

ANNUAL REPORT



Our Health, Our Way

2007/2008

SOUTH WEST ABORIGINAL MEDICAL SERVICE
ABORIGINAL CORPORATION

2007/ 2008 ANNUAL REPORT

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SERVICE AREA: SOUTH WEST REGION MAP



PURPOSE AND PHILOSOPHY OF SWAMS

The South West Aboriginal Medical Service Aboriginal Corporation (SWAMSAC) is a Noongar Community Controlled Health Organisation, founded on the principals of self determination, empowerment and freedom of choice.

SWAMSAC recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (International Covenant on Economic Social and Cultural Rights).

To achieve the highest attainable standard of health for and with Noongar people, SWAMSAC will pursue the delivery of best practice and culturally appropriate holistic health services to the Indigenous population of the South West region of Western Australia.

The South West Aboriginal Medical Service aim to provide the following for our community and clientele:

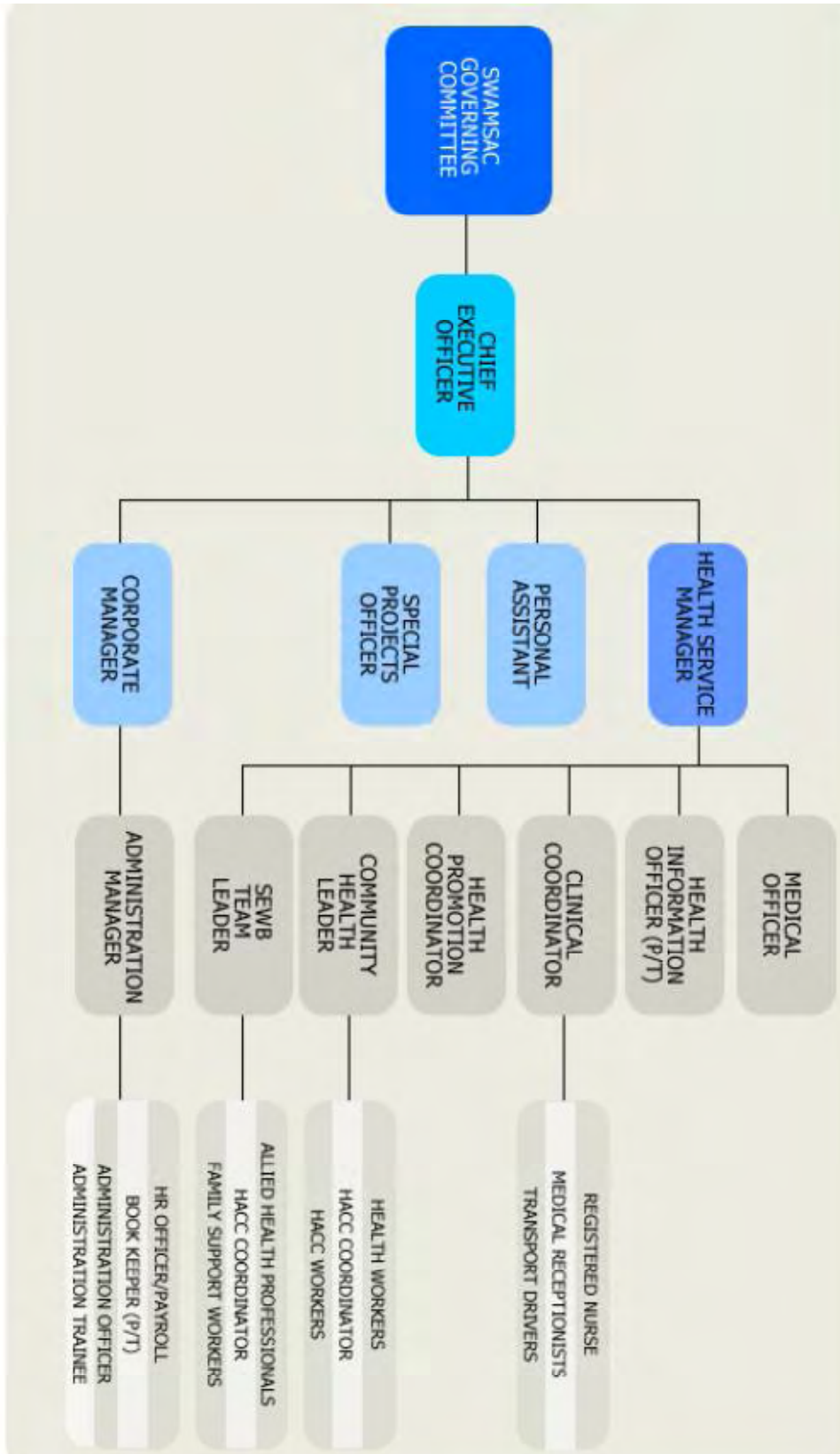
- ❖ Culturally appropriate medical services for the Aboriginal and Torres Strait Islander peoples of the South West region;
- ❖ To promote a holistic approach to good health and healthy lifestyles in a culturally safe environment;
- ❖ To ensure the health needs (body, mind and spirit) of Aboriginal and Torres Strait Islander peoples of the South West region are being addressed in a culturally safe environment.
- ❖ To network and liaise throughout our service region with other Aboriginal organisations, non-government agencies and other mainstream local, state and national government departments, to ensure better delivery of services to the Aboriginal and Torres Strait Islander peoples of the South West region.
- ❖ To ensure that the needs of the Aboriginal and Torres Strait Islander peoples who are incarcerated are being addressed.

OBJECTIVES

The objectives for which the organisation is established are:

- To provide a medical service for Aboriginal peoples in the wards of SWAMSAC. This medical service is to cater for the particular requirements and needs of Aboriginal peoples.
- To provide a forum of Aboriginal people in the wards of SWAMSAC to discuss their requirements, needs and grievances concerning all matters relating to Aboriginal health and medical services.
- To provide information to Aboriginal peoples in the wards of SWAMSAC relating to health, medical health and welfare facilities and benefits and all associated matters.
- To sponsor, promote and encourage the maintenance and renewal of traditional Aboriginal medicine and culture.
- To support the self determination and social development of Aboriginal peoples in the wards of SWAMSAC.
- To work with and compliment other existing medical and health services in the wards.
- To deal and negotiate with government departments, agencies and instrumentalities and other bodies in matters relating to Aboriginal health and the provision of medical services to Aboriginal peoples in the wards of SWAMSAC.
- To participate with other Aboriginal associations in projects for their mutual benefit.
- To assist and encourage Aboriginal peoples in other parts of Australia in their endeavours to establish their own medical services.
- To purchase, take on lease, or in exchange hire or otherwise acquire any real or personal property which the association thinks necessary for the purpose of its objectives on behalf of the Aboriginal community.
- To promote Aboriginal employment through provision of on-the-job training.
- To ameliorate poverty in the wards of SWAMSAC.

SWAMSAC ORGANISATIONAL STRUCTURE



GOVERNING COMMITTEE

Chairperson	Mike Hill (deceased)	/ Phillip Ugle
Vice Chairperson	Dean Colbung (resigned)	/ Merv Kelly
Secretary	Vivienne Karahoutis	
Member	Christine Khan	
Member	Gloria Khan	
Member	Peter Hill	

SWAMSAC STAFF

Administration

Glenda Humes	Chief Executive Officer
Joanne Dimer	Personal Assistant
Andrew Humes	Special Projects Officer
Tom McDonald	Corporate Manager
Michelle Munns	Administration Manager
Shelley Widdeson	Payroll/ Human Resources
Linda Majewski	Book Keeper (P/T)
Pam Trezise	Administration Officer
Ashum Owen	Administration Trainee

Clinical Team

Quentin Jackson	Health Service Manager
Russell McDonald	Medical Officer
Linda Majewski	Health Information Officer (P/T)
Elsie Penny	Clinical Coordinator
Kellee Biffin	Registered Nurse
Kelly Wedge	Clinic Nurse
Sandra Gillespie	Medical Receptionist
Selina Linforth	Medical Receptionist

Noel Bennell	Transport Driver
Tony Carroll	Transport Driver
Alison Rogers	Transport Driver
Julie Owen	Health Promotion Coordinator
Stephanie Carroll	Health Worker
Karen Stack	Health Worker

Home & Community Care Team

Jayde Morgan (deceased)	HACC Coordinator
Tania Hill	HACC Worker
Sonia Stack	HACC Worker

Social, Emotional & Wellbeing Team

Terese Reid	Program Manager
Angie Divall	Social Worker
Julie Stone	Social Worker
Joyce Dimer	Family Support Worker
Noel Wallam	Family Support Worker
Greg Little	Suicide Prevention Officer

CHAIRPERSON'S REPORT

I am pleased to report that the South West Aboriginal Medical Service has performed very well for this financial year.

In December the community lost the SWAMS chairperson who passed away after a relatively short illness and a former Board member. It was an honour to take over as chairman. Mike Hill did a fantastic job in leading the organisation to the next phase of our development.

The Governing Committee has now signed off on a number of Memorandum of Understandings or agreements on how we do business with each other with other like minded organisations. One of these organisations is GP's Downsouth who provide Aboriginal Health Workers in Collie and Manjimup to ensure that the local community can access the local doctor.

The Governing Committee holds governance training for Governing Committee members before each meeting. This helps the Governing Committee in keeping up to date with governance issues.

An ongoing issue for SWAMS will be having all of our services under the one roof. The SWAMS Governing Committee and the CEO will continue to raise this issue at all of our meetings with the funding bodies.

In February, the CEO began working with a legal firm in Perth on major changes to the SWAMSAC Constitution. These changes were brought about because the Aboriginal Councils and Associations Act were changing and SWAMS needed to alter our constitution to fit into the new Act. The Governing Committee spent a great deal of time going through those changes and these changes will be voted on by the members at the next SWAMS AGM.

The future for SWAMS looks very good. On behalf of the Governing Committee I commend the work of the CEO and staff in providing comprehensive holistic health

care to our communities in the South West. To my fellow Governing Committee members thank you very much for your support and enthusiasm throughout the year.

Phillip Ugle
Chairman

CHIEF EXECUTIVE OFFICER'S REPORT

Once again, the South West Aboriginal Medical Service Aboriginal Corporation (SWAMS) is in a position of strength. The Office of Aboriginal and Torres Strait Islander Health approved SWAMS ongoing funding as an Aboriginal Medical Service and they also conducted an organisational risk assessment which looks at governance, financial management and administration of SWAMS. This very comprehensive risk assessment resulted in SWAMS being a low risk organisation.

In December the community lost the SWAMS chairperson who passed away after a relatively short illness and a former Board member. Early in the New Year the community lost another senior member. (For the chairperson report).

This year also saw the re-branding of SWAMS; we have a new logo, with the same very important message of "Our Health, Our Way", new uniforms and signage for the buildings and vehicles. If you have an opportunity take a look at our newly developed web-page with lots of information on it, our address is www.swams.com.au

In August of 2007, I was fortunate to travel overseas for 6 weeks with Darryl Kickett (Aboriginal Health Council of WA) and Vickie O'Donnell (Derby Aboriginal Health Service) visiting Indigenous communities who had managed to close the life expectancy gap. The study tour was funded by Oxfam and each organisation contributed to the costs of the trip. A report has been produced and is available from SWAMS. As a result of the study tour a number of initiatives are being addressed by SWAMS such as a Nyoongar Elders Support Worker and a two day workshop on traditional healing to be held later in the year.

As part of our consulting process, in April 2008, SWAMS held a members jury which involved bringing together a randomly selected group of SWAMS members, giving them good information from experts and getting them to reflect as a group of members on what they want from SWAMS. A report was written by Professor Gavin Mooney which highlighted several areas where SWAMS could improve its communication with members. We now have a monthly newsletter which is sent to all members and we have regular membership draws for prizes.

Capacity building and leadership are two very important issues for SWAMS. We have conducted a number of leadership and healing workshops this year. SWAMS was able to obtain the services of a very experienced Aboriginal woman in presenting difference views and options to the group.

SWAMS has placed a priority on team building and over the past years we have been in the process of building a strong team within SWAMS. A number of team building days have been undertaken to further enhance the ability of the staff to work together as a team. SWAMS has continued its commitment to our staff by supporting them to take on additional study, attend courses and conferences. SWAMS has also experienced problems with the doctor shortage but with the patience of the members and community we now have doctors committed to staying with SWAMS for the foreseeable future.

In conclusion, I would like to say; personally that it is very rewarding working at SWAMS. I want to thank all of the SWAMS staff for their support and commitment, the Chairman and Board for their leadership, wisdom, vision and dedication towards wanting better health outcomes for our community and finally to the executive team for their combined efforts in supporting me as the CEO. Your efforts are highly regarded.

Glenda Humes
Chief Executive Officer

HEALTH SERVICES MANAGER'S REPORT

The last financial year has seen the service continue to grow in many ways despite the difficulties encountered with the statewide doctor shortage.

During the middle stages of the past financial year our two full-time doctors resigned. This left us in the position of needing to employ locums with no clear sight of gaining full-time doctors, at least in the short-medium term. Despite advertising extensively and at considerable cost the two full time positions could not be filled by the end of the financial year. SWAMS like every other GP clinic and primary health care centre found itself at the whim of a very competitive GP workforce market.

Luckily through a local agreement with another service provider, we were able to secure the services of another doctor on a 4 day per week basis for some considerable time and this took some of the pressure off the clinic. It was also during this time that we trialed a one day per week outreach clinic in Busselton. Due to an overall poor response and ultimately the decision of our doctor to take up a new position in Capel we were unable to continue this service.

I am particularly indebted to Dr Russell Macdonald for his high level of professionalism and commitment to ensuring SWAMS was able to maintain an excellent patient management regime, especially for those clients requiring higher treatment/care levels.

Notwithstanding the difficulties we had recruiting doctors, I would like to ensure there is sufficient recognition for our nursing staff and Health Workers who took up the challenge and ensured that patient care continued and was not compromised due to the gaps in GP availability. I commend all clinic staff for a job well done. Their commitment has left no doubt that SWAMS has a very capable and effective team.

SWAMS, like previous years has continued its commitment to staff development and training. The past year has been no exception with a number of staff participating on short courses, seminars and conferences based on their profession. All clinic staff has attended update training on the Communicare system and latest Medicare changes in

order to keep abreast of new data management and reporting requirements. Additionally, all SWAMS staff completed Senior First Aid training during the year.

Late in 2007 we conducted a Clinical Audit in line with best practice initiatives and quality management.

During the year we also initiated an evaluation of the unique SWAMS pharmaceutical subsidy policy through a grant from Oxfam. The evaluation was conducted by John Scougall and resulted in an eighty page report that placed SWAMS in a highly commendable position and highlighted the importance and extremely positive effect the subsidy is having on extended patient care.

SWAMS has continued to ensure that service delivery and function has included the advice and input of line management staff by conducting an annual service planning day during March 08. It is important that these planning days are conducted in order to get feedback from staff and to continually look at ways to improve service provision and patient care.

During the course of the year there were 8475 doctor consultations; 2384 Health Worker contacts, 3415 nurse consultations. These figures are exceptionally good given that we lost our two full time doctors in the first half of the year and had to maintain the service which was dependent on the availability and scarcity of locums.

For many different reasons the past financial year has been an exception. I believe it is also one that has given us a number of positives and learning experiences. I am very pleased to report that SWAMS has continued to enhance service delivery by providing a committed and professional approach to the work that we do and I wish to thank all staff for another job well done.

Quenten Jackson
Health Service Manager

SOCIAL, EMOTIONAL AND WELLBEING (SEW) PROGRAM

Bringing Them Home Program

Counselling/Advocacy and Support

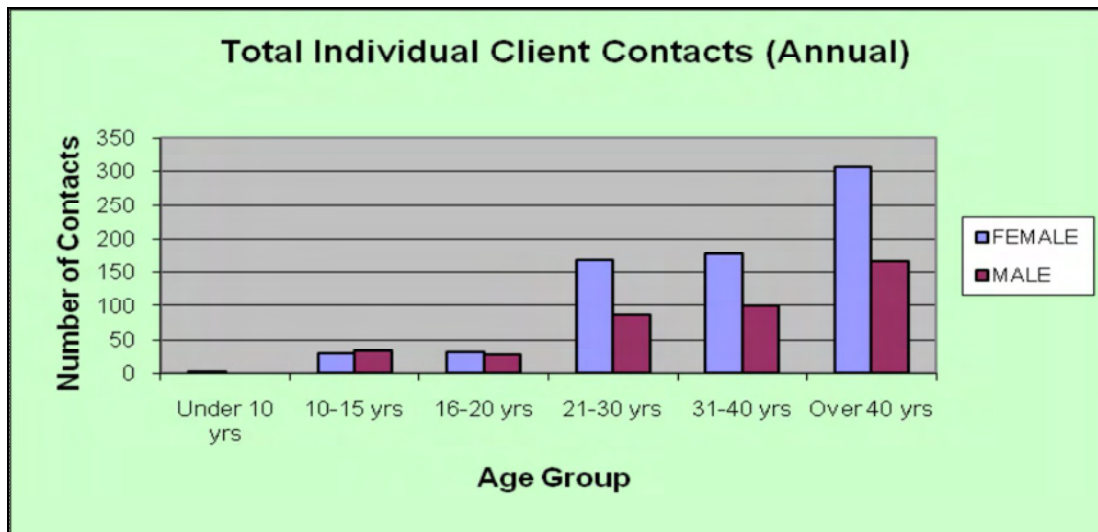
SEW clients are offered holistic, culturally secure counselling, advocacy and support by qualified staff for issues associated with the intergenerational impact of Stolen

Generation policies including:

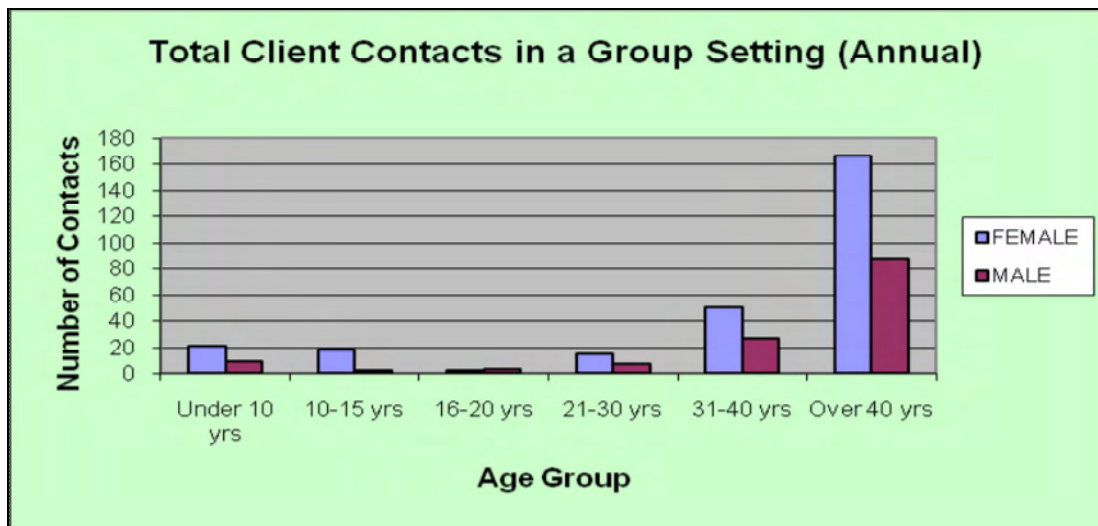
- Grief and loss;
- Attachment and relationship;
- Family breakdown;
- Mental Health;
- Trauma including Post-Colonisation Trauma;
- Suicidal Ideations;
- Self-harm;
- Alcohol and other drug use;
- Cultural identity and self-esteem;
- Family breakdown;
- Relationships and family matters;
- Family reunification following child removal or apprehension;
- Sexual abuse and child sexual abuse.

Total number of Client Contacts (Counselling; Support; Capacity Building)	
Individual Client Contacts:	1106
Client Contacts in a Group Settings:	406
Total Client Contacts	1512

Total Individual Client Contacts – Male and Female



Total Client contacts in a group setting



BTH Workers have also supported clients with:	
Interagency case conferencing	60
Strong Families Meetings	13
Total	73

Interagency and SWAMS Internal Contacts on Behalf of Clients

SEW continues to build upon its extensive links with other service providers and with the aim of ensuring comprehensive and culturally secure service choices for Aboriginal people in the South West Region.

Number of inter-agency contacts on behalf of clients:	810
Number of SWAMS internal contacts on behalf of clients:	209

Inter-Agency Community Development Contacts:

SWAMS maintains a high level of contact and collaboration with other organisations within the region and within the wider community. SWAMS involvement includes: attendance at and participation in inter-agency meetings; participation in inter-agency and regional service planning; participation in relevant committees, groups and boards; attendance at and participation in inter-agency work-shops and training sessions; and extensive networking.

Number of inter-agency Community Development contacts:	292
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SEW workers have been involved with the following local and regional Committees:

- South West Building Resilience Suicide Prevention Reference Group;
- Aboriginal Education Council;
- District Education Committee;
- Mental Health Stakeholders Group;
- Goomburrup Aboriginal Corporation.

Bringing Them Home workers have also been involved with:

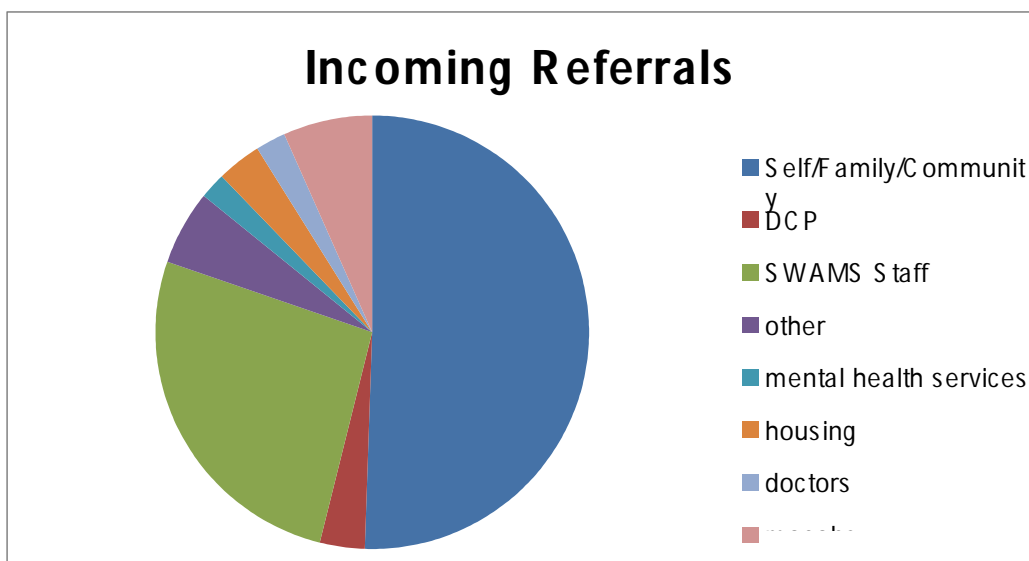
- Delivery of Community Presentations;
- Cultural Awareness Training for Mainstream Service Providers;
- Participation in the *Building Resilience Suicide Prevention* project which has resulted in the funding of an Aboriginal Suicide Prevention Worker to work alongside the BTH Program workers;
- Providing work placement for Social Work Students;
- Interagency Service Planning involving a range of local and regional services including:
 - Reconnect;
 - SW District Hospitals;
 - Child Health Research;
 - Employment Assistance Programs;
 - Department of Justice;
 - Red Cross;

- Waratah;
- Equal Opportunity Commission;
- Mission Australia;
- Clontarf Academy;
- Bunbury Regional Hospital;
- FACSIA;
- Disability Service's Commission;
- Aboriginal Healing Project;
- Strong Families;
- Police & Citizens;
- Edith Cowan University;
- South West Community Drug Service Team;
- GP Down South.

Referrals

SEW team members continue to maintain a high profile within the region to encourage self, family and community referrals as well as referrals from other organisations. Workers continue to promote a sensitive, confidential, culturally secure and responsive service which is seen to be very accessible by Noongar community members.

Total Number of Clients Registered with BTH Program	798
Number of New Incoming Referrals in 2007/2008	91



SEW Program's Family Violence Program

The SEW Family Violence Program:

- Provides Family Support on an individual basis to families experiencing Family Violence;
- Meets with small community groups, providing education and information;
- Responds to and supports women and children who have sought refuge through the local Refuge;
- Target new parents across the region with the theme of '*Keeping Noongar Families Safe.*'
- Sources and provides appropriate Aboriginal specific resources and education;
- Has distributed the Noongar Family Violence Calendar across the region, with the aim of ensuring that Family Violence prevention messages and information regarding service providers, is widely available in Noongar homes.
- Networks with other service providers with the aim of developing access opportunities for Noongar people and providing information with respect to the provision of culturally relevant service responses.

In the past twelve months, SWAMS Family Violence Program has delivered:	
Individual Client Contacts including visits with new families	953
Client Contacts in a Group Setting	253
Inter-agency Contact on behalf of Clients	423
Intra-agency (GPs; Nurses; Aboriginal Health Workers; HACC Workers) contact on behalf of clients	79
Inter-agency Community Development Contacts	48
Community Meeting	8
Case Conferences and Strong Families Conferences	68
Community Workshops and Presentations	7

HOME AND COMMUNITY CARE PROGRAM

The South West Aboriginal Medical Service Aboriginal Corporation (SWAMSAC) delivers the Home and Community Care (HACC) program to the Aboriginal Community who are aged and/ or adults with disabilities.

HACC services are provided within the guidelines and standards for Home and Community Care. SWAMSAC clients have received a range of services coordinated suitably for each individual's needs. HACC has been providing support to clients of the Bunbury area and surrounding areas of the South West, including those who are aged, disabled and elders who are caring for their grandchildren.

The following services have been received by clients of Bunbury and surrounding South West areas:

- Home help;
- Social support;
- Social activities;
- Home maintenance;
- Transport;
- Advocacy;
- Assist with shopping;
- Meals; and
- Assistance with completing forms, paying bills and banking.

The HACC service team has also involved HACC clients with other SWAMSAC programs:

- Women's Health Day;
- Breast Screening;
- Men's Health Day;
- Women's Health Day;
- Diabetes Health Camp;
- Heart Health & Diabetes Workshop;
- Support & Counseling programs;
- Self Esteem Building Workshops;

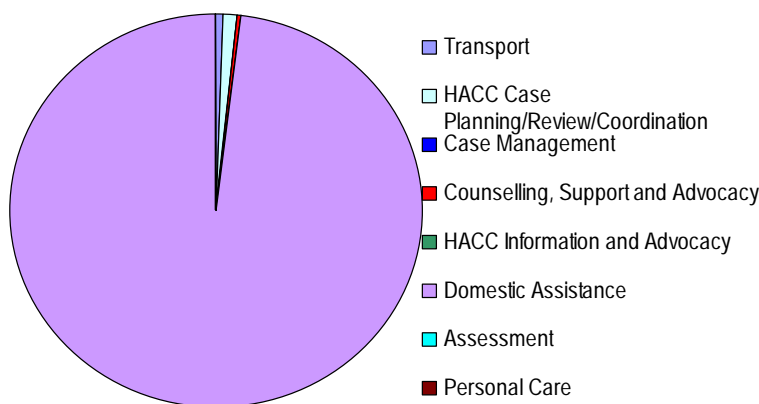
- Health Education Workshops

HACC also enjoys an excellent network with other agencies and organisations involved in aged care and disability care, therefore creating optimum care for clients. The following Agencies are involved to help create optimum care for our Aboriginal Community Elders:

- Silver Chain (Bunbury, Busselton & Harvey)
- Disability Service Commission
- Primary Health Services (Occupational Therapy, Dentist)
- Aged Care Assessment Team (A.C.A.T.)
- Meals on Wheels (Bunbury, Collie)

Activity	Time Minutes	Time Hours	Percentage
Transport	240	4	0.2%
HACC Case- Planning/ Review/ Coordination	515	9	0.4%
Case Management	90	2	0.1%
Counselling, Support & Advocacy	92	2	0.1%
HACC Information & Advocacy	35	1	-
Domestic Assistance	45902	765	40.1%
Assessment	-	-	0%
Personal Care	-	-	0%
Social Support	20144	336	17.6%
TOTAL	67018	1117	-

HACC HOURS OF ASSISTANCE



Data retrieved from Communicare reports- The clinical item for HACC was altered in November 2005 to more easily collect the time spent on each task.

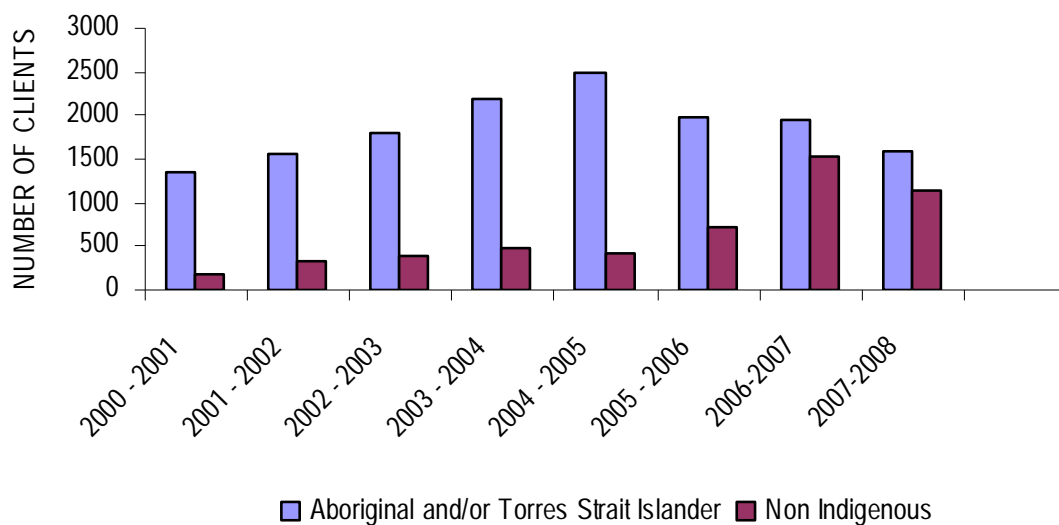
SERVICE ACTIVITY REPORTS

Locality Group	Patients Identified
Bunbury Area	3318
Busselton Area	289
Collie Area	427
Donnybrook Area	186
Harvey Area	121
Manjimup Area	232
Waroonna Area	49
Out of Area	1003

Data sourced from Communicare Patient Information System- All recorded clients by locality. Includes clients that have not accessed SWAMS service recently.

Year	Aboriginal and/or Torres Strait Islander	Non Indigenous
2000 - 2001	1355	168
2001 - 2002	1548	343
2002 - 2003	1803	383
2003 - 2004	2187	486
2004 - 2005	2482	433
2005 - 2006	1977	723
2006 - 2007	1958	1518
2007 - 2008	1583	1129

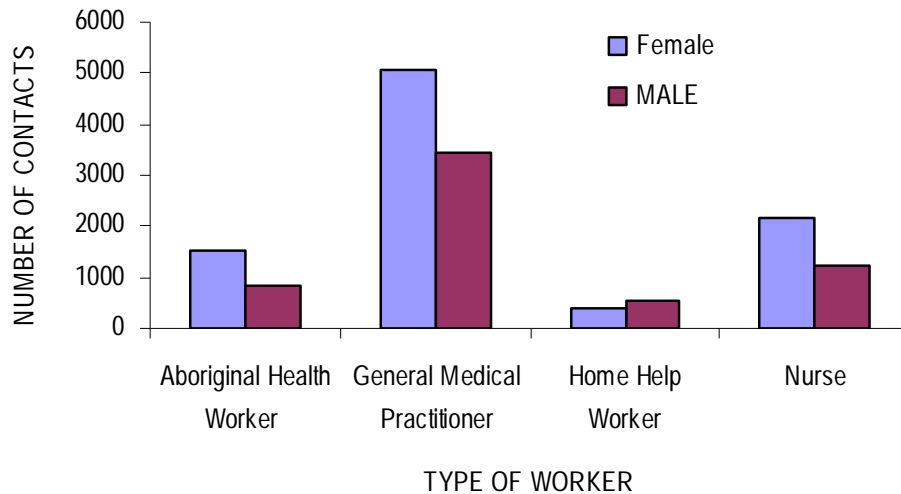
INDIVIDUAL CLIENTS SEEN



Data sourced from SAR report- SQL editor function used to change data range for each year.

Client Contact Type	Female	Male
Aboriginal Health Worker	1539	846
General Medical Practitioner	5062	3422
Home Help Worker	384	525
Nurse	2179	1237

2007 - 2008 CLIENT CONTACTS

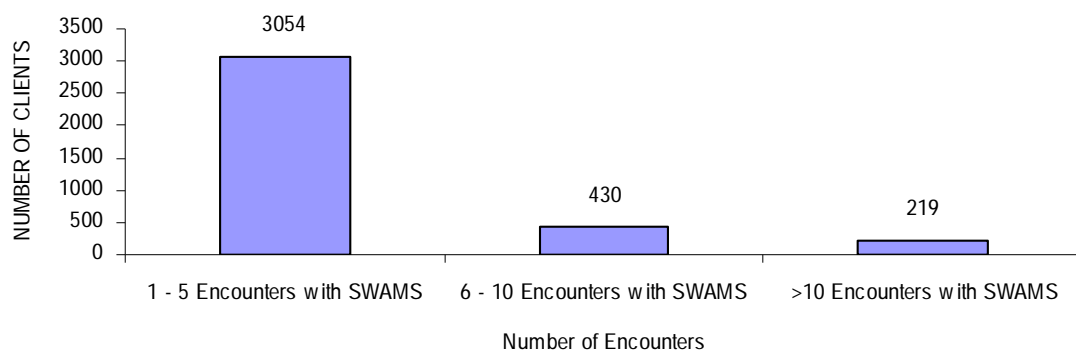


Data sourced from SAR 4 report- 'Other' worker types removed.

Encounters	
1 - 5 Encounters with SWAMS	3054
6 - 10 Encounters with SWAMS	430
>10 Encounters with SWAMS	219

Data sourced from SWAMS report- Count of Client Encounters. Data exported. Data items recorded as 'No client contact- Administration' removed and remainders counted in groups (1-5), (6-10) & (> 10).

2007 - 2008 NUMBER OF TIMES CLIENTS HAVE ENCOUNTERS WITH SWAMS



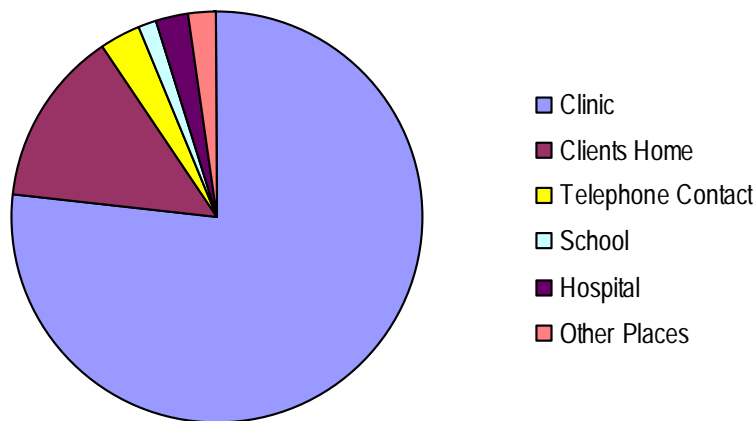
The data does not include client encounters with SEWB or Transport other than HACC Transport. Client Encounters titled 'No client contact' have been excluded from this report.

Encounter Location	Number of Clients
Clinic	10201
Clients Home	1846
Telephone Contact	416
School	199
Hospital	344
Other Places	283

Data sourced from SWAMS report- Services Count. Data exported. Data items recorded as 'Administration' removed. Data items recorded as places other than clinic or client home are aggregated to 'Other Places'.

Client Contact Type Comparison	2006/2007	2007/2008
Aboriginal Health Worker	3949	2385
General Medical Practitioner	10326	8484
Home Help Worker	1263	909
Nurse	3117	3416
Walk in Patients	6527	4123

CLIENT CONTACTS BY PLACE OF SERVICE



MEMBERSHIP

To become a member of the South West Aboriginal Medical Service Aboriginal Corporation (SWAMSAC) you need to be an adult Aboriginal person or a spouse of and adult Aboriginal person residing within the wards of SWAMSAC.

Members are entitled to attend, speak and vote at general meetings of the Association and be eligible for appointment as members of the committee and shall be entitled to use all of the services of SWAMSAC.

As of May 2008, the organisation had a membership registration of 142, as well as 10 associate members. (Includes members who had moved outside of the SWAMSAC Service Region). An audit was done to remove those who had moved outside of the SWAMSAC area and those that had a duplicate record or had passed away.

The question was raised about what benefits there are for becoming a member of SWAMSAC. Beside the entitlements to attend, speak and vote at general meetings, there was nothing else offered to our members. With this in mind a membership drive was organised, urging more of the community to become members of the organisation.

A survey was sent to all of SWAMSAC clients, as well as a membership application form. The survey included questions regarding the flu vaccination, the Social, Emotional & Wellbeing Program, HACC, and whether or not people were interested in attending SWAMSAC organised events and receiving the monthly newsletter. A prize was given to the first five people who returned their completed surveys. A total of 68 surveys were completed and returned.

Each existing member and new member that joined was issued with a membership pack, including stickers, magnets, notepads and other SWAMSAC branded items. On a monthly basis all members would receive a copy of the SWAMS Newsletter, accompanied with any other information that needed to be distributed to the community.

By the end of June the membership total had increased to 180.

COMMUNITY SPONSORSHIP



Ladies Social Netball Teams were supported by the use of the SWAMS community shirts as part of their uniforms. SWAMS also provided drink bottles and carry bags.



The Moorditj Yorgas Netball Club was financially supported for their Netball Development Program. The players were also issued with the SWAMS community shirts to use for warm-up shirts, drink bottles and the donation of a first aid kit.



Joanne Dimer was sponsored to attend a Young Indigenous Women's Leadership Program in Broome, August 2007.



The South Coast Deadly All Stars Basketball Development Program received support by means of a first aid kit and funds towards catering for their launch.

SWAMS was also proud to have supported the following people throughout the past year: Neville Jetta Jnr (State Football), Clinton Garlett (State Football), Manjimup Youth (Leewin Leadership).

A PHOTOGRAPHIC YEAR



**Members Jury,
Busselton**



**Leadership Through
Healing Gathering,
Dunsborough**



**Sorry Day,
Bunbury**



**SWAMS Staff
Development Day**





Carers Respite Camp



Elders Luncheon



NAIDOC Week 2007

**Terry Cross Seminar,
Bunbury**



**Indigenous Governance
Awards Photo Shoot**



FINANCIAL REPORT

South West Aboriginal Medical AMS Acc

PO Box 1444

Bunbury WA 6231

Comparison Balance Sheet

2007- 2008

	<u>2007</u>	<u>2008</u>
<u>Assets</u>		
<u>Current Assets</u>		
<u>Cash On Hand</u>		
Cheque Account	\$615,846.96	\$570,478.84
After Hours Clinic account	\$50,551.00	\$1,963.25
Prepaid Expenses	\$77,974.73	\$110,726.51
Accrued interest	\$4,627.30	\$5,201.56
Debtors	\$0.00	\$9,000.00
Accrued Income	\$2,853.15	\$6,001.62
Petty Cash - Admin	\$427.64	\$1,524.10
Total Cash On Hand	\$752,280.78	\$704,895.88
<u>Investments</u>		
Reserves Bank Account	\$388,560.00	\$413,431.68
Total Investments	\$388,560.00	\$413,431.68
Total Current Assets	\$1,140,840.78	\$1,118,327.56
<u>Non-Current Assets</u>		
Motor Vehicles	\$262,785.96	\$359,986.41
Motor Vehicles - Accum Deprec	-\$58,506.00	-\$107,246.00
Furniture & Fixtures	\$8,907.89	\$14,232.89
Furniture & Fixtures - Accum Deprec	-\$3,112.00	-\$5,027.00
Medical Equip at cost	\$3,495.00	\$3,495.00
Medical Equip - Accum Dep	-\$657.00	-\$1,533.00
Computer Equipment	\$144,156.01	\$156,093.28
Compt Equip & Soft - Accum Dep	-\$37,265.00	-\$77,830.00
Total Non-Current Assets	\$319,804.86	\$342,171.58
Total Assets	\$1,460,645.64	\$1,460,499.14
<u>Liabilities</u>		
<u>Current Liabilities</u>		
Surplus's Carried Forward		
Trade Creditors	\$41,434.54	\$52,753.02
Accrued Expenses	\$37,614.21	\$34,523.77
GST Liabilities	\$43,475.82	\$38,486.19
Payroll Accruals Payable	\$25,892.13	\$21,120.45
Total Superannuation	\$14,236.54	\$15,608.63
<u>Leave Entitlements</u>		
SWAMS A/L Provision	\$110,872.31	\$72,484.86
SWAMS LSL Provision	\$130,018.00	\$71,300.90

SWAMS A/L Loading provision	\$13,161.00	\$7,224.51
<u>Provisions</u>		
Provision - Contract Payments	\$0.00	\$38,168.85
Succession - Future Planning	\$93,747.00	\$148,541.86
Executive Bonus	\$46,285.00	\$42,450.00
FBT Costs	\$30,547.00	\$30,197.00
Staff Lease Pmt	\$0.00	\$615.45
Total Current Liabilities	\$587,283.55	\$573,475.49
Non-Current Liabilities		
<u>Provisions</u>		
Grant Funds Carried Forward	\$128,082.71	\$59,582.49
Total Non-Current Liabilities	\$128,082.71	\$59,582.49
Total Liabilities	\$715,366.26	\$633,057.98
Net Assets	\$745,279.38	\$827,441.16
Equity		
Retained Earnings	\$246,192.82	\$359,582.88
Building Reserves	\$350,000.00	\$350,000.00
Motor Vehicle Reserves	\$35,696.50	\$35,696.50
Surplus's Carried Forward	-\$50,842.39	-\$59,582.49
Current Year Surplus/Deficit	\$164,232.45	\$141,744.27
Total Equity	\$745,279.38	\$827,441.16

South West Aboriginal Medical Service Aboriginal Corporation

Bunbury WA 6230

Consolidated Comparison Profit & Loss Statement

2007 - 2008

	<u>2007</u>	<u>2008</u>
<u>Income</u>		
Total Commonwealth Department Funding	\$1,491,820.45	\$1,612,052.01
Total State Health Department Funding	\$1,240,800.00	\$1,438,402.50
Total Other Funding	\$351,794.14	\$167,317.47
Total SWAMSAC Income	\$392,028.65	\$346,094.78
Surplus Carried Forward From Previous Year	\$50,842.65	\$128,082.71
Total Income	\$3,527,285.89	\$3,691,949.47
<u>Expenses</u>		
Total AMS Medical Costs	\$191,384.03	\$225,229.49
Total Administration Costs	\$345,859.30	\$370,171.00
Total Motor Vehicle Costs	\$112,734.52	\$122,848.74
Total Operating Costs	\$127,399.37	\$126,483.85
Total Insurance	\$63,445.87	\$84,453.61
Total Employment Costs	\$2,370,803.36	\$2,477,240.10
Total Workshop Expenses	\$21,778.92	\$29,272.55
Total Minor Capital Expenditure	\$2,748.37	\$2,393.64

Total Depreciation Expense	\$35,397.00	\$109,104.00
Total Other SWAMSAC Expenses	\$15,490.47	\$58,478.21
Total Expenses	\$3,287,041.21	\$3,605,675.19
Operating Profit	\$240,244.68	\$86,274.28
Interest Income	\$52,070.48	\$65,629.44
<u>Profit before surplus</u>	\$292,315.16	\$151,903.72
Loss On Sale of Assets		\$10,159.45
Profit before Surplus		\$141,744.27
Surplus Carried Forward	\$128,082.71	\$59,582.49
Operating Surplus	\$164,232.45	\$82,161.78
Total Capital Expenditure (Balance Sheet)	\$55,808.00	\$167,083.27
Net Surplus / (Deficit)	\$108,424.45	-\$84,921.49

A copy of the full financials is available upon written request to the CEO of SWAMSAC.

MEMORANDUM OF UNDERSTANDINGS

The South West Aboriginal Medical Service Aboriginal Corporation is dedicated to networking with external agencies and government departments to ensure it fulfils its commitment to the wellbeing and health of the Aboriginal and Torres Strait Islander peoples residing within its wards. To ensure a holistic approach to bettering the health of its people, SWAMSAC has entered into Memorandum of Understandings with the following agencies:

- Djidi Djidi Aboriginal School, to deliver certain services and conduct certain activities together within the school.
- Jobs South West Community Services, to work collaboratively in order to provide employment and training services to Aboriginal people in the South West of WA. Jobs South West will have the responsibility for delivering training on an as needs basis for Aboriginal people in the South West. SWAMS will have the responsibility of referring suitable candidates to Jobs South West for participation in especially those programs with a health focus.
- Aboriginal Health Council of Western Australia Inc. (AHCWA), to increase the capacity of the Aboriginal Health Promotion workforce within WA through the creation of six Aboriginal Health Promotion Development Officer (AHPDO) positions, which will be based in a number of Aboriginal Community Controlled Health Services (SWAMS). AHCWA and SWAMS will appoint an AHPDO who will coordinate all aspects of the Aboriginal Health Promotion Collaborative Project. The project, led by AHCWA and Curtin University will be undertaken in partnership with the Asthma Foundation WA, The Cancer Council WA, Combined Universities Centre for Rural Health, Diabetes WA, Institute of Child Health Research/ Kulunga, and the National Heart Foundation of Australia (WA).