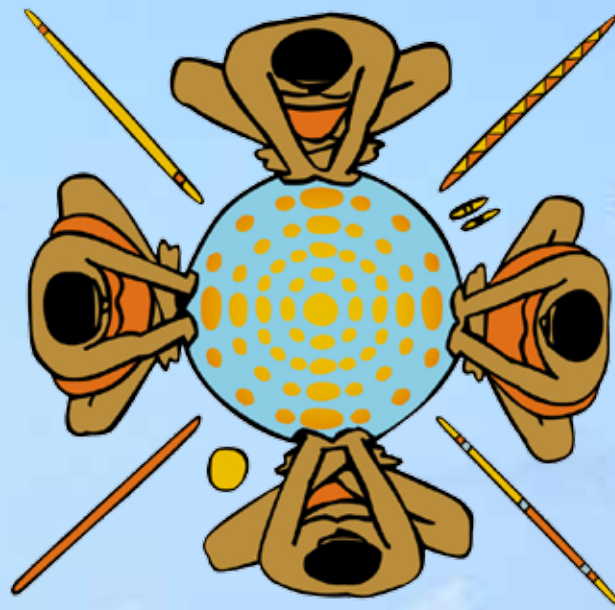


Gurriny Yealamucka Health Services Aboriginal Corporation



Annual Report 2008–09



**Gurriny Yealamucka Health Services
Aboriginal Corporation**

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History

Gurriny Yealamucka Health Services Aboriginal Corporation was established as a result of community consultations in 1997.

Previously known as the Yarrabah Health Council under the auspices of the Yarrabah Aboriginal Community Council.

The establishment of the Yarrabah Health Council in 1993 was due to identified needs by the Yarrabah Aboriginal Council and community members as they felt the health needs of community residents were not being met by the state government health department.

The 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.

In 2001 the Yarrabah Health Council reviewed its operations and changed its name and was incorporated as an Association, under the name of: Gurriny Yealamucka (Good Healing Water) Health Services Aboriginal Corporation.

Gurriny Yealamucka is from the Kunghanghi language meaning Good Healing Water.

Gurriny Yealamucka Health Services Aboriginal Corporation is an Incorporated Aboriginal Association under the Aboriginal Councils and Associations Act 1976.

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

The core business for Gurriny Yealamucka Health Services Aboriginal Corporation 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.

The transition from the Yarrabah Health Council into Gurriny Yealamucka Health Services Aboriginal Corporation commenced in July 2002 with final stages of transition being completed in December 2003.

ACKNOWLEDGEMENTS

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Layout & Production Christine Howes
Cover Photographs © Christine Howes 2009

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Mission

To develop a best practice multi-purpose primary health care service that will enhance individuals and family lifestyles, spirituality, physically, mentally and emotionally through community management and self-determination.

Vision

To improve and maintain the health and well being of all people in the community of Yarrabah and surrounding areas, through community participation by providing a community based and community controlled Aboriginal Health Service in a culturally sensitive manner.

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 Queensland Health 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.



Chairperson's Report



The 2008 – 2009 year has been very trying and testing for the Board for reasons I believe can be prevented with a clear focus on the role of governance. Every year the performance of the Board should be assessed just as managers and staff. No doubt this process will engage member's in discussions which will raise some very important points on governance and its relationship to the business of Gurriny Yealamucka Health Services. Through this process I hope we can begin to explore what is needed to consistently address long term governance issues and continue to develop and implement strategies that support governance from within the organisation. After all it is the members representing the community of Yarrabah who are the owners of Gurriny Yealamucka Health Services and a have right to know how the elected Directors of the Board has performed. Because the individual performance and collective approach of the Board has a powerful effect on the organisation we must ensure our thinking is formed from information and experiences that are relevant. We know that the Annual General Meeting is a very important event and one that sets the tone for the Board's internal relationships and how it functions for the term. You will be comforted to know management have developed and implemented sound systems and processes for governance, management and operations. Members and directors must know what they are and direct people to them who ask important questions about Gurriny Yealamucka Health Services business practices.

The Board of Directors core responsibilities are planning, monitoring and policy development. When properly executed with the secretariat support provided by the Chief Executive Officer and his management team, we are then able to fulfil our role in overseeing the entire operations of Gurriny Yealamucka Health Services. Management is an important link to that monitoring role of the board that together through reporting functions and continuous dialogue we can see the plans and policies being implemented and what methods are being used in this process. For the overall operations of our organisation

including all internal functions are only as good as the systems we have in place and the personnel of staff and board to apply them. But I must say we have measures to review systems and to assess performance, analyse and make changes where it is needed. The board has engaged fully with all of its commitments although we have been hampered by the fact that this board served a much shorter term than the usual and unfortunately competing commitments have made our job that much more difficult. I feel we have all learnt some very valuable lessons as a board and as an organisation and are keen to use that learning to move forward and continue to influence our community with health improvements. There has definitely been a shift in the way community boards operate from the more traditional volunteering role and only having quarterly meetings. To the development of portfolios and sub committees, professional development courses are all pointing towards effective governance, being responsible and informed decision makers. The board that is elected in this years annual general meeting must be aware of what is required in terms of availability, experiences and ability to acquire new knowledge in order to engage fully and accomplish tasks as the board.

The community and members of our organisation must also be aware that there is a representative role for the board within the health sector itself and the wider community. There are broader responsibilities that must be fulfilled towards strengthening and sustaining each other within the Aboriginal health sector. In addition the links to the other sectors such as social, education, employment and justice are critical to the developments of health. I believe that if we are to have any kind of influence on the health sector and our interaction with our community then we need to be strong as an organisation because what we produce will be reflected in what we bring to our representative roles. The board will be looking to increase its representative duties to ensure that health is represented in the shire developments, the education department and with other service providers in the social





sector and other government initiatives. We at Gurriny Yealamucka Health Services are determined to play an important role to the Aboriginal health sector developments through the Yarrabah Health Partnership, the Far North Regional Health Forum and Queensland Aboriginal and Islander Health Council. What we give to the Aboriginal health sector as a body of Aboriginal community control organisations is what we will get. But it comes back to what we can do together at the local level because that is what we will take to the higher levels when fulfilling our representative duties. I want to also encourage our new board to look at ways of engaging the community to experience the health developments with us and the support the transition to Aboriginal community control.

I want to leave you with these words of encouragement about how we can walk together on this journey of improving our health. We hear and take part in discussions about our community's social and health issues and often express thoughts of disappointments about them and hope life could be better for us. Well here is an opportunity, if members feel they have something to offer as a director of Gurriny Yealamucka Health Service. But to be aware of

the weight of responsibility and the many disappointments you will experience. There is also the rewards and personal fulfilment when you see developments taking place and the fact that it has the potential to influence others. When we share these experiences it is a great thing for our community that gives us extra drive and builds our hope. Every community has untapped talents, and why they stay untapped relates to many things, such as could be fear of the unknown, worry about what others will think or the disappointment of failure. Right now every board member and staff of Gurriny Yealamucka Health Services knows they have taken risks to be here and each one have had to deal with those things that are put up as barriers.

I believe we have within each of us something to encourage each other and sometimes particular learning's will come through certain experiences that this may be in situations where your required to change when nobody wants to change or to stand firm when everybody wants to run. I am a supporter of change because I know it is possible and on behalf of Gurriny Yealamucka Health Services please feel free to partner with us on this journey of change.

**Gail Fourmile
Chair**



Board Members



Bishop Arthur Malcolm



Sharmaine Stafford



Pastor Ernest Stafford



Cheryl Flanders



James Noble



Dean Thomas



Mary Kyle

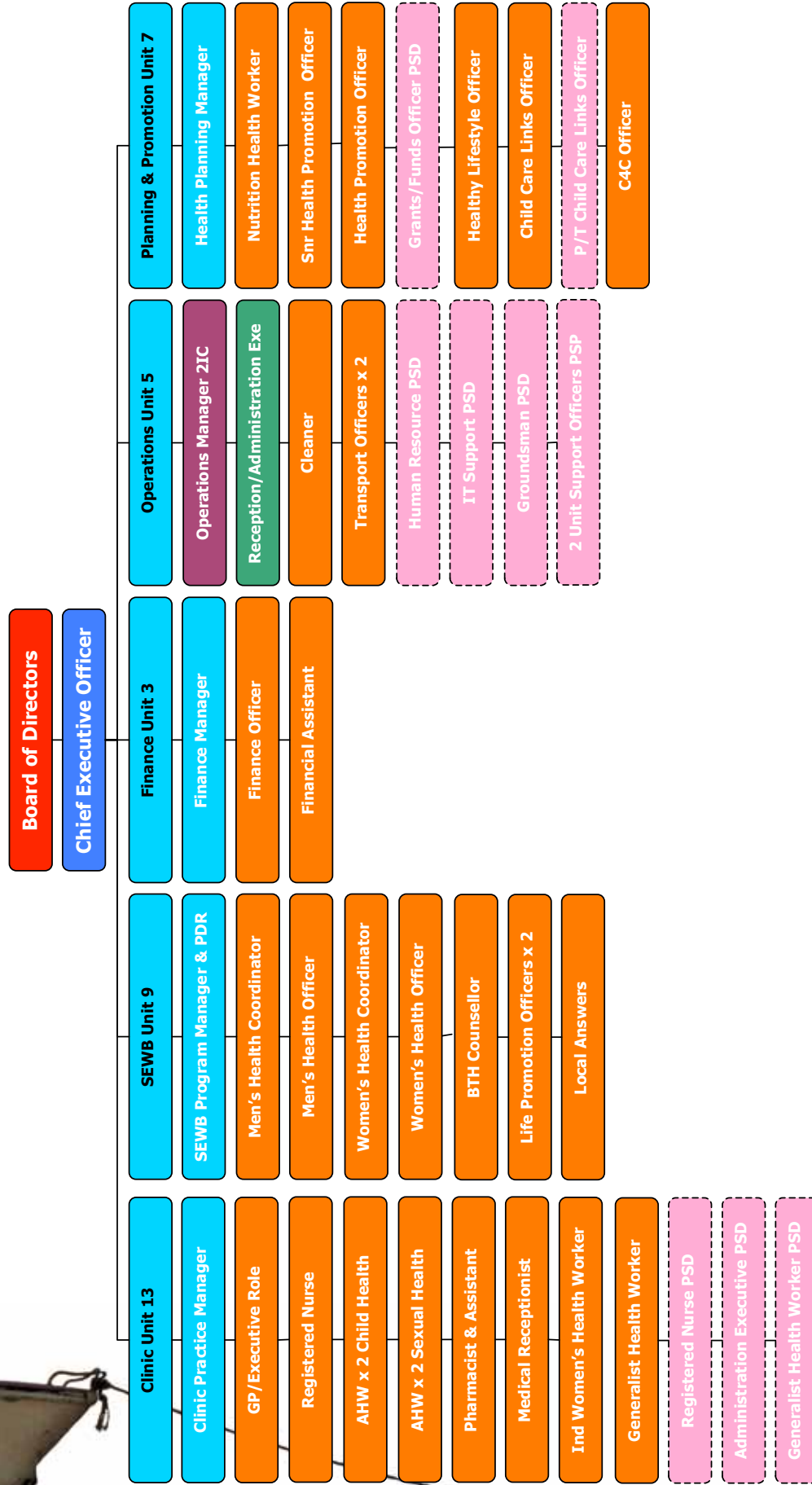


Mahalia Mathieson





Organisation Structure





Chief Executive Officer's Report



Each year we want to prepare and present a report that is a interesting read, one that is informative and stimulates thinking, generates wide spread interests, engages discussions at different levels and encourages support for our organisation and community. This year there has been a greater focus on the transition to Aboriginal community control because we have now stepped into the implementation stage. Everyone involved in the transition will know this is a big learning for us all and Gurriny Yealamucka Health Services is keen to show that this can work here in Yarrabah. Therefore, we at Gurriny Yealamucka Health Services must work hard to achieve the best practice standards for governance, management and service delivery. Currently there remain some important challenges for us including taking the mantle for leading the Transition Project which can be accomplished with a well developed and sustained capacity building program. The partners of the Yarrabah Health Partnership all have an important role to fulfill in the capacity building program and each one must make valuable and worthy contributions to its cause.

Traditionally Aboriginal Community Controlled Health Services have started with delivering clinical services and then added social and emotional health services. Gurriny Yealamucka Health Services has been opposite in that regard starting with the delivery of social and emotional health and has now added clinical health within the last year. Social and emotional wellbeing (SEWB) is what you see operating through the men's and women's programs, the child care links and the Community for Children (C4C Project), a new project funded through Mission Australia. Management has engaged with the University of Queensland for the past year to deliver training to our staff of the Men's and Women's programs of the Priority Driven Research (PDR) Project. This includes a Protocols Manual, a guideline for health workers, clinicians, consumers and carer's to assist in the delivery of SEWB and mental health. The workers in this field will be skilled up to engage with individuals, couples and families to provide support in the

areas of social and emotional health and mental health. In collaboration with clinical services within Gurriny Yealamucka Health Services and Queensland Health we are working towards providing better access to and delivery of health services. This is building the capacity of the SEWB team to meet the requirements of delivering such a service, and in that process we are establishing links within the industry and with consumers to allow the community to be more responsive to health needs.

It has been over year since the clinic have been established and we are fortunate to have Dr Stuart Tiller and his wife Judi Tiller come and work for us, and both of them have contributed significantly to the clinical services and the developments of our organisation. The challenges that were set before us in establishing a clinic and having our own Doctor are different in the Aboriginal health sector to what it is in the mainstream. However, our Clinic Practice Manager Margie Allen worked tirelessly to establish the clinic and to get it operating with limited resources and a large number of staff to manage. Gurriny Yealamucka Health Services is working with Queensland Health to ensure that we have good understanding of our roles within the partnership and the commitment to transition to Aboriginal community control is seen to be addressing the health inequality and gaps in health services and programs being delivered. The establishment of our clinic at Gurriny has increased the access to health services with another doctor now in the community, having a patient transport service, having a pharmacy service and bringing in allied health services such as psychology, and physiotherapy. OATSIH and Queensland Health have invested the necessary funding into our clinic enabling us to achieve what we now have. Further negotiations are still required at the Yarrabah Health Partnership table in order to continue building a comprehensive primary health care service delivery for Yarrabah. The report from our Clinic Practice Manager will show how Yarrabah has received the new clinical services with interests judging by the numbers of people coming through our doors to access the





services. We are fully aware that change is not easy and in fact people are very fearful of it, but change is inevitable and right now we have a choice, to either manage it or to mess it up. We have a change management structure in place where Gurriny Yealamucka Health Services and Queensland Health are working through the process for change to bring both organisations together in the new health facility under the control and management of Gurriny.

Having good management structure and practices and business ethics in place is essential to how the organisation performs at every other level and is critical to Gurriny's survival. We continue to plan and implement governance and management strategies that enable planning, monitoring, policy development and also deliver standard courses for the professional development of our Board. This allows the Board to advance with the growth of our organisation and make important decisions for the transition project and its implementation. This current Board of Directors has served a shorter term due to an unusual situation where we had to reelect another Board in order to come in line with new constitution in January

this year. This has impacted on our calendar of events and subsequent developments. However, the Board is keen to move forward with management and facilitate the transition project including managing the new directions and those planned in the area of governance. The organisation structure in our 2009 – 2010 Business Plan signals changes once again in the business units and that is reflective of our changing environment in particular the influence of funding arrangements like one off projects and new positions and the extra demand put on administration. We hope to bring an end to burdensome funding arrangements with the Funds Pooling Model that is being explored within the transition project giving more control and greater flexibility to Gurriny Yealamucka Health Services in terms of administering funds and reporting against them.

Once again I want thank my family for supporting me through such a demanding position as the Chief Executive Officer, to my colleagues at work mostly the senior managers the Board and administration and all other staff for their unwavering support. I pray that Gods blessings will be upon you all.

David Baird

Chief Executive Officer





Operations & Finance Unit



The Operations unit aims to provide advice and support to the GYHAC Management team in relation to:

- Recruitment and selection
- Workforce planning and analysis
- Performance management
- Learning and development
- Industrial relations
- Personnel administration
- Workplace Health and Safety, including EEO and Anti-Discrimination

Some other key areas of responsibility for the operations unit is to identify, implement and evaluate human resource management practices, systems and policies within the organisation. An outcome of this was the Human Resource Policy and Procedure Manual review, amendments, update and final endorsement from the Board of Directors. The professional support we engaged was critical to meeting all the legal requirements in the process of developing a range of quality human resources management practices. This has also enabled Gurriny Yealamucka Health Services to develop and maintain professional relationships with external organisations.

Gurriny Yealamucka Health Services are always keen to achieve quality systems as part of its capacity building program and this is now demonstrated in the HR policy which includes excellent recruitment and selection processes, performance management and professional development processes, IR, administration support and Workplace Health and Safety protocols.

Inclusive of the review of the HR policies and procedures was the review of the Code of Conduct which ensures all staff maintain professionalism whilst in their capacity as employees of the organisation. Position Descriptions have been reviewed and endorsed also and are now ready for roll out from the unit.

Current Staff

Gurriny currently employees a total of 30+ full time employees as well as a pool of casual staff.

Paul Munn

Operations Manager



The primary role of the Finance Unit is to provide the supporting infrastructure that is required to enable GYHSAC to function efficiently and effectively in the area of operations & finance.

The Unit is therefore responsible for the strategic management of financial management support services and processes related to all resources at GYHSAC including facilities, human resource management, IT, motor vehicles and capital works.

Over the past twelve month's period, our staff has been kept quite busy fulfilling our obligations in satisfying government contractual arrangements and funding requirements. This has proved to be very challenging at times, as we know that indigenous affairs come under very close scrutiny, when it comes to accountability of public funding.

Therefore, I am please to confirm that we have once again achieved significant improvements in regards to our operations. This is most satisfying, given the financial constraints of effectively managing Gurriny with two permanent staff and a rapidly growing organisation structure. Thanks to Petrina for her much needed support in this area.

Sue Andrews

Finance Manager





Health Planning & Partnerships



2009 has been a very challenging year with the rapid growth and resource limitations impacting on the service. The Planning and Partnership Unit has also expanded to include management of the Health Promotion Unit. The major focus of 2009 has been the Health Reforms and with the new Primary Health Care Centre close to completion the pressure to be ready for this move has increased.

The Health Planning and Partnerships Unit support the CEO in the ongoing strategic planning processes and engagement within various levels of partnership.

In 2009 this unit has been involved in various activities including:

- GYHSAC Business Planning
- SDRF Reporting
- Submission development
- Managers, Partnership & Community Forums
- Transition Committee – Model Development
- Report development to funding bodies
- Health Promotions Management

Planning

The reviewing and updating of the GYHSAC Business Plan occurs annually. The challenges related to the Business Plan centers around the ongoing growth and service changes occurring on a monthly basis and mostly associated with the Health Reforms.



In partnership with Queensland Health a series of Health Models for Yarrabah are being developed. It is anticipated that these Models will guide the future health programs and the way they are delivered in Yarrabah. Gurriny's main aim is to provide services that support the whole family and all aspects of health not just a particular illness at one point in time. Prevention and early intervention are also key aspects of the Models focusing on building strong healthy daily habits amongst our people in Yarrabah that reduces the risks related to many diseases.

Program Planning in GYHSAC is an ongoing challenge that I am slowly working through with staff. To date the Health Promotion Plan is updated, the Sexual health plan is currently being developed and the SEWB Manager is working on the Social Health Plans.

Partnerships

Yarrabah Health Partnership (quarterly) & Local Health Managers Forum (monthly) continued during 2009. The Health Managers Forum is currently trying to refocus and progress the implementation of the Yarrabah Health Action Plan. The CEO is currently considering the future role of these forums in relation to the Health Reforms.

Ruth Fagan

Health Planning & Partnerships Manager





Program Management



Program management is critical to and is an essential component of our health services delivery in community control health and organisational development. We must ensure that all programs delivered are managed effectively through the engagement of its staff through weekly program and management meetings to monitor the progress of each program. This will ensure the effective measurements are in place to capture programs outcomes against the programs objectives.

The programs objectives were aligned to the Yarrabah Health Strategic Plan and various services and funding agreement and was also aligned to our Business Plan.

My role also entailed monitoring and navigating the performance of local staff against objectives to ensure that programs are parallel to the progress and outcomes. Firstly this greatly assisted in the professional development of each staff member through program activity and training, and secondly creates an enhanced learning environment for all program staff. During the year, we informed the ongoing planning around the programs in order to address immediate concerns and issues through the development of short term and long term solutions to both the programs and its staff.



Implementation

The implementation of actions from program management is overseen by the management through good governance practices of Gurriny. The program management is to generate activities for the programs and its staff and demonstrate that there is progress towards engaging the community directly with its consumers, establishing and strengthening links and relationships, that there are changed behaviours towards lifestyle and that research and evaluation of our programs will provide the basis for future planning.

Responsibilities

The responsibilities for directing each program staff to be active in their duties towards the agreed objectives and strategies that were developed in accordance the performance management system had been quite challenging. The application of the performance management system is depended upon the management to act as facilitators and director, and the cooperation of the program staff to work as a team to deliver the services in an effective and timely manner and to also continuously build the capacity of the programs parallel to the health service delivery. All staff under the auspice of the program were made to be aware that the level of our application to our positions are measurable through the outcomes achieved through our objectives. This is very important from a community perspective.

Integration

The collocation and the transition of service will mean we have to integrate some of our programs and services. This enabled us to explore new and innovative ways of working across the clinical and social health areas to develop more comprehensive programs, expand the programs staff knowledge, skills and expertise and build upon existing partnership arrangements and networks. We developed partnerships with James Cook University,





University of Queensland, Mission Australia, and we also worked collaboratively with our local agencies here in Yarrabah, such as Gindaja, Queensland Health, Family Life Promotion, Women's Resource Centre and others.

Planning

Outcomes from the evaluation of the programs are to inform the overall planning for Gurriny Yealamucka Health Services Programs and subsequently the GYHSAC Business Plan. It will be of benefit to the planning process as well as the development of the programs, that staff of each program is aware of the purpose and the processes of the evaluation, research and planning in order to make appropriate and significant contributions to Yarrabah. Throughout the year, we also were responsible for developing and maintaining an adequate system through the implementation of a protocol document, which allowed us to adopt the referral pathways in case of emergencies.

The year had been highly challenging and I wish Gurriny well into the very near future.

Brian Connolly
Program Manager



GP Report



The first permanent medical and practice nursing appointment was made in August 2008 and saw the arrival of Dr Stuart Tiller and RN Judi Tiller. The appointment was subject to their availability three weeks per month.

Within three months a busy case load had been established. Daily numbers have ranged between 20-30 patient contacts.

Continuity has been a problem with the absence of the doctor and nurse for a week a month. Upon the departure of Dr and Mrs Tiller in December 2009 it would be recommended that a full time appointment be made of both a doctor and practice nurse.

Immunisation services have been offered from the GYHSAC site as well as from the usual Queensland health facility at YHS. Laboratory testing is provided daily.

School ear checks have been undertaken by the AHW's trained in audiology. Abnormal findings have been brought to the attention of the doctor for referral as required.

Child health reviews for minor illness have been undertaken by the child health workers at the Preschool and Day Care facilities. Few child health checks have been provided because of the busy general workload for the sole doctor and the unavailability of child health workers to facilitate these checks. Child health checks should be a priority for the forthcoming year.

During this year Allied health services have begun with funding from GP Cairns. These services included physiotherapy, clinical psychology and Diabetic nurse education. With the demise of GP Cairns and assimilation of that structure into FNQ General Practice there has been a reduction in services, with cessation of funding for the Diabetes nurse educator. This has been a retrograde step which should be rectified as soon as possible given the nature of the health care needs of the Yarrabah community.

A male and female sexual health worker have been appointed during this year and these roles need to be facilitated and mentored to reach beyond the regular clientele of the clinic. Discussion has recently begun to develop this service.

With the move of the SEWB team to the new demountable building the clinic has been modified and equipped and is functioning in a manner more appropriate for a professional medical service. Dr Jo McLean and RN Mavis Christensen have begun 1-2 monthly women's health clinics which have been well received and utilised. There is now a need for a second medical consulting room for these providers and for the use of a second doctor. A second doctor would enable regular adult and child health checks to be undertaken on a daily basis. This would provide an additional funding stream via the Medicare benefits available for these services. There would need to be an enlarged team of trained and suitably experienced AHW's to facilitate this increase in workload.





The commencement of Q max funding has greatly facilitated the pharmacy service, removing the financial obstacle for many patients to collect and take their necessary medications. Q max funding and an in-house imprest stock of emergency antibiotics has enabled the immediate commencement of treatment for serious infections, particularly in relation to children.

It is the view of this writer that up to 75% of the current health care provision at YHS would fit within the general practice category and would be more appropriately provided through the GYHSAC general practice clinic. With the

proposed merger of YHS and the GYHSAC clinic in 2010 there will need to be transfer/secondment of AHW, medical and nursing staff from Queensland health to enable GYHSAC to provide all the general practice services for the Yarrabah Community. It is anticipated that Queensland health would provide emergency and after hours medical services only.

Significant progress has been made in this first year under the leadership of the Clinic manager, Margie Allen. With her recent resignation this important role needs to be filled urgently. A new doctor and nurse appointment need to be made before December 2009.

Dr Stuart Tiller FRACGP
Clinic medical officer





Clinic Practice Manager



Clinical services commenced in September 08 with the employment of a GP, Dr Tiller, and his wife Judi, RN. A strong following within the community has developed and to date, Dr Tiller is seeing on average 20-30 patients per day. All usual clinic duties are being performed such as blood and specimen collection, ECGs, recalls, immunisations and dressings.

Dr Tiller and Judi continue to commute to NZ approx 1 week per month. They have recently notified Gurriny of their plans to leave our service in December. Locum GPs have been arranged for the most recent absences. I am actively seeking to recruit another GP and have registered with Health workforce Qld and listed advertisements in the Medical Observer.

The clinic Health Worker received Hearing Health training in Townsville March 2009, "Deadly Ears Program" and has already screened children in Preprep, Prep and Year 1 and 2 and referred to Australian Hearing where appropriate. She has commenced screening children at the high school who teachers have identified with possible hearing problems.

Child health workers x 2 (with QH service agreements) are continuing to develop educational material for parents and families. Both CH Workers are working closely with YHS and QH Dental services and have commenced basic weekly screening at the Day-care centre, which is continuing to encourage parents to bring in children for health checks. Recent discussions with new school principal (3rd one in less than 12 months) have been encouraging re participation from Gurriny into the school arena – very supportive of conducting child health checks and other health promotion activities within the school.

One female sexual health worker commenced early 2009 and male sexual health worker was recruited on the 10th August 2009. A female SHW is now working closely with the Mobile Women's Health Nurse (QH) conducting education and promoting gardasil (cervical cancer vaccinations).

Just recently, we trialed a Women's Health Clinic in partnership with the RFDS doctor Jo Mclean and Mobile women's health nurse, which was very successful and will continue possibly on a monthly or bi-monthly basis. The clinic's were conducted from midday until around 7pm to allow access to this service by working women in the community.

The Health Promotion team have been working well developing brochures and flyers reflective of emerging and existing public health issues including dengue fever and more recently, swine flu. Our local nutrition worker is continuing to work with community and other agencies in promoting healthy eating, dietary intake and encouraging active lifestyles.

The local Pharmacy service continues to provide reliable and effective services in the community and have been pre-paid until June 2010. Qumax (Quality Use of Medications Maximised for Aboriginal and Torres Strait Islander peoples) has entered its' second year as a pilot project and the uptake has been excellent. We expect that this will conclude in March 2010 and hopefully the government will see fit to continue this great initiative. We are still processing around 200 scripts per month.

GP Cairns has recently been taken over by FNQ Division of GPs. The allied health services which were supplied to us under the MAHS funding was drastically cut by this takeover. Physio services were 12 hours per week now down to 4 hours per week, Diabetes Educator was 4 hours per week and now NIL, Psychology services was 2 days per week now 1 day per week (however this service was fully utilised and 1 day per week is adequate for the time being.)

Our Courtesy Patient Transport services are continuing with a Cairns run and a community run.

Margie Allen
Clinic Practice Manager





Research Partnerships



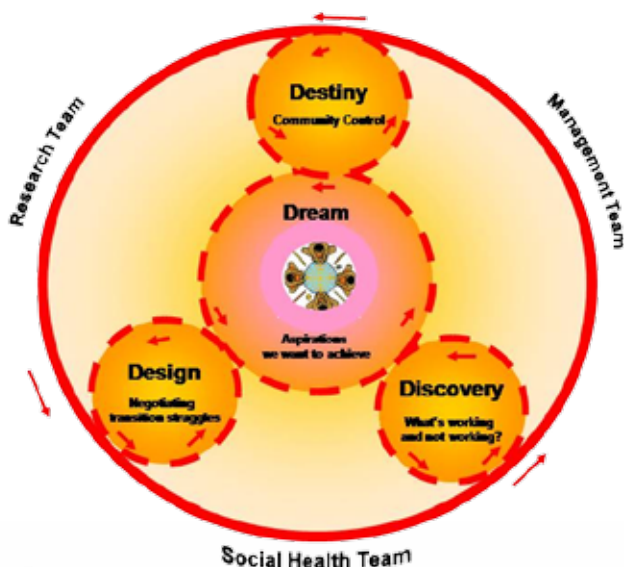
THE UNIVERSITY
OF QUEENSLAND



Gurriny's research partnership with James Cook University and the University of Queensland's Empowerment Research Program led to four papers and reports being completed in 2008-09.

1. A paper called "Taking control of health: Gurriny's story of organisational change" was submitted to the journal "Third Sector Review". It was written by researchers, Janya McCalman, Komla Tsey, Lyndon Reilly, and Wendy Earles, and Gurriny staff Brian Connolly, Ruth Fagan, and Ross Andrews. Thanks were given to Gurriny management and the Social Health team (Senimelia Kingsburra, Kayleen Jackson, Merton Bulmer, Dennis Warta, Rita Jackson, Colin Costello, and Katrina Connolly) for their involvement with the research. The paper describes one of Gurriny's change processes. It was based on a process of reflective action research to strengthen the social health services and to try to strike a balance between Gurriny's new clinical and original social health services. The process resulted in a model of empowerment processes and outcomes to guide organisational change and a range of benefits. It identifies some of the key success factors for community control.

2. Another paper titled "Indigenous men's support groups and social and emotional wellbeing: a meta-synthesis of the evidence" was submitted to the journal "Australian Journal of Primary Health". It was written about men's groups including Yarrabah's Yaba Bimble group, Innisfail's Ma'Ddaimba Balas group and a south west Sydney group. The authors were Janya McCalman, Komla Tsey, Mark Wenitong, Andrew Wilson, Alexandra McEwan, Yvonne Cadet James, and Mary Whiteside, with acknowledgements to Bradley Baird, Dennis Warta, David Patterson, Brian Connolly, Les Baird, and Ma'Ddaimba Balas men's group leaders. The paper describes the role of Indigenous men's groups in empowering men to take greater control and responsibility for their health and wellbeing. They services they provide include health education sessions, counseling, men's health clinics, diversionary programs for men facing criminal charges, cultural activities, drug- and alcohol-free social events, and advocacy for resources. Despite there being approximately 100 such groups across Australia, there has been very little research done with men's groups. The paper is based on a "stock take" of the findings from previous papers and reports based on participatory action research with Yaba Bimble and Ma'Ddaimba Balas men's groups. It found that benefits included improved social and emotional wellbeing, modest lifestyle changes and a willingness to change "gendered" roles within the home, such as sharing housework. The paper suggested that through promoting empowerment, wellbeing and social cohesion for men and their families, men's support groups may be saving costs through reduced spending on health care, welfare, and criminal justice costs, and higher earnings. (Diagrams by Vicki Saunders).





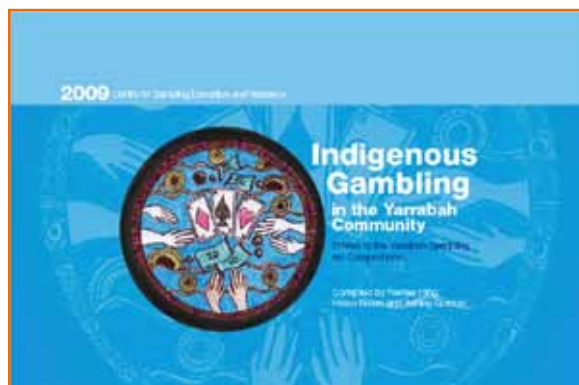
3. A report was completed about the National Suicide Prevention Strategy project and submitted to the funding body. The Building Bridges: Learning from the Experts project was based on the experience and knowledge of the Yarrabah community as a model for other Indigenous communities for the establishment of effective and sustainable community-based approaches to building resilience, reducing suicide risk exposure and reducing self-harm. Empowerment strategies developed in Yarrabah following the cluster of suicides in the 1990s (the Yaba Bimbie Men's Group, the Family Well Being Empowerment program and the Life Promotion Officer) were employed within the communities of Hope Vale, Kowanyama and Dalby. Sharing of knowledge through formal events and informal communication provided a means by which the knowledge, skills and experience of each community was strengthened. The project culminated in a Men's Knowledge Sharing Forum in Cairns with approximately 100 participants from across Queensland. The following Yarrabah residents were involved in the project and deserve special thanks: Fr Leslie Baird, Kevin Canendo, Brian Connolly, Merton Bulmer, Dennis Warta and Ross Andrews.





4. The fourth document was the Parents and children learning together: yarns from around the campfire (Yarns) Project report written by JCU researcher, Roxanne Bainbridge. The project was designed to provide opportunities for 'hard-to-reach' families - parents, aunties, uncles, grannies and Popeye's with children aged birth to 5 years in their family unit - to strengthen family ties, build productive relationships, have access to helping professionals and share and develop new knowledge. It was collaboratively developed with community members and as such, the responsive strategies developed encouraged open sharing of different learning experiences, engage with new knowledge and provide a safe space to address contending issues for families, particularly as they relate to issues of parenting. A further aim of the Project was to facilitate the development of sustainable networks of support so that families were better able to care for themselves and their children so as to build sustainable futures. The project exceeded expectations, with outcomes including strong parent-child relationships; improved parenting competence and style; improved family resources and capacity; improved family functioning; increased connections and engagement with people from diverse 'hard-to-reach' groups with parenting services and activities; professional development for GYHSAC staff; established links with 'inside' and 'outside' community organisations at the personal, community and organisational levels; the establishment of 'Roving Gurriny Playgroup'; and the uptake of further education for participants. The successful outcomes of the Yarns Project demonstrates that locally controlled and designed strategies can be instrumental in providing important first steps for expanding local evidence-based practice.





The 'Indigenous Gambling in the Yarrabah Community' study was funded through the 2007-08 round of the Responsible Gambling Grants Program of the Queensland Government. It conducted a survey of Indigenous gambling, problem gambling, their socio-demographic, behavioural, perceptual and attitudinal correlates, and help seeking behaviour in the Yarrabah Community in North Queensland. It is one of the few studies to examine gambling amongst Indigenous Australians, the first in the last decade to examine gambling in the Yarrabah Community, and the second only quantitative survey of gambling in Indigenous communities in Queensland. The timeframe for this research was July 2007 to July 2009.

In conducting this research, the research team was extremely mindful of Indigenous ethical and cultural protocols and we were committed to genuinely working with the Yarrabah community in ways that promoted its ownership of the research process, the research data and potential solutions to any issues identified. The research methods were characterised by widespread and regular consultation and involvement of Yarrabah individuals and community groups so they could provide guidance and direction and play a key role in decision-making. As far as possible, we involved a diversity of local people, groups and organisations in project consultative committees, school projects, survey design and administration, gambling awareness workshops and community events.

This resulted in successful completion of the project heightened awareness of gambling risks and problems amongst the local population and a platform for the community to advance initiatives to address gambling-related issues in the future.

Research Objectives:

The study addressed five objectives:

1. To measure the prevalence of non-gambling, non-problem gambling, low risk gambling, moderate risk gambling and problem gambling in the Yarrabah Community
2. To analyse and compare these categories of gambler types in the Yarrabah Community by socio-demographic characteristics, family influences and age at first gambling
3. To analyse and compare these categories of gambler types in the Yarrabah Community by gambling motivations, gambling perceptions (erroneous beliefs) and selected co-morbidities (use of alcohol and drugs).
4. To analyse the gambling help-seeking behaviour and needs of people in the Yarrabah Community.
5. To analyse the impacts of gambling and attitudes to gambling in the Yarrabah Community.





Financial Statements

GURRINY YEALAMUCKA (GOOD HEALING) HEALTH SERVICES ABORIGINAL CORPORATION

DIRECTORS' DECLARATION

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

- (a) the Corporation is not a reporting entity;
- (b) the financial statements and notes, set out on pages 3 to 13, are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Regulations 2008, including:
 - (i) giving a true and fair view of the financial position of the Corporation as at 30 June 2009 and of its performance for the year ended on that date in accordance with the basis of preparation described in Note 2(a); and
 - (ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) to the extent described in Note 2(a), the Corporations (Aboriginal and Torres Strait Islander) Regulations 2008 and any applicable determinations made by the Registrar of Aboriginal Corporations under Division 336 of the Act; and
- (c) 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:

Gail M. Fourmile
Director

Dated at *26th* this day of *Oct* 2009.

Financial Statements



GURRINY YEALAMUCKA (GOOD HEALING) HEALTH SERVICES ABORIGINAL CORPORATION

CERTIFICATION BY GRANTEE

I hereby certify that for the year ended 30 June 2009:

- (i) the funds and assets have been used for the purpose they were provided;
- (ii) all accounts represent a true and fair record;
- (iii) all terms and conditions of the Agreement between the Commonwealth of Australia as represented by the Department of Health and Ageing and Gurriny Yealamucka (Good Healing) Health Services Aboriginal Corporation dated July 2008 (the Agreement) were complied with;
- (iv) the administration expenses and overhead costs of the Corporation were reasonably apportioned across all sources of funds;
- (v) the Corporation's financial statements are presented fairly and are based on proper books and accounts prepared in accordance with Accounting Standards and other authoritative pronouncements and audited in accordance with Auditing Standards and other authoritative pronouncements;
- (vi) the financial controls in place within the Corporation are adequate;
- (vii) adequate provision has been made for legitimate present statutory and other obligations of the Corporation including, but not limited to, taxation liabilities, employee entitlements and depreciation of assets;
- (viii) the Corporation has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and the lodgement of statutory returns and accounts;
- (ix) the Corporation is able to meet its liabilities as and when they fall due;
- (x) the Corporation is properly maintaining an Asset register;
- (xi) insurances held are valid for the financial year to which the audit relates and certificates of currency for those insurances have been submitted to the Approved Auditor; and
- (xii) the Corporation has followed proper purchasing procedures for Assets and services as required by the Department of Health and Ageing in all instances.

Dated at 26 this day of Oct 2009.

DAVID BAIRD
Chief Executive Officer





Financial Statements



INDEPENDENT AUDIT REPORT ON THE STATEMENT OF GRANT ACQUITTALS TO THE DIRECTORS OF GURRINY YEALAMUCKA (GOOD HEALING) HEALTH SERVICES ABORIGINAL CORPORATION

Scope

We have audited the statement of grant acquittals (the statement) for the year ended 30 June 2009 being a special purpose financial report set out on pages 18 to 60. The Corporation's directors are responsible for the financial information contained in the statement. The directors have determined that the accounting policies used and described in Note 1 to the statement are appropriate to meet the requirements of the relevant funding bodies. We have conducted an independent audit of the statement in order to express an opinion on it to the directors. The information contained in the statement has been extracted from the annual statutory financial report for the year ended 30 June 2009 and the underlying accounting records. For a better understanding of the scope of our audit, this audit report should be read in conjunction with our audit report on the annual statutory financial report which is set out on pages 15 and 16. Our audit report on the annual statutory financial report expressed a qualified opinion.

The statement has been prepared for the purpose of fulfilling the requirements of the Commonwealth Government's Funding Agreements Relating to Indigenous Programs and other funding bodies to meet the reporting requirements of the Corporation under the terms and conditions of the grants to the Corporation. We disclaim any assumption of responsibility for any reliance on this report or on the statement to which it relates to any person other than the directors, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the statement. These procedures have been undertaken to form an opinion whether, in all material respects, the statement presents fairly the financial transactions contained therein in accordance with the basis of accounting described in Note 1 and the statement is based on proper accounts and records.

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

Qualification


The information contained in the statement is derived from the Corporation's statutory financial report and books and records. In our audit report to the members on the annual statutory financial report, we expressed a qualified opinion in respect of certain matters relating to the carrying value of buildings situated on land that the Corporation does not have any formal tenure. This report should be read in conjunction with the qualifications set out in our audit report on the annual statutory financial report.

Qualified audit opinion

In our opinion, except for the effects on the statement of such adjustments, if any, as might be necessary in respect of the matter referred to in the qualification paragraph, the financial information as shown in the statement of grant acquittals for the year ended 30 June 2009:

- (a) is included for all projects;
- (b) provides a true and fair representation of the financial transactions contained therein, in accordance with the basis of accounting described in Note 1 to the statement; and
- (c) is based on proper accounts and records.


KPMG


Gerry Mier
Partner

Cairns
17 October 2009

Financial Statements



GURRINY YEALAMUCKA (GOOD HEALING) HEALTH SERVICES ABORIGINAL CORPORATION

BALANCE SHEET AS AT 30 JUNE 2009

	Note	2009 \$	2008 \$
ASSETS			
Cash and cash equivalents	4	945,109	1,634,319
Trade and other receivables	5	150,210	64,090
Total current assets		<u>1,095,319</u>	<u>1,698,409</u>
Property, plant and equipment	6	810,836	324,406
Total non-current assets		<u>810,836</u>	<u>324,406</u>
Total assets		<u>1,906,155</u>	<u>2,022,815</u>
LIABILITIES			
Trade and other payables	7	466,850	1,635,487
Loans and borrowings	8	244,099	1,459
Employee benefits	9	117,990	71,884
Total current liabilities		<u>828,939</u>	<u>1,708,830</u>
Employee benefits	9	18,058	-
Total non-current liabilities		<u>18,058</u>	<u>-</u>
Total liabilities		<u>846,997</u>	<u>1,708,830</u>
Net assets		<u>1,059,158</u>	<u>313,985</u>
EQUITY			
Retained surplus		<u>1,059,158</u>	<u>313,985</u>
Total equity		<u>1,059,158</u>	<u>313,985</u>

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





Financial Statements

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29/09/09

Accrual Basis

Gurriny Yealamucka Health Services

Profit & Loss

July 2008 through June 2009

Jul '08 - Jun 09

Ordinary Income/Expense	
Income	
Reimbursements	1,649.25
Fees received	12,563.64
Final release of trust account	0.00
Grant receipts	2,439,362.21
Medicare Income	88,985.39
Refund of Grants	-9,000.00
Unexpended Grant Income B/F	1,450,578.00
Unexpended Grant IncomeC/F	-254,376.00
7010 - Interest income	66,689.30
7030 - Other income	
Gifts and donations received	11,300.00
Sundry income	6,167.49
Total 7030 - Other income	17,467.49
Total Income	3,813,919.28
Cost of Goods Sold	
Cost of Goods Sold	133.86
Total COGS	133.86
Gross Profit	3,813,785.42
Expense	
Administration expenses	51,587.96
Advertising	1,540.36
Asset purchases	
Buildings	0.00
Furniture and fixtures	0.00
Motor vehicles	0.00
Office equipment	0.00
Plant and equipment	0.00
Asset purchases - Other	0.00
Total Asset purchases	0.00
Bank charges	
Rounding	-0.58
Bank charges - Other	1,082.90
Total Bank charges	1,082.32
Cleaning	2,563.75
Clinic Stock	8,368.78
Computer Support	4,487.56
Conference fees	2,158.18
Consultants fees	139,080.10
Depreciation expense	34,955.55
Donations	3,771.20
Employee amenities	6,679.02
Fines and penalties	35.00
Freight	83.18
Hire of equipment & facilities	36,417.01
Insurance	
Contents	5,932.49
Public Liability	8,202.67
Insurance - Other	4,552.48
Total Insurance	18,687.64
Legal fees	985.88
Licenses and Permits	782.21
Meeting expenses	4,160.37
Minor Equipment	83.36
Motor vehicle expenses	
Fuel and oil	31,229.41
Insurance	1,416.70
Lease hire	113,587.26
Registration	1,093.85
Repairs and maintenance	8,719.15
Total Motor vehicle expenses	156,046.37

Financial Statements



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29/09/09

Accrual Basis

Gurriny Yealamucka Health Services Profit & Loss July 2008 through June 2009

	Jul '08 - Jun 09
Payroll expenses	
Other Wage Packaging	
Dr travel remuneration	13,698.24
Total Other Wage Packaging	13,698.24
Gross Wages (Total)	
LSL Expense	18,057.85
Annual Leave Expenses	146,177.83
Salaries and wages	1,417,029.62
Leave Loading	18,399.48
Salary Packaging	220,156.49
Gross Wages (Total) - Other	0.00
Total Gross Wages (Total)	1,819,821.27
Superannuation	
Superannuation contributions	155,802.06
Superannuation - Other	1,370.20
Total Superannuation	157,172.26
Total Payroll expenses	1,990,691.77
Performers fees	1,050.00
Postage	223.69
Printing and stationery	6,405.25
Rates	880.00
Rent	1,080.00
Repairs and maintenance	
Building repairs	12,486.56
Equipment repairs	3,113.38
Repairs and maintenance - Other	3,899.35
Total Repairs and maintenance	19,499.29
Subscriptions	192.73
Sundry expenses	-692.74
Telephone and fax	16,558.15
Training	10,832.18
WorkCover premium	22,203.86
015 - Accounting Fees	7,600.00
017 - Audit Fees	25,455.19
6350 - Travel and accommodation	
Allowances	12,791.85
6360 - Accommodation	5,767.96
6380 - Fares	13,827.35
6350 - Travel and accommodation - Other	417.64
Total 6350 - Travel and accommodation	32,804.80
6400 - Electricity and gas	7,619.26
6670 - Program expenses	455,487.59
Total Expense	3,071,446.82
Net Ordinary Income	742,338.60
Other Income/Expense	
Other Income	
Gain/Loss on Disposal of Assets	-9,414.70
Contribution from Gindaja	12,404.00
Total Other Income	2,989.30
Other Expense	
6200 - Interest expense	154.84
Total Other Expense	154.84
Net Other Income	2,834.46
Net Income	745,173.06





**Gurriny Yealamucka Health Services
Aboriginal Corporation**

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