

# ANNUAL REPORT

SOUTH WEST ABORIGINAL MEDICAL  
SERVICE

[www.swams.com.au](http://www.swams.com.au)

ABN: 98 241 772 591  
ICN: 2958



**2010 -2011**

***SOUTH WEST ABORIGINAL MEDICAL  
SERVICE ABORIGINAL CORPORATION  
2010-2011 ANNUAL REPORT***

FRONT COVER PHOTOGRAPH FROM LEFT TO RIGHT:

- TANIA HILL
- SONIA STACK
- NATALIE JETTA
- BARBARA PICKETT

# *SOUTH WEST ABORIGINAL MEDICAL SERVICE ABORIGINAL CORPORATION*

## *2010-2011 ANNUAL REPORT*

### **CONTENTS**

SERVICE AREA – SOUTH WEST REGION MAP .....	4
PURPOSE AND PHILOSOPHY OF SWAMS.....	5
OBJECTIVES.....	6
SWAMSAC ORGANISATION STRUCTURE .....	7
GOVERNING COMMITTEE.....	8
SWAMSAC STAFF .....	9
CHAIRPERSON’S REPORT .....	11
CHIEF EXECUTIVE OFFICER’S REPORT .....	13
SOCIAL, EMOTIONAL AND WELLBEING PROGRAM .....	16
HOME AND COMMUNITY CARE .....	19
PHOTOGRAPHIC DISPLAY .....	22
SERVICE ACTIVITY REPORTS.....	23
FINANCIAL REPORT.....	33

# 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

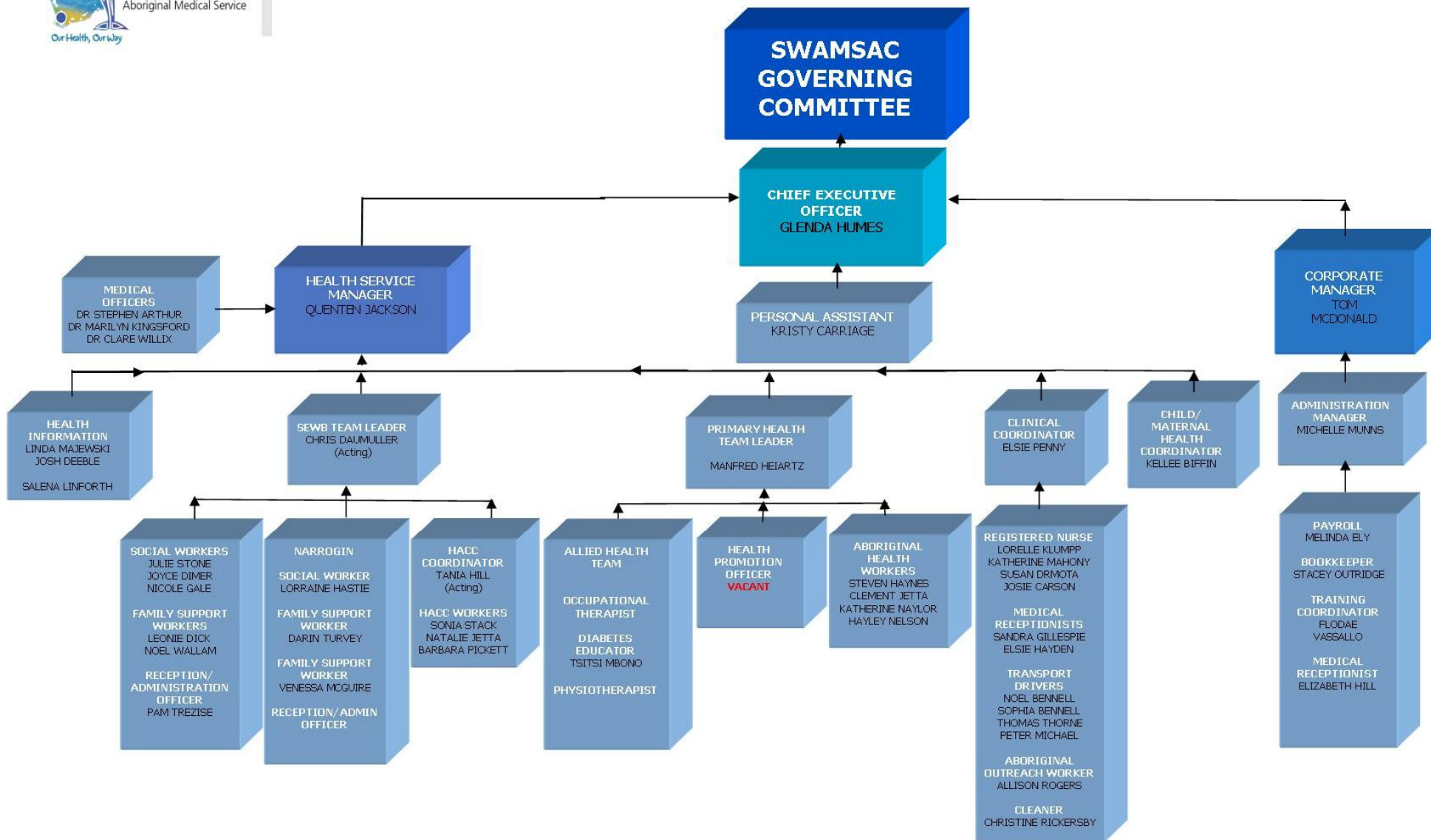
The objectives for which the organisation is established are:

- 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 CHART

## JUNE 2011



# GOVERNING COMMITTEE AS OF JUNE 2011

Chairperson	Gloria Khan	Donnybrook	Current
Vice Chair	Norman Hayward	Collie	Current
Member	Rhonda Norman	Bunbury	Current
Member	Merelda Hardy	Bunbury	Current
Member	Dean Colbung	Harvey Brunswick	Current
Member	Robyn Weston	Busselton	Current
Member	Andrew Jones	Bunbury	
Member	Debra Bennell	Bunbury	
Member	Phillip Ugle	Collie	
Member	Tessa Grimshaw	Busselton	
Member	Vivienne Karahoutis	Manjimup	Deceased
Member	Gary Calgaret	Bunbury	
Member	Tim Harris	Busselton	
Member	Victoria Hill	Harvey Brunswick	

# SWAMSAC STAFF

During 2010-2011 Financial Year

## Administration Team:

Chief Executive Officer  
Corporate Services Manager  
Administration Manager  
Personal Assistant to CEO  
Payroll Officer  
Book Keeper  
Receptionist

Glenda Humes  
Thomas McDonald  
Michelle Munns  
Joanne Hill/Kristy Carriage  
Melinda Ely  
Shelley Widdeson/Stacey Outridge  
Elizabeth Hill

## Clinical Team:

Health Services Manager  
Clinic Coordinator  
Medical Officer  
Medical Officer  
Medical Officer

Quenten Jackson  
Elsie Penny  
Dr Stephen Arthur  
Dr Marilyn Kingsford  
Dr Claire Willix

Primary Health Team Leader  
Child & Maternal Health Coordinator  
Registered Nurse  
Registered Nurse  
Registered Nurse  
Aboriginal Health Worker

Manfred Heiartz  
Kellee Biffin  
Lorelle Klumpp  
Katherine Mahony  
Susan Drmota  
Tony Carroll

Aboriginal Health Worker  
Aboriginal Health Worker  
Aboriginal Health Worker  
Aboriginal Health Worker  
Aboriginal Health Worker  
Aboriginal Health Worker  
Aboriginal Outreach Worker  
Healthy for Life Officer  
Health Information Officer  
Health Promotions Officer

Michelle Thomas  
Stephanie Carroll  
Clem Jetta  
Steven Haynes  
Katherine Naylor  
Rebecca Bennell/Hayley Nelson  
Allison Rogers  
Salena Linforth  
Linda Majewski/Joshua Deeble  
Julie Knipping

Receptionist Sandra Gillespie  
Receptionist Kate Lolohea  
Receptionist Elsie Hayden

Social, Emotional and Wellbeing Team:

Program Manager  
Interim Program Manager Chris Daumuller  
Social Worker Angela Divall  
Social Worker Joyce Dimer  
Social Worker Julie Stone  
Social Worker Nicole Gale  
Family Support Worker Noel Wallam  
Family Support Worker Leonie Dick  
Receptionist/ Administration Officer Pam Trezise

Narrogin Social, Emotional and Wellbeing Team:

Social Worker Lorraine Hastie  
Family Support Worker Jock Abraham/Marina Abraham/Darin Turvey  
Receptionist Kate Lolohea/Venessa McGuire

Home and Community Care Team:

HACC Coordinator Julie McKie  
HACC Worker Tania Hill  
HACC Worker Sonia Stack  
HACC Worker Barbara Pickett  
HACC Worker Natalie Jetta

Academy:

Coordinator Flodae Vassallo

Transport Team:

Transport Officer Noel Bennell  
Transport Officer Sophia Bennell  
Transport Officer Thomas Thorn  
Transport Officer Peter Michael



## CHAIRPERSON'S REPORT

The past year has seen a good measure of stability in the composition of the Board of SWAMS and, as a result, its effectiveness in meeting the challenges of addressing the health needs of our communities. During the 2010/11 year, the Board was made up of the following Local Area representatives:

Donnybrook / Boyup Brook – Gloria Khan

Collie – Norman Hayward

Bunbury / Australind / Eaton – Merelda Hardy & Rhonda Norman

Manjimup / Bridgetown – Vivienne Karahoutis

Busselton – Robyn Weston

Harvey / Brunswick – Dean Colbung

The Board was shocked and saddened at the passing during the past year of our friend and colleague Vivienne Karahoutis, whose contribution we have valued to the work of SWAMS and the people of the Manjimup area. Then as now we express our deep condolences to Vivienne's family.

The year was marked by many good developments in our operational effectiveness, such as recruitment of a stronger medical workforce, enhancement of the budget position with an operating surplus for the organisation and establishing a high degree of transparency through putting into action the Board's governance training for greater oversight. The Board has also taken a strong interest in strategic and operational planning in the past twelve months. All members undertook their Director's duties with care, diligence and with a high regard for the health needs and welfare of the members of SWAMS across the ward areas. The Board also remains committed to serving the whole of the community – not just those who use our services – and it has found various ways of expressing that wider commitment throughout the year.

The past year has seen SWAMS recognised and consulted in a variety of ways for the betterment of Aboriginal health in the region. The organisation chairs the South West Regional Aboriginal Health Planning Forum (an interagency initiative), and it also contributes to the State-wide Aboriginal Health Planning initiatives of government and other organisations such as the Aboriginal Health Council of Western Australia of which it is a contributing member.

I would like to thank all of our funding bodies – the Commonwealth Department of Health & Ageing (OATSIH), the Commonwealth Department of Families, Housing, Community Services

and Indigenous Affairs, the Western Australian Departments of Health (Office of Aboriginal Health), Corrective Services, the South West Development Commission, and also the charitable funder Oxfam Australia. Without the support of these agencies and organisations the work of SWAMS would not be possible, and we give thanks for their generosity and strong investment in 'closing the gap' in Aboriginal health.

The organisation also saw the departure of its Chief Executive Glenda Humes during 2010/11. I would like to thank Glenda for all her work during the past four years, and wish her well in retirement in Queensland. I would like to thank our executive staff Michelle Munns (who acted for two months in the role of CEO) and Tom McDonald for keeping the organisation on a sound footing during the transition. I am pleased to now welcome Dr Glen Power as the new CEO of SWAMS, and look forward to working with Glen in the years ahead.

Finally, I would like to thank all members of the community who use the services of SWAMS. Your patronage of our clinical services enables us to generate revenue to support other community focused services and the health related subsidies that SWAMS provides. Without your support, none of this would be possible, so I thank you for the loyalty you have shown to us and to your own community controlled health service.

Gloria Khan  
Chairperson



## CHIEF EXECUTIVE OFFICER'S REPORT

I write this report from the fortunate position of having taken over the helm of SWAMS at a point in time when the organisation is financially robust, well resourced from a workforce standpoint, and with a shared vision and purpose held by its Board of Directors. As I was not myself employed until after the end of 2010/11, I provide this review of the past year based largely on the corporate knowledge of the SWAMS Board and staff. I therefore acknowledge and thank the Board of SWAMS for its governance and leadership, and also my predecessor Glenda Humes for her dedication and contribution over the past four years. The Board is in turn deeply indebted to the executive and organisational staff for their diligence and professionalism which has contributed to in no small measure to the current strong position of SWAMS.

Highlights for the organization during 2010/11 include:

- 7,536 medical practitioner occasions of service provided to SWAMS clients
- 7,380 practice nurse occasions of service provided to SWAMS clients
- 5,465 Aboriginal Health Worker occasions of service provided to SWAMS clients
- 1,093 referrals made from the SWAMS Clinic to specialist service providers
- 356 diabetes education episodes given to SWAMS clients

Doctor episodes over the past year are down on 2009/10 figures (7,536 versus 9,802) due largely to difficulties recruiting additional staff and the dependency on locums. We are grateful to Dr Stephen Arthur for his efforts when at times he has been the only GP in the Clinic. In October and December of 2010, we were fortunate to be able to recruit Dr Marilyn Kingsford and Dr Clare Willix, who continue to provide general practice services along with Dr Arthur. Practice nurse episodes were well up on the previous year (7,380 versus 6,240) reflecting the more stable nursing workforce. Our thanks are due to all the Clinic staff for supporting an efficient and culturally sensitive model of care for the clients who attend either a booked or a walk-in session. I also acknowledge the contribution of Quenten Jackson as Health Services Manager over the past five years and wish him well in retirement.

The organisation continues to receive a strong funding stream from both the Commonwealth Department of Health and Ageing Office of Aboriginal and Torres Strait Islander Health and the Western Australian Department of Health Office of Aboriginal Health which, taken together, represent a core operating grant of approximately \$2.9 million for the Clinic for the medical and associated primary care services including our Aboriginal Health Worker clinic and domiciliary services. This represents a 9% improvement in core operating income on the previous year.

In addition, SWAMS received funding of \$379,776 in 2010/11 from the COAG 'Closing the Gap' initiative, which has provided funding for care planning, adult health checks,

arrangement of team care for clients with multidisciplinary care needs, allied health and diabetes education services. This included the development of 77 individual GP Care Plans and Team Care Arrangements and the performance of 164 ATSI Adult Health Checks and 39 Child Health Checks to SWAMS clients. Also, during 2010/11 there was an additional 1,200 Outreach Worker services made possible through the 'Closing the Gap' funding. Allied health also continues to be a focus for inclusion in the SWAMS models of care. During 2010/11, the organisation benefited from the services of an Occupational Therapist and a Physiotherapist on staff for most of the year. This enabled 381 allied health treatment episodes within our service in this period, with many more external referrals. The departure of each of these staff members was a loss to SWAMS, and the organisation is currently recruiting replacements.

The Commonwealth Government's 'Healthy for Life' program also now provides approximately \$409,195 in dedicated funding to support child and maternal health services. This includes antenatal and postnatal services for mothers and their children, in accordance with evidence-based clinical pathways. We are fortunate to have been able to expand the service to include both a midwife and a child health nurse in recent times.

The Healthy for Life program also involves a dedicated Aboriginal Health Worker, and will utilise the mobile 'clinic on wheels' when SWAMS commissions this service modality in 2011/12.

More broadly, the Aboriginal Health Worker staff at SWAMS provided 5,465 occasions of service to SWAMS clients during 2010/11, through both home visits and in contribution to Clinic-based episodes of care. Our thanks are due to all the AHW staff for the crucial role they play in treatment, health promotion and case finding among the community.

Immunisation rates at the close of 2010/11 for children 0-5 years, as reported by the SWAMS Practice Improvement Program (PIP) report, show an improvement during the past year at 89% in May 2011 (up from 86.4% in November 2010). The target rate for the current year is 90% in this age group with the number of completed immunisations increasing steadily, for which SWAMS enables its staff to participate in ongoing immunisation education.

The Social and Emotional Wellbeing (SEWB) team based at Sandridge Road Bunbury and the satellite Narrogin SEWB service have contributed a strong and responsive specialist service to the community, and I thank Chris Daumuller for acting in the role of Program Manager during the past year and for her confirmation in the recent selection for this role going forward. The team has combined a focus on individual client social work, counselling and psycho-social support services with family support work and group work sessions in community settings. I thank all members of the team for their professionalism and dedication in support of the Family Safety and Aboriginal Healing (Commonwealth FaHCSIA), Bringing Them Home (Commonwealth OATSIH) and Oxfam program clients. Taken together, SWAMS attracted in excess of \$900,000 in new funding support for these programs during 2010/11 which enabled over 1,500 individual client contacts to occur during the year.

Our Home and Community Care (HACC) team also continues to reach out in support of the frail, the aged and their carers and those with a disability, providing domestic assistance,

social support, transport, advocacy, needs assessments, outings and transport services to Aboriginal people most in need across the SWAMS catchment. My thanks to our Coordinator Tania Hill and the HACC team for supporting over 70 clients who have been provided some 2,529 occasions of service during 2010/11, including 1,628 episodes of domestic assistance.

A fundamental element to the care we give at SWAMS and to 'closing the gap' in general is to provide better access to care givers. In this regard, the Transport Drivers at SWAMS provide a superb service to the community in ensuring that patients without transport means can access the Clinic and other specialist appointments in a timely manner in keeping with their care plans. The organisation is extremely grateful for their effort and diligence in meeting our clients transport needs, which contributes significantly to continuity of care.

Structurally and capacity-wise, the organisation is well placed to meet the challenges of the year ahead, with a recent governance review having set the executive structure for the foreseeable future. However, within the next 2-3 years, the organisation will need to obtain secure tenure in a new facility that will allow for growth and expansion of its clinical services and ideally allow for the collocation of all our service streams, which is not possible in any of the leasehold properties we currently occupy. The South West Health Campus and the WA Country Health Service face similar physical constraints, and have given notice of their intention to resume the small parcel of land on which the Clinic is currently sited to enable public hospital ward block expansion. We therefore have until mid 2015 to obtain larger facilities (by either capital works or acquisition of an existing commercial facility), and this will be Executive's focus over the next twelve months.

Our thanks to all SWAMS clients and staff for the support you have given during 2010/11.

Dr Glen Power  
Chief Executive Officer

# SOCIAL, EMOTIONAL AND WELLBEING PROGRAM

The Social and Emotional Wellbeing (SEWB) program provides counselling, support and advocacy for many Aboriginal clients throughout the South West and Narrogin regions. Counselling and support for stolen generation and family violence issues is the main focus of service provision. Along with our family support work, community development group work sessions in community settings are also a focus.

## **Funding**

The SEWB program received funding for the reporting period from the Commonwealth Department of Families, Housing and Community Services and Indigenous Affairs (FHaCSIA) for the Family Violence Program. From the beginning of 2011 this program will be known as the Indigenous Family Support Program (IFS). The Department of Health and Ageing (Office of Aboriginal and Torres Strait Islander Health OATSIH) fund us for the Bringing Them Home (BTH) Program and Oxfam for the Healing Spaces Group Work Community Development Program.

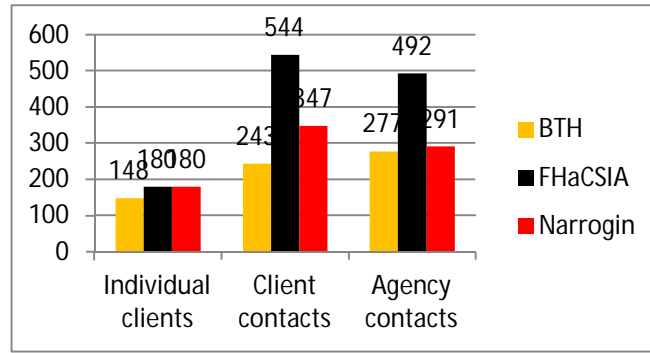
## **BTH & FDV Program requirements**

The BTH Program requires the SEWB teams in Bunbury and Narrogin to deliver counselling and support to men, women and children who have been affected by the Stolen Generations throughout the southwest and Narrogin regions. The BTH program Counsellors are required to provide specialist counselling on the effects of past removal policies and social and emotional wellbeing issues including referral to Link up services whenever required.

The Family Violence Program requires SEWB to provide counselling and support to Aboriginal people affected by family violence. Counsellors also provide cultural awareness presentations and training for mainstream services, participate in inter-agency meetings such as White Ribbon Day planning and the Regional Domestic Violence Coordinated Response group and represent SEWB at a range of service planning meetings including Government agencies such as South West Mental Health Service, Department of Justice, Bunbury Health Service as well as non-government organisations.

## **Statistics BTH, FHaCSIA and Narrogin programs**

For the reporting period of July 2010 - June 2011 the SEWB teams provided individual counselling and support to a total of 508 clients, with 1134 occasions of contact and 1060 agency contacts made on behalf of client.



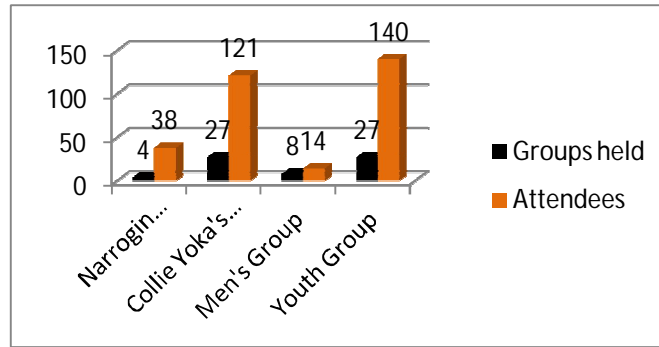
### **Narrogin SEW Program**

The Narrogin BTH Program now operates independently from a building in Federal Street Narrogin. There has been a high staff turnover with one of the inaugural workers resigning in May 2011 and two other female workers prior to that. In November 2010 the Female Support Worker, Venessa McGuire began, and Darin Turvey as the Male Family Support Worker was employed in June 2011. Despite the low number of staff members the Narrogin SEW workers have worked at a steady rate with 180 individuals accessing the service and 291 agency contacts made on behalf of the client.

### **Oxfam Community Development group work program ‘Healing Spaces’.**

The Healing Spaces Group Work program focuses on healing through empowerment coming from strengths based perspective. All activities conducted focus on healing themes such as self care, self esteem, safety, nurturing, healthy relationships, parenting, etc. There is also a strong focus on healing through connecting people to services in their local communities. The program entails a community development component in order to develop partnerships with other community groups to bring about growth and the eventual self sustainability of the groups so that other groups can be formed.

For the period July 2010-June 2011 the “Healing Spaces Project” held 4 groups in Narrogin with an average attendance rate of 9 women per session. The Collie Yoka’s and the Youth group have been very successful with 27 groups held with approximately 5 attendees at each group. This is spread across both groups as on some occasions only a few people came to the group due to funerals, school holidays or other activities in the community. The Men’s group began in August 2011 with 8 groups held and 14 men attending. Currently all the groups are being well attended.



## Staffing

For the reporting period of July 2010 - June 2011 the team experienced staff shortages as the positions of Male Family Support Worker and that of the Social Worker in the FHaCSIA program were left vacant for almost five months. Nicole Gale (SW) was employed in March 2011 and her skills with child focused therapy were put to good use immediately. Noel Wallam returned as the Male Family Support Worker in February, at the same time Leonie Dick was appointed to the Family Support Worker Role replacing Charmaine May who left in December and I was employed as the substantive Program Manager in January this year after having spent the previous year in an acting role.

I would like to take this opportunity to thank the SEWB teams for the dedicated services they provided their clients. I believe their actions demonstrate what 'going the extra mile' is really all about. The SEW teams look forward to another busy year ahead with every expectation that full staffing levels be maintained.

Chris Daumuller

Manager Social and Emotional Wellbeing Program

# HOME AND COMMUNITY CARE

SWAMS HACC is dedicated to supporting Aboriginal frail aged, people with disabilities, their carers and non-Aboriginal family members to remain independently at home in the community. SWAMS HACC services the areas within Bunbury and the outer regions of Busselton, Donnybrook, Harvey, Boyanup, Brunswick, Australind, Dalyellup and Waroona. HACC services include Domestic Assistance, Social Support, Transport, Advocacy, Assessment, Client Care Coordination and Meals on Wheels. Activities such as outings are organized on a regular basis.

## *Outing and Activities undertaken during the year:*

December 2010 – Christmas Luncheon in Bunbury for clients of Bunbury and surrounding areas, we also held a Christmas Luncheon in Busselton for Busselton Clients. March 2010 to July 2010 Activities - Elders Activity & Information Day –Pinjarra,– Collie living it up Festival – Collie Adult Day Centre, Indigenous Services Expo Collie, Elders Activity & Information Day hosted by SWAMS in Bunbury in 2010 and 2011 both held in July. Bunbury and NAIDOC Elders Luncheon – held in Bunbury – 2010 and 2011.

2011 has been a year when HACC Support Workers have been consolidating their learning. SWAMS HACC presented its work and operations to a National HACC Conference in Perth. Other training undertaken this past year included:

- Map of Loss
- Food Cent Advisor
- Blood Born Virus (Hep C) Training
- WASU Needle Exchange Service Awareness Program
- In House Communication
- Senior First Aid
- Awareness Training on Policies and Procedures
- Zero Tolerance Policy Induction

SWAMS HACC has been involved in working with the following organizations to advocate and improve access to services for Aboriginal people:

- Australian Red Cross – Carers and Respite
- South West Region Aged Care Team including ACAT
- Silver Chain
- St Ives – Busselton
- Community Home Care – Bunbury
- Disability Service Commission
- Independent Living Centre Disability Grants
- Aboriginal Advocacy Program
- Salvation Army Emergency Relief
- ATSI Veterans Affairs

We were successful in obtaining another three disability grants to provide reverse cycle air conditioners to eligible clients. This has been a great benefit to our clients providing much needed heating during winter and relief from the hot weather in the summer.

Meeting & networking opportunities to promote our service to the wider community included participation in:

- Nyoongar Network meetings
- Community West – Indigenous Officer
- HACC Network Meetings
- WA HACC Assessment Framework Forum

We continue to improve our operational standards and have our monthly staff meetings. The HACC service has revamped worksheets to better reflect hours of service delivery for data and is working effectively, with invoicing system for CACP service providers working well.

In the near future SWAMS HACC would like to consult with the Aboriginal community to engage discussion about the prospect of developing a Centre Base Day Care for HACC clients. This would offer a centre for clients to visit and enjoy each other's company. We look forward to holding 'yarning' sessions so that we can put forward proposals to funding bodies.

The SWAMS HACC Team consists of Tania Hill HACC Coordinator, and Support Workers Natalie Jetta, Barbara Pickett. Our previous HACC Coordinator and support worker both have left us to further their careers. I thank all our workers and previous staff for their dedication and commitment to serving the Elders in the community. We look forward to another great year for SWAMS HACC.

# PHOTOGRAPHIC DISPLAY



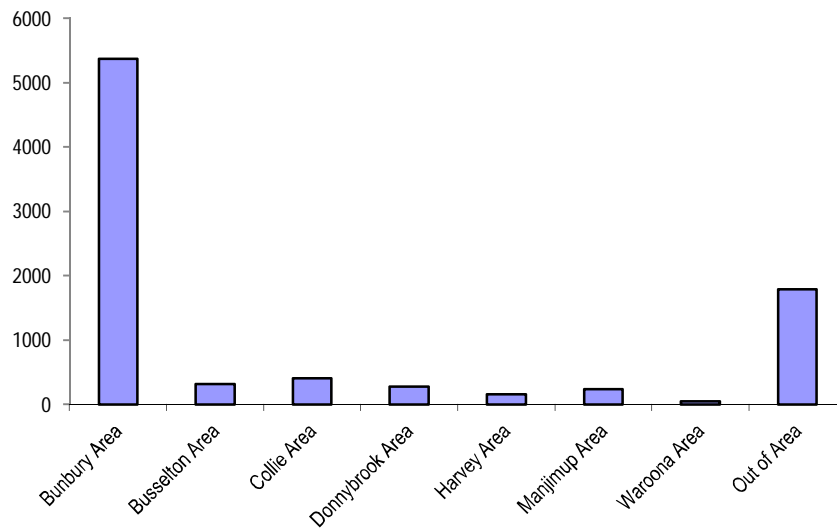
# SERVICE ACTIVITY REPORTS

LOCALITY:

LOCALITY GROUP	PATIENT ID
Bunbury Area	5375
Busselton Area	321
Collie Area	402
Donnybrook Area	280
Harvey Area	162
Manjimup Area	235
Waroona Area	49
Out of Area	1794

Data sourced from Query - Patients - Locality tables add and count on PT ID - data exported.

## SWAMS CLIENTS BY LOCALITY

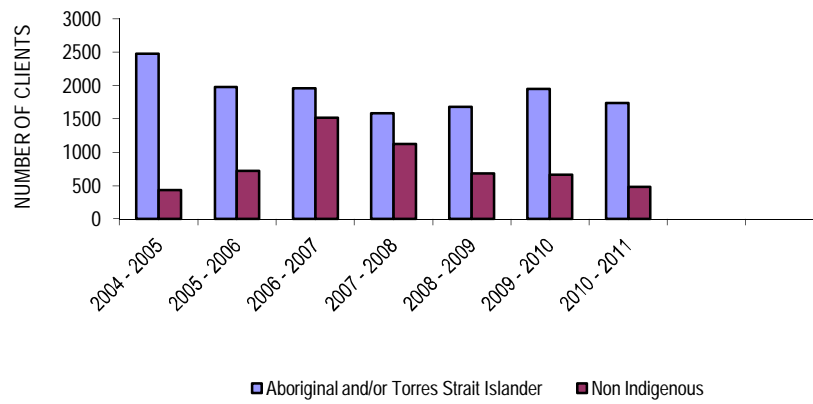


Data sourced from Communicare Patient Information System - All recorded clients by locality. Includes clients that have not accessed SWAMS service recently.

INDIVIDUAL CLIENTS SEEN:

	Aboriginal and/or Torres Strait Islander	Non Indigenous
2004 - 2005	2482	433
2005 - 2006	1977	723
2006 - 2007	1958	1518
2007 - 2008	1583	1129
2008 - 2009	1683	686
2009 - 2010	1953	668
2010 - 2011	1738	483

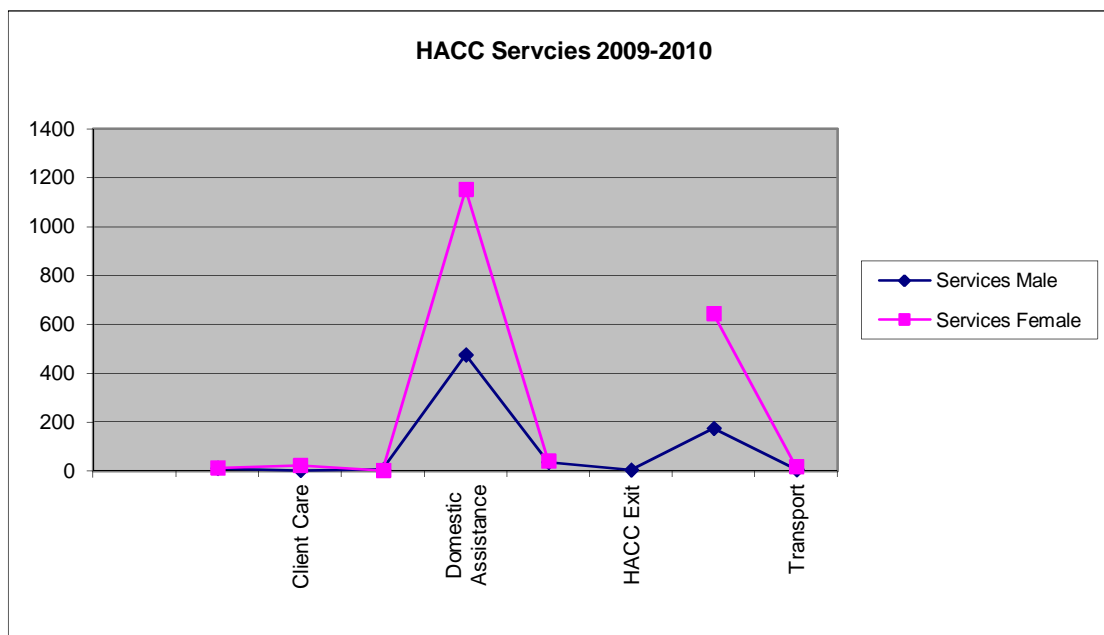
INDIVIDUAL CLIENTS SEEN



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

## HACC Services 2010-2011

Services		
	Male	Female
HACC Assesments	11	13
Client Care	3	22
HAC Couselling/Support	6	3
Domestic Assistance	475	1153
HACC Enrolment	35	40
HACC Exit	4	
Social Support	174	645
Transport	6	18



## CONTACTS:

CLIENT CONTACT TYPE	Female	MALE
Aboriginal Health Worker	2735	2724
General Medical Practitioner	4597	2939
Home Help Worker	709	268
Nurse	5403	2947
Allied Health	281	251

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

1 - 5 Encounters with SWAMS	1476
6 - 10 Encounters with SWAMS	367
>10 Encounters with SWAMS	381

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)

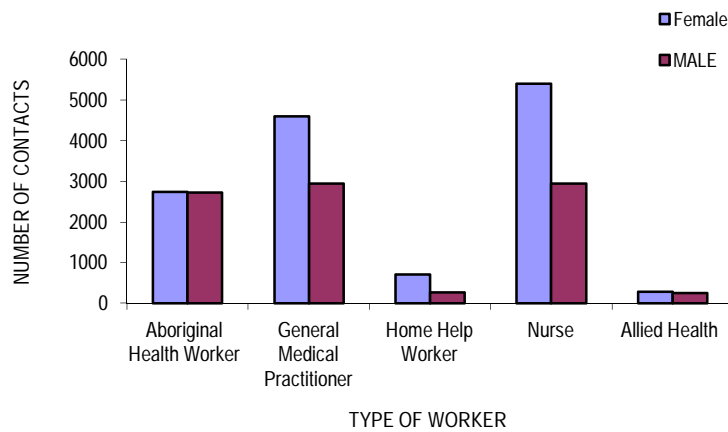
ENCOUNTER PLACE	CLIENTS
Clinic	2057
Clients Home	409
Telephone Contact	479
School	122
Hospital	185
Other Places	453

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'

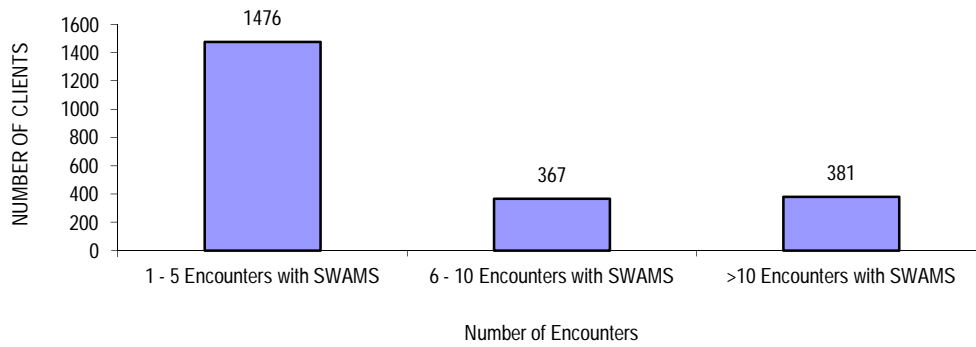
CLIENT CONTACT TYPE	2009/2010	2010/2011
Aboriginal Health Worker	7172	5465
General Medical Practitioner	10262	7536
Home Help Worker	342	977
Nurse	6240	7380
Walk in Patients	6263	7586

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

**2010-2011 CLIENT CONTACTS**



**2010-2011  
NUMBER OF TIMES CLIENTS HAVE ENCOUNTERS WITH SWAMS**



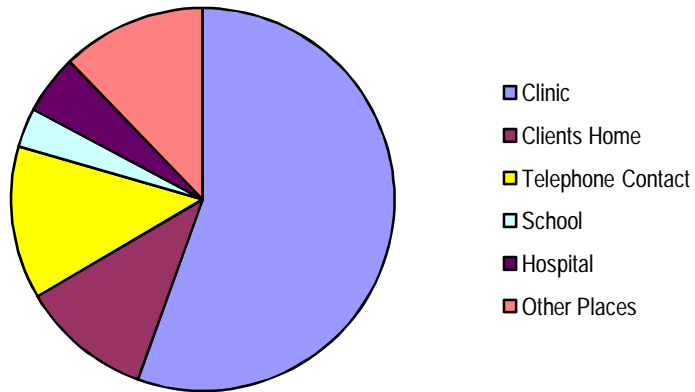
**The data DOES NOT include client encounters with SEWB or Transport other than HACC Transport**

**Client Encounters titled "No Client Contact" have been excluded from this report**

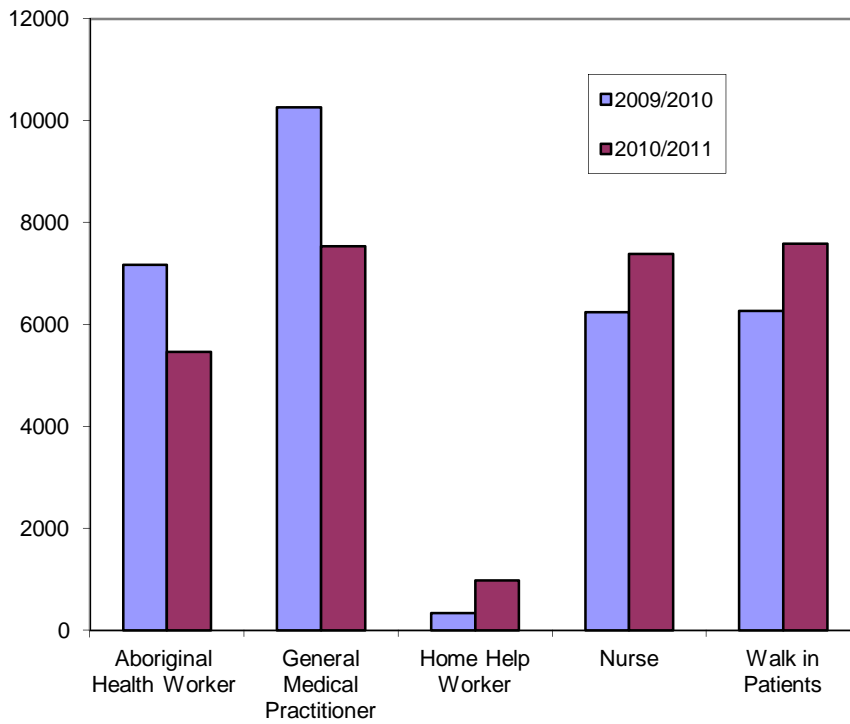
For Approx 5 months of the 2010/2011 year there was only 1 Doctor and a shortage of Aboriginal Health Workers.

Walk in clinic was introduced December 2011, July - Dec 1,992 Walk ins Jan- June 5,594 walk ins

### CLIENT CONTACTS BY PLACE OF SERVICE



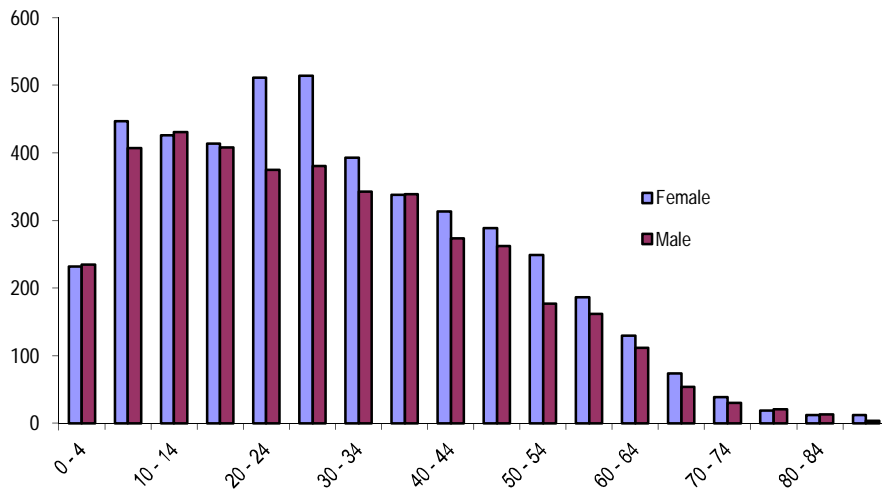
### 2009/2010 and 2010/2011 Client Contacts Comparison



### AGE GROUPS:

	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44
<b>Female</b>	232	447	426	414	511	514	393	338	313
<b>Male</b>	235	407	431	408	375	381	343	339	274
	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	>85
<b>Female</b>	289	249	187	130	74	39	19	13	13
<b>Male</b>	262	177	162	112	54	31	21	14	4

### SWAMS CLIENTS BY AGE GROUP



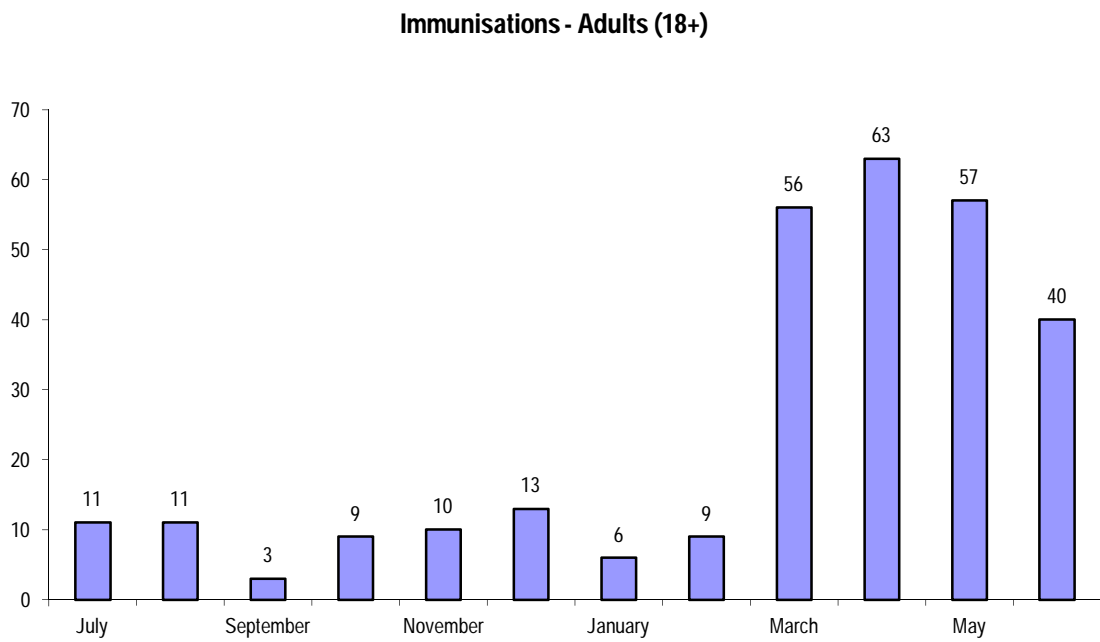
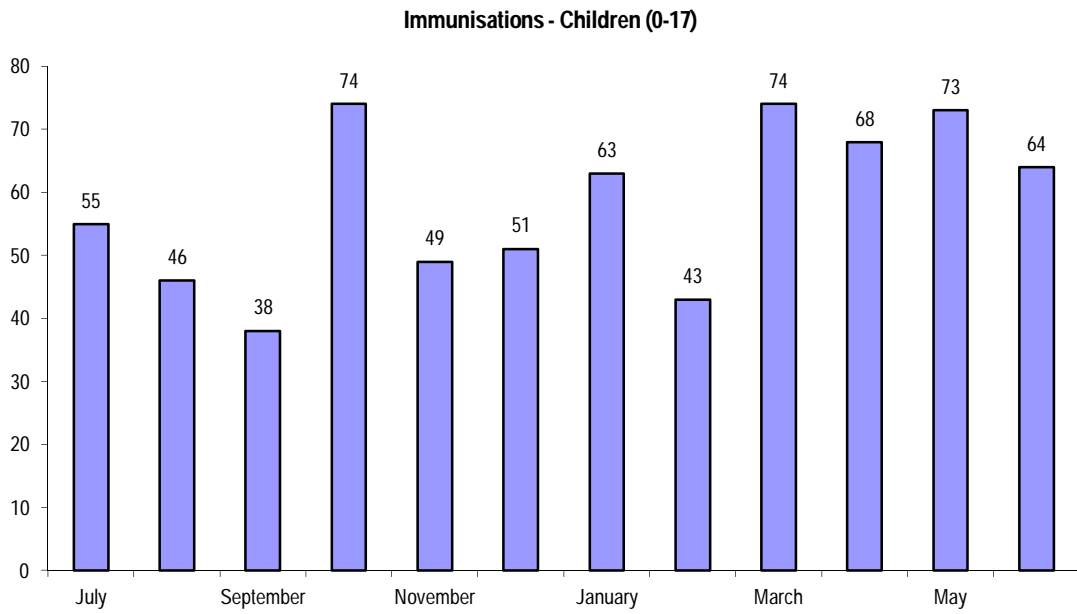
Data sourced from report - Population Analysis - Patients - Age Group 5 yearly

### IMMUNISATIONS 2010 – 2011:

Number of immunisations

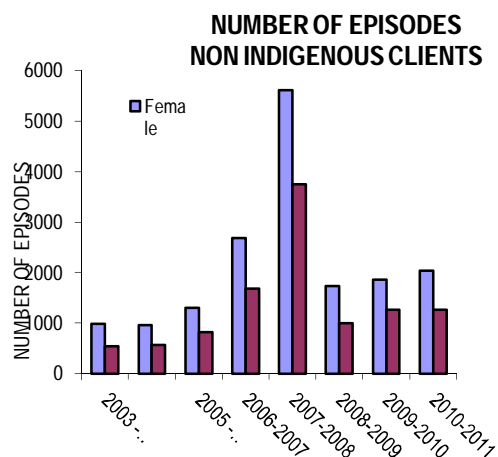
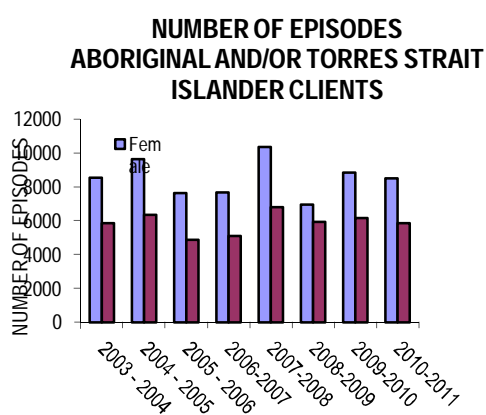
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	>85
byAdult/Children	40	31	30	60	86	48	67	61	56	38	61	80						
Children (0-17)																		
Adults (18+)	10	12	5	14	12	7	19	5	41	46	31	30						
<b>Total</b>	<b>50</b>	<b>43</b>	<b>35</b>	<b>74</b>	<b>98</b>	<b>55</b>	<b>86</b>	<b>66</b>	<b>97</b>	<b>84</b>	<b>92</b>	<b>110</b>						

## IMMUNISATIONS 2010-2011:



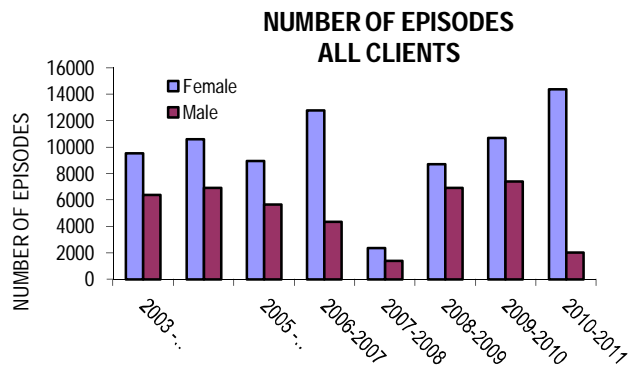
## EPISODES:

YEAR	ABORIGINALITY	F	M
2002 - 2003	Aboriginal and/or Torres Strait Islander	6047	4032
2002 - 2003	Non-Indigenous	668	510
2002 - 2003	All	6715	4542
2003 - 2004	Aboriginal and/or Torres Strait Islander	8541	5835
2003 - 2004	Non-Indigenous	984	541
2003 - 2004	All	9525	6376
2004 - 2005	Aboriginal and/or Torres Strait Islander	9620	6357
2004 - 2005	Non-Indigenous	958	571
2004 - 2005	All	10578	6928
2005 - 2006	Aboriginal and/or Torres Strait Islander	7635	4849
2005 - 2006	Non-Indigenous	1302	825
2005 - 2006	All	8937	5674
2006-2007	Aboriginal and/or Torres Strait Islander	7644	5098
2006-2007	Non-Indigenous	2688	1678
2006-2007	All	10332	6776
2007-2008	Aboriginal and/or Torres Strait Islander	5616	3744
2007-2008	Non-Indigenous	2361	1390
2007-2008	All	7977	5134
2008-2009	Aboriginal and/or Torres Strait Islander	6953	5905
2008-2009	Non-Indigenous	1727	995
2008-2009	All	8680	6900
2009-2010	Aboriginal and/or Torres Strait Islander	8837	6158
2009-2010	Non-Indigenous	1861	1258
2009-2010	All	10698	7416



EPISODES:

AB and/or TSI	Female	Male
2003 - 2004	8541	5835
2004 - 2005	9620	6357
2005 - 2006	7635	4849
2006-2007	7644	5098
2007-2008	10332	6776
2008-2009	6953	5905
2009-2010	8837	6158
2010-2011	8512	5852
Non-Indigenous	Female	Male
2003 - 2004	984	541
2004 - 2005	958	571
2005 - 2006	1302	825
2006-2007	2688	1678
2007-2008	5616	3744
2008-2009	1727	995
2009-2010	1861	1258
2010-2011	2034	1263
All	Female	Male
2003 - 2004	9525	6376
2004 - 2005	10578	6928
2005 - 2006	8937	5674
2006-2007	12742	4367
2007-2008	2361	1390
2008-2009	8680	6900
2009-2010	10698	7416
2010-2011	14364	2034



Data Sourced from SAR Report 3 Episodes. SQL editor function used to change date range for each year.

# FINANCIAL REPORT



**PARTNERS**

Clifton M Anderson FCA, JP	Stuart Fricker CPA, GAICD
Stephen FJ Down CA	Tim Partridge FCA
Shaun G O'Callaghan CA	Dean Rob CA
Peter Manolas CPA (Master of Taxation Law)	

**ASSOCIATES**

Maria Cavallo CA	Steven Cluning CA
------------------	-------------------

## STATEMENT ON ACQUITTAL FROM AUDITOR

South West Aboriginal Medical Service Aboriginal Corporation

### AUDITORS STATEMENT

We have audited the financial records of South West Aboriginal Medical Service Aboriginal Corporation for the year ended 30 June 2011.

In our opinion:-

- 1 The Organisation's financial reports for the Program are presented fairly and are based on proper books;
- 2 The Organisation's statutory financial report is prepared in accordance with Australian Accounting Standards (where applicable) and other mandatory professional reporting requirements;
- 3 We have sighted certificates of currency for all insurances required by clause 21 and item J of the relevant schedules of the Funding Agreement;
- 4 The Organisation is maintaining an Asset Register of assets acquired with grant funds where the value exceeds \$5000;
- 5 The administration expenses and overhead costs of the organisation are reasonably apportioned across all sources of funds.
- 6 The details of assets purchased and sold during the financial year are accurate;
- 7 There are adequate financial controls maintained by the Organisation;
- 8 The organisation is solvent.

Dated this 31<sup>st</sup> day of August 2011

AMD Chartered Accountants

**TIM PARTRIDGE**  
Partner



**Bunbury Head Office**  
Unit 1, 28-30 Wellington Street,  
PO Box 1306, Bunbury, WA 6231  
Telephone: (08) 9780 7555  
Facsimile: (08) 9721 8982

**Mandurah Office**  
197 Mandurah Terrace,  
PO Box 4250, Mandurah North, WA 6210  
Telephone: (08) 9535 5889  
Facsimile: (08) 9535 8840

[www.amdonline.com.au](http://www.amdonline.com.au)

Email: [amd@amdonline.com.au](mailto:amd@amdonline.com.au)

Liability limited by a scheme approved under  
Professional Standards Legislation



**PARTNERS**

Clifton M Anderson FCA, JP	Stuart Fricker CPA, GAICD
Stephen FJ Down CA	Tim Partridge FCA
Shaun G O'Callaghan CA	Dean Rob CA
Peter Manolas CPA (Master of Taxation Law)	

**ASSOCIATES**

Maria Cavallo CA	Steven Cluning CA
------------------	-------------------

31 August 2011

**Gloria Khan**  
**Chairperson**  
**South West Aboriginal Medical Services Aboriginal Corporation**  
**PO Box 1444**  
**BUNBURY WA 6231**

Dear Gloria,

**30 JUNE 2011 MANAGEMENT REPORT**

Following completion of our recent 30 June 2011 audit, we provide our Management Report and audit recommendations.

**1.0 Our Audit Approach**

Our audit was conducted in accordance with Australian Auditing Standards, with testing designed solely to enable the expression of an opinion on the financial report of South West Aboriginal Medical Service Aboriginal Corporation a ("SWAMSAC"). This involved us making an assessment of the risk of material misstatement, whether due to fraud or error, and then using our professional judgement, applying audit procedures to mitigate that risk.

Australian Auditing Standards require us to obtain an understanding of the internal control structure and accounting system relevant to SWAMSAC's financial reporting. We have carried out audit procedures necessary for us to comply with the requirements of the auditing standards; however, we have not tested and therefore do not issue an opinion on the operating effectiveness of the internal controls. Those weaknesses identified during the course of our audit however have been reported within Appendix 1 of this report.

There were no areas where we were unable to perform procedures which would enable us to comply with Australian Auditing Standards.

Our audit also included evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and judgements made by the Board, as well as evaluating the overall presentation of the financial report. There were no areas of disagreement either in the accounting estimates or judgements or in the presentation and disclosures made in the financial report.

**2.0 Assessment of Fraud and Error**

In accordance with Australian Auditing Standards we are required to obtain reasonable assurance that the financial report taken as a whole is free from material misstatement, whether caused by fraud or error.



**Bunbury Head Office**  
Unit 1, 28-30 Wellington Street,  
PO Box 1306, Bunbury, WA 6231  
Telephone: (08) 9780 7555  
Facsimile: (08) 9721 8982

**Mandurah Office**  
197 Mandurah Terrace,  
PO Box 4250, Mandurah North, WA 6210  
Telephone: (08) 9535 5889  
Facsimile: (08) 9535 8840

[www.amdonline.com.au](http://www.amdonline.com.au)

Email: [amd@amdonline.com.au](mailto:amd@amdonline.com.au)

Liability limited by a scheme approved under Professional Standards Legislation

While our procedures are designed to identify any material weakness and detect misstatements from fraud and error, there is an unavoidable risk that even some material misstatements may remain undiscovered. This unavoidable risk is due to the test nature and other inherent limitations of an audit, together with the inherent limitations of any accounting and internal control system.

Through discussion with management, we have confirmed that nothing has come to management's attention that may constitute an incident of fraud or error with exception of our first audit recommendation within Appendix 1. This matter relates to instances whereby staff were overpaid during the financial year as a result of salary sacrifice pay rates not being correctly adjusted within the payroll system, and we understand corrective action has been taken to prevent this issue recurring. Our audit procedures did not identify any other instances of suspected or actual fraud. We take this opportunity to remind you that our audit is not designed to detect fraud and therefore our audit procedures are not designed for that purpose.

### **3.0 Significant Difficulties Encountered during the Audit**

During the course of our audit, there were no areas where we experienced significant difficulties, other than those included within Appendix 1 of this report.

### **4.0 Audit Adjustments and Unadjusted Audit Differences**

During the course of our audit, we identified misstatements considered to be material at a financial report level which have been adjusted and therefore reflected within the final audited financial report. Details of the adjusted audit differences are provided within Appendix 2.

Appendix 2 also includes a reconciliation between the surplus results per the management accounts initially provided to us at commencement of our audit, to the final audited surplus result for the year.

### **5.0 Going Concern**

We have undertaken a review of the ability of SWAMSAC to continue as a going concern for twelve months from the date of signing our audit report and therefore whether the going concern basis for the preparation of the financial report is appropriate.

The assumption of going concern was concluded as appropriate following a review of operating budgets and confirmation of financial support from the Commonwealth and State Government (as disclosed in the financial statements).

### **6.0 Accounting Policies**

We confirm to you that we are not aware of any changes to the accounting policies of SWAMSAC since 30 June 2010 in respect of the preparation of the 30 June 2011 financial report.

### **7.0 Commitments and Contingencies**

On completion of our audit and subsequent discussions with management, we did not identify any additional commitments or contingencies that required disclosure within the financial report of SWAMSAC, apart from those already disclosed.

### **8.0 Subsequent Events**

We did not identify any additional subsequent events up until the date of this report that required disclosure within the financial report of SWAMSAC, apart from those already disclosed.

**9.0 Other Matters**

Our management report is on an exception basis, and therefore we have not commented on the various internal controls in place within your accounting systems.

We would like to take this opportunity to thank Tom and the team for the assistance provided to us during our audit.

Should you have any questions concerning the above or would like to discuss any other aspect of our audit, please do not hesitate to contact me.

Yours sincerely

**AMD Chartered Accountants**



**TIM PARTRIDGE**  
Partner

# S.W.A.M.S.A.C.

## Balance Sheet

As at 30th June 2011

### Assets

#### Current Assets

##### Cash On Hand

Cheque Account \$316,223.05

Petty Cash - Admin \$4,556.65

Debtors \$1,547.48

**Total Cash On Hand** \$322,327.18

##### Investments

Reserves Bank Account \$1,278,307.56

**Total Investments** \$1,278,307.56

##### Other Assets

Prepaid Expenses \$121,455.96

Accrued interest \$6,542.83

**Total Other Assets** \$127,998.79

**Total Current Assets** \$1,728,633.53

##### Property & Equipment

##### Motor Vehicles

Motor Vehicles at Cost \$715,732.74

AMS Motor Vehicles Accum Dep (\$149,993.36)

**Total Motor Vehicles** \$565,739.38

##### Furniture & Fixtures

Furniture & Fixtures at Cost \$19,446.25

Furniture & Fixtures Accum Dep (\$15,706.00)

**Total Furniture & Fixtures** \$3,740.25

##### Medical Equipment

Medical Equip at cost \$74,056.32

Medical Equip - Accum Dep (\$30,979.36)

**Total Medical Equipment** \$43,076.96

##### Computer Equipment & Software

Compt Equip & Software at cost \$237,252.09

Compt Equip & Soft - Accum Dep (\$162,303.00)

**Total Computer Equipment & Software** \$74,949.09

##### Buildings

Buildings at Cost \$96,920.46

Building Accum Dep (\$9,692.00)

**Total Buildings** \$87,228.46

**Total Property & Equipment** \$774,734.14

**Total Assets** \$2,503,367.67

### Liabilities

#### Current Liabilities

Trade Creditors \$63,569.19

Accrued Expenses	\$202,971.15	
GST Collected	\$109,479.89	
GST Paid	(\$59,842.75)	
		<b>\$316,177.48</b>
<u>Payroll Liabilities</u>		
Payroll Accruals Payable	\$51,157.59	
<b>Total Payroll Liabilities</b>		<b>\$51,157.59</b>
<u>Superannuation</u>		
Hesta Super	\$1,576.73	
Westscheme Super	\$624.30	
Unisuper Super	\$1,090.71	
AMS Care Personal Super	\$1,632.50	
BT Financial Group	\$615.12	
Colonial First State Super	\$22,658.99	
AMP Flexible Lifetime Super	\$7,110.63	
WA Local Government Superannua	\$178.39	
Prime Super	\$69.24	
<b>Total Superannuation</b>		<b>\$35,556.61</b>
<b>Total Current Liabilities</b>		<b>\$402,891.68</b>
<u>Other Liabilities</u>		
<u>Leave Entitlements</u>		
SWAMS A/L Provision	\$137,599.99	
SWAMS LSL Provision	\$194,477.59	
SWAMS A/L Loading provision	\$20,033.77	
<b>Total Leave Entitlements</b>		<b>\$352,111.35</b>
<u>Provisions</u>		
Succession & Redundancies	\$106,922.78	
FBT Costs	\$33,228.00	
Rivenlee NSW (COW)	\$48,444.55	
Grants Carried Forward	\$271,588.70	
Clement Jetta Novated Lease	\$727.17	
<b>Total Provisions</b>		<b>\$460,911.20</b>
<b>Total Other Liabilities</b>		<b>\$813,022.55</b>
<b>Total Liabilities</b>		<b>\$1,215,914.23</b>
<b>Net Assets</b>		<b>\$1,287,453.44</b>
<b>Equity</b>		
Building Reserves	\$350,000.00	
Motor Vehicle Reserves	\$35,696.50	
Retained Earnings	\$255,899.64	
Grants Carried Forward	(\$271,588.70)	
Current Year Surplus/Deficit	\$917,446.00	
<b>Total Equity</b>		<b>\$1,287,453.44</b>

## S.W.A.M.S.A.C.

### Balance Sheet Comparison

2010-2011

<b><u>Assets</u></b>	<b><u>2010</u></b>	<b><u>2011</u></b>
<b><u>Current Assets</u></b>		
<b><u>Cash On Hand</u></b>		
Cheque Account	\$290,711.77	\$316,223.05
After Hours Clinic account	\$960.49	\$0.00
Prepaid Expenses	\$138,609.76	\$121,455.96
Accrued interest	\$3,523.95	\$6,542.83
Debtors	\$9,147.70	\$1,547.48
Accrued Income	\$0.00	\$0.00
Petty Cash - Admin	\$2,416.35	\$4,556.65
<b>Total Cash On Hand</b>	<b>\$445,370.02</b>	<b>\$450,325.97</b>
<b><u>Investments</u></b>		
Reserves Bank Account	\$718,854.61	\$1,278,307.56
<b>Total Investments</b>	<b>\$718,854.61</b>	<b>\$1,278,307.56</b>
<b>Total Current Assets</b>	<b>\$1,164,224.63</b>	<b>\$1,728,633.53</b>
<b><u>Non-Current Assets</u></b>		
Motor Vehicles	\$435,910.00	\$715,732.74
Motor Vehicles - Accum Deprec	-\$200,728.80	-\$149,993.36
Furniture & Fixtures	\$19,446.25	\$19,446.25
Furniture & Fixtures - Accum Deprec	-\$12,605.00	-\$15,706.00
Medical Equip at cost	\$59,801.32	\$74,056.32
Medical Equip - Accum Dep	-\$15,614.36	-\$30,979.36
Computer Equipement	\$206,952.09	\$237,252.09
Compt Equip & Soft - Accum Dep	-\$101,674.00	-\$162,303.00
Buildings at Cost	\$95,710.94	\$96,920.46
Buildings Accumilated Depreciation	\$0.00	-\$9,692.00
<b>Total Non-Current Assets</b>	<b>\$487,198.44</b>	<b>\$774,734.14</b>
<b>Total Assets</b>	<b>\$1,651,423.07</b>	<b>\$2,503,367.67</b>
<b><u>Liabilities</u></b>		
<b><u>Current Liabilities</u></b>		
Trade Creditors	\$220.00	\$63,569.19
Accrued Expenses	\$93,800.06	\$202,971.15
GST Liabilities	\$96,009.96	\$49,637.14
Payroll Accruals Payable	\$43,340.60	\$51,157.59
Total Superannuation	\$30,482.99	\$35,556.61
<b><u>Leave Entitlements</u></b>		
SWAMS A/L Provision	\$125,970.26	\$137,599.99
SWAMS LSL Provision	\$163,712.56	\$194,477.59
SWAMS A/L Loading provision	\$19,843.33	\$20,033.77
<b><u>Provisions</u></b>		
Succession & Redundancies	\$197,198.50	\$106,922.78
Executive Bonus	\$47,500.00	\$0.00
FBT Costs	\$27,271.03	\$33,228.00
Rivenlee NSW (COW)	\$0.00	\$48,444.55

Staff Lease Pmt	\$717.05	\$727.17
<b>Total Current Liabilities</b>	<b>\$846,066.34</b>	<b>\$944,325.53</b>
<b>Other Liabilities</b>		
<u>Provisions</u>		
Grant Funds Carried Forward	\$163,760.59	\$271,588.70
<b>Total Other Liabilities</b>	<b>\$163,760.59</b>	<b>\$271,588.70</b>
<b>Total Liabilities</b>	<b>\$1,009,826.93</b>	<b>\$1,215,914.23</b>
<b>Net Assets</b>	<b>\$641,596.14</b>	<b>\$1,287,453.44</b>
<b>Equity</b>		
Retained Earnings	\$319,061.19	\$255,899.64
Building Reserves	\$350,000.00	\$350,000.00
Motor Vehicle Reserves	\$35,696.50	\$35,696.50
Surplus's Carried Forward	-\$163,760.59	-\$271,588.70
Current Year Surplus/Deficit	\$100,599.04	\$917,446.00
<b>Total Equity</b>	<b>\$641,596.14</b>	<b>\$1,287,453.44</b>

**S.W.A.M.S.A.C.**  
**Consolidated Comparison Profit & Loss Statement**

2010 - 2011

	<u>2010</u>	<u>2011</u>
<b><u>Income</u></b>		
Total Commonwealth Department Funding	\$2,535,912.09	\$2,781,710.50
Total State Health Department Funding	\$1,668,976.90	\$2,061,894.07
Total Other Funding	\$244,634.89	\$362,610.38
Total SWAMSAC Income	\$460,006.71	\$629,620.47
Surplus Carried Forward From Previous Year	\$136,985.25	\$163,760.59
<b>Total Income</b>	<b>\$5,046,515.84</b>	<b>\$5,999,596.01</b>
<b><u>Expenses</u></b>		
Total AMS Medical Costs	\$299,964.03	\$300,375.37
Total Administration Costs	\$519,995.59	\$423,542.47
Total Motor Vehicle Costs	\$188,195.64	\$175,284.65
Total Operating Costs	\$260,505.02	\$264,555.23
Total Insurance	\$49,354.52	\$123,390.98
Total Employment Costs	\$3,205,291.69	\$3,487,496.35
Total Workshop/Community Activities Expenses	\$10,728.70	\$40,611.49
Total Minor Capital Expenditure	\$23,365.53	\$55,673.97
Total Depreciation Expense	\$316,793.00	\$214,739.00
Total Other SWAMSAC Expenses	\$130,620.43	\$109,873.43
<b>Total Expenses</b>	<b>\$5,004,814.15</b>	<b>\$5,195,542.94</b>
<b>Operating Profit</b>	<b>\$41,701.69</b>	<b>\$804,053.07</b>
Interest Income	\$31,315.27	\$68,889.26
Profit on Sale of Assets	\$27,582.08	\$44,503.67
<b>Profit before Surplus</b>	<b>\$100,599.04</b>	<b>\$917,446.00</b>
<b>Surplus Carried Forward</b>	<b>\$163,760.59</b>	<b>\$271,588.70</b>
<b>Operating Surplus</b>	<b>-\$63,161.55</b>	<b>\$645,857.30</b>
<b>Total Capital Expenditure (Balance Sheet)</b>	<b>\$327,517.00</b>	<b>\$575,975.52</b>
<b>Net Surplus / (Deficit)</b>	<b>-\$390,678.55</b>	<b>\$69,881.78</b>