events	Joint Initiatives with other Service Providers
<ul style="list-style-type: none">• Breakfast Program• Young Strong and Healthy program – "Smoking & Healthy lifestyle"• Breast Screening• Child/Young persons and Adult Health checks• Youth forum• Under 8's child Expo• Smoking cessation education• International Men's Health week• Dental program (Pre prep)• Elders Group/Mutkin• Walking Group• Exercise Circuits	<ul style="list-style-type: none">• NAIDOC week activities• Suicide Awareness• National Closing the Gap Day• International Women's Day• Foundation Day celebration• World Kidney Day• Survival Day activities	<ul style="list-style-type: none">• E health initiative• Cairns Health Expo• Foot print in the Sand Youth Camp• Happy healthy Cuddi Cuddi program• Pathways program

The Programs and Events above are those we have delivered or have assisted and promoted has had an impact on community.

We have seen individuals and families change their old lifestyles for the betterment of their health.

Community engagement has proven to be a challenge, however the more we are presented in the community the more we are able to encourage and engage people into our health programs.

Through our programs we endeavour to see an increase in positive lifestyle changes and preventing the incline of chronic diseases amongst our people.

Lucrecia Willett – Healthy Lifestyle & Activities Officer

Alicia Hari – Health Promotion Officer

Kani Thompson – Nutritionist

Culture Rebound – Connected Yarrabah Youths Project

The Culture Rebound – Connected Yarrabah Youth project targets youth of Yarrabah aged 12–25yrs and aims to increase the communities capacity by introducing a range of appropriate suicide prevention strategies to support the youth to cope with peer related risk factors.

The Project intends to use the model and guiding principles of the evaluated Family Wellbeing Program to develop a Youth focused response and collectively promote and develop appropriate strategies to identify and prevent risky behaviours affecting their physical and social and emotional health and wellbeing.

It also focuses on developing a strong sense of personal identity and purpose

through cultural empowerment and deliver activities outside normal working hours to establish alternatives to parties, drugs and risk taking behaviours including a focus on culture and tradition in everyday life.

Importantly, the core focus on this youth wellbeing program is developing a model based on community resilience rather than directed efforts on deficiencies.

Family Wellbeing Program

Family Wellbeing is a health intervention program that has been developed by Indigenous Australians and focuses on social and emotional wellbeing and the development of life skills.

Family Wellbeing aims to build communication, problem-solving, conflict resolution and other life skills to enable the individual to take greater control and responsibility for family, work and community life. It is a concept that encompasses grief and trauma, suicide and other forms of self-harm and the ways in which these issues impact on Indigenous individuals and families throughout the life cycle.

Sessions included:

- Qualities of a Counsellor
- Basic Human Needs
- Understanding Conflict & Process of Change
- Conflict Resolution
- Understanding Emotions
- Crisis
- Beliefs and Attitudes
- Sensitivity as a Counsellor
- Bringing it all together.

Conducted a Youth Forum – Look After Your Mates on Tuesday 8th and Wednesday 9th April 2014 with youths aged between 17–25 years.

Theme: Look after your mates

Aim: To host a youth forum for the Youths of Yarrabah to engage in discussions around the development of appropriate strategies to support their physical, social and emotional health and wellbeing.

Objectives:

1. To encourage and inspire the Youths of Yarrabah to pursue a healthy and positive lifestyle, by engaging in activities that will positively impact upon their physical and social and emotional health and wellbeing.
2. To encourage and inspire youths to make decisions that will positively enhance their self-esteem, confidence and be an inspiration to their families, peers and community.
3. To provide an opportunity for Yarrabah Youths to collectively promote and develop appropriate strategies to identify and prevent risky behaviours affecting their physical and social and emotional health and wellbeing.

Yarrabah Living Waters Ministry is a not for profit organisation and provide voluntary services.

The aim of the Yarrabah Living Waters Ministry is to deliver a Youth Group that provides spiritual, social and emotional and practical support for the Yarrabah youths aged 12–18 years in partnership with the Cairns and Mareeba Living Waters Ministries.

A volunteer, my role as the Youth Leader is to co-ordinate a team and program to deliver a service to support the youths every Friday evenings between 7pm– 9pm and provide activities and lessons that supports spirituality, teamwork and communication, respect, relationships and life skills and also prepare and provide a meal.

- Bible study
- Activities
- Life Skills
- Youth Rally
- Movie nights

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Yarrabah Youth Forum
April 2014

Programs the Connected Yarrabah Youth Project have assisted and supported throughout the reporting period also included:

Brekky Program:

Our role in this program is to assist and support the delivery of weekly breakfast every Wednesday to the Secondary students in partnership with the Yarrabah Primary and Secondary Department and Gurriny Yealamucka Health Service.

Monthly Barbeque:

The aim of the monthly BBQ's are to provide a safe area to support all Youths of Yarrabah and young parents and make them feel valued.

Our role is to support and assist the Youth Services Co-ordinator with the

engagement and transport of the youths to attend and return home safely.

Young Persons Check

The Young Persons Check is a complementary prevention strategy directed at identifying chronic disease risk, and detecting and treating common bacterial sexually transmitted infections in the population most susceptible – young Aboriginal and Torres Strait Islander adults under 25 years.

Our role with the Gurriny Yealamucka clinical team was to recruit and promote youths to participate in a 15 minute health check and screening for youths aged between 15–24 years this program was delivered 31st March to 17th April 2014.

Bringing Them Home

The Bringing Them Home team has held monthly meetings and attended several workshops for debriefing and supervision. Agencies we worked with included Link – Up (Qld) Cairns office, Mulungu Medical Services Mareeba, and Gurriny Yealamucka Health Services Yarrabah.

A big day for us was NAIDOC Day celebrations at Malcolm Park in Yarrabah.

Two 4wd vehicles and two boats were used to transport members of the Stolen Generations to hunt / gather seafood and land (bush foods) as well as a swim in the sacred medicine water (Yealamucka).

As a therapy the women have commenced sewing and Art & Craft within the Bringing Them Home Programme.

Home visits and contacts are made to promote awareness for the Aboriginal and Torres Strait Islander Social & Emotional Well Being Program and services to members of the Stolen Generations.

SEWB National Conference was held in Brisbane. The SEWB Program provides family tracing, reunion support and counselling services to Aboriginal and Torres Strait Islander peoples and communities. Priority is given to members

of the Stolen Generations. The SEWB Program funds Link – Up services, the workforce support units, the National Sorry Day Committee and the National Stolen Generations Alliance.

Members of the Stolen Generations group here at Yarrabah had visited Mutkin Aged Care facility to entertain and to have lunch with the residents of this establishment.

The Visual Art teacher from Cairns State High School brought art students approximately 55 to visit Yarrabah. This excursion included speaking with Elders of our community to tell their stories of growing up in Yarrabah and travelling to Cairns by boat to attend school. These students will be required to conduct research through drawing, photographing, painting, recording sights, sounds and feelings.

Social/Youth Services Coordinator

Ross Andrews

Community Investment Program – 2013/2014 – This year proved to be highly challenging through a number of programs, as we came to terms with the uncertainty around the future of the Local Answers Community Investment Program.



Whilst we have had to deal with this issue at the operational level, the services continued in providing positive outcomes that helped with the capacity of the local community.

Firstly, following on from our last report, the summary report completed by Social Ventures Australia (SVA) is slowly being progressed with several different enterprises that could be explored further through ongoing support. There is more work to do in terms of steadily accessing the appropriate support to enable these potential enterprises to 'spark' and generate community interest.

Whilst this has occurred another project facilitated by Social Enterprise Australia (SEA) was presented as an option to consider a joint venture between Yarrabah Seahawks Sports Club, Yarrabah Seahawks Junior Rugby League Football Club and SEA. The intent around this idea was to market the Seahawks brand through merchandise sale and this idea as a youth enterprise. Although, this never gained momentum due to time constraints, I am hopeful that this particular project may be progressed one day by both clubs.

Bi-Monthly youth services co-ordination meeting

was highly challenging during this reporting period due to a number of reasons, and I am hopeful that we can strengthen our dialogue so that we are all working together on projects for the betterment of the community.

Through the employment of two (2) youth well-being staff under "The Culture Rebound – Connected Yarrabah Youth Project", we were able to jointly plan a "looking after your mates forum" which had been held in April, 2014 to develop local solutions and to encourage greater awareness around youth mental health. The forum was a great success where our youths responded to questions such as "what makes a better Yarrabah, and How can Service Providers help?". Gurriny is currently reviewing its forum evaluation of this project and may be considering hosting a 2nd youth forum as a following on from this, prior to the strategy funding ending 30th June, 2015.

Whilst there was a high level of energy in relations to addressing our youth issues, the forums participants recognized the need for more mentoring and support as it is a prerequisite in acknowledging this challenging demographic population.

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Yarrabah Seahawks Junior League continued with their operations and registered 113 kids to play rugby league throughout the Far North Region.

As evident during the year, coaches and Leaguesafe volunteers were trained and the necessary qualifications obtained as part of compliance requirements with the Queensland Rugby League.

On a disappointing note, having a dedicated youth place continues to be challenging as we are not making an impact on the community's social problems faced by our kids. Until, this is resolved, we will continue to see the effects of youth justice increase and the poor indicators around social determinants of health. More capital infrastructure funding is required to accommodate our future growth in Yarrabah.

I have also developed a flowchart that looked at our resilience and deficits for our youth population in a more coherent and strategic way.

We know that our future lies with our youths and we must do all in our efforts of encouraging them to attend school on a regular basis.

Rather than focusing on our deficits, our strength lies in supporting resilience and work with the kids who are happy in the education system.

There is still a lot more to do, and we must remain positive in contributing to a community that has potential to exceed.

In conclusion, the CIP will continue to work in partnership with the youth population in the community.

Ross Andrews, Youth Services Co-ordinator



2013 Bishop Malcolm Carnival



Staff at Transition Day Celebrations



Finance Reports

Statement of financial position

As at 30 June 2014

	Note	2014 \$	2013 \$
Assets			
Cash and cash equivalents	7	1,077,581	1,114,079
Trade and other receivables	8	<u>121,547</u>	<u>66,040</u>
Total current assets		<u>1,199,128</u>	<u>1,180,119</u>
Property, plant and equipment	9	<u>750,866</u>	<u>695,934</u>
Total non-current assets		<u>750,866</u>	<u>695,934</u>
Total assets		<u>1,949,994</u>	<u>1,876,053</u>
Liabilities			
Trade and other payables	10	1,126,378	928,709
Loans and borrowings	11	1,701	1,580
Employee benefits	13	<u>40,940</u>	<u>37,880</u>
Total current liabilities		<u>1,169,019</u>	<u>968,169</u>
Employee benefits	13	<u>40,988</u>	<u>19,737</u>
Total non-current liabilities		<u>40,988</u>	<u>19,737</u>
Total liabilities		<u>1,210,007</u>	<u>987,906</u>
Net assets		<u>739,987</u>	<u>888,147</u>
Equity			
Retained surplus		<u>739,987</u>	<u>888,147</u>
Total equity		<u>739,987</u>	<u>888,147</u>

Statement of comprehensive income

For year ended 30 June 2014

	Note	2014 \$	2013 \$
Income			
Revenue	5	4,937,985	4,677,777
Other income		39,705	-
		<u>4,977,690</u>	<u>4,677,777</u>
Expenses			
Accounting fees		1,600	4,100
Administration and office expenses		18,150	21,479
Advertising		12,254	5,846
Audit fees		27,672	36,167
Capital Expenditure		128,749	31,859
Cleaning		3,874	2,489
Clinic supplies		80,576	44,227
Computer support and equipment hire		197,328	168,928
Conference fees		16,896	1,756
Consulting and professional fees		427,442	351,051
Donations		11,652	4,277
Electricity and water		11,771	13,039
Employee amenities		6,880	21,046
Employee expenses		3,563,302	3,039,606
FBT expense		187	7,997
Hire of equipment and facilities		9,550	1,168
Insurance		29,121	27,985
Licences and permits		33,319	20,694
Meeting expenses		5,390	6,523
Motor vehicle operating expenses		111,184	72,534
Motor vehicle leasing and hire costs		91,022	137,905
Program expenses		107,716	154,953
Printing and stationery		33,372	19,653
Repairs and maintenance		22,241	36,376
Telephone and fax		32,197	27,231
Training		20,403	8,888
Travel and accommodation		93,516	71,320
Workcover		55,464	69,733
Sundry expenses		47,572	17,400
		<u>5,200,400</u>	<u>4,426,230</u>
Results from operating activities before net financing costs		<u>(222,710)</u>	<u>251,547</u>

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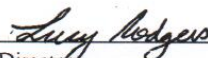
Finance income		18,989	10,136
Finance costs		(54)	(3,612)
Net finance income	6	18,935	6,524
Results from operating activities		(203,775)	258,071
Capital expenditure transferred to non-current assets		128,749	31,859
Depreciation and amortisation expense		(69,554)	68,841
Net gain/(loss) on disposal of property, plant and equipment		(3,580)	(20,754)
Net surplus/deficit before income tax		(148,160)	200,335
Income tax expense	4(e)	-	-
Net surplus/deficit for the year		(148,160)	200,335
Other comprehensive income		-	-
Total comprehensive income/deficit for the year		(148,160)	200,335

Directors' declaration

In the opinion of the directors of Gurriny Yealamucka (Good Healing) Health Services Aboriginal Corporation (the "Corporation"):

- a the financial statements and notes are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2007*, including:
 - i giving a true and fair view of the Corporation's financial position as at 30 June 2014 and of its performance for the financial year ended on that date; and
 - ii complying with Australian Accounting Standards – Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2007* and any applicable determinations made by the Registrar of Aboriginal Corporations under Division 336 of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*; and
- b there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the directors:


 Director
~~Sandra Houghton~~ Lucy Rodgers

Dated the 30th day of September 2014



*Gurriny Yealamucka will lead the way in improved
health outcomes through community controlled
health services for the people of Yarrabah*

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