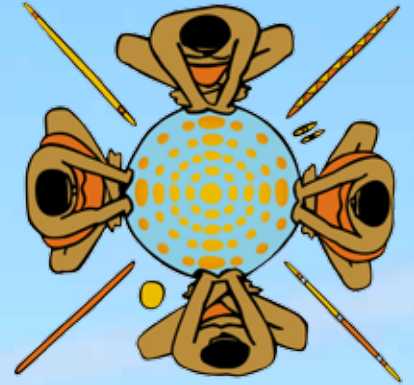


Gurriny Yealamucka Health Services Aboriginal Corporation



Annual Report
2007-8



Gurriny Yealamucka Health Services Aboriginal Corporation

Ph (07) 4056 9388

Fax (07) 4056 9368

Postal Address 9 Noble Drive, Yarrabah Q 4871

Website <http://www.gyhsac.org.au>

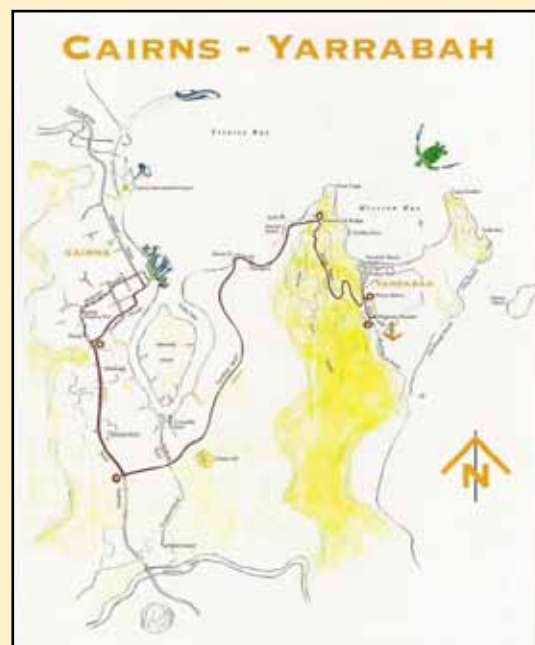
Email (CEO) davidb@gyhsac.org.au

Yarrabah Community Background

The Yarrabah Shire is situated on Mission Bay 45 km south-east of Cairns. The Yarrabah Community lies to the East of Cairns. By road it is placed about 60 kilometres from Cairns CBD however, it is only approximately 12 kilometres if measured in a straight line. It takes about 45 minutes to travel by car from the Cairns CBD to the Yarrabah Community. Our coastline runs east from False Cape around Mission Bay, past Cape Grafton and Kings Point and then south to Palmer Point. The total coastline is in excess of 60 kilometres. 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 30 kilometres and is about 2.5 kilometres wide in the south, but broadens out to almost eight kilometres across the northern part. It has an area of about 154 square kilometres.

The Township of Yarrabah is for the most part located adjacent to Mission Bay. Originally, 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 was established in the mid-1960's principally as an advisory body. The Community received its Deeds of Grant in Trust (DOGIT) land tenure status in 1986 and is now governed by an elected Council. This status was through the passing of the Queensland Community Service (Aborigines) Act 1984. In 2004 the Queensland Government passed new legislation, the Local Government (Community Government Areas) Act 2004, which has transitioned Community Councils to Shire Councils. Trusteeship of the DOGIT lands remains with the Council of the day. Because residents do not have title on an individual basis, there is NO RATE BASE for our Council.

The community has an official population of 2120 people as confirmed by the 2001 census, however, this figure is suspected of being less than accurate due to a degree of floating population between communities and inaccessibility to people during times of census taking.



ACKNOWLEDGEMENTS

Editors Ross Andrews, David Baird, Christine Howes
Artwork, Layout & Production Christine Howes



Contents



Yarrabah Community Background ... Inside Cover

Gurriny Yealamucka Health Services
Aboriginal Corporation History ... p 4-5

GYHSAC Mission, Vision & Goals ... p 6

Chairperson's Report ... p 7-9

Committee Members ... p 10

Organisational Structure ... p 11

CEO's Report ... p 12-13

Family Wellbeing Program ... p 15-18

Clinical Report ... p 19-20

HITnet Program ... p 21-22

Finance Reports ... p 23-27



Gurriny Yealamucka Health Services Aboriginal Corporation

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.



The Yarrabah Health Advisory Committee in 1998



STANLEY, MURIEL CONOMIE (1918-1979), home missionary and nurse, was born on 6 April 1918 at Yarrabah, Queensland, daughter of Aboriginal parents Luke Stanley and his wife Jessie Ross, née Kepple.

Educated at the mission school, Muriel was an assistant-teacher by 1937.

She travelled to Newcastle in 1938 to attend the training college of the Church Army in Australia.

After finishing the course, she worked in the Hunter Valley and at Armidale, and became in turn deputy-matron and matron of an orphanage in Hobart.

Miss Stanley decided that she could do more for her people as a nurse.

Because of prejudice against her colour, she found difficulty in realizing her ambition until she was eventually accepted by the South Sydney Women's Hospital.

She completed an eighteen-month course, passed the final examination in November 1944, and was registered as an obstetric nurse in March 1945.

Reputedly, she was the first Aborigine to qualify in midwifery.



Back at Yarrabah, Sister Stanley was appointed matron of the hospital.

In addition to her duties there, she visited chronic invalids in their homes and led the St Mary's Girls' Guild.

In 1959 she sailed for England, under the auspices of the Church Army, to undertake a two-year course in moral welfare.

Again in Queensland, Stanley became a social-welfare officer and worked among Aboriginal families at Cairns.

Supported by the Anglican Church, she was its only full-time welfare worker with the Aboriginal people in Queensland.

From 1967 she was based at the Woorabinda mission, south-west of Rockhampton, as a liaison officer with the Queensland Department of Aboriginal and Islander Affairs.

The department transferred her to Brisbane in 1970, but she returned to North Queensland. On 19 December that year at St Alban's Church of England, Yarrabah, she married Norman Gresham Underwood, a canecutter and a widower.

Mrs Underwood died of a coronary occlusion on 18 May 1979 at Gordonvale and was buried in the local cemetery.

Author:

David Huggonson

Source:

<http://adbonline.anu.edu.au/biogs/A160355b.htm>



Mission



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



Vision



To enhance healthy lifestyles through the development of a multi-purpose primary health care service that is community controlled for the people of Yarrabah.



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



First of all I want to thank the members of Gurriny Yealamucka Health Services for showing faith in electing me the Chairperson and being given the opportunity to lead this organisation.

To the governing committee members thank you first of all for agreeing to be part of this committee, secondly for taking time out of your busy schedule and endeavouring to show a firm commitment to the roles and responsibilities and overall contributing to the governance of this organisation.

Members know at this level the responsibility is to ensure there is sound business and effective operations required to deliver quality health services.

It is never easy to make time for meetings and workshops with so much happening in our community, but it is a timely reminder for members expressing interest in directorship to seriously consider their availability.

I have to strongly emphasise that effective governance is not a preference but essential to the current state of business and its future directions will mean members have to be competent individuals who possess professional qualities.

Furthermore, this year have given us an insight and an introduction to what is needed for Gurriny Yealamucka to advance the transition project and make it fully operational and to declare health reform is taking place in Yarrabah.

I am happy to announce that this financial year will see the establishment of our clinical services reaching completion with the appointment of Dr Stuart Tiller and his wife Judi Tiller a registered nurse, and we are all looking forward to see this happening.

The people of Yarrabah can be proud of the

health developments over the last three years and in particular this last year the health reform project have begun to take important steps towards building community controlled health services.

Gurriny Yealamucka growth has continued from the previous year with new positions being created, the strengthening of our business units and now the transition of the child and maternal health program from Queensland Health, are all tangible signs that transition to community control is a reality.

However, as we get bigger, there is more to do and be responsible for and emerging issues such as were continually upgrading our current facilities as we attract more funding and recruit more staff.

Via the Chief Executive Officer we have received satisfactory reports back from all managers on each of the business units.

These reports provide important information regarding changes and future directions which also prepares the committee to assess and articulate important strategic developments across all of the planning documents and important decision making processes, and I can say it is both professionally and personally rewarding when you see the management team successfully implementing plans.



Further strengthening our position is measuring the performance of the organisation and that I am pleased to say auditing the organisation's performance have commenced and is expected to be completed before the years end.

Management has been delegated the task of developing and implementing the performance appraisals of the committee, management and staff, which measures the performance of each personnel against the business plan.

We the committee will review and approve the performance appraisals for this year and we are confident of satisfactory outcomes.

Also the governing committee roles and responsibilities is changing with the growth of the organisation and the constant reforms in government departments only highlights the level of awareness members must display to contribute effectively to the function and operation of the committee.

The Office of Registrar for Indigenous Corporations ORIC requires changes in our governance structure and along with the transition project investment plan and implementation are all major areas for the committee to be fully engaged in to make sound business decisions.

It was timely that the new CATSI Act 2006 development of the Rule Book and new constitution commenced this year as it provided management the opportunity to parallel governance reforms aligned to the transition project along with the ORIC changes.

I am satisfied that the committee has fulfilled

its constitutional responsibilities in overseeing the organisation and remaining accountable to governments and the community.

However, the challenge now is to further our expertise so that members knowledge and experience will complement the growth and development of Gurriny Yealamucka as it leads the Yarrabah health reform project into its next stage.

Therefore individual members of the committee must do a self examination and thoughtfully consider and agree with management on a suitable governance business and operation structure that supports and enhances the overall direction of Gurriny Yealamucka.

In this past year I have approached my role as Chairperson within a business and strategic frame of mind and have encouraged other members to do the same, as essentially the organisation business must be a priority.

During my term at Gurriny Yealamucka as the Chairperson I have come to understand that the Yarrabah health partnership has been established to develop community control health services so that we would have health programs and services delivered by the community to achieve better health outcomes.

I have experienced first hand Gurriny Yealamucka in its partnership operations, presenting the long term health statistics of Yarrabah, identifying policy and funding barriers, defending its status and position and advocating for the community its rights to quality health services.

We the committee have given full support to management and staff to



continue with the agreed direction of health developments under the Deed of Commitment signed off by state and commonwealth governments.

The members support from Queensland Aboriginal and Islander Health Council and sharing of information and resources with Apunipima and the research into funding models and documenting the transition from Wollongong University and James Cook University are vital to how the partnership engages the political interests to influence political action.

I would hope that the incoming committee or directors as they will be known under the new CATSI Act 2006 will have an active part to play in negotiating a stronger position for Gurriny Yealamucka.

I want to also encourage the incoming committee along with management to advocate for an operational agreement prior to moving into the new health facility and to establish its own transition steering committee and or be part of Queensland Health transition steering committee.

In finishing my report for the year I want to leave you with this thought.

How much more in decline must the health of our people be in Yarrabah before we accept that relinquishing control is obviously absent from the core of health institutions principles beliefs and mantra.

If not addressed as such, and if not legislatively then appealing to the United Nations must be considered a right and not a choice.

I wish you all a very Merry Christmas and Happy New Year and may God bless you.

Bishop Arthur Malcolm
Chair



Committee Members



**Mercy
Baird**



**Charmaine
Yeatman**

**Gwen
Schreiber**



**Cissy
Ambrym**



**Drew
Dangar**

**Alan
Mathieson**

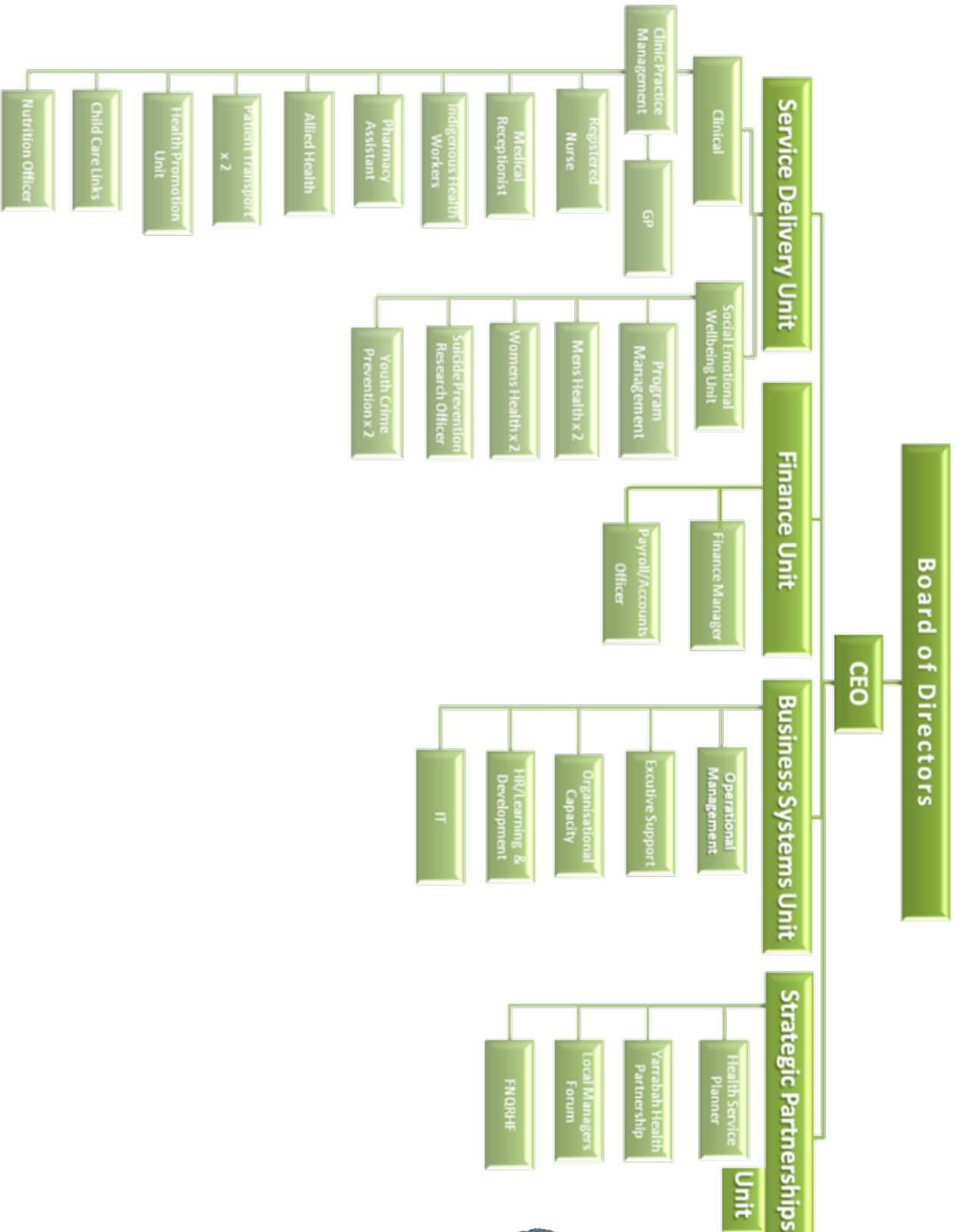


**Eddie
Murgha**





Organisational Structure



CEO's Report

I am thankful for once again being given the opportunity to lead Gurriny Yealamucka in my fourth year as the Chief Executive Officer to which I must acknowledge first my Christian faith and many thanks to my God who has made this possible.

I want to thank my family for putting up with the excessive travel and meeting commitments that comes with this position, which is not easily understood by many but is important to the ongoing developments of Gurriny Yealamucka and the health services for our community. The governing committee has applied themselves to their roles with intent to offer their knowledge and experience to govern constructively the organisation, to which I thank them for and appreciate their honesty and support. To the senior managers who are forthright but overall satisfactorily competent in their roles and are intensively challenging to manage I thank each one for the contributions made to the management functions and operations of our organisation. Thanks to all the staff and especially to those who continue to improve the service delivery from sometimes an unfinished supporting structure and an environment that presents many barriers that are very difficult to cope with. I applaud the staff members who have persisted through all this and have shown patience and demonstrated the level of maturity required.

Gurriny Yealamucka have sustained its growth from the previous year with increased funding and new positions created as we expected to happen with the capacity building program and the Yarrabah health partnership developments. The increased pressure on administration

and operations from our continued growth is facilitated and managed by our operations unit manager Paul Munn who jointly works with the other business unit's managers across a number of issues. Just as

important is the external support received from our state peak body Queensland Aboriginal and Islander Health Council QAIHC, the James Cook University and University of Queensland and Queensland Health who assist Gurriny Yealamucka to develop funding models, advocacy support, support in development of community profile, research partnerships and data collection and information sharing. The strengthening of our structure internally and the external support help keep our organisation stable in times of growth enabling Gurriny Yealamucka to manage the different stages of developments and also prepare for the overall transition project. Professional development is critical in our growth process and the committee has commenced with workshops around roles and responsibilities, strategic development, incorporation restructure and engaged in decision making processes through health planning and reviews. Senior managers are either in training or are exploring training options in order to upgrade skills and obtain knowledge so that the management will continue to effectively monitor and steer the developments.





We have also engaged consultancy to provide administration support to facilitate the financial transition from an auspice arrangement to full control by our finance unit and a review and upgrade of policy documents ensuring we come in line with accreditation and other relevant standard health and business practices.

Gurriny Yealamucka have now been operating out of two buildings for just over a year with the now refurbished old health clinic referred to as the programs building that houses the social and clinical programs including the General Practice. The existing Gurriny Yealamucka building behind the store is operating as administration and management and is where you can find the senior managers and support staff. There is a demountable located at the back and is for the health promotion unit, Justice Group and the nutrition and child care links program. The operations unit in a joint project with Gindaja Substance Misuse Aboriginal Corporation have drawn up plans that have been funded by the Office of Aboriginal and Torres Strait Islander Health OATSIH to erect another larger demountable on a vacant land at the back of the programs building that will house both additional Gurriny Yealamucka and Gindaja staff. Evidently this shows the investments being made to Gurriny Yealamucka is the fruits of many years of hard work by many people to achieve community control health service delivery for Yarrabah. Senior managers are now developing and implementing structures and systems as required for the change management process to cope with sudden or major changes and the increase of the number of people using the services at Gurriny Yealamucka. Reports from managers of programs are very encouraging

including the improvements in the social and emotional well being program and the men's and women's health program managed by Brian Connolly. The establishment of our clinical services managed by Margie Allen which continues to strengthen and the correlation between social, clinical health and health promotion is practically showing the workings of holistic approach to health. The service planning and the access and equity project are also integral to the future service delivery and funding models when Gurriny Yealamucka is collocated in the new health facility with Queensland Health.

Underpinning all of the developments at Gurriny Yealamucka is the Yarrabah health partnership and the Deed of Commitment signed off in February 2006. We have undertaken the health reform project with the understanding that the sign off by both state and commonwealth governments is a firm agreement to facilitate the transition to community control by 2010. The binding agreement recognises Gurriny Yealamucka as the community representative body to assume the lead role in the partnership and is the driver of the transition project. Therefore management will continue to negotiate and proceed to substantiate its position and maintain the strategic direction that it fully supports the implementation process in transition and collaboration as agreed between service providers. There are many challenges presented before us and will continue to be until Yarrabah achieve what it desires most and that is to fully establish community control health service that is universally proven to deliver better health outcomes.

David Baird
CEO

Family Wellbeing Program

Taking Control of Health: what Gurriny can learn from its social health programs

Recognising the importance of research support, last year Gurriny invited James Cook University researchers to extend the research used with social health programs to the health reform process. As a first step, they did a historical “stock take” of the past research with the men’s group and Family Wellbeing Program. They found that small groups through Family Wellbeing have provided opportunities to develop “community control” from the bottom up. Yarrabah people said that the most important issues were the breakdown in family values and roles (and particularly the devaluing of men’s role as a result of processes since colonisation), the need for respect for oneself and others, the need to reclaim and redefine Aboriginal culture and integrate this with Christian spirituality, the need for control of their wellbeing, and the need for reconciliation. Program participants also said that it was critical for social health programs to define a vision and values based on rebuilding respect, rights and responsibilities. These issues are related to substance abuse, domestic violence, crime and suicide, but the actual health issues seemed to be of secondary importance to participants.

Participants in the men’s group and Family

Wellbeing program had made “modest but significant changes in men’s personal development and growth and in their response to family responsibilities”; “more awareness, learning from mistakes, knowing from experience, acceptance, openness to communication flowing, seeking help, acknowledging danger and warning signs, helping kids, working, and overcoming lots of personal problems”. Participants also felt a renewed hope for the future, vision for a better community and mastery over their environment. There were also behaviour changes including reducing hazardous drinking, and stopping violent behaviour.

Social health programs have been sustained for 10 years. The reflective research approach has offered a way for people to resolve challenges and develop innovative new programs from the original programs by integrating concepts from both traditional Aboriginal culture and mainstream approaches. Researchers supported and added value to community-driven initiatives to the mutual benefit of both parties. They assisted with progress towards community control by helping management and staff examine issues, define priorities, follow-up, build capacity, and document

*FWB Staff (L-R):
Program Manager Brian Connolly
Operations Manager Paul Munn
Health Planner Ruth Fagan*





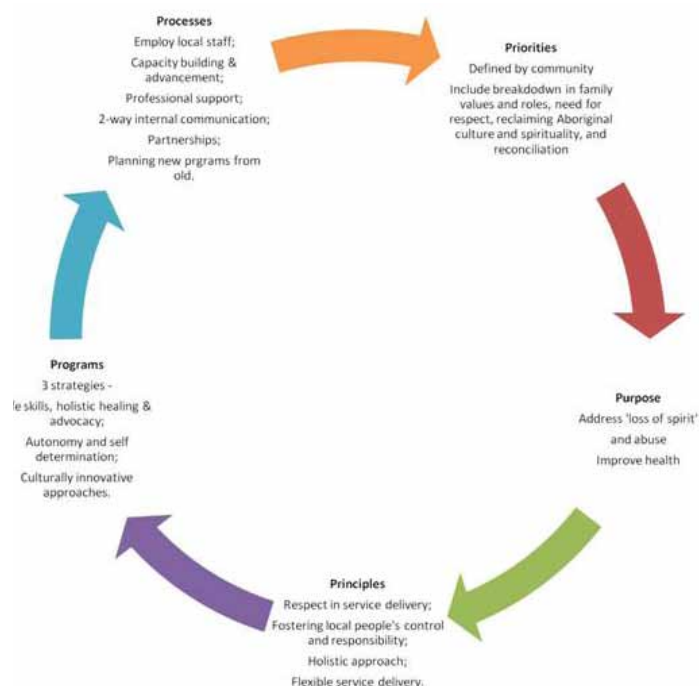
processes and outcomes. From 2001-2007, the social and emotional wellbeing team achieved funding support from at least 18 grants of approximately \$2.2million, including recurrent funding for four key men's and women's health positions from 2007. This was a major milestone, as short-term funding for projects has made it difficult to maintain consistent local employment.

Across the social health team, there have been new positions for local people, skills development, the acquisition of counseling and health promotion qualifications, and improved work performance. Men's group has developed a clear consensus about its vision, identity and values and is now sharing knowledge with men's groups in other Aboriginal communities. Similarly, Gurriny social health staff have contributed to new Family Wellbeing initiatives in other settings.

However, staff members have needed more professional training, supervision and support than Gurriny has had the capacity to provide. Maintaining the motivation and confidence of social and emotional wellbeing staff to undertake long term community development work has also been difficult.

Community members interviewed for project evaluations have vouched for the empowerment interventions as "the right way to go". They said that men's group and Family Wellbeing may be helping to prevent suicides; combat family violence and prevent reoffending. However, community members also spoke of the need to improve community engagement strategies such as providing information about services and events, better recruitment and engagement of participants, and strengthened advocacy skills and approaches to influence the broader determinants.

It is unusual for an Aboriginal community controlled health service to add clinical services onto a pre-existing social and emotional wellbeing program. More commonly, health services develop the other way around. At this time of transition, Gurriny has a unique opportunity to use the findings from its social health programs towards the broader health reform process. It is important that health services are based on defined values and principles, and that social health concerns are integrated within clinical care. The findings of this research form a model of bottom up community control for Yarrabah which could provide the basis for further development of both the social a health program and its integration with clinical service provision (see Model 1 *left*).



The Role of Spirituality in Social and Emotional Wellbeing Interventions: The Family Wellbeing Program at Yarrabah

The Empowerment Research Program's partnership with Gurriny Yealamucka Health Service (Gurriny Yealamucka) at Yarrabah started around eight years ago.

In the mid 1990s, Yarrabah experienced a series of suicides that traumatised many families and grieved the community.

In the face of this, Yarrabah drew on its strengths by getting together, identifying what it saw as the causes of suicide, and setting about establishing a range of social and emotional well-being support strategies. One of these strategies involved exploring what contribution the Family Wellbeing (FWB) empowerment program might make to Gurriny Yealamucka's newly established social health program.

Developed by Indigenous Australians, FWB focuses on social and emotional wellbeing and the development of self-worth, communication and problem-solving skills, conflict resolution, and other personal qualities that enable the individual to take greater control and responsibility for themselves and their family, work and community life.

Together, Gurriny Yealamucka staff and the Empowerment Research Program conducted the FWB program for a number of community groups.

As part of the project, some of Gurriny Yealamucka's staff members were trained as FWB facilitators.

After completion, thirty-eight participants were interviewed to find out what they got out of the course.

Spirituality emerged as an important but contested topic during course discussions. There were varied views and beliefs in



*FWB Staff Janya McCalman
& Les Baird*

the group and some lively debate. Some participants were churchgoers, some drew on their connection with the land, and some combined both of these elements into their personal view of spirituality.

Other participants drew great solace, inspiration and a sense of calm and connection when they sat quietly in nature.

Spirituality was obviously important to participants.

To explore this aspect of the project further we set ourselves two questions:

1. What is the most appropriate way to approach spirituality when evaluating social and emotional well-being program outcomes?
2. How can the results of social and emotional well-being health programs be made more meaningful within a population health framework?

In order to answer these questions we analysed the participant interview transcripts to identify themes.

These themes were then explored to see how the outcomes reported by FWB participants,



*FWB Staff & Friends with their 'Race Around the Cape'
(fitness) challenge 1st prize trophy*

such as better communication with family members, resonated with the concept of spirituality.

The diversity of perspectives on spirituality meant that we had to approach the concept in a way that respected contemporary Indigenous spirituality as dynamic and manifest in many beliefs and practices.

As this project was essentially about improving health, we turned to the literature on health and spirituality for guidance.

We looked at how the term 'spirituality' was used in mainstream and Indigenous health research, by FWB participants at Yarrabah—all of whom were Indigenous Australians—and by the general community.

As a result, we decided to consider participant statements in terms of five interrelated themes: meaning, transcendence, value, connecting and becoming.

So, what did participants get from the Family Wellbeing program?

When participants were interviewed they were asked what they saw as the good, and not so good, aspects of program participation

and how the program could be improved in the future.

Each person had the opportunity to report if participation had negative outcomes for them, and there were some suggestions for improvements to the program.

However, participant feedback overwhelmingly indicated that positive, though in some cases modest, changes had occurred in the way they viewed and understood themselves, their loved ones and their community.

To summarise, these self-reported changes included:

- a. Improved communication skills with loved ones, family, particularly with children;
- b. Empathy, especially thinking about how other members of the family or community might feel;
- c. Establishing a vision for the future and recognising personal potential, e.g. formulating career or educational goals;

- d. Thinking more about fundamental values such as trust, courage, hope and honesty and their influence in our lives;
- e. Some talked of a renewed sense of calm in their lives and not getting angry as often as they did before completing FWB;
- f. Seeing ways of connecting with the past and finding new ways of expressing the Indigenous spirit and to heal; and
- g. A better ability to critically reflect on oneself and one's life journey.

All of these capacities tap into important aspects of social and emotional health. Contemporary approaches to spirituality highlight the values underlying our relationships with others, our appreciation of dimensions beyond the self, our care for the environment, our contribution to broader social issues, and our efforts to make our life journey meaningful and conducive to personal growth and development.

In summary, there was a clear link between the themes listed above and what participants told us about Family Wellbeing outcomes.

In some cases, shifts in personal capacity were gentle and sustained.

In others, individuals struggled to maintain an increased sense of personal empowerment.

There is, of course, the problem of sustaining this shift without continuous support for change in the various contexts in which an

individual lives.

This is not to see the process as a failure, but as true to the very nature of personal change. Personal growth is never an unwavering upward trajectory.

Overwhelmingly, participants saw the possibility of change — it enlivened their creativity and increased hope for the future.

Exploring spirituality from a community perspective provided insights into the role of spirituality in social and emotional well-being programs, such as FWB.

Participants engaged strongly with spirituality as an issue for discussion, but the contested nature of the term highlighted the importance of using a broad definition of spirituality to ensure that diverse views were respected.

In conclusion, our findings indicate that it is probable that the capacity for hope, empathy, a sense of connectedness and respectful communication with loved ones are essential ingredients in the 'control factor', a recognised psychosocial variable in epidemiological patterns of disease.

Increased control and mastery means that people have greater capacity to deal with day-to-day challenges of life without being overwhelmed by them.

In our view, this is the pathway by which FWB can contribute to improved social and emotional wellbeing in Indigenous communities.

The task for the future is to continue to work in partnership to strengthen both the sustainability of empowerment strategies and their evidence base.

**Alexandra McEwan, Komla Tsey &
Empowerment Research Team**

Clinical Report



The Accelerated Child Health Check Project was completed on 20th June, 2008.

244 children were seen and 3 main areas of concern became evident – oral health, Ear Nose and Throat (ENT), and the need for Paediatric referral.

Shannon Consulting is still collating the total data collected and will generate a final report. We are continuing to follow up children referred during this process utilising one of the Aboriginal Health Workers who carried out the Child Health Checks and a Registered Nurse.

Gurriny employed a GP on 22nd September - Dr Stuart Tiller.

He is employed on a 3 in 4 week basis due to prior commitments in New Zealand.

His wife has been employed as a Registered Nurse to assist with the legacy period of the CHC and also to assist in the clinic.

To date, Dr Tiller he has had 246 client contacts with a daily average now being approx 15 clients.

He is living in the community and so far has been well received.

Dr Marnie Fraser, Paediatric Registrar, is being employed 1 day per week to see children and is available for Child Health Checks.

She has only just returned to us since having her baby.

A joint planning day was held on 3rd November with QH to discuss the development of a Model of Care for the transition of the Child and Maternal Health services to Gurriny.

A working party was established and is still yet to meet.

We have applied for funding under the New Directions: An equal start in life for Indigenous children.

The Health Promotion Team (1 person) has been very busy and productive.

Dixie has continued to co-ordinate the Strong Hearts Program and the Books for Babies.

She has developed "No more sore" packs which are being distributed via Gurriny clinic and YHS and are assisting in nephritis education and awareness.

She has developed a Condom poster and pack, continues with prenatal groups, stinger program, dengue program and oral health education.

We recruited a Child Health Worker (QH funded position) in May 08 and just last week recruited a second Child Health Worker (QH funded position) which will commence late November 08.

These staff will undertake Child Health Check training with QH at the end of November 08.

Two Sexual Health Worker positions were recruited to last week and will be commencing in January 09.

The funding for the Pharmacy was discontinued on 30th June 2008 and we have continued to fund the Pharmacy with money generated from the Child Health Check Project.

This funding will run out at the end of December 2008, and this issue will be a major point of discussion at the next partnership meeting.

We are currently generating approx 200 scripts per month now, so the demise of this service would have a detrimental impact on the health status of the community with regards to medication compliance and access.

At this point in time, a pharmacy assistant/health worker is employed to organise scripts and act as a liaison for both pharmacist and clients.

QUMAX

(Quality use of Medicines, Maximised for Aboriginal & Torres Strait Islander peoples). Our workplans for Qumax have been approved and we are awaiting the final documentation so we can implement the program.

The implementation however, will be hugely impacted by the discontinuation of the Pharmacy service.

Medical client transport services are continuing to operate into Cairns twice daily.

A second bus, for medical transport at the community level, was delivered recently and a plan for the use of this bus has been developed and a regular service will be commencing on Monday 17th November.

GP Cairns has just recently assisted Gurriny by supplying us with Allied Health Services until June 09.

These services include a male physiotherapist for 8 hours/week, a female physiotherapist for 4 hours/week, a diabetes educator for 4 hours/week and a psychologist for 2 days per week.

All services have commenced in November 08, except the psychology services which will commence on 8th December 08.

Referral to allied health needs to be via our AMS doctor.

Uptake to date has been good.

I have applied for the OATSIH Accreditation Support Grant and although still awaiting confirmation for the grant, I will be commencing the planning phase with Una Liddy (accreditation support facilitator from 20/20 this week.

It is envisaged that I will need to go off-line for 2 days per week to undertake this project and we have requested via the Support Grant, administration support for this period.

Now that the clinic is operational, we are continuing to discover barriers placed in front of us by Qld Health.

The development of an operational MOU is now paramount and will be discussed at the partnership level.

Margie Allen
Clinic Practice Manager



Young Mums

HITnet Program



The National HITnet Development Program, a program of the University of Queensland in Cairns, promotes health and wellbeing through creating and sharing new media information in ways that empower individuals, families and communities.

This is achieved through a network of touchscreen kiosks, located within urban and remote community health centres around Australia, which play health modules. The Health modules are developed by HITnet and based on research to best address the health and wellbeing issues faced by communities.

The content is comprised of interactive flash video modules: music, documentaries and stories role-played and filmed by community-based actors and crew, photo-stories, animations and serious games.

Current content covers health topics of Alcohol, Smoking, Diabetes, Sexual Health, Child Health (Game), Mental Health and Bush Tucker.

Soon to be released are health topics on Nutrition and additional Sexual Health content.

In 2009-10 HITnet also hopes develop content for health topics of Maternal and Child health, Child Safety, 'Going to hospital', Men's and Youth Health, Mental Health, Petrol Sniffing, Work Readiness, Cultural Identity as well as Music and Creative Healing.

Delivery via touchscreen kiosks engages even the most inexperienced and reluctant technology user through a series of onscreen buttons that enables them to 'touch-navigate'; choose a path through a health



scenario; discover the consequences of those choices and be presented with alternative health choices and contacts for further assistance.

This platform also provides an autonomous learning experience where the user is not reliant on health worker assistance.

Yarrabah community has had involvement with two large HITnet productions; Grog Story (2005) and Buluru Yealamucka (Healing Spirit) (2008) as well as smaller productions such as Digital Dreaming produced with Yarrabah State School Animation (2006).

The team at HITnet and Frontier Documentaries are proud to have partnered with Yarrabah community members in 2007 and 2008 to produce Buluru Yealamucka (Healing Spirit) – Community Stories about Yarrabah finding its way and appreciate the commitment and participation of all involved including the team from Gurriny Yealamucka who served as interviewees, advisors and production assistants.

In Buluru Yealamucka (Healing Spirit) members of the community bravely share their stories of loss through suicide and how they as individuals, families and a community journeyed towards healing.

The fourteen interviews tell of the importance of healing intergeneration wounds, rekindling connections with land, family, the elders, community and spiritual culture.

The interviews also tell of how the community established life promotion services through the men's group, health services, council, church and connections external to the Yarrabah community.

In each story there is a strong message to assist people who have thoughts about self-harm, as well as self-help information such as free telephone and web resources.

Through participatory productions such as Buluru Yealamucka (Healing Spirit), HITnet aims to provide a platform for community to develop and share their own health message and gain knowledge and skills in ICT and media production. An important sideline to the large health modules is the smaller photo documentaries and screen savers that showcase community events and people.

The touchscreen kiosks capture non-identifying statistics such as how many times a health module is accessed.

HITnet is therefore able to consult with community in development of content as well as gauge how content is being received within the community.



Finance Reports



Gurriny Yealamucka Health Services Aboriginal Corporation

Balance Sheet

30 June 2008

	Note	2008 \$	2007 \$
ASSETS			
Current assets			
Cash and cash equivalents	2	1,634,319	1,033,043
Trade and other receivables	3	56,904	68,966
Other current assets	5	7,186	5,406
Total current assets		1,698,409	1,107,415
Non-current assets			
Property, plant and equipment	4	324,406	352,424
Total non-current assets		324,406	352,424
TOTAL ASSETS		2,022,815	1,459,839
LIABILITIES			
Current liabilities			
Trade and other payables	6	47,066	106,939
Current tax liabilities	9	149,779	42,294
Short-term provisions	8	61,407	32,214
Other current liabilities	7	1,450,578	980,888
Total current liabilities		1,708,830	1,162,335
Non-current liabilities			
TOTAL LIABILITIES		1,708,830	1,162,335
NET ASSETS		313,985	297,504
EQUITY			
Retained earnings		313,985	297,504
TOTAL EQUITY		313,985	297,504

Gurriny Yealamucka Health Services Aboriginal Corporation

Profit and Loss Account

For the Year Ended 30 June 2008

	2008 \$	2007 \$
Income		
Fees	39,696	4,490
Interest income	56,938	32,171
Grants	2,362,691	1,540,941
Other income	2,511	3,918
Total income	2,461,836	1,581,520
Less: Expenses		
Accounting fees	24,891	60,876
Administration expenses	37,352	-
Advertising	10,145	694
Auditors remuneration	5,000	5,000
Bank charges	867	631
Cleaning	2,680	4,803
Consulting and professional fees	181,374	139,009
Depreciation	103,866	23,652
Donations	951	232
Electricity and water	6,605	3,539
Equipment < \$300	3,600	-
Fines and penalties	290	-
Freight and cartage	25	270
Goodwill written off	-	682
Hire	42,446	32,949
Insurance	15,034	15,018
Investment manager's fees	-	19
Leave pay	71,277	14,837
Locum fees	300	60
Market research	27,615	50,507
Motor vehicle expenses	153,393	96,924
Other employee costs	319	-
Program materials	115,602	44,032
Permits, licenses and fees	585	40
Printing and stationery	23,209	17,259
Rates and taxes	1,100	1,760
Repairs and maintenance	27,523	14,062
Salaries	1,341,628	792,144
Staff training	10,749	8,597
Stocktaking expenses	7,926	-
Staff amenities	2,485	-
Subscriptions	100	-
Sundry expenses	2,574	2,305
Superannuation contributions	121,611	70,045
Telephone and fax	24,749	17,090
Travel - domestic	77,484	16,417
Total Expenses	(2,445,355)	(1,433,453)
Profit before income tax	16,481	148,067



Gurriny Yealamucka Health Services Aboriginal Corporation

Certificate by members of the Committee

The committee has determined that the corporation is not a reporting entity.

The Committee has determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in the Note 1 to the financial statements.

In the opinion of the committee the financial report as set out on pages 1 to 11 are in accordance with Section 333-10 of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 including:

1. the financial statements for the financial year are based on proper books and records;
2. presenting a true and fair view of the financial position of Gurriny Yealamucka Health Services Aboriginal Corporation as at 30 June 2008 and its performance for the year ended on that date;
3. the current liabilities are legally committed for expenditure, legally committed but unspent, repayable or paid in advance unless disclosed in the financial statements;
4. complying with Applicable Accounting Standards in Australia; and
5. other mandatory professional reporting requirements in Australia.

The Committee and the corporation have complied with the obligations imposed by the Corporations (Aboriginal and Torres Strait Islander) Act 2006, the regulations and rules of the corporation during the financial year.

In the Committee's opinion, there are reasonable grounds to believe Gurriny Yealamucka Health Services Aboriginal Corporation will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:

Governing Committee Member *A. Malcolm*

Governing Committee Member *[Signature]*

Dated 30-10-08

Gurriny Yealamucka Health Services Aboriginal Corporation

Certificate by Grantee

I hereby certify that for the year ended 30 June 2008:

1. The financial information including that for each activity, as shown in the statement of grant acquittals as set out on pages 19 - 54, presents fairly the transactions contained therein and is based on proper accounts and records.
2. In respect of grant funds for each activity which have been provided by the Commonwealth Government under the Funding Agreements Relating to Indigenous Programs:
 - (i) all funding received was spent for the purpose of the activity and in accordance with the relevant funding agreement and the agreement has been complied with;
 - (ii) salaries and allowances paid to persons involved in the activity were in accordance with applicable award or agreement in force under any relevant law on industrial or workplace relations;
 - (iii) unless the activity period has expired or the funding agreement has been terminated, the unspent portions of the funds (if any) are available for use within the next reporting period;
 - (iv) the financial information is presented in accordance with the financial reporting framework required under the funding agreement; and
 - (v) where an asset has been acquired with the grant funds:
 - appropriate insurances have been maintained in accordance with the requirements of the relevant funding agreement, and
 - the asset has been included on an asset register (in the form and containing the details required under the relevant funding agreement).
3. At the time the financial report is provided, we are able to pay all our debts as and when they fall due and we have sufficient resources to discharge all our debts at the end of the Financial Year to which the financial report relates.

A. Malcolm
.....
Governing Committee Member

30-10-08
.....
Date

Gurriny Yealamucka Health Services Aboriginal Corporation

Independent Audit Report to the members of Gurriny Yealamucka Health Services Aboriginal Corporation



Scope

We have audited the statement of grant acquittals ("the statement") for the year ended 30 June 2008 set out on pages 19 to 55. The corporation's committee is responsible for the financial information contained in the Statement. We have conducted an independent audit of the Statement in order to express an opinion on it to the committee. The information contained in the statement has been extracted from the annual statutory financial report for the year ended 30 June 2008 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 14 and 15.

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 the responsibility for any reliance on this report or on the statement to which it relates to any person other than the committee, or for any purpose other than that for which it was prepared.

We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee of Gurriny Yealamucka Health Services Aboriginal Corporation, as well as evaluating the overall presentation of the financial report.

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

AUDITOR'S OPINION

In our opinion, the attached Grant Acquittal Statements for the year ended 30 June 2008 present the financial transactions of the grants fairly in accordance with applicable accounting standards and other mandatory professional reporting requirements and are based on proper accounts and records.

Pacifica

PACIFICA
CHARTERED ACCOUNTANTS

At Cairns

Peter A. Catterson

Peter Catterson
Director

31 October 2008



**Gurriny Yealamucka Health Services
Aboriginal Corporation**

Ph (07) 4056 9388

Fax (07) 4056 9368

Postal Address 9 Noble Drive, Yarrabah Q 4871

Website <http://www.gyhsac.org.au>

Email (CEO) davidb@gyhsac.org.au