



Yadu Health Aboriginal Corporation (YHAC)
ANNUAL REPORT 2020/21





“Health - Brings their help in our Communities”

Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation is proud to feature the artwork of local artist Cassandra Gray throughout this years Annual Report



This year we are also proud to feature the Yadu Health Aboriginal Corporation logo in this year’s Annual Report, signifying our transition from Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation to Yadu Health Aboriginal Corporation.



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Our Story

Bring Our Aspirations to Life.

Yadu Health Aboriginal Corporation (YHAC) was established in 1986 as Ceduna Koonibba Aboriginal Health Service to provide culturally appropriate and preventative health care, education programs and a clinical service to the Aboriginal community. In late 2006 the Minister of Health announced his intention to introduce a new Health Care Act which would provide for more direct control and accountability. The Minister acknowledged the need for YHAC to be given the option to become Community Controlled. In June 2008, the Health Advisory Council (HAC) of YHAC advised Country Health SA that they wished to work towards becoming community controlled with the transition date being the 1st July 2010. The HAC subsequently revised the timeframe with the transition date becoming the 1st July 2011.

CKAHS officially transitioned to the not for profit Aboriginal Community Controlled Health sector on 1 July 2011 and subsequently became Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation (CKAHSAC). As of the 2020/2021 financial year CKAHSAC changed the name to Yadu Health Aboriginal Corporation.

Our Purpose

YHAC aims to provide a unique, accountable, holistic and integrated service by providing best practice healthcare to the West Coast Aboriginal and Torres Strait Islander communities, which enable individuals and their families to achieve improved health outcomes, and to participate in and enjoy community and culture. We aim to:

- Deliver and maintain respectful, safe and high-quality holistic health care.
- Reduce the gap in Indigenous life expectancy by 2031 through working closely with our Aboriginal and Torres Strait Islander communities, our key service delivery stakeholders and our funders.
- Work with and support the community to achieve improved health outcomes.
- Work with its communities to participate in and enjoy the community and culture.

YHAC is a major employer of Aboriginal people in the West Coast region that delivers programs from three sites; Clinic and Administration Building, Seaview Village and the Sobering Up Unit. Our main business is to provide a broad range of services to the Aboriginal and Torres Strait Islander communities of Ceduna, Koonibba, Scotdesco and the surrounding Homelands.

Our Objectives

The constitutional objectives of YHAC are to:

Develop and provide a service which meets the health needs of local Aboriginal people in a culturally safe and respectful way, having regard to their total social, emotional and physical wellbeing, and the importance of health promotion and preventative measures. This includes:

- Integrating with and complementing existing service providers and agencies, to improve the social and emotional determinants of health.
- Providing a base for health units and other agencies providing services to the local community.
- Supporting safe environments that allow for the holistic delivery of health care to Aboriginal people.
- Support and educate local Aboriginal people to become informed of the options available to them for health and local community services.
- Develop and maintain relationships and partnerships to ensure coordinated and effective health services for local Aboriginal people.
- Develop and expand outreach services, special clinics and targeted programs where necessary.
- Support education, training of health professionals in Aboriginal health.
- Increase workplace opportunities and development opportunities for Aboriginal people.
- Research the needs of local Aboriginal people and evaluate new and existing services.
- Actively attempt to ensure the integration of Aboriginal health in mainstream sites, where this will be beneficial to our clients.
- Provide health care and initiatives targeted at youth, elders and men in the local Aboriginal community.
- Take such other actions and initiatives as are deemed appropriate by the Board for the purposes of supporting and funding the other listed objects.

Our Shared Goals

The Strategic Directions plan 2016 – 2021 has been designed to share the same goal and build on the Australian Government's commitment to 'Closing the Gap' by 2031. Their shared goal – Our shared goal is to:

'Realise health equality by 2031, which is consistent with the Council of Australian Governments' health goals for Aboriginal and Torres Strait Islander peoples. We know that good health enables Aboriginal and Torres Strait Islander children to have the best possible start to life, and adults to lead active, full and productive lives'

We will support the three priorities of *improving school attendance, workforce participation and building safe communities*, which are the key drivers in improving health outcomes for Aboriginal and Torres Strait Islander peoples.

'We know that any work in these priority areas must be underpinned by improving the health and wellbeing of individuals, families and communities'

We will work with our Aboriginal and Torres Strait Islander people, our key service delivery stakeholders and our funders. Together we will improve the lives of our people, we will realise our aspirations, and we will build the future for our next generation of leaders.

Our Shared Values

- We take pride in being community controlled for the people, and by the people.
- Culture and community is at the heart of everything we do and what we can't do alone, we'll do together.
- We are committed to services to improve the health of Aboriginal and Torres Strait Island people in our community.
- We will work together across the organisation as one team.
- We will be respectful and accepting of each other, our clients and community.
- We will always try to find a solution to a problem even when it is "not my job".
- There will be no "wrong door" for our clients – we will make sure that our clients see who they need to see.
- We will be a culturally safe organisation and learn together how to do this.
- We will work cooperatively with other services to benefit our clients.
- We will work towards continuous quality improvement and meeting our accountability targets.

Our Future

Our vision is to provide an integrated health service that is free of racism and health inequalities for the West Coast Aboriginal and Torres Strait Islander communities which enables individuals and their families to achieve enriched health outcomes that also addresses the social determinants of health.

There are **four (4) key strategies** that underpin the directions that will make a difference to the way we work as one organisation, the way we improve the delivery of services for Aboriginal and Torres Strait Islander people, and translate the aspirations into reality.

The milestones for the strategies to be implemented are identified in the short term (12 months), medium term (2 years) and long term (3 – 5 years).

Strategic Direction 1 Create One Organisation

To create 'one organisation' we all need to share the same vision. We need to be better at working with each other, knowing each others jobs and regularly talking with each other. We need to do the same with our key stakeholders, the services that help us work with our communities. We have to be professional in the way we look, the way we work together and the messages we are delivering to our communities. We have to make sure that we have the right skills in our workforce to meet our communities' health and social and emotional wellbeing needs.

Strategic Direction 2 Improve Our Service Delivery, Efficiency and Management

To empower management and staff to make the necessary day-to-day decisions within the overall directions set by the Board of Directors. We will improve our service delivery to the community. We will support and care for staff and develop a realistic and achievable workforce plan that promotes efficiency, accountability, reliability and fosters creativity and innovation.

Strategic Direction 3 Improve the Infrastructure and Facilities

It is paramount to seek suitable infrastructure that supports the continuity of care to clients that allows their needs to be met and one that is conducive to bridging relationships between all teams. The design will have improved waiting areas including an outdoor area, and along with private counselling and working areas that create a sense of belonging and confidentiality. This is priority for the organisation and we will pursue the funding to either seek a new building or completely fix the existing one.

Strategic Direction 4 Bring Our Aspirations to Life.

The Board and staff are committed to being an organisation that takes action. This plan will form the basis of what we do and not be placed on a shelf as a completed but not relevant document. We will monitor our progress and report regularly to the community.

BOARD OF DIRECTORS



Robert Larking
Chairperson



Joy Haynes
Treasurer



Randy Gray



Jennifer Scott



Kevina Ware

The names of each person who has been a Director during the year and to the date of this report are:

Chairperson:
Robert Larking

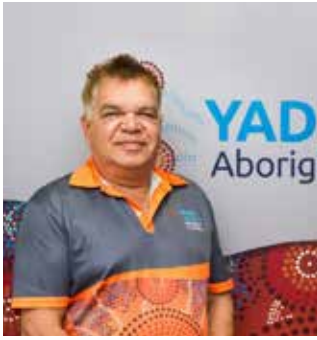
Deputy Chairperson:
Kristy Richards - ceased as the deputy Chairperson upon resignation from the Board on 08/06/2021

Secretary:
Kevina Ware

Treasurer:
Joy Haynes

Directors:
Robert Larking
Jennifer Scott
Kevina Ware
Joy Haynes
Randy Gray – commenced as a Director: 27/08/2020

Chief Executive Officer:
Zell Dodd



Chairperson's Report

Chairperson Report on behalf of
Yadu Health Directors

Robert Larking, Chairperson

The Yadu Health Aboriginal Corporation (YHAC) Board of Directors hereby present the Annual Report for the 2020-2021 financial year.

I have been on the Board of Yadu Health now for 7 years straight my longest stint, and being on the CKAHAC board previously for years 4, and as of February this year I was appointed as the Chairperson. During this time, I still see many changes taking place, including Board members leaving and new Board members joining us, new staff and new funding streams coming into the Corporation. But I have to say, COVID-19 changed everything for us, it was a very worrying time for all of us, especially learning about this virus and trying to come to grips with its devastating effects it was having on all people across the world. But we stepped up at Yadu Health and we like everyone else developed our first ever COVID Plan and Yadu Health helped us with ours at Scotdesco.

I would like to thank the current Board members on our governance team Kevina Ware, Joy Haynes and Jennifer Scott who joined us in November 2020. They have all shown their enthusiasm, diligence and commitment to their individual roles and to the communities we all care for and support.

I would like to make special mention of Kevina Ware for her time on the Board and her ongoing support and dedication to the Corporation, our members and our staff. Kevina has been on the Board on and off at times but all up around 6 years.

The year 2020-21 was a turning point (in a very positive way) for Yadu Health, as a Board knew it was time to rethink what the Corporation was going to look and feel like for at least the next decade. There was consensus - it was time for a change. We were keen to start workshopping to rethink and plan what the foundation would look like and to bring this to the Board on and off at times but all up around 6 years.

The year 2020-21 was a turning point (in a very positive way) for Yadu Health, as a Board knew it was time to rethink what the Corporation was going to look and feel like for at least the next decade. There was consensus - it was time for a change. We were keen to start workshopping to rethink and plan what the foundation would look like and to bring this to life. At this stage we were very keen to change the name of the Corporation and get a brand-new Logo. It was a full-on year, but it was exciting, and we made a lot of progress into where we as the Board, wanted the Corporation to be, for the people.

We workshopped ideas collectively and significance of this was to outsource two functions within the Corporation, these

were Finance and Human Resources not only was it beneficial for the Corporation it was also a cost saving, which put us in a position to redirect funding into operational services. They were very substantial changes but exciting and encouraging because we were able to remain focused on the future of Yadu Health. The inspiration that followed was the new name and Logo, this was a crucial turning point for all of us. The new uniforms came in and we could see how proud the staff were and how it made Yadu Health stand out and be seen as one.

As Board members we know our staff continue to demonstrate their passion, their skills and their individual expertise especially when it comes to working with our people, serving them to take better care of their health and their social and emotional wellbeing, as they continue to plan for excellence.

I would like to make mention of Ben Watson, from Gateway Tax and Advisory and Gina Nardone, from PeopleVision you have certainly made our jobs easier. RDWA, without your support our people would be able to access ongoing Specialists appointments at Yadu Health. The Fay Fuller Foundation a Philanthropic who gets how we work and what we want to achieve.

I would like to thank Zell Dodd, CEO for her commitment and dedication to the Corporation and our communities. Zell has now been with us now for well over five years and as you may remember she was planning her exit strategy in last year's annual report. I am very pleased to say that Zell is still with us.

We are still working hard, or should I say struggling to get funding for our new purpose-built health facility, we have not had any luck with politicians or government departments. The staff are still working in a Building that is run down and derelict. Can you believe this – we are in 2021 and we can't convince anyone to fund us or help us! The Corporation is growing but we are running out of space for our staff, a large part of the Building is decommissioned, and we simply can't use it. But we live in hope that one day in one year, we will get funding to build a yadu new health facility, one that will last for many decades to come, and one that our Community will be proud of.

Our Future

We look forward to and welcome any challenge to increase productivity, efficiency and meaningful outcomes for our people. We will always continue to strive for a sustainable future that will provide the right services at the right time for our people.

Acknowledgement

As Chairperson and on behalf of our Board Members and Staff, I would like to thank our partner Member services, the Aboriginal Health Council of SA and the National Aboriginal Community Controlled Health Organisation for all your support.



To Our Funders

Without you would not be able to deliver the essential primary health care services that we know our community needs to keep strong and healthy.



I hope you enjoy reading the 2020/2021 Annual Report. I would like to acknowledge all our Members; you continue to drive us to deliver high quality primary health services and programs. I would also very much like to thank the outgoing Board members and our new Board members during this financial period.

We thank you all for your support and we look forward to our ongoing journey together in Closing The Gap in our life expectancy. On behalf of the Board, the CEO and the staff of Yadu Health we would also like to wish you all a very Merry Christmas and a Happy and safe New Year.

Kind Regards

Robert Larking, Chairperson



Chief Executive Officer's Report

Zell Dodd, Chief Executive Officer

I want to acknowledge the Traditional Owners of the Land that I live and work on and I pay deep respect to the Elders past, present and future. I similarly acknowledge and pay respect to the younger generation, who will be the future leaders and advocates for their local communities in the West Coast of South Australia.

Hello yes, I'm still here at Yadu health... it's not an easy place to leave! I continue to remain committed to the Board of Directors, the Staff and to the People we serve.

I would like to take this opportunity to pay tribute to Robert (Bobby) Larking for taking on the role as the Chairperson and Kevina Ware for taking on the role of Secretary. Both are long-standing Board members and despite being busy in their own communities, they continue to be strong advocates, keeping the business financially healthy, and for the ongoing advancement of Yadu Health now and in the future, with community at the centre. I would also like to take this opportunity to acknowledge and thank Joy Haynes who joined the Board in November 2019 and Jennifer Scott who joined in November 2020. I also thank our outgoing Board members Sheena Haseldine, Kristy Richards and Randy Gray for their time on the Board.

It has been an absolute pleasure to work with the Board of Directors, I continue to be inspired, motivated and humbled by your commitment to the viability of Yadu Health to our Staff, our Funders and the People we serve.

Some of the key challenges and achievements over the previous financial year includes:

The news of Coronavirus which swept the world it hit the news, the radio and the emails. I have to say for me it was a surreal and an overwhelming and confronting moment, why because there were clearly two things on my mind "what is this" and "how".

Reviewing what Yadu Health should look like and feel like in the future, this was a very exciting venture that will positively position Yadu Health in the future. Key outcomes of this work focused on strengthening our Financial and Human Resource functions.

Engaging Ben Watson, Account from Gateway Tax & Advisory (local service) and Gina Nardone and her Team from PeopleVision who are based in Adelaide. There is more information on Ben and his Team and Gina and her Team further on in this report.

We continue to work very closely with the **Rural Doctors Workforce Agency**. Without their support we would not have the level of visiting Specialists available to visit Ceduna, to work with our clients and our staff. A big 'shout out' goes to Lyn Poole and the team at RDWA, you all do an amazing job to ensure our people get the right services, at the right time.

Our relationship with the **Fay Fuller Foundation (FFF)** has been strengthened significantly, with Warren Miller being employed as the Executive Strategic Partnerships officer (funded by FFF). Warren regularly meets with Niall Fay, Chief Executive and the team. You can read more about this and our partnership with FFF, who are truly in tune with how we work on the ground. What is central about the FFF is that they have strong principles of engagement and ethics that translate into 'working together to build inclusive and equitable health futures'.

Our **Jawun Partnership** and secondees was unfortunately delayed due to COVID-19. However, we are very appreciative of the work that the secondees did for Yadu Health. We look forward to when the boarders open and the secondees can move around more freely and be based in Ceduna.

We remain to have a very strong relationship with the **Aboriginal Health Equity Theme Wardliparingga, South Australian Health and Medical Research Institute (SAHMRI)**.

In response to the **high prevalence of diabetes foot complications and amputations** in Aboriginal and Torres Strait Islander people. The Commonwealth Government is funding this project that is being managed by Professor Alex Brown at SAHMRI. This work spans across South Australia (SA), Northern Territory (NT), Western Australia (WA) and Far North Queensland (Qld).

This project aims to address risk factors and health outcomes by implementing evidence-based initiatives that improve the quality, accessibility, and effectiveness of available care.

Yadu Health are participating in the South Australia Aboriginal Diabetes Related Foot Complications in the following areas:

The **Central Adelaide Local Health Network telehealth project** aims to implement a sustainable model of **telehealth** to meet the needs of our patients with diabetes-related foot complications by supporting community health providers and rural and remote patients with diabetes-related foot complications in the management of this. This is critical and we also want to reduce lower limb amputations. In patients who undergo amputation, the project aims to optimise social, emotional, and functional outcomes.

It is crucial that enhancing the state-wide amputee pathway to provide culturally respectful care for Aboriginal patients will be a key component of this project. A pathway for care and their return to Country will be implemented after appropriate consultation. Pre-Rehabilitation via telehealth and early activation of rehabilitation to enable individuals to return to community with appropriate supports will be critical elements of this program.

The project involves a close collaboration between:

- the multi-disciplinary diabetic foot team based within the Central Adelaide Local Health Networks (CALHN)
- the Royal Adelaide Hospital (RAH) and the Queen Elizabeth Hospital (TQEH),
- the Aboriginal Chronic Disease Consortium based at the South Australian Health and Medical Research Institute (SAHMRI)
- primary/community care services in regional South Australia, and the Northern and Southern Local Health Networks (NALHN and SALHN).

The appointment of an Aboriginal Health Practitioner will play a fundamental role in Aboriginal engagement and the linkages between community and services named above.

Yadu Health are participating as a pilot site in the implementation of this model. We want to continue to expand our services, our training, and our minds, to be in a better position to work with our clients and their families.

The **Workforce education and system improvements** programs are interlinked and aim to improve outcomes through workforce education and system improvements in the Aboriginal Community Controlled Health Service sector.

The University of SA project focuses on building the capability (skills) of our workforce to identify and respond to foot problems in people with diabetes. Working with key clinicians across the state, a train the trainer program including education resources to use with community will be developed, delivered, and evaluated. The training program will have several levels, starting with **raising awareness of feet** within community and health services to **supporting advanced skills**, and implementing **telehealth**.

The proposed workforce education program will include a three-tiered approach:

1. **Familiarisation** – targeting all health staff, to develop recognition skills and basic questioning ability.
2. **Screening** – targeting health staff with direct patient contact, to enable hands-on assessment and monitoring.
3. **Advanced education and management skills** – targeting identified health staff with an interest, to enable early intervention and follow-up, with support of podiatry and medical staff.

Alongside this, the Aboriginal Health Council of SA (AHCSA) project will focus on developing targeted clinical, workforce and system improvements. This approach will lead to an increase in the number of foot assessments and improved pathways of care, and documentation of foot care in patient information systems i.e. Communicare. The system improvements led by AHCSA will support health care staff to embed new clinical foot skills into their everyday practice.

Eyre and Far North Foot Health Alliance

The SA Health, Rural Support Service is piloting a regional foot health Alliance in the Eyre and Far North Local Health Network. The Alliance will be a collaboration of key stakeholders, such as, Aboriginal Community Controlled Health Services, Aboriginal Health Council of SA, SA Health, UniSA, General Practice, Podiatry and Diabetes services, Rural Doctors Workforce Agency, Country and Outback Health, Country SA Primary Health Network, and our Community members.

The aim of the Alliance is to provide a foundation for key initiatives, such as, health care provider education, clinical support and mentoring and the development of clearly defined and agreed referral pathways and communication strategies.



Meet Ben Watson
our Financial Support Team

Ben and his Team have been working with Yadu Health Aboriginal Corporation since May 2020 and are proud to be working with us.

The Gateway team of Ben Watson, Kate Outridge and Tori Watson are responsible for managing the financial affairs of Yadu Health. This includes, payroll, paying accounts, bookkeeping and other financial administration matters.

Work is performed both onsite and offsite. Ben is actively involved with the staff at Yadu Health on a regular basis, he really is part of the Yadu Health Team. And with his dedication as part of the services he provides, staff are gaining an increased knowledge and understanding of finances. As a result, they are better resourced in making decisions on expenditure of funds to achieve the desired outcomes for their clients.

The engagement of Gateway has brought about several changes within the way our financial affairs are managed. Some of these changes are a strong focus on Yadu Health continuing to be financially secure, and at the same time enabling the Corporation to leverage its resources in a financially prudent way to achieve greater financial outcomes.

Some of the key highlights and focuses for the past 12 months, which Yadu will start to see the benefit from over the next 12 months and into the future include:

- Implementing an investment strategy that will see a high level of return than retaining cash in the bank;
- Redeveloping some of Yadu's assets, to generate a greater return than is currently the case;
- Establishing an alternative method for dealing with the Corporations vehicle requirements that will result in better use of the Corporations financial resources over time;
- Placing an increased emphasis on generating a financial return from the Corporations activities that can be put back into increased service delivery;
- Implementation of key software changes to improve efficiency and provide additional management information.

Financially the Corporation has finished the year in a strong position and operating in a manner that the Corporations auditors were very pleased with, as evidenced in the 2020-21 audit report.

Whilst a detailed analysis of the Corporations financials will show that the 2020-21 year resulted in a net loss, this loss resulted from a write down of the carrying value of some of the Corporations assets and considerable one-off abnormal items.

Given the Corporations prudent financial management over recent years, both of these eventualities were known and planned for and need to be considered in the context of the reason for the significant increase in net profit in the 2019-20 financial. An adjustment for these revaluations and one-off abnormal items would show the Corporations net profit would have been \$374,740.00.

Neither of these eventualities have affected the strong financial position of the Corporation.

The work Gateway are doing in conjunction with the Board of Management will ensure that Yadu Health are in a financially well-resourced position now and into the future, to enable them to have the resources to provide the best possible outcomes to its clients.



Meet PeopleVision our HR Support Team

As Bobby mentioned we have outsourced our HR function.

Meet Gina Nardone, Director who is the founder and owner of PeopleVision. Gina oversees a team of professionals dedicated to the growth and well-being of a wide range of businesses clients, across a broad range of industries.

With over 23 years of experience herself, Gina provides clients with the benefit of a broad range of knowledge and expertise in injury management, work health safety, and general workplace issues.

Meet Justine Pepper, Director, having commenced her career working in large Corporations. Justine found her true passion in helping small to medium businesses, and found how they were lacking access to the latest in HR practices, resources, and technology, and therefore the many benefits they afforded.

Innovation is a key driving force behind Justine's work with small businesses, helping to ensure that they keep abreast with the latest technological advances, in areas such as HR, payroll and general administration.

PeopleVision have definitely add value by providing simple, high quality and compliant HR solutions that are specifically designed to help services like Yadu Health. They are new aged and understand cloud-based HR, and come with years of Human Resource Management, Recruitment and Payroll experience.

Exciting for Yadu Health was the implementation of our HR Platform, **Employment Hero (EH)**. I can say from my experience, as a user of EH, that it does remove at least 80% of the administration work involved when you employ and on-board staff.

They provide unlimited, effective and pragmatic workplace advice that supports business owners/operators, manager's/supervisor's and internal HR resources. We have access to an experienced Workplace Advisor via phone or email Monday to Friday 8.30am to 5pm.

Recruitment Services

PeopleVision are HR professionals who provide end to end recruitment services, with an offering that is very different from a typical recruitment agency. They have years of experience in identifying talent across a broad range of industries, and at all levels. They consider people's skills, experience, passion and motivation, and match them to the right roles and the desired culture of the Corporation.

PeopleVision take the stress out of employing, onboarding, and managing our staff at Yadu Health.

Our ongoing relationship with the Royal Doctors Workforce Agency (RDWA)

Yadu Health works in partnership with RDWA for some time now to plan and deliver a comprehensive range of services that involve visiting service providers working with Yadu Health staff to offer our clients increased access to primary health care services close to home. During the 2020-21 financial year, Yadu Health led the delivery of 1,115 patient services provided through 73 visits from RDWA Outreach providers. This was achieved amidst an environment of ongoing travel restrictions and limited options for travel that posed continuous barriers to service delivery. Through persistence, creativity and teamwork, Yadu Health and RDWA were able to maintain continuity of services for the community throughout the year.

A team-based approach is essential to delivery of these services and enables Yadu Health's Doctors, Nurses and Aboriginal Health Workers and Practitioners to link with 18 visiting Specialists and Allied Health professionals to deliver integrated health care solutions. Through this partnership, RDWA and Yadu Health were able to organise and support the following teams of visiting service providers:

- **Chronic Disease** – Podiatrist, Dietitian, Cardiologist, Endocrinologist
- **Pain Management** – Pharmacist, Psychologist, Physiotherapist, and Pain Specialist
- **Respiratory** – Respiratory Nurse and Respiratory Physician
- **Eye Health** – Optometrist, Ophthalmic Nurse, and Ophthalmologist
- **Paediatrics** – Paediatrician
- **Healthy Ears** – Audiologist, Speech Pathologist, and ENT Specialist
- **Women's Health** – General Practitioner

RDWA also offer Health Workforce Scholarships for our staff who are considering clinical or professional development. The eligible professions include Medicine, Nursing and Allied Health and Aboriginal Health Workers.

In closing, I take this opportunity to publically acknowledge and thank the awesome staff of Yadu Health. To the staff who were here from the very beginning and to those after that, and to those that recently left to pursue other opportunities. Your contribution has not gone unrecognised and I wish you all the best in your future endeavours.

The staff that work in the Corporate Services and to those that have recently joined the Yadu Team, the staff that work in the Programs areas and the Clinic, you all take pride in the work you do and you continue to step up to the plate to provide the critical services. Again, you show the profound passion to wanting to make a positive difference to the lives of the people we serve, your commitment for wanting our clients, our families to live stronger and longer. The comradeship and the humour you bring to Yadu Health is exquisite and a necessary ingredient to making us solid in what we do.

I would like to thank Shane Mohor and the Team at AHCSA for all their support and Pat Turner, Dawn Casey and the Team at NACCHO.

I would also like to thank our community members that have contributed to make Yadu Health what it is today. You have provided feedback that can only make us stronger, more focussed and help us to continue to improve and expand our services for the health and wellbeing of our many individuals, families and communities that continue to visit our services.

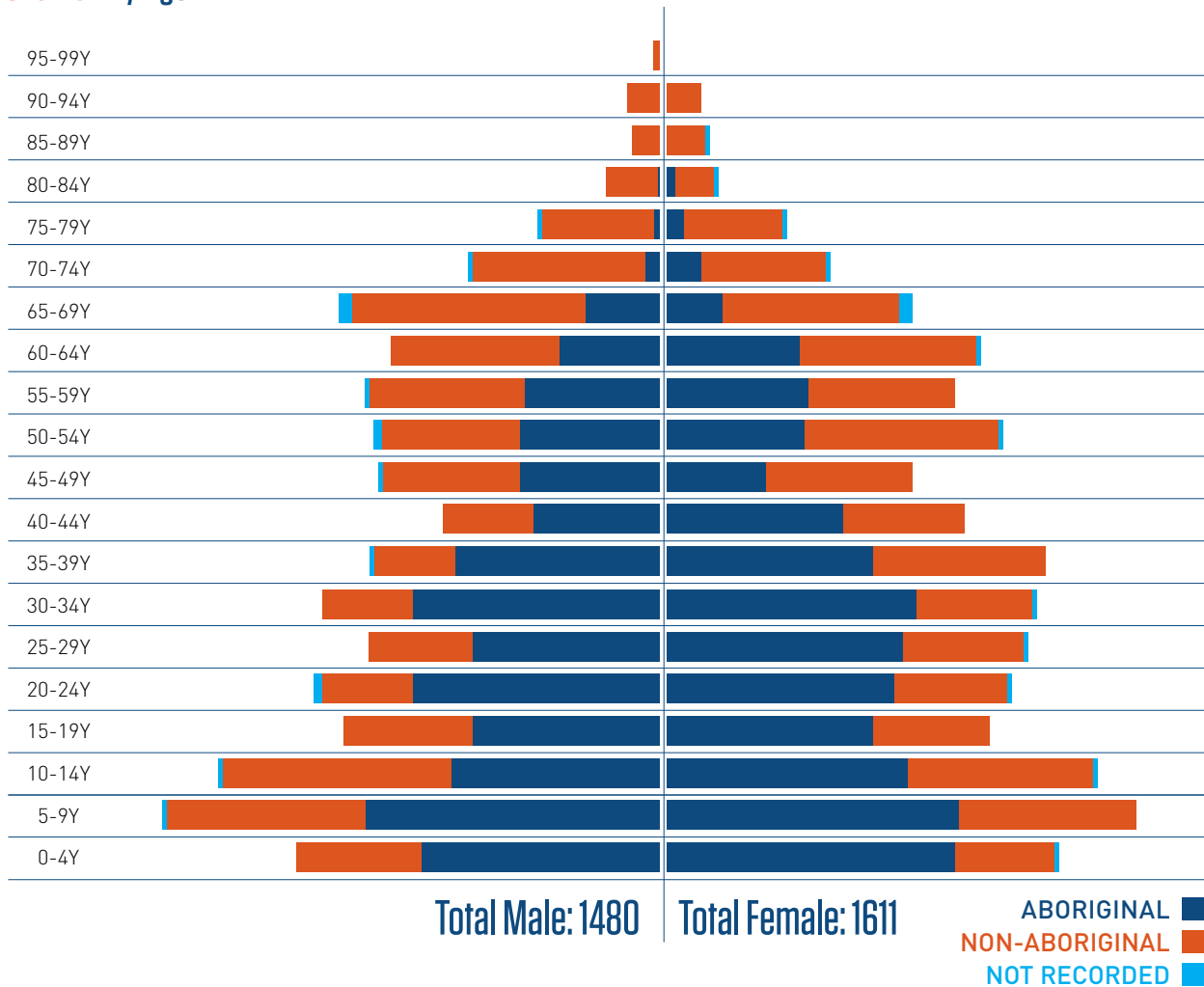
I hope you enjoy reading the 2020/2021 Annual Report. I would like to thank you for your support, and take this opportunity to wish you all a safe and prosperous Christmas and Happy New Year.

Kind Regards

Zell Dodd, Chief Executive Officer

Snapshot of Health Statistics

Clients - By Age



Clients - By Ethnicity



South Australian West Coast ACCHO Network (SAWCAN)

This year, Yadu Health was very happy to be involved in an innovative new regional partnership involving four other Aboriginal Community Controlled Health Organisations (ACCHO) across the Eyre Peninsula and Far West Coast regions. The current membership to this group consists of:

- Port Lincoln Aboriginal Health Service
- Nunyara Aboriginal Health Service
- Tullawon Health Service, and
- Oak Valley Health Service.

The new regional partnership's purpose of SAWCAN is to work collaboratively as a region to:

- build capacity within the region to achieve improved health and wellness outcomes for Aboriginal people.
- demonstrate a strengths-based approach to achieving large-scale solutions.
- share and co-operate with each other to utilise mutual skills, experience and specialist knowledge.
- leverage opportunities by advocating as one voice.
- become a central point of contact that provides advice and direction to external parties on issues affecting Aboriginal people in the region.
- act as a point of truth-telling and a support to each other.

Why are we working together?

SAWCAN began as an informal group of five ACCHOs who came together to workshop, grow and learn to address specific regional issues faced by Aboriginal people living across this region.

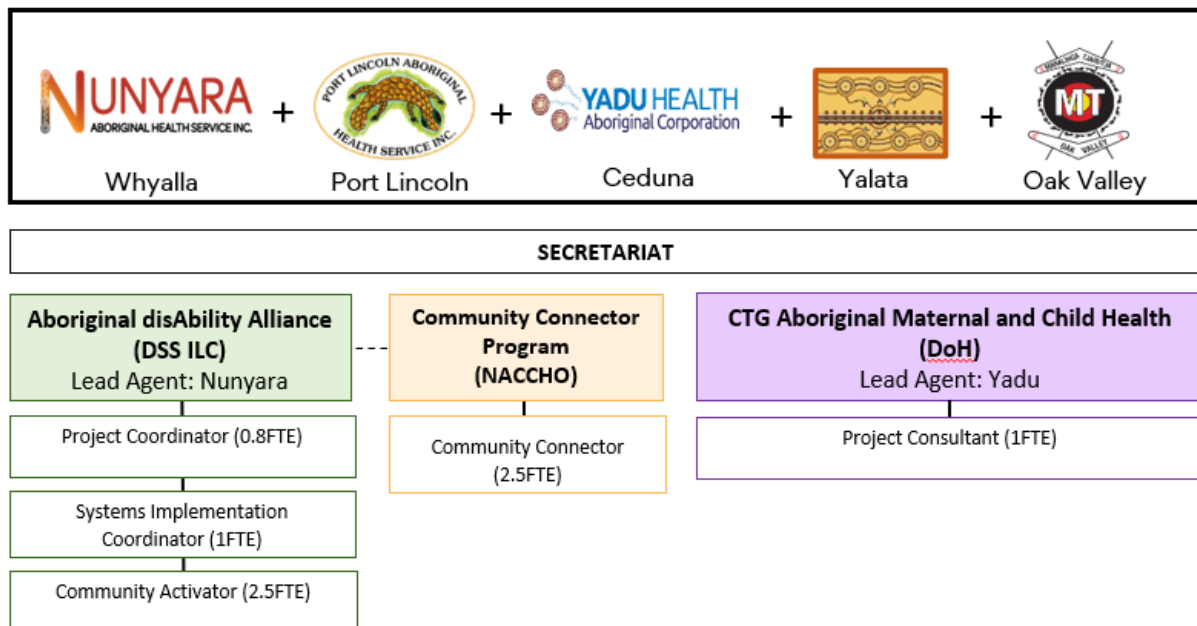
Our inaugural gathering was held in Ceduna in 2018 to discuss the challenges faced in accessing culturally safe and respectful disability services and the issues in the roll-out of the NDIS. Over the next two years, our services committed to working together to put measures in place that address the vast challenges faced by our communities in accessing the NDIS. Further to this, we also committed to working together across a broad spectrum of other issues faced by our respective communities.

In mid-2020, SAWCAN were successful in winning their first project grant, the Aboriginal disAbility Alliance. Since then we have been able to employ a human resource to not only lead the Aboriginal disAbility Alliance project, but also to build SAWCAN as its own entity.

The governance structure:

South Australian West Coast ACCHO Network (SAWCAN)

Governance board are the CEOs of each ACCHO



Some of our key achievements this year include:

- Success in receiving a regional grant through the Department of Social Services under the Information, Linkages and Capacity Building program, to develop and implement the Aboriginal disAbility Alliance Project.
- Employment of a Project Lead and Systems Coordinator who work across the region.
- Success in receiving an additional grant through NACCHO under the Community Connector program.
- Four face-to-face regional meetings held.
- Agreed commitment to continue growing and developing localised solutions to challenges experienced by our communities.
- National representation on two new Closing the Gap working groups through the Coalition of Peaks (1. Disability Sector Strengthening Working Group; 2. National Aboriginal and Torres Strait Islander Human Services Workforce Framework Working Group). Our involvement in these working groups give our regions a voice in national systemic change.
- Multiple opportunities to share and learn from one another and sharing of resources.
- SAWCAN branding development.

Future focus areas

We are currently in the early phase of undertaking a coordinated approach to the state government investment in Aboriginal Maternal and Child Health. We aim to engage a project consultant to undertake a scoping and systems mapping exercise across our regions to identify internal and external system improvements.

Two other key areas of focus include mental health and workforce.

Aboriginal disAbility Alliance project

Under our partnership arrangement we are tasked with co-designing an NDIS capacity-building project with local Aboriginal people living with a disability and their siblings/ families who live across the Eyre Peninsula and Far West Coast of South Australia.

The project has been funded for a period of two years via an NDIS Information Linkages and Capacity Building (ILC) grant that recognises a prior ILC grant awarded to the Port Lincoln Aboriginal Health Service. Our project aims to address the many barriers that Aboriginal people within the five regions have encountered with NDIS since 2013. These barriers and lack of capacity (on the part of both consumers/participants and providers) have led to some of the lowest levels of NDIS utilisation in the country.

We are taking a multi-pronged approach to project implementation which focusses on four core objectives:

1. Improve understanding of our services and regions.
2. Increase community understanding and awareness of the NDIS.
3. Improve access to the NDIS for Aboriginal people, their families and carers.
4. Create sustainable, culturally safe and respectful disability services (future proofing the project).

Leading this project across the region is Polly Paerata, whilst training and NDIS knowledge translation is provided by Shellander Champion. This year, as a region we have:

- met face-to-face three times.
- held seven regional Teams meetings.
- participated in two government consultation sessions around NDIS changes.
- delivered eight training sessions covering mental health, early childhood, complex clients, understanding NDIS plans, pre-planning, planning and plan implementation, and
- welcomed a total of 50 participants across the eight training sessions.



Back row left to right: Kate Warren, Rachel Ware, Peter Shepherd, Teresa Szumski, Jamilah Lovibond, Polly Paerata.
Front row left to right: Shellander Champion, Deslyn Dodd.

Under this project, Yadu Health are in the process of employing a full time NDIS worker to provide support to Aboriginal people living with a disability, their families and carers in accessing the NDIS and connecting them with supports in the community. Our SAWCAN workforce also works in collaboration with our counterparts employed at Port Lincoln Aboriginal Health Service, Tullawon Health Service and Oak Valley Health Service. This facilitates the opportunity for shared learnings, but also allows our organisations to create a consistent approach.

Highlights and Achievements



New Future IT was founded on a mission to provide careers in IT for young aboriginal people. It all started with a simple question - did we know of any aboriginal people working in IT and the answer was no, we knew no one! As the directors of an IT Service, we knew we had the power to change that. Fast forward to 2021, we have had 7 young people complete their traineeships with several remaining with us as IT technicians.

Building on this success, we were fortunate to meet Zell Dodd who listened to our story and invited us to participate in a tendering process for the management and support of the Yadu Health Aboriginal Corporation IT system. A significant part of our offering was a commitment to partner with Yadu to provide IT traineeships for young people in the Ceduna region.

Training young people is challenging however these challenges are increased when trainees are in regional centres far from centres of learning. It assists us greatly to work with an innovative RTO like TAFESA, however it is the trainee - Jerome Newchurch whose patience and determination is helping us overcome these challenges. This patience is now rewarding us all as Jerome has "found his feet" and is working through units, attending online classes, and obtaining results from his hard work. As I write this Jerome is studying how to code using the Python coding language while TAFESA is on semester break!

Since we commenced providing support to Yadu in February we have witnessed a continual development of Jerome's ability and confidence to support Yadu staff with their computer problems. This continual development is especially pleasing to us as this is what we hope to achieve from our mission.

We would like to share with the board, executive and all staff of Yadu Health Aboriginal Corporation our deepest appreciation for the confidence you placed in us to improve your IT systems, to provide a better support experience and to create opportunities for young people in Ceduna. We feel it has been a success so far however we are just beginning and look forward to the coming years working with you to achieve more.

Thank you

A handwritten signature in black ink, appearing to read "Jeremy Boucher".

**Mr Jeremy Boucher, Director
New Future IT**

A handwritten signature in black ink, appearing to read "Jesse Leal".

**Mr Jesse Leal, Director
New Future IT**



Jerome and Dale attending a team meeting.



Jeremy in Ceduna.



Jerome at AMSANT.



Jerome supporting staff member Ishmaela.



Jerome having a coffee.



Executive Strategic Partnerships

Warren Miller, Executive Strategic Partnerships Officer

Executive Strategic Partnerships

As the Executive Strategic Partnerships Officer in the reporting period for 2020/2021 my focus has been to further the aspirations of our Strategic Direction 3: 'Improve Our Infrastructure and Facilities' to be achieved by securing a long-term land agreement for new premises.

It is paramount to seek suitable infrastructure funds that supports the continuity of care to clients that allows their needs to be met and one that is conducive to bridging relationships between all teams. The design will have enhanced waiting areas including an outdoor area, and private counselling and working areas that create a sense of belonging and confidentiality.

Having had scoping studies, architectural plans, and attempts at various capital works funding submissions Yadu Health needed to focus on securing the land to build a new health facility. Having meet with key stakeholders within the Department of Planning, Transport and Infrastructure, the Honourable Stephen Wade MLC Minister for Health and Wellbeing and the Eyre & Far North Local Health Network, we were able to secure a 99-year Lease on the land that Yadu Health is located on, and has been for over 30 years.

Lobbying has now begun to secure a funding commitment to progress the new Building.

My primary role has been to strengthen Yadu Health's partnership with the Fay Fuller Foundation (FFF), and to work with other Aboriginal Community Controlled Health Services in SA to find better ways of best possible 'Granting Practices', and determine what this would this look like. This ultimately will strengthen Yadu Health's ability to gain funding for a new purpose-built health facility, why because:

Granting Practices will be developed by community, delivered by community with community driven outcomes. There will be approximately \$1M available over the next two years, with the intention of seeing this amount grow over time.

An Aboriginal Board / Committee will be established made up of community members, Health service workers and CEO's with administration support. The FFF have also been influential in creating an Aboriginal representative position on their Board.

The Fay Fuller Foundation and Yadu Health Aboriginal Corporation presented information at the Aboriginal Health Council of SA Chief Executive Officers meeting in February 2021. This discussion included FFF agenda in what areas are being supporting SA, what is being done to gain community interest and further participation. Yadu was involved in connecting Aboriginal Services such as Murray Bridge, Victor Harbour, Riverland, Whyalla and Coober Pedy. Key discussion involved gaps in services and what this would look like if it was to be funded. There are still a few communities they would like to visit to provide an update on where they are with the best Granting Practices.

Some key insights to these consultations that included Elders are:

- Men's Health program
- Mental Health and Wellbeing for Adults
- Social and Emotional Wellbeing was identified as a priority
- Anxiety, isolation, and depression (old and young) – a deficit in connection to the community
- A model that facilitates a shift to include a cultural lens when assessing problems or developing programs and support more control back to families that will keep family and community together.
- Capability transfer Build cultural capability and Support cultural activities.
- Environmental health
- Creating pathways for health workers (doctors and nurses) to learn through practice, outside of traditional institutional methods



Yadu Health have been instrumental in getting an updated version of the new building Scoping Study and engaged media to share our story on the derelict condition of the building.

Yadu Health and Ceduna Services Collaboration put in a grant application to the FFF regarding Mental Health and were successful in obtaining the **Our Town** grant of \$3M over the next 10yrs.

For over 30 years Yadu Health has, and continues, to provide our community with personalised, professional, quality integrated healthcare across a wide range of clinical and non-clinical support services. Our service and practice focus on delivering culturally respectful and supportive environment, despite the condition of the Building we work out of.

On behalf of the FFF and Yadu Health to our local community, our surrounding areas, and our partners, we wish to openly recognise your efforts in support to our staff that complement our business activities and events. To Yadu Health clients, I would like to thank you for your attendance to our services. Each day, our clients are the reason for our longevity. Without each one of them there would be no Yadu Health Service. Thank You

Kind Regards

Warren Miller, Executive Strategic Partnerships Officer

YHAC Organisation Chart



Positions removed as of March 2021

Clinic Report



Dr Michel Mpangula



Dr Amar Ahmed



Dr Nick Williams



Practice Manager Report

Jacinta Smith, Practice Manager

For over 30 years, Yadu Health has, and continues to, provide our community with personalised, professional, quality integrated healthcare across a wide range of medical support services. Our service and practice focus are delivered in a culturally supportive and safe environment.

In September 2020 I was very lucky to be offered the Position as Practice Manager, previous roles I have worked for IBN Corporation in Port Hedland and spent many years working in Offshore Detention Centres on Nauru and Manus Island.

Our focus is on the cultural appropriateness of health and wellbeing within Ceduna and surrounding areas, along with recruitment, retention of staff, support staff in their professional development and their work role.

The Practice and Medical Team provides significant medical services, targeted outreach clinics and administrative support to Yadu Health Aboriginal Corporation, our key responsibilities are:

- Clinical Governance
- RACGP Accreditation
- Best Practice and Clinical Governance
- Continuous Quality Improvement
- Management of Service Agreements and Reporting
- Accountability and Monitoring of Key Performance Indicators
- Clinical Audits
- Operational Frameworks (Model of Care, Service Integration and Model of General Practice)
- Financial Management (in consultation with the Senior Management team)

The COVID-19 National Pandemic has changed certain areas within Yadu Health to how we now do things within our service. Yadu Health has formed working groups, clinical and community messaging, with a primary focus on supporting staff, Services and communities. Covid-19 pandemic plan was created and new way YHAC services and critical services were conducted were implemented. Staff were quick to adapt with emphasis safe and hygienic practices that support staff and community.

The Practice Team provides a pivotal role within Yadu Health Aboriginal Corporation, the team is the front face of the organisation, providing assistance to clients and staff with appointment bookings, referral information, customer service and transportation, we also provide administrative support when and where needed across the organisation.

Professional development is offered as an ongoing cycle of growth and development for the relevant roles of staff. Such development allows staff to be updated in clinical practice, legislative obligations and overall duty of care. As a continuation to the staff training conducted in the previous year, YHAC will be delivering in-house training and a simulated learning environment once a month for all staff members and sites.

Students who are studying at AHCSA (Primary Health Care Certificate) continue to spend time to work alongside senior staff in the Clinic, Child Health Team, Chronic Care Programs, participating in Health Checks, delivering a culturally appropriate service to chronically unwell clients and accompany staff at community events and health promotion activities.

Services Offered

- Triage, assess and refer clients to appropriate health providers
- Wound care
- Clinical services as they present
- Home visits as required
- Follow up of referred clients
- Medications
- Local Medical Transport
- Liaise and arrange transport with appropriate services
- Liaise and arrange appointments
- Coordinate and liaise with other health providers involved with high risk and long-term clients.
- Attend meetings
- General duties
- Visiting Health Clinics
- Outreach clinics in Koonibba and Scotdesco Community.

Their achievements are a testament to their individual abilities from both a theoretical and practical application of the high level of care they provide to clients.

Recognition is always exciting to share with staff a milestone of their employment with YHAC. Congratulations to the following staff who reached this achievement.

Completed Studies:

Con Miller, Aboriginal Health Practitioner
Bobby-Ray Milne, Aboriginal Health Practitioner

Currently studying:

Kaylan Miller, Cert IV in Primary Health Care
Jodie Milne, Cert IV in Primary Health Care
Sonearae Bilney, Cert IV in Primary Health Care

The Practice and Medical team will continue to strive towards providing excellent customer service to our clients, as well as to our work colleagues to create a positive environment at Yadu Health Aboriginal Corporation.

Some highlights from over the past year included Yadu Health working in Partnership with the Aboriginal Health Council of South Australia (AHCSA) in holding a Yadu Health Family Fun Day. The event was held on the 28th April 2021 and was filled with heaps of fun and entertainment. Health and wellbeing was the focus of our gathering and we had available to our Community:

- Health Checks (715)
- Ear and Eye Checks
- Flu Vaccines
- Foot Project Van with Podiatrist
- Diabetes Educator Information Session
- Puyu Blaster Information Session
- Promotion of Yadu Health Programs



Family Fun Day





Practice Coordinator Report

Shosharna Diment, Practice Coordinator

This year the Practice Team comprised of:

- Shosharna Diment (Practice Coordinator)
- Caitlyn Hills (Practice Support Officer)
- Irene Smith (Snr Medical Receptionist)
- Alkira Saunders (Medical Receptionist)
- Anthony Stengle (Clinic Transport Driver)

This year has proved to be an interesting one with the effects of COVID-19 ongoing and the requirement of extra screening of clients prior to entering the building. The reception staff have adapted well and have streamlined this process over the year to make this difficult time easier for our clients. The community have been accepting and understanding of these new processes. This has made all our jobs easier for which we are grateful and thank the community for its continued understanding and acceptance. As we move into yet another year of COVID-19, we hope that the new year will bring along with it easing of restrictions and screening requirements for staff and clients as the vaccine rate rises.



Clinic Coordinator Report

Geraldine Ware, Clinic Team Coordinator

Our clinic team for this year included:

- Geraldine Ware (Clinic Coordinator)
- Min Cho (Clinic Nurse)
- Con Miller (AHP)
- Lincoln Dudley (AHW)
- Kaylan Miller (AHW)

As we progressed through another year of COVID-19 restrictions preventing face-to-face training for the team, we switched to training being delivered online. Whilst this did pose some challenges by requiring staff to adapt to a new format, some of the positives were that staff were able to learn at their pace and return to information as a refresher, which assisted greatly in the learning process and being able to build confidence in new skills. During some of the lockdowns the state experienced, there were times we were required to work from home and see clients via telehealth for continued service delivery. Whilst we are grateful we were able to continue to support the community, we hope to be able to continue seeing clients in a physical capacity.

Whilst the team was not able to travel out of Ceduna for training, we did have a workshop visit Ceduna which we attended. This workshop was delivered by the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NATSIHWA). The focus of this workshop was identifying further formal training and qualifications for Aboriginal Health Workers and Practitioners and what support is available. Further training for our team allows for a greater range of clinical services that can be offered to the community, and allows Aboriginal Health Workers to offer greater clinical assistance to the clinic nurses and doctors, such as assisting during procedures and the administration of vaccinations and medications, here in the Ceduna clinic and in outreach clinics. This workshop also provided information surrounding the legislation surrounding Aboriginal health services and what that means for our members of our staff in career development.



Chronic Disease Health Promotion and Community Engagement

Karen Smith, Coordinator

For this year, our team consisted of:

- Karen Smith (Chronic Disease Coordinator)
- Kristen Bobyk (AHP)

I have been working at Yadu Health Aboriginal Corporation since January 2017. Throughout my time of employment, I have gone from being a qualified Aboriginal Health Worker to Practitioner and now to qualified diabetes educator, having completed a Post Graduate Certificate in Primary Health Care, Diabetes Education and Management, with Flinders University in February 2021. Attaining this Certificate was an achievement that gave me great joy to complete but also a few headaches whilst completing my year of study whilst also working full time within the Chronic Disease area of the Clinic.

As the Coordinator of the Chronic Disease Team, I work closely with Jodie Milne, Coordinator of the ITC program and have had a support from other Yadu staff, including Kaylan Miller who is currently studying to be a Practitioner and working in the Female Clinical role, Practitioner Bobby-Ray Milne who works as a part of the Social Emotional Wellbeing Team, Practitioner Kristen Bobyk, otherwise known as Minnie, and Con Miller who is a Male Clinical and Sexual Health Practitioner. In my role I also support staff who are undertaking study by coaching and skills supervision associated with the training requirements of the Practitioner Certificate with the Aboriginal Health Council of South Australia.

In my role, I like to work with my clients in a holistic way. Generally, clients I work with have chronic illnesses such as diabetes, heart disease, kidney disease and many others. Approaching this in a holistic manner ensures that I provide a comprehensive service to clients with the best care possible. Some examples of the work I can perform includes:

- annual health checks,
- care plan and team care arrangement preparation for the doctor and relevant referrals for follow up,
- education and advice accompanied by health promotion with chronic disease and how to better care for ourselves,
- Retinal Photography for clients with diabetes or hypertension,
- healthy foot assessments,
- assisting clients with commencing of insulin with information and safe technique.

In closing I wish to add that I am a very passionate health worker, I love what I do, and do my best to give a good service to the clientele of Yadu Health. Staying Yadu is the motto.



Child Health Report

Reuel Mundy, Child Health Coordinator

For this year, our team was:

- Reuel Mundy (CHT Coordinator)
- Heather Abinett (CHT Registered Nurse)
- Ishmaela Champion (AHW)
- Leslie Kugena (CHT Administration Officer)
- Sonearae Bilney (AHW)
- Karla Mcllwraith (AHP)
- Natrina Dunn (AHP)

Despite the ongoing COVID-19 pandemic, in June Heather and myself attended the Connected Beginnings Annual Forum in Darwin. The aim of this is to build relationships with the Connected Beginnings Teams across Australia to see how each service works and what impact they are making within their Communities. Sonearae and Ishmaela linked in via Zoom as there were restrictions on how many people could physically attend.

On the Tuesday it was such an eyeopener for our team to see and hear how other Indigenous communities work together, sharing knowledge and learning from each other to try and build a better the future for our younger generation. Upon hearing other services stories, we realized that majority of the other communities are facing the same obstacles we have within our own community. That then changed our perspective on adjusting our programs to suit our client's needs. In the afternoon we attended the Collaborate and Collective Wins workshop based on the children around Palmerston and how the community made changes to suit their children. Learning and understanding the 'River of Trauma Care' and how us as Indigenous people have it within ourselves to deal with our children through culture, and how many people have not realised how important that is within our work ethic.

Wednesday was spent looking at different systems, dancing together and feeling the tensions. It was series of exercises to show where we fit into the system and structures that are holding disadvantage in place. We also spent the afternoon learning about the collective impact initiative hack. This workshop was indicated and based around how we can change the impact we have on our community to provide a better outcome for our next generation and how it has already being adapted in other communities. We learned that using this system could benefit our own service and community. This was an eyeopener to see how all different services work together to benefit the people of their communities.

On Thursday we had the privilege of spending time with a well-respected Larrakia elder from Darwin, Aunty June, who spent time telling us her stories. Getting the knowledge and information firsthand about the communities around Darwin and how they work gave us great ideas on how we can come back to Ceduna and put a change to the way we delivery our service here in our community. That afternoon we then had the advantage of meeting more service providers to gather information on how we can benefit and get more ideas on how to run a better service. Overall, it was fantastic to meet new people who have the same vision as you to build on our community and make it stronger to lead the way for our next generation. Also, if Yadu Health was to attend the yearly ChangeFest it would be beneficial to send one person from each team as they have specific workshops for different programs. The Child Health Team only went to the workshops that we could benefit from.

For the future, the Child Health Team are focusing on planning more Community Events for our targeted age range. This will entail more Community Events such as:

- Women's Health Night
- Colour Fun Run
- Kids Christmas Disco
- Little Beginnings Event
- School Screenings
- Education Sessions

Our goals are to meet our KPI's within the service with our Health Checks, Trachoma, Ear Health, Immunisations, Women's Health Checks, follow ups and Recall system. Within working towards our goal, we are trying to hold a Community Event each Month with Education Sessions to engage with our families in Ceduna and the surrounding areas. Within the Child Health Team, we would like to offer more of an outreach service to engage with our community and the surrounding communities to have a better family approach within our service. We would also like to work closely with the AMIC Program to offer better supports to the New Parents that use that Service. The Team would like to work closely with the other programs at Yadu as majority of our clients would benefit from using the service as a holistic approach it would be beneficial to our cliental base.

Other training our team attended included:

- Ear Health Training
- Aboriginal Maternal and Infant Care (AMIC) Training
- Baby Massage
- ASQ TRAK



Integrated Team Care (ITC)

Jodie Milne, Coordinator

The ITC team for this year was:

- Jodie Milne- Care Coordinator
- Sonya Taylor – Outreach Worker

The ITC program offers complete support with appointment costs. The ITC program is available to fund some of the cost of getting to and from appointments, accommodation and pay for medical aids etc.

As the Care Coordinator, I assist clients with understanding and self-managing their chronic disease and assists with other health care needs. As the ITC Coordinator I can book appointments as required with other services in relation to the client’s chronic disease, and work with the client’s GP in understanding their cultural and personal needs.

The last financial year has been a very challenging one for the Integrated Team Care , especially in particular with the impact of COVID -19 pandemic. Due to COVID-19 restrictions we have been fortunate throughout the year to have ongoing specialist services delivered through telehealth consults.

Training, conferences and workshops attended:

- Safe Environments for Children and Young People “Through their eyes”
- Retinal camera training
- AHCSA training





Social Health Operations Manager Report

Leeroy Bilney, Operations Manager

The Social Health Team is made up of the following programs:

- Social Emotional Wellbeing and Alcohol and Other Drugs (AOD)
- Gambling
- National Disability Insurance Scheme (NDIS)
- Sobering Up Unit
- Seaview Village
- Commonwealth Home Support Program (CHSP)
- Environmental Health

Our combined services allow us to respond in such a way to individuals, families and communities often as a conduit in strategizing for broader community development allowing strategic dialogue to transpire.

A significant area of improvement was identified with the six sites (Tullawon Health, Oak Valley, Yalata Anangu Aboriginal Corporation, Far West Coast Aboriginal Corporation, Ceduna Aboriginal Corporation and Yadu) incompatible ICT systems, being outdated and require serious upgrade to streamline service delivery. In recognizing the need in staying connected during COVID19, Yadu sourced a resourceful ICT system, with the key supports from Iluka Resources mining company and Aboriginal Health Council South Australia, our networks and working relationships in providing essential services and keeping our community safe was sustained. The opportunity to link our systems, would be the first of its kind, in connecting key Aboriginal Organisations on an ICT platform, modernizing our approach, and strengthening our relationships here on the Far West Coast of Remote South Australia.

Some highlights from this year include Simone Miller being promoted to Social Health Coordinator. She brings extensive knowledge to the role. She has been an existing employee for many years, and we look forward to seeing how her existing knowledge and skills can broaden and strengthen the team and the services we provide. In November of 2020, Yadu Health worked with Ceduna Aboriginal Corporation in leasing the gym located within the Ceduna Aboriginal

Sporting Complex. Operating as the Yadu Health Community Gym, members of the community are able to purchase a gym membership and attend fitness sessions run by Yadu Health gym coordinator Amy Faklis. In March of 2021, we welcomed Belky Simoes into the role of Health Promotions Officer. Belky is responsible for the promotion of Yadu Health and our services and has already been hard at work capturing many of our events and activities for the future.

Additionally, as operation manager I represent YHAC on the Fay Fuller Foundation. This is a private philanthropic Funding Working Group working with Aboriginal Community Controlled Health Services across South Australia. The aim of this is to influence systemic change across Australia by funding initiatives within communities.

Future directions for the Operations Teams are to 'Inspire to Aspire Generational Change'; however, there are some factors lacking at this time. We need to identify inspiring people that can be encouraged to think outside the square, which will stimulate and sustain positive generational change. We need to identify and allow opportunities in achieving true self-determination for individual, families and communities on Far West Coast region of South Australians. Here at Yadu Health, we need to continue to strive to be the platform for strategic and operational planning to focus on coordinated efforts in sustainable full-service delivery, programme provision and development.



Social Health Report

Simone Miller, Social Health Coordinator

A big achievement for me this year was stepping up into the coordinators position. This was at first a bit challenging, but as time goes on, I'm starting to enjoy it more. The highlight for this year has been having a whole team of SEWB Workers, which is five in total, which has made it much easier for me to do the work I love so much.

The teams have been doing a really good job in their roles, especially when it came to COVID restrictions complicating the type of services that could be offered to clients. The teams stood up and challenged themselves as to what they could offer when it came to providing the community with the appropriate, up-to-date information surrounding COVID-19.

Despite not being able to undertake further training over the year due to the COVID-19 restrictions in place, we have been working on the implementation of our new community engagement strategy. This will be a new and exciting way to work with community and Homelands.



Community Home Support Program (CHSP)

Cyril Windlass and Daxene Miller

The Community Home Support Program (CHSP) provides funding for a broad range of entry-level support services to assist frail, older people with cognitive and functional limitations in the community. Aboriginal and Torres Strait Islander people aged fifty years and over, and non-Aboriginal and Torres Strait Islander people aged sixty-five years and older are eligible for the program. This allows people, to remain living independently at home and in their community.

CHSP services are delivered on a short-term, episodic, or ongoing basis, depending on the client's needs. There is a strong focus on activities that support independence, social connectedness and considering each person's individual goals, preferences and choices. Yadu Health Aboriginal Corporation provides the following services:

Domestic Assistance

This provides frail, older people with assistance to complete domestic activities to maintain their capacity to manage their everyday activities in a safe, secure and healthy home environment.

Home Maintenance

The provision of home maintenance services that assist clients to maintain their home in a safe and habitable condition. Maintenance services provided are linked to assisting clients in maintaining their independence, safety, accessibility and health and wellbeing within their home environment.

As per the CHSP Program Manual this is also defined as Gardening Services, as we also mow lawns and whipper snip high grass and weeds. It is important to note that CHSP does not provide cleaning of yards and rubbish removal.

Meals

There are two main objectives under this activity a) & b). We are currently only providing the objective b) but are working towards providing objective a) in the near future also.

Objective a) To provide frail, older people with access to meals and YHAC is working towards potentially providing "Meals on Wheels in the future"

Objective b) To provide opportunities for social participation and interaction through provision of meals. Yadu Health continue to provide meetings and luncheons throughout the year.

Group Social Support

To assist our frail, older people to participate in community life and feel socially included through structured, group-based activities that develop, maintain, or support independent living and social interaction.

Individual Social Support

Assists our frail, older people to participate in community life and feel socially included. Supported involvement in the community can be by visiting, telephone contact and by accompanied activities such as shopping.

The Community Home Support Program will encourage all clients to record their specific needs in their Individualised Care Plans. Once Care Plans are completed and agreed to by both CHSP staff and the client there will be no changes in services provided. However, there are opportunities for Care Plan changes within a 12-month period when Individual Care Plans are reviewed.

One of our key focuses for 2021 is to work more closely with My Aged Care and the Regional Assessment Service based in Port Lincoln for the referral of our clients for Aged Care Assessment Team (ACAT) Assessments. This allows us to better support the individual and health care needs of our clients to assist them to live independently and comfortably in their own homes or within an aged care service. As My Aged Care visits Ceduna once a month, this is an opportunity for our ACAT Assessments to be reviewed and for new referrals to be completed.

Christmas Hampers

Due to the ongoing COVID-19 pandemic, we could not go ahead with our planned Annual Elders Christmas Luncheon in December of 2020. Instead, CHSP staff put together 100 Christmas Hampers and delivered them to our clients across the Ceduna, Koonibba and Scotdesco Communities.

The Christmas Hampers consisted of:

- Yadu Health Bag
- Yadu Health Hat
- Thongs
- Colouring Book
- Pack of 30 Pencils
- Candle
- Hygiene Pack
- Christmas Plum Pudding
- Custard
- Smoked kippers
- Pretzels
- Pure Butter Shortbread
- Cherry Brandy Fruit Mince Tarts



Elders enjoying their time at the Yadu Health Family Fun Day.

Winter Packages

Our aged clients of sixty patrons, including those who reside in Scotdesco and Koonibba received Winter Packages compiled by the CHSP Team during the season. These were designed to accommodate and make our aged feel warm and safe in their homes over the cooler months. The packages consisted of:

- 1 Luxury Mink Blanket
- 1 Promotional Gift Pack from Yadu Health
- Ugg Boots
- Jacket, Thermal Socks, Gloves, Hats
- Laundry Basket

Clients that did not receive a Winter package were provided with a trailer load of wood.

Yadu Health Family Fun Day

Yadu Health worked in partnership with Aboriginal Health Council South Australia (AHCSA) in putting on a Yadu Health Family Fun Day on 28th April 2021 for the Community.

This event worked in line with the Ear, Nose and Throat and Audiologist Specialist visits, with the event being a great opportunity to promote the internal and external programs that we offer as a health service.

The CHSP Team had a Gazebo with Yadu Health information packages available, and to promote the CHSP Program Service Delivery.



Cyril Windlass and Daxene Miller presenting a CHSP winter package to Ceduna clients.

Health Promotions

Belky Simoes, Health Promotions Officer

As a Health Promotion Officer, I assist health and community groups to improve the health of individuals and the community by raising awareness of healthy lifestyles, disease and disability, and other health-related issues. As a Health Promotion Officer, I work within the Social and Emotional Wellbeing Team to improve the health and wellbeing of people in Ceduna and surrounding areas through the utilisation of health promotion and community development strategies. Responsible for delivering and promoting of the health through social media and promotion activities around the community. I engage, communicate, and earn the trust and respect of stakeholders, synchronizing a multidisciplinary team of agencies.

Since I commenced in my role in March 2021, I have increased the Yadu Health Facebook page 'likes' and 'follows' from 185 and 190 respectively to 750 and 790 respectively in a period of three months. I have been involved in an increase in the delivery on the marketing and promotion strategy of healthy habits and programs that Yadu Health delivers.

My role also encompasses the design and production of marketing material to promote programs, events and services and coordination of distribution. I have also developed productive relationships within the Aboriginal community, external agencies, and other relevant organisations. In addition, and complementary to this, I have improved and maintained the Corporation's website.

As I continue with Yadu, I will annually review and update Yadu Health Aboriginal Corporation's marketing and promotion strategy and work in partnership with operational staff to develop an annual schedule to deliver on the Marketing and Promotion Strategy. I will also continue to develop and post all social media materials by deadlines set in the schedule. I also plan to work with teams to design, collate and distribute a monthly newsletter detailing programs and events for the community.

Lastly, I intend to keep abreast of marketing intelligence and make recommendations to continually improve the visibility of Yadu Health.

I have come to Yadu Health as a passionate Health Promotions officer, with a background in Bachelor of Science, Biomedical Sciences that involves extensive experience in thinking, planning and acting on the determinants of health. This enables individuals, communities and populations to achieve optimal health within an environmentally sustainable model. I have also recently concluded my Master's in Public Health and strive for admission to medical school in the future.

Social Emotional Well-being (SEWB)

The Social Emotional Wellbeing team work with clients and their families to understand social health needs, priorities and concerns, so that they can appropriately respond and support the health and wellbeing of the individual, their families and the local community. The team liase with internal and external professional service providers to ensure a coordinated approach to supporting clients social emotional wellbeing, and develop and implement community health promotions, projects and programs that are relevant to identified social emotional wellbeing needs in the community.

Highlights for this year have included:

- Continued collaborative working relationships with local services for coordinated care of clients. Services include Ceduna District Health Service (hospital), Step down Unit, Centacare, Red Cross, Ceduna Aboriginal Corporation, Aboriginal Drug & Alcohol Council, Far West Coast Aboriginal Corporation.
- Regular outreach visits to Koonibba and Scotdesco to gain understanding about community social emotional wellbeing needs.
- Established cooperative working relationship with government agencies for client advocacy and support, including SAPOL, SA Housing, Drug and Alcohol Services South Australia, Department of Child Protection and Centrelink.

In the future we plan to:

- Further develop case management planning as part of social health team and Yadu Health model of care, including implementation of wellbeing mapping for clients.
- Support training and development opportunities for social work students, social health workers and staff (where relevant).
- Support Yadu Health to become recognised lead agency in community development initiatives to address underlying social issues impacting upon social emotional wellbeing.
- Identify community opportunities for collective approaches (e.g., groups or workshops) to provide support for relevant local issues (e.g. drug and alcohol, parenting, domestic violence, youth/school programs).

Environmental Health

Tory Ware, Environmental Health Worker

An Environmental Health officer monitors and controls water, waste management, dust control and promotes having a healthy environment. We conduct environmental health impact inspections, risk assessments, prepare guidelines relating to environmental health matters, investigate disease outbreaks for communities around Ceduna and Homelands, and respond to community Pest Control programs within communities. We also support our clients with pest, dust and water problems and support them to meet compliance standards for environment and health. The Environmental Health position has a major impact on our community in more ways than I expected when I commenced in the role. It has been a major eye opener, having taken on this role after working as a tyre fitter beforehand. I did not expect it to be such a busy and hands on job as it has been for me, but I have learned and developed new skills that I am able to apply to my role. I have thoroughly enjoyed it and I continue, every day to enjoy my role at Yadu Health Aboriginal Corporation. This year has been challenging, having COVID 19 impact Australia and the world, and I feel that we have all experienced a change and a whole new level to the world we are living in today.

Highlights for this year consist of travelling to Adelaide with the Yadu Health Facilities and Maintenance Officer, Jamie Davies, to complete the test and tag course. This expands my role and allows me to make further assessments and testing to help ensure safe environments for clients.

I am glad to be living in a small remote town as there is many bonuses we get to enjoy, football weekly, the beach fishing and camping outdoors. Therefore, in the future, I would like to work towards continuing my work as an Environmental Health worker. I would like to complete study relating to this role and use it to become qualified and more experienced in the role.

Seaview Village

Marianne Jacobsen, Coordinator

Established in 2000, Seaview Village is a low-level care facility for the frail aged that are mostly independent but require assistance with some aspects of their activities of daily living. The facility has nine self-contained, fully air-conditioned units and can accommodate ten residents and has one respite care room for short term care. The aim of Seaview Village is to provide quality, and culturally appropriate care to older Aboriginal and Torres Strait Islander people, in a location that is closer to their home and community.

Some highlights and achievements from the year include the completion of a Certificate III in Individual Support for care workers Tania Benbolt, Linda Zeunert & Kendall Wanganeen. As part of the course, all completed placements at Ceduna District Health Services. Staff have also done a good job with compliance and implementation of ensuring COVID-19 restrictions are in place for the facility and are being adhered to. As we move into the new year, Seaview Village will continue with quality improvement planning and implementation regarding Aged Care Accreditation.

Gambling Intervention

Ashley Milera, Gambling Intervention Officer/SEWB

I work within the SEWB team, and my responsibility is to promote safe gambling across our community. In regular visits to the licensed gaming sites in Ceduna, provide pamphlets with details of myself and position for clients who may think they need support with any gambling issues. In addition to this, the venues in town can also provide advice to community on how they can reduce harm caused through gambling.

Problem gambling very rarely happens in isolation from other issues and can have a large impact on people's health and wellbeing. Typically, someone who is having problems with gambling will also be experiencing high levels of stress and anxiety or depression. This is something I like to keep in mind in my role in my support of clients. The advantage of having the Gambling Intervention Program is that it's based in Yadu Health and we are able to provide a more holistic response to problem gambling recovery, helping not just individuals, but also their families to get their lives back on track.

A highlight of this year for me was developing the sequel of the 'Archie and Doreen' video clip. I'd like to extend a big thank you to Cyril and Jodie, the two Yadu main actors for making this happen, which I am hoping to promote when running programs with community members over the coming year. The 'Archie and Doreen' videos are a resource shown to clients that may reflect the circumstances they are currently experiencing and how life may change with my help. I will also continue to work closely with clients and use my knowledge of the community to reach out to those who may be experiencing problems with gambling, especially those who may have found the current COVID guidelines and restrictions challenging psychologically.



To achieve this, the Seaview Village team and Yadu management are working towards introducing electronic systems with regards to care planning, client assessments, and other clinical handovers. Additionally, Seaview Village hopes to employ a dedicated cook for the facility with the potential of this expanding to provide Meals on Wheels for consumers residing in the community.

NDIS

Shilloh Peel & Ashley Milera

The NDIS team provide assertive outreach and advocacy to Aboriginal people living with a disability within Ceduna and surrounding communities, their families and carers in a culturally sensitive manner. This continues to break down barriers to accessing the NDIS and develops trust and rapport for clients with Yadu Health by delivering service information about NDIS.

The start date for the NDIS program was in April 2021. Two weeks after this, we were invited by community member Veronica Newchurch to attend an Autism Awareness event she was hosting here in Ceduna. With short notice we gathered resources and teams to help deliver on the day. The Yadu Health NDIS team in conjunction with Veronica Newchurch spokesperson and carer for Autism, put on one amazing day full of fun for all kids which was held at the Aboriginal Sporting Complex. As a result of our NDIS team involvement in this event, this enabled us to engage with management of the complex to have ramp access or power socket access for any participants who love to attend the local footy club as spectators. The club the complex hosts already had these in place but have not used it. With our involvement and guidance are more than happy to support these participants with accessibility.



In the future, we plan to be able to engage with more people and provide strong and accurate information to families and community members who may be living with a disability or caring for someone with a disability. We are currently working on gathering a group from the Ceduna region to come together to build a strong voice for the people of this area living with disabilities. We plan to run a workshop and meeting to gain information from individuals in the area. This would then provide us with guidance in sourcing and identifying the correct government departments to contact to advocate for extra services in the Ceduna area.



Activities held at the Autism Awareness day for children, Yadu Health staff Tory Ware and Neil Coleman assist in cooking, NDIS team Ashley Milera and Shilloh Peel with some Yadu giveaways.



Sobering Up Unit (SUU)

Michael Jacobsen, Coordinator

The Sobering Up Unit (SUU) service aims to care for intoxicated persons in the social welfare system rather than in the criminal justice system. The Unit provides a safe and caring environment in which intoxicated people can rest and recover. This is a safe alternative to “sleeping rough” and to police custody for those deemed to be at risk under the Public Intoxication Act.

The Unit has twenty-one beds and operates twenty-four hours per day, seven days a week and is staffed by a coordinator, ten permanent part-time care workers and five casual care workers. We were 314 clients down from last year due to the ongoing COVID-19 pandemic. This resulted in people who may have been clients being locked down for several months in their homelands. Despite this, over the 2020-21 financial year, the SUU admitted 3351 clients with 114 non admissions.

SUU staff have proven themselves as being highly motivated and dedicated in providing a valuable service to our clients. In difficult circumstances, staff maintain service delivery of an exceptionally high standard and they are to be commended on their professionalism.

I have stepped in the role of acting coordinator here in the Sobering Up Unit, taking over from Marianne Jacobsen who is now the Seaview Village Coordinator.

This year we have also had a water cooler installed in the passageway near the bedrooms, which has solved a lot of problems surrounding bottled water which is now no longer in use. Aboriginal paintings have been added to our bathroom doors to identify the toilets, which is a blessing in disguise for inebriated clients.

The following staff have completed or nearly completed training; they are:

- Jillian Miller completed a Certificate III in Community Services.
- Mike Pipe completed a Certificate III in Community Services.
- Kylie and Tanya have nearly finished their Certificate III in Community Services.



All Sobering Up Unit staff are enrolled at TAFE to complete a certificate III in Community Services Work. In addition, Michael Jacobsen and Marianne Jacobsen are also completing a certificate in Alcohol and Other Drug Contexts, whilst other staff have made the decision to pursue other TAFE courses to further their professional development. This year, some of the staff made the decision to also attend a Trauma Informed workshop and Restorative Practices, and Mental Health workshop. This provided more information and insight into what may impact the decisions people make and what we can do to assist them.

All staff have attended their mandatory training in First Aid, CPR & AED, Fire Warden, Manual Handling, Infection Control and Managing Aggressive Behaviour.

Kylie Crisp, Stephanie Ware, Rosie Matthews, Dave Thorp and Tanya Blackwell commenced their training in Communicare, which is the patient and client data system used by Yadu Health. Having staff trained in this system allows for greater accessibility of information and informed care in supplying our clients with care benefitting them. This accomplishment has lifted the moral of the staff in the SUU. There is greater cohesion within the team, with everyone studying and getting along very well.



Corporate Services Team Report

Alan Morris, Corporate Services Manager

The last financial year has been an especially challenging one for the Corporate Services Team with the impact of COVID-19. The year commenced with the need to isolate and take evasive action to minimize the threat of infection. To this end, a decision was taken early to have the team work from home for the immediate duration. At the time, the risk was evolving and very real. As there had not been vaccines developed, it was unclear how the pandemic would impact on Ceduna and the State. The precaution was necessary, and the exercise proved that it was a viable alternative to having to work at the offices. Later in the year, staff returned to the workplace, having successfully operated from this alternative working environment.

During the year, CKAHSAC officially changed its name to Yadu Health Aboriginal Corporation and a launch of the new name took place during 2021.

In early 2021, the planned review of the Corporate services was instigated, staff were offered other alternative roles, however unfortunately this led to several staff leaving Yadu Health and taking redundancy packages. Alternative employment had been offered to most staff but was not pursued. The review had seen several new positions developed and these will be advertised and filled in the new financial year.

Part of the review included the outsourcing of Finance and Human Resources. Though not with its challenges, at year's end the changes were settling well.

During the year, the position of Corporate Services Manager became vacant, and from November 2020 the position was filled by Alan Morris, former CEO at Pika Wiya Health Service, who had familiarity with Aboriginal Community Controlled Health Organisations.



Asset Management Report

Ray Leane, Administration Officer: Assets

During the year significant changes occurred within Asset Management, including changes to personnel and the management of equipment. In late 2020, the former Asset Officer resigned to take up a new position. Mr. Raymond Leane won the position and commenced in early 2021. Mr Leane experienced a huge learning curve to learn and understand the systems and processes in the past 6 months, and thereby improving the systems. During the year, the former Assets Officer, Amy Holmes, was contracted in for a short period of time to assist in some complex areas. This was of great value to Raymond.

Due to COVID restrictions the planned upgrades and improvements to the Community Gym had to be delayed this year; however we have worked hard to ensure the equipment is serviced and fully operational for members to use safely ultimately being operational 24hrs a day, 7 days a week.

Extensive work has been undertaken to rationalise older assets through sales. This has included several old photocopiers and outdated medical and office equipment.

Equipment purchases for the year 2020 – 2021 included:

- Upgrades to the Testing and Tagging equipment.
- The introduction of a Lone Working satellite duress and tracking system.
- An extensive upgrade of CCTV system for Yadu Health Building.
- The purchase of a Floor Scrubbing machine for cleaning the Clinic, Corporate Services and Programs areas, Seaview Village and Sobering Up Unit floors.
- Upgrading of Computer Monitor Screens.
- Solar Panel installation at Christopher Street property.
- A review and upgrading of Laptops and Mobile phones.
- The installation and introduction of LobbyTrac for electronic contact tracing and temperature checking.



New Health Service Building

The need to upgrade the Yadu Health building remains a critical issue. The current building is old, is made primarily of asbestos and is well beyond its 'use by' date. To this end, work has commenced in developing plans for a new building that will service the growing demand for services, appropriately reflect the sensitivity, cultural beliefs of the Aboriginal Community and future directions of Yadu Health Aboriginal Corporation. This will be a prime focus in the forthcoming year.

Corporate Services Team members (L-R): Executive Assistant Deborah Oestmann, Administration Officer: Assets Raymond Leane, Administration Officer: IT Jerome Newchurch, Facilities and Maintenance Officer Jamie Davies. Absent: Training Officer Lee-Ann Miller

Facility Upgrades and Motor Vehicles

Over the past year, the general trend regarding replacing vehicles is to purchasing vehicles outright as opposed to leasing. However there will always be a need to lease specialised vehicles (with access lifts at the rear) that cannot be accessed on the market readily, therefore these are purchased and maintained in a way that confirms they can be serviced and repaired locally. This is not only practical but also contributes to local employment and business support. Yadu health also purchased a new Prado as the CEO's vehicle, this will be a great asset for the corporation. As for facilities upgrades this year, this includes painting of the clinic internally to give it a fresh clean and clinical look, along with replacing the floor coverings of the clinic with commercial vinyl for a cleaner and more hygienic covering. Seaview Village has been repainted internally. We have installed a cold-water drinking station at the Sobering Up Unit for a safer and cost-effective way of supplying drinking water to clients.

As well as organising vehicle checks, servicing and maintenance bookings and reports, general maintenance and preventative maintenance checks and jobs as required.

Kind Regards

Jamie Davies, Facilities and Maintenance Officer

YHAC LEASED VEHICLES

REGO #	Make & Model	Year of Manufacture	TEAM Allocation	Budget Cost Centre	Current Lease Term	Odometer
S561BYG	Toyota Tarago	2017	WCH Team	DOH - CB	24mths	30607
S517BXL	Toyota Hilux	2017	NDIS	Corp	12mths	31282
S018CBF	Toyota Granvia	2019	Outreach/Hlth Workers	PHN/FF	12mths	5707
S017CBF	Toyota Granvia	2019	Clinical Pick-Ups	DOH - PRI	24mths	13924
S648BAP	Toyota Camry	2014	Social Health	DPMC - SEWB	12mths	36487
S647BAP	Toyota Hilux	2014	Maintenance	Corp	12mths	52111
S659BNL	Toyota HiAce	2016	CHSP	CHSP	12mths	58177
S931BLP	Toyota Camry	2016	CHSP	CHSP	13mths	44221

YHAC OWNED VEHICLES

REGO #	Make & Model	Year of Manufacture	TEAM Allocation	Budget Cost Centre	Rego Expiry Date	Odometer
XSH430	Toyota Camry	2008	Social Emotional Wellbeing	DOH - PRI	16/12/2021	44364
S167AZG	Toyota Prado	2014	Corporate Services	Corp	3/03/2022	7108
S054ALI	Toyota Hiace	2007	Seaview Village	AGE	20/10/2022	102889
S229BPJ	Toyota Landcruiser	2015	Outreach/Hlth Workers	DOH - PRI	31/05/2022	112681
S698BXD	Nissan Pathfinder	2018	Doctor	DOH - PRI	17/04/2022	14457



People and Culture Report

Lee-Ann Miller, People and Culture Coordinator, Training Officer

During the year and as part of the review of Corporate Services, the need to upgrade and modernise the People and Culture function became very important to the provision of an even higher quality service. Negotiations with outsourced organisations to assume this function using Employment Hero became evident and at year's end, the introduction of this was well under way.

As at 30th June 2021 a total of 17 employees had resigned and/or offered a redundancy package and this includes those within the Corporate Services Review. Recruitment to several positions that had been developed in line with the Review was underway at year's end.

During the year, 22 recruitment and selection activities have been undertaken across Yadu Health. Currently two vacancies with the Corporate Services team have been scheduled for external advertising to be concluded by late June early July 2021.

There are currently five employees on leave without pay all due for return in 2022 except one who is due later in 2021.

During 2020-2021 there has been a variety of internal movements. Over 15 internal movements between teams have occurred to develop and strengthen the staffing structure of Yadu Health. This included matching people and positions for a more efficient delivery of services which has resulted in a more robust organisational structure.

Overall Human Resources area has been extremely busy throughout the year. We look forward to the new year when the electronic HR outsourcing and the upcoming usage of Employment Hero is bedded down and fully operational.

Yadu Health Aboriginal Corporation currently has 68 employees, with a ratio of 35% male, 60% female and 4% unspecified. Further, 72% of those employees are Aboriginal or Torres Strait Islander and 28% are non-Aboriginal.

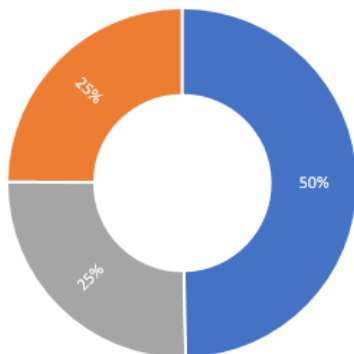
YHAC are slowly increasing ongoing employment status to enable stabilisation of the workforce. At the end of the financial year there were 41% ongoing, 40% fixed term and 19% of casual employment contracts as described below.

Leave

The variety of leave entitlements throughout the financial year. As mentioned, YHAC had a large change in staff levels with long term staff leaving the Corporation along with review of services. A total of 17 employees have resigned and/or made redundant which increased some of the long service leave payouts. There is currently a total of seven staff on 'leave without pay' and are due back in 2022.

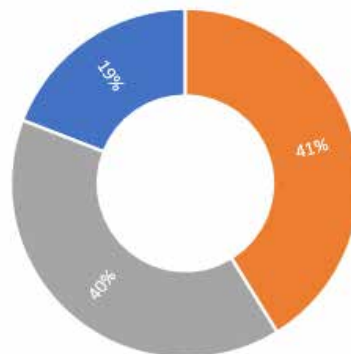
Yadu Health Leave

■ Annual Leave ■ Personal Leave ■ Other paid Leave



Employment Status

■ Casual ■ Ongoing ■ Fixed Term



ICT Report

Dan Kyr, Network Operations Manager

The last 12 months have been a very successful time for the platform. Below are some of the key items we have achieved over this period:

- The COVID period was a very complex period that created an exceptional number of additional stresses so well done to all the services over this period.
- We were able to navigate the removal of a JV member who chose to leave. This was very strenuous for all those involved and the additional strain on the services.
- We changed to a new IT service provider which usually is a quite a disruptive process, but we were able to accomplish this with minimal disruption.
- Engaged two IT Trainees which might be an industry first and is an outstanding innovation for our sector. See news article here: <https://theleadsouthaustralia.com.au/industries/regional-showcase/creating-careers-inside-first-nations-companies/>
- Upgraded Communicare to version 19.2
- Completed two Communicare Upgrades to ensure compliance with the Active Ingredient Prescribing legislation changes as well as the introduction of the COVID-19 vaccination.
- A number of clinical items and Communicare reports were also created locally for the management of COVID-19 vaccinations in Communicare.

Platform Future Directions

- The change over from a Thin Client only environment to a hybrid Laptop/PC (for power users) and thin-client (for lower needs users) with a view to moving towards a completely Laptop/PC environment done by attrition of the thin clients.
- A better Wi-Fi Solution (this has been quoted, and will be validated in the next fortnight for purchase and deployment).
- Faster internet speeds for increase in Video conferencing and collaboration needs.
- A review of the Phone systems.
- A review of the platform (Datacentre) costs and solution.
- A need to reduce costs for internet, Telephone and datacentre.

Looking forward to the next stage to provide an even better experience for the users allowing us to better leverage technology for patient outcomes.

Projects and Quality Future Directions

Over the next 2 weeks we will be busy analysing data to ensure the end of year nKPI and OSR reports are validated and accurate.

In addition to this, another key focus is the finalisation of the NDIS Clinical Item development in Communicare. A training day for NDIS Workers has been arranged for the end of June to go through these new clinical items with all SAWCAN sites.

Other key tasks for the next 6 months include:

- Upgrade Communicare to version 21.1
- Officially close off the Communicare Split Project and finalise the project completion report inclusive of data statistics for Nunyara and Yadu
- Finalise Communicare CQI manuals for both sites and introduce a range of CQI activities (Communicare based)
- Finalise the creation, implementation and training for the NDIS Clinical items
- Determine the future directions for the creation of a shared entity
- Implementation of Power BI dashboards in conjunction with AHCSA

THANK YOU

Thank you to all the staff who contributed to our annual report by way of articles, photos, production and distribution. A special thank you to Print Junction and in particular Nathan Torzyn and Luke Burton for their assistance and support, along with amazing creativity and design efforts in putting together this report.

Acknowledgement of Funding Bodies

Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation formally wishes to thank all our funding bodies for their continued support throughout 2020/21. We would not be able to support the Aboriginal People of Ceduna and surrounding communities without your help.



Australian Government
Department of the
Prime Minister and Cabinet



Australian Government
Department of Health



Australian Government
Department of Social Services



**Government
of South Australia**
Country Health SA



**Government
of South Australia**
Department of Human Services



**Government
of South Australia**
Department of Human Services





Financial Statements

FOR THE YEAR ENDED 30 JUNE 2021

ABN 92 498 922 417

**Yadu Health Aboriginal Corporation
ABN 92 498 922 417**

**FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021**



Yadu Health Aboriginal Corporation
ABN 92 498 922 417

FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2021

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Yadu Health Aboriginal Corporation
For the year ended 30 June 2021

DIRECTORS' DECLARATION

The Directors of the company declare that:

- 1 The financial statements and notes set out on the following pages are in accordance with the Corporations (Aboriginal & Torres Strait Islander) Act 2006:
 - (a) Comply with Accounting Standards; and
 - (b) Give a true and fair view of the financial position as at 30 June 2021 and of the performance for the year ended on that date of the company; and

- 2 In the Directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable

This declaration is made in accordance with a resolution of the Board of Directors.

Director Robert M. Darling

Director Jerry All

Dated this 25th day of September 2021

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 \$	2020 \$
Revenue	2	8,343,102	8,459,458
Resources received free of charge	3	-	2,411,149
Employee remuneration		(5,231,771)	(5,517,852)
Depreciation and amortisation expense		(252,414)	(217,217)
Bad and doubtful debts expense	4	-	-
Equipment - less than \$1,000		(73,123)	(35,811)
Motor vehicle expenses		(100,670)	(112,235)
Utilities expense		(155,622)	(144,886)
Repairs and maintenance		(50,154)	(33,434)
Staff training and development expenses		(34,527)	(33,456)
Audit, legal and consultancy fees		(663,603)	(247,740)
Client support services expenses		(432,588)	(276,141)
Locum expenses		(284,220)	(282,421)
Interest expenses		(746)	(605)
Sundry expenses		(897,373)	(764,910)
Asset revaluation decrement expense		(747,053)	-
Current year operating (deficit) / surplus		(580,762)	3,203,899
Asset revaluation increment credited to reserve		65,000	-
Total other comprehensive income		65,000	-
Total comprehensive income for the year		(515,762)	3,203,899

The accompanying notes form part of these financial statements.

Yadu Health Aboriginal Corporation
ABN 92 498 922 417

STATEMENT OF FINANCIAL POSITION AS AT ENDED 30 JUNE 2021

	Note	2021 \$	2020 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	4,940,746	4,449,435
Accounts receivable and other debtors	6	8,038	22,836
TOTAL CURRENT ASSETS		<u>4,948,784</u>	<u>4,472,271</u>
NON CURRENT ASSETS			
Property, plant and equipment	7	3,045,387	3,797,465
Intangibles	8	4,658	7,410
Right of use assets	9	26,491	50,028
TOTAL NON CURRENT ASSETS		<u>3,076,536</u>	<u>3,854,903</u>
TOTAL ASSETS		<u>8,025,320</u>	<u>8,327,174</u>
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable and other payables	10	1,730,402	1,471,476
Leases	11	5,749	17,482
Employee provisions	12	416,822	435,955
TOTAL CURRENT LIABILITIES		<u>2,152,973</u>	<u>1,924,913</u>
NON CURRENT LIABILITIES			
Leases	11	-	5,749
Employee provisions	12	7,735	16,138
TOTAL NON CURRENT LIABILITIES		<u>7,735</u>	<u>21,887</u>
TOTAL LIABILITIES		<u>2,160,708</u>	<u>1,946,800</u>
NET ASSETS		<u>5,864,612</u>	<u>6,380,374</u>
EQUITY			
Retained surplus		5,799,612	6,380,374
Reserves	13	65,000	-
TOTAL EQUITY		<u>5,864,612</u>	<u>6,380,374</u>

The accompanying notes form part of these financial statements.

Yadu Health Aboriginal Corporation
ABN 92 498 922 417

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2021

	Note	Retained surplus \$	Asset Revaluation Reserve \$	Capital reserve \$	Asset replacement reserve \$	Total equity \$
Balance at 1 July 2019		2,112,100	-	994,147	70,228	3,176,475
Comprehensive income						
Operating (deficit)/surplus for the year		3,203,899	-	-	-	3,203,899
Other comprehensive income for the year		-	-	-	-	-
Transfer (from)/ to Capital Reserve	13	994,147	-	(994,147)	-	-
Transfer (from)/to Asset Replacement Reserve	13	70,228	-	-	(70,228)	-
Total equity movements attributable to members of the entity		4,268,274	-	(994,147)	(70,228)	3,203,899
Balance at 30 June 2020		6,380,374	-	-	-	6,380,374
Balance at 1 July 2020		6,380,374	-	-	-	6,380,374
Comprehensive income						
Operating (deficit)/surplus for the year		(580,762)	-	-	-	(580,762)
Other comprehensive income for the year		-	65,000	-	-	65,000
Asset revaluation increment	13	-	-	-	-	-
Total equity movements attributable to members of the entity		(580,762)	65,000	-	-	(515,762)
Balance at 30 June 2021		5,799,612	65,000	-	-	5,864,612

The accompanying notes form part of these financial statements.

Yadu Health Aboriginal Corporation
ABN 92 498 922 417

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 \$	2020 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Commonwealth, State and Local Government grants		8,648,844	8,779,705
Interest received		5,413	15,782
Other receipts		809,117	914,138
Payments to suppliers and employees		(8,375,668)	(8,394,725)
Net GST (paid)/refunded		(429,903)	(444,711)
Net cash generated from operating activities	15	657,803	870,189
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		15,000	-
Payment for property, plant and equipment		(158,371)	(188,663)
Net cash from/(used in) investing activities		(143,371)	(188,663)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of finance liabilities		(23,121)	(36,726)
Net cash from/(used in) financing activities		(23,121)	(36,726)
Net increase/(decrease) in cash held		491,311	644,800
Cash and cash equivalents at beginning of the financial year		4,449,435	3,804,635
Cash and cash equivalents at end of the financial year	5	4,940,746	4,449,435

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

The financial statements cover Yadu Health Aboriginal Corporation as an individual entity, incorporated and domiciled in Australia. Yadu Health Aboriginal Corporation is incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and is a Corporation limited by guarantee.

The Corporation, previously named Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation), changed its name with the Registrar of Aboriginal and Torres Strait Islander Corporations on 11 December 2019.

1 Summary of Significant Accounting Policies

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the *Corporations (Aboriginal & Torres Strait Islander) Act 2006 (Cth)*, Australian Accounting Standards - Reduced Disclosure Requirements and other authoritative pronouncements of the Australian Accounting Standards Board. The Corporation is permitted to apply the Tier 2 reporting requirements (Australian Accounting Standards - Reduced Disclosure Requirements) as set out in AASB 1053 Application of Tiers of Australian Accounting Standards because it is a not-for-profit private sector Corporation. The Corporation has adopted AASB 2010-2 Amendments to Australian Accounting Standards Arising from Reduced Disclosure Requirements. Australian Accounting Standards set out accounting policies that the Australian Accounting Standards Board has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of the financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

New and Amended Accounting Standards adopted by the Corporation

The Corporation has adopted all applicable new and amended accounting standards and has determined that they did not have any impact on the amounts recognised in prior periods and are not expected to significantly affect the current or future periods.

New and Amended Accounting Standards not yet adopted by the Corporation

The Corporation has considered all future applicable new and amended accounting standards not yet adopted and has determined that they will not have any impact on the amounts recognised in prior periods and are not expected to significantly affect future periods.

Accounting Policies

a. Revenue

The Corporation receives assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116 and AASB 138.) On initial recognition of an asset, the Corporation recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer).

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

The Corporation recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

Operating Grants, Donations and Bequests

When the Corporation receives operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the Corporation:

- identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfies its performance obligations

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Corporation:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Corporation recognises income in profit or loss when or as it satisfies its obligations under the contract.

Capital Grant

When the Corporation receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer) recognised under other Australian Accounting Standards.

Interest Income

Interest income is recognised using the effective interest method.

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

b. Fair Value of Assets and Liabilities

The Corporation measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the Corporation would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques.

These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from either the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability) or, in the absence of such a market, the most advantageous market available to the Corporation at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities may be valued, where there is no observable market price in relation to the transfer of such financial instruments, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

c. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Freehold property

Freehold land and buildings are shown at cost or fair value based on periodic valuations by external independent valuers, less subsequent depreciation for buildings.

In periods when the freehold land and buildings are not subject to an independent valuation, the Directors conduct Directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets are recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings that have been contributed at no cost or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Corporation and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss in the financial period in which they are incurred.

Plant and equipment that have been contributed at no cost or for nominal cost are recognised at the fair value of the asset at the date it is acquired.

Software

Software is measured on the cost basis and is therefore carried at cost less accumulated amortisation and any accumulated impairment losses. Software has an estimated useful life of between one and five years. It is assessed annually for impairment.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight-line (buildings) or diminishing-value basis over the asset's useful life to the Corporation commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Buildings	2.5%
Plant and equipment	7 – 33%
Motor Vehicles	22.5 - 25%
Software	33 – 40%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

d. Leases

The Corporation as Lessee

At inception of a contract, the Corporation assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Corporation where the Corporation is a lessee. However, all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Corporation uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Corporation anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

e. Employee Provisions

Short term employee provisions

Provision is made for the Corporation's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The Corporation's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of current trade and other payables in the statement of financial position.

Other long-term employee provisions

Provision is made for employees' annual leave entitlements not expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates approximating the terms of the obligations. Any remeasurements of other long-term employee benefit obligations due to changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The Corporation's obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the Corporation does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions.

Retirement benefit obligations

Defined contribution superannuation benefits

All employees of the Corporation receive defined contribution superannuation entitlements, for which the Corporation pays the fixed superannuation guarantee contribution (currently 9.5% of the employee's average ordinary salary) to the employee's superannuation fund of choice. All contributions in respect of the employee's defined contribution entitlements are recognised as an expense when they become payable. The Corporation's obligation with respect to employee's defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the Corporation's statement of financial position.

f. Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

g. Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(m) for further discussion on the determination of impairment losses.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

h. Goods and Services Tax (GST)

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

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

i. Income Tax

No provision for income tax has been raised as the Corporation is exempt from income tax under Div 50 of the Income Tax Assessment Act 1997.

j. Provisions

Provisions are recognised when the Corporation has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result, and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

k. Comparative Figures

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

l. Accounts Payable and Other Payables

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Corporation during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

m. Critical Accounting Estimates and Judgements

The Directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Corporation.

Key estimates

Impairment

The Corporation assesses impairment at the end of each reporting period by evaluating conditions and events specific to the Corporation that may be indicative of impairment triggers.

Key Judgements

Provision for impairment of receivables

The Corporation assesses the recoverability of the outstanding receivables at the end of each reporting period, and where deemed necessary, raises a provision for doubtful debts.

n. Economic Dependence

The Corporation is dependent on the Eyre and Far North Local Health Network Incorporated, Department of Health and Ageing and the Department for Families and Communities for grant funding to carry out its objectives and the provision of Aboriginal Health Services. At this date the Directors have no reason to believe that the above entities will not continue to support the Corporation. The future operations of the Corporation are dependent upon achieving operating surpluses and positive operating cash flows.

o. Impact of COVID-19 Pandemic

The COVID-19 pandemic has not had a material impact on the operations of the Corporation and is not expected to do so in the future.

p. Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Corporation becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the Corporation commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at cost.

I. Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at cost.

II. Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Corporation's intention to hold these investments to maturity. They are subsequently measured at cost.

III. Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at cost.

Fair Value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

Impairment

At each reporting date, the Corporation assesses whether there is objective evidence that a financial instrument has been impaired. Impairment losses are recognised in the Income Statement.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the Corporation no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

Yadu Health Aboriginal Corporation
ABN 92 498 922 417
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

2 Revenue and Other Income

	2021	2020
	\$	\$
Revenue from (non-reciprocal) government grants and other grants:		
Commonwealth government grants - operating	5,491,974	4,386,850
State government grants - operating	2,078,260	1,967,914
State government grants - EFNLHN	690,784	861,901
Unexpended grant income from prior year	500,249	1,163,243
Less: Unexpended grant income for this year	(1,241,487)	(831,390)
Total grant revenue	7,519,780	7,548,518
Other revenue:		
Clinic income - Medicare	419,301	484,087
Clinic income - Other	157,686	184,771
Interest received on cash and term deposits	5,413	15,782
Total other revenue	582,400	684,640
Other income:		
Rental income	107,227	150,472
Cash boost stimulus refund	50,000	50,000
Other	83,695	25,828
Total other income	240,922	226,300
Total Revenue and Other Income	8,343,102	8,459,458

3 Resources Received Free of Charge

	2021	2020
	\$	\$
Land	-	500,000
Buildings	-	1,692,403
Site improvements	-	218,746
Total Resources Received Free of Charge	-	2,411,149

In a Government Gazette dated 27 June 2019 all assets, rights and liabilities of Country Health SA Local Health Network Incorporated in existence immediately before the commencement of the proclamation in connection with the whole of the land comprised in Allotment 2, Deposited Plan 53108 in the area named Thevenard, Hundred of Bonython (Seaview Terrace) were transferred with effect from 1 July 2019.

Yadu Health Aboriginal Corporation
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 NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

4 Surplus for the Year

	2021	2020
	\$	\$
Expenses		
Bad and doubtful debts expense	-	-
Employee benefits expense - contributions to defined contribution superannuation funds	424,210	453,167
Assets written off/loss on disposal	7,090	-
Rental expense on operating leases		
Minimum lease payments	39,079	60,523
Auditor's fees		
Audit services	19,750	19,250
Other services	-	-
Total auditor's remuneration	<u>19,750</u>	<u>19,250</u>

5 Cash and Cash Equivalents

	2021	2020
	\$	\$
Cash at bank - Operational	1,533,701	2,263,546
Cash at bank - Clinic	868,613	1,679,747
Cash at bank - Gym	26,400	-
Term deposit - OATSIH	190,089	188,363
Term deposit - DHA	50,347	49,896
Term deposit - DHS	99,876	98,969
Term deposit - Bank SA	2,001,072	-
Term deposit - Sundry	170,338	168,792
Petty cash	310	122
Total Cash and Cash Equivalents	<u>4,940,746</u>	<u>4,449,435</u>

6 Accounts Receivable and Other Debtors

	2021	2020
	\$	\$
CURRENT		
Accounts receivable	8,038	22,836
Provision for impairment of receivables	-	-
	<u>8,038</u>	<u>22,836</u>
Total Accounts Receivable and Other Debtors	<u>8,038</u>	<u>22,836</u>

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 NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

7 Property, Plant and Equipment

	2021	2020
	\$	\$
Land and Buildings		
Freehold land at valuation		
Seaview Tce	630,000	500,000
11 Christopher St	70,000	106,000
2 George St	60,000	89,000
Total Land	<u>760,000</u>	<u>695,000</u>
Buildings at valuation		
Seaview Tce	1,217,275	1,692,403
11 Christopher St	250,000	213,162
2 George St	45,000	35,050
	<u>1,512,275</u>	<u>1,940,615</u>
Less accumulated depreciation	-	(108,934)
Total Buildings	<u>1,512,275</u>	<u>1,831,681</u>
Total Land and Buildings	<u>2,272,275</u>	<u>2,526,681</u>
Site Improvements		
Site improvements at cost		
Seaview Tce*	-	466,202
11 Christopher St*	-	124,730
Clinic	73,950	42,701
Sobering Up Unit	411,021	411,021
Koonibba Clinic	52,023	52,023
	<u>536,994</u>	<u>1,096,677</u>
Less accumulated depreciation	(256,235)	(319,595)
Total Site Improvements	<u>280,759</u>	<u>777,082</u>
*Site improvements at Seaview Tce and 11 Christopher St were reclassified as buildings during 2020-21		
Plant and Equipment		
Plant and equipment		
At cost	947,513	882,379
Less accumulated depreciation	(544,959)	(462,559)
Total plant and equipment	<u>402,554</u>	<u>419,820</u>
Motor Vehicles		
At cost	232,087	200,875
Less accumulated depreciation	(142,288)	(126,993)
Total Motor Vehicles	<u>89,799</u>	<u>73,882</u>
Total Property, Plant and Equipment	<u>3,045,387</u>	<u>3,797,465</u>

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An independent valuation of land and buildings was performed in July 2021 by Paul Anthony Szumski. B'Bus (Property), AAPI, CPP (Fin) Certified Practising Valuer from Town and Country Valuers, Property and Management Consultants, with an effective date of 24 May 2021. The valuation has been adopted with effect from 30 June 2021.

For the Seaview Tce property, the valuer used Direct Comparison and Hypothetical Development Budget for the valuation of the land and Depreciation Value of Built Improvements for the valuation of the specialised buildings located on the land, due to there not being an active market for such land and buildings. For the George St and Christopher St properties, the valuer used Direct Sales Comparison to arrive at estimated current market value.

Movements in carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year were:

	Land and Buildings \$	Site Improvements	Plant and Equipment \$	Motor Vehicles \$	Total \$
2020					
Balance at beginning of the year	385,586	510,507	406,250	98,186	1,400,529
Additions at cost	-	104,392	84,271	-	188,663
Received free of charge	2,192,403	218,746	-	-	2,411,149
Depreciation expense	(51,308)	(56,563)	(70,701)	(24,304)	(202,876)
Balance at the end of the year	<u>2,526,681</u>	<u>777,082</u>	<u>419,820</u>	<u>73,882</u>	<u>3,797,465</u>
2021					
Balance at beginning of the year	2,526,681	777,082	419,820	73,882	3,797,465
Additions at cost	6,159	31,249	65,134	55,829	158,371
Disposals	-	-	-	(7,910)	(7,910)
Reclassifications	472,587	(472,587)	-	-	-
Revaluation increments	65,000	-	-	-	65,000
Revaluation decrements	(747,053)	-	-	-	(747,053)
Depreciation expense	(51,099)	(54,985)	(82,400)	(32,002)	(220,486)
Balance at the end of the year	<u>2,272,275</u>	<u>280,759</u>	<u>402,554</u>	<u>89,799</u>	<u>3,045,387</u>

Encumbrance on Property

The property at 2 George Street is under Encumbrance number 9486704. The Encumbrance states that Yadu Health Aboriginal Corporation is unable to use the land or any part of the land at 2 George Street, without the prior written approval of the Minister of Health of Adelaide, for any purpose other than for the delivery of health services.

8 Intangibles

	2021 \$	2020 \$
Software		
At cost	116,307	116,307
Less accumulated amortisation	(111,649)	(108,897)
Total Intangibles	<u>4,658</u>	<u>7,410</u>

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 NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

9 Right of Use Assets

	2021	2020
	\$	\$
Vehicle leases		
At cost	22,254	34,957
Less accumulated amortisation	(15,763)	(9,929)
	<u>6,491</u>	<u>25,028</u>
Property leases		
At cost	25,000	25,000
Less accumulated amortisation	(5,000)	-
	<u>20,000</u>	<u>25,000</u>
Total Right of Use Assets	<u>26,491</u>	<u>50,028</u>

10 Accounts Payable and Other Payables

	2021	2020
	\$	\$
CURRENT		
Accounts payable	119,923	179,049
Unexpended funds	1,241,487	831,390
GST payable	73,707	107,929
Accruals	177,327	180,030
Other current payables	117,958	173,078
Total Accounts Payable and Other Payables	<u>1,730,402</u>	<u>1,471,476</u>

11 Leases

	2021	2020
	\$	\$
CURRENT		
Vehicles	5,749	17,482
Total Current Leases	<u>5,749</u>	<u>17,482</u>
NON-CURRENT		
Vehicles	-	5,749
Total Non-Current Leases	<u>-</u>	<u>5,749</u>
Total Leases	<u>5,749</u>	<u>23,231</u>

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 NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

12 Employee Provisions

	2021	2020
	\$	\$
CURRENT		
Annual leave entitlements	221,171	227,136
Long service leave entitlements	195,651	208,819
Total Current Employee Provisions	416,822	435,955
NON-CURRENT		
Long service leave entitlements	7,735	16,138
Total Non-Current Employee Provisions	7,735	16,138
Total Employee Provisions	424,557	452,093

13 Reserves

	2021	2020
	\$	\$
ASSET REPLACEMENT RESERVE (a)		
Opening balance 1 July	-	70,228
Transfers from (to) Retained Surplus	-	(70,228)
Closing balance 30 June	-	-
CAPITAL RESERVE (b)		
Opening balance 1 July	-	994,147
Transfers from (to) Retained Surplus	-	(994,147)
Closing balance 30 June	-	-
ASSET REVALUATION RESERVE (c)		
Opening balance 1 July	-	-
Revaluation increment - land	65,000	-
Closing balance 30 June	65,000	-
Total Reserves	65,000	-

a. Asset Replacement Reserve

The Corporation had implemented an Asset Management Plan whereby assets that were due for replacement are identified and an amount equal to their replacement value was transferred from retained earning and carried forward in the Asset Replacement Reserve. The Board approved the discontinuation of the Asset Replacement Reserve with effect from 1 July 2019.

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Yadu Health Aboriginal Corporation
ABN 92 498 922 417
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

b. Capital Reserve

The Corporation had elected to treat the receipt and expenditure of Capital funds in the Income and Expenditure Statements, detailing any carryover of Capital Funds, as well as a description of the Assets purchased in the Statement of Financial Position, which corresponded with amounts carried forward in the Capital Reserves Account. The Board approved the discontinuation of the Capital Reserve with effect from 1 July 2019.

c. Asset Revaluation Reserve

The asset revaluation surplus is used to record increments and decrements in the fair value of property and plant and equipment to the extent that they offset one another. Relevant amounts are transferred to retained earnings when an asset is derecognised.

14 Capital and Leasing Commitments

	2021	2020
	\$	\$
(a) Operating Lease Commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable - minimum lease payments:		
- not later than 12 months	28,355	27,281
- later than 12 months but not later than five years	-	-
- later than five years	-	-
	28,355	27,281

Commitments are for motor vehicle leases that do not meet the recognition criteria for right-of-use assets as they are for terms of twelve months or less.

(b) Capital Expenditure Commitments

The Corporation had Nil capital expenditure commitments as at 30 June 2021 (2020: Nil).

15 Cash Flow Information

	2021	2020
	\$	\$
Reconciliation of Cash Flow from Operating Activities with Current Year Operating Surplus		
Operating Surplus	(580,762)	3,203,899
Non-cash flows:		
Depreciation and amortisation expense	252,414	217,217
Assets written off	-	-
Resources received free of charge	-	(2,411,149)
Loss/(Gain) on disposal of plant and equipment	(7,090)	-
Revaluation decrement expense	747,053	-
Changes in assets and liabilities:		
(Increase)/decrease in accounts receivable and other debtors	14,798	105,743
Increase/(decrease) in accounts payable and other payables	258,926	(271,822)
Increase/(decrease) in employee provisions	(27,536)	26,301
Cash flows provided by Operating Activities	657,803	870,189

16 Events After The Reporting Period

The directors are not aware of any significant events since the end of the reporting period.

17 Related Party Transactions

(a) Key Management Personnel

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including any member (whether executive or otherwise) is considered key management personnel.

The amount paid to key management personnel during 2021 was \$437,500 (2020: \$415,524).

(b) Other Related Parties

Other related parties include close family members of key management personnel, and entities that are controlled or jointly controlled by those key management personnel individually or collectively with their close family members.

The amount paid to other related parties during 2021 was \$170,989 (2020: \$152,102).

Transactions between related parties and or their close family members, are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

18 Corporation Details

The registered office of the Corporation is:

Yadu Health Aboriginal Corporation
1 Eyre Highway
CEDUNA SA 5690

The principal place of business is:

Yadu Health Aboriginal Corporation
1 Eyre Highway
CEDUNA SA 5690

Yadu Health Aboriginal Corporation
For the year ended 30 June 2021

AUDITOR'S INDEPENDENCE DECLARATION

In accordance with section 339-50 of The Corporations (Aboriginal and Torres Strait Islander) Act 2006, I am pleased to provide the following declaration of independence to the directors of Yadu Health Aboriginal Corporation.

As lead Audit Partner for the audit of the financial report of Yadu Health Aboriginal Corporation for the year ended 30 June 2021, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- a). The auditor independence requirements as set out in the Corporations (Aboriginal & Torres Strait Islander) Act 2006 in relation to the audit; and
- b). Any applicable code of professional conduct in relation to the audit.



Simon Smith CA, FCPA, Registered Company Auditor
Partner

Dated: 7th day of September 2021

David Chant CA, FCPA
Simon Smith CA, FCPA
David Sullivan CA, CPA
Jason Seidel CA
Renae Nicholson CA
Tim Muhlhauser CA
Aaron Coonan CA
Luke Williams CA, CPA
Daniel Moon CA



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INDEPENDENT AUDITOR'S REPORT

To the members of Yadu Health Aboriginal Corporation

Report on the Audit of the Financial Report

Audit Opinion

We have audited the accompanying financial report of Yadu Health Aboriginal Corporation (the Corporation) which comprises the statement of financial position as at 30 June 2021, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and the Director's declaration.

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

- (i) giving a true and fair view of the Corporation's financial position as at 30 June 2021 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2017*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Corporation in accordance with the auditor independence requirements of the *Corporations (Aboriginal & Torres Strait Islander) Act 2006* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the Corporations (Aboriginal & Torres Strait Islander) Act 2006, which has been given to the directors of the Corporation, would be in the same terms if given to the directors as at the time of this auditor's report.

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

Responsibilities of the Directors for the Financial Report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations (Aboriginal & Torres Strait Islander) Act 2006 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Corporation's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the Corporation or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibility for the Audit of the Financial Report

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

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

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

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

GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Simon Smith CA, FCPA, Registered Corporation Auditor
Partner

30/09/2021



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Yadu Health Aboriginal Corporation (YHAC)

Administration

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Phone: (08) 8626 2500 Fax: (08) 8626 2560

Seaview Village

Address: 103 Seaview Terrace, Thevenard SA 5690
Phone: (08) 8626 2590 Fax: (08) 8626 2592

Clinic

Address: 1 Eyre Highway, Ceduna SA 5690
Phone: (08) 8626 2500 Fax: (08) 8626 2530

Sobering Up Unit

Address: 3 Eyre Highway, Ceduna SA 5690
Phone: (08) 8626 2580 Fax: (08) 8626 2583

Koonibba Outreach Clinic

Address: Mickey Free Lawrie Drive, Koonibba SA 5690
Phone: (08) 8625 0002

Scotdesco Outreach Clinic

Address: PMB 4, Ceduna SA 5690
Phone: (08) 8625 6222

Postal Address

(All Sites)
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